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## **The Power of Hypnosis**

by Deirdre Barrett

Studies show that hypnosis can treat everything from chronic pain to poor study habits. Chances are, it can work for you.

Nancy Jordan sat down in my office and lit a cigarette--a deadly habit, given her severe asthma and tobacco allergies. Jonathan Hunter, M.D.--my supervisor, her psychotherapist--was also in the room. He wanted to attend Nancy's first hypnotherapy session to put the shy college sophomore at ease. I knew he was also eager to observe hypnosis. "Hunter," as he was known, was supervising my graduate school psychotherapy program. Although Hunter was no hypnotist, I had taken a hypnosis course and had been practicing on volunteers for a semester. We agreed that he would direct me on general psychological aspects of Nancy's treatment, my first hypnotherapy case.

I positioned my chair at a 90-degree angle to the recliner in which my young patient sat. I asked Nancy to look up at the ceiling, where four porous tiles intersected in a neat point. (I have yet to encounter a hypnotist who uses a swinging gold pocket watch. Instead, we ask clients to gaze at a steady object to block distracting visual stimuli.)

"Stare at the point on the ceiling and let your breathing become slow and deep. Let your body begin to relax, starting with the muscles of your feet and toes. Let your thighs relax; let all tension flow out of your legs." I gradually slowed my voice as I spoke to subliminally cue her breathing to slow down. "As you continue to stare at the point on the ceiling, your eyelids become heavier, as if a weight were attached, pulling them gently down. You may notice the point starting to move or change color; that will be a sign that you are beginning to go into hypnosis. Each time you blink, it gets harder to open your eyes. Soon they will close completely, and you will sink into a peaceful, sleeplike state." Nancy looked drowsy, and her eyes began to droop.

At that point I glanced over at Hunter to see what he thought of the induction. The worst reaction my insecure imagination could conjure was mild disapproval, but what I saw was infinitely more dismaying: My big, rangy supervisor sat slumped in his chair. His eyes were closed, muscles lax, breathing barely detectable.

I stalled as I wondered what to do next. I could just proceed. But I had no idea how Hunter, a nonsmoker, would respond to my commands about Nancy's smoking. What if he woke, thinking he did smoke? I decided to bring both Nancy and Hunter out of the trance. She gradually opened her eyes as his popped open. After a moment of confusion, he quickly affected a look of exaggerated nonchalance. I made another appointment with Nancy, and she went on her way.

"You were out cold!" I announced to Hunter the instant the door closed behind her.

He looked perplexed again. "I think I dozed off. I remember you saying my eyes would close--er, I mean, her eyes would close. Maybe I was hypnotized."

Can you be hypnotized? Most people like to think that they can't. There is often the suspicion that being hypnotized could label them as being weak-willed, naive or unintelligent. But in fact, modern research shows that hypnotizability is correlated with intelligence, concentration and focus. Hypnosis is not an all-or-nothing phenomenon, but rather a continuum. Most people can be hypnotized to some degree--the only question is how far.

A hypnotic trance is not therapeutic in and of itself, but specific suggestions and images fed to clients in a trance can profoundly alter their behavior. As they rehearse the new ways they want to think and feel, they lay the groundwork for powerful changes in their future actions. For example, in hypnosis, I often tell people Who are trying to quit smoking that they will go hours without even thinking of a cigarette, that if they should light up, the cigarette will taste terrible and they'll want to put it out immediately. I'll talk them through the imagery of being a nonsmoker--some combination of finding themselves breathing easier, having more energy for exercise, enjoying subtle tastes and smells again, having fresh breath and clean-smelling clothing, feeling good about their health, even saving money on cigarettes or whatever motivates that person to quit. The deep relaxation of a hypnotic trance is also broadly beneficial as many illnesses, both psychological or physical, are aggravated by anxiety and muscle tension.

Research over the last 40 years shows that such hypnotic techniques are safe and effective. Furthermore, a growing number of studies show that hypnotherapy can treat headaches, ease the pain of childbirth, aid in quitting smoking, improve concentration and study habits, relieve minor phobias, and serve as anesthesia--all without drugs or side effects (see "Hypnosis Heals," page 62).

We are also learning that both biological and environmental factors predict how deeply a person goes into a trance. Identical twins reared apart often have strikingly similar responses to hypnosis. Furthermore, an "eye roll" test, developed by Herbert Spiegel, M.D., measures how far a person can roll his eyes up beneath slowly lowering lids and is correlated with hypnotizability, implying that hypnosis has neurological underpinnings. New studies by David Spiegel, M.D. (son of Herbert Spiegel) at Stanford, Helen Crawford, Ph.D., at Virginia Tech and Robert Kunsendorf, Ph.D., at the University of Massachusetts support that idea, indicating that some hypnotic suggestions influence areas in the brain involved in those perceptions. For example, suggesting anesthesia could blunt cortical activity in areas of the brain associated with pain, while asking hypnotized people to hallucinate an image could produce activity in the visual cortex. Early experiences also play a role. Children who are encouraged to engage in imaginative play and creative activities, for instance, usually grow up to respond strongly to hypnosis.

It is also becoming clear that the skills one needs to respond to hypnosis are similar to those necessary to experience trance-like states in daily life. The best predictors are a propensity to become absorbed in fantasy or imagery and a knack for blocking out the surrounding world. Research suggests that two groups of people are most easily hypnotized: fantasizers and dissociaters. While these groups make up only 5% of the general population, they are so highly hypnotizable that if a person can identify with even a few of their qualities, he or she is probably a good candidate for hypnosis.

### **Fantasizers**

In 1981, Cheryl Wilson, Ph.D., and Ted Barber, Ph.D., of The Medfield Foundation interviewed a group of highly hypnotizable people about their childhoods and current adult experiences. They called these people "fantasizers." These subjects said their imaginations were every bit as vivid as reality. They fantasized during 90% to 100% of their waking hours, all while carrying out other activities. Wilson and Barber believed fantasizers represented most or all highly hypnotizable people.

I designed a study to test this hypothesis further. After I chose 34 of the most hypnotizable people from the several hundred that I had tested, I observed their responses to a variety of hypnotic suggestions and interviewed them to see why they might be so easily hypnotized. When I looked at people who could enter a trance instantly, I realized that almost two-thirds of them fit the profile of Wilson and Barber's fantasizers. Here's what they tend to be like:

\* The memories that fantasizers have begin unusually early in life. Fantasizers' recollections are also highly detailed. Of course, we cannot gauge how accurate fantasizers' memories might be. One subject, for instance, recalled watching glowing alphabet letters popping one by one out of a shower drain. This might be a memory of a childhood dream, but also might well be a complete fantasy--or a drug-induced hallucination.

\* In childhood, fantasizers had had at least one, but usually many, imaginary companions often drawn from storybook characters, real-life playmates who had moved away, and pets and toys whom they believed could talk. One of my subjects had seen the movie Camelot as a child and, for two years, imagined being the son of Arthur and Guinevere, commanding the King's court.

\* Parents of fantasizers encourage imaginative play. Fantasy occupies much of these people's adult lives, too, getting them through boring chores and free time. Some fantasizers super-impose their daydreams onto their daily tasks. "I'm listening to my boss carefully," recounted one subject, "but I'm seeing the Saturday Night Live character 'Mockman' next to him, imitating all his gestures."

\* Parents of fantasizers often disciplined their children by reasoning with them instead of laying down hard-and-fast laws, using imagination to evoke empathy. "One time, I'd gotten in a fight in nursery school with another girl because I'd picked up a doll that was her favorite," one subject recalled. "She tried to take it away from me and I pushed her down. The teacher told my mother about it. My mother told me I should think about what the girl had felt like when she fell. I actually felt like I was her, hitting the floor, scraping one knee, and crying. I could also feel her desperation and her thought that the doll was really hers, even though it belonged to the school; she had named it and everything. I wouldn't have done that again."

\* Although none of the fantasizers in the study reported experiencing severe childhood abuse, when they were spanked or verbally belittled, they typically used fantasy and imaginary companions to restore their self-esteem. Powerful aliens came down and kidnapped subjects' parents and chained them in a dungeon, for example, or were arrested by the police or sent back to grade school.

\* Not surprisingly, fantasizers become deeply absorbed in stories, movies and drama, often becoming oblivious to real-world stimuli. They often find it impossible to pry themselves away from a good novel unless someone is shouting at them; they may be surprised to find themselves sitting in a theater seat at the end of a movie. Fantasizers prolong these dreamy states of mind by incorporating them into daily life, dialoguing with a book or film hero for weeks after first reading about them or seeing them onscreen.

\* Fantasizers have such lively imaginations that visual images can trigger physical sensations. They describe feeling hot and wanting a cool drink, for example, in response to seeing photos of the desert. They also shiver through the snowy scenes in Dr. Zhivago. Half of the female fantasizers in my study had experienced false pregnancy at some point in their lives, complete with physiological changes.

\* Many fantasizers even reach orgasm through imagination alone. They do so by conjuring up scenarios both vivid and varied, involving partners of both sexes, circus animals, magical beings, and suggestively shaped inanimate objects, for starters. Furthermore, even when having real-life sex with real partners, fantasizers continue to use their imaginations: flesh-and-blood lovers utter

imagined comments, dress in hallucinated attire, have movie stars' faces (and occasionally other body parts) superimposed, and are joined by additional, fantasized partners.

Hypnosis is a natural extension of all these whimsical experiences. Most fantasizers find being in a formal trance more vivid than other imagery in their daily lives, but similar. When I tell fantasizers they will not remember anything about hypnosis after exiting a trance, they sometimes do, anyway. None of them experienced amnesia when I did not explicitly suggest it. All awakened immediately alert after hypnosis. Not only did fantasizers go into a trance instantly as Barber and Wilson had noted, but they could come out of it instantly--most likely because there was not an extremely different state of consciousness to emerge from. Their most common reaction after hypnosis was a big smile.

### **Dissociaters**

When I first read Wilson and Barber's study, I'd already hypnotized thousands of people in the course of hypnotherapy, research, and the training of several graduate students. Their "fantasizer" described many people I'd known who were highly hypnotizable. But I had also seen others who didn't fit this model. Some of the people I'd hypnotized couldn't remember ever having experienced such vivid imagery. Wilson and Barber used standard measures of response to hypnosis in selecting the most hypnotizable subjects, but they also included the unusual criterion of being able to enter a trance instantly. I wondered if this selected only one particular type of hypnotizable person.

When I interviewed highly hypnotizable people who could not go into trance instantly, I found a completely different subgroup, comprising a third of my subjects. Instead of remembering hypnosis for its vivid imagery, this group tended to have amnesia or to experience separate states of consciousness during hypnosis. I dubbed these people "dissociaters." They have the following traits in common:

\* Many such subjects reported a history of child abuse. Although some remembered this directly, some had been told by others that they had been battered, and one suspected it was because of multiple childhood bone fractures of dubious origins. Other dissociaters who had not been abused had suffered childhood traumas such as prolonged, painful medical conditions and before the age of 10 experienced the deaths of their parents. Some dissociaters say that they have developed the ability to "not think about" unpleasant things--a skill that they grow to use more and more frequently and subconsciously. They seem to evolve this adaptive talent for coping to ease the pain and difficulty of their early lives.

\* While fantasizers have excellent recall for daydreams, movies and stories that have captured their imagination, dissociaters are usually unable to recall them. They are often startled when called on unexpectedly by a teacher or a boss and often state that their mind has been "somewhere else," though they can't describe that place. They get intensely absorbed in books and films, losing track of time, but their memory of the stories is vague shortly thereafter.

\* Somewhat like fantasizers, dissociaters report that images in their daily lives can produce physical sensations. Most of these sensations, however, are negative. One subject in my study developed a rash after he was told that a harmless vine was poison ivy. Some dissociaters avoid watching the television news because seeing others injured is so painful for them.

\* Dissociaters do not recall being hypnotized as clearly and cheerfully as fantasizers. For example, when a dissociater in my study was asked whether she'd ever been hypnotized, she answered "maybe" and described watching a police show on television with her boyfriend in which a detective was hypnotizing a witness. He swung his watch and told the witness to go into a deep sleep. The dissociater remembered nothing else of the show until she woke 20 minutes later, during a scene in which the detective was waking his witness.

\* Dissociaters don't have the same variety of sexual imagery that their fantasizer counterparts report. In fact, they are often disturbed by even mild sexual fantasies.

\* Dissociaters in my study always had amnesia after hypnosis when I suggested it during their trances. Some lacked recall even when it was not suggested. Dissociaters woke up from hypnosis looking disoriented, asking what had happened. Just as they need a lengthy transition to go into trance, they take a bit of time to emerge from it.

If you recognized yourself as a fantasizer, you're not alone: Fantasizers are almost twice as common in the general population as dissociaters. Still, dissociaters are more common in the clinical population, since they're more likely than fantasizers to have psychological problems. That's good news for those who related to the dissociater profile, since not only are you more likely to go into a trance, but you're more likely to benefit from it, too. Even if neither group seems similar to your own personality, take heart: About 95% of all people are susceptible to hypnosis, to varying degrees. Whether you use it to relieve stress, stop a headache or get over a bad habit, hypnosis is a tool for better health that practically everyone can use--some to dramatic effect. How well it will work depends on you.

### **Hypnosis Heals**

**SURGERY** Hypnosis given during surgical radiology not only diminishes patients' pain and anxiety, but also shortens surgical time and reduces complications from the procedure. (Lancet, 2000)

**CANCER** Many cancer patients suffer nausea and vomiting not only after chemotherapy, but before treatment. In a study of 16 subjects who normally experienced these symptoms, hypnosis alleviated pre-chemotherapy sickness in all of them. (Ontology, 2000)

**IMMUNITY** Hypnosis seems to significantly raise the activity of B-cells and T-cells--both key to immune response--in highly hypnotizable subjects. (American Journal of Clinical Hypnosis, 1995)

**SMOKING** Of almost 3,000 smokers who participated in one group hypnotherapy session, sponsored by the American Lung Association, to kick the habit, 22% reported not smoking for a month afterward. (The International Journal of Clinical and Experimental Hypnosis, 2000)

**ATTENTION DEFICIT DISORDER (ADD)** Research shows that hypnosis is as effective as Ritalin in treating ADD in children, (Presented at the American Psychological Association Meeting, 1999)

**PAIN** In 169 patients, self-hypnosis was largely successful in alleviating chronic tension headaches. (International Journal of Clinical Experimental Hypnosis, 2000)

### **If You're Looking for a Hypnotherapist ...**

Seek out a licensed psychologist, psychiatrist or social worker who can administer hypnotherapy. Locate someone trained in the appropriate medical specialty if you want hypnotic pain control for, say, cancer, dentistry or childbirth. Most states don't regulate the use of hypnosis, and anyone can call himself a "hypnotist," "hypnotherapist," or even a "certified hypnotherapist." Two organizations keep lists of qualified hypnotherapists:

The Society for Clinical and Experimental Hypnosis (SCEH) 3905 Vincennes Rd., Suite 304 Indianapolis, IN 46268 Phone: (800) 214-1738 E-mail: cricketle@aol.com

The American Society for Clinical Hypnosis (ASCH) 2200 East Devon Ave., Suite 291 Des Plaines, IL 60018-4534 Phone: (847) 297-3317

## **READ MORE ABOUT IT**

*The Pregnant Man and Other Cases from a Hypnotherapist's Couch* and *The Committee of Sleep*, Deirdre Barrett, Ph.D. (Times, 1999, and Crown, 2001)

*Trance and Treatment: Clinical Uses of Hypnosis*, Herbert Spiegel, Ph.D., and Daniel Spiegel, Ph.D. (American Psychiatric Press, 1987)

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