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# Current Research in Psychology and Behavioral Science (CRPBS)

Volume 3, Issue 3, 2022

## Article Information

Received date : 04 April, 2022

Published date: 29 April, 2022

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## Key Words

Hypno-psychotherapy; Biological foundations; Therapeutic effectiveness; Health psychologists

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Mini Review

# Concepts and Principles of Contemporary Hypno-Psychotherapy

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## Abstract

Hypnosis is empirically well studied in its biological foundations and its therapeutic effectiveness. It is a recognised healing method in Austria, Switzerland and Germany. With the use of imaging techniques, it can be clearly shown that brain areas responsible for attention, visual imagination, critical evaluation and self-awareness change in their activity through hypnosis in such a way that the state of hypnotic trance differs markedly from both sleep and waking consciousness. The effects of hypnosis on the immune system as well as on affects have been confirmed. Basically, a fundamental distinction must be made between “therapeutic hypnosis”, hypnosis for therapeutic purposes, and “show hypnosis”, such as is shown in various entertainment performances. Therapeutic hypnosis” is in turn divided into different forms, namely “hypnotic psychotherapy”, “hypnotherapy” and “hypnosis”.

## Introduction

Modern hypnotherapy still suffers from false assumptions. The concept of hypnosis is still associated, especially in southern European countries, with someone giving up his or her own will. This is associated with the idea of a systematic influencing of consciousness states by the therapist. Hypnosis psychotherapy is a depth-psychological psychotherapy method in which the trance ability of the human being is used for healing purposes. Hypnosis psychotherapy is a scientifically recognised method-specific orientation. While “hypnosis psychotherapy” is a scientifically recognised psychotherapy method, “hypnotherapy” and “hypnosis” are only further training courses for certain health professions. In Austria, for example, such training is generally possible not only for psychotherapists, but also for clinical psychologists, health psychologists, doctors and dentists. “Hypnotherapy” and “hypnosis” are distinguished in that the further training “hypnotherapy” is more extensive in its procedure and structure.

## General Concepts of Hypnosis Psychotherapy

The effectiveness of hypnotherapy has been proven in several hundred controlled studies with over 100,000 patients for anxiety, trauma, behavioural disorders (smoking, eating disorders), traumatic stress disorders, in psychosomatic medicine and in medicine to promote therapeutic processes. Hypnosis is also suited to enhance the effect of other therapeutic methods (e.g. systemic therapy, etc.). In the field of psychotherapy, the specifically scientific methods of hypnosis psychotherapy belong to the so-called suggestive procedures and methods of trance work. The central concept of hypnosis psychotherapy is the assumption that the altered state of consciousness creates an easier access to unconscious and primary process-like procedures. According to the findings of Milton Erickson in particular, the unconscious is not only seen as a area of conflict, but also as a potential source of resources and abilities that can be unlocked in therapy. On the basis of a relationship of trust, hypnosis therapists, trained in the responsible use of suggestions, guide patients to experience hypnotic trance states that have a positive effect on body and psychic functioning. In hypnosis psychotherapy, previously unconscious conflicts, childhood events and traumas can be tracked down and mastered. However, it is also possible to directly address current problems and work out solutions.

Hypnotic trance in various degrees of depth opens up a variety of therapeutic possibilities. In the hypnotic trance, the patient becomes more aware of his or her inner images and feelings; here the hypnotherapist guides the attention to ignored experiences and attitudes, biographically conditioned blockages and their overcoming. Through an intensive re-experiencing of resources or imagined solutions to problems, difficult situations can be perceived and mastered in a different way by transferring them into everyday life. In clinical hypnosis and hypnotherapy, the natural ability to effectively distance ourselves from stressful moments is used in trance. The altered perception becomes an inner reality. In a state of trance, the ability to consciously influence one’s own physical processes and to visualise healing processes is increased. The patient can, for example, enter into a dialogue with his unconscious personality parts during a trance, gather inner peace and strength there and make this trance state available for certain situations in order to use it to create ideas about the future or to develop perspectives or alternative actions for the present. Hypnosis psychotherapy thus leads to a guided change in the state of consciousness or to a different state of consciousness, which is therapeutically indicated and has a highly concentrative effect on attention and promotes visual thinking. Hypnosis psychotherapy is used in individual settings as a long-term therapy or as a solution-oriented short therapy, with an average frequency of one session per week. Hypnosis psychotherapy is applicable for all ages, as well as for couples and groups.

## Basic Assumptions of Hypnosis Psychotherapy

First of all, it should be noted that in the sixties and seventies of the last century, Ericsson in particular was responsible for the enormous boom in hypnosis psychotherapy and systemic hypnosis therapy. This momentum has continued to this very day and modern hypnosis psychotherapy has benefitted enormously by incorporating the results of brain research. Modern neurological research in particular has confirmed that these therapeutic approaches are truly effective. There is now a scientific consensus that human experience and behaviour is essentially created through a process of focused attention and can be used to work therapeutically. Focusing is filling our consciousness with focused content respectively we are mentally prepared for certain events by being focused. These mental representations help us to cope better with anticipative situations and to survive. The processes of controlling attention arise in an interaction of the different functional units of



the brain. Recent research findings also suggest that the brain is much more complex and not only organized in different networks. Independently of this, two basic forms can be distinguished, namely the conscious-voluntary or rational-based and the involuntary pre-conscious or emotional working types of the brain. The conscious-voluntary rational focalisations are intentional and conscious. Such processes are always involved when people anticipate and act.

A typical example of this is, for instance, the preparation of a ski racer for competition. A ski racer mentalises the downhill course in order to be able to descend it more successfully and faster than his opponents. In doing so, the ski racer falls back on acquired knowledge of his memory. Here, every activity of the brain is conscious-intentional and connected with language and communication. It is about mastering tasks. Neurobiologically, the prefrontal cortex of the brain is used in this process. The main characteristic of this process is analytical. In this form of action, the rational-willful and emotional elements are disconnected. The energy for action is thereby relatively low. An alcoholic, for example, makes up his or her mind to stop drinking, but this intention is often not successful. In this context, it seems important to mention that human beings cannot act exclusively in a consciously volitional and rational manner. In order to successfully complete several tasks at the same time, humans need another level of focus. This is the involuntary pre-conscious, emotional level. We often have to make decisions very quickly. This tends to be done at a lower energetic level. This is where the emotions assist us. Emotions have the advantage that they are fast, activating and directional. An encounter with a lion in the jungle can be used as an example. In this case, we do not have the time to think for a long time, but we have to act quickly and precisely in order to survive. Emotions also have the characteristic that they can be perceived either consciously or pre-consciously. Emotions always have an effect on us. Even if we are not always aware of them. Rational-voluntary events are clearly connected to our "I". In contrast, involuntary pre-conscious, emotional processes are connected to our "it".

Emotions are difficult to control. Just think of the instruction: "I have to fall in love with this person right now". This is completely impossible without losing authenticity. The involuntary level accesses emotionally significant life experiences. It can be compared with a feedback mechanism. Life can be described as a lifelong self-awareness course. We cannot turn off our emotions. They arise at any time, intentionally or unintentionally. Also, every arbitrary-rational action is accompanied by an autobiographical experience of feeling. There is an ongoing interaction between arbitrary rationality and involuntary emotion. This interaction has been established out of the course of evolution. The emotional element is always the faster one. How fast we become uncontrollably angry or impatient with our partner. This impatience is mostly determined by our autobiography, in interaction with our relationship with our partner. Our conscious, arbitrary-rational level uses, according to the lingo, digital symbols. Here it is about numerical data and facts. The focus here is on prospective argumentation. On the involuntary, emotional level, we operate in the field of visual, sensual processes and ideas. The emotions become noticeable in more diverse reactions of our body. Our images become more intense in our brain. We perceive sounds, aromas, touches. In hypnosis psychotherapy, exactly these processes are utilised to help people. People do not often realise that they are in a continuous flow between voluntary and involuntary processes. Experiencing can thus be seen as a highly dynamic involuntary process with voluntary elements. The states of experience of involuntary, sensory processes represent only one possible feature amongst the different states of consciousness. In hypnosis psychotherapy they are called trans-processes. When feeling and thinking do not coincide, we find ourselves in an "incompetence" with the outside. The result is a conflict of goals. Our thinking wants something different from what we feel. Now, here we have to take into account that intense emotions and their evaluation of life situations always take precedence over rational, volitional processes. The more meaningful the action or situation is for us, the more significant the conflict becomes. Emotional escalation occurs. Stress, psychosomatic problems and other unfavourable constellations appear. The symptoms are the result of a conflict of goals. We do not succeed in rationalising the conflict and become a victim of the situation. If we accept the situation, we sometimes become narcotised by it and incapable of acting. We ignore our feelings.

## Conclusion

Almost 40 years ago the literature generally supported the efficacy of hypnotherapy to reduce burn pain [1]. The efficacy of clinical hypnotherapy has been now well established. According to Davis [2] hypnosis is effective for pain control and the reduction of anxiety. The reviewed studies by Booth (2020), Davis (2015) [2,3] and others provide clear and significant evidence that participants who receive hypnosis for painful medical procedures, for the pain control of chronic or acute pain, and for the reduction of anxiety, gain moderate to large positive benefits and effects. These positive benefits have been consistently shown to continue over at least six to twelve months. According to Rotaru et al. [4], Cowen [5], Barabasz [6], Gina et al. (2006) and others the research outcomes are demonstrating the effectiveness of hypnotherapy and calling for further research to determine the clinical range of hypnotherapy. Hypnosis appears to be effective also in alleviating PTSD symptoms (Rotaru et al. [4]). Meta-analysis clearly indicates that hypnotherapy is highly effective also in treatment of psychosomatic disorders (Flammer et al. [7]). Systemic hypnosis psychotherapy in its principles refers to neurologically based research on basic human necessities. A conscious exclusion from our basic needs is described as dissociation. Basic human needs include autonomy and belonging to social systems, orientation as well as feelings of security. If these needs are neglected, often as early as in childhood, a variety of problem constellations can emerge. Systemic hypnosis psychotherapy seeks to address the dissociated feelings and basic needs and to eliminate the conflicts of orientation towards goals. The aim in hypnosis psychotherapy is not to make someone without a will and to put him or her into hypnosis, but rather to support individuals in reforming the involuntary emotional imagination in such a way that people are able to experience themselves as competent and to master their life situations in a better way [8-11].

## References

1. Patterson DR, Questad KA, Boltwood MD (1987) MSW hypnotherapy as a treatment for pain in patients with burns: Research and clinical considerations get access arrow. *The Journal of Burn Care & Rehabilitation* 8(4): 263-268.
2. Davis E (2015) Literature review of the evidence-base for the effectiveness of hypnotherapy. Geelong Body and Mind, PACFA, UK.
3. Booth S (2020) Hypnosis in a specialist palliative care setting—enhancing personalized care for difficult symptoms and situations. *Palliative Care and Social Practice* 14: 1-11.
4. Rotaru TS, Rusu A (2016) A meta-analysis for the efficacy of hypnotherapy in alleviating PTSD Symptoms. *International Journal of Clinical and Experimental Hypnosis* 64(1): 116-136.
5. Cowen L (2016) Literature review into the effectiveness of hypnotherapy. *ACR Journal* 10 1: 1-55.
6. Barabasz M (2007) Efficacy of hypnotherapy in the treatment of eating disorders. *International Journal of Clinical and Experimental Hypnosis* 55(3): 318-335.
7. Flammer E, Assen A (2007) The efficacy of hypnotherapy in the treatment of psychosomatic disorders: Meta-analytical evidence. *International Journal of Clinical and Experimental Hypnosis* 55(3):251-274.
8. Graci GM, Hardie JC (2007) Evidenced-based hypnotherapy for the management of sleep disorders. *International Journal of Clinical and Experimental Hypnosis* 55(3): 288-302.
9. Erickson MH (1980) *The Collected Papers of Milton H. Erickson on Hypnosis*. USA.
10. (2020) *Forms of (therapeutic) Hypnosis*. Federal Ministry for Social Affairs, Health, Care and Consumer Protection, Radetzkystraße 2, Austria.
11. Revenstorf D, Burkhard P (Eds.), (2015) *Hypnose in Psychotherapie, Psychosomatik und Medizin*. 3<sup>rd</sup> (edn.), Manual für die Praxis. Springer Publishers, Germany, pp. 1-868.