

Creating Calm: Using Hypnosis to Reduce Anxiety

Article (1) An Introduction to the Art of Creating Calm

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Welcome to this 8-part series on the use of hypnosis for anxiety and anxiety-related conditions. I have written these articles primarily for therapists who are curious as to how to apply the tool of hypnosis in helping clients struggling with anxiety. People who suffer from anxiety, however, may also find benefit from reading these articles, by gaining a deeper understanding of an alternative approach to resolving the challenges of anxiety in one's life.

*I have tried to make these articles as "user friendly" as possible. In other words, I have done my best to utilize language and explanations that are as straightforward as possible, with the hopes of increasing not only the understanding of hypnosis but also the comfort level with hypnosis in the process of therapy. I have also chosen a very practical focus. I sincerely hope that the explanations I give will help other therapists with the nuts and bolts of using hypnosis in their practices. So, in addition to introducing some of these ideas, I hope that this series serves as a manual of sorts for the licensed mental health professional.**

Introduction to Hypnosis

In laying the groundwork for this series, it is important to begin with an explanation of what hypnosis is. The most useful definition of hypnosis is that it is a state of focus and concentration, of absorption in an idea, image, belief, or experience. There are almost as many definitions of hypnosis as there are experts in the field, but this definition summarizes the most common understandings of what hypnosis is. When a person is in a state of hypnosis, they become more receptive to ideas, images, and suggestions that are acceptable to them. In other words, they are not receptive to just any idea or suggestion, but to those words, phrases, and images that they judge to be useful and acceptable. The person in hypnosis is filtering what is being said to them, always deciding whether the suggestions they are hearing are suggestions that are acceptable.

What this definition implies, then, is that hypnosis is not simply relaxation. Especially when helping someone with serious, problematic issues in their life, the process may not be at all relaxing – but this does not mean that they are not in a state of hypnosis or cannot maintain a state of hypnosis. Remember, hypnosis is a state of focus and concentration. I will often explain to the people I work with that I may talk about feeling relaxed as I use hypnosis with them, but it is almost always used as a way to encourage their focus on a particular physical sensation, which then serves to deepen

their state of hypnosis. Relaxation invites focus and concentration, the true goal of my words.

Most people experience states of hypnosis or trance every day – such as when absorbed in research on the computer, caught up in a particular drama on TV, or intent on a particular problem or idea while driving home from work. Each of these situations can result in the hypnotic phenomena of a distorted sense of time and hyper-focus, sometimes to the extent of not hearing one's name being called or not quite remembering the actual drive home. Hypnosis used in the therapist's office is simply making the process known and explicit, utilizing the individual's innate ability to focus and concentrate for an agreed-upon purpose.

There is a range of "hypnotizability," with some people finding it much easier to experience deeper levels of absorption than others. Research indicates that there is some variance according to age as well. I have found in my own work that almost all people can experience states of hypnosis if they desire to do so. Individuals who are highly analytical or skeptical of the hypnotic process appear to find it more difficult to accept suggestions or benefit from the process of hypnosis in therapy. This can be alleviated in large measure by helping the individual understand the process of hypnosis and by answering their questions or concerns as openly as possible.

Many people are concerned that while in a state of hypnosis, they will be unaware of what they are hearing or doing. This concern is a very negative barrier to utilizing hypnosis effectively, because it leads to a state of fear and uncertainty. I will often explain to people that they will be aware of what is happening throughout the session, and that they will be in control of their responses. I find that this stance responds directly to their concerns and invites their awareness and choice into the process. I believe this is critical to experiencing positive outcomes in therapy.

There are several other common misperceptions or myths about hypnosis, and I work to correct these by having on my website an audiofile that explains the basic workings of hypnosis. I ask clients to listen to this file before they come to my office for a first session, so that we have a head start in addressing any concerns they might have. Ample time is also given during the session to discuss hypnosis and the approaches I use; the safer an individual feels with the prospect of using hypnosis, the more successful it seems that they are in achieving the benefits they desire through hypnosis.

Hypnosis is not in itself therapy. Hypnosis is simply a state of absorption and focus, a "space" if you will, where an individual can choose to accept new, more positive ways of viewing themselves or their lives. What matters

in hypnosis is what is *said* – whether an individual is utilizing self-hypnosis by listening to a CD or whether the individual is being guided by a therapist in a session.

Lastly, it should be noted that there are differing approaches to utilizing hypnosis in therapy. The most basic distinctions are directive versus non-directive, Dr. Milton Erickson often cited as one the best examples of the latter. (As one reads in more depth about Dr. Erickson’s use of hypnosis, however, one can identify numerous examples of both directive and non-directive approaches in his work over the years.) A simple explanation of the difference is that directive hypnosis is being, well, more directive – telling a person that she will “feel comfortable and relaxed as you stand in front of the group giving that speech” (in the case of public speaking, obviously). An indirect approach will often use metaphor – such as that of a caterpillar making the change into a beautiful butterfly, or giving permission to change or not to change (leaving options open so as to bypass resistance to change), or giving what is called an embedded suggestion – gracefully incorporating into a simple sounding statement a suggestion for positive change (e.g., “I don’t know when [you will begin to experience these changes.]). This is the most basic of explanations of the differences between these types of hypnosis. If you wish to learn more, continue your study through the multitude of books, journal articles, and online resources that cover these topics.

Narrative Hypnosis

My own approach is what I call “narrative hypnosis,” because of the fact that many of the elements I incorporate into my approach are common with narrative therapy. (Also, narrative therapy is the approach I use with people when I am not using hypnosis, for example when I am doing couples counseling or family therapy, or individual counseling with “talk therapy.”) Some of the basic principles of narrative therapy are externalizing the problem, understanding the effects of the person on the problem, understanding how the individual positions themselves in relation to the problem and its effects, and what this then says about their values, hopes, and dreams. Narrative therapy is also known for honoring the agency of the individual and their knowledge about their lived experience, rather than assuming that I as the therapist am the expert who should prescribe solutions or make judgments. Narrative therapy is collaborative in nature, as is the process I utilize when using hypnosis. This is the most basic of explanations of narrative therapy, and clearly insufficient for truly understanding what a helpful approach this is. For more information on narrative therapy, visit www.dulwichcentre.org.

Parts Therapy

The other key topic I would like to introduce for this series is the conceptual framework of Parts Therapy. This approach is similar to that of ego state therapy, but is more closely aligned in process to the more recently developed Internal Family Systems (IFS). IFS was originally developed by marriage and family therapist Richard Schwarz, who wrote a book on the subject in 1997 (“Internal Family Systems Therapy”). While ego state therapy, developed by John and Helen Watkins in the 1950s, is done while the client is in hypnosis, IFS does not use formal hypnosis. Demonstrations by Schwarz have hypnotic elements, but these are not made explicit. A thorough discussion of ego state therapy and IFS are not within the scope of this paper, but I will give an introduction to some of the main concepts of these approaches.

The basic concept underlying both ego state therapy and IFS is that within the personality there are “parts” of us, parts that can be connected with and reasoned with. Another shared element is that these parts of the ego are formed as a result of some meaningful life event, and that they have a role that serves the self in some way. Many people find the concept of “parts” easy to understand, as this language is often used in everyday conversation. For example, “Today is such a rainy day, part of me wants to just settle in and read a good book, but part of me knows that this would be a good time to get some good work done on that paper I’ve been meaning to finish.”

Another key element of IFS is the systemic nature of the parts (which is not considered to the same degree in ego state therapy). IFS recognizes that the parts of the self appear to interact with one another, just like family members do – sometimes in conflict, sometimes in partnership, sometimes not at all. IFS holds that if we consider the inter-relationships among the parts of the self, we can identify more accurately the dynamics of the parts that maintain less useful or less desired behaviors, and hence, have greater positive impact in changing these behaviors.

Future articles in this series will discuss the actual process of Parts Therapy in much more detail.

Summary

Following are the top 5 key points of **Article (1) An Introduction to the Art of Creating Calm**:

1. Hypnosis is a state of focus and concentration, not relaxation.
2. Hypnosis is a common experience, and utilizing it in therapy is simply making the process explicit.

3. It is critical when using hypnosis to dispel myths and create a sense of safety by providing information and openly answering questions.
4. There are two approaches upon which I base my Parts Therapy approach (ego state therapy and Internal Family Systems).
5. Parts Therapy proposes that there are parts of the self that can be worked with directly in the process of therapy, and that this supports greater success for the client in achieving their goals.

*I strongly recommend that you do not attempt to use these approaches unless you are 1) a licensed mental health professional, and 2) have received formal training in hypnosis. The advantage of being a licensed mental health professional, of course, is that you have the benefit of years of training, practicum, supervision, and having fulfilled other state and national requirements that give evidence of a basic level of competency. There are some states (e.g., Minnesota) that do allow for unlicensed mental health practitioners to provide mental health services to others, but there is a risk to the consumer of receiving less than competent care. The techniques that will be discussed in this series should be considered advanced techniques, and will be best utilized by individuals with substantial study and training. Hypnosis can be a powerful and effective tool when used skillfully, and formal training is a must. If you are a consumer of mental health care, be sure to ask the professional offering hypnosis about their training, level of expertise, and range of applications they are familiar with when using hypnosis. Some professionals (licensed and unlicensed) have training in basic hypnotic techniques (e.g. guided imagery), but not with more advanced techniques.

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