

CONCEPTUAL BASIS FOR MINDFUL HYPNOTHERAPY

Until you are willing to be confused about what you already know, what you know will never grow bigger, better, or more useful.

—Milton H. Erickson (1980)

Introduction

Mindfulness is a contemplative practice involving focused attention, attentiveness to the present moment, and nonjudgmental awareness. It is a way of experiencing the world that can facilitate powerful life changes and open the door to greater well-being. Clinical interventions that use mindfulness offer a unique perspective that can help people improve clients' lives. Hypnosis is defined as "a state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion" (Elkins, Barabasz, Council, & Spiegel, 2015). Hypnotherapy presents an intriguing synchronicity with some aspects of mindfulness, in that it also is a practice that involves focused attention, experiencing the world differently, and improving clients' lives. However, these two practices differ in many respects, such as the use of hypnotic suggestions during hypnotherapy to empower patients to achieve treatment goals.

Mindful hypnotherapy (MH) is an intervention that intentionally uses hypnosis (hypnotic induction and suggestion) to integrate mindfulness for personal or therapeutic benefit. In MH, we utilize hypnosis as a powerful delivery vehicle for mindfulness. Hypnosis is a medium that enables mindfulness to be absorbed and integrated more easily, efficiently, and effectively. This can be expressed alternately as follows: Imagine that the scientists of the future created a wonder drug that could reduce all suffering by 50%. Now, imagine that the medicine came in only one pill

form and that the pill was the size of a golf ball. What would happen next? There would be great interest in smaller pills or alternative ways of accessing the “medicine.” This metaphor highlights a core truth that lies at the heart of MH: It’s not just a medicine or treatment that is important, but how that medicine is delivered.

Hypnotherapy: A Medium for Mindful Change

Clinicians who are trained only in mindfulness may have preconceived notions about hypnosis. Likewise, individuals who are trained only in hypnosis may have self-limiting ideas about mindfulness. For example, given the history of hypnosis, some might think of it as it has sometimes been portrayed in “hypnotist shows,” as a form of entertainment or mind control. Hypnotherapy is neither entertainment nor a method of “mind control.” Hypnosis and hypnotherapy involve a focus of attention and receptivity to suggestions and are directed toward empowering clients to achieve their personal goals. They are respectful of clients and used in a flexible manner by therapists with sufficient training and experience. During a hypnotic state, an individual is uniquely receptive to exploring experiences with an open mind and with avid curiosity. By clearly explaining mindfulness and guiding a client’s experiences directly in a hypnotic state, we can pave the way for the client having similar experiences with mindfulness in the future. This helps to expedite a client’s orientation toward greater mindfulness and helps the client explore the beneficial effects of mindfulness on his or her own during daily life.

Clinicians who are familiar with hypnosis but lack a background of training in mindfulness may have misconceptions about it being unscientific, strange, and inextricable from its religious roots (these issues are further addressed in Chapters 2 and 3 of this book). Mindfulness may be misunderstood as being “the same as hypnosis” or as just a relaxation or stress management technique. It is not. Mindfulness and hypnosis can, however, be combined for a synergistic effect.

One of the challenges to effectively integrating mindfulness into treatment is conveying the subtle, yet radical wisdom that mindfulness entails.¹ This is important because a lack of understanding of nonjudgmental awareness, for example, can dilute the impact of mindfulness practice and delay its clinical utility. When a client misperceives a mindfulness concept, the distortion often occurs when the client comes face to face with unfamiliar concepts or when even the clinician does not have sufficient training and experience with mindfulness practice. For

¹In this case, the word “radical” is being used in the sense of transforming the fundamental nature of something and something that flies in the face of the ordinary way of thinking.

example, consider the following description of *mindfulness* that a client will sometimes provide, even several sessions into a mindfulness-based treatment:

I have been doing this mindfulness thing for a couple of weeks now and I think I'm finally getting the hang of it! Yesterday I was feeling really angry at my mother-in-law, but I hate being angry and I know that blowing up at her is only going to make things worse. So: I just put those feelings in a box, put a smile on my face, took a deep breath, and went on with my life. It was very *Zen*.

The client's approach to this situation may have been the best option available to the client given the circumstances. Regardless of its effectiveness or ineffectiveness, it demonstrates the use of coping skills that are almost diametrically opposed to mindfulness. In this case, the client has misconstrued equanimity as nonengagement, has confused nonjudgmental awareness with trying to control feeling, and has assumed that if something is unpleasant it must be escaped (in this case, by compartmentalizing the experience and pretending that everything is fine).

Hypnosis shares similarities to mindfulness in that it involves guiding clients to achieve a focus of attention. However, it is different from mindfulness in its theoretical foundations and in the very intentional use of suggestions to guide experience and achieve a range of specific goals. Hypnotherapy interventions typically are directed toward *change* or alteration in thoughts, feelings, physiology, or behavior. An example of a client using self-hypnosis is illustrated in the following comment by the client using hypnosis for pain control.

The other day, I was at the doctor's having a biopsy, and it was really painful and unpleasant. I was able to be use the self-hypnosis that you taught me, and I just went to another place in my mind. I tuned out the pain and just focused on a relaxing memory. Before I knew it, the procedure was over, and I went on with my day.

In this case, the client is using *hypnosis* to relax and cope with a painful procedure. This can be effective and there are benefits to using self-hypnosis in this way. However, it is not an illustration of the power of nonjudgmental awareness, acceptance, daily practice, or the deeper wisdom of mindfulness. The benefits of mindfulness go beyond simply finding a technique or method for coping with a stressful or painful situation or event. The power of mindfulness can be life changing and extends to all forms of suffering—emotional, physical, interpersonal,

existential, and spiritual. Consider the following comment from an individual who had begun mindfulness practice on a daily basis:

Since learning mindfulness, my experience of every aspect of my life has changed. I have a sense of stillness and I'm able to "be with what is" no matter what is happening, and I am less stressed. The time I take to meditate gives me perspective on the events of the day. Things just do not overwhelm me as they did in the past I feel that I am more present in the moment ... less worried ... less stressed ... living in the *now*.

This chapter began with a quote from Dr. Milton Erickson, one of the most important figures in contemporary psychotherapy and hypnosis: "Until you are willing to be confused about what you already know, what you know will never grow bigger, better, or more useful." There is great potential for the integration of hypnosis and mindfulness (Yapko, 2011); however, to achieve this, clinicians and individuals must be *open and flexible* in their understanding of both concepts. To be confused is to be open to learning, and learning creates new understanding and potential for growth and thereby potentially *grows bigger, better, and more useful*. Acceptance and change are not incompatible. It is mind-expanding to go beyond existing schemas and create new ones.

Empirical Basis for Integration

Although there is a need for more research at the intersection of mindfulness and hypnosis, the scholarly articles that do exist on the subject suggest that there is a reasonable basis for integration. In several early examples of hypnosis and meditation research, peer-reviewed articles compared the phenomenological and physiological correlates of mindfulness and hypnosis (Forte, Brown, & Dysart, 1987; Sabourin, Cutcomb, Crawford, & Pribram, 1990; Walrath & Hamilton, 1975). Findings indicate that although the physiological response to mindfulness meditation is fairly similar to that to hypnosis (Walrath & Hamilton, 1975), the phenomenological experience of the two states is distinct (Brown, Forte, Rich, & Epstein, 1982). For example, Brown et al. (1982) studied 122 subjects divided into four groups. The self-hypnosis group practiced 1 hour daily for 2 weeks, a mindfulness meditation group went on a 2-week intensive retreat, and a second mindfulness meditation group went on a 2-day intensive retreat. The study also included a *waking dreaming* condition that was part of an ongoing therapy program. Following the interventions, the participants completed a self-administered Profile of

Trance, Imaging, and Meditation Experience (TIME) questionnaire, and results indicated that subjects in the hypnosis condition experienced a change in attention with a special focus on the role of suggestion. In contrast, individuals in the meditation arms reported a greater awareness of their stream of experiences as they occurred, a subjective slowing of time, and an altered sense of self (feeling as though mental and physical events are an impersonal process). In addition, the more experienced meditators experienced a sense of weightlessness.

In a special issue on mindfulness and hypnosis, several authors contributed articles to the *Journal of Mind–Body Regulation* with different theoretical perspectives on the overlap between these two interventions. In one article, Lynn, Malaktaris, Maxwell, Mellinger, and van der Kloet (2012) argue that hypnosis and mindfulness inhabit a common domain involving suggestion. After comparing and contrasting mindfulness and hypnotic approaches to suggestion, the authors discuss some of the clinical implications for their conclusions. For instance, mindfulness and hypnosis could theoretically be used interchangeably according to variable client characteristics, or hypnosis could be used to *enhance* the effectiveness of a mindfulness intervention. The authors go on to highlight the fact that hypnosis and meditation have barely been explored from an empirical standpoint and suggest that controlled empirical trials studying the overlap of hypnosis and mindfulness are “vitally important” (Lynn et al., 2012, p. 21). In the same issue, Grant (2012) offers a cautionary commentary highlighting some of the methodological difficulties of meaningfully comparing hypnosis to mindfulness. He rightfully calls attention to the fact that meditation and even mindfulness can include a diverse array of interventions, and he also points out that several benefits of mindfulness are attained only by long-term practice, whereas secular clinical interventions often focus on the effects of short-term practice. While none of his arguments are prohibitive for empirically investigating the possibility that hypnosis and mindfulness inhabit a common domain, they do emphasize the importance of clear definitions of the constructs under investigation and careful methodology when investigating those constructs.

Harrer (2009) adds to the diverse theoretical perspectives on mindfulness and hypnosis by presenting the two as having a complementary and synergistic relationship. According to this view, each intervention presents unique expressions of the same central constructs. Harrer presents eight constructs with analogues in hypnosis and mindfulness for the reader’s consideration, such as the fact that hypnosis is often characterized by attentional *absorption*, whereas mindfulness is usually described in terms of an *open awareness*. Rather than viewing these two

poles of attention as diametrically opposed, Harrer suggests that there is a spectrum of clinically useful experiences between the two and that using only hypnosis *or* mindfulness is unnecessarily restrictive. A logical consequence of Harrer's line of reasoning is that it may be possible to integrate mindfulness and hypnosis into a personalized intervention that has the potential to be superior to either intervention alone. Along similar lines, Lynn, Surya Das, Hallquist, and Williams (2006) suggest that

hypnosis and mindfulness-based approaches can be used in tandem to create adaptive response sets and to deautomatize maladaptive response sets ... mindfulness can serve as a template for generating an array of suggestions that provides cognitive strategies to contend with problems in living and to ameliorate stress and negative affect more generally. (p. 143)

Consistent with this sentiment, Lynn, Barnes, Deming, and Accardi (2010) published a sample hypnotic mindfulness induction for use in Mindfulness-Based Cognitive Therapy (MBCT) courses. In this same article, these authors identify the combination of mindfulness and hypnosis as "a natural marriage with excellent prospects." More recently, Facco (2017) provided a conceptualization of some common features of hypnosis and meditation, such as "induction based on focused attention; capability to reach an intentional control of both biologic–somatic activities and conscious–unconscious processes; and activation/deactivation of several brain areas and circuits" such as the default modality brain network (Facco, 2017, p. 169). Furthermore, Yapko (2011) has provided a theoretical argument for the integrated use of mindfulness and hypnosis and addresses similarities and differences.

Mentally substituting familiar coping strategies and concepts for the novel, mindful ones is common in the beginning phases of mindfulness treatment. This is because it is deeply counterintuitive for most people to pay attention to that which is unpleasant, let alone to do so with an attitude of openness rather than aversion. Our experience is that many clients do eventually learn what mindfulness is and how to integrate a mindful perspective into their lives. For some, this is accomplished by the end of their treatment with a mindfulness-based intervention. For others, it requires participating in several mindfulness treatments or courses before they begin to shift their thinking in a meaningful way and let go of their instinctual reactivity.

The structure of MH involves the integration of mindfulness and hypnotherapy methods to accentuate the benefits of both. To achieve

optimal integration, it is often useful to have a plan for how skills and understanding will be introduced over the course of treatment. This structured or semistructured approach can be adapted as needed based on client needs and situational factors. The majority of this book focuses on providing an introduction to basic MH concepts and their practical application in MH sessions. A brief overview of MH's typical structure is provided in the following section.

Structure of Mindful Hypnotherapy

MH uses a step-by-step process to build the client's understanding of mindfulness. This "scaffold" approach begins with the most familiar concepts and gradually introduces ones that are less familiar. Unfolding the concept of mindfulness step by step and week by week means that by the time a client is introduced to a new concept or topic, the client has already become familiar with a similar skill that can be used to understand the new concept. In addition, each new facet of mindfulness adds a richness of context to the other facets. A client learning how to notice the present moment in session 1 will often experience immediate relief and benefit but will have a richer idea of the implications of present-moment awareness by the end of the eight sessions. In order, the sessions of MH focus on:

- Being in the present moment (Chapter 8)
- Paying attention to physical experiences nonjudgmentally (Chapter 9)
- Paying attention to thoughts and emotions nonjudgmentally (Chapter 10)
- Teaching self-hypnosis (Chapter 11)
- Teaching self-compassion (Chapter 12)
- Raising awareness of one's values and sense of meaning (Chapter 13)
- Integrating sessions (Chapter 14)
- Transitioning to long-term practice (Chapter 15)

In practical terms, this scaffolding process begins with the idea of "being in the present moment" in session 1. Although most of us get caught up in focusing on the future or the past, the idea that living in the present might be beneficial for healing is not a foreign one. When clients are asked to "slow down," to just breathe for a moment, and to notice what it's like to be *here, now*, they usually report that this is a calming and pleasant experience; what's more, few clients are surprised by this experience. Therefore, its familiarity and normalcy can

be a good starting point to individuals who are new to mindfulness and hypnosis.

Even at the beginning of session 2, many clients will be mentally primed for the content that follows if they have been doing their homework. This is because paying attention to the present moment (session 1) will necessarily involve some degree of awareness about what is seen, heard, felt, and otherwise experienced through the senses in the present moment. As clients have *been present* throughout the week, they may have noticed the feeling of rain on their skin, the interesting pattern on their living room rug, or the annoying hum of the air conditioning in their apartment. The conceptual *stretch* in this session comes from inviting a client to pay attention to such things with curiosity, rather than trying to push unpleasant experiences away and attempting to cling to pleasant experiences.

Once a client has had practice with nonjudgmental awareness of the physical senses, this skill can be transferred to being nonjudgmentally aware of thoughts and emotions in session 3. MH is presented in this order because many clients find nonjudgmental awareness of thoughts and emotions to be more difficult than nonjudgmental awareness of physical sensations. Thoughts and emotions often feel more visceral, primal, and personal than the mere sensations of the body. However, after becoming more practiced with nonjudgmental awareness of body, a client may find that this experience can be used as a scaffold to understanding mindfulness of thoughts and emotions.

Session 4 gives the client a break from new mindfulness concepts and shifts the clinical focus to teaching self-hypnosis. Self-hypnosis enables clients to begin personalizing their hypnosis experiences by modifying their home practice to suit their preferences.

In session 5, clients are invited to consider the importance of compassion for themselves and others. Although these concepts are not unfamiliar *per se*, they can be difficult to practice. Many clients carry around a harsh *inner critic* or a lack of awareness about what they truly *need* rather than what they *crave* in the moment. For example, some clients worry that if they show love toward themselves, it will mean they're self-centered. Others worry that if they *let up* on themselves, they will never accomplish anything. Still other clients find themselves procrastinating or engaging in other harmful behavior, even though this is not in their best interests. By session 5, however, most clients will have developed the mental flexibility to engage with compassion and self-compassion in a meaningful way. Furthermore, the foundational work on mindful awareness will allow clients to discern which acts of

self-compassion will be of true benefit and strengthen their will to act on this knowledge.

Session 6 capitalizes on a client's growing and holistic understanding of what mindfulness entails and further leverages this understanding to explore valued actions. Once a client is relating to his or her experiences with equanimity rather than reactivity, it opens up a freedom of choice that may not have existed before. A person who is unable to tolerate unpleasant experiences *must* act to change or escape those experiences. A person who cannot tolerate letting go of a pleasant experience *must* act to hold on to or reclaim that experience. However, an individual who can maintain a baseline sense of well-being that is independent of pleasant or unpleasant experiences has the freedom to act in a way that is consistent with one's own sense of meaning and in accordance with one's values.

Finally, sessions 7 and 8 are used to explore the unified impact of the previous sessions, to clear up misunderstandings or questions, and to transition to long-term maintenance of these behaviors. Mindfulness is a practice that has a relatively simple premise, but the long-term potential of mindfulness can be explored for a lifetime. MH is designed to be a time-limited intervention that helps clients benefit from the strengths of both mindfulness and hypnosis. The intervention is based on fostering autonomy and grants clients the tools to make the practice their own long after the intervention has concluded. It is our firm belief that MH has the potential to empower clients to overcome a wide variety of obstacles in life and that it can be a potent contribution to the fields of clinical hypnotherapy and mindfulness alike.

■ CLINICIAN NOTE

Standardization

The session structure for MH outlined in this book is meant to describe a template for uniting mindfulness and hypnotherapy. This particular structure and content has met with excellent success in the authors' experience, and it is well received by clients. It is our hope that presenting our standardized format will help clinicians implement MH more easily and will facilitate rigorous empirical testing. Readers with a good grasp of mindfulness and hypnotherapy may apply the integration in a flexible manner to achieve goals and results.

Summary

In summary, hypnosis and mindfulness can be integrated and used in tandem for therapeutic benefit and to create adaptive response sets. The conceptual basis for MH is that hypnosis can serve as a delivery method for mindfulness-based suggestions and experiences. Further, mindful hypnotic inductions involve focused attention and provide a framework for accessing conscious and unconscious processes and mindful hypnotic suggestions. MH uses a step-by-step process over eight or more sessions to introduce experiences of present-moment awareness, nonjudgmental awareness, learning self-hypnosis, compassion, awareness of values, integration, and transition to long-term practice of mindful self-hypnosis. Within this structure, sessions can be personalized to maximize MH benefits. Learning MH involves flexibility and openness to new understandings of both mindfulness and hypnosis.

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