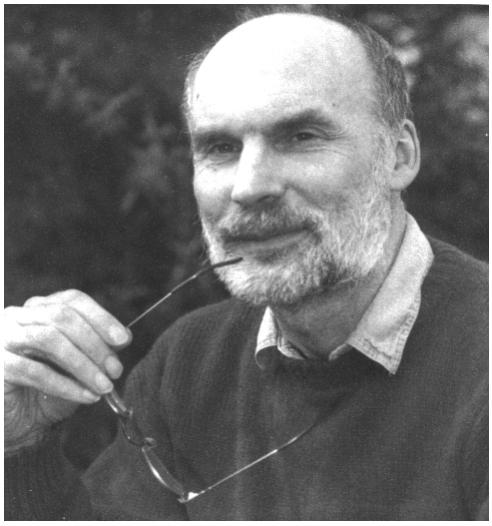
Dr Hawkin's paper examines some of the major assumptions underlying the practice of clinical hypnosis, and the ways in which it can be used as an adjunctive procedure in psychotherapy and the wider field of health care.

This includes a brief history of hypnosis which, he argues, supports the view that hypnosis has always played some part in the treatment of 'illness', and that its role is now in the ascendant.

The author also sets forth his serious concerns about research and evaluation, as well as training and supervision.

He concludes that clinical hypnosis now enjoys much wider acceptance but this in turn increases the need for it to overcome widely held misconceptions, meet recognised scientific standards and becoming more fully integrated into psychological and medical training.

Is this the Renaissance of Clinical Hypnosis?



Dr Peter J. Hawkins
BSc., MSc., PhD., A.F.B.Ps.S., C. Psychol.

Dr Peter J. Hawkins **BSc., MSc., PhD., A.F.B.Ps.S., C. Psychol.**

Senior Lecturer in Counselling Psychology at the University of Sunderland, is also Visiting Professor in Clinical Hypnosis at Crete, Salamanca, and Valencia universities.
He has taught workshops in numerous European countries including Poland, Romania, Czechoslovakia, Spain, Italy, Portugal, Greece, Albania and Hungary and later this year, in April, is due to teach in Russia.
Dr Hawkins is a member of the British Society of Experimental and Clinical Hypnosis and his writing on hypnosis includes papers in Greek, Spanish, and Romanian.
Current research includes evaluation of hypnosis in pain management with cancer patients and phenomenological aspects of the 'trance' state.

Although hypnosis has never had a major impact on health care philosophies and technologies, it has always been part of the medical culture, influencing it at a covert level. Its popularity has waxed and waned.

Hypnosis has come down to us from the 'healing temples' of ancient Greece to more recent times, particularly in the l9th. century with the work of John Elliotson who popularised the anaesthetic properties of mesmerism.

James Esdaile, the Scottish surgeon performed many operations without anaesthetic whilst practising in India. James Braid first coined the word hypnosis and rejected the idea of magnetism, preferring instead to emphasise suggestion, as did Liebeault and Bernheim in Nancy. Charcot developed a pathological theory and suggested that hypnosis was similar to hysteria, both being products of a diseased nervous system. Freud established with Joseph Breuer the ideas of regression and dynamic psychotherapy and later rejected hypnosis in favour of the new school of psychoanalysis, a development which had a profound negative effect on the development of hypnosis.

Hypnotherapy's increasing importance

However, a temporary revival of interest was brought about by the occurrence of a large number of functional disorders in the First World War. J.A. Hadfield used Freudian type regression allowing soldiers to relive their battle experiences under hypnosis, and invented the term 'hypnoanalysis' .

Today, I believe that clinical hypnosis is in the ascendant, with its use in psychotherapeutic, medical and dental treatment now well established.

Its value has now been 'indicated' across a wide range of health problems including pain, psychosomatic illnesses (gastrointestinal disorders, respiratory disorders, cardiovascular problems, genitourinary problems, and musculoskeletal disorders), behavioural problems (smoking, eating problems) obstetrics and gynaecology, sexual problems, anxiety states, stress.

Clinical and experimental studies are reported in the Journals of the British Society of Experimental and Clinical Hypnosis (Contemporary Hypnosis) and the British Society of Medical and Dental Hypnosis, as well as in the recently launched European Journal of Clinical Hypnosis.

The Sixth European Congress of Hypnosis in Psychotherapy and Psychosomatic Medicine held in Vienna in August had scheduled workshops in: eating disorders, pain, sexology, family therapy, stress management, and paediatrics amongst others.

In addition new societies are being established throughout Europe, with societies in Spain and Lithuania being recently added to the already well established organisations in Sweden, Italy, Germany, the U.K. and Ireland.

Much of the 'so-called' evidence for the effectiveness of hypnosis is of a very anecdotal nature

Evaluation and Research

With this increase in the popularity of the use of hypnosis in health care a number of important issues have to be addressed. These include concerns about research and evaluation, training, and supervision.

I can best illustrate the concerns regarding evaluation with reference to a case study concerning a patient of mine.

The patient was a retired 55 year old man on validity pension because of a bad back. He had been on pain killers for 6 years and was told by the consultant that he would have the pain for the rest of his life. He was thus totally dependent upon drugs in order to maintain a tolerable level of pain and a reasonable quality of life. He did not feel in control of his life and had a feeling of 'helplessness'.

Alternative treatments were tried including acupuncture, remedial massage, and hydrotherapy. None of these worked. He was recommended to see me by a friend who had years earlier received successful treatment from me for trigeminal neuralgia. I have now seen him twice.

On the first session I taught him self-hypnosis (using a conventional induction technique; Spiegel's Eye Roll[1], and deepening with arm levitation), which was followed by autogenic training, guided imagery, and a variant of Bresler's 'Inner Guide'[2].

He immediately felt more comfortable, and surprised! He was even more surprised when the change remained for approximately four weeks, and he was able to reduce the amount of drugs considerably.

On occasions when the pain returned he was able to deal with this himself without any problems. He returned for a second session but said that he didn't really require it. During the six years when he was being treated by a physician it was never suggested that relaxation, let alone hypnosis, might help !

Although Mr. X improved I have no firm evidence as to why this happened. General curative factors probably had a considerable effect, for example placebo, referent transference, archaic transference, generation of hope and optimism, but these were also present in the treatment with acupuncture, which was not effective.

Much of the 'so-called' evidence for the effectiveness of hypnosis, and alternative medicine in general, is of a very anecdotal nature and similar to the case study just mentioned. Although such *studies* are important, they require *confirming* with carefully controlled and rigorous 'experimental' studies with long term follow–up. This is urgently required, and psychologists should be at the forefront of this research utilising both quantitative and qualitative methodology to enable both process and outcome studies. It is also necessary to pursue research which examines the interactive relationship between personality, hypnotisability, suggestibility, health problems and treatment strategies, so that it will eventually be possible to match specific treatment procedures to individual patients.

Hypnosis in health has a well established pedigree which has not always been recognised

Training

It is, of course, highly desirable that the practice of clinical hypnosis is done by professionals who are utilising it to enhance their existing clinical skills, e.g. clinical psychologists, counselling psychologists and psychotherapists, as well as other health care specialists. It should be remembered that hypnosis is an adjunctive procedure. Professionals are trained in the management of primary strategies; they require further training in hypnosis if they are going to use it in their clinical work. This is increasingly being recognised. The University of Sheffield now offers a Diploma Course in Hypnosis for clinicians and health professionals, with the possibility that a Masters Degree will follow. This is within the Medical Faculty under the direction of a psychologist. Similar developments are probably taking place at other universities and institutions throughout Europe. I would be pleased to hear about these.

Supervision and Personal Development

It is becoming increasing recognised that supervision is an essential requirement for the practising clinician. During the course of working with patients it is possible that problems can arise, e.g. negative and positive transference. Perhaps the European Journal of Clinical Hypnosis could help individual 'hypnotists' find suitable supervisors so that the standards of clinical practice can be maintained and enhanced? Alongside regular supervision there should also be a programme of on-going personal development / personal therapy, as well as attendance at short courses and training workshops concerned with continuing professional development.

In summary I would like to suggest that the use of hypnosis in health care is alive and well. It has a well established pedigree which has not always been recognised. It has an ill-founded reputation that is still promulgated today by the popular media and also, unfortunately by some Departments of Psychology and Medical Schools. There is a lively theoretical debate, and many reports of clinical and experimental work. But it is important for both academic and practising psychologists to enter this debate by engaging in more sustained empirical and clinical research, both quantitative and qualitative (phenomenological/experiential new paradigm research), and for the university Departments of Psychology and Schools of Medicine to introduce the study of hypnosis into the curriculum. At the same time, supervision arrangements need to be improved so that all practising clinical hypnotists, in whatever profession, have the opportunity to be supervised by an experienced supervisor, as well as being able to enhance their professional skills and knowledge through a programme of short courses and seminars.

Footnotes

[1] Spiegel, H. & Spiegel, D. (1978) *Trance and Treatment: Clinical uses of Hypnosis.* N.Y.: Basic Books.

[2] Jaffe & Bresler (1980) *The use of guided imagery as an adjunct to Medical Diagnosis and Treatment.* Journal of Humanistic Psychology, 20, 4, 45-59.