



Hypnotic Phenomenon





Eric K. Willmarth, PhD

Eric K. Willmarth, Ph.D. is a licensed clinical psychologist and president of Michigan Behavioral Consultants, PC in Grand Rapids Michigan. He is also the Chair of the Applied Psychophysiology Department in the College of Integrative Medicine and Health Sciences, Saybrook University. Dr. Willmarth is a Past President of the American Society of Clinical Hypnosis, the Society for Clinical and Experimental Hypnosis and was twice the president of the Society for Psychological Hypnosis, the American Psychological Association's Division 30. Dr. Willmarth has been teaching and learning hypnosis for over 40 years and continues to find joy in doing so!

Learning Objectives

- At the conclusion of this session, the participant will be able to:
- Explain five different hypnotic phenomena
- Discuss and describe how the concept of trance logic and other hypnotic phenomena can be used therapeutically
- List at least three principles of eliciting phenomena
- Define abreaction and how it can be addressed therapeutically



What are “Hypnotic Phenomena?”

Types of responses created in a person while hypnotized.

Can be created directly or indirectly

Often used to help facilitate therapeutic change

Also utilized to ratify trance experience

A sample of Types of Hypnotic Phenomena

One Type of Phenomena...??



Amnesia and Hypermnesia

- Amnesia
 - The act of forgetting (you may forget to remember or remember to forget...)
 - Assists in reduction of over analysis, concern or fear surrounding session material
 - Limitations on what a person can be “made” to forget
- Hypermnesia
 - Enhanced recall, remember past events, discover locations of lost objects
 - Subconscious must consider it safe to allow the memories to be consciously remembered



Analgesia and Anesthesia

Analgesia

- Reduction of pain

Anesthesia

- Removal of all pain and sensation

Can be used for: headaches, IBS, dystonia, pregnancy and labor, pain relief in hospitals, surgery and in emergency situations

Dependent upon the individual's receptiveness to the suggestions

Catalepsy

- Rigidity or immobility of muscles
- Happens naturally when “freeze” reaction is triggered during parasympathetic activation
- Can be used in:
 - elicitation and/or deepening process
 - Psychogenic sexual issues, such as ED
 - Insomnia and frequent movement while sleeping
 - Healing from surgery and other procedures

Dissociation

To be mentally removed from the present situation

Can assist in:

- reduction of phobias and fears
- processing past traumatic events
- Personal clinical examples for memory processing include: using a TV screen with a remote, using only one sense at a time to reduce overwhelm (e.g., locking away everything but sight initially)

Age Regression

Clients vividly imagine going back in time to a past event

Can use vehicles, bridges, time machines, etc to transport back in time

Can use indirect suggestion (“isn’t it interesting how clearly you can recall how you felt when...?”)

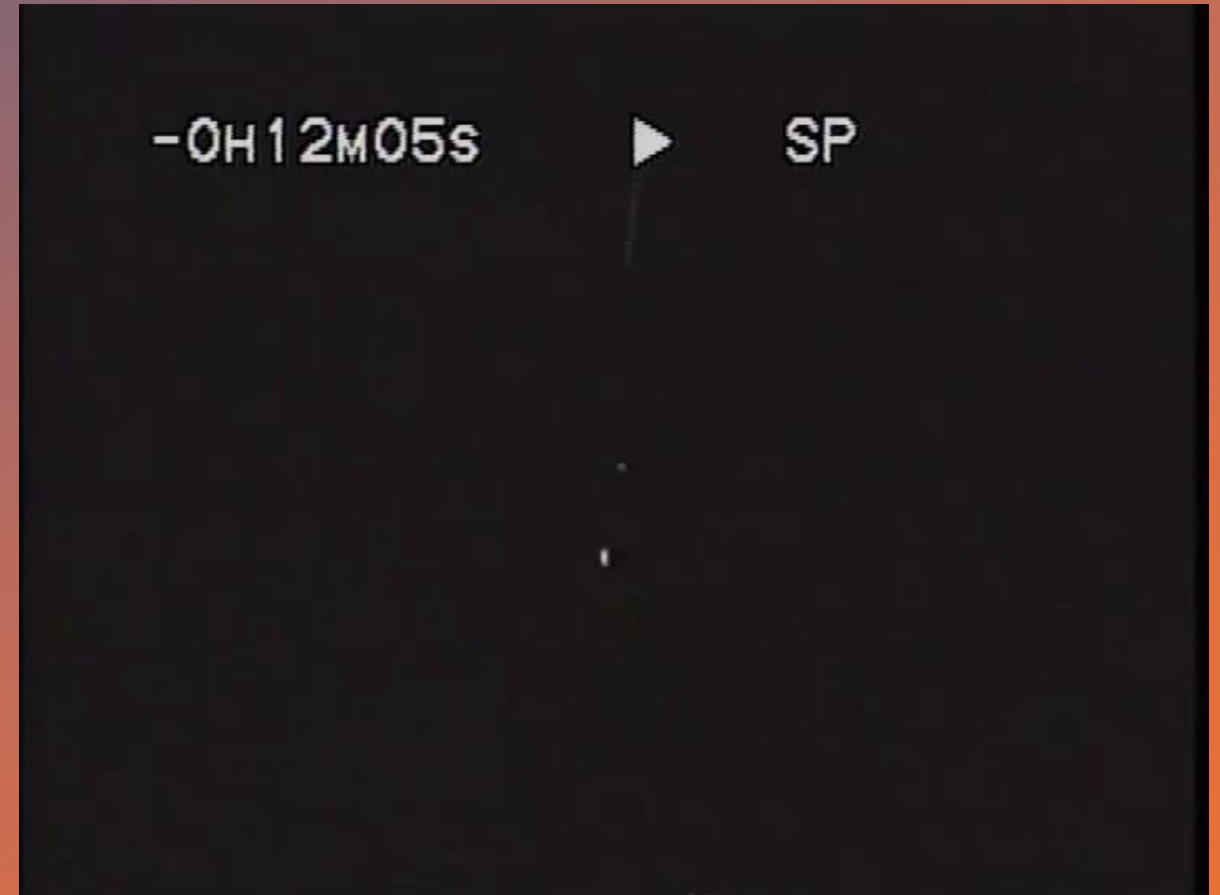
Affect bridge

- current awareness / affect linked to first or one of first times client had that same awareness or feeling (“.. and as you notice how aware you are of that feeling you have described, you might allow yourself to drift back in time and recall the first time you ever had that same feeling...”)

Age regression

- Confusional techniques/wordplay
 - (“... what happens now and then is that remembering then now reminds you now of then when then is so important and when then becomes now because yesterday led to today and you can remember yesterday as if it were now because now and then remembering then as if it were now can be so important ...”)
- Orient to the future first by age progression, then age regression. From the future, recall of past events can be accomplished from an even greater emotional distance.

Hypnosis and Beyond Age Regression/Progression



Age Progression

- Used to prepare for success and realization of goals (therapeutic and otherwise)
- Important to rehearse **desired** outcome instead of **feared** outcomes
- Indirect Approaches
 - Metaphor: “ I am reminded of a patient I worked with who would imagine herself three and six and twelve months after our work together doing just what we’re discussing now...”
 - Embedded Instruction: “I often like to look around and wonder what will happen in the future when you look back and feel really good about the changes you’ve made...”
 - Presupposition “I wonder exactly where you’ll be when you realize you are not worried about...”



-
- A black stethoscope is positioned diagonally across the frame. The chest piece, which is circular and black, rests on a white computer keyboard. The tubing of the stethoscope is black and extends towards the bottom right corner. The keyboard is white with black lettering on the keys, including 'S', 'D', 'T', 'Y', 'U', 'I', 'O', 'P', 'command', 'option', and 'alt'. The background is a plain, light-colored surface.

Ideodynamic Responses

- Conversion of an idea to a dynamic process
 - **Ideosensory:** automatic experience of sensation associated with processing of suggestion
 - **Ideoaffective:** automatic emotional response associated with suggestion or thinking about experience(s)
 - **Ideomotor:** Involuntary capacity of body to respond instantaneously to thoughts, ideas, emotion. Includes eye closure, arm/hand movement, inability to move, limb rigidity.

Ideomotor Responses

Involuntary ideomotor signals may be evidenced in 78% of patients

Useful to signal clinician that internal processes have been established/completed (e.g. numbness present).

Useful when client finds it difficult to speak initially during trance

Be sure to identify which finger for ideomotor signal means “yes”, means “no”, and (if you’d like) means “I don’t know.”

Time Distortion

Subjective alteration in the experience of time (experience of time is purely subjective, depending on focus of attention).

Time Expansion: subjective experience of time passing very slowly.

Time Contraction: subjective experience of time passing very quickly.

Occurs naturally, frequently among all people, therefore in trance, time distortion occurs even without specific suggestions for it

Useful in sports, pain recovery, migraine, review of past experience, trance ratification, and shifting of internal experience of parts

Trance Logic

The alternative thinking process that enables ideas that would be paradoxical to the conscious self to peacefully coexist within the mind while in a state of trance.

Patient can, at least temporarily, accept the suggested reality, however illogical and objectively implausible it may be, as if it were the only reality.

A voluntary state of acceptance of suggestions by the patient without the critical evaluation occurring that would destroy the validity or meaningfulness of some suggestions.

Trance Logic

Tolerance of logical inconsistencies.

In my opinion, one of the most useful tools of trance, as it allows you to circumvent otherwise impossible circumstances

Almost any type of roadblock can be shifted by trance logic

- Pain
- Difficulty finding a particular item or tool internally
- Creation of unique or previously unpossessed tools internally

Offering a reason as to why they CAN do the previously “impossible” thing

Abreactions: What are they?

When an individual in trance experiences awareness of some hurtful memory, not suggested by clinician (spontaneous regression) and can become distressed (abreacts) as a result

Sometimes memories that emerge are pleasant sometimes not

Those that are not pleasant can manifest suddenly, dramatically, and with considerable emotional intensity

How to Manage Them

1

The clinician must know how to skillfully and therapeutically manage such affective responses

2

Be prepared by having good training in handling intense affect

3

Abreactions can manifest in a variety of ways, including crying, hyperventilation, partial or whole body tremor, sudden disengagement from trance, hallucinations, delusions, rocking motions

How to Manage Them

First – clarify what is happening with the patient

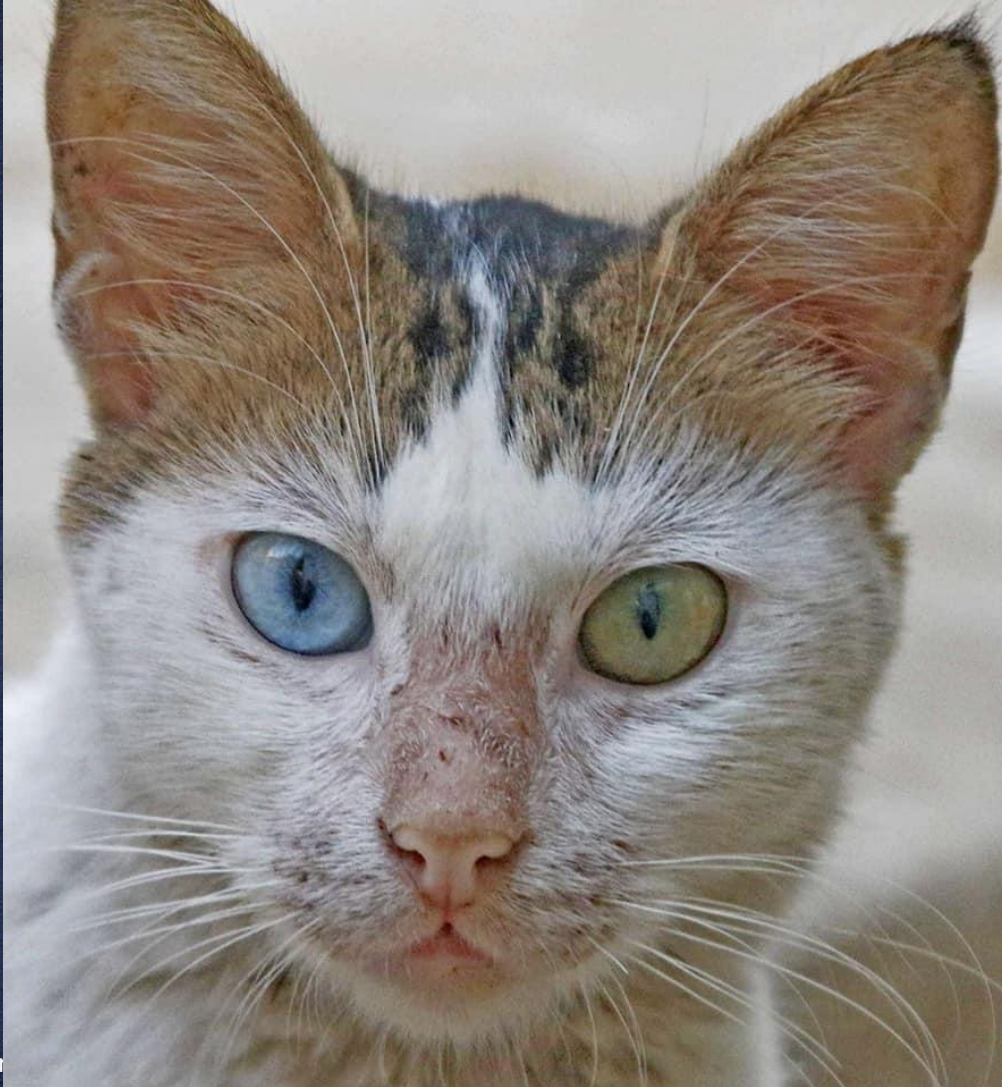
Inquire – description of trance state / present experience

Offer supportive, protective suggestions

Acknowledge and accept the abreaction and be calming, comforting and helpful to patient

Demonstration Time

Questions



Contact Information

Eric K. Willmarth, PhD

616-540-3682

ewillmarth@saybrook.edu

<http://www.hypnosiscentral.com/>