Article title: Utilization of Hypnosis: Refiguring the Practice of Multidisciplinary Health Care
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Preprint statement: This article is a preprint and has not been peer-reviewed, under consideration and submitted to ScienceOpen Preprints for open peer review.
DOI: 10.14293/PR2199.000131.v1
Preprint first posted online: 15 May 2023
Keywords: content free, Health Professions Act, hypnotherapy, psychoanalysis, psychotherapy, psychology, suggestion, trance, treatment, waking hypnosis
Utilization of Hypnosis:

Refiguring the Practice of Multidisciplinary Health Care

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The author declares no conflicts of interest and, furthermore, declares that the current study was not financially supported by any institution or organization.

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Abstract

The full circle prohibition and repeal, in South Africa, from 1997 to 2007, of the utilization of hypnosis by any person not in the profession of psychology (i.e., psychotherapy) was examined to understand the causes thereof in order to prevent its deleterious re-occurrence globally, and second to examine the utilization of hypnosis in health care practice. It was found that the prohibition was erroneous, including that it was: (a) unenforceable—the occurrence of hypnosis cannot be prevented because communication necessarily invokes, often without awareness thereof, trance hypnosis and/or waking hypnosis; (b) unnecessary—the prohibition of the utilization of hypnosis by other disciplines is not a logical consequence of the prohibition of its psychotherapeutic utilization by other disciplines because its utilization in any discipline is distinct from that in any another; and (c) preventing efficacious use—the demarcation of hypnosis as belonging to psychology, and thus as single-disciplinary, prevents efficacy because this is contingent on knowledge about the mind, body, physical environment, and interaction, which is necessarily of a multidisciplinary nature. Having identified that hypnosis cannot be prevented, only utilized, is content free, and can effect profound learning, it was concluded that the potential utilization of hypnosis in, and thus refiguration of, the practice of multidisciplinary health care is limited only by every discipline’s awareness, training, and integrated utilization thereof in medicine, surgery, and/or communication for mental and/or physical illness and/or disease. The paper concludes with illustrations of how hypnosis may be utilized in treatment and therapy disciplines respectively.

Keywords: content free, Health Professions Act, hypnotherapy, psychoanalysis, psychotherapy, psychology, suggestion, trance, treatment, waking hypnosis
Utilization of Hypnosis: Refiguring the Practice of Multidisciplinary Health Care

Although there remains much controversy and even scepticism about the very existence of hypnosis (Phipps, 2019b), one way of understanding it is that “Hypnosis is a state of mind in which the critical faculty of the human is bypassed, and selective thinking established. (Elman 1964/1984, p. 26). Put differently, hypnosis is a state of mind in which the person’s everyday or conventional judgement is suspended and wholehearted belief established (Elman, 1964/1984). In effect, then, hypnosis is simply a state of rapid learning, that is, the reinforcement of beliefs or knowledge and/or the acquisition of new ones. Herein lies its potential value.

Potential Value

Hypnosis can effect rapid, profound learning. In hypnosis, the person(s) can acquire information or learn about their mind and/or body, others, and/or the physical environment that enables them to interact or relate more effectively—and, thus, adapt and evolve—within their physical and/or social environment. A caveat, however, is that this information needs to be accurate (i.e., tested, valid, or true), the accuracy of which maximises the person’s ability to perceive more accurately, the reality of themselves, others, and/or the physical environment (i.e., both now and, should a similar such interaction, foreseeable or unforeseeable, arise, in the future), thereby, enabling them to interact more effectively.

Accordingly, it is not so much the use of hypnosis, per se, but rather the trained use of hypnosis wherein the value of its use lies.

Multidisciplinary Use

Given the nature and quality of (tested) knowledge acquired about the human anatomy, physiology, mind, and interaction and, in the case of illness or disease, the treatment, thereof, it is it is the trained use of hypnosis in/by multidisciplinary health care that affords its efficacious use.
In advocating, then, as far back at the beginning of the last century, its use in multidisciplinary treatment, Munro (1917) states:

[Hypnosis] has become a part of the armamentarium of the thinking, progressive physician, surgeon and dentist…. [There is] incontrovertible evidence that the principles of suggestion, as a practical trustworthy therapeutic measure, are fixed and definite. The intelligent use of these principles by the physician, the surgeon and the dentist has resulted in great good being done to their patients. (p. 9)

However, in advocating for its use, Munro (1917) cautions:

[Hypnosis] should be applied with an understanding and comprehension of the anatomical and physiological relations of the organism, as well as of the pathological conditions to be alleviated. It is not to be used [by physicians, surgeons, and dentists] to the exclusion of other therapeutic resources, but can always be used with them, for it is not antagonistic to or incompatible with any remedy which helps to cure disease. (p. 68)

And elsewhere, Munro (1917) warns:

Its evolution, like that of all other modes of treatment, is marked by an ever-increasing precision in method and an ever-deepening comprehension of the conditions to which it is applicable. Progress in these two respects must always go hand in hand, for the moment therapeutics becomes divorced from pathology and diagnosis it leaves its scientific basis and stands in the danger of approximating to that medical charlatanry which it is the highest interest of our profession to combat. (pp. 32–33)

As is evident from this, Munro (1917) warns that, in its application by practitioners of
medicine, surgery, and dentistry—that is, the established disciplines of that time—hypnosis should not be separated from diagnosis and pathology and, therefore, it should be used in conjunction with knowledge of anatomy, physiology, illness, and disease and, moreover, other treatment methods. Put differently, Munro (1917) was advocating the trained use of hypnosis in multidisciplinary health care to advance the treatment of patients and, thus, the practice of health care, itself.

However, at the turn of the last century, there was an alarming occurrence in this respect in the field of health care in South Africa.

Prohibition of Hypnosis

In 1997, South Africa introduced an amendment to its principal Act, the Health Professions Act 56 of 1974 (SA), which provides for the control over the education, training, and registration for practising of health professions registered under the Act. Although this amendment—as it pertains to the use of hypnosis, in general, and its use in psychotherapy (i.e., treatment discipline of psychology), referred to as hypnotherapy (i.e., hypnosis in psycho-/therapy)—was intended to protect the public and guide the profession, it had several unanticipated, unintended consequences, including ambiguity and confusion as to which health care disciplines were permitted to use hypnosis and hypnotherapy and, furthermore, what use of them was permitted.

Medical, Dental and Supplementary Health Service Professions Amendment Act 89 of 1997 s. 34 (SA)

More particularly, section 37 of the Health Professions Act 56 of 1974 (SA), as amended by section 34 of the Medical, Dental and Supplementary Health Service Professions Amendment Act 89 of 1997 (SA), provided that the use of hypnosis and hypnotherapy—now deemed to be acts specially pertaining to the profession of a psychologist—by any person, not registered as a
psychologist or as an intern-psychologist, was guilty of an offence and, on conviction, liable to a fine or to imprisonment for a period not exceeding twelve months, or to both such fine and such imprisonment—this not to be construed as: (a) prohibiting the performance of any act by a medical practitioner, a nurse registered under the *Nursing Act 50 of 1978* (SA) or a social worker registered under the *Social Work Act 110 of 1978* (SA) provided it was performed in the ordinary course of the practice of his/her profession, or (b) authorizing, in the case of a social worker, the conduct of the treatment of a mental illness as defined in the *Mental Health Act 18 of 1973* (SA; President of the Republic of South Africa, 1997).

Therefore, notwithstanding their use by a medical practitioner (i.e., as distinct from a dentist), nurse, or social worker performed in the ordinary course of practice, the Act as amended outlawed the use of hypnotherapy and hypnosis by any person not registered as a psychologist or as an intern-psychologist.

**Consequences**

Several consequences ensued, including, first, the Act prohibited dentists from using hypnosis—one of the very disciplines it was originally intended for.

Secondly, the Act appeared to authorise the use of hypnotherapy by practitioners other than a psychologist, including a medical practitioner, nurse, and social worker.

Thirdly, having expressly prohibited the social worker, per se, from the treatment of mental illness, the Act conversely appeared to authorize a medical doctor or nurse to treat mental illness using hypnosis and hypnotherapy.

Thus, notwithstanding its ambiguity, it was the Act’s prohibition of the use of both hypnotherapy *and* hypnosis, by any person not registered as a psychologist or as an intern-psychologist that was especially confusing. Although the demarcation of the use of hypnotherapy
as an act of the profession of psychology could be understood—this because hypnotherapy involves the use of hypnosis for the purposes of psychotherapeutic treatment, with psychotherapy, itself, demarcated as an act of the profession of psychology—that of the use of hypnosis not. The demarcation of the use of hypnosis as an act of the profession of psychology and, thus, the prohibition of its comprehensive use by any other health care discipline was in non-observance of an essential early principle of, and Munro’s (1917) forewarning about, the use of hypnosis in health care: The efficacious use of hypnosis, in the treatment of illness or disease, requires its multidisciplinary use.

Accordingly, 10 years later, South Africa introduced a further amendment to its principal Act repealing the prohibition of the use of hypnosis.

**Prohibition Repealed**

*Health Professions Amendment Act 29 of 2007 s. 35 (SA)*

Section 37 of the *Health Professions Act 56 of 1974* (SA), as amended by section 35 of the *Medical, Dental and Supplementary Health Service Professions Amendment Act 89 of 1997* (SA), provided that “Section 37 of the principal Act is hereby repealed” (President of the Republic of South Africa, 1997, p. 42).

*Health Professions Act 56 of 1974 Regulations Defining the Scope of the Profession of Psychology, 2008* (SA)

The *Health Professions Act 56 of 1974 Regulations Defining the Scope of the Profession of Psychology, 2008* (SA) made the following regulation in the schedule:

The following acts shall be deemed to be acts specially pertaining to the profession of psychology-

(g) the use of hypnotherapy. (SA; Minister of Health, 2008)
Therefore, only the use of hypnosis in psychotherapy (i.e., hypnotherapy)—as distinct from its use elsewhere, that is, independent of psychology—was now deemed to be the act of the profession of psychology. In effect, then, this regulation: (a) restored the use of hypnosis as an act of natural persons; and (b) retained the use of hypnotherapy as an act of the profession of psychology. Consequently, the comprehensive use of hypnosis in multidisciplinary health care was restored.

Notwithstanding this correction, understanding the causes and resultant learning from the prohibition may not only help to prevent its reoccurrence but also help to further clarify and consolidate the use of hypnosis in multidisciplinary health care.

In considering the problem, it appears to comprise three parts, the first one being that the prohibition of hypnosis was, itself, unenforceable.

**Prohibition Unenforceable**

**Misperception About Hypnosis**

The assumption that hypnosis could be prohibited represents a misconception about hypnosis. To understand this misconception, it is necessary to examine the phenomenon of hypnosis more closely. Hypnosis involves the occurrence of timeous suggestion. In this respect, and returning to Munro’s (1917) early thinking, suggestion involves three types.

**Suggestion**

**Trance Hypnosis.** This is suggestion communicated in the trance state of hypnosis, that is, hypnosis associated with eye-closure and an accompanying increase in self-awareness and relaxation (Elman, 1964/1984).

**Waking Hypnosis.** This constitutes suggestion communicated in the waking state of hypnosis, that is, hypnosis associated with being “awake” in the sense of being hypnotised without
having undergone trance (Elman, 1964/1984).

**Waking Suggestion.** This represents suggestion communicated without the occurrence of hypnosis (Elman, 1964/1984).

Hypnosis, then, be it trance or waking hypnosis, necessarily entails the occurrence of timeous suggestion.

**Communication as Suggestion**

Given that hypnosis involves suggestion, any enforcement of the prohibition of the occurrence of hypnosis necessarily requires enforcement of the prohibition of the occurrence of suggestion. Human communication, though, necessarily incurs two levels of communication at any one time, namely, report (i.e., content) and command or suggestion (i.e., process or relationship) (Bateson, 1972; Phipps, 2004; Phipps, 2019a; Ruesch & Bateson, 1961; van den Bergh, 2008; Vorster, 2003; Vorster, 2011; Vorster et al., 2013; Watzlawick et al., 1967; Watzlawick & Weakland, 1977; Watzlawick et al., 1974). Therefore, because any communication necessarily involves the communication of suggestion, and because it is not possible to not communicate (Ruesch & Bateson, 1961; Watzlawick et al., 1967; Watzlawick & Weakland, 1977; Watzlawick et al., 1974), it is not possible to not communicate suggestion.

**Communication as Suggestion as Hypnosis**

Furthermore, because hypnosis simply represents a form of a suggestion (Bernheim, 1887/1899; Elman, 1964/1984; Erickson & Rossi, 1980; Liébeault, 1889/2002; Munro, 1917; Phipps, 2019b), human communication necessarily invokes, on occasion—again with or without awareness, thereof—hypnosis of/by oneself (i.e., [*auto-*/ self-hypnosis) and/or of/by another (hypnosis).

Therefore, human communication necessarily invokes, in daily life, not simply waking
suggestion but also, on occasion—again with or without awareness, thereof—trance hypnosis and/or waking hypnosis of/by oneself and/or of/by another.

**Hypnosis in Daily Life**

There are many instances of hypnosis occurring spontaneously in daily life (Elman, 1964/1984). Consider, for example, the crying child who on account of suggestion from her mother believes that if the mother should kiss her (i.e., “kiss it better”), the pain will disappear (Elman, 1964/1984). In this respect, the child believes that the mother’s kiss will alleviate or even remove the pain. Thus, the child’s critical faculty is bypassed (i.e., illogical premise that mother’s kiss *can* alleviate the pain) and selective thinking is established (i.e., mother’s kiss *will* alleviate the pain), which precipitates a hypnotic effect (i.e., mother’s kiss *has* alleviated the pain—referred to as hypnotic analgesia or anaesthesia) occurring without the trance state (i.e., waking hypnosis; Phipps, 2019b).

Here is another example: It is summertime, the weather temperate, the man is very comfortable, and he is enjoying the weather immensely (Elman, 1956). Suddenly someone says, “Wow! It’s hot” and in a short while—on account of suggestion from someone else—the man notices that he is perspiring profusely. In this respect, and similarly to the previous example, the individual’s critical faculty is bypassed (i.e., the false premise that *it may* be hot) and selective thinking is established (i.e., *it will* get hot), which precipitates a hypnotic effect (i.e., *it is* hot and he starts to perspire—control of the autonomic nervous system, that is, involuntary body functions including, for example, body temperature and perspiration) occurring without the trance state (i.e., waking hypnosis; Phipps, 2019b).

A further example: The tired and weary office manager—who, after a particularly busy, demanding morning and with ten minutes to spare before her friend arrives at her office for their
lunch appointment—closes her eyes, exhales a sigh, and becomes increasingly aware of her breathing, her sense of increasing comfort and relaxation, and then, in time, she begins to imagine that she is back in her garden—when it was in full bloom in spring earlier this year—her own garden, her pride and joy, its beauty, the perfect leaf of a tree, green like springtime, with a single drop of moisture upon it, just like a warm and gentle rain passed by… and just as she is enjoying, for what seems a short while, the peace and tranquillity of her garden—while also hearing the giggling and laughter coming from a nearby office—she is somewhat startled by the knock at the door and the familiar sound of her friend’s voice, whereupon she opens her eyes—and quite different to how she was feeling earlier—now feels rested, refreshed, relaxed, and ready for her lunch appointment.

In the example above, the office manager—on account of suggestion to herself—believes that she can experience being in her garden now. Thus, the individual’s critical faculty is—by way of self-pretence or fantasy—bypassed (i.e., the illogical premise that I can experience being in my garden when I am here in my office) and selective thinking is established (i.e., I will experience being in my garden), which precipitates hypnotic effects (e.g., “I am in my garden,” which is referred to as [hypnotic] hallucination, namely, seeing, hearing, feeling, smelling, or tasting that which is not real or does not exist; and “for what seems a short while” when it was closer to ten minutes, which is referred to as time distortion) occurring with the trance state—that is, associated with eye-closure and an accompanying increase in self-awareness and relaxation)—(i.e., trance self-hypnosis).

A final example: The fearful adult—on account of suggestion from his grandmother at five years of age—believes that if the day is Friday the 13th, something bad or unlucky will happen. In this respect, the adult believes that the day can cause bad things to happen. Thus, the adult’s
critical faculty is bypassed (i.e., illogical premise that the day can cause bad things to happen) and selective thinking is established (i.e., the day will cause bad things to happen), which precipitates a hypnotic effect (i.e., the day has [or is], similarly to before, caused [or is causing] bad things to happen—referred to as [hypnotic] illogical or irrational, albeit compelling, thinking or belief) occurring without the trance state (i.e., waking hypnosis).

As the examples above illustrate, hypnosis is part of everyday life. Consequently, a prohibition of the occurrence of hypnosis is unenforceable. It constitutes a contradiction of the maxim of human communication that, because any communication necessarily entails the communication of suggestion and because it is not possible to not communicate (Watzlawick et al., 1967), it is not possible to not communicate suggestion of—again, with or without awareness, thereof—not only waking suggestion but also, on occasion, trance hypnosis and/or waking hypnosis of/by oneself (i.e., trance and/or waking self-hypnosis) and/or of/by another (i.e., trance and/or waking hypnosis) and is, thus, unenforceable.

The second part of the problem is that the prohibition was in error and, thus, unnecessary, in that the prohibition was based on a misconception about psychotherapy and its use of hypnosis in treatment, that is, hypnotherapy.

Prohibition Unnecessary

Misconception about Psychotherapy

In his book, *Handbook of Suggestive Therapeutics, Applied Hypnotism, Psychic Science: A Manual of Practical Psychotherapy, Designed Especially for the Practitioner of Medicine, Surgery, and Dentistry*, Munro (1917) explains:

The *tool of psychotherapy is suggestion* [emphasis added], and all suggestion operates upon the conscious every-day actions and beliefs of the patient,
influencing the higher intellectual faculties and motor functions, and the
subconscious, involuntary psychophysiological mechanisms comprising the
functions of the entire animal physiology.

As comprehended today, psychotherapy is as much in the domain of
physical and physiological therapeutics as is medicine … surgery, [dentistry,] or
any other therapeutic expedient, and its application is just as scientific—its
indications just a clearly defined.

Psychotherapeutic methods of procedure may practically be reduced to
three measures—psychotherapy by hypnotic suggestion [i.e., trance hypnosis], that
by suggestion in the waking state [i.e., waking hypnosis], and finally that by
persuasion, reasoning, or re-education [i.e., waking suggestion]. From these various
forms of psychotherapy the medical … [person] must choose the method best
adapted to the individual case as presented in actual clinical work.

All psychical treatment [(i.e., psychotherapy)]—direct or indirect, whatever
be the form of procedure—aims at the persuasion [emphasis added] of the patient.
It is administered by the employment of suggestion to persuade, influence, or
encourage the functions of the nervous system, whether acting on the higher mental
levels, to which belong conscious and voluntary actions, or appealing to the lower
mental levels, including unconscious, automatic, involuntary actions … —the
influence exerted by impressions from without upon the psychophysiological
functions. (pp. 21–22)

As is evident from Munro’s (1917) explanation, psychotherapy is a discipline of medicine
that involves the communication of suggestion to treat mental and physical illness and disease. It
is the trained use of communication of suggestion, as distinct from the use of medicine and/or surgical procedures that differentiates psychotherapy from the other treatment disciplines. This is true of the discipline of psychotherapy at its inception, then, and now.

**Development of Psychotherapy**

Although a detailed examination of the development of the main approaches in psychotherapy is beyond the scope of this paper, what is common to all these approaches—beginning with the founding of Sigmund Freud’s psychoanalytic approach in 1890s, and followed by the behavioural, humanistic, interactional (i.e., systems), narrative, and cognitive-behavioural approaches (Phipps, 2023)—is that they are based on a coherent set of tested knowledge about the human mind, behaviour, physical environment, and interaction, thereof. Furthermore, by way of the trained use of communication as suggestion, treatment involves helping the person(s) acquire knowledge about themselves (i.e., mind and/or body), others, and/or the physical environment. The accuracy of this acquired knowledge increases their ability to perceive more accurately the reality of themselves, others, and/or the physical environment, both now and, should a similar such interaction, foreseeable or unforeseeable, arise, in the future. This enables them to interact more effectively and, thus, adapt and evolve within their physical and social environment.

**Hypnotic Suggestion**

The use of suggestion, and hypnotic suggestion, is also the reason that psychotherapy and hypnosis were at earlier times synonymously referred to as *suggestive therapeutics* (Bernheim, 1887/1899; Liébeault, 1889/2002; Munro, 1917)—that is, the use of suggestion to treat disease. Their synonymous designation, however, represented an error of logical typing or *paradox* (Bateson, 1972; Phipps, 2019a; Watzlawick et al., 1967, 1974, 1977), because it confuses psychotherapy—the *class* of different types of suggestion for treatment—with *hypnotic* suggestion.
or hypnosis—simply a *member* of the class of different types of suggestion.

Psychotherapy can therefore be understood as a branch of medicine that involves the trained use of suggestion to treat mental and physical illness or disease (i.e., suggestive therapeutics) with its use of hypnotic suggestion (i.e., hypnosis) constituting only one efficacious form of such suggestion.

The prohibition of the use of both hypnotherapy *and* hypnosis—similarly to this earlier confusion about the nature of the relationship between psychotherapy and hypnosis and their distinction—represents an error of paradox: It confuses the use of hypnosis—the *class* of different types of uses of hypnotic suggestion or hypnosis—with the use of hypnosis in psychotherapy (i.e., hypnotherapy)—simply a *member* of the class of different types of uses of hypnosis.

Therefore, the use of hypnosis can occur in various types of relationship or interaction, with its use in a treatment relationship and, more specifically, a psychotherapeutic treatment relationship—as per the psychoanalytic, behavioural, humanistic, interactional (i.e., systems), narrative, and/or cognitive-behavioural approaches—(i.e., hypnotherapy) constituting use in only one type of treatment relationship, itself constituting, at a higher order level, use in only one type of human relationship.

The third part of the problem is that the prohibition prevented the efficacious use of hypnosis, this relating to a misconception about the efficacious use of hypnosis in health care.

**Prohibition Preventing Efficacious Use**

The demarcation of the use of hypnosis as the act of the discipline of psychology—and, thus, the prohibition of its comprehensive use by any other health care discipline—and, thereby, the ascension of the independent, exclusive, and uni-disciplinary use of hypnosis in health care by psychology, was in non-observance of the essential early principle about the efficacious use of
hypnosis in health care—namely, the requirement of its multidisciplinary use—and, therefore, it prevented the efficacious use of hypnosis in health care.

**Misconception about Efficacious Use**

That the use of hypnosis in treatment in health care requires that patient acquire knowledge about themselves others, and/or the physical environment and given that such knowledge is necessarily multidisciplinary (including inter-disciplinary), as distinct from uni-disciplinary in nature, is the reason that its efficacious use in health care requires its multidisciplinary, and not uni-disciplinary, use.

Given the nature and quality of knowledge in multidisciplinary (including inter-disciplinary) health care—about the human anatomy, physiology, mind, and interaction (others and/or environment) and, in the case of illness or disease, the treatment, thereof—Munro (1917) advocated that the efficacious use of hypnosis in health care necessarily required its multidisciplinary use.

Consideration will now be given to what can be learned about the possible utilization of hypnosis in health care and, therein, the possible advancement of the practice of multidisciplinary health care, itself.

**Utilization of Hypnosis: Refiguring the Practice of Multidisciplinary Health Care**

In understanding how hypnosis may be utilized to promote the practice of multidisciplinary health care, a comprehensive examination of the principles deriving from the foregoing discussion is well beyond the scope of this discussion. Therefore, only a few essential principles will be identified here as they refer to, and beginning with, the phenomenon of hypnosis in general, followed by its utilization in multidisciplinary health care, and lastly its utilization in psychology, that is, psychotherapy.
Hypnosis in General

Utilization

As is evident from the foregoing discussion—that human communication necessarily involves two levels of communication simultaneously, namely, report (i.e., content) and command or suggestion (i.e., process or relationship)—communication necessarily incurs suggestion and, given that it is not possible to not communicate, it is similarly not possible to not suggest. The occurrence of suggestion, then, cannot be prevented: It can only be utilized in so far as what and how it occurs, including whether it is with, or without, conscious awareness, thereof.

Similarly, hypnosis is a form of suggestion, namely, the occurrence of a timeous suggestion that precipitates a trance or waking state of hypnosis of/by oneself and/or of/by another. This is distinct from waking suggestion, another form of suggestion, which is the occurrence of suggestion that, on account of its other/different timeous nature, does not precipitate a waking or trance state of hypnosis and, thereby, maintains the everyday sense of judgement and, thus, the waking state of/by oneself and/or of/by another. Accordingly, the occurrence of the trance and waking state of hypnosis cannot be prevented: Put differently it can only be continued, discontinued, or precipitated, and this with, or without, awareness, thereof. In its utilization, hypnosis is also free of content.

Content Free

Although hypnosis entails suggestion, its occurrence is not determined by the nature (i.e., content) of the suggestion per se, but rather the timing (i.e., process) of the suggestion, that is, suggestion when everyday judgement is suspended. That its occurrence is not determined by the nature of the suggestion, itself, is the reason hypnosis is—a process (Bateson, 1972; Phipps, 2019a;

Whereas the nature (i.e., content) of the suggestion does not determine the occurrence of hypnosis, it does determine its possible beneficence and nonmaleficence.

Knowledge

Hypnosis, as noted previously, can effect rapid, profound learning. The reason for this is that, in hypnosis, the person(s) can acquire information or learn about themselves, others, and/or the physical environment that enables them to interact more effectively—and, thus, adapt and evolve within their (physical and/or social) environment. A caveat, though, is that it is the accuracy or inaccuracy of this acquired information that either increases or decreases their ability to perceive more accurately, themselves, others, and/or the physical environment and, thereby, enabling them to interact either more or less effectively within their (physical and social) environment both now and—should a similar such interaction, foreseeable or unforeseeable, arise—in the future. Put differently, therefore, it is the nature of the suggestion that determines the possible beneficence and nonmaleficence of the occurrence of hypnosis. Therefore, it is not the occurrence of hypnosis, per se, but rather the occurrence of its utilization in health care, especially, that promotes the beneficence and nonmaleficence, thereof.

Utilization in Health Care

Multidisciplinary

Whereas the utilization of hypnosis in health care promotes the beneficence and nonmaleficence, thereof, its utilization in multidisciplinary—as distinct from (independent, uncoordinated) uni-disciplinary—health care promotes not only its beneficence and nonmaleficence, but also its efficacy. As highlighted before, given the nature and quality of knowledge acquired in health care and, more particularly, multidisciplinary (including
interdisciplinary and cross-disciplinary) health care relating to human anatomy, physiology, mind, (physical and social) environment, interaction (i.e., behaviour), illness, disease, and the treatment, thereof, the efficacious, and not simply beneficent and non-maleficent, utilization of hypnosis in health care is promoted by its (interdependent, coordinated) multidisciplinary utilization.

Accordingly, the beneficent, non-maleficent, and efficacious utilization of hypnosis in health care is achieved by each discipline’s utilization of hypnosis with knowledge or content circumscribed by that discipline and multidisciplinary health care, as a whole.

The multidisciplinary utilization of hypnosis in health care, however, requires clarification of its naming.

**Naming**

Treatment disciplines may be divided roughly into two groups, namely, those disciplines (e.g., general practice, surgery, dentistry, etc.) using medicine and/or surgical procedures typically referred to as *treatment* and those disciplines (e.g., psychology, speech language pathology, occupational therapy, etc.) using communication procedures typically referred to as *therapy*. Accordingly, the integrated utilization of hypnosis in treatment and therapy disciplines may be termed “hypnosis-integrated-treatment,” that is, *hypno-treatment* or *hypnotreatment* and “hypnosis-integrated-therapy,” that is, *hypno-therapy* or *hypnotherapy*, respectively. Furthermore, the utilization of hypnosis in each discipline is simply, then, the use of either term along with the discipline’s name, for example, hypnotreatment in general practice, surgery, or dentistry and hypnotherapy in psychology/psychotherapy, speech language pathology, or occupational therapy.

Having clarified the naming of the multidisciplinary utilization of hypnosis in health care, its potential value will now be discussed briefly.
Value

Although a comprehensive examination of the potential value of its utilization in multidisciplinary health care is beyond the scope of discussion here, an important consideration is that, because it is available for utilization, is content free, and can effect rapid, profound learning, the utilization of hypnosis by every discipline in multidisciplinary health care can improve the efficacy of every discipline’s treatment or therapy and, thus, the field of multidisciplinary health care treatment, as a whole.

To explain further, any communication and, thus, any communication in multidisciplinary health care in/of/by/from/about treatment or therapy, incurs suggestion—that is, waking suggestion, trance hypnosis, and waking hypnosis, with or without awareness thereof, of/by oneself and/or of/by another—and, thus, communication value. Accordingly, the efficacy of the health care practitioner’s treatment or therapy is increased or decreased depending on the whether their utilization of suggestion in/of/by/from/about the treatment or therapy was effective or ineffective. Put differently, given that any treatment or therapy incurs behaviour, and that any behaviour (by way of communication) incurs suggestion, the behaviour of treatment or therapy incurs suggestion, the effectiveness of which determines its efficacy.

Consequently, the potential utilization of hypnosis in, and thus refuguration of, the practice of multidisciplinary health care is limited only by every discipline’s awareness, training, and integrated utilization, thereof, in their treatment, therapy, care, or rehabilitation of mental and/or physical illness and/or disease as part of their interdisciplinary and multidisciplinary whole functioning.

Illustration, then, of its utilization within multidisciplinary health care by way of two distinct examples, one for treatment and the other therapy, that is, general practice and
psychotherapy, respectively, will now be briefly considered.

**Utilization in General Practice**

**Minor Surgical Procedure**

A common minor surgical procedure in the discipline of general practice is the dermal laceration repair with sutures. Alleviation of the pain caused by this procedure is conventionally achieved through local anaesthetic infiltration, that is, by injection (De Lemos, 2022; Tayeb et al., 2017). However, the injection, itself, may cause significant pain, even if topical anaesthetics are applied in advance to numb the area temporarily. Accordingly, many patients, especially children, fear injections (Tayeb et al., 2017). This not only precipitates mental distress but acute physical stress too, such as, the acute stress response, otherwise known as the fight-or-flight response (Cannon, 1915), which is a survival or adaptive physiological reaction that affects the regulation of all the systems of the body, including the cardiovascular, respiratory, endocrine, gastrointestinal, nervous, muscular, and reproductive systems (Chu et al., 2022).

However, such unwanted and potentially deleterious mental and physical effects associated with injection can be readily avoided or managed utilizing trance and/or waking hypnosis by means of rapid induction and suggestion that result in analgesia and, often, local anaesthesia of the laceration site prior to injection (Elman, 1964/1984). Furthermore, the use of posthypnotic suggestion can reinforce the relaxation and comfort following the current procedure as well as any such procedures that may arise in the future.

**Utilization in Psychotherapy**

Although every discipline of health care can readily improve their efficacy of treatment by the trained utilization of hypnosis, this is especially so for any discipline whose treatment modality places special emphasis on the (trained) utilization of communication (of suggestion) in their
therapy, care, and/or rehabilitation of those incurring mental and/or physical illness and/or disease. It is even more so for that of psychotherapy, which places additional emphasis on the (trained) utilization of communication about the utilization of communication in the therapeutic interaction or relationship—that is, their (client/practitioner) communication about their communication now, otherwise referred to as second order communication, or metacommunication (Bateson, 1972; Dennis & Phipps, 2020; Green & Phipps, 2015; Phipps, 2004; Phipps, 2019a; Phipps & Vorster, 2011; Phipps & Vorster, 2015; Ruesch & Bateson, 1961; Vorster, 2003; Vorster, 2011; Vorster et al., 2013; Watzlawick et al., 1967; Watzlawick & Weakland, 1977; Watzlawick et al., 1974).

More particularly, in psychotherapy, the trained, comprehensive utilization of suggestion beyond simply that of waking suggestion to that of trance and waking hypnosis too, in every theoretical approach, including the psychoanalytic, behavioural, humanistic, interactional (i.e., systems), narrative, and cognitive-behavioural approach, enables a significantly increased (i.e., by an order of 66.67%—use of 1/3 suggestions to 3/3 suggestions) repertoire of communication. More importantly, it enables a higher-order, integrative approach to the therapy (Phipps, 2023), itself, the increased repertoire and higher-order construct, themselves, enabling significantly increased psychotherapeutic treatment efficacy.

An example of the possible integrated utilization of hypnosis in psychotherapy, and by way of a limited observation of an earlier development, is Freud’s psychoanalysis and his use of free association.

**Psychoanalysis and Free Association**

Briefly, the aim of Sigmund Freud’s psychoanalysis was to support expression of the affect associated with (what is postulated as) a traumatic memory, a process later referred to as catharsis, and to bring the repressed—that is, a defence mechanism that keeps unconscious material out of
conscious awareness—trauma into conscious memory, a process called abreaction (Kenny, 2016). Freud’s techniques, in this regard, underwent various stages of development.

In the first stage of development, Freud, in collaboration with his mentor, Josef Breuer, an Austrian physician and physiologist, used Breuer’s technique termed the *cathartic* (Breuer & Freud, 1893/1953, p. 8) method. This procedure involved the utilization of trance hypnosis. Helping the patient, within the state of trance hypnosis, talk about pent-up emotions associated with and re-live the traumatic experience, was thought to resolve their symptoms and cure them.

In the second stage of development, however, Freud said that he had now abandoned the utilization of hypnosis and abreaction. In this respect, Freud (1917/1977) stated:

Originally Breuer and I myself carried out *psychotherapy by means of hypnosis* [emphasis added]; Breuer’s first patient was treated throughout under hypnotic influence, and to begin with I followed him in this. I admit that at that period the work proceeded more easily and pleasantly, and also in a much shorter time. But results were capricious and not lasting; and for that reason *I finally dropped hypnosis* [emphasis added]…. I have been able to say that *psycho-analysis proper began when I dispensed with the help of hypnosis* [italics added]. (pp. 327–328).

Although examination of the rationale for Freud’s decision is beyond the scope of this discussion, what is important is that he was adamant that he had dispensed with the utilization of hypnosis and abreaction, replacing them with a technique, called *free association*, used in the analysis of the resistance (Kenny, 2016).

The technique of free association required the analysand (i.e., patient) to say whatever came into their mind, with no attempt to censure or organize their thoughts and, thereby, to allow a free flow of associations, emotions, and images to emerge (Kenny, 2016). Its intended purpose
is to simultaneously expose and undo defensive blocking of those associations within the analysand (i.e., *repression*) and those associations with transference—that is, emotion which the analysand is unable to recall that is re-experienced in relation to the analyst (i.e., practitioner)—(i.e., *resistance*; Kenny, 2016).

In terms of the technique, itself, Freud’s instruction to the analysand was:

“Act as though…you were a traveller sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views…you see outside” (Freud, 1913/1953, p. 135).

Furthermore, and given that it was the analyst’s task to discover the hidden meaning of the material produced from free association, the instruction to the analyst was:

Surrender… [yourself] to… [your] own unconscious mental activity, in a state of evenly suspended attention… and by these means to catch the drift of the patient’s unconscious with… [your] own unconscious” (Freud, 1923/1975, p. 239).

As is evident from these instructions, and contrary to his assertion that he had “finally dropped hypnosis” (Freud, 1917/1977, p. 328), Freud’s technique of free association involves the utilization of hypnosis, specifically, waking self-/hypnosis and, moreover—if, on occasion the analysand and/or analyst closes their eyes, then likely—trance self-/hypnosis too.

Beginning with the instructions given to the analysand, the suggestion “act as though you were a traveller sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views you see outside” may if accepted, precipitate a state of mind wherein the analysand’s everyday judgement or belief is suspended and strengthened or new understanding or belief—on account of the analyst’s suggestion by way of the selective reinforcement (i.e., trained interpretation) of such utterances—established. More particularly, the
analysand’s critical faculty is—by way of the analyst’s suggestion of pretence (i.e., think, imagine, visualize, or “act as if”)—bypassed (i.e., the illogical premise that she [or he; the analysand] can experience being a traveller sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views she sees outside, when she is here in the analyst’s office talking to her analyst) and selective thinking established (i.e., she will experience being a traveller sitting next to the window of a railway carriage describing to someone, inside the carriage, the changing views she sees outside), which precipitates a hypnotic effect (i.e., I am sitting next to the window in a railway carriage talking to her [or him] about what is happening outside—referred to as, be it transient or continuous, hypnotic hallucination [i.e., seeing, hearing, feeling, smelling, or tasting that which is not real or occurring here and now]) that can be intensified or reinforced further by the analyst’s additional suggestions and/or the analysand’s eye closure (i.e., transition from waking to trance hypnosis). Such instructions, then, precipitate waking and/or trance hypnosis.

Similarly with the instruction given to the analyst, the suggestion “surrender yourself to your own unconscious mental activity, in a state of evenly suspended attention and by these means to catch the drift of the patient’s unconscious with your own unconscious” may, again if accepted, precipitate a state of mind wherein the analyst’s everyday judgement or belief on account of self-suggestion—is suspended and strengthened or new understanding or belief established. To clarify, the analyst’s critical faculty is—by way of his own suggestion of self-pretence (i.e., paradox)—bypassed (i.e., the illogical premise that I [i.e., the analyst] can have conscious awareness of unconscious awareness) and selective thinking established (i.e., I will have conscious awareness of unconscious awareness), precipitates a hypnotic effect (i.e., what is happening to me now is happening on its own—referred to as hypnotic illogical or irrational, albeit compelling, thinking
or belief) that can be intensified or reinforced further by further self-suggestion and/or eye closure (i.e., transition from waking to trance hypnosis). Similarly, therefore, such instructions precipitate waking and/or trance self-hypnosis.

In examining Freud’s instructions, it is evident that his technique of free association involved the utilization of waking and/or trance self- and/or hypnosis. Thus, contrary to Freud’s declaration that he had “finally dropped hypnosis,” his technique of free association was simply a transition from—without apparent awareness thereof—the utilization of trance hypnosis to that of waking hypnosis.

However, in considering Freud’s development of psychoanalysis and his use of free association as this relates to the possible integrated utilization of hypnosis in psychotherapy, today, recognising that psychoanalysis, by virtue of the technique of free association, involves the utilization of hypnosis, enables the practitioner to more readily utilize, by way of continuing, discontinuing, precipitating waking and/or trance hypnosis and the waking state, his or her use of suggestion to increase the efficacy of the patient’s psychotherapeutic—by way of hypnotherapy in psychotherapy of psychoanalytic approach—treatment and, thus, mental and/or physical wellness and wellbeing.

In reflecting, then, on the possible utilization of hypnosis in health care and, thereby, the advancement of the practice of multidisciplinary health care, itself, the occurrence of suggestion—that is, waking suggestion, trance hypnosis, and waking hypnosis, with or without awareness, thereof, of/by oneself and/or of/by another—cannot be prevented, only utilized, that is, continued, discontinued, or precipitated. Therefore:

How I suggest to you and how you suggest to me determines the nature and quality of our being (Vorster, 2011).
This is true of every relationship and, thus, true of every treatment, therapeutic, caring, and support relationship, every discipline in health care, and ultimately the field of multidisciplinary health care, itself.

Acknowledgements

This work is dedicated to Charl Vorster (1946-2015), South African clinical psychologist and psychotherapist, whose understanding of the nature and quality of human relating continues to inform the thinking herein.

The author thanks Jennifer Charlton, editorial consultant.

Footnotes

1 In Western superstition, this day is believed to be unlucky.

2 Derived from Vorster’s (2011) work about the relational nature of being, wherein he states, “I relate therefore I am. Thus, how I impact on you and how you impact on me determines the nature and quality of our being” (p. 130).
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*Government Gazette*. (No. 29079)

*Government Gazette*. (No. 30674)


