Hypnotherapy: An Effective Adlerian Approach

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By

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Abstract

Hypnosis is an often misunderstood, and it appears to not be a very accepted tool in therapy today especially amongst Adlerian therapists. Many therapists may not even consider learning and using hypnosis because of their misunderstandings. The major aim of this paper is to present hypnosis as a natural phenomenon that predates the psychological “profession” and to motivate therapists in the use of hypnosis as a viable approach in their work. This paper will clearly present Alfred Adler’s mistaken understanding of hypnosis. Finally, this author will unfold how a therapist (especially an Adlerian therapist) can use hypnosis within the scope of their work.

Upon conclusion of this paper, therapists and future therapists will have a clear understanding of the nature of hypnosis and its efficacious use within their therapeutic work.

Keywords: hypnosis, hypnotherapy, Alfred Adler, Individual Psychology
# Hypnotherapy

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Hypnotherapy: An Effective Adlerian Approach

In this day, when it seems that a new technique or therapy in psychology is being discovered or developed every month, why is hypnosis so often ignored at best and condemned at worst? What is interesting is that many of these modern day approaches appear to be very new with no apparent long standing history, and yet they are embraced by the psychological establishment. Yet, hypnosis continues to be ignored. “Few fields have been so beset by misconceptions as the field of clinical hypnosis” (Yapko, 1992, p. 18).

What is it really about hypnosis that would get the general public and therapeutic professionals to react or ignore it for its use in helping people psychologically? Is it truly a viable approach for a therapist? These concerns and questions (and many more) are not new.

Around the turn of the century, the one book referred to most regarding hypnosis and its history, was *Hypnotism* (1901) by Dr. Albert Moll. In the preface of this book, while answering the question of why he did not write the book to just medical doctors, Moll said, “I believe that hypnotism is a province of psychology, and is in consequence of as much interest to psychologists and lawyers as to doctors” (Moll, 1901, p. 25).

This belief by Moll was not uncommon. Even in its relative infancy, hypnosis was being considered both a valid and effective as a healing tool. Why shouldn’t hypnosis still be considered “a province of psychology”?

Boris Sidis supports Moll’s claim back in 1889 in his book *The Psychology of Suggestion*,

The study of the subconscious is becoming of more and more absorbing interest. The phenomena of hysteria and of hypnosis are now studied by the French psychologists with remarkable acumen and with an unrivalled fertility of ingenious devices, and the results
obtained thus far form almost an epoch in the history of psychology. (p. 22)

So, in its infancy, Moll considered hypnosis to be an area of special interest, and Sidis saw the results of its early use and experimentation as the beginning of a distinctive period in the history of psychology. It is the intention of this paper to further support these statements by these early hypnosis pioneers. As these men explained, it is the hope of this author as well, to inspire and motivate increasingly more therapists and clinics in the main stream, to use and promote the use of hypnosis.

In the “Introductory Chapter” of Dr. Charles Lloyd Tuckey’s book Treatment by Hypnotism and Suggestion or Psycho-therapeutics (1907, 5th ed), his friend Francis R. Cruise, M.D. of Dublin, wrote in March, 1907, “I arrived at the conclusion that hypnotism is a marvellous reality—a most extraordinary and interesting development of neurological and psychological science, and in certain cases a potent aid in therapeutics” (p. xii). Later on in the same chapter when referring to many other unexplained modalities at the time, he said, “I now believe that suggestion, plus receptivity, is the foundation of all” (p. xx).

By “suggestion” he was referring to hypnotism. So, not only did Tuckey see hypnosis as a powerful tool for healing, but also foundational “to all!” What would happen today, if therapists and psychologist shared this foundational view of hypnosis?

“Hypnosis is either everything or else it is nothing.” Although this quote is of unknown origin (it is attributed to many people), it is what Dr. Cruise was simply saying. When a therapist discovers the true nature and possibilities of hypnosis, they too will discover its “potent aid in therapeutics.”

“Considering the long historical connections between hypnosis and trauma response (e.g., Janet, 1907), it is surprising that there are no adequately controlled treatment outcome
studies of hypnotherapy in ASD or PTSD” (Bryant, Moulds, Guthrie, Nixon, 2005, p. 335). This author shares this same question and concern.

Steve Parkhill, author of Answer Cancer, echoes belief in the potency of hypnosis’ in therapy, when he said, “If you add hypnosis to psychology, you dramatically increase the effectiveness of the psychology. If you add psychology to the hypnosis, you dramatically decrease the effectiveness of the hypnosis” (Steve Parkhill, online at Omnigrad Yahoo group).

This is the underlying message of this paper. You will discover that Parkhill got it right, and that when the understanding, principles and practice of hypnosis in therapy (hypnotherapy) is inserted into the main stream practice of therapists and psychologists everywhere, therapeutic efficacy and enhancement is dramatically increased. The results will be a greater amount of changed lives!

**Brief Historical Summary**

In the Editor’s note of Dr. Bramwell’s 1956 edition of his 1903 book on hypnotism, Milton V. Kline, Ph.D. gives us an interesting observation, “With the rapid growth and advancement of hypnosis, it becomes increasingly important and necessary to both make available and re-evaluate the older contributions to *scientific hypnosis*” (Bramwell, 1956, n/p). This brief section on the history of hypnosis seeks to contribute to this reevaluation of contributions of the early pioneers of hypnosis and to discover its wide use in history.

Before the “discovery” and establishment of the modern use of what we call hypnosis, its state of mind and subsequent experiences and uses of hypnosis has been found to be as old as man. In the biblical account of creation in Genesis 2:21 (NASB) says, “So the LORD God caused a deep sleep to fall upon the man, and he slept; then He took one of his ribs and closed up the flesh at that place” (Blue Letter Bible1). The word “sleep” here is the Hebrew word
“tardemah”. Its root word is “radam” which is a different than normal sleep or unconsciousness (Blue Letter Bible 2). “Tardemah” has with it phenomenon like an inability to move; to hear; the ability to experience extreme emotion (Blue Letter Bible1). So, the literal meaning of “tardemah” could be rendered, “what comes from the revealing sleep” (Blue Letter Bible1). So, we see Adam in the beginning of humanity, being put in an unusual state of “sleep” to have a type of surgery performed.

Even in the Christian scripture we see three times in the New American Standard Bible (NASB) translating the greek word “ekstasis” as “trance” (Blue Letter Bible3). This is a state of, throwing the mind out of its normal state...a man who by some sudden emotion is transported as it were out of himself, so that in this rapt condition, although he is awake, his mind is drawn off from all surrounding objects and wholly fixed on things divine that he sees nothing but the forms and images lying within, and thinks that he perceives with his bodily eyes and ears realities shown him by God. (Blue Letter Bible3)

These facts answers the concern of one of the biggest misconceptions of hypnosis: that it is spiritual or evil. The bible itself speaks of a state of mind (hypnosis) in a common or natural way. Since this is true, consider this question. What is it exactly about hypnosis that creates such a knee jerk reaction?

Many practices have been discovered in ancient history of Egypt and Greece that appear very similar to what we know as hypnotic phenomenon and/or trance (Moll, 1901; Bramwell, 1956). It could also be found thousands of years ago with the Persian magi and the Indian yogis and fakirs (Moll, 1901; Bramwell, 1956).

Contemporary hypnosis has its historical roots in the methods of “animal magnetism” of the eighteenth century as it was practiced by Dr. Anton Mesmer in the late eighteenth century.
Mesmer, who was trained at the Vienna Medical School, moved to Paris, France to cater to the elite of society, because they were the ones who could afford this new treatment. Mesmer believed that there was a magnetic fluid within humans that he had an ability to access and use for healing. He had many remarkable results, and he found fame and fortune but was never accepted within the medical community (Moll, 1901; Bramwell, 1956; Benham & Nash, 2004).

King Louis XVI of France commissioned a number of well-known doctors and scientists to investigate Mesmer’s claims. What this commission concluded was that the results were not from animal magnetism, but rather it was due to the touching, imagination and imitation. Mesmer then fell into disrepute, but he had some followers who kept the practice of Mesmerism alive. They also made some changes as to the practice and understanding of the nature of Mesmerism (Benham & Nash, 2004).

The important truth to be gleaned from Mesmer’s story is that “hypnosis” did exist; he just didn’t realize it. He merely had a flawed conclusion. So, in history many see Mesmer as the beginning point of hypnotherapy and psychotherapy (Moll, 1901; Bramwell, 1956; Goldsmith, 1934). Just as was seen in history, in the Bible and in the story of Mesmer, using the creative power of our imaginative minds always existed and yielded healing results even though it may have been misunderstood due to the faulty beliefs and subsequent conclusions.

The term “hypnotism” began with Dr. James Braid, a Scottish surgeon who sought to in his research, to dispel the teachings of Mesmerism and the utilization of a magnetic fluid. The word came from the Greek god of sleep “hypnos”. Braid quickly discovered it had nothing to do with natural sleep. So, hypnosis went from the touching and passes of Mesmerism to “eye fixation” as Braid taught (Moll, 1901; Bramwell, 1956; Benham & Nash, 2004). Braid’s findings took the mystery and authoritarian power away and showed how natural is the state of hypnosis.
During this same time, Dr. Elliotson and Dr. Esdaile both were exposed to and began using Mesmerism in surgeries. Eventually, although Dr. Elliotson had many surgical successes, he was eventually ostracized from the medical community for continued use of hypnosis. Dr. Esdaile continued his successful use of hypnosis in his practice and was acknowledge cautiously by the medical community (Moll, 1901; Bramwell, 1956; Benham & Nash, 2004).

It was not until the late 1880s that hypnosis was revived and brought to the attention of the medical community by the then well-known neurologist Dr. Jean Martin Charcot. He was an eminent physician at the Saltpêtrière Hospital in Paris. Dr. Charcot had a particular interest in a condition known as hysteria which is a, “disorder expressed by physical and psychological symptoms including delirium, paralysis, rigidity and contraction of muscles, blindness, inability to speak, loss of feeling, and convulsions” (Benham & Nash, 2004, p. 202). It was Charcot’s belief that both hypnosis and hysteria were the, “expression of the same neurological disorder” (Benham & Nash, 2004, p. 202). He was using hypnosis to merely study hysteria (Benham & Nash, 2004).

What is important to understand here, is that Charcot thus believed hypnosis to be an abnormal state. This is significant because it is a faulty foundation upon which Sigmund Freud, Pierre Janet and many other medical doctors embraced. This faulty foundation subsequently affected their subsequent faulty conclusions and failures surrounding hypnosis. Charcot’s teachings have contributed to many of the myths and misconceptions we have today. This author has found that many of the doctors researched who studied with Charcot, ceased their regular use of hypnosis in their practice.

At the same time, at the Nancy “School” in Nancy, France, there was a humble physician who was quietly going about his work using hypnosis as an agent of physical healing. His name
was Ambroise-Auguste Liébault (Bernheim, 1957). His work caught the eye of Hippolyte Bernheim.

For over 25 years at the hospital in Nancy, France, Liébault researched and used hypnotism in his practice as a medical doctor, with remarkable results. When Bernheim heard of what was going on in the wing of the hospital run by Liébault, he began to work side by side with Liébault learning from the elder doctor (Bernheim, 1957). The findings of the work of Liébault and Bernheim is clearly reported in Bernheim’s classic *Suggestive Therapeutics* (1957, 1880) where hundreds of successful case studies are included as well as failures.

Unlike Charcot, Bernheim and Liébault believed hypnosis to be a natural state in humans rather than pathological. Bernheim “shows that hypnotism, far from being a neurosis, is a phenomenon closely allied to natural sleep” (Bernheim, 1957, p. xv). These two pioneers of hypnosis paved the way for modern use of hypnosis.

There is not enough room in this paper, to fully unfold the myriad of well-known and influential professionals that have been a part of the history of hypnosis.

A number of historically significant people, known primarily for their work in other areas, have made significant contributions to the study of hypnosis: Jean Charcot, Wilhelm Wundt, Sigmund Freud, Alfred Binet, Charles Féré, Ivan Pavlov, Vladimir Bechterev, Pierre Janet, Henri Bergson, Auguste Forel, Richard von Krafft-Ebing, Frederick Myers, Theodule Ribot, Charles Richet, Morton Prince, Sandor Ferenczi, William James, Eugen Beuler, William McDougall, Vittorrio Benussi, Paul Schilder, Clark Hull, and Henry Murray. (*Fromm, Shor, Ed., p. 3*)

“The first psychologist to employ hypnotherapy in the U.S. was Morton Prince (1920) in his famous case of Miss Beauchamp, a multiple, that is, a strongly dissociating, personality”
(Fromm, 1984 p. 63). The reader is encouraged and challenged to research these names to further discover the far reaching impact and usage hypnosis has had in history.

Although, a full historical survey of hypnosis is beyond the scope of this paper, all of the above facts demonstrate that the natural state of mind we call hypnosis, is not a modern day, fly by night, experimental modality that is unknown or unproven. Further, the increased usage of hypnosis in the practice of medical doctors lead to its use in the area of behavior and psychology.

**Hypnosis: The First Psychological Approach**

After years of using hypnosis as tool in medicine and surgery, medical doctors began to question whether it could be used as an educational tool (Moll, 1901). In other words, can a drunkard’s life be changed? Can an incorrigible youngster be turned around and become a productive member of society?

Here in the United States Dr. Paul Dubois’ English translation seems to have had a great influence on the medical community regarding the nature and use of healing with the mind (Dubois, 1909). He was a well-respected Professor of Neuropathology at the University of Bern. In the Preface of his book, Dr. Dejerines wrote,

> Dubois has had the merit of showing, in a series of publications, the primordial (fundamental), if not unique, role which is played in the treatment of psychoneuroses by what I should like to call psychic pedagogy—that is to say, the reeducation of the reason. He has been the first resolutely to conduct all his therapy in accordance with this guiding idea. (Dubois, 1909, p. vi)

So, like many doctors of his time Dr. Dubois primarily used hypnosis in his therapy. Like Dr. Dubois the author has found the use of hypnosis as an expeditious way of shifting beliefs.

After Psychoanalysis was in full swing, Freud admitted to the efficacious use of
hypnosis,

The treatment by suggestion in deep hypnosis seemed to offer me at that time sufficient compensation for the lost electrical therapy. I learned this treatment through the extremely impressive demonstrations of Liebault and Bernheim. But the investigation under hypnosis with which I became acquainted through Breuer, I found, owing to its automatic manner of working and the simultaneous gratification of one's eagerness for knowledge...we have lately been admonished to put the actual conflict and the cause of the illness into the foreground of analysis. This is exactly what Breuer and I did in the beginning of our work with the cathartic method...It was proved that psychoanalysis could not clear up anything actual, except by going back to something in the past. It even proved that every pathological experience presupposes an earlier one which, though not in itself pathological, lent a pathological quality to the later occurrence. (Freud, 1917, pp. 3-4)

Even though Freud said this, Poul Carl Bjerre reminds us in his book The History and Practice of Psychoanalysis (1916),

To silence all talk about suggestion playing any part in psychoanalysis, Freud has banished the word itself from all the literature inspired by him. For all those psychological conditions which are brought to light by means of the study of suggestion, he uses his own designations. (p. 265)

Freud’s, “abandonment of therapeutic hypnosis had little to do with his realization of its potency or its validity as a psychological function. Rather it indicates his recognition that its usefulness was often limited by the difficulty of incorporating it into therapy” (Kline, 1958, p. viii). Kline points out that it was not the efficacy of hypnosis that led Freud to give up hypnosis,
but rather his own incompetency with its use (Kline, 1958).

Regarding the effective use of hypnosis, Edward Ebenezer Weaver said in his 1913 book *Mind and Health: With an Examination of Some Systems of Divine Healing*, “Whether recognized in systems of psychotherapy or not, it enters into all of them in one way or another” (p. 38). What a magnificent statement! It is true, because no matter the theory or therapist, suggestions are being given and clients are being influenced naturally while in the state of hypnosis.

**Historical “Psycho-therapy” WAS Hypnosis**

When was the word “psychotherapy” first used? It is hard to narrow it down to a specific person or time. Many people believe Dr. Charles Lloyd Tuckey was the first to popularize the usage of the word “psychotherapy” when referring to hypnosis (or what we now call hypnotherapy) when he published his first edition book *Psycho-therapeutics: Treatment by Hypnotism and Suggestion* in 1889. The name alone leaves room for doubt. Although the book was published in 1889, throughout the book psycho-therapy is used interchangeably with hypnosis and hypnotism. It must be noted that the term psycho-therapy was referring to the use of the mind to heal the body with hypnosis/hypnotism (Tuckey, 1889).

Notice Tuckey published his book in 1889, but he used hypnosis and the word “psycho-therapy” to describe it before this date. Therefore, although the profession or field of psychology and psychotherapy (as Freud and others later called it), hypnosis already was being used by doctors. The word was hijacked and the application to hypnosis and the use of hypnosis itself was subsequently left behind.

In 1912 Dr. Frederik Van Eeden claimed, "My colleague, Van Renterghem — who twenty-three years ago started with me the first clinic in Amsterdam for the treatment of diseases
by suggestion, according to Dr. Liebeault's method (called Psycho-therapy by us for the first time)...” (Van Eeden, p. 68) So, according to Van Eeden whose book had a copy write of 1912, he his colleague used the word psycho-therapy when referring to hypnosis, in 1889. They also attribute Tuckey as being the first to use the word regarding healing by suggestion or hypnotism (Van Eeden, 1912). Van Eeden and Van Renterghem called their new clinic “Psycho-Therapeutic” (Van Eeden, 1912, p. 35).

In the 1907 fifth edition of Tuckey’s book, Dr. Cruse was speaking of hypnotism and studying the subject. He then stated, “I am rejoiced to see that a society has been inaugurated in England especially devoted to psycho-therapeutics” (p. xxiv).

Hugo Munsterberg, M.D. was originally from Germany, but he eventually was invited by William James to be the head of the psychology laboratory at Harvard. He received his undergraduate degree in physiological psychology and was the research assistant to Wilhelm Wundt. Dr. Munsterberg was very influential in the following fields of psychology: applied, clinical, forensic and industrial. In 1898, he became the president of the American Psychological Association.

Munsterberg often used the word “psychotherapeutical” as a general term, when referring to working with the mind. He thus interchanged the idea of psychology and psychotherapy with hypnosis. In the Preface of his book Psychotherapy, 1909 he says,

In my first years as docent in a German University [University of Freiburg] twenty years ago, [1889] I gave throughout the winter semester before several hundred students a course on hypnotism and its medical application. It was probably the first university course on hypnotism given anywhere. Since that time I have never ceased to work psychotherapeutically in the psychological laboratory. (p.15)
Dr. Munsterberg further helps us to see that the movement away from hypnotism had already begun. In the same book, he clearly states,

Psychotherapy became in such hands essentially a study of hypnotism, with especial interest in its relation to hysteria and similar diseases. The much more essential relation of psychotherapy to the normal mental life, the relation of suggestion and hypnotism to the normal functions seemed too often neglected. (1909, p. 7)

In the start of the fifth chapter entitled “Suggestion and moral reform”, A.A. Lindsay, M.D. states that he wanted to shift the attention from hypnosis for physical healing to its use in character changes. He goes on to say, “The value of suggestion as the science in moral reform is beginning to be appreciated, and...informed as to the possibilities and how to use the subjective mind in its character building capacity” (Lindsay, 1908, p. 35). This is a typical reflection of many authors on hypnosis at the turn of the century.

Later on in the same book, Lindsay agreed with Dr. Munsterberg when he said, "Whatever advancement has been made in placing psychology on a practical basis is due to the study of that science through hypnotic demonstrations. Hypnosis bears the same relationship to psychology that dissecting the physical body does to the science of anatomy" (Lindsay, 1908, p. 33).

Again in the Preface of Dubois’ book, Dr. Dejerines wrote, “The work of Professor Dubois is that of a physician as well as of a psychologist who for a long time has perceived the important role played by psychotherapy in the treatment of the neuroses” (Dubois, 1909, p. v). Here again the word “psychotherapy” is being used regarding Dubois’ use of hypnotism. It must be noted that Dubois’ book was written in 1905, and is another example of the realization of that time, of the efficacy of hypnosis with psychological conditions (i.e. neuroses).
Hypnosis Defined

“In spite of the abundance of modern research on the topic, a concise definition of hypnosis still remains elusive” (Benham & Nash, 2004, p. 203). Is hypnosis a thing or merely a definitive word? Is it a type of therapy? Is there such a thing as an hypnotic state? Are “weak minded” people more susceptible? Does a person lose control of their volition? Is it harmless or downright evil? Will a person tell all their deep dark secrets? These are just a few of the questions this author has heard in his own practice of using hypnosis. Yes, there are many questions that may arise when the subject of hypnosis is presented. A clear understanding of what hypnosis is and what it is not is vital for a clearer understanding of its efficacious use in therapy.

A misunderstanding of hypnosis does not appear to be a new challenge. “Hypnotism from a scientific standpoint...is still on trial, not as regards its reality; that is conceded. Something which we agree to call hypnotism produces effects. But questions remain regarding its nature and its uses” (Mason, 1899, p. 50). Although this was published in 1899, it appears to be a concern today. The questions still remain today of its nature and uses.

Notice, its reality AND effects were without question. The question continues to be NOT of its reality or effects but rather a question of its nature and effective varied uses. It is the belief of this author that in arriving at clear answers to these questions, more therapists and counselors will begin using hypnosis.

Knowing the historical foundation stones of what we know as “hypnosis” is critical to its current effective use and growth. It will be revealed very clearly that hypnosis and its prolific use is not some fly by night phenomenon by some strange mysterious group of people.

To come to this clear understanding of hypnosis, it is important to begin where the word
originated. Dr. Braid’s original word he used was “neuro-hypnosis” (Braid, 1843) and as was mentioned earlier, he then shortened it to “neurhypnology” (Braid). He came to the realization that the nervous system goes to sleep and is not as responsive as it is in a “waking” state (Braid, 1843). This is why he wanted to change the word to “mono-ideaism” or “one idea” or “focused attention”.

William James seemed to agree with Braid when he compares unconscious behavior like writing and playing the piano, as the,

condition of the unhesitating and resistless sequence of the act seems to be the absence of any conflicting notion in the mind. Either there is nothing else at all in the mind, or what is there does not conflict. The hypnotic subject realizes the former condition. (James, p.728)

“For James, hypnosis was the technique of choice for creating divisions of consciousness in which two or more streams of thought proceeded simultaneously, one in awareness, the others not” (Kihlstrom & McConkey, 1990, p. 174). Although Kihlstrom used the word “technique” here, this is a misnomer. James (like most of the early pioneers) believed it was a natural “condition” of our minds (as noted above).

Even today, definitions have not changed all that much. Carich (1990c) explained hypnosis as, “a process of intense concentration in which the individual’s attention is fixated and focused on (suspended upon) specific internal or external phenomena” (p. 166). So, according to Carich (1990c), the state known as hypnosis, has nothing to do with control by the hypnotist or the giving up of one’s will. Rather, like Braid explained, it is merely a natural process of our minds whereby there is a shift into a more focused state of attention.

Historically, how exactly did the early pioneers of psychology (they were all MDs), view
this new found way of healing? Although there may be variances in experiences and descriptions of its nature, a cursory look throughout the writings of their day uncovers a relative consistency of view of the nature of what we call hypnosis.

It was Moll’s, “opinion that hypnotism and suggestion will be gradually welded into one, because spontaneous transitory hypnosis appear to be often found in ordinary life” (Moll, 1901, pp. 515-516). Not only was his book widely accepted, but so also was this belief that hypnosis was a normal human phenomenon and often used by doctors.

A colleague of Moll, Dr. Auguste Forel was well respected as the Director of the Cantonal Lunatic Asylum in Ziirich and also for his writing and experimenting with hypnosis (Moll, 1901). Many of his experiments with hypnosis were shared with Moll in the writing of his book. Forel said, “Hypnosis is best defined as the altered condition of the mind of a hypnotized person and especially during the suggestive sleep. Bernheim defined hypnosis as a particular psychical condition, which one can produce, and in which the suggestibility is increased” (Forel, 1906, p.64). So, we see hypnosis not as something from without put upon by another, but rather as a shift of a person’s own mind that they produce themselves, and the result is heightened suggestibility.

Dr. Henry Sumner Munro simplified hypnosis even further when he said, “Any method of getting an individual to act upon an idea or a series of ideas, be they true or false, either consciously or subconsciously, is hypnotism or suggestion” (Munro, 1908, p. 140). Dave Elman, in his book Hypnotherapy (1964), attributes Dr. Munro with introducing the Mayo brothers and their anesthesiologist Alice McGaw to hypnosis and its successful usage in surgery.

In 2014, The American Psychological Association’s (A.P.A.) Division 30 (The Society of Psychological Hypnosis) reworked their definition of hypnosis (and related words) and came up
with what appears to be a very clear, concise and historically accurate definition. The Division’s
definition reads, “A state of consciousness involving focused attention and reduced peripheral
awareness characterized by an enhanced capacity for response to suggestion”. They continue on
further defining hypnotherapy as, “The use of hypnosis in the treatment of a medical or
psychological disorder or concern” (The Society of Psychological Hypnosis, 2014). So, in other
words, hypnosis is a natural state of mind that can then be used therapeutically in working with
or treating clients.

Here is another example of confusion being generated by so called professionals in the
field. Although the above definition describes hypnosis as a natural “state of consciousness”, the
A.P.A.’s web states, “Hypnosis is not a type of psychotherapy. It also is not a treatment in and of
itself; rather, it is a procedure that can be used to facilitate other types of therapies and
treatments” (American Psychological Association, 2014). Which one is correct? Is it merely a
natural state that is used in a therapeutic setting for the treatment of a “disorder”? History sides
with the new Division 30 definition!

The American Society of Clinical Hypnosis (A.S.C.H.) is the largest U.S. organization
for health and mental health care professionals using clinical hypnosis, and was founded by
Milton Erickson in 1957. This is the organization recognized by the A.P.A. Their definition is:

Hypnosis is a state of inner absorption, concentration and focused attention. It is like
using a magnifying glass to focus the rays of the sun and make them more powerful.
Similarly, when our minds are concentrated and focused, we are able to use our minds
more powerfully. Because hypnosis allows people to use more of their potential, learning
self-hypnosis is the ultimate act of self-control. (American Society of Clinical Hypnosis,
2014a)
So, we see here again a definition that aligns with the historical view of hypnosis which began with Dr. James Braid.

Later on in this article, the A.S.C.H. goes on to explain that hypnosis can be used for subconscious exploration,

to better understand underlying motivations or identify whether past events or experiences are associated with causing a problem. Hypnosis avoids the critical censor of the conscious mind, which often defeats what we know to be in our best interests. The effectiveness of hypnosis appears to lie in the way in which it bypasses the critical observation and interference of the conscious mind, allowing the client's intentions for change to take effect. (American Society of Clinical Hypnosis, 2014a)

What a wonderful explanation the A.S.C.H. provides us! The therapeutic advantage of using hypnosis within a hypnotherapeutic setting is made more clear. Hypnosis is simply the bypassing of the critical part of our conscious minds leading to an open pathway to the source of motivation, strategies, etc. Then new ideas and strategies can then be seeded resulting in change.

Across the pond, in the United Kingdom, the leaders of the British Society of Medical & Dental Hypnosis produced a comprehensive book in 2012, entitled, *The Handbook of Contemporary Clinical Hypnosis: Theory and Practice*. In the forward of this book, David Spiegel, M.D. of Stanford University states that hypnosis is, “a mental state that can facilitate a variety of treatment strategies. It is a form of highly focused attention coupled with an ability to dissociate – put outside of conscious awareness – things that would ordinarily be in consciousness” (p. xvii).

In describing the nature of hypnosis and what it does, Sydney Rosen in the forward of Milton Erickson’s book, *Hypnotherapy: An Exploratory Casebook*, reminds us that, “As the
authors point out, Hypnosis does not change the person nor does it alter past experiential life. It serves to permit him to learn more about himself and to express himself more adequately” (Erickson & Rossi, 1979, p. 9).

Milton Erickson was a true pioneer. He is considered by many people in the psychological world as the father of modern hypnotherapy (Gunnison, 1990; Bliss & Klein, 1990). One does not have to read much to discover the far reaching effects his work has had on so many professionals who use hypnosis today. Erickson agrees with Braid’s original idea of fixed attention, but he took it to a new level. Rather than merely have the patient fix their eyes externally on something, he found it more profound to have the person fix their attention on their body, feelings, etc. His inductions therefore appeared to be more covert rather than a formal step by step induction. (Erickson & Rossi, 1979)

More specifically Erickson and Rossi (1979) state,

In our view one of the most useful psychological effects of fixating attention is that it tends to depotentiate patients' habitual mental sets and common everyday frames of reference. Their belief systems are more or less interrupted and suspended for a moment or two. Consciousness has been distracted. During that momentary suspension latent patterns of association and sensory-perceptual experience have an opportunity to assert themselves in a manner that can initiate the altered state of consciousness that has been described as trance or hypnosis. (p.19)

Notice Erickson and Rossi interchange the words “hypnosis” and “trance”. While quoting their own article “Varieties of Double Bind” (1975), they give a clearer definition of clinical trance when they say, “Trance is a special state that intensifies the therapeutic relationship and focuses the patients attention on a few inner realities; trance does not insure the acceptance of
suggestions” (Erickson, Rossi & Rossi, 1976, pp. 29-30) It is interesting that Erickson notes that it is not only a special (hence normal) state that has a special effect on how the therapist and client relate. Also, Erickson’s focus was on the inner realities. Finally, Erickson did not believe that the trance state insured complete compliance by the client.

Another modern day pioneer of hypnosis and hypnotherapy was Erika Fromm. She was influenced greatly by Erickson and became well known in the psychotherapeutic world for her eye-opening clinical and experimental work with hypnosis. Fromm also won the A.P.A. Division 30 (hypnosis) award in 1986. When explaining the nature of hypnosis she said, “Hypnosis is an altered state of consciousness which is characterized by a regression in the service of the ego along with increased access to the unconscious” (Fromm, 1980, p.430). She explains that this “regression in the service of the ego” type thinking, “is, in imagery and pictorial forms rather than in sequential logic and language.” (Fromm, 1980 p. 425)

Eugene L. Bliss, M.D. gives us a more scientific look at the nature of hypnosis. He explains that hypnosis is, “the ability of the reticular activating system to focus attention on the inner operations of the mind. This focus, if sharp and unwavering, can create a sense of realism.” (Bliss & Klein, 1990, p. 116) Bliss goes on to explain that these fantasies and memories, “can deprive the mind of reality testing and produce ‘trance logic’” (Bliss & Klein, 1990, p.116). This “logic” is very much akin to Adler’s “private logic” which will be explained later in this paper. When the reasoning conscious mind in bypassed, then direct access is made in the subconscious, to the person’s beliefs by which they are living.

Dr. Michael Yapko, in his forward, gives a very different understanding of hypnosis, “Hypnosis is broadly defined here as a model of influential communication. By defining hypnosis in this way, the rigid boundaries separating hypnosis as a distinct form of treatment
from other therapeutic approaches are purposely weakened” (Yapko, 1992, p. ix-x).

In a more recent publication, Kate McEwen (2013) “Hypnosis and Phobias,” states,

In hypnosis, the client’s conscious, critical analytical part of the mind (the mind which knows the fear is irrational) is gently sidelined (to a greater or lesser degree depending on the depth of hypnosis). In this altered state of awareness the client becomes more open, and responsive, to suggestion. (par. 5)

**Myths Concerning Hypnosis**

In looking at and clearly understanding what hypnosis is and its true nature, a brief look at the misconceptions surrounding it is in order. Carich (1990c) provides a concise list of twelve myths about hypnosis. He clearly explains what hypnosis is NOT.

Although all the myths will not be addressed here, it is important that the 3 most common and damaging myths are shared. The first myth is that a person will lose all control in trance. It has been repeatedly demonstrated throughout history that the person is the driver of their own trance, and they are in a state a hyper-awareness. “The old myth of hypnosis stripping away a client’s defenses or otherwise rendering him or her powerless is the virtual opposite of the empowerment that well-considered hypnosis can afford the client” (Yapko, 1992, p. x).

Another common myth is the following: People can be told to do something against their own values. Again Carich reminds us this is false! Another very common myth is: A person will get stuck in trance. Carich points out that this is a natural state. Finally, many people believe that the person will tell all their deep dark secrets. Again, Carich reminds us that it has been found that people will only divulge information in trance that they would in a normal waking state. (Carich, 1990a p. 403)

There is often a misconception that a person is put into trance by another. Mozdzierz tells
us that, “it has been my experience that people learn to let themselves go into trance.” So, in other words Mozdzierz like many authors mentioned herein agree that all hypnosis IS self-hypnosis (Mozdzierz, 1990, p. 546).

The A.S.C.H. on their official web site, mentions another myth that people will lose consciousness and have amnesia. It is pointed out that although some people in a deep trance may have spontaneous amnesia, the majority of people will remember everything that is done during the hypnotherapy session. Along with this, the A.S.C.H. reminds us that the, “hypnotic state is not the same thing as gullibility or weakness” (American Society of Clinical Hypnosis, 2014b). So, people therefore are not manipulated or coerced during hypnosis.

To conclude this brief section on the myths of hypnosis Dr. Munro, in 1908, expressed poignantly the truth regarding the supposed dangers of hypnosis. He said, “pertaining to psychotherapy [hypnosis], a mode of influence, and the personality of the man who is using it determines its use or abuse, just as is the case with all other therapeutic measures” (p. 213). It is not the modality or approach, but rather the character of the person using it.

**Advantages of Hypnosis**

In his article entitled, “Hypnotherapy Combined with Psychotherapy”, James R. Hodge, M.D. (1994) presents a clear and concise explanation of seven advantages of hypnosis. These advantages are as follows (it):

1. can shorten the duration of therapy
2. elicits the patient’s awareness of his own participation in the treatment process
3. hypnosis is truly ‘the royal road to the unconscious’; it is certainly a more incisive and direct road to the “relevant unconscious
4. Hypnosis is a powerful tranquilizing agent
5. Hypnosis can facilitate the interpretation of symbolic material

6. Hypnosis can promote the affective and relevant recollection of past events for connection with present life experiences


Fromm simplifies it when she says that, “in hypnosis the patient makes contact with the unconscious more rapidly and more deeply than in waking therapies” (Fromm, 1980, p. 426). Fromm points out that this is both advantages yet risky, because care should be taken by the therapist not to overwhelm the client (Fromm, 1980).

As was mentioned, when referring to hypnosis, what is being spoken of is the working of the subconscious mind. Therefore, a clearer understanding of this mystery can aid in realizing the true advantage of using hypnosis in therapy. The unconscious mind is believed to have an enormous capacity to absorb and correlate information (Brann, Owens & Williamson, 2012). “It is non-verbal, synthetic (puts things together to form wholes), analogic (sees likeness between things), non-temporal, non-rational and logical, spatial (sees how things fit), intuitive and holistic” (Brann, Owens & Williamson, 2012, p. 100). The unconscious is related to right brain processing and “is more global in its application” (Brann, Owens & Williamson, 2012, p. 100).

**Adler’s view of Hypnosis**

Regarding the compatibility of hypnotherapy and Adlerian Psychology, it is important to first discover Adler’s thoughts concerning hypnosis. Warren (1990) states the obvious when he says, “hypnosis has played little part to date in Adlerian theory, research and practice.” It is interesting that no one seems to ask why? How can a historically safe and effective tool like hypnosis not only be overlooked but spoken about derisively? What was the basis for Adler’s beliefs?
It is important to begin with a list Adler’s mistaken understanding of and strong oppositional statements to hypnosis made in his book *Science of Living* (2011, 1930). They are as follows: “one person wants to obey another”; “the results take place because the person is obedient. And in proportion to his obedience is the ease with which he may become hypnotized”; “the only requirement is obedience”; “hypnotism has its dangers”; “hypnotized persons are rather revengeful”; “they do not really change their style of life”; “the true nature has not been touched” (pp. 171-172). The author could not find where Adler ever explains how he arrived at his faulty conclusions.

Another tragic belief of Adler regarding hypnosis had to do with the control of the hypnotist and the giving up of control by the client. Adler stated, “The hypnotized subject becomes, so to speak, the elongated hand of the hypnotizer, an organ functioning at his command” (Adler, 1941, p.66). Adler goes on to assert that, “Hypnosis and telepathy are only the manifestations of servile obedience” (Adler, 1941, p.67).

As was explained earlier in this paper, it can be clearly understood that each one of these above mentioned statements by Adler, are clearly inconsistent with the historical and current understanding of the nature and efficacious use of hypnosis (Moll, 1901; Bramwell, 1956; Munro, 1908; Bjerre, 1916; Bliss, 1986; Bliss & Klein, 1990; Carich, 1990a; Carich, 1990c; Carich, 1991; Erickson & Rossi, 1979; Fromm, 1980; Fromm, 1987; Gunnison, 1990; Hodge, 1994; Benham, & Nash, 2004; Fairfield, 1990; Yapko, 1992).

These references explain that experiencing hypnosis is not about obedience but rather consent, and it is a natural experience that can even be done by oneself. So, for Adler to say that “the only requirement is obedience” is absolutely ludicrous. Also, Adler never explains how “hypnosis has its dangers.” How? It has already been concluded within this paper that hypnosis
is not dangerous. Alder’s conclusion that, “hypnotized persons are rather revengeful” is so
defounded. Again, he provides no explanation, and nowhere has this been found to even be
suggested by detractors of hypnosis, within this author’s research. Finally, Adler’s final two
comments about not changing a life-style and not touching the true nature is probably more a
reflection of Adler’s lack of knowledge of and inability with hypnosis. It has been shown in this
paper and repeatedly in history that hypnosis is a very effective tool to achieve these two ends.

In light of this, the question of how or where did Adler arrive at these conclusions
remains. No clear answer can be found by this author. According to this research, there does not
appear to be an account of Adler learning hypnosis. Though, there seems to be intriguing
connections of Adler and hypnosis. The two most obvious is first, Anton Mesmer, who was
eventually shunned for his “animal magnetism” or hypnosis, was from Vienna (Goldsmith, 1934)
just like Adler. Adler’s second apparent connection to hypnosis was his relationship to Freud
and Jung who both studied with Dr. Martin Charcot in France (Moll, 1901; Bramwell, 1956;
Kline, 1958).

Adler’s quotes above show he was concerned with the authoritative approach of a
therapist who is lording over their client/patient. According to Carich (1990b) Adler felt the
hypnotic relationship as one of deceit, control, manipulation, misuse of power, domination and
submission to the hypnotist’s commands.

Carich (1990b) continued to delineate the negative beliefs Adler had with hypnosis. He
cites that Adler believed hypnosis did not promote the subjective nature of the client’s
phenomena. Another of Adler’s beliefs was that hypnosis worked against the client’s self-
determined nature of their behavior. Finally, Carich points out that Adler saw the hypnotist as
demonstrating power; control and influence OVER the client and that hypnotherapy is too direct.
In the conclusion he writes, “Although Adler (1935) discouraged the use of hypnosis because of the power issue, he was inconsistent and contradictory in his writings on hypnosis” (Carich, 1990b). He went on to observed that Adler and Dreikurs views on hypnosis can now be considered misconceptions especially in light of “the newer hypnotherapies” (Carich, 1990a, 1990b; Hammond, 1988; Sperry, 1989) and the views of the hypnotic relationship (Edgette, 1989; Haley, 1961)” (Carich, p. 541).

History seems to explain the reason for Adler’s misconceptions of hypnosis.

I think the starting definition of hypnosis one chooses (our premises about what it is) determines the direction of one’s thinking and conclusions. If you start with the Saltpêtrière school definition, you end up with a phenomenon which is antagonistic to Adler; If you begin with a different definition, the Nancy School, you end up with a different phenomenon which is not antagonistic to Adler’s views. (Mozdzierz, 1990, p.555)

This was the discovery and conclusion this author had arrived at prior to the writing of this paper. When referring to the “Saltpêtrière school” Carich is speaking of a pathological view of hypnosis (Moll, 1901).Whereas, the “Nancy School” saw hypnosis as a natural phenomenon (Moll, 1901).

Based on this author’s research, it appears it is not too late! There are several ways hypnotherapy and Adlerian Psychology are compatible if not synergistic. Once again, Carich (1990a) hits the mark when he says, “Adlerian-oriented hypnotherapy may be defined as the utilization of hypnosis or trance as a vehicle of change within the Adlerian therapy framework” (p. 167). In other words, hypnosis is being used as a tool to apply and/or fulfill Adlerian principles and philosophy.

Ansbacher (1964) further provides a clear synopsis of the efficacy of using hypnosis with
Adlerian theory. Ansbacher goes on to explain that Adler’s theory is well suited to understand information retrieved in hypnosis (Ansbacher, 1964). Therefore, being phenomenological, Adlerian Psychology provides a great construct upon which a hypnotherapist can use to provide effective therapy.

Laser (1987) adds to this when she demonstrates that hypnosis can be used in two ways within an Adlerian context, “(1) to elicit early recollections (ERs) for the purpose of diagnosis; and (2) to facilitate the therapeutic resolution of pertinent emotional issues of the client, without attempting symptom removal” (Laser, 1987, p. 79). So, instead of merely chasing symptoms, with hypnosis, the purpose of the behavior can be revealed.

Again, another application of this compatible relationship is Adler’s theory of life-style. Fairfield (1990) states that the client’s mistaken goals are self-created and established early in life. The life-style is therefore automatic and unconscious.

In the unconscious memory are stored all the learnings, all the past masteries, all the wonder at life’s beauty, all the curiosity about others - everything is there that the client needs to solve his or her problem. The therapist using the hypnotic process is thus able to align himself or herself with all of the most positive goals of the person. (Fairfield, 1990, p. 452)

All this may become a reality, when working with clients who say they are stuck in their neurotic ways. Carich (1990a) explains, “Through hypnotic questioning, the various goals and purposes of behaviors can be discovered and interpreted to the client in a meaningful way” (p.168). This questioning can reveal information regarding, “purposes and goals, life-style patterns, private logic, family constellation, motivation, etc.” (Carich, 1990a, p.168).

As was mentioned, Adler was not very positive about hypnosis as a therapeutic tool. Yet,
he had an understanding of the workings of the unconscious. Gunnison, (1990) notes Adler’s (as cited in Adler’s 1933 book Social Interest: A Challenge to Mankind) understanding about the unconscious, “Man knows more than he understands...and in fact man understands nothing about his goal, but he pursues it nonetheless. He understands nothing about his life style, yet he is continually shackled to it” (p. 412).

Surprisingly, in light of Adler’s negative beliefs regarding hypnosis, in his book Understanding Human Behavior, in the section entitled Hypnosis and Suggestion, he spends almost 3 pages speaking about influence and acknowledged the ability to influence as a natural occurrence. He then makes conclusions that are very accurate.

Here is an example of such a conclusions found in Adler’s 1930 book entitled Science of Living: “In hypnotism we have an opportunity of making a person create pictures, ideas, remembrances which he would not do with his waking inhibitions” (p. 171). Also, “By this method we can find some solution - some old remembrances - which may have been forgotten before” (p. 171).

“The present writer does not like hypnotism and uses it only when a patient trusts no other method” (Adler, 2011, 1930, p. 171-172). So, interestingly, although Adler was clearly opposed to hypnosis, in his own words, he DID use it. It is fascinating that this fact was not found by this author, in any of the research or books used in this writing.

**The Use of Hypnotherapy (Therapeutic Trance)**

So, although Adler understanding of hypnosis was limited at best, what should an Adlerian therapist’s attitude be regarding hypnosis? Also, should therapists and psychologists of all kinds consider the introduction of hypnosis in their practice? “Hypnosis is a very powerful tool in psychotherapy, with a wide range of application...It has been used effectively with
individuals, with couples, and with groups” (Hodge, 1994, p. 400).

Benham and Nash agree in their brief, evidence based look at hypnosis from the medical perspective, when they said hypnosis, “may also enhance the effectiveness of certain types of psychotherapy” (Benham & Nash, 2004, p. 215). Benham and Nash go on to point out that there are many encouraging results from studies with hypnosis and that these researchers are optimistic, “about demonstrating the usefulness of hypnotic techniques above and beyond that of other Psychological interventions” (Benham & Nash, 2004, p. 213).

How useful are hypnotic techniques? For what type of issues can or should hypnotherapy be used?

In Part 3 entitled “Specific Disorders” of their exhaustive look at clinical hypnotherapy, Brann, Owens and Williamson (2012) presents the use of hypnosis for 40 various disorders and conditions. Here are some examples of the various disorders mentioned in their book: self-esteem and confidence; anxiety and panic disorder; depression; phobias; death, dying and loss; post-traumatic stress disorder (PTSD); adjustment disorders; eating disorders; habit disorder and addiction; obsessive compulsive disorder; sleep disorders; performance enhancement.

An Adlerian therapist who plans to use hypnosis in therapy (or hypnotherapy), must understand the purposeful nature of their clients’ beliefs that their clients are living by (Carich, 199a). Munro reminds us that clients are already living in the trance of their own beliefs. He said, People are hypnotized by their beliefs. Belief in an idea or a theory or a creed or a drug or a man or a woman is the place where the individual relinquishes self responsibility, takes mental refuge, and agrees to act upon the idea or series of ideas that are presented to him either consciously or subconsciously. (Munro, 1908, p. 196)

This sounds a lot like Adler’s mistaken beliefs that comprise a person’s private logic.
Yapko in explaining his definition of hypnosis and purpose of his book said, “The goal is to highlight the view that hypnotic patterns are evident in all therapies in order to encourage greater familiarity with and acceptance of hypnosis as a vital tool in treatment” (Yapko, 1992, p. x).

The famed Psychiatrist and Clinical Professor of Anesthesiology William S. Kroger, in the forward of his book *Hypnosis and Behavior Modification*, makes very strong assertions for the use of hypnosis in psychotherapy. “I believe that hypnotic techniques are powerful enough to add both to our theoretical understanding and to our practical applications of psychological methods in the treatment of psychiatric problems” (Kroger & Fezler, 1976, p. ix).

Kroger goes on to say that therapists, ought to be familiar with one of the most striking phenomena in the whole of the their science, and they ought certainly to be familiar with the current theories advanced to explain these phenomena. We really cannot go on and treat hypnosis as an outcast; to do so is unscientific in the extreme. (Kroger & Fezler, 1976, p. ix)

The use of hypnosis within therapy is called hypnotherapy (Hodge, 1994). It is the utilization of the normal trance state of the client. “Therapeutic trance is a period during which patients are able to break out of their limited frameworks and belief systems so they can experience other patterns of functioning within themselves” (Erickson & Rossi, 1979, p. 15).

If a therapist really understood what hypnosis is and subsequently how to induce it or use it and what to look for, their effectiveness as a therapist would greatly increase (Yapko, 1992; Hodge, 1994). Yes, it could very well be seen as a vital tool in treatment. So, Yapko and Hodge are proposing not only the importance of the use of hypnosis in therapy but the assumption is that it is already occurring in therapy. The challenge is that hypnosis is out of the awareness of
the therapist most of the time.

In the concluding paragraph of his book, Yapko exclaims, “The hypnotic framework involves different perspectives and methods, broadening the range of ways in which we can respond to the people whom we care so much about, our clients” (Yapko, 1992, p. 187).

What is the nature and/or effect of the client’s trance state as it is used in therapy? “In that state of mind, they can more clearly see new possibilities, develop new understandings, and disentangle themselves from the complex webbing of their own feelings often born out of trauma” (Mozdzierz, 1990, p. 546).

Bliss reminds us of the significance of using hypnotherapy with clients who might struggle with all types of mental disorders. “I now see hypnosis as important to many forms of psychopathology, and wonder how I treated some of my patients without it” (Bliss, 1986, p. vii).

The often quoted Erika Fromm makes it clear that hypnotherapy IS scientific and should be used by therapists. She said, “True hypnotherapy is a scientific discipline which began, as such, in the late eighteenth century with Anton Mesmer (1785)” (Fromm, 1980, p. 425). As she continued explaining how hypnotherapists changed their approach through the years, she went on to say they discovered that, “they could not and should not suggest to patients what to do, nor should they play into the hands of their patients' archaic wishes for an omniscient and omnipotent parent figure” (Fromm, 1980, p. 425). She finally comes to the conclusion that, “The whole concept of hypnotherapy changed into one of interactive collaboration between patient and hypnotherapist along with respect for the patient's autonomy (Fromm, 1980, p. 425). The idea of “interactive collaboration” is a refreshing reminder of Adler’s first of his four stages of therapy which is “Alignment.” This is the stage of building rapport and helping the client to understand the equality they share with the therapist.
In her summary of the above article she states in the conclusion regarding the use of hypnotherapy, that with the increased access to the unconscious in hypnosis, “This makes it possible to achieve lasting therapeutic results faster in hypnosis than in the waking state” (Fromm, 1980, p. 430).

Regarding the therapeutic use of hypnosis, Erickson and Rossi said, “We view hypnotherapy as a process whereby we help people utilize their own mental associations, memories, and life potentials to achieve their own therapeutic goals” (Erickson & Rossi, 1979, p. 15). They did this with the use of therapeutic trance.

According to Mozdzierz’ (1990) hypnosis helps a therapist effectively do their jobs. He shares the wisdom and caution of the late Dr. Milton E. Erickson,

...you therapists really don’t know what the problems are, and it is your job to find out.

The patient doesn’t consciously know what the problems are, no matter how good a story he tells you, because that’s a conscious story. What are the unconscious factors? You want to deal with the unconscious mind, bring about therapy at that level, and then to translate it to the conscious mind (as cited in Erickson, 1977, pp. 548-549).

For an Adlerian, these unconscious factors are the client’s mistaken beliefs within their private logic.

Erickson presents very valid questions and concerns that must be addressed. If a client truly knew why they were in the therapist’s office then why would they need a therapist? As Erickson pointed out, their narratives they share in sessions, although may be enlightening and even helpful, are merely the conscious mind’s interpretation and rationalization of the why of their neurotic behavior. When used effectively then, hypnotherapy can act as a key to unlock the depths of meaning within the client’s own subconscious mind. Or at least it can expose the
neurosis.

Dave Elman explains further, “We Live in the light of reflected action, the things that happen to us in the past are still happening to us everyday” (Elman, 1964, p. 239). So, we see here that the client’s own Private Logic, Final Fictive Goal, Identity meanings and other strategies can be clearly identified and addressed with hypnotherapy. It “works” because it is the art and science of creatively and effectively using the client’s own mind. Which is the very mind that astutely created their Life Style (way of being in the world.)

Hypnotherapy within the framework of a psychotherapeutic session, by its effective nature and use, can be an effective means of more quickly uncovering a client’s interfering beliefs and purposes by which they are living. One method (which will be discussed later in this paper) of uncovering can be accomplish using age regression. Another hypnotic technique that can be used might be ideomotor signaling.

As Munro reminded us earlier, “People are hypnotized by their beliefs” (Munro, 1908, p. 138). We therefore, see then that the experience of hypnosis is so natural and common, that a therapist in essence needs to de-hypnotize their client from their own beliefs before hypnotizing them.

In the 2003 report, On the Efficacy of Hypnosis: A Meta-Analytic Study, there are a number of disorders and issues that are represented. Some of these disorders or conditions are as follows: “schizophrenia or psychosis”; “depressive symptoms” (and in borderline disorders); “children with attention deficit disorder”; “phobias”; “patients with dissociative symptoms”; somatoforme disorders”; “eating disorders”; “sexual dysfunctions”; “depression” and “personality disorder” (Flammer & Bongartz, 2003). What are the more specific examples of techniques and applications of hypnosis?
Techniques and Applications Using Hypnosis

Hypnoanalysis

Hypnosis is an effective tool to go more deeply in a client’s unconscious (Fromm, 1987). Fromm describes the ‘hypnoanalyst’s role as a benign guide’ and that the therapist is guiding the client with open ended suggestions that certain imagery will come up that has to do with the clients internal dilemmas (Fromm, 1987). Fromm goes on to conclude that it does, “shorten the time the patient has to stay in treatment” (Fromm, 1987, p. 212). Fromm continues to explain more effective ways to work with dreams by using hypnosis (Fromm, 1987).

Hypnoanalysis is a type of hypnotic questioning (Carich, 1990a). Answers can be uncovered through direct questioning and through ideomotor signals. “Ideomotor responses or behaviors are small micro-nonverbal behavioral movements that indicate unconscious processes (Carich, 1990a, p. 167). An example of ideomotor responses might be a finger raised to answer “no” and another finger raised to answer “yes”. There are whole volumes that have been written on using ideomotor signaling in therapy.

Peter Hawkins explains that, “hypnoanalysis could allow the uncovering of the repressed dynamics with consequent insight into the aetiological events as experienced at physiological, affective and cognitive levels” (Hawkins, 2012, p. 419).

Age Regression

It is important first to note here, that the purpose in this approach at this point is to discover the Adlerian principle of private logic as was cited earlier. This private logic is the client’s perceptions, intentions and life commands (Olson, 2001). Referring to these, Ansbacher said this does not necessarily become conscious and is essentially inferred from the individual’s actions (Ansbacher, 1964). Using age regression, the therapist is able to go directly to the source
(the unconscious) to discover the private logic of their client. This is why using age regression is both an effective and brief therapy. It allows the therapist to quickly uncover the unconscious goals and life style they know nothing about.

Even Adler expresses the importance of understanding important childhood experiences. Adler states, “the most important determinants of the structure of the soul life are generated in the earliest days of childhood” (Adler, 1941, p. 5). He went on to say that when considering these determinants of early childhood and how it relates to the whole person and their lifestyle, he states it can, “make perfectly clear that the secret goal of his childhood attitude was identical with his attitude in maturity” (Adler, 1941, p. 6).

Also, while the client is in the “regressed” event the client’s mistaken beliefs and feelings attached to it can be quickly discovered and addressed. While in hypnosis, the client can discover their thoughts and feelings at that moment within the “scene” they find themselves. Also, the client’s interpretations and meanings along with their convictions and mistaken convictions can be discovered. At this point, reframing would be a powerful tool in helping the client understand the event in a way that is useful rather than useless. Direct suggestions could be used during the reframe, that are in line with Adlerian principles of movement and life-style and which support their new beliefs. This could be done as much as needed to clear away any other events related to these emotions and beliefs.

Next, regression to other events related to these feelings of anxiety/worry, etc. can be completed along with hypnotic questioning as a way of checking to see if their mistaken beliefs and feelings have shifted and changed to something more useful. This can be used as a way to reinforce what they experienced and to provide Adlerian encouragement in the form of direct suggestions.
Even Carl Jung in *Psychology of the Unconscious*, saw the importance of age regression. Hypnosis was the means used to enable the physician to penetrate deeply into the forgotten memories, for it was found through hypnosis that these lost incidents and circumstances were not really lost at all but only dropped from consciousness, and were capable of being revived when given the proper stimuli. The astonishing part about it was that with the revival of these memories and their accompanying painful and disturbing emotions, the symptoms disappeared. (p. 20)

In 1987, Fromm wrote,

The eternal world of object relations includes affect links from early childhood and object introjections and identifications...The power of hypnotic trance, and particularly of self-hypnosis, can send the mind on a surge along any affect-linked chain from a contemporary issue to its analogue in the individual’s personal history (p. 210).

So once the analytical mind is bypassed, many techniques can be used with the subconscious mind. Later on in the same paper she explains this as an effective technique, “Two other uncovering techniques - hypermnesia and age regression - are unique to hypnosis and can only be used in the hypnotic state” (Fromm, 1987, p. 213).

Many other authors mention “age regression” in their writings as an effective technique in uncovering the unconscious motivations, strategies and beliefs (Carich, 1990a; Smith, 1990; Laser, 1987; Warren, 1990; Christensen, Barabasz & Barabasz, 2008; Rousell & Gillis, 1994; Durbin, 2009). Further research uncovered 105 additional peer reviewed articles specifically dealing with hypnotic age regression between 1955 and 1985.

Hypnotic age regression seems to be an effective tool for analysis and change, but there are other hypnotherapeutic techniques which can be used in therapy. When citing a case study,
Laser (1987) found the use of *direct suggestions, reframing and deframing, and future pacing* useful. Carich (1990a) reported the utilization of *hypnotic questioning, age regression, direct suggestions, metaphor, reframing, imagery, and time distortion* which is also known as future pacing or “*age progression*”.

**Age Progression**

Carich (1991) also included what he noted as Adler’s “as if” technique. Using the “as if” technique or the “age progression,” the client and therapist can validate the efficacy of what was accomplished. This technique could also be used as a way to help the client experience social interest and the good feelings that encourage that way of living. Of course, the effective method of “hypnotic questioning” can be used throughout this process to further uncover and investigate their movement, beliefs, feelings and even “symptoms.”

Another important factor in using age progression is the anchoring of positive feelings and resources the client discovers in these “future” events. So, just as they triggered past anchors of a negative nature resulting in neurotic behaviors, a client can now set new positive anchors with their new-found useful or healthy way of being. Just as with age regression, the client in the state of hypnosis, experiences these events with as many senses as possible.

Age progression can also be defined as “time distortion or future orientation” (Carich, 1990a, p. 172). Carich goes on to note that the goal of this technique is, “to facilitate changes of one’s fictional goals” (Carich, 1990a, p. 172).

**Direct Suggestion and Enhanced Learning**

In hypnosis, direct suggestions means exactly what the term implies. Simply put, it is when the therapist states in easy to understand ways, the desired outcome of the client. Often, these suggestions are repeated many times (maybe in slightly different ways) in order for the
suggestion to be accepted and reinforced by the client’s mind.

Yapko explains that direct hypnosis can, “amplify learnings and associations established in the hypnotic sessions conducted during the therapy session. The use of formal hypnosis to sensitize the individual to the relevant learnings - what some individuals call ‘seeding’ (Zeig, 1990; Haley, 1973) - is a powerful way to utilize the hypnotic state” (Yapko, 1992, p. 181).

As an example, as an Adlerian, after effective psycho-education has been shared and or creative interventions have been used, the hypnotic state can then be utilized to deeply reinforce or seed these new ideas into the persons psyche. This can then take root and as a result, be manifested more quickly into their daily experience (Carich, 1990a).

**Adlerian Principles and Philosophy**

What exactly is Adlerian psychology or Individual Psychology, and what distinguishes it from other approaches? Watts gives us a cogent summary when he states, “Adlerian Psychotherapy is a psychoeducational, present/future oriented, and time-limited (or brief) approach. In addition....is both integrative and eclectic, and it clearly integrates cognitive and systemic perspectives and solidly resonates with post modern ones” (Watts, 2000, p. 21).

In beginning this section on the nature of Individual Psychology, Adler himself explains what the Individual Psychologist has to work with. Adler explains, “The relationship of the individual to the problems of the outside world. The individual Psychologist has to observe how a particular individual relates himself to the outside world” (Adler, 2011, p. 3). We see here that Adlerian Psychology is a social psychology. Adler goes on to conclude, “it is his attitude toward life - which determines his relationship to the outside world” (Adler, 2011, p. 3-4). By “outside”, Adler is referring to the social nature of human beings and the relationships one experiences.

Within Adlerian Psychology or Individual Psychology, there are a number of key
principles and techniques used to help the clients understand these relationships. In her paper, Osborn (2001) provides a cartoon type drawing of 6 key principles of Adlerian theory. (figure 1 below). In this one creative image, she simply and brilliantly encapsulates and illustrates the key concepts. The principles she elucidated are as follows: life style, social interest, final fictional goal (we are goal directed), life tasks and private logic. These will be explained further. Osborn goes on to say that, “psychological processes and their manifestations can be understood only from the individual context and that all psychological insight begins with the individual” (as cited in Hoffman, 1994, p.87) (Osborn, 2001, p. 245). As individuals though, we are not alone.

For Adler, there was a socially connected aspect to humans and human behavior. He used the word “Gemeinschaftsgefühl” (Adler, 1941, p. 31). The translator explains this German word when he states this word, “connotes the sense of human solidarity, the connectedness of man to man in a cosmic relationship.” (Adler, 1941, p. 31) Thus we are not islands. We are a part of something larger than ourselves. Therefore, according to Alfred Adler, as we have a sense of this community or social feeling, we will behave in a social interested way, because we are all connected.
Osborn (2001), in Figure 1 shows a person on a ladder. This is a picture of a person striving for *superiority* because of a feeling of *felt minus or inferiority*. As imperfect humans, when a person has a sense of inferiority in an area of their lives, what are they to do with that feeling of minus? There is often a striving that occurs. The person can strive with others (Gemeinschaftsgefühl) or strive on their own toward a perceived plus (Adler, 1941).

As Figure 1 shows, the person is getting a sense of significance as he raises himself up to a superior level away from the inferiority or felt minus. This image is in stark contrast of the level ground of social interest below (LaFountain, 1996). You will also notice the figure on the ladder is wearing glasses. This is a reminder of the importance Adler, who was a former ophthalmologist (Adler, 1941) put on “vision or perception as the driving force of behavior (Osborn, 2001, p. 245).
Furthermore, Figure 1 illustrates a continuous circle passing through each part of the diagram and is entitled, *Lifestyle* (Osborn, 2001, p. 244). This lifestyle, as the diagram shows, is developed within our family of origin and our place in that family or family constellation. Osborn (2001) further explains lifestyle “as encompassing the basic notions that guide one through life, one’s basic orientation toward life” (p. 245). Lifestyle can be defined as, “the totality of the individual’s functioning” (Ansbacher, 1964, p. 45). It is here that a person develops their meanings within their life or as Osborn states their “private logic”.

In the above illustration (Osborn, 2001), as the arrows indicate, a person’s *Lifestyle* incorporates their “Family Constellation” (or their position in their family; psychological birth order), their “*Private Logic*, perceptions, intentions and life commands”, their life goals (fictional goals), “*Life Tasks*” (sexuality, work, social/friends), social interests (how they are connected). This circle in Osborn’s (2001) figure 1 illustrates that an individual’s lifestyle is like a map of how to move through life and that it ultimately effects our “fictional goal,” our sense of “significance,” our “private logic” (our meanings and how we fully relate to the world), our place in our family and our “life tasks”.

According to Kurt Adler (1989) we each have a fictional goal we are being pulled toward. Adler states:

The first basic principle of Adler’s theory is that all behavior, all thinking, all feeling is directed toward the individual goal of a patient. This is already of enormous help in shortening the time needed to understand what is usually called the dynamics of the patient’s symptoms (p. 18).

In other words, the symptoms are signs of a flawed striving of the client to attain their own perfection and fictional goal.
So, the magnet in the above diagram (Osborn, 2001), is illustrating to us, Adler’s purposiveness of behavior. “This teleology, this striving for a goal, is innate in the concept of adaptation.” (Adler, 1989, p.19). Osborn continues, “being pulled by the goal and not pushed by the drive” (Osborn, 2001, p. 244). Or, we are always striving toward that fictional goal of perfection. As Figure 1 demonstrates, Adler believed in forward thinking and moving ahead; preparing to face the future.

**An Adlerian’s Approach to Hypnotherapy**

The studies cited above reveal the effectiveness of both Adlerian philosophy and hypnotherapy of arriving at the clients’ mistake beliefs and teleology thereby looking and reaching past their symptoms.

In the Author’s Preface of *Understanding Human Behavior*, (1941) Adler stated,

> The purpose of the book is to point out how the mistaken behavior of the individual affects the harmony of our social and communal life; further, to teach the individual to recognize his own mistakes, and finally, to show him how he may effect a harmonious adjustment to the communal life. (p. v)

Milton Erickson, in his phenomenological belief regarding individuals, showed that hypnotherapy is an expeditious way of achieving these goals (Bliss & Klein, p. 1990).

As was mentioned, Adler was not very positive about hypnosis as a therapeutic tool. Yet, he had an understanding of the workings of the unconscious. From Alfred Adler’s book, *Social Interest: A Challenge to Mankind*, Gunnison, (1990) quotes from page 258, Adler’s understanding about the unconscious, “Man knows more than he understands...and in fact man understands nothing about his goal, but he pursues it nonetheless. He understands nothing about his life style, yet he is continually shackled to it” (p. 412).
Adler went on to say, “Certain psychic faculties are not to be sought in the realm of consciousness” (Adler, 1941, p. 97). He continued that our attention, stimulus to the attention and interests, “lie for the most part in the sphere of the unconscious” (p. 97). If this is what Adler believed, the question for Adlerians is, “What is the fastest access to a client’s unconscious?” As was explained earlier, hypnosis by definition, IS the accessing of this information.

Another effected approach with a client is the hypnotic “as if” technique based on Adler’s fictional goals concept and Hans Vaihinger’s 1927 philosophy (Carich, 1991). “The ‘as if’ technique has been previously associated with the hypnotic intervention of pseudo-time distortion: age progression and posthypnotic suggestion” (Carich, 1991, p. 509). “The essence of the technique is using expectancy, self-fulfilling prophecy, and anticipation” (Carich, 1991, p. 513). Carich explains this technique as a future projection of the client’s expectations and can be done with a formal trance induction or without (Carich, 1991).

Mozdzierz states that the principles that govern the modern day use of hypnosis, “are depicted neither as detracting from individual responsibility nor from egalitarian relationships which are bedrock principles for Adlerians” (Mozdzierz, 1990, p. 545). This being true, one must consider the true efficacy of hypnotherapy being used within the philosophical construct of Adlerian Psychology. Can it make for more of an effective and brief therapy? This author believes the answer to this question is a definite yes!

“I know what to do but I just can’t seem to do it.” How many times does a therapist hear those words from clients?” (Fairfield, 1990, p. 451). This sounds like a present day statement a client might say. With Adler’s theories of life-style and goal directness applied in a hypnotherapeutic approach, their underlying neurosis can be uncovered and healing should be
expected and expedient (Fairfield, 1990).

Another reason clients “just can’t seem to do it” might just be found in our emotions, “Humans have emotions, and emotions serve a purpose” (Rasmussen & Dover, 2006, p. 366). They go on to state in their summary,

There is purpose behind all that human beings do. Granted, they may not understand or be aware of that intention, but purpose exists nonetheless...What is of greater importance is how a new understanding of emotions and how they are used to derive positive outcomes leads to a better overall understanding of the human condition. People feel what people feel because their feelings are instrumental in bringing about desired outcomes. (Rasmussen & Dover, 2006, p. 392)

Carich provides us with some techniques related to Adlerian Psychology. The first is, “Subconscious/hypnotic questioning” (Carich, 1990a, p. 167). This may include, “direct non-verbal responses of ideomotor signaling; direct verbal responses; dream investigation; and fantasy exploration” (Carich, 1990a, p. 167). These variety of hypnotic questioning, can reveal a client’s private logic, goals, life style patterns, etc. (Carich, 1990a) in a shorter time (brief therapy) because the subconscious mind is accessed, which is where this information is stored.

Another useful technique Carich reveals is “Hypnotic suggestions” (Carich, 1990a, p. 168). This can take the form of both direct and a non-direct approach (Carich, 1990a). This involves giving and wording directives (direct) while a client is in trance. Whereas, a non-direct approach is where directives are given in a more conversational manner using Milton Erickson’s creative language patterns (Carich 1990a; Gunnison, 1990; Mozdzierz, 1990).

As was mentioned earlier in this paper, age regression is related to the Adlerian technique of early recollections. Carich makes a clear distinction between the two techniques. “Age
regression is a hypnotic technique used to retrieve unconscious memories,” and “early recollections is a *consciously-oriented* technique used to retrieve conscious memories” (Carich, 1990a, p. 169-170). Notice that Adler’s “early recollections” is merely using the conscious mind’s memory of an event rather than the subconscious’ retrieval of an event along with the feelings.

Adler used metaphors to help develop images (Carich 1990a). As an Adlerian, a therapist can use metaphor while the client is in trance to indirectly communicate a message.

Finally, “Reframing” (Carich, 1990a, p. 170) can be a powerful tool for an Adlerian to use while the client is in trance (Carich 1990a). Carich points out that reframing is often used in Adlerian therapy and that, “Adler referred to this as prosocial redefinition” (Carich, 1990a, p. 170). “Hypnotic reframing quickly enhances or expands the client’s perceptual view of stretching one’s limited private logic” (Carich, 1990a, p. 171)

**Possible Reframing of This Work?**

After reading hundreds of articles and books a tiny little article entitled, “Psychognosis and psychopedics” was discovered, that resonated with the message of this paper. This gem of an article was found in the *American Psychologist* publication in 1959, and was written by Raymond J. McCall. In this article, he proposed the idea that new terms needed to be used when describing this intimate therapeutic relationship. He believed that the medical model words “diagnosis” and “therapy” (or psychotherapy) were not only inadequate, but they wrongly described this relationship. The article’s title reveals these words to be “psychognosis” and “psychopedics”.

He begins by pointing out, “the analogy with treatment in physical medicine is misleadingly thin” (p. 51). He goes on to say,
As assessment in psychology is not simply of defect or disorder (‘diagnosis’) but of positive qualities as well (‘psychognosis’), so the betterment of psychological functioning in general rather than the specific removal of disorder may be said to be the goal of attempted psychological modification. A more acceptable term than ‘psychotherapy’ for this would be ‘psychopedics’ (paideusis = improvement, especially through learning. (McCall 1959, p. 51)

Hypnotherapy as it is put to use within the philosophical foundation of Adlerian Psychology, is precisely this: the reframing of interfering beliefs and the learning and discovering a new way and/or healthier way of being (or moving) within a social context. McCall summarized by saying, the change of terms would bring, “conceptual clarity and the delineation of the...psychologists professional responsibility” (McCall, 1959, p. 52).

Although “psychopedics” may not be an effective word for today, psychognosis on the other hand can be accurately used by an Adlerian hypnotherapist. In his piece entitled, “The Intentionality of Psychodiagnostic Seeing” Scott Churchill explains, He said, “The term ‘psychognosis’ was used in 1874 by Brentano (1973) to refer to a descriptive psychology employing the method of ‘inner perception’ as a means of describing one’s own intentional acts” (Churchill, 1998, p. 178).

This author’s first exposure to the word “psychognosis” was in a book written by Boris Sidis entitled, *Symptomatology, Psychognosis, and Diagnosis of Psychopathic Diseases* (1914). Boris was a medical doctor who used hypnosis regularly in his practice. He believed that humans were social beings and believed in the importance of the relationships involved. When reading the following description by Sidis one hears the words of an Adlerian Hypnotherapist:

This can only be accomplished by all methods at our disposal, by hypnoidal and hypnotic
states, by examination in the waking state, by constant watching and observation, by
drawing out the patient in discussion, and by closely observing him in his actions and
behaviour in regard to his family, his friends and strangers” (Sidis, 1914, pp. xviii-xiv).

Both Sidis and Adler are concluding that social feeling, oneness, contribution and “social
interest” equals a life that is mentally and emotionally healthy! So, when using hypnosis within
an Adlerian framework, psychognosis is a wonderful word to use to describe this.

**Conclusion**

Hypnosis preceded “modern psychology” which found its origins in Vienna. Hypnosis
therefore, is not a recent discovery or a newly developed modality of therapy. Hypnosis,
although not a panacea, has a long and rich history in the healing of individuals, both physically
and psychologically. It is simply a normal human state of mind that was used for both religious
and medical purposes. It was quantified/clarified, experimented with and used in the practices of
medical doctors for the betterment of humankind.

Although it was shown that Adler was contrary and pessimistic toward hypnosis, his
misconceptions could have originated because it does not appear that he was ever taught,
watched or even experienced hypnosis personally. He was exposed to hypnosis most likely
through Freud (influenced mostly by Charcot at Salpêtrière first and then briefly at the Nancy
School) and Jung (taught by Charcot at Salpêtrière) who both gave up hypnosis after one year of
using it in their practice. One has to wonder what Individual Psychology would look like today
had Adler visited with Bernheim and Liebault in Nancy, France and had he been taught
hypnosis, watched, and experimented with hypnosis personally.

The use of hypnosis within an Adlerian Psychology practice is completely congruent. It
is consistent with some of Adler’s views about the part of the mind that is out of our awareness
Hypnotherapy finds a friend in an Adlerian seeking to more quickly and effectively discover mistaken beliefs and the individuals’ life style, as well as an effective tool for education of their client.

Hypnotherapy is a method of more quickly accessing the unconscious mind which is the location of an individual’s identity beliefs and emotional traumas by which they are still living. With hypnosis in therapy, a therapist who knows the signs of trance and understands how to maximize this state with specific hypnotherapeutic techniques, can more quickly and effectively help an individual begin moving in a more healthy and useful way.

In 1914, Henry Sumner Munro, when speaking about the use of hypnosis states, “Physicians...have frequently said....there is no money in using those methods; the people pay a man who will exaggerate their symptoms, as is usually done by one who does not appreciate psychic factor in his consideration of the symptomatology” (Munro, 1908, p. 428). This payment for the exaggeration of symptoms is more true today than ever regarding psychotherapy and neurotic behavior.

The psychological profession has been trained in and subsequently embraced the medical model approach to psycho-therapy and continue chasing symptoms rather than discovering the purpose and psychogenesis of the clients’ neurosis and its purpose as Adler clearly defined it. Hypnosis is an extremely efficacious way to achieve this discovery.

The studies cited in this paper do not give specific strategies related to specific diagnosis. Rather, they do reveal the effectiveness of both Adlerian theory and hypnotherapy when working with the neurotic, by arriving at the clients’ mistaken beliefs and teleological purpose and thereby looking and reaching past their symptoms to the core issues/beliefs that created their symptoms.
Rather than be in opposition at worst or merely discounting hypnosis at the least, hypnotherapy built on the philosophical and principled foundation of Adlerian Psychology, is an extremely effective way to assist clients in reaching their desired goals in a healthy, normal way. So, as was shown and given the current mental health field that is demanding short term effective therapy, the effective reaching of goals by the client can quickly and efficaciously be accomplished with hypnosis.
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