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THE THERAPEUTIC POSSIBILITIES OF ERICKSONIAN HYPNOSIS AND GUIDED FANTASY WITH DEAF CLIENTS

Gail Isenberg

Abstract

This article addresses the question of whether or not hypnosis and guided fantasy are appropriate therapeutic techniques for deaf clients. This discussion is adjunct to a presentation given by the author at the 1987 American Deafness and Rehabilitation Association (ADARA) Biennial Conference. At that time the author demonstrated trance induction and guided fantasy techniques in sign language with an audience volunteer who was deaf. It is assumed that the reader has a basic understanding of Ericksonian Hypnosis.

Hypnosis, as a therapeutic tool, has been widely accepted when working with hearing clients. This, however, is not true when working with those clients who are deaf. There is little, if any, literature on the subject of hypnosis, trance, or guided fantasy as viable techniques adaptable to those who communicate in sign language. It can be asked, therefore, why not hypnosis with deaf clients? Do hearing people have an innate ability to develop trance that deaf people lack? Does hypnosis require that the client have eyes closed to achieve a deep trance? Are hypnosis and guided fantasy solely auditory techniques? The purpose of this article is to address these questions and present the argument that hypnosis is, in fact, a viable tool when working with deaf clients.

It is difficult to define Ericksonian or natural hypnosis succinctly. Milton Erickson felt he could not easily explain what he did as a hypnotherapist. Even so, hypnosis has been described as a form of communication (Erickson, Rossi, & Rossi, 1976) and as one person helping another experience a trance state (Morgan & O'Neill, 1986). The hypnotherapist helps the client experience a trance state through communication. Traditionally, this communication has largely depended on vocal or auditory cues. There does not seem to be any reason, however, why the therapist could not be as effective facilitating a deaf client's trance via sign language. Charles Citrenbaum pointed out that trance is a natural, everyday occurrence that we all experience, for example, by daydreaming or becoming "entranced" in a good book (Morgan & O'Neill, 1986). William Cohen defined trance as an altered state of consciousness that

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allows change to occur (Morgan & O'Neill, 1986). This natural ability to experience trance would seem as possible for those who cannot hear as for those who can.

Erickson, Rossi, and Rossi (1976) pointed out that the purpose of trance induction is threefold:

1) to reduce the foci of attention (usually to a few inner realities);
2) to facilitate alterations in the subject's habitual patterns of direction and control;
3) to facilitate receptivity to one's own inner associations and mental skills that can then be integrated into therapeutic responses.

Milton Erickson listed eight particular and nine general approaches to trance induction (Erickson, Rossi & Rossi, 1976). Some of these are eye fixation, hand levitation, handshake induction, and early learning set. Many induction techniques are sign language prohibitive as they have the client either closing eyes or looking away from the therapist. The reason for doing this is to reduce external stimuli. Though closing eyes is an effective technique to enter a trance it is not a necessary one. The experience of scanning a page in a book yet suddenly becoming conscious of the fact that the words have not been read illustrates that eyes can be open during a trance. Many of Erickson's approaches utilize communication to achieve trance, e.g., conversation, confusion, pantomime, introspection-imagination, surprise, question, shifts in frame of reference, and heightened awareness. All of these techniques depend on language rather than some unique or special sound to be effective. Because the goal is to facilitate the client's inner associations she or he needs foremost to understand what suggestions are being made. A signing therapist can communicate these suggestions as effectively to a signing deaf client as might be done orally to a hearing client.

If deaf people can be hypnotized, what would be the trance indicators used for this population? There are many indicators by which the hypnotherapist can observe a client's trance development. Among these are lack of body movement, retardation of reflexes such as swallowing and blinking, slowed pulse and respiration, and relaxed facial muscles. The trance experience is highly individualized. A client will manifest indicators in varying combinations as well as in different degrees. Of the 22 different observable indicators listed by Erickson, Rossi , and Rossi (1976), only two are not necessarily appropriate for deaf clients. These are changed voice quality and eye closure. Given that there are 20 remaining indicators, the therapist would have adequate information to assess a client's trance level.

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Once a client has been hypnotized there are several therapeutic techniques that can be employed to encourage therapeutic change. Guided fantasy or imagery is one way to utilize the client's inner experiences and natural resources while in trance. "Imagery is seeing pictures in the mind" (Harrison Jr., & Musial, 1978). Witmer and Young (1985) noted that images may occur in any sense modality--visual, auditory, kinesthetic, emotional, taste or smell. They further explained that in counseling, much of the literature focuses on visual images because vision is the primary sense modality through which the world is experienced. This is particularly true with deaf people. Not only is vision the modality through which the world is experienced, it is also the way in which the world is explained through language. In guided fantasy a semi-structured situation is presented (Witmer & Young, 1985). The therapist provides a general situation in which the client utilizes his or her own multi-sensory inner resources to complete the experience. Guided fantasy may, therefore, be as appropriate for deaf clients as for hearing clients.

Case Study

Jane, a twenty year old severely deaf woman, entered therapy with the desire to become more assertive and emotionally open with other people. As a victim of physical and sexual abuse she suffered from low self-esteem. Though she could state her therapeutic goals, she found it difficult to consciously imagine herself as a competent, assertive woman.

Pre-Induction Explanation

Before utilizing hypnosis and the guided fantasy, a description of the process was given to Jane. This was done to demystify the techniques as well as enlist the cooperation of Jane both consciously and unconsciously. Jane was told that people experience trance daily as a natural process of their consciousness. The experience of driving a familiar route home while thinking about the day's events and arriving at one's destination only to realize that he or she had not been consciously aware of part of the trip was an illustration of a light trance presented to Jane. The client, herself, had had a similar experience. It was pointed out that just as her unconscious had not allowed an accident during her drive it would also not allow her to be hurt during hypnosis. Once understood and reassured, the client was ready to be hypnotized.

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Induction

As a deaf person Jane received all cues visually, leaving her eyes open and fixed on her signing therapist. While watching the therapist using sign language, Jane's awareness of external stimuli was gradually moved inward: Therapist- ". . . And as you are watching me sign you are sitting in your chair . . . comfortable. You may be aware of the temperature of the room . . . now you may be aware how the floor is supporting your feet, and the chair is supporting your arms. It's nice to know that you really don't have to hold yourself up . . . that you have that support . . . and now you might notice your breathing . . . that's right, not too fast, not too slow - . just at a nice pace for you because you really do know how to take care of yourself . . . and know what's right for you."

Guided Fantasy

Once the client had focused inward and a trance state had been established the fantasy was presented: Therapist- "While you're here, breathing and concentrating on my signs . . . I 'd like you to see yourself as the person you really want to be . . . that perfect self. Notice what you look like . . . where you are . . . you might be standing . . . you might be sitting . . . notice the colors around . . . maybe there is someone with you . . . your feelings . . . I want you to look at this person . . . just noticing her whole appearance . . . this you, has those qualities that you've always liked . . . she looks good . . . It's nice to see her . . . and now I 'd like you to notice, again, the things that are around. Maybe there's some interesting sights . . . smells . . . feelings. Maybe she's by herself . . . maybe she's with someone else . . . and now that she knows that you are looking at her, she smiles . . . and you embrace each other . . . it's nice to know that she's right there . . . having all of these qualities that you really admire and like . . . feeling comfortable and good . . . those qualities that you really like . . . that's right . . . and before you wake up . . . your unconscious and conscious may be interested to find out when you come back . . . how quickly you will realize that she's a part of you . . . they . . . know it already . . . or maybe sometime tomorrow . . . next week . . . it doesn't really matter when . . . you just know that you have these qualities in you . . . I'd I Ike you to take just a moment just feeling and knowing she's a part of you . . . and then when you're ready you can slowly come back.

Trance Completion

Jane, as directed, slowly woke up. She maintained a fixed gaze for approximately thirty seconds then blinked two or three times, shifted her body position and established eye contact. She described feelings of peace and restfulness. These self-reported descriptions are additional indicators of a successful trance induction. Jane also reported that though she did not remember much of what was signed she did remember that she was told to see herself as confident, and strong. Since these suggestions were not actually made this was an additional trance indication. Also, by believing that she had been told to see herself as strong and confident, Jane had demonstrated that her inner associations had been utilized and could now be incorporated into therapy.

Conclusion

Therapeutically, this author has found that hypnosis and guided fantasy are effective tools when working on issues such as anxiety, unwanted habits (e.g., smoking), phobias, learning difficulties, low self-image and chronic pain. Although these techniques have not been traditionally considered effective modes of therapy for those clients who cannot hear, it does not necessarily preclude their use. Because of the paucity of literature and research on this subject further discussion is needed.

Summary

The purpose of this article was to address the possibilities of hypnosis and guided fantasy as viable therapeutic tools when working with deaf clients. The discussion focused only on those clients and therapists who utilize sign language as their mode of communication. It did not consider these techniques either with oral deaf clients or via interpreters although these too are issues that would be interesting to examine.

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HYPNOSIS AND GUIDED FANTASY WITH DEAF CLIENTS: AN UPDATE

Gail Isenberg

In 1987, this author posed several questions regarding the use of hypnosis and guided fantasy as a viable therapeutic tool for Deaf clients. Though a case example was presented to support the belief that such a technique is possible to use with signing Deaf people, no objective data was available at that time. In fact, with the exception of one study completed in 1966 by Martorano and Oestreicher, only four articles discussed hypnosis and trance induction with deaf people, (Bartlett, K.A. 1966, Bartlett, 1967, Gaston & Hutzell 1976 & Gravitz 1981). These were limited to case study presentations. More importantly, the published cases discussed non-verbal trance induction by health professionals who could not communicate with their Deaf patients.

Since 1987 there have been many changes within the field of psychology/mental health and Deaf people. Research has begun to show the applicability of therapeutic hypnosis for Deaf people. In 1988, at the 39th Annual Scientific Meeting of the Society for Clinical and Experimental Hypnosis in Asheville, NC, Repka and Nash presented their paper *Hypnosis and the deaf: Development and norms for the University of Tennessee Hypnotic Susceptibility Scale for the Deaf.* They later reported their findings in a 1995 study showing equal responsivity to hypnotic suggestions presented on video in ASL to Deaf participants as hearing participants presented with a voice-over of the same video. Other

research completed by Isenberg and Matthews (1991) and Matthews and Isenberg (1992, 1995) showed no significant difference in hypnotic responsiveness between hearing and signing Deaf participants irrespective of whether the hearing participants signed or not. In these latter studies, Deaf participants exhibited the ability to respond to motor suggestions such as moving arms apart, lowering arms, and being unable to bend an arm. They also demonstrated an ability to respond to dream, age regression and post hypnotic amnesia suggestions. The three published studies were small in sample size and could not be generalized to the larger Deaf population. However, results were similar among the three, lending support to the hypothesis that hypnosis can be used with Deaf clients.

Though there have been modest efforts in researching the use of hypnosis with Deaf people since 1987, many questions remain. How efficacious is this therapeutic tool in helping Deaf clients with specific disorders? Would hypnosis be useful in the reduction or elimination of impulse disorders such as smoking, anxiety disorders, or chronic pain? How might Deaf clients respond to the use of indirect hypnotic suggestions such as imbedded metaphors? Is it possible to use hypnosis effectively with an interpreter? Does signing mode of the Deaf client have to be matched with that of the hypnotherapist?

Given the potential of this technique to be applied within the psychotherapeutic milieu with Deaf clients, further research and discussion about the use of hypnosis is encouraged.

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