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Cognitive Hypnotherapy:

Adding the "Right Brain" to What Was Just "Left" For a Change:

A Review of Cognitive Hypnotherapy by E. Thomas Dowd (2000)

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Cognitive therapy since its inception (Beck, 1976; Beck et al., 1979) has focused on using reason and logic to solve emotional problems. In the language of the laterality of brain functions, cognitive therapy has emphasized "left brain" thinking as opposed to "right brain" creativity and imagination. In addition, cognitive therapy traditionally has paid little attention to the concept of the unconscious mind. The unconscious is associated with right hemispheric brain processes and the language of therapeutic change (Watzlawick, 1978).

As cognitive therapy as evolved, it has incorporated more and more creative techniques drawing on the use of imagery and the unconscious (Beck, Emery, and Greenberg, 1985; J. Beck, 1995). In fact, Judith Beck (1995), Aaron Beck's daughter, has incorporated guided imagery as a major tool in her therapeutic toolkit. In the Foreword to Tom Dowd's excellent book, Aaron Beck, the father of cognitive therapy, states that Cognitive Hypnotherapy adds an important dimension to the cognitive therapy model.

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Thus, cognitive therapy has begun to *add the "right brain" to what was just "left brain" to change the cognitive-behavioral paradigm*. This is expanding the change-producing potential of the cognitive-behavior therapies. As a result, the ongoing evolution in the field of cognitive therapy is creating a more powerful, integrative therapeutic system (Alford and Beck, 1997; Ellis, 1996).

Many clinicians who use hypnosis as a tool in their practice consider cognitive therapy to be a form of waking suggestion or waking state reframing (Zarren and Eimer, 2001). Reframing means changing the way you think about something without changing that something (Zarren and Eimer, 2001). Cognitive restructuring, the hallmark of cognitive therapy means changing thinking patterns and belief structures. In cognitive therapy, new functional ideas that initially are *ego-dystonic* are worked through to make them *ego-syntonic* so that old dysfunctional ideas can become ego-dystonic.

However, suggestion does not mean persuasion because persuasion involves argumentation (which includes disputation) and can be forceful. Suggestions means the presentation of ideas that bypass the critical conscious mind (the internal "chatter box") and that are accepted by the unconscious mind as its own. This means that the ideas are internalized because they are *ego-syntonic*.

From this point of view, cognitive therapy draws its power from the positive relationship developed between patient and therapist. The patient learns new coping skills through the process of modeling the therapist's behaviors, internalizing them as well as aspects of the therapist, and practicing new coping skills. Practice and repetition lead to the formation of new, more functional coping habits. Once the new coping skills have become habits, they become automatic (i.e., controlled by the unconscious mind).

Professor Dowd helps the reader comfortably make the transition from using cognitive therapy as essentially a "left-brain" logical tool to using it as a "whole-brain" logical, intuitive and creative tool. He does this by transforming traditional cognitive therapy with *his* right and left brain.

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The result is an elegant, evolved cognitive therapy that he terms "cognitive hypnotherapy". Thus, Dr. Dowd takes cognitive therapy one step further into the "right brain" from Judith Beck's model (J.S. Beck, 1995).

In Part I of his book, Dr. Dowd reviews the evolution of cognitive and cognitive-behavior therapy and the uses of imagery within these paradigms. He then reviews various models of hypnotherapy as a prelude to summarizing the basics of the induction of the altered state of consciousness called *hypnosis*. In this chapter on induction, he does an excellent job of dispelling common myths and misconceptions about hypnosis, something every clinician must do with every patient before hypnotizing the patient for the first time.

However, if the reader is looking for an in-depth presentation of the basics of inducing hypnosis, the reader will not find this here. This chapter can serve as an introduction to the induction of hypnosis for those who are new to hypnosis, or as a review for experienced hypnosis clinicians. Furthermore, as pointed out both by Aaron T. Beck in his Foreword and Dr. Dowd in his Epilogue, this book is no substitute for experiential workshops, training programs, or clinical supervision. In fact, Dr. Dowd emphatically and aptly states that hypnotherapy is a learned skill that improves with practice.

What is especially interesting beginning with the chapter on hypnotic inductions is Dr. Dowd's modeling of the permissive Ericksonian like approach to inducing hypnosis. Dowd is a master at it. His trance induction and trance state dialogue scripts and routines throughout the book provide readers at all levels of hypnotic expertise with useful ideas and examples to incorporate into their practice.

With that said, it is my opinion that one notable omission from this excellent book is a discussion of how and when to teach patients self-hypnosis. Using cognitive-behavioral language, the author talks about hypnotic skills training and hypnosis as a learnable skill in chapter 3 and in the epilogue. "Coping skills training" is a "CBT thing". Nevertheless, I wish the author extended his

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discussion of this a bit into the realm of self-hypnosis. Self-hypnosis training is relevant in the treatment of some but not all clinical problems that are treated with hypnosis.

However, to be fair to the author, this is an area that Ericksonian hypnotherapists usually do not formally address and Professor Dowd is very elegantly "Ericksonian" in his hypnotic style. So, the omission is understandable and honest, and therefore, I am not criticizing it, just pointing it out. Some hypnotherapists do not or seldom teach self-hypnosis. I am one who does teach it to patients depending on the problem and the patient.

In Part II, Dr. Dowd tackles in separate chapters the treatment of anxiety and phobias, stress-related disorders, depression, and habit disorders. These chapters will be especially useful to therapists of all orientations. That is because Dr. Dowd clearly describes the *cognitive contents* (automatic thoughts, self-talk), *cognitive processes* (cognitive distortions), and *cognitive structures* (core beliefs, core role constructs, and schemas) that commonly underlie each of these disorders. This material will provide the reader with material helpful for case conceptualization and for hypnosis or CBT treatment plan formulation. In hypnosis lingo, this means the construction of appropriately individualized pre-hypnosis waking state suggestions, hypnotic induction routines, trance state suggestions, and trance scripts.

In chapter 9 on habit disorders, Dr. Dowd deftly addresses the use of hypnosis for smoking cessation, for treating substance abuse, for building a memory of deep relaxation, for improving mood and self-esteem, and for improving attention and concentration. This latter area is also addressed in chapter 11 where Dr. Dowd tackles the issues of performance anxiety and performance enhancement.

What I found especially interesting is the strategy that Dr. Dowd describes and variously illustrates in chapters 6 through 9 for transforming negative cognitions into positive cognitions. He first does this with the patient in the waking state (waking state reframing) and then it is rehearsed and fixed in place in the patient's unconscious in hypnosis trance through appropriate trance state

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dialogue and trance state self-suggestion.

What is especially refreshing about this book is that it simplifies cognitive therapy by reducing the complexity of some of its formal rituals which in my opinion can sometimes be applied too obsessively and rigidly. Dr. Dowd masterfully illustrates how the cognitive model can be used in a therapy that addresses both parts of the mind--conscious and unconscious.

In chapter 10, Dr. Dowd addresses the issue of using hypnosis to refresh memories. He accurately applies the most relevant research in the fields of cognitive psychology and human memory processes to offer a scientifically valid and rational perspective on this hot topic. He addresses the issue by reframing the concept of memory recall as *memory reconstruction*. He thus argues in a scholarly manner that all memory is unreliable and all psychotherapy by its very nature is suggestive.

The focus of this chapter is on therapy not forensics. Dr. Dowd wisely points out that all psychotherapy involves the recall or "refreshing" of memories. I totally agree with him that the goal of therapy is not to dig for factual truth, but rather to reconstruct meaning in a way that facilitates adaptation, emotional well being, and functional behavior (i.e., reframing). Therapy is about "narrative truth" not "historical truth" (Spence, 1984).

Finally in chapter 12, Dr. Dowd addresses the important topic of overcoming resistance. Here he presents a clear cognitive conceptualization of how and why people change and why they don't, and he offers some useful suggestions for employing cognitive therapy and hypnosis (i.e., cognitive hypnotherapy) for dealing with "resistance" and preventing or minimizing patient "reactance" (i.e., "the motivational force that is aroused when perceived behavioral freedoms are eliminated or threatened with elimination"., p. 203).

In one area, smoking cessation, which is addressed in Chapter 9, I disagree with the author's conceptualization, although to be fair, I must admit that it is an area of controversy. Dr. Dowd takes the point of view that smoking is an *addiction*, while I treat smoking behavior as a *habit* (Zarren and

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Eimer, 2001).

Addictions, as the author accurately states, are very difficult to successfully treat (or "cure"), however, "simple habits", as I consider smoking to be, are easy to treat and change. In my hypnotherapy practice, I help many smokers stop smoking permanently in just one visit lasting an hour using an approach that integrates waking state reframing and hypnosis (Zarren and Eimer, 2001). Part of the success of this approach is attributable to the fact that we *reframe* the concepts of *addiction to cigarettes* to *smoking habit* and *urge to smoke* to *memory of having been a smoker*. If smoking really were an addiction, we could not possibly change smoking behavior to non-smoking behavior in a one-hour visit!

This book is rich in hypnotic scripts and routines. Reading this book is like taking a good workshop and being given lots of useful reference material. This book is also a good read. In fact, if the reader reads it several times (recommended), he or she will get even more out of it! Therefore, Cognitive Hypnotherapy is a welcome addition to any therapist's library and I consider it essential reading for all cognitive-behavior therapists and all hypnosis clinicians. Dr. Dowd has made an important contribution to the CBT and hypnosis literature. I highly recommend this book and give it *two enthusiastic thumbs up!*

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