

*Combining Hypnosis  
with Gestalt Therapy*

ABRAHAM LEVITSKY, Ph.D.

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Reprinted from *THE GROWING EDGE OF GESTALT THERAPY*,  
Edited by Edward W.L. Smith, Brunner/Mazel, Inc.,  
New York, 1976.

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## I

Since its introduction into modern medicine in the late eighteenth century, hypnosis has had a most colorful and erratic history. At times it has been regarded with wonder and awe. At other times, both the method and its practitioners have been vilified for not living up to the magical expectations which are—understandably—generated by this modality. Cycles of overvaluation and undervaluation are evidently destined to be its fate, not only socially but, as my own experience suggests, in the careers of individual therapists.

Most psychotherapists have experienced the great difficulty of arriving at a sane and balanced view of the broad field of psychotherapy. In the case of both clinical and experimental hypnosis, the difficulties are magnified many times. The dynamics of this situation, at least in part, become more and more discernible. It is necessary to avoid the dangers of two polarities, the fear of exercising power on the one hand, and on the other a tendency to be seduced by unrealistic fantasies of power and influence. Very similar dynamics are evidently at play in the field of psychotherapy itself. Gestalt concepts of growth and centering are likely to throw light even on this problem of social and historical development.

## II

It often comes as a surprise that a psychotherapist would be interested in combining Gestalt therapy with hypnosis. Perls, for instance, often downgraded hypnosis, and might very well have been shocked at any

efforts to integrate these two modalities. Presumably the basic contradiction is that hypnosis is, par excellence, a method which employs directiveness, suggestion, and persuasion, a kind of "management" of the patient. Gestalt therapy, on the other hand, has as its basic tenets the principles of self-responsibility, of the uniqueness of solutions to life problems, of learning through discovery and experimentation rather than through imitation of others.

Although these contentions have some merit, I do not believe that they see the entire picture. For some years, I have worked on the assumption that any point of view, any school of thought, any principle which enriches our understanding of human behavior has a rightful place in the armamentarium of the therapist. In fact, in one sense it is difficult to see much room for debate on this issue. If we agree that the therapist's most important tool is himself, then obviously he will have the greatest success in imparting those views and attitudes which he has most successfully integrated into his own world-view and life-style. If we agree, furthermore, that the therapist as he works expresses his own unique style, there are going to be a great number of individual styles around, and among these there will be found some "surprising" combinations.

We can go a few steps further. For those of us who place a premium on spontaneity, on psychotherapy as an artistic expression, any practitioner who comes to represent a terribly pure version of any approach is suspect. It is precisely the imitative, the canned, "establishment" kind of procedures on the part of many psychoanalysts that Perls and other Gestaltists have all too justifiably derided. In telling the patient, "Be yourself," we ask him to take on the terrors, the challenges, and the pleasures of individuation, uniqueness, differentness. If we find ourselves merely "talking a good game," paying mere lip service to these ideals but not truly developing our unique therapeutic styles, we are obviously selling ourselves and the patient short.

I was introduced to Gestalt therapy after a number of years of work in clinical and experimental hypnosis. During this time, I had many occasions to observe the remarkable phenomena that can be produced with this modality, such as: relief from physical pain—sometimes momentary, sometimes enduring; temporary relief from severe anxiety states by means of hypnotic sleep; induction of dreams during the interview; age regression with uncovering of hitherto repressed material; temporary relief from cold symptoms through the use of fantasy medication, e.g., fantasied nose drops. At times, results were extraordinarily gratifying. A friend reported that her very successful career in fashion illustration began soon after a

hypnotic session in which I asked her to imagine herself working while at her office. Prior to that time, she had had so much tension and self-consciousness that it was practically impossible for her to work in her field. A tennis instructor felt that his level of tournament play was helped appreciably by our technique of imagining himself to be both player and coach, and making appropriate corrections as he visualized his strokes, i.e., as if on a movie screen.

The list could be a very long one. Naturally there were failures. Some people were poor or indifferent subjects (about 15 percent of the general population). Some were good subjects and behaved very convincingly during the hour, but demonstrated no particular benefit afterwards. These facts simply had to be accepted. But the price was right; one could always fall back on other therapeutic approaches. What I did find necessary—and I believe this to be the experience of most hypnotherapists—was to gradually acquire a set of realistic expectations as to what hypnosis could accomplish, and also to arrive at refined views of the problem areas in which it might be applicable. A comprehensive statement on this matter is still fraught with difficulty and beyond the scope of this paper. Authoritative treatments of this question are provided by Meares (1972) and Wolberg (1948).

### III

Following are some brief episodes illustrating some of the possibilities of combining hypnosis with Gestalt therapy.

During a group psychotherapy session, a woman starts to express resentment towards her physician. She is tense and blocked, and does not express herself clearly. Acting on a hunch, I take her left arm by the wrist and ask her to let the arm go limp. She quickly relaxes the arm, and I suggest that this relaxation can extend throughout the entire body. Her shoulders sag, her head comes forward, and a flood of tears follows. Soon after, detailed material about her frustrations with the doctor comes out. (Though I had never before used this technique with this patient, I felt I knew her well enough to be confident about the usefulness of this simple application of suggestion and relaxation.)

At a public lecture on hypnosis and Gestalt, I do a demonstration of group hypnosis. In these demonstrations, I am accustomed to having fair to good responses from 75 percent of the audience. I suggest a fantasy trip in which they spend a very active day outdoors. At night they are pleasantly fatigued and sleep deeply. I instruct them to dream and remember the dream. Invariably, several people report dreams afterwards,

and with those who are willing, I demonstrate the Gestalt method of working with dreams.

At a weekend workshop on Gestalt and hypnosis, it becomes apparent that one of the women is an amazingly good subject for hypnosis. In fact, the readiness with which she seems to hurl herself into the trance seems to me to have a rather addictive flavor. I offer her an unusual challenge; she is to comply with the mechanical aspects of what I ask, but not go into trance. She agrees, and I begin, "Raise your right arm." It is obvious to us all that she is losing the challenge. Her eyelids flutter, her head droops, her facial muscles sag. I repeat this procedure with her several times before she can "succeed" in staying out of hypnosis. The depth of her compliance needs and her eagerness to give over responsibility to someone else are dramatically highlighted. We do some work on this later in the workshop.

In a Gestalt training group, the atmosphere is relaxed and friendly. An advanced trainee, J., is demonstrating a particular approach of his. It occurs to me that this is an excellent opportunity to try an experiment that I have long wanted to do, namely to have a therapist do therapy while himself under hypnosis. J. agrees, and as I expected, proves to be a good subject. He quickly relaxes and accepts suggestions. I ask him to open his eyes and proceed with his work. As he opens his eyes, he objects that he is much too relaxed to work. I reply that he need not consider this to be "work," that he can do his demonstration and "have fun." He immediately proceeds with verve and confidence. In later feedback from the group, many people comment that in working under post-hypnotic suggestion he displayed crisper timing and was more sure of himself. A surprising sidelight was that, while J. was working with one of our group, another group member experienced a spontaneous age regression to age seven, a time at which he had had a severe leg injury. This situation was complex enough to require that I take over from J. long enough to work through the feelings which had spontaneously surfaced.

A college instructor consults me on an interim basis while his therapist is on vacation. He is somewhat depressed, and reports very annoying tension in the abdominal area. He knows of my interest in hypnosis, and feels this may be of help. It is soon apparent that he is a poor hypnotic subject, and I decide that merely helping him to achieve some degree of trance has something to offer him. I begin the second interview by first lifting his arm and asking him to let it be heavy. Then I ask him to fantasy that this is being done. Again I actually lift the arm, and once again have him fantasy that this is being done. I continue the interview with a variety

of approaches—some Gestalt work, some interpretive remarks of his fear of pleasure and relaxation. On about four occasions during the hour, I have him again fantasy that I approach and lift his arm to let it get heavy. Each time I add that the heaviness can be allowed to go down into the legs or up into the head, etc. Towards the end of the sessions, he reports that he seems to have crossed a kind of “border” and achieved far more letting go than he has generally permitted himself. There are tears of relief. He feels the sessions have been fairly successful in providing the interim support he was seeking.

#### IV

The main point of the foregoing section may be starkly summarized in the statement: *Hypnosis does exist!* Though the mechanisms by which it operates continue to mystify us, though the effects of hypnosis on different individuals under varying circumstances are erratic, we can say that many individuals in hypnotic trance are capable of behaviors which normally elude them. Associations can be more free, inhibitions can be diminished, memories may be more accessible, fantasies can be more vivid and immediate, and emotions can be intensified. It would seem natural, then, to have an interest in incorporating these assets into a total therapeutic program.

In my thinking I have found it useful to assume that the capacity for hypnosis, like the capacity for going to sleep at will, is an ancient, natural, biological function that has atrophied in modern man. We are well aware that many primitive people have the most enviable ability to go to sleep for long or short periods whenever they wish. Many are also capable of sleeping restfully while at the same time remaining alert to possibilities of danger. It is my guess that such a capacity for relaxation and for “self-suggestion” would be correlated with the ability to be an excellent hypnotic subject. I am willing to make the assumption that teaching people to be better and better hypnotic subjects involves restoration of a formerly natural function and provides a very useful skill for which countless applications can be found.

The basic phenomenon in hypnosis is that of suggestibility. We know that in promoting suggestibility the attitude of trust is an enormously important factor. Where there is little trust, suggestibility can be seriously impaired. In this connection, it is both interesting and enlightening to compare the reactions to hypnosis induction in different groups I have worked with. It is no great surprise that in working with groups who

have some familiarity with Gestalt therapy and/or the encounter movement, I encountered less skepticism, less suspiciousness, and less fearfulness. More interestingly, one observed a greater willingness to focus on those phenomena which did occur rather than on the suggested phenomena which may not have occurred. This kind of group tended to be more psychologically adventurous, and showed greater emotional and imaginative resourcefulness. Minimal or ambiguous instructions were reacted to creatively. Phenomena which did occur "made sense" and were fitted into existing frames of reference. Even when they could not be fitted into a familiar frame of reference, the phenomena could still be accepted and attended to without creating the kind of mystification which might lead to a desire to withdraw or deny. In other words, for people who are more in touch with themselves, more trusting of their own impulses and sensations, the opportunity for new kinds of psychological experiences which hypnosis offers is welcomed. The term *intrceptive* has been used for this sort of openness to ideas and experience.

On the other hand, groups which have had less opportunity for self-exploration react very differently. They are more likely to interrupt themselves with unproductive and head-trippy kinds of questions. They seem to have a motivation for hypnotic effects not to occur. Faced with an ambiguous instruction, they opt for the impossible or ludicrous interpretation. In a sense they behave as if they would be happiest if nothing happened so that they need not regard themselves as "weak-minded" (suggestible), nor upset their provincial applectarts. They seize upon the very attitudes which Gestalt therapists try to promote (i.e., an experimental openness to experiences, trust in one's own sensations, ability to hear what is actually being said rather than getting tangled in frightening projections of one's own aggressions, etc.) as a rationalization for imputing devious motivations to the hypnotist.

The two kinds of reactions to hypnosis may be labeled "the yea-sayer" and "the nay-sayer." Some people see the doughnut and some people see the hole.

## V

Having these considerations in mind, it can be readily appreciated that both the spirit and techniques of Gestalt therapy lend themselves readily to trance induction, trance deepening, and trance management. The following remarks are designed to point up specific ways in which Gestalt techniques have relevance for work with hypnosis.

*A. Being in the Moment*

The notion of the here and now, the philosophy of being in the moment, is, of course, a keystone of Gestalt therapy. This notion seems simple on the surface, but extensive experience shows over and over again that a true appreciation of this philosophy requires persistent effort. Gestalt therapists have been developing a great range of skills in teaching this attitude.

We need to show the patient how quickly and easily he leaves the now. We help him distinguish between a perception and a fantasy, between a reality and an expectation (particularly a fearful expectation), between a true observation through his sense and a fanciful "thought about." A considerable advantage of this procedure is that it helps so much with the problem of concentration.

All workers with hypnosis have been painfully aware of how easily subjects resist by being unable to concentrate on sensations and perceptions suggested by the hypnotherapist. The focusing and narrowing of the subject's attention provide such a prime advantage in hypnosis, especially during the induction procedure, that this point hardly requires elaboration.

There is another even more intriguing benefit from teaching the patient to stay in the now. As he becomes more skillful at doing this, he is often exhilarated—even astonished—at the richness and novelty of his appreciation of seemingly mundane elements which he formerly took for granted. At times it even partakes of the turned-on feeling associated with the psychedelic drugs. This is a powerful motivator and rapport-getter between patient and therapist. One can say, without even stretching a point, that this total or near-total immersion in immediate experience is itself already the beginning of a hypnotic-like experience which the therapist might choose to broaden, direct, and utilize for specific purposes.

We can go even further. When the patient, when any of us, has succeeded in whole-heartedly being in the now of the real world about him, when he is thoroughly open to the ever-changing richness and knowledge provided by his senses, when he is not confusing his inner patterns of fantasy with what is truly happening around him, then at that very moment he is alive, vital, and spontaneous. At that moment, he has left his neurosis behind and, in the words of Perls, he has "lost his mind and come to his senses." This is always an experience of such impact and so packed with gratification that it is rarely forgotten.

At such a moment the hypnotherapist whose outlook is broadly based



and who is grounded not in adherence to any particular "school" but in broad concepts of healthy functioning quickly loses interest in hypnosis or any other technique or gimmick. For such a moment is simply to be savored and enjoyed rather than "used" for some imaginary, non-existent "other" therapeutic goal. We see here the important principle—rather simple in theory but sometimes not so simple in practice—of switching flexibly from one focus to another according to the requirements of the situation. We keep our eye not on any technique per se, but on where the patient is.

It is apparent that the therapist's skill in involving the patient deeply in his sensory observations is easily transferred to the ability to involve him in such a typical Gestalt therapy situation as a fantasy dialogue. It was a commonplace remark on the part of observers of Perls' work with people in the hotseat that the patient's total absorption in his experiences had a "hypnotic" quality. The question naturally arises: Is there any advantage in introducing hypnosis into this procedure? In my experience, there can be a definite advantage, namely that we can then combine the action-laden impact of Gestalt methods with the formidable asset of suggestibility.

For instance, in the case of a fantasy dialogue in which the patient has spoken in a flat voice, typical Gestaltist replies might be:

"Do you hear any anger in your voice?"

"I don't hear any anger in your voice."

"Say it so he hears it!"

We can bring in the suggestive component with: "Go inside yourself. Feel your anger. It can grow stronger and stronger. Express it!"

We can follow up with: "And how do you feel now?"

The two approaches need not be terribly far apart. The goals are precisely the same, namely that the patient experience himself thoroughly and express himself wholeheartedly enough so that he arrives at a finished feeling, i.e., by not having interrupted his internal process.

Does the use of suggestion imply manipulation? This charge is, of course, commonly made against the use of suggestion. Personally, I do not experience this as a serious charge. The therapist may indeed choose to rely on prestige suggestion, and "command" the patient to feel better, or to do this or that. In that case, he is simply regressing to the methods of the late nineteenth century, and not availing himself of all the advances in psychodynamic knowledge that have accrued since then. However, it is in fact far more effective to employ suggestive techniques to assist in

uncovering and working through resistances, and to promote the autonomy and inner resources of the patient.

On the question of manipulation, the illustration given of the young woman with a compulsive need to enter the hypnotic trance is deeply relevant. Here the hypnosis itself was seen as the resistance, and was worked with in this light.

### *B. Acceptance and Self-Acceptance*

Gestalt therapy has made decisive contributions to a deeper understanding of the nature of acceptance. Even the Rogerian client-centered therapists, for whom the concept of acceptance is so central, might themselves penetrate more deeply into the nature of acceptance by incorporating the insights of Gestalt therapy.

Gestalt groups sometimes play an intriguing form of "acceptance game." Individuals in turn make the statement, "At this moment, I cannot possibly be different than I am." Then one adds some self-descriptive statement, "I feel confused," "I feel scared," "I feel wonderful," etc. The game is then turned around and members take turns with the formulation, "At this moment *you* cannot possibly be different than you are." The speaker chooses some other member of the group and adds his perception: "You look surly," or, "You feel distant."

As with many Gestalt therapy games, a procedure which feels mechanical at first may soon start to feel laden with meaning and emotion. In this game, participants quickly feel the difference between "is" and "should."

Beisser's paper on "The Paradoxical Theory of Change" (1970), was fundamental in helping us articulate with greater awareness a principle with which many Gestaltists were working, but which had not yet been explicitly formulated. He points out, ". . . change occurs when one becomes what he is, not when he tries to become what he is not. Change . . . does take place if one takes the time and effort to be what he is—to be fully invested in his current positions."

In a paper on "Guilt, Self-Criticism and Hypnotic Induction" (1962), I pointed out how the subject's attitude of self-criticism and undue self-expectations provide a common resistance.

Patients in hypnosis will commonly have the attitudes:

"I should be less conscious."

"I shouldn't be able to talk."

"I should be going deeper."

"I should have no voluntary control."

In repeatedly exposing the patient to the tyranny of the "should" and helping him be aware of the fact of the "is," the Gestalt therapist is really preparing the patient for the most effective and cooperative orientation to hypnosis. If he can attend sensitively and acceptingly to his impulses of body, thought, and feeling instead of denying or stifling them because they do not conform with some fantasized "should" or concept of what ought to be, then he is truly lending himself to the delicate give and take between patient and therapist which characterizes hypnosis at its best.

Once again I take the opportunity to point out that as patient and therapist approach this sort of communication, the whole question of hypnosis may well become secondary, for it is the unhampered contact and communication between two individuals, hypnotic or otherwise, which are the most powerful curative agents.

There is still another point which bears on the matter of acceptance. The daily work of the hypnotherapist reveals over and over that some individuals respond with quite dramatic manifestations, some with more modest phenomena, and others with few or negligible responses. For the Gestalt therapist, the response itself of the patient to this pattern of successes, "failures," and resistances becomes as much grist for the mill as any other part of the work. Most especially, the reaction of disappointment at the absence of anticipated pyrotechnics can be used not only to help the patient get in touch with his unreal magical fantasies, but even more basically to provide him an opportunity to experience acceptance of where he is and what he is at the moment. This is another example not only of the existential roots of Gestalt therapy, but of the vital existential component of any effective therapeutic approach.

### *C. Dealing with Resistances*

As mentioned above, it seems useful to assume that the capacity for hypnosis is a natural function and that little or no ability to enter hypnosis involves "resistance." Gestalt approaches have much to offer in the area of resistance.

As an illustration I return to a favorite technique of mine, the arm-dropping technique. I take the patient's arm by the wrist, asking him to let the arm be limp, to let *me* bear the weight of the arm. Let us assume he has great difficulty with this; he does not let go, I cannot feel the weight of his arm, he maintains his ordinary control. What approaches are possible?

1. Supportive-persuasive: "A lot of people learn as they keep trying; it's just a matter of practice." (This, by the way, is a simple truth; it often works this way, and no more complex approach is necessary.)
2. Interpretive: "Are you afraid to let go? Are you afraid to be held?"
3. Possible Gestalt-oriented approaches:
  - a. "See if you can get in touch with where you are holding. Where is the tension and where is there less tension?"
  - b. "Make your arm *more* tense; shuttle between tensing and relaxing your arm. Perhaps this can get you in touch with *how* you don't let the arm go. Keep doing it, tense and let go, tense and let go."
  - c. Can you say to me, "I won't let it go."

P: "I won't let it go!"

T: "What might happen? Are there any fantasies?"

P: "I might just be a blob and do something foolish!"

T: "What might that be?"

This kind of exchange obviously starts to move in a familiar direction for the Gestalt therapist. With the release of buried feelings, one can later return to the letting go of the arm-dropping method.

- d. Patient says: "I can't concentrate; my mind wanders."

T: "Fine, let it wander. Just tell me where it wanders." (Patient recounts the material.)

T: "Good. Where do you wander now? Now, can you take a deep breath, relax and let your mind wander some more?"

In the last exchange, every experienced hypnotherapist will quickly see the multiplicity of messages involved. The patient has, at one and the same time, been told to do what he wants to do and what the therapist wants him to do, a classic example of paradoxical hypnotic technique at its best.

The Gestalt approach to resistances involves the same principles as the Gestalt approaches to all problems, namely to locate and contact sources of energy, and by freeing and expressing them to make them available for creative use rather than have them bound up, dissociated, pulling against the self. As Perls pointed out on so many occasions, "When in terror, play the terrorist!"

To amplify that a bit, the terrified person is in touch only with his feeling of terror. There is an enormous amount of latent energy there, but it is being squandered in that he is imploding; he is pressing in on himself. We must help him get in touch with his internal terrorist—the

powerful, energetic source—and help him see how he is directing this frightening power at himself, the victim. With sufficient ingenuity, we can perhaps translate this energy into some overt physical or verbal action. How often we see that when this negative, bound energy is freed and permitted to flow, it becomes an impressive source of creativity and power, bringing life and vitality to a formerly frozen or constricted person.

One way I have found of using this sort of situation for hypnotic purposes is to have the resistive subject fantasy that he himself is giving suggestions to one or even two other persons. Sometimes I suggest that one of the fantasied subjects be compliant and the other stubborn-resistive. In this way, the resistive patient is persuaded to match his energies against a variety of response patterns, and as a result achieves better perspective on what he himself is doing. In the meantime, of course, his very involvement with this fantasy constitutes his willingness to work with the therapist.

## VI

There are a number of techniques which are totally unique to Gestalt therapy, such as use of the awareness continuum, microscopic attention to moment-to-moment experience, dialogues between parts of the body, etc. As unique as any, and quite representative of the spirit of Gestalt therapy, is the so-called “stay with it” approach described by Levitsky and Perls (1970).

On the surface, the thrust of the “stay with it” method seems to represent the very antithesis of the popular concept of hypnosis. Presumably, in hypnosis problems and difficulties are surmounted rather rapidly, with minimal effort and risk on the part of the patient and largely as a result of a somewhat magical injection of confidence and authority on the part of the therapist.

The “stay with it” method, on the other hand, has come to symbolize patient, painstaking, step-by-step confrontation, resolution, and assimilation of painful emotions. In this view, we don’t walk around, jump over or try to deny the existence of problems. Rather, we take the risk of experiencing, bearing, and “chewing up” the real pain and discomfort. In this way we learn to distinguish between pain and catastrophe. By not retreating into phobic avoidance, we prevent existential pain from developing into neurotic pain.

Now an interesting feature of hypnosis is that it is possible to employ similar methods of confrontation. In fact, we can do so with remarkable

and endless variations. In treating a stutterer, for instance, I have had him imagine that his audience was at the rear of an immensely large auditorium, so large that he could not be heard. Convinced that he could not be heard, he did not stutter. As he approached them, in hypnotic fantasy, anxiety developed and stuttering began. He was given control over his own rate of approaching them, and at various stopping points was questioned as to his feelings and perceptions. With this and similar methods, his speech improved considerably.

As already mentioned, the very nature of hypnosis is that fantasy production is facilitated. Conflictual situations can be endlessly repeated. Time distortion can be used to speed up or slow down the action. A fantasied magnifying glass can be used to focus on particular details. Fantasy drugs, of varying dosage, can be administered. Fantasied "helpers" in the form of friends or associates can be brought in. It is particularly touching for many patients to fantasy the "good parent" in sharp contrast to the actual parent. The particular manner in which we elect to make use of these possibilities will of course be a function of our therapeutic approach, i.e., our view of emotional growth. The transactional analyst will hit on quite different methods of employing hypnosis than the worker with behavior modification. The Gestaltist, with his belief in the careful assimilation of conflictual feelings, will find ways of applying his techniques.

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