

What is hypnosis... really?

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I am a medical education specialist and full time hypnotherapist. I have taught at various medical schools for the last seven years, including Oxford, where I am a Visiting Teaching Fellow, and was the first person to bring clinical hypnosis into mainstream medical education. I am evangelical about the bringing the use of clinical hypnosis to a broader medical audience, whether as a personal tool for stress management, or to encourage its use with patients. My book *The clinical hypnosis textbook* is designed to be accessible to all readers, and is proving popular with lay people as well as medical practitioners. I now find myself the phobia expert on ITV's *This Morning*, and am working on a series of documentaries on the use of hypnosis in personal relationships.

Introduction

One of the greatest problems experienced when deciding to use clinical hypnosis with patients is responding to the question 'Is it real?' There is plenty of research into the subject, but often small-scale, non-replicable, and with poor or conflicting results. There are other types of research into events in hypnosis which are interesting but do not necessarily help in answering this question. The nature of research into hypnosis is, however, beginning to change as the technology for identifying and recording brain events becomes more advanced. The net result of this is that hypnosis is becoming progressively more recognised as a viable tool within medicine. However, it is a tool that is still very poorly understood by the majority of the medical profession – and is now often requested by patients, especially for conditions such as smoking, and phobias.

So whether medical practice likes it or not, patients want hypnosis. It is with this in mind that I have put together a brief overview of hypnosis and how its use fits into good medical practice.

Terms

- Hypnosis – the physical state of relaxation induced in the individual.
- Hypnotherapy – the specific suggestions made to a patient while in the above relaxed state.
- Clinical hypnosis – the treatment strategy and protocol selected for gaining control over a specific symptom or overall alleviation of a problem.

Agreeing an objective

Before starting hypnotherapeutic work with a patient, a number of prerequisites must be observed. The patient needs to be reassured, the condition effects quantified, and the specific objective of the

process identified and defined, just as you would when using any intervention. When using clinical hypnosis, however, time is also spent in discussion with the patient to create an individualised protocol, taking into account personal limitations and expectations.

The aspect I will discuss here relates to agreeing the objective – an element of therapeutic work not always emphasised sufficiently when using alternative approaches. Ensuring that a clear and well-defined objective is set out is key to good hypnotherapeutic work – otherwise the practitioner is working with what the patient does not want (eg pain), rather than what they do want (eg improved mobility). The use of positive and clear language from the practitioner becomes key in setting out these objectives. Often patients are so locked into their problem in the form of their symptoms that they fail to recognise what their objectives might possibly be.

As well as the practitioner using positive language skills, use of the state of hypnosis to give the patient some clear focus so they can identify their objectives can be a starting point for therapy. Patients often lose their confidence as a result of problems, and suggestions made in hypnosis for ego-strengthening will boost their confidence in their ability to improve. Finally, using the hypnotic state to have the patients visualise their objective will also focus their attention on that, and away from the problem. Therefore, before any formal therapeutic suggestions are made for a remission of the symptoms, benefits can be experienced by the patient from the use of the state of hypnosis itself.

Hypnosis can be used for:

- confidence
- relaxation skills
- clarity of objective
- ability to visualise and experience change.

States of awareness

During the average day an individual will fluctuate between many different states of awareness. Generally we operate in a state where we are aware of our surroundings, but not overtly focused on any one thing. The more familiar we are with our surroundings, the less attention we will pay to them – hence the high rate of accidents close to, or within the home. We will only go on full alert if our attention is drawn to potential danger, when our sensory acuity will kick in to protect us. We also enter states of focused awareness when concentrating or daydreaming. The other states to mention are those of the hypnopompic and hypnogogic states, when the individual is half asleep or awake. In these states the individual drifts in and out of awareness of their surroundings with varying accompanying experiences of lethargy or tiredness.

The hypnotic state consists of elements of these familiar, constantly fluctuating states of awareness. Hypnosis is a state that includes a focus of attention, with physical relaxation. Most people, when they first enter hypnosis, notice the similarities to states which they have already experienced, rather than

expecting it to be an 'altered' state. It is this familiarity that is then utilised by the hypnotherapy practitioner, and suggestions to remember relaxed and comfortable states are often made to the patient as a way of inducing hypnosis. If the hypnosis can be described in such a way that the patient feels it is a familiar and safe experience, then they will become more compliant. A major part of the work involved in attempting to hypnotise an individual and then use that state to make therapeutic suggestions is spent on assuring the patient that they are safe and in control – so the more familiar a state hypnosis can seem, the more profound their experience will potentially be. This can apply to any form of interaction with a patient; if the patient can be given explanations, and therefore more control of the process they are involved in, stress will be reduced, and the impact of the intervention enhanced as a result.



James Braid hypnotises a subject using the 'eye fixation' technique

Hypnosis is a state that includes a focus of attention with physical relaxation

Hypnotherapy can be used to:

- experience altered perception of the condition
- concentrate attention on positives
- connect with the immune system
- influence the automatic nervous system (ANS).

Focus of attention

Once an individual is in the hypnotic state and is physically relaxed and mentally focused, the process of hypnotherapeutic suggestions begins in earnest (although suggestions really start at the first contact with the patient). When the patient reaches a suitable level of relaxation the pre-agreed post-hypnotic suggestions are made. These are delivered using positive language, focusing on the future and the objectives already identified. The receptivity of a patient to suggestions in this state is

greatly enhanced and suggestions are more likely to be acted upon when delivered in this way. The suggestions made concern what the patient wants to happen, rather than what they do not want.

For example, if a patient tries not to think about smoking, the more they try to think about not doing it, the stronger the image of them doing it becomes. Suggestions in hypnosis focus on a strong, positive image of the benefits of being a non-smoker, so the patient has something identifiable to work towards, rather than an image to avoid. Also, as the suggestions are delivered while the patient is in a focused state of attention, they become difficult to avoid, especially as repetition is used as a way of reinforcing them.

“Clinical hypnosis is an excellent preventative intervention”

Another vital component in enhancing the patient's focus of attention is the vocal modulation employed by the practitioner. Variations in tone, pitch and volume are used to induce hypnosis, deepen the relaxation state and to present hypnotic suggestions. Electrophysiological studies show that acoustically responsive cells within the lateral nucleus of the amygdala can respond to different auditory frequencies.¹ On this basis, the amygdala will relay the information to varying areas of the brain depending on the frequency of the auditory stimulation. This relay will be based on pre-existing memories and will be unique to the individual. The effect of this is that the non-verbal elements of voice will produce soothing stimulation and evoke relaxation responses and positive reactions, while clear, image-based suggestions will additionally stimulate positive associations and memories.

Clinical hypnosis can be used for:

- supplementing mainstream medical practice
- providing an alternative in mainstream medical practice
- increasing patient compliance in preventative medicine
- reducing stress
- providing the practitioner with personal skills
- assisting patients with non-medical issues.

Practical application of clinical hypnosis

An ever-increasing problem is that of patient/practitioner contact time. The use of hypnosis in the medical setting lost ground not only because it was poorly researched, but also because other, more rapid, interventions (such as chemical anaesthesia) were developed. It is my belief that clinical hypnosis can be used much more efficiently and rapidly than most textbooks would lead us to believe, through the use of self-hypnosis as a tool for patient homework.

Carried out efficiently, hypnosis can be a one-to-three session treatment, with a session taking an hour to an hour-and-a-half. Add to this the use of self-hypnosis which can be taught to the patient as a stress management tool, as a distraction technique and as a way of the patient reinforcing suggestions themselves away from the consulting room. The result is a very comprehensive approach to treatment in a relatively short period of contact time. This is especially true with habit-breaking, which is a one-session protocol.

With conditions with more than one component, the practitioner would potentially need to allow a session per component, but this is often not the case as a remission in one area of a problem will often change the patient's perspective, and increase their confidence in the process. This can then allow them to go on and resolve their other problems without further assistance.

In general practice particularly, there is a place for the use of group sessions for motivation with obese patients, or teaching self-hypnosis to hypertensives, as well as one-on-one treatment with smokers and the like. Clinical hypnosis is an excellent preventative intervention as well as a supplementary or alternative to mainstream medical intervention, with the major benefit of having no known side effects.

What makes hypnotic suggestions more effective?

In addition to the focus of attention and physical relaxation, there are a number of other interactions worth mentioning. Hypnosis works on the central

nervous system and can trigger the limbic hypothalamic system and the endocrine system. It can also stimulate neuropeptide production. How these interactions appear to influence thought processes is key to understanding the potential value of clinical hypnosis as an adjunct to medical practice. However, currently the following are still only theories.

One such theory relates to the perceived functions of the left and right hemispheres of the brain. As a subject enters hypnosis, they become less analytical of the process, and move to a more sensory and image-based event. In this way it can be theorised that as a subject enters hypnosis their left brain is inhibited and the right becomes more active. As we are aware that the theory of 'left brain – logical and right brain – creative', is no longer considered an accurate representation of the brain, this theory of why suggestions made in hypnosis are more effective than those made out of hypnosis loses some impact. However, studies have shown that during hypnosis there is an increase in blood flow in the cortex, with associated activation of the temporal centres for acoustic attention, and an increase in alpha wave production in the right hemisphere during emotional states.²

Even though we know that the brain does not exclusively partition information into left and right hemisphere roles, this varying brain activation does lead us to the conclusion that hypnosis is having a

very real impact on the stimulation and suppression of varying brain centres.

Integrating clinical hypnosis into medical practice

As well as the use of clinical hypnosis as a personal, group, or one-on-one tool, clinical hypnosis can be productively integrated into good medical practice, as the basis of the process is good communication. When a practitioner learns clinical hypnosis they learn about the significance of body language, specific questioning skills, and managing patients who are in anxiety states – all skills which are basic to good professional practice. Above all else the benefits of its use as an excellent stress management tool, both for the patients, and – more significantly – for the practitioner themselves, cannot be underestimated.

References

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- 2 From E & Nash M. (Eds). *Contemporary hypnosis research*. London: Guilford Press, 1992.

Ursula James' book, *The clinical hypnosis textbook* can be purchased online from www.thamesmedicallectures.com or by telephoning 0845 055 9191.

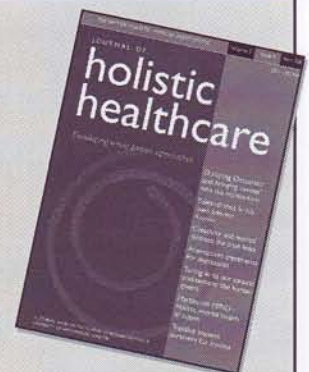
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