

Lifeline

THE NEWSLETTER OF THE NATIONAL CHRONIC PAIN OUTREACH ASSOCIATION, INC.

HYPNOSIS: MYTH, MYSTICISM, OR GOOD MEDICINE?

by Kathy Platoni, PSY.D.

The simplest fact about that mystical entity known as hypnosis is that it is a biological bonus possessed by each of us. Of course, the ability to become hypnotized varies within each individual, but one and all of us are biochemically and anatomically wired to be hypnotizable. In fact, we are born with this seemingly amazing capacity. Still, there are a plethora of myths surrounding hypnosis and hypnotherapy that must be dispelled before we can develop an understanding of the wonder and multiplicity of benefits to be derived from this marvelous gift.

There is so much more to the subject matter than the misguided image of Svengali, mesmerizing a doomed and submissive subject into acting like a washing machine, pocket watch or pendulum swaying inches from their glazed and obedient eyes. The use of hypnosis, in fact, dates back as far as medicine itself and references to hypnosis have been discovered in the Talmud and both the Old and New Testaments. Pain and illness have been treated by hypnosis for centuries and even now, it is formally recognized for its therapeutic value and as a viable and acceptable form of medical and/or psychological treatment by the American Medical Association, the American Psychological Association, and even Medicare (Jackson, 1999). Prior to the advent of chemical anesthesia, however, all that was available to quell invasive surgical pain in the operating rooms of days long past were the mallet, the whiskey bottle, and hypnosis. Increasing numbers of physicians and other health care professionals are now utilizing hypnosis as an alternative or adjunctive form of treatment in surgery, for stress management, to relieve anxiety and tension, to alleviate phobias, to treat eating disorders such as bulimia and anorexia, to facilitate weight loss and control of unhealthy eating behaviors, and to effectively cope with chronic and uncontrollable pain.

There is no trickery involved here and no mystery about its workings. Hypnosis does not provide the treatment or the cure, nor does the hypnotherapist. It is the patient's own abilities and skills that allow for hypnosis to be of benefit, the quality of the relationship, and the development of trust and rapport between patient and therapist that dictate the quality of the response to hypnotherapeutic interventions. Its usefulness lies within the relationship between subject and hypnotherapist and the cooperative venture upon which they embark to achieve specific goals (Craig, 1990). The therapist serves only as the guide or instructor/oper-

tor, as the reality of the matter is that all hypnosis can actually be considered self-hypnosis. An individual can only hypnotize themselves by utilizing suggestions provided by a trustworthy hypnotherapist or with the use of self suggestions. The hypnotic state is therefore considered a "latent potential" of the mind of that very individual responding to hypnotic suggestions (Weil, 1999). This also illustrates the indisputable fact that control lies within the patient at all times and that hypnosis is never a state of submission or surrender, but one of intentional choice to enter states of comfort and relaxation for the promotion of healing and recovery. The "hypnotized" person retains control at all times, as he or she becomes adept at taking fuller advantage of the mind-body connection and duality for this to occur (Weil, 1999).

Hypnosis, contrary to popular myths, is not sleep, although its roots are derived from the Greek word, "hypnos", meaning sleep. Instead, hypnosis is defined as a state of intensely focused concentration and selective thinking about a specific idea or set of ideas; again, while remaining in total control. In a state of hypnosis, peripheral awareness is reduced and one becomes increasingly absorbed in whatever it is that they are thinking about or attending to, "like a telephoto rather than a wide angle lens" (Graves, 1998). This is no different, in reality, from being completely engrossed in a book, a movie, the television, or a daydream. Like a daydream, one can decide to "exit" at any time. In the language of hypnosis, such absorption is referred to as "dissociation" or a "dual reality" (Graves, 1998). This simply means that one's awareness of their physical surroundings is diminished by choice, rather than spontaneously (as in the case of "highway hypnosis", when one "switches" to autopilot). The intensity of awareness is magnified, while the breadth and width of awareness are reduced. It is also important to make the distinction between the hypnotic or "trance" state and the nature of suggestion. Trance, in and of itself, is not a miracle cure or magic bullet. It is, however, the necessary link or condition under which goals of treatment may be reached through the use of distinct words and visual images. Finally, it is the context of therapy and the quality of the therapeutic relationship that reign supreme in terms of successful goal completion.

Continued on page 3

In order to understand this powerful tool, it is critical to dispel those unsavory connotations and misconceptions that have become the substance of popularly held belief systems. One will not and absolutely cannot be hypnotized against their will and hypnosis is a fruitless endeavor with resistant or unmotivated subjects. One will not commit acts that violate basic principles, morals, values, ethics, or belief systems. It is impossible for an individual to lose consciousness or control in a hypnotic state, to be controlled against their will, to reveal deep secrets, or to engage in behaviors considered unacceptable. A hypnotized individual will never fail to re-enter an awake state or to be de-hypnotized. One reason that hypnotic interventions for weight loss, smoking cessation, and substance abuse are ordinarily ineffective and have such limited success is that hypnosis is virtually dependent upon patient or subject motivation and the extent of his or her investment in effecting long-lasting behavioral and lifestyle changes (Gelman, Abramson, and Risinger, 1986).

Hypnosis is defined as the uncritical acceptance of a suggestion, if trust has been instilled in the therapist, a misdirection of attention away from extraneous stimuli, an aroused and attentive state of focused concentration, and a state of intensified attention and receptiveness to an idea or set of ideas. Upon successful accomplishment of mutually agreed upon goals, a sense of mastery is usually generated. Characteristically, hypnotized subjects report such alterations in perception as relaxed muscles and motor functions, a sense of loss of motor or muscle control, floating sensations, paresthesias (tingling or pins and needles" sensations), out of body experiences (this rarely occurs), time disorientation; the experience of the past as if it were present or the rapid passage of time; intensified memory, and transient loss of memory for the hypnotic experience. Almost all hypnotic subjects report feeling surprisingly refreshed, rejuvenated, and relaxed after returning to an awake and alert state.

Who is hypnotizable? It is estimated that anywhere from eighty to ninety-five percent of the general population can be hypnotized to some degree, but the likelihood is, that each of us may actually be genetically wired with the capacity to be hypnotized: a natural gift that each of us possesses from birth. Motivational factors and significant medical or psychological problems may interfere with one's ability to focus sufficiently to be able to respond to hypnotic suggestions. Ten to twenty percent of these individuals are considered highly hypnotizable. Those who are more imaginable than analytical, such as children, comprise this group. fifty-five to sixty percent of the remaining members are capable of achieving a medium level of hypnosis. This mid-range group has a tendency to combine rational thinking with perceptive judgments (Graves, 1998). Ten to twenty percent of the general population falls within the low hypnotizable range; those able to achieve a light level of hypnosis with minimal responsiveness and strong needs for self-control. The remaining five percent of the population are considered hypnotic virtuosos; those able to dissociate from extraordinarily painful sensations, including the invasive pain involved in major surgery.

Volumes over centuries have been written about the uses of hypnosis in the control of pain, both acute and chronic. There are four critical, yet basic factors involved in the production of hypnosis: the biological gift that varies among and within the individual, trust and

rapport, suggestibility, and motivation. Some theorists may expand this list to include compliance, imaginativeness, and the ability to engage in deep muscle relaxation (Jackson, 1999). There is no doubt that pain is an intensely powerful stimulus, and a most disabling one at that. The subjective or personal experience of pain is the consequence of several variables: sensory, motor, motivational, and emotional. It is also a known fact that there are two undeniable factors inherent in the pain experience: physical sensations and their impact and the "psychogenic" component: fear, apprehension, and anxiety. These magnify the stressful and distressful aspects of pain. The likelihood is that these contribute to the pain experience as much, if not more so, than the physical aspects of pain. If utilized properly and with reinforced practice of specific suggestions and imagery, it is estimated that some degree of relief can be achieved by ninety percent of those suffering from chronic pain with the use of hypnosis (Sacerdote, 1978). It is essential to remember that removing pain as a symptom is virtually impossible if genuine physical pathology exists (as in the case of disease or injury). Additionally, complete elimination hypnotically is usually unsuccessful and of insufficient duration to be worth the time and effort. Replacing pain sensations with more endurable sensations is likely to result in an improved success rate. The fact of the matter is that cramming the cortex, the thinking part of the brain, with sensations that compete against pain, may be one of the most powerful means of extracting pain from conscious awareness. Distortion of perceptions and alteration of memory and moods may allow individuals with chronic pain to function more effectively and to markedly improve the quality of their lives. Pain, for example, may be reinterpreted as pressure instead of stabbing or throbbing, tingling instead of burning, or numbness instead of pulsating. Dissociation from an atmosphere charged with tension, fear, and alarm to one of serenity, calm, and deep relaxation of all muscle groups may easily enable an individual to diminish their pain of their own volition. Such success and mastery experiences undeniably provide an impetus from which even loftier pain management goals may be achieved. In other words, success begets even more of the same. From an operational standpoint, an individual may become increasingly unaware of their pain when he or she becomes inattentive to and unconcerned with all of those stimuli to which the hypnotherapist does NOT direct their attention. Pain may therefore be experienced as an isolated sensation that is unaccompanied by discomfort and emotional distress. Simply replacing pain with more tolerable and acceptable sensations, by attending to and focusing upon them, is certainly a far better alternative than the endless suffering that accompanies chronic and unstoppable pain. This is the essence of the gift of hypnosis.

Training in hypnosis alone does not a hypnotherapist make. Several states have convicted lay or stage hypnotherapists for bringing harm to an unsuspecting public. This makes such unscrupulous "practitioners" no better than fortune tellers, palm readers, and crystal ball watchers. There are a multitude of mail order programs and weekend seminars that disseminate convincing-looking certificates announcing one's hypnotherapeutic "expertise". These can be ordered from any neighborhood print shop. Groups of lay hypnotists have tried to cast themselves in the light of legitimacy by becoming "diploma mills" and granting meaningless masters and doctoral degrees in hypnosis or hypnotherapy (no such degrees exist) or awarding certification as a hypnotherapist (C.Ht.) or hypnotanesthesiologist (C.Ht.A.). (Hammond, 1992). Again, these are nonexistent credentials and

amount to serious examples of consumer fraud and deception. Avoid therapists who promise cures or the achievement of your particular goals within a single session for an exorbitant price (Weil, 1999). For these hypnotherapist impersonators, there is no guarantee of therapist-patient privilege (confidentiality) or minimal, established standards of care to which they must aspire in order to practice (Hammond, 1992). In other words, they cannot be sued for providing substandard, inadequate care or malpractice. There is no substitute for an individual who has earned a graduate degree in psychology, social work, medicine, counseling, or nursing and has been licensed to practice by their respective state boards. Cab drivers have delivered their fair share of newborns, but expectant parents probably would not choose to arrange for obstetric care with the local taxi service. Legitimate hypnotherapists should have received advanced training and/or certification from one of two national training and credentialing organizations, both of which will provide referrals: The American Society of Clinical Hypnosis in Chicago, Illinois (312-645-9810) or the Society for Clinical and Experimental Hypnosis in Pullman, Washington (509-332-7555). The answer to the dilemma of the potential dangers of hypnosis lies in public education and locating a reputable practitioner qualified to treat your particular condition.

Hypnosis is an effective and powerful intervention because it enables the individual to call upon their own creative resources to accomplish self-imposed goals and to maximize those abilities and gifts already in one's possession. The diversion of attention that it can offer a person in terrible pain can certainly be a rather wonderful mechanism in the right hands.... your own. By uniting concentration and selective attention, the power of our infinite Imaginations, and peaceful relaxation, hypnosis can empower those individuals enduring any number of physical and psychological difficulties to attain a far greater measure of control over the integrated workings of mind and body. Exploring the limits of our own hidden gifts and celebrating what we may find, is unquestionably a worthwhile endeavor.

REFERENCES

- Craig, Judith L.: "Hypnosis: Trick or Treatment". Menninger Perspective. Number One, 1990.
- Graves, Ginny: "Can Hypnosis Make You Healthier?" Glamour Magazine. April, 1998. Pages 72-78.
- Hammond, D. Corydon, Ph.D.: "Legislation to Restrict Lay Hypnotherapists. Newsletter of the American Society of Clinical Hypnosis. volume 33, Number 1, December, 1992.
- Jackson, Donald: "You Will Feel No Pain". Smithsonian. ?, 1999. Pages 126-140.
- Licht, Judy: "Surgery Without Anesthesia". The Washington Post. June 5, 1990.
- Sacerdore, Paul, M.D., Ph.D.: "Teaching Self-Hypnosis to Patients With Chronic Pain". Journal of Human Stress. June, 1978.
- Weil, Andrew, MD.: "Hypnotherapy: the Power of Suggestion". Dr. Andrew Weil's Self-Healing. June, 1999. Pages 2-3.

HOW TO GET YOUR MEDICATIONS AT LOW COST

The Cost Containment Research Institute in Washington, DC, has just published a revised version of its 32-page booklet which provides consumers with information about how to obtain free or low cost prescription drugs. One of the pharmaceutical industry's best-kept secrets are the programs that provides medication at little or no charge to certain qualified people. According to the Institute, program qualifications vary according to the drug manufacturer, but usually family incomes ranging from below the national poverty level up to \$50,000 annually can qualify.

For a copy of *Free & Low Cost Prescription Drugs*, send a check for \$5.00 to Institute Fulfillment Center, Booklet #PD-370, P.O. Box 462, Elmira, New York 14902-0462. Visit the Institute's Web site (www.institutedc.org)

HealthFacts May 2000