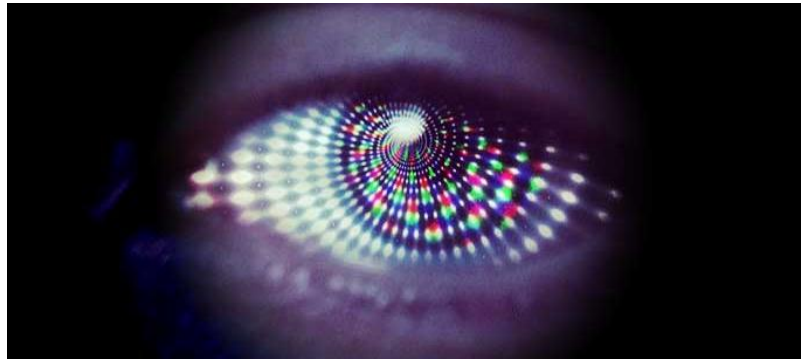


Hypnosis

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A brief history

- **Temple sleep**
- Hypnotism as a tool for health seems to have originated with Hindu temples; the sick to the temples to be cured by hypnotic suggestion or "temple sleep," ^(Fanthorpe) a practice of staying at night at a temple for meditational self-observance and communication with the gods, called *Nidra* in India. ^(Durant)
- **Avicenna**
- [Avicenna](#) (Ibn Sina) (980–1037), a [Persian psychologist](#) and [physician](#), was the earliest to make a distinction between sleep and hypnosis. In [The Book of Healing](#), which he published in 1027, he referred to hypnosis in [Arabic](#) as *al-Wahm al-Amil*, stating that one could create conditions in another person so that he/she accepts the reality of hypnosis.

Magnetism

- Paracelsus 'cured' patients with the passing of magnets of the body... (1493-1591)

Later a Jesuit priest (Father Maximillian Hell) used steel plates and magnetism to evoke cures (1720-1792)...

...and one of his pupils was Franz Anton Mesmer, who believed he used his own inherent "animal magnetism" to induce a healing sleep

Mesmerism

- Whilst the term endures he was in fact 'debunked' in Paris by a working group put together by the king of France which included Lavoisier the chemist and Benjamin Franklin, the polymath who later became the 6th US president
- This became a theme of charlatanism and antagonism with 'mainstream' medicine

Notable medical milestones

- James Esdaile – Scottish surgeon working in India reported using hypnosis for anaesthesia in 345 procedures (1805-1859)
- James Braid – another Scottish surgeon – the “father of modern hypnosis”. He coined the term “hypnosis” in 1842 and took a purely physiological view that parts of the brain could be “fatigued” and that once this “state” occurred then suggestions, both positive and negative could be given and enacted upon
- Charcot, Freud, William James all used and wrote about therapeutics with hypnosis...

Despite that...



Myths

- You don't need trance induction or 'deepening'
- You need deeper trance to get more difficult phenomena, such as amnesia, hallucination
- In can't improve, recover or review memory; you can't 'age regress' or 'past life regress'
- You can't use ideomotor signals to communicate with the unconscious (even though I have 'done' this)

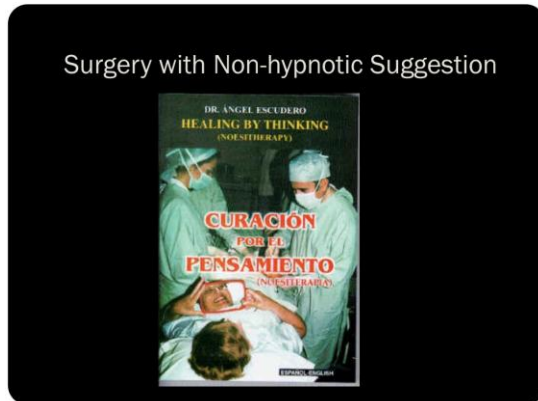
Hypnosis myths continued

- NLP doesn't work (above and beyond the simple fact of suggestion)
- Hypnosis/hypnotherapy is a 'stand-alone' treatment
- It does not require "sleep" or "unconsciousness"

What is Hypnosis?

- Major arguments over this definition; probably doesn't matter if we appreciate the strengths and limitations of the phenomenon
- Current best definitions include "**guidance of the imagination** of the subject" to create a different "reality" with a state of "non-volition" or "automaticity"
- Finally, it is mainly "Suggestion" that does the work, Hypnosis is the process or 'ritual' that one uses to get there

Dr. Angel Escudero



- Never uses the words “hypnosis”
- He tells patients that their imaginations can alter physiology, and uses the ‘lemon/salivation’ example
- Has done several hundred cases without anaesthesia, mainly varicose vein surgery

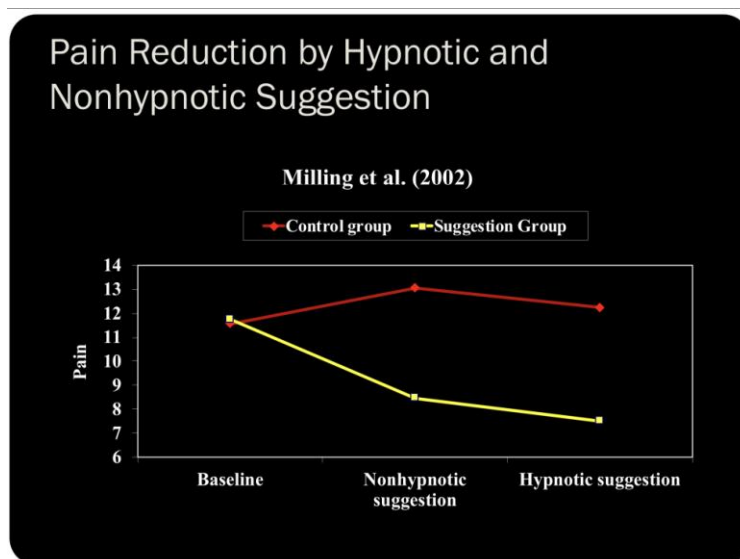
Beyond pain control

- Hypnosis has a strong olfactory basis, hence why smells are often so evocative
- 35 GPs were given hypnosis to enhance their concentration to smell...
- Then they were asked whether pus samples were aerobic v anaerobic
- A staggering 89% could distinguish between anaerobic and aerobic samples (but small numbers of subjects and no control group)

Note:

- The last slide is a complete lie

Hypnosis v Suggestion

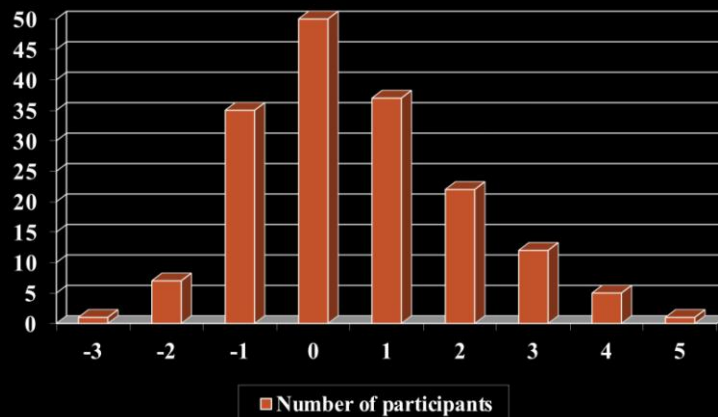


Kirsch et al 'Suggestion without trance'

(Braffman & Kirsch, 1999)

- “We want to assess your ability to use your imagination to experience various things... Close your eyes, relax, and try to imagine the experiences that I will describe to you.”
- Suggestions are given
- Hypnosis induced
- Suggestions repeated

Change in Response After Inducing Hypnosis (Braffman & Kirsch, 1999)



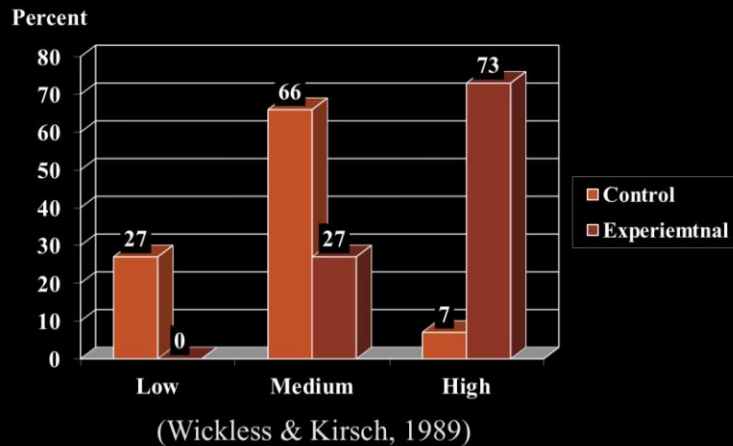
Summary

- 80% of suggestion responders don't need a Hypnotic induction to achieve responses
- The others may improve, but some actually become less responsive (? Loss of trust or rapport)
- **Remember: You may be 'hypnotising' patients every time you speak**

Can expectation alter response?

- Wickless & Kirsch: a fake light panel was used (unbeknownst to subjects) to alter room lighting colour as the suggestions were given that the room was appearing more red
- – i.e. whilst the volunteers received suggestions with genuine subtle changes in lighting
- How did this effect suggestibility both acutely and in the longer term when the 'trick' was revealed in debrief?

Suggestibility With and Without Expectancy Enhancement



Expectation can increase hypnotic response

- After the debrief, the fact subjects knew they were 'tricked' into believing hypnosis worked to begin with, the fact that they went on to experience true hypnotic phenomena actually stayed with them and allowed them to continue to be high responders
- i.e. Hypnotic response can be learned and improved

Hypnosis in the literature

- Venflon insertion and as an add on to pre med
- May decrease pain, but in an RCT pre and post breast surgery, pain scores were similar, but anxiety levels much lower
- Well described in childbirth, but a proper meta analysis struggled to find quality studies and RCTs

How I use suggestion & Hypnosis

- We must talk to our patients (at least some of the time!)
- We should be conscious that we are in a position of power, authority and have 'secret knowledge'...
- ...therefore our suggestions may carry a lot of power, both positive and negative

Primum non nocere

- Avoid 'nocebo'
- Avoid triggering or cueing words
 - Slight discomfort instead of pain, tingling v. sting
- Enhance and link an unpleasant experience to the next more comfortable step
 - E.g. "the unpleasant tingling is the all the little nerve endings being activated and then blocking off as the lignocaine does it work...you can feel it spreading and becoming more and more tingly and as it does so you can feel all your muscles relaxing"
- Distraction:
 - Ask where they like to go on a perfect holiday and then invoke all the senses of the experience – what would they see, feel, smell, hear?
 - Generic 'beach' experience may antagonise someone who hates these holidays, and being 'alone on a beach' may actually be anxiety inducing for many! This is NOT NLP – just common sense!
- At the very worst, talking to a patient like this may achieve nothing, but it has zero side effects and costs nothing

Think more like a paediatric anaesthetist?

- Paeds anaesthetists are referred to as “natural hypnotists” in one text, with their use of imagery and positive suggestions about masks for rocket ships etc
- Whilst maybe patronizing to directly ‘graft’ into adults, there is much we can learn...
 - “This is like 4 strong G&Ts but without the hangover” (again care with the individual’s experience and social expectation of alcohol)

Look for the patient’s response

- Frowning, flinching, etc – the patient is telling you *it’s not working*, whatever it is you’re doing
- They are not in some kind of fragile trance – you can ask them what would help

Prevaricain®

A genuine placebo medication

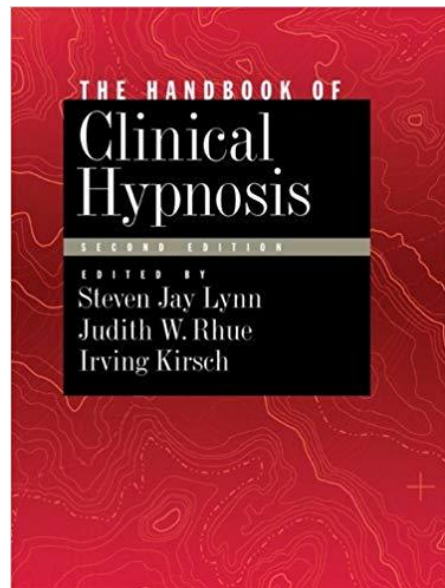
- Tested: in more clinical trials than any other treatment.
- Powerful: the standard by which all other medications are tested.
- Effective: used in the treatment of thousands of ailments.
- Safe: it can be given to infants, the elderly, and pregnant women.

If it's a placebo, you can believe in it!

From Kirsch

If you read one book...

- https://www.amazon.co.uk/Handbook-Clinical-Hypnosis-Steven-Lynn/dp/1433805685/ref=sr_1_2?keywords=irving+kirsch&qid=1583750204&sr=8-2#



Further reading

- <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-2044.2009.05887.x>
Communication skills for the Anaesthetist – good starting points but does contain a few old myths from the NLP days!
- https://www.researchgate.net/publication/285088726_Use_of_hypnosis_as_a_substitute_premedication_and_adjunct_to_anesthesia The Venflon study – a good practical account of the kind of project you could start with – perhaps getting your students of elective guys to do?
- <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2696867>
- lots of benefits in breast surgery with hypnosis, just no change in pain scores! An RCT.
- <https://www.sciencedirect.com/science/article/pii/S0007091217358440> - the childbirth meta analysis, showing the lack of proper RCTs in this area



Thank you

And you may now find yourself wondering how this was the best talk ever
and how you will be compelled to write the highest feedback scores