

Hypnosis and Hypnotherapy

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What our mind conceives and believes our body achieves.

Hypnosis may be the answer for YOU.

It's becoming clear that Americans are searching for complimentary healthcare options and don't mind paying out-of-pocket if the treatment of choice is not covered by insurance. The Eisenberg studies of 1991 and 1997 uncovered the startling fact that American's spend as much out-of-pocket for complimentary healthcare as they do for inpatient hospitalizations.

Historically, the model of western medicine has been authoritarian, and we've been taught to look outside of ourselves for healing. We falsely believe that health comes from others and that the physician has all the answers. This approach minimizes the importance or even the consideration of our own self-healing abilities, which leaves us feeling dependent and powerless.

In spite of medical advances there remains the persistent question as to why some patients recover from their illnesses or surgeries while others don't. The answer must lie somewhere in the individual's subconscious mental/emotional programming.

The healthcare assembly line is rolling faster now than ever, which justifies the growing concern of the patient's emotional state, how they view themselves as being ill and what expectations they have for recovery.

Misconception About Hypnosis

There are many misconceptions about hypnosis that have been impressed on us by books, movies, cartoons and television programs. Hypnosis, therefore; has been associated in the minds of many people with control and the super natural.

Nothing can be farther from the truth. Hypnosis is a natural state of consciousness that we have all been in before. Although the word sleep is used to describe the trance, the patient is far from being asleep. A person in hypnosis is aware of his surroundings in a detached sort of way and is more receptive to acceptable suggestions and directions. The mind is concentrated on the suggestions and pays very little attention to anything else (much like being deeply involved in a movie or reading a book).

Hypnosis is not:

- sleep or a state of unconsciousness
- dangerous
- a loss of self-control
- an indication that a person is weak-minded
- a method of controlled by someone
- a technique which allows the hypnotherapist to control the subject's mind
- a technique to make a person do things against their will.

Frequently Asked Questions & Answers

Is It Safe?

Actually, of all therapies, medical and non-medical, hypnosis is by far the safest. Hypnosis and hypnotherapy have **no side effects** other than feeling calm, relaxed and refreshed.

What Does Hypnosis Feel Like?

Each person's experience is different and will vary from time to time. Many people expect to feel something special or different despite the fact that it is a normal state of absorption of the mind that we have all been in many times. As a matter of fact, it seems so normal to a person that he will often deny that he was in hypnosis. He can hear everything that is going on around him and often his mind will wander. He has no point of reference to differentiate this from the waking state (not unlike daydreaming). In general, it is a pleasant feeling of relaxation, where he feels very little inclination to move or open his eyes, although he could if he really wanted to.

Sometimes a patient will report that he couldn't move or open his eyes or that he didn't hear what was said. This is similar to having a vivid dream, yet forgetting it immediately upon awakening. The mind and the body respond to their own innermost needs and experiences. This phenomenon is termed hypnosis amnesia.

Many times people come to their first formal hypnosis session expecting to be made unconscious or "*totally out of it*". This never happens even though on rare occasions that appears to be the case.

Sometimes a person, who is highly receptive to hypnosis, will experience varying degrees of hypnosis amnesia during his first formal hypnosis session. That person did continue to receive full benefit from the session even though he doesn't remember parts or perhaps all of the session. Most people do not have such an experience during their first formal hypnosis session.

As a person experiences more and more formal hypnosis (*either one-to-one with a hypnotherapist or by listening to recordings of their hypnosis sessions*) that person will probably become more and more conditioned to hypnosis and is likely to experience hypnosis amnesia more frequently and to greater degrees with each such experience.

Can A Person Be Hypnotized so Deeply That He/She Cannot Be Awakened?

No, the hypnotized person is not asleep, unconscious, or unaware. All authorities agree that the "old wives" tale of the subject who could not be "awakened" is completely false.

You Won't Lose Control!

Another person cannot formally hypnotize you against your will or without your consent. It is a state that is entered into willingly and with full awareness. A hypnotized person will not accept any idea or suggestion that is against his religion, upbringing, and morality or against "his grain". The hypnotist is like an instructor or orchestra conductor; the patient is guided or directed into his own hypnotic state.

Can Anyone Be Hypnotized?

The answer is a very strong "**Yes**" if the patient is willing to cooperate. But, not everyone can be hypnotized by the same method. There is no such thing as a good subject or a bad subject because everyone has some type of natural response to hypnosis, even though they may be quiet different.

There are six different basic techniques or approaches one can employ in hypnotizing a person. And there are an infinite number of combinations of these six types.

Before the initial, formal hypnosis session begins it is always advisable to test the patient's hypnotizability (also known as suggestibility). The results of this testing will indicate which approach the hypnotherapist should initially take.

As the hypnotherapist works with the patient it may be necessary to adjust the technique until the exact, proper approach has been established. To do this accurately requires a great deal of experience.

Permanent inability to go into hypnosis does not exist: however, with some people it may be necessary to teach them how to enter the hypnotic state prior to that first session. In more than a dozen studies over the last decade people, who previously had been difficult to hypnotize, could easily enter the hypnotic state after having received such training. All reported that they then go into hypnosis quickly, easily and deeply.

In most cases each time a person goes into hypnosis the trance state becomes deeper. This means that with each session the patient is becoming more and more conditioned to entering the hypnotic state more quickly.

How Long Does Treatment Take?

This depends a great deal on the nature of the problem as well as the client's suggestibility, learning preferences and communication style. In general terms the use of hypnosis has greatly shortened the length of therapy in all but

extreme situations. What used to take months or even years to accomplish now only takes weeks when hypnotherapy is incorporated into the treatment.

Medical Acceptance Of Hypnosis And Hypnotherapy

In 1892, the **British Medical Association** (BMA) responded to growing interest in hypnotherapy by commissioning a special committee of eleven doctors ‘to investigate the nature of the phenomenon of hypnotism, its value as a therapeutic agent, and the propriety of using it.’ Their report was received and published by the BMA. It opens with a clear recognition of the phenomenon of hypnotic trance:

*‘The Committee, having completed such investigation of hypnotism as time permitted, have to report that they have satisfied themselves of **the genuineness of the hypnotic state.**’ (BMA, 1892)*

The BMA Committee proceeded to outline a detailed and accurate account of the physical and mental characteristics of hypnotic trance, concluding with a summary of its principal therapeutic benefits,

‘The Committee are of opinion that as a therapeutic agent hypnotism is frequently effective in relieving pain, procuring sleep, and alleviating many functional ailments.’ (BMA, 1892)

More than a half century later, in 1955, the British Medical Association formally endorsed the practice of teaching Hypnosis in medical schools. They approved it as a recognized form of medical practice. Also in 1955 the Psychological Medicine Group of the BMA commissioned a Subcommittee of experts to deliver a second report, which was published in the British Medical Journal (BMJ) the same year under the title of ‘Medical use of hypnotism’. Its terms of reference were:

‘To consider the uses of hypnotism, its relation to medical practice in the present day, the advisability of giving encouragement to research into its nature and application, and the lines upon which such research might be organized.’ (BMA, 1955)

The 1955 Subcommittee endorse the previous 1892 report, republishing it in the appendix to their work, they comment that its conclusions ‘showed remarkable foresight and are mainly applicable today.’ They also provide a more extensive statement on the medical uses of hypnosis and conclude that it is definitely an effective technique in the psychotherapy of neurosis, psycho-somatic conditions and in the alleviation of physical pain:

*‘The Subcommittee is satisfied after consideration of the available evidence that hypnotism is of value and may be **the treatment of choice** in some cases of so-called psycho-somatic disorder and psychoneurosis. It may also be of value for revealing unrecognized motives and conflicts in such conditions. As a treatment, in the opinion of the Subcommittee it has proved its ability to remove symptoms and to alter morbid habits of thought and behavior. [...]*

In addition to the treatment of psychiatric disabilities, there is a place for hypnotism in the production of anesthesia or analgesia for surgical and dental operations, and in suitable subjects it is an effective method of relieving pain in childbirth without altering the normal course of labor.’ (BMA, 1955)

Following this report the **British Society of Medical & Dental Hypnosis** (BSMDH) was formed and its training officially approved by the BMA. The BSMDH was subsequently recognized by the **General Medical And Dental Councils**, the **Medical Protection Society** and the **Medical Defense Union**. The **Royal Society of Medicine** now has a section devoted to the dissemination of research on ‘Hypnosis and Psychosomatic Medicine’.

This was followed in 1958 by the **American Psychological Association** forming a specialty in Hypnosis. This professional association established a certifying board of examiners in both clinical and experimental Hypnosis.

At a formal meeting of the **American Medical Association (AMA) in 1959, Hypnosis was granted "official status" of an "adjunctive tool" in medicine.** As such, it completed the professional acceptance of Hypnosis and raised it to a new level. Adding to this, in 1961, the AMA recommended that medical professionals receive 144 hours of training in hypnotherapy. **However, this rarely happens.**

Hypnosis has, thus, been established as a legitimate subject of scientific inquiry. Research studies have abounded. Hypnosis is now a thriving topic for both experimentation and clinical application. A growing number of physicians and surgeons employ the therapeutic effects of Hypnosis with their patients in the areas of pain management, pre-and post-operative anesthesia, relaxation and control of blood flow.

Added to this, Hypnosis has become represented by numerous professional organizations. In addition, leading national and international journals have been established for publishing Hypnosis research.

Clinical Applications Of Hypnotherapy

There has been growing interest in the medical application of hypnotherapy. Here are some examples of how it can be useful in the clinical setting:

- Patients in an **Intensive Care** setting can benefit with deeper more quality rest speeding up their recovery process. Cardiac patients are better able to balance their blood pressure, regulate their breathing and heart rate. Secretions, bleeding and tolerating procedures can be managed more effectively with hypnotherapy.
- It helps **Oncology** patients to reduce stress and anxiety, altering sensory perception to minimize pain, relieves nausea, vomiting, respiratory distress and even preventing hair loss. In addition, it can offer increased confidence, self-image and to more easily accept the restrictions of a chronic condition, or to even help manage end of life transition.
- In the **Pediatric** setting hypnotherapy can be very helpful. Children have amazing imaginations. What better gift to offer a frightened child than improved control during a time of crisis. What a tremendous advantage it is to be able to melt away fear and explain procedures and treatments in identifiable terms when the child is relaxed, comfortable and able to learn and succeed.
- Patients in the **Obstetric or Gynecology** settings can benefit in the areas of increased fertility, minimizing blood loss, relieving heartburn related to pregnancy, lessening back pain, premenstrual syndrome and supporting a comfortable natural child birth.
- **Pre-Surgical** patients are able to reduce anxiety and stress. Hypnotherapy reduces bleeding, promotes rapid healing with an improved immune response and also helps manage post-op pain and nausea, requiring less medication and the side effects that go with it. It can also distort time so that the process of pre and post surgery seems to the patient to go by quickly. It can give the surgical patient a sense of control during a time of vulnerability.
- Hypnotherapy helps **Internal Medicine** patients by improving immune response, diminishing inflammation, relieving tension and migraine headaches. It is also helpful for weight loss, arthritis, Raynaud's disease, anorexia nervosa, gastrointestinal disorders and stress related issues.
- It can support **Mental Health** patients by relieving stress, anxiety, depression, fears, phobias and addictions. It puts the patient in control and they have the opportunity to play an active role in their own recovery, which adds to an increased sense of fulfillment, ensuring long-term success.
- Hypnotherapy helps **Dentistry** patients with pain, anticipatory anxiety, distorting time perception speeding up the procedure, minimizes bleeding, excessive salivation and gagging.

Numerous clinical studies have been conducted substantiating the effectiveness of the Hypnotic state in changing individuals' lives and quality of life.

The research studies cited below are some of the thousands of clinical trials that have utilized solid experimental technique and report reliable, valid findings. **These studies report a sample of the multitude of applications of hypnosis in human living:**

Pain, Miscellaneous:

1. Ernest Hilgard (1977) and coworkers: in extensive investigations, using experimental paradigms to induce pain (typically either a tourniquet cutting off the circulation to a limb or plunging the limb into cold water), they have demonstrated that various types of pain can be reduced by Hypnotically induced analgesia.

In these studies, 66% of the high susceptibility group, but only 13% of the lower and 17% of the medium susceptibility groups, were able to reduce their pain by 1/3 or more. Twenty-six percent of the high, 57% of the medium, and 31% of the low susceptibility groups were able to reduce their pain by 10-32% when compared to controls.

2. Experimentally induced pain, while undeniably noxious, is different from the experience of patients in the clinical setting. Whereas experimental pain is brief, undergone voluntarily, and can be terminated at any time by the subject, in the clinical setting, pain is often long-term, comes against the wishes of the individual and is usually experienced as being outside of personal control. Moreover, it is a part of a disease process that directly alters both physical and mental functioning.

3. In a neurochemical study of Hypnotic control of pain conducted by Domangue (1985), patients suffering arthritic pain showed a correlation among levels of pain, anxiety and depression. Anxiety and depression were inversely related to plasma norepinephrine levels. Depression was correlated with dopamine levels and negatively correlated with levels of serotonin and beta endorphin. Following Hypnotherapy, there were clinically and statistically significant decreases in depression, anxiety and pain, and increases in beta endorphin-like substances.

4. The relationship between pain and endorphins is a complicated one. In his study, Guerra (1982) found that only particular forms of the beta endorphins found in peripheral blood during painful experience are associated with the Hypnotic response.

5. Hilgard (1982) studied children with cancer. He found Hypnosis to be effective in reducing the pain and discomfort associated with repeated unpleasant medical interventions.

6. Stam (1986) reports that patients with chronic facial pain show a greater responsiveness to suggestion as measured by the Carleton University Responsiveness to Suggestion Scale (CURSS) than do normal controls. These patients had higher Hypnotic susceptibility scores than did controls, showing a high susceptibility score to be a good predictor of response to Hypnotic treatment among such patients.

7. Domangue (1985) conducted a study of 19 patients with a variety of musculoskeletal disorders. He reported significant reductions of pain and dysphoria following Hypnosis. The reductions were associated with significant increases in plasma beta endorphin.

8. Barabasz and Barabasz (1989) studied sample of 20 patients with a variety of chronic pain syndromes. They utilized an Hypnotic technique known as Restricted Environmental Stimulation Therapy (REST). All of the patients were initially rated as having low Hypnotic susceptibility on the Stanford Hypnotic Susceptibility Scale (SHSS). Following exposure to the training technique, the subjects demonstrated significant increases in both SHSS scores and in pain reduction when compared to controls.

Headache Pain:

9. Evidence accumulated to date suggests that a number of Hypnotherapeutic approaches are highly effective in the treatment of patients with chronic migraine headaches. Although no one Hypnotherapeutic technique has been demonstrated to be most effective, all the methods appear to be superior to a standard treatment relying on pharmacological approaches alone.

10. In a study conducted by Anderson (1975), migraine patients treated with Hypnosis had a significant reduction in the number of attacks and in their severity compared to a control group who were treated with traditional medications. The difference did not become statistically significant until the second six-month follow-up period. In addition, at the end of one year, the number of patients in the Hypnosis group who had experienced no headaches for over three months was significantly higher.

11. In a controlled trial conducted by Olness (1987), self-Hypnosis was shown to be significantly more effective than either propranolol or placebo in reducing the frequency of migraine headaches in children between the ages of six and twelve years of age.

12. In a research conducted by Schlutter (1980), Hypnosis was also found to effective in dealing with the relief of tension headache.

13. Alladin (1988) reviewed the literature on Hypnosis, identifying fully a dozen different Hypnotic techniques that have been used in the treatment of chronic migraine headaches. Of these, Hypnotic training emphasizing relaxation, hand warming (which, according to Anderson, 1975) seems the simplest method of establishing increased voluntary control of the sensitive vasomotor system) and direct Hypnotic suggestions of symptom removal have all been shown to be effective in reducing the duration, intensity and frequency of migraine attacks during a ten-week treatment course and at thirteen-month follow-up when compared to controls.

14. A study (Gutfeld, G. and Rao, L., 1992) was conducted on 42 patients suffering from chronic headaches. These patients, all of whom had responded poorly to conventional treatments, were split into two groups. One received Hypnotherapy to relieve their daily headaches; the rest acted as a comparison group. The Hypnotherapy group experienced reduced frequency and duration of headaches, cutting the intensity by about 30%. "These results are impressive in such a difficult, hard-to-treat group of patients," commented Egilius Spierings, M.D., Ph.D. director of the headache section, division of neurology at Brigham and Women's Hospital.

Cancer:

15. Spiegel and Bloom (1983b) reported that a study of women with metastatic breast cancer showed that patients who received group therapy with training in Hypnosis over a one-year period were able to reduce their pain experience by 50% when compared to a control group.

16. In addition, at a 10-year follow-up of these same women, the Hypnosis treatment group had a mean survival rate of 36.6 months compared to 18.9 months for the controls. This suggests that the intervention may be both important quantitative and important qualitative effects (Spiegel 1989a).

17.-18. Both adolescent and adult cancer patients undergoing chemotherapy were reported by Cotanch (1985) and by Zeltzer (1984), in separate research, to have fewer symptoms of anticipatory nausea and vomiting following Hypnotic interventions.

Cardiovascular Conditions, General:

19. In research by Bernardi (1982), hypertensive patients showed themselves to be significantly more effective at controlling cardiovascular responses to stressors in Hypnosis than they were in the normal waking state. This was particularly true for subjects with more marked Hypnotic ability.

20. In a study by Sletvold (1986), normotensive subjects were shown able to either increase or decrease their blood pressure significantly with Hypnosis.

21. In a 1979 research study by Jackson, subjects with Hypnotic ability were shown to improve their aerobic performance significantly in response to post-Hypnotic suggestion. In addition, subjects with high Hypnotic susceptibility significantly improved their performance in physical exercise using post-Hypnotic suggestion.

Hypertension & Stress:

22. Kuttner (1988) found that a Hypnotic approach emphasizing storytelling and imagery was significantly more effective than behavioral techniques or standard medical practice in alleviating distress during bone marrow aspirations in young children with leukemia.

23. Hypertensive subjects were found to have characteristic patterns of increased cerebral blood flow that were most marked in the left hemisphere. During Hypnosis, they could reduce cerebral blood flow more dramatically than could normotensive controls. The changes noted in this research by Galeazzi (1982) were associated with decreases in vascular resistance and diastolic blood pressure in the rest of the body.

24.-25. Friedman and Taub (1977, 1978) reported the results of a trial comparing Hypnosis with biofeedback or a combination of both in essential hypertension. At the end of four weeks of treatment, all groups showed a significant reduction in blood pressure. But at six-month follow-up only the patients receiving Hypnosis had maintained the reduction.

26.-27. Generally speaking, literature review supports the value of Hypnosis in analgesia and stress reduction in a number of disorders, whether following the dissociative formulation (Miller, 1986) or a social psychology approach (Noland, 1987).

Respiratory Conditions:

28.-29. In studies by Maher-Loughnan (1962, 1970), Hypnosis was shown to alleviate the subjective distress of patients with asthma. This change was measured either by the number of attacks or the amount of medication that was needed when compared to supportive therapy.

30. In further study by Maher-Loughnan (1970) asthmatic subjects were randomly assigned to either Hypnosis or relaxation therapy. The results showed both treatment modalities of benefit to the patients, but the improvement in the Hypnotherapy group was significantly greater. There was a peak of improvement between the seventh and twelfth weeks of treatment. In addition, only the Hypnotic subjects showed improvement in physiologic measures of respiration (forced expiratory volume).

31. Ewer and Stewart (1986) reported a randomized control trial of Hypnosis in patients with moderate asthma. Patients with a high Hypnotic susceptibility showed a 74.9% improvement in bronchial hyper-responsiveness (to methacholine challenge), a 5.5% increase in peak expiratory flow rate, a 26.2% decrease in the use of bronchodilator and a 41% improvement in daily ratings outside of the clinic. Twelve patients with a high Hypnotic susceptibility score showed a 75% improvement. However, a control group of 17 patients and a second group of 10 patients with a low level of Hypnotic susceptibility showed no change in either objective or subjective measures.

32. A study by Olness (1985) showed that children trained in self-Hypnosis could significantly alter their tissue levels of oxygen as measured by transcutaneous PO2 measures.

Strengthening The Immune System:

33. Hypnosis strengthens the disease-fighting capacity of two types of immune cells, reports Patricia Ruzyla-Smith and her co-workers at Washington State University in Pullman. Thirty-three college students who achieved a Hypnotic trance easily and 32 students who had great difficulty doing so were recruited for the study. Students who underwent Hypnosis displayed larger jumps in two important classes of white blood cells than participants who received relaxation or no method. The greatest immune enhancement occurred among highly Hypnotizable students in the Hypnosis group.

Intestinal Conditions:

34-35. Whorwell (1984) reported successful treatment of Irritable Bowel Syndrome using Hypnosis in a controlled study of a group of patients who had a severe chronic form of the disorder and had not responded to conventional therapies. Patients were randomly allocated to either psychotherapy or Hypnotherapy groups. The psychotherapy patients showed a significant improvement in measures of pain, distension and in general well-being despite a lack of change in bowel habit. In contrast, the Hypnotherapy patients showed a dramatic improvement in all measures which persisted at a two-year follow-up. (Whorwell, 1987). Hypnotherapy, including suggestions for improved gastrointestinal function and pain reduction, was significantly better than Hypnosis for simple deep muscle relaxation.

36. Harvey (1989) reported a similar improvement following Hypnotherapy in 20 of the 33 patients with refractory Irritable Bowel Syndrome at three-month follow-up.

37. Colgan (1988) reported a randomized trial of 30 patients with frequently relapsing duodenal ulcer disease. The subjects were treated for ten weeks with either Hypnotherapy or ranitidine or the drug alone. At a twelve-month follow-up, all of the drug-only patients, but only half of the drug-plus-Hypnotherapy patients, had relapsed.

Hemophilia:

38. Swirsky-Saccetti (1986) reported on research with hemophiliacs. Over an eighteen-week follow-up, a group of hemophiliac patients who were taught self-Hypnosis significantly reduced both their level of self-reported distress and the amount of the factor concentrate they required to control bleeding when compared with a control group of patients who did not undergo Hypnosis.

39. A 30-month follow-up by LaBaw (1975) with hemophiliac patients demonstrated the effectiveness of group procedures for self-Hypnosis in reducing distress and the amount of blood products required when compared to control groups in patients ranging from five to forty-eight years of age.

Surgery:

40. Patients, undergoing head and neck surgery, who were treated with pre-operative Hypnosis had significantly shorter postoperative hospitalizations than did matched controls (Rapkin, 1988).

41. In a 2002 look at 20 studies on hypnosis and surgical pain, Mount Sinai Hospital researchers found that adding hypnosis to standard post-surgical care sped recovery almost 90 percent of the time, in terms of levels of pain, anxiety and the need for painkillers.

42. Swedish researchers studied 50 women prior to surgery. Twenty-five of the women were assigned to the experimental group, who were briefly Hypnotized each day for several days before their scheduled operations. Twenty-five were assigned to a control groups, who were not Hypnotized. While in a Hypnotic state, the women in the experimental group heard suggestions to relax and feel hungry. After surgery only 10 had nausea (15 experienced no nausea), compared to 17 in the no-Hypnosis control group (8 experienced no nausea).

Childbirth:

43. In 1963, Schwartz reported on a study in which Hypnotherapy was used successfully to prolong pregnancy and prevent premature delivery.

44.-45. Omer (1986a, 1986b, 1987a) found that frequency of physical complaints and the general level of anxiety were correlated with premature labor and premature contractions. A brief technique emphasizing the use of self-Hypnosis was employed as an adjunct to pharmacological treatment. The prolongation of pregnancy was significantly higher for this group than for the medication-along control group, and infant weight was also significantly greater.

Weight Control:

46. In a 1995 meta-analysis study by Kirsch and colleagues the prospects for hypnosis appeared to be especially favorable in the treatment of obesity, where individuals in the hypnosis group continued to lose weight even after formal treatment had ended. In one study, for example, women who received personally tailored hypnotic suggestions for specific food aversions, in the context of a traditional self-monitoring and goal-setting treatment, lost approximately twice as much weight as a comparison group.

This comparison group received the behavioral treatment alone (no hypnotic suggestion). However, the actual weight lost by the hypnosis group was only about 14 lb. on average. Given that the patients were approximately 50% overweight at the outset, it is not clear that the treatment actually improved their clinical status. Studies that document the clinical efficacy of hypnosis should pay careful attention to the terms in which outcome is assessed. While hypnosis may seem to offer an advantage over some other treatments, it is not clear that the statistical significance or experimental results translates into meaningful clinical significance or real results for individuals.

Miscellaneous Conditions:

47. In a careful single-case controlled study of a patient with Raynaud's disease, Conn (1984) showed a rapid and dramatic vasodilatation in response to Hypnotic suggestion.

48. In research reported by Spanos (1988), a pair of randomized, carefully designed studies were conducted with a group of people who had warts. Subjects who were given Hypnotic or non-Hypnotic suggestions were significantly more likely to achieve wart regression than placebo or no-treatment groups.

49.-50. In a report by David Spiegel in the Harvard Mental Health Letter, the following research was cited: a) Several controlled experiments have shown that Hypnosis can be effectively used to eliminate warts; and b) Studies have been done on persons suffering from pseudoseizures, in which they lose consciousness or motor control and make jerking movements typical of epilepsy (but without the associated brain damage). Such patients have been taught to limit or eliminate these symptoms by using Hypnosis.

Psychological Applications

Anxiety:

51. In a report by David Spiegel in the Harvard Mental Health Letter, the research was cited that Hypnosis methods have been used successfully for anxiety associated with medical procedures.

52. Two hundred forty-one patients who were undergoing percutaneous vascular and renal procedures were randomly tested on three testing regimens, one of which was Hypnosis. Patients rated their pain and anxiety on 1-10 scales before, every 15 minutes during, and after the procedures. Pain remained flat over the duration of procedure time in the Hypnosis group; pain increased linearly with procedure time in both other groups. Anxiety decreased over time in all three groups; the sharpest decrease was in the group that was hypnotized. Procedure times were significantly shorter in the Hypnosis group. In addition, Hypnosis showed itself to be superior in improving hemodynamic stability.

Phobic Reactions:

53. In a report by David Spiegel in the Harvard Mental Health Letter, the following research was cited: One seven-year study showed that 50% of patients afraid of flying were improved or cured after Hypnosis treatment for a fear of flying.

54. After a fall on a climbing expedition that mangled her ankles, Priscilla Morton, a 48-year-old New Orleans social worker and mountaineer, discovered that she was afraid to step off the curb and onto the street, much less climb again.

Using a program of hypnosis, she was able to ascend to the 19,347-foot summit of Mount Cotopaxi in Ecuador. Self-hypnosis *"was the only way I could deal with the fear, the cold, the steepness, the exhaustion,"* Morton said.

Depression:

55. In a neurochemical study of Hypnotic control of pain conducted by Domangue (1985), patients suffering arthritic pain showed a correlation among levels of pain, anxiety and depression. Anxiety and depression were inversely related to plasma norepinephrine levels. Depression was correlated with dopamine levels and negatively correlated with levels of serotonin and beta endorphin. Following Hypnotherapy, there were clinically and statistically significant decreases in depression, anxiety and pain, and increases in beta endorphin-like substances

Case Examples

Case 1

Cerebral angiography showed mild thrombosis in the right posteroinferior cerebellar artery of a 57-year-old male physician. Intractable hiccups ensued as a recognized complication of a brain lesion; the hiccups did not respond to therapeutic trials of several medications. Two weeks after the condition began, a 1.5-hour hypnotherapy session was conducted, immediately after which the hiccups permanently ceased. Although the patient did not believe he had been hypnotized, he described several psychophysiologic changes that he had never experienced before the hypnotherapy session: a complex visual hallucination, brief but pronounced sialorrhea, and brief periods of marked acoustic and olfactory hyperacuity. Three months after the hypnotherapy session, the patient suddenly realized that he no longer used the bronchodilator and steroid inhalers that he had previously used twice daily for ten years. I made no suggestions specifically relevant to the physiologic changes he manifested and was not aware that he had asthma.

At follow-up seven years later, the patient remained free of hiccups and asthma, and the results of pulmonary function tests were normal.

Case 2

A 41-year-old obese, chronically depressed female nurse had grown up in an abusive household. She later married an abusive man whom she repeatedly had the sheriff remove from the home during moments of violence; after each such episode, she relented and forgave her husband. Once, after completion of such a cycle, the patient compulsively became unable to dispose of the kitchen garbage and stored this garbage, wrapped in plastic bags, in the bedrooms of her home. Complaining to her physician that the odor prevented her from inviting anyone into her home, she stated, "If my house is dirty, then no man will want to come in my house"--but she saw no link between this statement and the problems with her husband. The patient had three hypnotherapy sessions, during which no specific hypnotic suggestion was made to her directing that she dispose of the garbage; nonetheless, after the three sessions, she spontaneously cleaned her house. She saw no link between this change and the sessions.

Case 3

A 65-year-old housewife had been both a war orphan and an inmate of Nazi concentration camps. Over a ten-year period, she generated four volumes of KP medical records, largely describing recurrent, acute inability to swallow. Multiple esophagoscopy procedures done by two gastroenterologists produced normal results as did several esophageal dilations; no obstruction was found.

Three hypnotherapy sessions resolved her problem of choking. She recognized some link of this change to the sessions, stating, "*I was liberated from my esophagus.*" This assertion was reminiscent of an earlier statement she had made, which referred to events that occurred "... *when the Russian soldiers liberated me from [the camp].*" I gave no direct suggestion relating to choking or dysphagia.

Case 4

A 51-year-old successful professional woman who had a highly abusive childhood was seen on an emergency basis because she was concerned that her plan for suicide that day would interfere with her obligation to give the keynote address at a national meeting later that afternoon. Suicide was not her problem--it was her solution--but it interfered with her sense of responsibility. A 90-minute hypnotherapy session enabled the patient to fulfill her obligations. A few follow-up sessions conducted during the next 18 months relieved her depression substantially. An interview was conducted with the patient 18 months later and was videotaped. The videotape, titled "*I'll Be Polite Before I Die,*" is available from the KP San Diego Department of Preventive Medicine. (Contact Vincent.J.Felitti-MD@kp.org.)

Case 5

A middle-aged woman with demyelinating disease was seen for treatment of depression that responded poorly to antidepressant medication. Unexpectedly after a session of hypnotherapy, the patient almost immediately had marked improvement in gait that enabled her to give up using Canadian crutches; in addition, her dysarthric speech improved noticeably, and her depression became less severe. Her physician believes that these improvements occurred far too abruptly to be attributable to remission of illness. The improvement persisted at a two-year follow-up.

Non-Medical Hypnosis Applications

A complete list of all of the ways in which hypnosis has been used would be too long and probably impossible to compile. However, here is a partial list of non-medical applications:

Academic and learning

Addictions

Chemical or substance

Attitude: Career, Family Interpersonal, School

Broken Hearts

Career Enhancement: Improve Focus, Concentration, Decision Making, Motivation, Tenacity

Control Behavior

Concentration

Divorce Trauma

Fears, Phobias

Fitness: Enhance Motivation & Performance

Habit Control: Modify Food & Eating Behaviors, Nail Biting, Procrastination, Smoking and Substance Abuse

Image Projection: Change how others perceive you.

Motivation: Academic, Career, Job Performance, Fitness, Health, Personal Achievement, Sports Improve speed, comprehension, ***Performance***

(***music, sports, business, personal, speaking, academic, etc.***)

Personal Relationships

Problem Solving

Reading: motivation Remove Blocks

Sales: Improve Attitude, Memory for Names, Faces, Facts, Motive People, Persuasive Qualities, Subliminal Communication, Tenacity, Drive

Self Confidence

Sex: Dysfunctions, Inhibitions and Mental Blocks, Increase Pleasure

Shyness

Sleep: More, Less, and/or Better

Smoking Cessation

Speaking in Public: Speech, Audience Rapport, Concentration, Memory, Presence of Mind on Stage, Stage Fright, Communication Apprehension

Sports Performance: Competitiveness, Sportsmanship, Concentration, Drive, Image, Rehearsal, Peak Performance, Practice Effects

Stress, Tension: Anxiety Attacks, Hypertension, Panic Attacks, Relaxation, Stress Management

Subliminal Communication and Body

Language

Timing: (time awareness, internal clock, etc.)

Troubled Relationships

Weight Loss: Reprogram the subconscious for desired size, shape and weight, Control (dieting, eating disorders, metabolic influence) and make a permanent lifestyle change of healthy eating and exercise

Summary

As medical science pushes forward so does the need to explore complimentary modalities of support. Today's medical patients face an overwhelming array of technology. By also considering our own natural healing abilities and pursuing health and wellness from within, we blend nature and science with dramatically positive results.

Medical hypnotherapy has quietly placed its foot inside the door of mainstream medicine. More and more hypnotherapy is perceived as a complimentary treatment with the capacity to support a wide range of physical, emotional and psychological concerns by empowering the patient with an effective technique they can carry through life.

About the authors



Paul Gustafson is the Clinical Director of Healthy Hypnosis. He has a Bachelor of Science degree in Nursing and is trained in Basic, Advanced Clinical, Metaphysical and Regression Hypnosis. He is also a certified member of the National Guild of Hypnotists.

Located in Burlington, MA, Healthy Hypnosis helps clients with smoking, weight loss, stress, phobias, health, insomnia, as well as athletic and academic performance.

Paul has been featured on Boston television and radio and is a published author in the field of clinical hypnosis.

Marlene Shiple, PhD has been in private practice for more than 30 years. She is a Certified Sex Therapist & Sex Counselor, a Certified Hypnotherapist, a Certified EMDR (Eye Movement Desensitization Reprogramming) Therapist and a Licensed Professional Counselor.

Dr. Shiple has a Ph.D. Counseling Psych, a M.S. Behavioral Psych and a B.S. Psychology. She is a member in good standing of the American Psychologists Association and the American Counselors Association.



Treating Addiction Through Hypnotherapy

An Article On The Therapy Of Dr. Bernel Sanders Of New Orleans

By Christian Allman



By most standards of measure, Dr. Bernel Sanders has had a rich and varied career and a pronounced commitment to academic pursuits. Over the past 30 years, he's worked as a CEO for an HMO and a ship chandlers company, an executive administrator for the Orleans Levee Board, insurance broker/agent, superintendent for a construction company and deputy director of HANO.

But Sanders, who now operates a counseling clinic, Cognitions, LLC, has spent the better part of his adult life working to build what could be called a holistic approach to mental healing.

While he's had significant success in government and private business-and some rather public setbacks-his academic portfolio reveals someone who is determined to understand the human psyche.

Starting with a B.A. in psychology and sociology from Dillard in 1962, Sanders has earned no less than six other degrees and professional certifications since then, including a master's in counseling and guidance from Loyola, a master's in public health administration from Tulane, an associate's degree in substance abuse counseling from SUNO and a doctorate in clinical hypnotherapy at the American Institute of Hypnotherapy at Irvine, CA. He's also been certified in hypnotic anesthesiology and, as of this writing, is in the process of earning an advanced degree in forensic hypnotherapy.

For Sanders, his personal and professional life seems to have pointed him on his current path helping addicts achieve a cure. But as an African-American therapist whose clientele, he says, is about 70 percent white, Sanders' observations about addiction are a radical, a sorely need, departure from the traditional 12-step program that the therapeutic 12-step program community seems to hold sacrosanct.

The only problem, Sanders believes, is the 12-step programs aren't working. And they're especially inappropriate for African Americans.

"I'm a Black therapist whose clientele is mainly white." Sanders says, "And I know the socialization for whites and African Americans is very different. Whites are more receptive to the idea of working out their personal problems in a group therapy situation. Blacks - and particularly Black males - are socialized differently.

As a people, African Americans have long understood that their role in this society is far different from whites. We've had to fend for ourselves, to train ourselves to work out our own problems. And then there's the stigma attached to group therapy. It's not unfair for someone to ask themselves, 'Look, maybe I used to drink too much, and so on, but I don't now, so I'm supposed to stand up before a group for the rest of my life and say I'm an alcoholic?' It doesn't make any sense."

Taking Personal Responsibility for Addition: Sanders also disagrees with the 12-step process on another level, particularly regarding the role of God in a person's addiction. Hypothetically he asks, "If

you give yourself to God to overcome your addiction, where's your personal responsibility? And where does the 12-step process really deal with the problem itself? I think it's clear that addiction is always a symptom. Until you get at what drives you to drink, you're not going to solve your addiction problem." Sanders thinks he has the solution - and the beginning of the solution is as simple, he thinks, as looking in the mirror. That's why he's especially excited about a propose grant program he is writing for a pilot substance abuse program. As a hypnotherapist, Sanders says, *"My job is to take you where you need to go - the goal is to help you learn your capacity for self-sufficiency. That's why I think hypnotherapy can be so effective against addiction. Basically, all hypnosis is self-hypnosis. What a hypnotherapist does is help you develop those triggers that will achieve the behavior you want."*

Sanders' grant proposal would focus on a hypnosis counseling program using a control group of 200 African Americans over a period of two years. Initially, Sanders would schedule a total of 10 sessions for each participant, many of whom are on probation or parole from the local criminal justice system and for whom substance abuse has been a prominent factor in their troubles with the law.

As it stands, Sanders says, the current system using *"talk therapy"* has about a 15 percent success rate. On the other hand, he claims a success rate of 85 percent using hypnosis as the primary therapeutic tool. He achieves similar results counseling patients with smoking, weight and gambling problems.

Why does he think his program works? Part of the answer, he says, lies in creating positive, achievable therapeutic goals in partnership with the client. *"My philosophy is, I want you to stop. We know from the beginning of our sessions," he points out, "that it's very hard for people to change their lifestyle. What I do is help you establish what it is that drives you to addiction and learn how to eventually guide yourself through the process of inner associations that will strengthen your own resolve."*

For African Americans, Sanders thinks, the process is ultimately more effective because it addresses a critical need to resolve a problem in their own way, utilizing personal reserves to attain self-sufficiency-a state, which, after all, is very familiar and comfortable. Sanders goal, in the case of addicts, is simply to apply a very real socialization pattern in a positive context.

Sanders laughs at the memory of one child who asked him what kind of doctor he was. *"I told him the story of Humpty Dumpty."* he smiles. *"And then I said, 'Well, I'm the kind of doctor who helps put Humpty-Dumpty together again.' But the reality is, I help people to learn how to put themselves back together again."*

A Cure For Test Taking Jitters

The decisions to turn a life-long interest into a career in massage therapy seemed only natural to Bob. Bob had always worked well with his hands, and all his friends said that he gave the best back rubs around. Yet, once in massage therapy school, Bob's dream became a nightmare. As his courses progressed, Bob found that the large amount of memorization required to pass the tests was becoming more and more challenging for him. He saw his dream slipping away as he fought harder to master the material while his grades, nonetheless, were increasingly dropping. He knew he had to do something fast.

Bob's friend, also a massage therapist, shared an office with a Hypnotherapist. He suggested that Bob try hypnosis for test taking anxiety. Bob agreed to give it a try.

Bob didn't know what to expect during this first visit but the Hypnotherapist quickly put him at ease and explained the process of hypnotic suggestion. She answered all his questions and put to rest any concerns that he had about "losing control." She told him that he would, in fact, be in control of the process at all times. She explained that she would simply help him to obtain a state of deep relaxation from which he could arouse himself at any time if necessary. While in this altered state of awareness bob's innermost (subconscious) mind would be more available to listen to and accept any suggestions or ideas that he perceived to be useful or helpful. His mind would automatically reject any suggestions that went against his own values and beliefs.

Relaxing in a recliner, Bob quickly entered a state of light hypnosis while listening to the soothing voice of the Hypnotherapist instructing him to release tension from every part of his body, bit by bit. After a few more minutes of deep relaxation Bob was ready to receive the mental suggestions that he hoped would end his problems with memorization and test anxiety.

The Hypnotherapist had Bob mentally visualize himself in his study area, picturing his desk, books, papers and even any beverages he would normally have on hand to drink. Once fully "there" in the scene, the Hypnotherapist had Bob re-experience his study habits, suggesting that his mind would be relaxed and receptive, and that he would remember fully and easily the information that he read or studied.

As Bob re-experienced each phase of his study routine--reading over notes, repeating information out loud, even taking rest breaks--the Hypnotherapist repeatedly stressed that he was fully retaining all the information easily and effortlessly.

The Hypnotherapist further instructed Bob that when a question about the material that he was studying was put to him, either verbally or on a test, his mind would immediately bring the information up to a conscious level, making it instantly available for full recall. He was instructed to envision himself in class, taking a test. He was told to see himself relaxed, confident, and feeling great. He was to see himself confidently answering the test questions while visualizing this study period when he had full and easy recall of the test material. He was minded to remain relaxed, confident and assured of his success.

After fully visualizing himself confidently taking the test, bob was instructed to see himself later receiving notice of his test results. He was instructed to feel the excitement and sense of self-esteem that came from scoring well on the test. He was even told to visualize the positive comments of his teacher and the slaps of congratulations from his friends.

Once Bob had fully visualized his success, he was more certain about his chances to make his vision a reality. With a few follow-up visits and a tape for home reinforcement, bob soon made his new vision a reality.

Bob's dream really did come true after all. He graduated in the top of his massage therapy class, thanks to a little help (and some good advice about trying hypnosis) from his friends.

About Jack and Suzette Rhodes



Jack D. Rhodes, PhD is the founder and President of The Mental Fitness Training Institute, formerly of Fort Worth, Texas, now located near Sulphur, Oklahoma.

He holds a Ph.D. in Behavioral Science from Chatworth College. He is a 1981 graduate of the Monaghan Hypnosis Institute where he received a Bachelor Of Hypnosis degree. He did his post-graduate work in hypnotherapy with the late Dr. John Kappas of the Hypnosis Motivation Institute. In 1996 he received his National Certification as a Master Hypnotist.

He is a Senior Research Fellow at the American Academy Of Natural Health, professor of Hypnotherapy at the McDade Institute and sits of the City Of Sulphur Main Street board. His practice includes clients from every walk of life. Since opening his practice in 1988 he has helped hundreds of people to reach their goals and improve the quality of their lives.

For many years his primary focus was working with people in sports, including teenagers and pre-teens. However, in recent years he has expanded his practice to include a wide variety of adult problem areas, such as weight loss, smoking cessation, medical hypnotherapy, stress management and other forms of personal development.

Suzette Northcutt Rhodes, RN, B.Sc., M.S., M.N.S. is an organizational change agent, adjunct college faculty member, certified trainer and facilitator. She is a graduate of University Of Oklahoma School Of Nursing and for more than twenty years she was an Operating Room Head Nurse.

She has a Bachelor Of Science degree in Organizational Leadership from Southern Nazarene University and a Masters degree in Management, also from Southern Nazarene.

Recently, she received a Masters Degree in Nutritional Science from Chatworth College Of Natural Health.

Suzette is a publisher author, legal assistant and political and management consultant. Her true passion is the practice and the teaching of Natural Health, which includes Low-Carb Nutrition.

In 1999 she was a finalist for Oklahoma Woman Of The Year. The Health Science Center at Francis Tuttle Technical Center in Oklahoma City is dedicated in her honor.

She is the administrator of the McDade Institute and the chairman of the board of the Francis Tuttle Technology Center Foundation. She also sits on the board of directors of the Southern Technology Center Foundation.

She has always been able to identify her targets and move toward their accomplishment. Her experience as a master's level manager spans 30 years in business, private and public organizational leadership and customer service. She is a dedicated Stephen R. Covey, "*7 Habits of Highly Effective People*" practitioner, her daily life reflects her proactive nature, and her ability to listen and understand.



Suzette and Jack have their offices and a retreat near their home in Murray County, Oklahoma, overlooking the Lake Of The Arbuckles.

They are both very active in the Sulphur Rotary Club and other civic activities.

In recognition of their service to the community they were jointly, presented the 2003 Sulphur Chamber Of Commerce Presidents Award.

Together they form a perfect team for the purpose of helping people to overcome their problems and realize their dreams.

