



Clinical Hypnotherapy: Improving Patient Care

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Joseph F Zastrow, MD, FAAFP, has been a family practice physician since 1987 and practices in North Carolina. Other than teaching, he is past president of ASCH, a Board of Trustees member, and has served on many ASCH committees. He has been utilizing the techniques of clinical hypnosis in his practice since 2001.



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Audience

This course is designed for medical and psychiatric/psychological clinicians who evaluate and interact with patients in a clinical setting.

Course Purpose

The purpose of this course is to familiarize the clinician with clinical hypnosis and hypnotherapy and how it can be used to improve patient care, whether as formal hypnosis sessions or the use of hypnotic language/suggestion, guided imagery, or neurolinguistic programming in patient interactions.

Introduction



Hypnosis is a state of relaxation and focused attention



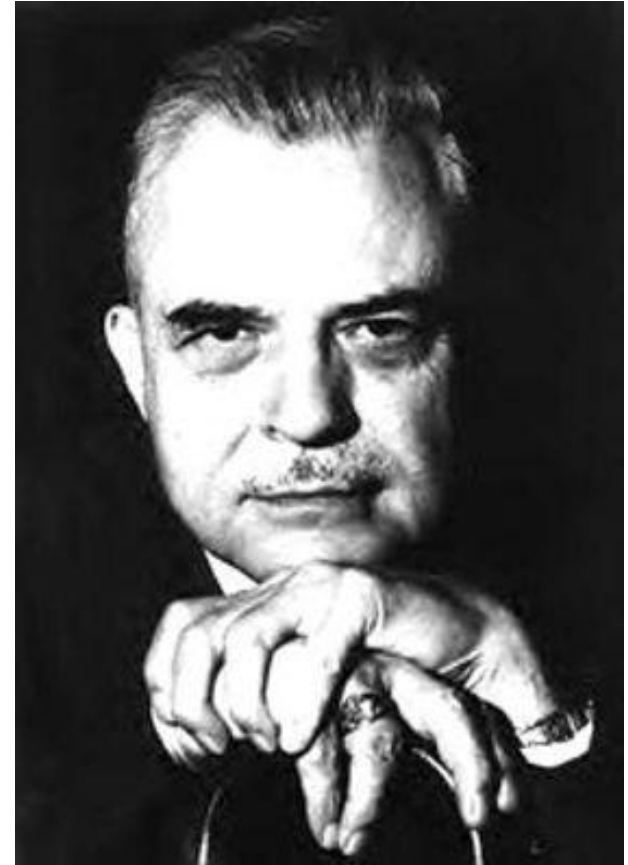
Allows improved awareness and/or communication with the subconscious



The goal is to enhance the subconscious to become amenable to new suggestions

Introduction

- Dr. Milton Erickson is considered by many to be the “father” of modern hypnosis.
- ***“All hypnosis is self-hypnosis.”***
- A coach often communicates directly with the patient’s subconscious with use of permissive suggestions.
- “Reprogramming” at a subconscious level



Introduction

- Hypnosis cannot be used to influence people to behave in a manner that they would deem completely unacceptable.
- In stage hypnosis, performers are trained to determine a person's vulnerability to suggestion and their desire to reduce inhibitions.
- This creates the illusion that the subject is under the direct control of the hypnotist.



Introduction

- Hypnosis can also be used in forensics
- Memory is not perfect
- Must be corroborated with other evidence and testimony
- Therapists must be extremely careful not to plant suggestions that would affect recall



Introduction

- For additional information on hypnosis in forensics, see Criminal Justice Manual.
 - <https://www.justice.gov/archives/jm/criminal-resource-manual-287-use-hypnosis-purpose#:~:text=In%20certain%20limited%20cases%2C%20t%20he%2C%20he%20had%20not%20remembered%20without%20hypnosis>

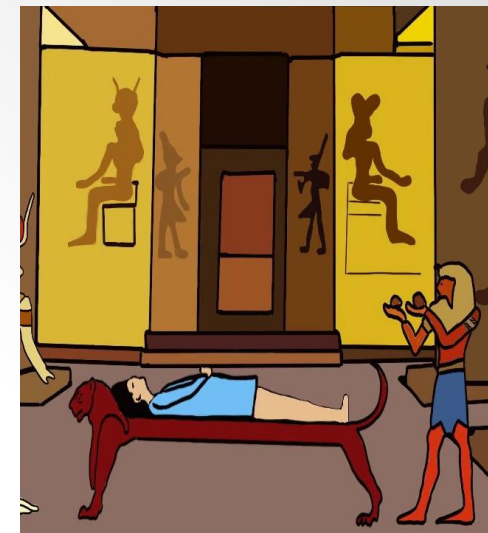
History

Hypnotic techniques have been documented since the beginning of recorded human history.

Many have contributed to the development of hypnosis

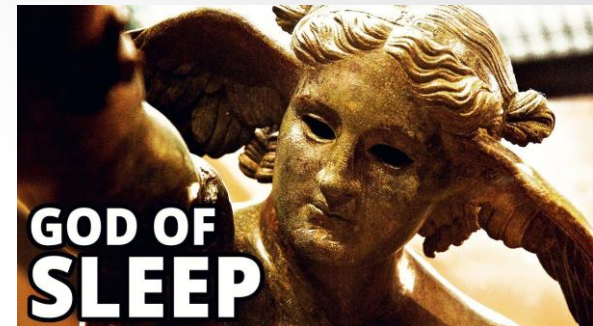
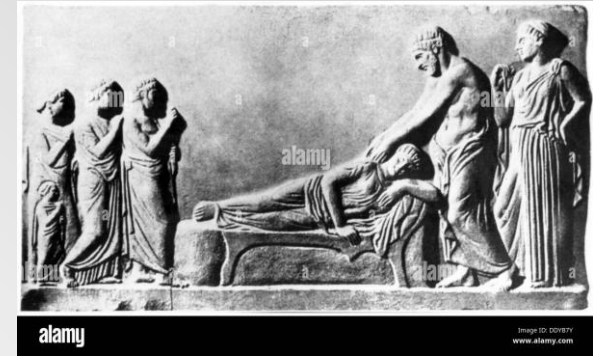
“Temple Sleep”

- Herbs
- Prayer recitation
- Healing from the gods



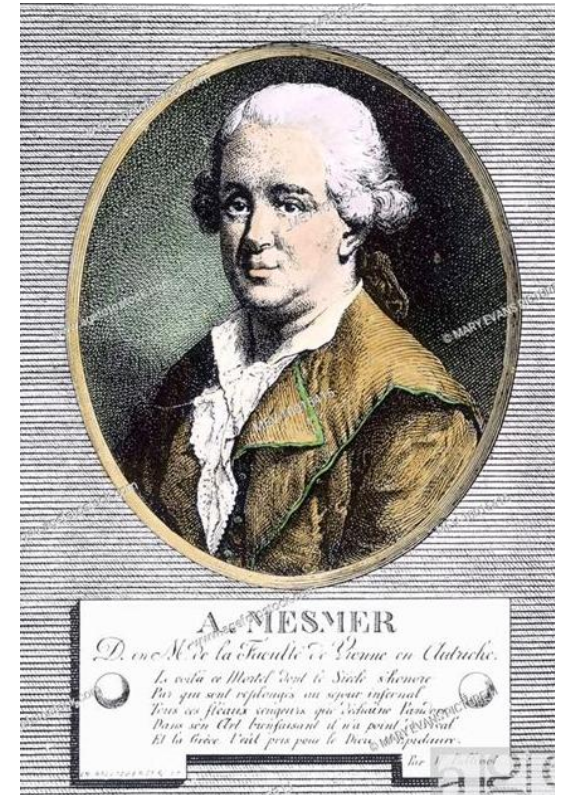
“Temple Sleep”

- Sleep chambers to receive therapeutic benefits from Aesculapius
- State of enhanced receptivity
- A deep emotional experience
- Therapeutic responses and perceptions changes



Franz Mesmer, 1734-1815

- Dr. Mesmer was a German physician who theorized an energy transfer between parties and even objects. He developed a wide following for his theory called “animal magnetism,” which later was simply called mesmerism.
- Some contemporary scholars equate Mesmer's animal magnetism with the qi (chi) of Traditional Chinese Medicine and mesmerism with medical Qigong practices.
- Today the word “mesmerism” generally functions as a synonym of “hypnosis.”



Franz Mesmer

Abbe Faria, 1756-1819

- *The Count of Monte Cristo*
- Catholic priest and doctor of theology
- Lucid sleep



Scottish Surgeon Dr. James Braid, 1795-1860

- Scientific Inquiry
- “I have now entirely separated Hypnotism from Animal Magnetism. I consider it to be merely a simple, speedy, and certain mode of throwing the nervous system into a new condition, which may be rendered eminently available in the cure of certain disorders.”



Scottish Surgeon Dr. James Braid, 1795-1860

- “I trust, therefore, it may be investigated quite independently of any bias, either for or against the subject, as connected with Mesmerism; and only by the facts which can be adduced.
- I feel quite confident we may have acquired in this process a valuable addition to our curative means; but I repudiate the idea of holding it up as a universal remedy; nor do I even pretend to understand as yet, the complete range of diseases in which it may be useful.”



Dr. Sigmund Freud, 1856-1939

- Studied hypnotherapy under the Charcot Institute
- Dr. Freud was paternalistic
- Rejected hypnosis and focused on psychoanalysis and free association.

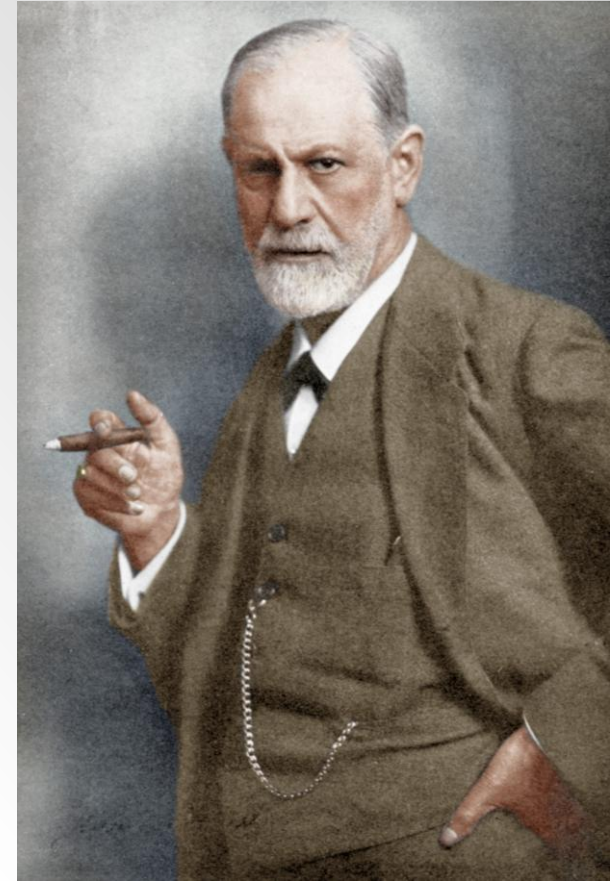
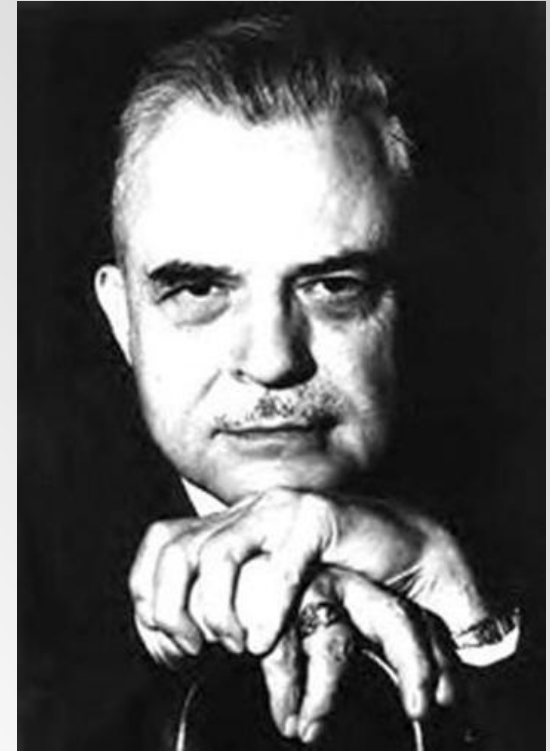


Image from Getty Images

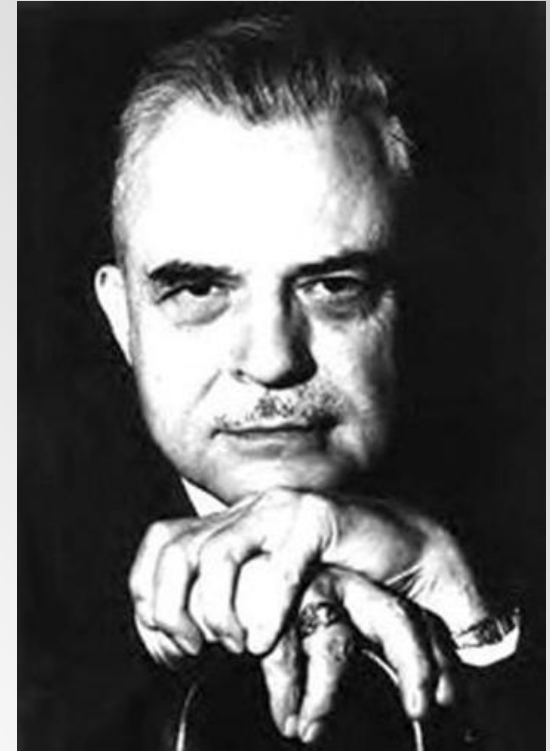
Dr. Milton Erickson (1901-1980)

- Psychiatrist
- Father of modern hypnosis
- Psychotherapy innovator
- Founded American Society for Clinical Hypnosis (ASCH)



Dr. Milton Erickson (1901-1980)

- Ericksonian hypnosis incorporates some of the following methods:
 - Neurolinguistic programming
 - Indirect suggestions
 - Confusion techniques, contradictions, and double binds
 - Metaphors and storytelling
 - Self-exploration



Hypnotic Parenting Techniques

- Human beings are naturally built to use hypnotic suggestion and guided imagery when faced with challenges. Parenting with attunement brings out some of the best of these techniques. For example, kissing a child's injured knee results in calming and comfort of the child.
- Calmly suggesting that a child blows bubbles and focuses their attention on the bubbles and not the leg that is receiving the injection alters the pain experience and lowers anxiety.

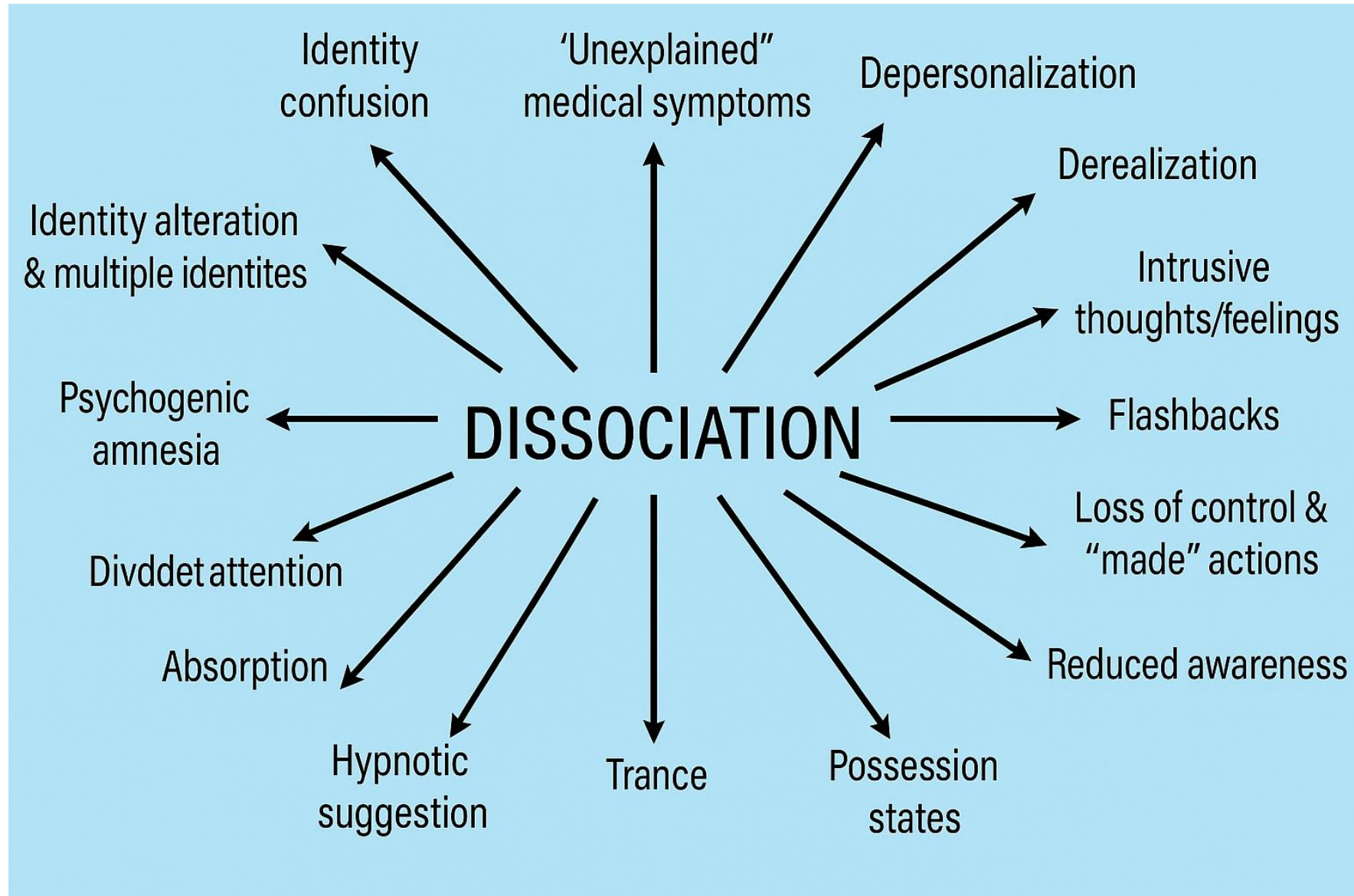


What Hypnosis is NOT

- This is not magic or witchcraft; this is hypnotic suggestion, and it is powerful medicine.

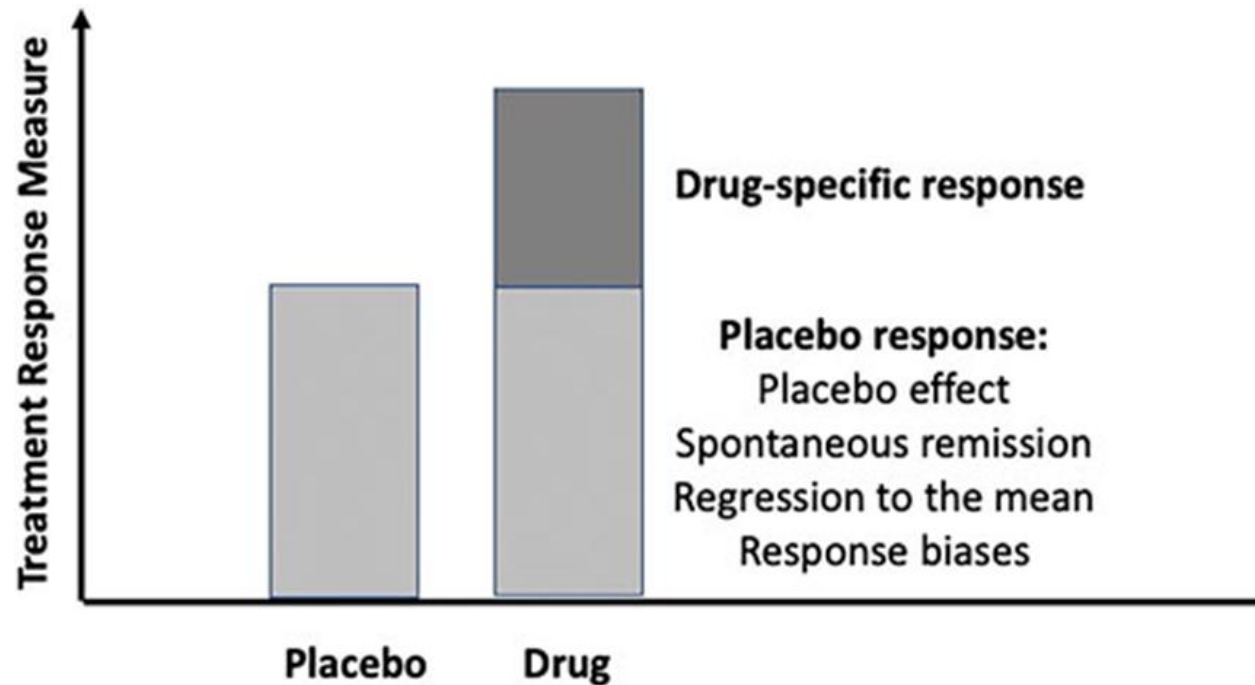


Hypnosis is a Dissociative State

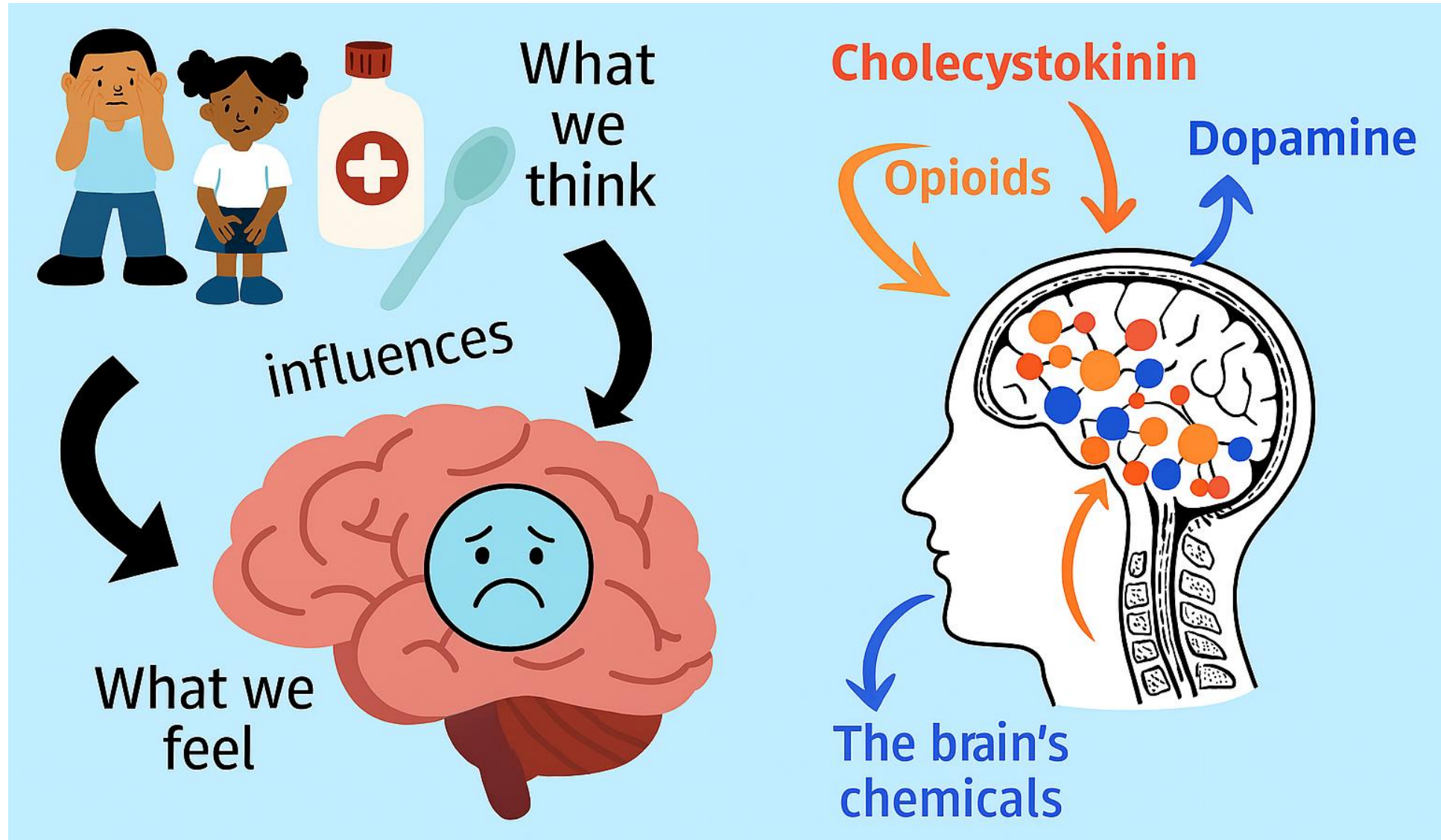


Placebo/Nocebo

- *Placebo* in Latin means “I will please, satisfy or give pleasure”
- *Nocebo* means “I will harm”



What Happens in the Brain during Nocebo Effects?



Refuting Myths

- You are 100% in control under hypnosis; no one can make you do anything you don't want to do.
- You are fully aware of what's happening during hypnosis. As a result, you are able to recall everything that happened.
- You can be hypnotized if you allow it to happen; you won't be hypnotized without your consent.

Refuting Myths

- You will never lose control of yourself during hypnosis. It is not a truth serum, and you can even lie under hypnosis.
- You will never be stuck in hypnosis. This is impossible - you can exit hypnosis at any time on your own without direction from the hypnotist.
- You need high levels of focus and concentration to be hypnotized; hypnosis has nothing to do with gullibility or weakness.

Hypnosis Versus Meditation

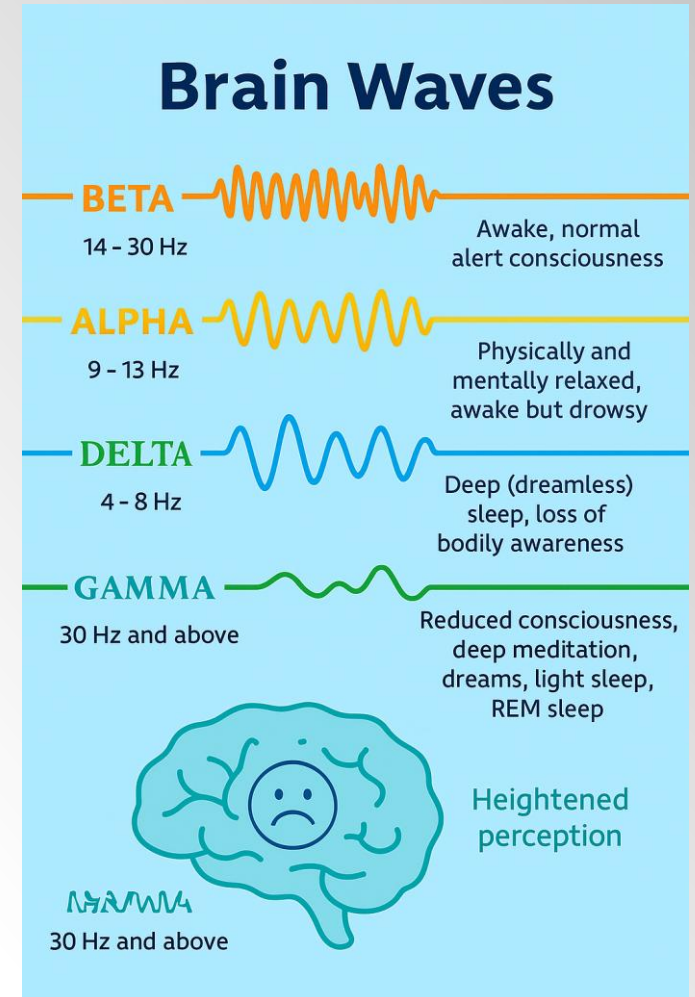
	Hypnosis	Meditation
Goal	Specific issues	Nonspecific
Focus	Change beliefs, emotions, attitudes	Healing through the mind
Mental State	Trance	Inward focus, peace, acceptance
Methods	Suggestion; visualization, work toward change	Awareness, inward focus, grounding

Hypnosis Versus Meditation

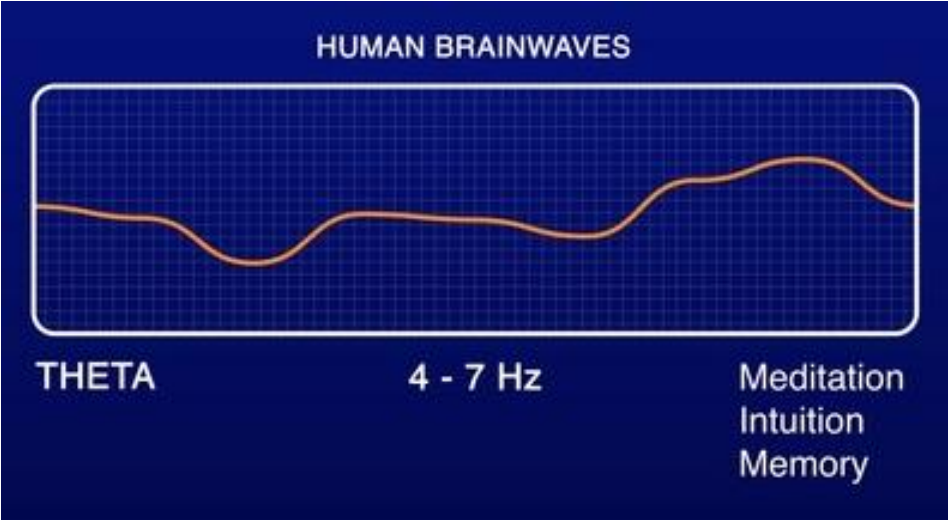
	Hypnosis	Meditation
Initiated by	Self of therapist	Self
Immediate benefits	Healing, change in attitudes, beliefs, emotions; self compassion and forgiveness	Reduced reactivity; improved concentration, improved clarity, insight into self and world; calmness/peace
Long-term benefits	Relief from destructive habits; persistent changes as described above	Clarity in thinking; improved productivity; improved health, reduced stress/anxiety; improved concentration/focus

Brain Wave Activity

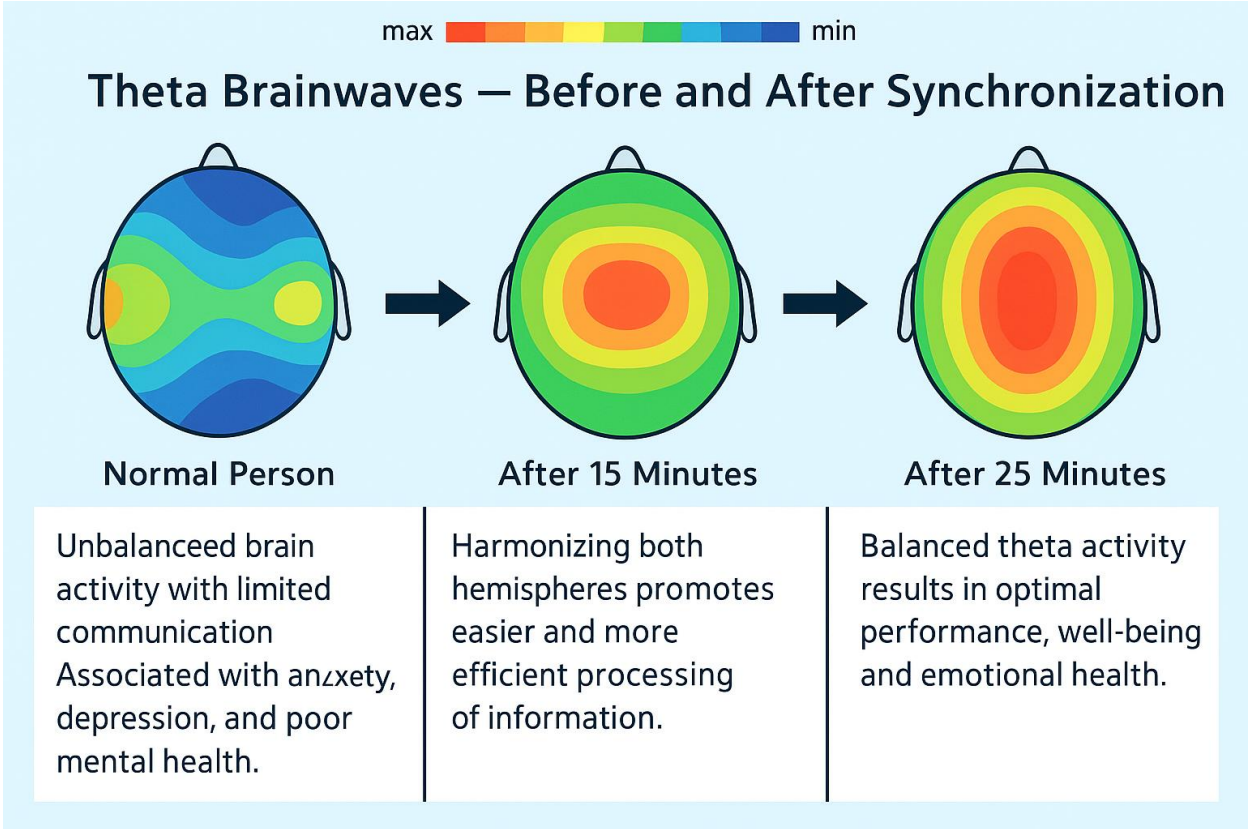
- Increase in parasympathetic tone
- Increase in theta wave activity
- Same brain wave patterns as seen in rocking a baby, initial stages of sleep, meditation



Brain Wave Activity



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Anxiety and Hypnosis: Both Are Highly Suggestible States

- Everyone possesses an innate ability to process suggestions on a subconscious level.
- Fear and anxiety *create* a highly suggestible state.
- Hypnosis is a safer, calmer, gentler, more regulated way to enhance a suggestible state.



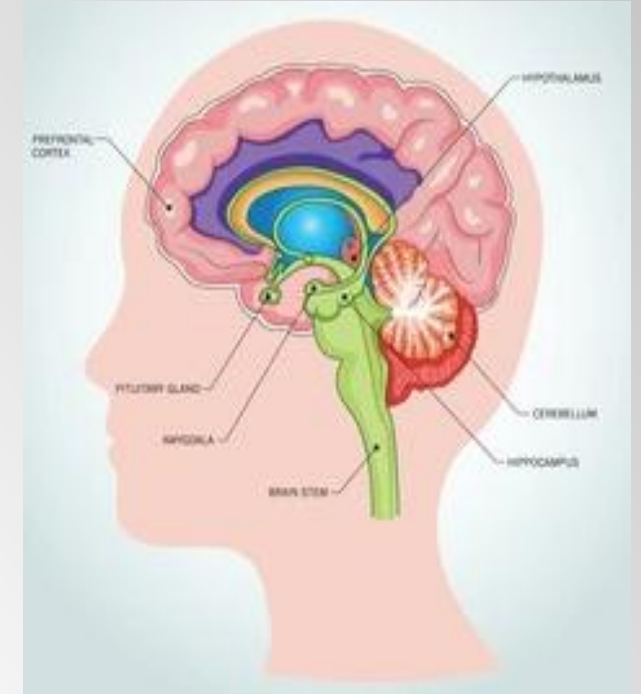
“We feel our feelings.”

All health problems are bio/psycho/social. If we are not exploring and treating all three domains, we are not evaluating or managing the entire issue

Rachel Zoffness, MS, PhD

Role of the Prefrontal Cortex and Amygdala in Anxiety and Hypnosis

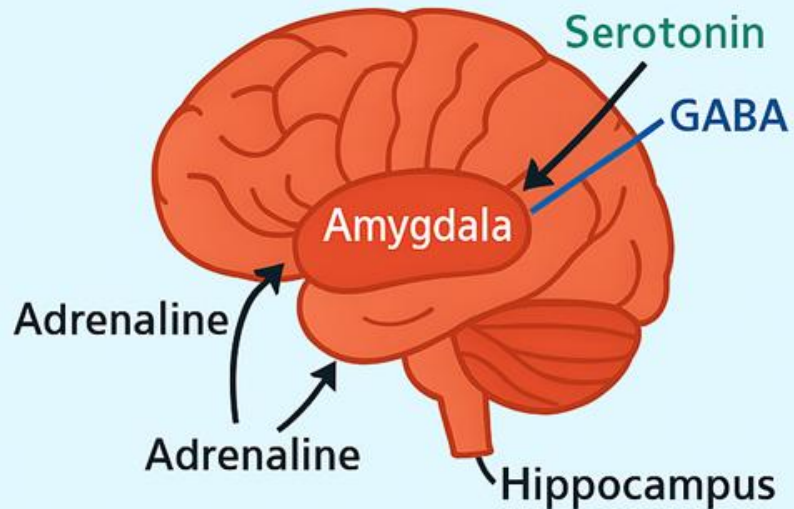
- The prefrontal cortex regulates decision-making and emotional responses.
- Amygdala processes fear and anxiety signals in the brain.
- Hypnosis can influence the interaction between these brain areas.
- Altering subconscious imprints can modify anxiety responses.
- Training the prefrontal cortex helps manage automatic anxiety reactions.



Stress vs. Trauma

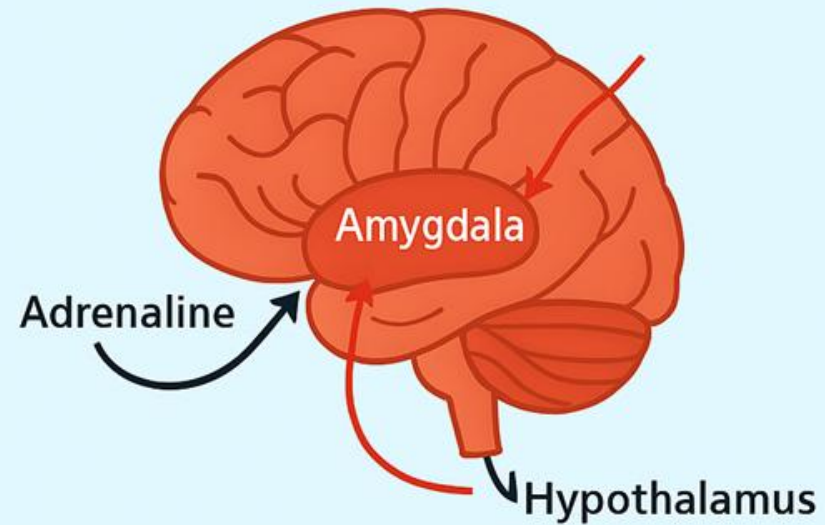
Typical Stress Response vs. Trauma Response

Typical Stress Response



- Adaptive reaction to threat
- Emotional regulation
- Brain returns to baseline

Trauma Response



- Persistent hyperarousal
- Emotional dysregulation
- Difficulty returning to baseline

Anxiety Begets Anxiety

- Anxiety begets anxiety.
- Freeze, fight, or flee. This impacts thinking about oneself and relationships with others.
- Once imprinted on the subconscious, the anxiety response becomes automatic and must be retrained.
- Since hypnosis works with the subconscious mind, it is a highly effective modality in helping to reframe what has been imprinted from suggestions made and imprinted under a state of anxiety.

Practice is Reinforcement



We can choose to resist or succumb to suggestions or thoughts.



People vary in their ability and willingness to accept suggestions while in a hypnotic state.



Practiced behavior will become reinforced.

Underlying Disease States Must First Be Ruled Out

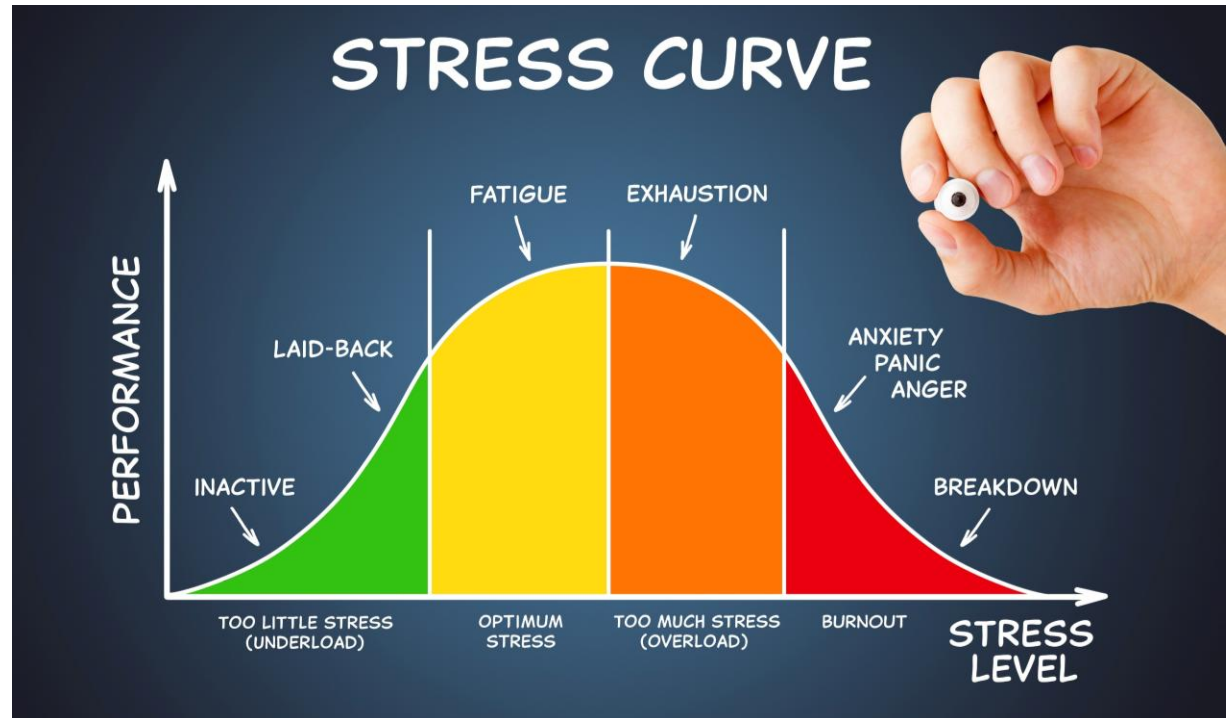
- Rare tumors, such as those of the adrenal glands, release catecholamines, resulting in symptoms of anxiety.
- Thyroid disease (typically hyperthyroidism)
- Use of stimulants, withdrawal from depressant medications, anticholinergic effects of other medications
- Cardiac or pulmonary disease

Acute Anxiety

- The physical signs of acute anxiety that arise from markedly enhanced sympathetic tone:
 - Shaking, tremulousness
 - Decreased parasympathetic tone: dry mouth, blurred vision, nausea
 - Increased alertness: inability to calm oneself
 - Vasoconstriction, palpitations, chest pain/pressure, tachycardia
 - Tachypnea, chest tightness, perceived dyspnea
 - Increased cortisol and catecholamine release

Stress is not inherently BAD

- Anxiety is not a bad thing; it is prolonged, *dysfunctional* anxiety that needs to be managed.



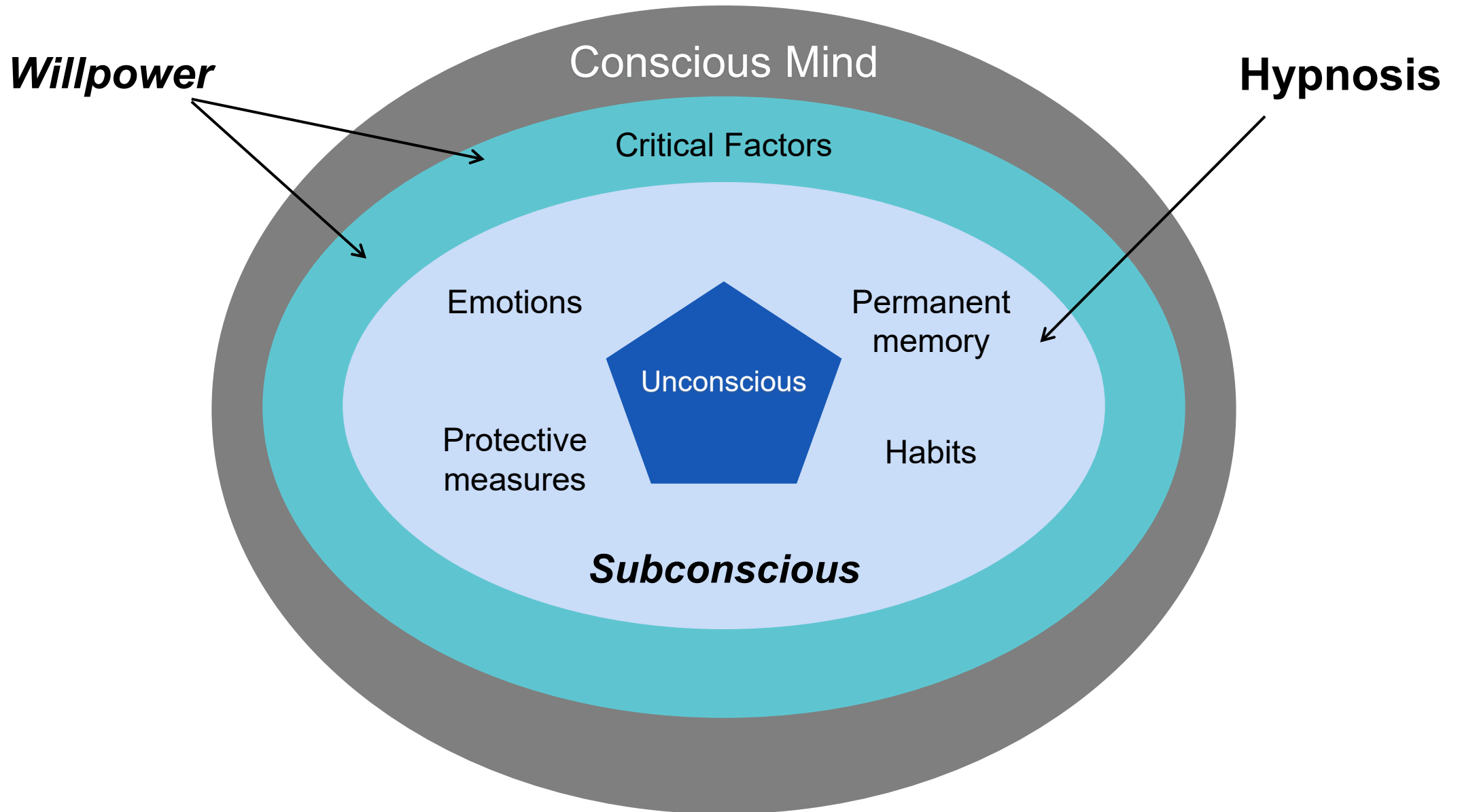
Chronic Anxiety

- The anxiety response is not designed to be running on autopilot 24/7.
- Anxiety floods stress hormones
- Hard to reason rationally
- Hyperactive to threats
- Trains brain to hold onto negative memories

Chronic Anxiety Symptoms

- Symptoms of chronic anxiety include but are not limited to:
 - Insomnia (due to hypervigilance)
 - Increased pain (due to enhanced nociceptive activity)
 - Difficulty concentrating, fidgeting, worried thoughts
 - Gastrointestinal disorders (enteric nervous system)
 - Headaches
 - Muscle tension and bruxism
 - Hypertension
 - Exhaustion (due to depletion of cortisol and catecholamines)
 - Generalized aches and pains
 - Decreased libido
 - Flares of chronic illness
 - Recurrent infectious diseases

Consciousness Levels



Theory of Mind by Dr. Kappas (simplified)

Conscious Mind: 12%

1. Analysis
2. Thinks & Plans
3. Short-Term Memory

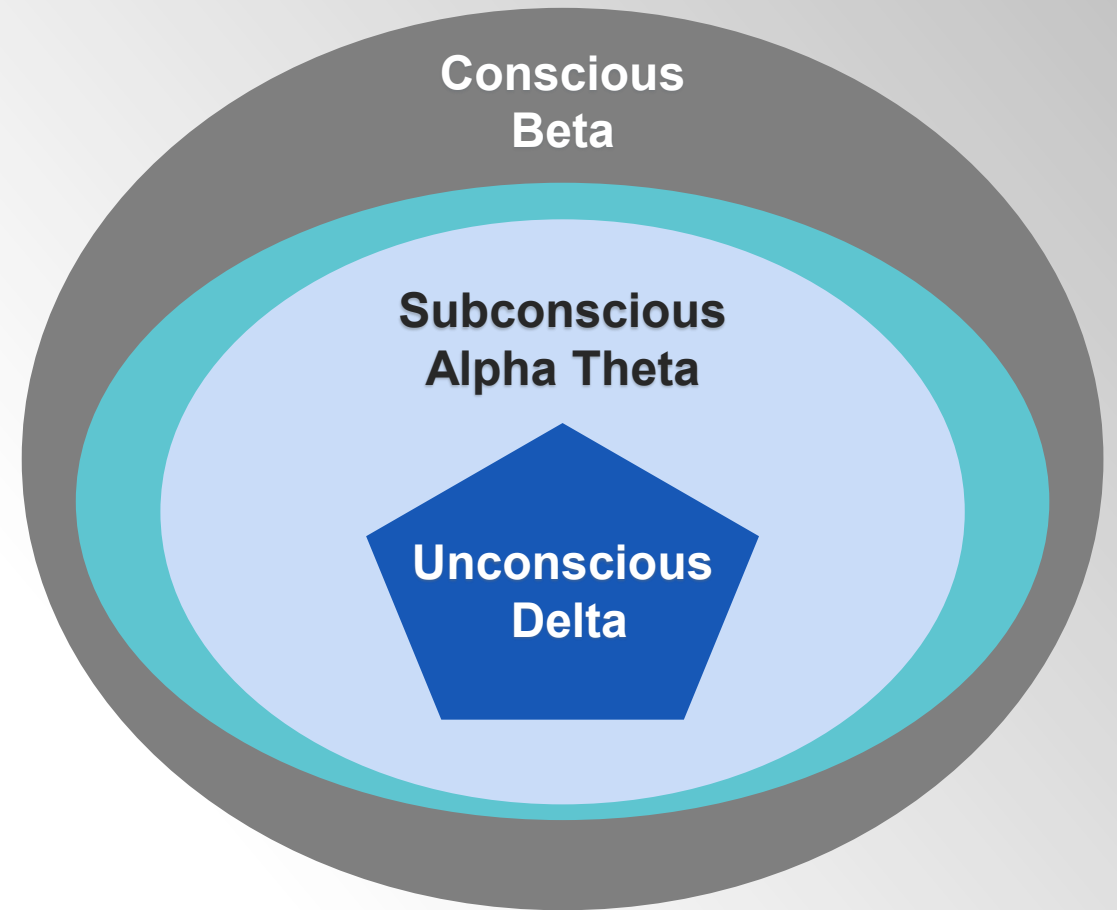
-----Critical Mind-----

Subconscious Mind: 88%

1. Long-Term Memory
2. Emotions & Feelings
3. Habits, Relationship Patterns, Addictions
4. Involuntary Body Functions
5. Creativity
6. Developmental Stages
7. Spiritual Connection & Intuition

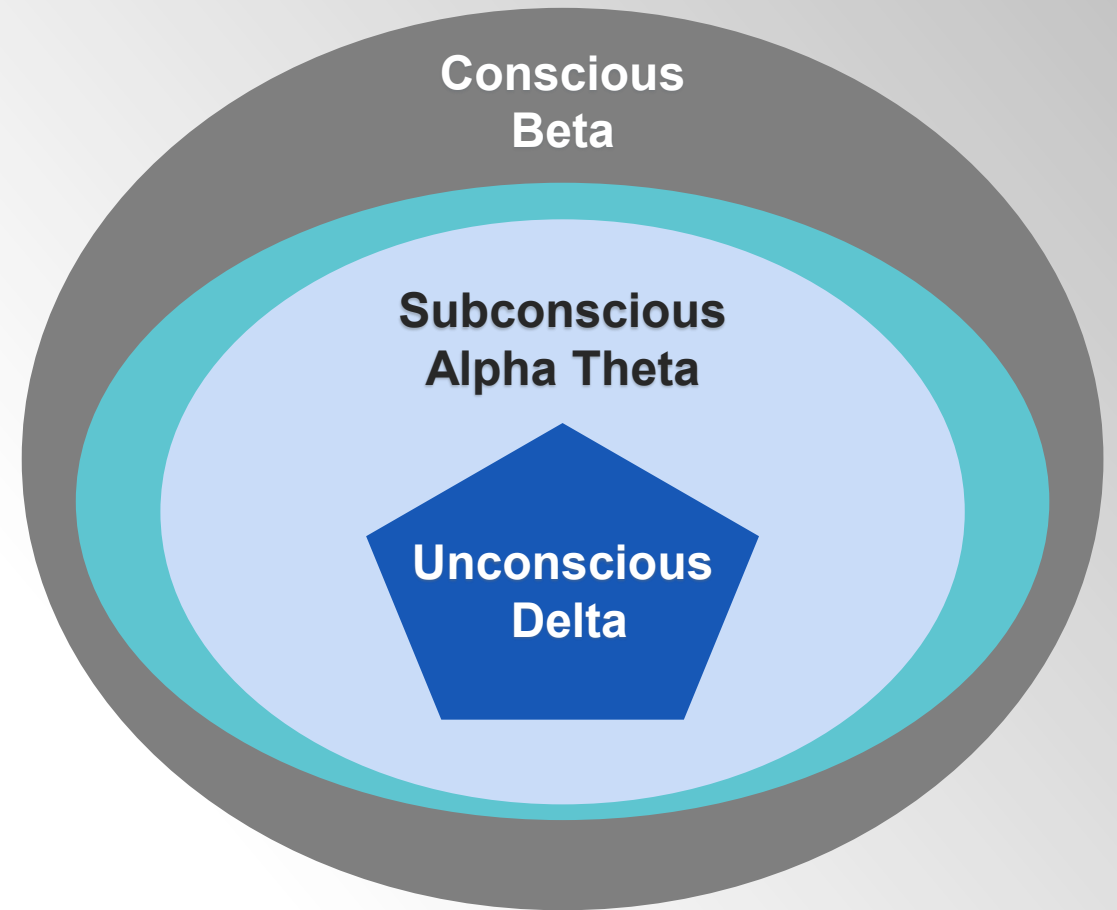
Functions of Subconscious

- The conscious mind is responsible for rational and reasonable thinking, using beta waves.
- It has a smaller processing capacity compared to the subconscious mind.
- The subconscious mind is where programming happens, and willpower can be overridden by emotions.



Functions of Subconscious

- Unconscious mind operates on delta brain waves
- Hypnosis can bypass critical factors Influence how we feel about events
- Decide which memories we hold, and the emotions we attach to them.



How Does Formal Hypnosis Look to the Observer?

- Relaxed state
- Decreased breathing
- Decreased heart rates
- Excess salivation or tear production
- Increased parasympathetic tone
- Snoring – not in a hypnotic trance!
- Some patients prefer to remain alert, especially children



Example

- “Susan, my voice will remain with you at all times, but you are in complete control. You can feel free to remain in a wakeful, relaxed state if you wish. You can also choose to allow part of your psyche to remain in a wakeful relaxed state, while another part feels free to enter trance. You are also free to enter trance but check back in to this time and place whenever you feel it necessary to feel safe, secure and in control. You may find that, once you realize that you are safe and in complete control, you are free to enter trance as deeply as you need to accomplish your goals for this session.”



Performers



Hypnosis in Sports Performance

A 2016 study in sports medicine examined how mental imagery impacts strength performance and helps in minimizing strength loss in patients who are immobilized following hand or knee surgery. The findings highlighted that both the capacity to visualize and the drive to enhance performance play crucial roles in how mental imagery affects strength outcomes. Notably, electromyography (EMG) revealed variations in measured muscular activity when patients imagined lifting heavier objects compared to lighter ones.

Sports Medicine/Surgery

- A 2016 study examined patients who are immobilized following hand or knee surgery.
- EMG revealed variations in measured muscular activity when patients imagined lifting heavier objects compared to lighter ones.
- Jeannerod suggested that not only are internal and external imagery encoded in the brain using different neural networks, but these neural pathways are also activated by imagery in the same way that they are activated when actually performing the imagined act.

Hypnosis vs Other Similar Therapies

- CBT
- Mindfulness
- Dialectical behavioral therapy (DBT)
- EMDR eye movement desensitization and reprocessing

Hypnosis vs Similar Therapies

- Neuroimaging different areas in EMDR and hypnosis.
- EMDR increased activity in regions involved in memory processing and emotional regulation.
- Hypnosis reveals alterations in areas linked to attention and self-awareness.
- American Psychological Association notes these two are distinct therapeutic methods.

CAUTION!

It is important to note that an appropriate evaluation for underlying disease states must have been completed or be in process before considering hypnotherapy as a treatment.

Hypnosis can be a complementary therapy or used as monotherapy, as long as it is not being used in lieu of the standard of care.

Methods

- Patients are receptive to your recommendations.
- They can interpret these suggestions in a manner that alters their experiences, emotions, perceptions.
- The patient must be willing and ready for change.
- In theory, any symptom affected by the subconscious or controlled by the autonomic nervous system can be addressed through hypnosis.

Procedural Hypnosis

- Provide suggestion well ahead or just before procedure
- Have backup anesthesia
- Straightforward unless a history of trauma
- Guided imagery is helpful for a relaxed state
- Distraction techniques redirecting sensation



Hypnosis as Treatment for Anxiety

- Hypnosis is effective for various forms of anxiety, including chronic, situational, acute, and post-traumatic stress disorder (PTSD).
- Involve a mental health professional in the treatment strategy.
- Use more direct suggestions to increase the patient's sense of control and security:
 - *“If you feel uncomfortable or unsafe, I will count to three, and you, ‘John,’ will instantly return to this safe time and place, in my treatment room, with me, and all imagery and emotional or physical sensations will cease immediately.”*

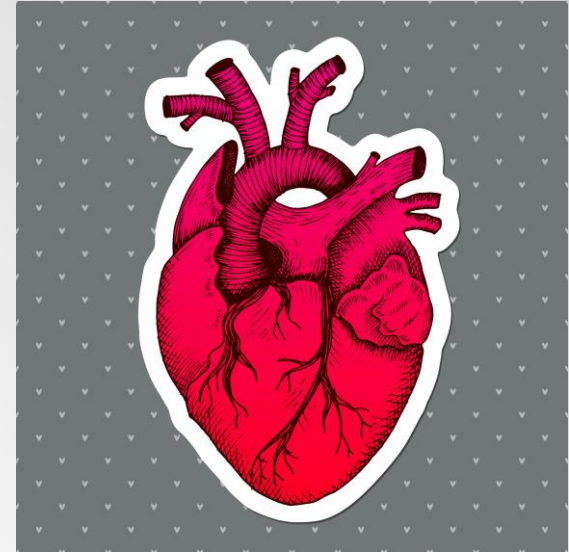
Depression/Habits

- **Depression**
 - Just as in anxiety, the conscious and subconscious mind have developed an altered perception, and reframing can help them see the world and react differently.
- **Habits/Tics**
 - Smoking cessation, improving motivation in weight control, binge eating, stuttering, motor tics, etc



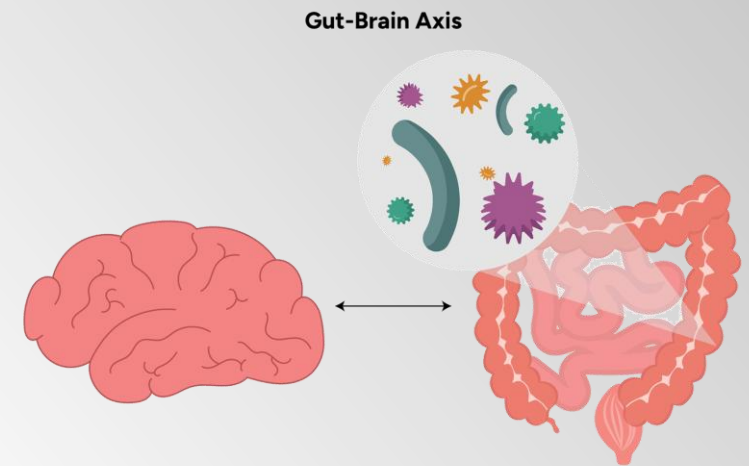
Cardiovascular Regulation

- **Vascular/Cardiac**
 - Hypnosis can be used to control vasomotor tone, control rate, increase or decrease blood flow to an area, promote or decrease clotting, etc.



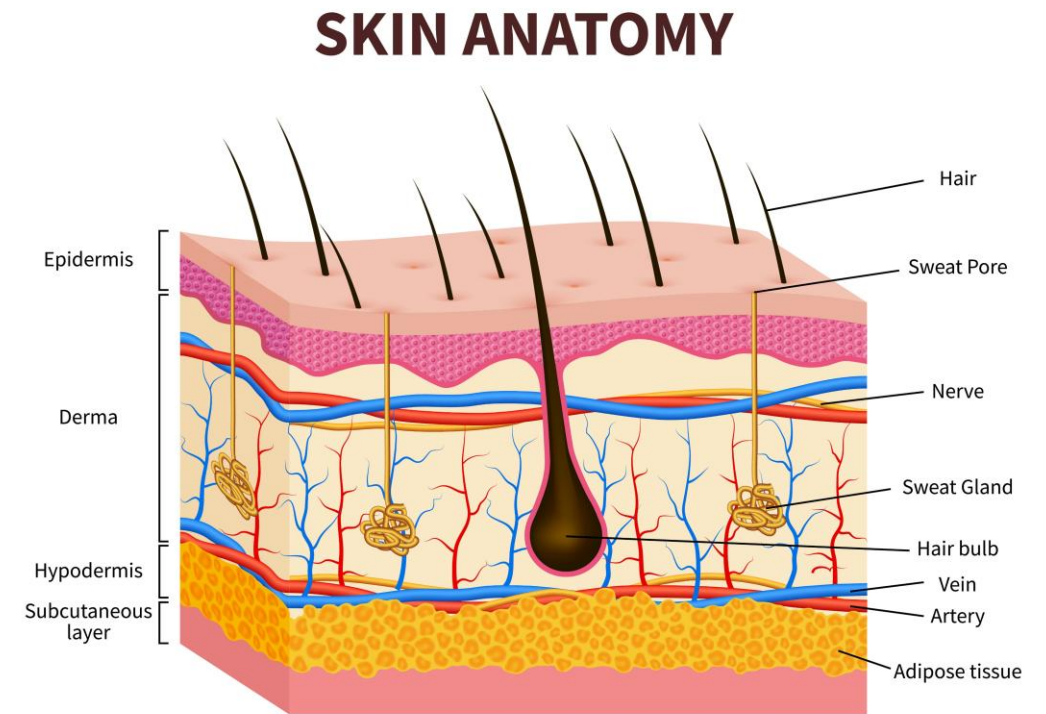
Gastrointestinal Disorders

- The GI system is embryologically derived from all three germinal layers (ectoderm, mesoderm, and endoderm).
- It has its own enteric nervous system (gut brain).
- 95% of serotonin is produced in the gut.
- Nausea, delayed gastric emptying, esophageal spasm, and intestinal motility/inflammation are symptoms that can be improved with the use of hypnosis.



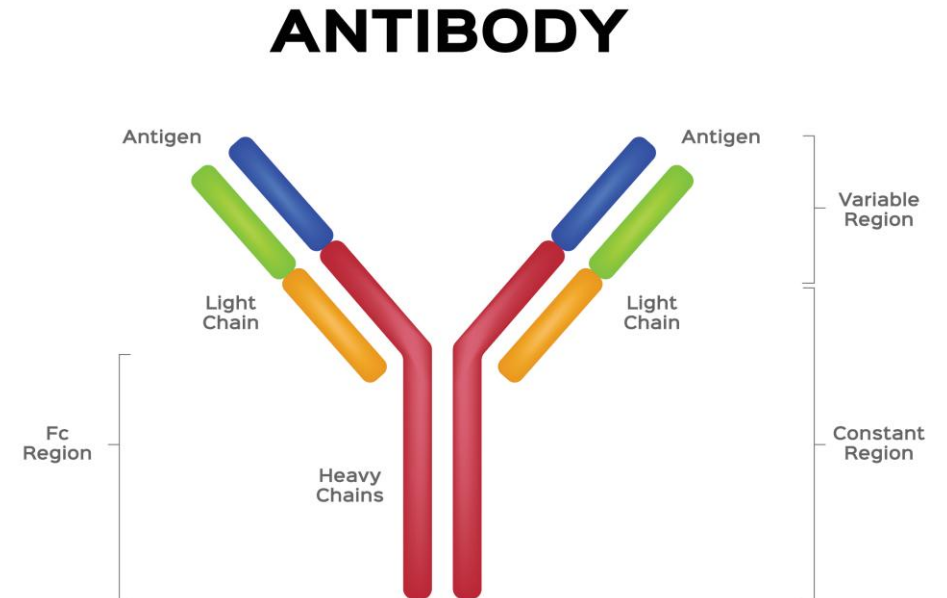
Dermatological Conditions

- *The nervous system is also derived from the same germ layer as is the skin.*
- Eczema, pruritis, neurourticaria, psoriasis



Autoimmune/Inflammatory

- Promote balance of inflammation.
- Decrease triggers for autoimmune disease flares.
- “Tandem psychotherapy” with EMDR and supportive-expressive group therapy improved psychological symptoms and quality of life.



Chronic Pain

- It is important to stress that the use of hypnosis or any other mental/behavioral modality does NOT imply that the patient's symptoms are "in their imagination."
- Phantom limb pain demonstrates that pain is a biopsychosocial phenomenon.
- Chronic pain experience depends on a patient's mood, overall health, past history, coping mechanisms, support system, positive and negative impact of the painful experience on the patient's roles and quality of life, etc.

Chronic Pain

- Remind patients that opioids only affect pain perception; they do not alter the physiology that is causing the pain.
- Hypnosis can help improve distraction/disassociation and reduce the effects of known triggers.

Importance of Pain/Emotional Response

- Pain signals to safeguard individuals from further harm.
- Acute pain typically prompts immediate action.
- Chronic pain may serve as a reminder to avoid additional injury.
- Expressing gratitude to the subconscious for identifying areas that need attention reinforces the concept that pain serves a purpose.



Reframing Pain

- Hypnosis can assist in reshaping the patient's perception of pain.
- The inability to feel pain can be dangerous. Hypnosis can be employed to reduce pain perception and modify the patient's relationship with it.
- Acknowledge the patient for “taking control” and being prepared to “move forward.”



Hypnotic Techniques for Clinical Application Without Formal Hypnosis Training

- **Informal hypnotic suggestion**
 - Often not enough time for formal hypnosis sessions.
 - Increase patient satisfaction.

Hypnotic Techniques for Clinical Application Without Formal Hypnosis Training

- Here are a few examples:
 - “Johnny, *as soon as you wake up, your healing can begin*. You can imagine your body working to keep you safe and help you heal. You will know just how much inflammation and just how much bleeding/clotting you need.”
 - “Mike, you will be pleasantly surprised how *little discomfort* you will have.”

Hypnotic Techniques for Clinical Application Without Formal Hypnosis Training

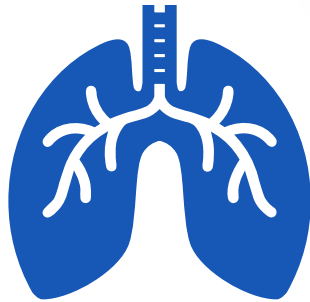
- Here are a few examples: *(continued)*
 - “Mary, *you will be amazed* at your ability to tune out any incoming stimuli that are not necessary for your healing/recovery. Feel free to reframe anything you hear/see/feel into sensory input that will only serve to help you during this time. You can trust in our team to pay attention to your external environment while you are free to focus on healing and paying attention to your internal environment. You will know when to pay attention and when to tune out of sights/sounds/sensations.”

More Examples

- “Imagine yourself six months from now as a non-smoker. What will that be like for you? What will it feel like? Can you describe what is different?”
- “What is the first thing that you plan to do once your disease is in control?”
- “What is your current level of motivation for exercising more and eating better?” (When the patient responds 3/10, instead of asking what it would take to increase motivation to 5/10, use motivational interviewing). “3/10. Well, it isn’t zero, and that is good to hear. Why do you think it is 3/10 and not 1/10?”
- “I think you will be pleasantly surprised how little discomfort this will have.”

The Importance of Breathing

- Breathing deeply can be hypnotic. After the clinician listens to the heart and lungs, it is a great time to place a suggestion.
 - “I am sure you will take your blood pressure medicine every day to help improve your health.”
 - “Soon you may find that the cigarettes are no longer desired.”



Discovery of Underlying Issues

- *“Mrs. Miller, so you have been dealing with stomach problems for quite some time. When did they become a problem?”*
- What was going on in your life at that time?”
- The symptom is the solution, and the solution is the symptom.

Informed Consent

- Obtain informed consent in a manner that alleviates patient anxiety, boosts adherence, and improves clinical outcomes.
- Emphasize that this decision was collaboratively reached.
- Avoid direct identification with the patient.
- Refrain from eye contact unless necessary.
- When discussing potential benefits, establish eye contact.

Informed Consent

- Reading the consents can evoke anxiety in the patient and make them focus on negative outcomes.
- Keep “left-brained” by using numbers.
- Speak in the third person when discussing potential risks.
- Avoid eye contact unless the patient’s eyes are already latched onto yours.
- Using third-person pronouns such as “he,” “she,” “they,” or “some people” while delivering negative information.
- Switch to the second person by using “you” or the person’s name when providing reassurance and positive information.
- Deliver the potential negatives first, and finish with the goals of the procedure or treatment and the potential benefits stated last.

Informed Consent

- “While infection and bleeding can occur with this procedure, this is uncommon, and we will be sure to limit your risk, Beth, as much as possible. Although we have discussed some rare but potential complications, feel free to focus on healing and trust that your body will let you know if there is something that needs to be reported. Most people like you, Beth, have little or no complications and start to feel better within three to five days.”

Informed Consent

- “*While some patients (third person, make no eye contact, speak in a matter-of-fact tone) who take methotrexate may report nausea, mouth sores, changes in the blood cell counts, or abnormal liver function test, most people like you, Mr. Granger, (make eye contact and identify with the patient using second-person pronouns or his/her name) will have little or no difficulties at all and will find that we (using first-person plural indicates a team approach and that the patient isn’t alone in monitoring for side effects and is part of a team) are able to adjust the dosing in a way that limits uncomfortable side effects. As long as we are monitoring your blood panels, we will be aware of developing risks before any permanent harm has occurred. Did I mention that this is the number 1 drug prescribed for rheumatoid arthritis worldwide and that it promotes survival in people like you?*

Informed Consent

- *For the first few weeks, we will focus on tolerability, but you can expect to start feeling better within 8-12 weeks after we start the medication. Imagine how that is going to feel once your disease is better controlled. I wonder when you will get back to playing golf again. If we don't accomplish our goals with this treatment plan, we will explore other options. I think we have made a good choice for you."*

Informed Consent

A suggestion about future benefit is left to evoke imagery.

The vision must be experienced before any significant goal can be realized.

Informed Consent

- **THE LAST THING THEY HEAR IS REMEMBERED MORE THAN THE FIRST ITEMS.**
- Leave the end of the conversation on a positive note. For example:
 - “I’ll bet it will feel great to be back on the golf course.”
 - “I’ll bet your family will be happy to see you preparing meals again.”
 - “I can’t wait to see what you make once you’re feeling well enough to get back to crafting again.”

Guided Empowerment and Distraction Techniques for Quick Procedures

- Take a deep breath through the nose, as this method is slower than inhaling through the mouth.
- Instruct them to hold their breath for as long as possible.
- Have the patient wiggle their toes or concentrate on a distant body part to utilize distraction.
- This series of suggestions aligns with the "gate control" theory of pain.
- Exhale through pursed lips, which helps maintain parasympathetic tone.

Procedure with Children

- “Johnny, would you prefer to receive the injection in your right leg or your left leg?
- Would you prefer fast or slow?
- Some kids, like you, Johnny, are more comfortable if they have something to do or touch. Do you want to hold this stuffed animal or blow bubbles?

Procedure with Children

- I left a few different bandages on the counter. Why don't you decide which one you like the best? You will not need your leg for that decision, so you can focus on what your eyeballs see and can even make your leg go numb for a minute if you like. Whatever works best for you.
- Do you want to watch, or would you prefer to look away?
- Do you want me to tell you when I am going to give the injection, or just be quick while we are talking?"

Procedure with Children

- Limit the time in preparation and discussion, as the anticipation of the painful procedure is often worse than the pain from the procedure.
- Be sure to always be honest with the patient and place as much within their control as possible. Express pride, when appropriate. If old enough, ask them to consider what works best for them for future reference.
- If too young for conversation, use as much of the child's senses for pleasant input as possible: They can suck on something sweet, smell something nice, listen to soothing sounds (mom's humming, music), and watch a cute video or hold or pet a stuffed animal.

Guided Imagery for Longer or Repetitive Procedures

- Happy place,” “safe place,” or “laughing place”
- Ask the patient to use all five senses to be in that place.
 - *What do you see around you?*
 - *What do you hear?* (Ask to elaborate.)
 - *What do you feel?* (Ask to elaborate. Is there a cool breeze, warm sunshine on their back, a soft blanket, a purring kitten, etc).



TOUCH



VISION



TASTE



SMELL



HEARING

Guided Imagery for Longer or Repetitive Procedures

- Ask the patient to use all five senses to be in that place. *(continued)*
 - *What do you smell?* (Our sense of smell is our most primitive sense, and olfactory sensations bypass the thalamus completely and are transmitted directly to the limbic system, specifically the amygdala and hippocampus, which is where emotional memories are stored)
 - *What do you taste?* (This is still mostly olfactory input, as the tongue only senses sweet, salt, bitter, and sour.)



TOUCH



VISION



TASTE



SMELL



HEARING

Utilizing Hypnoanalysis to Uncover Subconscious Motivators

- Although this method requires training and expertise, it is worth mentioning.
- Identify the most prevalent subconscious motivators so they can be addressed.
- Ideomotor signaling
- Often, simply making the patient aware of the connection is sufficient to initiate healing or resolve the issue entirely.
- We use the acronym COMPISS to assist in recalling the seven fundamental subconscious motivators.

- **C: conflict.** “Joe, does this tic represent an unresolved conflict? Did you develop it when you were faced with a dilemma? Do you need to maintain this behavior once this conflict is resolved?”
- **O: organ language.** Organ language is where one physically takes on the metaphor. For example:
 - *“This is such a headache.”*
 - *“They are stabbing me in the back.”*
 - *“I cannot stomach this.”*
 - *“I cannot shoulder the pain.”*
 - *“Your palms sweat all the time it seems like you are “crying” from your hands. Perhaps sweating is an acceptable way for your body to “cry” as it is said boys should not cry. Maybe someone won’t listen, won’t understand, won’t care, or will condemn you for it. Your body accepts your emotional pain and may be crying for you in a more acceptable way.”*

- **M: motivation**
 - *“Henry, you were so driven and busy before your accident. Your wife says that you never said “no” to anyone and that you were spreading yourself too thin. The doctors say that your back pain should have been resolved by now. Is your body trying to get you to slow down and say ‘no’ since you haven’t been able to set boundaries in your social life? Perhaps your constant pain provides you with an acceptable way to reduce demands by others and by yourself. If this may be the case, raise a finger on your right hand.”*

- **P: past experience**
 - *“Earlier you mentioned that you have been having insomnia and nightmares since 1986, what was going on in your life then? What did you experience? What needs to be resolved/understood/forgiven? Perhaps your subconscious had to work very hard to protect you from something and it still thinks that you are in crisis and still need that level of protection.”*

- **P: past experience**

- *“Earlier you mentioned that you have been having insomnia and nightmares since 1986, what was going on in your life then? What did you experience? What needs to be resolved/understood/forgiven? Perhaps your subconscious had to work very hard to protect you from something and it still thinks that you are in crisis and still need that level of protection.”.*

- **I: identification**
 - This is a common subconscious trigger in smokers.
 - Love is a powerful motivator.
- *“Sally, you said you were very close to your grandfather and that he smoked heavily. Is there a chance that, when you smoke, you feel more connected to him? If that is the case, we can find another way to have you feel connected to him and feel his love for you—another way that is healthier. I know that your grandfather’s love is always with you, and you can honor him by finding a healthier way to feel connected.”*

- **S: suggestion**
 - A suggestion given at an emotionally charged time can resonate until it is reframed.
 - *“Kim, you will have to live with the pain.”*
 - Since the alternative to remaining alive is death, one continues with the pain even if it has been physically resolved.
 - *“Paul, did someone, at some time, suggest to you that you needed to have this problem or convince you that you may never get past it? I remember you saying that, when you went on the front lines with the Army, that you were told that if you smoked, you would be less likely to come home in a box? Could this be a reason why you have found it so challenging to quit smoking?”*

- **S: self-punishment.**
 - *“You keep saying how ashamed you are that you couldn’t save your sister in the car accident. Do you think that has something to do with your chronic pain? If so, don’t you think you have suffered enough now? You know that it wasn’t your fault. You will be ready to let go of this problem once you realize the connection.”*

- ***Tricky Triad: Conflict, Past experience, Self punishment***

Use of Age Regression and Age Progression

- Age progression is having the patient imagine themselves in the future, but with the problem now resolved.
- The therapist can have the patient see themselves as if in a movie.
- Age regression can be a little more challenging and is not a technique to be attempted without proper training.

Regression

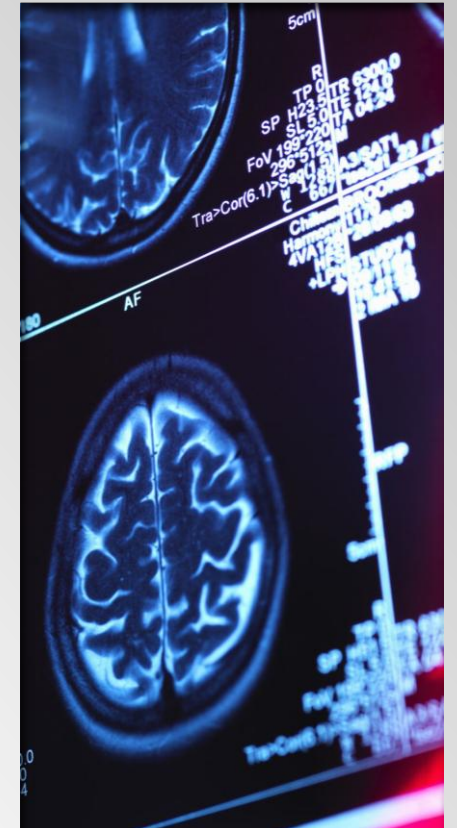
- Here is a case that involved past experience as a trigger and age regression as the hypnotic method used to guide self-discovery:
 - “Stacie” was a 17-year-old, highly driven teenage girl who had struggled with insomnia for years. She would get to sleep, but she would wake up at about 2:00 am almost every night, in panic. Over several years, she was prescribed antihistamines, melatonin, tricyclic medications, serotonin reuptake inhibitors, benzodiazepine sedatives—all of which helped, somewhat. She didn’t want to stay dependent on medications, especially in preparation for college.
 - The pediatrician used progressive relaxation techniques and had her run a video of her life, in reverse, until she got to the first night that the nocturnal panic had become a problem, reframed this, and noted symptoms no longer needed.

Scientific Research in Support of Hypnosis

As in any profession, practice must be evidence-based. Hypnosis is no different. According to Arreed Barabasz, EdD, PhD, ABPP, with Washington State University, as of 2010, hypnosis training was routinely included in more than 33% of accredited medical schools as well as doctoral and diploma programs in clinical psychology and counseling.

Objective Findings on Imaging

- Functional MRI implicates the anterior cingulate cortex (ACC).
- A 2004 study used a painful thermal stimulus to the hand and demonstrated a subsequent reduction in patient-reported symptoms with the use of hypnosis and an increase in BOLD signals in the left hemispheric ACC and the basal ganglia.
- These act as inhibitory signals, leading to a loss of signal from the painful thermal stimuli in the more proximal sensory cortex.
- In the study, hypnotically induced suggestion for pain was noted to be identical to actual pain tracts.

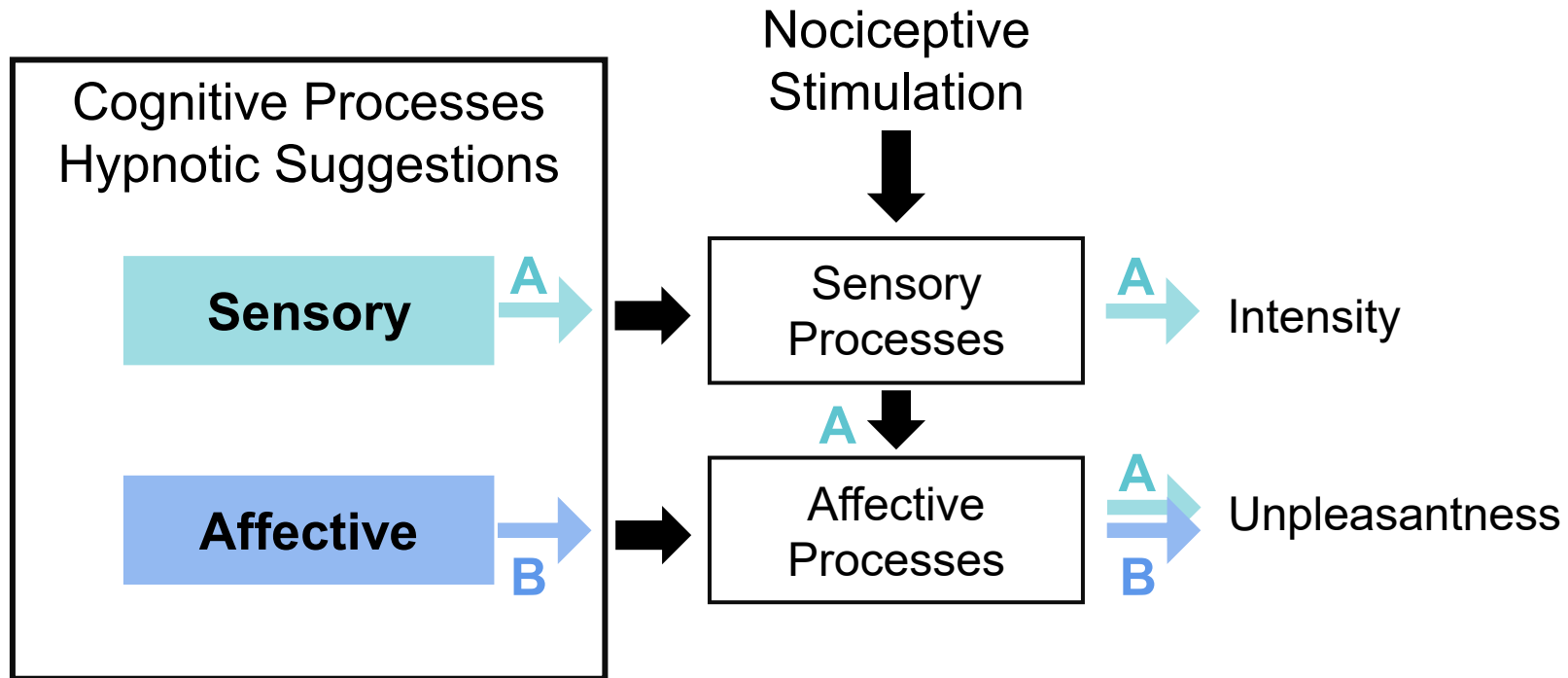


Studies of pain perception have demonstrated the distinction between sensory and affective dimensions.

Using an experimental pain model with immersion of the hand in hot water produced the expected modulation of pain unpleasantness with minimal changes in pain intensity.

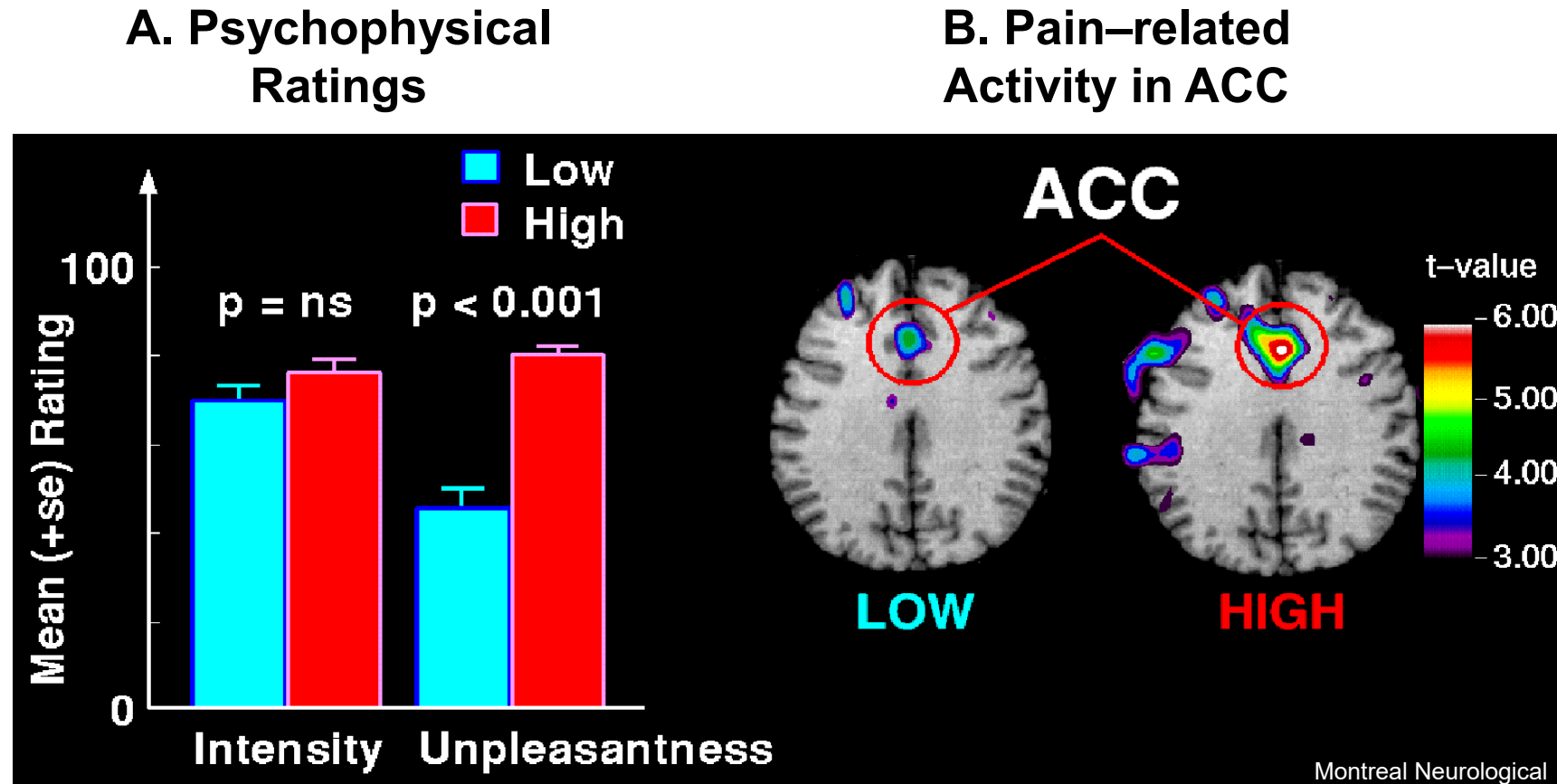
- In a second experiment, suggestions designed to increase or decrease pain sensation intensity produced parallel changes in both pain intensity and unpleasantness ratings. These results, summarized in Figure 1, are consistent with the successive stage model of pain processing proposed by Wade et al. (1996) to describe clinical pain. The possibility of using hypnotic suggestions to alter specific aspects of the pain experience was thus confirmed. Cerebral correlates of these perceptual changes were investigated using positron emission tomography (PET).

Hypnotic Modulation of Pain Sensation and Affect



Model of pain processing in which hypnotic suggestions to modulate pain sensation produce parallel changes in pain intensity and unpleasantness (A)
Suggestions directed at pain affect produce specific changes in pain unpleasantness (B).

Modulation of Pain Affect



Significant modulation of activity in the ACC as shown in the t-maps of pain-related changes (B). Larger pain-related increases were observed in HIGH than LOW unpleasantness conditions ($p < 0.05$).

- Derbyshire (2004) looked at brain areas directly involved in the generation of pain.
- He used hypnotic suggestion to create an experience of pain in the absence of any noxious stimulus.
- In contrast with imagined pain, the hypnotically induced pain experience revealed significant changes in functional MRI within the thalamus and anterior cingulate cortex, insula, prefrontal, and parietal cortices.
- The pain is real, but the suffering is optional

“Blue” or “Red”

- Raz and Posner studied the elimination of the “Stroop effect” by suggestion in medical students. Functional MRI data revealed that under post-hypnotic suggestion, both ACC and visual areas presented reduced activity in highly hypnotizable persons compared with either no-suggestion or less-hypnotizable controls.
- “At least for highly suggestible people, words framed as part of a carefully crafted suggestion can change focal brain activity in a way no drug we have can do.”

- There are several small-scale studies in the areas of procedural pain, which compare outcomes between patients receiving the standard of care, with or without hypnosis. Some examples include:
 - The difference in the amount of anesthetic used in 3rd molar removals
 - The difference in the amount of time and anxiety reported by patients during breast biopsy
 - Time and APGAR scores in labor and delivery
 - Treatment of burns
 - Palliative care pain and alertness

In a Harvard study, Lang et al. (2000) studied adjunctive hypnosis used in breast biopsy cases. Three groups were compared: patients receiving hypnosis, standard treatment, and an attentive group, which had a significant other attending to the patient.

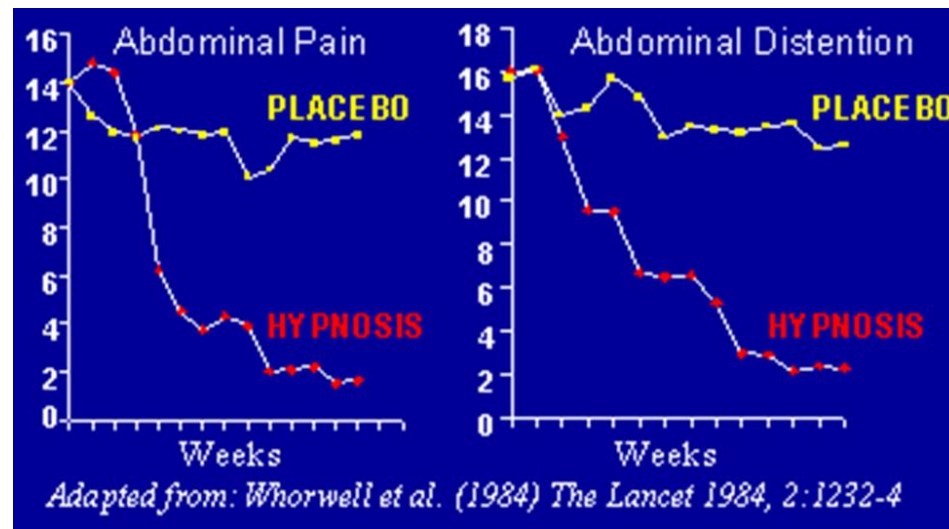
- Pain increased linearly with procedure time in both the standard and the attended group but remained flat in the hypnosis group.
- Anxiety decreased over time in all three groups.
- Drug use in the standard group was significantly higher than in the attention and hypnosis groups.
- Procedure times were significantly shorter in the hypnosis group (61 min) than in the standard group (78 min, $p = 0.0016$). Procedure duration in the attention group was of intermediate length (67 min).

- In 2010, Ed Mackey, CRNA, published a study in which patients were randomly assigned to a treatment (n = 46) or control (n = 54) group.
- The treatment group listened to a rapid conversational hypnotic induction and therapeutic suggestions via headphones throughout the entire surgical procedure, along with a standard sedation dose of intravenous anesthetic. The control group listened to only music without any hypnotic intervention.
- Intraoperative propofol administration, patient postoperative pain ratings, and postoperative prescription pain reliever consumption were all significantly reduced in the treatment compared to the control group.

There are many significant clinical studies in the use of hypnosis in irritable bowel syndrome (IBS). It is probably the best clinically researched aspect of hypnosis. Remember serotonin and the gut? Numerous studies were performed in Manchester, United Kingdom, in the laboratory of Peter Whorwell. His first such placebo-controlled study was performed as far back as 1984.

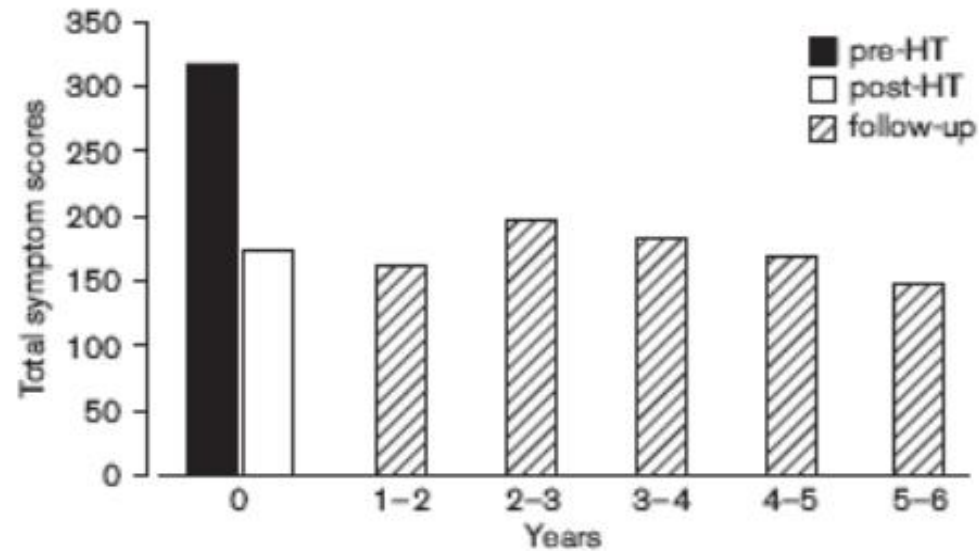
- Thirty patients with severe symptoms, which were unresponsive to other treatments, were randomly chosen to receive seven sessions of hypnotherapy (15 patients) or seven sessions of psychotherapy plus placebo pills (15 patients).
 - The psychotherapy group showed a small but significant improvement in abdominal pain and distension, and in general well-being, but not in bowel activity pattern.
 - The hypnotherapy patients showed a dramatic improvement in all central symptoms.
 - The hypnotherapy group showed no relapses during the 3-month follow-up period.

- A larger study performed in 2002 included 250 patients with IBS. The treatment group received 12 sessions of hypnotherapy during a 3-month period, plus home practice between these sessions. Marked improvements were seen in all measured IBS symptoms, and all other parameters of IBS severity were reduced by more than 50% on average, compared to the control group.



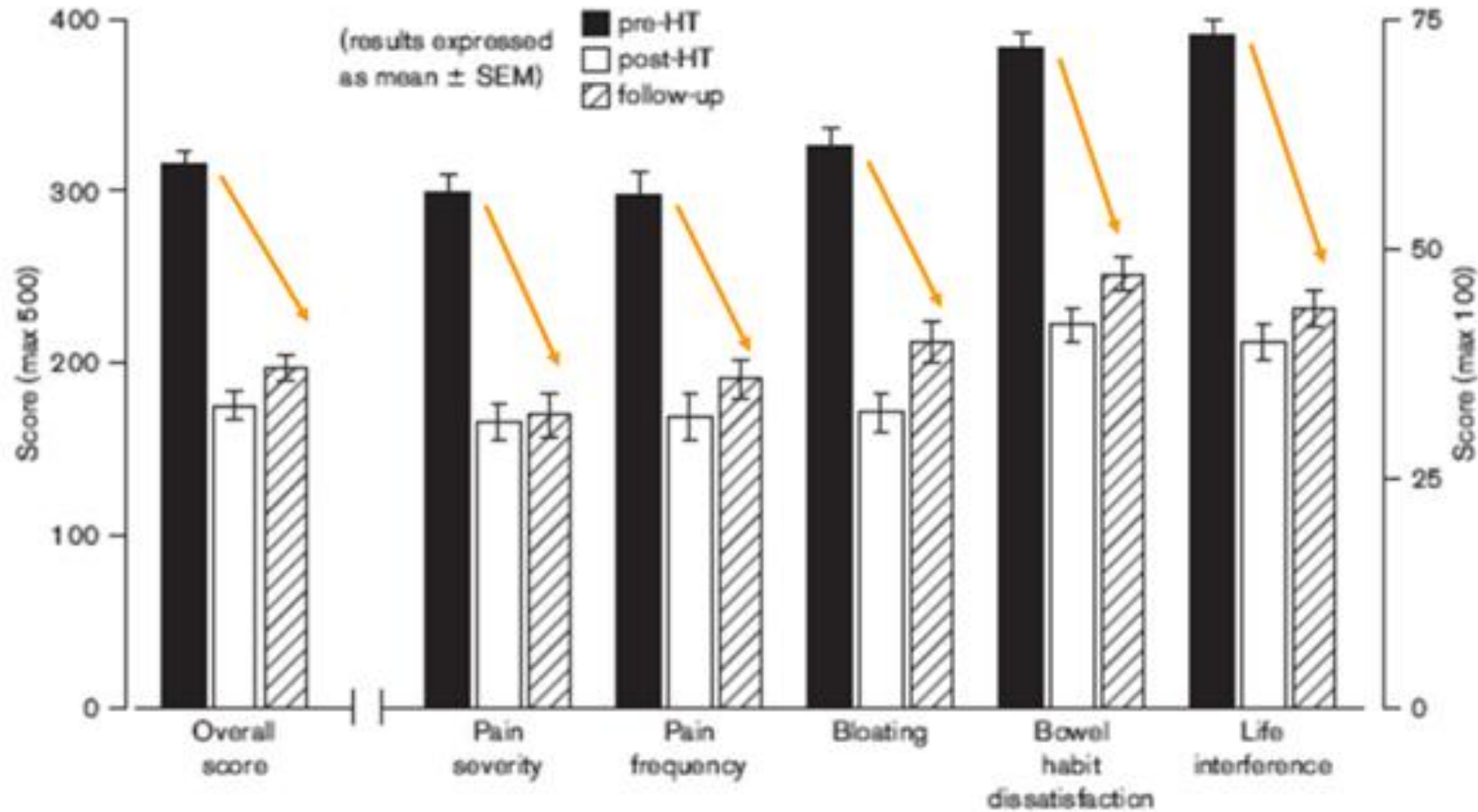
These results were remeasured at six years after the study, and the results were maintained.

Fig. 2



Mean overall irritable bowel syndrome score shown for all patients ($n = 204$), before and after a course of hypnotherapy (HT) (pre-HT and post-HT), and at follow-up for patients subdivided according to the number of years since completing HT (1 – 2 years, $n = 46$; 2 – 3 years, $n = 38$; 3 – 4 years, $n = 56$; 4 – 5 years, $n = 44$; 5 – 6 years, $n = 20$).

These results were remeasured at six years after the study, and the results were maintained.



Symptom scores irritable bowel syndrome in 204 patients rated immediately before and after a course of hypnotherapy (HT) (pre-HT and post-HT), and again at follow-up.

In a review article, Miller et al. noted “the effect of hypnotherapy in a large cohort of refractory IBS patients.” A total of 1,000 IBS patients fulfilling Rome II criteria, mean age 51.6 years (range 17-91 years), 80% female, receiving 12 sessions of hypnotherapy over 3 months, were studied.

- The primary outcome was a 50-point reduction in the IBS Symptom Severity Score.
- Improvements in scores for noncolonic symptoms, quality of life, and anxiety or depression were secondary outcomes.
- 30% or more reduction in patient-reported abdominal pain was also recorded, which meets the requirement for “successful treatment” as defined by the U.S. Food and Drug Administration.
- Overall, 76% met the primary outcome, which was higher in females (females: 80%, males: 62%, $P < 0.001$) and those with anxiety (anxious: 79%, non-anxious: 71%, $P = 0.010$).

- The mean reduction (improvement) in other scores included IBS Symptom Severity score, 129 points ($P < 0.001$); noncolonic symptom score, 65 ($P < 0.001$); and quality of life score, 66 ($P < 0.001$).
- 67% reported a 30% or more reduction in abdominal pain scores. Pain days fell from 18 to 9 per month.
- Patients reported anxiety and depression scores fell from 63% to 34% and 25% to 12%, respectively ($P < 0.001$).
- A total of 760 (76%) of patients exhibited a 50-point or more reduction in their total score, which was clinically significant.

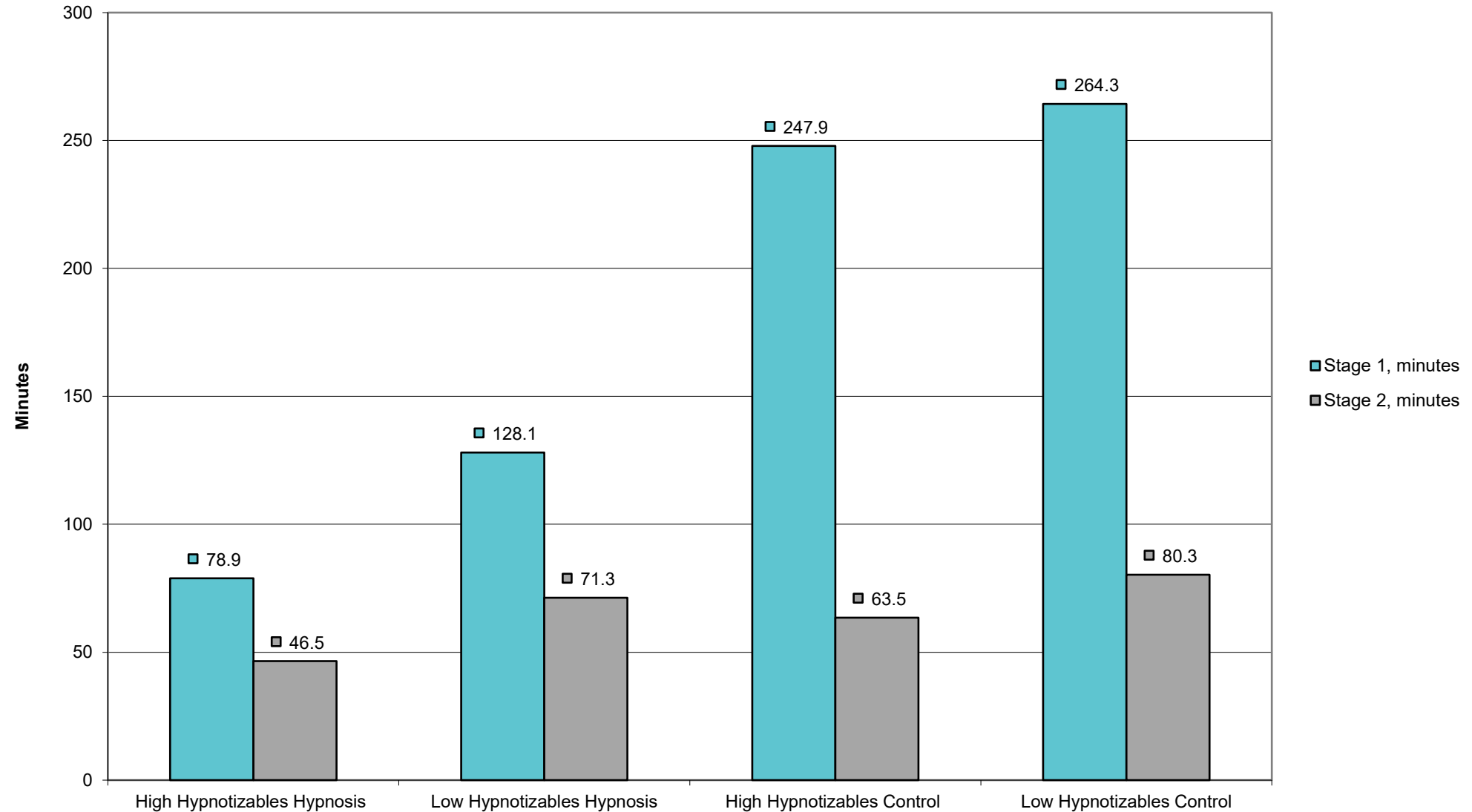
Conclusion

- “These results provide further evidence that gut-focused hypnotherapy is an effective intervention for refractory IBS.
- *Gut-focused hypnotherapy can improve symptoms, even in severe, refractory cases.*
- *Despite initial skepticism, there is now increased interest in the role of hypnotherapy in the area of functional gastrointestinal disorders (FGID).*
- *However, the literature on the subject remains relatively sparse.*
- *Gastroenterologists should, therefore, seriously consider referral for hypnotherapy in patients with refractory FGIDs.”*

The Advantages of Utilizing Hypnosis for Pain Relief as a Complement to Childbirth Education

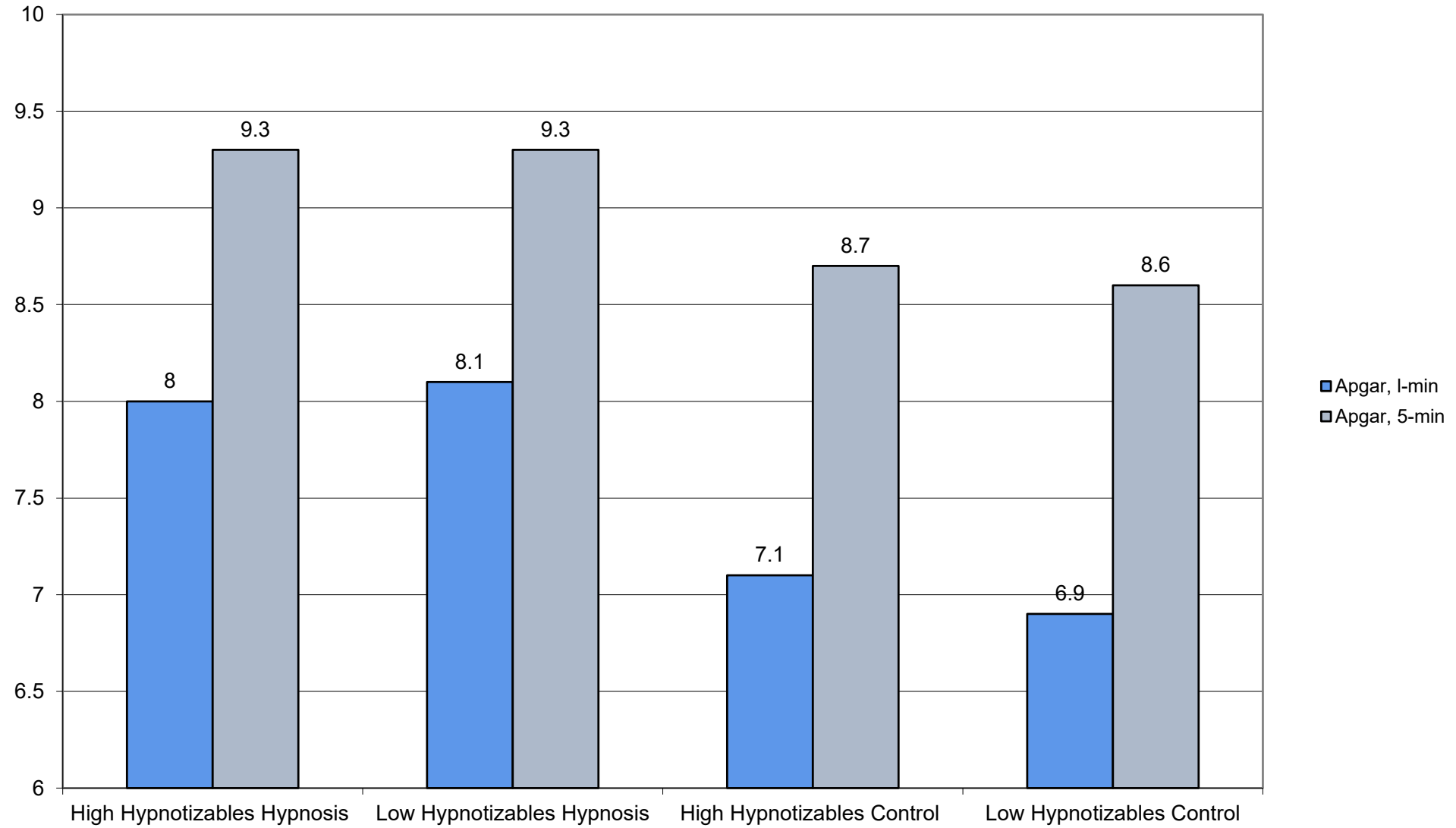
- 60 first-time mothers: half of the participants in each group underwent hypnosis, while the other half engaged in standard relaxation and breathing exercises typically found in childbirth classes.
 - Less labor pain. The hypnosis group indicated a pain relief level of 38%, compared to just 7% in the control group.
 - Anxiety levels also improved, with 50% of participants in the hypnosis group reporting no anxiety, in contrast to 9% in the control group.
 - The hypnosis group experienced shorter stage 1 and stage 2 labor durations, with an average of 248 minutes for stage one in the control group compared to just 79 minutes in the hypnosis group.
 - Higher Apgar scores were recorded at both the one-minute and five-minute marks for the hypnosis group, with scores of 8.7 versus 7.1 and 9.3 versus 8.7, respectively.

Labor



Adapted from: *Improved Obstetric Outcomes Using Hypnotic Analgesia and Skill Mastery Combined With Childbirth Education* (Harmon, Hynan and Tyre, 1990)

APGAR



- Another interesting area of hypnosis use is in psychodermatology. Philip Shenefelt, MD, noted that the following diseases were particularly amenable to hypnotic suggestion:
 - Alopecia areata
 - Atopic dermatitis
 - Congenital ichthyosiform erythroderma
 - Dyshidrotic dermatitis
 - Glossodynia
 - Hyperhidrosis
 - Ichthyosis vulgaris



Griesemer Scale

724

SHENEFELT

Table 1

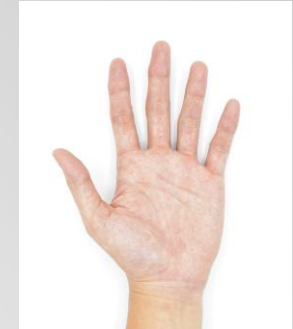
Griesemer index

Diagnosis	Emotionally triggered (%)	Time elapsed from stressor to clinical change
Hyperhidrosis	100	Seconds
Lichen simplex chronicus	98	Days to 2 weeks
Neurotic excoriations	97	Seconds
Alopecia areata	96	2 weeks
Warts: multiple and spreading	95	Days
Rosacea	94	2 days
Pruritus	86	Seconds
Lichen planus	82	Days to 2 weeks
Dyshidrotic hand dermatitis	76	2 days for vesicles
Atopic dermatitis	70	Seconds for itching
Factitial dermatosis	69	Seconds
Urticaria	68	Minutes
Psoriasis	62	Days to 2 weeks
Traumatic dermatitis	56	Seconds
Dermatitis not otherwise specified	56	Days
Acne vulgaris	55	2 days for papules
Telogen effluvium	55	2–3 weeks
Nummular dermatitis	52	Days
Seborrheic dermatitis	41	Days to 2 weeks
Herpes simplex and zoster	36	Days
Vitiligo	33	2–3 weeks
Pyoderma and bacterial infections	29	Days
Nail dystrophy	28	2–3 weeks
Cysts	27	2–3 weeks
Warts: single and multiple	17	Days
Contact dermatitis	15	2 days
Fungal infections	9	Days to 2 weeks
Basal cell carcinoma	0	NA
Keratoses	0	NA
Nevi	0	NA

Abbreviation: NA, not applicable.

Data from Griesemer RD. Emotionally triggered disease in a dermatological practice. *Psychiatr Ann* 1978;8:49–56.

- Case reports; no randomized controlled studies
- Example case: 17-year-old promising golfer
- He was “losing his grip.”
- With the use of hypnoanalysis, it was discovered that he did not want to be a professional golfer but rather run a landscape business.
- **“If the problem or the symptom is a solution for a bigger problem, it is not likely to improve.”** This symptom provided him with a very “handy” way to alter his current path.



The problem is the solution, and the solution is the problem.

If the problem or the symptom is a solution for a bigger problem, it is not likely to improve.

- Laboratory values affected by hypnosis
- In a 1998 study published in 2007, 66 patients with rheumatoid arthritis were divided into three groups: hypnosis, relaxation, and a control group.
- The hypnosis group received simple guided visual imagery to reduce autoimmune activity and symptoms.
- **Patients who received hypnosis were found to have improvements in WBC, RBC, ESR, and CRP.**

Effect of Psychosocial Treatment on Survival of Patients with Metastatic Breast Cancer (Spiegel et al., 1989)

- A prospective study on survival duration of 86 patients diagnosed with metastatic (stage 4) breast cancer
- The year-long intervention included weekly supportive group therapy combined with self-hypnosis for pain management.
- Both the treatment group (n = 50) and the control group (n = 36) received standard oncological care.

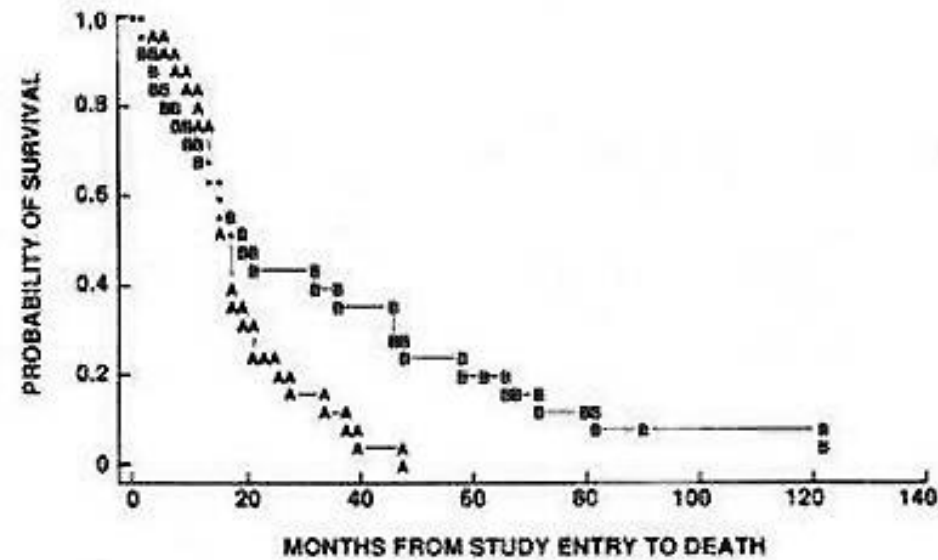
Effect of Psychosocial Treatment on Survival of Patients with Metastatic Breast Cancer (Spiegel et al., 1989)

- At the 10-year follow-up, only three patients remained alive. The average survival time was 36.6 months for the intervention group, in contrast to 18.9 months for the control group.
- Survival analysis revealed the divergence in survival rates began at 20 months or 8 months post-intervention.

TABLE III—SURVIVAL (MONTHS)

—	Control	Intervention
<i>Survival from:</i>		
Study entry to death*	18.9 (10.8)	36.6 (37.6)
Initial medical visit to death	81.2 (53.9)	94.6 (61.0)
First metastasis to death†	43.2 (20.5)	58.4 (45.4)

Mean (SD).

* $p < 0.0001$, Cox; $p < 0.005$, log-rank. † $p < 0.01$, Cox; $p < 0.04$, log-rank.

Kaplan-Meier survival plot.

A = control (n = 36), B = treatment (n = 50), and * = overlapping control and treatment probabilities of survival. Some points represent more than 1 case.



David Spiegel, MD, conducted an interesting study involving visual tracts. He gave study participants the suggestion that they saw colors when they were viewing images in gray scale. Brain scans revealed that the areas in the brain that process color perception were activated even when study participants were shown images only in gray scale.

“Well, I don’t think I am that hypnotizable.”

- Hypnotizability can be measured, and there are scales used in research.
- It follows a normal distribution pattern. While 10-20% of people are low on the curve, it does not mean that hypnosis cannot be effective.
- Spiegel and Spiegel at Stanford University suggest that “If people are in the lower range [of hypnotizability] they just may need more sessions or more practice to achieve the same results.”

“Well, I don’t think I am that hypnotizable.”

While hypnotizability is a factor, patients will always hear your suggestions.

Hot Flashes

- The Baylor University study selected patients who were not measured as “highly hypnotizable.”
- They used hypnotherapy as a treatment for hot flashes in menopausal women and women who survived breast cancer.
- Participants received five weekly sessions.
- The hypnosis group reported a reduction of hot flashes by more than 75%, while the control group reported a 17% reduction in hot flashes.

The Hypnotherapy Practitioner

- There are several institutions that provide training for hypnosis. Most licensed healthcare professionals seek training from a nationally accredited institution whose training programs are recognized by their own professional licensing or credentialing institution. Hypnosis training from ASCH is accredited by the Accreditation Council for Continuing Medical Education (ACCME), the American Psychological Association (APA), the Academy of General Dentistry (AGD), and the National Association of Social Workers (NASW).
 - ASCH Workshops & Events – ASCH is at <https://asch.net/asch-workshops-events/>

The Hypnotherapy Practitioner

- Certification in clinical hypnosis is encouraged but is not necessary in order to practice. Clinical hypnotherapy should only be used by licensed professionals and only to treat those symptoms, disorders, conditions, and problems that the therapist is qualified to treat within the realm of his or her licensure, experience, and expertise. Hypnosis provides another tool to enhance treatment that clients or patients are already going to be receiving by the same clinician or therapist. Liability is provided under the clinician's own professional licensure. Different levels of certification are available for those who wish to advance their training or become faculty members. Skills that are learned and practiced can immediately be employed in working with patients or clients.

Thanks for your interest and attention!





You have completed the course:

Clinical Hypnotherapy: Improving Patient Care

Thank you!