

HYPNOSIS

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Volunteers bark at the commands of the stage performer, a young African is claimed by voodoo death, a placebo relieves pain, and thousands walk away from the town of Lourdes, or the Ganges, - cured. We have all heard of or seen such events, but probably have never questioned what they might have in common. Typically, the barking volunteers are said to be hypnotized, the voodoo death is dismissed as humbug, placebo effect chuckled at, and the various cures from the religious centers attributed to the strength of God as revealed to the true believer.

Early medical records describe miraculous healings through induction of a sleep-like trance by ceremonial rites in the Aesculapian temples. The Bible and the Talmud record healing through the "laying of the hands". Kings of the middle ages healed through the "royal touch" (William III rather ruined this sport by stating to a group of wellwishers: "May God give you better health and common sense"). Many "healers" have been noted throughout history, and particularly in Europe since the 15th century. Some of the more successful of these have been Johann Gassner (1727-1779) who, through conjuration and prayer, cured by exorcising the evil spirit out of the body. Franz Messmer used his "magnetic-flow" in combination with the touch of a glass rod to achieve a short burst of popularity in Parisian circles. Present day wonders are fairly limited to the various metaphysical sects and a few pagan cultures.

One underlying factor seems to be present in all of these phenomena which I have cited, especially the non-physical cures - a conviction by the subject that a certain thing will happen; that is, he has a mental setting which is favourable to the situation. . A rough example of what is meant by this may have

been experienced by most medical students who usually develop, in a psychosomatic fashion at least, one of the diseases which they are studying. The ritual which accompanies so many of the non-physical cures - such as biting snake necks, rolling in the aisles or wearing purple gowns - only aids in the creation of the proper atmosphere for the results to be more easily arrived at. This is where hypnosis begins to enter the picture.

It is generally accepted that hypnosis is: "a subjective phenomenon processed out of a prior invoked belief which creates a readiness to believe."

A definition of hypnosis really explains little since, in essence, little is really known about it, or its seemingly related states of sleep and consciousness. Innumerable hypotheses have been proposed. One of the more feasible ones is presented below.

Consciousness and its associated mental states are dependent upon the cortex and involve discriminatory activities. The subconscious, which is located in the subcortical centres, appears to lack discriminatory ability but initiates goal-directed activities. Control of these goal-directed activities is assumed to be by the cortex. The cortex may be thought of as a centre for validating incoming percepts as to reality. If this is done, then the percept is "filed" in the subcortical centres. Subsequent percepts are validated again by the cortex, but this time the file on the previous similar percept is drawn and used in the determination of reality. If such percepts are reinforcing then a conviction is said to exist. Under hypnosis this critical ability of the cortex is presumed to be lost, and material is filed directly in the subcortex as being real; that is, there is an uncritical acceptance of an idea or statement.

The thalamus and R.A.S. are believed to be important centres because of their specific activating systems to the cortex. Thus it is held that it is the diminution of

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R.A.S. action which results in hypnosis.

Various methods have been used to induce hypnosis, but the basic three are termed: 1) the permissive technique, 2) the authoritative technique and 3) the mystic technique. The differences between the authoritative and the permissive techniques are very subtle, such that in the former one might say to the subject in a rather domineering voice "You are sleepy", whereas in the permissive type one would softly say, "You are getting sleepy". The mystic method is mentioned only because its use is not recommended. It involves such "gadgetry" as crystal balls, puffs of smoke, etc.

In hypnosis there are various levels of the hypnotic trance which are usually described as light, medium and deep. In the light state there is relaxation, eyelid catalepsy, and a slowing and deepening of respiration. The medium trance is characterised by partial amnesia and limb catalepsy. In the deep trance it is possible to achieve both surgical anaesthesia and age regression.

Many misconceptions have been propagated concerning hypnosis. Most of these ideas have been refuted: for example, it more closely resembles the waking state than it does sleep, contrary to many beliefs. And further-intelligent individuals usually make the best subjects, in fact, it is very difficult to hypnotize a person of low intelligence. A hypnotized person does not lose control of the will or give away secrets unless he wants to. This last point is now being questioned in some recent literature, but as yet there are no definitive findings. Hypnotism is usually terminated readily by either the operator or the subject. Submissiveness or gullibility are not related to susceptibility to hypnosis, and the so-called strong-willed individual is easier to hypnotize than is the submissive type. There is no helplessness on the part of the subject to resist post-hypnotic suggestion, if the suggestion does not fall within his pre-hypnotic convictions. It is with the latter, however, that trouble may evolve as the subject may develop an anxiety reaction as a result of the suggestion given during hypnosis.

Induction can be done by those with very little training, and unfortunately, is often practiced by those who are unable to cope with the psychological phenomenon which would ordinarily be of benefit to a trained

therapist. For example, the common trend to overeat has been explained many ways and those explanations which do not include some organic reason are generally considered to have their basis in the need which is satisfied in the individual by overeating. If one were treating obesity through the use of hypnosis, then a good understanding of the reason for that particular urge to eat would have to be found. The reason for this is that it may be necessary to try some replacement methods which will fill the vacuum left by the withdrawal of this urge to eat. If this is not done then there is a very real danger that the patient may develop something which is much more severe than just being overweight. Another example of this is found in the treatment of some debilitating feature as limb paralysis of a psychosomatic nature. The initial treatment here might involve the replacement of the limb paralysis by some non-debilitating tic, say of the eye. Subsequent sessions may then be able to remove the tic with no ill emotional affects to the individual.

It should be noted that the use of hypnotherapy should follow a thorough physical examination and an assessment of the individual's psychological stability. Another understanding which must be attained is that the individual is treated **in** hypnosis and not **by** hypnosis.

Successful use of hypnosis has been made in treatment of psychosomatic, cardiovascular, and gastrointestinal disorders, obesity, thumb sucking, etc. The most spectacular results, however, may be in the field of surgery and anesthesiology. The method of choice for analgesia and anesthesia is the pharmacological one - mainly because of reliability - since fewer than 10% of individuals are able to undergo an entire major surgical procedure without some chemoanalgesics or chemoanesthetics.

An example of the effectiveness of hypnotic anesthesia per se will illustrate the great value of this method. (This case is documented on a film available from the Wexler Film Co.)

A 27 year old white woman had a subtotal thyroidectomy. Immediately after surgery she sat up, talked, and drank a glass of water. She could eat immediately and had no vomiting nor nausea. The patient was not confined to bed and made a complete, uneventful recovery.

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A more common use of hypnosis is found in dental work where this method is being readily adopted.

Failure, however, has been the rule when trying to treat narcotic addicts and, to a lesser extent, alcoholics. Hypnosis is not a panacea of mankind's illnesses but it could be a much more common tool than it is today. Most hypnotherapists agree that the banning of commercial performances would greatly increase its effectiveness as a medical tool.

Ethical, legal, and religious attitudes and laws are most favourable to hypnosis as a medical practice, and only two major western religions raise any objection: these being the Christian Scientists and the Seventh-day Adventists.

Training for the use of hypnosis is recommended only at medical schools under qualified instructors in keeping with the recommendations of JAMA 168 : 186-189, 1958, and Brit. Med. J. 1 : 1019-1020, 1953.

The most essential part of a student's instruction is obtained, as I believe, not in the lecture room, but at the bedside. Nothing seen there is lost; the rhythms of disease are learned by frequent repetition; unforeseen occurrences stamp themselves indelibly on the memory. Before the student is aware of what he has acquired, he has learned the aspects and causes and probable issue of the diseases he has seen with his teacher, and the proper mode of dealing with them, so far as his master knows.

- Oliver Wendell Holmes

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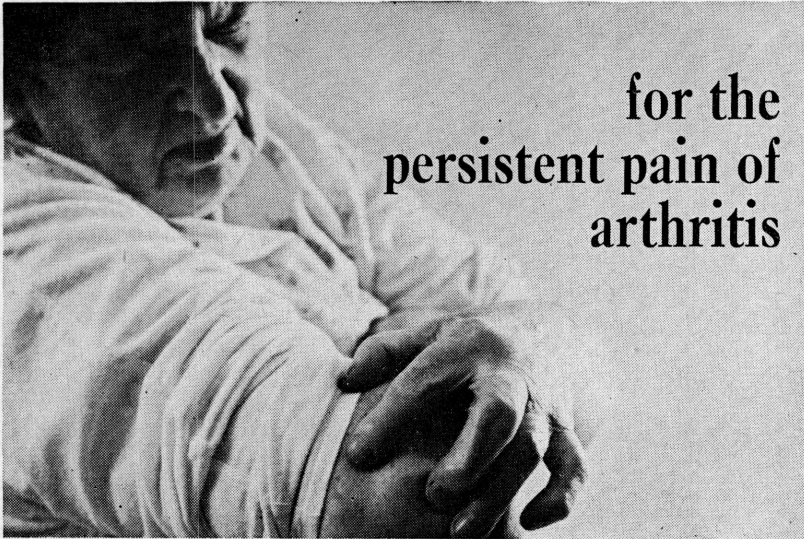
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Additional information available on request.

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