

# Hypnosis In Medicine

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Medical interest in hypnosis has waxed and waned through the years, but the methods of inducing the hypnotic state have not changed appreciably within the period of recorded history. From a historical survey, it is gathered that two main factors have been a hindrance to the fullest and best use of hypnosis. Of main importance is the use of hypnosis by charlatans and entertainers that has tended to cause a lack of respect for the method, to bring it into disrepute and to cause men to fear it. Another factor is the overenthusiasm with which some even sincere professional men have approached the subject.

Fear and mystery have aroused opposition to experimentation, thereby limiting our knowledge. Thus it is very difficult for its true merits to become assessed and known.

This discussion of hypnosis in medicine will be divided into three parts. Firstly, the techniques of induction and the susceptibility to hypnosis; secondly, some general remarks including the attitude towards its use by the medical profession, the possible dangers inherent in its use and the contraindications to its use; and thirdly, its uses in the field of medicine other than that of Psychiatry.

## Techniques of Induction and the Susceptibility to Hypnosis.

In general one can say that most methods of induction include the following elements:

1. Limitation of sensory intake and motor output.
2. The fixation of the attention.
3. The repetition of monotonous stimulation.
4. The setting up of an emotional relationship between the hypnotist and patient.

It is agreed that a discussion preliminary to induction is a prerequisite. The therapist elicits from the patient his pre-conceptions and fears regarding hypnosis, and reassures him on one or more standard prejudices; for example, that he will not be revealed as a weakling if he proves to be a good subject; nor be deprived of his "will"; nor be forced to do anything which would humiliate or frighten him; nor lose consciousness at any time; nor run the risk of remaining in hypnosis forever. He

should be told that on the contrary, only people with well-developed "will-power"—in the sense that they can concentrate well—are hypnotizable. He can be told that hypnosis is a kind of sleep in which communication with another person remains.

When satisfied that a fairly good pre-hypnotic rapport is established, the patient is made comfortable on a couch or easy chair, in a semi-darkened room. The most standard technique used is that of eye fixation with progressive relaxation and strong suggestions of sleep. This period may take five to ten minutes, or even longer depending on the individual case. One of the most difficult points is to know when it is wise to challenge a patient to test his hypnotizability. The first challenge may be best made in the form of heaviness of an arm. Suggestions are that an arm will become heavier and heavier until finally the subject will not be able to lift it. A challenge is then made and the results interpreted.

When verbal methods have failed, drugs

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TO RETIRE ON?**

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man soon.

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are resorted to sometimes, and the barbiturates are useful in this respect.

Most studies reveal that approximately 90 percent of the population can be hypnotized to some degree. For practical purposes there are three stages of hypnosis; a light, a medium and a deep state. The deep state is attained by 20 percent, the medium state by 20 to 30 percent, and a light trance by 40 to 60 percent.

#### Attitude of the Medical Profession Toward Hypnosis.

The place of hypnosis in medicine is still somewhat ambiguous. In 1955, the British Medical Association encouraged its use by doctors and recommended that all physicians acquire a grounding in the basic principles of hypnotherapy.

In 1958, a committee of the American Medical Association reviewed the subject and came to the following conclusions:

1. General practitioners, medical specialists and dentists might find hypnosis valuable as a therapeutic adjunct within the specific field of their professional competence. All those who use it should be aware of the complex nature involved.
2. Teaching related to hypnosis should be under responsible medical direction and integrated teaching programmes should include not only the techniques of induction but also the indications and limitations for its use in the specific area involved.
3. Certain aspects of hypnosis still remain unknown and controversial, as it is true of many other areas of medicine and the psychological sciences. Therefore, active participation in high-level research is to be encouraged.
4. The use of hypnosis for entertainment purposes is to be condemned.

Hypnotism is not to be considered lightly as there are some potential dangers involved. For example, it may relieve an organically determined symptom as a result of the suggestion applied and diagnosis of that organic disease may accordingly be missed. This, of course, is a danger in all symptomatic treatment. Hypnosis may also precipitate a psychosis in a pre-psychotic individual.

Careless use is to be avoided and hypnosis should only be used when one is aware of the psychodynamics involved and the desired effect. A leading authority compared hypnosis to a difficult operation. He stated, "Anyone can cut skin, many may remove an appendix, but who should remove a stomach, a pancreas, or a lung?"

The same is true of hypnosis; anyone can learn to induce it, some can get therapeutic results, but only those with experience and training should cut pieces of the mind."

#### The Use of Hypnosis in Medicine.

The applications of hypnosis in the various fields of medicine may be thought of as those which have been used in the past and which may be used now or which have some use in the future. Generally speaking, we can divide the uses of hypnosis into two major groups.

The first group includes those conditions in psychosomatic medicine and psychoneuroses where more orthodox methods have failed and where hypnosis may be beneficial. This group will not be covered in this discussion.

And secondly, in the psychologically healthy (if there is such a person), where in certain fields its use may be beneficial for one reason or another.

During the last ten years there have been an increasing number of articles on the use of hypnosis with obstetrical patients. Some clinics have been using it extensively as an analgesic agent and also in pre-natal control of some patients. Controlled studies are now being made and reported. The pregnant woman is usually an excellent subject and from all reports, it appears that it is easier to induce deep hypnosis during labour than it is during the pre-natal period. Therefore, there need be no fear of its failing during delivery.

We have heard and read much about natural childbirth, the reasons why it is more beneficial, both from the baby's point of view and also that of the mother's. Hypnosis is carrying natural birth just one step further by the addition of a trance state. The late Dr. J. B. DeLee recognized early that profound relaxation during delivery in some patients could best be obtained by hypnosis. He wrote: "The only anaesthetic without danger is hypnotism. . . I am irked when I see my colleagues neglect to avail themselves of the harmless and potent remedy."

The advantages of hypnotism in obstetrics are many and may be enumerated as follows:

1. The patient is treated in an unusual and special manner, and because suggestibility is present, she is likely to have a more pleasant pregnancy, free from ordinary discomforts associated with this condition, such as nausea, pressure effects and cramps.

2. Fear, pain and apprehension before and after labour are eliminated.

3. It is possible to allow the mother to experience the sensations of childbirth without attendant pain.

4. The responsive patient co-operates more fully and this is valuable during the expulsive stage.

5. In pre-mature deliveries, hypnosis is of special value because it reduces fetal anoxia.

6. In primipara the first stage of labor has been shown to be reduced by two to four hours in two controlled series reported.

The disadvantages are that surgical levels of anaesthesia can be induced in only one out of four patients, and also the time required pre-natally is sometimes too long for a busy obstetrician. In one clinic the average time required was four and a half visits of 30 minutes each.

The preparation of the patient includes inducing a hypnotic state during the pre-natal period, leaving post-hypnotic suggestions that labour will be painless, that she will look forward to her pregnancy and confinement with happiness, and that she

will fall into a deep hypnotic state in a response to a given command at any time. It is important that complete confidence is maintained.

When labour begins, the patient is hospitalized and placed in a hypnotic state. She appears to be relaxed and asleep even during the height of labour and the delivery phase. Contractions can be felt as a tenseness of the abdomen and the bearing down reflex as a perineal pressure. Participation, as well as full knowledge of all occurrences, can be effected upon command or amnesia can be induced. From all reports, we can justly say that hypnosis has a definite application in obstetrics.

Hypnosis as an anesthetic agent was used extensively in the eighteenth and nineteenth centuries for major and minor surgical operations. With the advent of ether and chloroform the use of hypnosis for anesthesia was virtually discontinued. Recently the subject has been under re-evaluation, and it appears that there are cases where its use in conjunction with other analgesics or anesthetics is beneficial.

With the rapid advances made in anesthesia, it is relatively rare that hypnosis may be used by itself. However, various

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instances have been recommended. For instance, it may be used in the poor-risk case where such things as amputation are necessary due to gangrene. Other authorities have recommended its use in cases of severe burns, who require a daily anesthetic for their dressings and for whom every meal missed adds to the difficulty of maintaining the level of the plasma proteins. Also, in dental and nasal surgery, it has the great advantage that the patient can be made to spit normally, or the nasopharyngeal reflexes can be retained or removed at command.

When used in conjunction with other means of anesthesia, it is possible to alleviate anxiety and apprehension pre-operatively. This may be useful in selected cases and has been employed extensively by Mermer in Los Angeles. Mermer states, however, "that he found its greatest value lies in the beneficial results obtained with post-hypnotic suggestions. Such suggestions greatly reduce the hazards of the post-anesthetic or post-operative period. Amnesia, partial or complete, permanent or transient, can be induced. Elimination or

reduction of nausea and vomiting can be obtained and breathing can be greatly improved. Thus post-hypnotic suggestions can aid in the reduction of post-operative pulmonary complications, allow for earlier intake and retention of fluids and, in many instances, alleviate post-operative pain and discomfort thus reducing the need for narcotics."

Hypnosis has also been used to alleviate those patients who have intractable pain, such as terminal cancer patients. The results, however, are proportional to the depth of hypnosis obtained, and in a series of 12 cases, only 5 could be relieved completely while in the hypnotic state. In these some got comparative relief by post-hypnotic suggestions, but relief was mostly obtained while in deep hypnosis. A great amount of time, energy and ingenuity by the hypnotist was needed and, as a result, this use is of little practical value.

In summary, although the prime use of hypnosis may be in the field of psychiatry, certain applications are very useful in obstetrics, anaesthesia and surgery, and are being explored further.

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