

Medical Hypnosis

Young Physician Leadership Forum

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First things first...

What is medical hypnosis?

Traditionally, medical hypnosis was defined as the state of mind into which the individual entered. The focus was on the suggestibility of the person, the depth of the trance, and so on. We now know that we must include both the person and the doctor in the description. When we speak of medical hypnosis, we are not solely referring to the processes within a person but to the type of interchange between two people. As a result, our emphasis is on the doctor gaining cooperation from the person, dealing with resistant behavior, receiving acknowledgement that something is happening, and so on. This broader definition of medical hypnosis makes it difficult at times to tell whether or not the doctor hypnotized a person.

What is the unconscious?

The unconscious has always been a term that has applied to one person—something inside that person. In medical hypnosis, we do not view the unconscious that way. The idea of the unconscious came out of hypnotic investigations in the last quarter of the 19th century. When a person in trance followed suggestions and could not explain why he was doing what he was doing, it was necessary to postulate a moving force inside the person that was outside his awareness. Freud carried this idea further with a hypothesis that the unconscious was a part of the mind containing dynamic instinctual forces that determined the ideas and behavior of a person. Jung also postulated a similarity in the unconscious of different individuals with his idea of the collective unconscious. In current medical hypnosis, we have shifted the traditional view of the unconscious. The unconscious is not merely expressive--a report of what was on the person's mind--it is also a way that we communicate with others. Thus, we communicate with a conscious language and we communicate with an unconscious language, which we understand and respond to. This unconscious language is in a different code: there is condensation, and no sense of time. The communication is in the form of body movement, vocal intonation, and the metaphors and analogies implicit in our verbal speech. An ability to read unconscious communication is an essential skill in a doctor.

Two Simple Techniques for Medical Hypnosis

1. Maximize your own freedom to maneuver with patients by “watching and listening” while creating relaxation and openness to change.

The art of communication and medical hypnosis comes from being aware. You will be teaching your patients the art of relaxation and how to get answers from within themselves. Relaxation itself can have miraculous healing abilities. My medical hypnosis methods have been utilized by Harvard Medical School's

Mind/Body Medical Institute, including applications with children (K-8), caregivers and their family members, physicians and their staffs, high-utilizer patients at Kaiser Permanente, weight-loss, smoking cessation, stress reduction and pain control. The interventions proceed like this:

- 1) Survey and interviews;
- 2) Prevention methods including relaxation, meditation and self-hypnosis training;
- 3) Bio-psycho-social interventions;
- 4) LifeStar follow-up, data collection and personalized short-term and longterm monitoring.

Watch and listen to the patients' verbal and non-verbal communication.

The non-verbal (unconscious) communication consists of their tone of voice, the stories they tell, and their body language. By *watching* the other person more *attentively*, you can *better understand* what patients are saying, how they say it, when they say it and where they say it.

Seventy percent of communication is non-verbal. The words your patient is saying to you are only thirty percent of what they are communicating. When two people are talking, watch their faces. One is saying something, the other is preparing to answer; they are not listening. Typically, people are like two parallel lines that never meet. A dialogue may seem impossible. Everything is a monologue. Two monologues together *may* look like a dialogue, but only in appearance.

You will notice that becoming aware of conscious and unconscious (verbal and non-verbal) communication is relaxing and allows you to start seeing things as they are without interference by a cluttered mind.

The simplest technique to build the skill of relaxation is breathing while focusing on the turning points between the inhalations and exhalations. The breathwork can easily be combined with mindbody communication methods (including "please relax," "the watcher/observer," and "intuition").

Practice watching and listening by communicating with someone while you pay attention to their tone of voice, the stories they tell, and their body language. You can get things started like this: "*How are the important relationships in your life going now?*" And as the person starts to tell you and you are watching and listening, try these phrases to communicate further: "Tell me more" or "What else?"

*Patient usually want to tell you their story. The more freedom you give yourself in asking the questions you feel will be most helpful, the more likely you are to help them. In all interviews, whether the patient has headaches, stomach aches, too much stress, addictions, chronic pain, serious illness or other bio-psychosocial problems, one of the most important things to remember is that the **way in which you approach the patient** may help augment the procedures, prescriptions, and referrals. Your willingness to learn this procedure or work with that prescription is important and it helps to remember that you, as an individual personality, are quite different from any of your colleagues. You must allow yourself to be expressed as a personality. The next most important thing with any approach is your awareness that every patient who comes to you represents a different personality, a different attitude, and a different background of experience.*

2. Approach each patient with an expectation that change is not only

possible but inevitable, creating opportunities for new “inner” learning by utilizing “closed-eye history taking.”

A sureness can exude from you that indicates that it would really surprise you if change did *not* occur. Approaching each situation as a new one, you are willing to assume some changes in life must occur slowly. *Characteristically, you can act as if change for the better is a natural development.*

Create opportunities for new inner learning

During your medical interview, make the following comment, or something like it, to your patient:

"Sometimes it is very helpful to solve problems by approaching the situation as a new one and assume that some problems do occur slowly and others quite quickly--just as solutions do. I want to do this part of the medical interview with you having your eyes closed to help you focus on problems and possibly some solutions. You can find yourself becoming more relaxed and comfortable as you continue sitting there and let your eyes close. Close your eyes, relax, and imagine yourself in a favorite spot that you like very much--either by a lake or river, just some place you like. You manage to get more and more relaxed. Take a deep breath and relax. (Patient and you synchronously take a deep breath at this point.) You start feeling more and more comfortable. You're going to find that each time you want to spend a few minutes by yourself, relaxing, feeling very comfortable and serene, that you can come back to this feeling, you can put yourself into this world anytime that you like. There are times when you really need this serene feeling."

"Now, with your eyes closed, you can remember what it feels like to be in a movie theater, as if you are watching a movie. Imagine that you are in the 15th row of the movie theater and you have a comfortable seat, a good view and can easily tell me what's on the big screen, which of course, is the movie of your life. And you can casually and comfortably be watching, listening or sensing different scenes, ages, situations and even other people you recognize. One of the nicest things about watching the movie of your life is that you are learning to see things with different eyes."

Note: If the person is having any difficulty, just remind them: *"Be in the 15th row as the watcher and enjoying the movie, perhaps more than you expected. You can always move back to the 25th row--the last row of the theater--and be looking at the 15th row as well as watching the movie from way back here in this comfortable and relaxed perspective."*

"One of the nicest things about this view of your movie is that you can dare to look and think and see and feel things that you wouldn't dare do in ordinary situations."

Complete the interview and reinforce the importance of continuing to discover memories, life experiences and abilities that can help them to deal effectively with that problem.

With their eyes closed and from the 15th or 25th row, ask the person the following questions while you watch and listen:

- * *What is your purpose in being here today?*
- * *What would you like to change?*
- * *What are the most important reasons to make a change?*
- * *How is this problem affecting your life now?*
- * *Who is your support system for this change?*

Such a technique requires that the patient be cooperative. Resistance to or

rejection of this imposed behavior may require that the doctor resort to another more readily accepted or more pleasing technique. Whenever patients close their eyes and communicate, the interview is more experiential than intellectual.

Emphasis on the positive and on change occurs in relation to the doctor by the creation of opportunities for patients to accept their individuality and for unconscious and conscious learning.

Within each individual, the positive potentials are striving to take over and during the interview your approach is to let this happen.

If your only focus is on what's wrong with patients, you don't allow them to discover the better aspects of their situations and potentials. Remember to ask the following question: **"What's right about your life?"** A major skill with all medical interviewing is to enforce a positive view without appearing to offer mere reassurance. Patients often conceive of their situation as a trap (problem) from which there is only one escape (solution) and this is unfortunate.

You recognize life as infinitely varied. You have a multiplicity of career choices, a vast variety of ways of dealing with your intimates, and an infinite number of ways of looking at a single situation. You may want to choose a variety of stories to tell for patients who have a particularly rigid view of their situation. When patients insist that they are right and know what is so, give them the task of putting 12 trees in 6 rows containing 4 each. When the patient is convinced that the task is impossible, you can show them how easily it can be done. Try this and you will see this arrangement makes the star of David.

Learning to be accepting with both verbal and non-verbal communication is a key that can open up new doors in doctor-patient relationships. Here are the key ingredients of medical hypnosis:

- * relationships (the most important concept)
- * intonation and voice modulation
- * slow, calm, and carefully enunciated speech
- * quiet confidence, a permissive approach and authority
- * conviction in your voice
- * impartiality
- * imagination, creativity, intuition and sensitivity
- * watchfulness and a sense of purpose
- * expectations that the patient will change
- * emphasize on the positive and what is possible
- * the use of past successes
- * asking the right questions and "watching" while the patient answers.

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