

Hypnosis: An Underused Technique

Hypnosis helps tremendously with many mental health conditions.

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It's been 30 years since I first began using hypnosis. For me, it's been a great therapeutic tool. As an adjunctive technique, hypnosis has allowed me to integrate several behavioral therapies that often form the basis of my treatment strategy.

My early education in its use taught me that hypnosis is a method of sustained, focused concentration. Hypnosis allows the subject to process information in a manner different from the way it is processed in the regular alert state. Because of the power of hypnosis, when integrated into a behavior modification strategy it can be used in various ways to treat many disorders.

For many people, including plenty of mental health professionals, hypnosis brings to mind mental weakness, mind control, sleep, or loss of consciousness. Women are often considered more hypnotizable than men. Those are myths. Hypnosis is neither mind control nor a strategy for the weak-willed. Clearly, women are not more hypnotizable than men, and finally, the old wives' tale that people go to sleep or lose consciousness when they are hypnotized is just that-an old wives' tale. On the contrary, a hypnotized person enters a highly alert state in which the person's focus or concentration is heightened.

Hypnosis allows patients to focus and sustain concentration so they can be taught a well-thought-out behavior modification program. Hypnosis should be viewed, however, as an adjunctive part of an ongoing therapeutic plan. For example, a dentist who uses hypnosis for pain or anxiety control is aiding his primary therapy-the practice of dentistry-in an adjunctive way.

Hypnosis can help patients working on issues such as smoking cessation, weight control, nail biting, phobia mastery, insomnia, anxiety, including PTSD, poor sexual function, obsessive thinking, and stress-related problems that might be rooted in such physical problems as hypertension, headache, or chronic pain problems. Hypnosis can be an effective aid in treating these problems. But not enough psychiatrists, psychologists, and psychotherapists use hypnosis or understand what it can and cannot do.

An example of how I use hypnosis involved a gentleman who had been stuck in an elevator for many hours and subsequently suffered post-traumatic stress disorder with incapacitating flashbacks, agitation, and depression. He came for help after having tried several traditional therapies and one approach involving cognitive-behavioral therapy-all of which had failed.

I decided to try a different approach using hypnosis and guided imagery. Within a period of four sessions, I was able to get this man to project his flashbacks and anxiety onto a large movie screen that we designed together. Essentially, we were able to start on a road to get those memories out of his thoughts and onto the screen. When he needed to relax himself, he learned to "flip the visuals" on the screen and go to another set of imagery with pleasant associations for him. I taught him this strategy so that, after our sessions ended, he could continue practicing it on his own. I believe the focused concentration that he developed through the hypnosis allowed this imagery to work. In a short time on his own he conquered the PTSD.

In my experience, if hypnotic strategies are going to work, they will be effective within a few sessions. If they do not work for a problem, it might be time to move on to other approaches. There's no need for gadgets or drugs when hypnosis is used. If the patient is hypnotizable-and many medical practitioners can conduct a simple test or tests to determine this-all that's needed is the person's willingness and the practitioner's skill in guiding them into their own hypnotic state.

Those of us in psychiatry and psychology are best equipped to handle hypnosis, but other disciplines may be able to do this work as well. In general, the goal is the same, regardless of who is conducting the hypnosis: a positive therapeutic result, using the primary specialty as the basis of the treatment, as in the dental example.

Patients should beware of the stage hypnotist who hypnotizes just for the sake of doing so. That's entertainment-not health care. As a formal procedure, medical hypnosis takes training and experience, and needs to be used by those who are aware of the appropriate uses, strengths, and contraindications. In the mid-1950s, the British Medical Association and the American Medical Association issued a policy statement that recognized hypnosis as a legitimate treatment in medicine and dentistry.

Debates surrounding the psychological, physiologic, neurochemical, or emotional responses prompted by hypnosis continue. Up to the present time, though, the mechanism that makes hypnosis effective is either unclear or unknown. Documentation of scientific proof of its effectiveness is based on clinical experience and often anecdotal. Culture, motivation, trends, belief systems, and hope often enter the clinical picture.

Many fine educational programs offer seminars and courses in medical hypnosis. Contact the Society for Clinical and Experimental Hypnosis to learn about programs offered across the United States and around the world. Of the many books and articles I've read and learned from, "Trance and Treatment: Clinical Uses of Hypnosis," by Herbert Spiegel, M.D., and David Spiegel, M.D. (New York: Basic Books Inc., 1978), is still one of the most clinically relevant and easily understood.

More psychiatrists should be trained in hypnotic techniques. Hypnosis should be part of general psychiatric education, because these strategies add a valuable dimension to the psychiatrist's and the mental health professional's toolbox.