

## The therapeutic value of hyper-suggestibility

For months, Rachel, a 16-year-old living in Minnesota, woke up gripping her abdomen in pain. The cramps and “gnawing,” as she described it, continued into the day. She couldn’t concentrate in class and would often sit in her school’s nurse’s office, crying out of frustration.

“We were trying to figure out what the cause was,” says Rachel’s father. “It was really horrid.” Rachel was eventually diagnosed with irritable bowel syndrome and saw several doctors, a hypnotherapist and acupuncturist in search of a therapeutic solution. It wasn’t until she sat down with Dr. Daniel Kohen, a pediatrician and professor at the University of Minnesota, that she discovered a technique that would reduce her pain substantially, allowing her to achieve good grades, play sports and make friends.

“Every morning I start by doing deep breathing. Then I imagine my pain as an elevator and I’m on the eighth floor but I ride it down to one,” says Rachel, explaining the self-hypnosis technique taught by Kohen. While Rachel says her pain used to be “always at level eight,” it now registers at “twos and threes.”

Both alternative and traditional medicine practitioners have long relied on hypnotherapy to help patients with anxiety and addictions like smoking. Increasingly, however, they are turning to the power of suggestion to alleviate physical symptoms arising from conditions such as chronic pain, irritable bowel syndrome and migraine. The American Society of Clinical Hypnosis even claims that hemophilia patients can self-hypnotize to “control vascular flow and keep from requiring a blood transfusion.”

Kohen says hypnotherapy works because people have “the ability to modify how [their] pain feels. Your brain is in charge.” In support of that proposition, he notes that people who are only rarely exposed to needles might grimace or jump at the sharp jab, but those who are injected routinely often don’t register the pain.



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The swinging watch has long been viewed a fixture of hypnosis but hypnotherapy’s failure to lend itself to standardization is part of the reason many in the medical community are hesitant to view it as a viable alternative to pharmaceuticals.

Hypnotherapy has long been used in medicine. Dr. James Braid, a Scottish surgeon, coined the term in the mid-1800s and its proponents believe it has no adverse effects and is effective over the long-term if practised by the patient at home.

Nonetheless, health practitioners remain a “hard sell” when it comes to the technique, says Kohen. Many physicians don’t see hypnosis as a serious

and scientific therapy due to the pervasiveness of the ‘cluck-like-a-chicken’ variety of hypnosis that’s depicted in cartoons and movies, Kohen explains.

Attitudes are slowly shifting, however with the increased volume of peer-reviewed studies demonstrating hypnotherapy’s effectiveness as a hospital or clinic-based treatment.

“Virtually any children’s hospital in the [United States] now has one or two

people trained in hypnosis,” says Kohen, coauthor of *Hypnosis and Hypnotherapy in Children*.

Dr. Ali Rahmanian, a hypnotherapist at a private pain clinic in Toronto, Ontario, argues that clinical use of hypnotherapy is becoming ubiquitous as it “becomes much more scientific and we understand more about the beauty of how the brain works.”

Studies have examined hypnotherapy’s role as an alternative to anesthesia, as a method for calming patients before a surgical procedure and as a treatment for asthma, among other applications. On average, patients who had undergone hypnosis required about a third less the amount of intraoperative anesthesia and generally reported pain to be half as intense as that reported by a control group among women undergoing excisional breast biopsies or lumpectomies (*J Natl Cancer Inst* 2007;99[17]:1304-12). Meanwhile, Kohen and a colleague found that 88% of 144 pediatric patients who suffered from headaches and opted for hypnotherapy experienced a decrease in the frequency of headaches (*J Pediatr* 2007;150: 635-9).

Some doctors have argued, however, that hypnosis should be limited to its more traditional role in medicine, that is, in the treatment of anxiety and addictions. In 2009, US hypnotherapist and psychiatrist David Spiegel appealed to the British National Institute for Health and Clinical Excellence to sanction hyp-

notherapy’s use for a wide range of conditions, including allergies and high blood pressure. But Dr. Steve Field, chairman of the United Kingdom’s Royal College of General Practitioners, publicly rebutted the assertions.

While noting that hypnotherapy is “a useful tool used by some GPs and patients for relaxation,” Field said his organization “can’t call on the [National Health Service] to support it without there being a firm medical and economic basis.” The National Institute of Clinical Excellence subsequently opted not to expand recommended applications for hypnotherapy.

Dr. Fred Janke, a family physician in Sylvan Lake, Alberta, once limited hypnotherapy referrals to smokers but now recommends it as part of an interdisciplinary approach for chronic pain and cancer patients. “There are a lot of good studies around hypnotherapy’s role in helping cancer patients deal with pain and the side effects of treatment,” he says. “Getting a patient to change the way they think about pain can sometimes be quite effective.”

Janke recognizes, however, that “there is a great variation in the medical research literature on the effectiveness of hypnotherapy.” He believes the variation has to do with the range in techniques employed by hypnotherapists and would like to see greater standardization in the field.

For example, while some hypnotherapists may encourage a patient to numb

a hand and then spread that sensation to an aching body part, others may ask that a patient recall childhood experiences of pain in order to disrupt associations between anxiety and pain.

Kohen says hypnotherapy’s failure to lend itself to standardization is part of the reason many in the medical community are hesitant to view it as a viable alternative to pharmaceuticals. But he argues a “one-size-fits-all-approach would be a lethal blow to hypnotherapy” as imagery and techniques that work for one patient may not work for another. He employs various methods with headache patients, such as encouraging patients to picture themselves in a calming, peaceful place or imagining their headaches reducing in size. “You can watch the headache shape and colour in your mind get smaller and smaller, while the happy and comfort shape get bigger and bigger until it fills the screen in your imagination,” he says.

Kohen also says children tend to be more amenable to hypnotherapy than adults because they are often better able to relax enough to go into a hypnotic state.

And it doesn’t work on people who aren’t open or motivated to change, adds Rahmanian. “For patients with chronic pain, the brain is telling them, you’re never going to get better. Hypnotherapy tells the brain you are going to get better.” — Wendy Glauser, Toronto, Ont.

*CMAJ* 2011. DOI:10.1503/cmaj.109-3780