

HYPNOSIS

More doctors learn to use alternative to anesthesia

By Margie Patlak
Special to The News

When Mary Lou Shirilla underwent a Caesarean section to deliver her baby, hypnosis was used instead of standard anesthesia to numb her belly.

"I imagined myself lying on the beach," Shirilla says, "and when

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they cut me open I felt a slight burning sensation but no pain. The only other thing I felt was a tugging when they pulled out the baby."

Although sounding like it belongs in Ripley's *Believe It or Not*, Shirilla's case is one of several pointing to the blossoming use of hypnosis in clinical settings. The number of physicians trained in hypnosis is on the rise, according to the American Society for Clinical Hypnosis.

The use of hypnosis in medicine has grown as new research has shown what hypnosis can do, while also establishing its limitations.

"There are two problems with hypnosis," says Ernest R. Hilgard, professor emeritus of psychology at Stanford University. "One is that people believe hypnosis can do nothing and the other is that they believe it can do everything. We have to find a middle ground."

Recent scientific studies aimed at finding that middle ground have stripped hypnosis of its hocus-pocus reputation and fostered its use by doctors to treat patients with ills ranging from burns and chronic pain to asthma and high blood pressure.

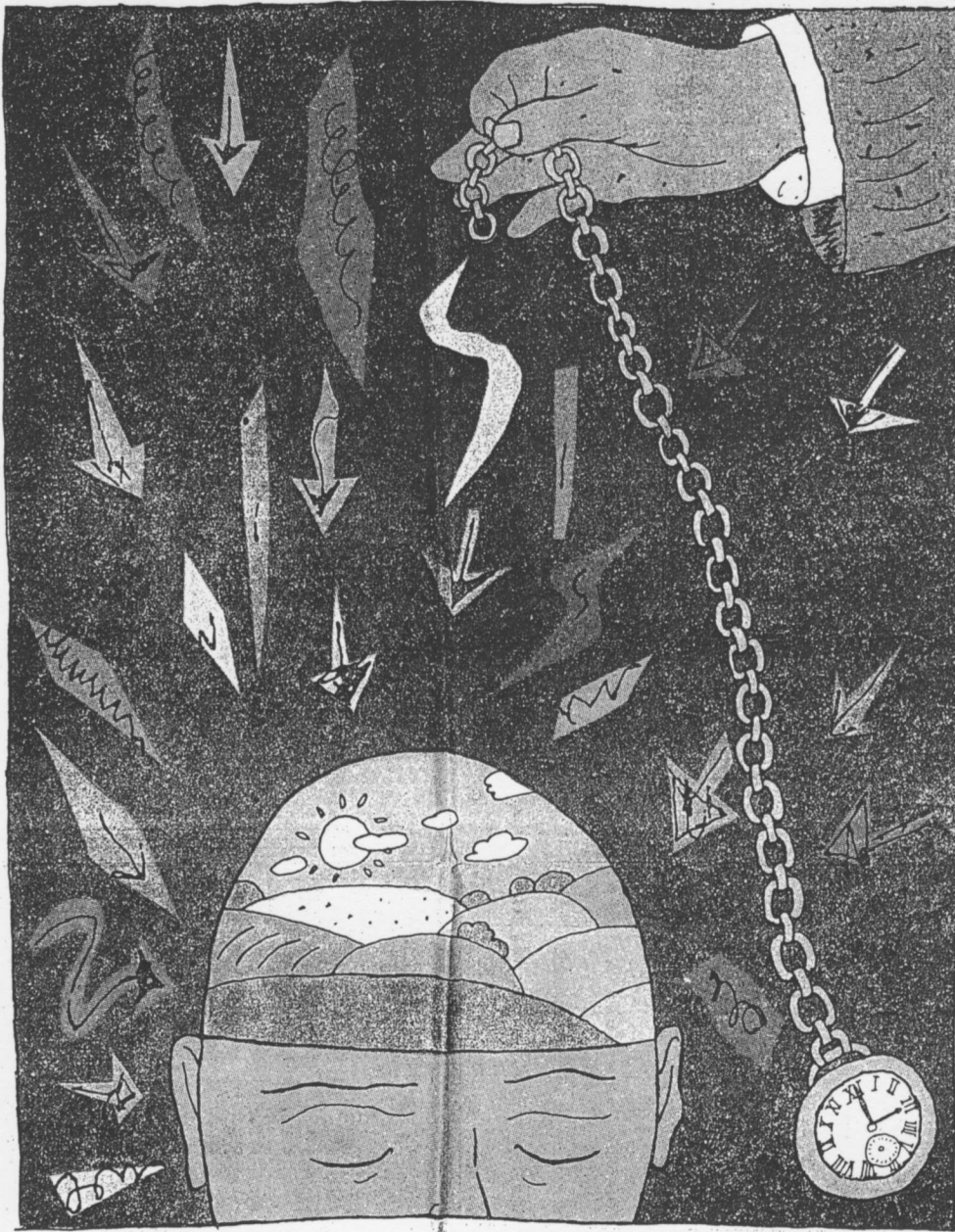
The latest research has also provided clues to how hypnosis works.

By narrowing a person's attention so awareness of external reality fades, hypnosis induces an altered state of consciousness in which a person is extremely relaxed and open to suggestion, says Dr. Simon W. Chiasson, assistant professor of obstetrics and gynecology at the Northeastern Ohio School of Medicine in Youngstown.

All of us experience a light hypnotic trance when, for example, we focus our attention so completely on a speaker, movie or book that we lose awareness of what is happening around us. Most techniques used to induce a trance have subjects focus on a repetitive or narrow stimulus such as their breathing or a spot on a picture. Although only about one out of five people can experience a deep trance, nearly everyone can fall into a light trance, which is usually all that is necessary to benefit most people in a clinical setting.

Many health practitioners are capitalizing on their patients' heightened openness to suggestion while hypnotized by offering imagery that relieves pain, speeds healing, or transforms bad views of an illness or discomfort into good ones.

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The Dallas Morning News: Karen Blesken

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Research suggests uses for hypnosis

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ing hypnosis that contractions are normal and healthy rather than painful and try to neutralize the fear of delivery with a positive emotion that exalts motherhood.

Chasson estimates that only 15 to 20 percent of his obstetric patients can successfully use hypnosis as the sole form of anesthesia during surgery, but adds that the majority find it helpful during labor and delivery. Studies show that hypnosis can shorten women's labors by a quarter to a half and substantially curtail the amount of pain-relief medication they require.

Although it is not known how exactly hypnosis can speed labor and delivery, Chasson suggests it primarily works because it relaxes the woman giving birth.

But more than relaxation must be involved, because research shows hypnosis is more effective than standard relaxation techniques in pain relief. A common theory is that hypnosis fragments the mind into several unconnected streams of mental activity. Such fragmentation could block pain signals from reaching consciousness.

The fragmentation theory is supported by studies of highly hypnosis-susceptible individuals. When subjected to pain during a trance, they often have what is known as a "hidden observer" that metaphorically records the amount of pain experienced but does not let the pain come to consciousness. The hidden observer was discovered in the 1970s when subjects were asked to to have the "part" of themselves that experienced the pain write down how much pain they experienced through a number scale while simultaneously having the other part verbally tell the hypnotist what they felt. Many subjects wrote that they experienced a high degree of pain at some level while telling the hypnotist they felt nothing.

"The hidden observer shows us that the information is there and is somehow processed and stored in the brain but is still not available to consciousness," explains Hilgard, the Stanford psychologist and discoverer of the hidden observer.

But only half of highly hypnotizable people have a "hidden observer" and physical signs corresponding to the theory have yet to be discovered.

"One reason we haven't found neurophysiological changes associated with hypnosis is because we don't know enough about the neurophysiology of mental states other than sleep," says Dr. Martin T. Orne, professor of psychiatry at the University of Pennsylvania and an expert in hypnosis phenomena.

A lack of understanding of how hypnosis works, however, has not stopped it from being put into practice. Many doctors are turning to hypnosis to check the chronic pain of their patients because it lacks the side effects linked to painkiller drugs, and for certain types of pain

is more effective than standard medication. Hypnosis also bypasses the drug abuse and addiction that often accompanies painkiller drugs. In a recent National Institutes of Health conference on pain management in Bethesda, Md., the panel recommended hypnosis to control pain and the technique is commonly used in pain clinics across the country, according to Laurel Archer Copp, dean of the University of North Carolina School of Nursing and chair of the panel.

One of the most excruciating types of pain a person can experience is that caused by severe burns, and studies show that a surprisingly high proportion of burn patients (60 percent to 90 percent) who use hypnosis achieve substantial relief from pain.

"A burn patient is much more receptive to hypnosis than the average person because their extreme pain motivates them to seek relief," says Dr. Jerold Z. Kaplan, medical director of the Alta Bates Hospital Burn Center in Berkeley, Calif.

Hypnosis not only appears to stem the pain of burn injuries but also to speed their healing. In a study by Kaplan, patients who were burned equally severely on both hands, arms or legs were asked under hypnosis to imagine the blood flow to be greater on one side of their body. (Increasing the blood supply to wounds can speed their healing.) In the majority of patients treated, the burns on the side targeted during hypnosis healed more than 10 percent quicker than the burns on the side not targeted.

Another study indicates that hypnosis might speed burn healing by hampering inflammation at the burn site immediately following injury. Such inflammation can expand tissue damage. Researchers at the Thomas Jefferson University in Philadelphia found that burn patients who were told, under hypnosis, to imagine themselves being cool and comfortable, had significantly less fluid retention—a measure of inflammation—than control patients two days after receiving hypnosis treatment.

How hypnosis might manipulate the body's inflammatory response after a burn is a mystery, although Clorinda G. Margolis, clinical professor of psychiatry and human behavior at Thomas Jefferson University, suggests hypnosis might work by halting the initial stress response following injury. This response, she believes, can trigger the excessive release in the wound area of chemicals and cells that are the hallmarks of inflammation.

"We know emotions can affect the physiology of the body," she says. "When a person is embarrassed, for example, they can increase the blood supply to their face causing a blush. Hypnosis relaxes burn patients, relieves their terror, and lets their emotions work with them rather than against them in the healing process."