The Strange Case of Medical Hypnosis

By Lincoln Stoller

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"Our client's problem is that they have lost rapport with their unconscious mind. Our job is to help restore that relationship."
— Milton Erickson, *psychiatrist & hypnotherapist*

Just as we have physical or mental dysfunctions, we also have psychosomatic dysfunctions. That is, there are mind-body connections that can improve or degrade. These holistic mind-body connections—our mind's regulation of bodily function and the body's ability to direct our minds—lie outside of psychology and somatic medicine.

Unconscious behaviors elude your awareness. You may have learned some of these behaviors. Others may be intrinsic or instinctive, such as needing to sleep or eat. They may be good habits, bad habits, or simply familiar patterns.

Allopathic medicine offers to take over responsibility, redirect our environment, and re-pattern our behavior when we surrender to it. Medicine prescribes new patterns that offer better health, these include changes in our diet, daily rhythms, chemical intake, and beliefs.

But there are areas below consciousness that not only contribute to your behavior, but determine it, and sometimes these subconscious patterns conflict with your better psycho-somatic judgment. It is these areas that we address with medical hypnosis.

Cause and Effect

We would like to know if an action has a reliable result, even if we don't understand it. Consider the trio of cause, perception, and effect:

1. The action has a plausible effect, a result is felt, and a result is seen.
2. The action has no plausible effect, but a result is felt, and a result is seen.
3. Whatever the action, a result is felt, and a short-term result is seen.

In the first case, a "real" influence exists. In the second case, the cause is considered a placebo because it's implausible that the action caused the result. The third case gives the desired result, but it is not enduring.

We might dismiss transitory effects as illusory, but we should be cautious. The effect we're looking for might be a learned skill. The beneficial result might become enduring with practice.

Most allopathic practitioners believe antidepressants are effective, while actions of the mind have only a placebo effect. Yet, if we take an ineffectual pill while learning mindfulness to control our depression, we might say the pill was a placebo and mindfulness caused a positive result.

Clinical trials show that most antidepressants have little physiological effect (Kirsch et al., 2008; Ioannidis, 2008), yet antidepressants are given credit for resolving depression (Cipriani et al., 2018). Many depressed clients insist their pills are effective and depend on them (Penn & Tracy, 2012). In the realm of mind-body regulation, the distinction between real and placebo effects can be misleading.

We might call any skill a placebo since we don't know the mechanics of learning. None of the initial actions of walking, swimming, or relaxing generate enduring results. They all take practice, require perception, and develop in ways we never fully understand. Once we learn to master and control these actions, they can permanently affect our condition.

Hypnosis

Our minds can control blood flow to selective tissues, the ratio of different antibodies in our immune system, our circulation, metabolism, hormone levels, and potentially much more. These are skills we can acquire using hypnosis, but, unlike direct feedback processes, such as learning to walk, we don't know how we acquire them.

I believe hypnosis is a process, not a thing. There is no unique "state of hypnosis." Hypnosis is the process of learning to control one's deeper self. In this process, one sometimes appears absent and at other times not. A state of hypnosis is a state of inner engagement whose effect is similar to the way that listening leads to understanding.

Hypnosis is a teaching tool that involves initially ineffective mechanisms made effective through perception, interaction, and application. Developing these skills requires attention and practice. Some people are more adept than others. Most skills of this sort come naturally without teaching, but in the case of chronic, medical conditions this learning is obstructed.

Would you want to learn to control your circulation? Probably yes, if your life depended on it; but probably not, if it wasn't necessary. Being responsible for basic life functions would be a huge responsibility. Wouldn't you rather take a pill and be done with it?

The biggest mystery of hypnosis is not that it works or what it can do, although learning through induction is mysterious. The biggest mystery is why those people who need these skills resist learning them.

Fear & Courage

I've had clients who presented chronic illness and who denied their psyche played any part in it. These clients were frightened by the suggestion that their state of mind might be contributing to their condition. Our work to effect healing was quickly subverted by their avoidance of it. They would find trivial faults in our process, schedule, billing protocol, or social roles.

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To be clear, these clients made progress. Their psychological issues were beginning to emerge, and their physical problems were at risk of being healed. This is when they fled from treatment. Their bodies needed healing, but their minds refused to allow it.

These clients were not trying to be offensive or contentious, but they were not honest either. They justified stopping treatment on grounds that seemed marginally rational to them, but I could see their reasons were contrived. Evading responsibility is a recognized trait of psychosomatic clients.

Without commitment, you cannot achieve any goal. A disciplined approach to medical hypnosis insists clients make a commitment. I now request payment for multiple sessions before starting hypnotherapy for chronic medical conditions. Treatment cannot be without a plan. Abandoning an accepted plan for no real reason defeats our intentions. It also furthers the misimpression that there is no mind-body connection.

Instead of working session to session, I insist these clients make a series of 2-session commitments. The client makes an extended financial commitment so that their decision to flee from further sessions carries a financial loss. If there is a problem, then they've already agreed to return to address it.

I give clients homework. This could be regular meditation, exercise, listening to recorded audio material, dreamwork, or journaling. I want the mind and body to engage. If a client doesn't complete these assignments, the program is reconsidered.

Behavioral Medicine

Ian Wickramasekera is both a therapist and researcher in behavioral medicine. He describes what he calls the Trojan Horse procedure for securing the compliance of a client experiencing a psychosomatic condition. He presents the client with authoritative evidence of the success of the treatment that does not raise the specter of their fears.

Being assured of a non-psychological program—falsely, as it turns out—the client has little justification for noncompliance. It is only after the client commits to a lesser goal, something less than a release of their attachment to their physical illness, that he approaches the psychological issues that maintain the condition.

The origin of somatic illness is partly one of dysregulation arising from psychic conflict and fear. Addressing the dysregulation requires addressing the fear that's hidden in the somatic condition. This is what the client does not want. The somatic condition plays a collaborative role in keeping the fear hidden.

> *"They are patients whose somatic complaints have been unresponsive to multiple, conventional chemical and/or surgical interventions. Often the referrals are poorly made. Without rapid and effective patient reorientation by the behavioral medicine practitioner, these patients are unlikely to make or keep an appointment, or if they come in, to return after the first visit."*
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> — **Ian Wickramasekera** *(1988, p.135)*

Support

Wickramasekera works to shape "the patient's cognitions into an educational model of illness, as opposed to a biomedical model in which the patient is the passive recipient of treatments… Shifting to an educational model (requires the client to) disable secondary gain or the rewards of the 'sick role' and physical symptoms."

In most cases of somatic illness, we assume the client wants to recover. Certainly, the client's more vocal part attests to this. But in the case of many psychosomatic conditions, the client declares their desire to heal but their symptoms will not abate. The illness offers no obvious secondary gain because what is gained lies in what does not appear.

We expect symptoms to reduce to issues that can be addressed. This is not the case with some psychosomatic conditions because the symptoms are not caused by the problems, they are barriers that obscure them. When these barriers come down, genuine problems will come up.

> *"The fourth and final component in the psychophysiological role induction is directly and openly to investigate the psychosocial antecedents and consequences of the patient's symptoms. Now that the patient is no longer an imposter, he or she is out of the closet and is a psychotherapy candidate… At this fourth step, the patient's symptoms have typically shifted from predominantly somatic (pain, dizziness, etc.) to predominantly psychological complaints (e.g. phobias, anxiety, depression, etc.)."*
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> — **Ian Wickramasekera** *(1988)*

Caste in this light, psychosomatic illness sounds like a combination of Post Traumatic Stress and Dissociative Identity Disorder. Forcing a person into a realm of terror in order to make their problems clear may sound logical, but if they have already damaged their body as a means of burying the issues, then re-exposing these issues will only cause further damage. The emergence of a healing state of mind must be organic and voluntary.

All illness has a psychosomatic component. Being at odds with oneself increases the likelihood of somatic dysregulation. Resolving this dichotomy involves bridging a chasm that only the client can see.

There is good news and bad news. The bad news is that your allopathic doctors probably cannot cure your chronic illness. The good news is that you may be able to do it yourself. Many cases of chronic illness have been improved or resolved entirely by programs of psychosomatic learning.

> *"Unexpressed feelings come forth later in uglier ways... Disproportionate rage or anger, overreaction to minor provocation, and cynicism are other embodiments of suppressed emotion... Psychosomatic illnesses often are the reincarnation of cumulative resentment, deep disappointment, and disillusionment repressed by the Lose/Win mentality."*
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> — **Stephen Covey** *(1988),*
> *educator and author of The 7 Habits of Highly Effective People*

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