

# Clinical hypnosis and psychoneuro-immunology

**The body and mind are intimately linked, often completely subconsciously.**

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Trevor Modlin earned his MB BCH at the University of the Witwatersrand in 1969. After internship at Johannesburg General Hospital he spent some years in general and varied hospital practice. Past appointments include Vice Chairperson of SANCA Johannesburg Society and the South African Society of Clinical Hypnosis (SASCH, a Division of PSySSA). A Diplomate of SASCH, he has used clinical hypnosis for 25 years, exclusively in private practice for 15 years. His main interests in hypnosis are psychoneuroses and autoimmune disorders, carcinoma and pain syndromes. He is the author of a book on medical hypnoanalysis and has published or presented more than 25 papers internationally.

Despite the dichotomy of 'psychological' or 'biological' mechanisms in disease, many cases are fundamentally linked in the 'bodymind'. The true cause of many diseases is based on an individual's reaction to an event not consciously remembered yet subconsciously reacted to when the patient is exposed to a perceived survival threat later in life.<sup>1</sup> There is now acknowledgement that early life events play a critical role in the development of pathology – as early as the prenatal or birth experiences. Vythilingum *et al.* reported on the growing body of evidence that maternal stress has a negative outcome in many different areas.<sup>2</sup> The author elucidated further on intra-uterine psychodynamics.<sup>3</sup> Leckman *et al.* researched early life events, genes and neural circuits.<sup>4</sup> Similar findings have been consistently described in the *Medical Hypnoanalysis Journal* and other peer-reviewed publications for more than 40 years.<sup>5,6</sup> Understanding how the subconscious mind engineers symptoms opens avenues to effective therapeutic interventions utilising clinical hypnosis.

## Brief description of hypnosis

Hypnosis, a skill easily acquired, remains a misunderstood and underutilised powerful research and therapeutic tool. A fundamental understanding is that when a person is confronted with a situation the *emotional* voltage will generally over-rule the *logical* mind.

### Definition

Hypnosis is a multi-state phenomenon<sup>7</sup> characterised by:

- De-automatisation in which normally automatic or self-regulating mental and physical processes are given over to another person
- Role play, where the subject commits him/herself to the role described for him/her and subjectively experiences him/herself in that role rather than acts it

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- Atavistic regression in which the subject regresses to a more primitive mode of functioning in which he/she responds to the therapist as though the latter were an important person earlier in life
- Cognitive regression in which the subject reverts to primary process thinking since he/she regresses cognitively as well as emotionally; in this state, associative logic becomes more prevalent than linear or causal logic
- Altered autonomic state in which all physiological processes slow to a baseline level while simultaneously one or more autonomic functions come under voluntary control.

### Phenomena of hypnosis

There are many phenomena of hypnosis, any of which may be useful in psychoneuroimmunology. They include amnesia, regression to a previous time and progression to a future time, non-pathological dissociation, time distortion, analgesia and anaesthesia, physiological control, illusion and hallucination.<sup>8</sup> Regression is a major tool in analytical hypnotherapy.

## The subconscious mind

The primary function of the subconscious mind is *survival*.<sup>1,9,13</sup> It reacts to all situations 24 hours a day whether the individual is awake, asleep, anaesthetised or comatose and is 'asking' just two questions: 'Does this support my life?' or 'Does it potentially lead to my death?' However, this adaptive protection is the only logic the subconscious mind has. Should the answer be perceived as

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threatening, the subconscious mind will react in order to maintain the integrity of the individual: the 'flight or fight response'. If this is perceived as unsuccessful, the final option is to either accept death or that life is no longer worth living – described in medical hypnoanalysis as the 'walking zombie syndrome'.<sup>11</sup> Once this acceptance of death has occurred the subconscious cannot, of its own, cancel the death suggestion: it must generate a behaviour that will act as a 'proof of life', yet is beyond sustained conscious control. It is this 'proof of life' behaviour that is the symptom produced, even though the symptom may be extremely uncomfortable – discomfort is preferred to death!

### Evolution of a symptom

#### Psychodynamics of a symptom<sup>12</sup>

- Locks in an unacceptable emotion
- Symbolic: often organ appropriate (pain in the neck)
- Punishes the sufferer: the degree is proportional to the voltage of the guilt
- The subconscious purpose is achieved through:
  - death: the walking zombie syndrome: better to be dead ... or, life is no longer worth living
  - the discomfort (pain, itch or wheeze) provides the proof of life
  - punishment – the consequence of guilt ('better to suffer all this life than for an eternity in hell').

#### Psychodynamic cascade

In the simplest terms, this begins with a *thought* related to the event experienced and is followed by an *emotion* based on that thought. It is the emotion that results in a *behaviour*.<sup>1</sup> This behaviour is the clinical symptom or proof of life chosen by the subconscious and engineered via the hypothalamic pituitary axis (HPA) and other axes as well as the autonomic nervous system. For example, experience shows that often the asthma generated early in life results in the parents' stopping fighting one another. Love and attention are re-established and the *fear* of abandonment is removed. The original fear is commonly associated with the physical hypoxia and

need to breathe in the birth canal – hence the wheeze.

There are four emotions intimately involved in the development of a symptom – *anxiety, fear, guilt* and *shame* together described as the 'Four Horsemen of the Apocalypse'. While these are common to all people, symptoms develop when the 'voltage' of one or more of them reaches a critical point.

#### Bryan's order of importance

This represents the subconscious priority of survival issues – a practical development of Maslow's hierarchy. This enables the patient to easily understand the underlying issues and deal with the *real* problems.<sup>13</sup> The order is given here from the least to most important:

7. Sex. . . . .Species survival
  6. Territory. . . . .Socioeconomic survival
  5. Food
  4. Water
  3. Oxygen
- } . . . . .Physical survival
2. Self-esteem/worth. . . . .Ego survival
  1. Self/love/soul/God. . . . .Spiritual survival

*Love* is the essential factor in spiritual survival – perceived loss of love is to the fetus or newborn a death-like experience. Further separations from love are likely to result in the same anxieties, fears and anger in the growing child. Tragically, self-rejection follows this spiritual death, for without the love and acceptance from parents it is difficult indeed for an infant to grow its esteem – there may also be a sense of guilt or 'wrongness' by just 'being'. Once the subconscious has been presented with these thoughts (hypnotic suggestions since the child is in a focused state of mind) the walking zombie syndrome ensues – life is hardly worth living!

Robbed of levels 1 and 2, the subconscious must utilise a level of lesser survival importance as a proof of life. Since physical survival is the next priority, physical symptoms will occur! Taking this to a further stage – with acceptance of physical death as in the birth experience, individuals are likely to develop the proof of life at socioeconomic and sexual levels later in life. They are inexorably compelled towards financial success and sexual promiscuity.

It is clear then that the physical disease presented by the patient may imply far greater underlying issues.

#### Epigenetics

Recent understanding of *epigenetics* indicates how the subconscious mind may effect physiological and physical changes. Less than 2% of the human genome is responsible for heredity and the blueprint for life. Until fairly recently, the other 98% was considered 'junk' DNA. This unseen genome is now known to consist of *functional* DNA sequences – 'introns'.<sup>14</sup> Introns exert control of and modify certain traits, behaviours and many disease processes by influencing the genetic coding via 'RNA protein interference machinery'. They effectively act as switches, selectively silencing or activating individual genes, resulting in altered physiology and commencement of a psychosomatic symptom or pathology. Plotsky *et al.* demonstrated structural receptor site changes in genetically identical mice separated from the mother for 4 hours a day.<sup>15</sup> Gabrielli *et al.* described neural systems involved in the repression of unwanted memories.<sup>16</sup> Anderson and Green described the executive suppression of memories.<sup>17</sup>

With apologies to Wayt Gibbs,<sup>14</sup> *the failure to recognise that a thought can activate an intron may go down in history as one of the most critical oversights in our understanding of the development of disease processes: it is the probable mechanism.*

### Utilisation of clinical hypnosis

#### Palliation

Patients with chronic or terminal illness can experience marked relief from a variety of problems such as pain, nausea, fear of death. This is achieved through routine direct or indirect suggestion, metaphor, imagery and dissociation. In terminal illness the patient's comfortable transition can be facilitated by preparation for death in trance.

#### Facilitation

The full resources of hypnotic phenomena can be mobilised to modify physiology utilising similar techniques in the modalities of traditional and Ericksonian hypnotherapy. Four basic requirements for healing are: relaxation, desire, belief and imagery of the goal itself.<sup>18-21</sup> Empowered in trance, these can facilitate, focus and markedly

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augment pharmaceutical, oncological or radiotherapeutic measures and reduce post-surgical morbidity.

### Curative

More modern modalities of hypnosis have moved beyond the manipulation of physiological responses. Analytical hypnotic techniques (*hypnoanalysis*) are used with the modalities of ego state therapy<sup>10</sup> and medical hypnoanalysis (MHA)<sup>13</sup> and other regression hypnotherapy.<sup>22</sup> MHA is favoured as it is unique in its recognition and management of *spiritual issues* and *guilt*. To ignore these is to invite failure since spiritual issues are commonly the underlying causative problems or obstacles to healing. MHA is short-term, directed, providing explanations rather than more labels and enables patients to participate in their own healing. MHA is termed 'medical' in that it systematically follows a medical protocol. A detailed life history is taken noting the subconscious verbal signals and body language: the first three sentences of the history and attendant body language often reveal the true subconscious problem and when in life it occurred. A standardised word association test is the investigation and finally, treatment. This is by means of regression to the identified events to remove the faulty beliefs so established, *replace* them with the truth and *rehabilitate* the outmoded train of the negative thought, emotion and behaviour. A full analysis can be achieved in sixteen to twenty 1-hour sessions. Advanced metastatic carcinoma does not allow the time – far more directed therapy is required.

There is commonly a subconscious element involved in illness and while the use of hypnoanalysis is certainly not a panacea, it is widely evident in the literature that remission and long-term resolution occurs, including in cases of multiple sclerosis<sup>5</sup> and hairy cell leukaemia.<sup>22</sup> However, most reports in the literature remain isolated. There is a need for academia to co-operate in adequate controlled trials.

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### Further reading

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### In a nutshell

- Suppressed memories unavailable to the logical mind may play a critical role in the development and maintenance of many psychological and physical disorders.
- The emotional voltage of suppressed memories supercedes logic.
- The primary function of the subconscious mind is survival of the individual, although there is a priority of survival issues.
- It is the survival imperative of the subconscious that may influence somatic function directly, or probably via epigenetic RNA interference machinery, to effect physiological and pathological change.
- Hypnotic phenomena such as regression and control of physiological functioning open doors to effective management of many diseases.
- Traditional hypnotic suggestion, metaphor and imagery are utilised in palliation or in facilitation of conventional medical and surgical interventions.
- Analytical hypnotherapy has a documented record in the successful management of various diseases by first resolving the causative subconscious issues of anxiety, fear, guilt and shame.
- Medical hypnoanalysis is a systematic approach unique in its recognition and management of spiritual and guilt issues.