

# Hypnotherapy in hospitals

As hospitals increasingly acknowledge the therapeutic value of hypnotherapy, hypnotherapists are now looking toward putting their work under scientific scrutiny.

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**C**LINICAL hypnosis, or hypnotherapy, may still be a new buzzword to many doctors here in Malaysia, but it is no stranger to Harvard Medical School associate professor of psychiatry Dr David C Henderson.

"While doing hypnosis is not a big part of what we do (in the Massachusetts General Hospital, the teaching hospital of the Harvard Medical School), it is a component," he says in an interview during a lecture visit to Kuala Lumpur recently.

"For decades, we've used it in pain management in acute inpatient care. For instance, in the programme we have in the burns unit, it is a component in pain management."

Dr Henderson's "acquaintance" with hypnotherapy started when he was still in medical school.

"When I was a resident, I trained in psychiatry in the late 80s and early 90s. It was something I was taught how to do," he says.

When he practised, hypnosis had helped him ease his patient's pain. "I remember I had some patients who has been hospitalised for sickle cell anemia, and one of the things I did was hypnosis, to help them deal with the pain when they were in acute crisis," he recalled.

However, as there is little evidence to support the efficacy of hypnotherapy in its other roles (such as smoking cessation, weight management, and overcoming phobia), even after it has been taught in medical schools and used for decades in US hospitals such as the MGH, the role of hypnotherapy is often limited to pain management and relief of mild psychological conditions such as depression.

"I would say that hypnotherapy needs to really catch up with other therapies ... it needs science to help us understand what it does," says Dr Henderson.

To date, even hypnotherapists do not know exactly how it works. They have a rough idea: when a willing person is guided into a hypnotic trance (a state of deep relaxation where he is relaxed and focused at the same time), the hypnotherapist can access his subconscious mind and give positive suggestions to help him change his behaviour or emotional responses to one that is conducive to health and well-being.

So, whether it is coaxing a subconscious mind into reducing its perception of pain, or doing

away with the irrational compulsion to shrink into a quivering ball at the sight of a spider, what hypnotherapy does is basically to equip a person, mentally, to overcome those physical and psychological challenges.

As the director of studies of the London College of Clinical Hypnosis (LCCH), Peter Mabbutt notes, "It is important to note that we don't work with physical symptoms (like pain). We work with the psychological response to the symptom."

In the United Kingdom, says Mabbutt, hypnotherapists are working in a variety of areas in palliative care. They are also looking at working with people with heart disease patients within the cardiovascular care unit. "We are helping them manage the emotional response they are having to their particular condition, and also the fact that they could be coming to the end of their lives."

Beyond that, the possibilities are exciting. People with conditions that are linked to, or exacerbated by stress - like irritable bowel syndrome, asthma, or psoriasis, may benefit from hypnotherapy as it can help them relax.

Taking patients who have anxiety due to breathlessness as an example, Mabbutt says that they may benefit if hypnotherapy can help them change their response to the symptom. "By helping them change their response (from an anxious one to a relaxed one), we help them reduce their anxiety, and that helps them manage their breathing cycle more appropriately," he explains.

Even skin disorders, like warts, appear to succumb to hypnotherapy. "There is good evidence that hypnotherapy is very good at clearing warts. But we don't know how it works," says Mabbutt. "(In hypnotherapy), you just visualise your wart and imagine it withering away. And it does."

It does sound implausible, but Mabbutt attributes the phenomenon to the belief system that we all have in us. "I think when people have a strong belief system (that the wart will fall off), the wart does fall off."

"So, we know that we are doing something that involves belief systems, but we don't know the exact mechanisms on how it works yet."

But with hypnotherapy finding its way to more and more clinical settings and medical schools, Mabbutt hopes this will change.

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are in the plan of carrying out a huge study in looking at the efficacy of hypnosis in smoking cessation, says Mabbutt. Studies to look at the use of hypnotherapy in other conditions, like cystic fibrosis, are also under way.

But the effectiveness of the therapy is not the only area hypnotherapists are interested in. As hypno-

therapy does not work for everyone, hypnotherapists would also need to find out which are the best candidates who would benefit most from the therapy. "We've got to work out who it works for and why it works. And we've got to be open to other therapies that might work for somebody else," says Mabbutt.

While properly conducted studies are planned and just about to start, Mabbutt foresees a strong future for hypnotherapy. "By working together with the medical community to quantify and research hypnotherapy, we want to work towards a situation where we fit in. We don't want to be esoteric," Mabbutt explains.

