

Can how you think affect pain?

Can how you think affect pain, bleeding and recovery from an operation? **Brendan Madden**, research psychologist, examines recent research in Ireland on hypnosis and looks at this possibility.

In the light of the latest research in psychotherapy, NLP and hypnosis, Tony Quinn in collaboration with a London university and under the supervision of Dr. Jack Gibson, FRCSI, DTM & H (Lond.), is researching the application of hypnosis for pain control in situations of medical trauma. An important objective of the research is to replicate the work of Dr. Gibson who has considerable experience in this area.

In this original research behavioural modelling is applied to hypnosis. The process of behavioural modelling involves identifying the characteristics of a person's behaviour that allow them to excel in any given area. Once this is achieved these characteristics can be replicated by others.

In his work with Dr. Gibson, Tony Quinn is attempting to identify the patterns of behaviour that allow Dr. Gibson to be a successful medical hypnotist. From the research it is hoped to have a more simplified approach which could be readily learned and would be of particular use to medical personnel.

Research to date

The research to date suggests that results obtained by hypnosis are largely arrived at by manipulating how the person thinks. It appears that helping the person to think in a certain way can affect the level of pain, fear and trauma that they experience while also increasing the possibilities of a faster and pain-free recovery.

This research also indicates

that if you wished to enable the person not to feel any pain during surgery then you would attempt to get them to think in a certain manner to the exclusion of opposing thoughts.

For example if you can imagine the person's mind as a see-saw, on one end you have what you want to happen and on the other end what you don't want to happen. You attempt to get the person to focus their attention totally on the good side i.e. feel no pain, be totally relaxed, really happy and comfortable. This must be done in one direction for a period of time for the effect to occur, where the patient's mind is set to a pain-free state. At the same time you relax to the point of exclusion of any opposing thoughts of pain, bleeding, discomfort etc.

The whole approach requires complete co-operation and trust between the patient and practitioner. In this way it allows the patient to have more control of the situation and to play a greater part in their own recovery. In the positive state of mind which this approach elicits the whole process of recovery seems to be helped.

So far the research indicates that every single word said to the patient counts and must be considered.

Using this approach the patient appears to have far greater control over pain. In the two operations researched to date, the patients felt no pain during the operation and afterwards the area was free of pain.

The first operation researched was a fifty minute gynaecological procedure. The patient, a mother of two



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in her mid thirties when interviewed afterwards described the experience as follows:

"I found that during the operation I had absolutely no pain or discomfort. After it was all over I was delighted with myself and that it went so well. The doctors were really surprised that I felt no pain later as most patients are really sore for days after this type of operation. Since the operation I feel really well and healthy."

The second operation also involved a mother of two who had this to say when interviewed later:

"My operation was on my ears, a very sensitive and painful area normally. Throughout the hour-long procedure I felt really well and happy, even euphoric. I was totally relaxed and completely pain-free both during and after the operation."

I have had many operations by general anaesthetic before and suffered vomiting, high temperatures and shock afterwards. The fact that I literally stood up within minutes with absolutely no pain or side-effects of any kind was a totally different and delightful experience for

me. Since the operation it seems to me that the healing process has been amazingly fast."

Conclusions

It would appear from the patients' viewpoint that the advantages of this approach include freedom from pain during and after the surgery, no anaesthetic and no sickness as a result, faster post-operative recovery and apparent accelerated healing.

It is important to note that this research has yet to be validated by the university. However it does seem to indicate the possibility of breaking new ground in this field.

All research to date has involved carefully selected and thoroughly tested subjects. Each operation has taken place with the full co-operation of the surgeons and anaesthetists involved.

The research team is grateful to the hospitals concerned for participating in this research project and to Dr. Gibson in particular for his collaboration in this exciting new area of research.

Brendan Madden.
B.A. (Psych.)
Research Psychologist.

Tony Quinn

Doctor of Clinical Hypnotherapy

Tony Quinn has spent the greater part of his life exploring human potential. In pursuit of this he has studied and trained in this field both in the United States and England. His qualifications include a doctorate in Clinical Hypnotherapy as approved by the California State Board of Education. In addition he is certified by the American Council of Hypnotist Examiners as a Master Hypnotist, with an additional Diploma in Pain Control. He also holds a post-graduate diploma in Psychotherapy, Hypnosis & Neuro-Linguistic Programming from East London University. He has further qualifications in Ericksonian Hypnosis, Psychotherapy & Neuro-Linguistic Programming from St. Anne's Hospital in London as certified by British Hypnosis Research. He is at present pursuing post-graduate research with a London university exploring the further potential of the mind.

Dr. Jack Gibson

F.R.C.S.I., D.T.M. & H. (Lond.)

Over a period of 30 years until his retirement as a surgeon, Dr. Jack Gibson claims to have performed over 4,000 operations without anaesthetic, using instead medical hypnosis for pain control.

These operations ranged from limb amputations to plastic surgery after traumatic lacerations. As a result he firmly believes that medical hypnosis is an effective procedure for pain control during surgery and also enables the patient to recover much faster.

Dr. Gibson believes that with the right understanding and training doctors, nurses and other medical personnel can learn to effectively assist the patient to control their pain and reduce their distress during surgical and emergency procedures.

Dr. Gibson is a distinguished member of the Irish Society of Medical & Experimental Hypnosis. He has written two books on hypnosis and his work has been featured on RTE television on a number of occasions.



The conscious mind is only the tip of your mind

New view of the unconscious part of your mind

Suddenly, psychology is excited again about the unconscious. For decades mainstream research psychologists suppressed the notion that crucial mental activity could take place unconsciously.

Indeed, throughout the 1950's, these experimental psychologists largely ignored any such entity as "the mind," focusing instead on observable behaviour. Even in the 1960's when the resurgence of cognitive psychology legitimised the study of how the mind registers information, the unconscious was still slighted outside psychoanalytic circles.

But now, in what one researcher calls "a silent revolution," experimental psychologists are taking the unconscious seriously in the wake of new and compelling evidence that the unconscious is the site of a far larger portion

of mental life than even Freud envisioned. The main studies show that the unconscious mind may understand and respond to meaning, form emotional responses and guide most actions, largely independent of conscious awareness. And the research evidence extends beyond the laboratory to such real-life situations as an operating room. Researchers have verified, for example, that what patients hear while under anaesthesia can affect their subsequent behaviour and, ultimately, their health.

The findings imply that, despite the subjective experience of being in

conscious control of feelings and thoughts, decisions and actions, people are piloted far more than they know by the unconscious mind.

According to research an enormous portion of cognitive activity is unconscious. Figuratively speaking it could be 99% but research may never know precisely how much. Although it might be difficult to draw a precise border between the conscious and the unconscious, researchers are fascinated by what that elusive line means for how the mind orchestrates behaviour. This fascination has opened the door for new serious research on the unconscious.