

## CHOLECYSTECTOMY (GALL BLADDER SURGERY) WITH SELF-HYPNOSIS

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*The extent to which self-hypnosis can be used in surgical procedures is a topic of controversy. This author considers the limits imposed, by the literature, on the effectiveness of self-hypnosis in major abdominal surgery to be academic and unfounded. This is an account of a cholecystectomy performed using self-hypnosis as the sole anesthetic agent. Muscle relaxation, shallow breathing, pulse rate, blood pressure, reflex action and pain, were successfully controlled during and following surgery.*

Many hypnotherapists have felt that because the patient using self-hypnosis must act in a dual role of operator and subject and because the critical (conscious) and noncritical (subconscious) components are acting simultaneously, the required depth of trance necessary for abdominal surgery cannot be achieved.

I consider the limits we impose upon the potentials of hetero and self-hypnosis may act as obstacles to the eventual outcome of therapy.

The following is the account of my experiences during major abdominal surgery using self-hypnosis as the sole agent for anesthesia.

The reason I chose self-hypnosis as my mode for anesthesia was a selfish one. I had a burning curiosity and desire to experience firsthand the mental changes that would have to occur within myself if the procedure was to be successful. I also wanted to learn, if not objectively, at least subjectively, about some of the mechanisms involved in self-hypnosis, and determine if I could act both as operator and subject effectively. I wanted to discover to what extent I could control my body through the use of self-hypnosis, and was prepared to take the risk.

I am a dental surgeon and for sixteen years have been extensively involved with hypnosis in the areas of teaching, experimental and clinical settings.

During a five-year term with the Canadian Armed Forces I had an opportunity to experiment with hypnosis and study its effects during some very extensive, painful and traumatic clinical procedures. These procedures involved the reduction of a fractured mandible, surgical removal of multiple abscessed teeth and the removal of vital pulps from inflamed, hyperemic teeth. These were performed using hypnosis as the only agent to control pain. Patients treated with hypnosis consistently demonstrated the ability to heal much more rapidly and with much less discomfort than patients treated by more orthodox methods. I was constantly awed and amazed by the control patients demonstrated while in hypnosis. I envied many of my patients who could so easily enter hypnosis.

In February 1978, the opportunity to personally experience and test the potentials of hypnosis presented itself to me. I made the decision, and proceeded to confront the almost insurmountable task of having my "insane" request accepted by the hospital

administration and medical personnel involved. Fortunately, after many setbacks and hours of persuasion and dogged persistence, I found individuals who were open-minded and curious enough to support me in my endeavor.

To my knowledge, there have been no verified clinical reports of major abdominal surgery where self-hypnosis was the only means used to control pain and bodily functions. I could therefore well understand the uncertain feelings and hesitancy of the operating team.

Nobody present during the operation had experience with hypnosis and it was therefore interesting to observe the initial reactions of the people involved and the changes in their attitudes as the procedure progressed.

The night before surgery, I used progressive relaxation to achieve a very comfortable inner tranquility, progressively eliminating all external disturbances. I then switched to a visualization technique whereby I saw myself on a movie screen and, step by step, went through the procedure that lay ahead, culminating in a completely successful positive end result. Focusing on the feelings of confidence, absolute certainty of success and elation, I drifted into a very deep hypnotic sleep.

When I awakened in the morning I felt very refreshed and calm. I felt no fear or apprehension. I tried to critically analyze my feelings and the only way I can describe them is that they had a very dream-like quality. Mentally I had definitely accepted what lay ahead. I suppose I was still in hypnosis, I could not critically make the judgment.

I received no premedication. After being wheeled into the operating room, I climbed onto the operating table. I immediately sensed the tremendous tension everyone was under but still felt very calm and relaxed myself. I felt very detached from the situation.

I once more assured everyone that I felt fine, and tried to explain the importance of “expectancy.” I asked only that they mentally send me good “vibes” and anticipate and expect total success.

Prior to surgery I had practiced a dissociation technique to help me enter hypnosis. I had been successful in focusing on a specific piece of music. I could hear as well as feel the music.

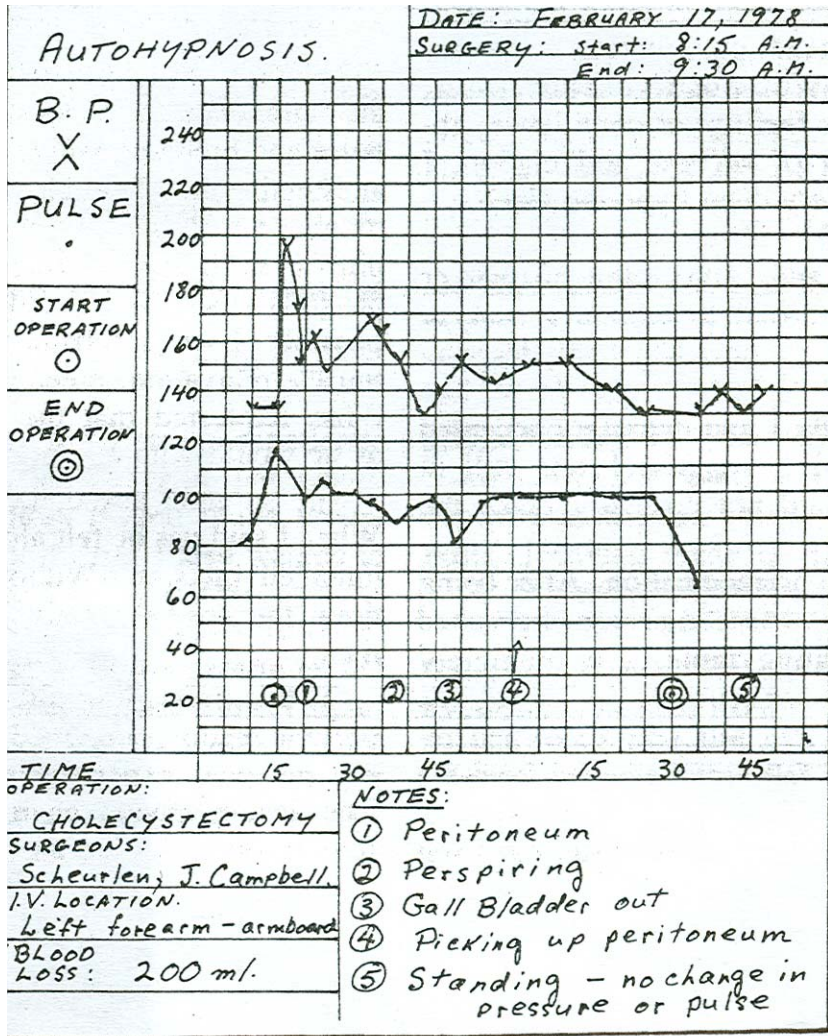
The particular piece of music was based on Chopin’s “Nocturne in E Flat” played by Carmen Cavallaro in the movie *The Eddy Duchin Story*. I could also visualize the precise moment in the movie when the piece was being played and several of my senses were therefore occupied, making the dissociation very effective.

I had decided on the initial incision as my trigger to achieve the required depth of hypnosis needed to deal with whatever situations would arise. I personally felt the trigger or cue had to be very definite and dramatic. The incision, for obvious reasons, would also provide that very important “need” to go into deep hypnosis.

The stand-by anesthetist connected me to the intravenous and began monitoring my pulse and blood pressure. I had assured the anesthetist that I would be able to communicate with him during surgery. I asked him to keep me informed as the surgery progressed so that I could help in any way possible. I was referring to such things as muscle relaxation, bleeding and breathing. I had requested that the surgeon proceed as he would with an anesthetized patient.

The surgeon asked me if I was ready. When I said yes he felt along the line of the intended incision. Without hesitation, he drew the scalpel firmly across my abdomen.

At this point, I would briefly like to report the readings obtained and then describe my personal experiences during surgery. The accompanying chart shows the readings recorded by the anesthetist.



**INTERPRATATION OF CHART**

- Start of operation. 8:15 A.M.
- Blood pressure - 135
- Pulse rate - 82 beats per minute
- When the initial incision was made, my blood pressure spiked to 190 immediately and my pulse rate rose to 115.
- 1. Going through the peritoneum**
  - approximately six minutes into the operation. Both the blood pressure and pulse dropped to a more normal level.
- 2. Perspiring profusely**, yet the blood pressure and pulse rate remained fairly steady.
- 3. Gall Bladder out** - after approximately 50 minutes. Blood pressure and pulse steady.
- 4. Picking up the peritoneum** Operation finished at 9:30 A.M. Blood pressure steady. Pulse rate dropped to 65 beats per minute.
- 5. Standing.**
  - No change in pressure or pulse.
  - No pallor.
  - Walked to room.

**SUBJECTIVE REPORT**

At the precise moment the incision was made, several things happened simultaneously. I felt an interesting flowing sensation throughout my entire body. I was very aware of a definite change in my state of awareness. I felt as if my consciousness expanded or merged. Whatever happened, I was suddenly much more aware of my surroundings, people in the room and bodily sensations, than I had ever been before. My eyes were open and according to the operating team there was no visible tensing of the muscles, no change in breathing, no flinching of the eyelids and no change in facial expression. I was intently staring at the nurse to my immediate right and she later commented that I turned a funny colour as if I were dead. This visibly upset her and she actually walked away for a few moments to compose herself. I immediately missed her presence.

I heard and felt the music and dissociated very effectively, but almost instantly realized that if I dissociated completely I could not control my reflexes. I started reversing the process and again became aware that I needed a different approach if I hoped to successfully control the situation. I tried time distortion and quickly realized that neither was it enough.

Up to this point I was desperately scrambling to find the answer, the approach that I knew had to be there. I again turned to the operating room nurse, who had by this time returned, and looked at her.

As soon as I had eye contact with her, I again felt the same kind of flowing sensation I had experienced when the initial incision was made.

Whether it was through intuitive awareness or a desperate need I do not know, but suddenly the answer was clear to me. I could mentally direct the flowing sensation to any area and achieve complete control, and still be totally aware of every step of the operation. I would simply allow sensations caused by the surgery to rise to the surface and cancel them by mentally directing this apparent flowing force to the area in question. It was like establishing an equilibrium or balance in a disrupted kind of energy field.

Consciously I felt completely detached and subjectively felt absolute amazement at what was happening. It was as though I were an observer rather than the patient. Up to this point approximately three minutes had elapsed from the beginning of surgery. I suddenly felt strong and knew that the procedure would be absolutely successful.

I could now chat with the anesthetist and the nurse, remember and tell jokes I had heard recently and generally act like an observer rather than a participant. I tried consciously to understand and explain how the mechanism of this so called energy-flow was working but, intellectually, could come to no rational conclusion.

I also became aware that whenever I had eye contact with either the nurse or the anesthetist, I felt myself getting stronger. It was as if I was drawing some kind of energy from them. The nurse later reported that even though she had not assisted directly, she was completely exhausted after the operation.

For me the remainder of the time passed very quickly. I was asked not to try to control the bleeding because the surgeon did not want to miss cauterizing any so-called bleeders that might cause complications later on. At one point I was asked to relax my muscles a little more which I succeeded in doing. There was slight difficulty in closing the peritoneum due to some tension. Throughout the procedure I perspired profusely, yet my pulse and blood pressure remained steady. After the final sutures were in place, the anesthetist asked me if I might care to walk back to my room. I enthusiastically agreed, climbed off the operating table and walked around the operating room. I felt no pain and no discomfort. I felt only pure elation. The anesthetist sent for my robe and slippers. We all linked arms, walked into the hall and proceeded via the elevator to my room.

For 16 hours after surgery I kept drifting in and out of sleep. I saw and talked to many people but felt as if I was in a dream. I felt a definite lack of concrete reality. I again tried to analyze my feelings critically, and the only way I can describe them is that I felt that I was not solidly together. I felt loose, that I was in pieces being held together by loose strings. Yet I was comfortable and warm and there was no panic or distress. Occasionally I experienced vivid mental playbacks of parts of the operation. For all intents and purposes, I was again undergoing certain parts of the surgery. Suddenly, after

16 hours I literally snapped back and knew that I was back together. This was not a gradual process. It was a sudden effect and I was very aware of it when it happened.

It was interesting for me to analyze my emotional state after surgery. I expected to feel a sense of tremendous accomplishment but instead felt no surprise at what had happened. I felt rather humble. I felt nothing unusual had happened and I became aware that what I had experienced was only a small demonstration of the vast potentials of our so-called subconscious make-up.

Surgery was performed Friday morning, February 17, 1978. I was discharged from hospital Wednesday morning, February 22 and on Monday, February 27, I was back in the office, busy, fully functional and feeling well.

## **DISCUSSION**

In discussing pain control through hypnosis, we must refer to the research and experimental work that has been done by E. R. and J. P. Hilgard. Their *Hypnosis in the Relief of Pain*, covers the subject extensively. The experimental approach however, does not and cannot accurately measure such factors as need, expectancy and motivation. The urgency and quality of pain in clinical situations varies greatly from experimentally produced pain in the laboratory. As Hilgard states, "Basic research should furnish knowledge that can be applied in the clinic; the results of the clinic should provide feedback to the laboratory worker."

The intangible factors inherent in hypnosis make meaningful statistical studies almost impossible. Yet, statistics and percentages are often used. Estimates given dealing with the proportion of patients who could tolerate major abdominal surgery under hypnosis without any chemical assistance vary greatly. Kroger estimates 10%. Wallace and Coppolino feel their percentage of success has been much less. Marmer, in 1963 stated "Few of us would guarantee to produce surgical hypnoanesthesia in one in a hundred unselected cases."

Many opinions are sometimes vigorously expressed and put unwarranted limits on the potentials of hypnosis. Marmer felt it would be almost impossible under hypnosis to attempt removal of a spleen, repair of a perforated viscus, or an abdominal perineal resection. He said, "It would require an extremely rare patient and an unusual hypnotist to accomplish this." I am sure Marmer's statement expresses the feelings of many hypnotherapists.

In contrast to the above, there was no hypnotist present during my operation. On Spiegel's Hypnotic Induction Profile (eye-roll test) I register as a low 2 – certainly not a highly hypnotizable subject. Should the validity and importance of Spiegel's Hypnotic Induction Profile perhaps be re-examined? Nobody present during the operation had experience with, or exposure to, hypnosis. I did not personally know the surgeon, anesthetist or operating room nurses and met them only briefly prior to surgery. The descriptions I was given as to what I would feel and what would occur physiologically certainly did not aid in reinforcing my confidence. It was described in detail how sharp and perhaps unbearable the pain would be during the incision of the skin and peritoneum. It was made clear to me that should I be able to somehow tolerate the initial pain, the tugging on the viscera would produce "deep all-consuming pain" as well as activate a reflex that would cause my blood pressure to drop and retching to occur.

I am sure you can appreciate from the vivid descriptions I was given, that it took a great effort on my part to keep my composure and reject the negativity of these well-meant explanations.

During the preparations for surgery in the operating room, I was the one who had to reassure the operating team that everything would be alright and project confidence to them. Against all odds, in this uncertain and apprehensive atmosphere, the initial incision was made and the appropriate surgical procedures performed.

During the hour and fifteen minutes that I was on the operating table, I was able to achieve the depth of hypnosis necessary for the procedure to be completely successful. I was able to critically make judgments and alter and direct my hypnotic approaches during each step of the operation. At all times my critical faculty was active. I was amazed at how effectively self-hypnosis was working but I could not explain to myself how it was working. I knew, perhaps intuitively, what images I had to form mentally and what feelings I had to elicit to produce the required results. I became 'stronger' whenever I had eye contact with either the nurse or the anesthetist, and my ability to manipulate and control various physiological functions increased as the operation progressed.

The operation was totally successful and no difficulties arose before, during or after surgery.

The question that arises is, "What were the factors present in my situation that allowed me to do what I did successfully?" Am I that "rare" patient to which Marmer refers? I hardly think so. Statistically the probability would be too remote to even consider. I see myself as a very average individual, low on the hypnotizability scale (eye-roll test) and very critical by nature.

The implied challenge we, as investigators and clinicians are faced with is not to discover what hidden potentials reside within each of us, but rather, how we can develop predictable approaches and techniques to tap those potentials.

If we hope to study, understand and explain the mechanisms involved in pain relief and physiological changes during altered states of awareness, we must use not only the scientific (objective) approach but also consider and pay close attention to the subjective accounts of individuals who are able to control pain in clinical situations.

#### **PERSONAL NOTE:**

It becomes very difficult to describe, with precise language, the experience I had. For every reader, the interpretation of what I am trying to report will vary according to his training, personal views, convictions and frames of reference.

The part of my experience that can be verified is that which is recorded on the chart, showing blood pressure and pulse rate, as well as observations made by personnel present during the procedure.

The subjective aspect of my report is very personal and, I realize, anecdotal. For me, it is extremely frustrating to have had such a dramatic experience and not be able to discuss and share it with my colleagues in an acceptable logical way fitting into our present scientific frame-work of investigation and knowledge. In this sense, I feel very much alone.

I realize that my account is probably the first of its kind. I also realize that to come to any concrete conclusions based on a single experience is foolhardy and

meaningless. I concede that the use of either hetero or self-hypnosis for pain control during major abdominal surgery, based on present evidence, is unpredictable and should be approached with extreme caution. May I suggest however, that we keep our intuitive channels wide open and learn to expect the unexpected.

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