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# Suggestion, Hypnosis and Hypnotherapy: A Survey of Use, Knowledge and Attitudes of Anaesthetists

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SUMMARY

*Clinical hypnosis is a skill of using words and gestures (frequently called suggestions) in particular ways to achieve specific outcomes. It is being increasingly recognised as a useful intervention for managing a range of symptoms, especially pain and anxiety. We surveyed all 317 South Australian Fellows and trainees registered with ANZCA to determine their use, knowledge of, and attitudes towards positive suggestion, hypnosis and hypnotherapy in their anaesthesia practice. The response rate was 218 anaesthetists (69%). The majority of respondents (63%) rated their level of knowledge on this topic as below average. Forty-eight per cent of respondents indicated that there was a role for hypnotherapy in clinical anaesthesia, particularly in areas seen as traditional targets for the modality, i.e. pain and anxiety states. Nearly half of the anaesthetists supported the use of hypnotherapy and positive suggestions within clinical anaesthesia. Those respondents who had experience of clinical hypnotherapy were more likely to support hypnosis teaching at undergraduate or postgraduate level when compared with those with no experience.*

Key Words: HYPNOTHERAPY: positive suggestion, hypnosis, communication, anaesthetist, survey

Clinical hypnosis is a skill of using words and gestures (frequently called suggestions) in particular ways to achieve specific outcomes. This form of communication facilitates patient focussed attention and dissociation[1]. During hypnosis patients experience an increased receptivity to verbal and non-verbal communications[1,2]. Hypnotherapy is the utilization of hypnosis and suggestion to effect clinical outcomes. The British Medical Association recognises hypnosis as a useful therapeutic tool and recommended, over half a century ago, that anaesthetists should undergo postgraduate training in hypnosis techniques[3]. It is only recently that hypnosis has become more widely recognised as a valid form of clinical intervention, particularly for the management of pain or anxiety associated with operative and interventional procedures[4-6] and for the management of labour analgesia[7].

A recent meta-analysis of the use of adjunctive hypnotherapy in surgical patients found that there was a significant effect size indicating that surgical patients in hypnosis treatment groups had better outcomes than 89% of patients in control groups[5]. These benefits included improved physiological indicators, a reduction in pain scores, decreased use of analgesic medication and shorter treatment and recovery times. Similar benefits from the use of hypnosis were demonstrated in a randomized controlled study of 241 patients undergoing interventional radiology procedures[6]. In this study, pain increased linearly with procedure time in the standard care and structured attention groups but did not increase in those patients using hypnosis ($P<0.0001$ in the standard care, and $P<0.04$ in the structured attention groups when compared with hypnosis). A systematic review studied the use of hypnosis for pain relief in labour and found women using hypnotherapy had a significantly increased rate of spontaneous vaginal delivery, a reduced incidence of labour augmentation and increased satisfaction with their analgesia than controls[7].

The attitudes of health professionals to the use of hypnotherapy as a therapeutic modality have been studied previously. Surveys of general practitioners (GPs) in Australia and overseas have shown that hypnosis is generally perceived as an effective form of therapy[8-10]. A proportion of the GPs studied had received some training in the use of hypnotherapy, but it was unclear what influence prior training had on attitudes towards hypnosis. Younger practitioners have generally been more receptive to hypnotherapy

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as a treatment modality than their older colleagues[11]. The only report in which anaesthetists' attitudes towards hypnotherapy have been assessed found that, with improved knowledge of hypnotherapy, there was an increased likelihood that an anaesthetist would use hypnotherapy techniques[12].

This study aimed to survey the current knowledge of, previous experiences with, and attitudes of anaesthetists towards hypnotherapy and suggestion within anaesthesia practice. It was also planned to look for any relationship between knowledge and experience with hypnotherapy and the attitude of anaesthetists to this treatment modality.

## MATERIALS AND METHODS

A questionnaire was developed using previous surveys on doctors' attitudes to hypnotherapy as a guide[8-11]. Six relevant areas to anaesthesia, where the use of hypnosis has been supported in the literature[4-7], were specifically examined. Questions referring to the effect of previous experience with hypnosis on attitudes were included. The questionnaire layout was designed to maximize response rates[13]. A pilot survey of eleven subjects was conducted within the Department of Paediatric Anaesthesia of our tertiary referral hospital, following which changes were made to the questionnaire. The final survey was sent for approval from the Australian and New Zealand College of Anaesthetists (ANZCA) prior to mailing. The survey, with a covering letter and self-addressed envelope, was posted by College staff to all Fellows and Trainees registered with ANZCA and residing in South Australia. Non-responders were sent the survey again, with a stamped, self-addressed envelope two weeks following the original survey. ANZCA's privacy rules ensured that all questionnaires were returned to the researchers anonymously.

Data collected was transcribed on to a password-protected computer spreadsheet (Excel™). Data is presented as descriptive statistics and comparisons of event frequencies between groups were made with Chi squared analysis.

## RESULTS

The response rate to the questionnaire was 218/317 (69%) which is consistent with similar surveys of this subject[8-11]. Twelve respondents specified that they were retired, did not feel that their responses would be relevant and hence returned the questionnaires unanswered. There were five other questionnaires returned unanswered leaving 201 completed questionnaires for analysis. Demographic data provided by respondents are shown in Table 1. There was no statistical difference in the demographics of the consultant respondents and the total population of South Australian Fellows registered with ANZCA (Table 1). Corresponding data from the College was not available for the registrars.

TABLE 1
*Demographic data of age and gender of respondents*

| | All respondents (n=207) | Consultants (n=165) | Registrars (n=41) |
|---|---|---|---|
| Age, y mean (range) | 46.1 (25-75) | 48.7 (30-75) | 32.9 (27-39) |
| Gender | | | |
| Male | 151 | 125 | 26 |
| Female | 47 | 32 | 15 |

Values expressed as numbers of responses for gender and mean age (range) in years.

One hundred and twenty-five respondents (63%) rated their knowledge of hypnotherapy as below average. Forty-three respondents (22%) stated that they had no knowledge of hypnotherapy. The responses from a list of possible definitions of hypnosis are shown in Table 2. Seven respondents indicated that they had received training in hypnotherapy. One of these seven respondents stated that they had received hypnotherapy training as part of their anaesthesia training. The other six had all completed postgraduate courses in hypnosis. The responses to questions on whether training in hypnotherapy should be provided during undergraduate or postgraduate medical training are provided in Table 3.

The statement "Hypnotherapy has a place in the practice of clinical anaesthesia" was provided on the questionnaire and respondents ranked their agreement/disagreement with the statement (n=201). Ten respondents (5%) strongly disagreed, 19 (10%) dis-

TABLE 2
*Number of respondents indicating a definition of hypnosis*

| Definition | Number of respondents (%) n=197 |
|---|---|
| State similar to meditation | 118 (60) |
| Form of communication using suggestions | 80 (41) |
| State similar to sleep | 4 (2) |
| State similar to unconsciousness | 1 (0.5) |
| Not a real phenomenon | 1 (0.5) |
| Don't know | 17 (10) |

TABLE 3
*Respondents views on the place for training in hypnotherapy*

| | Undergraduate medical training no (%) n=201 | ANZCA fellowship training no (%) n=201 |
|---|---|---|
| Yes | 106 (53) | 118 (59) |
| No | 45 (22) | 32 (16) |
| Don't know | 50 (25) | 50 (25) |

agreed, 75 (37%) did not know, 67 (33%) agreed and 30 (15%) strongly agreed. Attitudes were sought regarding the role of hypnotherapy in six clinical settings where research findings have supported the use of hypnosis: perioperative analgesia; preoperative anxiety; analgesia in labour; needle phobia; the management of chronic pain; and provision of adjunctive analgesia for minor procedures[4-7]. Results are shown in Table 4. Ninety-six respondents (48%) thought that the language of hypnosis and positive suggestion should form part of routine anaesthesia care, 34 (17%) thought that it should not and the remaining 69 (35%) were unsure. The reasons are shown in Tables 5 and 6 respectively. When asked about current use of hypnotherapy or positive suggestions within their clinical practice (n=181): 6 (3%) always used them; 26 (14%) mostly used them; 58 (33%) sometimes used them; 29 (16%) rarely used them; and 62 (34%) never used hypnotherapy or positive suggestions.

The effect of previous experiences with hypnosis, both therapeutic and for entertainment purposes, on attitude to hypnotherapy's therapeutic role and on the need for training in hypnotherapy is shown in Tables 7 and 8.

TABLE 5

*Reasons for supporting the use of the language of hypnosis and positive suggestion*

| Reason | Number of Respondents (%) n=96 |
|---|---|
| Scientific evidence supports use | 19 (20) |
| Cost effective | 42 (44) |
| Limited capacity to cause harm | 70 (73) |
| Previous good results with patients | 53 (55) |
| It feels right | 1 (1) |
| Avoids using negative suggestions | 2 (2) |

TABLE 6

*Reasons for not supporting the use of the language of hypnosis and positive suggestion*

| Reason | Number of Respondents (%) n=34 |
|---|---|
| It's dangerous | 1 (3) |
| Requires specialist training | 11 (32) |
| Too time consuming | 15 (44) |
| Wouldn't be accepted by patients | 4 (12) |
| It's ineffective | 13 (38) |
| Prevents informed consent | 2 (6) |
| Limited application | 2 (6) |

TABLE 7

*Effect of previous experience with hypnotherapy on attitude to hypnotherapy*

| | Personal therapeutic hypnotherapy n=33 | Witnessed clinical hypnotherapy n=84 | Subject for demonstration/entertainment n=25 | Witnessed hypnosis entertainment n=80 |
|---|---|---|---|---|
| No effect | 9 (27) | 13 (15) | 8 (32) | 35 (44) |
| Positive effect | 23 (70)* | 66 (79)* | 14 (56) | 16 (20) |
| Negative effect | 1 (3) | 5 (6) | 3 (12) | 29 (36) |

*Significantly greater incidence of positive effect on attitude to hypnotherapy in those respondents experiencing or witnessing therapeutic clinical hypnotherapy compared with those witnessing or experiencing hypnosis for entertainment $P<0.001$.
Values expressed as n (%).

## DISCUSSION

The current study is the first comprehensive survey of anaesthetists' attitudes to hypnotherapy and the use of suggestion. The results concur with the UK findings of Scott nearly two decades ago[12], where approximately half of the anaesthetists surveyed thought that there was a place for hypnotherapy in the practice of anaesthesia. We were surprised by the high level of acceptance of hypnotherapy and suggestion as a potentially useful modality within the practice of anaesthesia. It was also surprising that seven respondents stated that they had a postgraduate qualification in clinical hypnotherapy (this did not include the authors).

Six clinical areas where hypnosis could be used as an adjuvant to anaesthesia, for which there is support in the literature[4-7], were asked about in the questionnaire. The use of hypnotherapy in these settings was supported by approximately 50% of respondents. For those areas traditionally perceived as targets for hypnosis, i.e. phobias and anxiety states, the level of

TABLE 4

*Respondents views on the role of hypnotherapy in clinical applications relevant to clinical anaesthesia*

| | Peri-operative analgesia | Pre-operative anxiety (n=201) | Analgesia in labour | Needle phobia | Chronic pain patients | Adjunctive analgesia for minor procedures |
|---|---|---|---|---|---|---|
| Very useful | 9 (5) | 41 (20) | 23 (12) | 39 (20) | 18 (9) | 12 (6) |
| Useful | 75 (38) | 103 (52) | 83 (42) | 100 (50) | 81 (40) | 83 (42) |
| Don't know | 70 (35) | 43 (22) | 61 (31) | 51 (25) | 89 (45) | 76 (38) |
| Little use | 36 (18) | 10 (5) | 26 (13) | 7 (4) | 7 (3) | 19 (10) |
| Useless | 10 (5) | 4 (2) | 7 (4) | 3 (2) | 5 (3) | 10 (5) |

Values expressed as n (%), n=200 unless otherwise stated.

TABLE 8
*Effect of previous experience with hypnosis on attitude to need for training in hypnosis*

| | Undergraduate Medical Training | | | Anaesthesia Fellowship Training | | |
|---|---|---|---|---|---|---|
| | Yes | No | Don't know | Yes | No | Don't know |
| Previous exposure to hypnotherapy | 87 (61)* | 31 (22) | 24 (17) | 95 (67)* | 21 (15) | 26 (18) |
| No previous exposure to hypnotherapy | 19 (32) | 14 (24) | 26 (44)* | 23 (40) | 11 (19) | 24 (41)* |

Values expressed as n (%). *$P<0.05$.

support for hypnotherapy increased to 70%. Surveys of general practitioners in Australia have found that approximately 74-78% feel that hypnotherapy is beneficial for their patients[8,9].

Approximately half the respondents already use hypnosis or positive suggestions at least sometimes in their practice. This correlated with the response to the question about the role of the language of hypnotherapy and positive suggestion within clinical practice. The most common reasons for people supporting the use of positive suggestions/ hypnotherapy within clinical practice were that it had limited capacity to cause harm, they had had previous good results with patients and that it was cost-effective. Surveys of other medical practitioners have also found that previous good experiences with patients are a powerful motivator to keep referring people for hypnotherapy[9]. Those who felt that there was no place for positive suggestion or hypnotherapy within anaesthesia did so because they believed it to be time-consuming, ineffective and would not be accepted by patients. Only one respondent thought that hypnosis was dangerous, in contrast to a survey of Victorian GPs in which 30% of their sample thought that it could be harmful[8]. Two respondents thought that the use of positive suggestions would make an informed consent including the risks of the procedure impossible.

The respondents overall perceived their level of knowledge of hypnotherapy to be below average. Only three respondents rated their knowledge of hypnotherapy as excellent, despite seven having postgraduate qualifications in the subject. Conversely, 43 respondents stated that they had no knowledge of hypnotherapy, but only 23 anaesthetists did not know the definition of hypnosis or gave an incorrect definition. The inherent problem with self-rating scales for knowledge is that often the more you know, the more you realise that you still have to learn and this perhaps affected the responses to the question. There was quite a high level of support for training to be provided in hypnotherapy, either as a medical undergraduate or during the anaesthesia Fellowship. Those with previous exposure to hypnotherapy were significantly more likely to report that training in hypnosis should be provided. The logistics of providing universal training in hypnotherapy and positive suggestion to anaesthesia registrars may prove difficult in the short-term given the lack of generalized acceptance and of teachers with suitable skills within the anaesthetic community.

Previous experience with hypnotherapy in a therapeutic setting had a marked influence on attitudes towards this treatment modality. Almost 80% of those who had witnessed hypnotherapy in a clinical setting found that the experience positively affected their views. Similarly, 70% of those respondents reporting that they had had therapeutic hypnotherapy themselves reported a positive attitude to hypnotherapy. Most of those who found that it negatively influenced their attitudes, or had no influence, commented that they had failed to gain any therapeutic benefit from their own hypnosis experience. Previous research has found that approximately one-third of people who are subjects for hypnosis in a non-therapeutic setting find the experience a negative one[14]. Our results found a much lower level of negative influence following that type of experience. Those most likely to report having their attitude towards hypnotherapy negatively influenced were those who had witnessed hypnosis for entertainment purposes. The main reason cited for this was that they felt the subjects were being belittled and made to do things that they would not do if in full control.

Approximately 10% of the respondents made comments at the end of the survey. These ranged from strongly negative comments written on an otherwise unanswered survey, to very positive comments. Some respondents included their own experiences with hypnotherapy, both positive and negative. Ten people (5%) expressed an interest in receiving further information and training in the use of hypnotherapy.

There were some problems encountered during the course of the project. Including both the terms "hypnotherapy" and "positive suggestions" within some of the questions did not allow for respondents to answer

differentially for the two interventions and may have biased the responses. For example, in response to the question "Do you use hypnotherapy or positive suggestions within your clinical practice?", some respondents indicated that they used positive suggestions but never hypnosis per se. Another problem related to definitions of terms. Even within hypnotherapy textbooks, it is hard to find a concise definition of hypnosis and similarly a range of interventions could be viewed as positive suggestions. We did not include examples of either hypnotherapy or positive suggestions in our covering letter, as one of our questions asked the respondents to indicate a definition of hypnosis from a list of options. Respondents may therefore have been answering the questionnaire without a clear impression of exactly what behaviours the questions were referring to. Finally, some retired anaesthetists returned their surveys unanswered and this group may have contributed significantly to the non-responders.

Changes that we would make if we were to conduct the survey on a nationwide basis would be to provide some clinical examples of both hypnosis and positive suggestions in the covering letter. To avoid any confusion we would also only ask about either hypnotherapy or positive suggestions but not both within the one question.

In conclusion, the results of our survey show that many anaesthetists support the use of hypnotherapy and positive suggestions within clinical anaesthesia in South Australia. This suggests that further education and training regarding hypnosis and the use of positive suggestion as an adjunct to routine communication with patients would be well received by the majority of anaesthetists. It would be of value to conduct the survey on a nationwide basis, following some modifications, to see whether this level of support is present outside South Australia.

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