

# **HYPNOSE MÉDICALE**

## **MYTHES ET RÉALITÉS**

**QUADRIMED CONGRÈS MÉDICAL DE CRANS-MONTANA**

**« De la saignée à l'immunothérapie »**

Crans Montana, 26.01.2024

**Matteo Coen**

(avec Camille Renold et Amandine Berner)

# UN APPEL À L'ACTION

Hypnosis: The Most Effective Treatment You Have  
Yet to Prescribe

THE AMERICAN JOURNAL  
of MEDICINE.

Official Journal of the Alliance for Academic Internal Medicine

- Si l'hypnose était un médicament, serait « **standard of care** »
- **Plaidoyer** pour une **utilisation plus large** de l'hypnose avec des internistes intrépides à la tête de la charge.

# HYPNOSE: POTENTIEL THÉRAPEUTIQUE

Hypnosis: The Most Effective Treatment You Have  
Yet to Prescribe

THE AMERICAN JOURNAL  
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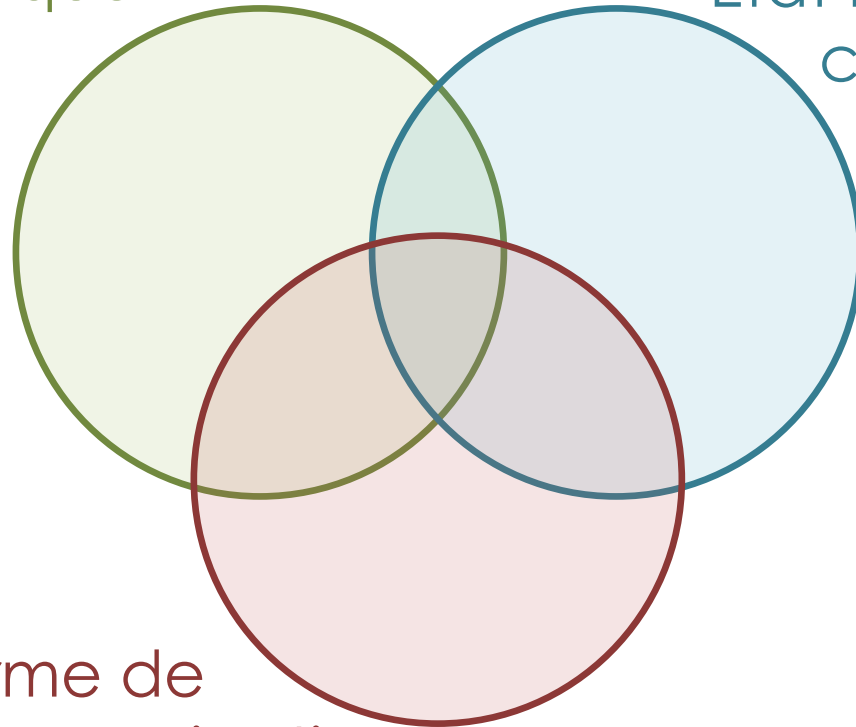
- Technique **adjuvante** et **intégrative**
- Mode d'action **clair**
- Peu/pas d'effets secondaires
- Utilisation en augmentation



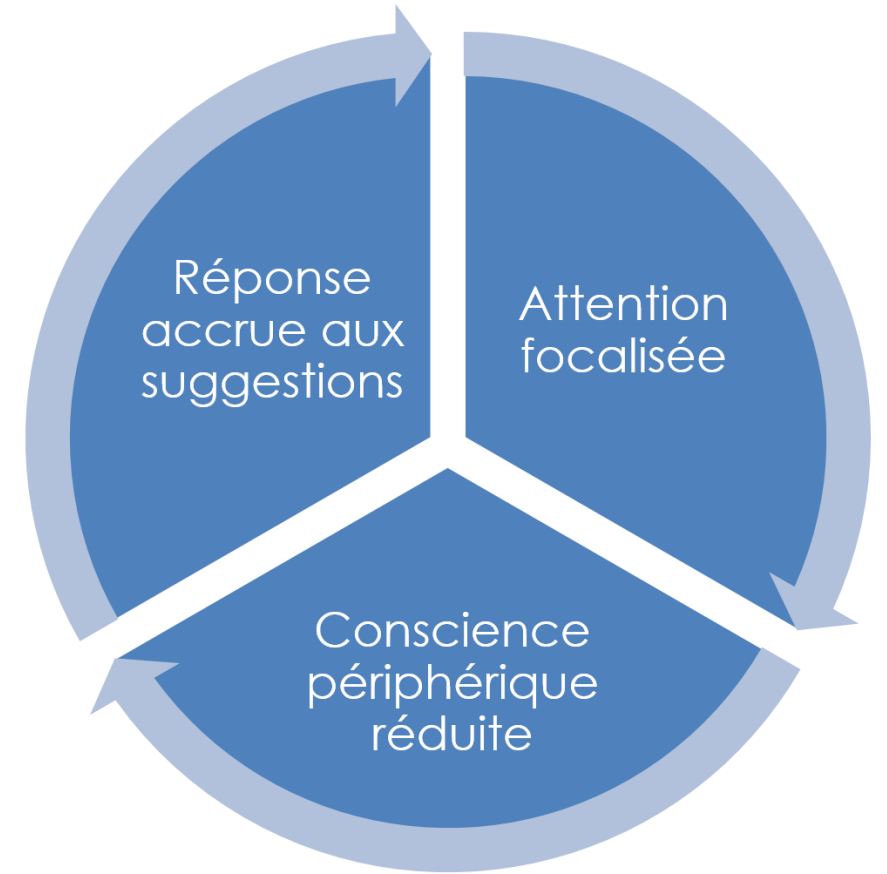
# L'HYPNOSE : UN SOIN RELATIONNEL

Technique

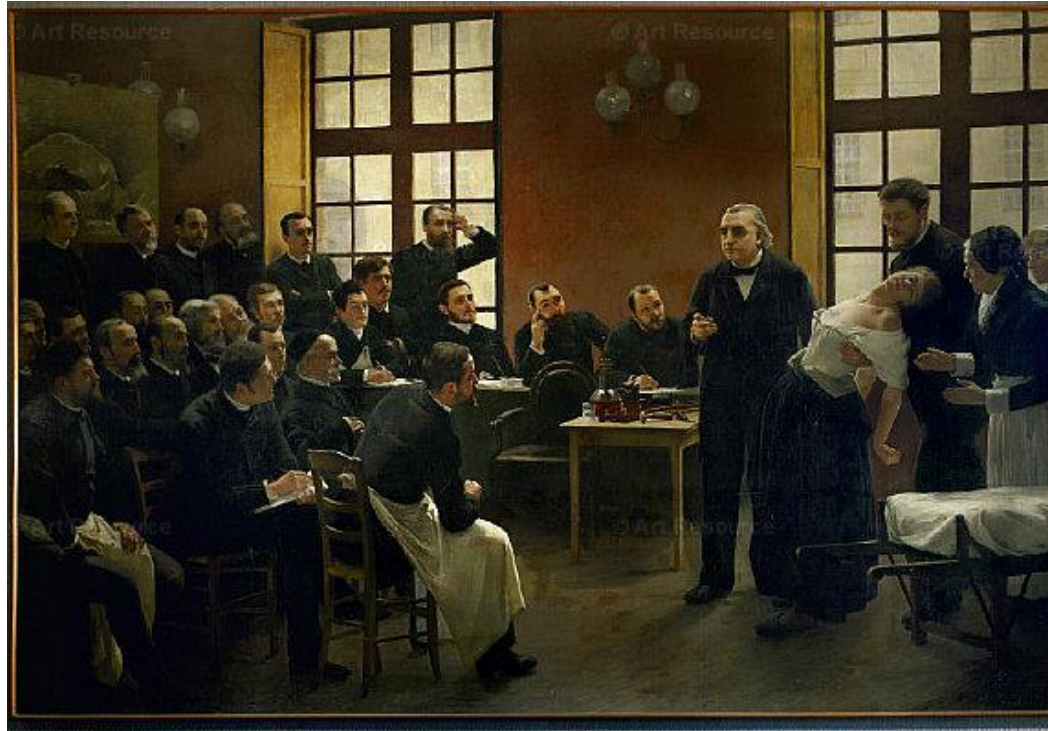
Etat modifié de conscience  
(la transe)



Forme de communication



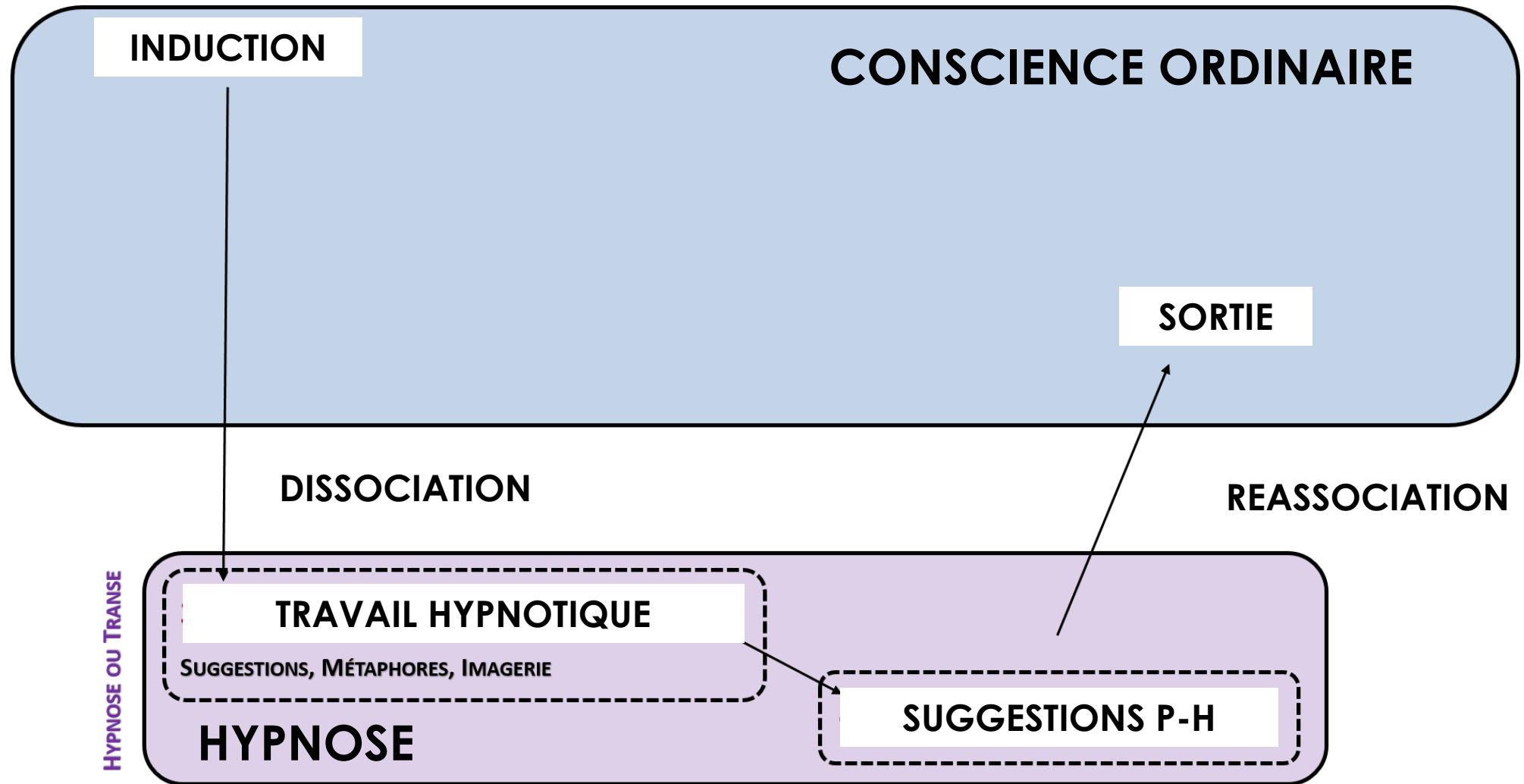
# L'HYPNOSE : PAS UNE MALADIE MENTALE



« Un **individu hypnotisable** est souvent un **hystérique**, soit actuel, soit en puissance, et **toujours un névropathe** » (Gilles de la Tourette et Richter, 1887)



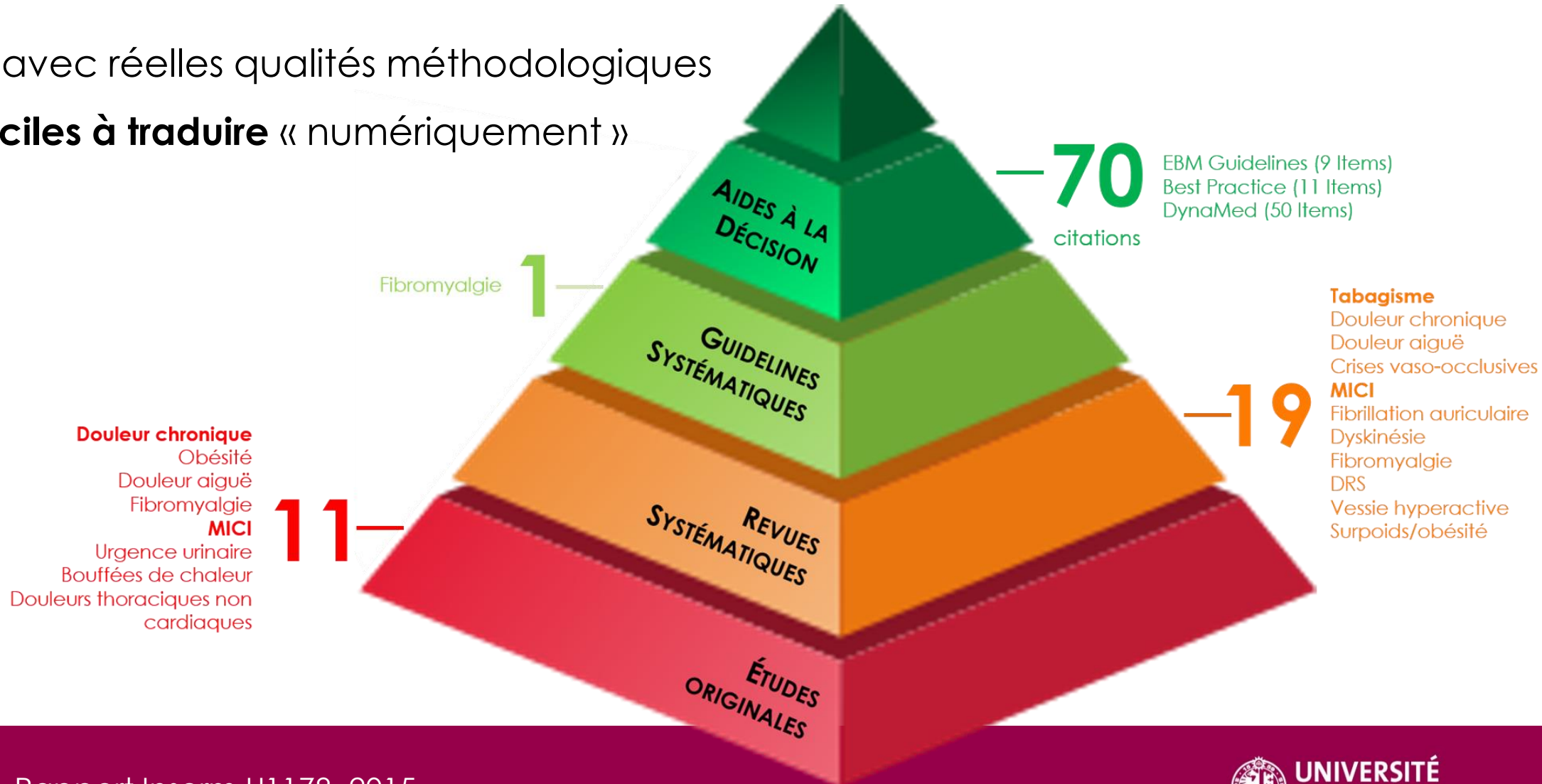
# L'HYPNOSE : UNE SÉANCE TYPE



# HYPNOSE FACTUELLE: PYRAMIDE D'EVIDENCE

Peu d'études avec réelles qualités méthodologiques

**Bénéfices difficiles à traduire** « numériquement »



# LA TRANSE-LES TRANSES

« L'histoire de l'hypnose remonte potentiellement aussi loin que celle du chamanisme » Agogino

- Latin *trans-ire*: « aller au-delà »
- Etat de **conscience**
  - **Altérée**
  - **Commun**
  - **physiologique**





# HYPNOSE : VEILLE = RÊVE : SOMMEIL

## Etat de veille particulière

atonie musculaire-posturale + activité cérébrale intense

→ productions « oniriques »

### ELECTROENCÉPHALOGRAMME

↓ oscillations alpha, fragmentation

↑ oscillations theta (→ **susceptibilité**)

Changement pattern oscillations gamma

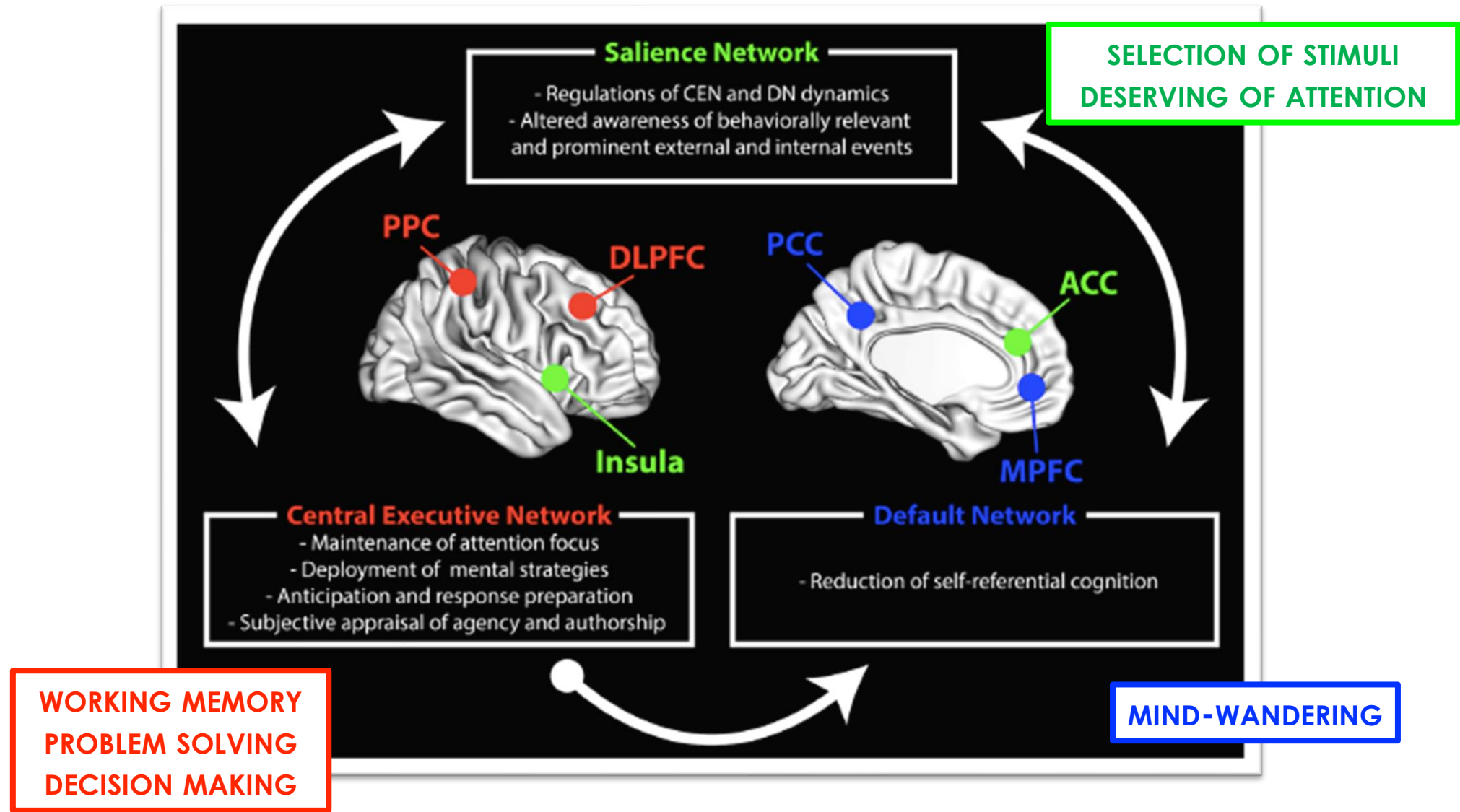
### NEUROIMAGING (PET, fMRI)

Activation régions occipitales/pariétales/  
précentrales: comme s'il voyait/ éprouvait  
des sensations/ bougeait, mais...

Désactivation précuneus et cortex  
cingulaire postérieur (conscience de soi)

# SIMILITUDES NEUROPHYSIOLOGIQUES...

- Dominance de **l'hémisphère droit** (expérience du soi)
- Dominance du **système parasympathique** (extase)
- Libération **d'opioïdes endogènes** (antalgie)
- Activité accrue des **ondes alpha, thêta** et **gamma** à EEG  
(attention focalisée/imagerie accrue)
- Changements dans le « **default network** » (introspection).



## ... AVEC BUTS DIFFÉRENTES

<b>HYPNOSE</b>	<b>(NÉO-)CHAMANISME</b>
Dépourvue d'aspects ésotériques	Interaction avec les esprits Chamane: médiateur (communauté/ monde spirituel)
Intérêt thérapeutique (pratique intégrative)	Technique d'autoréalisation spirituelle, développement, autoguérison.

# CONTRAINDICTIONS: PAS VRAIMENT

Tout ce qui empêche la **mise en relation** et le travail à partir du **monde interne du patient**

- Délire en phase active
- Intoxications aiguës





# L'HYPNOSE EN GÉRIATRIE

## Hypnoanalgésie

(241 pts, 18-92 ans)

Aucune différence âgés/jeunes

## Douleur chronique

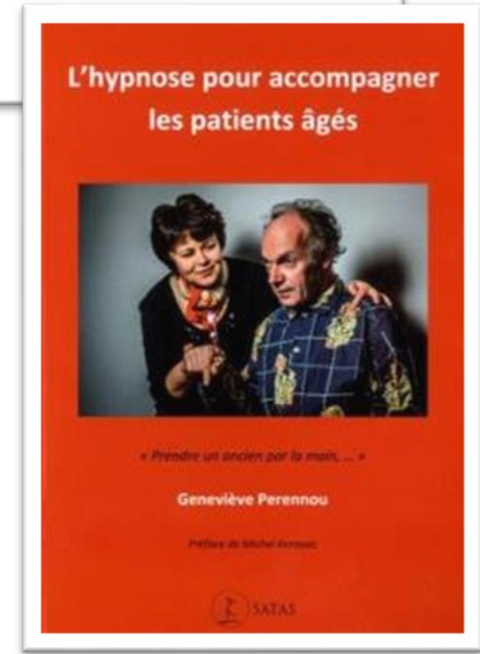
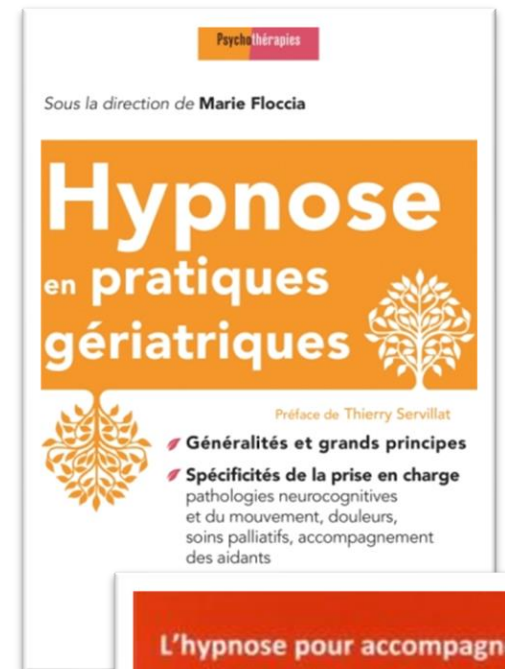
(53 pts, 80.6 ans)

Hypnose > massage (et effets sur thymie)

## « Hypnotic susceptibility »

(30 pts, 80.6 ans; 14 pas de tb; 8 MCI CDR 0.5; 8 AD CDR1)

Pas de différences

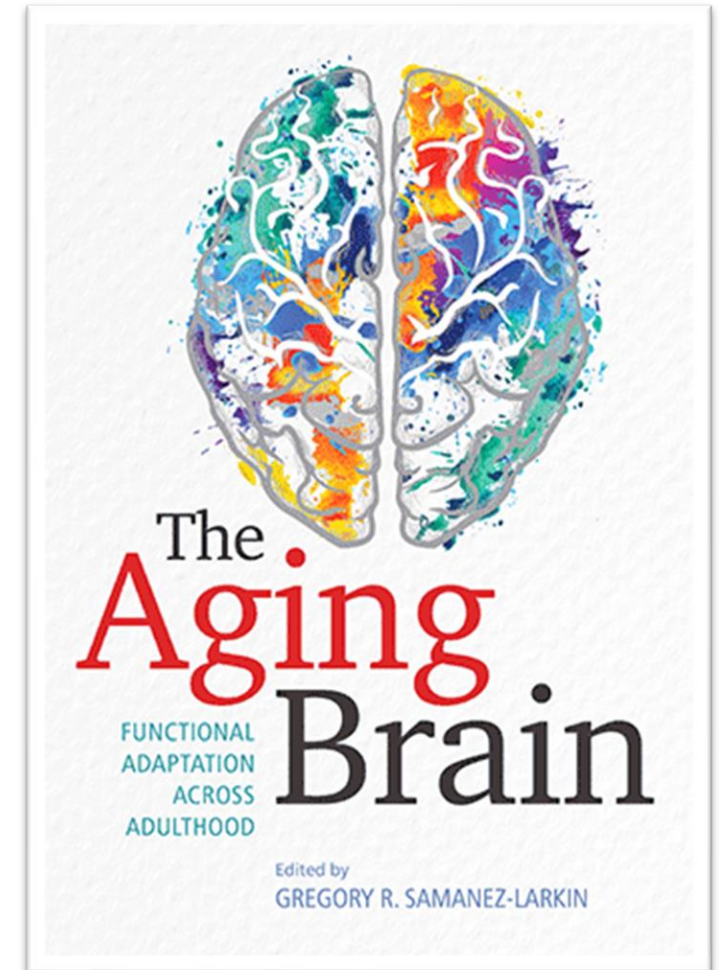


# HYPNOSE ET « AGING BRAIN »

« Aging brain »

→ Atrophie du cortex préfrontal

→ ↑ Suggestibilité



# HYPNOSE ET DÉMENCE\_UNE REVUE (2017)

- Séances plus courtes
- Induction plus directive
- Trances « instables »
- Peu de communication paravérbale
- Saisir le “moment propice”
- Utilisation de support audio pour autohypnose

RESEARCH ARTICLE

Open Access

## Hypnosis can reduce pain in hospitalized older patients: a randomized controlled study



Sheila Ardigo<sup>1</sup>, François R. Herrmann<sup>1</sup>, Véronique Moret<sup>2</sup>, Laurence Déramé<sup>2</sup>, Sandra Giannelli<sup>1</sup>, Gabriel Gold<sup>1</sup> and Sophie Pautex<sup>3\*</sup>

### Abstract

**Background:** Chronic pain is a common and serious health problem in older patients. Treatment often includes non pharmacological approaches despite a relatively modest evidence base in this population. Hypnosis has been used in younger adults with positive results. The main objective of this study was to measure the feasibility and efficacy of hypnosis (including self hypnosis) in the management of chronic pain in older hospitalized patients.

**Methods:** A single center randomized controlled trial using a two arm parallel group design (hypnosis versus massage). Inclusion criteria were chronic pain for more than 3 months with impact on daily life activities, intensity of > 4; adapted analgesic treatment; no cognitive impairment. Brief pain inventory was completed.

**Results:** Fifty-three patients were included (mean age: 80.6 ± 8.2- 14 men; 26 hypnosis; 27 massage. Pain intensity decreased significantly in both groups after each session. Average pain measured by the brief pain index sustained a greater decrease in the hypnosis group compared to the massage group during the hospitalisation. This was confirmed by the measure of intensity of the pain before each session that decreased only in the hypnosis group over time (P = 0.008). Depression scores improved significantly over the time only in the hypnosis group (P = 0.049). There was no effect in either group 3 months post hospitals discharge.

**Discussions and conclusion:** Hypnosis represents a safe and valuable tool in chronic pain management of hospitalized older patients. In hospital interventions did not provide long term post discharge relief.

**Trial registration:** ISRCTN15615614; registered 2/1/2015.

**Keywords:** Hypnosis, chronic pain, older patients

RESEARCH

Open Access



## Hypnosis to reduce fear of falling in hospitalized older adults: a feasibility randomized controlled trial

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### Abstract

**Background** Fear of falling is associated with numerous negative health outcomes in older adults and can limit the rehabilitation process. Hypnosis is now recognized as an effective treatment for a variety of conditions, especially anxiety and pain, which can be integrated safely with conventional medicine. The objective of this study was to assess the feasibility and acceptability of a hypnosis intervention in hospitalized older adults to reduce fear of falling.

**Methods** In this feasibility randomized controlled trial, 32 older patients, hospitalized in geriatric rehabilitation wards, were randomly allocated (1:1 ratio) to either an intervention group (hypnosis, 2 sessions, one per week, plus usual rehabilitation program) or a control group (usual rehabilitation program only). Clinical assessors and statistician were blinded to group allocation. Primary outcomes were recruitment rate, retention rate, and adherence to the intervention. Exploratory outcomes, analyzed according to the intention-to-treat principle, included impact of hypnosis on fear of falling (assessed by a new scale perform-FES), functional status, in-hospital falls, and length of hospital stay.

**Results** Recruitment rate was 1.3 patients per week. The recruitment of the population sample was achieved in 5.5 months. The retention rate did not differ significantly between groups and a good adherence to the hypnosis intervention was achieved (77% of patients received the full intervention). No adverse event related to the hypnosis intervention was observed. Regarding exploratory clinical outcomes, no differences were found between groups on any outcome.

**Conclusion** Hypnosis is feasible and well accepted in a geriatric hospitalized population undergoing rehabilitation. Further pilot work should be conducted, with an increased number of hypnosis sessions, before conducting a full-scale trial to conclude whether, or not, hypnosis is effective to reduce fear of falling.

**Trial registration** NCT04726774.

**Keywords** Fear of falling, Hypnosis, Rehabilitation, Feasibility study, Older adults



# UNE PRÉTENDUE INCAPACITÉ DE RESISTER AUX SUGGESTIONS

Attentes **exagérées** chez des  
sujets **hautement hypnotisables**



## Hypnotist unable to break students out of trance as school performance goes awry

By RHEANA MURRAY | NEW YORK DAILY NEWS | JUN 19, 2012 | 1:33 PM

In June 2012, a private girls' school in Quebec, Canada, was the scene of yet another **hypnosis** demonstration that reportedly went wrong, supposedly leaving the students in a **trance** for several hours. The show took place before a group of 12- and 13-year-old students and was billed as an end-of-year fun activity. The 20-year-old hypnotist (Maxime Nadeau) was performing at the Collège du Sacré-Coeur in Sherbrooke. After the show was over, several in the audience reportedly did not **snap out** of the **trance** when the hypnotist instructed them to. One student said she felt like she was having an "out-of-body experience." Emilie Bertrand said she felt "spaced out": "I don't know how to explain it. It's like you're no longer there." Several other students experienced similar feelings throughout the afternoon. A second hypnotist, Richard Whitbread, was summoned and reportedly snapped the students from their dazed state. "There were a couple of students who had their heads laying on the table and there were [others] who, you could tell, were in **trance**. The eyes were

**Hypnotist called back to Quebec school after student stuck in trance**



# MAIS LE RISQUE DE “ROUGUE TRANCE” EXISTE...

(Jusqu'à 15% pour l'hypnose de scène!)

- Abréactions
- Symptômes physiques (céphalées)
- Actes manqués
- Petits accidents

> [Am J Clin Hypn.](#) 2010 Jan;52(3):183-8. doi: 10.1080/00029157.2010.10401718.

**A dissociative episode following stage hypnosis in a combat-injured soldier: implications, treatment and reflections**

Harold J Wain <sup>1</sup>, Jason Dailey

# ... MAIS NE VIENT PAS DE NULLE PART

## FACTEURS FAVORISANTS

### du PATIENT

Hypnotisabilité

Psychopathologie(s) sous-jacente(s)

### du THERAPEUTE

Training

Expérience

Type d'induction et suggestion

Technique de sortie



# L'HYPNOTISABILITÉ N'A RIEN À VOIR AVEC DESCARTES

- L'hypnotisabilité est multifactorielle.
- ~ 10% de la population peu hypnotisable
- L'hypnotisabilité peut être entraînée/augmentée
- L'efficacité clinique corrélée peu/pas à l'hypnotisabilité.

# L'HYPNOTISABILITÉ : UNE RESSOURCE

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2021, VOL. 63, NO. 4, 294–301  
<https://doi.org/10.1080/00029157.2020.1860893>



## An evolutionary approach to hypnotizability

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### ABSTRACT

We propose here an evolutionary interpretation of the presence of highly hypnotizable persons (highs) among the general population. Current experimental evidence suggests the presence of stronger functional equivalence between imagery and perception, non-opioid cognitive control of pain, favorable cardiovascular asset, and greater interoceptive sensitivity in highs. We hypothesize that these characteristics were greatly relevant to our ancestors' survival, and that they may have facilitated the natural selection of individuals who are now named "highs" due to one of their side effects – the proneness to accept suggestions – as part of the reported physiological features. Unfortunately, our theoretical hypothesis cannot be currently experimentally proven. We believe, however, that looking at hypnotizability in a naturalistic, evolutionary perspective may emphasize the importance of its physiological correlates in daily life and in the prediction of the outcome of medical treatments.

### KEYWORDS

Heart rate variability; hypnotic susceptibility; imagery; interoception; natural selection; opioid receptors; pain; suggestions

INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS  
2022, VOL. 70, NO. 2, 123–135  
<https://doi.org/10.1080/00207144.2022.2049972>



## Well-Being in Highly Hypnotizable Persons

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### ABSTRACT

Both hypnotizability and well-being are relevant to health. This study aimed to investigate whether high hypnotizability was positively associated with well-being and whether the latter was related to the activity of the behavioral inhibition/approach system (BIS/BAS). ANOVA revealed significantly higher scores on the General Well-Being Index (PGWBI) in highly hypnotizable (highs,  $n = 31$ ) compared with low hypnotizable participants (lows,  $n = 53$ ), with medium hypnotizable participants (mediums,  $n = 41$ ) exhibiting intermediate values. This finding was discussed in relation to other hypnotizability-related traits, such as morpho-functional brain characteristics, equivalence between imagery and perception, and interoceptive sensitivity. A secondary finding was a nonsignificant gender difference in scores on the PGWBI. The highs' higher well-being could be considered a favorable prognostic factor for physical and mental health.

### ARTICLE HISTORY

Received 8 February 2021  
Revised 25 May 2021  
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### KEYWORDS

Behavior; emotion; health; hypnotizability; well-being