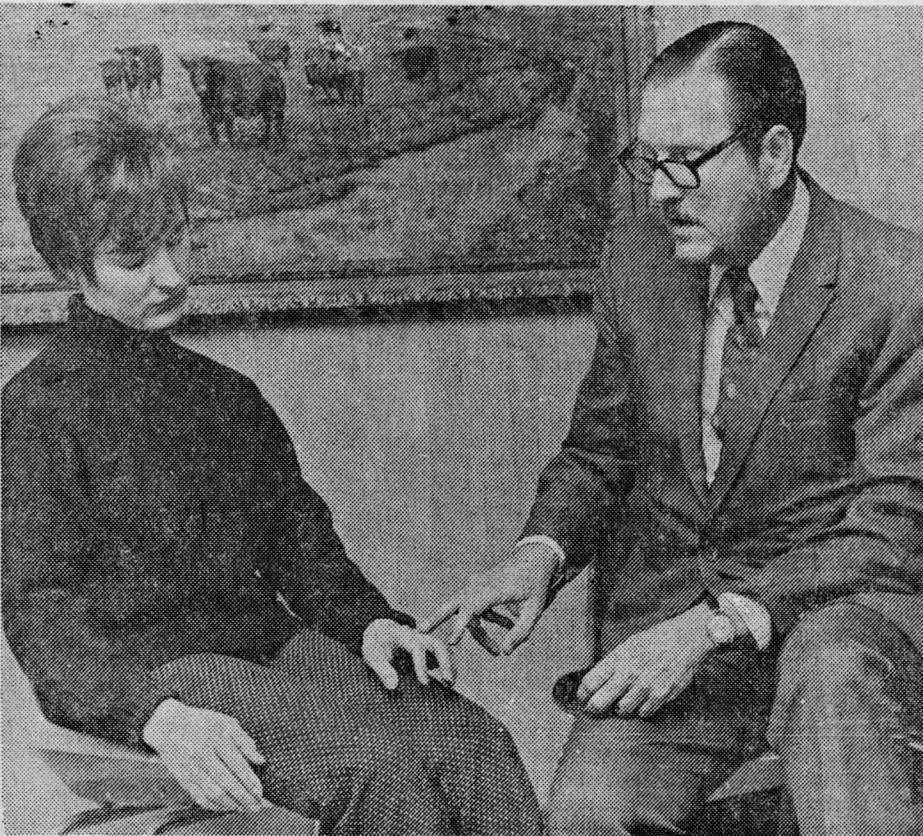




**DOCTOR INDUCES HYPNOSIS . . .** Mrs. Robert (Ardelle) Bieberdorf, Rushford, Minn., has been told by Dr. L. J. Wilson, a Rushford hypnotherapist, to look toward him (left photo) and to get as comfortable as she can. She has been asked to hold her head in that position, look up toward her eyebrows, and then toward the top of her head. As she continued to look upward she was told to close her eyelids slowly. The patient was instructed to keep her eyelids closed and continue to hold her eyes upward. "Take a deep breath, hold. Now exhale, let your eyes relax and concentrate on a feeling of a floating, floating down right through



the chair. There will be something pleasant and welcome about this feeling of floating," said Dr. Wilson. The patient has been told to concentrate on the floating while the doctor concentrated on her left arm and hand. Dr. Wilson stroked the middle finger (center photo) of Mrs. Bieberdorf's left hand. He said she would develop movement sensations in that finger. "Then the movements will spread," said Dr. Wilson, "causing the left hand to feel light and buoyant." He informed her that the arm would float upward, first one finger and then another. "As these restless movements develop," Dr. Wilson said, "your hand becomes light and



buoyant, your elbow bends and your forearm floats into an upright position." He told her (right photo) that her arm would stay in that position even after he gave her the signal for her eyes to open. Later Dr. Wilson touched her left elbow and put her arm in a resting position. Mrs. Bieberdorf remained in a deep hypnotic trance, (lower photo) shifting positions at time to stay comfortable. Responding to a cue from Dr. Wilson. Mrs. Bieberdorf later came out of the trance. (Sunday News photos by Jim Galewski)

Alternative to chemical anesthesia

# Rushford doctor uses hyp

By VI BENICKE

Sunday News Area Editor

RUSHFORD, Minn. — Dr. L. J. Wilson, Rushford, a former Winonan, who practices hypnotherapy, raised a female patient's arm and she immediately went into a hypnotic trance.

No preliminaries were necessary to produce hypnosis; she had been through the process many times before and went into the trance on signal.

Another patient was put in a trance on the count of five. On count one, Dr. Wilson told the patient to look up toward her eyelids; on count two, to close her eyelids and take a deep breath; on count three, to let her eyes relax, her body float, and to allow one forearm to float upward; on count four, she was told to have the arm remain in the upward position, and on count five, to go twice as deep into the trance state.

Dr. Wilson, along with other obstetricians, finds hypnosis a viable alternative to chemical anesthesia during labor.

During the physician's ob-

stetrics class in the waiting room of the Rushford Community Clinic, it was noted that another of the patients seemed to be peacefully sleeping in her chair. Then another dropped off. Both women were in self-induced trances.

Dr. Wilson conducts "ob" and smokers classes every other week. Every Thursday evening is reserved for men and women who want to lose weight with the help of hypnosis. Each Tuesday he deals

with problems such as tension, insomnia, bed wetting and phobias.

Classes are held at night because there are no interruptions.

If Dr. Wilson is called out on an emergency during a session he asks his patients to remain in the trance until he returns.

"Then I don't have to take the time putting them in and taking them out," Dr. Wilson said.

Every suggestion given to the patients is designed to help them and every suggestion compounds or helps the ones given before. Dr. Wilson explained and the more they practice going into trances the better they get; just like riding a bicycle.

Dr. Wilson, who has been a member of the American Society of Clinical Hypnosis since 1966, attended the society's 16th annual meeting and workshop on clinical

## Mother thought she was frog

During labor, while in a hypnotic trance, an area woman imagined she was a frog. She had the sensation of floating in water.

When experiencing a hard contraction she picked up the contraction and put it on top of a lily pad, she said.

Another woman, who has had four children while hypnotized, maintains she does not know what a labor pain or a contraction feels like, other than simple pressure.

While in labor with her first child, she dreamed she was walking along a beach, with a white house in the distance (she was actually walking in the hospital). As each wave splashed against the shore, she experienced a

contraction. The house in the distance kept coming closer and closer.

The mother imagined she was at the county fair when her second child was born. There was a big, fat, jolly clown with a large, red nose. She remembers that she laughed and giggled the entire six hours she was in labor.

The third time she had twin sons. During labor she dreamed she was floating on clouds, drifting from place to place — never getting involved with anything.

Another woman, while giving birth to a child, sang Christmas carols and songs about babies. She also sang Deep River as she envisioned herself floating on top of the water while her contractions stayed on the bottom.

# onosis

# Winona Sunday News

SUNDAY, JANUARY 20, 1974

Winona, Minnesota 1b

hypnosis Oct. 16-21 in Toronto, Ontario, Canada.

The son of Mrs. Hildred Wilson, Winona, and the late Dr. R. H. Wilson, he is a 1951 graduate of the University of Minnesota Medical School and began practicing medicine in Winona in July 1952. He has been associated with the Rushford Community Clinic since 1961.

Dr. Wilson and his wife, Miloty, have two sons and two daughters.

A vocal advocator of the use of hypnosis in patient care, Dr. Wilson offers Dr. Herbert Spiegel's working definition:

"Hypnosis is a response to a signal from another or to an inner signal, which activates a capacity for a shift of awareness in the subject and permits a more intensive concentration upon a designated goal direction. This shift of attention is constantly sensitive to and responsive to cues from the hypnotist or the subject himself if properly trained."

Dr. Spiegel is the associate clinical professor, department of psychiatry, Columbia University, College of Physicians and Surgeons.

"A girl can have her baby any way she wants to," Dr. Wilson pointed out. "All I do is guide her. Hypnosis is a way to keep the patient calm and have an easy delivery. And it's a joy for me; after all, she just had a baby."



Dr. Wilson informs his patients that they must trust certain persons when in labor, while in a trance: those in the household who are responsible for getting them to the hospital; persons they meet at the hospital, and the doctor.

"My biggest job is to take the patient from one room to another in the hospital," Dr. Wilson explained, "because of the noise factor.

"So I try to have them adjust to as much noise as possible so that nothing disturbs them." (He demonstrated by dropping a metal object on the floor directly in front of one of the women in a trance. The loud, clattering noise did not phase her).

While in a trance the "ob" patients acquire a time distortion and the stages of labor go very rapidly, said Dr. Wilson.

"Some women will get hypnosis for the first stage of labor and will continue in a trance until they go into delivery. Others will go through the whole period in a very excellent trance with no problems at all. The real good ones don't even know their contractions are there."

Dr. Wilson said that mothers of 60 percent of the babies he delivers use hypnosis.

"One of the first steps in the use of hypnosis," said Dr. Wilson, "is to gain the trust of the patient and explain exactly what will be done. The therapist must be both honest and truly interested in his patient in every way. If there is doubt or fear in the patient's mind it will be difficult to place her in a trance and the trance will not be deep. The fear, if there is any, is usually dissipated after the first session.

During the time a patient is in a trance, suggestions can be planted in the mind, said Dr. Wilson. He or she can be given post hypnotic suggestions that can carry over, for hours, days or even years. A person in a trance, however, will reject the suggestion of an immoral act.

There are formal and waking trances.

"Sometimes one cannot tell if a person is in a trance state or not, since daydreams turn into mild hypnotic trances, Dr. Wilson said.

Examples: a person watching the raindrops hit the window glass and run down the pane, or thinking about her childhood or some pleasant experience and becoming so deeply caught up in the recollections that she is not aware of what is going on around her.

"Or it may be an out-and-out fantasy one has conjured up so realistically that total mental involvement comes about," said the physician.

Clinical hypnotherapists say that the trance is not sleep, but rather a state of altered consciousness. It is deep relaxation. The patient is aware of what is going on around him, but listens only to the therapist. He can come out of the trance any time he

wishes, although usually the trance is ended on signal or instruction from the therapist.

Dr. Wilson, along with the other physicians and psychiatrists, agrees that hypnosis is



MRS. WILLIAM TENSETH

gaining credence and popularity as an adjunct to conventional therapy. Some of the country's most respected institutions include it in their continuing education programs, he said, and more and more practitioners, specialists and family physicians alike, are using it in primary patient care.

However, said Dr. Wilson, confusion and misinformation about hypnotherapy remain widespread. Its proponents say that this relatively simple therapeutic technique is used nowhere near its potential.

Some physicians shun hypnosis, Dr. Wilson pointed out, because it takes too much time, while others declare that hypnosis saves time for the physician and for some patients, it saves money because it can lessen the need for drug therapy and lengthens the interval between office visits.

Rushford doctor  
(Continued on page 2b)

# Rushford doctor

(Continued from page 1b)

Dr. Wilson said that physicians in many fields use hypnosis with varying degrees of success: to treat stuttering in both adults and children; family physicians use it to treat anything from enuresis to tension headaches, insomnia, hysteria, neuralgia, nail biting and migraine headaches.

Some physicians use hypnosis to minimize discomfort or pain during such office procedures as pelvic or proctoscopic examinations, setting fractures, suturing or changing dressings.

Patients with functional colitis or asthma often respond to hypnosis, said Dr. Wilson, as do those with tendencies toward sexual disorders, arthritis, obesity and anxiety tension states. It also is used to help hemophiliacs control bleeding.

Dr. Wilson pointed out that not all patients respond favorably to hypnotherapy. A harmonious relationship is a must. If the doctor or the patient feels at all uneasy with the other, hypnotherapy is almost certain not to be successful, he said.

The people who are easiest to hypnotize, according to Dr. Wilson, are the ones most likely to benefit from hypnotherapy. As a rule, they are of moderate to high intelligence, fairly well adjusted and accustomed to mental discipline.

Dr. Wilson said it is advisable to establish a patient's hypnotizability, or trance cap-

acity before suggesting a program of hypnotherapy. One of the simplest and fastest ways to determine trance capacity is the eye-roll test developed at Columbia University. The patient is asked to roll her eyes upward while closing her eyelids; the higher she can "look up" the more hypnotizable she is. Inability to roll the eyes at all signifies zero trance capacity.

The patient's motivation to be helped is at least as important to successful hypnotherapy as trance capacity, Dr. Wilson maintained. A highly motivated patient with a fairly low trance capacity can be treated successfully with hypnotherapy, sometimes under extraordinary conditions.

Dr. Wilson said that generally a patient who is under unusual physical or emotional stress, in pain, or anticipating pain is sufficiently motivated to be a good candidate for hypnotherapy during painful diagnostic or therapeutic procedures.

This is especially true of mentally alert patients who are facing death under painful circumstances, said Dr. Wilson. Then, too, the patient who must stop smoking because of early emphysema is a better candidate for hypnotherapy than the patient who merely thinks he would like to stop.

Hypnotherapy is widely accepted as a legitimate therapeutic technique, according to Dr. Wilson, but great numbers of physicians and laymen still harbor misconceptions resulting from hypnosis' long association with charlatans and showmen.