

LARS-ERIC UNESTÅHL AND MENTAL TRAINING: AN APPRECIATION

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I first met Lars-Eric in 1999 at a training weekend in Crieff in Perthshire. His research was very much sport based. He talked about trials in sport, and the experiment that stuck in my mind was one where three groups of basketball-naïve students entering college were enrolled for a 2-week course of training (Uneståhl, 1996). One group got to practise throwing a ball through a hoop thirty times for two weeks, one group did no training at all and the third group sat on a sofa for two weeks visualizing themselves throwing a ball through the hoop thirty times. After two weeks all groups were tested. The group that did no practice fared the worst, but the group that visualized themselves throwing the ball through the hoop did as well as the group that practised. This amazing result was only recently matched in a study where a randomized group visualized doing mental elbow contractions and their biceps became stronger even though they did not exercise (Ranganathan, Siemionow, Liu, Saghal and Yue, 2004). However, Lars-Eric was doing this 30 years earlier, and to my mind doing much more interesting research. Only recently have experiments been carried out to explore this connection (Nyberg, Eriksson, Larsson and Marklund, 2006).

Lars-Eric was a PhD student and then a lecturer at Uppsala University in the 1970s where he set up a department of clinical and experimental hypnotism. At this time, a well-respected clinical hypnotist near Stockholm died, and many of his patients appeared to relapse. There being very few hypnotists in Sweden, and knowing that Lars-Eric was a hypnotist and had a research interest in hypnosis, many of the patients were referred by local doctors to the University. Lars-Eric saw some of them and was struck by the fact that they were unable to maintain their improvement without ongoing support from their therapist. Also, because so many patients were referred to the university, the department decided to send out a self-hypnosis record to help them train while they were waiting. By the time these patients got to the university many of them appeared to have improved enormously. Lars-Eric decided to devote his research to find out what people can do for themselves with self-hypnosis, given that:

- 1 If hypnosis does have beneficial outcomes and a large group was to benefit from this, it would not be practical to use therapists to administer the intervention.
- 2 If hypnosis is always to be seen as ‘therapy’ then by the learning set (Harlow, 1959) improvement might always be linked with a therapist, and positive change will always be related to facilitation by the therapist’s ‘learning set’ (voice, office, etc). A regular programme of mental skills training by self-hypnosis done regularly at home or in the workplace could avoid such a problem. Using posthypnotic suggestions, that the subject will *notice* positive changes, a pavlovian reflex could be set up reinforcing positive behaviour feedback loops. Thus the positive affect from one small change will *automatically and unconsciously* be carried forward to the next situation.

- 3 Lars-Eric noted that the Stanford group (Hilgard, 1965) had tested people for hypnotic susceptibility, and then repeated the test on the same people 25 years later and found that the score had not changed. This led to the assumption that susceptibility was a stable trait, related to the personality.

To investigate these matters for his PhD, he set out to find what could be achieved by systematic training with self-hypnosis. His PhD 'Hypnosis and posthypnotic suggestions' (Uneståhl, 1973) is a remarkable achievement and he conducted 46 research experiments. The findings from this research may be summarized as:

- 1 Regular, systematic and long-term self-hypnotic training was superior to hetero-hypnosis (using a hypnotist) in a variety of measured dimensions.
- 2 Audio taped hypnotic inductions were as effective as inductions given by a present hypnotizer as measured on a standardized scale of hypnotic susceptibility (Stanford).
- 3 Long-term imagery training gave a significant increase in imagery skills, measured by standardized scales for imagery vividness and control.
- 4 Long-term training in relaxation and imagery gave a significant increase in hypnotic skills, measured by the Stanford scales of hypnotic susceptibility.
- 5 A trigger, signal value or conditioning can be established in just one hypnotic session.
- 6 Any simple or complex stimulus, for instance a word, movement, behaviour or situation but also a thought or hallucination can receive signal value during hypnosis or self-hypnosis, after which it will serve as a trigger releasing posthypnotic effects.
- 7 When a stimulus had become a trigger it worked even in those situations where the subject was unaware of the presence of the trigger. Such a trigger could not be changed by voluntary effort.
- 8 A positive emotion like the ideal performing feeling could be borrowed from a previous event and then conditioned to a future event (for instance a future competition).

Lars-Eric has a great interest in sport; in his youth he was a keen amateur athlete and many of his ideas for mental training came from research on coaching and improvement in sport. Sport performance, being eminently measurable, seemed the ideal place to do many investigations into systematic mental training. From 1973 to 1980 he worked with sports teams to investigate the relevant mental dimensions behind the ideal performance state. The national teams in many areas were investigated and compared with athletes of a lower calibre. Through factor analysis, the numerous factors could be reduced to four dimensions: Self-Image, Attitude, Goal-Image and Emotion (the right feeling) (Uneståhl, 1996, p. 132). From 1980 to 1989 he carried out similar studies in health to identify the ideal healing state, and found that the same four factors were important.

Bizarrely, in the 1970s Lars-Eric was asked by a drug company to release a recording to help people with stress, as they wanted to compare its effect with that of tranquillizers. However, they were concerned that the self-hypnosis might have side-effects so it had to be on prescription. In the first year of its release 29,000 copies of the recording were prescribed in pharmacies. There were no recorded problems (Uneståhl, 1996).

Based on his research and experience Lars-Eric has developed a wide range of self-hypnosis self-help materials, the core of which is Mental Training. Mental Training can be defined as a systematic long-term evaluated training of mental processes (thoughts, images, emotions). He also runs a training school to deliver this programme to all aspects of Swedish society.

Many years later when asked by the Chief Scientist in Scotland to carry out a study on hypnosis in depression I thought of Lars-Eric. His message was obvious: what works for sport will also work for depression. A problem in sport, a problem in depression – these are just problems to the brain. Enable the ability to neutralize negative triggers and you have your solution for any problem. My own research had shown that there was a significant improvement in emotional and social life after hypnosis (Dobbin, Faulkner, Heaney, Selvaraj and Gruzelier, 2004). Subsequently in Edinburgh we carried out a partially randomized patient preference trial of this modular self-hypnosis (Positive Mental Training) vs. antidepressants in depression in GPs' surgeries (awaiting publication, abstract at <http://www.hypnodoc.co.uk/resources.html>), and we found that self-hypnosis was much more effective for those that preferred it than antidepressants (and 93% of patients did have a preference). So we have gone one step further and are now running efficacy trials. In northeast Edinburgh all practices are engaged in offering mental training instead of antidepressants. We plan to monitor ongoing costs savings, clinical effectiveness, relapse, suicide and effect on attitudes of primary care staff in areas with a matched control intervention in another area. If we can demonstrate cost neutrality the system will be instated across the whole of Edinburgh. The system goes down very well with the patients; they like the fact that this comes from peak performance and is used by Olympic athletes. This encourages the idea that they are not mentally ill, but that they need more skills development. We avoid any mention of mental illness in the literature that comes with it. We find it is very simply administered by primary care staff; it fits well in 10-minute appointments and about 400 people have used the programme in the first 6 months of the project. Depressed patients are frequently unmotivated: what could be easier than listening at home or at work to a series of CD tracks with positive messages? The modular nature of the intervention means relaxation and a place of safety are rapidly established in the first three weeks and all subsequent skills training is done from this safe place (mental room). This avoids the danger of random trauma straying into the process.

In his article in this issue Lars-Eric refers to the mental training as Integrated Mental Training (IMT) emphasizing the need to integrate self-hypnosis into everyday life. We have translated all the materials and adapted them for a UK audience and call it Positive Mental Training (PMT). This was the basis of our treatment for the depressed patients in our trial. Mental training today consists of a DVD of the author explaining the process, and 12 CD tracks which the patient listens to consecutively. The tracks cover relaxation, creative visualization, self-confidence, self-esteem, desensitization, dissociation and association techniques, creative problem solving, distance from events and future visualization. It is known through recent work that the effectiveness of CBT (cognitive behavioural therapy) is its ability to promote distance from negative thoughts (Teasdale et al., 2002). Self-hypnosis also promotes this with experiential Jacobson relaxation, but adds more with positive emotional training and many other tools.

The article in this issue is a fascinating study on the 'reversal of ageing' with self-hypnosis. Certainly Lars-Eric may be a prime example of this. He appears very much younger than his years and has the mischievous sense of humour of someone much younger.

References

- Dobbin A, Faulkner S, Heaney D, Selvaraj S, Gruzelier J (2004) Impact on health status of a hypnosis clinic in general practice. *Contemporary Hypnosis* 21: 153–60.
- Hilgard ER (1965) *Hypnotic Susceptibility*. New York: Harcourt, Brace and World.
- Harlow H (1959) Learning set and error factor theory. In: S Koch (ed.) *Psychology: A Study of a Science*. New York, NY: McGraw-Hill, 492–537.
- Ranganathan V, Siemionow V, Liu J, Sahgal V, Yue G (2004) From mental power to muscle power – gaining strength by using the mind. *Neuropsychologia* 42: 944–56.
- Teasdale J, Moore R, Hayhurst H, Pope M, Williams S, Segal Z (2002) Metacognitive awareness and prevention of relapse in depression: empirical evidence. *Journal of Consulting and Clinical Psychology* 70: 275–287.
- Uneståhl L-E (1973) *Hypnosis and Posthypnotic suggestions* (PhD thesis Uppsala University). Örebro, Sweden: VEJE International.
- Uneståhl L-E (1996) *Integrerad Mental Training* Forlag, Stockholm. SISU ISBN 91 87660 11 3.

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