EMMA Have you ever been hypnotised, Beth?

BETH I haven’t, no, not at all.

EMMA I haven’t either and I’m absolutely intrigued about the whole thing, particularly because I can’t see and I’m wondering if blind people can be hypnotised. And it is our lucky day because we have a hypnotist on the show.

This is Inside Ouch. I’m Emma Tracey. In London there’s Beth Rose.

BETH Hi there.

EMMA And on the line from Colchester is disabled hypnotist Stuart Thompson. Hi Stuart.

STUART Hi that. I like that disabled hypnotist; it’s quite a title. I like it.

EMMA Let’s get the important question out of the way first: can blind people be hypnotised?
STUART: Yes. It’s never crossed my mind; I’m sure I’ve probably hypnotised blind people in the past. I’ve obviously not used a dangling stopwatch technique that you see on TV because that probably wouldn’t work. But apart from that I think it would be all right.

EMMA: Now, you got in touch with us, or your lovely wife did actually, you sent us this great kind of tabloid headline: I’ve broken every bone in my body and now I help people with chronic pain through hypnosis. Explain that to me. Are you a stuntman as well or…?

STUART: No, I’ve got osteogenesis imperfecta, brittle bone disease, so I like to estimate I’ve probably broken every bone in my body but there might be the odd toe I’ve missed out. And one of the things that got me into this profession was that I had broken every bone in my body at some point and that left me with a certain amount of pain. And I don’t necessarily mean acute pain but chronic pain, things that hurt continuously. And that’s how I got into hypnotherapy when I was speaking to a hypnotist in the briefest conversation who said to me, “Did you know I get people over chronic pain?” And that was nearly 16 years ago, and that was where the journey began really.

BETH: How do you do it? What’s the sort of technique?

STUART: There’s a couple of different ways really that I pull together. The first is, and the simplest, is teaching someone to take their attention away from the pain; to be aware of it but then to not give it headspace. I know a lot of people use mindfulness in a similar way that they acknowledge that the pain is there but then they train their brain not to focus on it. And that does oversimplify it in some ways but that’s the first thing that we would do – in the same way that you can live next to a clock, my parents live in a town and they’ve
got a really loud clock that chimes every 15 minutes in the town centre and when I first go and visit them I think, ‘how can they live there with this clock?’ but after a few hours of being there I stop noticing the clock. And again this chronic pain is like that in that we try and train you to know that the pain is there but your brain doesn’t need to keep drawing your attention to it. And I think that once we can teach someone those techniques it empowers them.

But also when I’m talking to someone with chronic pain I’m talking to them about the other things that go with it because it’s highly likely that if you’re in a lot of pain it’s going to affect the other areas of your life as well: you’re going to be maybe feeling more isolated; you’re certainly going to be more anxious because you’re going to be spending a lot of time thinking about, ‘what’s tomorrow’s pain going to be like? Or what’s the pain going to be like when I try doing this particular thing that I enjoy doing?’

And also there can be a knock-on effect on people’s self-esteem as well because they can feel isolated or they can start to question, ‘is this the way it’s going to be forever?’ and I think when I work with someone I look at the whole picture of what’s going on for them with the pain and try and get for them to be in control of it rather than feeling like it can only be controlled by drug or some dreadful pain group that they attend.

EMMA What is a pain group and what makes it dreadful?

STUART Well, I can’t speak for all pain groups but I’ve got a lot of clients and friends who have been in chronic pain and they’ve told me that their first port of call from their hospital was to visit a pain group where people, from what I can gather, are told that they’re not actually in pain and basically they’re not accessing life enough and if they lived life to the
full they wouldn’t be in pain. There’s a kind of patronising element I think that goes on where people imagine that if you’re in chronic pain then you’ve already given up on life and you’re isolated. In fact I know lots of people that lead really vibrant, exciting lives and just happen to be in a heck of a lot of pain. I think just sending them to a pain group is completely wrong.

EMMA I suppose we’ve got to say that pain is different for everybody and everybody has got different ways of managing it, and we’ve spoken to plenty of people over the years who wouldn’t be able to function at all without pain meds and who use them to their advantage.

STUART My message is not at all that everyone should sort of ditch their painkillers and throw them away. But I think what I’ve come to realise working with people is that so many people are taking all those painkillers and are still in a tremendous amount of pain.

BETH How does hypnotism work? Because everyone does think of the dangling watch.

STUART There are lots of different ways that we would hypnotise someone. There are some techniques that we call eyes open hypnosis, which is just about talking and using language patterns to change the way you feel. We can make you think of things quite easily. If I said to you, “Don’t think of a pink elephant” then I’m hoping that you’re probably thinking of a pink elephant.

BETH Yeah.
STUART And that in a way is me influencing your thoughts in quite a simplified way. But the traditional type of hypnosis that people think of or expect is me talking them down into a very relaxed state, and then when they’re in that state they become what we might call suggestable or influencable.

BETH So, is it still a case that you go into a trance or is it more of a coping strategy?

STUART It depends really. With a lot of the work that I do I try and influence people to learn self-hypnosis, which is about taking themselves down into a very deep state where they can influence their own thoughts, and in many ways it’s very similar to a meditative state. I wouldn’t like to get into an argument with someone that taught meditation about what the difference was because I think they’re probably very similar: it’s about that state where we are more mindful and aware of other thoughts.

EMMA It’s kind of similar to mindfulness then, because mindfulness is the biggie at the moment. People are talking about mindfulness all the time; they’re not talking about hypnosis as much.

STUART Yeah. It really fascinates me the whole mindfulness thing because it really is so similar to hypnosis. I guess the problem with hypnosis is that people imagine that there’s this sort of Svengali figure standing over them telling them what to think and what to feel. And there is a bit of that, but for a lot of the work that I do it’s about getting people to understand the way they think. I talk to people a lot about how we don’t have to feel a particular feeling or a particular thought; we can change our emotions quite easily. And that’s definitely very similar to mindfulness, and I do do work and workshops with people on mindfulness because they’re so similar. But mindfulness has definitely become
EMMA: Just going back to the hypnosis could you potentially make somebody cluck like a chicken?

STUART: No. And I think when I trained that was the most disappointing thing because I do remember I kept asking my tutor, “When are we having that lesson when we make people cluck?” and it never came. No, we can’t. We use the expression hypnotic suggestion, because we’re suggesting to your brain what it should think or feel; but we certainly can’t command or control you because ultimately you’ve got your own values and your own way of thinking. So, if you came to see a hypnotherapist that was going to do, I don’t know, something traditional like stopping smoking or losing weight then they’re not going to be able to make you cluck like a chicken unless you really wanted to and then we’d oblige. But no, we couldn’t do it against your will.

BETH: Does this mean all those TV programmes where they drag out supposed audience member and make them cluck like a chicken or run around like a dog, was that all fake then?

STUART: Well, I wouldn’t like to say it was fake, but I would possibly suggest that some people like to be on TV, don’t they? I think that’s possibly where I would probably go with those people. Or there’s also something for some people about placebo and them wanting to believe in something, and I think for many hypnosis it’s something magical so people wanted to believe they were doing that. But yeah, there’s certainly no magic when people see me.

BETH: When you first heard about hypnosis and hypnotherapy did you automatically think, ‘oh yeah, that’ll definitely work’ or were you a bit sceptical and you found through practice that
STUART

I’m a massive sceptic about everything. People often imagine when you tell them that you’re a complementary therapist that you’re going to be into crystal and the whole New Age world, and I’m certainly not. I’m a real sceptic. When I was told about hypnotherapy I was really dismissive of it at first, and then I started doing a lot of reading and I looked at people who had had teeth removed under hypnosis or women who were able to give birth using hypno-birthing and those kinds of things, and that really fascinated me because I started to think, ‘well there is something in there’. I know when I’ve been in acute pain, you can sometimes be in so much pain that your brain moves away from it and you end up feeling like you’re somewhere else; the brain almost overrides itself. And I think that is what fascinated me, that’s what set the journey off. But yes, I was very sceptical at first, I thought, ‘perhaps it’s going to be another potion or magic trick’.

EMMA

You remember events in your life around the fractures you’ve had and the pain that’s gone along with them. Tell me a bit more about that.

STUART

I think I do, and I think lots of people with a similar sort of impairment to mine would have a similar story. I think the obvious one for me is my wedding day, which of course is a fantastic day, but I do remember in the build-up to it my biggest thought was, ‘how bad is the broken rib I’ve got at the moment going to be? And will I be that happy sitting up all day in a wheelchair?’ so that’s a memory. Or I think about my daughter being born; I remember that I had a really bad back injury at the time and I was the whole time planning, ‘oh gosh, how’s that going to feel?’ And of course it doesn’t take away from the thing but it certainly punctuates it. Going back to childhood I can remember the birthday parties I went to with various pots and plaster casts
on my arms and legs.

EMMA I have to ask, did your wife do hypno-birthing? Did you bring her through it in that way?

STUART No, but my wife – how can I put this? – my wife actually bizarrely gave birth with very little pain relief because she has a really fantastic her own methods of controlling that pain. So, I guess it did influence her, but I don’t think my wife would trust me enough for me to be her therapist. Proximity is not always the best approach.

EMMA Stuart Thompson, thank you so much for joining us. He’s Stuart hypnotist in general online. This has been Inside Ouch. I’ve been Emma Tracey.

BETH And I’ve been Beth Rose.

EMMA And you can get in touch with us during the week by emailing ouch@bbc.co.uk, at Twitter @bbcouch, like us on Facebook, or visit the website bbc.co.uk/news/disability. Bye bye.