

# The subconscious mind in the ICU patient

## Opinion

Breathing is essential to every human. Being sick and not able to breathe compounds your underlying illness. Many sick patients are placed on a ventilator to assist their breathing. The duration is meant to be for a short period of time. However, many times it takes longer. The problem is when you, as a patient, are attached to a mechanical assist device you must breathe through an endotracheal tube. If that patient is alert and oriented this experience can be highly uncomfortable, challenging and/or traumatic. If the patient has undergone a traumatic surgery and wakes up not understanding their surroundings it too can cause anxiety. Worse yet, if that patient has undergone major surgery, was intubated and has failed to wean off the mechanical ventilator. And if enough time has passed and the patient needed a tracheotomy the process of weaning off the ventilator is much more difficult because it requires a strong will by the patient. Strong will and a strong mind set to bridge the gap between dependent ventilator support and free and normal anatomical effort with each breath. But, what really goes on inside the thoughts of this patient?

This is an attempt to understand what exactly goes on inside the mind of this patient during this period of recovery. And from the outside looking in, how the clinician can assist further in bridging this gap for the benefit of the patient. What exactly is involved in this process? When you wake up in the morning and your first thoughts come to mind, your inner self is speaking to you. There are two spheres of activities within the mind. There are not two minds. The conscious mind is the reasoning area. And the subconscious mind is the area that accepts whatever is impressed upon it. It does not reason or argue with you. Think of it like this: conscious thoughts are acting like seeds and your subconscious mind is like the soil which accepts the seeds – good or bad.

For example: negative thoughts work to destroy your subconscious mind. And in time manifests itself to your outer experience. Your subconscious mind doesn't try to prove a thought to be good or bad; or true or false. It responds only to your thoughts or suggestions. The conscious mind is like a "watchman" at the gate. Its main function is to protect your subconscious mind from false impressions. And the subconscious mind merely reacts to the impression given to it by the conscious mind. Your conscious mind has the power to accept or reject any suggestion given to it. The subconscious mind does not. This same thought process happens to all of us. Even those admitted into the hospital. Take the example of the patient needing to wean off the ventilator. The conscious mind is receiving multiple instructions of how to bridge the gap from ventilator support to non ventilator support. The subconscious mind receives this message and acts upon it. But if the message is delivered and the conscious mind is fearful or of full of anxiety the message is not delivered to the subconscious mind. Or if it is delivered as a negative message all together (I can't do this; I'm anxious; I'll never be able to get there, etc, etc) it can be counterproductive. "Hypnosis is the oldest western form of psychotherapy. It is a very powerful method for using our minds to control perception and our bodies" - David Spiegel, MD, professor and associate chair of psychiatry and behavioral sciences, Stanford Univ. School of Medicine. Furthermore, Hypnosis is known to be a serious science, revealing the brain's ability to heal medical

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and psychiatric conditions. There exist numerous case studies of ICU patients which involved weaning the anxiety and failure to wean off the ventilator by using hypnotic relaxation technique, suggestive words and methodology of relaxation and guidance meditation. The following are two such studies.

### Case study 1

A 60 year old female admitted COPD exasperation. The patient has a history of Amyotrophic lateral sclerosis (ALS) and right sided acoustic neuroma for which a craniotomy was performed. Day two post op the patient was started on weaning trials for which she failed. Although alert and oriented and able to take spontaneous breaths the patient complained of extreme anxiety and shortness of breath. For the next 22 days the maximum weaning time was 2.5 hours per day because the patient was in "fear of suffocation." After explaining the process of hypnosis as a adjunct form of therapy she and her physician signed consents and weaning trials began on day 23. Hypnosis began and continued for 8 days.<sup>1</sup> During this process an improvement in care was noted. The patient had a 30 minute session of weaning off the ventilator each day and slowly improved. For each daily 30 minute sessions of hypnotherapy the weaning tolerance increased from 3 hours at the first session to 16 hours on the last session. Due to this patient's abnormal pulmonary function studies and her progressive muscle weakness (ALS), pressure support ventilation was still required during nighttime sleep. The patient was discharged 5 days after the last hypnotic therapy session without the need of ventilator support during the waking hours.

### Case study 2

A 78 year old male was admitted to the ER after being found down. The patient had a past medical history of pulmonary tuberculosis, alcoholism, COPD. The patient was eventually incubated after bag results showed: pH 7.19, PCO<sub>2</sub> 100, PO<sub>2</sub> 53. Then the patient was admitted into the ICU and eventually extubated after 11 days. Two hours later he was re intubated secondary to respiratory failure and respiratory acidosis. Two days later weaning attempts were made which lasted for 6 consecutive days. Patient felt that "air hunger" was preventing him from longer weaning trials. The patient agreed to trying hypnotic relaxation by signing a release form and a written consent was obtained from the patient's physician. After the first day of hypnosis the weaning time increased from 2 to 4 hours of weaning

trials. And by day 3 it was up to 12 hours. By day 4 excellent progress had been made and patient was extubated and mechanical support was discontinued. By day 9 patients was discharged without the need of further mechanical ventilation.

Hypnosis was introduced because both patients had reached a plateau in the weaning process and was unable to progress further because of fear of suffocation. Both patients showed signs of accessory muscle use, restlessness, shortness of breath and subjectively feelings of apprehension and ventilator dependence. While receiving hypnotically induced relaxation, suggestions of well being and ventilator independence were given. They were also sitting up being monitored by EKG and SpO<sub>2</sub>. During and after the hypnotic sessions, the patients subjectively felt comfortable and secure during his weaning trials.

Note, both patients were trached and during the weaning trials the session consisted of oxygen enriched T-piece tube with no pressure support or oxygen therapy blow by as is the norm in most modern hospitals today. During the procedure both patients were hypnotized by an eye-fixation method. The trance state was tested by the procedure described by Friedlander and Sarbin (1938). This involves suggesting a series of motor exercises to the patient. Meaning they confirmed they were hypnotized by suggesting these exercise The second patient responded to this method successfully. The first patient did not. Her difficulty stemmed in her inability to perform the eye closure and catalepsy test because of her paralysis of the right ocular muscle.

Prior to the hypnosis session both patients were educated of the benefits of this process as well as the facts and myths of hypnosis. It was noted that both patients had preconceived beliefs that they would loose control to the hypnotist. Because hypnosis resembles a state of sleep many believe that a hypnotized individual is either unconscious or so relaxed that they may be controlled altogether. Hypnosis is a relaxed state of well-being in which the hypnotized person is in complete control of themselves. This study shows that anxious patients who have pulmonary dysfunction when taught to achieve a relaxed state will respond more favorably to the stress of ventilator weaning. Hypnosis was found to have the added advantage of not having any side effects often found in the use of drug related sedatives.<sup>1</sup>

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## Conflicts of interest

Author declares that there is no conflict of interest.

## References

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