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The 1mP1 Method: A Revolution in Hypnosis with Unparalleled Precision, Biolocalization, and Potential for Physiological Modification

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Abstract

This study examines the 1mP1 method, an innovative hypnosis technique that prioritizes direct suggestion and the concept of organic biolocalization. In comparison to contemporary approaches of indirect suggestion, the 1mP1 method stands out for its emphasis on precision and detail during suggestion. It is theorized that the effectiveness rate of 1mP1 significantly surpasses conventional methods, aiming not only to influence the individual's mind but also to explore the possibility of structurally or functionally modifying organs and tissues. Potential applications include pain relief, immune system modulation, tissue regeneration, and anti-aging procedures. This method introduces a revolutionary approach in hypnosis, opening new perspectives in the treatment of various medical conditions.

Keywords: 1mP1 Method; Hypnosis; Hypnotherapy; Biolocalization; Direct Suggestion; Neurosciences; Clinical Hypnosis; Mind-Body Interaction; Psychophysiological Effects; Mind-Body Medicine

Introduction

What is Hypnosis

Hypnosis is not a treatment; it is a psychological phenomenon that occurs in all individuals. The goal of hypnosis is to divert the person's attention from their immediate surroundings to their internal perception, such as feelings, cognition, or mental images. In practice, it involves the interaction between two individuals: the hypnotist and the hypnotized subject. The hypnosis session consists of several stages, to mention: a) Preparation: where the subject is explained what hypnosis is and is not, and the procedure to be performed, allowing them to relax during the session, b) Hypnosis Induction: which includes instructions and suggestions from the hypnotist to bring the subject into a state of relaxation and an altered state of consciousness or trance, c) Specific Instruction Stage: where the hypnotist gives instructions on the specific topic to be addressed in the session, providing guidance on dealing with the main purpose, d) Closing Hypnosis: where the subject is taken out of the trance, generally with a countdown from 5 to 1, and it is suggested that they should become more and more

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alert until, at the count of 1, the patient finally opens their eyes, e) An optional stage: if the patient so desires, is to talk about how they feel after the session and what has been accomplished [1].

Historical Background

Hypnosis has been extensively studied during the development of medicine and psychotherapy. It originated from the research of the Austrian physician Anton Mesmer, who gave rise to mesmerism. Initially, mesmerism was associated with magnetism, and hypnosis was initially named as such, which is associated with animal magnetism. Mesmer believed in an invisible substance that circulated between the hypnotizer and the hypnotized. Later, in the United Kingdom, its name changed to hypnotism [2].

In the late 19th century, the neurologist Jean-Martin Charcot considered hypnotism as a special physiological state, encompassing diseases of the nervous system, anatomy, physiology, pathology, and age-related conditions. His achievements lay in connecting this anatomoclinical method with iconographic representations and theatrical teachings, as well as in the extensive bibliographic documentation [3].

In 1884, Bernheim theorized hypnosis as a suggestive therapy, a psychological state of heightened suggestibility that was induced by the hypnotist's suggestion. This state facilitated the hypnotist in delivering suggestions to the sick patient with the aim of promoting healing [4].

Sigmund Freud collaborated with Charcot and initially used hypnosis in the early stages of his career to assist his patients. However, he later rejected it for both objective and subjective reasons [5]. This rejection led to the creation of psychoanalysis, causing more than a century of separation between the fields of hypnosis and psychoanalysis [6].

Mesmer gave rise to the technique of hypnosis, which evolved and became sophisticated over time, ultimately contributing to modern psychology.

Today, hypnosis is used as hypnotherapy, advocating the suspension of critical thinking to allow the subconscious mind to take control and facilitate internal changes. This perspective is supported by neuroscience [7].

Hypnosis Theory and Techniques
Hypnosis Theories

Over the past 50 years in the field of psychology, several theories within the realm of hypnosis have emerged. Notable among them are the socio-psychological role theory, Cognitive-Behavioral Theory, Neodissociative Theory, Spanos' socio-psychological theory, Response Expectancy Theory, Lynn's Integrative Model, and the Response Set Theory. Each theory offers distinct perspectives on the nature of hypnosis and how it operates. Different types of suggestions exist: ideomotor suggestions, challenge suggestions, and cognitive suggestions. Ideomotor suggestions are actions that will occur without voluntary effort, such as levitating or raising an arm in the air. Challenge suggestions involve actions that a person can normally perform under regular conditions but cannot be carried out voluntarily in this state of suggestion, such as bending an arm. Finally, cognitive suggestions are used to distort perception or cognition, such as reducing pain or inducing hallucinations. It is also emphasized that hypnosis is not related to sleep, does not imply gullibility or weakness, hypnotic suggestibility depends more on the subject than on the hypnotist, the subject retains control during hypnosis, and hypnosis is not dangerous with qualified professionals [8].

Hypnosis Techniques

Psychotherapist Stephen Brooks, who introduced Ericksonian hypnosis to Europe in 1979, describes several techniques for inducing the patient into a trance state, where they are more susceptible to the hypnotist's suggestions [9].

In order to understand their functioning, below are some of them:

- **Relaxation Technique**: This is a basic hypnosis technique, a method used by therapists to more easily lead the patient into a trance, where the patient will be more prone to indirect suggestions. Some methods include asking the patient to get comfortable, lie down on a couch, count backward, control their breathing, or relax and tense the muscles.
- **Handshake Technique**: Used to induce a trance by shocking the subconscious. Instead of a normal handshake, the hypnotist grabs the patient's wrist or pulls them toward them. This disrupts the programming of a conventional handshake in the subconscious mind, leading to increased suggestibility by the patient. A sudden shock or allowing oneself to fall backward achieves the same suggestibility-inducing effect.
- **Eye Cues**: Refers to observing the patient's eye movements during interaction with the hypnotist. This observation provides information about the patient's mental processes, as the right side of the brain is responsible for conscious and creative aspects. The left side of the brain handles the subconscious and practical aspects. Therefore, if the patient looks to the left, they access the subconscious, and if they look to the right, they access the conscious mind. If the patient stares fixedly at an object in the room, this may indicate interaction with the subconscious. This information is used to assess when to make suggestions based on subconscious signals.
- **Insertive Eye Contact**: A technique created by Stephen Brooks, through which hypnotic induction is performed on the patient by using the hypnotist's eye movements and gaze. While the hypnotist speaks, they scan the patient's face to see their gestures and eyes. When the hypnotist wants to address the patient's unconscious mind, they focus on the left side of the patient's face, and when they want to address the conscious mind, they turn to the right side of their face. This is done for better results, as the right side of the brain is responsible for the conscious mind. Conscious explanations are given to the right side of the patient's face, and direct inductions or suggestions are made on the left side of the patient's face.
- **Visualization**: A technique used to enter into a trance and make suggestions. The patient is asked to imagine a room they know in great detail, envisioning each of these details in their mind. They are then prompted to enter a less familiar room, opening their mind to suggestibility.
- **Arm Levitation**: A technique that starts with closed eyes, and the hypnotist suggests that one arm feels heavier than the other or that one is warmer than the other. The patient lifts the arm physically or mentally; in both cases, the induction is considered successful.
- **Eye Fixation**: A technique in which gaze is fixed on an object, such as a pendulum or a fixed point, to enter into a trance. The object keeps the conscious mind occupied and leaves the subconscious mind predisposed to suggestion. Eyes also tend to tire when fixated on a stationary point like the ceiling for a few minutes or moving back and forth, eventually leading them to close.
- **Body Scan**: A technique performed with closed eyes, feeling every sensation from head to feet, as well as focusing on breathing. It is a popular method for entering self-hypnosis.
- **Countdown Breathing**: A countdown technique combined with breathing. An interval is counted with each exhalation. Trance is entered upon completion; if not, counting usually starts from a higher number.
- **Indirect Suggestion**: A technique that gives control to the patient, ideal for skeptical patients. An example of an indirect suggestion is the following statement: "You can close your eyes when you feel comfortable."
- **Direct Suggestion**: An explicit command to perform an action. The patient does not control the decision to change behavior. An example of direct suggestion is the following statement: "You will quit smoking, you will lose weight." Intonations in voice tone are used for both types of suggestions.

Background

In the clinical context, hypnosis triggers speculation and controversy; nevertheless, it is recognized as a legitimate clinical technique, and numerous healthcare professionals use it therapeutically to address various medical and psychological conditions [10].

In the case of clinical hypnosis, it has been shown to significantly reduce patients' pain. The activity of the nervous system during a hypnosis procedure demonstrates analgesia in patients with chronic pain conditions [11].

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A literature review presents relevant clinical cases indicating the therapeutic power of hypnosis, highlighting its utility and potential in research. In 5 meta-analyses conducted from 2005 to 2015, each involving at least 400 patients, hypnosis methods were applied. Hypnosis showed better results than control groups in reducing pain and stress during medical interventions, as well as reducing symptoms of irritable bowel syndrome. These investigations conclude that hypnosis is a safe and effective complementary treatment for use in medical procedures with these pathologies [12]. For these reasons, hypnosis is considered a viable and valuable tool in the context of contemporary healthcare.

Materials & Methods: this section explains some of the hypotheses, general objectives and specific objectives
Working Hypotheses

This section describes the hypotheses considered to determine the type of work to cover.

H1. Hypnosis is a psychological process unique to each person, which diverts attention to internal perception in the form of sensations, feelings, and images.

H2. The effectiveness of hypnosis between the hypnotist and the hypnotized subject consists of three levels: 1) the subject's suggestibility, 2) knowledge/understanding of the organ/tissue being targeted as well as its spatial relationships within the body, 3) the ability for abstraction and image formation.

H3. The suggestibility of the patient depends on their ability to enter states of physical and mental relaxation.

H4. Knowledge/understanding is dependent on the previously acquired knowledge about the topic to be addressed during hypnosis.

H5. The ability for abstraction and image formation is the process that triggers the effectiveness of hypnosis.

H6. The effectiveness of hypnosis is dependent on H2. Effectiveness varies when the abstraction and image formation capacity of the subject to be hypnotized is altered.

General Objective

The objective of this work is to enhance the effectiveness rate of hypnosis and to induce an effect on the structure or functionality of organs and tissues.

Specific Objectives

1. Develop a method to increase the effectiveness rate of hypnosis by enhancing the three levels mentioned in H2.
2. The objective of the method is:
   a) Increase patient suggestibility through: Physical relaxation, mental relaxation, alignment with the hypnotist's thoughts.
   b) Increase patient suggestibility by enhancing knowledge about the subject of hypnosis, as well as theoretical knowledge of the structure and functionality of the organ to be influenced.
   c) Enhance the patient's abstraction ability, as well as their ability to form cognitive images, by recognizing and applying the most suitable learning method.
   d) Evaluate whether the proposed method can modify the functionality of organic structures.

Criteria for validity

In order to determine the confidence level of the results, certain standards of determination are being applied to the bibliographic material. The material focuses on hypnosis and the functioning of the nervous system, and covers at least one of the accompanying topics:

- Hypnosis, its definition, concepts, and application.
- Historical background of hypnosis.

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- ▪ Viability of the method in clinical applications.
- ▪ Regulation of the autonomic nervous system influenced by the central nervous system.

Any other material not related to these topics, although potentially very solid and aligned with the current objectives, is being discarded. This is because the section is intended to be rooted solely in the understanding of Hypnosis and creating a new method that improves its effectiveness.

Proposal

Proposal Basis

The main contribution of this section is to provide information in order to create a method that improves the effectiveness rate of Hypnosis in the human body.

It is possible to regulate the utilization rate of organs and tissues, as well as their functioning, through the command of the conscious mind over the programming of the unconscious. This way, the functioning of the autonomic nervous system can be regulated, consequently influencing the regulation of tissues/organs' functioning.

With the aim of demonstrating the relationship between psychic processes and the effects on peripheral tissues, an experiment was carried out to produce second-degree burns on the dorsal area of a patient's hand. The procedure was conducted using suggestion, and the burns fully developed after 4 hours from the start of the procedure. In a subsequent session under hypnosis, an outbreak of herpes was induced in the mouth, which appeared 24 hours later [13].

Suggestions were made to a patient to make him believe that a hot rod was applied to his skin, causing a burn. In response to this suggestion, it was possible to demonstrate the appearance of erythema, wheals (central swelling surrounded by erythema), and hives or urticaria (a broader skin reaction with several wheals). This shows that the nervous system, through hypnosis-induced suggestion, can modulate inflammatory reactions in the periphery as well as tissue damage. The damage to a tissue can increase or decrease depending on the activity of the central nervous system [14].

With the use of the appropriate method, it is theoretically possible to modify tissue and organ states through the use of the conscious mind and the central nervous system. To achieve this goal, the method of hypnosis and organic/tissue regulation 1mP1 is proposed.

Proprioception is the ability to consciously and subconsciously sense the body's position. There are two types of sensations: static position sense of the limbs and kinesthesia. Static position sense involves feeling how the limbs are positioned, while kinesthesia involves identifying their range of motion. Proprioception is a multi-component sensory system that includes peripheral receptors sensing external stimuli, as well as major nerve pathways detecting afferent signals from the spinal cord to the cerebral cortex.

There are two types of information from proprioception that reach the central nervous system: conscious and unconscious. Conscious proprioception is transmitted via the dorsal column-medial lemniscus pathway and the thalamus to the cerebral sensory cortex [15]. Unconscious proprioception follows the pathway from spinocerebellar tracts to the cerebellum [16, 17].

The types of receptors provide information to consciousness so that it can form a representation of the body. This representation uses information from vision, touch, and proprioception. In this way, a complete perception of the body as it really is at a given moment is generated. It is a sensory construction of incoming information and previously stored information that creates this image. There are "online" body representations, which are constructed moment by moment with the incoming information from the different receptors of the body, providing a current perception of it. There are also "offline" representations that are more stable and are constructed from previously entered information. This can lead to the sensation of phantom limbs, which are amputated limbs felt by a patient [18].

Visual and emotional information appears to be related to representations of body image and proprioception. It is important to note that it is not essential for the patient to know the nerve pathways in detail to generate such images.

As a fundamental step in the 1mP1 method, the generation of an "online image" is proposed through the specific stimulation and activation of receptors specific to the area, tissue, or organ. After the formation of the "online image," it will transition into an "offline image," stable and available for the hypnotized subject to navigate unconsciously through hypnosis. The hypnosis work in the 1mP1 method is performed on the "offline image."

An important concept of the 1mP1 method is biolocalization, a term that refers to the conscious location and sensation by the patient of the area, tissue, or organ to be stimulated during hypnosis. Biolocalization is a process preceding hypnosis itself, a fundamental step for its effectiveness.

In order to navigate the created image, the patient must be able to "biolocalize" the organic structure that will be affected in their offline image. The recognition of the offline image follows the creation of the online image. The online image is generated during an initial process of theoretical biological learning and a secondary process of receptor stimulation, which is detailed more thoroughly in section 5.2 of this section.

It is proposed that through the 1mP1 method, conscious proprioception can be increased through specific training. Muscle spindles are present in almost all muscles and inform the central nervous system about changes in the length and speed of stretching of each muscle. This information is used to calculate the position and movement of the limbs in space [19].

There are different types of proprioceptive organs, such as muscle spindles and tendon organs, both located in skeletal muscles. Of the two, muscle spindles are the most important proprioceptors [20, 21]. Tendon organs have unique sensory endings from group Ib nerve fibers at the myotendinous junction and respond to the muscle force generated. Muscle spindles, on the other hand, may have one or more nerve endings and their own motor innervation and are located among the extrafusal muscle fascicles. Muscle spindles respond to muscle length and its rate of change. Each muscle has both proprioceptive organs [22].

The stretching of extrafusal fibers, which are skeletal muscle fibers, also stretches intrafusal fibers, which are muscle spindles. Such stretching activates the activity ratio of afferent fibers that innervate intrafusal fibers, thus loading the muscle spindle and making it more active [23].

Facial muscles, for example, do not have muscle spindles; they are innervated by the facial nerve and yet have proprioception for facial coordination. It is proposed that there is a substitution of proprioceptors by mechanoreceptors that serve a similar function [24].

Furthermore, it has been demonstrated that somatosensory processes are modified with the acquisition of new motor skills, leading to an activation in proprioception [25].

By observing physical movement through observational learning, it is possible to alter somatosensory function similarly to actual physical practice. Observational learning not only affects physical performance but also has an effect on how sensory information related to movement and somatosensory aspects, such as touch, position, and other factors, is perceived and processed [26].

Muscle spindles are also mechanoreceptors, with the peculiarity of being susceptible to central nervous system influence, which can change their sensitivity through the gamma fusimotor drive. The gamma fusimotor drive consists of gamma motor neurons, which regulate sensitivity and are connected to intrafusal muscle fibers, forming part of the muscle spindles and regulating muscle tone [27]. The information from the muscle spindle is an afferent source that can be modified through active training [28]. By directing attention to movements to recognize a trajectory, the descending gamma pathway modifies the cognitive aspect. The gamma pathway increases and provides more accurate information to the brain [29].

The regulation of internal organs

Internal organs have receptors that provide information about internal pressure, blood pressure, fluid balance, digestive function, and other changes that allow the regulation of bodily functions such as the heart, kidneys, gastrointestinal tract, etc. In the case of the

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gastrointestinal tract, for example, there are receptors to detect stretching and distension of the digestive tract. These receptors send signals to the central nervous system for the release of digestive enzymes and other functions. Vagal afferent sensory neurons, which are also mechanoreceptors, sense and transmit this information to the brain through neural pathways in the solitary tract in the brainstem, where the information is processed, leading to behavioral and physiological responses [30].

In the case of the bladder, when it fills with urine, urothelial cells, specialized cells that function as mechanoreceptors, activate sensory neurons. This stretching transmits information through the spinal cord to the pontine center and eventually ends in the gray matter. This information allows interaction with higher cortical circuits that control voluntary urination. In the case of the respiratory pathways, stretching is also detected during lung expansion during breathing, as there are mechanoreceptors to sense stretching [30].

Sensory neurons are specialized in each organ, but there are similarities in the perception of different organs, such as the "piezo2" ion channel, which is mechanically activated and functions in the stretching of the stomach, respiratory pathways, bladder, and other organs. Increased stimulus alters the perception of organs by detecting distension, and upon this detection, the autonomic nervous system activates physiological response mechanisms [30].

Another term used for the processing of information originating within the body is interoception [31]. In a broader sense, this term includes internal bodily sensations, emotions, non-emotional internal processes, and the state of the locomotor system, including proprioception [32, 33, 34].

When a process of mental activity is carried out, the immediate surroundings are ignored, and when attention is directed to the immediate surroundings, the focus of mental activity is lost. This indicates that external and internal consciousness seem to function antagonistically. This is because there are two cortical systems: an extrinsic one that regulates external consciousness by modulating lateral fronto-parietal brain areas and an intrinsic system that regulates internal consciousness processes by modulating activity in middle cerebral areas [35, 36, 37].

There is an anticorrelation between external and internal focus. In order to have more control over the internal functions of the intrinsic pathway, it is proposed to "shut off" or ignore the immediate environment by disconnecting the subject from the external environment and through tension/relaxation exercises.

After reducing the activity of the extrinsic pathway, the proposal is to increase the activity of the intrinsic pathway through the targeted use of proprioception/interoception. This way, the sensitivity of the system, organ, or tissue to be regulated is increased through specific proprioception.

This work suggests the possibility that changes in sensory perception can be triggered not only by proprioceptors of the peripheral nervous system but also by all receptors in the body, such as mechanoreceptors, baroreceptors, chemoreceptors, etc. It is proposed that these receptors can be specifically stimulated to increase the output information and the consequent proprioception of a given area.

In order to increase interoception, the 1mP1 method proposes to enhance the perception of internal sensations. The increase in these perceptions is achieved by increasing stimuli on the mechanoreceptors of internal organs, in a controlled and repeated manner, with the aim of boosting afferent neuronal activation. It is proposed to consciously perform observational learning on internal processes, both emotional and non-emotional, through observational learning.

It is proposed that consciously perceiving these factors contributes to the formation of both online and offline images and increases the effectiveness rate of subsequent hypnosis, thanks to the biolocalization of the tissue or organ to be treated. It is also proposed to perform specific interoception stimulation prior to the specific hypnosis treatment in order to enhance its effectiveness.

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About the use of specific emotions

It is proposed to use the 1mP1 method in association with feelings of joy/pleasure/happiness. Feelings of love and joy activate areas of the brain responsible for emotion, attention, and memory, such as the limbic structures, which can serve to have an effect on the autonomic nervous system for stress reduction. Therefore, it is proposed to apply this association in a relaxation stage prior to hypnosis and during hypnosis itself, as it has a protective effect on the brain and stimulates well-being and biological reproduction in the case of pleasure. Rewiring the feeling of pleasure to a reprogramming of the autonomic system on a tissue can have an effect on it [38].

Love is a cocktail of neuropeptides and neurotransmitters aimed at modifying behavior for greater success in surviving and reproducing. Lust, attachment, and attraction are each mediated by their own neurotransmitter but are interrelated processes [39]. For this reason, it is proposed to use the feeling of love, which typically triggers reward mechanisms [40]. This feeling, associated with the hypnosis induction process, brings about changes in the autonomic nervous system, regulating the functioning of a specific organ or tissue. Thus, the reward feeling of love is linked to the new programming of the autonomic nervous system for that tissue, triggering mechanisms of repetition over time, which can be beneficial for perpetuating the functional organic modification made.

Methodology for Proposal Development
The 1mP1 method is based on:

a) Increased theoretical knowledge of the patient about their anatomy/biology.
b) Enhanced awareness of their overall and specific body perception through relaxation and the reduction of general stimuli on mechanoreceptors.
c) Stimulation of specific mechanoreceptors to create a more refined map of body perception.

By creating this refined map of body perception, the patient, through the subconscious mind, can biolocate a specific tissue or organ and modify or regulate its functions through hypnosis induction.

The method consists of 5 stages:

Stage 1: Theoretical learning.
Stage 2: Relaxation and reduction of stimuli.
Stage 3: Interoception and stimulation of mechanoreceptors.
Stage 4: Biolocalization.
Stage 5: Hypnosis induction.

The patient

A high degree of hypnotizability [41] is desired and recommended for the implementation of the 1mP1 method. Conducting a hypnotizability test is not mandatory for using the 1mP1 method but can be beneficial. The patient should have a desire and predisposition to participate in hypnotherapy and undergo hypnosis.

The hypnotist

It is recommended that the hypnotist be a experienced professional in the field and have studied in-depth the mechanisms of action of the 1mP1 method. It is also proposed to have an interdisciplinary team, including professionals specialized in the field of anatomy/biology, to address anatomical/biological topics, both in theory and in the practical implementation area.

Treatment schedule:

The treatment consists of 1 initial session followed by 4 reinforcement sessions:

▪ Day 1: Initial session.

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- Day 4: Reinforcement 1.
- Day 11: Reinforcement 2.
- Day 30: Reinforcement 3.
- Day 90: Reinforcement 4.

In each session, all 5 stages are addressed, each time in greater depth.

The area to be affected by hypnosis must be perceived proprioceptively/interoceptively by the patient; otherwise, the hypnosis induction treatment will not be directed towards specific biolocalization and may have little to no effect.

Brief summary of the purpose of each stage
Stage 1: Theoretical Learning

This stage focuses on providing the patient with theoretical anatomical knowledge of their body, including its proportions, and the structure and function of respective organs, tissues, and mechanoreceptors. It is conducted through both a purely theoretical component and a part involving graphical representations. The aim is to equip the patient with knowledge for subsequent spatial recognition of the dimensions of each structure, ultimately creating a theoretical mental body image.

Stage 2: Relaxation and Reduction of Stimuli

The purpose is to minimize, to the greatest extent possible, the stimuli that activate mechanoreceptors and other receptors throughout the body, and limit the input of emotional information. This stage also aims to prepare the body for stimulation and the precise formation of the mental image during Stage 3.

Stage 3: Interoception and Stimulation of Mechanoreceptors

The objective of this stage is to stimulate peripheral mechanoreceptors through muscle contraction and variations in the speed of muscle stretching. It also aims to stimulate internal organic receptors to generate the online mental image. The goal is to stimulate specific receptors of the tissue/organ to be regulated in hypnosis, with the aim of creating the proposed online mental image of that sector. This online image results in an offline image that can be accessed at any time through the subconscious mind. The purpose of creating the offline image is to provide the patient with the ability to spatially recognize the structures and biolocalization of an organ or tissue.

Stage 4: Offline Biolocalization

The purpose of this stage is to be able to biolocalize the organ or tissue to be affected. Biolocalization refers to the conscious ability to locate, in the offline image generated in stage 3, a given body structure that can be influenced through hypnosis. The ability to accurately place a structure within the offline image positions the conscious mind in the same location as the mechanoreceptors of that structure and allows for a more precise and accurate perception.

It is proposed that, through conscious practice in stage 3 with the formation of the offline image, one can consciously biolocalize such a structure and enhance the sensation of that area.

Stage 5: Hypnosis Programming

The aim of this stage is to efficiently deliver, through suggestions or instructions, information to the subconscious in order to produce an effect on the selected organ or tissue.

The hypnosis performed on the subject has a direct effect on the offline image created.

Once the hypnosis technique is applied and the new information/programming is delivered to the subconscious mind, the patient exits the trance. Once out of the trance, the patient verbally reaffirms at a conscious level the new programming that was delivered to

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the subconscious.

Development of the 1mP1 Method

The formation of the offline image involves two stages:

- Input of theoretical information.
- Stimulation of mechanoreceptors to increase interoception.

Stage 1: Theoretical Learning

This stage focuses on providing the patient with basic anatomical knowledge of their body:

The goal of imparting theoretical learning about anatomy to the patient is to provide tools for them to understand the mental journey that will be subsequently undertaken when the mechanoreceptors are stimulated. In this way, by theoretically knowing the body's structures, the patient can create a preliminary mental image that will later be confirmed by the online image resulting from the stimulation of the mechanoreceptors.

In the application of the 1mP1 method, theoretical learning, as well as the formation of the theoretical mental image before generating the online representation of the body, is essential, given the information from the mechanoreceptors.
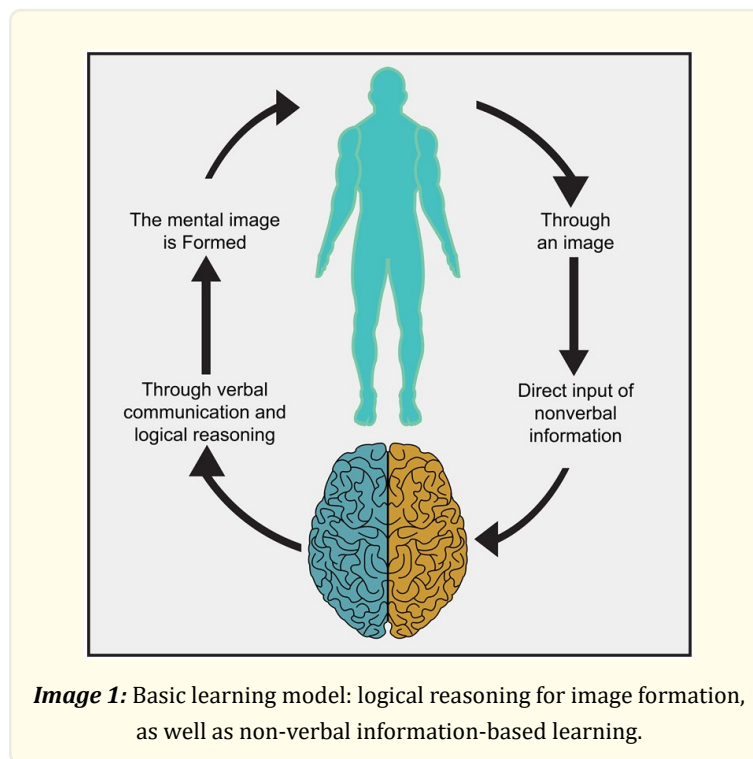
In this stage, the patient is provided with material to learn the following theoretical content:

- Basic anatomy: Different body structures, as well as their relationships and distances, to understand the human body and its systems, organs, and tissues.
- The location of proprioceptors and their basic functioning.
- In the case where the object of induction is an internal organ, understanding its location in the body as well as its proximity to the body periphery and other organs or tissues. Understanding the basic functioning of the mechanoreceptors of the organ to be affected and how they provide information for the formation of the online image.

This is a stage of theoretical learning that must be tailored to each patient individually.

This stage consists of two theoretical graphical representations: 1 and 2. In both cases, it is important to consider and take into account the dominance of the hemispheres in the learning style of each patient. The ultimate goal in both representations is for the patient to generate the complete theoretical mental image. Depending on the dominance of the patient's hemisphere use, the most suitable learning mode is selected for the final creation of the complete theoretical mental image.

The left hemisphere is associated with communicative language functions and logical reasoning, while the right hemisphere specializes in spatial reasoning and emotional processing. It is acknowledged that over 90% of the human population is more skilled with the right hand, controlled by the left hemisphere. Additionally, language ability is predominantly in the left hemisphere in over 95% of right-handed individuals [42]. Considering these facts, the proposed approach emphasizes a rational theoretical learning model, while not neglecting image-based learning (see Image 1).

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Image 1: Basic learning model: logical reasoning for image formation, as well as non-verbal information-based learning.

On the generation of theoretical images
Graphical representation 1

The objective of this stage is for the patient to generate a theoretical mental image of their anatomy, the actual distances from one point to another on their body, as well as the distances to the organ or tissue to be affected. Conceptually, it involves creating a theoretical map of biolocalization, which will later be navigated with stimuli on specific mechanoreceptors.

The biolocalization map is generated before hypnosis.

The exercise for creating the biolocalization map requires knowing the patient's exact measurements, such as height, head width, shoulder width, distance between arms, waist width, distance between hands, distance between thighs, distance between knees, distance between feet, depth of head, torso, waist, hips, thighs, legs, feet.

These measurements are used for the patient to draw three images of their own body on a board in real size, from the front, side, and back.

The patient must be able to draw their body accurately in real size in all three profiles (see image 2).

The process should be repeated until the patient can represent their body in a 1:1 size, respecting the actual measurements as accurately as possible. This facilitates the subsequent location of the stimulus on proprioceptors and contributes to the subsequent formation of the online image, which is addressed in greater depth in stage 4 of this section.
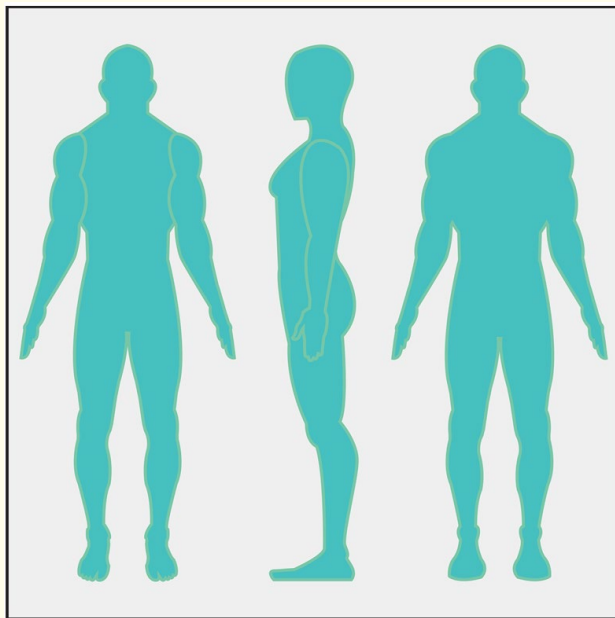
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Image 2: Peripheral external biolocalization map that the patient must outline in real size.

Graphic representation 2

The aim of this stage is for the patient to generate a theoretical mental image of their internal anatomy, considering the actual distances from the periphery to the internal organ to be affected through hypnosis.

With graphic representation 2 (see image 3), precision is added to graphic representation 1 (see image 2). This adds details to the theoretical biolocalization map, which the patient will later traverse with stimuli on specific mechanoreceptors.

In graphic representation 2, the patient must accurately draw only the peripheral area of the organ to be affected and the relationship of neighboring structures to it. For example, if the organ to be affected during hypnosis is the liver, then the peripheral proprioception area will be drawn, i.e., the entire periphery of the abdominal cavity and the liver in relation to nearby structures. In this case, it will be drawn in the upper right quadrant below the diaphragm and close to the ribs.

The exercise for creating the map of internal biolocalization requires knowing the exact measurements of the organ as well as its relationship with nearby structures. For this, a prior imaging study is proposed, which can be beneficial for adding details but is not determinative. In this case, the measurements of the periphery of the external biolocalization map, the measurements of the organ in its different profiles, as well as its distance relationship with different structures, and mainly with the peripheral zone, are taken into account.

The patient must be able to draw the organ to be affected accurately in real size in the three profiles and then position it in the abdominal cavity in real size.

The process should be repeated until the patient is able to represent the organ to be affected through hypnosis in a 1:1 size, respecting the actual measurements with the greatest possible accuracy, as well as the distance relationships with the peripheral zone of proprioception and other internal structures.
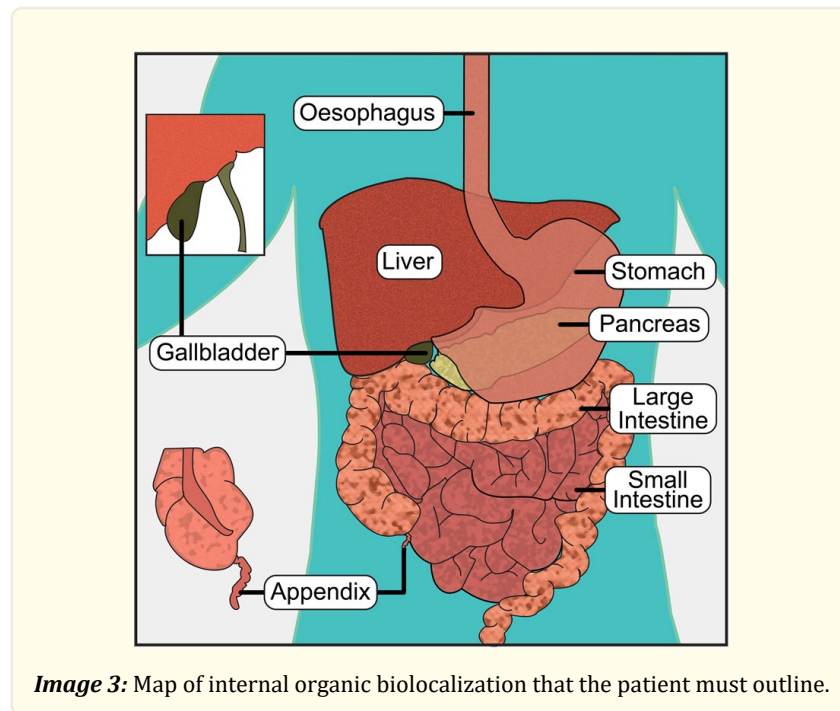
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Image 3: Map of internal organic biolocalization that the patient must outline.

This theoretical precision is necessary for the patient to have a life-size graphic representation of their body. Such precision contributes to the subsequent formation of the online image, which is discussed in more depth in Stage 4 of this section.

Stage 2: Relaxation and Stimulus Reduction

The purpose of achieving total relaxation is to minimize the stimuli affecting mechanoreceptors throughout the body and limit the entry of emotional information. This approach aims to prepare the body to receive specific stimuli in designated areas. By minimizing competition with other general stimuli in the body, these specific areas can provide more detailed information, which is crucial for the precise formation of a mental image during Stage 3 of the process.

The relaxation process consists of both physical and mental relaxation, both guided by a hypnotist.

The physical relaxation process aims to receive a smaller number of stimuli from the body's sensory receptors or reduce their activity, resulting in less stimulus competition.

The mental relaxation process aims to optimize readiness for the hypnotic experience and provide greater cognitive sharpness for receiving and processing information to form the online image.

Procedure for the physical relaxation of the patient

- *Regarding the location*: The patient should be in a quiet and distraction-free environment that promotes relaxation.
- *Regarding the position*: It should be suggested to adopt a comfortable position, either sitting or standing, to minimize physical or emotional discomfort so that these factors do not interfere with the process.
- *Regarding breathing*: The breathing should be deep and done with the eyes closed. The hypnotist can guide the patient into deep and rhythmic breathing. For example: 2 seconds for inhalation, hold the breath for 2 seconds, exhale for 2 seconds, hold after exhaling for 2 seconds, and repeat the cycle.

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The inhalation is done through the nose, and exhalation through the mouth, consciously, to reduce physiological activation by the unconscious.

- **Regarding muscle relaxation**: The hypnotist guides the patient to focus on different parts of the body consciously, starting from the bottom, from the feet to the head. The hypnotist induces the patient to feel each part of the body becoming more and more relaxed. Each inhalation is accompanied by a feeling of tranquility, and each exhalation with a feeling of tension release.
- **Visualization**: The process can be accompanied by visualization of a "glow of relaxation," an imaginative and emotional component that envelops each part of the body. The part being enveloped becomes lighter and lighter, allowing a total sense of relaxation.
- **Countdown**: The process may involve counting down from 10 to 1, using the metaphor that with each number in the countdown, the patient submerges more and more into a pool of relaxation.

For the end of physical relaxation, the patient should be completely relaxed, and this should be assessed by interacting with the patient through questions. In the case that the patient has not relaxed physically, the hypnotist should deepen this technique again. If the patient has relaxed, the process continues with mental relaxation.

Procedure for Mental Relaxation of the Patient

- **Positive Suggestions**: For mental relaxation, positive suggestions are given. Since the patient is already physically relaxed, the hypnotist guides them to repeat affirmations such as "I feel my mind becoming more and more tranquil", "My mind is completely at peace and very receptive" thus enhancing mental relaxation.
- **Safety and Confidence**: The hypnotist induces the patient to feel in a safe and trusting environment for the mental experience. The patient may repeat phrases like "I trust in my ability to understand and process all the information from this session", "I have learned how my body's receptors work, and I trust in my ability to form a body image with that information".

The hypnotist guides the patient to feel increasingly calm, allowing the calmness felt in physical relaxation to transfer to mental relaxation, forming a unified state. Mental peace floods the patient, and they are in a state of calm, ready and receptive to conclude the relaxation stage.

To conclude the relaxation stage, the hypnotist communicates to the patient, through a metaphor, that he must now ascend a staircase and carry with him the physical and mental relaxation acquired in this stage to continue. When he feels ready, he should open his eyes and return to a state of complete awareness and calm.

With these positive suggestions and specific visualizations, the patient's receptivity is optimized to enter Stage 3, where he must receive refined information through specific receptors.

Stage 3: Interoception

Stage 3 of interoception is divided into a peripheral section and an internal section.

The peripheral stimulation section consists of three stimulation areas: A, B, and C. Area A aims to stimulate muscle spindles, area B targets tendon organs, and area C stimulates regions without proprioceptors but with mechanoreceptors, such as the face. The goal of this stage is to stimulate peripheral mechanoreceptors.

The internal stimulation section focuses on stimulating internal mechanoreceptors of the body, mainly in the area or tissue intended to be affected through hypnosis.

The ultimate goal of both sections together is to contribute to generating the proposed online mental image in this stage, both externally and internally. A complete recognition mental image is aimed for, enabling the creation of an offline image that can be accessed at any time through the subconscious mind.

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Formation of External Online Image and Proprioception

A) Muscle spindles are considered the most important proprioceptors [20, 21]. For this reason, the initial focus is on them to achieve precise peripheral proprioception regarding the dimensions of the body. This sets the stage for the subsequent biolocalization of a specific organ or tissue. Muscle spindles respond to muscle length and the speed of stretching [22]. Therefore, a stretching and initial stretching exercise is proposed, as stretching the muscle fibers also stretches the muscle spindles. This initial stretching procedure activates afferent fibers and stimulates the muscle spindle [23]. Following this, an exercise involving changes in speed along with observational learning is suggested [26]. With these exercises, sensitivity is modified, as muscle spindles can be influenced by gamma motor neurons in the central nervous system [27].

The method provides more precise information to the brain through this pathway [29]. It is observed that through active training, the information from the muscle spindle is modified [28].

Therefore, it is proposed to perform the exercises outlined for the formation of the external online image and proprioception in the following order: 1) Stretching exercise, 2) Speed change exercise, 3) Observational exercise.

Stretching Exercise

The patient assumes a comfortable and relaxed position, and the procedure begins.

Procedure: A specific muscle group is selected. Since this will be done for all muscle groups, it is recommended to follow an order to perform it throughout the body. Taking the leg muscles as an example:

Gradually, the stretching of that muscle group is initiated, maintaining a stretched position without excessive tension for 15 to 30 seconds. The same procedure is completed with all muscle groups, and then the entire process is repeated for 2 additional complete rounds to complete a total of 3 complete rounds of stretching.

During each stretch, the patient should focus on feeling the length of the muscle group and the associated tension.

Speed Change Exercise

The individual remains in the previous comfortable position and prepares for a speed change in each muscle group.

Procedure: The patient performs smooth and controlled movements, where the stretching speed of the same muscle group changes during the stretching work. The stretching, as well as the regulation of the speed change, should be done consciously and controlled, feeling the variations in length and speed of the selected muscle group.

The movement on the muscle group focuses on the eccentric part of the movement and dismisses the concentric part. It starts with one muscle group, and the first eccentric movement is performed at a fast speed, followed by 5 more eccentric movements, each time slower and regulating the speed. This is done for each muscle group symmetrically on each side.

This speed change should be done consciously and controlled, allowing the individual to adapt to the variations in the length and speed of the muscle. A total of 3 rounds.

Observational Exercise with Peripheral Proprioception

Procedure: The exercise is similar to the previous one where the stretching speed changes, but accompanied by observation with the gaze and focusing on the stretched area. You observe the speed change movement performed in each muscle group for 10 seconds. You try to feel the spatial location of that area through peripheral proprioception, combined with contact through visual observation. For areas where visual contact is impossible, such as the back, mirrors can be used, or simply focus on the sensation. A total of 3 rounds of 10 seconds each for each muscle group are completed. The 3 rounds should not be done consecutively in the same muscle group but

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the first 10 seconds for each muscle group should be done, then repeat the complete round.

At the end of each complete round, the individual stops conscious observation and mentally goes through all the stimulated areas for the same 10 seconds for each muscle group. After this, you continue with the next round. Upon completion, the patient has finished the series of exercises to improve the sensitivity of muscle spindles and promote the connection between peripheral proprioception and the formation of the external online image.

The execution of movements should be gradual and conscious, avoiding any excessive tension that may interfere with proprioceptive perception. These exercises contribute to the adjustment of proprioceptive information, providing more accurate data to the central nervous system for effective biolocalization of tissues within the external online image.

Stimulation of Tendon Organs

Once the muscle spindle is activated, the next step is to stimulate the tendon organs to increase peripheral proprioception:

B) Tendon organs, with their sensory endings of group Ib nerve fibers, respond to the muscular force generated. For this reason, an exercise is proposed involving a gradual increase in force from point 0 to the maximum possible and then a decrease from the maximum to 0, which would increase the stimulus on the tendon organs [22].

Procedure: A specific muscle group is selected, and it is recommended to follow an order to perform the exercise on the entire body, from feet to head. Taking the arm muscles as an example:

The patient, seated in a comfortable position with hands resting on thighs without exerting force, gradually initiates isometric contraction of the arm muscles. Initially, the least possible force is applied, progressively increasing the intensity of the applied force until reaching the peak maximum of muscle tension. After reaching the point of maximum muscle tension, the force is reversed from more to less tension. The patient begins to generate progressively less tension in the chosen muscle area, in this case, the arms.

A time of 3 seconds is proposed for the process of progressive muscle tension increase and 3 seconds for the process of progressive muscle tension decrease. As muscle control increases with practice in subsequent sessions, the patient can increase the time to 10 seconds, both in tension increase and decrease.

The procedure is completed for one muscle group three times consecutively and then performed for all muscle groups.

The final procedure involves contracting all muscle groups simultaneously, with 3 seconds for progressive muscle tension increase and 3 seconds for progressive muscle tension decrease, repeating the process three times consecutively.

During each increase and decrease in tension for each muscle group, the patient should focus on feeling the dimensions of each muscle group and the associated tension.

Stimulation of Peripheral Mechanoreceptors

C) Given that in some areas of the body there are no proprioceptors but rather mechanoreceptors that serve the same function, as is the case with the face [24], a body recognition exercise is proposed. The exercise involves systematically moving the hands over the entire periphery of the body to activate as many mechanoreceptors as possible, contributing to total peripheral proprioception.

By regularly practicing these processes during somatosensory stimulation therapy sessions, proprioception is enhanced [25]. This contributes to improving the online image, adding more precision to the patient's recognition of the offline image.

Body Recognition Exercise

Procedure: To work on the entire body, systematically start from the head and progress downward to the feet. Divide the body into anatomical sections, ensuring to include areas without proprioceptors such as the face.

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The technique uses hands to apply gentle and steady pressure to each section of the body, incorporating soft, medium, and firm touches, circular movements, and variations in pressure.

The duration should not exceed 5 minutes for the entire body.

It is suggested to vary the hand texture with gloves to diversify stimulations through different textures.

This exercise aims to activate a variety of peripheral mechanoreceptors, promoting improved proprioception.

For the application of the 1mP1 method, it is proposed that the formation of the complete online image consists of two components: on the one hand, the external online image, which provides a complete perception of the body at a given moment, through static proprioception and kinesthetic proprioception. On the other hand, there is the component given by the internal mechanoreceptors of the organs, which forms the internal online image. These two components together constitute the complete online image, which is stored as an offline image to be used in the hypnosis process.

Formation of Internal Online Image and Stimulation of Organ Mechanoreceptors

It is proposed that for the total formation of the online image, the internal online image component must be developed. To achieve this, the stimulation of the mechanoreceptors of the internal organ or tissue to be modified is proposed through the induction of hypnosis on the complete offline image. For example, in the gastrointestinal tract, the stimulation of mechanoreceptors in the digestive tract results in a physiological response of enzyme release [30].

A controlled exercise under medical supervision is proposed to generate stomach distension by ingesting a specified amount of water. The amount of water should be sufficient to cause controlled discomfort, which, through distension, activates the stomach's mechanoreceptors [30], sending signals that integrate the internal online image.

As another example, for its biolocalization, consider the bladder. Following a similar process, a controlled exercise under medical supervision is proposed to generate bladder distension by ingesting a specified amount of water and avoiding urination for a specified time, in order to activate urothelium, the mechanoreceptors that activate sensory neurons [30]. These send signals that integrate the internal online image of the bladder.

It is proposed, in the case of the respiratory pathways, to use lung expansion during breathing to activate mechanoreceptors [30], and this information contributes to the formation of the internal online image.

The stimulation of mechanoreceptors should be exclusively for the internal organ or tissue on which one aims to generate an effect or change in functionality, as this stimulation alters their perception and activates physiological responses [30].

Examples of exercises for the stimulation of the proposed organs and tissues to generate the internal online image.

Stimulation of Mechanoreceptors in the Gastrointestinal Tract

Procedure: Under medical supervision, gastric distension is induced by ingesting a specific amount of water sufficient to cause controlled discomfort. A specific time for distension is proposed, ensuring it is adequate to activate mechanoreceptors while controlling extreme discomfort. This aims to stimulate mechanoreceptors and contribute to the formation of the internal online image. Recording the patient's sensations during distension is proposed for future calibration and procedure adjustment. Suggested is the subjective observation of how the patient incorporates information into the internal online image of the gastrointestinal tract. Relating it to objective measures of physiological responses is also recommended.

Stimulation of Mechanoreceptors in the Bladder

Procedure: Under medical supervision, a similar approach is used to stimulate internal mechanoreceptors by allowing liquid to

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pass from the stomach to the bladder. Avoiding urination, bladder distension activates urothelium, mechanoreceptors responsible for activating sensory neurons. It is expected that the stimulation of mechanoreceptors contributes to the formation of the internal online image, similar to the previous procedure. Recording the patient's subjective and objective experiences, as well as physiological responses, is also proposed for subsequent procedure calibration.

Stimulation of mechanoreceptors in the respiratory tract

Procedure: Under medical supervision and following the same approach, the stimulation of internal mechanoreceptors is induced through stretching caused by lung expansion during breathing. It is recommended to experiment with different techniques, such as taking deep breaths to stretch the respiratory pathways and induce lung expansion. The patient inhales air deeply and maintains the breath to feel the internal pressure for a comfortable period. Then, a complete exhale is followed by maintaining that position before inhaling abruptly.

It is also suggested to vary the speed of inhalation/exhalation and moments of breath-holding to generate a clear sensation in the patient's activation of mechanoreceptors in the respiratory pathways. During the exercise, similar to the previous ones, attention is focused on contributing to the online image by visualizing the expansion and contraction of the respiratory pathways during breathing.

The necessary execution time for the procedure will be that needed to record a subjective experience contributing to the formation of the online image. This exercise activates mechanoreceptors in the respiratory pathways, emphasizing their stretching through lung expansion. The connection between conscious breathing, physical stimulation, and mental visualization is utilized to enhance the internal perception of the respiratory pathways.

In this way, the complete online image is formed by peripheral components as well as internal components of the organism. This complete online image is the real-time generated image. The image, with the cessation of information input, transforms into the subsequent offline image, accessible for use in the biolocalization stage.

Stage 4: Offline Biolocalization

With the purpose of being able to biolocate the organ or tissue to be affected, it is proposed to perform a conscious mental recognition of the offline image generated in stage 3. After a general body recognition, it is suggested to specifically biolocate the area to be affected through hypnosis.

Procedure for General Body Recognition

The patient should be in a quiet and distraction-free environment, allowing him to focus on interoception. The position should be comfortable to minimize physical discomfort or external stimuli that may interfere with the process. The body should be in a highly relaxed state, and ideally, the breathing should be rhythmic, as in stage 2.

Peripheral Biolocalization

Initially, instruct the patient to explore the offline mental image, focusing on its periphery. This peripheral recognition should be done in a semicircular manner, concentrating perception on the skin from head to toe.

Starting from the upper and posterior part of the head, guide attention along both sides of the head towards the anterior part of the body, where attention converges on an anterior central axis. Then, direct attention from the central line, descending one centimeter on the anterior midline of the head and moving along both sides of the head towards the laterals and posterior region. Attention is focused on the posterior midline, and the same process is repeated while descending attention, covering the entire head around the periphery (see image 4).
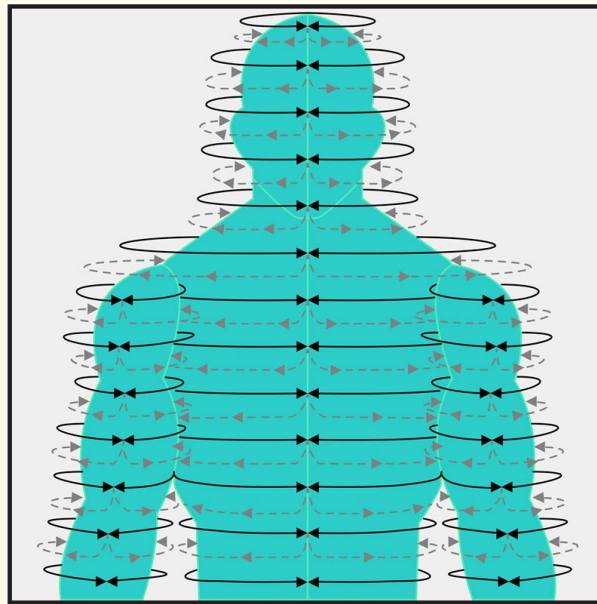
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Image 4: Peripheral biolocalization technique. Solid lines represent the movement of perception from posterior to anterior. Dashed lines represent the movement of perception from anterior to posterior.

The peripheral perception journey is carried out in 7 sectors (see image 5).

Sector 1 includes the head, which is explored as explained in the previous section. Sector 2 includes the neck and torso from the shoulders to the intertubercular line, excluding the limbs. Sector 3 includes the arms and forearms, which can be explored simultaneously or individually. Sector 4 includes the hands, which can be explored like the previous sectors or more generally without as much precision, depending on the sensitivity of the patient. Sector 5 includes the area from the intertubercular line to the genitals. Sector 6 includes both legs and can be explored with perception either simultaneously or individually. Sector 7 includes the feet, following the same recognition pattern as used in Sector 4 for the hands.
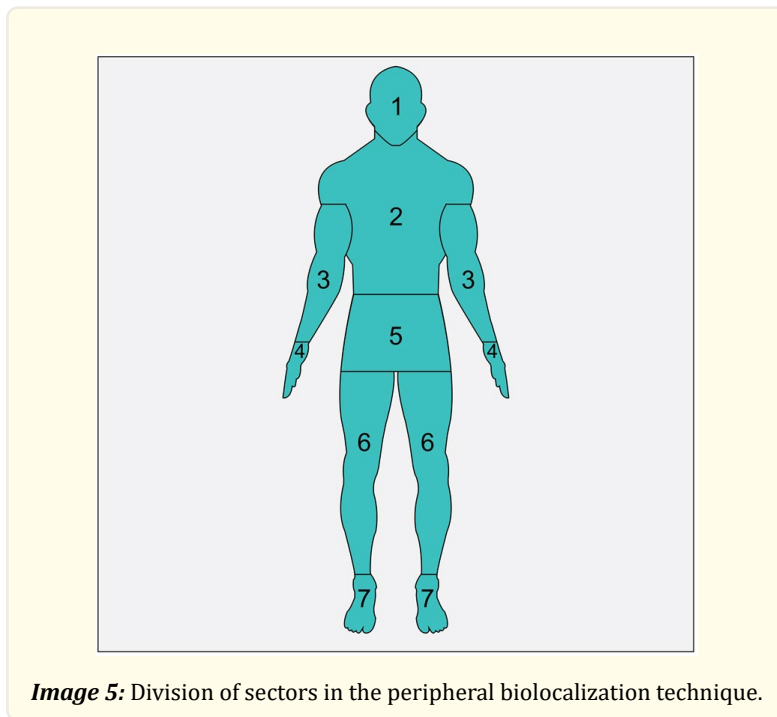
The Visualization

The visualization process can be accompanied by a sensation of warmth, felt along the perception path, to facilitate the awareness of each area. Simultaneously, the patient can engage in positive mental affirmations such as: "I feel more and more, and I can have a complete perception of my peripheral body", "My nervous system is completely relaxed and very receptive," thus enhancing mental peripheral perception.
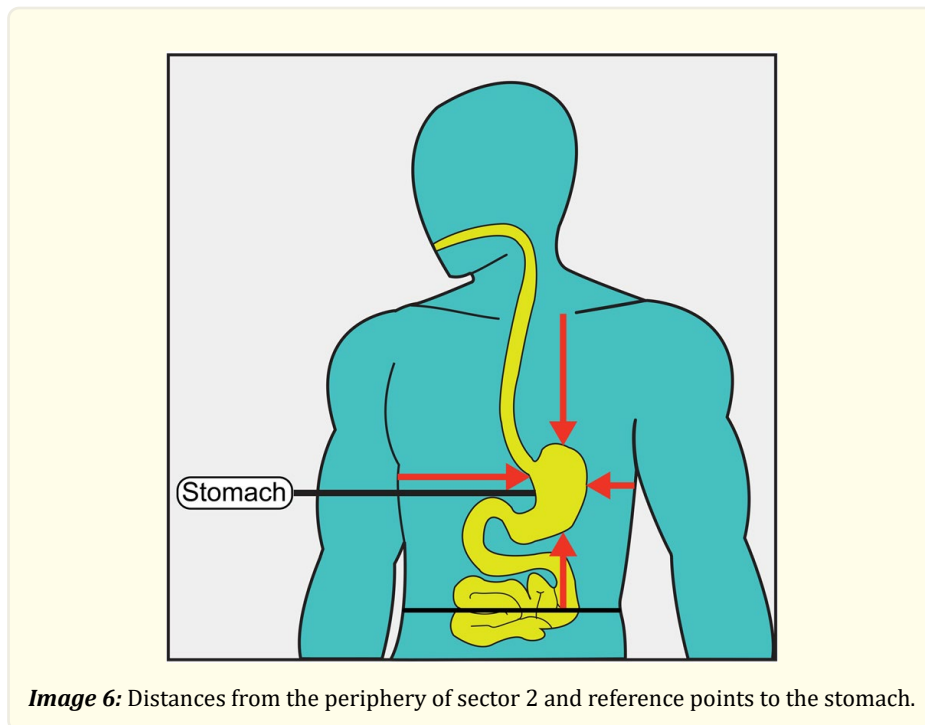
Procedure for biolocalization of the area to be affected

Any organ or tissue can be selected for modulation. In this case, the stomach is chosen to illustrate the biolocalization example. The biolocalized area will subsequently be influenced by hypnosis.

Procedure: The patient is in the same relaxed position as before, with a general body awareness already performed. The initial procedure involves re-performing the body awareness, focusing solely on the sector 2 of the previous procedure, which is the area of interest where the organ to be affected is located.

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Image 5: Division of sectors in the peripheral biolocalization technique.

The patient can clearly identify the periphery of sector 2 at a sensory level. He also has a theoretical understanding of the distances from the periphery or reference points such as the clavicle and the intertubercular line to the chosen organ in all directions (see image 6).

Image 6: Distances from the periphery of sector 2 and reference points to the stomach.

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After the preparation procedures, the patient has a high degree of perception of the mechanoreceptors of the selected structure, thanks to the exercise of stimulating the mechanoreceptors through abdominal distension. With all the previous components of the practice, the patient can biolocate the organ to be affected in the offline image in the next stage. The therapist guides the patient to focus on traversing the periphery of sector 2, also guiding him to pay attention to the distances from each end of the stomach concerning its periphery. Once the stomach is biolocated, the therapist guides the patient to traverse only the periphery of the stomach, attempting to increase the perception of that structure and recognizing it in more detail each he repeats the method.

Through a series of questions, the therapist inquires whether the patient successfully achieves biolocalization; otherwise, the process of peripheral recognition of sector two is repeated, along with the recognition of distances from the periphery to the stomach in each direction. In case of unsuccessful biolocalization, it is not advisable to proceed to the next stage of hypnosis. It is recommended to return to stage 1 of theoretical learning and reinforce that knowledge.

Once the patient biolocates the proposed structure, the process moves on to stage 5: hypnosis induction.

Stage 5: Hypnotic Programming

The organ/tissue to be affected is already biolocated by the patient, and the hypnosis induction begins. The induction stage involves giving instructions to the nervous system, specifically the autonomic nervous system, through the subconscious mind using language to modify its effect on an internal organ. It is theorized that the effect of hypnosis on the organ will be more significant since language serves as the vehicle for suggestions and has been used for the input of theoretical information, as well as the location of internal mechanoreceptors and proprioceptors in the conscious mind. The theory suggests that the influence of the conscious mind on the subconscious is heightened due to the application of the previous four stages in the method.

The proposal involves using the "insertive eye contact" technique, suggestions, and affirmations.

The techniques proposed for hypnosis are Countdown breathing, Insertive eye contact, direct suggestion, and indirect suggestion. All these techniques are described in the Introduction of this work in the section: Hypnosis Techniques.

Regarding the individuality of the patient

The sole objective of this stage is to provide instructions to the subconscious mind to act on the autonomic nervous system, modifying the functions of a structure or tissue. If the therapist deems it appropriate, considering the patient's level of suggestibility, he may remove or add another technique of choice if he believes it will be more effective with a specific patient.

Procedure: The patient is in a comfortable position and relaxed, free from any tension. The therapist induces the patient into a trance using the Countdown breathing technique, and then the hypnotic induction begins through the Insertive eye contact technique. This is done to provide conscious explanations to the right side of the patient's face and to perform direct inductions or suggestions on the left side of the patient's face, as explained in the introduction of this work.

Conscious Explanations

The therapist directs their speech to the right side of the patient's face. The explanations provide information and remind the patient of the theoretical knowledge learned, which is used to impact the tissue, for example: "Now we are going to induce your stomach to release a greater amount of enzymes." Addressing the right side of the patient's face, the therapist makes confidence statements like: "You will be able to make these modifications to this organ because you know absolutely everything you need theoretically and you were able to biolocate it". This gives the patient a sense of calmness and confidence to execute the subsequent suggestion.

Ordered Sequence of Suggestions

- Direct Suggestion.

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- Indirect Suggestion.
- Reward System.
- Final Reinforcement Direct Suggestion.

Initially, a direct suggestion is given to indicate the path the patient's mental process should follow. If the direct suggestion is successful and the patient believes he is starting to release enzymes, then it moves on to indirect suggestion. In the case that the patient believes he has not released enzymes, the process still proceeds to indirect suggestion in the same way. In the indirect suggestion, the patient is given the freedom to carry out the process voluntarily and with total control.

After the indirect suggestion, a reward system is applied, as explained in this section. Finally, a final reinforcement direct suggestion is performed to consolidate the learned procedure.

Direct Suggestion

Addressing the left side of the patient's face, the therapist gives direct suggestions such as: "At this very moment, you are beginning to release digestive enzymes in your stomach", "this is the exact moment when enzymes are released in your stomach, now". The therapist communicates with the patient to inquire if they feel they are releasing enzymes. Upon a negative or positive response, the process moves to an indirect suggestion in the same manner.

Indirect Suggestion

If the patient responds that he does not feel he has started to release enzymes, the therapist again addresses the patient with conscious explanations, speaking towards the right side of his face. The explanations are like: "You have learned that your stomach releases enzymes when stimulated, and you also know exactly the location of the stomach and how mechanoreceptors function". After providing conscious explanation on the right side of the patient's face, the therapist redirects his speech to the left side of the patient's face to give an indirect suggestion like: "Now you can start to release enzymes in your stomach when you feel comfortable".

In the case of the previous direct suggestion where the patient responds that he felt he had released enzymes, an indirect suggestion is also performed. First, a conscious explanation is given on the right side of his face similar to the one provided if the response was negative: "You have been able to release enzymes in your stomach because you have learned how it works when stimulated, and you also know exactly the location of the stomach and how mechanoreceptors function". The therapist then addresses the left side of the patient's face and delivers the indirect suggestion: "Now you can start to release more and more enzymes in your stomach when you feel comfortable".

Immediately after the indirect suggestion, the therapist must ask the patient if he feels he has released enzymes. If the response is positive, the reward system should be applied.

Reward System

Immediately after the indirect suggestion, when the patient feels he is starting to release enzymes, the reward system is applied. This involves associating an emotion of pleasure, well-being, or love with the action performed, aiming for the organism to identify the reward. This way, the organism tends to repeat the behavioral pattern [38, 39, 40].

The therapist addresses the right side of the patient's face and explains: "Every time you practice this technique, you will experience a growing sense of pleasure and joy, as if your body and mind are merging into a harmonious dance of love, pleasure, and well-being". The therapist then addresses the left side of the patient's face, to his subconscious mind, and with an indirect suggestion indicates to the patient: "Now you can begin to feel a profound sense of pleasure and joy when you feel comfortable."

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Direct Reinforcement Suggestion

This reinforcement suggestion aims to consolidate the process and link it to the feeling of reward. The organism recognizes the reward system associated with the direct reinforcement suggestion, considers it positive and beneficial, and tends to repeat it. It is proposed that once this emotion is associated with the procedure, it is easier to repeat the functional pattern in subsequent sessions when this associated emotion is invoked. The execution process is exactly the same as the initial direct suggestion performed.

Exiting the Hypnotic State

The therapist guides the patient to gradually become aware of his surroundings and awaken from the deep trance by slowly moving his limbs, breathing consciously, and opening his eyes when ready to exit hypnosis, transitioning gradually from the hypnotic experience to the waking state.

The therapist may suggest paying attention to the sounds around the patient and feeling the surface where he is seated. In verbal communication, the therapist can tell the patient that when he hears the word 'awake,' he will find himself returning to a fully conscious state. Then, the therapist can initiate a countdown from 5 to 0, communicating to the patient that as the count approaches 0, he will feel more alert and awake. The countdown is as follows: "Five, you are gradually returning to a conscious state. Four, you are feeling the energy slowly returning to your body. Three, now you are becoming aware of your surroundings. Two, you are getting ready to awaken. One, you are awake and alert. Zero, you are completely awake and conscious. Awake".

Finally, the therapist can instruct the patient to remember and reflect on the hypnosis experience and observe any positive changes experienced during the session.

Evaluation of Results

A comprehensive evaluation of the results should be conducted after applying the technique, considering both subjective and objective aspects. The evaluation will be subjective in situations involving emotional factors or those related to perception, such as pain in a specific region.

On the other hand, the evaluation will be objective when seeking to modify the functionality, metabolism, or structure of an organ or tissue.

For subjective evaluation, a questionnaire directed to the patient will be employed, asking him to complete it and provide information on the possible improvement of symptoms associated with a specific condition.

Regarding objective evaluation, various types of studies and measurements will be used according to the area of interest. For example, for muscle tissue, an assessment of strength increase can be conducted:

- *Clinical studies*: Specific muscle strength tests before and after treatment.
- *Molecular studies*: Analysis of gene expression related to muscle protein synthesis.

For the modification of the nervous system, the following evaluation can be performed:

- *Clinical studies*: Neurological evaluation before and after treatment.
- *Imaging studies*: Magnetic resonance imaging to observe possible structural changes in the central nervous system.

Using the example of the functionality of the stomach, an evaluation of enzymatic values can be carried out:

- *Clinical studies*: Blood tests to measure enzyme levels before and after treatment.
- *Endoscopic studies*: Direct visualization of changes in the gastric mucosa that may be related to functionality.

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It is proposed to carry out a combination of clinical and molecular approaches in order to have a comprehensive evaluation of the results.

Discussion

Freud initially used hypnosis in clinical practice but abandoned it when developing the psychoanalytic method and raised several objections. Among the objections are: that the therapist exercises significant power over the patient and over the patient's response variable, given that not everyone responds in the same way [6].

A higher effectiveness rate is proposed through the 1mP1 method. This is due to the stages prior to hypnosis itself, as well as the use in very specific and specific clinical applications. The therapist exerts a great influence through the use of direct suggestion and achieves a high degree of effectiveness thanks to the previous stages of the method.

On the other hand, contemporary hypnosis evolved towards indirect suggestion. Modern hypnosis suggests that critical thinking must be suspended to allow the subconscious to make internal changes on its own [7]. Many contemporary therapists tend to favor indirect suggestion approaches, this approach is incorrect when implementing the 1mP1 hypnosis method.

As seen in this work, direct suggestion is carried out through clear and very specific statements that have a direct effect and make the patient experience very precise sensations. On the other hand, indirect suggestions tend to be vaguer in their language, or more symbolic and allow the patient to decide the moment when he wants to implement it and fill in the details according to his own understanding, using and favoring the imagination. This takes away detail and precision from the therapist's subconscious programming and makes hypnosis inefficient in the context of the 1mp1 method.

Within the 5 stages of the 1mP1 method there are stages of theoretical learning, where the patient has to use his imagination to a large extent. There are stages of stimulus reduction and stimulation of sensory receptors, where the patient has to unite bodily sensations with his imagination to create an offline image and body recognition. There are components of interoception and biolocalization and once all these steps are carried out, it is only then that the patient is ready to receive the suggestions. For this reason it is essential that the suggestion within the 1mP1 method be a direct suggestion.

It can be seen that within the method indirect suggestion is used only once:

- Direct suggestion.
- Indirect suggestion.
- Reward system.
- Direct suggestion of final reinforcement.

Indirect suggestion is used only after the first direct suggestion and before the feeling of reward. As explained in the corresponding section, a direct suggestion is initially made to indicate the path where the mental process should travel through the nervous system, which is addressed with great precision on the offline image generated in previous stages. For this reason it is not necessary to deploy the imagination at that moment.

After the initial direct suggestion, then the therapist can move on to indirect suggestion. It is in indirect suggestion that the patient is given the freedom to carry out the process at will and with total control over it, but only after being able to recognize the mental path and the nervous system planned thanks to the initial direct suggestion.

The preference for indirect suggestion in the past may be because some people may be more receptive to it, since indirect suggestion fits the patient's beliefs and experiences.

Some patients may resist direct suggestion with other methods, but with the 1mP1 method the patient knows exactly and in great detail where and how he should direct his attention, which makes direct suggestion a resource of excellence.

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Another reason for the modern preference for indirect suggestion is that it focuses on the activation of the imagination and the subconscious mind, which can promote deeper and more creative processes. This allows the therapist to vary the treatment widely and adapt the approach to the individual and her imagination.

In the 1mP1 method the individual's imagination is trained to accurately identify the structures of his body, not only that, but he is equipped with a deep theoretical anatomical knowledge of the areas to be addressed in hypnosis.

For these reasons, it is theorized that the effectiveness rate with the 1mP1 method is significantly higher than the use of conventional hypnosis methods.

Potential Applications

The applications mentioned below are potentially possible but theoretical, as further scientific research is necessary to better understand the limits and real potential of the 1mP1 hypnosis method in the field of tissue modification and overall health.

Pain Relief: In previous works, hypnosis has been used for pain relief in chronic illnesses. With a higher effectiveness rate, it is theoretically possible to modulate pain pathways and reduce inflammation in such cases.

Modulation of the Immune System: The effect of the technique on the autonomic nervous system and the immune system could have applications in autoimmune diseases or accelerate recovery in infectious diseases.

Tissue Regeneration: Increased tissue regeneration speed could be beneficial in the recovery from injuries or post-surgery.

Anti-Aging Procedure: The effect of hypnosis could enhance protein synthesis, both muscular and collagen, potentially revolutionizing not only strength increase and sarcopenia prevention but also in the field of aging prevention and cellular regeneration.

Currently, there is no hypnosis technique that has the same implications and range of possibilities as the 1mP1 method. If this method proves effective, the benefits derived from its application, allowing precise biolocalization of the body area to be affected, could result in a significantly higher effectiveness rate than conventional techniques.

Conclusions & Future Work

Key Findings and Conclusions

- The improvement in the effectiveness rate is theoretically possible through the use of the 1mP1 method.
- Susceptibility varies in each patient and may depend on factors such as abstraction ability, understanding of the topic being hypnotized, patient's imagination, and other factors with traditional hypnosis methods.
- With the 1mP1 method, these factors have less influence on the results due to the preceding stages performed before hypnosis. These stages include theoretical learning, guided imagination, and pre-hypnosis.
- Modern hypnosis suggests suspending the conscious mind to allow the subconscious mind to take control and regulate functionality following its established programming.
- The established programming of the subconscious mind can be modified by the conscious mind through the 1mP1 method.
- Theoretical learning, graphic representations, knowledge of body measurements and structures to be treated during the session, as well as the biolocalization map, contribute to the effectiveness of hypnosis.
- The relaxation stage and general reduction of stimuli to mechanoreceptors are fundamental for the success of the subsequent perception of the stimulation of the organ being treated.
- Interoception consists of a peripheral section forming the external online image and an internal section forming the internal online image. Both images are responsible for forming the complete online image of body representation.
- Exercises on muscle spindles, tendon organs, peripheral proprioceptors, and internal mechanoreceptors, as well as observational exercises and body recognition, are essential to forming the complete online image to be used in hypnosis.

- The offline image is derived from the online image and is used to biolocate tissue accurately.
- The biological alteration of organs and tissues is feasible through the use of the conscious mind over the subconscious programming that regulates the autonomic nervous system. The success of the process depends largely on the precision with which the biolocalization map was generated.
- Stimulation of mechanoreceptors facilitates the formation of the online image, which then remains accessible to consciousness as an offline image. Biolocalization is performed on the offline image, referring to the location of an organ or tissue through perception directed by the hypnotist.
- Pre-hypnosis biolocalization allows, by giving rational explanations to the conscious mind and providing direct suggestions to the subconscious mind, the affecting of tissue through the modulation of the autonomic nervous system.
- The 1mP1 method works optimally by executing the sequence: direct suggestion, indirect suggestion, emotional reward system, final reinforcement direct suggestion.
- The reward system is a necessary component to perpetuate organic modification over time. It involves associating the modification in the programming of the autonomic nervous system over an organ or tissue with an emotion of pleasure, well-being, or love. This way, the organism tends to repeat the functional pattern.
- An evaluation of the results should be conducted subjectively and objectively. Subjective evaluation corresponds to situations involving emotional or perceptual factors, such as patient pain. Objective evaluation may involve imaging, clinical, and molecular studies.
- The complete treatment of the 1mP1 method consists of a total of 90 days to stabilize the established organic functional pattern.

Final Considerations & Future Work

The potential applications of the 1mP1 hypnosis method regarding tissue and organ modification and regulation are theoretical. Therefore, further research is suggested to better understand its real potential.

The benefits of using the 1mP1 method suggest potential advantages in the following areas: Symptomatic relief of pain, modulation of the immune system, tissue regeneration, and anti-aging procedures, among others.

To date, no hypnosis method has been developed that equals the innovative approach proposed by the 1mP1 method. If this method proves its effectiveness, it could significantly surpass conventional hypnosis techniques and their results, presenting a revolutionary advancement in the field, opening new perspectives and possibilities for the treatment of various diseases.

On the other hand, the economic viability for the treatment of various medical conditions could be unprecedented.

Future Work

- It is proposed to conduct additional research to better understand the limits and true potential of the 1mP1 method.
- It is suggested to apply the 1mP1 method to healthy volunteer patients to assess results.
- Additionally, the application of the 1mP1 method under medical supervision to patients with various pathologies is proposed.
- Interdisciplinary collaboration may be beneficial for the success of the method. Exploring the possibilities of the method jointly from clinical and biological perspectives is suggested.
- Application of the method in experimental work can be beneficial to adjust and improve the approach based on results and feedback.
- It is proposed to conduct an experiment synergizing the 1mP1 method with new cryogenic technologies [43] to reduce tissue crystallization in healthy volunteer patients. Subsequent tissue extraction for cryopreservation with diagnostic analysis of the structures is suggested. The procedure used in a previous study to induce second-degree burns [13], as well as erythema and urticaria [14], could be employed for this purpose.

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References

1. Heap M. Hypnotherapy - a handbook (2nd ed.). Open University Press (2012).

2. Mesmerism. Halls J Health 37.8 (1890): 169-171.

3. Gomes Mda M and Engelhardt E. "Jean-Martin Charcot, father of modern neurology: an homage 120 years after his death". Arq Neuropsiquiatr 71.10 (2013): 815-7.

4. Bernheim H. "On suggestion: And its applications to therapy". Paris: L'Harmattan. Psychological encyclopedia (2005).

5. Dacquino G. "Psychoanalysis and hypnosis in theory and clinical practice (Sigmund Freud)]". Minerva Med 73.45 (1982): 3207-3212.

6. Kluft RP. "Freud's Rejection of Hypnosis, Part I: The Genesis of a Rift". American Journal of Clinical Hypnosis 60.4 (2018): 307-323.

7. Ahlskog G. "Clinical Hypnosis Today". Psychoanalytic Review 105.4 (2018): 425-437.

8. Lynn SJ and Kirsch I. "Theories of hypnosis". Roles of the Psychologist 25.89 (2005): 9-15.

9. Brooks, S. (n. d.). 31 Hypnosis Techniques (The Most Comprehensive List). British Hypnosis Research.

10. Kraft WA and Rodolfa ER. "The Use of Hypnosis among Psychologists". American Journal of Clinical Hypnosis 24.4 (1982): 249-257.

11. Patterson DR and Jensen MP. "Hypnosis and clinical pain". Psychological Bulletin 129 (2003): 495-521.

12. Häuser W., et al. "The Efficacy, Safety and Applications of Medical Hypnosis". Dtsch Arztebl Int 113.17 (2016): 289-296.

13. Ullman M. "Herpes simplex and second degree burns induced under hypnosis". The American Journal of Psychiatry 103 (1947): 828-830.

14. Chapman LF., et al. "Changes in tissue vulnerability induced during hypnotic suggestion". Journal of Psychosomatic Research 4.2 (1959): 99-105.

15. Johnson EO., et al. "Functional neuroanatomy of proprioception". J Surg Orthop Adv 17.3 (2008): 159-64.

16. Xu Q and Grant G. "Course of spinocerebellar axons in the ventral and lateral funiculi of the spinal cord with projections to the posterior cerebellar termination area: an experimental anatomical study in the cat, using a retrograde tracing technique". Exp Brain Res 162 (2005): 250-256.

17. Watson C, Paxinos G and Kayalioglu G (Eds). The spinal cord. Academic Press, New York (2008).

18. Carruthers G. "Types of body representation and the sense of embodiment". Conscious Cogn 17 (2008): 1302-1316.

19. Kröger S and Watkins B. "Muscle spindle function in healthy and diseased muscle". Skeletal Muscle 11.1 (2021): 3.

20. Matthews PB. "Where Anatomy led, Physiology followed: a survey of our developing understanding of the muscle spindle, what it does and how it works". Journal of Anatomy 227.2 (2015): 104-114.

21. Proske U and Gandevia SC. "The Proprioceptive Senses: Their Roles in Signaling Body Shape, Body Position and Movement, and Muscle Force". Physiological Reviews 92.4 (2012): 1651-1697.

22. Banks R. "Muscle Spindles and Tendon Organs". Reference Module in Biomedical Sciences. Elsevier (2018).

23. Cuoco A and Tyler TF. "Plyometric Training and Drills". In J. R. Andrews, G. L. Harrelson, K. E. Wilk (Eds.), Physical Rehabilitation of the Injured Athlete (Fourth Edition). W.B. Saunders (2012): 571-595.

24. Cobo JL., et al. "Searching for proprioceptors in human facial muscles". Neuroscience Letters 640 (2017): 1-5.

25. Wong JD., et al. "Can proprioceptive training improve motor learning?". Journal of Neurophysiology 108.12 (2012): 3313-3321.

26. Bernardi NF., et al. "Observing motor learning produces somatosensory change". J Neurophysiol 110 (2013): 1804-1810.

27. Ribot-Ciscar E and Ackerley R. "Muscle proprioceptive feedback can be adapted to the behavioral and emotional context in humans". Current Opinion in Physiology 20 (2021): 46-51.

28. Dimitriou M. "Enhanced muscle afferent signals during motor learning in humans". Current Biology 26.8 (2016): 1062-1068.

29. Hospod V., et al. "Changes in Human Muscle Spindle Sensitivity during a Proprioceptive Attention Task". Journal of Neuroscience 27.19 (2007): 5172-5178.

30. Umans BD and Liberles SD. "Neural Sensing of Organ Volume". Trends Neurosci 41.12 (2018): 911-924.

The 1mP1 Method: A Revolution in Hypnosis with Unparalleled Precision, Biolocalization, and Potential for Physiological Modification

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31. Cameron OG. "Visceral Sensory Neuroscience. Interoception". Oxford University Press (2002).

32. Vaitl D. "Interoception". Biological Psychology 42 (1996): 1-27.

33. Ceunen E, Vlaeyen JWS and Van Diest I. "On the origin of interoception". Frontiers in Psychology 7 (2016): 743.

34. Berntson GG, Gianaros PJ and Tsakiris M. "Interoception and the autonomic nervous system: Bottom-up meets top-down". In M. Tsakiris & H. De Preester (Eds.), The interoceptive mind: From homeostasis to awareness. Oxford University Press (2018): 3-23.

35. James W. "The consciousness of self". In W. James, The principles of psychology, Henry Holt and Co 1 (1890): 291-401.

36. Smallwood J and Schooler JW. "The restless mind". Psychological Bulletin 132.6 (2006): 946-958.

37. Vanhaudenhuyse A., et al. "Two distinct neuronal networks mediate the awareness of environment and of self". Journal of Cognitive Neuroscience 23.3 (2011): 570-578.

38. Esch T and Stefano GB. "Love promotes health". Neuro Endocrinology Letters 26.3 (2005): 264-267.

39. Seshadri KG. "The neuroendocrinology of love". Indian Journal of Endocrinology and Metabolism 20.4 (2016): 558-563.

40. Esch T and Stefano GB. "The neurobiology of pleasure, reward processes, addiction and their health implications". Neuro Endocrinology Letters 25 (2004): 235-251.

41. Surman OS and Baer L. "Massachusetts General Hospital Comprehensive Clinical Psychiatry". En Massachusetts General Hospital Comprehensive Clinical Psychiatry. Elsevier (2008).

42. Sun T and Walsh C. "Molecular approaches to brain asymmetry and handedness". Nature Reviews Neuroscience 7.8 (2006): 655-662.

43. Cippitelli S. "Cryonics, a Comprehensive Approach: The Use of Higher Temperatures and its Viability". PriMera Scientific Surgical Research and Practice 3.2 (2024): 03-20.