The Hypnotic Belay in Alpine Mountaineering: The Use of Self-Hypnosis for the Resolution of Sports Injuries and for Performance Enhancement

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The author, an experienced alpine mountaineer, sustained several traumatic climbing injuries over a two-year period. This article describes her multiple uses of self-hypnosis to deal with several challenges related to her returning to successful mountain climbing. She used self-hypnosis for physical healing and to enhance her motivation to resume climbing. While training for her next expedition, she successfully utilized self-hypnotic techniques to deal with acute stress and later post-traumatic symptoms that had emerged related to her climbing injuries. She describes her use of hypnotic ego-strengthening, mental rehearsal, age progression, and “Inner Strength” as well as active-alert trance states. Her successful summitting of Ecuador’s Cotopaxi at 19,380 feet was facilitated by “The Hypnotic Belay” which permitted her to secure herself by self-hypnosis in addition to the rope used to secure climbers. In 1994, the author returned to the Cascade Mountains where she had been injured three years earlier and reached the summit of Mount Shuksan. This time she was secured by “The Hypnotic Belay”.

Keywords: Alpine, climbing, belay, ego-strengthening, fracture, Inner Strength, hypnosis, performance enhancement, post-traumatic

Introduction

Alpine mountaineering is a complex and strenuous sport. Some consider it one of humankind’s riskiest endeavors. It involves negotiating mountainous routes through snow and the ice of glaciers as well as the ascent of rock routes in a glaciated environment. Such journeying to cold, high places where the air is thin requires lengthy preparation for the most severe conditions conceivable. The climbing experiences I have had (dating back to 1976) have impressed upon me the importance of preparing my mind as thoroughly as my body. I have been reminded many times that the trickiest moves on any climb are the mental ones: the psychological gymnastics that keep terror in check. Several years ago I discovered that self-hypnosis could be a powerful tool in all phases of a climbing expedition: training, climbing, and recovering from injury.

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My First Technical Alpine Ascent

My first technical alpine ascent began around 2:00 a.m. one August morning in the Cascade Range of northern Washington State. My goal was the summit of Mount Baker, a dormant, snow-covered volcano. Under the full moon, the snow crystals twinkled with a blue light. As we climbed the last steep ice wall beneath the summit, I was acutely aware that the consequences of a fall on this near vertical slope would be serious if not disastrous. I was able to focus the energy of this high anxiety and utilize it in an intense outpouring of effort. This effort far exceeded that which I had ever directed into any other physical or mental challenge I had experienced. As my legs and lungs labored, I entered an altered state that has been referred to by many athletes as a “flow” state (Csikszentmihalyi, 1988) or being in the “zone”. I reached the summit, signed the geological register and immediately wanted more. That’s when I set the goal of climbing in the Bolivian Andes.

Climbing in the Bolivian Andes

By June of 1991, after intensive study and practice of technical climbing techniques, glaciology, mountain weather, high altitude physiology, route finding, rescue techniques, and intensive physical training, I was enjoying a month long climbing expedition in the Cordillera Real of the Bolivian Andes. Our base camp was located at 15,000 feet. The second night in base camp I awakened shivering. It was only 10 below zero and my sleeping bag was rated as effective to 30 below. The next day I noticed that my throat was scratchy and a little sore, but I wrote it off to the high altitude and the arid climate. The next morning our alarms went off at 1:00 a.m., and we prepared for our first major ascent of the many peaks over 17,000 feet in this area. To reach the place where we had cached our climbing equipment the previous day, we took a narrow trail in the dark night, up through a mile of glacial rubble and silt. Although we could not see beyond the range of our headlamps, we all knew that stepping on a bootlace at the wrong time would have resulted in a fast tumble down the hill into the open crevasses and ice caves of the glacier that was 1,500 feet directly beneath us. While we climbed, the ice in the glacier creaked and groaned loudly from time to time as if to remind us of its presence.

We roped up and began our ascent in the dark. After an hour of rhythmic, steady climbing, I thought I could hear what sounded like a radio playing. I knew our cook had a radio back in camp, but I couldn’t imagine that someone had brought it along for the climb. As we gained altitude, I noticed that my left ear was aching and throbbing. The higher we climbed, the more the pain intensified. It felt as though I were having a chopstick shoved into my ear. I began to feel my strength and stamina ebbing and shivered uncontrollably from the cold whenever we took a break for water. When I began to feel dizzy, I knew something was not right, but I waited until we reached the ridge to say anything about it.

From the ridge we could finally see the summit of Pequeno Alpamayo, the mountain we were climbing. It seemed so close, yet so far away. As the others in the climbing team took the opportunity to eat snacks and organize their gear for the final ascent, I did some soul searching. As long and as hard as I had prepared for this expedition, I knew that my present physical condition would make me a liability to the rest of the team. I was in intense pain, couldn’t hear very well, couldn’t seem to stay...
warm, and felt dizzy. I informed the leader of our climbing party that I would wait here on the ridge while the others went for the summit. From my perch on the ridge, I watched the rest of the team climb, took a few pictures, cried, and prayed.

After we descended to our base camp, my symptoms persisted. Being ill in the mountains in a third world country, thousands of miles from the nearest doctor I could trust was an experience that triggered my deepest survival instincts. I hiked out of the mountains accompanied by our Bolivian cook, and I made the long trip back to the United States. A few days later an ear, nose, and throat specialist told me that it had been a wise move on my part to stop climbing when I did. The symptoms I had been experiencing were due to an upper respiratory infection that, combined with the altitude gain, had caused a condition called “baro-otitis”. The rapid unequalized change in pressure between my outer and middle ear had caused my left eardrum to hemorrhage. Consequently, I had sustained a 30% hearing loss in my left ear. I realized that it could have been worse. A part of me felt that my decision had been a wise one, but another part struggled with nagging thoughts that I had been weak or lacking in toughness or courage. I knew of many climbers who achieved their goals at the expense of frostbitten toes and fingers. But I was certain that I was not willing to become hearing impaired just to reach the top of a mountain. In spite of some feelings of demoralization, I recuperated and planned a smaller-scale climbing adventure for the following summer.

Climbing in the Cascades

Eleven months later, as I was leading the approach to Mount Shuksan, in the northern Cascade Mountains, I encountered fallen debris on our route. This required my finding a way around it. I chose an uphill route around the debris, and as I began to descend on the steep and rainy wet slope, my feet began slip out from under me. The 80 pound pack on my back made it extremely difficult to maneuver myself so that I could regain my balance. The toes of my boots became stuck and immobilized in the debris in a traversing position, whereas the rest of my body and pack were drawn by the pull of gravity into facing downhill. I felt completely helpless, as I could not free my feet. Both my ankles began to twist and the torque and pain intensified until there were two loud pops and I fell face down. From the moment I began to slip, everything seemed to be in slow motion. When my face hit the ground I told myself silently that I would just have to get up, brush myself off, and go on.

I must have lain still and silent for a moment or two, because a member of the climbing party asked, “Are you okay?” in a tone of voice that seemed to indicate that he had doubts about whether or not I would even respond. He took my cumbersome pack off and then attempted to help me to stand. I could not put any weight on my left foot and putting weight on my right foot was extremely painful. Having sprained both my ankles on numerous other occasions, I knew this was more than a sprain. My climbing partners cached their packs a short distance away. As one of them carried my pack out, the other carried me out on his back. I felt as if I had let them down, that I had failed because I should’ve handled the situation differently. I kept running the scenario over and over again in my mind, trying to figure out what happened and how I could have prevented it.

Hours later, the emergency room doctor informed me that I had fractured the fibula and torn ligaments in my left leg and severely sprained my right ankle. They put
a temporary cast on and recommended that I have the necessary surgery performed in New Orleans where I lived. A few weeks after the surgery I began eight weeks of physical therapy. During this time I noticed that in spite of noticeable progress in terms of the range of motion and strength of my left leg, I was experiencing some exaggerated fears that seemed related to the fall I had experienced. I felt as if I were reliving the fall in slow motion, over and over. I was even afraid to step off a curb because in my mind I kept seeing the image of the X-ray of my fractured fibula as I had seen it in the emergency room. I was still holding on to an image of the broken bone, and I was acting out of that perception. I knew that if I wanted to climb again, I would have to address both my fears and the image of the broken bone.

As I had not as yet developed enough confidence in my self-hypnosis skills, I consulted with a colleague trained in clinical hypnosis and requested a hypnotic session for help with the persistent image. In the hypnotic session, I obtained a new image: a mental X-ray of the bone fracture site as completely healed. I visualized this in self-hypnosis often, and before long I was back to training for my next climb.

**Climbing in Colorado**

I kept it simpler than usual the next summer and went rock climbing in Colorado. There I climbed longer and more difficult routes than ever before. After this injury-free climbing trip I decided I was ready to begin preparing for an expedition to Ecuador to climb snow-covered volcanoes that were over 19,000 feet. My goal was to exceed my previous climbing altitude record of 17,000 feet.

Despite a diligent and rigorous physical training schedule and preparation, I noticed that I was experiencing a disconcerting level of anxiety about the approaching expedition. I also began to have nightmares about it. At different times throughout the day and night I would experience flashbacks of the creaking sound of the glaciers in the dark, the feeling of defeat I experienced on that ridge in Bolivia, and the acute pain of my leg breaking on Mount Shuksan. I was also having frightening images of losing my balance on a dangerously steep slope, falling into a crevasse, being injured, or getting buried in an avalanche. The flashbacks and frightening intrusive images were disturbing my sleep and my waking hours. I discovered that I was constantly in a hypervigilant state and that no amount of physical conditioning succeeded in reassuring me. I knew I would not be able to safely complete the upcoming expedition in this state of mind.

By this time I had completed more training in clinical hypnosis and had incorporated it much more into both my private practice and my personal life. So, I reflected momentarily on what approach I might take with a patient who presented with the same symptoms I was living with. I proceeded to write down every aspect of alpine mountaineering, both past and future, that was triggering my anxiety. After assessing the nature and content of my nightmares, flashbacks and fears I designed a hypnotic script that targeted those fears with ego-strengthening suggestions (Fromm & Kahn, 1990; Hammond, 1990; Kahn & Fromm, 1992). Some of the suggestions were:

I am focused, relaxed and strong. My body will adjust to each new demand. As I calm my mind with relaxed, conscious breathing, my body will reach its peak efficiency and awareness. I can access feelings associated with peak physical performances—the marathon, the
triathlons, the century.

I designed these suggestions so that I could use them during my training and preparation as well as during the expedition itself. I knew that a certain degree of anxiety could be useful motivation for my training and performance. I wanted to enhance my ability to reduce and manage my anxiety so as to approximate my “zone of optimal function” or ideal performing state (Unestahl, 1981).

I also incorporated my “Inner Strength” symbol (McNeal & Frederick, 1993), a blue flame, into my self-hypnosis regime for sensory-imagery conditioning. I had first accessed this symbol during a group induction at an American Society of Clinical Hypnosis Workshop in Philadelphia. I found that I could use the dynamic image of the blue flame for focusing and for accessing a state of calm, determined readiness, confidence and strength. I gave myself the post-hypnotic suggestion that at any time I needed or wanted to, I could access the image of the blue flame with my eyes open, in an alert and active state (Banyai & Hilgard, 1976; Wark, 1990) and turn up the flame, so to speak, with each breath. I thought it would be helpful to link this coping strategy to those moments when I needed to bolster my determination or to enhance my stamina. I discovered later that I could mentally turn up the flame and actually feel warmer on the mountain.

I decided it would wise to reinforce the self-hypnotic work I was doing with some hetero-hypnosis. I faxed my hypnosis consultant a copy of my assessment of anxiety triggers and the suggestions I had designed. I gave her the freedom to add, subtract, or modify the suggestions. In the single reinforcing hetero-hypnotic session that followed I recall an added suggestion that invited me to “drift forward in time and see yourself on the mountain, noticing how climbing is so effortless and fun that you just have to giggle out loud”.

After this session I knew in every cell of my body that I had an effective strategy for focusing and organizing my energies for this expedition. My nightmares and flashbacks subsided. I could think about conditions I might encounter on the climb and feel confident about my ability to respond effectively. Dealing with the fears related to the previous climbing injuries with self-hypnosis reinforced with two sessions of hetero-hypnosis had transformed the meaning of those experiences. The confidence I gained in this process was greater than ever before. Not only did I have an expanded awareness of my mental and physical resources, but now I also trusted my unconscious (Napier, 1990).

I used imagery and suggestions in my training to help me mentally simulate alpine conditions, even though I was training in New Orleans, which is a few feet below sea level. For example, as I ran up and down the Mississippi River levee with a pack on my back, I told myself that I was negotiating a dangerous crevasse field. I would walk up the emergency stairwells of downtown high-rises with a pack, telling myself that I was approaching the summit. While lifting weights, I’d close my eyes and tell myself that I was pulling myself up a steep wall of ice. I’d access the image of the blue flame and feel as if my body were turbo-charged. I discovered that I could easily and spontaneously go into an alert trance state during training. When I did that, everything just flowed, and I experienced a buoyant and expansive state of mind. The combination of self-hypnosis and rigorous physical training resulted in a highly effective
psychophysiological conditioning. The focused use of self-hypnosis helped me to master and focus anxiety. Together with a realistic and healthy fear of the genuine objective hazards involved in alpine mountaineering, I felt an authentic confidence that I could venture even further and higher in this sport.

Climbing in Ecuador

I arrived in Ecuador feeling confident and ready to take on the volcanoes. I continued to use self-hypnosis during our acclimatization. Our ascent of Cotopaxi began at 1:00 a.m. During our first hour of ascent, which began at 14,000 feet, I kept marveling at how effortless the climbing seemed, and at one point I felt an irresistible urge to giggle out loud. Each of my team members was at least 25 feet away from me on the rope, so I chuckled to myself and made a conscious connection with the consultant’s suggestion to me months before.

As we climbed through the night, I periodically accessed the image of the blue flame via “active-alert trance” and would turn up its intensity when needed. I used the suggestion, “You are focused, relaxed and strong” throughout the 20 consecutive hours of climbing. As we negotiated our way through icefalls and crevasse fields, I experienced feelings of awe and wonder instead of terror and dread. In spite of climbing to an altitude close to 20,000 feet for 20 consecutive hours in windy, stormy conditions, this was the “easiest” and most enjoyable climbing experience I’d ever had. I knew that my performance had been aided and secured by self-hypnosis.

The Hypnotic Belay: Security and Identity

I understand more fully now that I was on “The Hypnotic Belay.” “Belay” is a climbing term that refers to the procedure of securing a climber by the use of a rope. In addition to the rope that linked me to my climbing partners, I was “secured” by self-hypnosis. Our entire climbing party reached the summit of Cotopaxi at 19,380 feet.

Now I was ready to deal with the last of my alpine unfinished business. It was time to return to Mount Shuksan (where I had broken my leg three years earlier) for a corrective experience. Six months after the Ecuador adventure, I returned to the Cascade Mountains, having continued my use of self-hypnosis to enhance mental and physical conditioning. This time I’d talked my twin brothers into joining me. I paused on our approach and our descent at the spot where I had fallen and reflected on all the learning that had come about as a result of resolving the effects of that injury. Then we successfully summited Mount Shuksan. By that time, my integration of the principles of hypnotic communication had become so much a part of my identity and so ubiquitous, that you even might find yourself wondering whether all three of us were on “The Hypnotic Belay”.

References


