Clinical Hypnosis

What is it?
Hypnosis has been used for thousands of years, but Western scientists first became familiar with it in the 1770s. It is derived from the Greek word hypnos, “to sleep.” Hypnosis had its start in the 18th century with Franz Anton Mesmer, who used it to treat a variety of mental health disorders. Most clinical hypnotherapists use approaches developed by Milton Erickson in the early 20th century. Erickson viewed hypnosis as a way to calm and quiet the conscious mind so that the subconscious could be accessed. A recent demographically balanced survey of 1000 American adults found that 7.6% of them had had hypnosis, and 63% of those reported benefit.

The goal of hypnosis is to trigger, strengthen, and then make use of a trance state. Trance is a naturally occurring state during which unconscious thought and symbolic logic are more dominant, while “higher” thought and logic are less so. When a person is in a trance state, nonvoluntary and involuntary body process become more easily controlled and changeable.

How It Works
People are guided into the trance state through induction procedures which foster relaxation and an altered state of consciousness. Attention becomes more focused, and distractions diminish. It is a similar state to being lost in thought, daydreaming, or being caught up in a good book.

Hypnosis uses two strategies while a person is in the trance-like state, in order to change sensations, perceptions, thoughts, feelings, and behaviors. First, mental imagery and symbolism are used. For example, a person may be asked to imagine what his/her pain looks like. If they describe it as a sharp red object, they might be encouraged to shift the imagery, so that colors represent a healthier state (e.g., soft and cool blue). A person may also envision certain desired behaviors or visualize a procedure or surgery going smoothly in advance.

The second of the two hypnotic strategies is the use of suggestions. Ideas and suggestions are brought up to support the goals of the session. They are most likely to be effective when a person is (1) relaxed, (2) open to suggestions, (3) able to experience sensations related to the suggestions, and (4) able to envision the suggestions leading to results.

People vary in terms of how well they can enter trance. Hypnotic ability is a relatively stable trait that often runs in families.
When to Use It
Hypnosis is most often used for improving sleep, changing habits, and reducing pain, anxiety, and IBS symptoms. It has been found to provide non-pharmacological analgesia for invasive medical procedures, and it reduced anesthesia needs, pain intensity, nausea, fatigue, and emotional upset in women undergoing breast surgery. While it shows promise, more research is needed to support its use. In 2018, the US Department of Veterans Affairs Health Services Research and Development Service concluded, “There is low-confidence evidence that hypnosis provides benefit over comparator interventions for anxiety in patients with cancer, breast cancer care (i.e., pain, distress, fatigue, nausea/vomiting, and hot flashes), and weight loss in obese participants. Limitations to the body of evidence include small combined sample sizes, poor study quality, and inconsistencies among the studies that were included in the systematic reviews.”

The American Society of Clinical Hypnosis compiles hypnotherapy research. In general, they conclude evidence is supportive for the following (and the list is by no means exhaustive):

- Acute and chronic pain (back pain, cancer pain, dental anesthesia, headaches, and arthritis)
- Allergies, asthma
- Anxiety and stress management
- Burn wound care
- Cancer care
- Childbirth
- Concentration difficulties, test anxiety, and learning disorders
- Depression
- Dermatologic disorders (eczema, herpes, neurodermatitis, itching, psoriasis, warts)
- Fibromyalgia (especially combined with CBT or imagery)
- Gastrointestinal disorders (ulcers, colitis, Crohn’s disease)
- Hemophilia
- High blood pressure
- IBS
- Nausea and vomiting associated with chemotherapy and pregnancy
- Obesity and weight control
- Raynaud’s
- Surgery/Anesthesiology
- Trauma
- Palliative care in severe chronic disease
- Sexual dysfunction
- Sleep disorders

A 2019 Cochrane review concluded that, while there is no evidence that hypnosis is harmful, evidence is insufficient to tell if clinical hypnosis is more effective than other approaches for smoking cessation, and if it has benefit, the benefit is small.

Often, hypnosis sessions are recorded so a person can use them repeatedly. Self-hypnosis can be a powerful approach itself. Recent studies have also indicated that online hypnosis interventions may be effective for conditions such as migraines.
What to Watch Out for (Harms)\textsuperscript{18}

Hypnosis tends to be very safe, according to number of meta-analyses.\textsuperscript{12,19} A 2018 review found no adverse event reports, noting that some studies did not report on safety at all.\textsuperscript{20} Using hypnosis to work through events in one’s past may lead to the creation of false memories and trigger strong emotional reactions. Rarely, it can cause drowsiness, headache, dizziness, and/or anxiety.

Clinical hypnosis is very different from stage hypnosis. People may joke about not wanting to “cluck like a chicken,” and they can be gently reminded that people in trance never lose control.

Tips From Your Integrative Health Colleagues

The American Society of Clinical Hypnosis and other groups offer certifications programs in hypnotherapy.

Resources

University of Wisconsin Integrative Health Library

Other Websites

Apps and Monitoring Software
- Deep Sleep and Relax Hypnosis. Self-hypnosis for people with poor sleep.
- Digipill. Uses neurolinguistic programming and psychoacoustics. Hypnotic suggestions focused on an array of topics.
- Harmony Hypnosis Meditation. Self-hypnosis and meditation resources. Different messages for each ear come through your earphones (dual vocal delivery).
- Relax and Sleep Well Hypnosis. Hypnotherapy and meditation sessions.

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References


