Why should a clinician be interested in learning about hypnosis? Patients often have complaints that sometimes do not respond to traditional allopathic treatment. Clinical hypnosis has been shown to improve or reduce many such ailments, including anxiety, asthma, chest pain, dyspnea, enuresis, irritable bowel syndrome, insomnia, recurrent abdominal pain, stress-related migraine headaches, and habits such as nail biting, trichotillomania, and thumb sucking. Hypnosis also helps alleviate chronic pain and reduce the acute pain associated with medical procedures. Thus, in the absence of other effective therapies for some patients with these symptoms, I believe it is incumbent on clinicians to learn about applications of hypnosis.

The term neurohypnosis was first suggested in the mid-1800s by James Braid, an English surgeon, based on his belief that a state of hypnosis was related to sleep. Thus, he based the term on the Greek hypnos (sleep). As he further studied hypnotic phenomena, Braid developed the view that hypnosis involved a subject’s focus on a single idea. Thereafter, he tried unsuccessfully to change the name hypnosis to the more descriptive monoideism.

A universally accepted definition of hypnosis has continued to elude us. Clinical hypnosis can be defined as a state of inwardly focused attention in which the mind is focused on ideas of therapeutic value that can potentiate psychophysiologic change. Contrary to the popular image generated by hypnosis done for entertainment, all hypnosis is self-hypnosis, including when a subject chooses to follow instructions of a therapist or facilitator. No one can be hypnotized against his or her will or be compelled to do anything he or she is unwilling to do. Examples of spontaneous self-hypnosis include children who daydream, people who find themselves in deep thought, and individuals experiencing trance states triggered by emotional or physical trauma.

Elements of successful clinical hypnosis are illustrated well in the report by Barnes and Kohen in this issue of The Journal. These include establishment of rapport, and verbal and non-verbal communication between the therapist and patient to create an atmosphere of expectancy for positive change. Children usually embrace the increased self-mastery that results from use of self-hypnosis because attaining such mastery is an important task of childhood. The choice of hypnotic method depends on the patient’s condition, motivation for change, interests, abilities, and developmental age. Suggestion is key to changes induced through hypnosis, but encounters also may include formal initiation (induction) of an hypnotic state, deepening or intensification of the experience, formal termination of hypnosis, and ratification through discussion about the experience or demonstration of the effectiveness of a post-hypnotic suggestion.

Clinical hypnosis can be applied for relief of symptoms (eg, pain control) or for treatment of their underlying cause (eg, anxiety). Thus, it is important for clinicians to have expertise in treatment of a medical condition for which hypnosis is applied to identify how it might best be used. Application of hypnosis within clinical practice can be integrated into most encounters with patients, without requiring additional time for the clinical interaction. Alternatively, medical hypnosis can be used formally in 15- to 60-minute sessions that can be billed as hypnotherapy or as counseling time under an evaluation and management code.

Although hypnosis was recognized as a legitimate medical tool by the British Medical Society in 1955 and by the American Medical Association in 1958, it has failed to gain widespread use within medical practice. Reasons for its slow acceptance may include a negative association with hypnosis for entertainment, the inability to standardize hypnosis techniques easily, and the subjective nature of many hypnotic phenomena that makes them difficult to be measured objectively.

Interested clinician scientists now have the opportunity to join scientific study of hypnosis during a relatively early phase in its development.
nosis may be more widely accepted in medicine when the following goals are met:

1. More extensive characterization of medical problems for which hypnosis may be useful. Barnes and Kohen describe use of hypnosis for pediatric inpatients. Also, many other aspects of pediatrics might benefit from hypnosis. For example, will children with hypertension experience an improvement with use of hypnosis, as has been suggested in certain studies of adults? Can children with inflammatory bowel disease benefit from hypnosis-induced relaxation, as do children with functional abdominal pain? Does relaxation and insight derived through use of hypnosis promote more rapid resolution of anxiety than use of psychotropic medications or counseling?

2. Implementation of large-scale controlled research trials, comparing outcomes of clinical hypnosis versus traditional medical therapy. An example of such a trial is the prospective, randomized, double-blind placebo-controlled study of classic juvenile migraine headache therapy conducted by Olness et al., which showed self-hypnosis training to be superior to propranolol or placebo. Designers of hypnosis research protocols must consider challenges that are not encountered typically in clinical research. For example, what is an appropriate control group? Because a placebo effect is based on the researcher and subject's expectations of potential benefit from a therapy, how much does this differ from positive expectancy set in an hypnotic encounter? Because hypnotic activity often is spontaneous, how does a researcher tell subjects in a control group not to engage in hypnosis?

3. Establishment of the cost-effectiveness of hypnosis. Hypnosis has been associated with reduction in the need for postoperative analgesia, decreased emergency room utilization by patients with chronic illness, and a significant reduction in the number of visits required for childhood habit resolution. Replication of these studies on a large scale might prompt third-party payers to insist on providing hypnotic instruction as an effective, cost-cutting measure, thereby widening its acceptance as a medical tool.

4. Education of more clinicians about the usefulness of hypnosis, and providing training to clinicians about how to teach hypnosis to patients. As clinical hypnosis can affect a large number of patients, I believe its use as a medical tool should be taught and reinforced throughout medical school, residency, and continuing education. Clinicians interested in learning how to begin teaching hypnosis to patients can gain sufficient knowledge after completion of a 20-hour workshop sponsored by a professional medical society, as detailed by Barnes and Kohen.

5. Elucidation of the mechanisms of the hypnotic process. Recent studies have been shedding light on the psychoneurologic mechanisms of hypnosis. For example, posthypnotic suggestion can affect visual cortex processing within 120 msec following presentation of a stimulus, before subjects consciously can recognize the stimulus.

Hopefully, building on such studies will usher in a new era in our understanding of hypnosis.

The mind/body dualism proposed by Descartes allowed physicians to investigate and experiment with the body while minimizing concern that its manipulation affected the mind and soul. This philosophy made medical practice acceptable to theologians of that time, and it persists in much of modern medicine. However, as Braid wrote about hypnosis 150 years ago, "The . . . phenomena . . . point to the importance of combining the study of psychology with that of physiology, and vice versa. I believe the attempt made to study these two branches of science so much apart from each other, has been a great hindrance to the successful study of either." Given our evolving understanding of the mechanisms that underlie psychophysiologic phenomena, it is time for clinicians to recognize that patients may benefit from study and treatment of both mind and body, regardless of whether the presenting complaint appears to be the result of psychological or physical causes. Clinical hypnosis provides us a tool with which to engage the mind to benefit the entire person.

Ran D. Anbar, MD
Department of Pediatrics
SUNY Upstate Medical University
Syracuse, NY

REFERENCES