

Clinical Applications of Hypnotherapy

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Hypnosis has been used as a therapeutic tool for centuries, but only in the past 50 years have the clinical applications been delineated. As evident in the medical literature, the use of hypnosis by the medical community has increased, partly as a result of a growing awareness of hypnotherapy as an available treatment modality, and also as a result of major improvements in research methodology through strict standardization. Hypnotherapy, once considered to be limited to entertainment, has now proven useful in the treatment of a wide variety of medical illness.

Two cases of the use of hypnosis are presented. In the first case, hypnosis is used to alleviate pain in a gravid patient in sickle cell crisis. In the second case, hypnosis is used for desensitization of dental phobia in a 27-year-old woman. The historical, theoretical, and clinical applications of hypnosis are reviewed. J FAM PRACT 1990; 31:180-184.

Hypnosis is widely used and accepted as an adjunct to treatment for pain control, habit disorders, symptom reduction, and many medical problems. Although in the past the application and effectiveness of hypnosis have been questioned by the medical community, the clinical disciplines that use hypnotherapy have grown to include the medical specialties, psychiatry, psychology, and social work. In the last 20 years over 100 review articles have been published by a diverse membership in both the *American Journal of Clinical Hypnosis* and the *Journal of Clinical and Experimental Hypnosis*, which are the respective journals of the American Society of Clinical Hypnosis and the Society of Clinical and Experimental Hypnosis. The International Society of Hypnosis is composed of individual members from more than 20 national constituent societies.

The use of hypnosis is widespread in various areas of clinical medicine, and family physicians are in an ideal position to address questions about the indications, misconceptions, and contraindications for the use of hypnosis. The physician's understanding of the history, theory, and clinical application can help guide the patient to this alternate therapeutic modality. Education in basic and

advanced hypnosis can also enhance the family physician's armamentarium in diagnosing and treating many common ailments.

HISTORICAL PERSPECTIVE

Hypnosis has been a therapeutic tool for centuries. The Egyptians used "sleep temples" in which therapeutic suggestions were made, and kings were often thought to have healing powers. The clinical applications, however, have not been elucidated until recently. Acceptance by the scientific medical community has been limited by commercial exploitation, carnival sideshows, and controversy. The dispute was not whether the patient's symptoms improved, but whether the application was based on sound scientific theory. Hypnosis, however, which has been considered peculiar to regal powers, magnetism, and sleep, has in many cases proven effective. Researchers and clinicians have now introduced theories that are both acceptable and supported by scientific evidence.

The modern history of hypnosis begins with Franz Anton Mesmer. In 1766 Franz Mesmer, an Austrian physician, published a dissertation entitled "The Influences of the Planets on the Human Body."¹ Mesmer believed that all objects were subject to magnetic fields that directly influenced health and disease. Mesmer's techniques included elaborate theatrics with costumes, staring in his patient's eyes, and making "passes" over the body to employ his own magnetic field in the restoration of equilibrium to the patient's fluid.

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Although the details of his methods are poorly documented, he did enjoy an immense success. His fame spread rapidly, and he treated large numbers of patients. His colleagues and local scientific societies, however, refused to acknowledge his achievements, and he ultimately retired to anonymity. Although his theories are now considered erroneous, his work did offer insight into the potential applications of hypnosis. The controversy also generated an impetus for other physicians to further study the elucidation of trance.

Despite the death of Mesmer, *mesmerism* continued to flourish. In 1784 King Louis XVI of France appointed a commission headed by Benjamin Franklin to investigate the claims of Mesmer's disciple, Charles D'Eslon. The focus of the commission was not the undeniable improvement of the patients, but rather to question the basic premise of the role of magnetic fluid in disease. The commission concluded that "the imagination is the true cause of the effects attributed to magnetism,"¹ and once again the use of hypnosis fell into disfavor.

As with Mesmer, D'Eslon's success also waned, but the medical community continued the sporadic use of mesmeric treatment. In 1843 John Elliotson, a distinguished British physician well known for his introduction of the microscope to Great Britain, published a book entitled *Numerous Cases of Surgical Operations Without Pain in the Mesmeric State*.¹ He described in detail his personal use of the mesmeric state for the treatment of chorea and rheumatism. He also presented the work of his colleagues, who were able to perform such procedures as the painless release of contractures, incision of abscesses, and dental extraction. His arguments against the 1784 commission, however, lacked scientific basis. He contested that mesmerism was successful and therefore reasonable, but he could not support his statements with an acceptable theory. His contention was refuted, and mesmerism was banned from British hospitals.

A contemporary of Elliotson's, James Braid, introduced the term *hypnosis* derived from the Greek *hypnos* (sleep). Braid was also credited with the elucidation of the psychological aspect of hypnosis and the power the mind has over the body. He was impressed by the ease and rapidity with which trance could be induced, and fully recognized that the therapist did not transfer any magnetic, electric, or other physical force. His theory was close to the current understanding that the trance state is independent of the induction technique. His elucidation of the psychodynamic aspects of hypnosis were later adopted by Broca, Charcot, and Bernheim.² Other therapists, such as Freud and Bramwell in 1889, continued their investigations and empiric use until modern hypnotists, such as Milton Erickson and Karen Olness, refined the current clinical application of hypnosis.¹

The exact neuropathophysiology of trance is still un-

known; however, theories by prominent physicians have offered insight into the psychodynamics of trance. The history of hypnotherapy has been filled with controversy, but the therapeutic success and the application of rigorous scientific methods to the use and research has greatly improved the acceptance of hypnotherapy by the scientific community.

THEORETICAL OVERVIEW

Simply speaking, hypnosis is an altered state of consciousness. Hypnotherapy, therefore, is the use of an altered state of consciousness, or trance, to reach a therapeutic endpoint. During the trance state there is a heightened concentration for the specific purpose of maximizing potential or changing cognition. Relaxation and imagery is used to obtain a fixed, narrowed attention with a high degree of concentration. The act of hypnosis is to induce a state in which the patient is receptive to therapy based on suggestion. Several particularly interesting characteristics of hypnosis include narrowly focused attention, dissociation, and primary process thinking.³ These three attributes are used not only as objective factors for research purposes, but also as means to maximize the induction and deepening of a hypnotic state.

An example of a narrowly focused attention is the state of concentration required to be absorbed in a book, music, or television. A narrowly focused attention is one factor in a formal hypnotic induction that accentuates trance deepening. The subject is asked to focus attention to detail in imagery or fantasy. As the patient focuses inward, changes in cognition, such as feelings and interpretation, occur. A feeling of dissociation is often described, such as time and sensory distortion, that is similar to the dissociative process involved in fugue, amnesia, eating, and personality disorders.⁴⁻⁶ Although common and generally harmless in the dream state and trance, dissociation, as the simultaneous development of subpersonalities and parallel memories that are in complete ignorance one of another, may result in many pathologic conditions. Hypnosis can be conceptualized as a controlled state of dissociation that is particularly useful in those pathologic conditions associated with dissociation.⁷

Primary process thinking is the second factor intrinsic to hypnosis. It is a less complex or rudimentary form of thinking similar to dreaming. In trance logic, as in a dream, concepts such as falling up and being chased in slow motion are often accepted without question. Patients realize that the concept is against logic, but accept the incongruities. The subjective feeling is often described as knowing in the back of the mind that something is "not right," but, because of a deep relaxed feeling, not being

concerned about the conflict. Narrowly focused attention and primary process thinking can result in dissociation that can be either used in therapy or used to further hypnotic induction.

The trance state is a natural phenomenon and is often used by health care providers who have no formal training in hypnosis. Many physicians will change their tone of voice when interviewing children or patients in pain. The healing effect of touch and the physician's white coat are well described in the literature. Athletes, musicians, and scholars are also adept at trance utilization. A formal hypnotic induction, however, involves the patient sitting in a comfortable, quiet environment. The therapist may begin with progressive muscle relaxation, which can be followed by guided imagery. Eye closure often facilitates induction, and the patient is asked to first concentrate on each muscle relaxing and then is guided through a relaxing image such as a beach or outdoor scene. After a level of trance is obtained, specific suggestions are introduced. Hypnosis can be used in almost any environment, and induction and deepening techniques differ according to situation, patient, and therapist. In many situations patients who are experiencing acute pain, injury, and concerns about health are already in a frame of mind conducive to the use of trance.

Therapeutic intervention implies a change, and entering a trance alone does not signify a therapeutic endpoint. Once the patient has achieved a significant level of trance, the therapist may attempt change, ranging from simple suggestion to psychoanalysis. Although some uses, such as calming a frightened child in the emergency department, require minimal change on the part of the subject, more complex behavior patterns such as overeating or phobias require a complex therapeutic intervention. The results of the intervention, however, cannot always be attributed to hypnosis alone. Hypnosis may act as the therapy in itself, as in the application for pain control; however, in many cases hypnosis is used as a means to facilitate therapy. Combined with behavior modification, reassurance therapy, and psychotherapy, hypnotherapy has proven to be a useful adjunct to the treatment of many diseases.

CLINICAL APPLICATION

Illustrative Cases

Case 1. A 27-year-old woman presented to the Family Practice Clinic because of a severe dental phobia. As a child she had sustained an avulsion of the maxillary incisors, which required multiple surgical procedures. Over the previous 5 years, she had been unable to obtain either routine dental care or daily dental hygiene because of fear

and an exaggerated oral sensitivity. Hypnotherapy was offered as a treatment option, and a combination of desensitization and suggestion was used to alleviate her fear. After a comfortable level of trance was obtained, she was told to imagine how great the feeling was as she walked out of a dentist office. In trance, after she was able to imagine herself having completed a dental examination, she was progressively led through the dental examination, beginning from calling for an appointment through the actual procedure. Ultimately after several months of hypnotherapy, she was able to care for her teeth and undergo dental examination. The desensitization, by slowly obtaining cognitive control over fears, resulted in the resolution of her phobia.

Case 2. A staff member of an obstetrics department requested an evaluation of and therapeutic intervention for a 28-year-old laboring woman in sickle cell crisis. Her pain had not responded to systemic opiates and conventional treatment. On initial presentation she was writhing in pain and unwilling to answer questions. Rapid pain relief was obtained with the use of glove anesthesia, a process by which the patient transfers the suggestion of analgesia, in a distribution in the area of a hand, to painful areas. She was asked to imagine her hand in an ice cold bucket of water. As she concentrated on the cold, numbing effect of the ice on her hand, the suggestion was made that she could transfer this cold, numbing sensation to any painful areas. She subsequently placed her hands on her knees and was able to obtain immediate relief with the suggestion. The patient rested comfortably and progressed through labor without further medical intervention.

The two case presentations are examples of clinical applications of hypnosis. The resolution of the dental phobia resulted from many trance sessions using desensitization of a fear that was secondary to earlier painful dental manipulations. The acute pain experienced by the patient in the second case is more dramatic and often requires only one session of hypnotherapy.

Hypnosis has been applied to the treatment of a wide variety of medical, psychological, and behavioral problems. Unusual or dramatic results are usually unsubstantiated by careful studies.⁸ Hypnotherapy tends to be more effective in those medical conditions that have a clear-cut cause, and is less effective in cases complicated by psychodynamic or behavioral control. In these cases, a form of secondary gain or depression may complicate the treatment effectiveness and recovery.

Pain Control

One of the widest applications of hypnosis is pain control. Pain response is a perceptual phenomenon and refers to both physical (somatogenic) and psychological variables

that include anxiety, expectations, attention, secondary gain, and various forms of psychopathology.⁵ The specific application of hypnosis to pain control is well documented in the literature.⁹⁻¹¹ Erickson¹² reviewed 11 hypnotic procedures applicable to pain control. Wain¹³ reported that 50% of patients referred to the Walter Reed Army Medical Center Pain Clinic received some form of hypnotic intervention. As demonstrated in the pain clinic, hypnosis is most useful in establishing cognitive control over symptoms. A patient who can demonstrate glove anesthesia or imagine a pain-free state can use hypnosis to obtain relief.

A trial of hypnosis is frequently indicated if the patient is interested. Often patients are enthusiastic about hypnosis as an adjunct to pain control, and when approached, volunteer readily for a trial induction. There are several hypnotic induction scales to determine susceptibility^{13,14}; however, indicators of susceptibility include a high degree of enthusiasm, an active ability to fantasize, a vivid imagination, and the ability to become engrossed in a book or movie. This information can provide a rapid assessment of hypnotic susceptibility in the office and is a useful guide for the potential use of hypnosis.

Obstetrics and Gynecology

The success of the Lamaze method of prepared childbirth, a method that is similar to hypnosis, relies on two approaches: (1) it serves to educate the parents about labor and delivery, so they may become informed participants; and (2) it prepares a woman to tolerate contractions with breathing, focusing, and progressive relaxation.¹⁴ Hypnosis can improve pain control during labor with glove anesthesia, time distortion, and alleviation of fears and anxiety. Other potential uses of hypnosis in obstetrics and gynecology include relief of hyperemesis gravidarum, relaxation during gynecologic examination and procedures, relief of dysmenorrhea, and alleviation of menopausal symptoms. Should more conventional means of management fail, patients may benefit from hypnosis if a hypnotherapist is readily available upon patient request.

Surgery

The uses of hypnosis for pain control and anesthesia are well documented in the literature. The first documented use of hypnoanesthesia in surgery was in 1829, when a mastectomy was performed by Jules Cloquet in Paris.^{15,16} The early application of hypnosis in surgery was successful because it was effective, it had a low incidence of side effects, and there was a lack of chemical anesthetics. The therapists were innovative and contributed greatly to the widespread use of hypnosis in surgery. Currently there is still a role for hypnoanesthesia, if used by a qualified

hypnotherapist and in appropriate circumstances, such as with patients who are unable to use regional or general anesthesia.

Preoperative relief of apprehension, reduction of the amount of chemical anesthesia, and a reduced length of hospitalization are also reported effects of hypnosis and can enhance the armamentarium of both surgeon and anesthesiologist.

Dermatology

The role of psychologic factors in dermatologic disease is well known, and emotional stimuli often cause exacerbation of many skin diseases. Although the exact pathophysiology is not understood, stress and its effect on the immune system may play a significant role in the onset and course of dermatologic disease, psoriasis in particular. Hypnotherapy and progressive relaxation have been used successfully in the treatment of psoriasis exacerbation and have a role in many other dermatologic diseases.¹⁷⁻¹⁹ Hypnosis is also valuable for the treatment of long-lasting psychological problems such as low self-esteem and reduced self-confidence associated with scars and acne.

Pediatrics

Children respond to a large number of hypnotic induction techniques and show a remarkable skill for dissociation and trance logic. The young respond best to different inductions, and specific items may measure different dimensions according to the age of the patient. The heightened degree of hypnotizability in children affords many therapeutic options. The therapist, however, needs to approach the child according to age and level of cognitive development.

Children generally have more hypnotic talent than adults, and as pain control relates to hypnotizability, it is not surprising that children are extremely adept at hypnotherapeutic pain control.²⁰⁻²² The advantages include the enhancement of self-confidence, participation in the healing process, increased daily activity, and reduction of side effects. Hypnosis can be used as an adjunct to other treatment modalities, such as chemotherapy, or to reduce the acute pain and fear that may accompany an emergency department visit. Improvement of physician-patient rapport and the alleviation of fears and anxiety are also important clinical applications often used by clinicians not formally trained in hypnosis. Other uses of hypnotherapy include treatment of enuresis, behavioral difficulties, learning disorders, and nail biting.³

General Medicine

Hypnosis can be applied to the behavior control of habits such as smoking and obesity. Since habitual behavior is multifactorial, success is enhanced by a program that combines behavioral modification, physical modification, and group therapy. If hypnosis, however, is directed toward individual belief systems, significant change can occur with therapy.²³⁻²⁵ Other applications in general medicine include the treatment of cephalgia, stress-related disease, and insomnia, and the maintenance of patient's morale. Although outside the usual practice of family physicians, hypnosis is also effective in the treatment of eating disorders, in sexual counseling, and in psychotherapy.

SUMMARY

Hypnosis can be a valuable asset in the treatment of disease. Although the list of applications presented in this article is not exhaustive,* it does demonstrate the potential use of hypnotherapy in the treatment of many illnesses. The formation of the American Society of Clinical Hypnosis and the Society of Clinical and Experimental Hypnosis has not only provided a forum for discussion and education about the many applications of hypnosis, but has standardized scientific research, resulting in a better acceptance of and interest in hypnosis. If the therapist and patient have a realistic endpoint, hypnosis in many cases can enhance both treatment options and effectiveness.

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*Further information and location and dates of future training may be obtained from the American Society of Clinical Hypnosis, 2250 East Devon Avenue, Suite 336, Des Plaines, IL 60018.

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