Clinical applications of hypnotherapy

Hypnosis is widely used and accepted as an addition to treatment for pain control, habit disorders, symptom reduction, and many medical problems. Although in the past the use and effectiveness of hypnosis have been questioned by the medical community, the clinical professions that use hypnotherapy have grown to include the medical specialties, psychiatry, psychology, and social work.

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 goal or purpose. During the trance state there is a heightened concentration for the specific purpose of maximizing potential or changing understanding and experience. 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, and dissociation. These qualities are also used 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. Hypnosis can be conceptualized as a controlled state of dissociation that is particularly useful in those troubling conditions associated with dissociation.

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 goal in and of itself. Once the patient has achieved a significant level of trance, the therapist may attempt change, ranging from simple suggestion to complex therapy. 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, and psychotherapy, hypnotherapy has proven to be a useful adjunct to the treatment of many diseases.