

# 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 18<sup>th</sup> century with Franz Anton Mesmer, who used it to treat a variety of mental health disorders.[1] Most clinical hypnotherapists use approaches developed by Milton Erickson in the early 20<sup>th</sup> 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.[2]

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.[3,4] 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 are 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.[5]

## WHEN TO USE IT

Hypnosis is most often used for improving sleep, changing habits, and reducing pain, anxiety, and IBS symptoms.[3] It has been found to provide non-pharmacological analgesia for invasive medical procedures,[6] and it reduced anesthesia needs, pain intensity, nausea, fatigue, and emotional upset in women undergoing breast surgery.[7] A systematic review and meta-analysis of 85 experimental trials found hypnosis to be an effective and safe alternative to pharmaceutical interventions for pain. Effectiveness of the hypnotic intervention was dependent upon having high or medium versus low hypnotic [suggestibility](#) and use of analgesic imagery.[8] Two 2022 Systematic Reviews/Meta-Analyses found that hypnosis was associated with moderate decrease in pain intensity and pain interference in people with chronic musculoskeletal and neuropathic pain.[9,10] The length of hypnosis training appears to be important. McKittrick et al., (2022) found that hypnosis treatment needed to last a minimum of 8 sessions to be an effective complementary approach to manage chronic musculoskeletal and neuropathic pain.[9]

While it shows promise, more research is needed to support its use. In 2018, the VA HSR&D group 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 samples sizes, poor study quality, and inconsistencies among the studies that were included in the systematic reviews.”[11]

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):[12-16]

- Acute and chronic pain (back pain, cancer pain, dental anesthesia, headaches, migraines, and arthritis)
- Allergies, asthma
- Anxiety and stress management
- Bed-wetting (enuresis)
- Burn wound care
- Cancer care
- Childbirth
- Concentration difficulties, test anxiety, and learning disorders
- Dentistry
- Depression
- Dermatologic disorders (eczema, herpes, neurodermatitis, itching, psoriasis, warts)
- Gastrointestinal disorders (ulcers, colitis, Crohn’s disease)
- Hemophilia
- High blood pressure
- IBS[17]
- Nausea and vomiting associated with chemotherapy and pregnancy
- Obesity and weight control
- Palliative care in severe chronic disease
- Raynaud’s disease
- Sexual dysfunctions
- Sleep disorders
- Smoking cessation
- Sports and athletic performance
- Surgery/Anesthesiology
- Trauma

- Fibromyalgia (especially combined with CBT or imagery)

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.[18]

Often, hypnosis sessions are recorded so a person can use them repeatedly. Self-hypnosis can be a powerful approach itself.[19] Self-hypnosis has the benefit of being portable, is taught as an independent self-directed skill that can be performed by the individual, is usually tailored specifically to the individual's concerns and can be done in a variety of settings. Recent studies have also indicated that online hypnosis interventions may be effective for conditions such as migraines.[20,21]

## **WHAT TO WATCH OUT FOR (HARMS)[18]**

Hypnosis tends to be very safe, according to a number of meta-analyses.[22,23] A 2018 review found no adverse event reports, noting that some studies did not report on safety at all.[24] 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 WHOLE HEALTH COLLEAGUES**

The [American Society of Clinical Hypnosis](#) and other groups offer certifications programs in hypnotherapy.

## **RESOURCES**

### **VA WHOLE HEALTH AND RELATED RESOURCES**

- [Evidence Map of Hypnosis:](#)  
[https://www.hsrd.research.va.gov/publications/management\\_briefs/default.cfm?ManagementBriefsMenu=eBrief-no153&eBriefTitle=Guided+Imagery%2C+Biofeedback%2C+and+Hypnosis](https://www.hsrd.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no153&eBriefTitle=Guided+Imagery%2C+Biofeedback%2C+and+Hypnosis)
  - Compilation of systematic review data by VA Health Services Research and Development (HSR&D)
- [Integrative Health Coordinating Center SharePoint on Clinical Hypnosis:](#)  
<https://dvagov.sharepoint.com/sites/VHAOPCC/IHCC/SitePages/Clinical-Hypnosis.aspx>

- [Whole Health Veteran Handouts - Hypnotherapy](https://www.va.gov/WHOLEHEALTH/Veteran-Handouts/docs/Hypnotherapy-508Final-02-18-2019.pdf):  
<https://www.va.gov/WHOLEHEALTH/Veteran-Handouts/docs/Hypnotherapy-508Final-02-18-2019.pdf>
- CIH Listservs. To be added, contact:
  - Clinical Hypnosis listserv: [VHAOPCC&CTClinicalHypnosis@va.gov](mailto:VHAOPCC&CTClinicalHypnosis@va.gov)
  - Other listservs: [Lana.Frankenfield@va.gov](mailto:Lana.Frankenfield@va.gov)
- National CIH Subject Matter Experts, as of FY 2020:
  - Clinical Hypnosis: David Gaffney. [David.Gaffney@va.gov](mailto:David.Gaffney@va.gov)

## WHOLE HEALTH LIBRARY

- [“Balloon Self-Hypnosis Technique for IBS and Abdominal Pain: A Guide for Clinicians”](https://www.va.gov/WHOLEHEALTHLIBRARY/tools/balloon-self-hypnosis-technique-ibs-abdominal-pain.asp): <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/balloon-self-hypnosis-technique-ibs-abdominal-pain.asp>

## OTHER WEBSITES

- [American Society of Clinical Hypnosis](https://www.asch.net/aws/ASCH/pt/sp/home_page):  
[https://www.asch.net/aws/ASCH/pt/sp/home\\_page](https://www.asch.net/aws/ASCH/pt/sp/home_page)
- [Science Direct - Suggestibility](https://www.sciencedirect.com/topics/psychology/suggestibility):  
<https://www.sciencedirect.com/topics/psychology/suggestibility>

## 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).
- **Headspace.** Hundreds of guided meditations. Monthly fee after trial.
- **Hypnobox.** Customizable self-hypnosis app.
- **Relax and Sleep Well Hypnosis.** Hypnotherapy and meditation sessions.

## AUTHOR(S)

“Hypnosis” was written by [Shilagh Mirgain](#), PhD and [Janice Singles](#), PsyD (2014, updated 2023).

*This Whole Health tool was made possible through a collaborative effort between the University of Wisconsin Integrative Health Program, VA Office of Patient Centered Care and Cultural Transformation, and Pacific Institute for Research and Evaluation.*

## REFERENCES

1. Micozzi M, Jawer M. Mind-body therapies, stress, and psychometrics. In: Micozzi M, ed. *Fundamentals of Complementary and Alternative Medicine*. 4th ed. St. Louis, MO: Saunders; 2014.
2. Palsson O, Twist S, Walker M. A national survey of clinical hypnosis views and experiences of the adult population in the United States. *Int J Clin Exp Hypn*. 2019;67(4):428-448.
3. Mirgain SA, Singles J. Power of the Mind. 2018; <https://wholehealth.wisc.edu/overviews/power-of-the-mind/>. Accessed February 4, 2020.
4. American Society of Clinical Hypnosis (ASCH). ASCH Home Page. 2020; <https://www.asch.net/>. Accessed July 23, 2020.
5. Moss D, Willmarth E. Hypnosis, anesthesia, pain management, and preparation for medical procedures. *Ann Palliat Med*. 2019;8(4):498-503.
6. Lang EV, Benotsch EG, Fick LJ, et al. Adjunctive non-pharmacological analgesia for invasive medical procedures: a randomised trial. *Lancet*. 2000;355(9214):1486-1490.
7. Montgomery GH, Bovbjerg DH, Schnur JB, et al. A randomized clinical trial of a brief hypnosis intervention to control side effects in breast surgery patients. *J Natl Cancer Inst*. 2007;99(17):1304-1312.
8. Thompson, T., Terhune, D. B., Oram, C., Sharangparni, J., Rouf, R., Solmi, M., Veronese, N., & Stubbs, B. (2019). The effectiveness of hypnosis for pain relief: A systematic review and meta-analysis of 85 controlled experimental trials. *Neuroscience and Biobehavioral Reviews*, 99, 298–310.
9. McKittrick ML, Connors EL, McKernan LC. Hypnosis for Chronic Neuropathic Pain: A Scoping Review. *Pain Med*. 2022 May 4;23(5):1015-1026.
10. Langlois P, Perrochon A, David R, Rainville P, Wood C, Vanhauzenhuysse A, Pageaux B, Ounajim A, Lavallière M, Debarnot U, Luque-Moreno C, Roulaud M, Simoneau M, Goudman L, Moens M, Rigoard P, Billot M. Hypnosis to manage musculoskeletal and neuropathic chronic pain: A systematic review and meta-analysis. *Neurosci Biobehav Rev*. 2022;135:104591.
11. U.S. Department of Veterans Affairs. Management eBrief no. 153. 2019; [https://www.hsrd.research.va.gov/publications/management\\_briefs/default.cfm?ManagementBriefsMenu=eBrief-no153](https://www.hsrd.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no153) Accessed July 23, 2020.
12. Kirsch I. Cognitive-behavioral hypnotherapy. In: Rhue JW, Lynn SJ, Kirsch I, eds. *Handbook of Clinical Hypnosis*. Washington, DC: American Psychological Association; 1993:151-171.
13. Brugnoli MP. Clinical hypnosis for palliative care in severe chronic diseases: a review and the procedures for relieving physical, psychological and spiritual symptoms. *Ann Palliat Med*. 2016;5(4):280-297.
14. Wortzel J, Spiegel D. Hypnosis in cancer care. *Am J Clin Hypn*. 2017;60(1):4-17.
15. Zech N, Hansen E, Bernardy K, Hauser W. Efficacy, acceptability and safety of guided imagery/hypnosis in fibromyalgia - A systematic review and meta-analysis of randomized controlled trials. *Eur J Pain*. 2017;21(2):217-227.
16. Valentine KE, Milling LS, Clark LJ, Moriarty CL. The efficacy of hypnosis as a treatment for anxiety: a meta-analysis. *Int J Clin Exp Hypn*. 2019;67(3):336-363.

17. Schaefer R, Klose P, Moser G, Hauser W. Efficacy, tolerability, and safety of hypnosis in adult irritable bowel syndrome: systematic review and meta-analysis. *Psychosom Med.* 2014;76(5):389-398.
18. Barnes J, McRobbie H, Dong CY, Walker N, Hartmann-Boyce J. Hypnotherapy for smoking cessation. *Cochrane Database Syst Rev.* 2019;6(6):Cd001008.
19. Brugnoli MP, Pesce G, Pasin E, Basile MF, Tamburin S, Polati E. The role of clinical hypnosis and self-hypnosis to relief pain and anxiety in severe chronic diseases in palliative care: a 2-year long-term follow-up of treatment in a nonrandomized clinical trial. *Ann Palliat Med.* 2018;7(1):17-31.
20. Flynn N. Effect of an online hypnosis intervention in reducing migraine symptoms: a randomized controlled trial. *Int J Clin Exp Hypn.* 2019;67(3):313-335.
21. Eason, A. D., & Parris, B. A. (2019). Clinical applications of self-hypnosis: A systematic review and meta-analysis of randomized controlled trials. *Psychology of Consciousness: Theory, Research, and Practice*, 6(3), 262–278.
22. Sifferlin A. How Safe is Hypnosis? 2015; <https://time.com/4068201/how-safe-is-hypnosis/>. Accessed July 23, 2020.
23. Hauser W, Hagl M, Schmierer A, Hansen E. The efficacy, safety and applications of medical hypnosis. *Dtsch Arztebl Int.* 2016;113(17):289-296.
24. Bollinger JW. The rate of adverse events related to hypnosis during clinical trials. *Am J Clin Hypn.* 2018;60(4):357-366.