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Research Paper

Efficacy of hypnotism in the management of psychiatric disorders

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ABSTRACT

Background: Since the days of Hippocrates, main accomplishment has been symptom relief and containment more often than cure. Traditional therapeutic approaches that analyze why a problem exists or explore developmental dynamic interactions may be unnecessary to treat habitual Axis I problems, such as smoking, phobias, anxiety, dissociative symptoms, chronic pain, etc. These problems can respond quickly, many times in a single session, when patients are taught self-hypnosis with a strategy designed to help them take charge of their lives and develop a new perspective on the problem. ***Methods:*** An extensive literature search was conducted in the Medline, PubMED databases. Studies which focused primarily on how does hypnosis works and its efficacy among various psychiatric disorders were included. Based on which studies from 1990-2020 were reviewed for this review article. ***Conclusion:*** After shedding of many years, hypnosis is finally breaking its old Hollywood image of a dastardly villain using hypnosis to control minds. A growing interest in meditation and other spiritual practices in the over recent years, hypnosis is being widely accepted as a reliable, fast and effective tool for healing and change work. Hypnosis is one of the specialized techniques and is not a therapy itself. It should be used as an adjunctive intervention within a complete psychological and medical treatment package. It is a window into the brain-mind, helping patients' better control stress, pain, habits, dissociative symptoms, and psychosomatic problems.

Keywords: *Hypnosis, Intervention, Therapist-Client Relationship, Psychiatry*

Hypnosis is a way of communicating ideas in the context of a doctor-patient or therapist-client relationship. It is a therapeutic tool for systematically amplifying dimensions of experience, and then associating those experiences to situations in ways that are useful to the patient. [1, 2] Hypnosis permits a huge variety of choices regarding where and how to intervene in the patient's problems. A good hypnotic session, involving appropriate suggestions for contextualization, is thought to yield positive results that last a lifetime.[3]

A number of properties of hypnosis that are of importance to clinical hypnosis are increased suggestibility, or an increased willingness to accept suggestions less critically; enhanced

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capacity for imagery and role enactment, so that imagined events are experienced as real; greater access to childhood memories, though not a literal return to the previous stage of cognitive development; reduced reality testing (a greater tolerance of logical incongruities – so called 'trance logic'); enhanced relaxation responses, which can be learned and applied in everyday situations; increased rapport; increased expectancy of positive outcome of therapy; more enhanced attention and ability to not attend to extraneous thoughts and feelings; an opportunity to create, develop and control dissociative experiences. It is obvious that these properties will enhance the therapeutic endeavor.[4]

Hypnosis is not a naive technique but has its root in ancient history where Egyptians used to heal people in sleep or dream temples. The sick people were put into trance through religious rituals. Priests used to cast out evil spirit and it was believed that as healing by God.[5, 6] Eastern and Western philosophy, literature, and religion are replete with descriptions of various trance states, ecstatic states, and spontaneous dissociation among healers and those being healed. These phenomena were first formally described as therapeutic instruments in the 18th century with Mesmer's controversial theory that magnetic energy or an invisible fluid could be channeled from a therapist or an object to correct imbalances and to restore health to an individual with illness. His unorthodox methods and theories involving magnetic forces attracted negative attention from the scientists of the day and the French government. In 1784, a panel of experts that included Benjamin Franklin, the famous chemist Anton Laurent Lavoisier, and the infamous Joseph Ignace Guillotin met in Paris at the behest of the King. They concluded that the phenomenon was nothing but heated imagination.

James Braid, a physician and surgeon in England during the 1840s, observed phenomena similar to those that Mesmer had reported. He found that he could produce trance states using eye fixation and eye closure. In 1847, Braid departed from the discredited magnetic influence theory and created a psychological concept that he called monoideism, by which he meant mental concentration on a single dominant idea. In this state, subjects were highly suggestible and could focus their attention on specific ideas that would influence behavior.[7] The great French neurologist Jean Martin Charcot considered the hypnotic state a neurophysiological phenomenon (sommeil nerveux, nervous sleep) and a sign of mental illness, un tat nerveux artificiel ou experimental (an artificial or experimental nervous state). Pierre Janet supported this position about hypnosis, but Hippolyte Bernheim, who believed that hypnosis was a function of the normal brain, opposed both. Sigmund Freud studied hypnosis with Charcot, and it was central to his classic work on hysteria with Joseph Breuer.[8, 9]

Freud documented in his autobiography the moment that he gave up the formal use of hypnosis. A patient threw her arms around his neck during a hypnotic trance. Freud had discovered transference, and, to control or eliminate it, he decided to stop formally using hypnotic inductions, but he retained the couch and turned his attention to the process of free association rather than hypnotic trance as a therapeutic technique. However, this formal change did not eliminate the occurrence of spontaneous trance in the course of psychotherapy.[10]

Because of the high incidence of shell-shock during World War I, Ernst Simmel, a German psychoanalyst, became interested in hypnosis for the treatment of war neurosis. He developed a technique for accessing repressed material, which he called hypno-analysis. During World War II, hypnosis played a prominent part in the treatment of pain, combat

fatigue, and neurosis. Some of the first research on memory recall and control of physiological activity with hypnosis was carried out at the U.S. Army School of Military Psychiatry. In 1955, the British Medical Society formally recognized hypnosis and recommended that it be taught in medical schools. In 1958, the American Medical Association and the American Psychiatric Association officially recognized it as a safe and effective treatment.[11]

METHODOLOGY

An extensive literature search was conducted in the Medline, PubMED databases. Studies which focused primarily on how does hypnosis works and its efficacy among various psychiatric disorders were included. Based on which studies from 1993-2020 were reviewed for this review article.

Efficacy of hypnotism in the management of psychiatric disorders

Since the days of Hippocrates, main accomplishment has been symptom relief and containment more often than cure. Traditional therapeutic approaches that analyze why a problem exists or explore developmental dynamic interactions may be unnecessary to treat habitual Axis I problems, such as smoking, phobias, anxiety, dissociative symptoms, chronic pain, etc. These problems can respond quickly, many times in a single session, when patients are taught self-hypnosis with a strategy designed to help them take charge of their lives and develop a new perspective on the problem.

Anxiety Disorders

Anxiety can be understood as a state of hyperarousal experienced as emotional and psychosomatic discomfort. Hypnosis can be a helpful adjunctive tool for treating anxiety disorders because of its ability to help patients control their physical reaction to anxiety-provoking stimuli, thereby dissociating somatic response from psychological distress. This enables them to attend to the stimuli long enough to restructure their point of view and to achieve a sense of mastery.[12] Empirical research indicates that hypnosis may contribute to the efficacy of cognitive-behavioral therapy.

In a study, a cognitive-behavioral intervention for public speaking anxiety was compared with the same intervention supplemented by hypnosis. It was seen that anxiety decreased more quickly in the participants treated with hypnosis than in those treated with cognitive-behavioral therapy alone.[13]

A study was performed with the objective to evaluate the efficacy of hypnosis on anxiety and pre-operative behavioral disorders versus midazolam. Fifty children from 2 to 11 years of age of age were randomized into two groups: group H received hypnosis as premedication; group M was given $0.5mg \cdot kg^{-1}$ midazolam orally, 30min before surgery. The number of anxious children was much lesser during induction of anesthesia in the hypnosis group. Postoperatively, hypnosis reduced the frequency of behavior disorders and seems effective as premedication in children scheduled for surgery.[14]

Another study was done to assess the impact of hypnotherapy in mitigating the symptoms of anxiety in 50 participants of Delhi. Results indicated that Hypnotherapy mitigates the symptoms of anxiety.[15]

Phobias

The underlying challenge of a phobic response (irrational fear) is to clarify the confusion between a possibility and a probability. Distinctions are made between anticipatory anxiety for likely and unlikely events, with additional differentiation between useful, protective fear and unnecessary, maladaptive fear. With these clarifications, the therapeutic strategy is to teach the patient to focus on what one is for rather than the fear of what one is against. This provides the momentum for rapid change.[16, 17]

Instructing patients in a trance to imagine that they are literally somewhere else, away from the fearful stimulus, thus separating themselves from the anxiety-producing experience. Positive reinforcement or ego-strengthening techniques help the patient from relieving symptoms.

Researchers have explored the relationship between trance capacity and the genesis of phobic behaviors and found phobics scored higher on hypnotizability scales. They found all the phobics responsive to hypnosis, and those with more phobias were more hypnotizable.[18]

Acute stress & PTSD

The principles of psychotherapy for acute stress disorder and PTSD using hypnosis can be summarized with the following eight Cs.[19] They are:

1. Confrontation: The patient should confront the traumatic events directly rather than attribute the symptoms to some long-standing family or personality problem.
2. Confession: The therapist should help trauma survivors discuss deeds or emotions that are embarrassing to them and, at times, repugnant to the therapist. It is important to help these patients distinguish between inappropriate guilt and real remorse.
3. Consolation: The intensity of traumatic experiences requires an actively consoling approach from therapists, lest they be perceived as being judgmental or as inflicting rather than treating trauma-induced emotional pain.
4. Condensation: An image that condenses a crucial aspect of the traumatic experience should be found.
5. This allows patients to alter the pain of the loss by attending to positive aspects of the lost relationship that remain in memory, as well as negative aspects.
6. Consciousness: Previously dissociated traumatic memories should be made conscious in a gradual manner that does not overwhelm the patient.
7. Concentration: Directing sharply defined attention toward the loss also implies that, when the hypnotic state is ended, attention can be shifted away from the traumatic experience.
8. Control: Because the most painful aspect of severe trauma is the absolute sense of helplessness, the loss of control over one's body, and the course of events, the process by which the therapeutic intervention is conducted must enhance the patient's sense of control over the traumatic memories. Structure the experience so that patients are given the opportunity to stop working through the problem when they feel that they have had enough, can remember as much from the hypnosis as they care to remember, and feel that they are in charge of the self-hypnosis experience. They should learn to use it on their own as a self-hypnosis exercise, as well as with the therapist. Such procedures help patients imbue traumatic memories with a greater sense of control and mastery.
9. Congruence: The goal is to help patients integrate dissociated or repressed traumatic material into conscious awareness in such a way that they can tolerate experiencing

the memories as part of their continuous life history. In this way, the traumatic past is not incompatible with their present experience. Patients should emerge from therapy having reviewed not only what was done to them, but also what they did to protect themselves, and not only what they lost, but also what they had valued and why.

A study on the treatment of Acute Stress Disorder compared hypnosis as an adjunct to cognitive-behavioral therapy with cognitive behavioral therapy alone, and with supportive counseling. At the end of treatment, it was found that the best of the three interventions for re-experiencing symptoms was the one including hypnosis, although at 6-month and 3-year follow-ups it showed to be equivalent to the cognitive behavioral treatment alone. However, both interventions were better than supportive counseling at all three testing times regarding symptoms of post-traumatic stress and depression.[20]

Substance use disorders

A study was done on group hypnotherapy versus group relaxation for smoking cessation. Randomized controlled trial was done to compare the efficacy of a single session of hypnosis with that of relaxation performed in groups of 8-15 smokers with 220 participants in the trial. Suggestions are made in the hypnosis condition that aims to switch the mental self-image of the participants from that of smokers to that of non-smokers. Results indicated quiet high efficacy of hypnotherapy with respect to group relaxation.[21]

Another study was done on 261 participants evaluated the effectiveness of a self-hypnosis protocol with chronic drug and alcohol patients in increasing self-esteem, improving affect, and preventing relapse against a control group, a transtheoretical cognitive-behavioral group (TCB), and stress management (attention-placebo) group. The results suggested that hypnosis can be a useful adjunct in helping chronic substance abuse individuals with their reported self-esteem, serenity, and anger/impulsivity. However, no significant effects were found for the transtheoretical or stress management interventions.[22]

Schizophrenia & Affective disorders

Research has shown the absence of highly hypnotizable persons among populations of schizophrenic patients. There has been significantly lower hypnotizability among patients with thought, character, and affective disorders. On the other hand, some disorders have been found to be associated with high hypnotizability, including posttraumatic stress disorder (PTSD) and dissociative disorders. Finding that a patient is highly hypnotizable makes a diagnosis of schizophrenia unlikely and dissociative identity disorder or brief reactive psychosis more likely. Though, there are no gender differences in relation to hypnotizability.

To investigate the use of hypnosis for people with schizophrenia or schizophrenia-like illnesses compared with standard care and other interventions a study was conducted. Researchers included three studies (total n=149). It was found that compared with relaxation, hypnosis was also acceptable. Hypnosis was as acceptable as music by four weeks, though there is a lack of studies in this field but it could be helpful for people with schizophrenia. If we are to find this out, better designed, conducted and reported randomized studies are required. Most of the schizophrenia patients look for hypnosis when they have not improved with psychopharmacological therapy. However, it is debatable regarding the use and effectiveness of hypnosis in schizophrenia. Methods including direct and indirect suggestions, psycho-strengthening suggestions and imagery, hypnoprojective restructuring,

guidance, and neutralization of affect associated with delusions have seen in those patients who are highly hypnotizable.[23]

In a study, the comparison of a treatment which uses hypnosis as an adjunct to CBT for depression and CBT without hypnosis was tested. The results indicated that both patients who received cognitive hypnotherapy and those who received CBT improved relative to their baseline scores. However, the former showed significantly greater changes in depression, anxiety, and hopelessness than those who were treated with CBT without hypnosis.[24]

Dissociative & Somatoform disorder

Dissociation of identity (dissociative identity disorder), memory (dissociative amnesia and fugue), or consciousness (depersonalization disorder, dissociative trance disorder) result in an array of symptoms that affect intrapsychic and interpersonal functioning. A study was done and a hypnosis-based intervention was tested which showed promise as a treatment for patients with conversion disorder, motor type. Forty-four outpatients with conversion disorder, motor type, or somatization disorder with motor conversion symptoms, were randomly assigned to hypnosis or a waiting-list condition. The patients who were assigned to hypnosis condition were more improved relative to baseline and the waiting-list controls. Improvement was evident on an observational index of behavioral symptoms which was associated with the motor conversion and on an interview measure of extent of motor disability. At 6-month follow-up, improvement was maintained across the behavioral and interview measures.[25]

Psychosomatic illness

A meta-analysis with 21 randomized, controlled clinical studies was done to evaluate efficacy of hypnosis in psychosomatic disorders by comparing patients exclusively treated with hypnotherapy to untreated controls. The meta-analysis clearly indicated that hypnotherapy is highly effective in treatment of psychosomatic disorders.[26]

A review on the efficacy of clinical hypnosis in the treatment of headaches and migraines concluded that hypnosis fulfills the research criteria in clinical psychology in order for it to be considered an efficacious and well-established treatment and also, it does not produce any side effects or risks of adverse reactions, which decreases the cost of medication associated to conventional medical treatments.[27]

Sleep disorders

For insomnia, the initial concept is the emphasis on switching from sympathetic to parasympathetic function. The patient is told:

Muscle tension is an enemy of sleep. The autonomic nervous system has a day and a night shift. Muscle tension is a barrier that impairs the transition. By feeling a sense of floating, while projecting your thoughts onto the screen, tension dissolves, allowing the day shift to yield to the night shift to let sleep come like a welcome friend.[28]

A researcher reported 3 typical cases of hypnotherapy for insomnia (initial, middle and failure to daytime nap) in which he found success rates of 85%. Stanton's model utilizes hypnosis in the following ways. Visualization of a soft curtain which has a warm comfortable feel about it. Visualization of a scene in which subjects imagine themselves on the veranda or patio of a lovely house which has 10 steps leading down to a beautiful garden below. The final phase of this model is referred to as a 'special place' in which subjects are

able to remain in the garden, or, if they prefer, 'go away' to a special place where they are able to feel peace and contentment.[29]

A study was done and the use of hypnosis in the treatment of 27 adult patients with parasomnias was seen. Patients were asked to visualize themselves in a pleasant, comfortable scene where they could find an imaginary screen on which they were asked to watch a film of themselves in which they were sleeping quietly and peacefully through one entire night. Post-hypnotic suggestions included the suggestions for security and anxiety reduction, restful sleep with minimal movement, and the instruction that suggestions be reiterated during self-hypnotic practice at home. Seventy-four per cent of the individuals reported much improvement when followed over substantial periods after instruction in self-hypnotic exercises that were practiced at home. Hypnosis, often preferred over pharmacotherapy by patients, and required 1 to 6 office visits.[30]

In a case study of a sleepwalker the efficacy of posthypnotic suggestion was seen with the client and the suggestion that he would awaken from sleepwalking whenever his feet touched the floor worked and the client woke up every time he touched his feet to the floor when he began to sleepwalk.[31]

Child psychiatry

In a study, it was found that children are more easily hypnotized than adults, and hypnotherapy as a method responds to the general developmental needs of children by addressing their ability for fantasy and imagination. Study examines the use and benefits of hypnotherapy when applied to child psychiatric disorders. Findings indicated that hypnotherapy may be useful for a wide range of disorders and problems, and may be particularly valuable in the treatment of anxiety disorders and trauma-related conditions.[32]
Similarly, nocturnal enuresis occurs in as many as 10% to 15% of 6 year-old children on a routine basis leading to stress and poor self-esteem. As, no single mechanism explains the symptoms of enuresis, a 3-system etiologic model has been proposed that includes lack of vasopressin during sleep, bladder instability and defecti0ve arousal mechanisms from sleep. Treatment options include non-pharmacologic measures (bed-wetting alarm systems, hypnosis) and medications.

Hypnotherapy has been successfully employed to treat children and adolescents with primary nocturnal enuresis.[33] There is also some suggestion that hypnotic strategies for enuresis are more effective than imipramine for children older than 5 to 7 years of age.[34] In a typical therapy session, the patient is given a drawing and explanation of how the bladder works, followed by an introductory hypnotic induction with suggestion like a section of his brain will wake him when he has a full bladder. Results are usually evident after a few sessions.[35]

CONCLUSION

After treading the line between quackery and therapy since around the 18th century, hypnotism has been picking up steam as an alternative treatment for many disorders. After shedding of many years, hypnosis is finally breaking its old Hollywood image of a dastardly villain using hypnosis to control minds. A growing interest in meditation and other spiritual practices in the over recent years, hypnosis is being widely accepted as a reliable, fast and effective tool for healing and change work. The outdated reputation of hypnosis is fading and more and more people are curious to find out how it works and more importantly – how it can help them. But, beyond being linked to the likes of meditation, it has also been gaining

credibility due to scientific research being conducted by highly-respected researchers, neuroscientists and institutions.

The acceptance of hypnosis as a mode of treatment in medicine is increasing as a result of "careful, methodical, empirical work of many research pioneers."[36] Many of the important trials reviewed here have helped to establish the role of hypnosis in contemporary medicine and these trials have established the utility and efficacy of hypnosis not only for several medical conditions, but also to marital issues also, either alone or as part of the treatment regimen.[37] As per a recent study, health care workers changed their attitudes significantly and positively, when presented with information about the use of hypnosis in medicine, also the mental health professionals are using virtual ways of doing hypnotherapy, which has proven its result.[38] Through the greater awareness and acceptance of hypnosis, additional training and research can be inspired in pursuit of improved techniques and new areas of potential benefit.

Hypnosis is one of the specialized techniques and is not a therapy itself. It should be used as an adjunctive intervention within a complete psychological and medical treatment package. It is a window into the brain-mind, helping patients' better control stress, pain, habits, dissociative symptoms, and psychosomatic problems. It also provides psychotherapists with clinically useful information about the patient's cognitive and relationship style, providing a means for selecting treatment approaches based on patient characteristics. Therapy works better when the patient is paying full attention to the therapist.

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Conflict of Interest
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