ABSTRACT

Although hypnosis was accepted in 1958 by the American Medical Association as an adjunct treatment, it remains an underused modality for alleviation of clients’ suffering. This hesitancy to apply established practices that show efficacy in patient care may be due to a general lack of cognizance about the therapeutic benefits of hypnosis or a reluctance to learn skills based on preconceptions about hypnosis itself. The purpose of this article is to provide evidence of the efficacy of hypnosis as an adjunct treatment in the healing professions and explain hypnosis in a manner consistent with the core values of nursing as defined by the American Nurses Association. Implications for mental health nursing practice will be explored.

Hypnosis was approved as an adjunct treatment by the American Medical Association in 1958 and by the American Psychological Association in 1960, and its effects in a variety of physical and psychological conditions have been well documented. Given this longevity of acceptance and robust body of research literature on the efficacy of hypnosis in the healing professions, it is surprising that it remains an underused modality for alleviation of clients’ suffering, one of the principal aspects of the American Nurses Association (2010) definition of nursing. The reasons for this are obscure. The hesitancy to apply established practices that show efficacy in patient care may be due to a general lack of cognizance about the therapeutic benefits of hypnosis or a reluctance to learn skills based on preconceptions about hypnosis itself. Both of these possible barriers to more effective patient care will be addressed in this article. An explanation of hypnosis will be given that supports its use in the mental health nursing profession, and a brief literature review will be provided on the efficacy of hypnosis to
Definition of Hypnosis

Perhaps part of the reason hypnosis is not widely used in mental health nursing practice is confusion about what hypnosis actually is and does. The mechanisms by and through which hypnosis works are obscure. Contributing to this lack of widespread understanding of the underlying mechanisms that produce a hypnotic effect is an absence of consensus about the definition of hypnosis. Lacking a consensual definition, individual researchers and practitioners are left to define hypnosis in a variety of ways that seem wise and convenient to them. In addition, while advances in the biophysiological understandings of hypnosis have been made, these studies do little to advance the understanding of hypnosis for practical nursing application.

The definition of hypnosis provided by The Society of Psychological Hypnosis (n.d.), Division 30 of the American Psychological Association, is broad and inclusive, providing a sound overview of the hypnotic procedure and allows for varying definitions of hypnosis:

Hypnosis typically involves an introduction to the procedure during which the subject is told that suggestions for imaginative experiences will be presented. The hypnotic induction is an extended initial suggestion for using one’s imagination, and may contain further elaborations of the introduction. A hypnotic procedure is used to encourage and evaluate responses to suggestions. When using hypnosis, one person (the subject) is guided by another (the hypnotist) to respond to suggestions for changes in subjective experience, alterations in perception, sensation, emotion, thought or behavior. Persons can also learn self-hypnosis, which is the act of administering hypnotic procedures on one’s own. If the subject responds to hypnotic suggestions, it is generally inferred that hypnosis has been induced. Many believe that hypnotic responses and experiences are characteristic of a hypnotic state. While some think that it is not necessary to use the word “hypnosis” as part of the hypnotic induction, others view it as essential. (para. 1)

This definition represents somewhat of a compromise on extremes in defining hypnosis (as state and trait controversies continue to rage in academia) and provides an entry point for understanding hypnosis in terms of fulfilling core aspects of nursing.

The applied practice of hypnosis does not concern itself with state and trait controversies but with practical results in patient care for the alleviation of pain and suffering. This makes the use of hypnosis especially relevant to nurse practitioners who may find themselves applying hypnosis in the trenches, rather than in the sterile environment of the experimental laboratory.

Hypnosis is relatively easy to learn and consists of the general steps of explanation, induction, deepening, suggestion, and emergence. Suggestion may involve the use of metaphor, and Breslin (1996) suggested it as an aesthetic method of communication in mental health nursing, apart from hypnosis. Metaphor is also seminal in the method of Ericksonian hypnosis and is readily used in other forms. Continuing education units are generally offered with hypnosis training and accepted by nursing accreditation boards. Certification in hypnosis is offered by the National Guild of Hypnotists (http://www.ngh.net) and nursing continuing education credits are offered through federal contractors such as Healthy Visions Hypnosis Wellness Center (http://www.eslinger.net), as well as other venues.

Brief Literature Review

On the Effectiveness of Hypnosis

If nursing is “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations” (American Nurses Association, 2010, para. 1), then the failure to embrace hypnosis as a treatment modality to facilitate those goals is a departure from good nursing practice. Hypnosis has a long history of success in the alleviation of patient
suffering and the promotion of quality of life, including mental health measures.

**Alleviation of Suffering**

Spiegel and Bloom (1983) reported that hypnosis and group therapy reduced pain in patients with metastatic breast carcinoma in a randomly assigned sample of 34 women. A control sample of 24 women was used. The Pain Rating Scale and Profile of Mood States were used as self-administered assessment batteries.

Sellick and Zaza (1998) searched the MEDLINE (1966 to June 1997), CINAHL (1982 to June 1997), and PsycINFO databases and reported on randomized control trials using non-pharmacological strategies for managing cancer pain. They concluded that the results of the trials supported hypnosis as an effective method of pain management. Other strategies included acupuncture, massage therapy, therapeutic touch, and biofeedback.

Lang et al. (2000) conducted a randomized trial of 241 patients using nonpharmacological adjunctive treatments (intraoperatively standard care, \( n = 79 \); structured attention, \( n = 80 \); self-hypnotic relaxation, \( n = 82 \)) for invasive medical procedures and found that hypnosis proved useful in relaxation, pain, and anxiety reduction, as well as improvement of hemodynamic stability (i.e., heart rate, blood pressure), compared with standard care and structured attention.

Montgomery, DuHamel, and Redd (2000) conducted a meta-analysis of 18 studies on the effects of hypnoanalgesia and found a moderate to large hypnoanalgesic effect that supported the efficacy of hypnotic suggestion for pain relief. Gay, Philippot, and Luminet (2002) investigated the effectiveness of Ericksonian (nondirective) hypnosis and Jacobsonian relaxation as interventions for osteoarthritis (OA) pain in 36 adults with knee and/or hip OA. Results showed that both the hypnosis and relaxation reduced subjective assessment of pain when compared with a control group and that pain decreased with time. The experimental groups also showed a lower use of analgesic medications. Beneficial effects of treatment were observed more rapidly in the hypnosis group than with the relaxation or control groups.

Kiecolt-Glaser, Marucha, Atkinson, and Glaser (2001) noted that hypnosis modulated immune response during acute stress in 33 participants (hypnotic group = 10 women, 7 men; control group = 9 women, 7 men) selected based on hypnotic susceptibility, suggesting that hypnosis may help prevent illness due to cellular dysregulation during periods of acute stress.

**Optimization of Mental Health**

Zahourek (2002) advocated using Ericksonian hypnosis in mental health nursing, as it supported nursing goals of honoring and respecting patient individuality and using patient strengths in treatment. Kirsch (1996) found that hypnosis was especially effective used in conjunction with group therapy, while Bryant, Moulds, Guthrie, and Nixon (2005) found cognitive-behavioral therapy and hypnosis to be more effective than either cognitive-behavioral therapy alone or supportive counseling for civilian trauma survivors (\( n = 69 \)) with acute stress disorder.

Gonsalkorale, Houghton, and Whorwell (2002) found that hypnosis was effective in treating irritable bowel syndrome (IBS) based on subjective pre- and posttreatment scores of bowel and extracolonic symptoms, quality of life, anxiety, and depression in a sample of 250 participants. Smith (2006) examined the effects of nurse-led, gut-directed hypnotherapy on health-related quality of life in 75 patients with IBS and found statistical improvement in physical symptoms, as well as six of the eight health-related quality of life domains (i.e., emotional health, mental health, sleep, physical function, energy, social role) after hypnotherapy. Gonsalkorale, Miller, Afzal, and Whorwell (2003) found that hypnosis improved subjective scores of quality of life, anxiety, and depression for at least 5 years in a sample of 204 participants with IBS.

It is obvious from the research literature that hypnosis supports...
the goals of nursing, generally, and mental health nursing, specifically. Although editorial limitations preclude an exhaustive review of the literature, as previously stated, a more in-depth review of the hypnosis literature will show it has been used with significant effect in many other conditions that mental health nurses may encounter in practice, including generalized anxiety disorder and posttraumatic stress disorder. Knowledge and application of hypnosis, as is evidenced above, helps promote patient health and diminish psychological suffering.

IMPLICATIONS FOR PRACTICE

As conscientious mental health nursing practitioners know, the use of all evidence-based treatment modalities that help fulfill the nursing profession’s primary goals should be thoughtfully considered. Hypnosis has a robust body of research literature to support its use in clinical practice. Notwithstanding a lack of consensual theory about exactly how the underlying mechanisms of hypnosis function, hypnosis can be learned in a relatively short time and thereafter immediately applied in nursing practice.

The increased use of hypnosis in mental health nursing practice promises an effective intervention for the alleviation of both physical and psychological suffering, the prevention of illness, and the optimization of mental health and quality of life. These benefits support core aspects of nursing and should be examined by mental health nursing professionals seeking adjunct treatments to enhance patient care.

REFERENCES


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