

## A Brief Introduction to the History and Clinical Use of Hypnosis

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Hypnosis is best described as a modified state of consciousness, similar to relaxation or states specific to meditation practiced among the Oriental cultures. The possible effects of hypnosis have often been exaggerated, as true wonders were expected from the ones who applied it. Sometimes people expected the resolution of cases which medical or psychological treatment could not succeed in. On the other hand, there are as much opinions about hypnosis coming from skeptics who minimize or even deny its benefits. We may say that this has happened mostly when the individuals did not have enough information regarding the clinical scientific base of the hypnotherapeutic techniques.

We speak of modern hypnosis starting with the experience of the Austrian medical doctor Franz Anton Mesmer (1734-1815), who has described its specific states under the title of “animal magnetism”. Later on, the English professor of medicine John Elliotson (1791-1868) tried to bring to medical establishment’s attention the usefulness of hypnosis in practicing medicine. At the same time James Esdaile, a Scottish surgeon (1808-1859), has reported many successful surgery operations conducted in India under hypnotic sleep, in a period when there were no other anesthetic agents than alcohol and opium (Williamson, 2012).

The term of hypnosis has been introduced by James Braid (1795-1860), who had as a starting point the Greek term “hypnos” meaning sleep, as he considered hypnosis to be a “nervous sleep” (Hergenhahn & Henley, 2013). Special attention has been given to hypnosis by the two main approaches of the French psychiatric school, La Salpetriere represented by Jean-Martin Charcot (1825-1893) and the Nancy School, whose notable representative was Hyppolyte Bernheim (1840-1919).

During 1889 occurred the first international Congress dedicated to therapeutic and experimental hypnosis, and around the same time, the main theoreticians of Psychology have become interested in the hypnotic phenomena. Authors such as Wundt, James, start publishing scientific papers regarding hypnosis (Fromm & Shor, 2009).

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In 1958, the American Medical Association has decided that hypnosis should be included as a teaching discipline during the medical studies, and in 1960, the Association of American Psychologists has officially acknowledged the therapeutic use of hypnosis by psychologists.

Today it is well known that the hypnotic performance depends both on the individual's hypnotic susceptibility, and his attitude towards hypnosis. The great majorities of people are moderately hypnotizable and are able to experience almost all the suggested phenomena if guided by an experienced hypnotherapist. The contemporary hypnotherapists state that between relaxation and the hypnotic trance there is a continuum and, from this perspective, relatively few subjects can be considered non-hypnotizable.

The potential of reaching hypnotic states seems to be a stable particularity of each person, relatively low influenced by context. This stability of hypnotizability is explained by the fact that the phenomena depends mostly on the imaginative capacity of the person and also on their ability to suspend for a while the reality check which is specific to the wakefulness.

Hypnosis owns a series of practical applications, extremely various for numerous activity domains. For example, for the clinical and psychotherapy practice, the hypnotherapeutic interventions are utilized as adjuvant methods during the psychotherapeutic process, according to the patient's tableau. In other situations, hypnosis has been utilized when obtaining regained functionality of the individuals or in such domains as optimizing human performances.

Therefore, it has been included for example in the psychological training of athletes from various sports, in order to gain superior emotional balance, better attention focus capacities, development of motor abilities and also for a better self-regulation of the general behavior (e.g., Barker, Jones & Greenlees, 2010; Pates & Palmi, 2002)

In the clinical field, hypnosis is applied in many domains. Thus, it is successfully used in surgery, in performing surgery without anesthesia or using only a low quantity of anesthetizes, when the subjects lacks tolerance to such substances or when they are missing (Rogerson, Owens & Brann, 2012; Wobst, 2007).

Hypnosis has proved to be also useful in reducing pre-operative anxiety and for supporting the best possible and quickest post-operator evolution (e.g., Lew, Kravits, Garberoglio & Williams, 2011; Saadat et al., 2006). A domain in which hypnosis helps in a great manner is represented by fighting pain; this issue regards chronic illness pain, migraines, and also pain which is due to giving birth or dental treatment (e.g., Evans, 2001; Facco et al. 2011). Analgesia and anesthesia are placed on a continuum which assumes diminishing the painful body sensitivity. The analgesia assumes suggesting the reduction of pain under the conditions of perpetuating connected sensations (such as temperature, pressure, sensations related to certain body parts, etc.), fact which maintains the subject's orientation reported to one's body. Anesthesia

assumes complete or almost complete discharge of the entire body sensitivity or of a certain body area.

The capacity of reducing pain to manageable limits represents a particularity of the human being and is considered to be one of the most important applications of the clinical hypnosis. Yapko (1995) suggests that the patients who suffer from pain are people who are both easy to work with because they are highly motivated to help but also quite difficult to work with as pain has affected almost all sectors of their existence. The therapist who approaches such cases should prove much more understanding as the pain communicated by the patient also involves anxiety, depression, and feelings of helplessness, high dependency and also restraining social contacts. Even if pain which presents organic causes which are well identified has certain psychological components which regard the way the subject experiences it and its consequences. Hypnosis' action regards mostly the psychological components of pain such as fear, anxiety, negative expectations of the subject (e.g., Woo, 2010). Another register of fighting pain in which the hypnotherapeutic techniques are successfully utilized belongs to regaining the patients' functionality by diminishing the feelings of helplessness.

In the psychosomatic medicine, hypnosis is utilized in the therapy of affections which regard the cardio-vascular system, also the respiratory, the digestive and endocrine systems (tachycardia, arterial hypertension, vomiting, cramps, colitis, obesity, sexual conditions, etc). It also has applications which regard dermatological affections (pruritus, psoriasis, allergic reactions) (e.g., Goldstein, 2005; Mantle, 2001) and also motor impairments produced by stroke or trauma (e.g., Diamond et al., 2006). The widest area of application is the treatment through hypnotherapeutic techniques in the case of neurotic affections, reaction such as phobias (e.g. Godoy & Araoz, 1999), panic attacks (e.g., Kraft, 2012), anxiety (e.g., Hammond, 2010), attention and memory disorders (e.g., McConkey, 2001).

In hypnosis, one of the most important factors which each hypnotherapist should take into account regards the uniqueness of the induction and hypnotic state which is directly connected to the individuality and complaints of each patient. The cooperation between the two, the patient's availability to react according to the suggestions applied by the hypnotherapist allows the ongoing of phenomena which make hypnosis become possible. Besides, not the hypnosis itself heals the problems which the patient brings to treatment but the configuration of the new modalities of understanding reality, of new ways of responding to it.

The oriental scholars thought that by giving to somebody a fish, we might satisfy their hunger for a while, but if we teach them how to fish they will be capable of getting their own food for the rest of their lives. Similarly, if we teach the patients through hypnosis and self-hypnosis (hypnosis applied by the patient himself, in the absence of the therapist), how to heal themselves and stay healthy, how to solve their problems of life, we might offer them ways to

help maintain inner balance and a state of health for the rest of their lives (Holdevici, 2011).

The fact that people can become aware at a certain given point, by using a hypnotherapeutic technique, that they own a set of inner previously unknown resources represents one of the biggest successes of the psychotherapeutic process. No matter the objectives settled by the patient from the desire of solving the problem they confront in therapy, the possibility of widening knowledge through subconscious mechanisms is more easily attended by using hypnosis and self-hypnosis.

### References

- Barker, J., Jones, M., & Greenlees, I. (2010). Assessing the immediate and maintained effects of hypnosis on self-efficacy and soccer aall-volley performance. *Journal of Sport & Exercise Psychology*, 32, 243-252.
- Diamond, S. G., Davis, O. C., Schaechter, J. D., & Howe, R. D. (2006). Hypnosis for rehabilitation after stroke: six case studies. *Contemporary Hypnosis*, 23(4), 173-80.
- Evans, F. J. (2001). Hypnosis in chronic pain management. In D. Graham, G. D. Burrows, R. O. Stanley & P. B. Bloom (Eds.), *International handbook of clinical hypnosis* (pp. 247-260). Chichester, West Sussex, UK: John Wiley & Sons.
- Facco, E., Casiglia, E., Masiero, S., Tikhonoff, V., Giacomello, M., & Zanette, M. (2011). Effects of hypnotic focused analgesia on dental pain threshold. *International Journal of Clinical and Experimental Hypnosis*, 59(4), 454-468.
- Fromm, E., & Shor, R. E. (2001). Underlying theoretical issues: An introduction. In D. Graham, G. D. Burrows, R. O. Stanley & P. B. Bloom (Eds.), *Hypnosis: Developments in research and new perspectives* (pp. 3-14). Aldine Transaction.
- Godoy, P. H. T., & Araoz, D. L. (1999). The Use of hypnosis in anxiety, phobia and psychosomatic disorders: An Eight-Year Review (Part One). *Australian Journal of Clinical Hypnotherapy and Hypnosis*, 20(2), 65-72.
- Goldstein, R. H. (2005), Successful repeated hypnotic treatment of warts in the same individual. *American Journal of Clinical Hypnosis*, 47(4), 259-64.
- Hammond, D. C. (2010), Hypnosis in the treatment of anxiety and stress-related disorders. *Expert Review of Neurotherapeutics*, 10(2), 263-73.
- Hergenhahn, B., & Henley, T. (2013). *An introduction to the history of psychology*. Andover, Hampshire, UK: Cengage Learning.
- Holdevici, I. (2010). *Hipnoza clinică*. București: Editura Trei.

- Lew, M. W., Kravits, K., Garberoglio, C., & Williams, A. C. (2011). Use of preoperative hypnosis to reduce postoperative pain and anesthesia-related side effects. *International Journal of Clinical and Experimental Hypnosis*, 59(4), 406-423.
- Mantle, F. (2001). Hypnosis in the management of eczema in children. *Nursing Standard*, 15(51), 41-4.
- McConkey, K. M. (2001). Hypnosis and recovered memory: Evidence-based practice. In D. Graham, G. D. Burrows, R. O. Stanley & P. B. Bloom (Eds.), *International handbook of clinical hypnosis* (pp. 97-112). Chichester, West Sussex, UK: John Wiley & Sons.
- Onestak, D. M. (1991). The effects of progressive relaxation, mental practice, and hypnosis on athletic performance: A review. *Journal of Sport Behavior*, 14(4), 247-282.
- Pates, J., & Palmi, J. (2002). The effects of hypnosis on flow states and performance. *Journal of Excellence*, 6, 48-62.
- Rogerson, D., Owens, J., Brann, L. (2012). Anaesthesia, surgery and invasive procedures. In L. Brann, J. Owens & A. Williamson (Eds.), *The handbook of contemporary clinical hypnosis : Theory and practice* (pp. 316-331). Chichester, West Sussex, UK: John Wiley & Sons Ltd.
- Saadat, H., Drummond-Lewis, J., Maranets, I., Kaplan, D., Saadat, A., Wang, S. M., & Kain, Z. N. (2006). Hypnosis reduces preoperative anxiety in adult patients. *Anesthesia and Analgesia*, 102, 1394-1396.
- Williamson, A. (2012). History of hypnosis. In L. Brann, J. Owens & A. Williamson (Eds.), *The handbook of contemporary clinical hypnosis : Theory and practice* (pp. 31-40). Chichester, West Sussex, UK: John Wiley & Sons Ltd.
- Wobst, A. H. C. (2007). Hypnosis and surgery: Past, present, and future. *Anaesthesia and Analgesia*, 104, 1199-1208.
- Woo, A. (2010). Depression and anxiety in pain. *Reviews in Pain*, 4(1), 8-12.