

Hypnotherapy: Fact or Fiction: A Review in Palliative Care and Opinions of Health Professionals

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ABSTRACT

Context: Complementary medicine like hypnotherapy is often used for pain and palliative care. Health professionals vary in views about hypnotherapy, its utility, value, and attitudes.

Aims: To understand the opinions of health professionals on hypnotherapy.

Settings and Design: A semi-qualitative method to survey opinions of the health professionals from various disciplines attending a programme on hypnotherapy was conducted.

Materials and Methods: The survey form consisted of 32 statements about hypnosis and hypnotherapy. Participants were asked to indicate whether they agreed, disagreed, or were not sure about each statement. A qualitative feedback form was used to obtain further views about hypnotherapy.

Statistical Analysis Used: Percentage, frequency distribution.

Results: The sample consisted of 21 participants from various disciplines. Two-thirds of the participants gave correct responses to statements on dangerousness of hypnosis (90%), weak mind and hypnosis (86%), and hypnosis as therapy (81%). The participants gave incorrect responses about losing control in hypnosis (57%), hypnosis being in sleep (62%), and becoming dependent on hypnotist (62%). Participants were not sure if one could not hear the hypnotist one is not hypnotized (43%) about the responses on gender and hypnosis (38%), hypnosis leading to revealing secrets (23%).

Conclusions: Despite patients using complementary medicine services, often health professionals are unaware of the issues associated with these services. These myths may interfere in using hypnotherapy as therapeutic tool in palliative care. It is important for health professionals to have an appropriate and evidence-based understanding about the complementary therapies including hypnotherapy.

Key words: Attitudes, Health professionals, Hypnotherapy

INTRODUCTION

Complementary and alternative medicine is often used for pain and palliative care. It has become an important aspect of palliative and supportive cancer care. Hypnotherapy has been mired by various meanings. Often it is considered as a procedure used to revive the hidden truths in an individual. More often it is

not considered as a therapeutic tool. It is sometimes considered as an unscientific method of treatment. Contrary to it, several clinical trials suggested that hypnotherapy can be useful in palliative care.^[1] In a study conducted by Jacknow *et al*,^[2] 20 cancer patients who were receiving chemotherapy were randomly assigned to either hypnotherapy or no such treatment in addition to standard care. The results showed that hypnotherapy was associated with less nausea and vomiting and less need for antiemetic medication. Similarly, hypnotherapy has been shown in randomized controlled trials to reduce cancer-induced pain and cancer therapy-associated pain.^[3] Genuis^[4] summarized all published clinical trials of hypnotherapy and concluded that there is encouraging, but not compelling, evidence to suggest that hypnotherapy is helpful for controlling anxiety and

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pain as well as nausea and vomiting in cancer patients. Similarly, Rajasekaran *et al.*^[5] conducted a systematic review of hypnotherapy in terminally ill adult cancer patients and reported that hypnotherapy was used to treat a variety of symptoms, including pain, anxiety, and depression. The poor quality of the studies and heterogeneity of the study population limited further evaluation, and further research was required to understand the role of hypnotherapy in managing symptoms. A study conducted by Finlay and Jones^[6] on outpatients attending hospice daily care reported that 61% of the sample who underwent hypnotherapy improved coping with their illness.

There have been surveys about the use of hypnotherapy in palliative care, views and attitudes of cancer patients about hypnotherapy, and views of health professionals about possible use of hypnotherapy in palliative care. A postal questionnaire survey^[7] suggested that 70% of all departments of oncology in Britain routinely used at least one form of complementary medicine in the palliative cancer care setting. Acupuncture, aromatherapy, enzyme therapy, homeopathy, hypnotherapy, massage, reflexology, relaxation techniques, and spiritual healing were frequently used forms of treatment.^[8,9]

Health professionals have varied views about hypnotherapy, its utility, value, and attitudes. Sohn and Loveland-Cook^[10] examined clinicians who recommended hypnosis and other complementary and alternative therapies: they determined that their knowledge of these modalities was minimal, and their primary source of information on the subject was through personal experience and the lay literature. Another study done by Hall and Giles-Corti,^[11] which explored the knowledge, attitudes, and referral patterns of general practitioners in Australia concerning complementary and alternative therapies including hypnosis, noted that 90% had been approached by patients for advice on complementary therapies; 75% had referred patients for complementary therapies that included hypnosis among the most common. Less than half of those physicians surveyed had ever studied about even one complementary therapy and 60% wished further training. Pirota *et al.*^[12] found that general practitioners underestimate their patients' use of complementary therapies. Although 80% had referred patients for acupuncture, hypnosis, and meditation, only 20% had any training in hypnosis. Another study in Australia^[13] assessed radiation and medical oncologists' attitudes and knowledge about complementary therapies. This group considered meditation, hypnosis, and acupuncture to be the most likely to be helpful and reported self-identified gaps in knowledge about non-traditional therapies. Elkins and Wall^[14] assessed the

attitudes, experience, training levels, and interest in future education regarding the use of hypnosis among physicians and residents. They found that 79% of physicians and 67% of residents were interested in pursuing training regarding hypnosis.

However, although complementary and alternative medicine is commonly used by patients for all kinds of health problems, such surveys on hypnotherapy, its utility, perception, and attitudes have not been reported. Health professionals may not be aware of these practices, because there are hardly any published articles on this theme. Despite hypnotherapy being used in Indian settings, there are no published data on the perceptions of health professionals about hypnotherapy. This survey was conducted to understand the myths and misconceptions of health professionals about hypnotherapy.

MATERIALS AND METHODS

This survey was conducted at National Institute of Mental Health and Neurosciences, Bengaluru, India, by pain education group. A series of workshops were conducted on chronic pain assessment and management on various themes such as hypnotherapy, fibromyalgia, neuropathic pain, cancer pain, cognitive behavior therapy, phantom pain, and somatoform pain disorders. Here we present the observations collected during the workshop on hypnotherapy. A semi-qualitative method was used to survey the myths and misconceptions about hypnotherapy. Health professionals from various disciplines attending this program on hypnotherapy formed the sample for the survey. The survey form consisted of 32 statements about hypnosis and hypnotherapy prepared by a trained hypnotherapy consultant. Each statement had three options, namely, agree, disagree, and not sure. Participants were asked to indicate their options. The participants were also asked to give in their details like name (optional), years of experience in health profession, gender, and educational qualification. A feedback form was used to collect qualitative information and views about hypnotherapy and the workshop. The participants were assured about confidentiality and the use of these data only for academic purpose. Informed consent was sought for this purpose. The correctness and incorrectness of views and opinions about hypnosis were validated by a qualified hypnotherapist (SR).

The data were computed, and frequency distribution of different statements was derived. The views were classified as correct, incorrect, and not sure responses.

RESULTS

Twenty-one health professionals from various disciplines participated in this workshop and survey. The group consisted of 14 (67%) men and 7 (33%) women. The mean age in years of the group was 27.19 ± 1.81 . The mean years of experience were 2.96 ± 1.97 . The participants were from psychiatry (12, 57%), psychology (3, 14%), and nursing (6, 29%). The results of the statement responses are given in Tables 1-3.

Nearly two-thirds of the participants gave correct responses to statements on dangerousness of hypnosis (90%), weak mind and hypnosis (86%), hypnosis being magic and occult magic (86%), hypnosis as therapy (81%), and being asleep during hypnosis (71%) [Table 1].

The participants gave incorrect responses about losing control in hypnosis (57%), hypnosis being in sleep (62%), becoming dependent on hypnotist (62%), women are less hypnotizable than men (62%), and to be able to recall everything that has happened to them (57%) [Table 2].

Participants were not sure if one could not hear the hypnotist one is not hypnotized (43%) about the responses on gender and hypnosis (38%), hypnosis leading to revealing secrets (23%), and whether it will work on certain people (23%) [Table 3].

DISCUSSION

The above survey details the views, myths, and misconceptions about hypnotherapy among health professionals. However, it should be noted that the participants were mainly from mental health background and were perhaps better informed about hypnotherapy. It is likely that other health professionals may have inadequate knowledge and misperceptions about hypnotherapy. Hypnotherapy is being practiced since many decades for various disorders. However, only lately there has been evidence for its use in the palliative care.^[4,5] The attitudes of health professionals toward complementary medicine and hypnotherapy might be the reason for it is under utility in palliative services.

Despite patients using complementary medicine services, often and health professionals are unaware of the issues associated with these methods. This survey highlights the fact that two-thirds of the participants gave correct responses to half of the statements in survey form. The basic tenets of hypnotherapy were identified correctly by the participants. However, participants were either not

Table 1: Correct responses on hypnotherapy

Statement	Correct response, N (%)
You do not remain permanently stuck in hypnosis and will be able to wake up	21 (100)
Hypnosis is not dangerous and is not a devil's work	19 (90)
Weak minded or sick people does not determine hypnotizability	18 (86)
Hypnosis is not part of the occult or magic	18 (86)
Hypnotists do not have special powers	18 (86)
Hypnosis cannot really mess with your mind	18 (86)
If you cannot be hypnotized you need not necessarily have a weak mind	18 (86)
Hypnosis is a therapy	17 (81)
Hypnosis is not something weird that other people do to you	17 (81)
You cannot be hypnotized against your will	16 (76)
A hypnotist need not be unique, charismatic, or weird	16 (76)
Hypnosis is not bad for your health	15 (71)
You are in deep sleep when in hypnosis	15 (71)
Symptom removal does not mean a new symptom	14 (67)
Hypnosis does not occur only when the doctor decides to do it	14 (67)

Table 2: Statements with incorrect responses

Statements	Incorrect responses, N (%)
Hypnosis is sleep	13 (62)
You will become dependent on the hypnotist	13 (62)
All hypnosis is the same	13 (62)
Women are less hypnotizable than men	13 (62)
Hypnosis will only work on certain people	12 (57)
Only some people can be hypnotized	12 (57)
You will be able to recall everything that is ever happened to you	12 (57)
You do not lose control in hypnosis	12 (57)
Hypnosis is projected on to the patient	11 (52)
Hypnosis is only a superficial psychological phenomenon	11 (52)
Hypnotist has complete power over you when you are hypnotized	11 (52)
"I didn't get hypnotized, I heard every word"	11 (52)
You can be made to say or do something against your will	11 (52)
People in hypnotic trance will reveal secrets	7 (33)
If you cannot hear the hypnotist you are not hypnotized	6 (29)

Table 3: Statements with not sure responses

Statements	Not sure, N (%)
If you cannot hear the hypnotist you are not hypnotized	9 (43)
Women are less hypnotizable than men	8 (38)
All hypnosis is the same	7 (33)
You do not lose control in hypnosis	6 (28)
Symptom removal means a new symptom	6 (28)
Hypnosis is not dangerous	5 (23)
Hypnosis is projected on to the patient	5 (23)
People in hypnotic trance will reveal secrets	5 (23)
Hypnosis will only work on certain people	5 (23)

sure or gave incorrect responses to statements on hypnosis being only a superficial psychological phenomenon and that people will reveal their hidden secrets.

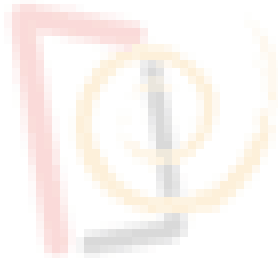
These myths may interfere in using hypnotherapy as therapeutic tool in palliative care.

It is important for health professionals to have an appropriate and evidence-based understanding about the complementary therapies including hypnotherapy. This survey indicates that certain health professionals have their facts right about hypnotherapy; however, fictions prevail too!

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