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The Effect Of Hypnosis As Supportive Or Primary Psychotherapeutic Intervention In Some Psychosomatic Conditions

Shabbir Hussain Saifuddin[1], Prof. Dr. Reena Singh[2]

[1]Research Scholar, Department of Humanities, Languages and social sciences (Psychology), Shri Venkateshwara University, Gajraula, Amroha, UP

Email: shabbirvalikarim@gmail.com

[2]Research Supervisor, Department of Humanities, Languages and Social Sciences (Psychology), Shri Venkateshwara University, Gajraula, Amroha, UP

Email: psychovisionbpl@gmail.com

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ABSTRACT

Psychosomatic diseases, where psychological factors play a significant role in physical well- being, remain a significant global health problem and are frequently underpinned by emotional dysregulation and chronic stress. Cognitive behavioural therapy (CBT) and mindfulness-based stress reduction (MBSR), two established forms of psychotherapy, have demonstrated their value in the management of disease-related to stress; however, hypnosis's clinical application remains somewhat under-exploited and less researched. The role of hypnosis as a primary or adjunct psychotherapy intervention for psychosomatic diseases is to be systematically examined in this study. Six significant scholarly databases from which this study derives its findings from literature between 2000 and 2024 through a Systematic Literature research (SLR) method are PubMed, PsycINFO, ScienceDirect, SpringerLink, Scopus, and Google Scholar. This research analyzes 56 peer-reviewed articles that explore the clinical outcomes, psychological benefits, therapeutic techniques, and mechanisms of hypnotherapy. As per the study, hypnosis influences neurophysiological, cognitive, and autonomic processes to alleviate symptoms, enhance emotional resilience, and decrease stress. Techniques of common hypnotic practice, such as ego-strengthening, self-hypnosis, posthypnotic suggestion, and guided imagery, have been found to promote emotional control, reduce anxiety and depressive symptoms, and improve the overall psychological well-being of patients. In addition, hypnosis is a popular, non-invasive, and safe treatment with minimal side effects and wide extension to a wide range of patient conditions. The study does identify a number of key challenges, though, including the lack of formal treatment protocols, differences in methodological design, and the ongoing stigma surrounding hypnotherapy. Large randomised controlled trials, the integration of hypnotherapy with standard therapy, and further research into the brain mechanisms of hypnosis are all high priorities for future research. The therapeutic applications of hypnosis in psychosomatic treatment are emphasized here, and a case is also presented for its increased incorporation into present-day psychotherapeutic practice.. .

KEYWORDS: Hypnosis, Hypnotherapy, Psychosomatic Disorders, Stress Reduction, Cognitive Behavioral Therapy (CBT), Mindfulness-Based Stress Reduction (MBSR), Psychotherapy, Emotional Regulation, Neurophysiological Mechanisms, Psychological Well-being

INTRODUCTION

Psychological discomfort and stress-related illnesses are regarded as significant global health concerns[1],[2]. Global Organisation for Stress Selye, a pioneer in stress research, proposed that "there exists an integrated syndrome of closely interrelated adaptive responses to non- specific stress, termed the 'General Adaptation Syndrome'." It progresses through three phases: the 'Alarm Reaction', the Stage of Resistance, and the Stage of Exhaustion. Biologically, stress refers to the relationship between harm and defence, analogous to how tension or pressure in physics signifies the interplay between a force and the resistance it encounters [3]. In the 1950s and 1960s, Lazarus developed a more cognitive model of stress, emphasising the individual's perception of stressors. [1] Heinrichs, Stächele, and Domes provide a contemporary and practical definition of "stress," including significant stress theories and models, such as those proposed by Selye and Lazarus, along with their relevance in therapeutic settings. Stress arises from a perceived danger to an individual's physiological and/or psychological integrity, eliciting adaptive physiological, behavioural, emotional, and cognitive responses. The magnitude of

an individual's stress reaction is ascertained by synthesising their psychobiological stress reactivity, subjective threat evaluation, and appraisal of available coping resources [4]. Stress signifies a temporary discord between perceived overwhelming demands and the management of existing resources. Chronic stress arises when the adaptive response fails to mitigate the stressor, resulting in a persistent imbalance. The symptoms linked with stress may include physiological (elevated heart rate, muscle tension), cognitive (rumination, difficulty focussing), emotional (anxiety, irritability, mood instability), and social symptoms (social disengagement)....

These days, stress management strategies are crucial to therapeutic practice. Hypnotherapy and contemporary therapeutic hypnosis have gained popularity and attention globally in recent years. A state of consciousness that involves diminished peripheral awareness and concentrated concentration, together with a heightened ability to respond to suggestions, is known as hypnosis [5]. In addition to employing hypnosystemic language and a resource- activating, solution-focused mindset, hypnotherapy is described as "the use of hypnosis in the treatment of a medical or psychological disorder or concern" [5].

"The ability of an individual to experience suggested alterations in physiology, sensations, emotions, thoughts, or behaviour during hypnosis" is the definition of hypnotisability.

The efficacy and advantages of cognitive-behavioral and mindfulness-based stress reduction techniques have been extensively studied [6],[7],[8], and there are a number of evidence-based cognitive-behavioral stress management trainings available [9],[10],[11],[12],[13]. Although there is a wealth of useful literature from the psychotherapy practice to teach hypnotherapy interventions for coping with stress, the clinical effectiveness of hypnotherapeutic methods for stress reduction is still relatively poorly investigated in comparison to those approaches [14],[15],[16]. Given the complexity of stress and its wide-ranging effects on psychological and physiological functioning, it is imperative to look at a variety of integrative and diversified therapeutic approaches. Hypnosis and hypnotherapy are still relatively unexplored yet promising modalities, especially when it comes to treating psychosomatic symptoms of stress, even if mindfulness-based and cognitive-behavioral therapies have shown promise in managing stress. Because hypnosis may alter perception, behaviour, and physiological reaction, it can be used as a main or supplementary intervention in psychotherapy. This review aims to investigate the therapeutic potential of hypnosis in the treatment of psychosomatic illnesses, emphasising its function in stress relief, psychological resilience, and symptom reduction. By addressing current research gaps in the literature, the study seeks to further our knowledge of hypnosis as a useful component of contemporary psychosomatic treatment.

OBJECTIVES

To examine the therapeutic potential of hypnosis in the treatment of psychosomatic disorders, particularly in relation to stress, psychological resilience, and symptom reduction.

To evaluate hypnosis as a primary or supportive psychotherapeutic intervention, especially in comparison to other evidence-based treatments like Cognitive Behavioral Therapy (CBT) and Mindfulness-Based Stress Reduction (MBSR).

To explore the mechanisms of hypnosis—including neurophysiological, cognitive, and autonomic processes—and their implications for therapeutic outcomes.

To identify the different hypnotherapy approaches and techniques used in clinical settings, such as self-hypnosis, posthypnotic suggestion, guided imagery, and ego- strengthening.

To assess the psychological benefits of hypnotherapy, including its impact on emotional regulation, well-being, depression, anxiety, and trauma-related symptoms.

To analyze the safety, efficacy, and public acceptance of hypnotherapy as a clinical tool for treating psychosomatic and stress-related conditions

The review is structured into extensive sections to achieve this, ensuring a systematic evaluation of the therapeutic effects of hypnosis in psychosomatic illnesses. The core concepts of stress and psychosomatic illnesses are introduced within Section 1, creating the foundation for an appreciation of hypnosis as a potential remedy. Section 2 presents a complete evaluation of the studies, examining psychotherapy modalities like Mindfulness-Based Stress Reduction (MBSR) and Cognitive Behavioural Therapy (CBT), and the evolving role of hypnotherapy in these modalities. The study methodology, founded on a Systematic Literature Review (SLR), is described in Section 3. It comprises a clearly stated procedure, search method, inclusion/exclusion criteria, research questions, and data extraction forms. The results of the SLR are displayed in Section 4, which also exhibits results from more current studies that indicate hypnotherapy possesses psychological and physical benefits. The results are covered in Section 5, highlighting how hypnosis contributes to reducing stress, emotional control, and improving other forms of therapy. Section 6 covers the practical challenges and limitations of the study and provides suggestions for future research opportunities. Review concludes in Section 7, the widening relevance of hypnosis as a leading or secondary intervention in psychosomatic care, describes significant results, and reaffirms safety and efficacy of hypnosis.

LITERATURE REVIEW

Psychotherapeutic Approaches

Psychotherapy—whether provided on an individual, group, or couple/family basis—is a formal and interactive method designed to promote mental health and general psychological well- being. In the case of psychosomatic disorders, psychotherapy not only treats emotional and cognitive symptomatology but also addresses the interaction between psychological tension and physical health.

Its objectives usually involve symptom alleviation, prevention of recurring psychosomatic attacks, improvement of quality of life, better functioning in personal, school, or work fields, and the encouragement of healthier living habits. Such benefits are usually promoted by an active collaboration between the client/patient and the psychotherapist [17], [18], [19], [20]. One of the central aspects of successful psychotherapy is the therapeutic alliance—the emotional and collaborative relationship between client and therapist. This alliance involves both a positive interpersonal relationship and a common understanding of treatment goals and procedures [21], [22],[20]. In treatments aimed at psychosomatic symptoms, this alliance becomes specifically essential, as patients are frequently in need of reassurance, trust, and formal support to explore the psychological basis of their physical symptoms.

Different psychotherapeutic models are used in clinical practice, each with a different methodology and theoretical orientation. Although most commonly practiced therapies—like Cognitive Behavioral Therapy (CBT) and Mindfulness-Based Stress Reduction (MBSR)—are based on empirical evidence (Evidence-Based Practice), others, like hypnotherapy, have been more theory-based and less often rigorously scientifically tested [23],[24]. Nevertheless, modern hypnotherapy approaches have changed considerably, incorporating evidence- informed methods focused on symptom control and stress reduction.

Furthermore, the therapeutic focus—the "client"—is not necessarily an individual. When there is shared psychosomatic distress, couples, families, or groups presenting with similar symptoms of stress may be improved by an individualized psychotherapeutic model. When that is the case, hypnosis as a supportive or sole intervention provides a versatile and directive tool that can directly face both individual and systemic aspects of stress-related and psychosomatic health issues. While curiosity in incorporating alternative modalities within conventional mental health treatment increases, hypnotherapy is being realized more and more as a worth- while intervention—particularly with disorders where psychologic and somatic elements are interrelated. This research considers the use of hypnosis as a psychotherapy method, determining its efficacy and utility in treatment of psychosomatic disorders as part of supportive and primary care therapy.

Types of Hypnotherapy Approaches

Often, hypnotherapy is used as an adjuvant to other psychotherapies. Many research combines it with Cognitive Behavioural Therapy (CBT) [25], [26]. Studies have combined hypnotherapy with group psychotherapy, gestalt therapy, rational-emotive approach, mindfulness approach, and standalone treatment [27], [28], [29]. Numerous research advised participants to practise self-hypnosis outside of sessions [30]. Various hypnotherapy methods, such as hypnotic induction, ego-strengthening, positive mood induction, self-hypnosis, and relaxation training, are routinely utilised ([31]; Other techniques utilized in hypnotherapy include psychoeducation, expansion of awareness (bringing underlying emotions to consciousness, creating awareness of various feelings, intensifying positive affect, enhancing newly discovered emotions, inducing positive moods, and increasing motivation), posthypnotic suggestion (a verbal or nonverbal instruction given during hypnotherapy that influences an individual's thoughts, behaviors, or experiences after they have emerged from the hypnotherapy), positive suggestion (affirmative statements or instructions are given to encourage positive thinking, behavior, or outcomes) or anchoring (associating a specific sensory stimulus (such as a touch, sound, or image with a particular state of mind or emotion), exploration of life themes or significant events related to the participant's mood, setting up a safe space, desensitization, problem solving, utilization of metaphor, and mindfulness [32], [29], [28].

Mechanisms of Hypnosis

Hypnosis as a psychotherapy supplement has been supported by growing research on its neurophysiological, neuropsychological, cognitive, and autonomic processes. De Pascalis [33] reviews the cognitive neuroscience of hypnosis and notes that fMRI, PET, and EEG research shows that disrupted executive control network functional integration during hypnosis changes agency and suggestion responsiveness. Landry et al.'s time-resolved EEG investigation found that alpha peak frequency differences, especially under hypnosis, distinguish high and low hypnotic susceptibility people [34]. Their investigation found alpha peak variability to be a dynamic brain measure of hypnotic susceptibility. When [35] utilized high-density EEG to assess hypnosis in fibromyalgia patients, they found reduced frontal electrodes' functional connectivity and increased theta, beta, and slow-gamma power across various regions of the brain. These changes in chronic pain disorders identify potential electrophysiological hypnotic state biomarkers.

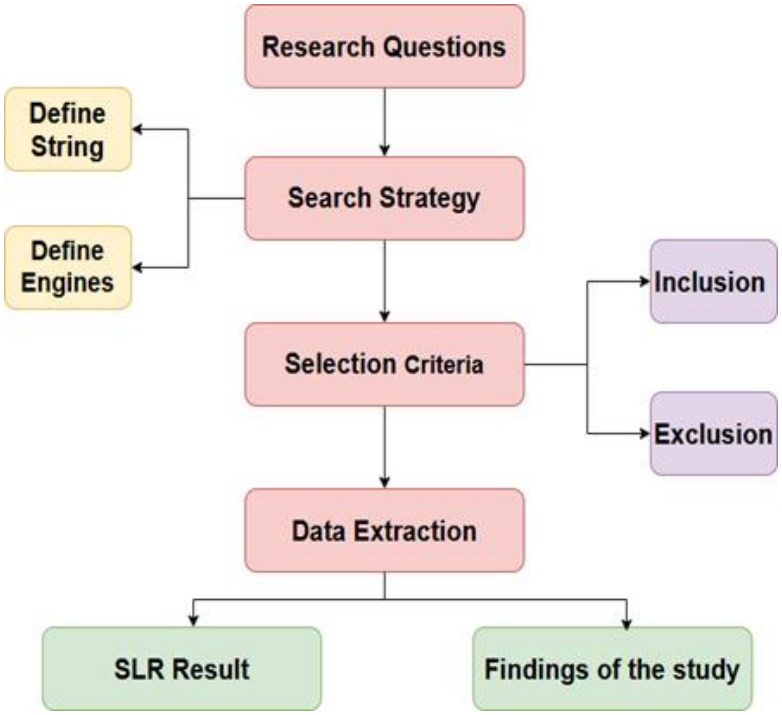
Hypnosis affects both core neuronal functioning and peripheral physiological systems. As per a review of studies by [36], hypnosis can influence the autonomic nervous system (ANS) by decreasing sympathetic tone and increasing parasympathetic activity as indexed by heart rate variability (HRV) and electrodermal activity (EDA). These results validate the therapeutic potential of hypnosis in psychosomatic conditions associated with ANS dysfunction. The "calm contact" method was developed by [37] as a novel intervention that combines the psychological advantage of social support with the neuroendocrine

effect of hypnosis, such as decreased cortisol and increased oxytocin. This method allows for the use of endocrine control in hypnotic interventions through increased emotional safety and relaxation. Taken together, these studies provide a comprehensive overview of the mechanics of hypnosis, confirming its effectiveness and utility in psychotherapy settings.

METHODOLOGY

Protocol for Systematic Literature Review (SLR)

Hypnosis as an initial or supplementary psychotherapy intervention for psychosomatic illnesses is investigated in this research through a Systematic Literature Review (SLR). Published papers pertaining to hypnotherapy's theory and clinical advances between 2000 and 2024 form the SLR. Based on PRISMA guidelines and other best practices for reviews of psychological studies, this review systematically identifies, analyzes, and synthesizes articles assessing the efficacy of hypnotherapy in stress and psychosomatic pain. Compared to established treatments, such as MBSR and CBT, this method permits deeper understanding of hypnosis' application in treatment settings. Through a methodical process, we are able to more specifically identify where our knowledge is limited and where further research into the application of hypnosis in contemporary psychosomatic medicine is needed. Figure 1 presents the SLR process in its entirety.



Research Techniques

The research uses a thorough literature analysis approach to evaluate the therapeutic function, workings, and effectiveness of hypnosis in the treatment of psychosomatic disorders. Intervention models, outcome assessments, integration with conventional psychotherapies, and therapeutic processes (autonomic, psychological, and neuropsychological) are the main topics of the review. This SLR assures both depth and relevance by following a systematic research approach, which includes performing organised searches, determining eligibility criteria, generating research questions, and synthesising data. The research assesses the effects of hypnosis on psychological well-being, stress reduction, emotional control, and symptom alleviation using both qualitative and quantitative data.

Primary contributions of this SLR include:

An extensive analysis of therapeutic paradigms for psychosomatic therapies based on hypnosis.

Examination of the psychological and neurological processes that underlie hypnotic reactions.

Synthesis of clinical results from various psychosomatic diseases using hypnosis- based therapies.

Determining the useful, secure, and efficient uses of hypnosis in contemporary psychotherapy.

Research Questions

In order to study the therapeutic function and efficacy of hypnosis in psychosomatic disorders, a series of targeted research questions was created to direct the methodical inquiry.

Table 1 Research questions

RQ No	Research Question	Motivation
RQ1	What are the therapeutic applications of hypnosis in managing psychosomatic symptoms?	To identify clinical use-cases and therapeutic benefits of hypnosis in psychosomatic and stress-related conditions.
RQ2	How does hypnosis compare with other psychotherapeutic methods like CBT and MBSR?	To evaluate the efficacy of hypnosis relative to other mainstream therapies.
RQ3	What neurophysiological and psychological mechanisms support the therapeutic effects of hypnosis?	To understand how hypnosis influences mind-body interactions in clinical contexts.
RQ4	What are the common hypnotherapy techniques and their practical implementations in clinical settings?	To examine how hypnosis is delivered in practice, including methods like self-hypnosis and guided imagery.
RQ5	How safe and acceptable is hypnosis as a clinical tool?	To assess patient acceptance, side effects, and practitioner recommendations.

Search Strategy

To find relevant material for this systematic literature review (SLR), a thorough search was carried out across six major digital libraries: PubMed, PsycINFO, ScienceDirect, SpringerLink, Scopus, and Google Scholar. Due to their enormous libraries of peer-reviewed publications, academic repute, and thorough coverage of research in hypnotherapy, psychosomatic illnesses, and integrative psychotherapy techniques, these databases were chosen. By covering the medical and psychological research fields that are crucial to the study's scope, they also guarantee a multidisciplinary viewpoint. To increase comprehensiveness and relevancy, the search technique included the Boolean operators AND and OR. The search terms that were used were: ("Hypnosis" OR "Hypnotherapy" OR "Clinical Hypnosis" OR "Therapeutic Hypnosis") AND ("Psychosomatic Disorders" OR "Stress Reduction" OR "Mind-Body Therapy" OR "Psychophysiological Disorders") AND ("CBT" OR "Mindfulness-Based Stress Reduction" OR "Complementary Therapies" OR "Integrative Psychotherapy") AND ("Clinical Effectiveness" OR "Neurophysiological Mechanisms" OR "Emotional Regulation" OR "Symptom Alleviation" To guarantee that the most current clinical advancements, therapeutic breakthroughs, and neuroscientific discoveries were included, the search was limited to articles published between 2000 and 2024. The selection process was restricted using filters to peer- reviewed, English-language research primarily focussing on the therapeutic use of hypnosis for psychosomatic or stress-related illnesses. This method of searching made sure that relevant, excellent material was found for a thorough and targeted study.

Criteria for Inclusion and Exclusion

Inclusion Criteria

Peer-reviewed journal articles, books, and clinical reports on hypnosis and psychosomatic conditions.

Studies from 2000–2024 focusing on hypnosis as an intervention for stress, pain, anxiety, and psychosomatic disorders.

Articles that explore mechanisms, techniques, or clinical outcomes of hypnosis.

Studies integrating hypnosis with CBT, MBSR, or other psychotherapeutic frameworks.

Exclusion Criteria

Non-clinical or stage hypnosis literature.

Articles published before 2000.

Non-peer-reviewed sources (e.g., blogs, opinion pieces).

Duplicates or studies not focused on therapeutic hypnosis.

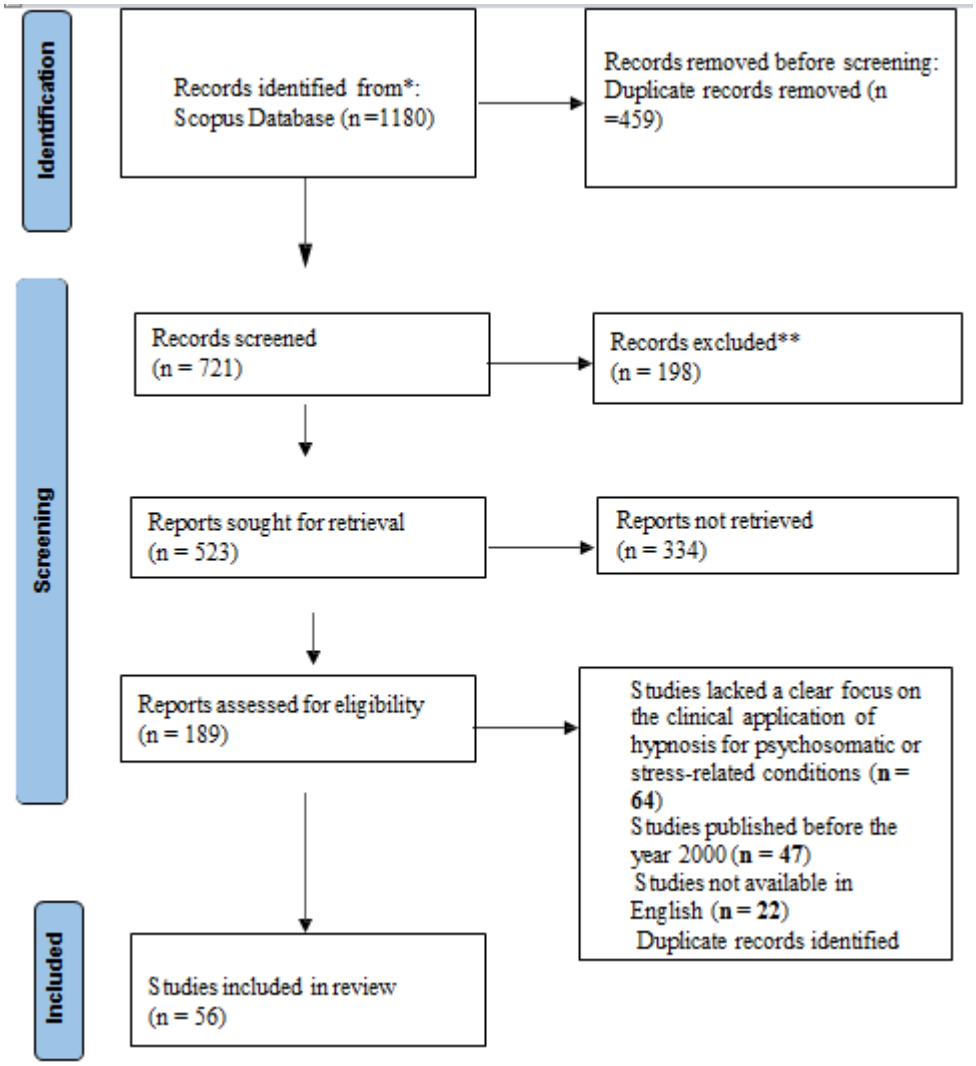
Data Extraction

The following factors were taken into consideration while extracting data: research type, sample characteristics, intervention model, hypnotherapy methods, outcome measures (such as stress levels, pain, and emotional well-being), and major results. A standardised coding structure was utilised for this purpose. Safety, clinical efficacy, and comparability with other

treatments were also recorded. The information was combined into theme groups to facilitate both qualitative and quantitative comparisons. Drawing conclusions and recommending areas for further study were based on comparative insights into clinical procedures and observed patient outcomes.

RESULTS OF THE STUDY

First, the Scopus database produced a total of 1,180 items. There remained 721 unique records for screening after removing 459 duplicate records. 198 records were removed during the screening process on the basis of set eligibility criteria. Studies that did not directly report the therapeutic application of hypnosis in psychosomatic or stress disorders (n = 64), were published prior to 2000 (n = 47), or were published in languages other than English (n = 22) were excluded. Experiments that only tested stage hypnosis or other non-therapeutic uses of hypnosis (n = 14), non-peer-reviewed materials such as blogs or opinion articles (n = 21), and duplicate entries found across databases (n = 32) were also excluded. In addition, 334 reports were not available for full-text analysis. 56 articles meeting inclusion criteria were used in the final systematic review literature of the 189 papers screened for eligibility. This judiciously chosen subset constitutes the basis for an extensive examination of hypnosis as a first- or second-line psychotherapy treatment for psychosomatic illness, namely relief from symptoms, reduction of stress, and control over emotions.



FINDINGS OF THE STUDY

Positive Impact of Hypnosis on Psychosomatic Symptoms

Hypnosis has been practiced and researched for decades and widely endorsed for therapeutic use by many distinguished medical bodies, such as the Council on Mental Health (1958), the British Medical Association (1955), and more recently [38]. A "state of consciousness with selective attention and decreased peripheral awareness marked by an increased ability to respond to suggestion" is how the American Psychological Association's Division 30 has defined hypnosis [39]. This

definition highlights the complex interactions between biological (e.g., such brain functioning), psychological (e.g., such as anticipation, hypnotisability), and social (e.g., such as rapport, demand characteristics) factors that collaborate to facilitate therapeutic outcomes.

The therapeutic application of hypnosis for the treatment of psychological or physical disorders is referred to as hypnotherapy and has proven to be increasingly effective in treating an array of psychosomatic complaints. Clinical hypnosis has made a tremendous advancement in scientific rigour over the past 20 years, and meta-analyses and randomised controlled trials have verified its effectiveness. [40] provided a thorough review that showed hypnosis as being safe and effective in medicine, proving persuasive evidence for its application in reducing symptoms of irritable bowel syndrome (IBS), pain, mental distress, and drug use. Other substantial benefits of hypnosis have also been demonstrated in the treatment of psychosomatic illnesses such as psoriasis and eczema, and dermatological illnesses such as asthma, tension headaches, and chronic pain. The ability of hypnosis to influence the autonomic nervous system is one of the explanations for these therapeutic effects.

Specifically, hypnosis induces a state of relaxation that enhances parasympathetic activity and reduces sympathetic arousal, thereby reducing perceived stress. It also promotes control of emotions, which is valuable for those with chronic psychosomatic symptoms. By altering cognitive and affective responses, hypnosis interventions such as suggested relaxation, guided imagery, and concentrated attention might reduce physical distress. There is also sufficient evidence that hypnosis is safe. A wider review of clinical trials identified no serious adverse events attributable to hypnosis, at an overall adverse event rate of just 0.47% (Bollinger, 2018), although there have been reports in some studies of mild harmful effects [41]. More than 3,600 patients from 85 studies were included in a meta-analysis by Thompson et al. (2019), which confirmed that hypnosis is a safe and effective alternative to pharmaceutical treatments for pain and related psychosomatic disorders. According to a recent worldwide study conducted by [38] with over 700 practitioners, hypnosis is often used in private practice, especially by clinical psychologists. The majority of respondents regarded a number of disorders as very responsive to hypnosis, including anxiety, somatic issues, stress reduction, and well-being. Interestingly, hypnosis administered remotely by video conferencing was likewise seen to be just as successful as in-person therapy. The clinical application of hypnosis is also discussed in the textbook Evidence-Based Practice in Clinical Hypnosis [42] and its opening chapter [43]. Prehypnotic interviews are typically conducted at the beginning of sessions to establish rapport, set goals, and establish favourable expectations.

Following this are deepening methods to increase relaxation, hypnotic induction techniques (e.g., breathing and gaze concentration), and individualised hypnotic recommendations to change behavioural, physiological, or emotional responses. Stress management, symptom relief, and body awareness are possible for psychosomatic condition patients. Posthypnotic recommendations typically assist maintain therapeutic benefits between sessions.

Hypnosis as a Supportive Psychotherapeutic Intervention

The origins of modern hypnosis date back over 250 years, evolving from a primitive form of mesmerism to a formed and clinically useful approach to psychotherapy. This history has required the development of hypnosis into an important tool for therapy in psychotherapy and psychosomatic medicine. Its clinical context shifts away from being an experimental or theatrical undertaking to its use therapeutically—specifically for diseases involving stress and psychosomatic conditions. Clinical hypnosis is increasingly seen as a branch in its own right from experimental hypnosis. Experimental hypnosis seeks insight into mechanisms and phenomenology of hypnotic states, whereas clinical hypnosis is interested in the application of hypnotic trance and suggestive means in the practice of medicine, psychology, and psychotherapy—such as psychosomatic treatment and behavioral medicine. Though stage hypnosis and forensic uses are a part of its larger history, they bear little significance for therapeutic practice in the present day [44], [45].

Hypnosis in psychotherapy is not a solo modality but a facilitative or adjunctive approach used to enhance standard psychotherapeutic methods like cognitive-behavioral therapy, psychodynamic therapy, and mindfulness-based therapy. Hypnotic methods are most useful in helping patients respond, inducing relaxation, alleviating distress from somatic symptoms, and enhancing psychological strength [46]. One of the central ideas in clinical hypnosis is its relationship with suggestion. Hypnosis is an altered state of intrapersonal consciousness with concentrated attention and diminished peripheral awareness, whereas suggestion is an interpersonal communicative process that seeks to direct cognition, sensation, and behavior [47]. It is essential to grasp this relationship in applying hypnosis in therapeutic practice, particularly for patients with psychosomatic complaints like chronic pain, functional gastrointestinal disorders, or stress-aggravated conditions.

While debates continue over definitions and mechanisms—most notably among empirically minded clinicians—hypnosis is being increasingly recognized as a therapeutic tool. Used in supportive psychotherapy, it provides an integrative, patient-centered treatment that unifies cognitive, emotional, and somatic aspects of care.

Psychological Benefits

Hypnotherapy improves emotional coping, self-efficacy, and subjective well- being.

Numerous hypnotherapy techniques aim to enhance psychological well-being, but empirical data are few. Some studies

define well-being as reducing suffering in medical conditions. In a study by [48], hypnosis was shown to improve the emotional states of breast cancer patients, but only as a means of reducing negative mood. Similarly, [49] found that hypnosis improves psychological well-being in dermatological patients, but only as a by-product of symptom reduction. On the other hand, [50] found that hypnosis had both good and negative effects on breast cancer patients undergoing radiation. In a study, hypnosis plus cognitive behavioural therapy resulted in increased positive affect and decreased negative affect. Therefore, hypnosis may contribute to several aspects of well-being.

Hypnosis as a positive psychology intervention was only studied in three South African research. [51] examined the impact of a prenatal hypnotherapy program on the psychological well-being of first-time moms. The intervention aimed to improve psychological well-being and prepare participants for childbirth by enhancing strengths and resources using specific hypnotic methods. The six-session curriculum was based on Ericksonian and ego state therapy methodologies. In the program, 23 women in their third trimester attended prenatal lessons, whereas a control group of 23 solely attended prenatal classes. The research assessed psychological well-being, including feeling of coherence, positive and negative affect, affect balance, life satisfaction, psychopathology symptoms, and postpartum depression. Results indicate that women who got hypnosis had better psychological well-being 2 weeks post-birth compared to the control group. At 10 weeks postpartum, moms in the program had less psychopathology and postpartum depression symptoms than those in the control group. [52] found that the program effectively improved psychological well-being in first-time moms. However, the research included shortcomings such as a limited sample size and no randomisation of individuals. Research does not indicate that hypnosis intervention has a lasting impact on psychological well-being.

In 2011, [53] explored a case study using an integrated hypnotherapeutic methodology to treat an adult female victim of childhood sexual abuse. The paradigm combines the ego state treatment model [54] with Ericksonian principles and the SARI model (Frederick and McNeal 1999; Phillips and Frederick 1995) for trauma. Focused hypnosis mobilised strengths and inner resources. Measurements of psychological well-being included feeling of coherence, positive and negative affect, life satisfaction, pathological symptoms, and trauma symptoms before and after hypnosis. According to Fourie and [55], the integrated hypnosis approach improved every aspect of psychological well-being for the client. The intervention was further explained by [56]. A study on the psychological well-being of five women who experienced childhood sexual abuse after a hypnotherapy intervention was presented. Quantitative and qualitative methodologies were applied in a multiple case study design. Quantitative research evaluated psychological well-being by administering questionnaires to participants before and after the hypnosis session, including feeling of coherence, positive and negative affect, life satisfaction, pathological symptoms, and trauma symptoms. Qualitative data for the research included three interviews and the therapy process. Participants in the intervention showed an improvement in their psychological well-being in most areas. In two subjects, psychopathology and distress improved, but relative poor psychological well-being maintained. [56],[57] found that hypnotherapy therapies designed to improve well-being for individuals with significant distress and several functional domains may need longer-term implementation to achieve desired results. Research is restricted to participants due to the methods used.

Positive psychology-based hypnosis can improve psychological well-being for both clients without clinical syndromes and those experiencing distress [56],[58]. However, all three studies had methodological flaws and limitations that need more investigation. Hypnosis may improve well-being, although evidence is limited and requires additional study.

Patients often report reduced anxiety, less depressive symptoms, and a better quality of life.

Numerous studies have shown the effectiveness of hypnosis as a therapeutic intervention for a wide range of ailments. It is useful in lowering feelings of pain [59], [60], nausea and vomiting brought on by chemotherapy [61], psychosomatic disorders [62], quitting smoking [63], obesity [64], and depression [65], according to several reviews and research. Notably, meta-analyses have shown effect sizes ranging from 0.31 to 1.58 for obesity [64] and quitting smoking [66], which indicate strong therapeutic benefits. Along with medical alleviation, hypnosis patients often report significant psychological improvements, including less anxiety, fewer symptoms of depression, and a general increase in their quality of life. Although controlled research on hypnosis for anxiety management has increased over time, no comprehensive meta-analysis of its overall effectiveness for reducing anxiety has been conducted.

Hypnotherapy can benefit counselling

Hypnotherapy is a beneficial complementary medicine that improves clients' health in many medical settings. Hypnotherapy has been shown to be useful in treating irritable bowel syndrome [67], headache pain [68], and chronic pain and anxiety [69]. Hypnosis has been shown to improve immune function, reduce rheumatoid arthritis symptoms, and treat obesity [70], [71]. Research indicates that relaxing and guided imagery may improve long-term health [72]. A comprehensive approach combining hypnotherapy and psychotherapy may lead to a longer, better, happier life with less financial burden on the healthcare system. Hypnotic reaction requires a noticeable and continuous shift in emotions of control [73]. According to Weitzenhoffer [74], the "classical suggestion effect" refers to the translation of communication into non-voluntary conduct. [75] analysed 18 meta-analyses of hypnotherapy therapies and found that it may be more effective than counselling or psychological treatment for several target illnesses.

[76] explored the efficacy of hypnotherapy in treating anxiety related to various medical conditions and found it to be very beneficial. It was shown that hypnotherapy reduced anxiety associated to surgical, medicinal, and dental treatments in patients. utilising hypnotherapy in conjunction with other treatment methods, such counselling, may enhance results for anxiety patients compared to utilising a single psychological modality [59]. Michael Yapko, a psychologist, has widely highlighted the effectiveness of hypnotherapy in treating depression, a topic often reserved for psychologists and counsellors [77], According to [78], hypnosis may effectively cure sadness and anxiety, a prevalent condition in society (ABS, 2018). As to [79], hypnosis has a significant favourable influence on treating depression. Hypnotherapy benefits have been supported by empirical investigations, such as a meta-analysis by [80] and Alladin and Alibhai (2007). Both trials examined hypnotherapy as an effective treatment for clinical depression. Hypnotherapy, when paired with counselling, considerably alleviated depressed symptoms in patients, according to studies by [65].

A meta-analysis evaluation found hypnotherapy to be a viable non-pharmacological treatment for depressive symptoms, when combined with counselling [65]. In addition to psychiatric and therapeutic interventions, hypnosis has shown promising benefits in treating trauma and PTSD when combined with CBT [81]. A meta-analysis of 18 studies in obesity, pain, insomnia, anxiety, phobia, performance, and public speaking found that hypnosis techniques like relaxation, imagery, coping suggestions, self-reinforcement, desensitisation, stimulus control, and cognitive restructuring can improve therapeutic outcomes by influencing client beliefs and expectations [82]. A study of 31 papers by [83] found that most individuals regard hypnotherapy positively. They suggested employing hypnosis for psychological difficulties and to complement medical therapies. Hypnotherapy is a useful tool for self-help and symptom management [84]. A review of obesity and eating disorder studies by [85] found that hypnotherapy may reduce weight and improve eating habits and quality of life. Hypnotherapy effectively treats eating disorders, obesity, and weight reduction, either alone or in conjunction with psychotherapy [86]. Weight difficulties are sometimes addressed via therapy.

High Safety and Acceptance

Hypnotherapy is considered safe and non-invasive, with minimal side effects.

There is evidence on what a hypnotherapist should be like [87],[88],[89],[90],[91], Their hypnotism abilities and their ties to more conventionally significant occupations are the main points here.

People are more likely to choose a hypnotist who has some kind of affiliation with the medical or psychiatric field, either via formal training or word of mouth recommendations. 57 The public also seems to believe that the hypnotist's expertise has a role in how well the hypnosis works. [92],[93]— Place of practice and personal traits were not addressed in the evidence, hence these concerns remain unanswered. Hypnotherapy also has few negative side effects and is non-invasive, so it's a safe option. Medical hypnosis has been shown to be a safe and effective intervention in a variety of therapeutic situations, according to a meta-analysis study. Hypnotherapy, according to the research, may be a helpful supplement to traditional therapies with few side effects when given by qualified practitioners. Hypnotherapy is often well-received by patients, particularly when it is presented in a clear and comprehensive manner and is included within a larger therapeutic framework. According to a narrative review that looked at articles published between 1996 and 2016, the majority of individuals think of hypnosis as a team effort that may help with mental health problems and complement medical treatments. According to the study, people are receptive to hypnosis, especially when it is backed by reputable psychological or medical organisations.

CHALLENGES AND FUTURE SCOPE OF THE STUDY

The primary challenge in this study is that there is a lack of empirical studies on hypnosis compared to other established treatments such as Mindfulness-Based Stress Reduction (MBSR) and Cognitive Behavioural Therapy (CBT). Despite increased interest in hypnotherapy, the findings of most studies are narrowed in their ability to be applied to other situations as they are based on theory, small sample sizes, or case study design. In addition, a clear difference in research methods was observed between the papers under review. It is difficult to make direct comparisons or valid meta-analyses because of differences in hypnotic techniques, treatment lengths, outcome measures, and even definitions of hypnotilability.

Hypnosis's long-standing stigma and misconceptions offer another significant hurdle. Although it is promising in medicine, hypnosis remains commonly linked to stage play or pseudoscience, and this may reduce its credibility and acceptability among patients and health practitioners alike. Another impediment to widespread application in treatment practice is a lack of standardized clinical guidelines. Since there is no single, well-recognized approach to applying hypnosis to the cure of psychosomatic disorders, the outcome could be variable. In addition, although new developments have started examining the neurophysiological mechanisms behind hypnosis, current neuroscientific evidence remains limited and must be confirmed. Hypnosis is rarely incorporated into institutional treatment protocols using cognitive behavior therapy or pharmacotherapy, and incorporation with regular psychotherapies is still limited, which limits its utility in broader mental health care systems. Research in this area has a promising future in spite of these challenges.

To validate the therapeutic efficacy of hypnosis for the treatment of psychosomatic illnesses and stress-related conditions,

widespread randomised controlled trials are clearly needed. The outcome of these trials would be more robust and would more likely be incorporated into accepted treatment guidelines. Standardized guidelines for hypnotherapy, such as specific techniques, session structure, and evaluation measures, would also promote more frequent practice and improve patient outcomes. Hypnosis in combination with hybrid treatment paradigms, such as hypnotherapy and CBT or mindfulness-based methods, is another promising direction. More comprehensive methods of treating complex psychosomatic issues could arise from this. Further research should also be conducted to enhance our understanding of hypnosis from a neurological point of view. Hypnosis is valid within clinical psychology and medicine because its use can clarify the way in which it operates upon brain functioning and autonomic nervous system function with methods such as fMRI, EEG, and heart rate variability (HRV) tests.

The formation of online or app-based hypnotherapy treatment is also made feasible by increased feasibility of digital health solutions. This could reduce the price and enhance accessibility to therapy, especially for residents in disadvantaged or remote areas. Lastly, public and healthcare professional education programs are essential. By destigmatizing hypnosis and highlighting its therapeutic benefits, these efforts could eliminate prejudice and encourage increased utilization of hypnotherapy by mental health and psychosomatic medicine.

CONCLUSION

The use of hypnosis as a frontline psychotherapy treatment or supportive treatment for psychosomatic illnesses has been given broad coverage in this research. Out of a large number of studies carried out between 2000 and 2024, the results confirm that hypnosis has vast potential for therapeutic use in reducing the symptoms of both psychological and physical disturbances caused by stress. Hypnotherapy is an effective intervention for the management of conditions in which psychological distress is manifested as bodily symptoms due to its effect on neurophysiological, cognitive, and autonomic processes. Such processes reduce symptoms of anxiety and depression, enhance psychological resilience, and facilitate emotional regulation. As compared to more common treatments such as Mindfulness-Based Stress Reduction (MBSR) and Cognitive Behavioural Therapy (CBT), hypnosis remains underused, at times due to lack of understanding and also the absence of known therapeutic standards. When properly administered by experienced professionals, hypnosis is a safe, non-invasive, and effective form of treatment, based on the reviewed information. Its usability with both group and individual clients, and its compatibility with other forms of psychotherapy, further reinforce its clinical importance. Despite its potential, issues of public stigma, heterogeneity of methods, and shortage of large-scale empirical studies remain. The establishment of hypnosis as a valid psychotherapy technique will be dependent on future studies addressing these shortcomings, most notably randomised controlled trials and neurobiological investigations. The creation of standardised treatment protocols, professional training, and awareness campaigns will also ease increased adoption and use.

For psychosomatic illness and stress disorders, hypnosis is a viable and effective treatment. Greater clinical acceptance and a more prominent role in integrative mental health treatment are warranted by its expanding evidence base. With greater research and professional support, hypnotherapy may become a cornerstone of person-centred, holistic psychosomatic treatment protocols..

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