Cureus

Clinical hypnosis and self-hypnosis to relief pain, anxiety and psychosomatic symptoms in chronic diseases

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Categories: Anesthesiology, Pain Management
Keywords: anxiety and psychosomatic symptoms in chronic diseases, clinical hypnosis

How to cite this abstract
Brugnoli M (September 09, 2021) Clinical hypnosis and self-hypnosis to relief pain, anxiety and psychosomatic symptoms in chronic diseases. Cureus 13(9): a669

Abstract

Background
Clinical hypnosis and self-hypnosis, as adjuvant therapy in chronic diseases, for pain and symptoms relief, has proven efficacy in scientific literature, and should be offered to any patient, who expresses an interest in this method (1, 2).

Methods
Definition of clinical hypnosis: “Hypnosis is a procedure involving cognitive processes (like imagination) in which a subject is guided by a hypnotist to respond to suggestions for changes in sensations, perceptions, thoughts, feelings, and behaviors. Hypnosis can alter and eliminate the psychological experience of pain and also the brain’s neurophysiologic processing of pain.” [American Society of Clinical Hypnosis (ASCH) and American Psychological Association (APA), Division 30 (3, 4, 5).

Some physical pain and symptoms in severe chronic diseases are believed to have a psychological component related to stress and anxiety of daily life and suffering. Nevertheless, inside a psychosomatic pain, psychological and emotional states are seen as capable of considerably influencing the development of any physical illness. Psychosomatic disorder is a state in which psychological distress adversely affects physiological (somatic) functioning. It is a condition of dysfunction or structural damage in bodily organs through inappropriate activation of the involuntary nervous system and the biochemical response. These disorders are currently diagnosed using standardized diagnostic criteria: DSM-5 (6) and International Classification of Diseases, ICD-11 (7).

Results and discussion
Somatic symptom disorders and other related symptoms strongly prove the capacities of the clinicians. Therapists need to evaluate the comparative influence of psychological aspects to pain and psychosomatic symptoms (2).

While some theorize hypnotizability as a changing attribute of the individual, there is a growing body of neuroscientific literature that indicates hypnotizability may be characterized as a constellation of potentially modifiable attitudes and skills, which are strongly influenced the patient's motivation to learn a psychological technique to manage their physical and psychological and psychosomatic pain (1, 2, 8).

Conclusion
The person’s pain and anxiety in severe chronic diseases, should be recognized as a real physiological present problem for the patient, related to neurobiochemical and neurological alterations. Efforts to discriminate “real” and “unreal” pain, “physical” and “psychosomatic” are commonly unproductive and only succeed in challenging such patients to attempt to prove further the “reality” of their suffering. The patient can appreciate that there may not be just an anesthesiologic or pharmacological therapy to his suffering, so the patient must be prepared to experience a psychological therapy. Clinical hypnosis is a psychosocial intervention in chronic pain.

Several researches have provided evidence for the effectiveness of psychological interventions, as clinical hypnosis and self-hypnosis, as an adjuvant therapy- add to therapy-, in the treatment of chronic pain, anxiety and anxiety-related symptoms (1, 2, 8).

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Published 09/09/2021

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