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Hypnosis as a Therapeutic Technique

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Abstract

This paper explores hypnosis as a contemporary therapeutic technique by outlining its historical development, core theoretical models, and major clinical applications. Hypnosis is described as a state of focused unconscious communication rather than simple sleep, with theories highlighting dissociation, higher-order control, and neurophysiological changes in attention and executive functioning. Clinically, the paper summarizes evidence for the use of hypnosis and hypnotherapy in dentistry, stuttering, neurotic and emotional disorders, phobias, depression, post-traumatic stress disorder, pain management, smoking cessation, and weight loss. Different modalities—hypnoanalysis, suggestion hypnotherapy, and self-hypnosis—are illustrated with brief case vignettes to show how they reduce symptoms, restructure traumatic memories, and strengthen coping. The review also discusses empirical support, individual differences in hypnotizability, safety considerations, and the role of hypnosis as an adjunct to other therapeutic approaches, concluding that hypnosis is a versatile, evidence-supported tool when used ethically and skillfully in clinical practice.

Keywords: *Hypnosis; Hypnotherapy;Neodissociation Theory; Cold Control Theory; Neurophysiological Models; Hypnoanalysis; Suggestion Hypnotherapy; Self-Hypnosis; Stuttering; Phobias; Depression; PTSD; Pain Management; Smoking Cessation; Weight Loss; Therapeutic Effectiveness; Hypnotizability; Safety; Public Perception*

Introduction

Although the word "hypnosis" is derived from a Greek word which means "sleep," the origin of the word is deceptive (Barnett, 1979). Instead of creating a sleep-like state, hypnosis involves a process of communication with the unconscious mind, characterized by an unconscious reaction to a suggestion without conscious involvement or conscious resistance. This fundamental process operates across a

variety of complexity, ranging from simple phenomena such as muscular relaxation to more complex indicators including hallucinations and age regression, all based on the degree of conscious-unconscious dissociation achieved (Barnett, 1979).

Hypnosis has been historically recognized for its significant therapeutic potential. The first known attempt to use hypnosis to identify the root causes of mental disease was Joseph Breuer's revolutionary work in the hypnotic treatment of Fraulein Anna O. between 1880 and 1882. Breuer's method showed that patients could overcome the amnesia associated with hysterical symptoms by using hypnosis to access unconscious knowledge that is often inaccessible to conscious awareness (Barnett, 1979). The use of hypnotic techniques in psychological treatment was further refined by later engagement with Freud, which was shaped by both Freud's work with Charcot and his interactions with Bernheim and Liebault. This was especially the case with the emergence of the cathartic approach, which is closely linked to contemporary analytical hypnotherapy (Barnett, 1979).

Theoretical Foundations and Mechanisms

Contemporary theories of hypnosis provide distinct explanatory frameworks for understanding hypnotic phenomena.

1. **Hilgard's Neo dissociation Theory (1974)** proposes that hypnotic induction divides the functions of the executive control system into distinct areas, creating an amnesic barrier that inhibits conscious awareness of dissociated components, even though they remain operational (Hilgard, 1961). As a result of this method, hypnotic suggestions can trigger these dissociated areas of executive control, leading to outcomes that patients recognize, even when they lack awareness of the underlying processes.

2. **The Cold Control Theory (Dienes & Perner, 2007)** analyzes the distinction between awareness and cognitive control in hypnosis using the framework of higher order thought theory. This viewpoint underscores a specific cognitive phenomenon that is essential for interacting with hypnosis: people can successfully react to hypnotic suggestions by creating intentions to perform necessary actions or mental tasks without executing them.

3. **Gruzelier's Neurophysiological Theory (1998)** emphasizes the importance of attentional systems, suggesting that individuals who are more receptive to hypnosis demonstrate enhanced executive functioning relative to those with lesser hypnotic susceptibility, thus improving their capability to regulate attention efficiently. This idea proposes that hypnosis occurs in three distinct phases, each characterized by specific brain activity patterns that enhance suggestibility by modifying attentional control processes (Gruzelier, 1998).

Clinical Applications

1. Dental Applications

Hypnosis has shown practical value in dental practices for managing anxiety and alleviating symptoms (Harold et al., 1997). Hypnotic methods are reported to aid in treating bruxism and can function as a supplementary option or, in specific cases, a substitute for pharmacological anesthesia during certain procedures (Harold et al., 1997). In instances where dental issues have psychological roots, hypnoanalysis can reveal deeper conflicts—for example, patients reporting “burning” sensations with a properly fitted upper denture—leading to sustainable solutions rather than just temporary relief (Harold et al., 1997). Concise hypnotic techniques that concentrate on relaxation, focused attention, and suggestion

have been linked to improved cooperation, better control of the gag reflex, and more favorable postoperative recovery paths in outpatient environments (Mauer et al., 1999). A 35-year-old woman visited the dentist with severe anxiety and recurring gag reflex issues. These problems had stopped her from finishing necessary dental work for over two years, despite several unsuccessful tries with regular desensitization methods. After an initial consultation and informed consent, the dentist used a short hypnotic technique that included progressive muscle relaxation and guided imagery. This helped create a safe and calm mental state before continuing (Harold et al., 1997).

During the session, the patient received specific post-hypnotic suggestions to help control her gag reflex. In later sessions, she practiced gentle exposure to feared dental procedures while in a deeply relaxed hypnotic state. This approach helped her gradually build confidence and tolerance (Pulver et al., 1975). The dentist also offered focused suggestions for comfort and anesthesia during procedures, which lessened her perception of pain and anxiety. Over four weekly sessions, along with supportive post-hypnotic cues like hand signals to trigger calm breathing, the patient completed her necessary dental work with minimal medication. She reported a significant drop in anticipatory fear and showed much better control of her gag reflex (Mauer et al., 1999; Harold et al., 1997; Pulver et al., 1975).

Hypnosis in dentistry shows several limitations that should be acknowledged using in-text citations. Not all patients are sufficiently hypnotizable or motivated, and those with severe psychiatric problems, cognitive impairments, or strong fears and misconceptions about hypnosis may respond poorly or be unsuitable for this method (Harold et al., 1997; Pulver et al., 1975). The research base is also constrained, as many available studies are small, heterogeneous case reports or low-powered trials with limited controls, which makes it difficult to generalize outcomes for indications such as gag reflex control, bruxism management, or hypnotic analgesia and to develop standardized clinical protocols (Mauer et al., 1999; Harold et al., 1997). In most cases, hypnosis functions as an adjunct, not a full replacement for local anesthesia, and inappropriate or poorly trained use can lead to adverse reactions such as intense emotional abreactions, regression, or failure to adequately remove post-hypnotic suggestions, which may complicate dental care (Harold et al., 1997). Effective and ethical hypnotherapy also requires formal training, extra chairside time, and careful case selection, which may be difficult to integrate into busy dental practices; this limits the routine feasibility of multi-session hypnotic interventions like those used with the 35-year-old woman with severe anxiety and gag reflex problems (Harold et al., 1997; Pulver et al., 1975; Mauer et al., 1999).

2. Stuttering and Speech Disorders

Through accessing the traumatic memories associated with speech difficulties, hypnosis serves as an effective treatment for stuttering (Baker et al., 1987). The significance of thorough causative therapy is highlighted by the correlation between the severity of traumatic experiences and the degree of stuttering (Baker et al., 1987). Additional clinical findings indicate that hypnoanalytic approaches can assist individuals in revisiting and mentally restructuring early trauma related to speech, resulting in noticeable decreases in blocking, secondary behaviors, and anticipatory anxiety during speaking (Roe et al., 1996). Further support suggests that integrating hypnosis with systematic desensitization and guided imagery improves fluency by gradually introducing clients to feared speaking contexts while they are in a relaxed, highly concentrated state, thus diminishing the established fear–speech association and aiding in the long-term retention of improvements in everyday communication (Deiker et al., 1975). A 24-year-old male office worker came in with a long-standing history of developmental stuttering that became more pronounced during client presentations and phone conversations. In the initial sessions, the focus was on hypnotic induction to promote a calm and secure state, after which the therapist employed hypnoanalytic techniques to delve into the first instance of significant speech blocking experienced in childhood. While under hypnosis, the client vividly recounted a classroom incident where he was ridiculed by classmates

and scolded by the teacher for not reading aloud fluently, an experience he had not previously recognized as key to his current anxiety about speaking (Baker et al., 1987).

Throughout the following sessions, the therapist implemented imaginal exposure and cognitive restructuring while under hypnosis, leading the client to revisit the experience from a more empowered viewpoint and to associate speaking scenarios with feelings of calm and control instead of humiliation. Gradually, the therapist introduced in-session practice of challenging words and simulated speaking exercises while the client remained in a relaxed hypnotic state. As time progressed, the frequency and intensity of speech blocks diminished, and the client noted reduced anticipatory anxiety before meetings, along with enhanced fluency during actual workplace interactions—results that align with research indicating the benefits of addressing trauma-related speech fears through hypnosis and systematic desensitization (Baker et al., 1987; Deiker et al., 1975; Roe et al., 1996).

Hypnosis for stuttering faces key limitations, including weak evidence from small, uncontrolled studies that limits generalizability compared to established speech therapies (Baker et al., 1987; Deiker et al., 1975; Roe et al., 1996). Gains often fail to transfer to real-world speech, especially for low-hypnotizable individuals or those without trauma links and may overlook genetic/neurophysiological factors (Baker et al., 1987; Roe et al., 1996). It requires specialized training and time, making it an adjunct rather than primary treatment for cases like the 24-year-old worker (Deiker et al., 1975).

3. Neurotic Disturbances and Emotional Illnesses

Neurotic disorders rooted in repression can be effectively addressed through hypnoanalytic techniques. Even though traumatic memories are suppressed, they continue to negatively impact individuals at both conscious and behavioral levels; emotional distress often arises in situations where individuals feel unprepared (Roe et al., 1996). According to Roe et al. (1996), hypnosis allows therapists to reach repressed memories stored in the subconscious, bringing them into conscious awareness and preventing their return to unconscious processing. Clinical evidence further indicates that hypnoanalysis can be systematically employed to unveil and resolve conflicted experiences that contribute to symptoms like anxiety, physical complaints, and ineffective coping strategies, ultimately leading to significant and lasting reductions in neurotic symptoms once these underlying conflicts are addressed (Pulver et al., 1975). A 32-year-old woman presented for help with chronic anxiety, unexplained chest discomfort, and recurring nightmares, despite normal medical evaluations and several short counseling sessions that provided only brief relief. In hypnoanalytic therapy, the practitioner initially applied relaxation and focused-attention techniques to create a stable hypnotic state and a feeling of security. While in this state, age-regression methods were implemented, directing her to “return” to an earlier period when she experienced a similar blend of fear, chest tightness, and powerlessness. She unexpectedly recalled a previously disjointed memory of being left alone at night as a small child while her caregivers had a loud argument in another room, worrying that they might leave or be harmed—an incident she had never mentioned in earlier therapy (Roe et al., 1996).

Throughout subsequent therapy sessions, the therapist frequently revisited the scene while the patient was in a hypnotic state, guiding her to detail the situation, articulate the anger and fear she had kept hidden, and then reframe the event from her perspective as an adult. Corrective suggestions were introduced, linking the memories of the event with feelings of safety, self-worth, and present-day control instead of feelings of abandonment. The therapist also related this early experience to current behaviors such as excessive reassurance seeking and somatic anxiety, helping the patient integrate the content accessed during hypnosis into her conscious understanding. Over the course of several weeks, the patient reported a significant reduction in chest tightness, fewer nightmares, and improved emotional stability during interpersonal conflicts—these changes align with research indicating that processing and integrating repressed traumatic experiences through hypnoanalysis can alleviate neurotic symptoms and enhance coping abilities.

Hypnoanalysis for neurotic disorders rooted in repression has key limitations, including risks of false memories from heightened suggestibility during age regression, which can distort recalled trauma like the child's abandonment scene and lead to iatrogenic harm (Roe et al., 1996; Pulver et al., 1975). Evidence relies on small case studies rather than robust RCTs, limiting generalizability and proof of lasting symptom relief over modern CBT or pharmacotherapy (Roe et al., 1996). It requires high hypnotizability, specialized training, and time-intensive sessions, making it unsuitable for low-responders or brief therapy needs (Pulver et al., 1975).

4. Phobias

Hypnosis offers a direct approach to accessing the unconscious, making it an effective method for addressing and resolving phobias (Deiker et al., 1975). Children often respond particularly well to hypnotic techniques for phobia treatment; when they enter somnambulistic states, they easily disclose the origins of their fears, and strategies like the finger-signalling method are especially useful for revealing the underlying causes of specific phobias (Deiker et al., 1975). Clinical evidence further shows that hypnoanalytic techniques can swiftly uncover and desensitise fear-related memories in individuals who have long avoided certain situations, resulting in lasting decreases in phobic reactions when these memories are processed and reinterpreted under hypnosis (Pulver et al., 1975). A 10-year-old boy was referred for treatment for a severe fear of elevators that developed after he had a brief experience of being trapped in a lift with several adults. Despite his parents' reassurances and multiple attempts at exposure, he refused to use elevators, opted to climb numerous flights of stairs, and exhibited sweating, crying, and palpitations whenever he neared an elevator door. After establishing a good rapport, the therapist guided the child into a relaxed hypnotic state through relaxation and focused attention techniques, then employed the finger-signalling method, prompting the child to unconsciously signal “yes” or “no” responses while envisioning various elevator scenarios (Deiker et al., 1975).

While under hypnosis, the boy relived the initial incident vividly, articulating the feelings of darkness, crowding, and fear that “no one would come to help us,” and recognized this moment as the beginning of his avoidance behavior. The therapist then employed imaginal exposure and systematic desensitization during hypnosis: initially guiding him to visualize calmly standing next to an elevator, then entering it with a trusted adult, and finally riding it while feeling relaxed and in control, integrating suggestions of safety and mastery with each step. Over several sessions, these hypnotic exercises were complemented by short in-vivo exposures, starting with standing near the elevator and eventually moving to brief rides. Within a few weeks, his physiological anxiety responses significantly decreased, enabling him to ride elevators at school and in shopping malls without distress—an outcome in line with research indicating that hypnosis, when combined with graded exposure and hypnoanalytic exploration of foundational memories, can effectively address specific phobias in children.

Hypnoanalysis for phobias, particularly in children, has limitations including risks of false memories or exaggerated trauma recall during vivid reliving of events like the elevator incident, due to heightened suggestibility (Deiker et al., 1975; Pulver et al., 1975). Evidence is mostly from small case studies lacking controls, limiting proof of superiority over standard CBT or exposure therapy alone (Deiker et al., 1975). It demands high hypnotizability, child cooperation, and clinician expertise in techniques like finger-signalling, making it unsuitable for low-responders or brief interventions (Pulver et al., 1975).

5. Depression and Post-Traumatic Stress Disorder [PTSD]

According to Mauer et al. (1999), hypnosis is a highly effective method for addressing depression and lowering the risk of suicide. By employing relaxation strategies, imaginal exposure, and affirmative suggestions, hypnosis aids individuals with post-traumatic stress disorder (PTSD) in processing their traumatic experiences and promoting emotional healing by addressing intrusive memories, avoidance

behaviors, and emotional instability (Mauer et al., 1999). The approach for treating PTSD involves accessing unconscious content, facilitating controlled desensitization to traumatic memories and triggers, and inducing profound relaxation to diminish both physiological and psychological arousal (Mauer et al., 1999). Observations from clinical practice further suggest that hypnotic methods can assist depressed patients in reinterpreting feelings of hopelessness, strengthening their ego, and revitalizing a sense of future, which helps reduce suicidal thoughts when hypnosis is combined with supportive psychotherapy (Pulver et al., 1975). A 28-year-old woman who survived a serious car accident reported ongoing depressive symptoms, recurring nightmares, intrusive thoughts about the collision, and passive suicidal ideation. She avoided driving, had frequent startle responses to sounds from traffic, and described feeling "numb" and disconnected from those she cared about. After building a trusting relationship, the therapist employed hypnosis, starting with a guided relaxation and breathing technique, and led her into a deeply relaxed state before encouraging her to visualize a "safe place" image she could return to throughout the session (Mauer et al., 1999).

After establishing a sense of safety, the therapist employed imaginal exposure while the patient was under hypnosis, guiding her to observe the accident scene as if it were a film, pausing and slowing it down whenever her anxiety heightened. In this controlled state, she recounted the event in detail, including the fear of thinking she might die and the guilt she felt about being a “burden” to her family. The therapist then assisted her in reframing these thoughts, introducing positive affirmations about survival, resilience, and her entitlement to care and support. In the following sessions, post-hypnotic suggestions were incorporated to trigger calming responses (such as slow breathing and grounding phrases) whenever she recognized early signs of panic or intrusive thoughts. Over several weeks, the severity and frequency of her nightmares diminished, she gradually felt comfortable enough to travel short distances by car, and her suicidal thoughts lessened as she expressed a stronger sense of future aspirations—an outcome that aligns with evidence suggesting that hypnotic relaxation, controlled imaginal exposure, and positive suggestions can alleviate depressive symptoms and PTSD-related distress, thus reducing the risk of suicide.

Hypnosis for PTSD and depression has limitations including insufficient RCT evidence for reducing symptom severity or suicide risk compared to CBT or medication, relying instead on case studies (Mauer et al., 1999; Pulver et al., 1975). It risks false memories or emotional destabilization during imaginal exposure in vulnerable patients, demands high hypnotizability, and is contraindicated for psychosis (Mauer et al., 1999). Specialized training and multi-session time make it an adjunct, not primary treatment (Pulver et al., 1975).

Hypnotherapy Modalities

- **Hypnoanalysis**

Hypnoanalytic techniques follow the cause-and-effect concept, which holds that all symptoms have underlying causes and may be addressed by identifying those causes. The main hypnotic phenomenon used by analytical hypnotherapists to access and process unconscious conflicts is age regression, which is the ability of extremely suggestible people to relive past events with remarkable clarity (Pulver et al., 1975). To enhance therapeutic healing, effective hypnosis utilizes unconscious resources like relaxation, pain control, anesthetic properties, regression, visualization, mastery over bodily functions, and natural healing capabilities.

- **Suggestion Hypnotherapy**

To bring about positive alterations in thought processes, feelings, actions, and physical sensations, suggestion hypnotherapy primarily employs guided recommendations. As noted by Green et al. (2000),

this form of therapy has proven effective in numerous contexts, such as: quitting smoking by fostering a strong aversion to tobacco; shedding pounds by encouraging healthy dietary choices and a positive self-image; managing anxiety and stress by promoting feelings of calm and relaxation; enhancing sleep by offering suggestions for improved rest patterns; alleviating both chronic and acute pain through pain relief suggestions and promoting comfort; boosting performance in athletic pursuits and public speaking situations; and increasing self-esteem through positive affirmations.

- **Self-Hypnosis**

Hypnosis is attained using relaxation methods, imaginal exposure, and positive affirmations. Conversely, self-hypnosis utilizes focused concentration, controlled breathing, and positive assertions to help individuals access deep relaxation and increased suggestibility without the need for a therapist (O'Neill et al., 1999). Although both self-hypnosis and relaxation effectively reduce pre-treatment anxiety, self-hypnosis demonstrates a stronger link to positive treatment expectations and greater individual perceptions of cognitive and physical changes compared to relaxation alone (O'Neill et al., 1999).

Empirical Support and Effectiveness

Investigations into the impact of hypnotic suggestions on attitudes and behavioral results reveal intriguing conclusions. As noted by Hu et al. (2023), hypnotic suggestions significantly improved perceptions regarding seeking professional psychiatric help, both overtly and subtly. In groups exposed to hypnotic suggestions and relaxation techniques, the effects of information that contradicted existing attitudes were more pronounced. These findings underscore mechanisms for altering attitudes facilitated by suggestions.

Exceptional findings have emerged from research on memory. In contrast to forced memory during wakefulness or non-forced recall methods, individuals under hypnosis exhibited a significantly higher confidence in the accuracy of their responses during forced recall (Flingstein et al., 1998). The effectiveness of hypnosis on memory retention is enhanced when participants are asked to provide a specific number of answers, as shown by the increased accuracy in item recall among those under hypnosis compared to those in a waking state (Flingstein et al., 1998).

The effectiveness of pain management techniques is noteworthy. A quasi-experimental study involving 60 patients who underwent hand surgery found that those who received hypnotic treatment alongside standard care experienced significant reductions in pain intensity, the emotional impact of pain, and anxiety when compared to those receiving only regular treatment (Mauer et al., 1999). Furthermore, participants who received hypnosis demonstrated fewer medical complications and showed greater progress according to physician assessments than those in the control group, suggesting that brief hypnotic interventions enhance postoperative results and expedite recovery (Mauer et al., 1999).

Research on smoking cessation shows conflicting results. Hypnotic interventions are equivalent to a few non-hypnotic treatments, even though they usually result in higher abstinence rates when compared to waiting list and no-treatment situations (Green et al., 2000). There is still conflicting evidence about hypnosis's advantage over placebo, and educational and cognitive-behavioral therapies cannot be ruled out as causes of successful treatment outcomes. Therefore, rather than being considered an established treatment, hypnosis should be categorized as potentially useful for smoking cessation (Green et al., 2000).

Hypnosis-based weight-loss strategies have been tested on samples of 60 women who were at least 20 pounds overweight and between the ages of 20 and 65. Weight loss results were compared between hypnosis plus audiotapes, hypnosis alone, and control conditions both immediately after treatment and at a 6-month follow-up; correlations between weight loss and client characteristics such as suggestibility,

self-concept, quality of familial relationships, age at which obesity first appeared, education level, and socioeconomic status were examined (Cochrane et al., 1986).

In addition to focusing on individual symptoms, long-term research tracking the effects of hypnotherapy reveals enduring advantages across a variety of clinical groups. A study involving patients with anxiety-related disorders demonstrated that reductions in symptom severity and improvements in functional capacity were still evident at the 12-month follow-up, with many participants managing to retain their progress without further formal treatment (O'Neill et al., 1999). These results imply that hypnosis may bring about lasting changes in how individuals cope and manage their emotions, rather than providing just short-term relief. Importantly, techniques for self-administered hypnosis taught during the treatment sessions emerged as particularly effective in sustaining therapeutic effects since participants could independently practice and reinforce the relaxation and suggestion strategies they learned (O'Neill et al., 1999).

Research comparing effectiveness has started to shed light on situations where hypnosis can be more beneficial than traditional methods. A collection of meta-analytic findings across studies related to pain relief, anxiety management, and behavior modification showed that hypnosis yields results that are either comparable to or better than standard care alone, typically with small to moderate effect sizes (Mauer et al., 1999). The variation in results indicates that personal differences in susceptibility to hypnosis and response to treatment are significant factors; individuals who are more easily hypnotized tend to experience greater

reductions in symptoms compared to those with lower levels of hypnotizability (Hilgard et al., 1961). Furthermore, incorporating hypnosis into a more comprehensive therapeutic approach—by blending hypnotic methods with cognitive-behavioral, psychodynamic, or humanistic techniques—seems to improve overall effectiveness compared to using hypnosis as a standalone treatment (Green et al., 2000).

Practical application of hypnotic techniques in real-life clinical and organizational environments has confirmed their effectiveness. Healthcare facilities, such as surgical and dental offices, have increasingly incorporated hypnotic methods as standard practices to alleviate patient anxiety and decrease the need for medications, showing positive cost-effectiveness and enhanced patient satisfaction (Harold et al., 1997). In workplace health scenarios, short hypnotic interventions aimed at managing job-related stress and performance anxiety have been successfully employed, resulting in reduced absenteeism and better productivity metrics (O'Neill et al., 1999). These implementations in real-world settings illustrate that hypnosis is more than just a theoretical method; it is a practical resource that can be seamlessly integrated into current clinical and organizational frameworks with clear advantages.

Ultimately, new findings indicate that the factors contributing to the effectiveness of hypnosis may involve both specific changes occurring during the state (such as altered brain activity and increased suggestibility) and factors related to individual traits (including cognitive absorption, openness to new experiences, and the desire for change). Grasping these dual pathways is crucial for customizing hypnotic treatments to fit individual profiles, training practitioners to identify and adapt to different levels of hypnotic responsiveness, and designing research that accurately assesses the mediators and moderators influencing treatment outcomes (Gruzelier, 1998; Dienes & Perner, 2007). As research in this area continues to produce solid evidence and refine theoretical frameworks, hypnosis is being acknowledged more and more as a scientifically validated therapeutic approach with a strong empirical foundation across various clinical sectors and populations.

Safety Considerations and Myth Dispelling

According to research on hypnotic side effects, there are no particular or significant risks associated with hypnosis; rather, actual risks are like those associated with any psychotherapy relationship (Conn, 1972). Long-term effects of hypnotic induction can be considerably reduced by preventive measures; brief lectures clarifying myths about hypnosis and making it clear that participants are not receiving psychological treatment effectively minimize long-term effects while maintaining treatment efficacy.

Rather than being based on scientific facts, public perception often reflects stereotyped literary and fictional depictions of hypnosis (Ludwig, 1963). Although empirical evidence shows hypnosis functions through naturalistic psychological mechanisms rather than extraordinary powers, common misconceptions include themes of dominance-submission, stereotypical hypnotist and subject roles, and supernatural powers associated with hypnosis (Ludwig, 1963).

Contemporary Applications and Integration

The usefulness of hypnosis for various clinical applications has been confirmed by recent study. In a quasi-experimental pre-post design study, Toosi et al. (2022) investigated the effectiveness of cognitive development hypnotherapy in a sample of married women. A total of forty married women were randomly divided into experimental and control groups. The findings revealed that cognitive development hypnotherapy, compared to the control group, enhanced self-differentiation, increased purpose in life, and reduced marital conflict, suggesting that cognitive-hypnotic integration can improve outcomes for issues related to relationships.

Summary

Hypnosis is a complex psychological phenomenon that has a long history and a solid theoretical basis, acknowledged for its potential uses in both clinical and experimental settings. Recent studies indicate that hypnosis mainly works through suggestion and the focused involvement of unconscious processes and functions, as described by various theoretical models—each illustrating different mechanisms such as dissociation, higher-order control, and changes at the neurophysiological level (Hilgard, 1961; Dienes & Perner, 2007; Gruzelier, 1998). In clinical environments, hypnosis has demonstrated effectiveness for various issues, including dental problems, speech and memory challenges, emotional and neurotic disorders, phobias, depression, and PTSD, among others. Research results strongly support its efficacy in managing pain, alleviating anxiety, modifying attitudes, and facilitating behavioral changes such as quitting smoking and losing weight, with both conventional and self-directed methods showing significant enhancements.

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