Understanding Hypnosis: Uses and Benefits as a Complementary Therapy for Patients With Cancer

How is hypnosis being used at the Stanford University Medical Center and other institutions? What research supports the value of hypnosis as a complement to standard treatments? A certified hypnotherapist will teach you a simple hypnotic technique to calm your patients while they undergo treatment. She’ll even give you the chance to sample hypnosis as she guides you through Stress First Aid for Nurses and Health Care Professionals while you’re in the session. Regardless of whether you volunteer, you’ll learn about the benefits of hypnosis and self-hypnosis, which mitigate pain, reduce anxiety, provide comfort before surgery and other procedures, and improve the quality of life.

Objectives:
At the end of this session, participants will be able to:
1. Utilize a simple self-hypnotic technique to lower self-stress and soothe anxious patients.
2. Distinguish between hypnosis, guided imagery, and medication.
3. Evaluate the research on the use of hypnosis with patients with cancer.

Content Outline:
I. Introduction
   A. Defining hypnosis
   B. Compare to and contrast with guided imagery and meditation.
II. Discussion of the research
   A. Stanford University–David Spiegel, MD
   B. Beth Israel Deaconess–Elvira Lang, MD
   C. Mount Sinai School of Medicine–G.H. Montgomery et.al
   D. Other relevant research
III. Case studies
   A. Anticipatory anxiety and fear of needles
   B. Double mastectomy patient
   C. Terminal pediatric patient and support for parents
IV. Hypnosis
   A. An experience of hypnosis for stress reduction
   V. Questions and discussion
ONS CONGRESS 2014 PRESENTATION SYLLABUS

UNDERSTANDING HYPNOSIS: ITS USES AND BENEFITS AS A COMPLEMENTARY THERAPY FOR CANCER PATIENTS

Bee Epstein-Shepherd, PhD., D.C.H., Cht.

Hypnosis is the Acceptance of Suggestion by the Subconscious Mind.

The hypnotic trance* is generally induced by being guided into the state by a hypnotist. It is also possible to learn to hypnotize oneself. (*The term trance is used to describe an altered state of consciousness. In this state, attention is drawn away from external realities. Daydreaming is a form of trance.)

In the hypnotic state, a heightened state of focus and awareness is achieved, as is a profound relaxation. Critical thinking is bypassed and suggestions are accepted. Formal induction is not essential for hypnosis to occur. It is possible to be hypnotized indirectly or inadvertently. Beliefs, thoughts and verbalizations are a form of inadvertent self-hypnosis.

“Hypnosis is a state of inner absorption, concentration, and focused attention. It is like using a magnifying glass to focus the rays of the sun and make them more powerful. Similarly, when our minds are concentrated and focused, we are able to use them more powerfully. Because hypnosis allows people to use more of their potential, learning self-hypnosis is the ultimate act of self-control.” GH Montgomery

Distinguishing Hypnosis from Medication and Guided Imagery

Meditation: The purpose of Meditation is to clear the mind Excellent for stress reduction, and lowering blood pressure. Drawback: It takes time to learn and it takes constant practice to feel benefits.

Guided imagery. A form of direct suggestion hypnosis without the induction. Benefit, anyone can do it at any time. Drawback: Less intense and lasting than hypnosis: limited in applicability compared to hypnosis.

Truths about Hypnosis-Dispelling Commonly Held Myths.

Anyone who wants to be hypnotized can be hypnotized. The ability to experience the hypnotic state is positively connected to creativity. Everyone is hypnotized inadvertently often. The hypnotized person is always in control, and can come out of the trance at will. It is impossible to be stuck in the hypnotic state. Much research indicates the effectiveness of hypnosis for perception and behavior change.

Types of Hypnosis

Direct Suggestion Hypnosis: After the induction, direct suggestions are made by the hypnotist.
Self-hypnosis involves direct suggestion. Suggestions are delivered through the use of a script. This hypnotic technique is generally used in Randomized Controlled Trials

**Analytic Hypnosis:** This is a more advanced technique requiring considerable training and is not appropriate for the research that is relevant to this discussion. However, it is useful in the clinical setting when patients have severe emotional reactions such as a needle phobia or other fears.

**Ericksonian Hypnosis:** A form of indirect suggestions using metaphor developed by Milton Erickson. It takes more therapeutic skill than direct suggestion but can be helpful in the clinical setting.

**Procedure Hypnosis:** Hypnosis is induced and suggestions made prior to and during medical procedures. Procedure Hypnosis is practiced by trained medical personnel who are with the patient during the procedure and can guide the patient to a more comfortable, less anxious procedure leading to a better outcome for the patient and less cost for the facility. A trained hypnotist can use all of the above hypnotic techniques.

Elvira Lang, MD, FSIR, FSCEH, is a leading expert and pioneer in the use of hypnosis for medical procedures. She is Associate Professor of Radiology at Harvard Medical School, author of *Patient Sedation Without Medication* and founder of Hypnalgesics, LLC, which trains medical teams in rapid rapport and quick hypnotic techniques. Information on trainings and CEUs available at [http://www.hypnalgesics.com](http://www.hypnalgesics.com).


**Practical hypnotic interventions during invasive cancer diagnosis and treatment.**

Flory N, Lang E.

**Abstract**

Novel advances in biotechnology and medical imaging techniques have enabled an evolution toward earlier diagnosis and treatment by way of "minimally invasive" surgical techniques performed on the conscious patient without the use of general anesthesia. Although the risks of diagnostic and therapeutic interventions have been reduced with these approaches, patients still face many physical and psychological challenges. Several randomized controlled trials have shown that hypnotic techniques are effective in reducing pain, anxiety, and other symptoms; in reducing procedure time; and in stabilizing vital signs. The benefits of adjunctive hypnotic treatments come at no additional cost. Patients, health care providers, hospitals, and insurance companies are advised to take advantage of hypnotic techniques.

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**Self-Hypnosis**

All hypnosis is self-hypnosis since it relies on the acceptance of the suggestions regardless of the origin of the suggestion. Our own ruminations, evaluations, judgments, and self talk, most of which are negative, reinforce insecurities and fears and hold us back from actualizing potential in our professional and personal lives.

Behavior is a result of reinforced beliefs, whether limiting or empowering. The subconscious doesn’t judge, it just takes instruction and enables our thoughts and verbalizations to determine the course of our lives.

Through hypnosis, with the support of the subconscious, beliefs and thus behavior can be changed. Following is a template for self-hypnosis employing a formal induction and direct suggestion. You can
accomplish much by yourself; however, for real transformation you will probably need more intense work with a well-trained hypnotherapist.

INSTRUCTIONS FOR SELF-HYPNOSIS USING DIRECT SUGGESTION

1. Decide your intention or what you want

2. Write you script. Use only words reflecting what you do want. I eat only health foods, not I don’t eat junk food. Or I do tasks in a timely way, not, I don’t procrastinate. You want to eliminate any words from your vocabulary that might suggest to the subconscious to reinforce what you don’t want.

3. Learn the script. This is so you can repeat it when you are in your self-hypnotic trance. It’s not necessary to memorize the script, just be familiar enough with the contents to let your mind go there. If you have to think while in hypnosis, you come out of the state.

4. Put yourself in a place where you will not be disturbed for about 15 minutes. Some people can hypnotize themselves and self suggest in as little as 5 minutes, other like to remain in the state longer than 15 minutes.

5. Take a calm slow breath and say to yourself, “I am now going to hypnotize myself.”

6. In a comfortable position with your arms and legs uncrossed, close your eyes.

7. Breathe slowly and calmly. Focus on your breath as you relax every part of your body, beginning at the top of your head, and moving down through your forehead, eyes, jaw, neck, shoulders, arms, torso, and legs.

8. Create an imaginary staircase, or escalator, elevator, or path. Your method of deepening is a personal choice. Count backwards slowly from 10 to one, as you imagine yourself descending with each number that you say. Intersperse the numbers with the word deeper.

9. After you reach one, live your result. Repeat your script to yourself, several times while you imagine yourself having made the change you want or fulfilling your intention.


Notes
You can work on only one issue in each self-hypnotic session. Healthy eating, conquering procrastination, speeding healing require three separate scripts and sessions.

It’s best to limit issues you are working on at any one time.

Results may take several sessions working on the same issue, and probably need reinforcement at a later time.

Not all issues can be resolved with direct suggestion hypnosis. Some require analytic hypnosis, requiring professional help.
Hypnosis for Cancer Care: Over 200 Years Young

This one of 418 articles brought up under the search “hypnosis and cancer” found in PubMed [www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed). It was published in CA: A Cancer Journal for Clinicians, Volume 63, Issue 1, pages 33-44, January/February 2013. Guy H. Montgomery PhD,1 Julie Schnur, PhD2 and Kate Kravits, MA, RN, HNB-BC, LPC, NCC, ATR-BC.3

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Continuing Education Credit for reading the article and answering questions is available at [https://www.wileyhealthlearning.com/acsb.aspx](https://www.wileyhealthlearning.com/acsb.aspx)

The following excerpts from that article provide an overview of the research on hypnosis that supports the use of hypnosis as a complementary therapy for cancer patients

**Introduction:**

Hypnosis is an efficacious tool in cancer prevention and control. Below, we present: 1) a clinically oriented overview of hypnosis, including definitions and procedures; 2) a research-oriented review of the empirical literature on hypnosis in cancer care; and 3) a discussion of the state of science and practice, along with future directions. We begin with a consideration of “What is hypnosis?”

**Section 1: Overview of Hypnosis What is hypnosis**

In our work with cancer patients 6-9, we describe hypnosis as focused attention and concentration, like being so lost in a book or movie that it is easy to lose track of what is going on around you. This description is intended to normalize hypnosis and put hypnosis in the context of everyday experiences.

**Hypnotic Induction**

Our standardized hypnotic induction for cancer patients includes instructions which guide patients to experience mental and physical relaxation 6.

**Symptom-Specific Suggestions**

Once the patient is deeply hypnotized, the hypnotist will offer suggestions to reduce distress and improve symptom experiences (e.g., reduce pain, reduce nausea) The specific form of these suggestions can vary and be adapted to the patient’s unique needs and language. Generally, clinicians may suggest that the patient will experience less of the symptom in question (e.g., less pain), less bother associated with the symptom, an alternative sensation (e.g., numbness, coolness), or that the patient will be distracted from or will not notice the symptom.

**Conclusion**

We conclude the hypnotic session by providing patients with instructions on how to perform self-hypnosis. This allows patients to use hypnosis at any time, in any place, independent of the presence of a hypnotist.

**Do I have to call it hypnosis**

Data clearly indicate that labeling an intervention as “hypnosis” increases the intervention’s effect size. A meta-analysis of hypnosis to reduce distress associated with medical procedures found that the effect size for interventions labeled “hypnosis” was significantly higher than the effect size for interventions labeled “suggestion” (Hypnosis $g = 1.26$, a large effect 14; Suggestion $g = 0.17$, a small effect 14; $F(1,35)=11.79$, $p<.002$)15. Therefore, we recommend clearly defining hypnotic interventions as hypnosis, not only to ensure the client’s informed consent, but also to increase the benefit of the procedure.
Who can practice hypnosis?

Butler 16 said: “The use of hypnotism can be compared to the performance of a difficult operation. Anyone can cut the skin, many may remove an appendix, but who should remove a stomach, a pancreas, or a lung? The same is true of hypnosis – anyone can learn to induce it, some can get therapeutic results, but only those with training and experience should attempt” (p.12).

How can hypnosis be delivered?

To date, hypnosis has primarily been delivered either “live” (face-to-face with a therapist) or via audio recording. Meta-analyses have suggested that although both delivery methods have the potential to benefit patients, live administration tends to be more efficacious. In a meta-analysis of hypnosis for surgery 11, beneficial effects of hypnosis on post-surgical clinical outcomes (e.g., pain, negative affect, treatment time) were found whether hypnosis was delivered “live” or via audio-recording. However, the effect size was large for “live” administration ($d=1.40$) and medium for recorded ($d=0.55$) administration. Overall, recorded hypnosis seems to be associated with some benefit, but seems to be less beneficial than live hypnosis 18.

Section 2: Hypnosis in Cancer Care.

In the strongest study in this area, Lang and colleagues 27 studied 236 women undergoing large core image-guided breast biopsy. Patients randomized to receive hypnosis had lower levels of anxiety and pain during the procedure than patients who received standard care. Furthermore, hypnosis did not cost significantly more than standard care despite hypnosis requiring the time and services of an additional professional ($46 \text{ min}/$161 for standard care and $39 \text{ min}/$152 for hypnosis).

Montgomery and colleagues 28 studied 20 excisional breast biopsy patients who were randomly assigned to receive either a standardized, pre-biopsy, psychologist-administered hypnosis intervention or standard care. Breast biopsy patients receiving hypnosis had significantly less post-biopsy pain than standard care patients ($p<0.05$), tended to be more satisfied with their overall medical treatment experience, and demonstrated less distress.

Schnur and colleagues examined the effectiveness of hypnosis for controlling distress prior to excisional breast biopsy 8. Ninety patients were randomly assigned to either a pre-biopsy hypnosis group ($n=49$, mean age: 46.4) or to a pre-biopsy attention control group ($n=41$, mean age: 45.0). Following the study intervention, patients in the hypnosis group had significantly less pre-biopsy emotional upset ($p<0.0001$, $d=0.85$; large effect), depressed mood ($p<0.02$, $d=0.67$; medium to large effect), and anxiety ($p<0.0001$, $d=0.85$; large effect). Hypnosis patients were also significantly more relaxed ($p<0.001$, $d=-0.76$; medium to large effect) than attention control patients.

In a 2010 paper, Block 29 projected the amount of money that might be saved if hypnosis were used for all breast biopsies conducted in the United States during a one year period. Block’s results were extrapolated from published cost-effectiveness data 6. Block estimated that if 92% of new breast cancer patients in the US used the hypnosis intervention, $138,112,331 would be saved. Savings were then adjusted for nurses’ salaries to deliver the interventions. The cost of delivering the intervention would result in an annual cost savings of $135,270,403. Block only included breast cancer patients (i.e., those with positive biopsies). However, it has been estimated that 80% of breast biopsies are benign. Inclusion of women with benign biopsy results in the cost analyses would only increase institutional savings, perhaps by as much as a factor of five. In the present era of cost consciousness in healthcare, cost-effective approaches like hypnosis should be considered for widespread dissemination, or even for inclusion as part of standard clinical practice in cancer biopsy settings.

Consistent with reviews focused on pediatric patients 38, hypnosis was found to be more effective than control conditions across studies in alleviating discomfort associated with lumbar punctures and bone marrow aspirations in children. In one of the stronger studies, a prospective controlled trial was conducted to compare the efficacy of an analgesic cream (local anesthetic) alone or combined with a hypnosis intervention to relieve lumbar puncture-induced pain and anxiety in 45 pediatric cancer patients (age 6–16 years). Observational ratings of behavioral distress also supported the benefits of hypnosis. This study highlights the benefits of using hypnosis as an adjunct to traditional pharmacologic approaches.
Colonoscopy is one of the few cancer screening procedures which both detects and removes cancerous and potentially cancerous cells. Hypnosis may be an effective tool for reducing the discomfort of the procedure, and thereby indirectly improving adherence. The results supported hypnosis as a feasible method to manage anxiety and pain associated with colonoscopy, and a potential means to reduce the need for sedation and shorten colonoscopy procedure time.

Cancer Treatment

The vast majority of cancer patients will undergo surgery, chemotherapy, and/or radiotherapy (if not all three). Although these treatment approaches are medically necessary, they are accompanied by a wide spectrum of aversive side effects including pain, nausea, fatigue, anxiety, and depression. Fortunately, hypnosis has shown promise in improving the patient experience of each of these treatments.

Surgical and invasive procedures

Across surgical settings, hypnosis has been demonstrated to effectively control pain and emotional distress, and to improve recovery. Meta-analytic results revealed a significant, large effect size ($D = 1.20$) for hypnosis, indicating that surgical patients in hypnosis treatment groups had better outcomes than 89% of patients in control groups. Beneficial effects were found for numerous clinical outcome categories - negative affect, pain, pain medication, physiological indicators (e.g., blood pressure), recovery (e.g., nausea, fatigue) and treatment time. These results are consistent with meta-analyses supporting significant effects of hypnosis for controlling pain ($D=0.74$; a medium to large effect size) and emotional distress ($D=0.88$; a large effect size) across a wide variety of patients and settings.

With regard to surgical oncology patients specifically, a randomized controlled trial of 200 patients undergoing breast cancer excisional biopsy or lumpectomy was conducted. Patient-reported side effects were assessed at discharge, as was use of analgesics in the recovery room. Institutional costs and time in the operating room were assessed via chart review. In the hypnosis group, patients required less propofol ($d=0.29$, 95% CI 0.01 to 0.57; small to medium effect) and lidocaine ($d=0.46$, 95% CI 0.18 to 0.74; small to medium effect) than patients in the control group. Patients in the hypnosis group also reported less pain intensity ($d=0.82$, 95% CI 0.53 to 1.11; large effect), pain unpleasantness ($d=0.57$, 95% CI 0.28 to 0.85; medium to large effect), nausea ($d=0.78$, 95% CI 0.49 to 1.07; medium to large effect), fatigue ($d=0.84$, 95% CI 0.55 to 1.13; large effect), discomfort ($d=0.63$, 95% CI 0.35 to 0.91; medium to large effect), and emotional upset ($d=0.91$, 95% CI 0.62 to 1.20; large effect). Patients in the hypnosis group cost the institution $772.71 less per patient than those in the control group (95% CI = $75.10 to $1469.89), mainly due to reduced surgical time (a mean difference of 10.6 minutes).

In pediatric cancer patients, hypnosis has been shown to reduce pain and anxiety associated with venipuncture. Results demonstrated that patients in the local anesthetic plus hypnosis group reported significantly less anticipatory anxiety, less procedure-related pain, and less procedure-related anxiety than patients in the other two groups. Additionally, patients in the local anesthetic plus hypnosis group demonstrated significantly less behavioral distress during venipuncture.

Overall, the evidence supporting the use of hypnosis for managing side effects of surgery and invasive procedures is strong and consistent. Clinical efficacy has been widely demonstrated. Cost-effectiveness has been demonstrated in one methodologically sound RCT.

Chemotherapy

One of the first modern applications of hypnosis with cancer patients was hypnosis for the control of nausea and vomiting associated with chemotherapy. Richardson and colleagues systematically reviewed randomized controlled trials (RCTs) of hypnosis for controlling nausea and vomiting associated with cancer chemotherapy. Research has indicated that nausea and emesis continue to be problems for cancer patients despite improvements in pharmacotherapy, and it is therefore probable that a role for hypnosis interventions to control nausea remains.
Cost-effectiveness analyses are particularly critical given the expense associated with chemotherapy-induced nausea and vomiting. A recent publication reported that among 11,495 study patients, chemotherapy-induced nausea and vomiting was associated with a treatment cost of $89 million, and an average daily treatment cost of $1,854.70.

Radiotherapy

To our knowledge, only three randomized trials have been conducted to explore the effects of hypnosis in the radiotherapy setting. The first, by Montgomery and colleagues, examined the effects of a psychotherapeutic intervention combining cognitive-behavioral therapy and hypnosis (CBTH) on fatigue in breast cancer radiotherapy patients. The decision to combine cognitive-behavioral therapy with hypnosis was based on a meta-analysis demonstrating that CBT plus hypnosis is more effective than CBT alone. By the conclusion of radiotherapy, patients in the CBTH group had, on average, 32% less fatigue than patients in the control group based on the Functional Assessment of Chronic Illness Therapy-fatigue subscale (FACIT-F). Schnur and colleagues conducted a randomized trial of 40 breast cancer radiotherapy patients to evaluate the effects of CBTH on positive and negative affect. At week five, patients in the CBTH group had 66% lower negative affect scores on average than the control group, and 43% greater positive affect scores than the control group. Additionally, CBTH participants had more intense positive affect and less intense negative affect during radiotherapy. In sum, the CBTH intervention helped women to feel better emotionally during breast cancer radiotherapy.

A study by Stalpers and colleagues showed more mixed results. These authors randomly assigned 69 patients to receive either standard care or hypnosis. However, 52% of the participants in the hypnosis group reported that study participation had improved their mental well-being (as opposed to none of the control participants, p<0.05) and 55% of the participants in the hypnosis group reported an improvement in overall well-being (as opposed to 11% of the controls, p<0.05). Furthermore, nearly two-thirds of the participants in the hypnosis group reported that they had benefited from hypnosis, and all of the hypnosis patients reported that they would recommend hypnosis to other patients.

Survivorship.

According to the National Cancer Institute, “survivorship focuses on the health and life of a person with cancer post treatment until the end of life. It covers the physical, psychosocial, and economic issues of cancer, beyond the diagnosis and treatment phases. Many survivors, even those who have finished their cancer treatment, continue to experience impaired quality of life including side effects such as chronic pain and neuropathy, cognitive problems, fatigue, fear of cancer recurrence, hot flashes, and sexual dysfunction. The study focused on hot flashes in breast cancer survivors) or no treatment. Results indicate that hypnosis successfully addressed not only hot flashes, but other common survivorship complaints as well (e.g., sleep).

Advanced/Metastatic Disease.

Much of this line of research is consistent with the hypnosis studies reviewed above. These studies reveal that hypnosis (here in combination with group therapy) effectively ameliorates pain and emotional distress associated with breast cancer. However, the findings of a survival benefit are unique, and have sparked a great deal of controversy and debate in the cancer community. A discussion of that debate is beyond the scope of the present paper. Even if the intervention had shown no benefit with regard to improving metastatic patients’ quantity of life, it still improved their quality of life. As has been demonstrated so many times before, hypnosis has contributed to patients being more comfortable and less distressed as they live with their disease.

Section 3: Discussion and Future Directions.

More research is needed to build on this foundation and conclusively demonstrate what many clinicians already sense; that hypnosis helps cancer patients cope with their diagnosis and treatment.

Much of the hypnosis literature involves case studies, small sample non-randomized studies, and comparison only with standard care controls. Such work is of great value in that it can introduce readers to innovative ideas and treatment strategies, and can be a critical first step in intervention development.
However, such work is insufficient to provide strong, persuasive empirical support for the more widespread use of hypnosis interventions, or even for gaining hypnosis recognition as an empirically supported treatment.

Live and recorded delivery formats, research has begun to explore the use of new technologies to deliver hypnosis. For example, a series of papers have been published demonstrating the promise of delivering hypnosis via immersive virtual reality (e.g., 59-65). Another new delivery option is hypnosis delivered over the Internet (E-hypnosis) – either with therapist participation (e.g., via videoconferencing) or without (e.g., downloadable hypnosis recordings). To our knowledge, only one randomized trial of Internet-based hypnosis has been conducted 66. Meta-analyses have indicated that patients of all ages can benefit from online therapy 69. We anticipate that E-hypnosis also has the potential to be a great boon to cancer patients, especially those who are too tired or too ill to travel to meet with a hypnotist in person.

**Extension to cancers other than breast.**
The vast majority of the research on hypnosis and cancer thus far has focused on breast cancer. This trend likely represents the fact that breast cancer is one of the most common cancers. However, prostate cancer, lung cancer, and colorectal cancer are also all too common, and their treatments can be associated with suffering and side effects, including: incontinence, impotence, hot flashes, shortness of breath, fatigue, constipation, diarrhea, or the need for a colostomy. We hope that future hypnosis research will attend to the needs of these patients as well.

**Increased focus on survivorship.**
As noted above, we identified a single RCT focused on cancer survivors. Individuals with cancer do not stop needing help the day acute treatment ends. Hypnosis has the potential to not only help with physical side effects during survivorship, but to help with the emotional issues associated with living with uncertainty and adjusting to reduced contact with medical providers. Research efforts should be made in the area of hypnosis to improve cancer survivorship.

**Dissemination/translation studies.**
Despite empirical evidence supporting the use of hypnosis in cancer settings, hypnosis has failed to be widely adopted. Hypnosis does not appear to be currently popular, and in fact has failed to increase in popularity in the United States over time 71, 72 despite empirical support.

The best use of hypnosis is not to replace traditional approaches to anesthesia or other medical treatments, but rather to be used as an adjunct to best clinical practices. Just as icing makes a cake taste better, hypnosis can improve clinical outcomes when added to traditional care. Our hope for the future is that hypnosis be considered as an “integrative” intervention that can improve cancer patients’ quality of life.

**Conclusion.**
The goal of this review was to summarize the empirical literature on hypnosis as an integrative cancer prevention and control technique. We have reviewed where hypnosis has strong support for its efficacy (surgery and other invasive procedures), where it holds promise (weight loss, chemotherapy, radiotherapy, metastatic disease), and where more work is needed.

Overall, we hope that this review has served to dispel misconceptions about hypnosis (e.g., that it is unscientific), to answer questions about hypnosis, to help the reader feel more comfortable and more relaxed about the notion of using hypnosis with cancer patients and survivors, to be able to imagine using hypnosis in their own clinical practice, and perhaps to consider using this review as a starting point to learn more about hypnosis. We hope that this review has served to both satisfy and stimulate the reader’s intellectual curiosity.
REFERENCES

The following references are from the excerpts in this syllabus from an article discussing the research on hypnosis and cancer.

CA Cancer J Clin. Author manuscript; available in PMC 2014 January 1.
PMCID: PMC3755455 NIHMSID: NIHMS494672


Additional References.


