

Clinical hypnosis in Palliative Care: neural correlates, clinical, psychological and spiritual therapies

The past few decades have seen a rapid increase in the exploration of studies on clinical hypnosis as adjuvant therapy in Palliative Care. Evidence of increases in interest in the field of neural correlates of clinical hypnosis, clinical, psychological and spiritual therapies with hypnosis in Palliative Care, is apparent by the amount of attention that many international Clinical Hypnosis Societies pay to this topic.

APA American Psychological Association Division 30 for Psychological Hypnosis, ASCH American Society of Clinical Hypnosis, SCEH the Society for Clinical and Experimental Hypnosis, ISH International Society of Hypnosis, ESH European Society of Hypnosis, and many other affiliated Hypnosis Societies around the world, organize studies, meetings and congresses to improve researches on clinical hypnosis in Palliative Care. This special issue therefore represents a timely addition to the scientific literature as well as a proposal for what is needed.

One commonly accepted early definition of palliative care developed by the World Health Organization (WHO) begins: *“Palliative care is the active total care of patients whose disease is not responsive to curative treatment...”*. A major drawback of this definition was the limited access to palliative care for those at the end of their lives, when others with chronic rather than terminal illnesses could also benefit. Subsequently, in 1990, WHO suggested a more global approach by stating, *“... control of pain, of other symptoms, and of psychological, social and spiritual problems is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families.”* (1).

Over the past few decades, complementary and alternative medicine (CAM) has increasingly cured the lives of cancer patients and those suffering from severe chronic diseases in Palliative Care, who often experience pain, anxiety, fatigue and related symptoms because of their disease and treatment (2). The National Center for Complementary and Alternative Medicine (NCCAM) defines CAM as *“a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine.”* Complementary medicine is generally used in conjunction with conventional medicine (3). CAM is identified with many types of therapies as well as hypnosis, relaxation techniques (including meditation) and spiritual healing techniques (2,3).

Clinical hypnosis in Palliative Care is a safe and non-invasive therapy for relieving pain and symptoms in severe chronic diseases and cancer in adults and children. The field of hypnosis research is growing fast. The most exciting changes in the field have been made in the areas of theories and methods.

In 2015, the Society of Psychological Hypnosis, Division 30 of the American Psychological Association developed a new definition of Hypnosis: Hypnosis is *“A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion”* (4).

Neurophysiological studies have shown that hypnotic processes modify self-awareness as well as brain networks, particularly in the perception of sensory events (5). This special issue is a comprehensive exploration of clinical hypnotherapy in Palliative Care, starting from the neuroscientific studies of Landry and colleagues (5).

The scientific papers of K Szilágyi *et al.* (6), Brugnoli *et al.* (7) and Agarwal *et al.* (8) include the studies of interdisciplinary groups of researchers in order to study the increasing development of clinical hypnosis and the modified states of consciousness (as well as the related meditative states) in Palliative Care, as adjuvant therapies for physical, psychological and spiritual suffering.

Squintani and colleagues investigate the neural correlates of hypnosis by reviewing the effects of clinical hypnosis related to the resting state and distraction during laser-evoked potentials (LEPs) in patients suffering from chronic painful diseases. They discovered that patients under hypnosis showed a significant decrease in N2/P2 amplitudes compared to the resting state and distraction (9).

Keppler's physicist paper discusses a scientific paradigm shift, rooted in physics, which views consciousness and hypnosis from the standpoint of ZPF bioenergy factors. He also offers a conceptual model for involving a “dynamical energy systems approach” to understanding this evolving paradigm-challenging method in order to understand the states of consciousness and clinical hypnosis (10).

Clinical Hypnosis in Palliative Care is divided into different fragments containing diverse meanings elaborated by key proponents in the field.

This view challenges new theories with the researches that focus on behavioral and cognitive hypnosis with Alladin's work (11), neurologic with the case report of Moss (12), not only in adults, but also in children, as explained in the scientific paper of Friedrichsdorf and Kohen (13).

At least 8 million children would need specialized pediatric palliative care (PPC) services annually worldwide, and of the more than 42,000 children and teenagers dying annually in the United States, at least 15,000 children would require PPC. Hypnosis for pediatric patients experiencing a life-limiting disease not only provides an integral part of advanced symptom management, but also supports children dealing with loss and anticipatory loss, sustains and enhances hope and helps children and adolescents live fully, making every moment count, until death (13).

Many of these studies cover clinical hypnosis by imagery, visualization, hypnotic language patterns, self-introspective hypnosis and meditation at the end of life, hypnosis in pediatric patients and hypnotherapy interventions for a wide range of therapies from depression, anxiety, to pain relief and psychosomatic symptoms.

Since we are all exploring this amazing field with our studies, many different new concepts are being considered.

Clinical hypnosis significantly expands on the theoretical foundations and clinical applications of thought field therapy and presents models of efficient treatment sequences.

In this special issue the authors cover the development of different methods and introduce a wide range of treatment protocols.

We conclude with studies about self-introspective hypnosis related to: mindfulness, as the work of Casula (14), hypnosis and meditation for the activation of spiritual consciousness in the papers of Agarwal and Satsangi (8,15). Clinical hypnosis at the end of life additionally reveals a clinical and holistic interconnection between brain, psyche and our inner spirituality in Facco's work (16).

Satsangi's and Agarwal's papers trace the roots of the connections between clinical hypnosis and meditative yoga practices as applied to today's psychological and spiritual healing in Palliative Care. They cite applications ranging from psychosocial and spiritual distress to spiritual suffering and outline the basic steps for reducing stress and achieving a balance in psychological energies to attain inner spiritual healing (8,15).

These key learnings, especially treating the subconscious at the end of life, are addressed to the psychodynamic theories of hypnosis that explain how and why clinical hypnosis is an important adjuvant therapy in Palliative Care and at the end of life.

This special issue on hypnosis in Palliative Care covers integrative approaches that combine different modalities into one single unified treatment plan that integrates the use of neuropsychology with hypnosis, hypnotic language, and spirituality to promote synergistic therapeutic change in adults and children. It emphasizes how the hypnotic approach shapes and influences our inner healing, emotions and internal processing, and how it can be used to facilitate and enhance every step of therapy.

The huge problems related to chronic and ultimately fatal diseases involve cancer, disability, pain, suffering and the perception of one's doom. This calls for a reappraisal of the conventional concepts of health and disease, life and death, encompassing spirituality and the mystery of death beyond any limited perspective (16).

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References

1. Cancer pain relief and palliative care. Report of a WHO Expert Committee. World Health Organ Tech Rep Ser 1990;804:1-75.
2. Mansky PJ, Wallerstedt DB. Complementary medicine in palliative care and cancer symptom management. *Cancer J* 2006;12:425-31.
3. National Institutes of Health. Get the facts: What is complementary and alternative medicine? Bethesda, MD: National Institutes of Health, Center for Complementary and Alternative Medicine. Available online: <http://nccam.nih.gov/health/whatiscam/>
4. Elkins GR, Barabasz AF, Council JR, et al. Advancing Research and Practice: The Revised APA Division 30 Definition of Hypnosis. *Am J Clin Hypn* 2015;57:378-85.
5. Landry M, Lifshitz M, Raz A. Brain correlates of hypnosis: A systematic review and meta-analytic exploration. *Neurosci Biobehav Rev* 2017;81:75-98.
6. K Szilágyi A, Kekecs Z, Varga K. Therapeutic suggestions with critically ill in palliative care. *Ann Palliat Med* 2018;7:159-69.
7. Brugnoli MP, Pesce G, Pasin E, et al. The role of clinical hypnosis and self-hypnosis to relief pain and anxiety in severe chronic diseases in Palliative Care. A 2-year long-term follow-up of treatment in a nonrandomized clinical trial. *Ann Palliat Med* 2018;7:17-31.
8. Agarwal S, Kumar V, Agarwal S, et al. Meditational spiritual intercession and recovery from disease in palliative care: a literature review. *Ann Palliat Med* 2018;7:41-62.
9. Squintani G, Brugnoli MP, Pasin E, et al. Changes in laser-evoked potentials during hypnotic analgesia for chronic pain: a pilot study. *Ann Palliat Med* 2018;7:7-16.
10. Keppler J. Shedding light on the fundamental mechanism underlying hypnotic analgesia. *Ann Palliat Med* 2018;7:170-6.
11. Alladin A. Cognitive hypnotherapy for psychological management of depression in palliative care. *Ann Palliat Med* 2018;7:112-24.
12. Moss D. I hurt so: hypnotic interventions and palliative care for traumatic brain injury. *Ann Palliat Med* 2018;7:151-8.
13. Friedrichsdorf SJ, Kohen DP. Integration of hypnosis into pediatric palliative care. *Ann Palliat Med* 2018;7:136-50.
14. Casula C. Clinical hypnosis, mindfulness and spirituality in palliative care. *Ann Palliat Med* 2018;7:32-40.
15. Satsangi AK, Brugnoli MP. Anxiety and psychosomatic symptoms in palliative care: from neuropsychobiological response to stress, to symptoms' management with clinical hypnosis and meditative states. *Ann Palliat Med* 2018;7:75-111.
16. Facco E, Casiglia E, Zanette G, Testoni I. On the way of liberation from suffering and pain: role of hypnosis in palliative care. *Ann Palliat Med* 2018;7:63-74.



Maria Paola Brugnoli

Maria Paola Brugnoli, MD, PhD

Interdisciplinary Research Team in Neurobioethics

(GdN) UNESCO Chair at Pontifical Athenaeum Regina Apostolorum (APRA), Roma, Italy.

(Email: paola.brugnoli@libero.it; mariapaola.brugnoli@gmail.com)

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