Complementary Approaches: Hypnosis

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Hypnosis.jpg

Intro and Background

Mind-body techniques are slowly gaining acceptance in mainstream medicine as effective ways of lessoning the secondary side effects and symptoms of various diseases. Different types of these mind-body techniques include hypnosis, relaxation techniques, meditation, guided imagery, and biofeedback. Hypnosis can be defined as a procedure in which a therapist suggests that a patient experience changes in sensation, thought, and behavior that may not be accessible normally to the conscious mind.1 Not everyone can be hypnotized, as some people are more prone to suggestibility than others.2 Adverse reactions to hypnosis depend on the individual and include headache, reenactment of an emotionally difficult past event, and memory loss.2, 3 It is not known exactly how hypnosis works, but it appears to work on the region of the brain that is responsible for consciousness.4

Scientific Research

In cancer patients, hypnosis and other mind-body techniques have been shown to improve quality of life, mood, and coping ability.5 Substantial evidence indicates that hypnosis can treat pain, anxiety, hot flashes, nausea, and vomiting.6, 7, 8, 9, 10, 2 Some studies show that hypnosis effectively treats pain caused by medical procedures in cancer patients, though more research is needed to provide conclusive evidence.11 Hypnosis can treat pain and anxiety in children, studies have found.12

One review found that hypnosis sessions given during cancer treatment (for example, during a six-week course of radiation, not after completion of the six-week treatment) decreased cancer-related fatigue better than any other complementary/alternative treatment studied.13 In addition, a small study suggests that autogenic training, a type of hypnosis, can strengthen the immune system of cancer patients.14 However, studies have not been able to show that this change improves survival time or decreases disease progression.15

Currently, clinical studies are investigating how well hypnosis can help side effects of cancer and cancer treatment such as hot flashes, dry mouth, anxiety, and decreased quality of life.16 One trial found that hypnosis, in combination with massage therapy and healing touch, did not increase quality of life or mental health score in cancer patients; it appears to have decreased these measures, though statistical results for significance are not provided.17 Conversely, thirteen trials have found that hypnosis positively influences distress; some of these also found positive effects on pain and fatigue.18 For information about ongoing clinical trials involving hypnosis, please visit our section on Finding Clinical Trials.

NIH Recommendation

The National Institutes of Health recommends hypnosis for the treatment of chronic pain and insomnia,19 and its National Center for Complementary and Integrative Health has an online section on hypnosis. This section recommends a paper published in the American College of Chest Physicians' journal Chest, which notes that "[h]ypnosis has been studied extensively and has been consistently found to be effective for a wide range of symptoms in cancer care." The article recommends that physicians use "mind-body modalities" like hypnosis as complementary therapies for reducing symptoms like pain, anxiety, and chemotherapy-induced nausea and vomiting in cancer patients.20

Please be sure to see our notice on complementary therapies. To better understand and evaluate the research described above, read our Introduction to Scientific Research.

1 Bardia A, Barton DL, Prokop LJ, Baur BA, Moynihan TJ. Efficacy of complementary and alternative medicine therapies in relieving cancer pain: a systematic review. J Clin Oncol. (2006) 24(34): 5457-64 [PUBMED]

2 [abc] Gruzelier J. Unwanted effects of hypnosis: a review of the evidence and its complications. Contemporary Hypnosis (2000). 17(4): 163-93.

3 Kihlstrom JF. Hypnosis, memory and amnesia. Philos Trans R Soc Lond B Biol Sci. (1997) 352(1362): 1727-32. [PUBMED]
4 Rainville P, Price DD. Hypnosis phenomenology and the neurobiology of consciousness. Int J Clin Exp Hypn. (2003). 51(2): 105-29 [PUBMED]
5 Classen C, Butler LD, Koopman C, et al. Supportive-expressive group therapy and distress in patients with metastatic breast cancer: a randomized clinical intervention trial. Arch Gen Psychiatry (2001) 58: 494-501 [PUBMED]
6 Elkins GR, Kendrick C, Koep L. Hypnotic relaxation therapy for treatment of hot flashes following prostate cancer surgery: a case study. Int J Clin Exp Hypn. 2014;62(3):251-9. [PUBMED]
7 Kravits K. Hypnosis: adjunct therapy for cancer pain management. J Adv Pract Oncol. 2013 Mar;4(2):83-8. [PUBMED]
8 Astin JA, Shapiro SL, Eisenberg DM, Forys KL. Mind-body medicine: state of the science, implications for practice. J Am Board Fam Pract. (2003). 16(2): 131-47. [PUBMED]
9 Neron S, Stephenson R. Effectiveness of hypnotherapy with cancer patients' trajectory: emesis, acute pain, and analgesia and anxiolysis in procedures. Int J Clin Exp Hypn. (2007) 55(3): 336-54. [PUBMED]
10 Elkins G, White J, Patel P, Marcus J, Perfect MM, Montgomery GH. Hypnosis to manage anxiety and pain associated with colonoscopy for colorectal cancer screening: Case studies and possible benefits. Int J Clin Exp Hypn. (2006) 54(4): 416-31 [PUBMED]
11 Porter LS, Keefe FJ. Psychosocial issues in cancer pain. Curr Pain Headache Rep. 2011 Aug;15(4):263-70. [PUBMED]
12 Syrjala KL, Jensen MP, Mendoza ME, Yi JC, Fisher HM, Keefe FJ. Psychological and behavioral approaches to cancer pain management. J Clin Oncol. 2014 Jun 1;32(16):1703-11. [PUBMED]
13 Finnegan-John J, Molassiotis A, Richardson A, Ream E. A systematic review of complementary and alternative medicine interventions for the management of cancer-related fatigue. Integr Cancer Ther. 2013 Jul;12(4):276-90.
14 Minowa C, Koitabashi K. The effect of autogenic training on salivary immunoglobulin A in surgical patients with breast cancer: a randomized pilot trial. Complement Ther Clin Pract. 2014 Nov;20(4):193-6. [PUBMED]
15 Walker LG, Walker MB, Ogston K, et al. Psychological, clinical and pathological effects of relaxation training and guided imagery during primary chemotherapy. Br J Cancer (1999) 80: 262 8. [PUBMED]
16 National Library of Medicine. 2016. ClinicalTrials.gov Retrieved June 26, 2016 from the National Institutes of Health. [http://clinicaltrials.gov/ct/search;jsessionid=C7A2AF96B6A98F522EC69182AD992021?term=hypnosis%2C+cancer]
17 Judson, Patricia. Outcomes in Ovarian Cancer and Fallopian Tube Cancer Patients Using Complementary Alternative Medicine. 2015. University of Minnesota, Randy Shaver Cancer Research Fund. Clinicaltrials.gov[NCT00293293]. [https://clinicaltrials.gov/ct2/show/study/NCT00293293?term=hypnosis+cancer&rank=5&sect=Xfedcba9870156]
18 Cramer H, Lauche R, Paul A, Langhorst J, Kümmel S, Dobos GJ. Hypnosis in breast cancer care: a systematic review of randomized controlled trials. Integr Cancer Ther. 2015 Jan;14(1):5-15. [PUBMED]
19 Anonymous. Integration of behavioral and relaxation approaches into the treatment of chronic pain and insomnia. NIH Technology Assessment Panel on Integration of Behavioral and Relaxation Approaches into the Treatment of Chronic Pain and Insomnia. JAMA (1996) 276 (4):313-8. [PUBMED]
20 Deng GE, Rausch SM, Jones LW, Gulati A, Kumar NB, Greenlee H, Pietanza MC, Cassileth BR. Complementary therapies and integrative medicine in lung cancer: Diagnosis and management of lung cancer, 3rd ed: American College of Chest Physicians evidence-based clinical practice guidelines. Chest. 2013 May;143(5 Suppl):e420S-36S. [PUBMED]