

Recent articles about additional scientific uses of hypnosis from Time Magazine, Business Week, the Los Angeles Times, and the Wall Street Journal.

"Move over, Lamaze. Hypnobirthers say their form of deep relaxation takes the panting and pain out of labor" by Amanda Bower, [TIME MAGAZINE](#), March 1, 2004

THE PHONE RANG AT 7:30 A.M. AND I stumbled out of bed, bleary-eyed and eight months pregnant, to find a message from Dan Gilman: his wife Laura Beth was in labor. I had never met the Gilmans, but they had generously invited me to witness the birth of their third child. They were using a pain-control technique I was learning myself: hypnobirthing.

I quickly organized a trip to the birthing center in Danbury, Conn., but just one hour after Dan's call, before I'd even made it out of New York City, Mitchell Gilman made it into the world.

When I spoke to her a week later, Laura Beth was apologetic. I was ecstatic. She was living proof of what hypnobirthing proponents kept telling me that mothers who use this method of self-hypnosis to give birth in a trance-like, deeply relaxed state often enjoy miraculously short labors. "He came out 28 minutes after my waters broke," Laura Beth told me. "And I was not in pain. I was able to really relax."

I wasn't an easy convert to hypnobirthing. For a start, hypnosis made me think of a traveling showman inducing an audience member to dance like a chicken. On top of that, my mother, her mother, every mother I'd ever met had drummed into me that childbirth was agony. Painfree labor? Yeah, right. But my husband Alex—a doctor who sniggered every time my prenatal-yoga video urged me to open up like a lotus blossom—was hypnobirthing's unlikely champion.

As a scientist, he embraced the logic of hypnobirthing: if women are terrified of childbirth, the fight-or-flight reflex kicks in once the contractions start. This reflex shuts down organs that are nonessential to fighting and fleeing, including the uterus. With reduced blood flow, the uterus cramps, causing pain. If women could relax, the theory goes, they would experience no pain, have more effective contractions and therefore a shorter labor.

Marie Mongan, 71, a Concord, N.H., hypnotherapist, invented the technique and has taught it at her institute since 1989. When I told her I was afraid of failing at

hypnobirthing, Mongan gave me simple advice: "Trust your body and your baby. They know what to do."

Alex and I signed up for private lessons with hypnobirthing teacher Suzanne Fremon. At first, I found it incredibly hard to clear my mind and relax. Expecting to find an ally in Alex, I vented after the first session about the silliness of imagining myself floating on rainbow clouds of mist. "Don't focus on the language," Alex said, sounding for all the world like a New Ager instead of a neurologist. "Focus on the intent." After a few weeks of practice on the subway, I could get to the end of taped 15-minute exercises and have no recollection of the train's having stopped. In our third of five sessions, Fremon pinched me while I was deeply relaxed. I felt nothing. When I was alert again, she pinched me as hard as before. I pulled away. Ouch!

Dr. Lome Campbell Sr., an upstate New York family practitioner and clinical professor of family medicine, introduced hypnobirthing to his practice four years ago. Since then, he says, his C-section rate has dropped from 25% to 1%, and none of his more than 200 hypnobirthing patients has ever requested analgesic drugs during labor.

Word is slowly spreading. Mongan has trained more than 1,700 people in 15 years. At the start, most were hypnotherapists and midwives. Now, about half are doctors and nurses. "This is not fringe or alternative," she says. "The more doctors and nurses see this, the more they realize it's no fluke."

Sadly, I didn't get to prove that point to my doctor-our son was a breech baby and delivered by caesarean section. But the hypnobirthing lessons were not in vain: they helped me cope when two anesthesiologists made six attempts at inserting my spinal block for surgery, and I was able to relax through the post-surgical pain with a minimum of medication. Four months later, when our son finally falls asleep each night, I know just how to relax and swiftly follow suit.

"There's Entrancing News About Hypnosis; It's gaining credibility as a treatment for a multitude of troubles, from nicotine addiction to post-traumatic stress disorder" by Kate Murphy, BUSINESS WEEK, February 2, 2004

Hypnosis helped James Williams cut back on his drinking eight years ago. So when he developed a fear of flying after September 11, he again sought hypnotic relief. "I had always thought hypnosis was a stage show kind of thing. But I've found it incredibly effective at getting me to focus on what I want to accomplish,"

says Williams, 56, a vice-president of Polyonics, a Westmoreland (N.H.) maker of bar-code stickers. Indeed, today he travels by plane without anxiety.

Although still not well understood, hypnosis has gained credibility in the past five years because of research using the latest brain-imaging technology. PET, MRI, and EEG scans show that hypnotized subjects have altered sensory perception -- and they're not just pushovers, play-acting, or highly imaginative, as once thought. Studies show hypnosis can help treat a multitude of disorders from asthma to warts. But it is not a cure-all and can even be dangerous if you go to a practitioner who lacks adequate training.

TUNING THINGS OUT. Hypnosis is a trancelike state that arises when your conscious mind takes a backseat to your unconscious, usually induced by relaxing patter. Forget the swinging watches. You'll more likely be asked to shut your eyes or focus on a fixed object, such as a doorknob. You tune out everything, including your own inhibitions. This makes you highly attentive and open to suggestion.

Some people are more susceptible than others. "It's a blue-eyes, brown-eyes kind of thing," says Dr. Elliot Wineburg, a neuropsychiatrist at Mt. Sinai School of Medicine in New York. "You're either born with the ability or you're not." Hypnotizability has nothing to do with intelligence or gullibility. But it does correlate to whether you're the type who gets totally absorbed reading a book or watching a movie.

The treatments usually last 30 minutes, and many patients report improvement after just one session. Jennie Lauria, a Queens (N.Y.) lab technician, says she kicked a pack-a-day smoking habit after a single visit with a hypnotherapist. More likely, you'll have to go three or four times and maybe also get tapes of hypnotic suggestions to play at night before you fall asleep. The suggestions are usually about positive things that will result from stopping a bad habit, such as how good you will feel and look if you lose weight. Your awareness of pain might be dulled by suggestions that you are floating in space in absolute comfort.

PAIN MANAGEMENT. Various brain scans of hypnotized individuals show they actually perceive what they are told is reality even when it clearly is not. A 2000 study in *The American Journal of Psychiatry* revealed that when hypnotized subjects were told a black-and-white picture was in color, their brain activity was consistent with seeing colors. Other studies indicated brain activity congruent with hearing noises when there were none, or not feeling pain when subjects' hands were submerged in painfully hot or cold water.

It's not surprising, then, that hypnosis is often used to treat chronic pain and help women give birth without resorting to medication. Researchers at Harvard University have found it diminishes the need for anesthesia during invasive

procedures such as angioplasty and breast reconstruction and speeds post-operative healing. Hypnosis may also be effective in treating asthma, irritable-bowel syndrome, dermatitis, warts, hives, hemophilia, nausea associated with chemotherapy or pregnancy, undesirable traits such as smoking or overeating, anxiety, phobias, and post-traumatic stress disorder, says Etzel Cardena, president of the Society for Clinical & Experimental Hypnosis (SCEH) and professor of psychology at the University of Texas-Pan American in Edinburg. He adds that the effects of hypnotherapy generally are lasting, though some patients might relapse after a period of months or years and require more treatment. The success rate depends on your hypnotizability, motivation, and disorder. For phobias, studies indicate it's around 50% after one visit. Hypnosis is most effective when used with psychotherapy and other supportive measures.

Hypnosis can be disorienting or tap emotions buried in your subconscious. Furthermore, you are vulnerable in the hypnotic state. For these reasons, it should be practiced by a licensed professional who operates under a recognized code of professional ethics. Look for medical doctors, psychiatrists, psychologists, or social workers who are certified by the SCEH or the American Society of Clinical Hypnosis (ASCH). Referrals are available at asch.net, or send an e-mail request to sceh@mspp.edu. Treatment ranges anywhere from \$50 to \$300 per hour, depending on who you see. For some diagnoses, your health insurance may pick up the cost.

HYPNOTIC SUGGESTIONS. Hypnosis is only as effective as your therapist's knowledge of you and your disorder. For example, Williams' psychologist hypnotherapist recognized that his excessive drinking had a lot to do with job-related stress. Therefore, the hypnotic suggestions Williams received encouraged him not only to stop drinking but also to avoid getting "so worked up about stuff at work," Williams says.

It's unlikely someone could get you to do anything that goes against your deeply held values while you're under hypnosis. But if you feel vulnerable, you can ask that a third party be present at the session to keep tabs on the therapist. Although hypnosis can have powerful effects, it probably isn't anything you haven't already experienced when you've stared off into space. Mt. Sinai's Wineburg says hypnosis is on the same spectrum, neurologically and experientially, as daydreaming and meditating. With hypnosis, however, there could be a remedy in your reverie.

Hypnosis How-To: Suppose you want to quit smoking:

1. You talk to the therapist about your unwanted habit and general lifestyle. Typical questions: When are you most likely to smoke? What is it about smoking that you enjoy? Why do you want to stop? What activities give you pleasure?
2. You sit in a comfortable chair. In a soothing voice, the therapist encourages you to relax by imagining a peaceful scene. You stare at a doorknob while the therapist tells you your limbs are getting heavy.
3. When you've reached a trancelike state, the therapist starts making suggestions. If you like to smoke after dinner but also enjoy green tea, the therapist might suggest that you crave the tea instead of a cigarette. The therapist tells you the results of not smoking: "You'll have whiter teeth. You won't smell like an ash tray."
4. After about 30 minutes, the therapist slowly brings you out of the hypnotic trance by gently making you more aware of your surroundings. You feel groggy as if you've just woken from a nap. You remember the session only hazily.
5. You get a tape of the session to take home and play as you are falling to sleep at night.

"Hypnotic reach; Doctors find recovery is aided by helping patients into healing trances" by *Benedict Carey* [LOS ANGELES TIMES](#), Jan 5, 2004

Hypnosis transports some people beyond serenity and absorption to a state of pure silliness. A solemn voice whispering to relax, breathe deeply and imagine a waterfall can bring to mind high school seances, Ouija boards, Woody Allen routines.

Yet the very same technique, the same voice, can move others to climb mountains. After a fall on a climbing expedition that mangled her ankles, Priscilla Morton, a 48-year-old New Orleans social worker and mountaineer, discovered that she was afraid to step off the curb and onto the street, much less climb again. Using a program of hypnosis, she was able to ascend to the 19,347-foot summit of Mt. Cotopaxi in Ecuador. Self-hypnosis "was the only way I could deal with the fear, the cold, the steepness, the exhaustion," Morton said.

Once mainly the province of entertainers, mystics and New Age healers, hypnosis is now gaining a foothold in mainstream medicine. At teaching hospitals such as those at Mount Sinai School of Medicine in New York and Harvard Medical School, hypnotists work with some surgical patients to help speed recovery. Many of the country's 1,000 or so certified hypnotherapists now get referrals from physicians on cases ranging from irritable bowel syndrome and heart disease to managing the pain of childbirth and cancer. In some studies, 50% to 70% of

people who have tried it say hypnosis has helped them to feel better or heal faster. Such reports have encouraged its use for everything from weight loss to smoking cessation, with varying results.

But is the evidence strong enough to justify sessions that can cost \$100? Most doctors are skeptical. For every person who learns to manage chronic pain, they say, several others manage only a yawn or a shrug. To earn widespread respect, hypnotherapists are going to have to reach more people, more consistently. "At this point, the therapy is certainly not well accepted by most physicians and surgeons," said Guy Montgomery, an assistant professor of biobehavioral medicine at the Mount Sinai School of Medicine.

The answer may be to teach hypnotizability, or suggestibility, as it's sometimes called. In more than a dozen studies over the last decade, men and women of various ages demonstrated they could learn to fall into a hypnotic trance more easily and deeply.

"Now the idea is to find what is most effective in getting them there, from a low level of suggestibility to a higher one," said Steven Lynn, a psychologist at the State University of New York at Binghamton who's conducting a large federally funded study on the subject. "You do that and you not only increase the number of people who would benefit but also widen the range of its applications."

The hypnotic state

Researchers long thought that suggestibility was a stable trait, like a person's IQ or leaping ability, that couldn't be improved on much. Yet there's little evidence that it's related to innate gullibility or a person's imaginative powers. Personality isn't a deciding factor either; researchers have found no strong relationships between hypnotic suggestibility and traits such as neuroticism, extroversion or intellectual curiosity.

Attitude does seem to matter -- in particular, skepticism -- and for good reason. Since an Austrian physician named Franz Mesmer first popularized the use of trance-like states as a method of treating anxiety and hysteria in the 18th century, the technique has appealed to all variety of charlatans and healers, as well as to Hollywood scriptwriters, who've had fun using it to brainwash, possess and otherwise manipulate characters and plot. Movies such as "Whirlpool" (1949), "The Manchurian Candidate" (1962) and almost any Dracula film have defined hypnosis in the public imagination as a form of demonic mind control, and that image itself may undermine people's hypnotizability.

So psychologists trying to teach hypnotic suggestibility often start with a simple explanation of what hypnosis is and what it's not. Being hypnotized does not turn a

person into an automaton or a puppet, for instance; almost always it's a mundane experience, as familiar as a daydream.

The therapist might have a person simply stare at a spot on the wall, for instance, then gradually relax, feeling his or her arms getting lighter and lighter, as if the bones were hollow, say, as if connected to helium balloons. Highly hypnotizable people often are best at demystifying the trance. "You're not losing control, like in the movies," said climber Morton, who described her experiences in a recent issue of the *American Journal of Clinical Hypnosis*. "It's more like you drift off a little. You're temporarily distracted by a particular image or lost in thought, like when you drive home from work and arrive without remembering how you got there. It's a very natural state, the kind we go into all the time, and it helps to think of it that way."

In several studies, research psychologists have found that a straightforward description of the sensations and images that occur during hypnosis can also help skeptics and other trance resisters become more suggestible.

In his ongoing project, Lynn shows volunteers a videotape of highly hypnotizable people explaining their sensations and what they thought about while in a trance. On one video clip, a hypnotist has a subject clasp his hands together and then imagine they're welded together. The hypnotized man suddenly cannot separate his hands; they're stuck. "If I stopped imagining and admitted to myself that they could come apart, then of course I could have made them come apart," he explains afterward on the tape. "But I figured that's not the point of the suggestion. The point is to get involved in the make-believe, no matter what. So, I just kept imagining that my hands were welded blocks of steel and did this until the suggestion was over."

Using imaging technology, neuroscientists have taken pictures of people's brains during hypnosis. The snapshots show a decrease of arousal in the cortex, the brain's manager and planner, and an increase of activity in areas involved in focusing attention. This makes some sense to psychologists who practice and study hypnosis.

While in the trance, a person is usually concentrating on bringing to mind some vivid image, which could account for heightened attention. The drop in cortical arousal accompanies a decline in moment-to-moment alertness. In effect, psychologists say, the person is conscious enough to hear and understand suggestions such as "You will feel strong and healthy after surgery" or "You will feel calm and relaxed when taking the test," without applying his or her usual skepticism or irony. If the suggestions are helpful, the theory goes, they may become a part of the person's subconscious memory.

"This is all happening beneath the level of consciousness, so the suggestions are not something the person has to think about or remember," said Marc Schoen, a Los Angeles psychologist and assistant clinical professor at the UCLA School of Medicine who has used hypnosis for more than 20 years.

Patient control

Like other therapists who specialize in hypnosis, Schoen has treated everything from social anxiety to pain from cancer and cancer treatment. Typically, he works with people once a week for six to eight weeks. When effective, the therapy blunts emotional over-reactions to a particular person, situation or drug side effect, say, that normally would intensify pain, interrupt sleep or otherwise trigger anxiety. With practice, many people learn to do this on their own. In effect, they adapt the therapist's methods to put themselves into a brief trance, reinforcing suggestions or thoughts they've found helpful during a session -- self-hypnosis.

Schoen may also use traditional cognitive therapy, in which people learn to consciously identify these same emotional triggers, then avoid them altogether (if possible) or calm themselves before getting upset. But when hypnosis is successful, he said, no conscious mental effort is necessary to short-circuit a painful emotional reaction. "It just doesn't happen; you don't feel the same fear, the same apprehension," he said. "In that sense, it's a form of desensitization."

Henry Polic II, a movie and TV actor in his 50s best known for his work in the 1980s series "Webster," got a referral to Schoen last summer during treatment for malignant skin cancer. Polic was on a drug and radiation regimen that caused a paralyzing nausea, plus swelling blisters in his mouth so severe that he had trouble speaking and swallowing. While hypnotized, the actor imagined himself in Key West, Fla., at sunset, as he remembered it from a vacation years ago. Meanwhile, Schoen was informing him that the water washing on the sand was clearing his body of illness and relaxing his tissues. It took a few sessions, but the swelling dropped by about half, Polic estimated, and the blisters near the back of his throat disappeared. "Gone, and I mean gone; I could swallow again," he said. "I have no idea how that happened, but it did."

Nor does anyone else know. Distraction may play an important role, some doctors say. It's well known, for instance, that the brain can virtually shut down pain signals when preoccupied; many athletes and soldiers have known the surprise of suddenly discovering a cut or wound once the fray is over, well after suffering the injury. If nothing else, those who respond to hypnosis have learned to escape into their imaginations for a time. But there's more going on, and many psychologists argue that it has to do with the placebo effect, the self-fulfilling belief that a condition has been treated.

In 1995, a team of researchers from the University of Connecticut reviewed six weight-loss studies that compared the effect of cognitive therapy -- identifying eating triggers and defusing them -- with and without hypnosis. About 70% of the overweight people who got hypnosis lost more weight and kept it off longer than those who got only talk therapy.

In a 2002 look at 20 studies on hypnosis and surgical pain, Mount Sinai researchers found that adding hypnosis to standard post-surgical care sped recovery almost 90% of the time, in terms of levels of pain, anxiety and the need for painkillers. "The hypnosis seems to change expectations, in the same way that a placebo does," said Montgomery, an author on both studies, "and this change appears to have a strong effect on what people actually experience."

Montgomery, like other psychologists, is now running a study of hypnosis on people undergoing surgery, in this case breast cancer patients. On the day before surgery, a trained hypnotist puts the patients into a trance for about 15 minutes, telling them that they'll feel "healthy, full of energy, strong," after their operations.

The motivation factor

There's reason to believe that even a very short -- i.e. relatively inexpensive -- approach could lessen a patient's pain and drug use after surgery, psychologists say. For whatever their personal views of hypnosis, people awaiting surgery have one thing going for them that many others don't: motivation. It doesn't take a psychologist to explain why people going under the knife have tremendous anxiety, not only about the success of the operation but also about complications and recovery. They long for hypnosis to work.

"You have to really want to do what the hypnotist is suggesting you do, for obvious reasons," said psychologist Lynn. His preliminary results suggest that most people on the low end of the suggestibility scale can learn to be two to three times more hypnotizable than before, once they overcome skepticism and resistance to imagining and they establish a rapport with the therapist.

For cancer patient Polic, hypnosis has helped make the difference between living in misery and leading an active life, with the luxury of being able to laugh now and then. He doesn't feel like a million bucks, but his skin isn't burning and he's not crippled with nausea. Using CDs of recorded hypnotism sessions, he has learned to put himself into a brief trance when needed, when side effects flare. "I was never a skeptic of hypnosis, but I'm amazed so far at what a difference it has made," he said. He is due for another round of drug therapy today. On Thursday, he's scheduled for another hypnosis session. "I'm headed back to Key West."

"Altered States: Hypnosis Goes Mainstream; Major Hospitals Use Trances For Fractures, Cancer, Burns; Speeding Surgery Recoveries" by Michael Waldholz, [WALL STREET JOURNAL](#), _October 7, 2003.

HYPNOSIS, often misunderstood and almost always controversial, is increasingly being employed in mainstream medicine.

Numerous scientific studies have emerged in recent years showing that the hypnotized mind can exert a real and powerful effect on the body. The new findings are leading major hospitals to try hypnosis to help relieve pain and speed recovery in a variety of illnesses. At the University of North Carolina, hypnosis is transforming the treatment of irritable bowel syndrome, an often-intractable gastro-intestinal disorder, by helping patients to use their mind to quiet an unruly gut. Doctors at the University of Washington's regional burn center in Seattle regularly use it to help patients alleviate excruciating pain. Several hospitals affiliated with Harvard Medical School are employing hypnosis to speed up postsurgical recovery time. In one of the most persuasive studies yet, a Harvard researcher reports that hypnosis quickened the typical healing time of bone fractures by several weeks.

"Hypnosis may sound like magic, but we are now producing evidence showing it can be significantly therapeutic," says David Spiegel, a Stanford University psychologist. "We know it works but we don't exactly know how, though there is some science beginning to figure that out, too."

Hypnosis can't help everyone, many practitioners say, and some physicians reject it entirely. Even those who are convinced of its effect say some people are more hypnotizable than others, perhaps based on an individual's willingness to suspend logic or to simply be open to the potential effectiveness of the process.

These days, legitimate hypnosis is often performed by psychiatrists and psychologists though people in other medical specialties are becoming licensed in it, too. It can involve just one session, but often it takes several -- or listening to a tape in which a therapist guides an individual into a trance-like state. Whatever the form, it is increasingly being used to help women give birth without drugs, for muting dental pain, treating phobias and severe anxieties, for helping people lose weight, stop smoking or even perform better in athletics or academic tests. Many health-insurance plans, even some HMOs, now will pay for hypnosis when part of an accepted medical treatment.

Until the last decade, many traditional science journals regularly declined to publish hypnosis studies, and research funding was scarce. That's changing. Dr. Spiegel, for instance, is co-author of a widely referenced randomized trial involving 241 patients at several prestigious medical centers. Published several years ago in the *Lancet*, a respected medical journal, it found that patients hypnotized before surgery required less pain medication, sustained fewer complications and left the hospital faster than a similar group not given hypnosis.

Using new imaging and brain-wave measuring tools, Helen Crawford, an experimental psychologist at Virginia Polytechnic Institute in Blacksburg, Va., has shown that hypnosis alters brain function, activating specific regions that control a person's ability to focus attention. "The biological impact is very real and it can be quantified," Dr. Crawford says.

Still, proponents say they typically spend a great deal of time dispelling commonly held myths and answering skeptics. Hypnosis, they say, cannot make people do or say something against their will. Credible hypnotists don't wave a watch in front of their clients, as portrayed in many old movies. People who enter into a so-called hypnotic trance are not, generally, put to sleep. On the contrary, practitioners say, they refocus their concentration to gain greater control.

Even so, the field continues to be hurt by quacks, says Marc Oster, president of the American Society of Clinical Hypnosis. His group, along with the Society for Clinical and Experimental Hypnosis, publishes research studies, conducts educational seminars for health providers and certifies those who complete course work and meet other standards. Dr. Oster suggests that people interested in hypnosis see a health provider licensed in a medical discipline, who is also certified by one of the hypnosis societies -- someone who "uses hypnosis as an adjunct" to a principal medical practice.

Researchers say that most people unwittingly enter into hypnosis-like trances on their own in everyday life. When reading a riveting novel or watching a film or TV, many people are experiencing a trance-like state when they are so focused they become only vaguely aware of nearby noise, conversation or activity. In a dream, when someone imagines falling off a cliff and is startled awake by the sensation of falling, they are triggering the same mental machinery that in hypnosis allows the mind to influence the body, says Dabney Ewin, a psychiatrist at Tulane University Medical School.

Katie Miley used self-hypnosis taught to her by a Chicago-area psychologist to help her give birth "without being so anxious and without pain medication." For weeks preceding the delivery Dr. Miley, herself a psychologist, used tapes provided by the therapist to practiced slipping into a hypnotic state. During the

birth, and as suggested by the therapist, she muted the pain by imagining the contractions "as a warm blanket enveloping me," she says.

"It was weird," she says. "I was aware of everyone in the room and I was interacting, but mentally my focus was elsewhere and I just allowed the process to unfold."

Some of the clearest clinically measured results come from using hypnosis to mute severe and chronic pain -- as the University of Washington's regional burn-treatment center in Seattle is doing with burn patients. Patients sent there must undergo frequent therapy to sterilize their damaged skin, and get new grafts. They must be awake and alert during the treatment, and even the most powerful narcotics rarely diminish the intense pain.

David Patterson, a psychologist at the center, induces a hypnotic trance with a typical and relatively quick technique. Patients are told to close their eyes, breath deeply, and imagine they are floating. Through a variety of verbal suggestions, Dr. Patterson then helps the patient imagine themselves elsewhere, away from the treatment. "The pain is still there, of course, but patients simply don't experience it as before," he says.

While relieving physical pain is one of the more common uses of hypnotism, it is also the hardest to explain. Dr. Patterson and others report that hypnosis doesn't appear to act on the body's natural pain-killing chemicals, the way drugs do. Instead, scientists believe, through hypnosis a person can be trained to focus away from the pain, not on it as most people usually do. Many athletes often unconsciously use such a technique to play through severe pain, concentrating their attention on the game or task ahead, instead of on their injury.

Recently, Dr. Patterson added another tool to transport hypnotized patients to a "safer emotional environment." He and his colleagues created a virtual reality film; patients placed in a helmet during therapy watch a three-dimensional depiction of a snow-covered set of mountains and canyons. By interacting with the film, patients can feel they are suspended over a cool and calming world. Michael "Mac" MacAneny, one of the first burn patients to use the 3-D film, says he is certain that "it saved my life."

Early last year, Mr. MacAneny sustained deep burns over 58% of his body when building a bonfire for his sons in his backyard. A gas tank he was using suddenly exploded, enveloping him in flames. Before Dr. Patterson began treating him, the 39-year-old Mr. MacAneny says he dreaded his daily therapy, "freaking out" whenever the nurses came to get him. Hypnotized and inside the 3-D virtual world, "I knew what was going on, but I just didn't pay attention to it," he says.

Hypnosis, in some form or another, has been used for more than 200 years. It began gaining credibility as a medical tool in the early decades of the last century as psychiatry and psychoanalysis began to show how the unconscious mind often rules daily life. Its usefulness was cemented when combat physicians reported using it during World War II for the wounded.

By 1958, as more doctors described their experiences in the war, the American Medical Association certified the technique as a legitimate treatment tool. Nevertheless, few doctors employed it. But in 1996, a National Institutes of Health panel ruled hypnosis as an effective intervention for alleviating pain from cancer and other chronic conditions. These days, as many people accept that stress can exacerbate illness, the potential curative power of hypnosis is becoming more acceptable, too.

Carol Ginandes, a Harvard psychologist at McLean Hospital in Boston, is trying to prove that "through hypnosis, the mind can have a potent effect not only on mental well-being but also on the acceleration of bodily healing itself." She has co-written a study showing ankle fractures among patients receiving a hypnotic protocol healed weeks faster than usual and another study showing wound-healing benefits for hypnotized breast-cancer surgery patients. Though these studies were preliminary, Dr. Ginandes believes that hypnosis enabled her subjects to stimulate the body's own healing mechanism to work more efficiently.

Elvira Lang, director of interventional radiology at Beth Israel Deaconess Medical Center in Boston, has made similar findings. She recently reported that hypnotized patients who must remain awake during certain vascular and kidney procedures fared measurably better than similar patients who didn't undergo hypnosis. Still, says Dr. Lang, until very recently, "I didn't dare use the 'H' word around here."

What It's Used For

- Pain relief
- Treatment of gastro-intestinal disorders
- Treatment of some skin conditions
- Postsurgical recovery
- Relief from nausea and vomiting
- Childbirth
- Treatment of hemophilia
- Treatment of phobias