



Cancer and oncology

How hypnotherapy can help cancer patients with research articles and references.

Hypnosis and cancer goes back two centuries the use of hypnosis in the treatment of Breast Cancer started with a French surgeon, Cloquet, back in 1829. This was the first documented application of hypnosis in Breast Cancer Surgery. Cloquet performed a mastectomy with axillary dissection, while the patient's physician, Dr. Chapelin, practiced something known as "magnetic sleep," the word "hypnosis" not yet existing at that time.

After 1847, much major surgery, including breast surgery, was performed under hypnosis, but once ether and chloroform were made available to medical teams, these drugs became the standard of care for clinical anesthesia. Thus, hypnosis gradually disappeared from the "anesthetic environment." Nevertheless, cases of Breast Cancer Surgery with hypnosis have been reported throughout the history of hypnosis.

During the 1950s, hypnosis was used as adjuvant therapy in the management of Breast Cancer. In some cases, it was performed to reduce pain related to metastatic Breast Cancer. In the 1960s, Cangello showed the positive effect and power of posthypnotic suggestions to alleviate pain in cancer patients.

In 1983, Spiegel published the results of the first randomised controlled trial on the contribution of hypnosis to reducing pain in case of metastatic Breast Cancer. Since then, interest in hypnosis, initially focused on pain, has broadened to a general oncology treatment context.

Since 1992, hypnosis has been seen in operating rooms for procedures such as thyroidectomy, parathyroidectomy, and plastic surgery. It can currently be used instead of general anesthesia for tumorectomies, quadrantectomies, and even mastectomies, in association with local or regional anesthesia

Taken from The National Library of Medicine - [LINK Published Aug 21' Hypnosis in the Perioperative Management of Breast Cancer Surgery: Clinical Benefits and Potential Implications](#)



Cancer and oncology

As we can see, the past two centuries have supported the efficacy of hypnosis in cancer patients.

Why do people with cancer use hypnotherapy?

As with many types of complementary therapy, some people with cancer use hypnotherapy to help them relax and cope with symptoms and treatment.

Hypnotherapy might help some people feel more comfortable and in control of their situation. People with cancer most often use hypnotherapy for sickness or pain. There is some evidence that hypnotherapy helps with these symptoms. It can also help with depression, anxiety and stress.

Resource - Cancer Research UK [LINK](#)

Mental health, when treating cancer, is becoming more and more common - working with your doctor, a psychologist, and a hypnotherapist is a good three-pronged strategy through the stages of therapy.

At [Fairy Meadow Hypnotherapy](#), we help clients deal with the roller coaster of emotions that cancer brings to families. We can help with the following, and we will go into more detail throughout this article:

- Pain management
- Nausea and unpleasant side effects of medication
- Fatigue
- Anticipatory anxiety
- Depression
- Sleep
- Palliative care
- Self-Care, self-esteem and self-confidence
- Goal setting and motivation



Cancer and oncology

Pain management

Feelings of pain vary from person to person, and the intensity of the pain can be altered through hypnotherapy. The pain receptors are a natural pain alert, so hypnotherapy does not remove the pain altogether - however, there is significant potential for alleviating pain when also using analgesics.

Abstract - [Clinical hypnosis versus cognitive behavioural training for pain management with paediatric cancer patients undergoing bone marrow aspirations Dec 1997 link](#)

A randomised controlled trial was conducted to compare the efficacy of clinical hypnosis versus cognitive behavioural (CB) coping skills training in alleviating the pain and distress of 30 paediatric cancer patients (age 5 to 15 years) undergoing bone marrow aspirations.

*Patients were randomised into one of three groups: hypnosis, a package of CB coping skills, and no intervention. Patients who received either hypnosis or CB reported less pain and pain-related anxiety than did control patients and less pain and anxiety than at their own baseline. Hypnosis and CB were similarly effective in the relief of pain. Results also indicated that children reported more anxiety and exhibited more behavioural distress in the CB group than in the hypnosis group. **It is concluded that hypnosis and CB coping skills are effective in preparing paediatric oncology patients for bone marrow aspiration.***

Nausea and unpleasant side effects of medication

Systematic desensitisation under hypnosis over a period of sessions can alleviate the conditioned anticipatory nausea and vomiting.

Abstract - [Anticipatory Nausea and Vomiting Aug 2010](#)

*Anticipatory nausea and vomiting (ANV), also referred to as conditioned, learned or psychological nausea and vomiting, is widely believed to be a learned response to chemotherapy that 25% of patients develop by the fourth treatment cycle. It appears to link psychological, neurological and physiological systems. The risk of ANV tends to increase with the number of cycles received and the symptoms may persist long after the completion of chemotherapy. **ANV is difficult to control by pharmacological means, whereas behavioural therapies, most notably systematic desensitisation, can be used to effectively treat it.***



Cancer and oncology

Fatigue

As part of a hypnotherapy treatment plan, hypnosis can alleviate Cancer-related fatigue.

Abstract - Cancer-related fatigue: a systematic and meta-analytic review of non-pharmacological therapies for cancer patients Sept 2008

*Cancer-related fatigue (CRF) is a significant clinical problem for more than 10 million adults diagnosed with cancer each year worldwide. No "gold standard" treatment presently exists for CRF. To provide a guide for future research to improve the treatment of CRF, the authors conducted the most comprehensive combined systematic and meta-analytic review of the literature to date on non-pharmacological (psychosocial and exercise) interventions to ameliorate CRF and associated symptoms (vigour/vitality) in adults with cancer, based on 119 randomised controlled trials (RCTs) and non-RCT studies. Meta-analyses conducted on 57 RCTs indicated that exercise and psychological interventions provided reductions in CRF, with no significant differences between these 2 major types of interventions considered as a whole. **Specifically, multimodal exercise and walking programs, restorative approaches, supportive-expressive, and cognitive-behavioural psychosocial interventions show promising potential for ameliorating CRF.** The results also suggest that vigour and vitality are distinct phenomena from CRF with regard to responsiveness to intervention. With improved methodological approaches, further research in this area may soon provide clinicians with effective strategies for reducing CRF and enhancing the lives of millions of cancer patients and survivors.*

Anticipatory anxiety

Hypnosis and the use of visualisation tools can promote relaxation and boost inner confidence. The best hypnosis is self-hypnosis and we teach our clients how to do this in our sessions together.

Abstract - A randomized clinical trial of a brief hypnosis intervention to control venepuncture-related pain of paediatric cancer patients April 2009

Venepuncture for blood sampling can be a distressing experience for a considerable number of children. A prospective controlled trial was conducted to compare the efficacy of a local anaesthetic (EMLA) with a combination of EMLA with self-hypnosis in the relief of venepuncture-induced pain and anxiety in 45 paediatric cancer outpatients (age 6-16 years). A secondary aim of the trial was to test whether the intervention will have a beneficial effect on parents' anxiety levels during their child's procedure.



Cancer and oncology

Patients were randomized to one of three groups: local anaesthetic, local anaesthetic plus hypnosis, and local anaesthetic plus attention. **Results confirmed that patients in the local anaesthetic plus hypnosis group reported less anticipatory anxiety, and less procedure-related pain and anxiety, and were rated as demonstrating less behavioural distress during the procedure than patients in the other two groups. Parents whose children were randomized to the local anaesthetic plus hypnosis condition experienced less anxiety during their child's procedure than parents whose children had been randomized to the other two conditions. The therapeutic benefit of the brief hypnotic intervention was maintained in the follow-up.** The present findings are particularly important in that this study was a randomized, controlled trial conducted in a naturalistic medical setting. In this context, convergence of subjective and objective outcomes was reached with large effect sizes that were consistently supportive of the beneficial effects of self-hypnosis, an intervention that can be easily taught to children, is noninvasive and poses minimal risk to young patients and their parents.

Depression

Hypnotherapy can help a person learn to reduce and/or better control feelings of anxiety, stress, and sadness. Hypnotherapy is also used to treat negative behaviours that could be worsening a person's depression. Depression in cancer patients is common and can be alleviated under the care of a hypnotherapist.

Abstract - [Hypnotherapy in cancer care: Clinical benefits and prospective implications 2017 LINK](#)

Hypnotherapy is beneficial for cancer patients having depression. In 2008, Dr. Elkins et al. conducted a randomized controlled study of hypnosis among breast cancer survivors to explore the effectiveness of hypnotherapy in physical and mental health issues, including depression, anxiety, disturbed sleep, and hot flashes. Sixty breast cancer survivors were randomly assigned to receive hypnosis intervention or no treatment. Fifty-one randomly assigned women completed the study. **By the end of the treatment period, statistically, significant improvements in depression and other study measures were observed for patients who received the hypnosis intervention ($P < 0.005$) in comparison to no treatment control group.**



Cancer and oncology

Sleep

Hypnosis can also be an effective treatment option for cancer patients suffering from sleep problems. Cancer patients experience sleeping difficulties for a number of reasons, including anxiety related to diagnosis, depression, pain, fatigue, and other treatment-related side effects. Cancer patients have been reported to be nearly three times more likely than members of the general population to meet diagnostic criteria for insomnia.

While sleep disorders can be treated with pharmacotherapy, this treatment modality carries with it the inherent risks of dependence and potentially dangerous drug interactions. Furthermore, pharmacotherapy does not treat the underlying source of the sleep disturbance. Hypnosis provides cancer patients with a safe alternative treatment option that not only improves the ability to obtain restful sleep, but also leads to improvements in other symptom areas.

A study conducted by Elkins et al supports the efficacy of clinical hypnosis in improving the quality of sleep for cancer patients. During this study, 51 breast cancer patients (all female) were assigned to either five weekly sessions of hypnosis or a waitlist control group. The main outcome for this study was a reduction in hot flash occurrence. At the conclusion of the 5-week treatment period, not only did cancer patients report fewer hot flash related daily disturbances, but they also reported significant improvements in sleep quality, as well as fewer symptoms of anxiety and depression. This study provides an example of how hypnosis may be effective at treating a target symptom and improving the patient's overall quality of life.

[Link for more here](#)

Palliative care

Hypnotherapy is an underused modality in specialist palliative care settings; not enough research has been done on the subject, but research is showing that hypnosis, together with other therapy modalities, is useful for the patient.

Abstract - [Hypnosis in a specialist palliative care setting - enhancing personalized care for difficult symptoms and situations 2020 LINK](#)

It can enhance the use of medical advice, as well as pharmacological and non-pharmacological interventions. In clinical practice, hypnosis is not regarded as a treatment in itself and many avoid



Cancer and oncology

the term hypnotherapy for this reason. As Williamson points out, the state of being deeply relaxed is recognized as helpful for reducing the impact of stress, and most SPC hypnosis sessions include a focus on relaxation. Like other clinical interventions, the setting in which hypnosis takes place, the disposition of the therapist, and their ability to develop a therapeutic relationship with the patient and the wider context of its use will contribute to any useful additional placebo effect gained from the therapeutic rituals of palliative care consultations. The context may include the atmosphere in the hospice, the time given to patient and family, the status of the clinician as experienced in palliative care and hypnosis and their confidence in it. With difficult symptoms and situations, it is particularly important to harness any possible therapeutic gain.

Self-Care, self-esteem and self-confidence

Hypnotherapy is known to help people in these areas - cancer patients can have issues with these areas due to procedures, pain or their personal body image.

Self-esteem can be high or low and in patients with cancer, and it is important to maintain self-esteem that is closer to the high end rather than the low. Patients with lower self-esteem have been linked to having more depressive symptoms and decreased social support. When patients look in the mirror, they want to be happy and proud of what is staring back at them, and that is not always what happens. As a result, they need support during the times that they don't feel like themselves, especially when their bodies start changing right before their eyes.

Source - [Oncology Nursing News](#)

Hypnotherapy and other modalities that [Fairy Meadow Hypnotherapy](#) utilise include visualisation (imagery) and goal-setting techniques. Ego-strengthening hypnosis and teaching the client to do self-hypnosis also adds to their management of emotions.

Goal setting and motivation

As above, hypnotherapy can help greatly with goal setting and the motivation to allow the clients body to heal through the treatment. Inducing powerful visualisations with cancer-fighting cells and directing the immune system to release more effective white blood cells into the bloodstream have been part of a few studies already. In addition, teaching mindfulness tools are effective in relieving symptoms of emotional distress.



Cancer and oncology

Teaching the client to project themselves forward in time is also a useful technique in healing through their cancer treatment.

Abstract - [Randomized controlled trial of a group intervention combining self-hypnosis and self-care: Secondary results on self-esteem, emotional distress and regulation, and mindfulness in post-treatment cancer patients. October 2020 LINK](#)

*Purpose - Cancer patients often report low self-esteem and high emotional distress. Two factors seem particularly linked to these symptoms: emotion regulation strategies and mindfulness. The interest of hypnosis and self-care to relieve these symptoms is not well documented. Our randomized controlled trial aimed at assessing the effect of a group intervention combining self-hypnosis and self-care on self-esteem, emotional distress, emotion regulation, and mindfulness abilities of post-treatment cancer patients, as well as investigating the links between these variables. Methods - One hundred and four patients who had suffered from cancer were randomized into the intervention group (N = 52) and the wait-list control group (N = 52). They had to answer questionnaires before (T1) and after the intervention (T2). Nine men were excluded from the analyses, leading to a final sample of 95 women with cancer. Group-by-time changes were assessed with MANOVA, and associations with self-esteem and emotional distress were investigated with hierarchical linear regression models. Results - **Participants in the intervention group (mean age = 51.65; SD = 12.54) reported better self-esteem, lower emotional distress, a decreased use of maladaptive emotion regulation strategies, and more mindfulness abilities after the intervention, compared to the WLCG. This increase in mindfulness explained 33% of the improvement of self-esteem and 41.6% of the decrease of emotional distress in the intervention group. Self-esteem and emotional distress also predicted each other.** Conclusion - Our study showed the efficacy of our hypnosis-based intervention to improve all the investigated variables. Mindfulness predicted the improvement of self-esteem and emotional distress. The primary impact of our intervention on mindfulness abilities seems to explain, at least in part, its efficacy.*

[Contact us today](#) to discuss whether we can help you or a family member through the cancer process.