Hypnosis and Clinical Hypnotherapy in the Treatment of Psychological and Psychosomatic Ailments

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Review Article

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Abstract

This review on hypnosis and clinical hypnotherapy in the treatment of psychological and psychosomatic ailments comes to shed the light on a topic since its inception is neglected in our Arab world, though historically and scientifically it had been evolved as it is the case of other clinical procedures. Tracing of the most significant efforts in the history of hypnotism, the nature of the phenomenon, its scope and process was of great importance to be addressed. Also, earlier, late and current evaluations of the subject from a scientific outlook were highlighted, where it was shown that hypnosis and hypnotherapy is a valid and reliable clinical tool in the treatment of many health problems. From here, it leads us to conclude that hypnosis and hypnotherapy is a significant clinical tool in medical practice; in past and at present. With hope that one day hypnosis and hypnotherapy will become a therapeutic choice for all who may need it; individuals, families and groups; for a healthy living, happiness and much better promising quality of life.

Key words: hypnosis, clinical hypnotherapy, treatment, psychological and psychosomatic ailments.

الخلاصة

تأتي هذه المراجعة حول التنويم المغناطيسي والعلاج بالتنويم المغناطيسي الاكلينيكي في معالجة الامراض النفسية والنفس جسدية لإلقاء الضوء على موضوع منذ بداياته نراه متجاهل في عالمنا العربي، على الرغم من انطلاقته العلمية والتاريخية الطويلة كغيره من الطرق الإكلينيكية الأخرى. استعراض أهم الجهود ذات الدلالة في تاريخ التنويم المغناطيسي، وطبيعة تلك الظاهرة، مجالاتها وعملياتها، كان من أهم ما تطرق اليه. أيضا تم تسليط الضوء على تلك التقويمات العلمية للموضوع، المتقدمة منها والمتأخرة، والمعاصرة، ومن وجهة نظر علمية، والتي من خلالها تم الكشف عن حقيقة أن التنويم المغناطيسي والعلاج بالتنويم المغناطيسي كأداة اكلينيكية ذا مصداقية ووثوقيه معتبرة في معالجة العديد من المشكلات الصّحية. وفي نهاية الامر، خلصنا الى ان التنويم المغناطيسي والعلاج بالتنويم المغناطيسي أداة اكلينيكية ذات دلالة في المراس الطبية؛ في الماضي والحاضر. مع الامل في ان يكون التنويم المغناطيسي والعلاج بالتنويم المغناطيسي يوما ما خيارا علاجيا لكل من قد يحتاجون اليه؛ افرادا، واسرا وجماعات؛ وكله من اجل حياة صحية، وسعادة ونوعية حياة واعدة.

Introduction

Hypnosis as a technique for health issues that seems to have been originated with Budhism and other eastern meditative techniques of ancient India cultures, [1] as it is the story of sleep temples in ancient Egypt,[2] Greece and the Romans.[3] Literally speaking, hypnotism is a state where to place an individual in a sleep-like status, though as we will see it is a different state of sleep.

In the golden times of Islam and Muslims, Avicenna (Abu Ali Ibn Sina) (980-1037), the well known

philosopher and physician of his time, was the earliest medieval age to make a distinction between natural sleep and the state of hypnosis, where in "The Book of Healing" (Kitab-ul-Shifaa) (published in 1027), he referred to the phenomenon as "Al-Wahm Al-Amil" (the working illusion). From Avicenna's perspective, one could create conditions in another person to make him or her accept the reality of hypnosis [4].

Hypnosis as a modern science is documented in Paris as far back as the 18th century, where it was used as a medical tool in dealing with pain resolving troubles, and the Austrian physician Franz Anton Mesmer (1734-1815) was the first to become a famous in using a form of hypnosis referred to as "animal magnetism" and later as "Mesmerism"[5].

True that within the same period of time, we find the Swiss priest Johann Joseph Gassner (1729-1779), to challenge "Mesmerism" and to judg Mesmer's method as curing through "exorcism" and Mesmer to confront Glassner's religious beliefs in a controversial scientific session before the Munich Academy of Sciences [6].
Later, we find Pope Pius VI (1717-1799) of Rome, to criticize Gassner's views, where the later position becomes difficult; in the end to be forbidden to conduct "exorcisms" or see hypnotism as "exorcism"[7].

Later as an interested fellow in the phenomenon, the Scottish surgeon James Braid (1795-1860) was the first to publish a major book on hypnotism, named Neurypnology (1843), where he discussed hypnotism's historical precursors in a series of specialized varied articles [8]. Further, Braid was the first to draw analogies between his own practices of hypnotism and other various forms of Hindu yoga meditation and related ancient spiritual practices[9]. Braid was the one who coined the term "hypnotism" as an abbreviation for "neuro-hypnotism," meaning "sleep of the nerves,"[10] where from here the man was taken by many as the first genuine "hypnotherapist" and the "father of hypnotism."[11]

Contemporary to Braid, John Elliotson (1791-1868), the President of the Royal Medical and Surgical Society of London performed successfully about 1834 surgeries while patients were under hypnosis. Also, within the same period of time, it was reported that James Esdaille (1808-1859) of Scotland, who is a famous British surgeon serving in India, as conducted about 2,000 operations (including amputations) with patients under hypno-anaesthesia, without feeling any pain [12].

Post Braid contributions and other British reputed figures, interest in hypnotism was temporarily waned for a while, gradually to be shifted from Great Britain to neighboring countries, to France, Germany, Austria, and Switzerland, where clinical and medical research on the topic began to grow, reaching its peaks in 1880s on the hands of Auguste Ambrose Liebeault, Hippolyte Bernheim, Emile Coue de la Châtaigneraie, and Jean-Martin Charcot[13].

At the Nancy school, which is considered the most famous earlier French hypnosis-centered school of psychotherapy, Auguste Ambrose Liebeault (1823-1904) and Hyppolyte Bernheim (1840-1919) where the first to come out with the notion that hypnosis is a normal phenomenon, and as due their works to be documented in various languages[14].

Based on such scientific efforts, hypnosis become an accepted therapeutic medical tool in medical science, where over the course of four years, Bernheim alone utilized hypnotic inductions in the case of

about 5,000 patients, with a 75% observed success rate[15].

Émile Coué (1857-1926) who studied on the hands of masters Liébeault and Bernheim, entered the arena as a psychologist and introduced a popular method of psychotherapy well based on autosuggestion[16]. His appreciated contributions made him to be seen by many medical critics as a second Nancy School per se [17].

In 1886, Jean-Martin Charcot (1835-1893), who becomes later the father of modern neurology in France, was the first to present his findings on the topic of hypnosis before the French Academy of Sciences; and albeit his critical conclusions that hypnosis is a manifestation of hysteria not a cure, hypnosis continued to be accepted and practiced as a therapeutic medical tool [18].

From the 1880s the examination of hypnosis passed from surgical doctors to mental health professionals, and Charcot's works led the way for others, where his clinical observations and enlightening studies continued by his pupils, particularly, Pierre Janet (1859-1947). Janet becomes the first to describe the theory of dissociation; the splitting of mental aspects under hypnosis (or hysteria as it were seen) as well he is the one who provoked interest in the subconscious mind and laid the framework for reintegration therapy in the case of dissociation and dissociated personalities [19].

Another enlightened pupil from Vienna, Sigmund Freud (1856-1939), who learned at the hands of Charcot himself, side by side with Janet, with some other medical reputed figures, like close friend Josef Breuer (1842-1925), we find them through hypnotism, strongly contributed enough to psychology, psychotherapy, the science of mind and other related mental processes [20].

In succession of Freud and Breuer, Clark Hull (1884-1952) who was an eminent experimental psychologist at Yale University, was the first American to present his data and observations on hypnosis, with a full description of the phenomenon in one of his revolutionary books, titled "Hypnosis and Suggestibility"[21].

Hull attempts dispelled all those misconceptions about hypnosis, and he did enough in comparing subjects' capacities while in hypnotic states with those in the awake states, and much more [22].

Succeeding Hull, Milton Hyland Erickson (1901-1980) as a reputed American mental health professional (both psychologist and psychiatrist) becomes a figure in what is denoted later as medical and clinical hypnosis [23-26].

It is enough to know that Erickson was the founding president of the American Society for Clinical Hypnosis in addition of being an active fellow of the American Psychiatric Association, the American Psychological Association, and the American Psychopathological Association. He is well noted for his distinguished approach to the unconscious mind as creative and solution-generating. Further, as a clinical hypnotist, the man noted in influencing plenty of psychological therapeutic techniques and related approaches, such as brief therapy, strategic family therapy, family systems therapy, solution focused brief therapy, in addition to his excellent contributions to the establishment and emergence of Neuro-Linguistic Programming -NLP [27].

Not to proceed further beyond, hypnosis and hypnotherapy becomes a well established medical procedure all over, where it is thoroughly investigated, taught, learned and clinically practiced at psychology,

psychiatry, and neurology schools, faculties, departments and units of health care settings and medicine.

Hypnotherapy: Nature, Scope and Process

Primarily speaking, hypnot-herapy is the use of hypnosis in psychotherapy by licensed psychotherapists [28]. Also, it is the use of the same by sergeants, obstetricians, pediatricians, general medicine practitioners, psychiatrists, and dentists [29 30].

Referring to the British Psychological Society, "the term 'hypnosis' denotes an interaction between one person, the 'hypnotist', and another person or people, the 'subject' or 'subjects.' In this interaction, the hypnotist attempts to influence the subjects' perceptions, feelings, thinking and behavior by asking them to concentrate on ideas and images that may evoke the intended effects. The verbal communications that the hypnotist uses to achieve these effects are termed 'suggestions.' Suggestions differ from everyday kinds of instructions in that they imply that a 'successful' response is experienced by the subject as having a quality of involuntariness or effortlessness"[31].

When it comes to hypnotherapy and related forms, we find that modern hypnotherapy in clinical practice has been used in a variety of therapeutic forms, such as the traditional hypnotherapy [32], self-hypnosis [33], cognitive-behavioral hypnotherapy or clinical hypnosis combined with some elements of cognitive-behavioral therapy [34], analytical hypnotherapy or what is know as "hypnoanalysis" [35], hypnosurgery form [36 37], Dave Elman hypno method,[38] and the Ericksonian hypnotherapy, including the well established NLP formulae [39 40].

When it comes to scope, hypnosis and hypnotherapy originally founded to treat and cure psychological, psychosomatic, psycho-neurological and psychosocial related symptoms and syndromes. Within that scope, building good habits (i.e., taking prompt action, exercising regularly, improving study habits), removing bad habits (i.e., stop smoking, nail biting, emotional overeating, setting goals and following a plan of action, eliminating negative self-talk and replacing it with helpful self communication, eliminating unnecessary fears and phobias (i.e., flying, public speaking, test taking, improving performance (i.e., sports, music, acting, speaking, sales, shifting perspective and attitude to help a client move ahead (i.e., from what's wrong to what's right, from problem to solution, from worry to action, from what can't be done to what can, teaching self-help tools and techniques (i.e., self-hypnosis, teaching corporate seminars (i.e., stress management, creating excellence, teaching personal growth seminars, healing emotional pain, enhancing physical healing, creative problem solving, locating and removing limiting decisions or negative beliefs, locating and releasing blocks that prevent any of the above), pain management, childbirth preparation, working with suicidal depression, and working with most psychologically labeled disorders[41].

As a form of psychotherapy and clinical therapeutic technique, hypnosis is used to create a kind of unconscious changes in the patient through creating and directing new thoughts, feelings and responses. As cited by Richard J D'Souza; who is a senior hypnotherapist at Clinical Hypnotherapy Cardiff: "hypnosis is sometimes referred to as an "altered state of consciousness" in which an individual(s) can experience an

increased receptiveness and responsiveness to their inner experiential perceptions. It is a state of heightened suggestibility in which a therapist can use suggestions to influence the patients' unconscious mind while their conscious mind remains relaxed [42]. And of course, all is undertaken within a subject inner world while he or she is under hypnosis.

When it comes to induction, the process should be undertaken by a well trained and licensed hypnotist to establish the needed state of unconsciousness or all those necessary conditions required for hypnosis to take place [43]. The formula in core, usually is a specific peculiar "sleep command or any related demand," though induction methods could vary. Also, when it comes to scripts, we find them varied from A to Z [44]. Even to reach such a hypno state , self-hypnosis is possible; a state in which a subject listens to either an audio or a video taped induction formula or plays the role of a hypnotist and a receptive subject successively [45 46].

Hypnotic induction is a necessary step to lead the subject to enter a state of increased suggestibility, a state during which his or her critical faculties are reduced and become more susceptible to accept the commands of the hypnotist [47, 48]. The state hereby is known as a "trance"[49]. When it comes to the necessary components to induce such a trance state, simply, we find it residing in motivation, concentration, imagination and suggestion as the figure 1 shows.

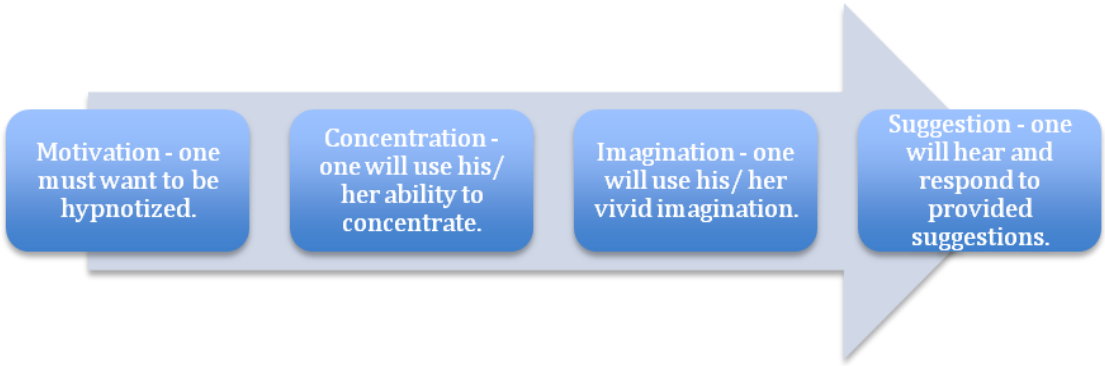

Figure 1 shows the necessary needed components for inducing a hypnotic trance within subjects.

In early hypnotic literatures, hypnosis induction was a gradual drawn-out process, where, methods such as progressive muscle relaxation were designed to relax the hypnotic subjects into a state of inner focus and the hypnotist would be better able to influence them, and as a consequence, create effects and changes at their subconscious level [50]. Modern alternatives include Dave Elman's induction techniques, where he uses many different handshake methods to hypnotize subjects in a short period of time (i.e., 1-4 minutes) [51, 52]. Of course, not to forget the Ericksonian styles and patterns [53].

As it is shown in figure 2 below, hypnosis takes place usually in four main stages, starting with initiation stage (i.e., the readiness, relaxation and sleep command stage), trance (i.e., the dizziness, heaviness, irresistibility and receptive stage), suggestibility stage (i.e., full suggestion upon subjects), and ending up with intended therapeutic consequences stage (i.e., the prospected therapeutic changes and solutions).

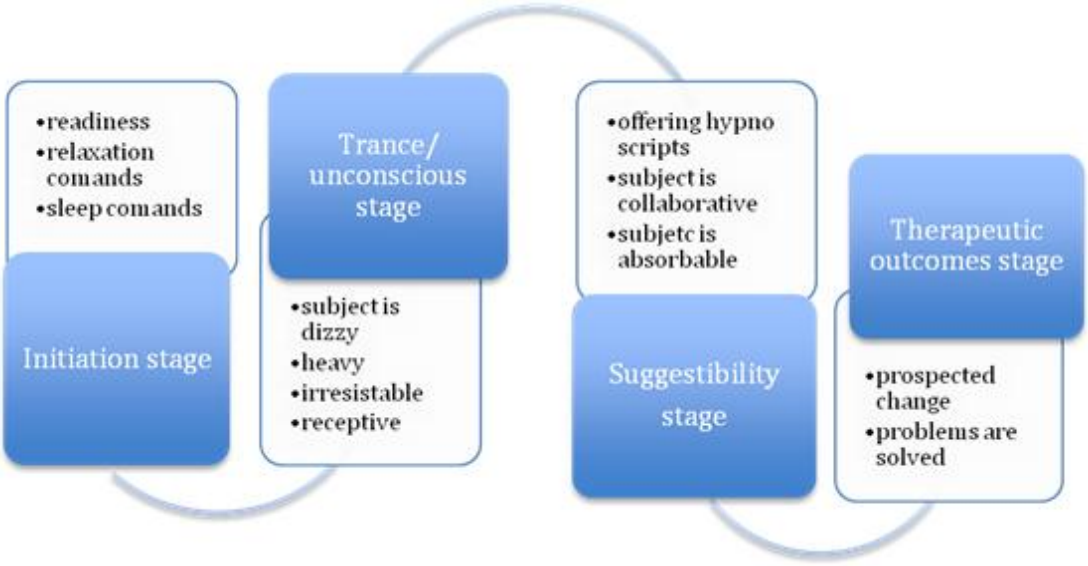

Figure 2 shows the process of inducing hypnosis in its major four stages.

Earlier Evaluations and Related Findings

In 1892, the British Medical Association (BMA) commissioned a team of doctors to undertake and evaluate the nature as well as the medical effects of hypnosis and hypnotherapy. Completing such historical medical investigation of hypnotism and related outcomes, the committee reported a full satisfaction of the genuineness of the hypnotic state. Furthermore, the committee members were of the opinion that as a therapeutic agent, hypnotism is frequently effective in relieving pain, procuring sleep, and alleviating many functional ailments [54]

From here then after, it could be said that medical practice of hypnosis and hypnotherapy had subsequently been approved by the BMA, where such a recognition was first established in 1892, to be strongly reinforced later in 1955 [55].

In 1955 efforts, the Psychological Medicine Group of the BMA commissioned a subcommittee, led by Prof. T. Ferguson Rodger, to deliver a second, and more comprehensive report on hypnosis. The subcommittee consulted several experts on the subject from various fields, including the eminent neurologist Prof. W. Russell Brain, the 1st Baron Brain, and the psychoanalyst Wilfred Bion. After two years of thorough investigation, its final report was published, with full emphasis to consider uses of hypnotism, its relation to medical practice in the present day, the advisability of giving encouragement to research into its nature and application, and the lines upon which such research might be organized [56].

On the basis of its study and investigative research findings, the subcommittee was satisfied that hypnotism is of value and may be the treatment of choice in some cases of so called psychosomatic disorders and psychoneurosis. Also, it may be of value for revealing unrecognized motives and conflicts in such conditions. And as a treatment, in the opinion of the investigating subcommittee it has proved its ability to remove symptoms and to alter morbid habits of thought and behavior, (…).

In addition to the treatment of psychiatric disabilities, it was found

that there is a place for hypnotism in the production of anesthesia or analgesia for surgical and dental operations, and in suitable subjects it is an effective method of relieving pain in childbirth without altering the normal course of labor. As Alexander Kennedy put it, it was concluded: "that the use of hypnosis has a recognized place in the medical armamentarium and is a useful technique in the treatment of certain illnesses when employed by qualified medical and dental personnel."[57]

All such reputed findings, crossed the Atlantic Ocean to be followed by the American Medical Association (AMA), where AMA fully acknowledged hypnosis as a valuable tool in medical treatments, particularly, in 1958, where the AMA commissioned a similar step on hypnosis and hypnotherapy in the US, which fully led to the endorsement of the 1955 BMA report.[58]

Later on, particularly in 1995, the US National Institutes of Health (NIH), initiated a Technology Assessment Conference that compiled an official statement entitled: "Integration of behavioral & relaxation approaches into the treatment of chronic pain and insomnia," which is truly an extensive report that includes a statement on the existing research in relation to hypnosis and hypnotherapy for chronic pain.

It was concluded that: "the evidence supporting the effectiveness of hypnosis in alleviating chronic pain associated with cancer seems strong." In addition, the panel was presented with other data suggesting the effectiveness of hypnosis in other chronic pain conditions, which include irritable bowel syndrome, oral mucositis, temporomandibular disorders and tension headaches[59].

Further distinguished works, the British Medical Journal (BMJ) in 1999, published a clinical review on the current medical research findings of hypnosis, hypnotherapy and relaxation therapies. Concisely, to summarize some of their findings, it was concluded that they are:

1. effective for panic disorders and insomnia, particularly when integrated into a package of cognitive therapy (including, for example, sleep hygiene),
2. effective enough, mainly with cognitive behavioral therapy for conditions such as phobia, obesity, and anxiety,
3. enough supporting the use of many relaxation techniques for treating both acute and chronic pain,
4. of great value in asthma and in irritable bowel syndrome, and
5. enough effective for the treatment of cancer related anxiety, pain, nausea, and vomiting, particularly in children [60].

Further Research Works and Further Findings

In 2001, the Professional Affairs Board of the British Psychological Society (BPS) commissioned a working group of expert psychologists to publish a report entitled "The Nature of Hypnosis," with the purpose to provide a considerable statement about hypnosis and important issues concerning its application and practice in a range of contexts, notably for clinical purposes, forensic investigations, academic research works, entertainment and training. At the end, the report came out and provided a brief summary of the nature of hypnosis and current scientific research findings on the subject. The most significant issue was that: "hypnosis is a valid subject for scientific study and research and a proven therapeutic medium," and regarding hypnosis therapeutic uses and related research outcomes, the report came out with the a fact that

"enough studies have now accumulated to suggest that the inclusion of hypnotic procedures may be beneficial in the management and treatment of a wide range of conditions and problems encountered in the practice of medicine, psychiatry and psychotherapy."[61]

Then, the working group (within the same report) provided an overview of some of the most significant contemporary research findings on the efficacy of clinical hypnotherapy, and they were as it follows:

1. there is convincing evidence that hypnotic procedures are effective in the management and relief of both acute and chronic pain and in assisting in the alleviation of pain, discomfort and distress due to medical and dental procedures and childbirth,
2. hypnosis and the practice of self-hypnosis may significantly reduce general anxiety, tension and stress in a manner similar to other relaxation and self-regulation procedures,
3. likewise, hypnotic treatment may assist in insomnia in the same way as other relaxation methods,
4. there is encouraging evidence demonstrating the beneficial effects of hypnotherapeutic procedures in alleviating the symptoms of a range of complaints that fall under the heading psychosomatic illness, including: tension headaches and migraine; asthma; gastrointestinal complaints such as irritable bowel syndrome; warts; and possibly other skin complaints such as eczema, psoriasis and urticaria, and
5. there is evidence from several studies that inclusion of clinical hypnosis in a weight reduction program(s) may significantly enhance positive outcome(s).

In 2002 a study was set to investigate the effectiveness of Erickson's hypnosis style(s) and Jacobson relaxation technique(s) for the reduction of osteoarthritis pain, where participants reporting pain from hip or knee osteoarthritis were randomly assigned to one of the following conditions: (a) hypnosis (i.e. standardized eight-session hypnosis treatment); (b) relaxation (i.e. standardized eight sessions of Jacobson's relaxation treatment); (c) control (i.e. waiting list). Overall, results show that the two experimental groups had a lower level of subjective pain comparatively to the control group and that the level of subjective pain decreased within time. Furthermore, an interaction effect between group treatment and time measurement was also observed in which beneficial effects of treatment appeared more rapidly for the hypnosis group. Results also show that hypnosis and relaxation are effective in reducing the amount of analgesic medication taken by participants [62].

In 2003, a meta-analysis study on the efficacy of clinical hypnotherapy was published by Flammer and Bongartz (two eminent German researchers from the university of Konstanz - Germany), where they examined a huge body of data related to psychosomatic illnesses, test anxiety, smoking cessation and pain control during orthodox medical treatments.

In their investigation, Flammer and Bongartz considered a total of 444 studies on hypnotherapy published prior to 2002, by selecting the most suitable research designs for meta-analysis through narrowing their focus merely on 57 controlled trials. The surprising outcomes though the procedures were rigorous, showed that on average hypnotherapy achieved at least 64% success compared to 37% improvement among untreated control groups. Conclusively, it means that hypnotherapy is enough effective.

Expansion of their meta-analysis to include the other non-randomized trials, also, produced enough reliable results. When all other 133 studies were included and were analyzed on the basis of previous outcomes (a step in which providing extra data for over 6,000 patients), the findings suggested an average improvement in 27% of untreated patients over the term of the studies compared with a 74% success rate among those who received hypnotherapy treatments [63]

In 2004, on the basis of a literature search of scientific articles cataloged in CINAHL, PUBMED, the Cochrane Library, and AMED databases relating to the effectiveness of 13 non-pharmacologic methods (hypnosis is one of them) used to relieve pain and reduce suffering in labor among women, it was found that there is adequate evidence of benefit in reducing pain for continuous labor support, baths, intradermal water blocks, and maternal movement and positioning. Hypnotherapy in addition to acupuncture, massage, and transcutaneous electrical nerve stimulation were promising, though further investigations are needed. All the methods studied had evidence of widespread satisfaction among a majority of users [64].

In contrary, in 2005, in another meta analysis study conducted by the Cochrane Collaboration, to find no evidence that hypnotherapy as more successful than other therapies, though the study was restricted to following the issue of smoking cessation, it was found that no hypnotic treatment in achieving cessation of smoking for at least six months [65].

When it comes to irritable bowel syndrome, Wilson, Maddison, Roberts, Greenfield, & Singh (2006) published one of their systematic reviews suggesting that hypnotherapy is effective in the management such a case, where over half of the trials (i.e., 10 of 18) showed a significant benefits [66]

With the adoption of the concept of Neuroplasticity in medical sciences, hypnotherapy is being acknowledged as a method to affect and enhance the brain's neural pathways[67].

In 2007, another meta-analysis by Cochrane Collaboration group found that the therapeutic effect of hypnotherapy was "superior to that of a waiting list control or usual medical management, for abdominal pain and composite primary irritable bowel syndrome and related symptoms, in the short term in patients who fail standard medical therapy;" with no harmful side-effects[68].

For further research findings, searching in many databases, such as the Pubmed, Medline, Dynamed and the PsycINFO and many others, the status of hypnosis and hypnotherapy as a significant clinical procedure found to be in favor of the treatment of many psychological and psychosomatic ailments.

In many of such research works, hypnosis and hypnotherapy found to be useful in the treatment of many conditions, such as pains in children and adolescents,[69, 70] depressions[71], sexuality problems [72], post traumatic stress disorders [73,74], asthma [75], obstetrics, labor and delivery and preterm labor issues [76], cardiovascular responses, [77] fibromyalgia pains [78], dental pains [79], psychosomatic disorders, [80] sleep disorders [81], pain and pain management [82, 83], chronic pains, headaches and migraine [84,85], postoperative pains,86 bowel diseases and gastrointestinal related disorders [87-90], conversion disorders [91], and few to mention.

To end up with pointing to one of those thorough promising research findings, Jensen and Patterson (February-March 2014) in one of their most recent works emphasized on the fact that empirical support for hypnosis for chronic pain management and related stuff has flourished over the past two decades, where many clinical trials showed hypnosis as an effective technique for reducing chronic pain and related psychological and psychosocial factors, although outcomes vary between individuals. In brief, they showed that findings of such clinical trials simply indicate that hypnotic treatments have a number of positive effects beyond any pain control procedures; where such scientific research results as many researchers see it, have an important implications for how clinicians can help their clients experience maximum benefits from hypnosis and those treatments that include hypnotic components [92].

Summary and Conclusions

From the previous tracing history of hypnosis and hypnotic works, the precise outlook on its nature, scope and process with reference to well reputed published works on the subject, it becomes clear that hypnosis and clinical hypnotherapy is not a myth rather a natural phenomenon which goes back to ancient times and well established scientific endeavors. It is a phenomenon that was observed and used cross millennia and centuries until investigated thoroughly in modern times and validated by concerned and authorized medical bodies, like the BMA, AMA, NIH and the BPA. When it comes to its efficacy, it was found through many researches that hypnosis and hypnotherapy is a working clinical tool in the treatment of many psychological and psychosomatic syndromes and related signs and symptoms. Hence, we may conclude that hypnosis and hypnotherapy is an effective valid and reliable clinical tool to be used as a natural medical procedure in health settings; in tackling, managing and curing of many health problems.

Recommendations

On the basis of such findings, strongly the first recommendation that jumps in mind is that time had come for many clinicians in our Arab World to learn all necessary skills vis-à-vis hypnosis and hypnotherapy. Medical staff across the Arab World, particularly, psychologists and psychiatrists are in front of those to be introduced to hypnosis and hypnotherapy. In addition, physicians of all specialties and paramedical health professionals are not to be excluded.

To add more, teaching of hypnotism should be incorporated in medical and health science curricula in all university medical schools, faculties of allied medical and health sciences, concerned departments and units. Though hypnosis and hypnotherapy is a well established choice in Western medicine since more than 200 years, we may say to our medical officials, to start introducing, endorsing and incorporating such medical endeavor though late, much better than not to.

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