

WHAT WE CAN DO WITH HYPNOSIS: A BRIEF NOTE

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Abstract

This article summarizes the search for efficacious hypnotic treatments. Eighteen major meta analyses were reviewed and the results evaluated using the criteria of Chambless & Hollon, (1998). The analysis identified 32 disorders for which hypnosis can be considered a possible treatment, 5 for which it seems effective, and 2 for which it appears specific. If clinicians use hypnosis in the situations where it seems to be efficacious, and systematically expand the list of conditions where it will be helpful, the results will be even more impressive for the 100th anniversary of this *Journal*.

Keywords: Evidence based practice, efficacy, meta analysis, hypnosis.

This paper summarizes a segment of the published research on the use of hypnosis for treating a variety of medical conditions. It was written to document what research suggests we can do with hypnosis. These are results that unbiased researchers would generally agree upon, that flexible therapists would find effective, and that most patients would find helpful. If a condition is on the list of target disorders (see Table 1) hypnosis has been published as a successful treatment after an evaluation in a professional journal.

The target disorders were identified in recent reviews or meta analyses articles published in the *International Journal of Clinical & Experimental Hypnosis* in 2000, 48(2) and 2007, 55(2) and (3). Eighteen meta analyses were searched for articles which seemed to be representative of their general finding and usefulness for clinical practice (Alladin & Alibhai, 2007; Barabasz, 2007; Brown & Hammond, 2007; Brown, 2007; Cardena, 2000; Elkins, Jensen, & Patterson, 2007; Flammer & Alladin, 2007; Flory, Martinez

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Salazar, & Lang, 2007; Golden, 2007; Graci & Hardie, 2007; Green & Lynn, 2000; Hammond, 2007; Lynn & Cardeña, 2007; Milling & Costantino, 2000; Crum & Langer, 2007; Néron & Stephenson, 2007; Pinnell & Covino, 2000; and Schoenberger, 2000). For example, several analyses covered reports of hypnosis to treat various types of pain (Flammer & Alladin, 2007; Milling & Costantino, 2000; Montgomery, DuHamel, & Redd, 2000; Néron & Stephenson, 2007; and, Pinnell & Covino, 2000). For acute pain, the most representative and useful reference was Patterson and Jensen (2003). Looking at their published summaries, clinicians could get ideas about how to use hypnotic interventions. However, there are only general guidelines, and almost no scripts for induction and suggestion. Very few treatments were actually manualized. Fortunately, a compendium of suggestions sorted by treatment areas is available and serves as a valuable source for clinicians (Hammond, 1990).

Criteria for Rating

For each disorder identified in the reviews, a rating was provided regarding the treatment impact due to hypnosis. The rating is based on well-known criteria (Chambless & Hollon, 1998). The ratings are “possible,” “effective,” and “specific.” A treatment is rated as “possibly” effective if it has been evaluated under certain criteria:

- 1) The study samples are defined and should contain 25 to 30 or more subjects.
- 2) The subjects are assigned randomly into treatment and control conditions. The latter may simply be a “no treatment” waiting list.
- 3) There is a manual so the treatments can be replicated.

- 4) The hypnotic intervention is significantly more effective than the control treatment.

A treatment rating of “possible” means that, at some statistically specified level, hypnosis is responsible for the treatment effect. For a higher rating, a treatment would be rated “effective” if the original finding was replicated in two independent labs or with two entirely different samples. Finally, a treatment is considered “specific” if the hypnotic intervention is significantly better than a placebo or another treatment.

There is controversy and discussion in the hypnosis literature about the importance of these criteria. (Alladin, Sabatini, & Amundson, 2007). For example, on one side, Frederick (2007), using obsessive-compulsive disorder as an example, questions whether it is possible to meet the efficacy criteria for hypnotic treatment of complex problems. On the other side, Raz (2007) argues that meeting the criteria is very important for the credibility of hypnotic interventions. Raz points out that a broad range of health care professionals are interested in hypnosis, and “We must engage them with our most compelling data sets and articulate our arguments eloquently and judiciously in a carefully crafted manner that is true to the spirit of science, i.e. highly skeptical, demanding, rigorous standards of evidence” (Raz, 2007, p. 184). He reminds us that extraordinary claims demand extraordinary support.

The following will serve as a key for those ratings as they are presented in Table 1. The rating for each disorder is indicated by printed type weight of the disorder. The rating of “possible” is indicated by plain text (e.g., anorexia), “effective” by bold (e.g., weight reduction), and “specific” by bold underline (e.g., headaches and migraine). The table also presents some notes about the results. In the notes, the symbol “>” should be interpreted to mean

“significantly better or more effective”. Thus, the entry “hypnosis > attention control” means that the intervention of hypnosis was more effective than the intervention of attention control. Finally, the right-hand column of the table lists the original sources of the identified research.

Conclusion

In the meta analyses reviewed there are 32 target disorders for which hypnosis is a possible or better treatment. On this the 50th anniversary of the American Society of Clinical Hypnosis and of the *American*

Journal of Clinical Hypnosis, it is an appropriate time to consider the accumulated body of research that rigorously rates the effectiveness of hypnosis for various difficulties. This report of meta-analyses summarizes general, reliable findings. Finally, this summary may stimulate research with up-to-date methodology to show that hypnosis is a specific treatment for a greater number of clinical problems and conditions. Perhaps this summary will stimulate scholars and practitioners to expand research into ever-larger areas.

Table 1

Target Disorder	Note	Source
Acute pain (adult)	See Patterson and Jensen, 2003 for greater summary of findings	(Patterson & Jensen, 2003)
Acute pain (children)	Hypnosis > distraction for bone marrow aspiration	(Zeltzer & LaBaron, 1982)
Anorexia	Staged treatment with hypnosis > same without hypnosis	(Baker & Nash, 1987)
<u>Anxiety about asthma attack</u>	Hypnosis reduces anxiety about asthma attacks	(Brown, 2007)
Anxiety about public speaking	Hypnosis reduces fear > CBT	(Schoenberger, Kirsch, Gearan, Montgomery, & Pastymak, S.L., 1997)
Anxiety about taking a test	Self-hypnosis reduces test anxiety > discussion control	(Stanton, 1994)
Asthma	Hypnosis > attention control	(Ewer & Stewart, 1986)
Bed wetting	Suggestion with or without hypnosis > wait list control	(Edwards & Van der Spuy, 1985)
Bulmia	Hypnosis = CBT > wait list control	(Griffiths, Hadzi Pavlovic & Channon Little, 1996)
Cancer pain	Hypnosis reduces cancer pain	(Syrjala, Cummings & Donaldson, 1992)
Chemotherapy distress	Hypnosis > conversation + antiemetic medication	(Jacknow, Tschann, Link & Boyce, 1994)
Cystic fibrosis	Self-hypnosis > wait list control	(Belsky & Khanna, 1994)
Depression	Hypnosis adds to CBT effect treating depression	(Alladin & Alibhai, 2007)
Distress during surgery	Hypnosis reduces anxiety and pain > controls	(Lang, Berbaum, Faintuck, Hatsiopolou, Halsey, Li et al, 2006)

Table 1 continued

Target Disorder	Note	Source
Duodenal ulcer relapse	Hypnosis + ranitidine > ranitidine only	(Colgan, Faragher & Whorwell, 1988)
Fibromyalgia	Hypnosis > physical therapy for subjective symptoms	(Haanen, Hoenderdos, van Romunde, Hop, Mallee, Terwiel, et al., 1991)
<u>Headaches & Migraine</u>	Relaxation + image modification + weight list control	(Hammond, 2007)
Hemorrhage	Preoperative suggestion reduces blood flow	1986 (Enqvist, von Konow & Bystedt, 1995)
High blood pressure	Hypnosis > wait list control to lower BP long term	(Gay, 2007)
Hip or knee osteoarthritis pain	Hypnosis = relaxation > wait list control	(Gay, Philippot & Luminet, 2002)
Insomnia without medical source	Hypnosis + CBT > medication long term	(Graci & Hardie, 2007)
Irritable bowel syndrome	Hypnosis > psychotherapy for symptom reduction	(Whorwell, Prior & Faragher, 1984)
Nausea and hyperemesis	“Relaxation” (similar to hypnosis) > control	(Lyles, Burish, Krozely & Oldham, 1982)
Obstetrics Apgar scores	Hypnosis associated with higher Apgar scores	(Harmon, Hynan & Tyre, 1990)
Obstetrics pain	Hypnosis shortens labor and reduces analgesic use	(Jenkins & Prichard, 1933)
Smoking cessation	Hypnosis or relaxation > wait list control for Hi and Medium hypnotizables	(Schubert, 1983)
Surgery pain (Adult)	Self-hypnosis reduces drug use > attention control	(Lang, Joyce, Spiegel, Hamilton & Lee, 1996)
Surgery pain (Child)	Hypnosis reduces pain and hospital time > control	(Lambert, 1996)
Trauma recovery	Desensitization = hypnosis = psychodynamic > control	(Brom, Kleber & Defares, 1989)
Wart Removal	Suggestion with or without hypnosis > control or medication	(Spanos, Williams & Gwynn, 1990)
Weight reduction	Hypnosis + CBT > hypnosis, differences increase over time	(Kirsch, 1996)

Summary of Meta-Analyses

Symbol key for Table 1: CBT means Cognitive Behavior Therapy; > means “statistically more effective” (ie hypnosis > distraction).

Text key for Table 1: The key to ratings is further detailed in the article. The type weight of each treatment indicates the rating: Plain text indicates hypnosis is a “possible” treatment; **bold** text indicates hypnosis is an “effective” treatment; **bold underline** text indicates hypnosis is a “specific” treatment.

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