Research Into The Effectiveness of Hypnosis

Asthma

Hypnosis has been shown to alleviate the subjective distress of patients with asthma: there were less frequent attacks, and less medication was required. (1)

In another study comparing Hypnosis and relaxation therapy the improvement with the Hypnotherapy group was much greater. And only Hypnosis subjects showed an improvement in physiologic measures of respiration. (2)

References:


Arthritis

Following Hypnotherapy, patients with arthritis achieved significant decreases in pain, anxiety, and depression, and an increases in beta-endorphin-like immunoreactive material.

References:

**Bone Fracture**

The Harvard Medical School conducted research on the use of hypnosis to enhance physical healing. Twelve people with a recent bone fracture were divided into two groups. One group received hypnosis and the other group served as control. Both groups received standard orthopedic treatment.

The hypnosis group had individual hypnotic sessions and listened to audio tapes designed to increase bone healing. Xray and orthopedic evaluations were made during the 12 weeks of the experiment. The results showed a faster healing for the hypnosis group at week 9 of the experiment. Xrays revealed a notable difference at the edge of the fracture at week 6 of the experiment. The hypnosis group also had better mobility and used less pain killers. The researchers conclude by saying that "despite a small sample size.... these data suggest that hypnosis may be capable of enhancing both anatomical and functional fracture healing, and that further investigation of hypnosis to accelerate healing is warranted.

References:

**Cancer**

Women with metastatic breast cancer who received group Hypnosis therapy were able to reduce their pain experience by 50% compared to a control group. (1) At a 10-year follow-up of these same women, the Hypnosis treatment group had double the survival rate of the control group.(2)

Both adolescent and adult cancer patients undergoing chemotherapy have fewer symptoms of anticipatory nausea and vomiting following Hypnotic interventions. (3)

**References:**


**Childbirth**

Hypnotherapy has been used successfully to prolong pregnancy and prevent premature delivery. (1)

In Britain 55% of birthing women using hypnosis required no medication for pain relief, compared with 22% of women in non-hypnosis groups. In two other reports 58% of women using hypnotic analgesia required no medication. And five other reports quoted 60-79% of women using hypnosis required no medication.

Check out [www.easybirthing.com/science_and_research](http://www.easybirthing.com/science_and_research).

In another study subjects given hypnosis reported reduced pain, shorter stage 1 labours, less medication, higher Apgar scores, more frequent spontaneous deliveries than other group. Some had lower depression scores after birth than the other groups.(2)

References:


**Depression**

Cognitive Hypnotherapy for Depression: An Empirical Study: To investigate the effectiveness of cognitive hypnotherapy (CH), hypnosis combined with cognitive behaviour therapy (CBT), on depression, 84 depressives were randomly assigned to 16 weeks of treatment of either CH or CBT alone. At the end of treatment, patients from both groups significantly improved compared to baseline scores. However, the CH group produced significantly larger changes in Beck Depression Inventory, Beck Anxiety Inventory, and Beck Hopelessness Scale. Effect size calculations showed that the CH group produced 6%, 5%, and 8% greater reduction in depression, anxiety, and hopelessness, respectively, over and above the CBT group. The effect size was maintained at 6-month and 12-month follow-ups. This study represents the first controlled comparison of hypnotherapy with a well-established psychotherapy for depression, meeting the APA criteria for a “probably efficacious” treatment for depression. (1)

Alternative Treatments for Long-Term Depressed Mood: Meditation and Hypnosis

The purpose of this study is to examine the effectiveness to two alternative treatments for long-term depressed mood: mindfulness meditation and hypnosis. The need to find effective treatments for those suffering from long-term low-to-moderate level depression has been known for over a century. Although, there have been some recent advances in the types of drug and psychotherapy treatments available for this condition, some people do not respond to such interventions, have considerable side effects (from the drugs), or are not satisfied for other reasons with these treatment options.

The present study represents an innovative investigation into two alternatives to traditional treatments for long-term depressed mood: mindfulness meditation (plus gentle hatha yoga) and hypnosis in a group therapy format. Although both meditation and hypnosis have shown success in treating stress, anxiety, and pain in studies of non-clinical populations, neither has been systematically investigated as a possible treatment for long-term depressed mood. (2)

References:


(2) Spiegel, D. MD; Butler, L.D. Ph.D. Xin-Hua Chen; Abramson, M. DDS, Waelde, L. Ph.D. Mental Insight Foundation
Dermatitis

Most clinicians and researchers agree that stress affects the course of dermatitis and eczema, and reducing stress levels has a positive effect on the course of the disease.

Emotional factors have been shown to have a strong correlation with onset of the disease and also with flare-ups. Furthermore, several documented case studies have revealed that hypnosis can offer a successful treatment for sufferers.

References:


Haemophilia

Haemophiliac patients taught self-hypnosis significantly reduced both their level of self-reported distress and the amount of the factor concentrate required to control bleeding when compared with a control group of patients who did not undergo hypnosis.

References:

**Irritable Bowel Syndrome**

Hypnotherapy is one of the most successful treatment methods, giving 80+% success rate for abdominal pain and distension. It often results in assisting with other problems such as migraine and tension headaches. With patients who have severe chronic IBS, it was Hypnotherapy patients that showed dramatic improvement in all measures, and they maintained that improvement at a two year follow-up. (1)

**Cognitive Behavioural Hypnotherapy in the Treatment of Irritable Bowel Syndrome–Induced Agoraphobia**

There are a number of clinical studies and a body of research on the effectiveness of hypnotherapy in the treatment of irritable bowel syndrome (IBS). Likewise, there exists research demonstrating the efficacy of cognitive-behavioural therapy (CBT) in the treatment of IBS. However, there is little written about the integration of CBT and hypnotherapy in the treatment of IBS and a lack of clinical information about IBS-induced agoraphobia. This paper describes the aetiology and treatment of IBS-induced agoraphobia. Cognitive, behavioural, and hypnotherapeutic techniques are integrated to provide an effective cognitive-behavioural hypnotherapy (CBH) treatment for IBS-induced agoraphobia. This CBH approach for treating IBS-induced agoraphobia is described and clinical data are reported. (2)

References:


Migraine and Headaches

Hypnosis is highly effective in the treatment of chronic migraine headaches. All Hypnotic methods appear to be superior to standard treatment relying on pharmacological approaches alone.

Patients treated with Hypnosis had a significant reduction in severity and the number of attacks compared to a control group treated with traditional medications. At the one year follow-up the number of patients in the Hypnosis group who had no headaches for over three months was significantly higher. (1)

Review of the Efficacy of Clinical Hypnosis with Headaches and Migraines

The 12-member National Institute of Health Technology Assessment Panel on Integration of Behavioural and Relaxation Approaches into the Treatment of Chronic Pain and Insomnia (1996) reviewed outcome studies on hypnosis with cancer pain and concluded that research evidence was strong and that other evidence suggested hypnosis may be effective with some chronic pain, including tension headaches. This paper provides an updated review of the literature on the effectiveness of hypnosis in the treatment of headaches and migraines, concluding that it meets the clinical psychology research criteria for being a well-established and efficacious treatment and is virtually free of the side effects, risks of adverse reactions, and ongoing expense associated with medication treatments. (2)

References:


**Pain**

Hypnosis was found to be effective in reducing pain and discomfort associated with repeated unpleasant medical interventions in a study of children with cancer. (1)

A significant reduction of pain and dysphoria was found following Hypnosis in a study of 19 patients with a variety of musculoskeletal disorders. (2)

References:


**Phobias**

**Student test anxiety**

Students taught self-hypnosis showed a significant reduction in anxiety scores (maintained at 6-month follow-up) then a control group. (1)

**Public speaking**

The group who received hypnosis had a greater expectation for change and that change was achieved, than those who had non-hypnotic treatment.

**Fear of flying**

50% of patients afraid of flying were improved or cured after Hypnosis treatment.

References:

(1) Stanton, H. E. (1994)


**Smoking Cessation**

In a recent stop smoking study, where smokers attended individual hypnotherapy for stop smoking over three sessions, 81% had stopped smoking after the treatment ended, and at a 12 month follow-up nearly 50% remained smoke free. And 95% of the people were satisfied with their treatment.

References:


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**Stress and Hypertension**

A trial compared Hypnosis with biofeedback or a combination of both. All groups had significant reduction in blood pressure. (1)

However, at six-month follow-up only patients receiving Hypnosis had maintained the reduction. (2)

References:


**Surgery Recovery**

Patients trained with Hypnosis before surgery had significantly shorter stays in hospital. Research shows that Hypnosis methods have been used successfully for anxiety associated with medical procedures.

References:


**Warts**

Pre-pubertal children respond to Hypnotherapy almost without exception, although adults sometimes do not. Clinically, many adults who fail to respond to hypnotherapy will heal with individual hypno-analytic (combination of hypnotherapy and psychotherapy) techniques. By using hypno-analysis on those who failed to respond to hypnotherapy, 33 of 41 (80%) consecutive patients were completely cured. Self-hypnosis was not used. (1)

There was a particularly interesting report of hypnosis used to treat a 7-year-old girl who had 82 common warts. The warts had been present for 12-18 months and were not amenable to any of the routine medical treatments. Hypnotic suggestions were given for the facial warts to disappear before warts from the rest of the body. After 2 weeks, eight of 16 facial warts were gone, with no other changes. After three additional biweekly sessions, all 82 warts were gone. This was, to our knowledge, the first reported case of systematic wart removal in children and the researchers concluded that there is an intimate relationship between psychological mechanisms and the immune system. (2)

References:

(1) Ewin DM Hypnotherapy for warts (verruca vulgaris): 41 consecutive cases with 33 cures. Tulane Medical School, New Orleans, LA. Am J Clin Hypn (UNITED STATES) Jul 1992, 35(1) p1-10
Evidence from Systematic Reviews of Hypnotherapy

In 1892, the British Medical Association (BMA) commissioned a team of doctors to undertake an extensive evaluation of the nature and effects of hypnotherapy, they reported,

The Committee, having completed such investigation of hypnotism as time permitted, have to report that they have satisfied themselves of the genuineness of the hypnotic state. (British Medical Journal, 1892)

Adding,

The Committee are of opinion that as a therapeutic agent hypnotism is frequently effective in relieving pain, procuring sleep, and alleviating many functional ailments [i.e., psycho-somatic complaints and anxiety disorders]. (Ibid.)

This report was approved by the general council of the BMA, thereby forming BMA policy and rendering hypnotherapy a form of "orthodox", as opposed to complementary or alternative, medicine.

Subsequent research on hypnotherapy has tended to highlight three main areas in which its efficacy as a treatment has been demonstrated,

1. Anxiety.
2. Insomnia.
3. Pain management.
4. Psycho-somatic disorder, i.e., stress-related illness.

Hypnotherapy has many other applications but efficacy research has tended to focus upon these issues. More mixed results have been obtained for its efficacy in relation to the treatment of addictions, an area where high relapse is common with most treatments.
In 1955, 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 hypnosis from various fields, including the eminent neurologist Prof. W. Russell Brain, and the psychoanalyst Wilfred Bion. After two years of study and research, its final report was published in the British Medical Journal (BMJ), under the title ‘Medical use of Hypnotism’. The terms of reference were:

To consider the 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. (BMA, 1955)

This is a much more thorough and extensive report, and constitutes one of the most significant documents in the history of hypnotherapy research. With regard to efficacy, it concludes from a systematic review of available research that, The Subcommittee is satisfied after consideration of the available evidence that hypnotism is of value and may be the treatment of choice in some cases of so-called psycho-somatic disorder and Psychoneurosis. It may also be of value for revealing unrecognized motives and conflicts in such conditions.

As a treatment, in the opinion of the Subcommittee it has proved its ability to remove symptoms and to alter morbid habits of thought and behaviour. […] In addition to the treatment of psychiatric disabilities, there is a place for hypnotism in the production of anaesthesia 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 labour. ('Medical use of hypnosis', BMJ, April, 1955)

According to a statement of proceedings published elsewhere in the same edition of the BMJ, the report was officially ‘approved at last week’s Council meeting of the British Medical Association.’ (BMA Council Proceedings, BMJ, April 23rd, 1955:1019). In other words, it was approved as official BMA policy. This statement goes on to say that,

For the past hundred years there has been an abundance of evidence that psychological and physiological changes could be produced by hypnotism which were worth study on their own account, and also that such changes might be of great service in the treatment of patients.
Soon afterwards, in 1958, the American Medical Association (AMA) commissioned a similar (though more terse) report which endorses the 1955 BMA report and concludes,

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. ('Medical use of hypnosis', JAMA, 1958).

Again, the AMA council approved this report rendering hypnotherapy an orthodox treatment,


In 1995, the National Institute for Health (NIH), in the US, established a Technology Assessment Conference that compiled an official statement entitled 'Integration of Behavioural & Relaxation Approaches into the Treatment of Chronic Pain & Insomnia.' This is an extensive report that includes a statement on the existing research in relation to hypnotherapy for chronic pain. It concludes 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 [pain and swelling of the mucus membrane], temporomandibular disorders [jaw pain], and tension headaches. (NIH, 1995)
In 1999, the British Medical Journal (BMJ) published a Clinical Review of current medical research on hypnotherapy and relaxation therapies, it concludes,

• 'There is good evidence from randomized controlled trials that both hypnosis and relaxation techniques can reduce anxiety, particularly that related to stressful situations such as receiving chemotherapy.

• They are also effective for panic disorders and insomnia, particularly when integrated into a package of cognitive therapy (including, for example, sleep hygiene.)

• 'A systematic review has found that hypnosis enhances the effects of cognitive behavioural therapy for conditions such as phobia, obesity, and anxiety.

• 'Randomized controlled trials support the use of various relaxation techniques for treating both acute and chronic pain, [...].

• 'Randomized trials have shown hypnosis to be of value in asthma and in irritable bowel syndrome [...].

• 'Relaxation and hypnosis are often used in cancer patients. There is strong evidence from randomized trials of the effectiveness of hypnosis and relaxation for cancer related anxiety, pain, nausea, and vomiting, particularly in children.’ (Vickers & Zollman, 'Clinical Review: Hypnosis & Relaxation Therapies', BMJ, 1999)
In 2001, the Professional Affairs Board of the British Psychological Society (BPS) commissioned a working party of expert psychologists to publish a report entitled The Nature of Hypnosis. Its remit was ‘to provide a considered statement about hypnosis and important issues concerning its application and practice in a range of contexts, notably for clinical purposes, forensic investigation, academic research, entertainment and training.’ The report provides a concise (c. 20 pages) summary of the current scientific research on hypnosis. It opens with the following introductory remark:

Hypnosis is a valid subject for scientific study and research and a proven therapeutic medium. (BPS, 2001)

With regard to the therapeutic uses of hypnosis, the BPS arrive at much more positive conclusions.

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. (BPS, 2001)

The working party then provided an overview of some of the most important contemporary research on the efficacy of clinical hypnotherapy, which is summarized as follows (omitting their detailed references).

- 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.
- 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.
- Likewise, hypnotic treatment may assist in insomnia in the same way as other relaxation methods.
- 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.’ These include tension headaches and migraine; asthma; gastro-intestinal complaints such as irritable bowel syndrome; warts; and possibly other skin complaints such as eczema, psoriasis and urticaria [hives].
- There is evidence from several studies that its [hypnosis’] inclusion in a weight reduction program may significantly enhance outcome.’ (BPS, 'The Nature of Hypnosis’, 2001.)