



**An Analytical Review of the
Evidence Base for the
Benefits of Hypnotherapy**

FOREWORD

The literature discussed below in this review are not an exhaustive list of trials and case studies that have examined the benefits of Hypnotherapy, and the topics covered in this review are not the only treatments that have been explored. This is due to the sheer quantity of peer-reviewed literature that has examined hypnotherapy as an efficacious and beneficial therapy. To access more literature concerning Hypnotherapy, please refer to the following Journals:

International Journal of Clinical and Experimental Hypnosis

European Journal of Clinical Hypnosis

American Journal of Clinical Hypnosis

Hypnotherapy as a therapeutic treatment for a variety of conditions has been acknowledged by several bodies within the UK. Below are links to websites containing further information:

ASA: <https://www.asa.org.uk/advice-online/health-hypnotherapy.html>

NICE: <https://pathways.nice.org.uk/pathways/irritable-bowel-syndrome-in-adults#path=view%3A/pathways/irritable-bowel-syndrome-in-adults/managing-irritable-bowel-syndrome.xml&content=view-node%3Anodes-referral-for-psychological-interventions>

NHS: <https://www.nhs.uk/conditions/hypnotherapy/>

Evidence that within this review has been referenced at the end in standard APA format. In addition, for the convenience of the reader, links to the discussed articles have been provided in the footnotes.

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IMPORTANT INFORMATION

Selection Criteria

Studies and Case Studies

A selection of studies and case studies are presented below with a summary, the findings and any limitations. Names used in the case studies have been removed. Links to the articles are provided alongside the references.

Survey Data

Some information has been provided through an anonymous survey of registered hypnotherapists conducted by the National Hypnotherapy Society in January 2022. This information will be highlighted as such. Due to the nature of the survey, no identifying information of the respondent will be provided. If you would like further information about this survey, please contact the National Hypnotherapy Society.

Quality and Critiques of Data

All of the studies and case studies selected for this document have been peer-reviewed. For studies, relevant limitations have been highlighted at the end of each experiment description. **Case studies have not been critiqued due to the nature of their design.** The data from the survey is unable to be critiqued for individual limitations due to the anonymity of the respondents. The evidence has been presented in order of strength for each subject. Therefore, recommendations by government bodies and institutes (i.e. NICE) will be listed first, studies will be listed second, case studies third, and additional data last.

Group Selection

Treatments have been sorted into groups based on overall topic (i.e. phobias) then alphabetically within that group. Therefore, the information within each groups represents data on patients of mixed age, gender and geographical location.

Descriptions of Conditions

A short description of each condition is described under their respective headings, for the convenience of the reader. The descriptions of these conditions have been quoted directly from the NHS UK website in January 2022. Please refer directly to the NHS website for further information about any of the conditions discussed below.

ABBREVIATIONS

Abbreviation	Term
APA	American Psychology Association
ASA	Advertising Standard Agency
CBT	Cognitive Behavioural Therapy
CH	Cognitive Hypnotherapy
CHAM	Clinical Hypnotherapy and Mindfulness
EMDR	Eye-Movement Desensitisation and Reprocessing
FODMAP	Fermentable Oligosaccharides Disaccharides Monosaccharides And Polyols
GDH	Gut-Directed Hypnotherapy
HOC	Hypnotherapy Olfactory Conditioning
IBS	Irritable bowel Syndrome
MIDAS	Migraine Disability Assessment
NICE	National Institute for Health and Social Care
NHS	National Health Service
NRT	Nicotine Replacement Therapy
OCD	Obsessive Compulsive Disorder
PTSD	Post-Traumatic Stress Disorder
SHAT	Spiritual Hypnosis-Assisted Therapy
VAS	Visual Analogue Scale
VGB	Visual Gastric Band

Abbreviation	Measurement Scale	Source
BAI	Beck Anxiety Inventory	Beck & Steer (1993a)
BDI	Beck Depression Inventory	Beck et al., (1961)
BHS	Beck Hopeless-ness Scale	Beck & Steer (1993b)
DES	Dissociative Experiences Scale	Bernstein & Putnam (1986)
EAT	Eating Attitudes Test	Garner & Garfinkel (1979)
EDPS	Edinburg Post Natal Depression Scale	Dira & Wahyuni (2016)
HADS	Hospital anxiety and Depression Scale	Snaith & Zigmond (1994)
IBS-SSS	IBS Symptom Severity Score	Francis, Morris & Whorwell (1994)
IES	Impacts of Events Scale	Sundin & Horowitz, (2002)
LF-MPQ	McGill Pain Questionnaire	Melzack (1987)
MADRS	Montgomery-Asberg Depression Rating Scale	Montgomery & Asberg (1979)
PAF	Questionnaire about test perception	Hodapp et al., (2011)
PSQ	Perceived Stress Questionnaire	Fliege et al., (2001)
QoL	Quality of Life Scale	Drossman et al., (2000)
RSPW	Ryff's Scale of Psychological Wellbeing	Ryff & Keyes (1995)
SHSS:C	Stanford Hypnotic Susceptibility Scale (Form C)	Weitzenhoffer & Hilgard (1962)
STAI-6	State Trait Anxiety Inventory	Speilberger et al., (1970)
SUDS	Subjective Unit of Distress Scale	Golden (2012)
SUNY IBS	Structured Interview	Blanchard (2001)
TAS	Tellegen Absorption Scale	Tellegen & Atkinson (1974)
VSSQ	Visual Subjective Sleep Quality Questionnaire	Saletu-Zyhlarz et al., (2002)

GASTROINTESTINAL

Crohn's Disease

Summary

Crohn's disease is a lifelong condition where parts of the digestive system become inflamed. It's one type of a condition called inflammatory bowel disease (IBD).

Evidence

Case Study 1: Emami, Gholamreaei & Daneshgar (2009)¹ presented a case study of two patients diagnosed with Crohn's Disease. Patient 1 was an 18-year-old female with mild symptoms. She was undergoing pharmacological treatment but complained of anxiety, depression, and poor quality of life. Her HADS score showed mild levels of depression (score = 4) and for anxiety (score = 4). Patient 2 was a 24-year-old female with moderate symptoms. She was also undergoing pharmacological treatment for her physical symptoms. Patient 2's HADS score revealed significant depression (score = 15) and anxiety (score = 12).

Treatment: Both patients participated in 12 weekly one-hour sessions of hypnotherapy on a one-to-one basis. They were given regular 45-minute audio exercises to carry out between sessions as homework.

Results: Both patients completed the course, although they did not follow their homework completely. The patients could clearly visualize gut-directed, immune-related, and ego-strengthening suggestions. After the hypnotherapy course, symptoms, psychological state, and quality of life significantly improved for patient 1. After 6 months follow-up, symptoms and quality of life were the same as at the end of hypnotherapy. In this follow-up period, patient 1 was practicing a relaxation technique, but rarely used the compact disk (because its length of 45 minutes was too long). Corresponding physicians stated that the most significant change was improvement in the patient's mood. For patient 2, symptoms, depression, anxiety, and quality of life were not improved after the hypnotherapy course. However, she reported that she could cope better with her disease. Six month follow-up did not demonstrate any improvement, though she participated in three additional sessions. Both patients reported that the greatest benefit of hypnotherapy was in helping them to cope better with their disease and also improved psychological state.

¹ <https://doi.org/10.1080/00029157.2009.10401675>

Irritable Bowel Syndrome

Summary

Irritable bowel syndrome (IBS) is a common condition that affects the digestive system. It causes symptoms like stomach cramps, bloating, diarrhoea and constipation. These tend to come and go over time, and can last for days, weeks or months at a time. It's usually a lifelong problem. It can be very frustrating to live with and can have a big impact on your everyday life. There's no cure, but diet changes and medicines can often help control the symptoms. The exact cause is unknown – it's been linked to things like food passing through your gut too quickly or too slowly, oversensitive nerves in your gut, stress and a family history of IBS.

Recommended by

NICE (2022)

Evidence

Study 1: Peters et al., (2016)² compared the efficacy of Hypnotherapy and the low FODMAP diet for the treatment of IBS using a randomised clinical trial. 74 IBS patients were randomised to receive hypnotherapy ($n = 25$), the low FODMAP diet ($n = 24$) or a combination of treatments ($n = 25$). Observations were made over 6 weeks, then at a 6-month follow-up. Recipients of Hypnotherapy received gut-directed hypnotherapy for one session a week, lasting an hour, over the 6-week period. The diet group were provided education of a low FODMAP diet at the beginning of week 1, then reviewed at week 6. The combination group received both treatments at the same time. After 6 months, all participants were given a questionnaire to fill out to provide data on symptoms (and upkeep of diet if applicable). All of the participants were requested to refrain from alternative treatments during this time.

Results: For gastrointestinal symptoms, significant improvements were made from the baseline to the 6-week and six-month time points, ($p < .001$; $p < .001$ respectively). Furthermore, no significant differences were found across treatment groups at the six-week or six-month intervals ($p = 0.62$; $p = 0.32$ respectively), which indicates that Hypnotherapy was as effective as the low FODMAP diet. For psychological status, gut-directed hypnotherapy was found to significantly reduce trait anxiety ($p < .001$) and depression ($p = .011$) for participants from baseline to 6 months post-treatment. This was distinguished from the diet and combination groups who found no significant improvements.

Limitations: A conflict of interest was declared wherein one experimenter had a financial benefit to gain from sales of booklets and books on the low FODMAP diet. No conflicts were declared for hypnotherapy. Not all participants were able to strictly follow the low FODMAP diet so some data may have been affected as a result.

Study 2: Miller et al., (2015)³ conducted an audit on one thousand patients suffering from refractory IBS, with participants of mixed age and gender. Participants all received a maximum of 12 one-hour sessions of gut-focused hypnotherapy over the course of 3 months. To measure data, the experimenters examined scores on the IBS-SSS with a primary outcome of a 50-point reduction in

² <https://onlinelibrary.wiley.com/doi/abs/10.1111/apt.13706>

³ <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2036.2006.03028.x>

scores, with scores for non-colonic symptoms, quality of life and anxiety or depression recorded as secondary outcomes. All participants had been previously undergone conventional management strategies (i.e. dietary manipulation, pharmacological treatment). The audit used data between 2007 and 2011 on patients with suitable pre-and post- data.

Results: Overall, 76% of participants scores for the IBS Symptom Severity Score met the primary outcome ($p < .001$), with the greatest success with females ($p < .001$) and those with anxiety ($p < .010$). The mean reduction in IBS-SSS was 129 points ($p < .001$). The mean reduction in non-colonic symptoms was 65 points ($p < .001$). The mean reduction in Quality of Life score was 66 ($p < .001$). By the end of the treatment, patients with anxiety and depression fell from 63% to 34% and 25% to 12% respectively ($p < .001$).

Limitations: There was no control group to compare scores to, and no follow-up of patients to measure any longitudinal benefits.

Study 3: Gonsalkorale et al., (2003)⁴ examined the long term benefits of hypnotherapy for irritable bowel syndrome. 204 patients who had received hypnotherapy for treatment of IBS within the last 6 years before the experiment completed questionnaires examining quality of life, anxiety, and depression at 3 time points of before, immediately after and up to the 6 year limit following the hypnotherapy treatment. Patients had been asked to complete 3 questionnaires; a validated IBS questionnaire, the HADS Scale, and a subjected assessment questionnaire. At the time of pre- and post- treatment, all participants had filled in these questionnaires so all data will have been within similar respective time-frames before being given the follow-up survey.

Results: Surveys indicated that 71% of patients initially responded to the therapy, with 81% of these recipients maintaining improvement over time. The remaining 19% claimed that deterioration over time since the treatment had been only slight. With respect to symptom scores, all items at the time of the experiment were significantly improved compared to self-reported pre-hypnotherapy levels ($p < .001$), with little change between post-hypnotherapy values which indicates a stable improvement to symptoms over time. Furthermore, there were no significant differences in scores of patients assessed at 1, 2, 3, 4 or 5+ years following treatment. Quality of life, anxiety and depression scores were still at improved levels in comparison to pre-treatment ($p < .001$), but did show some deterioration over time. Lastly, patients also reported a reduction in consultation rates and medication use following the completion of hypnotherapy.

Limitations: Patients had also undergone or were prescribed different medications and diets pre- and post- treatment, so the specific benefits of hypnotherapy may be unclear.

Study 4: Hasan et al., (2019)⁵ examined the outcomes of gut-directed hypnotherapy in 26 children and adolescents with severe refractory IBS, seeking an alternative treatment to anti-depressants due to safety concerns of their use in young people. Patients received 12 sessions of gut-focussed hypnotherapy at weekly intervals using the Manchester Protocol. All participants completed the Tellgen Absorption Scale before treatment, and all completed the IBS-SSS as well as the HADS , non-

⁴ <https://europepmc.org/articles/PMC1773844>

⁵ <https://pubmed.ncbi.nlm.nih.gov/24559809>

colonic symptom score and the QoL score. The primary outcome measure was defined by a minimum 50 point reduction in IBS-SSS scores.

Results: The scores before and after treatment were compared. The mean IBS-SSS score at baseline was 321.5. After the hypnotherapy treatment, there was a success rate of 88% with an overall mean reduction in IBS-SSS scores of -160.9 ($p < .001$). 19 out of 26 patients (73%) achieved a >30% reduction in abdominal pain scores. Hypnotherapy also improved other symptoms: the mean non-colonic symptom score was improved by 102.1 ($p < .001$). Mean HADS- anxiety scores improved by -3.0 ($p < .001$) and mean HADS- depression improved by -2.1 ($p = .002$). Lastly, The mean QoL score in patients improved by +89.7 ($p < .001$).

Limitations: There was a small sample size for this study, and due to the nature of the experiment there was no control group.

Study 5: Hegade et al., (2012)⁶ examined different types of hypnotherapy in 34 patients with refractory IBS. Based on symptom severity from an IBS Symptom Score sheet, patients were sorted into groups of either general hypnotherapy, gut-directed hypnotherapy, or both. Patients also completed a HADS score. Measurements were taken at baseline, then at the end of the hypnotherapy. They analysed the data of all suitable patients from their records between 2009 and 2011. Follow-up questionnaires were sent to all patients at variable periods after the completion of their hypnotherapy treatment to score their symptoms at the time of the study.

Results: of the 34 patients, 15 received general hypnotherapy, 8 received GDH and 11 patients received a combination. The average number of hypnotherapy sessions was 4.7 sessions for 1 hour a week. 50% of patients returned their follow-up questionnaires. The results showed a significant improvement to HADS scores immediately after hypnotherapy ($p = .025$), with mean scores dropping from 26.13 to 16.42. For patients receiving general hypnotherapy, there was a significant improvement both immediately after and after a delay to scores ($p = .026$) as well as for recipients of GDH and a combination ($p = .008$).

Limitations: This was not a randomised-controlled trial and did not directly compare GDH with hypnotherapy and a control. There was a low completion rate, and a small sample-size.

Study 6: Peter et al., (2018)⁷ used gut-directed hypnotherapy and measured its effects on the gut microbiome in 38 patients with refractory IBS. The majority of the patients suffered with severe refractory IBS (IBS-SSS > 300 points). They focused on microbial composition, IBS symptoms and psychological distress before and after GDH. Faecal samples were collected before and after 10 weekly group sessions of GDH, and underwent microbial 16S rRNA analysis. They measured psychological changes using the HADS-D and PSQ scales, as well as the IBS-SSS to measure symptoms in patients.

Results: No significant differences were found in the before-after groups concerning relative microbial abundances, but trends were identified in a reduced abundance of Lachnospiraceae and Firmicutes. For scores on the IBS-SSS, there were significant reductions in mean scores of symptom

⁶ https://gut.bmi.com/content/61/Suppl_2/A323.1

⁷ <https://europepmc.org/article/MED/30453528>

severity ($p = .001$) from baseline (323) versus post-treatment (264). Furthermore, a significant reduction in psychological distress ($p = .001$) was found between baseline scores (17.0) and post-treatment scores (12.0). Overall, adequate relief was reported by 84% of patients.

Limitations: There was a small sample size for this study, as well as no control group for comparison. Although participants were instructed not to change their regular diets or medications for the duration of the study, the quality of the diets and possible effects of medications may have reduced the clarity of the benefits of GDH.

Case Study 1: Galovski & Blanchard, (2002)⁸ presented a case study on a 55-year-old male patient suffering from refractory IBS and Generalised Anxiety Disorder. The subject had suffered from IBS for 30 years and had unsuccessfully pursued multiple psychological and pharmacological treatments. At the initial assessment, The therapist administered the SUNY IBS structured interview then determined that the client met the Rome Criteria for a diagnosis of IBS. He completed the Beck Depression Inventory to assess for his current level of depressive symptomatology and the State Trait Anxiety Inventory.

Treatment: After establishing a symptom baseline through a week of symptom monitoring, the client began treatment. The treatment consisted of 6 weekly sessions lasting approximately 50 minutes each. All sessions began with a review of the previous week's diaries and included discussing any problems, questions, or concerns that may have arisen. All sessions were taped, and the client was able to access the recordings for practise at home.

Results (IBS): The subject's CPSR score was calculated as a 53 following 6 sessions of hypnotherapy. With continued practice, the CPSR score continued to improve at the six-month follow-up point and was calculated at 70. Finally, at the two-year follow-up point, the CPSR score was calculated at 38. Therefore, the subject can be considered to have improved 53% following treatment, 70% at the six month follow-up, and 38% at the two year follow-up in overall IBS symptomatology.

Results (Generalized Anxiety Disorder): The therapist administered the BDI and the STAI at the six-month and two-year follow-up points. The subject's level of depressive symptomatology, as measured by the BDI decreased from a pre-treatment score of 13 to a post-treatment score of 10 at six months, and to a score of 6 at the two-year point. Furthermore, the subject's anxiety levels decreased as indicated by STAI scores. Prior to treatment, the subject scored a 49 on the state anxiety index. This score decreased to a 38 at post-treatment and to 36 at the two-year follow-up point. Trait anxiety showed similar decreases from a pre-treatment score of 68 to a post-treatment score of 52 and finally to a 42 at the two-year follow-up point.

Limitations: n/a* see Important Information

⁸ <https://www.tandfonline.com/doi/abs/10.1080/00029157.2002.10403495>

Ulcerative Colitis

Summary

Ulcerative colitis is a long-term condition where the colon and rectum become inflamed. The colon is the large intestine (bowel) and the rectum is the end of the bowel where stools are stored. Small ulcers can develop on the colon's lining, and can bleed and produce pus.

Evidence

Study 1: Keefer et al., (2013)⁹ explored the feasibility of Hypnotherapy on clinical remission status on a 1-year period in 54 UC patients with a historical flare rate of 1.3 times a year. The patients were split into two groups: gut-directed hypnotherapy (n = 26) or attention control (n = 29). Both Groups were given seven sessions of their respective interventions, then followed for 1 year. The primary outcome as the proportion of participants in each condition that had remained clinically asymptomatic through 52 weeks post treatment.

Results: The hypnotherapy group reported a greater amount of days in remission than the control group ($p = .03$). A comparison of the groups on maintaining remission at 1 year was also significant ($p = .04$), with 68% of the hypnotherapy condition and 40% of the control condition maintaining remission for 1 year.

Limitations: Remission status was not confirmed endoscopically and instead relied on clinical symptoms. Financial limitations of the study hindered a more thorough analysis. There was a possible risk of researcher allegiance affecting the outcome.

⁹ <https://www.mendeley.com/catalogue/f32d8a1a-f211-35ee-8f43-3b1090d18ddd>

MENTAL HEALTH

Anxiety

Summary

Anxiety is something everyone experiences at times, and feeling anxious is a perfectly natural reaction to some situations. But sometimes feelings of anxiety can be constant, overwhelming or out of proportion to the situation and this can affect your daily life.

Recommended by

ASA (2022)

Evidence

See also: IBS Case Study 1.

Study 1: Hammer et al., (2021)¹⁰ examined the effects of medical hypnosis on test anxiety in 104 first year medical students. Measurements were taken at three time points: The start of the semester, ten and two days prior to two oral exams. The PAF questionnaire was used to measure anxiety, with global and subscale scores for emotionality, worry, interference and lack of confidence. 104 participants were assessed from the cohort of 625 students using the PAF questionnaire, and found to have the highest scores. Half of the selected students (n = 52) were provided medical hypnosis ten days before their exams. The other half of the students received no treatment and were assigned to the control group.

Results: Mean overall PAF scores showed a significant reduction in symptoms of anxiety ($p < .05$) and the Emotionality and Lack of confidence scores showed a significant reduction from assessment to assessment within the hypnosis group ($p < .05$ and $p < .05$, respectively), but not in the control group.

Limitations: Parts of the experiment relied on the actions of participants when not under observation, so potential deviance from the instructions may have reduced the clarity of the results. Therefore, individual exposure to hypnosis may have varied from student to student. The inability to blind the hypnosis recipients to the experiment may have created an additional placebo effect in comparison to the control group who received no intervention.

Study 2: Brooker (2018)¹¹ conducted a clinical study into the effects of cognitive hypnotherapy and EMDR on music performance anxiety. 46 advanced pianists were recruited from three higher educational institutions. Participants were of mixed gender and aged 18-26, and were randomly assigned to a therapy or control group. The therapy groups received two interventions of their EMDR or Hypnotherapy over a 2-week period between two concerts. The Spielberger State-Trait

¹⁰ <https://www.tandfonline.com/doi/full/10.1080/14703297.2021.1886971>

¹¹ <https://journals.sagepub.com/doi/full/10.1177/0305735617703473>

Anxiety Inventory was used to collect data at baseline, pre-and post-intervention, and also measured through performance assessment. Self-report questionnaires were also used.

Results: Both therapy groups experienced a significant reduction in state anxiety compared to the control group who did not ($p = .012$) as well as a significant improvement in performance ($p = .017$).

Limitations: There was a small sample size, and participants were not blind to the study so an added placebo effect may have influenced results of the therapeutic groups in comparison to the control group who received no intervention.

Study 3: Brooker (2019)¹² Building on the previous study by Brooker (2018), this study examined the longitudinal effects of cognitive hypnotherapy and EMDR on trait anxiety and music performance. The findings of this study were reported after the initial intervention of 46 advanced pianists recruited from three educational institutions. Using the Spielberger State-Trait anxiety inventory, participants provided data at four months post- intervention ($n = 34$) and one year post-intervention ($n = 17$). Baseline anxiety levels were used as a control indicator. Qualitative performance experience reports were also gathered at the two time points.

Results: Significant decreases below baseline trait scores were reported in both therapeutic groups at both time points (four months, $p < .001$; one year, $p = .001$). Qualitative reports of performance experiences indicated that there was a positive effect on performance outcome.

Limitations: Not all participants continued the experiment from the original experiment, so the outcomes of the treatment for the absent participants is unknown.

Study 4: Anllo et al., (2020)¹³ Examined the benefits of hypnosis for the management of anxiety and Dyspnoea for people suffering with chronic obstructive pulmonary disease in a randomised, sham-controlled crossover trial to test the efficacy of a 15-minute hypnosis intervention as a means for immediate improvement of anxiety in severe COPD patients. 21 patients were recruited and randomly assigned to two individual sessions. Pre- and post-intervention anxiety was measured using a STAI-6 score.

Results: Anxiety in hypnosis patients significantly improved after the intervention with a mean change in STAI-6 scores of -23.8% ($p < .01$). Respiratory rates also decreased after hypnosis. Furthermore, improvements in SpO₂ and Borg exertion rates were registered after both conditions.

Limitations: The experiment was not able to be blind, which may have reduced the clarity of the findings. There was also a small participant number, with two participants dropping out of the study before it was completed.

¹² <https://crimsonpublishers.com/acam/fulltext/ACAM.000616.php>

¹³ <https://www.pubfacts.com/detail/33122899/Hypnosis-for-the-Management-of-Anxiety-and-Dyspnea-in-COPD-A-Randomized-Sham-Controlled-Crossover-Tr>

Depression

Summary

Depression affects people in different ways and can cause a wide variety of symptoms. They range from lasting feelings of unhappiness and hopelessness, to losing interest in the things you used to enjoy and feeling very tearful. Many people with depression also have symptoms of anxiety. There can be physical symptoms too, such as feeling constantly tired, sleeping badly, having no appetite or sex drive, and various aches and pains. The symptoms of depression range from mild to severe. At its mildest, you may simply feel persistently low in spirit, while severe depression can make you feel suicidal, that life is no longer worth living.

Evidence

Study 1: Alladin & Alibhai (2007)¹⁴ Compared the effectiveness of Clinical Hypnotherapy with CBT as standalone treatments for depression. 84 adult participants of mixed gender were randomly assigned into either group, with 42 participants per group. The average duration of illness for each group was 5-6 years. The treatment lasted for 16 weeks, with 6-month and 12-month follow-ups.

Results: Patients of both groups improved beyond baseline scores, however recipients of CH produced significantly larger changes compared to CBT. Using the Beck Depression Inventory, effects size calculations showed a difference of 6%. For the Beck Anxiety inventory, there was a 5% difference between groups. Using the Beck Hopelessness Scale, there was a difference of 8%. All of these differences were in favour of the CH group. Furthermore, this effect size was maintained at 6-month and 12-month intervals.

Limitations: Specific components of Hypnotherapy were not explored, so the most efficacious subcomponents of CH were not identified.

Study 2: Fuhr et al., (2021)¹⁵ compared the efficacy of CBT and hypnotherapy in the treatment of mild to moderate depression in a randomised controlled rater-blind clinical trial of 152 patients. The aim of the experiment was to determine compare the efficacy of hypnotherapy to CBT. Patients were randomly sorted into two groups receiving either CBT or hypnotherapy on an outpatient basis. Patients received individual psychotherapy for 16-20 sessions over a 6 month period. The outcomes were assessed pre-and post- treatment, as well as after 6- and 12-month follow-ups. The primary outcome was the mean percentage improvement in depressive symptoms assessed with the MADRS before and after treatment. For the comparison between CBT and hypnotherapy, the pre-specified non-inferiority margin of mean scores was a margin of -16.4.

Results: The difference in the mean percentage system reduction between hypnotherapy and CBT was 2.8 in the intention-to-treat sample and 40 in the Per Protocol sample. Therefore, both results fall within the pre-specified non-inferiority margin, so both results confirm the non-inferiority of hypnotherapy to CBT in the treatment of mild to moderate depression.

Limitations: There was no control group due to the nature of the experiment, therefore it can only indirectly conclude that both treatment conditions are effective.

¹⁴ <https://doi.org/10.1080/00207140601177897>

¹⁵ <https://www.sciencedirect.com/science/article/pii/S0165032721002032>

Study 3: Mahandaru et al., (2021)¹⁶ compared the efficacy of hypnotherapy on the pain management of pain and depression symptoms in women before and after giving birth. They carried-out a single-blind randomised controlled trial with a post-test group design, conducted between January and April 2021. 80 Patients were divided into two groups; the hypnotherapy group (n = 40) and the control group. The hypnotherapy was carried out using self-hypnosis using audio recordings of hypnotherapy in 2 sessions before and after the caesarean section procedure. Pain was measured by the Numeric Rating Scale, and post-partum depression was measured by the Edinburgh Postnatal Depression Scale.

Results: Post-caesarean section pain in the hypnotherapy group (m = 4.58) was lower than the control group who received standard care (m = 6.48), and these results were statistically significant ($p < .001$). Postpartum depression in the hypnotherapy group (m = 6.08) was lower than the control group (m = 8.48), and these results were statistically significant ($p < .001$)

Limitations: There was a limited amount of time allowed for hypnotherapy sessions in this study, and a hypnotic suggestibility test was not carried out on patients during the experiment.

Case Study 1: Smith (2004)¹⁷ presented a case of the treatment of a 30-year-old woman with severe depression linked to sexual trauma, who had been hospitalised three times within the 4 months prior to treatment from suicide attempts. The patient also reported issues with sleep quality and nightmares. The symptoms were resistant to anti-depressant medications and other treatments had only provided short-term relief. The patient was also now complaining of dissociative symptoms.

Treatment: Alongside other pharmacological treatment and a psychiatrist, the patient requested hypnotherapy to enhance control over dissociations and difficult feelings. The patient underwent a 2-hour induction, and displayed no adverse effects. The client then proceeded to receive memory-regression treatment so that she could face her trauma in a controlled way. The patient received a further 7 total hours of hypnotherapy sessions.

Results: At a 15-month follow-up, the patient credited the hypnotic work as being the predominant factor in her drastic improvement. She saw her current therapist only once a month and planned to terminate soon. She had discontinued all of her medications with the approval of her psychiatrist. No longer depressed, she was cheerful and optimistic, and her relationships with her children and her husband had also improved.

Limitations: n/a

¹⁶

https://www.researchgate.net/publication/354279491_The_Effect_of_Hypnotherapy_on_Postpartum_Pain_and_Depression_in_Women_with_Post_Caesarean_Delivery

¹⁷ <https://www.tandfonline.com/doi/abs/10.1080/0020714049052347>

Panic Disorder

Summary

Panic disorder is an anxiety disorder where you regularly have sudden attacks of panic or fear.

Evidence

Case Study 1: Abramowitz & Lichtenberg, (2010)¹⁸ treated a 37-year-old male suffering from panic disorder using hypnotherapy olfactory conditioning. Due to family loss at a young age and suffering from anxiety throughout puberty, this progressed into panic disorder and agoraphobia as an adult. For the 2 years prior to hypnotherapy, he had become dependent upon benzodiazepines and was receiving alprazolam 0.5 mg three to four times daily. He was also receiving paroxetine 60 mg daily.

Treatment: At the start of therapy, the therapist switched the patient's daily dosages of medication to venlafaxine 225 mg and alprazolam 2mg (the latter divided into four 0.5 mg doses taken as needed) and added risperidone 2 mg. This change led to a marked reduction in the frequency and intensity of the panic attacks, as well as to an improvement in his sleep. However, the patient continued to dread the next panic attack, to an extent that severely disrupted his life. He was unable to reduce his use of medication. A month and a half later, the therapist decided to utilize hypnotic techniques in the sessions. The patient's hypnotisability was moderate (7 on the SHSS:C). The hypnotherapist explained to the patient that the sense of smell could be exploited in hypnotic exercises aimed at inducing a sense of calm. The patient was given homework and told to practice what he had learned at least twice daily for a few minutes each time. He was provided a vial of aromatic basil to use as an olfactory stimulus.

Results: The patient required two additional meetings to become fully adept at using the olfactory stimulus, resulting in 4 total sessions. During the following 3 months, he was able to completely discontinue his use of tranquilizers and other medications. The patient continued with psychodynamic psychotherapy after the panic attacks had subsided. At 1-year follow-up, The patient reported that he continued to utilize the vial of aromatic basil when needed, which was rarely more than once or twice a month. He also showed no signs of agoraphobia.

Limitations: n/a

¹⁸ <https://psycnet.apa.org/record/2010-10789-005>

Stress

Summary

Stress is the body's reaction to feeling threatened or under pressure. It's very common, can be motivating to help us achieve things in our daily life, and can help us meet the demands of home, work and family life. But too much stress can affect our mood, our body and our relationships – especially when it feels out of our control. It can make us feel anxious and irritable, and affect our self-esteem. Experiencing a lot of stress over a long period of time can also lead to a feeling of physical, mental and emotional exhaustion, often called burnout.

Evidence

Study 1: Olendzki et al., (2020)¹⁹ used mindful hypnotherapy to reduce stress and increase mindfulness in a randomised controlled pilot study of 42 participants. The participants were split into two groups: Mindful hypnotherapy intervention (n = 22), or a wait-list control condition (n = 20). The intervention consisted of 1-hour individual weekly sessions over 8 weeks.

Results: The results indicated excellent feasibility, determined by participant satisfaction, treatment adherence (84% compliance rate), and low rate of adverse events (4.5%). There were significant differences between the mindful hypnotherapy and control groups post-intervention, with the mindful hypnotherapy intervention resulting in a significant and large decrease in perceived distress, ($p < .001$), and increase in mindfulness, ($p < .001$).

Limitations: There was a small sample size for this study, and furthermore several participants dropped out of the study for various reasons, so the resulting data may not portray the general population as accurately. There was no active control condition to compare the results with.

¹⁹ <https://www.tandfonline.com/doi/full/10.1080/00207144.2020.1722028>

PAIN MANAGEMENT

Recommended by

APA (2022)

Evidence

See Also: Depression Study 3 and PTSD Study 5.

Study 1: Prasetya, Kusumawati & Wardiyatmi (2021)²⁰ examined the effectiveness of hypnotherapy in reducing pain in patients with cervical cancer. The experiment used a random controlled trial over 8 months in 2019. A sample of 90 patients were used, with half of the patients (n = 45) receiving hypnotherapy and half of the patients being assigned to the control group who received standard care. Levels of pain experienced by patients were measured by a numerical pain scale ranging from 0 to 10. Hypnotherapy was delivered to patients once a day over seven consecutive days.

Results: the mean pain scores from patients after hypnotherapy (m = 0.8) were lower than the control group (m = 3.2), with this difference being statistically significant ($p < .001$).

Limitations: There were relatively few details on the delivery of hypnotherapy, and the measurements of data were relatively simplistic so greater details of pain management/psychological benefit to the patients may have been missed.

Study 2: Jones et al., (2006)²¹ examined the efficacy of hypnotherapy in a group of 28 patients with non-cardiac chest pain. After a four week baseline period, Patients were randomly sorted into one of two groups: The hypnotherapy group (n = 15) or the supportive therapy plus placebo medication group (n = 13). Both groups received the treatment over a 17 week period. The primary outcome measure was global assessment of chest pain improvement. Secondary variables were score changes in quality of life, pain severity, pain frequency, anxiety and depression, as well as any alteration in medication use.

Results: 80% of hypnotherapy patients compared with 23% of control patients experienced a global improvement in pain ($p = .008$), which was associated with a significantly greater reduction in pain intensity ($p = 0.46$), however not frequency. Hypnotherapy also resulted in a significantly greater improvement in overall well being in addition to a reduction in medication usage.

Limitations: A double-blind trial was not possible due to the nature of hypnotherapy, and there was a relatively small sample size.

²⁰ [https://theijmed.com/index.php?journal=theijmed&page=article&op=view&path\[\]=387](https://theijmed.com/index.php?journal=theijmed&page=article&op=view&path[]=387)

²¹ <https://pubmed.ncbi.nlm.nih.gov/16627548>

Study 3: Spiegel and Bloom (1983)²² assigned 54 women with chronic cancer pain from breast carcinoma to either standard care (n = 24) or weekly expressive-supportive group therapy (n = 30) for up to 12 months. The hypnosis intervention was directed toward enhancing patient competence and mastery in managing pain and stress related to cancer. Hypnotic training included suggestions to “filter out the hurt” of any sensations by imagining competing sensations in affected areas. Patients were also given instructions for using self-hypnosis outside of the group-therapy sessions.

Results: Both treatment groups demonstrated significantly less pain and suffering than the control sample. Hypnosis was not the main focus of the expressive-supportive group-therapy sessions, however, patients who received hypnosis in addition to group therapy reported significantly ($p < .05$) less increase in pain over time (as cancer progressed) compared to patients who did not receive the hypnosis intervention.

Limitations: This study is over 10 years old and had a relatively small sample size.

Study 4: Elkins et al. (2004)²³ conducted a prospective, randomized study of the benefits of hypnotherapy on 39 advanced-stage cancer patients with malignant bone disease. Patients were randomized to receive either weekly sessions of supportive attention or a hypnosis intervention. Patients assigned to the hypnosis intervention received at least four weekly sessions in which a hypnotic induction was completed following a standard transcript. The transcript included suggestions for relaxation, comfort, mental imagery for dissociation and pain control, and instruction in self-hypnosis. In addition, patients in the hypnosis intervention were provided with an audiocassette tape recording of a hypnotic induction and instructed in home practice of hypnosis.

Results: The hypnosis intervention group demonstrated an overall decrease in pain ($p < .0001$) for all sessions combined. The mean rating of the effectiveness of self-hypnosis practice outside the sessions was 6.5 on a 0-to-10 scale.

Limitations: the study is more than 10 years old, with a relatively small sample size.

Study 5: McCauley et al. (1983)²⁴ conducted a prospective trial comparing hypnosis and relaxation training for chronic low-back pain. Seventeen outpatients were assigned to either self-hypnosis (n = 9) or relaxation (n = 8). The baseline was an EMG-assessment session and 1 week later the patients began eight individual weekly sessions.

Results: No significant change in any outcome measure was observed during the 1-week baseline period. Patients were assessed 1 week after the completion of treatment and then again 3 months after the treatment ended. Patients in both groups were found to have significant reductions in pain as measured by the McGill Pain Questionnaire and visual analogue ratings.

²² <https://psycnet.apa.org/record/1984-10039-001>

²³

https://www.researchgate.net/publication/284662074_Hypnosis_to_reduce_pain_in_cancer_survivors_with_advanced_disease_A_prospective_study

²⁴ <https://pubmed.ncbi.nlm.nih.gov/6227304>

Limitations: Small sample size, and the study is significantly dated. The length of the study was comparatively short so long-term benefits may not have been realised.

Study 6: Gay et al. (2002)²⁵ compared the effectiveness of hypnosis and Jacobson relaxation for the reduction of osteoarthritis pain. Thirty-six patients with osteoarthritis pain were randomly assigned to one of three conditions: hypnosis, relaxation training, and a no-treatment/standard-care control condition. The hypnosis intervention consisted of eight weekly sessions that began with a standard relaxation induction followed by suggestions for positive imagery, as well as a memory from childhood that involved joint mobility.

Results: Patients in the hypnosis treatment showed a substantial and significant decrease in pain intensity after 4 weeks of treatment, which was maintained through 3 months and 6 months of follow-up. In comparison, patients in the no-treatment control condition reported little change in pain during the 6 months of this trial. However, although significant differences between the hypnosis and the standard-care control condition were found mid-treatment (4 weeks after treatment started), post-treatment, and at follow-up, the differences between the effects of the hypnosis intervention and the relaxation control on pain reduction were not statistically different.

Limitations: Blindness was not possible in this study for participants receiving hypnotherapy. Furthermore, this study is more than 10 years old and has a relatively small sample size.

Study 7: Simon and Lewis (2000)²⁶ examined the effectiveness of hypnosis on temporomandibular pain disorder in 28 patients. Measures of pain symptoms (pain intensity, duration, and frequency) were assessed on four separate occasions: during wait list, before treatment, after treatment, and at 6-month follow-up. Patients were also instructed to practice self-hypnosis daily with audiotaped recordings of the hypnotic treatment.

Results: The results indicated a significant decrease in pain frequency ($p < .001$), pain duration ($p < .001$), and an increase in daily functioning. Analyses also suggested that the treatment gains were maintained for 6 months after treatment with reduced pain and improved daily functioning.

Limitations: The study is more than 10 years old, with a relatively small sample size. There was also no control group or alternate treatment to compare results with.

²⁵ <https://psycnet.apa.org/psycinfo/2002-04214-001>

²⁶

https://www.researchgate.net/publication/12433751_Medical_hypnosis_for_temporomandibular_disorders_Treatment_efficacy_and_medical_utilization_outcome

Study 8: Haanen et al. (1991)²⁷ randomly assigned 40 patients with fibromyalgia in a controlled study into groups that received either eight 1-hour sessions of hypnotherapy with a self-hypnosis home-practice tape over a 3-month period, or physical therapy (that included 12 to 24 hours of massage and muscle relaxation training) for 3 months. Outcome was assessed pre- and post-treatment and at 3-month follow-up. The hypnosis intervention included an arm-levitation induction and suggestions for ego strengthening, relaxation, improved sleep, and “control of muscle pain.”

Results: Compared with patients in the physical therapy group, the patients who received hypnosis showed significantly better outcomes on measures of muscle pain, fatigue, sleep disturbance, distress, and patient overall assessment of outcome. These differences were maintained at the 3-month follow-up assessment and the average percent decrease in pain among patients who received hypnosis (35%) was clinically significant, whereas the percent decrease in the patients who received physical therapy was marginal (2%).

Limitations: The study is over 10 years old, and there was a relatively small sample size.

Case Study 1: Artimon (2015)²⁸ used hypnotherapy to treat a 53-year-old female with no psychiatric history but a high medical-surgical background due to her chronic pain symptoms. These started in October 2006 with stabbing and stinging pain in the left shoulder, radiating down the left arm to the elbow, increasing with movement but with no numbness. The pain apparently started because of a psycho-physical overload. After onset the patient received a litany of medical investigations and treatments. Psychological tests revealed high scores on depression and anxiety scales: a 37 on the Hamilton Depression scale and 33 on the Hamilton Anxiety scale.

Treatment: The patient agreed to a treatment plan that included pharmacological treatment (Alprazolam 1 mg/day) and hypnosis, initially for 4 to 6 weeks (for controlling anxiety and to enable the psychotherapeutic approach) and psychotherapy, which included mainly Ericksonian hypnosis and hypnoanalysis in combination with cognitive-behavioural techniques. The therapy was conducted over 1 year and 3 months, with sessions twice a week in the first month, then once a week, with a break of about 1 month approximately 1 year after initiating therapy, when the patient was abroad to visit her daughter (a total of 65 sessions).

Results: The therapy goals were achieved entirely, resulting in a complete resolution of the anxious-depressive mood and of painful symptoms. At follow-ups made at 3 and 6 months post treatment, it was found that these results were maintained; the patient no longer had any somatoform rebound and continued to have a good social and family functioning.

Limitations: n/a

²⁷ <https://www.thefreelibrary.com/Controlled+Trial+of+Hypnotherapy+in+the+Treatment+of+Refractory...-a0229530275>

²⁸ <https://www.tandfonline.com/doi/abs/10.1080/00207144.2015.1002704>

Case Study 2: Ramachanrada & Chaturvedi (2006)²⁹ presented a 42-year-old female who reported psychosomatic body aches, pain, anxiety, depression, and disturbed sleep. She covered much of her face to conceal eczema and it had spread to her face, hands, and feet. Avoided mixing with others as she believed that it drew negative attention. Duration was 6 years with an insidious onset. Initially medical treatment helped her but subsequently dosage had to be increased including steroids resulting in unbearable side effects. Feelings of depression became more pronounced. At this stage she opted for hypnotherapy as a possible intervention.

Treatment: Psychological assessment revealed her to be an having difficulty in interpersonal relationships, anxiety and depression with occasional suicidal ideas, and poor self-concept. Excessive worry about the body-image, (thought her face not the same as it used to be) loss of beauty due to eczema seemed to be the core factors for her manifested complaints. Therapeutic strategy consisted of trance induction, deepening the trance, suggestions with enhanced positive imagery to counter the negative feelings and poor self-concept and posthypnotic suggestions.

Results: Each successive hypnotherapy session resulted in better eye contact, tone of talking, and expressing herself confidently. Dark patches on her face were visibly lighter after 7–8 sessions. A total of 1 sessions were held with appreciable improvement and the level of medication was gradually reduced to a bear minimum. Steroids were completely withdrawn. 6 months' follow up showed the level of improvement was maintained.

Limitations: n/a

Case Study 3: Thomson (2022)³⁰ presented a case of a 17-year-old female with complex regional pain syndrome. The patient also had a history of juvenile idiopathic arthritis (JIA) that was in remission. Four years prior to treatment, during her parents disputatious divorce, the patient received a mild injury to her right foot during a game of field hockey. Over time, she experienced similar symptoms in her left foot, then her knees and both her hands. The patient had been a dancer and an athlete, all of which she gave up due to her significant symptoms. She was evaluated, diagnosed, and treated at the Children's Hospital. There she received both occupational and physical therapy along with corticosteroids and anaesthetic creams. The patient explained her treatment techniques for desensitization to temperature, vibration and impact. She had also been seeing a mental health counsellor. When she returned for her well child check, hypnosis was recommended as she had already been routinely using all of these modalities with limited success for 4 years.

Treatment: The patient was provided four sessions of hypnosis used strategies such as distancing, distraction, redirection and hypnotic dissociation. The therapist also utilized time distortion, symptom substitution and displacement of the sensation to a less bothersome area. Another technique was to selectively attend to the painful sensation and then alter it with switches, dials, colours and shapes.

Results: After four sessions of clinical hypnosis, the patient's condition improved dramatically with nearly complete resolution of her symptoms. With hypnosis, the patient was able to make new associations by directly impacting her behavioural inhibition system and behavioural activating system. She was age regressed to hypnotically remember and re-experience a time before the injury

²⁹ [https://onlinelibrary.wiley.com/doi/full/10.1016/S1090-3801\(06\)60875-6](https://onlinelibrary.wiley.com/doi/full/10.1016/S1090-3801(06)60875-6)

³⁰ <https://www.tandfonline.com/doi/full/10.1080/00029157.2021.1943298>

and imagined a time ahead being back to before. In trance, she experienced the future with her symptoms resolved so that she could again enjoy dancing, sports and simple pain-free movement. This approach activated the reward cues of the behavioural activating system. With hypnosis, her behaviour became goal directed and her outlook changed to hopefulness and one of positive expectancy.

Limitations: n/a

Case Study 4: Elkins, Koep & Kendrick (2012)³¹ presented a case study detailing hypnotherapy as an intervention for loin pain haematuria in a 17-year-old female patient. The patient complained of unilateral, uncontrolled loin pain and had been resistant to previous treatments that included pharmacotherapy and renal denervation. The symptoms were so severe that the patient had to withdraw from school and seeking the emergency room 9 times in as little as 2 months. The patient's only remaining options were a surgery that carried a risk of the inability to carry a child to term, so the patient was offered hypnotherapy as an alternative treatment.

Treatment: The patient received eight 1-hour sessions total of hypnotherapy over the course of 5 months, with a follow-up given at 12 months. She was given questionnaires including the LF-MPQ and HADS scale at baseline, endpoint and at follow-up.

Results: At the time of the follow-up, the results from the scales that the patient filled out indicated a clinically significant reduction in pain, anxiety and depression as well as a nearly complete remission of the presenting symptoms. The patient's scores on the HADS scale went from 28 at pre-treatment, to 14 post-treatment, to 0 at the follow-up. The patient's scores on the LF-MPQ went from 118 at pre-treatment, to 31 post-treatment and then to 0 at the 12-month follow-up.

Limitations: n/a

³¹ <https://doi.org/10.1080/00207144.2011.622215>

Multiple Sclerosis

Summary

Multiple sclerosis (MS) is a condition that can affect the brain and spinal cord, causing a wide range of potential symptoms, including problems with vision, arm or leg movement, sensation or balance. It's a lifelong condition that can sometimes cause serious disability, although it can occasionally be mild. In many cases, it's possible to treat symptoms. Average life expectancy is slightly reduced for people with MS. It's most commonly diagnosed in people in their 20s and 30s, although it can develop at any age. It's about 2 to 3 times more common in women than men. MS is one of the most common causes of disability in younger adults.

Evidence

Study 1: Malekzadeh et al., (2020)³² examined the effectiveness of group-based cognitive hypnotherapy on the psychological well-being of 45 patients with multiple sclerosis in a randomised clinical trial. Patients were randomly assigned to either the hypnotherapy group (n = 23) or a pre-test post-test control group (n = 22). The experimenters used the Ryff's scale of psychological well-being to obtain data at the start of the experiment, then again after 8 weeks. During this time, the hypnotherapy group received weekly 2-hour hypnotherapy sessions whilst the control group received no intervention.

Results: The scores in patients from the Ryff's scale of psychological wellbeing indicated that cognitive hypnotherapy had a significant effect on the total score ($p = .018$) and the dimension of environmental mastery ($p < .05$).

Limitations: Neither the participants nor the experimenters were not blind to the experiment, however the raters assessing the outcome were blind to group allocation.

³² <https://www.semanticscholar.org/paper/The-Effectiveness-of-Group-based-Cognitive-on-the-A-Malekzadeh-Mohammadabad/35351f6181fc9e1843c5d6935485179c2c0f0f5f>

PHOBIAS

Summary

A phobia is an overwhelming and debilitating fear of an object, place, situation, feeling or animal. Phobias are more pronounced than fears. They develop when a person has an exaggerated or unrealistic sense of danger about a situation or object. If a phobia becomes very severe, a person may organise their life around avoiding the thing that's causing them anxiety. As well as restricting their day-to-day life, it can also cause a lot of distress.

Evidence

See also: Panic disorder Case Study 1.

Case Study 1 (Blood Phobia): Noble (2002)³³ presented the treatment of hypnotherapy on a 61-year-old female client with an extreme case of haematophobia and desire to improve her oral appearance and to improve her masticatory effectiveness. She had received regular dental care up until 3 years previously but had ceased attending following the extraction of two teeth, an incident that resulted in her being confined to bed for a day and a night, 'heaving over the blood in her mouth'. The phobia also affected her everyday life (e.g. food preparation). This patient could not recall the onset of her phobia, but remembered two major incidents in her childhood and adolescence. The patient was in need of dental work; the practitioner proposed to extract the remaining teeth and provide full dentures but the patient felt unable to cope with the treatment suggested.

Treatment: With the patient's consent it was proposed to use hypnotherapy to help her cope with her blood phobia and hypersensitive gag reflex. The aim of the therapy was to break the link between the stimulus of the taste and swallowing of the blood and the gagging response elicited by reducing the anxiety levels and enabling her to deal with the stressful situation more constructively.

Results: Over subsequent appointments the patient's teeth were extracted, always with the use of hypnotherapy and local anaesthesia, and when necessary sutures were placed. The patient's anxiety gradually lessened both during the procedure and at home, and the constant expectoration and retching which had occurred previously did not recur. The hypnotherapy sessions permanently eliminated the haematophobia and hypersensitive gag reflex by systematic desensitization. She learnt how to control the disgust of blood in her mouth and to tolerate dentures.

Limitations: n/a

³³ <https://www.magonlinelibrary.com/doi/abs/10.12968/denu.2002.29.2.70>

Case Study 2 (Needle phobia): Agarwal et al., (2019)³⁴ used hypnotherapy to treat a 46-year-old female, multiple myeloma patient was receiving chemotherapy, and was required to undergo bone marrow aspirate and trephine (BMAT) biannually. She had heightened levels of distress, fear and anxiety related to the BMAT procedure. The patient was provided a Clinical Hypnotherapy and Mindfulness (CHAM) programme to regulate her levels of fear and anxiety.

Treatment: The patient received a 7-month CHAM programme (7-sessions of 1-hour duration) during which time they underwent two BMATs. Symptoms of fear, anxiety and pain were recorded using visual analogue scale (VAS) 0-10 and reports from the patient, at the point of each BMAT procedure, at the beginning and 2-months post CHAM programme.

Results: The greatest reduction of the VAS score was seen after the first treatment with a 60% reduction in fear, a 60% reduction in anxiety, and a 70% reduction in pain. At the initial CHAM session, the patient was tearful and reported being “traumatised” and the pain being “very, very painful”, and “atrocious”. 2 months post programme the patient’s VAS scores for fear, anxiety and pain showed a 70% reduction and the patient reported “there was NO sense of panic”, and that she “didn’t have any stress”. Further to this, the patient required no further intervention after the programme and was able to follow the conventional treatment for her multiple myeloma.

Limitations: n/a

Case Study 3 (Needle phobia): Abramowitz & Lichtenberg (2009)³⁵, used hypnotherapy to treat a patient who sought assistance for their phobia with an impending surgical dental procedure. He was provided treatment in the form of HOC. He had previous experience of attempting self-hypnosis, but was unsuccessful. His hypnotisability level was moderate: 7 of 12 on the Stanford Hypnotic Susceptibility Scale, -C.

Treatment: Following hypnosis and a discussion of his experiences and while still in the office, the patient was asked to practice entering the trance state through the use of HOC, for which he was provided an aromatic vial. Within several minutes, the patient was able to satisfactorily reproduce a significant degree of analgesia. With three more attempts, he became increasingly proficient using the aroma to rapidly induce analgesia. The technique was practiced and reinforced during the second and final hypnotherapeutic session. The patient took home the aromatic vial.

Results: Several days later he returned and reported that he had successfully undergone the surgical procedure and had already made appointments for further dental care.

Limitations: n/a

³⁴ [https://www.semanticscholar.org/paper/Case-study-of-patient-receiving-Clinical-and-\(CHAM\)-Agarwal-Ruggles/5a05c37048b8015a490c38343d0d9c55c1e4ba82](https://www.semanticscholar.org/paper/Case-study-of-patient-receiving-Clinical-and-(CHAM)-Agarwal-Ruggles/5a05c37048b8015a490c38343d0d9c55c1e4ba82)

³⁵ <https://doi.org/10.1080/00207140802665450>

Case Study 4 (Needle phobia): Cyna et al., (2007)³⁶ presented a case of hypnotherapy used to treat a 5-year-old boy presented with Bruton's disease and a long-term case of severe needle phobia. Following a traumatic procedure at 5 months of age, the patient required increasing measures of intervention to elicit calm and cooperative behaviour during procedures. Attempts to sedate the child pharmacologically had proven to elicit unreliable and traumatic results and at the time the patient was reliant on inhalational general anaesthesia.

Treatment: Training in self-hypnosis was provided to the patient. Two days prior to a routine infusion of gammaglobulin, the patient and his mother met with the therapist as outpatients. A rapport was developed, and the child was taught switch-wire imagery using metaphors and language that was suitable for their age. This allowed the child to dissociate sensation and movement in specific limbs when asked to do so. The preliminary session lasted approximately 30 minutes.

Results: The patient was observed two days after treatment for his infusion, with the parent and therapist also present. The client was encouraged to repeat the switch-wire imagery before the procedure was carried out in small stages. After the success of no phobic reaction to the needle, the patient was confirmed to have been successfully using the technique in the 3-month follow-up.

Limitations: n/a

Case Study 5 (Social Phobia): Iglesias & Iglesias (2014)³⁷ used hypnotherapy to treat a patient with case of social phobia and a history of refractory outcomes to previous therapy trials. The aetiology in this case included features of panic disorder. The patient dated the onset of the social phobia to a cocktail gathering for upper management executives wherein he felt panic when he was introduced to the president of the company. From that instance the discomfort generalized to situations where he met new acquaintances. The patient proceeded to employ avoidance of social situations as a defence. The patient described the panic as debilitating, visible, and obvious to those around him. The episodes were accompanied by distressing physical symptoms including shortness of breath and heart palpitations.

Treatment: The patient was exposed to examples of social situations in hypnosis. Emotions were suppressed with Wolberg's theatre technique which allowed the scenarios to be viewed devoid of emotions. This safe exposure to social encounters was an effective approach which allowed for the second phase of treatment: exposure to complex social encounters during hypnosis without the suppressing effect of the theatre technique.

Results: In addition to 10 office visits, scheduled every other week, an initial assessment visit and a final summary visit, the patient completed two 15 minute sessions daily of self-hypnosis on days without a scheduled office visit. This provided approximately 200–225 self-hypnosis sessions to the patient during the 20 weeks of treatment. The patient reported that he retained the benefits gained at therapy at the follow up 6 months later.

Limitations: n/a

³⁶ <https://europepmc.org/abstract/MED/17596226>

³⁷ <https://doi.org/10.1080/00029157.2013.808166>

SKIN PROBLEMS

Morgellons Disease

Summary

Morgellons is the informal name of a self-diagnosed, scientifically unsubstantiated skin condition in which individuals have sores that they believe contain fibrous material. Morgellons is not well understood, but the general medical consensus is that it is a form of delusional parasitosis.

Evidence

Case Study 1: Gartner et al., (2011)³⁸ presented the treatment of hypnotherapy on a case of a 53-year-old woman who complained of symptoms that she believed to be related to Morgellons Disease. This included skin lesions, fibrous growths protruding from her skin, as well as significant itching and discomfort stemming from the lesions. The patient also reported anxiety and worry about her condition, as well as impaired memory and attention span. The patient's symptoms had been resistant to prior treatment. The patient completed a rating of her symptoms of anxiety, skin infections/lesions, feelings of being bitten, fatigue, skin pain, brain fog, and joint pain prior to beginning the hypnotherapy intervention, weekly, and at a 3-month follow-up. In addition she obtained a score of 10 on the Stanford Hypnotic Susceptibility Scale–Form.

Treatment: The patient was seen for six 1-hour hypnotherapy sessions that occurred once per week. The goals of the intervention were the reduction and management of the patient's physical and psychological symptoms. At each session, a standard hypnotic induction was completed following a transcript.

Results: At each session, the patient rated the severity of her primary symptoms. According to the patient's ratings, her anxiety saw the greatest improvement, reducing by 75.0% from pre- to post-treatment. The patient also reported improvement in her physical and dermatological symptoms, as her skin infections/lesions, her feelings of being bitten, skin pain, and joint pain reduced by 71.4%, 66.7%, 50.0%, and 16.7%, respectively, from pre- to post-treatment. Additionally, the patient's self-ratings constituted a 57.1% reduction in fatigue and a 16.7% reduction in brain fog from pre- to post-treatment. Notably, all symptoms exhibited a 16.7% or greater reduction from pre- to post-treatment based on the patient's self-ratings. At a follow-up appointment 3 months after the conclusion of her hypnotherapy intervention, the patient rated her primary symptoms. For all of her primary symptoms, the patient either maintained the improvement observed following treatment or saw an additional reduction in symptomatology. The patient reported an additional 80% reduction in brain fog, 66.7% reduction in fatigue, 60% reduction in joint pain, and 33.3% reduction in skin pain between her final hypnotherapy session and her follow-up appointment.

Limitations: n/a

³⁸ <https://www.tandfonline.com/doi/abs/10.1080/00207144.2011.546263>

SLEEP

Insomnia

Summary

Insomnia means you regularly have problems sleeping. It usually gets better by changing your sleeping habits. If you have insomnia for a short time (less than 3 months) it's called short-term insomnia. Insomnia that lasts 3 months or longer is called long-term insomnia.

Recommended by

ASA

Evidence

See also, PTSD Study 1.

Study 1: Lam et al., (2015)³⁹ conducted a systematic review and meta-analysis of 13 studies (six trials of Hypnotherapy and seven on autogenic training or guided imagery). They examined the methodological quality, risks of bias, risks of blinding, and design of control interventions.

Results: Meta-analyses found that overall, hypnotherapy significantly shortened latency in sleep compared to the waitlist ($p = 0.01$) as well as autogenic training or guided imagery ($p = .003$). However, there was no difference compared to sham intervention in either condition ($p = .31$ and $p = .15$ respectively).

Limitations: Most studies were found to have small sample sizes and methodological limitations. Blindness in the studies is difficult to avoid in studies involving hypnotherapy, so there is often a risk of either positive or negative bias in the recipients.

Study 2: Chamine, Atchley & Oken (2018)⁴⁰ conducted a systematic review of hypnosis intervention effects of sleep outcomes on 24 randomised controlled trials and prospective studies using hypnotherapy. Their search criteria included hypnosis on adults for sleep problems and other conditions comorbid with sleep problems, with at least one sleep outcome measure.

Results: Of the 24 selected reviewed papers, 58.3% of the included studies reported a benefit from hypnosis on sleep outcomes, with 12.5% reporting mixed results, and 29.2% reporting no benefit. When only studies with the lowest risk of bias were selected, the result patterns were similar.

Limitations: Several studies had relatively small sample sizes and not all had groups that fully represented the general population. Not all of the reviewed studies had sleep improvement as the primary outcome.

³⁹ <https://research.polyu.edu.hk/en/publications/hypnotherapy-for-insomnia-a-systematic-review-and-meta-analysis-o>

⁴⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5786848>

TRAUMATIC EVENTS

Grief

Summary

Bereavement, grief and loss can cause many different symptoms and they effect people in different ways. As well as bereavement, there are other types of loss such as the end of a relationship or losing a job or home. These feelings may not be there all the time and powerful feelings may appear unexpectedly.

Evidence

Case Study 1: Gupta & Sidana (2020)⁴¹ presented the benefits of hypnotherapy in a case with a 47-year-old male, who had lost a son to suicide 4 years prior. The patient was experiencing a prolonged grief reaction, with problematic alcohol consumption, poor appetite and suicidal ideation, as well as interpersonal conflicts and inadequate social support. After 4 years of hospitalisations and treatment, including psychotherapy and pharmacotherapy, the patient was still experiencing extreme distress.

Treatment: The patient was assessed with the Thematic Apperception Test and introduced to clinical hypnotherapy. Upon his agreement, the patient was given a 90-minute hypnotherapy session that was recorded for regular self-practise. A total of 40 sessions were provided in a span of 2 years – the distribution of these sessions was 10 daily sessions at the time of initiation of therapy, followed by 8 weekly sessions for a period of 2 months. Then, a spacing was introduced in the sessions, and four sessions every fortnight were taken. There were three booster sessions once a month to follow-up.

Results: There was one relapse in alcohol use four months from the onset of therapy wherein the patient was hospitalised. After 2 years, the patient no longer required treatment as he had been asymptomatic and functioning adequately. There was a minor turbulence when his father died, but he did not slip into any relapse and resumed routine tasks. He was now maintaining well through festivals and anniversary dates; and participated in the *shraad* (annual death ceremony ritual) of his son for the first time in the last 6 years since his death.

Limitations: n/a

⁴¹ <https://pubmed.ncbi.nlm.nih.gov/32346263>

PTSD

Summary

Post-traumatic stress disorder (PTSD) is an anxiety disorder caused by very stressful, frightening or distressing events. Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and may experience feelings of isolation, irritability and guilt. They may also have problems sleeping, such as insomnia, and find concentrating difficult. These symptoms are often severe and persistent enough to have a significant impact on the person's day-to-day life.

Evidence

Study 1: Abramowitz et al., (2008)⁴² used hypnotherapy as a add-on therapy for chronic combat-related PTSD patients suffering from insomnia in a randomised controlled trial. 32 participants were included in the study, and randomly sorted into two groups; the hypnotherapy group (n = 17) and the control group (n = 15). The hypnotherapy group were given twice-a-week 1.5 hour hypnotherapy sessions for 14 days. The control group were given 10mg Zolpidem nightly for 14 nights. All of the patients completed the Stanford Hypnotic Susceptibility Scale, Form C, Beck Depression Inventory, Impact of Event Scale, and Visual Subjective Sleep Quality Questionnaire before and after treatment.

Results: The researchers found a significant main effect from of the hypnotherapy treatment with PTSD symptoms ($p = 0.34$), as measured by the Posttraumatic Disorder Scale in a reduction from a mean of 36.7 pre-treatment to a mean of 31.7. Furthermore, this effect was sustained in the 1-month follow-up. The recipients of Hypnotherapy also reported decreases in intrusion and avoidance reactions, as well as improvement in all of the sleep variables that were assessed. In comparison with the symptoms in participants receiving hypnotherapy and of those being treated with Zolpidem, there was a significant reaction between groups ($p < .0005$) in favour of those receiving hypnotherapy.

Limitations: The study has a relatively small sample size, and is more than 10 years old. As the hypnotherapy was administered as a compliment to ongoing treatments, its sole contribution to the effects may be unclear.

Study 2: Abramowitz & Lichtenberg, (2010)⁴³ used HOC as a standalone therapy on 36 adult male participants who reported having symptoms of PTSD that were featuring resistant olfactory-induced flashbacks from time spent in the military, using a single sample pre-post design. The recipients were treated with 1.5 hour sessions using hypnosis for 6 weeks, with follow-ups at 6 months and at 1 year. The selected outcome measures were the revised Impact of Events Scale, the Beck Depression Inventory, and Dissociative Experiences Scale. Prior to treatment, the participants had been receiving treatment for an average of 2.44 years beforehand. All of the participants that received treatment were also receiving SSRIs, additionally with 50% receiving benzodiazepines and 25% were taking antipsychotic medication. all medications had been prescribed prior to the experiment and not as a part of the treatment.

⁴² <https://pubmed.ncbi.nlm.nih.gov/18569138/>

⁴³ <https://psycnet.apa.org/record/2010-10789-005>

Results: Significant reductions in symptoms were reported at the end of the 6-week treatment period for each of the scales used ($p < 0.01$). Mean scores for the revised Impacts of Events Scale were 48.0; Mean Beck Depression inventory was 18.5; and mean Dissociative Experiences Scale scores were 34.2. Out of the 36 subjects, 58% responded to treatment with a reduction of 50% or more on the revised Impacts of Events Scale. This improvement was maintained at the 6-month and 1-year follow-ups. Furthermore some participants reported in a reduction in use of medication; 95% had reduced or discontinued use of SSRIs, 55% had reduced their antipsychotics, and 100% had reduced or discontinued their use of benzodiazepines. Lastly, the statistics also showed that age at time of trauma and the period of time prior to treatment did not affect the treatment outcome.

Limitations: In this study there was control to compare results with, and a relatively small sample size. It was an open and uncontrolled trial, limiting the certainty from which conclusions can be attributed solely to HOC. Furthermore, the therapist administering HOC interventions was also the psychiatrist determining medications and dosages.

Study 3: Brom et al., (1989)⁴⁴ used hypnotherapy in a study examining various treatments for PTSD. They administered the therapy to 29 adult participants, compared to a control group ($n = 23$) on a waiting list. All of the participants were of mixed genders from both a military and a non-military background, using a randomised controlled trial. All of the participants were diagnosed as suffering from PTSD according to the DSM III, with the traumatic event occurring no more than 5 years prior to the treatment. The mean length of treatment for the hypnotherapy group was 14.4, and measurements were taken before and after treatment, then at a 3-month follow-up. The wait-list group were measured before and after a waiting period of four months (and received treatment outside of the research setting).

Results: There was a significant reduction in severity of symptoms in the hypnotherapy group for symptoms of intrusion and avoidance in comparison to the waitlist group, ($p < .01$). For intrusion, mean scores in the hypnotherapy group fell from 25.7 to 17.1, whereas scores on intrusion for the waiting-list condition only fell from 24.2 to 22.3.

Limitations: This study is over 30 years old, and as a result uses scales and diagnostic materials that are not up-to-date such as the DSM III.

Study 4: Lesmana et al., (2009)⁴⁵ examined the effectiveness of Spiritual Hypnosis-Assisted Therapy (SHAT) on 48 mixed-gender children between the ages of 6 to 12 years in Bali, six weeks after the 2002 terrorist attack, alongside a 2-year follow-up. The experiment was a longitudinal, quasi-experimental (pre-post) test using a single-blind, randomised control design. The effects of the therapy on PTSD symptoms were compared to the control group ($n = 178$) that received no treatment. All children in both groups met the criteria for the DSM-IV for diagnosis of PTSD. The patients were split into two groups due to geographical limitations, and were provided a single group-session lasting 30 minutes. All children were offered subsequent individual therapy, however all of the children declined. The children were then instructed to complete a unique questionnaire that was accessible to the Bahasa language and Bali culture. Two years after the treatment, the

⁴⁴ <https://pubmed.ncbi.nlm.nih.gov/2571625>

⁴⁵ <https://www.tandfonline.com/doi/abs/10.1080/00029157.2009.10401689>

same surveys were provided to the subjects of both the experimental and control groups. The treatment provided to the participants did not coincide with any other treatment.

Results: The scores from the two groups were split into three measurable categories; Re-experience, Hyper-arousal and Avoidance. For each condition, all of the scores had a significant difference between groups in favour of the treatment group ($p < .05$). For Re-experience, the score difference for the control group was 0.99, and for the treatment group the score difference was 1.81. For Hyper-arousal, the score difference for the control group was 0.47 whereas the treatment group had a mean score difference of 1.00. Lastly, for Avoidance the control group had a change of 1.37, whereas the score difference for the treatment group was 1.86.

Limitations: Due to cultural barriers, this study had to create its own scales to measure outcomes, so these are not comparable to other outcomes using more commonly-known scales. This study is also more than 10 years old.

Study 5: Shakiaei et al, (2008)⁴⁶. Examined the effects of hypnosis on both pain and re-experiencing trauma in burn patients. The study consisted of 44 patients that had been hospitalised for burn care, and individuals were randomly selected to either receive hypnotherapy or join the control group. All patients received routine burn care. The participants all were asked to rate their re-experiencing of trauma and the number of vivid recollections of troubling events over 24-hour intervals. The hypnotherapy group received five sessions of hypnotherapy during one week, with sessions ranging from 10 to 45 minutes. The duration of the session was dependant on the patient's susceptibility to treatment. The control group received only standard burn care and were unaware that the other group were receiving hypnotherapy. Measurements of re-experiencing were taken at baseline, then at the time of the 3rd and 5th sessions.

Results: For the Hypnotherapy group, significant reductions in re-experiencing of trauma were reported in comparison to the baseline score after sessions 3 ($p < .05$) as well as baseline to session 5 ($p < .001$). The control group did not yield significant results at these time points ($p = .53$ and $p = .617$, respectively).

Limitations: Only one symptom of PTSD was addressed in this experiment, and the baseline scores for re-experiencing of trauma between groups was significantly different.

⁴⁶ <https://www.tandfonline.com/doi/figure/10.1080/00207140701849536>

Case Study 1: Abramowitz & Lichtenberg (2009)⁴⁷ used hypnotherapy to treat a patient with combat-induced PTSD. A 51-year-old male patient had recently retired from the military. He reported having untreated symptoms “for decades” of PTSD beforehand, but since retirement his symptoms had worsened, including having panic attacks when he smelled gasoline or grilled meat as well as experiencing suicidal ideation and dissociative symptoms. For the first 4 months of therapy, The patient received a daily regimen of medications that included an antidepressant (escitalopram 30 mg), an antipsychotic (olanzapine 10 mg), and a minor tranquilizer (clonazepam 2 mg). This treatment enabled the participant to sleep for 4 hours a night and led to a slight reduction in symptoms of anxiety, but he remained distressed and non-functional. The therapy started focusing on the narrative of the traumatic experiences. The patient expressed great interest in the possibility of using hypnotic techniques for dealing with his unpleasant memories. His hypnotisability was moderate (6 on the SHSS:C). His score on the Impact of Events Scale (IES), a measure of posttraumatic symptomatology, was 73, while on the Dissociative Experience Scale (DES) he rated 38. Both scores reflected a high level of distress and disability.

Treatment: Hypnotherapeutic intervention was administered in six weekly 1.5-hour sessions.

Results: By the end of therapy, the patient’s functioning and well-being had improved greatly. He became far less preoccupied with his memories of war. He became more active in his new civilian life. He even renewed contact with his separated wife and began couple’s therapy. Medication was reduced to escitalopram 20 mg daily, while the antipsychotic and minor tranquilizer were discontinued altogether. The patient’s progress was reflected in his clinical rating scores. By the end of the therapeutic intervention, the patient’s score on the IES had fallen from 73 to 32 and on the DES from 38 to 22. During a year of follow-up, the patient’s gains in therapy were consolidated, and his emotional condition and functional level remained good. His final scores at the 1-year follow-up were 36 on the IES and 24 on the DES indicating a very slight rise but overall good stability.

Limitations: n/a

⁴⁷ <https://doi.org/10.1080/00207140802665450>

UNWANTED BEHAVIOURS

Bruxism

Summary

Teeth grinding and jaw clenching (also called bruxism) is often related to stress or anxiety. It does not always cause symptoms, but some people get facial pain and headaches, and it can wear down your teeth over time. Most people who grind their teeth and clench their jaw are not aware they're doing it. It often happens during sleep, or while concentrating or under stress.

Evidence

Case Study 1: Dowd (2013)⁴⁸ presented a case of hypnotherapy benefiting a 33-year-old woman who reported to have been suffering from nocturnal bruxism for over 20 years. The result had been a sore jaw most mornings and consistent sleep interruption. She had worn a mouth guard to prevent tooth damage but had worn each of those out in 6 months or less. She even had oral surgery at one point on one jaw, which was marginally helpful. She seemed somewhat aware that her symptoms were stress related and said she had done a variety of things to help manage her stress. She was not able to determine if her bruxing was related to daily events. Her dentist finally told her there did not appear to be a medical or dental reason for her problem, which was why she sought psychological help. She expressed three goals for treatment: decrease the amount of grinding and clenching, experience less jaw pain, and sleep better as a result of less pain.

Treatment: The therapist saw the client for a total of 7 sessions, each of varying lengths of time. Hypnotherapy was interspersed with an exploration of tacit and initially denied hostility in the client's life as well as aspects of a somewhat difficult childhood. There was a follow-up one year later.

Results: The patient reported a successful reduction and then a complete eradication of her symptoms. About a year later, the therapist called the patient and asked her about the treatment outcome. She reported that the jaw pain had not returned. Furthermore, her familial relationships had continued to improve.

Limitations: n/a

⁴⁸ <https://doi.org/10.1080/00207144.2013.753832>

Eating Problems

Summary

An eating disorder is a mental health condition where you use the control of food to cope with feelings and other situations. Unhealthy eating behaviours may include eating too much or too little or worrying about your weight or body shape. Anyone can get an eating disorder, but teenagers between 13 and 17 are mostly affected. With treatment, most people can recover from an eating disorder.

Evidence

Case Study 1 (Anorexia nervosa): Roy (2014)⁴⁹ presented the benefits of hypnotherapy on a 22-year-old female patient diagnosed with anorexia nervosa. The onset of her condition was at 14 years old, with symptoms becoming aggravated at age 18. Before onset she was fussy about food and had significant anxiety associated with examinations. A detailed cognitive assessment was done to get a proper understanding of psychotherapeutic formulation. Therapeutic targets were selected as changing appraisal of illness, countering automatic thought and schema, facilitating healthy food habits, and physical complication through referrals.

Treatment: . As the client could be available for 6 weeks only, twice-a-week sessions in the initial phase was considered necessary after discussion with the client and her mother. Initial sessions included taking a detailed history, assessment of eating attitude by administering the objective Eating Attitude Test (EAT), and teaching the patient the cognitive model of illness. The patient's initial EAT score was recorded as 53, which was well above the cut-off of 30 for anorectic eating concern. Further sessions included cognitive restructuring, muscle relaxation, and ended with age regression.

Results: The patient was prepared for relapse prevention at the end of the session. The EAT was again administered, and this time she scored 23, well below the cut-off point. A follow-up was done through e-mail, because she had left for a different country. After 3 months, some minor problems emerged associated with stress, but she handled the difficulty on her own with motivational statements from the therapist. A 6-month follow-up showed she was able to maintain her improved status.

Limitations: n/a

⁴⁹ <https://www.semanticscholar.org/paper/Efficacy-of-Combined-Cognitive-Behavior-Therapy-and-Roy/40dd1edf9cf80331ac5d909f639950fdcc9c7748>

Obsessive Compulsive Disorder

Summary

Obsessive compulsive disorder (OCD) is a common mental health condition where a person has obsessive thoughts and compulsive behaviours. OCD can affect men, women and children. Some people start having symptoms early, often around puberty, but it usually starts during early adulthood. OCD can be distressing and significantly interfere with your life, but treatment can help you keep it under control.

Evidence

Case Study 1: Husain & Mat (2014)⁵⁰ used hypnosis to treat a 37-year-old male who presented with excessive worries about his health for one year. The worries were accompanied by somatic symptoms such as shortness of breath, chest discomfort, abdominal discomfort, tremors and unstable feeling while walking. Whenever he had chest discomfort he would check his blood pressure or go to the nearest health centre for a check-up. A month prior to the consultation he also had poor sleep, distress and easily became fatigued. He became more worried about his health and kept thinking of undiagnosed diseases. He also had intrusive thoughts about his wife having ill intentions towards him. A Physical examination revealed no abnormalities. His baseline score of SUDS was 8, BAI was 40 and BDI was 14 which showed that he had severe anxiety symptoms.

Treatment: The initial stage of treatment (2 sessions) aimed for stabilization of the excessive anxiety symptoms via solution-focused therapy and relaxation via self-hypnosis and breathing exercises. For homework, the patient was asked to chart the frequency of the obsessive thoughts and the consequence behaviour daily, practiced slow breathing exercise to relax. Later, he was taught on exposure and response prevention.

Results: The client progressed well and practice self-hypnosis regularly and his anxiety level reduced significantly at session 5. The patient was able to control his compulsive behaviour of frequent checking his blood pressures. He felt calmer, and had a reduced anxiety score. He also was able to live more happily with his wife and able to control his behaviour on the persecutory ideas he had about her.

Limitations: n/a

⁵⁰ <http://dx.doi.org/10.3329/bims.v13i2.18308>

Smoking

Recommended by

ASA *The ASA recommends hypnotherapy as a resource for quitting smoking, but it will not accept claims that hypnotherapy will cure the addiction. Self-control is required on the part of the client.

Evidence

Study 1: Hasan et al., (2014⁵¹) compared the effectiveness of hypnotherapy and nicotine replacement therapy (using nicotine patches) in a randomised controlled trial with 164 patients who had recently been hospitalised with a cardiac or pulmonary diagnosis. The patients were randomly selected to be in one of three groups: the hypnotherapy group who received a 90-minute hypnotherapy session (n = 39), NRT for 30 days (n = 41) and NRT coupled with hypnotherapy (H-NRT, n = 37). The treatments were compared to a control group of (n = 35) patients who refused an intervention and “self-quit” smoking instead. Measurements were taken in the form of self-report measures from participants at 12 and weeks 26 post-hospitalisation, with biochemical verification.

Results: Hypnotherapy patients were more likely than NRT patients to be non-smokers at 12 weeks (43.9% vs. 28.2%; $p = .14$) and 28 weeks after initial hospitalisation (36.6% vs. 18.0%; $p = .06$). The statistical analysis found that patients receiving hypnotherapy and H-NRT were over three times more likely to abstain from smoking at 26 weeks post-discharge (Relapse rates = 3.6; $p = .03$ and relapse rates = 3.2; $p = .04$, respectively).

Limitations: Participants were not blind to the treatment conditions, and data was reliant on will-power of patients. The control group patients who opted out of intervention may not represent the general public as a whole.

Stuttering

Summary

Stammering, also sometimes referred to as stuttering, is a relatively common speech problem in childhood, which can persist into adulthood. Stammering is when you repeat sounds or syllables; you make sounds longer; or a word gets stuck or does not come out at all. Stammering varies in severity from person to person, and from situation to situation. Someone might have periods of stammering followed by times when they speak relatively fluently.

Evidence

Study 1: Kaya & Alladin (2012)⁵² used hypnotherapy alongside diaphragmatic exercises in the treatment of stuttering of 59 patients. 47% of the patients had received some form of therapy in the past, but their conditions had been resistant. Progress was measured at pre- and post- treatment. After the first individual hypnosis session, patients were provided with pre-recorded audiotapes of hypnosis sessions and instructed to use them daily, alongside abdominal weightlifting at home for 2

⁵¹ https://www.researchgate.net/publication/341248725_OWE-09_Outcomes_of_gut-focused_hypnotherapy_in_school_children_and_adolescents_with_severe_refractory_Irritable_Bowel_Syndro
[me](https://doi.org/10.1080/00207144.2012.648063)

⁵² <https://doi.org/10.1080/00207144.2012.648063>

hours a day. 8 sessions of hypnotherapy were provided to the patients overall, with each client being videotaped at the beginning and end of each session to be analysed by experienced judges.

Results: The mean ranking of the frequency of stuttering for the 59 clients was judged to be 2.10 at baseline and 8.25 at the conclusion of the treatment. The difference in the frequency of stuttering between baseline and last treatment session was evaluated, and there was a significant difference in frequency of stuttering between baseline and the end of treatment scores ($p < .001$)

Limitations: The design of this experiment did not include a control group, or comparison groups, so the positive effects of hypnotherapy may not be able to be isolated.

Tinnitus

Summary

Tinnitus is the name for hearing noises that are not caused by sounds coming from the outside world.

Evidence

Study 1: Moghtaderi, Mirzamani & Bahrami (2012)⁵³ conducted a pilot experimental study using hypnosis to treat tinnitus with a pre- and post-test method. 20 who people suffered from subjective tinnitus were divided equally in two groups of experimental and control. The two groups were matched according to age and severity of tinnitus. They completed tinnitus clinical questionnaires before and after the test and the severity of their tinnitus was recorded by a number from one to ten. The experimental group went under hypnotherapy for 10 sessions. The control group did not receive any psychological treatment.

Results: There were significant differences between the pre-test and post-test scores of each group and also, between the post-test scores of experimental and control groups ($p = 0.001$ for all).

Limitations: This paper was released in a language unfamiliar to the researcher so interpretation was limited.

⁵³ <https://www.sid.ir/En/Journal/ViewPaper.aspx?ID=323748>

Weight Loss

Summary

Obesity is generally caused by consuming more calories, particularly those in fatty and sugary foods, than you burn off through physical activity. The excess energy is stored by the body as fat. Obesity is an increasingly common problem because for many people modern living involves eating excessive amounts of cheap high-calorie food and sedentary lifestyles.

Evidence

Study 1: Greetham et al (2016)⁵⁴ Conducted a pilot investigation of a virtual gastric band hypnotherapy intervention over 24 weeks on 30 participants of mixed gender with a BMI over 27kg/m² with the aim of determining if a virtual gastric band hypnotherapy (VGB) had an effect on weight loss in overweight adults compared to relaxation hypnotherapy and a self-directed diet. Participants in each group were given 1-hour sessions once a week for 4 weeks, then returned at week 8 for a further 1-hour refresher session.

Results: Levels of weight gain and weight loss in the VGB group ranged from -17kg to +4.7kg, and in the relaxation group, weight gain and loss ranged from -9.3kg to +7.8kg. There was no significant difference between VFB and hypnotherapy as a main effect on weight loss ($p = .41$) or difference in groups over time ($p = .64$). Although there was a trend in results in favour of VGB as a stronger weight loss technique, no significant results were found in this pilot study.

Limitations: The study had a small sample size, and furthermore 5 participants dropped out of the study. There was no control-group, so there was no comparison available for hypnotherapy regardless of the type. Therefore its benefits may have been overlooked.

Study 2: Bo et al., (2018)⁵⁵ conducted a randomised controlled trial evaluating if self hypnosis, added to lifestyle interventions, contributed to weight loss. Furthermore, if hypnosis could elicit changes in metabolic and inflammatory variables, and quality of life improvement (the secondary outcomes) in severe obesity. 120 participants were equally divided into the hypnosis group (n = 60) or the control group. All of the participants received exercise and behavioural recommendations and individualised diets. The intervention consisted of three hypnosis sessions, during which self-hypnosis was taught to increase self-control before eating. Diet, exercise, satiety, quality of life anthropometric measurements, and blood variables were collected and measured at enrolment and at 1 year (the trial end).

Results: A similar weight loss was observed in the intervention (-6.5 kg) and control (-5.6 kg) groups ($p = 0.79$). However, habitual hypnosis users lost more weight (-9.6 kg, $p < 0.001$) and greatly reduced their caloric intake (-682.5 kcal; $p = 0.005$) in linear regression models. At the trial end, the hypnosis group showed lower C-reactive protein values ($p < 0.001$), higher satiety ($p = 0.001$), and better quality of life ($p = 0.01$).

Limitations: There was a high drop-out rate, and clients were left without any reinforcement session for too long (8 months).

⁵⁴ <https://hull-repository.worktribe.com/output/435222>

⁵⁵ <https://iris.unito.it/handle/2318/1633448?mode=full.1544>

URINARY PROBLEMS

Enuresis

Summary

Enuresis, or bedwetting, is common and often runs in families. It can be upsetting, but most children and young people will grow out of it. Many children under the age of 5 wet the bed.

Recommended by:

ASA (2022)

Evidence

Study 1: Diseth & Vandvik (2004)⁵⁶ used hypnosis in the treatment of (n = 12) boys, median age 12 years (range 8-16), eight with primary nocturnal enuresis and four with primary nocturnal and diurnal enuresis, reported at referral a median of 0 (range 0-3) dry nights per week. All of the patients had a family history of enuresis and had used enuresis alarm and Desmopressin. Additionally, 50% had used Imipramin. Eight had been referred to psychological or psychiatric services for treatment. All of the patients had undergone a somatic assessment by a paediatrician, a paediatric surgeon, or a urologist. After a preliminary assessment of motivation, they underwent hypnotherapy with a median of six sessions (range 2-8), followed by a median of one month with self-hypnosis exercises.

Results: At follow-up after three months and one year, nine out of 12 patients had respectively 6-7/7, and 7/7 dry nights per week. Three patients continued to suffer from nocturnal enuresis at follow-up; two of them were referred to a paediatric surgeon for their overactive bladder and one was referred to his local psychiatric clinic because of ongoing family conflicts. Overall, the treatment of hypnotherapy had lasting effects for boys with chronic and complex forms of nocturnal enuresis.

Limitations: This study had a small sample size, with only one gender taking part. The study is also more than 10 years old.

Study 2: Banerjee, Srivastav & Palan (1993)⁵⁷ conducted an experiment with 50 children between the ages 5-16 with functional nocturnal enuresis. They assigned the patients into either the imipramine group (n = 25) or the hypnotherapy group. The participants underwent their respective treatments for 3 months, with the hypnosis group practising self-hypnosis daily during the follow-up period of 6 months.

⁵⁶ <https://pubmed.ncbi.nlm.nih.gov/14983195/>

⁵⁷ <https://doi.org/10.1080/00029157.1993.10403053>

Results: At the end of the initial treatment, 76% of the imipramine group responded positively, and 72% of the hypnotherapy group responded positively. However, at the 6-month post-treatment follow-up, 68% of patients in the hypnosis group maintained a positive response, whereas 24% of the imipramine group maintained a positive response.

Limitations: The study is over 10 years old, and had a relatively small sample size. Hypnosis was found to be less effective in children between 5 and 7 years-old.

Case Study 1: Iglesias & Iglesias (2008)⁵⁸ presented a 13-year-old female for evaluation and treatment by a paediatric urologist. The doctor's diagnosis, after an extensive urological work-up at a children's hospital, was secondary diurnal enuresis post-automobile accident. As a result of the impact, the patient had received minor contusions and bruises. The patient was transported to a local emergency room for routine examination and was discharged with a referral to an orthopaedist physician to follow the course of a strain in her lumbar area. During follow-up with the orthopaedist, she reported daily episodes of diurnal urinary incontinence since the accident, and a referral to a children's hospital was made. Both paediatric urological and neurological examinations were unremarkable, and the case was referred for psychological treatment. The patient was seen for psychological care about 3 months post accident and reported daily episodes of diurnal enuresis. She reported a history of daily episodes of urinary urgency also.

Treatment: The patient was treated with hypnosis using the Hypnotic Trauma Narrative, an instrument created by the authors for use with children who have been exposed to traumatic events and develop either classic symptoms of PTSD or manifest the effects of the exposure through other psychosomatic channels. No direct references were made to enuresis during the treatment. During a period of 5 weeks (baseline), data were collected on the dependent measure: the number of episodes of diurnal incontinence. During this baseline period, the following procedures took place: (Week 1) phone consult with the referring paediatrician; (Week 2) diagnostic interview with mother; (Week 3) diagnostic interview with child; (Week 4) joint interview with mother and child to review treatment plan; (Week 5) assessment of hypnotisability and first induction. At Week 6, treatments (Hypnosis Phase I) with the Hypnotic Trauma Narrative commenced and continued on a weekly basis for 5 weeks of individual sessions lasting 30 minutes. Due to transportation difficulties, treatment was subsequently interrupted for 3 weeks; however, data were collected during this interruption period. Treatment was then resumed for five additional visits. Data were collected and analysed in weekly increments throughout the study. A follow-up was carried out 6 months later in a joint visit with the child and her mother.

Results: These findings indicated that there was a statistically significant probability that hypnotic treatment with the Hypnotic Trauma Narrative was responsible for the successful therapy of this case of secondary diurnal enuresis. Statistical analysis indicated significant overall changes between the phases of this study. There was a statistically significant change between the baseline period and Hypnosis before the 3-week interruption ($p = .01$). The change between the first phase of hypnosis and the interruption was also statistically significant ($p = .01$). Lastly, the change between interruption and the second phase of hypnosis was also statistically significant ($p = .04$).

Limitations: n/a

⁵⁸ <https://doi.org/10.1080/00207140701849601>

Miscellaneous

Evidence

Study 1: Osborne & Reed (2019)⁵⁹ conducted a review of studies that employed hypnotherapy in the treatment for overactive bladder. They examined ten studies total, which were a mixture of case studies, observational reports and clinical trials.

Results: All of the studies examined suggested that hypnotherapy was a beneficial treatment for overactive bladder, and highlighted improvements to subjective symptoms, as well as feelings of improved self-efficacy in the patients. They also found data indicating that hypnotherapy was beneficial for patients being able to engage in relaxation, improve the patients' perceptions of their coping abilities, and also for reducing condition-associated anxiety. In the randomised controlled trials, significant results were found in favour of the benefits of hypnotherapy. For example, they discuss a clinical study by Komesu et al., (2011) who found that hypnotherapy significantly improved QoL scores by 67%, compared to the group receiving behavioural therapy who did not achieve statistically significant improvements (42%).

Limitations: The study commented on a need for more large-scale, objective evidence to add to the reports of subjective improvements of patients. This would compliment and strengthen the evidence from case reports and observational studies.

Study 2: Ketai et al., (2021)⁶⁰ conducted a randomised controlled trial comparing hypnotherapy and pharmacotherapy for the treatment of 64 women with urgency urinary incontinence. They examined the effects of these two treatments and their association with altered brain activation or resting connectivity on functional magnetic resonance imaging. The patients were randomly allocated to the pharmacological treatment group (n = 34) who received medication and 8 weekly counselling sessions, or the hypnotherapy treatment group (n = 30) which received 8 weekly 1-hour individual sessions. All patients received scans pre-treatment, and then 8-12 weeks after treatment. Bladder incontinence was evaluated with functional magnetic resonance imaging. Scans were obtained pre-treatment and 8 to 12 weeks after treatment initiation. Brain activation during bladder filling and resting functional connectivity with an empty and partially filled bladder were assessed. Brain regions of interest were derived from those previously showing differences between healthy controls and participants with untreated urgency urinary incontinence in previous literature.

Results: Post-treatment, participant in both the hypnotherapy and the pharmacological group displayed significant improvement in incontinence episodes ($p < .001$). Both groups benefitted from increased activation of the left temporoparietal junction, a part of the ventral attentional network in the brain ($p < .01$). Furthermore, compared with pharmacotherapy, hypnotherapy participants benefitted from increased functional connectivity between the anterior cingulate cortex and the left dorsolateral prefrontal cortex in the brain, a component of the dorsal attentional network ($p < .001$)

Limitations: The study was not able to replicate all of the findings previously discovered in previous studies examining the brain and urinary incontinence, and also noted that in come areas of focus that counselling was as effective as hypnotherapy as a treatment.

⁵⁹ <https://doi.org/10.1080/00207144.2019.1612671>

⁶⁰ <https://doi.org/10.1016/j.ajog.2020.10.041>

SURVEY INFORMATION

In January 2022, a survey was sent out to members of The National Hypnotherapy Society. There were 37 anonymous respondents who gave information on the treatments that they use. Names have been redacted and information has been provided below.

Common Treatments

Below is a list of the most common and successful treatments reported by therapists:

Agoraphobia	Overactive bladder
Alcoholism	Pain
Anxiety	Panic attacks
Body image	Panic disorder
Bruxism	Phobias
Confidence*	Public speaking
Dentist (the fear of)	Relaxation*
Depression	Self-esteem*
Dogs (the fear of)*	Self-sabotage*
End of life care*	Sexual dysfunction*
Fibromyalgia*	Sleep
Generalised Anxiety Disorder	Smoking
Habit breaking	Stress
IBS	Tinnitus
Menopause symptoms*	Tourette syndrome*
Migraines	Trauma
Obsessive compulsive disorder	Weight management

Several of these topics have been highlighted in the literature above, but the topics that remain undiscussed* highlight the wide array of benefits that hypnotherapy has as a therapy, and the potential subjects of more clinical studies to be carried out in the future.

Therapist Testimonials

Below are testimonials of successful cases provided by respondents to the survey. Some quotes have been shorted to remove unnecessary information or had names removed for anonymity.

“In addition to the prevalence of tics and tourette syndrome, there has been a huge increase in the demand for overcoming needle phobia to help people have their covid vaccine. One female client I saw had avoided holidays, childbirth and other vaccinations over her lifetime due to her needle phobia. After just 3 hypnotherapy sessions, she overcame her phobia and had her vaccinations. It was absolutely life changing for her in more ways than just overcoming the needle phobia. Her confidence in all areas of her life grew as a result of overcoming such a significant phobia.”

"I have experienced a surge in female teenage clients and have used hypnotherapy with significant positive effect in helping overcome/reduce symptoms. Once of the most extreme cases was a teenage girl who was suffering from up to 5 x non epileptic attacks per day. After her first hypnotherapy session this reduced to 2 over a 2 week period. She had motor and verbal tics and was unable to attend a full day at school. Hypnotherapy has provided a massive release and she is now at 6th form, attending all lessons, along with being able to attend other lifestyle activities that she had completely ceased."

"I use CBT woven through Hypnotherapy sessions which is especially beneficial with teenagers struggling with excessive anxiety. I record the hypnosis part of the session and give the recording to the client to 'listen' to at home, this compounds the treatment session. Additionally they practice relaxation and create natural endorphins, a win win."

"I am personally interested in using hypnotherapy to aid healing for a number of conditions but unfortunately I've found that the majority of my clients have only been interested in weight loss. I've been able to tackle certain conditions 'alongside' my weight loss programme eg one client suffered from fibromyalgia and while she was undertaking the weight loss programme I added extra suggestions and over 4 weeks she found she was only using half of her usual number of pain killers, Another client had been on anti depressants for 20 years and once again she was able to gradually reduce them to around half a tablet a day. I've also eased the symptoms of IBS."

"Phobias have been consistently successful. All my clients with phobias have overcome them. It is also very successful for anxiety. Please see testimonial left on Google below: A year ago I was diagnosed with a life threatening illness and I contacted [redacted] for help with my anxiety. I cannot stress how wonderful she has been. [redacted] has a calm, non-judgemental manner and immediately puts you at ease. Her hypnotherapy sessions are so calming and relaxing and I would definitely recommend them. [redacted] has helped me so much and she has given me the tools to deal with my anxiety as and when it arises. I honestly don't know how I would have got through the last year without her. Hypnotherapy has also helped clients with agoraphobia, bruxism and body image. "

Therapist Comments

Below are a selection of comments from therapists on their experience of using Hypnotherapy. Where necessary, comments have been shortened to remove unnecessary information and any names have been removed for anonymity. The comments from the respondents in the survey highlight the qualities of hypnotherapy that cannot be easily captured in clinical study:

"Relaxation at the point of therapy, with longer term success over time. A pleasant experience for the client that works."

"I've seen it change lives in my practice and I am fully committed to it as a modality"

"The fact it can be a short cut to the subconscious and very quickly improve behaviours that would take years to work with in therapy. "

"I can see the benefits in front of me. The fact that I get mainly referrals is testament to the fact that I get results."

“I often use it with CBT, it can bring about powerful change as the behaviours are challenged with both the conscious and subconscious mind. The added benefit of relaxation helps in many ways. I have clients who come for one issue but feel the benefit across the whole of their lives.”

“Hypnotherapy is very good for easing stress, boosting confidence and general well being. One of my clients told me I'd saved her sanity. I believe it could be used successfully for conditions such as IBS, the menopause, anxiety, panic attacks, exam nerves etc.”

“The sense of calmness and relaxation that it delivers to an individual. the discovery that clients make as they learn to switch off their mind and just go with it.”

“The public perception and that of organisations such as the ASA, are often that hypnotherapy is a type of alternative therapy which has very little evidence of efficacy, when actually the opposite is true. The main problem is that nobody has collated all the legitimate and accepted studies into once place to present as a robust evidence base. The model of hypnotherapy doesn't always sit comfortably with the 'medical model' which seems to dominate in healthcare and this is largely because in hypnotherapy, we work with people as individuals; we don't follow 'protocols' for specific issues, therefore there is no standard course of therapy for many issues because it's about working with clients and their presenting issues on an individual basis. One of the main benefits of hypnotherapy is that in using the state of hypnosis, we are simply utilising a natural psychological state which we all access several times a day anyway, so it's a natural form of therapy which encourages the client to take responsibility for their own mental health, without needing expensive or ongoing medications. It's also an empowering form of therapy where, depending on the presenting issues, the client is encouraged to develop and build their own resources rather than relying on external treatments or therapies such as medication, particularly where the solution(s) lie within the client, by making behavioural and cognitive changes. It encourages the client to be independent rather than dependent. ”

“A truly "learned society" would be telling us this, not asking us. Hypnotherapy offers the same benefits as any other talk therapy, but unlike some of those approaches, hypnotherapy works on the subconscious mind and does not necessarily require the client to verbalise difficult or painful emotions or memories to be effective. Hypnotherapy has a stronger evidence base for the effective treatment of depression [link to article] than SSRI antidepressants and yet doctors prescribe these ineffective [link to article] and harmful drugs with impunity while we are banned from openly offering effective and harmless psychological interventions. This is wholly inappropriate and must change.”

“Hypnotherapy and medicine, are the true 'parents' of psychotherapy. Hypnotherapy is not a modality that can be reduced to a set of auxiliary practices. It is as diverse in its training as the rest of the psychotherapy field. At its apex level it is an intervention par excellence. The key, as always, is the level of training and wider integrated model that is utilized by the clinician skilled in hypnosis. Their is general ignorance of what hypnotherapy, is, and does, in the wider psychological therapy profession. This has arisen for historical and political reasons.”

“It engages both the conscious and subconscious mind, it allows the client to gain an altered state of awareness in which they see issues in a different light, learn to relax, gain natural endorphins, take time out to be at one with themselves and gain strength to deal with inevitable obstacles in their lives.”

“Hypnotherapy is a powerful tool that everyone has the ability to benefit from when approached with an open mind and the need to change the situation.”

“Hypnotherapy benefits those that are ready to make behavioural changes. It is a bespoke approach based on an individuals needs.”

“It is a quick, relatively inexpensive and very pleasant way of making changes and something that be continued via self hypnosis or the use of a recording being used as a post hypnotic suggestion. I have had people tell me that it actually saved their life.”

"Relaxation of the mind and body - allowing the opportunity to take charge of thoughts and feelings. The ability to free up space within the brain to capture and regain the autonomy that you have lost. Freedom of thoughts to prioritize what you wish to achieve. Allows opportunity to have a balanced view of the world around us."

“Hypnotherapy reminds me of that proverb 'Give a man a fish and you feed him for one day. Teach a man to fish and you feed him for a lifetime.' By teaching self-hypnosis skills to our clients we are giving them something that is always accessible to them if they choose to use them, and I believe the benefits increase over time and with repetition. Reducing chronic pain and improving sleep are just two examples of how hypnotherapy can transform lives - and it is a low cost, non-pharmaceutical and non-invasive process. What's not to love?”

“Understanding how the role of the unconscious mind and how it works. Many clients struggling with anxiety, stress, phobias etc breathe a sigh of relief straight away when they understand where their feelings are coming from and why. Knowledge is empowering.”

MINIMISATION OF RISKS

Below are recommendations of the risks associated with Hypnotherapy, from relevant bodies in the United Kingdom:

NHS

“Do not use hypnotherapy if you have psychosis or certain types of personality disorder, as it could make your condition worse. Check with a GP first if you've got a personality disorder.”

ASA

Serious medical conditions: “Claims to offer treatment on conditions for which medical supervision should be sought are likely to be considered to discourage essential treatment unless that treatment is carried out under the supervision of a suitably qualified health professional (12.2). The ASA and CAP do not consider that hypnotherapists who do not hold a general medical qualification are likely to be suitably qualified to treat serious medical conditions. Claims to treat depression, addiction, eating disorders and other serious mental or psychological conditions are likely to be considered claims to treat serious medical conditions and practitioners should not refer to the treatment of these conditions unless that treatment is to be carried out by a suitably qualified health professional.”

Literature

The use of hypnosis, as does the use of any tool, has an element of risk. It is the responsibility of the therapist to manage the risks so that their likelihood of realization is minimized to an acceptably low level. Eimer (2012) wrote an article outlining the importance of adhering to common therapeutic practices when delivering hypnotherapy. Eimer goes on to explain that the risks of inadvertent negative consequences are minimized when the adequately trained, competent, and ethical hypnosis practitioner follows basic protocols when it comes to client assessment, professionalism, empathy and waking patients sufficiently from their trances at the end of sessions. All of the points made by Eimer go on to highlight the importance of proper training of hypnotherapists to a high standard (pages 27-28):

“the risks of inadvertent negative consequences are minimized when the adequately trained, competent, and ethical hypnosis practitioner does the following:

1. Ensures the welfare of the patient,
2. Recognizes the limitations of hypnosis,
3. Employs hypnosis in a suitable and appropriate setting,
4. Employs hypnosis with people who are appropriate to hypnotize as determined by an appropriate intake evaluation,
5. Employs hypnosis with patients he or she is competent to treat,

6. Conducts an adequate intake evaluation,
7. Obtains adequate informed consent from the patient or subject,
8. Gives a good hypnosis pre-talk before employing hypnosis,
9. Formulates an adequate case conceptualization and an appropriate treatment plan,
10. Implements the treatment plan appropriately based on the case conceptualization,
11. Appropriately integrates the hypnosis tool into the treatment plan,
12. Employs appropriate safeguards when hypnosis is used to refresh memory,
13. Makes sure there has been an adequate medical work up before hypnosis is employed for pain control or in the treatment of other medical conditions,
14. Carefully selects his or her words,
15. Adequately paces the patient or subject,
16. Focuses both on symptom alleviation and the psychodynamic and interpersonal roots of the problem,
17. Adds an endpoint to suggestions when appropriate, and
18. Adequately de-hypnotizes and re-alerts the patient/subject.

The Society continues to ensure through the application of our Code of Ethics and standards that our registrants are ethical, adequately trained, and competent.

AUTONOMY-CENTRED PRACTICE

As our society is changing and evolving, so are the scientific, medical and research communities. There is an increasing acknowledgement of therapies reaching outside of draconic rules and guidelines, and as can be seen in the literature above, the evidence is beginning to show. The guidelines for the Accredited Register provide a ranking of the quality of data that contributes to proof, and it must be acknowledged that there will always be a need for quality of test design and mitigations against bias which could swerve the perception of data from fairness and neutrality. However, if one compares the richness of details that are ascertained from case studies and the testimonies from respondents in the survey in comparison to clinical studies, the differences in depth are vast. However, the AR rankings of data quality rate findings from case studies and surveys as lower in quality than clinical studies. This ruling could be considered contestable within certain modalities due to the creative and adaptive nature of their design.

Regarding modalities such as Hypnotherapy, data from surveys taken since 2017 have consistently highlighted that the principal attraction to the practise is the element of autonomy (for both client and therapist) as well as a space for creativity, exploration of ideas and concepts that would provide the most benefit to the client. This mutuality in autonomy is arguably a cornerstone of the practice.

However, with the changes emerging for hypnotherapy to be further recognised, there is usually a focus on process-centred practice.

Process-centred practice (PCP) is an approach to therapy which is focussed on elements such as:

- Diagnosing the client's problem
- Developing a treatment plan
- An empirical approach to evidence ('this works for many people so it will likely work for you')
- The application of the correct therapeutic process for the problem, and only that process
- Focus on symptoms
- Measurable in a way that would be amenable to Government
- Integrated with medical healthcare
- Attempting a specific 'cure' or measurable amelioration
- Profession

However, the foundations of hypnotherapy and many other therapeutic modalities are centred around autonomy-centred practice. In contrast, ACP is focussed on elements such as:

- The client as a whole person – their subjectivity
- The client relationship
- Autonomy for both the client and counsellor
- A holistic view rather than focus on symptoms
- Creativity to explore a variety of possible therapeutic directions
- An individualistic approach to evidence ('what works here and for you may not work elsewhere and for someone else')
- Not measurable in a way that would be amenable to Government
- Flexibility, including a flexible understanding of the therapeutic outcome
- No fixed definitive 'cure', 'diagnosis' etc
- Creating a space for wellbeing
- Understanding the impact of society on the individual
- Complementary to medical healthcare
- Private practice

By examining the comments and testimonials from the participants of the survey, it should be highlighted that one of the things that attracts quality therapists to join a society that regulates an otherwise unprotected title of "therapist" or "hypnotherapist", is that there is an acknowledgement and balance made between the spectrum of rigid PCP and malleable ACP.

A feeling of security and accountability is given to those who wish to be governed by an accredited practice, but if their methods and autonomy are stifled in doing so, this will discourage people from applying. There is arguably a Laffer Curve of the benefits of regulation of practice within bodies such as the National Hypnotherapy Society; no regulations given whatsoever make the entire effort pointless, and too many strict regulations will cause people to diverge from seeking accreditation; they'll avoid the process altogether, resulting in far fewer therapists adhering to any standards at all.

Furthermore, power is taken away from a patient with a reduction in the acknowledgement of the implementation of ACP. One notable example of this is with the case study discussed in this review by Elkins, Koep & Kendrick (2012). To recap, the 17-year-old patient was in severe pain that was resistant to pharmacological and surgical intervention, and suffered intensely for a great deal of time. Only when the client was facing the choice of a surgery that could severely impact her ability to carry children was hypnotherapy presented as an option. Furthermore, hypnotherapy was able to drastically improve her symptoms where all other treatments had failed. This is not to suggest that hypnotherapy should replace necessary medical or surgical treatment, but instead that it should be acknowledged as an effective modality that can be at the very least offered alongside other treatments instead of as a last resort.

CONCLUSION

Literature

The literature that has been reviewed has highlighted the broad scope of the benefits and efficacy of hypnotherapy as a practice. The clinical studies have been able to highlight the benefits through biological data, reports from patients, and symptom reduction. Hypnotherapy has been examined as a standalone therapy and as a complementary therapy, and compared to other means of treatment. There have been reports of hypnotherapy being as efficacious as other established treatments for conditions, and on other cases being more effective than even pharmacological interventions. What is also highlighted in the literature is the wide array of treatments that hypnotherapy can benefit. From physical pain, to trauma, to managing sleep and unwanted habits. Furthermore, as discussed previously, this examination of literature is not exhaustive. The initial literature search highlighted a large volume of peer-reviewed literature related to hypnotherapy, so a review of all of the current literature would have been unfeasible within the time-constraints of this report.

Limitations

This review highlighted several limitations with the literature found in this study, and some recurrent themes were highlighted: Experiment design quality, bias, age and sample size. Due to the nature and renown of hypnotherapy, providing it as a treatment in a study is perhaps improbable to do blind to the recipients. Therefore, a common limitation discussed within experiments was that the quality of the study was reduced due to this factor. This does not mean necessarily that an experiment exploring hypnotherapy is going to produce poor-quality data, but that there is an additional risk of bias. The bias experienced in hypnotherapy trials may not necessarily be in favour of the practise; public perception of hypnotherapy can be met with both praise and suspicion, in part due to the existence of lay hypnotherapists and stage performers, or simply due to any personal opinions that a patient may have on hypnotherapy due to pre-existing opinions or perceptions. Therefore, it should be considered that a lack of blindness of trials, and the subsequent bias, may affect the data in any direction and is largely unavoidable.

The small sample sizes in many of the studies was a common limitation, and this may be explained due to the focus of the experiments. Presently it can be argued that hypnotherapy is an undervalued resource so, highlighted by the discussed case studies, hypnotherapy seemingly is often used as a last-resort for treatment-resistant problems and illnesses. Therefore, the sample sizes of these patients would not typically be readily available and therefore smaller sample sizes would be the only candidates chosen for the study. To address this concern, hypnotherapy needs to be implemented not as a last resort but as an efficacious therapy used on a wider population to address its effectiveness on wider populations.

Furthermore, there was a large variation in age of the studies highlighted, with a portion of studies being more than 10 years old. The studies included that were older were selected due to their unique qualities, or due to limited data concerning specific topics.

Feedback

The survey that was given from The Hypnotherapy Society to its members received a relatively small number of respondents largely due to its time constraints, so comments and treatments may not have been reflective of the general population of therapists, and likely would have missed out on more fruitful information. However, the information that was provided allowed a in important insight into the everyday efficacy of hypnotherapy. Case studies that are reported are often extreme examples, but the benefits to the general population can get lost as a common success will not be reported. Therefore the comments and testimonials highlight the hidden wider benefits of the practice.

Next steps

Despite the large volume of information presented in this review, there are still some considerable gaps in the literature, as well as a need for more recent literature to replicate experiments with more modern means of measurement. As discussed above, there is an opportunity for further study of the efficacy of hypnotherapy on wider populations, being used as a treatment, alongside other treatments, and not simply as a last resort. Research into the benefits of hypnotherapy as a direct comparison to other treatments, both psychological and pharmacological is recommended, as well as an rise in case reports to illustrate more examples of the benefits of hypnotherapy as an autonomy-centred practice.

Lastly, the Society will continue engagement with relevant authorities to promote the evidence that *hypnotherapy helps*, has a strong evidence base, and that our members should be allowed to offer treatment, advertise their services, and be integrated into the wider health and social care environment as the evidence allows.

Authorship

The principal author for this study is the Society's research officer, psychologist K Keogh MSc. with assistance from the Professional Standards Committee and the gratefully received input of several Society members.

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