Hypnotherapy

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Hypnotherapy is an alternative curative healing method that is used to create subconscious change in a patient in the form of new responses, thoughts, attitudes, behaviours or feelings. It is undertaken with a subject in hypnosis.[1]

A person who is hypnotized displays certain unusual behavior characteristics and propensities, compared with a non-hypnotized subject, most notably heightened suggestibility and responsiveness.

Hypnotherapy	
Alternative therapy	
Benefits	Placebo
ICD-10-PCS	[2] (http://www.icd10data.com/ICD10PCS/Codes/)
ICD-9-CM	94.32 (http://www.icd9data.com/getICD9Code.ashx?icd9=94.32)

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Definition of a hypnotherapist

In 1973, Dr. John Kappas, Founder of the Hypnosis Motivation Institute, wrote and defined the profession of a hypnotherapist in the Federal Dictionary of Occupational Titles:

"Induces hypnotic state in client to increase motivation or alter behavior patterns: Consults with client to determine nature of problem. Prepares client to enter hypnotic state by explaining how hypnosis works and what client will experience. Tests subject to determine degree of physical and emotional suggestibility. Induces hypnotic state in client, using individualized methods and techniques of hypnosis based on interpretation of test results and analysis of client's problem. May train client in self-hypnosis conditioning."[2]

Traditional hypnotherapy

The form of hypnotherapy practiced by most Victorian hypnotists, including James Braid and Hippolyte Bernheim, mainly employed direct suggestion of symptom removal, with some use of therapeutic relaxation and occasionally aversion to alcohol, drugs, etc.[3]

Ericksonian hypnotherapy

In the 1950s, Milton H. Erickson developed a radically different approach to hypnotism, which has subsequently become known as "Ericksonian hypnotherapy" or "Neo-Ericksonian hypnotherapy." Erickson made use of an informal conversational approach with many clients and complex language patterns, and therapeutic strategies. This divergence from tradition led some of his colleagues, including Andre Weitzenhoffer, to dispute whether Erickson was right to label his approach "hypnosis" at all.[4]

The founders of Neurolinguistic Programming (NLP), a methodology similar in some regards to hypnotism, claimed that they had modelled the work of Erickson extensively and assimilated it into their approach.[5][6] Weitzenhoffer disputed whether NLP bears any genuine resemblance to Erickson's work.[4]

Cognitive/behavioral hypnotherapy

Cognitive behavioural hypnotherapy (CBH) is an integrated psychological therapy employing clinical hypnosis and cognitive behavioural therapy (CBT).[7] The use of CBT in conjunction with hypnotherapy may result in greater treatment effectiveness. A meta-analysis of eight different researches revealed "a 70% greater improvement" for patients undergoing an integrated treatment to those using CBT only.[8]

In 1974, Theodore Barber and his colleagues published an influential review of the research which argued, following the earlier social psychology of Theodore R. Sarbin, that hypnotism was better understood not as a "special state" but as the result of normal psychological variables, such as active imagination, expectation, appropriate attitudes, and motivation.[9] Barber introduced the term "cognitive-behavioral" to describe the nonstate theory of hypnotism, and discussed its application to behavior therapy.

The growing application of cognitive and behavioral psychological theories and concepts to the explanation of hypnosis paved the way for a closer integration of hypnotherapy with various cognitive and behavioral therapies.[10] However, many cognitive and behavioral therapies were themselves originally influenced by older hypnotherapy techniques,[11] e.g., the systematic desensitisation of Joseph Wolpe, the cardinal technique of early behavior therapy, was originally called "hypnotic desensitisation"[12] and derived from the *Medical Hypnosis* (1948) of Lewis Wolberg.[13]

Curative hypnotherapy

Curative hypnotherapy is a method of working purely with the subconscious mind to understand and correct specific details which have played a part in the initial creation of a symptom. Its application relies heavily on Specific Questioning of the subconscious and the use of Ideomotor phenomenon (IMR) to identify the precise and unique life experiences which then led on to a triggering of a symptom at some later date.

William Benjamin Carpenter (1813 – 1885), was an English physician and physiologist who first used the term ‘ideo-motor response’ in the 1840s having realised that these movements occurred outside of a person’s conscious awareness.

Pierre Janet (1859-1947) work was generally eclipsed by the international acceptance of the vast theoretical framework of the workings of the unconscious mind by Sigmund Freud. However he was a meticulous researcher who made a number of serious contributions to hypnotherapy.

Janet found that if a hysterical patient was sufficiently distracted by another person engaging the patient in conversation then he could whisper questions, which were answered by the part of the mind responsible for the hysteria via automatic writing. Thus his understanding of the need for Conscious Distraction in order to gain Subconscious information via Ideo-Motor Response is clear.

Janet coined the term ‘subconscious’ to describe this part of the mind. He demonstrated that hysterical or psychosomatic symptoms could be cured by gaining a different understanding of subconscious information. Janet was one of the first people to make a connection between a person’s past experiences and their present-day difficulties and was the first to explore the idea that “trifling” events (rather than traumatic ones) can cause serious problems.

David Cheek (1912-1996) is seen by many as an important character in providing the tools which eventually led to the formation of more analytical applications of hypnosis, as opposed to the more common suggestion-based treatment.

David Lesser[14] (1928 - 2001) was the originator of what we today understand by the term Curative Hypnotherapy [15]. It was he who first saw the possibility of finding the causes of people’s symptoms by using a combination of hypnosis, IMR and a method of specific questioning that he began to explore. Rather than try to override the subconscious information as Janet had done, he realised the necessity- and developed the process- to correct the wrong information. Lesser’s understanding of the logicality and simplicity of the subconscious led to the creation of the methodical treatment used today and it is his innovative work and understanding that underpins the therapy and is why the term ‘Lesserian[16]’ was coined and trademarked. As the understanding of the workings of the subconscious continues to evolve, the application of the therapy continues to change. The three most influential changes have been in Specific Questioning (1992) to gain more accurate subconscious information; a subconscious cause/effect mapping system (SRBC)(1996) to streamline the process of curative hypnotherapy treatment; and the ‘LBR Criteria’ (2003) to be able to differentiate easier between causal and trigger events and helping to target more accurately the erroneous data which requires reinterpretation.

Uses

Hypnosis in childbirth

Hypnotherapy has long been used in relation to childbirth. It is sometimes used during pregnancy to prepare a mother for birth, and during childbirth to reduce anxiety, discomfort and pain.[17][18]

Hypnotherapy

Among its many other applications in other medical domains,[19] hypnotism was used therapeutically, by some alienists in the Victorian era, to treat the condition then known as hysteria;[20] Modern hypnotherapy is widely accepted for the treatment of anxiety disorder,[21] subclinical depression,[22] certain habit disorders, to control irrational fears,[23][24] as well as in the treatment of conditions such as insomnia[25] and addiction.[26] Hypnosis has also been used to enhance recovery from non-psychological conditions such as after surgical procedures,[27] in breast cancer care[28] and even with gastro-intestinal problems,[29] including IBS.[30][31]

Cognitive hypnotherapy and bulimia

Scientific literature suggests a wide variety of hypnotic interventions can be used to treat bulimia nervosa.[32] Similar studies have shown that groups suffering from bulimia nervosa, undergoing hypnotherapy, were more exceptional to no treatment, placebos, or other alternative treatments.[32]

Research

Systematic reviews

1890s

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

> The Committee, having completed such investigation of hypnotism as time permitted, have to report that they have satisfied themselves of the genuineness of the hypnotic state.[33]

> The Committee are of opinion that as a therapeutic agent hypnotism is frequently effective in relieving pain, procuring sleep, and alleviating many functional ailments [i.e., psycho-somatic complaints and anxiety disorders].[33]

1950s

In 1955, the Psychological Medicine Group of the BMA commissioned a Subcommittee, led by Prof. T. Ferguson Rodger, to deliver a second, and more comprehensive, report on hypnosis. The Subcommittee consulted several experts on hypnosis from various fields, including the eminent neurologist Prof. W. Russell Brain, the 1st Baron Brain, and the psychoanalyst Wilfred Bion. After two years of study and research, its final report was published in the British Medical Journal (BMJ), under the title 'Medical use of Hypnotism'. The terms of reference were:

> To consider the uses of hypnotism, its relation to medical practice in the present day, the advisability of giving encouragement to research into its nature and application, and the lines upon which such research might be organized.[34]

It concludes from a systematic review of available research that,

> The Subcommittee is satisfied after consideration of the available evidence that hypnotism is of value and may be the treatment of choice in some cases of so-called psycho-somatic disorder and Psychoneurosis. It may also be of value for revealing unrecognized motives and conflicts in such conditions. As a treatment, in the opinion of the Subcommittee it has proved its ability to remove symptoms and to alter morbid habits of thought and behavior[...]
>
>> In addition to the treatment of psychiatric disabilities, there is a place for hypnotism in the production of anesthesia or analgesia for surgical and dental operations, and in suitable subjects it is an effective method of relieving pain in childbirth without altering the normal course of labor.[35]

According to a statement of proceedings published elsewhere in the same edition of the BMJ, the report was officially ‘approved at last week’s Council meeting of the British Medical Association.’[34] In other words, it was approved as official BMA policy. This statement goes on to say that,

> For the past hundred years there has been an abundance of evidence that psychological and physiological changes could be produced by hypnotism which were worth study on their own account, and also that such changes might be of great service in the treatment of patients.[34]

In 1958, the American Medical Association (AMA) commissioned a similar (though more terse) report which endorses the 1955 BMA report and concludes,

> That the use of hypnosis has a recognized place in the medical armamentarium and is a useful technique in the treatment of certain illnesses when employed by qualified medical and dental personnel.[35]

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

> The Reference Committee on Hygiene, Public Health, and Industrial Health approved the report and commended the Council on Mental Health for its work. The House of Delegates adopted the Reference Committee report [...][36]

1990s

In 1995, the US National Institutes of Health (NIH), established a Technology Assessment Conference that compiled an official statement entitled "Integration of Behavioral & Relaxation Approaches into the Treatment of Chronic Pain & Insomnia". This is an extensive report that includes a statement on the existing research in relation to hypnotherapy for chronic pain. It concludes that:

> The evidence supporting the effectiveness of hypnosis in alleviating chronic pain associated with cancer seems strong. In addition, the panel was presented with other data suggesting the effectiveness of hypnosis in other chronic pain conditions, which include irritable bowel syndrome, oral mucositis (pain and swelling of the mucous membrane), temporomandibular disorders [jaw pain], and tension headaches. (NIH, 1995)

In 1999, the British Medical Journal (BMJ) published a Clinical Review of current medical research on hypnotherapy and relaxation therapies,[37] it concludes,

- "There is strong evidence from randomised trials of the effectiveness of hypnosis and relaxation for cancer related anxiety, pain, nausea, and vomiting, [side effects of chemotherapy] particularly in children."
- "They are also effective for panic disorders and insomnia, particularly when integrated into a package of cognitive therapy (including, for example, sleep hygiene)."
- "A systematic review has found that hypnosis enhances the effects of cognitive behavioral therapy for conditions such as phobia, obesity, and anxiety."
- "Randomized controlled trials support the use of various relaxation techniques for treating both acute and chronic pain, [...]"
- "Randomized trials have shown hypnosis to be of value in asthma and in irritable bowel syndrome [...]"
- "Some practitioners also claim that relaxation techniques, particularly the use of imagery, can prolong life. There is currently insufficient evidence to support this claim."

Reports

In 2001, the Professional Affairs Board of the British Psychological Society (BPS) commissioned a working party of expert psychologists to publish a report entitled *The Nature of Hypnosis*.[38] Its remit was 'to provide a considered statement about hypnosis and important issues concerning its application and practice in a range of contexts, notably for clinical purposes, forensic investigation, academic research, entertainment and training.' The report provides a concise (c. 20 pages) summary of the current scientific research on hypnosis. It opens with the following introductory remark:

> "Hypnosis is a valid subject for scientific study and research and a proven therapeutic medium."

With regard to the therapeutic uses of hypnosis, the report said:

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

The working party then provided an overview of some of the most important contemporary research on the efficacy of clinical hypnotherapy, which is summarized as follows:

- "There is convincing evidence that hypnotic procedures are effective in the management and relief of both acute and chronic pain and in assisting in the alleviation of pain, discomfort and distress due to medical and dental procedures and childbirth."
- "Hypnosis and the practice of self-hypnosis may significantly reduce general anxiety, tension and stress in a manner similar to other relaxation and self-regulation procedures."
- "Likewise, hypnotic treatment may assist in insomnia in the same way as other relaxation methods."

- "There is encouraging evidence demonstrating the beneficial effects of hypnotherapeutic procedures in alleviating the symptoms of a range of complaints that fall under the heading 'psychosomatic illness." These include tension headaches and migraine; asthma; gastro-intestinal complaints such as irritable bowel syndrome; warts; and possibly other skin complaints such as eczema, psoriasis and urticaria [hives].
- "There is evidence from several studies that its [hypnosis'] inclusion in a weight reduction program may significantly enhance outcome."[38]

Meta-analysis

In 2003, a meta-analysis of the efficacy of hypnotherapy was published by two researchers from the university of Konstanz in Germany, Flammer and Bongartz.[39] The study examined data on the efficacy of hypnotherapy across the board, though studies included mainly related to psychosomatic illness, test anxiety, smoking cessation and pain control during orthodox medical treatment. Most of the better research studies used traditional-style hypnosis, only a minority (19%) employed Ericksonian hypnosis.

The authors considered a total of 444 studies on hypnotherapy published prior to 2002. By selecting the best quality and most suitable research designs for meta-analysis they narrowed their focus down to 57 controlled trials. These showed that on average hypnotherapy achieved at least 64% success compared to 37% improvement among untreated control groups. (Based on the figures produced by binomial effect size display or BESD.)

According to the authors this was an intentional underestimation. Their professed aim was to discover whether, even under the most skeptical weighing of the evidence, hypnotherapy was still proven effective. They showed conclusively that it was. In fact, their analysis of treatment designs concluded that expansion of the meta-analysis to include non-randomized trials for this data base would also produce reliable results. When all 133 studies deemed suitable in light of this consideration were re-analyzed, providing data for over 6,000 patients, the findings suggest an average improvement in 27% of untreated patients over the term of the studies compared with a 74% success rate among those receiving hypnotherapy. This is a high success rate given the fact that many of the studies measured included the treatment of addictions and medical conditions. The outcome rates for anxiety disorders alone, traditionally hypnotherapy's strongest application, were higher still (though a precise figure is not cited).

In 2005, a meta-analysis by the Cochrane Collaboration found no evidence that hypnotherapy was more successful than other treatments or no treatment in achieving cessation of smoking for at least six months.[40] In 2007 a meta-analysis from the Cochrane Collaboration found that the therapeutic effect of hypnotherapy was "superior to that of a waiting list control or usual medical management, for abdominal pain and composite primary IBS symptoms, in the short term in patients who fail standard medical therapy", with no harmful side-effects. However the authors noted that the quality of data available was inadequate to draw any firm conclusions.[41]

In 2016, a literature review published in La Presse Medicale found that there is not sufficient evidence to "support the efficacy of hypnosis in chronic anxiety disorders".[42]

Occupational accreditation

United States definition of hypnotherapist

The U.S. (Department of Labor) *Directory of Occupational Titles* (D.O.T. 079.157.010) supplies the following definition:

> "**Hypnotherapist** – Induces hypnotic state in client to increase motivation or alter behavior pattern through hypnosis. Consults with client to determine the nature of problem. Prepares client to enter hypnotic states by explaining how hypnosis works and what client will experience. Tests subject to determine degrees of

physical and emotional suggestibility. Induces hypnotic state in client using individualized methods and techniques of hypnosis based on interpretation of test results and analysis of client's problem. May train client in self-hypnosis conditioning.

The Department of Health (http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Hypnotherapist.aspx) in the state of Washington regulates hypnotherapists.

United Kingdom

UK National Occupational Standards

In 2002, the Department for Education and Skills developed National Occupational Standards for hypnotherapy[43] linked to [[National Vocational Qualification]s] based on the then National Qualifications Framework under the Qualifications and Curriculum Authority. NCFE (http://ncfe.org.uk/), a national awarding body, issues level four national vocational qualification diploma in hypnotherapy. Currently AIM Awards offers a Level 3 Certificate in Hypnotherapy and Counselling Skills at level 3 of the Regulated Qualifications Framework.[44]

UK Confederation of Hypnotherapy Organisations (UKCHO)

The regulation of the hypnotherapy profession in the UK is at present the main focus of UKCHO (http://www.ukcho.co.uk), a non-profit umbrella body for hypnotherapy organisations. Founded in 1998 to provide a non-political arena to discuss and implement changes to the profession of hypnotherapy, UKCHO currently represents 9 of the UK's professional hypnotherapy organisations and has developed standards of training for hypnotherapists, along with codes of conduct and practice that all UKCHO registered hypnotherapists are governed by. As a step towards the regulation of the profession, UKCHO's website now includes a National Public Register of Hypnotherapists[45] who have been registered by UKCHO's Member Organisations and are therefore subject to UKCHO's professional standards. Further steps to full regulation of the hypnotherapy profession will be taken in consultation with the Prince's Foundation for Integrated Health.

Australia

Professional hypnotherapy and use of the occupational titles *hypnotherapist* or *clinical hypnotherapist* is not government-regulated in Australia.

In 1996, as a result of a three-year research project led by Lindsay B. Yeates, the Australian Hypnotherapists' Association[46] (founded in 1949), the oldest hypnotism-oriented professional organization in Australia, instituted a peer-group accreditation system for full-time Australian professional hypnotherapists, the first of its kind in the world, which "accredit[ed] specific individuals on the basis of their actual demonstrated knowledge and clinical performance; instead of approving particular 'courses' or approving particular 'teaching institutions'" (Yeates, 1996, p.iv; 1999, p.xiv).[47] The system was further revised in 1999.[48]

Australian hypnotism/hypnotherapy organizations (including the Australian Hypnotherapists Association) are seeking government regulation similar to other mental health professions. However, the various tiers of Australian government have shown consistently over the last two decades that they are opposed to government legislation and in favour of self-regulation by industry groups.[49]

See also

- Atavistic regression

- Astral projection
- Autogenic training
- Autosuggestion
- Doctor of Clinical Hypnotherapy
- Hypnotherapy in the United Kingdom
- Hypnosis
- Hypnosurgery
- Indian board of clinical hypnotherapy
- The Pregnant Man and Other Cases From a Hypnotherapist's Couch
- Psychotherapy
- Subconscious mind
- Suggestibility
- The Zoist: A Journal of Cerebral Physiology & Mesmerism, and Their Applications to Human Welfare

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49. For example, see **Media Release 89/70**: issued on 12/4/1989, by Peter Collins — who was, at the time, the NSW State Government Minister for Health — which announced that the N.S.W. Government had made "a decision not to proceed with plans to place controls on Hypnosis and to ban Stage Hypnosis". Also, see Dewsbury, R., "Reversal by Govt over hypnotists", *The Sydney Morning Herald*, (Thursday, 13 April 1989), p.8. (https://news.google.com/newspapers?id=TVBWAAAAIBAJ&sjid=c-cDAAAAIBAJ&pg=172C7735272)

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