

Hypnosis / hypnotherapy research

Author / date	Title	Source	Efficacy of hypnotherapy
Mark P Jensen, Graham A Jamieson, [...], and Devin B Terhune (2017)	New directions in hypnosis research: strategies for advancing the cognitive and clinical neuroscience of hypnosis	J of Neuroscience of Consciousness (2017): 1	<p>Effects of hypnosis and hypnotic suggestion have clear impacts on brain activity. These effects are “real”, hypnotic subjects are not merely pretending when they report profound changes in their experience due to hypnosis.</p> <p>Hypnosis has been established to be effective for:</p> <ul style="list-style-type: none"> • Pain treatment • IBS • PTSD <p>Limited evidence (large-scale clinical trials forthcoming) for:</p> <ul style="list-style-type: none"> • Depression • Anxiety • Smoking <p>Hypnosis and hypnotic techniques can be combined with non-hypnotic treatments to enhance efficacy</p>
Hammond, D. C. (2010)	Hypnosis in the treatment of anxiety-and stress-related disorders.	<i>Expert review of neurotherapeutics</i> , 10(2), 263-273.	<p>Hypnosis is an efficacious treatment for</p> <ul style="list-style-type: none"> • state anxiety (e.g., prior to tests, surgery and medical procedures) and • anxiety-related disorders, such as headaches and irritable bowel syndrome.
Jensen, M. P., & Patterson, D. R. (2014).	Hypnotic approaches for chronic pain management: Clinical implications of recent research findings	<i>American Psychologist</i> , 69(2), 167-177. doi:10.1037/a0035644	<p>Clinical trials show that hypnosis is effective for reducing chronic pain.</p> <p>The findings from these clinical trials also show that hypnotic treatments have a number of positive effects beyond pain control. Neurophysiological studies reveal that hypnotic analgesia has clear effects on brain and spinal-cord functioning that differ as a function of the specific hypnotic suggestions made, providing further evidence for the specific effects of hypnosis.</p> <p>Hypnosis is effective over and above placebo treatments</p>
Picard, P., Jusseaume, C., Boutet, M., Dualé, C., Mulliez, A., & Aublet-	Hypnosis for management of fibromyalgia.	<i>International Journal of Clinical and Experimental</i>	<p>Amongst patients suffering from fibromyalgia, Compared to the control, the hypnosis group reported better improvement on Patient</p>

Cuvellier, B. (2013).		<i>Hypnosis</i> , 61(1), 111-123.	Global Impression of Change and a significant improvement in sleep and CSQ (cognitive strategy questionnaire) dramatization subscale.
Castel, A., Cascón, R., Padrol, A., Sala, J., & Rull, M. (2012)..	Multicomponent cognitive-behavioral group therapy with hypnosis for the treatment of fibromyalgia: long-term outcome.	<i>The Journal of Pain</i> , 13(3), 255-265	1) patients with fibromyalgia who received multicomponent CBT alone or multicomponent CBT with hypnosis showed greater improvements than patients who received only standard care; and 2) adding hypnosis enhanced the effectiveness of multicomponent CBT. This study presents new evidence about the efficacy of multicomponent CBT for FM and about the additional effects of hypnosis as a complement to CBT.
Elkins, G., Johnson, A., & Fisher, W. (2012).	Cognitive hypnotherapy for pain management	<i>American Journal of Clinical Hypnosis</i> , 54(4), 294-310.	Evidence for cognitive hypnotherapy in the treatment in chronic pain, cancer, osteoarthritis, sickle cell disease, temporomandibular disorder, fibromyalgia, non-cardiac chest pain, and disability related chronic pains are identified.
Montgomery, G. H., Schnur, J. B., & Kravits, K. (2013).	Hypnosis for cancer care: over 200 years young.	<i>CA: a cancer journal for clinicians</i> , 63(1), 31-44.	Hypnosis is an efficacious tool in cancer prevention and control . The literature supports the benefits of hypnosis for improving quality of life during the course of cancer and its treatment (reduces distress and anxiety). Hypnosis has been effective in weight management and smoking .
Becker, P. M. (2015).	Hypnosis in the management of sleep disorders.	<i>Sleep medicine clinics</i> , 10(1), 85-92.	Hypnosis can be used to manage sleep disorders (primary and secondary insomnia)
Alladin, A. (2012).	Cognitive hypnotherapy for major depressive disorder.	<i>American Journal of Clinical Hypnosis</i> , 54(4), 275-293.	Effective for treatment of depression , particularly in combination with CBT

Notes:

- It is only recently that researchers started to pay attention to hypnosis, and research funding increased.
- The gold standard in hypnosis research is using fMRI and similar procedures (EEG, other brain scans) that can actually detect changes in human brain. Such studies are “objective”, in contrast to studies that use self-reported (subjective) measures (“I felt good after the hypnotherapy session”).
- All studies are taken from reputable journals or academic conferences.
- All studies are recent, after 2010.

Links:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5635845/?fbclid=IwAR2bj8DGugSqB4EyZhARL8LFboJaluqHdHxPiT9bhrp1li1qY1er_HC74g

<https://www.tandfonline.com/doi/abs/10.1586/ern.09.140>

<https://psycnet.apa.org/fulltext/2014-04960-006.html>

<https://www.tandfonline.com/doi/full/10.1080/00029157.2011.654284>

<https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21165>

Do I *Have* to Call It Hypnosis?

Many trainees ask us, “Do we have to call it hypnosis? That word may scare patients off.” The short answer is “Yes.” Data clearly indicate that labeling an intervention as “hypnosis” increases the intervention's effect size. In their article, Gandhi and Oakley found that when participants were exposed to the same procedure, in one case labeled “hypnosis” and in the other case labeled “relaxation,” the word “hypnosis” increased participants' hypnotic suggestibility. Similarly, Schoenberger found that labeling an intervention as hypnosis enhanced treatment effectiveness. In addition, a meta-analysis of hypnosis to reduce the distress associated with medical procedures found that the effect size for interventions labeled “hypnosis” was significantly higher than the effect size for interventions labeled “suggestion” (hypnosis $g = 1.26$, which is a large effect; suggestion $g = 0.17$, which is a small effect; $F(1,35) = 11.79$ [$P < .002$]). Therefore, we recommend clearly defining hypnotic interventions as hypnosis, not only to ensure the client's informed consent, but also to increase the benefit of the procedure.

Source: <https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21165>