

Chapter 8

HYPNOTHERAPY

Hypnosis is a state in which a person becomes extraordinarily receptive to suggestion. A suggestion is an idea that one accepts uncritically and favourably, and which culminates in the initiation of the relevant behaviour. The result is that hypnotised people hand over responsibility for their actions, and perhaps to some extent their thoughts, to the hypnotist. Hypnotherapy simply means the use of hypnosis for the purposes of treatment of a particular condition or illness.

The term “hypnosis” is derived from the Greek word (HYPNOS) meaning “sleep”. The word was first applied to hypnosis in the 1840's by James Baird, a Scottish surgeon practising in Manchester, England. He erroneously thought of a hypnotic trance as a form of induced sleep.

Since ancient times, primitive healers have used hypnotic healing trances to implant suggestions for self-cure. Nevertheless, the founder of modern hypnotism is the Austrian doctor, Franz Anton Mesmer (1734- 1815) who called this process “animal magnetism”. Indeed, it is from his name that another term for hypnosis, “mesmerism”, was generated. Mesmer was a charismatic therapist who was convinced that diseases were due to an imbalance in “animal magnetism”, that is, a magnetic flux which he believed was induced in the human body by a gravitational force. Typically, he would seat patients in a circle around a large tub of magnetised iron filings. He then used hypnosis to heighten suggestibility and expectations of healing while each patient held onto a rod of iron projecting from the tub. Mesmer successfully treated large numbers of people by inducing deep trances. Although his demonstrations were impressive and clear-cut, his flamboyant use of theatrics including the wearing of flowing robes and ostentatious stage settings induced first scepticism and then antagonism amongst most of the medical profession.

Nevertheless, Baird and many other surgeons of his time were interested in the potential ability of hypnosis to prevent patients undergoing surgical operations from feeling pain. He showed that hypnosis was not due to a magnetic fluid and furthermore, demonstrated that sight was not necessary by hypnotising a blind person. However, the advent of general anaesthetics such as ether and chloroform shortly afterwards led to a rapid decline in interest in the subject.

Even though the eminent French neurologist, Charcot, practised hypnotherapy in Paris, and a committee of the British Medical Association concluded in 1892 that there was a “genuineness of the hypnotic state” and endorsed its use by medical practitioners, by the beginning of the twentieth century, hypnotism was generally considered quackery. Hypnosis was mostly practised by non-medical charlatans who often used mumbo-jumbo to help them prey on a naive public.

In the second half of the twentieth century, however, hypnotism gained a resurgence of respectability with the International Society of Clinical and Experimental Hypnosis being formed in 1952 and a number of national societies thereafter. In 1956, the British Medical Association approved the use of hypnosis in the management of certain psychological and behavioural problems.¹ Two years later, the American Medical Association followed suit.²

What is hypnotism?

Hypnosis is an altered state of mind but it is not sleep. When the brainwaves of a hypnotised person are looked at, they show features somewhere between those seen in wakefulness and sleep. The person relaxes more deeply and muscular activity wanes. In fact, the precise nature of hypnosis is still unknown. Possibly, it relates to the functioning of the part of the brain-stem at the base of the brain that controls consciousness, and which is called the reticular formation.

The major potential effects of hypnosis³ are summarised in Table 1. However, one word of caution is necessary about so-called "age-regression" or memory of events occurring long ago, even of birth. What is recalled may well be feelings about the past but not necessarily the facts. Emotional tensions are released and ideas are transferred. Furthermore, a hypnotised person will create memories which mesh with the expectations of the examiner. Indeed, when subjects in one experiment tried to recall pictures then were hypnotised, they began to recall even more pictures, most of which were incorrect.⁴ While the distinction between fact and fiction may not matter at all for clinical resolution of a problem, it may be completely misleading in a legal sense; this is at the root of the admissibility of evidence from witnesses who have been questioned under hypnosis about events occurring in the past.⁵

There have been various classifications of the depth of a hypnotic trance. One such⁶ follows:

- *hypnoidal* - the person is relaxed and has a pleasant feeling of not being fully awake yet not asleep, as though they were "drifting off"
- *light* - relaxed with eyes closed, deep respiration, immobile facial muscles, heaviness of the limbs, simple post-hypnotic suggestions are carried out
- *medium* - partial loss of memory, slowed muscle activity, feelings of detachment, experience of simple illusions, more difficult post-hypnotic suggestions are performed

¹Asher. Respectable hypnosis. *British Medical Journal* i: 309-313, 1956

²Plunkett RJ. Medical use of hypnosis. *Journal of the American Medical Association* 168: 186, 1958

³Black S. Hypnosis and general practice. *New Zealand Medical Journal* i: 10-12, 1986

⁴Dywan J, Bowers K. The use of hypnosis to enhance recall. *Science* 222: 184-185, 1983

⁵Frankel FH. Hypnosis - both poetry and science. *The Lancet* ii: 1391-1393, 1982

⁶Collison DR. Medical hypnotherapy. *Medical Journal of Australia* i: 643-649, 1972

Table 1. Effects of hypnosis which may be induced in an individual patient (after Black³).

- increased suggestibility
 - loss of memory for the current event
 - improved rapport with the therapist
 - contact with the unconscious mind leading to age-regression, i.e. recall of events long ago
 - hallucinations, i.e. the subject sees, hears or feels something that is not there and *vice versa*
 - change in emotions, e.g. joy or sadness
 - selective alteration of loss of sensation including loss of pain or tunnel vision
 - muscle paralysis
- *deep* - eyes open, total amnesia (loss of memory), hallucinations, age regression and mobilisation of unconscious “forgotten” memory, surgical anaesthesia
 - *somnambulistic* - behaves like a sleep-walker with no recollection of experiences

Hypnosis is used as a vehicle to implant a post-hypnotic suggestion. The effectiveness of hypnosis as a therapeutic tool depends on the extent to which the patient retains a suggestion in the waking state. However, response to therapy does not just relate to hypnotisability, for it also depends upon what the patient has to gain or lose by accepting the suggestion.

Who can be hypnotised?

Most people can be hypnotised to some degree but only a few can be induced into a deep trance. The percentages of the population that can be hypnotised readily in a single session to various levels are said to be: hypnoidal (100%), light (95%), medium (50-80%), deep (15-40%) and somnambulistic (5-10%). The level of trance that can be achieved in any one individual varies from time to time and is dependent upon the circumstances and the amount of time taken to induce the hypnotised state. Women are thought to be more easily hypnotised than men.

How is it done?

There are various ways of inducing a hypnotic state. In the one that is most commonly used, the patient sits near the hypnotherapist and is slowly talked into the trance state. The therapist talks in a slow, relaxing, controlled and confident way, drawing the patient's mind into a detached, concentrated state. The subject may be asked to imagine something such as walking down a country lane or visually concentrate on an object such as a pendulum. The hypnotist then encourages heaviness and closing of eyelids, followed by

other simple test instructions, such as the arm will feel lighter and lighter and eventually become elevated. At this stage, which may take 15 minutes or so, the person is in a light trance. Deeper levels are reached by the hypnotist counting from one to ten or asking the subject to imagine descending in a lift. All the while, the patient is exhorted to let go of everything apart from the instructions given by the therapist. Various suggestions are then given, such as “your headaches are going” or a patient is told he will feel tingling in a limb rather than pain. Alternatively, old experiences may be dredged up, relived then removed. Bringing a person out of a trance is quicker than putting him or her into one: the hypnotist assures each subject that they will be quite normal and relaxed on awakening. In autohypnosis, the therapist trains the patient to hypnotise himself or herself so that the patient can continually reinforce the therapist’s suggestions.

Hypnosis has been used in many clinical situations in both children⁷ and adults.⁸ Those conditions in which the value of hypnosis has been studied objectively are described in the following pages.

Does hypnosis cure warts?

Warts are small lumps several millimetres in size either the colour of skin or light brown. They can occur anywhere but are most frequent on the hands and face. They are caused by a virus and are very common, being found in 5% or more of the population. They spread from one person to another. Warts often disappear spontaneously after a couple of years but recur in many patients.

Since there have been many claims that warts can be removed by hypnotic suggestion, Dr A. Sinclair-Gieben from the department of mental health at the University of Aberdeen in Scotland and Dr Derek Chalmers from the Aberdeen Royal Infirmary decided to put this assertion to the test.

They studied 14 patients who had multiple warts on both sides of the body, especially the hands, for at least six months. They attempted to hypnotise each patient and suggested under hypnosis that all the warts on the more affected side of the body would disappear. In addition, they assessed the level of hypnosis by instructing the patient, after the end of the hypnotic session, to open the door when the doctor blew his nose. It is not clear from their paper whether patients were hypnotised once or a number of times.

The authors reported their results in an article⁹ entitled “Evaluation of treatment of warts by hypnosis”. Five patients could not be adequately hypnotised and no effect on warts was seen. In the nine patients who could be sufficiently hypnotised (they opened the door!), there was a marked effect on the treated side but not on the control half of the

⁷Olness KN. Hypnotherapy in children. New approach to solving common pediatric problems. *Postgraduate Medicine* 79: 95-105, 1986

⁸Jones OL. A study of hypnotherapy in general practice. *The Practitioner* 230: 275-182, 1986

⁹Sinclair-Gieben AHC, Chalmers D. *The Lancet* ii: 480-482, 1959

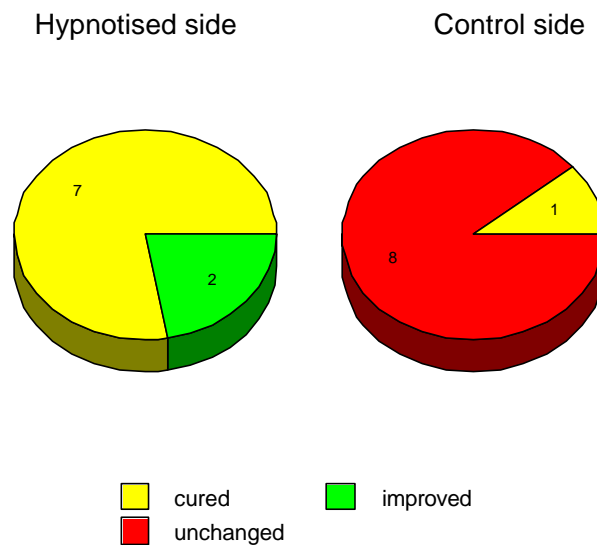


Figure 1. Numbers of patients who could be adequately hypnotised whose warts were cured, improved or were unchanged. It was suggested to patients under hypnosis that only one side could be cured.

body over the next five weeks to three months (Figure 1). Seven of the nine patients were completely cured and in the remaining two patients, all the warts resolved apart from one big wart that was fading. In contrast, there was no improvement in warts on the other side in eight of the nine patients. The authors concluded that cure will be achieved in all cases provided sufficiently deep hypnosis is achieved.

These are indeed fascinating observations. Surprisingly, during the 40 or so years that have elapsed since this report, there do not appear to have been any further studies to confirm or refute these findings.

Does hypnosis help urticaria (hives)?

Urticaria is commonly known as hives. These are itchy, raised, red lumps (technically called wheals) that appear in the skin, usually for no apparent reason. They resemble huge mosquito bites. It has been estimated that up to one-fifth of the population have been afflicted by hives at some time in their life. The cause is often not known but may be associated with stress or psychological factors in perhaps half the cases.

Carolyn Shertzer PhD and Donald Lookingbill MD from the departments of psychiatry and dermatology, respectively, at the Pennsylvania State University in Hershey in the United States investigated the effects of hypnosis in urticaria. They studied 15



Figure 2. Changes in hives in patients 5-14 months after hypnotism.

patients with chronic urticaria who had had hives for an average of nearly eight years. The numbers of wheals were counted and the severity and duration of the itch were ascertained. Patients were hypnotised and suggestions for disappearance of the hives were included.

They reported their results in a paper¹⁰ called "Effects of relaxation therapy and hypnotizability in chronic urticaria". Immediately after hypnosis, there was no significant change in the number of hives but itchiness was reduced. More importantly, when patients were followed up 5-14 months later, there was a considerable improvement overall with six of the patients reporting resolution of all their hives (Figure 2). It is a pity that there was no control group that did not receive hypnotherapy. Given the long time that the patients had had urticaria, it is perhaps unlikely that 40% would have resolved spontaneously. The authors were rightly cautious in their conclusions and indicated that further study is necessary. Such a study seems well worth doing.

Is hypnotherapy of value in psoriasis?

Psoriasis is a very common chronic skin disease which is characterised by a scaly rash, particularly on the elbows and knees. Two investigators from the department of dermatology in Johns Hopkins School of Medicine in Baltimore examined the usefulness

¹⁰Shertzer CL, Lookingbill DP. *Archives of Dermatology* 123: 913-916, 1987

of hypnosis in a small number of patients.¹¹ One group was given hypnosis together with active suggestions of improvement while the other was given hypnosis with no mention of the disease. There was a suggestion that hypnosis may have some benefit and further study of a larger group of patients was recommended.

Does hypnotherapy help relieve tinnitus?

Tinnitus, or ringing in the ears, has been described in the chapter on acupuncture. In fact, the same group of researchers who investigated the effectiveness of acupuncture in tinnitus, also looked at the value of hypnotherapy in relieving tinnitus. They studied 14 patients who had severe, constant tinnitus affecting only one ear and who had not responded to any other treatment. Patients described their symptoms, measured the severity of the ringing on a visual analogue scale (a ruler marked with gradations representing no tinnitus at one end and unbearable noise at the other), and matched their tinnitus with a noise induced artificially in an audiometer (a device for measuring the ability to hear). Patients were hypnotised three times, using one of three different techniques at random. These included the simple induction of a hypnotic trance with no suggestion given, hypnotism with “ego strengthening”, and hypnotism with suggestions that tinnitus would diminish.

The investigators reported their findings in a communication¹² headed “A controlled trial of hypnotherapy in tinnitus”. Only one patient responded objectively as assessed by the visual analogue scale but five patients felt that their symptoms had improved and were able to tolerate the tinnitus better. The authors concluded that hypnosis warranted further investigation.

Such an assessment was provided a few years later by Dr Janet Kaye and colleagues from the departments of psychiatry and otorhinolaryngology (ear, nose and throat surgery) in the Medical College of Pennsylvania in Philadelphia in the United States. They used a number of complicated psychological and audiological tests to study the effects of hypnosis in 14 patients with tinnitus. They reported their results in a paper¹³ entitled “Hypnosis as an aid for tinnitus patients”. Unfortunately, no convincing and consistent effects of hypnotism on tinnitus were found.

One can only conclude from these studies that hypnotism may be worth trying in patients with tinnitus since it is so debilitating and there is no satisfactory treatment, but the chances of benefit seem small.

¹¹Tausk F, Whitmore SE. A pilot study of hypnosis in the treatment of patients with psoriasis. *Psychotherapy and Psychosomatics* 68: 221-225, 1999

¹²Marks NJ, Karl H, Onisiphorou C. *Clinical Otorhinolaryngology* 10: 43-46, 1985

¹³Kaye JM, Marlowe FI, Ramchandani D, Berman S, Schindler B, Loscalzo G. *Ear Nose and Throat Journal* 73: 309-314, 1994

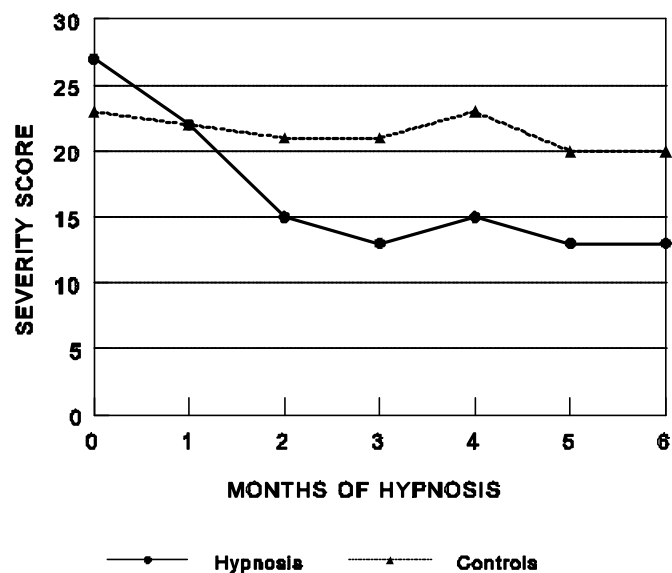


Figure 3. Score for the severity of asthma symptoms in patients who were hypnotised for six months and in control subjects.

Is hypnotherapy of benefit in asthma?

The nature of asthma has been described in the chapter on acupuncture. Since asthma has been commonly thought to be in part a psychosomatic condition, it was natural to try the effects of hypnotism on asthma.

The beginnings were hardly encouraging. Drs Morrison Smith and Burns from the asthma clinic of the Birmingham School Health Service in the United Kingdom as long ago as 1960 reported their study¹⁴ of children aged 8-15 years who had been attending their clinic for at least six months. The results were a dismal failure. Although a number of children said they felt better, objective measurement of their ability to blow air in and out of their lungs showed no improvement.

Since hypnosis was given for only one month in this study, Dr Maher-Loughnan and his colleagues from a number of London hospitals set out to examine the effects of hypnosis given over a longer period. Fifty-five patients were observed for one month and the severity of asthma was scored and the number of times a bronchodilator (a drug which opens the airways) was taken were counted. Patients were then randomly assigned to be hypnotised at intervals for six months or were given a new bronchodilator.

¹⁴Morrison Smith J, Burns CKC. The treatment of asthmatic children by hypnotic suggestion. *British Journal of Diseases of the Chest* 54: 78-81, 1960

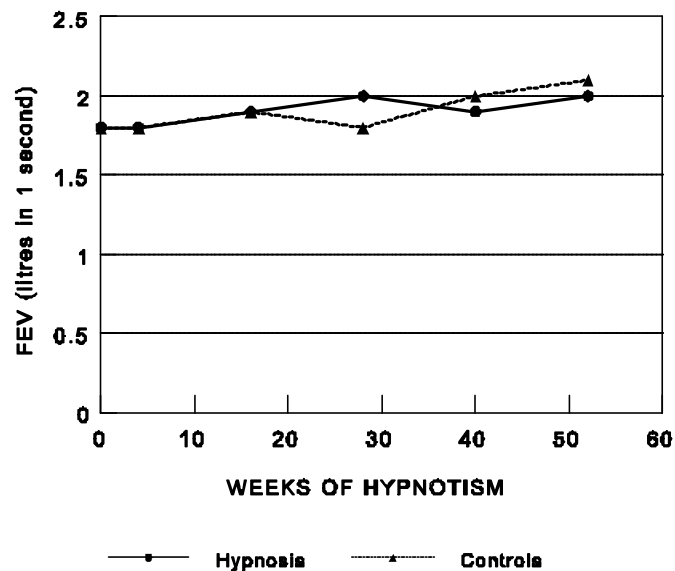


Figure 4. The amount of air in litres blown out of the lungs in one second (FEV1) in hypnotised patients and control subjects over a period of one year.

The authors reported their results in a paper¹⁵ called "Controlled trial of hypnosis in the symptomatic treatment of asthma". There was a significant improvement in the wheezing score in hypnotised patients (Figure 3). This was paralleled by a reduction in the number of times a bronchodilator was used. They concluded that hypnosis was of value in the symptomatic treatment of asthma.

A major limitation of this study, however, was the lack of an objective assessment of the ability of patients to blow air in and out of the lungs. This deficiency was addressed in a major investigation by the Research Committee of the British Tuberculosis Association¹⁶. Two hundred and fifty two patients were randomly allocated to receive either hypnosis or bodily relaxation plus breathing exercises for one year. There was a reduction in both symptoms as assessed by a severity score and in the number of bronchodilators used in women but not in men. However, there were no significant differences in the ability to blow air as measured by a special calculation called the FEV₁ (forced expiratory volume = the amount of air blown out of the lungs in one second) (Figure 4). One drawback to these sort of studies is that since asthma has such a variable course, it is difficult to distinguish the effects of a particular therapy from natural variations

¹⁵Maher-Loughnan GP, Mason AA, Macdonald N, Fry L. *British Medical Journal* ii: 371-376, 1962

¹⁶Hypnosis for asthma. A report to the Research Committee of the British Tuberculosis Association. *British Medical Journal* iii: 71-76, 1968

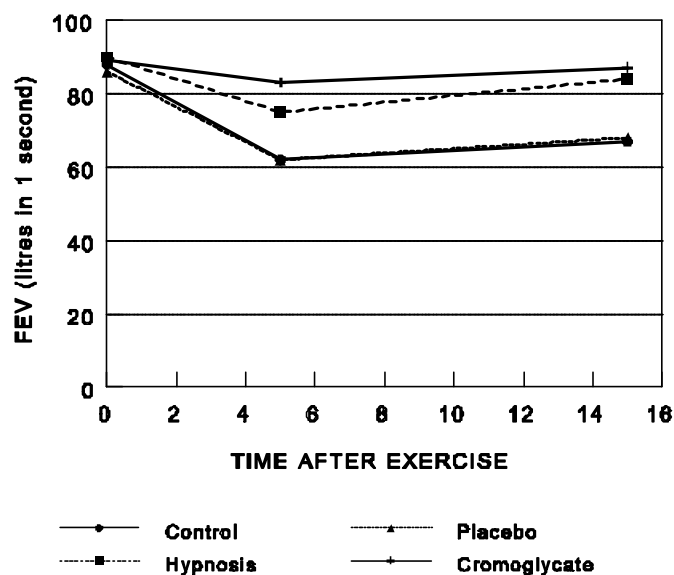


Figure 5. Changes in forced expiratory volume before exercise and 5 and 15 minutes after completion of exercise in asthmatics who had no intervention (control), inhalation of saline (placebo), inhalation of cromoglycate or hypnosis.

when the intervention is extended over a long time. Consequently, Dr Ben-Zvi and colleagues from the department of pediatrics at Mount Sinai School of Medicine in New York, USA examined the effects of hypnosis on asthma that was precipitated by exercise (see section on asthma in the chapter on acupuncture). They studied 10 adults in whom asthma was induced by running on a tread-mill and measured their air flow. Effects were measured in the same patients with no intervention (controls), with hypnosis, or with the inhalation of either a drug that prevents asthma called sodium cromoglycate or saline as a placebo.

They reported their findings in a paper¹⁷ called "Hypnosis for exercise-induced asthma". The fall in FEV₁ that was induced by exercise was largely inhibited by cromoglycate and to a large extent by hypnosis (Figure 5). The authors concluded that hypnosis reduced bronchospasm (narrowing of the airways) induced by exercise in asthmatics.

Yet another trial of 39 patients showed improved symptoms (41%), reduced use of

¹⁷Ben-Zvi Z, Spohn WA, Young SH, Kattan M. *American Review of Respiratory Diseases* 125: 392-395, 1982

bronchodilators (26%) and a very small improvement in airflow as measured by the peak expiratory flow rate [which measures the fastest that air is blown through a tube] (5%) in subjects who were highly susceptible to hypnosis. This compared with no significant changes in control subjects or patients who had a low susceptibility to hypnosis.¹⁸

Finally, a series of 16 patients with severe asthma poorly controlled with drugs were hypnotised repeatedly by autohypnosis for one year. Although there were no consistent effects on air flow, there was an improvement in symptoms and the number of hospital admissions fell from 44 in the year before starting hypnotherapy to 13 in the year after.¹⁹ What can one conclude from these various studies? Hypnosis is clearly no panacea for asthma but it may have some value in a few individuals, particularly if they are highly susceptible to hypnosis. The major benefit seems to relate to the perception of his or her illness rather than a dramatic effect in relieving airflow obstruction. If an asthmatic is motivated to try the effects of hypnotherapy, it may be worth a go, but one must not be too disappointed if the benefit is minimal.

Does hypnosis help relieve the irritable bowel syndrome?

Irritable bowel syndrome is a condition that affects up to 15% of the population from time to time. It is a disorder of the bowel and is characterised by abdominal pain and distension, a “nervous stomach”, and changing bowel habits, that is, diarrhoea, constipation, or both alternating with each other. The cause is not known but the syndrome is perhaps underlain by, and certainly worsened by, psychological factors. Conventional treatments include reassurance that the patient does not have cancer or other serious disorder, encouragement of the consumption of bulk vegetable fibres, drugs to relieve anxiety or depression, and psychological relaxation. Often these various measures fail.

It is against this background that the effects of hypnotherapy have been studied. Dr PJ Whorwhell and his colleagues from the department of medicine in the University Hospital of South Manchester in England studied 30 men and women aged 24-53 years with severe irritable bowel syndrome that had not responded to any other treatment. The severity of irritable bowel syndrome was scored using a diary of symptoms before, during and after treatment. Patients were randomly assigned to receive either supportive psychotherapy plus a placebo capsule or hypnotherapy which entailed seven half-hour sessions over three months as well as autohypnosis. Suggestions were made to hypnotised patients about their general state of relaxation and the activity of their bowels.

¹⁸Ewer T, Stewart DE. Improvement in bronchial hyper-responsiveness in patients with moderate asthma after treatment with a hypnotic technique: randomised controlled trial. *British Medical Journal* ii: 1129-1132, 1986

¹⁹Morrison JB. Chronic asthma and improvement with relaxation induced by hypnotherapy. *Journal of the Royal Society of Medicine* 81: 701-704, 1988

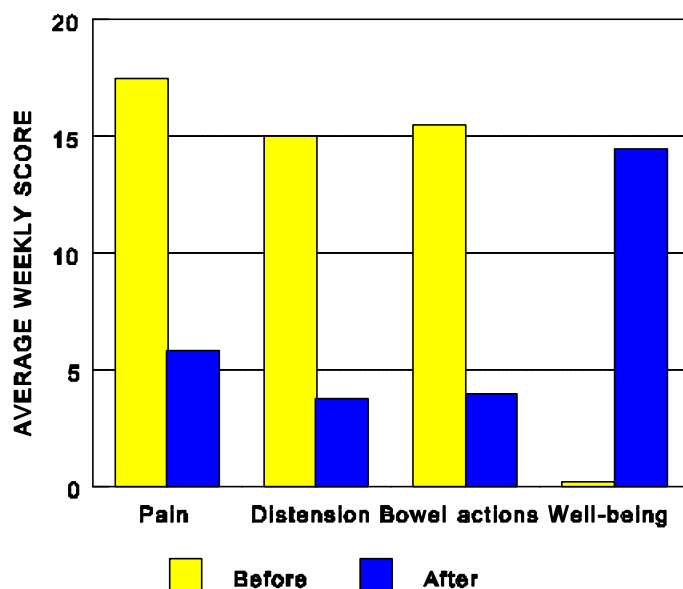


Figure 6. Changes in abdominal pain and distension, number of bowel actions per week, and state of well-being before and after hypnotherapy.

The authors reported their results in a paper²⁰ entitled “Controlled trial of hypnotherapy in the treatment of severe refractory irritable-bowel syndrome”. There was a significant reduction in abdominal pain (Figure 6) and a similar fall was noted in abdominal distension. Further, there was a reciprocal improvement in the score for general well-being and a marked fall in the number of bowel actions in hypnotised patients. Not surprisingly, the authors concluded that hypnotherapy was useful in the management of irritable bowel syndrome but since it was time-consuming, recommended its use only in patients with severe, refractory disease. Subsequently, the same 15 patients who had received hypnotherapy were followed for 18 months and the effects were generally sustained²¹. Furthermore, another 35 patients were studied and similar results were obtained (Figure 7).

Supportive evidence was also provided in an unrelated study from Bristol in England in which it was found that 20 of 33 patients with very severe, refractory irritable bowel syndrome improved with hypnotherapy and that 11 of them lost almost all their

²⁰Whorwhell PJ, Prior A, Faragher EB. *The Lancet* ii: 1232-1233, 1984

²¹Whorwhell PJ, Prior A, Colgan SM. Hypnotherapy in severe irritable bowel syndrome: further experience. *Gut* 28: 423-425, 1987

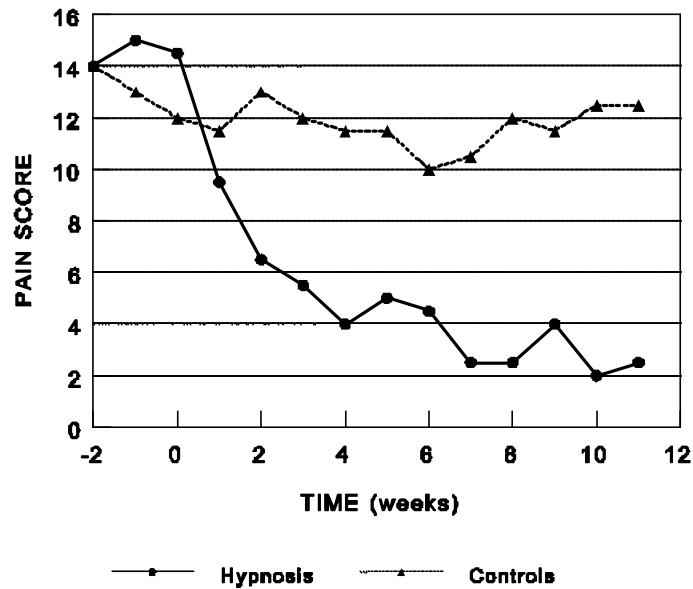


Figure 7. Changes in average weekly scores for abdominal pain before and during hypnotherapy compared with a control group.

symptoms.²²

There seems little doubt that hypnotherapy is well worth trying by patients who are troubled with the symptoms of irritable bowel syndrome and fail to respond to standard treatments. Perhaps it should be the next step after reassurance and simple dietary changes in patients in whom more serious diseases have been excluded by expert assessment.

Does hypnotherapy cure duodenal ulcers?

Duodenal ulcers are erosions of the lining of the duodenum which is the first part of the small intestine just below the stomach. Patients with this condition generally suffer from recurrent indigestion, often in the middle of the night and relieved by food, especially milk. Traditional treatments have included stopping smoking and the consumption of antacid mixtures and tablets to neutralise acid in the stomach. Unfortunately, such measures relieve symptoms rather than cure the ulcer. A new class of drugs that prevent the stomach from making acid was then developed; these medications healed ulcers but they

²²Harvey RF, Hinton RA, Gunary RM, Barry RE. Individual and group hypnotherapy in treatment of refractory irritable bowel syndrome. *The Lancet* i: 424-425, 1989

often recurred after the pills were stopped.

It was in this context that the same group of investigators who studied hypnotherapy in irritable bowel syndrome examined its effectiveness in patients with duodenal ulceration. They reported in 1988²³ that after one year, ulcers had recurred in 53% of patients given hypnotherapy but had recurred in all patients not given hypnotherapy. This was an advance. Since that time, however, it has become clear that duodenal ulceration is associated with infection with a bacterium called *Helicobacter pylori* and that eradication of this organism by antibiotic therapy usually cures patients permanently. This is now clearly the most appropriate method of treatment.

Is hypnosis beneficial in children who wet the bed?

Wetting the bed at night, technically called nocturnal enuresis, is a terribly embarrassing misfortune for many children. The cause is generally not known but emotional disturbances sometimes result from bed-wetting. Standard treatments include reassurance and encouragement, restricting fluids after the evening meal, the use of alarm systems to psychologically reinforce waking before wetting, and drugs that affect the function of the bladder. Often, none of these techniques is terribly successful.

Karen Olness MD, a paediatrician at George Washington University in Washington, DC in the United States, examined the effects of hypnotherapy in 40 children aged 4-16 years who suffered from bed-wetting. Children were hypnotised every 1-2 weeks until beds were dry. During hypnosis, the children were asked to look at a coin when they went to bed at night and say to themselves; "When I need to urinate I will wake up all by myself, go to the bathroom all by myself, urinate in the toilet, and return to my nice dry bed. I will go back to sleep."

She reported her results in a paper²⁴ called "The use of self-hypnosis in the treatment of childhood nocturnal enuresis". The children were followed for 6-28 months. Thirty-one of the 40 children were cured of bed-wetting, 6 improved and 3 did not change. Of the 31 children who completely stopped bed-wetting, 28 did so within one month of starting hypnotherapy.

Although this was not a controlled trial with a group that did not receive hypnotherapy, cessation of bed-wetting in 28 out of 40 children within one month seems most unlikely to have occurred by chance. These results are most encouraging. As far as I am aware, no-one else has done a further study to confirm or refute these enticing observations.

²³Colgan SM, Faragher EB, Whorwhell PJ. Controlled trial of hypnotherapy in relapse prevention of duodenal ulceration. *The Lancet* i: 1299-1300, 1988

²⁴Olness K. *Clinical Pediatrics* 14: 273-279, 1975

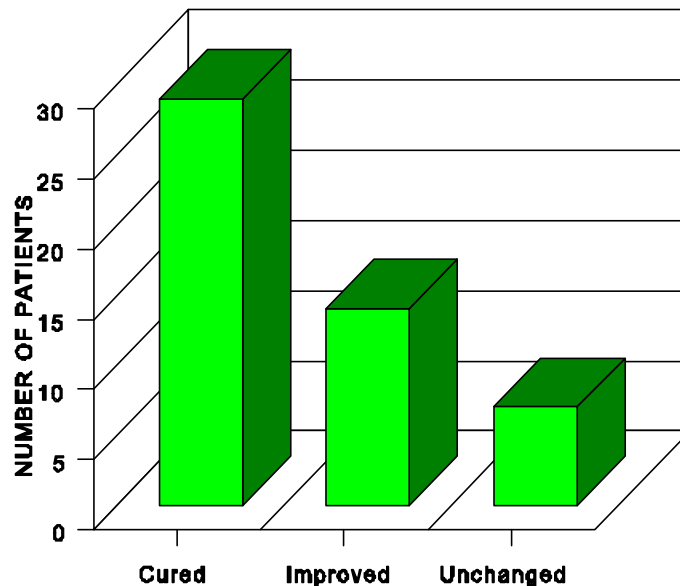


Figure 8. Numbers of patients with incontinence who were cured, improved or unchanged after hypnotherapy for one month.

Can hypnosis control urinary incontinence?

Urinary incontinence means being unable to hold urine in the bladder so that the pants are wet on coughing, sneezing or, sometimes, spontaneously. Patients often have what is called “urgency” - when you have got to go, you have got to go! This distressing condition occurs more commonly in women and can be a most incapacitating and embarrassing social problem. There are various causes for this syndrome, but one major cause is poor functioning of the muscles that cause the bladder to contract and expel urine on the one hand and to restrain emptying of the bladder on the other; this is known as “detrusor instability”. Treatment is very difficult but psychological re-training of the bladder sometimes helps.

Drs Freeman and Baxby from the department of urology at the Royal Infirmary in Dundee, Scotland decided to investigate the effects of hypnosis on 50 incontinent women. Therapy consisted of 12 sessions of hypnosis over one month with suggestions being made about ability to hold water. They reported their results in a paper²⁵ labelled “Hypnotherapy for incontinence caused by the unstable detrusor”. After one month, over half of the patients were symptom-free and many of the rest were improved (Figure 8).

²⁵Freeman RM, Baxby K. *British Medical Journal* i: 1831-1834, 1982

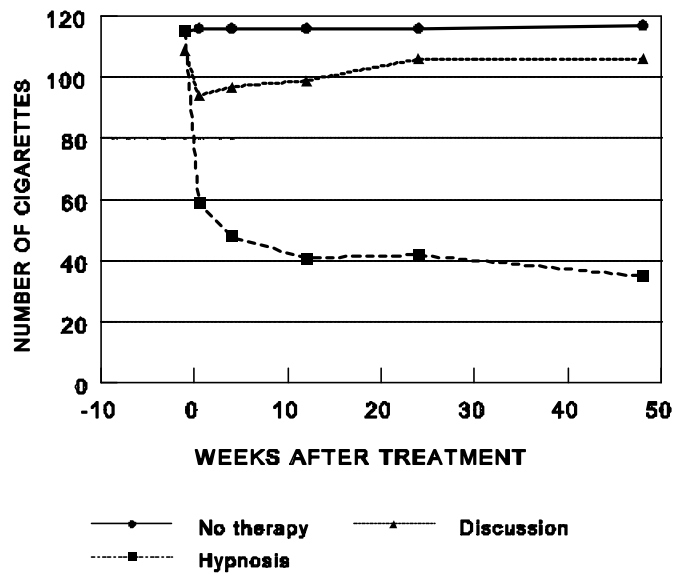


Figure 9. Numbers of cigarettes smoked per week in groups of smokers who received a single episode of hypnosis, group discussion or had no intervention.

The authors concluded that hypnotherapy is an effective treatment for patients with incontinence due to this form of bladder muscle dysfunction. The problem with this study is that it was uncontrolled. The investigators believed it to be unethical to ask incontinent women to serve as untreated controls. I do not believe that this argument is really valid as standard treatment could have been given to the control group. These encouraging results demand further rigorously controlled studies.

Can hypnotherapy help smokers to give up cigarettes?

Cigarette smoking is now well-recognised as a major cause of lung cancer and other malignancies, other forms of lung disease, and as a contributing factor in heart attacks and strokes. Besides, it is a filthy and expensive habit. The trouble is that smoking is addictive and difficult to give up. Does hypnosis help?

Simon Rabkin and his colleagues from the University of British Columbia and the University of Manitoba in Canada undertook a randomised controlled trial to compare the effects of hypnosis, health education and psychological behaviour therapy with a control group who had no treatment (it was delayed for six months). One hundred and sixty eight patients were entered into the trial and follow-up data were available after 3 weeks for

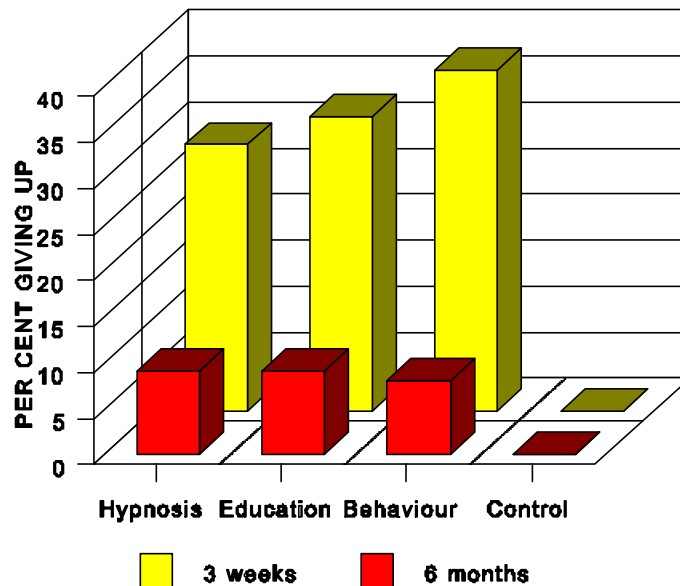


Figure 10. Percentage of smokers who had given up smoking 3 weeks and 6 months after receiving either hypnosis, education, behavioural modification or no intervention.

140 subjects.

They reported their results in a paper²⁶ entitled "A randomized trial comparing smoking cessation programs utilizing behaviour modification, health education or hypnosis". The numbers who had stopped smoking three weeks later are shown in Figure 9. Six months later, 89 of the 107 patients in the three intervention groups answered a questionnaire. The majority of those who had given up smoking at three weeks had relapsed and were smoking again. The authors concluded that all three approaches were equally successful in changing cigarette smoking behaviour. Perhaps it would be more appropriate to say that the three methods were equally ineffective.

In contrast stands another study by Donald Schubert from the psychology service at the Veterans' Administration Medical Center in Long Beach, California in the United States.²⁷ He compared the effects of hypnotherapy or relaxation or nothing in 87 cigarette smokers. Four months after treatment, 55% of patients in the hypnotherapy group, 58% in the relaxation group, and 7% of control subjects had quit smoking.

²⁶Rabkin SW, Boyko E, Shane F, Kaufert J. *Addictive Behaviors* 9: 157-173, 1984

²⁷Schubert DK. Comparison of hypnotherapy with systematic relaxation in the treatment of cigarette habituation. *Journal of Clinical Psychology* 39: 198-202, 1983

In another investigation²⁸, John Williams and David Hall from the University of Scranton in Pennsylvania, USA counted, at various intervals, the numbers of cigarettes smoked by 60 subjects who were either hypnotised once, participated in a discussion once (placebo control) or were told that they were placed on a waiting list for next year's cessation program (no-treatment controls). The results are shown in Figure 10. Clearly, there was sustained reduction in the numbers of cigarettes smoked, even after being hypnotised only once. On the other hand, Drs Valbo and Eide from The Buskerud Central Hospital in Norway examined the ability of hypnosis to help pregnant women give up smoking. Regrettably, only 10% of women in both the treatment and control groups were able to abandon the habit.²⁹

A rather bizarre study was carried out by a group of anaesthetists from the Alfred Hospital in Victoria, Australia³⁰. They randomly divided 363 smokers who were about to have a general anaesthetic into two groups. A taped message encouraging them to stop smoking was played while they were unconscious during anaesthesia to the first group while a blank tape was played to the second group. Not surprisingly, no difference was found between the two groups in the numbers who had given up smoking.

Thus, there is some discordance in published studies. Yet smoking is dreadful and smokers are often desperate to give it up. In these circumstances, if simpler measures have failed, it may well be worth trying hypnotherapy.

Does hypnosis help to lose weight?

Investigators at the Churchill Hospital in Oxford, England tested the effectiveness of hypnotherapy in losing weight.³¹ They investigated 60 who were so obese that they were having trouble breathing while asleep (sleep apnoea). The patients were divided randomly into groups and were given either dietary advice alone or hypnotherapy directed at stress reduction or eating less. After 3 months, all three groups had lost 2-3% of their body weight. After 18 months, only the group that received hypnotherapy for stress reduction had a statistically significant reduction in weight, averaging 3.8kg. Although this reduction satisfied the statisticians, the amount lost was very small and investigators considered to be of minimal value clinically.

²⁸Williams JM, Hall DW. Use of single session hypnosis for smoking cessation. *Addictive Behaviors* 13: 205-208, 1988

²⁹Valbo A, Eide T. Smoking cessation in pregnancy: the effect of hypnosis in a randomized study. *Addictive Behaviors* 21: 29-35, 1996

³⁰Myles PS et al. Double-blind, randomized trial of cessation of smoking after audiotape suggestion during anaesthesia. *British Journal of Anaesthesia* 76: 694-698, 1996

³¹Stradling J, Roberts D, Wilson A, Lovelock F. Controlled trial of hypnotherapy for weight loss in patients with obstructive sleep apnoea. *Journal of Obesity and Related Metabolic Disorders* 22:278-281, 1998

Does hypnosis reduce bleeding in haemophilia?

Haemophilia is an inherited disorder of the blood, usually affecting males, which predisposes sufferers to bleeding following minor injuries. The most common form of haemophilia is due to a deficiency of a special protein in the blood called factor VIII which is required for clots to form properly. Haemophiliacs often require intravenous injections of factor VIII. This is expensive and hazardous if it is prepared from human blood as certain viruses may be transmitted. It has been claimed in very limited studies that hypnosis may reduce the requirements for factor VIII transfusions^{32,33} but this suggestion needs confirmation.

Can hypnosis help relieve pain in cancer?

Pain is one of the most distressing features of cancer. Cancer is described briefly in the chapter on meditation. The pain may be caused by the disease itself or by special tests that may be carried out in cancer patients, such as aspirating bone marrow or performing a lumbar puncture. A number of studies have been undertaken to see whether hypnosis is helpful in these circumstances.

Lonnie Zeltzer MD and Samuel LeBaron PhD from the University of Texas Health Center in San Antonio, Texas in the United States studied 33 patients aged 6-17 years who were suffering from cancer and had either multiple bone marrow aspirations or lumbar punctures. Pain and anxiety were rated by the patients, by a paediatrician and by a psychologist during the initial procedures. They were then randomly assigned to receive either hypnosis or a non-hypnotic technique including a combination of deep breathing and distraction during the next procedure. The authors reported their results in a paper³⁴ entitled "Hypnosis and nonhypnotic techniques for reduction of pain and anxiety during painful procedures in children and adolescents with cancer". There was a 40% reduction in pain in hypnotised patients compared with a 10% decline in children otherwise distracted. Similarly, anxiety was reduced by 30% and 13% in the two groups, respectively. The authors concluded that hypnosis was useful in these situations.

In a similar study³⁵, Dr Ernest Katz and colleagues from the University of California Los Angeles School of Medicine examined the effects of hypnosis in comparison to simply playing with children in 36 children with acute leukaemia who had repeated bone marrow aspirations. Both interventions improved self-reported distress, with no differences between the two techniques.

³²LaBaw WL. Auto-hypnosis in haemophilia. *Haematologia* 9: 103-110, 1975

³³LaBaw W. The use of hypnosis with hemophilia. *Psychiatric Medicine* 10: 89-98, 1992

³⁴Zeltzer L, LeBaron M. *Journal of Pediatrics* 101: 1032-1035, 1982

³⁵Katz ER, Kellerman J, Ellenberg L. Hypnosis in the reduction of acute pain and distress in children with cancer. *Journal of Pediatric Psychology* 12: 379-394, 1987

A controlled trial³⁶ was undertaken by Dr Karen Syrjala and colleagues from the Fred Hutchinson Cancer Research Center in Seattle, Washington, USA. They looked at the effects of hypnosis on symptoms in 45 cancer patients with leukaemia and lymphoma who received bone marrow transplants. One of the problems these patients encounter is pain in the mouth due to ulceration of the lining of the oral cavity. Patients were randomly allocated to receive either hypnosis, training in coping skills, contact with a therapist, or no particular intervention. Pain and nausea were measured by a number of scoring systems. Hypnosis reduced mouth pain by about 30% but had no effect on nausea. The numbers of medications needed to relieve pain or nausea were not reduced in hypnotised patients.

There have been few studies of the effects of hypnosis on other forms of cancer but Dr David Spiegel from the Stanford University School of Medicine in California considers that hypnosis reduces pain in women with breast cancer. He claims that self-hypnosis, which is easy to teach patients, is a helpful adjunct to other forms of treatment in controlling pain, reducing dependence upon pain-killing medications, and gives patients a sense of mastery over their illness.³⁷ I do not believe this view is proven but hypnosis may be worth trying by a cancer sufferer who is in distress.

Can hypnosis ameliorate the pain of childbirth?

Most women suffer severe pain during labour. Various methods have been proposed to relieve these pains. One of the first studies of the value of hypnotherapy in relieving the pain of childbirth was reported as long ago as 1950 by Drs Abramson and Heron from the University of Minnesota in the United States.

They studied 188 women, 100 of whom were given hypnosis during pregnancy for an average of four occasions and again at delivery. There was a 16% reduction in pain-killers given to hypnotised women during childbirth and the duration of childbirth was shortened by about 25% in women who were having their first baby. They concluded that training in hypnosis during pregnancy can be of benefit.³⁸ One problem with this trial, however, is that the authors do not appear to have randomly allocated patients to the hypnosis and control groups.

Similarly, Dr AM Michael from the department of obstetrics and gynaecology at St Helier Hospital in Surrey, England studied 30 women who were hypnotised during pregnancy and during childbirth. He claimed that 76% of women had “completely painless labours” without receiving any drug whatsoever and that the duration of labour

³⁶Syrjala KL, Cummings C, Donalson GW. Hypnosis or cognitive behavioral training for the reduction of pain and nausea during cancer treatment: a controlled clinical trial. *Pain* 48: 137-146, 1992

³⁷Spiegel D. The use of hypnosis in controlling cancer pain. *CA-A Cancer Journal for Clinicians* 35: 221-231, 1985

³⁸Abramson M, Heron WT. An objective evaluation of hypnosis in obstetrics. *American Journal of Obstetrics and Gynecology* 59: 1069-1074, 1950

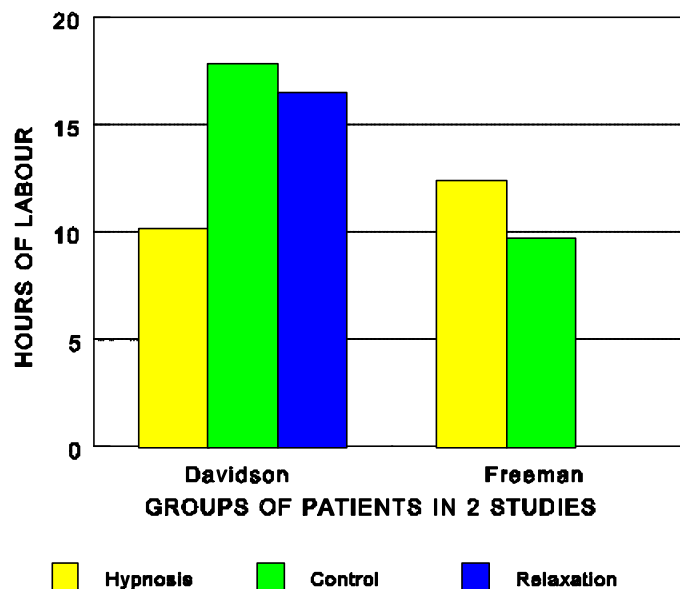


Figure 11. Two studies of the effects of hypnosis on duration of labour in women having their first baby. In the study by Davidson the length of labour was shorter in hypnotised women compared with women who had no intervention (controls) or were taught relaxation. The reverse findings were made by Freeman and colleagues.

was reduced in women having their first child.³⁹ Again there were problems with the control group which was derived retrospectively and no information was given about pain in this group.

A further investigation was then reported by Dr Josephine Davidson, an obstetrician at the Cumberland Infirmary in Carlisle in the United Kingdom. She studied 210 pregnant women who were divided into three groups that were taught autohypnosis in pregnancy, physiotherapy relaxation exercises, or had no special training. Within each group of 70 women, 45 were having their first baby. Again there were problems with the design of the experiment in that women were able to choose which group they entered. Older women having their first baby, the anxious, and those who had had difficult previous pregnancies were encouraged to try hypnosis, so it might be supposed that these women might have longer or more difficult labours.

She reported her findings in a paper⁴⁰ entitled "An assessment of the value of hypnosis

³⁹Michael AM. Hypnosis in childbirth. *British Medical Journal* i: 734-737, 1952

⁴⁰Davidson JA. *British Medical Journal* ii: 951-953, 1962

in pregnancy and labour". There was a significant reduction in the length of labour in women having their first child who were hypnotised (Figure 11). Similarly, there was less use of anaesthesia or pain-killers in hypnotised women with 55% of women not requiring these agents whereas almost all women in the other two groups did require them.

Again, in another non-randomised poorly controlled study comparing hypnosis with conventional relaxation in a general practice setting, labour was shortened in hypnotised women.⁴¹

In contrast to these suggestive findings stands the report by a group of investigators from St. George's Hospital Medical School in London, England.⁴² They randomly allocated 82 women having their first baby to receive either hypnosis or to a control group. Hypnotised women were seen weekly from the 32nd week of pregnancy and suggestions were made to them to imagine warmth and anaesthesia in one hand and this was transferred to the abdomen. This time, the duration of labour was actually longer in the hypnotised women (12.4 hours compared with 9.7 hours) and there were no differences in pain relief. These results are disappointing but it is important to remember that in contrast to the previous studies, this was a properly randomised, prospective control trial and is more likely to be correct. Nevertheless, the authors remarked that it is reasonable to comply with a request by a patient for hypnosis in labour.

Awaiting judgement

Hypnotherapists claim success in a wide range of conditions. Many of these claims have been subjected to formal assessment but a number of conditions have yet to be examined (Table 2). Some of these seem worthy of investigation and many doubtless will be examined over the next few years.

Risks of hypnotherapy

There seem to be few risks to hypnosis in most instances. The major potential dangers are self-diagnosis and referral to a non-medical hypnotist or management by an inadequately trained practitioner which may result in a delay in correct diagnosis and the institution of more appropriate therapy. There are, however, several psychiatric conditions in which hypnotherapy may be hazardous. These include psychotic disorders such as schizophrenia and moderate to severe depression, as well as an illness known as hysteria or conversion disorder. These are all complex conditions and expert psychiatric advice should be

⁴¹Brann LR, Guzvica SA. Comparison of hypnosis with conventional relaxation for antenatal and intrapartum use: a feasibility study in general practice. *Journal of the Royal College of General Practitioners* 37: 437-440, 1987

⁴²Freeman RM, Macaulay AJ, Eve L, Chamberlain GVP, Bhat AV. Randomised trial for self-hypnosis for analgesia in labour. *British Medical Journal* i: 657-658, 1986

Table 2. Conditions for which efficacy of hypnotherapy is claimed (+) in a range of books^{43,44,45,46} on alternative medicine. Diseases marked in bold have been formally tested and are described in this chapter.

	Fulder	Collison	Readers' Digest	Waxman
alcohol addiction		+	+	+
allergy	+		+	
anorexia				+
anxiety	+	+	+	+
arthritic pain	+			
asthma	+	+	+	+
bedwetting		+		+
burns		+		
cancer		+		
cigarette addiction	+	+	+	+
dental procedures		+		+
depression		+		+
dermatitis	+		+	
fibrositis				+
gambling				+
headache				+
high blood pressure		+		
digestive upsets			+	+
insomnia	+	+	+	+
irritable bowel syndrome			+	+
menstrual upsets	+	+		
migraine	+	+	+	+
nail-biting		+		+
obesity	+	+		+
pain relief				+
pain in cancer	+			
pain in childbirth		+		+
phobias	+	+	+	+
sexual disorders	+	+		+
skin disorders				+
smoking cessation	+	+		+
stammering		+		+

⁴³Fulder S. *The handbook of complementary medicine*. Oxford University Press, Oxford, 1988

⁴⁴Collison DR, Hall T. *Understanding hypnosis*. William Heinemann Australia, Richmond, 1989

⁴⁵*The Reader's Digest guide to alternative medicine*. Reader's Digest, Sydney, 1992

⁴⁶Waxman D. *Hypnosis*. George Allen and Unwin, London, 1981

	Fulder	Collison	Readers' Digest	Waxman
stress	+		+	
thumb-sucking		+		
tics		+		+
tremor	+			
ulcers	+	+		
warts	+	+	+	

sought.

Conclusions

Hypnosis is in essence the power of suggestion. It has been known for generations and has been practised to some degree within the orthodox medical profession for two centuries as well as by non-medical therapists. Within the last few decades, objective evidence has begun to emerge indicating that hypnotherapy may be of some value for a number of conditions. These include certain skin diseases such as warts and hives, patients who suffer from irritable bowel syndrome, bed-wetters, and women with urinary incontinence. There is less certainty about the efficacy of this approach for patients with ringing in the ears, asthma, cancer causing pain and the pain of childbirth, or for those who wish to give up smoking. Even in the latter circumstances, it may be worth trying hypnotherapy, particularly if the patient is easily hypnotisable, to see if there is a useful effect. Indeed, hypnotherapy is:

Sometimes suggested