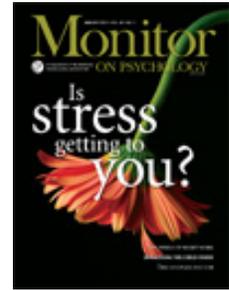


[<http://www.apa.org/monitor/2011/01/hypnosis.aspx>]



Hypnosis today

Hypnosis continues to show promise in reducing pain and soothing anxiety, although the research is still inconclusive about its success in smoking cessation.

By Brendan L. Smith

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The first task for many psychologists who use hypnosis is telling patients what hypnosis is and what it isn't.

"If you watch hypnosis on TV, the subject always ends up clucking like a chicken, being naked or assassinating a president," says Eric Willmarth, PhD, founder of Michigan Behavioral Consultants and past president of [APA Div. 30](#) (Society of Psychological Hypnosis).

Even though stage hypnotists and TV shows have damaged the public image of hypnosis, a growing body of scientific research supports its benefits in treating a wide range of conditions, including pain, depression, anxiety and phobias.

"Hypnosis works and the empirical support is unequivocal in that regard. It really does help people," says Michael Yapko, PhD, a psychologist and fellow of the American Society of Clinical Hypnosis. "But hypnosis isn't a therapy in and of itself. Most people wouldn't regard it that way."

Hypnosis can create a highly relaxed state of inner concentration and focused attention for patients, and the technique can be tailored to different treatment methods, such as cognitive-behavioral therapy. Patients also can become more empowered by learning to hypnotize themselves at home to reduce chronic pain, improve sleep, or alleviate some symptoms of depression or anxiety.

Hypnosis has been used for centuries for pain control, including during the Civil War when Army surgeons hypnotized injured soldiers before amputations. Recent studies have confirmed its effectiveness as a tool to reduce pain. Among the leading researchers in the field is Guy H. Montgomery, PhD, a psychologist who has conducted extensive research on hypnosis and pain management at Mount Sinai School of Medicine, where he is director of the Integrative Behavioral Medicine Program.

In one study, Montgomery and colleagues tested the effectiveness of a 15-minute pre-surgery hypnosis session versus an empathic listening session in a clinical trial with 200 breast cancer patients. In a 2007 article in the *Journal of the National Cancer Institute* (Vol. 99, No. 17), the team reported that patients who received hypnosis reported less post-surgical pain, nausea, fatigue and discomfort. The study also found that the hospital saved \$772 per patient in the hypnosis group, mainly due to reduced surgical time. Patients who were hypnotized required less of the analgesic lidocaine and the sedative propofol during surgery.

"Hypnosis helps patients to reduce their distress and have positive expectations about the outcomes of surgery," Montgomery says. "I don't think there is any magic or mind control."

In a 2009 article in *Health Psychology* (Vol. 28, No. 3), Montgomery and colleagues reported on another study, which found that a combination of hypnosis and cognitive-behavioral therapy could reduce fatigue for breast cancer patients undergoing radiation therapy.

Research has also shown the benefits of hypnosis for burn victims. In a 2007 report in *Rehabilitation Psychology* (Vol. 52, No. 3), Shelley Wiechman Askay, PhD, David R. Patterson, PhD, and colleagues at

the University of Washington Medical School found that hypnosis before wound debridements significantly reduced pain reported by patients on one pain rating questionnaire.

No cure-all

People vary widely in their ability to respond to hypnotic suggestions, a trait which can be measured by standardized scales. But it isn't well understood what causes the varying levels of "hypnotizability" or their significance.

Yapko says few clinicians use hypnotizability scales because responses to a structured test don't predict how a patient will respond to hypnosis in treatment. He served as guest editor for a recent special issue of the *International Journal of Clinical and Experimental Hypnosis* (Vol. 58, No. 2) that examined research on hypnosis and depression. In an editorial, Yapko urged more research and a rejection of outdated views that hypnosis can precipitate suicide or psychosis in depressed patients. Other articles examined how hypnosis can be integrated with cognitive-behavioral therapy or used with depressed patients and their families.

Willmarth says he doesn't always use hypnotizability scales with his patients, but will try a hypnosis session and measure the patient's response to see if it is effective. "You have to be a little bit willing to fail in order to do it often enough to succeed," he says.

Hypnosis may not succeed in all cases and can actually be detrimental in some instances, especially in the realm of retrieving memories.

Joseph P. Green, PhD, a psychology professor at Ohio State University at Lima, has researched how hypnotic suggestions can produce distorted or false memories. He also found that people may believe hypnotically induced memories are more reliable, mirroring a mistaken cultural belief that hypnosis acts like a truth serum. Hypnosis is "on thin ice" when used to recover memories, as is the case with most other memory retrieval techniques, Green says.

Hypnosis got a bad name in the 1990s when some therapists convinced patients they had been molested or abused as children because of hypnotically induced memories, which often had no evidence to support them. As a result, many innocent people were wrongly accused of abuse in hundreds of court cases, Yapko says.

"People didn't really understand the suggestibility of memory," he says. "That whole issue has pretty much fallen by the wayside now" because of advances in research.

In a 2007 decision, the Supreme Court of Canada established a precedent that post-hypnosis evidence is inadmissible in court because of its unreliability. In *R. v. Trochym*, the court overturned a murder conviction after a witness changed her timeline of events following a hypnosis session that was requested by detectives. The jury wasn't told that the witness had been hypnotized or that she had changed her recollection.

"In sum, while it is not generally accepted that hypnosis always produces unreliable memories, neither is it clear when hypnosis results in pseudo-memories or how a witness, scientist or trier of fact might distinguish between fabricated and accurate memories," the decision stated.

Up in smoke

Smokers also should be wary of the plethora of hypnosis programs and tapes peddled online with guarantees of instant success. "Despite the widespread use, the science warranting that popularity is suspect," Green says.

Green began studying hypnosis and smoking cessation more than 25 years ago after seeing overblown claims from itinerant hypnotists who held weekend sessions in hotels before moving on to the next town. In a January article in the *American Journal of Clinical Hypnosis* (Vol. 52, No. 3), Green and Binghamton University psychology professor Steven Jay Lynn, PhD, wrote about the body of research on hypnosis and smoking cessation and found mixed results.

In a literature review published in 2000 (*International Journal of Clinical and Experimental Hypnosis*, Vol. 48, No. 2), Green and Lynn analyzed 59 studies on hypnosis and smoking cessation. While hypnosis was more successful than no treatment, it was generally equivalent to other smoking-cessation methods.

However, many studies had combined hypnosis with cognitive-behavioral therapy or other treatment methods, so it was impossible to determine the effectiveness of hypnosis alone. Green says hypnosis may help smokers quit, but more research needs to be done. In a 2008 report published by the Cochrane Library, Neil C. Abbot, operations director for ME Research UK, and colleagues examined nine randomized trials and also found insufficient evidence to recommend hypnosis as a specific treatment for smoking cessation.

Learning the ropes

While more research is being conducted on the benefits of hypnosis, graduate schools are lagging behind in incorporating hypnosis training into psychology programs, say Yapko, Willmarth and Montgomery. "The universities have really dropped the ball by thinking hypnosis is a sideshow rather than being relevant to effective psychotherapy," Yapko says.

Some graduate schools may not be convinced of the effectiveness of hypnosis or the research supporting its use, but other schools have developed clinical hypnosis classes, including Saybrook University's Graduate College of Mind-Body Medicine in San Francisco, where Willmarth teaches a hypnosis course. At Washington State University, psychology professor Arreed Barabasz, PhD, directs the hypnosis laboratory and teaches graduate-level hypnosis courses and research seminars. He also is editor-in-chief of the *International Journal of Clinical and Experimental Hypnosis*.

Since many psychologists have never taken a hypnosis class as part of their education, they often seek training later in their careers. It can be bewildering to find a class, though, since a search for "hypnosis training" generates more than 600,000 hits on Google.

"You can go anyplace on the weekend and get a hypnosis certification," Willmarth says. "You have thousands of lay hypnosis schools that are willing to train anyone who will pay the tuition."

To make sure psychologists don't end up with charlatan teachers, Willmarth recommends courses approved by the American Society of Clinical Hypnosis. ASCH also offers a certification in clinical hypnosis for licensed health-care professionals with at least a master's degree. Certification requires at least 40 hours of ASCH-approved workshop training, 20 hours of individualized training and two years of independent practice using clinical hypnosis.

Willmarth says interest in clinical hypnosis is growing and more psychologists are learning how hypnosis can help their patients.

"It goes in waves," he says. "Right now, we're on an upswing."

Further reading

- Patterson, D.R. (2010) *Clinical Hypnosis for Pain Control*. Washington, DC: APA.