What Do We Know and When Do We Know It?  
Hypnosis Research, Cochrane Reviews, and Evidence-Based Medicine

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Albert Einstein wrote, “We can understand almost anything, but we can’t understand how we understand.” In pragmatic terms, though, how we understand is exactly what we must specify. In order for knowledge to be communicated among researchers and practitioners, we require agreements specifying how and when we know something. We can think of research methodologies as representing a consensus, which develops over time, of how to know. When results obtained by accepted methods reach specified levels of significance, we agree that an effect has been demonstrated adequately to be added to our fund of knowledge, or at least to merit further study. The wrinkle in this neat description, of course, is that there is not universal agreement as to what the standards should be. Some scholarly journals are more highly regarded than others; universities are not all equally demanding; and not all fields of scientific endeavor are considered to be equally rigorous or “scientific” by those in other disciplines.

Clinical research involving treatment of human beings is especially vulnerable to criticism of its rigor. Moreover, research involving hypnotic treatments must address and overcome a particular historical handicap. We must respond to skepticism about what hypnosis is (and our own lack of agreement about this) and whether it is real. This adds special considerations and importance to the design of studies that demonstrate whether it is indeed the hypnosis that is responsible for the benefits when clinical results are shown.

The pages of this and other scholarly journals are filled with studies that predict, describe and measure the effects of hypnotic interventions. Yet our methodologies and body of knowledge have not, thus far, led to widespread understanding and acceptance of the power and healing potential of clinical hypnosis. As one important example, the World Health Organization (WHO) does not recognize hypnosis as an effective intervention (for anything) because the studies that could demonstrate effectiveness according to its criteria for Evidence-Based Medicine are only now being carried out. Without this recognition, there are real limitations to the ability of those within the professional hypnosis community to apply techniques that we believe we know are effective, to teach these techniques, and even, in some ways, to carry out further research.

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The vehicle by which the effectiveness of an intervention is established according to the WHO standards is the Cochrane review. The Cochrane process involves the preparation and dissemination of systematic reviews of the literature on a specified intervention. Studies must be compared according to the strength of their research design (e.g., what controls were used? were trials randomized?) and of their statistical analyses and results. Studies which replicate or fail to replicate earlier results must be considered. Since hypnosis is used in so many clinical applications (for chronic and acute pain from different sources, for procedural pain, for gastrointestinal problems, for allergies and asthma, for side effects of cancer treatment, to name but a few), many separate Cochrane reviews will be needed. Hypnosis would not be named an effective intervention in an overarching way, but separately, for each well-defined type of medical problem for which studies were reviewed with sufficiently positive summaries. Reviews are underway in the areas of chronic pain, procedural pain, and others; separate reviews are being carried out with adults and with children (M.P. Jensen, personal communication, March and April 2006).

Why is it important for readers of this journal to be aware of this process? Within the United States and other developed Western countries, our own standards for research, and for what we define as clinically useful knowledge, have served us well in many ways. But as hypnosis gains international and interdisciplinary recognition for meeting the same standards required for other interventions accepted as effective, resources for the provision of care, and for the training of providers of hypnotic treatment, may become more available, and obstacles to such provision and training may be minimized. In regions and nations where access to pain medications, anesthesia, psychotherapy and other forms of care is severely limited, hypnotic interventions have a particularly great contribution to make. Olness, for example, is working to provide self-hypnosis training to children with painful illnesses or in need of painful procedures in countries without pain medications, and to provide basic hypnosis workshops to health care providers so they can further this work (K. Olness, personal communication, March 2006). Even within our own clinical and research communities, the credibility of hypnotic treatments will be enhanced as reviews are done which demonstrate the effectiveness of hypnosis according to the respected structure of Cochrane reviews. The emphasis placed by this structured review process on carefully controlled studies, a long and especially intriguing problem for hypnosis research, could benefit our literature if more research is designed with an eye toward inclusion in future systematic reviews. And those reviews, in turn, reveal important questions that can guide further research.

As improving technology continues to facilitate more research in the neuroscience of hypnosis, as societies struggle to provide cost-effective health care, and as consumers in our own society express increasing interest in treatment modalities that lessen dependence on drugs, it becomes even more important for researchers and clinicians alike to be able to communicate to our colleagues, our patients and the public what is known about hypnosis, and how we know it. It will be useful to all of us to finally be able to state that hypnosis is recognized as an effective intervention – that our knowledge compares directly with knowledge in other health care fields. At present, the Cochrane reviews represent an international standard. Meeting this standard will allow us to claim hypnotic interventions as effective evidence-based medicine.