International Literature Reviews

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The authors of this study describe it as the first controlled comparison of hypnotically facilitated psychotherapy with a well established psychotherapy for depression. The study examines an interesting intervention which combines hypnotic methods with elements of cognitive behavioral therapy and refer to their integration as cognitive hypnotherapy. The hypnotic elements of cognitive hypnotherapy include self-hypnotic training in using relation based hypnotic inductions, ego strengthening suggestions, suggestions for enhancing positive emotional awareness, positive mood induction, and posthypnotic suggestions. The cognitive behavioral elements of cognitive hypnotherapy were derived from a well known manualized form of cognitive behavior therapy produced by Aaron Beck and his colleagues. The authors compared cognitive hypnotherapy to cognitive behavior therapy alone in a study of 84 patients with depression who were randomly assigned to receive one of the treatment methods for 16 weeks. The patients were monitored for symptom improvement using the Beck Depression Inventory, Beck Anxiety Inventory, and Beck Hopelessness Scale at weeks 1, 4, 8, 12, and 16 during treatment. The patients were also re-administered the instruments at 6-months and 12-months post treatment. The patients were also assessed for hypnotic ability using the Barber Suggestibility Scale. Both treatment groups demonstrated significant changes in symptom improvement compared to baseline levels. The cognitive hypnotherapy group showed significantly higher reductions in all three symptom inventories compared to the cognitive behavior therapy group without hypnosis. The effect size was calculated to range from 5% to 8% greater symptom improvement for the three measures. Furthermore, the enhanced benefit of cognitive hypnotherapy versus cognitive behavior therapy by itself was maintained at 6 month and 12 month follow-ups. The authors also reported that the moderate to highly hypnotizables patients received more clinical benefit from the intervention. There were also moderate and significant correlations between hypnotic susceptibility and symptom improvement for some of the individual instruments such as the Beck Depression Inventory at a variety of points in the study’s timeline. The authors conclude that their study establishes cognitive hypnotherapy as a probably efficacious treatment for depression according to the criteria of the American Psychological Association.

Address for reprints: Assen Alladin, Ph.D., R.Psych., Department of Psychology,
Alladin, A., Sabatini, L., & Amundson, J. K. (2007). What should we mean by empirical validation in hypnotherapy: Evidence-based practice in clinical hypnosis. *International Journal of Clinical and Experimental Hypnosis, 55*(2), 115-130. This is a very useful article which reviews the history, methods, and controversies surrounding the empirical validation of psychotherapeutic techniques. I highly recommend that our readers obtain copies of this issue and the next issue of the *International Journal of Clinical and Experimental Hypnosis* since they are special issue editions that focus on evidence based perspectives on clinical hypnosis. Everyone could find something useful in these articles that might validate the work they are doing or suggest alternatives based upon their empirical efficacy. The authors discuss the relative advantages and disadvantages to the evidence-based practice approach and their implications for validating the clinical uses of hypnosis. The authors make a number of useful suggestions for clinicians using hypnosis which seem designed to help one respect and balance the art and science of being a psychotherapist who utilizes hypnosis. The authors also make discuss some critical perspectives on how to improve future clinical research in hypnosis by addressing issues like how hypnosis not only reduces clinical syndromes but also frequently reduces the overall cost of healthcare for a patient through reducing the need to employ other more costly medical interventions like surgery. It is very easy to see how useful knowledge of evidence-based studies of clinical hypnosis could be when negotiating with a managed care agent or policy determining persons such as political and governmental leaders. Address for reprints: Assen Alladin, Ph.D., R.Psych., Department of Psychology, Foothills Medical Centre, 1403 29th Street NW, Calgary, AB T2N 2T9, Canada. Email address: assen.alladin@calgaryhealthregion.ca.

Brown, D. (2007). Evidence-based hypnotherapy for asthma: A critical review. *International Journal of Clinical and Experimental Hypnosis, 55*(2), 220-249. This article begins with a very useful summary of the basic pathophysiology of the body which leads to asthmatic conditions. Asthmatic conditions are described as occurring mainly though a pattern of chronic intermittent airway obstruction, hyper-responsiveness and irritability of the airway which results in bronchospasm, and inflammation of the airway tissues themselves. The author provides a through and excellent review of the literature on using hypnosis with asthmatic and other respiratory conditions which highlights how each study assessed the outcome for patients and how well the study met the standards for evidence-based medicine. A number of interesting points emerge in his analysis such as the need for future researchers to articulate and employ well-defined and specific therapeutic hypnotic suggestions to reduce asthmatic symptoms. The paper also reviews a number of interesting related topics such as waking suggestion, placebo phenomena, relaxation effects, breathing retraining, and how clinical outcomes have been related to hypnotic ability in some studies. The author concludes that there is sufficient evidence to validate that hypnosis is efficacious for managing emotional states that exacerbate airway obstruction and hyper-responsiveness that lead to the development of chronic intermittent asthmatic symptoms. The author also suggests that hypnosis is efficacious in alleviating the anticipatory anxiety prior to and during the symptoms of panic that commonly occur during an asthma attack. The author states that hypnosis is possibly efficacious for helping in managing symptoms and behavior management of asthmatic conditions, efficacious in coping with asthma attacks, possibly
efficacious in affecting the bronchomotor response, and that there is insufficient evidence to state whether hypnosis is efficacious in reducing the inflammation of the airway that is seen in about 50% of asthmatic sufferers. Address for reprints: Daniel Brown, Ph.D., & Associates, 997 Chestnut Street, Newton Upper Falls, MA 02464. Email: danbrown1@rcn.com.

Frederick, C. (2007). Hypnotically facilitated treatment of obsessive compulsive disorder: Can it be evidence-based? *International Journal of Clinical and Experimental Hypnosis, 55*(2), 189-206. This article provides an excellent review of the available evidence that hypnosis can be employed in helping patients with obsessive compulsive disorder (OCD). The author begins with a review of the essential psychopathology and etiology associated with OCD. The author laments the fact that no well controlled efficacy studies have yet been completed which study how hypnosis may be able to enhance the effectiveness of cognitive behavior therapy, exposure and response prevention, ego-enhancement, hypnoanalytic psychotherapy, and other strategies to reduce and alleviate the symptoms of OCD. However, the paper also provides a very useful discussion of the challenges that one must first overcome in order to undertake such a study given the complexity of issues and individual differences between patients with OCD. The author predicts that attempts to establish an evidence-based treatment for OCD will most likely take a great deal of effort and will not be successful in the near future. The paper also reviews a number of interesting issues in OCD such as the relationship between dissociative disorders and OCD. A number of investigators have previously discussed the relationship between OCD and dissociation such as Pierre Janet, Milton Erickson, Richard Kluft, and Claire Frederick herself.

The paper ends with an interesting case report of a 30-year-old dentist with OCD whose symptoms of contamination concerns interfered with his work as a dentist. The patient was typically wearing triple face masks and multiple layers of gloves in addition to engaging in obsessive and obsessional checking/ruminating behaviors that were disruptive to his clinical practice of dentistry. The patient’s clinical partner was demanding that he get treatment, but unfortunately 2 years of cognitive behavior therapy paired with psychopharmacological intervention (carried out by a previous clinician) did not result in any significant clinical improvement. The author describes how she began to employ a combination of work on developing the therapeutic alliance, cognitive behavioral thought stopping skills, and a variety of other coping skills derived from an ego enhancement perspective paired with fluoxetine to help the patient gain a small amount of mastery of his OCD symptoms. The patient is next described as making a complete recovery after a year of weekly ego state therapy sessions led to a remission of OCD symptoms that has been maintained at three years follow-up. The author uses the case to briefly outline the complexities of trying to create a manualized psychotherapy approach for OCD. Address for reprints: Claire Frederick, M.D., 15 Columbia Street, Suite 401, Bangor ME 04401. Email: montamat@mindspring.com.

Golden, W. L. (2007). Cognitive-behavioral hypnotherapy in the treatment of irritable bowel syndrome-induced agoraphobia. *International Journal of Clinical and Experimental Hypnosis, 55*(2), 131-146. This paper discusses the phenomena of irritable bowel syndrome induced agoraphobia and provides a detailed description of some intervention strategies that can be utilized to help these patients. The author begins with an excellent overview of how hypnosis and cognitive behavior therapy have each demonstrated themselves to be effective evidence-based clinical interventions that can alleviate the symptoms of irritable bowel syndrome-induced agoraphobia.
bowel syndrome (IBS). It is estimated that as much as 80 to 90% of patients treated with hypnosis or cognitive behavior therapy will respond positively to the treatment and demonstrate a significant reduction in clinical symptoms. A number of studies have also shown that these clinical benefits are maintained overtime such as several studies that have followed up with patients as long as 4 and 5 years after the treatment has been terminated.

The author discusses that the success of these approaches is very encouraging towards establishing their effectiveness with patients who have a co-morbid conditions such as agoraphobia that severely limit their levels of functioning and may exacerbate their symptoms of IBS. The author describes how some patients with IBS develop high levels of anxiety about the loss of control of their bowel movements that lead to their development of agoraphobia. A typical patient is described as suffering from anxiety that they may be trapped in a social situation such as riding a subway car where they may be unable to reach a bathroom and be faced with embarrassing IBS symptoms like uncontrollable diarrhea. Some of these patients have experienced panic attacks which further exacerbate the associated issues of agoraphobia. The author speculates that IBS patients such as these patients may not have commonly been represented in previous IBS studies with CBT and hypnosis since their anxiety and agoraphobia may have precluded their availability for participation with the research protocols. The author next describes how he has employed a variety of cognitive behavioral and hypnotic strategies to help these patients. The primary techniques which are described include hypnosis and self-hypnosis training, cognitive behavioral work which identifies their maladaptive cognitions, diaphragmatic breathing, and imaginal/in-vivo desensitization and response prevention. The author reports that he has used this approach with a total of 25 patients with IBS-induced agoraphobia with 23 of the patients showing a sufficient reduction in symptoms to allow them to travel to places that they had previously avoided. The author provides a number of useful suggestions for future studies that wish to establish that integrations of cognitive behavior therapy and hypnosis can be seen as effective evidence-based interventions for IBS-induced agoraphobia.

Hammond, D. C. (2007). Review of the efficacy of clinical hypnosis with headaches and migraines. *International Journal of Clinical and Experimental Hypnosis, 55*(2), 207-219. This article provides an excellent review of studies which have attempted to demonstrate that hypnosis can be utilized in the treatment of tension and migraine headaches. The author begins with a review of the literature on using hypnosis with pain in general. The evidence is very strong that hypnosis is in fact a specific and efficacious treatment method for treating clinical pain conditions using the criteria of the American Psychological Association and the National Health Institute. The remainder of the article is a very close review of studies which have used hypnosis for treating tension and migraine headaches. The author focuses on the outcome measures and provides some rich detail of the specific interventions and therapeutic suggestions that were employed in these studies. Many of these studies employ training in self-hypnosis, relaxation skills, and in imagery that has shown empirical efficacy in reducing the frequency and severity of headache symptoms. The author also reviews some studies of autogenics since its methods are very similar to self-hypnosis training and also it can be linked historically with the tradition of hypnosis. A few of these studies have also demonstrated that placebo based interventions have been successful in reducing headache frequency and severity. Some studies have also indicated that high hypnotizable patients
receive more benefit from hypnotic interventions for reducing headaches. The author concludes that the evidence definitely establishes that hypnosis has been proven to be a well-established treatment for tension and migraine headaches that is both efficacious and specific. The author also points to the cost benefits of using hypnosis with headaches and its freedom from major iatrogenic side effects or other adverse events. This paper could easily serve as an excellent introduction to using hypnosis with headaches that you may wish to distribute to allied medical colleagues such as neurologists who may not yet be aware of the benefits of hypnosis as established by evidence-based medicine. Address for reprints: D. Corydon Hammond, Ph.D., University of Utah School of Medicine, PM&R, 30 No. 1900 East, Salt Lake City, UT 84132-2119. Email: D.C.Hammond@utah.edu.

Lynn, S. J., & Cardeña, E. (2007). Hypnosis and the treatment of posttraumatic conditions: An evidence-based approach. *International Journal of Clinical and Experimental Hypnosis, 55*(2), 176-188. The authors provide an excellent review of the available evidence which demonstrates that hypnosis and cognitive behavioral therapies can be utilized to treat posttraumatic disorders such as posttraumatic stress disorder (PTSD). The authors begin with a useful historical analysis of how the psychotherapy and psychiatry traditions have attempted to address the problem of posttraumatic conditions such as PTSD which at one time was dramatically misunderstood to be a relatively infrequent occurrence. The authors next provide an excellent review of the fundamental psychopathology seen with acute stress disorder and PTSD. Hypnotic ability has been associated with being a risk factor for the development of some PTSD related symptoms in some previous studies of post traumatic conditions. The authors next provide some excellent assessment and treatment guidelines based upon previous empirical research. They discuss the use of exposure therapy, affect management, coping skills training prior to exposure therapy, mindfulness meditation, age progression and regression, cognitive restructuring, the spit screen technique, and other techniques that are hypnotic in nature or that can be combined with hypnotic approaches. The authors also provide an interesting case study of a patient who had been sexually abused and who suffered from intrusive flashbacks of the abuse that were cued by intimacy with her husband and other stimuli like cigar smoke. The therapist in this case utilized a variety of hypnotic and cognitive behavioral strategies to help the patient differentiate between her husband and her abusive grandfather. The patient was also taught a variety of coping skills involving imagery, cognitive restructuring, and self hypnosis. The therapist in this case reported that the patient was able reduce the intrusive imagery quickly after a few sessions and that patient reported being “flashback-free” at one year follow-up. The authors also discuss the importance of some family systems variables for the case such as the patient’s relationship with her mother.

The authors conclude the article with an overall judgment about the efficacy of hypnosis for treating posttraumatic conditions based upon the available evidence. They conclude that hypnosis is a promising intervention for treating posttraumatic conditions although it is not yet a proven strategy. They provide some recommendations for future research to establish hypnosis as an empirically validated therapy for posttraumatic conditions like PTSD. Address for reprints: Steven Jay Lynn, Ph.D., ABPP, Psychology Department, Binghamton University, Binghamton, NY 13902. Email: slynn@binghamton.edu.