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Abramowitz, E. G., Barak, Y., Ben-Avi, I., & Knobler, H. Y. (2008). Hypnotherapy in the treatment of chronic combat-related PTSD patients suffering from insomnia: A randomized, zolpidem-controlled clinical trial. International Journal of Clinical and Experimental Hypnosis, 56(3), 270-280. The authors of this study wished to examine the benefits of using hypnosis to treat patients with chronic symptoms of post traumatic stress disorder (PTSD). The participants were 32 patients being treated for chronic PTSD symptoms with a combination of selective serotonin reuptake inhibitors (SSRI) and supportive psychotherapy. The patients were randomized to a standard of care group and also to an add-on hypnosis intervention group. The 15 patients in the standard of care group received 10 milligrams of Zolpidem nightly for 2 weeks. The 17 patients in the hypnosis group were treated twice weekly in a 1.5 hour session format for 2 weeks with a “symptom-oriented” hypnotic intervention. All of the patients completed the Stanford Hypnotic Susceptibility Scale, Form C as a measure of hypnotic ability. The patients also completed the Beck Depression Inventory, the Impact of Event Scale (as a measure of PTSD), and the Visual Subjective Sleep Quality Questionnaire before and after treatment to track their experience of a variety of chronic PTSD symptoms. The authors reported finding a significant main effect of hypnosis in treating PTSD symptoms as measured by the Impact of Event Scale. The authors also reported that the effect was preserved at a 1 month follow-up data collection session. The participants in the hypnosis group were reported to experience significant reductions in their intrusion and avoidance related symptoms of PTSD. The authors also reported that hypnosis appeared to help the sleep difficulties of the PTSD patients. The patients in the hypnosis group were reported to experience an increase in the quality of their sleep in all sleep variables that were assessed by the Visual Subjective Sleep Quality Questionnaire. Address for Reprints: Israel Defense Forces, Mental Health Department, Israel. Email: eitanmd@zahav.net.il.

Capafons, A., Espejo, B., & Mendoza, M.E. (2008). Confirmatory factor analysis of the Valencia Scale on attitudes and beliefs toward hypnosis-Therapist version. International Journal of Clinical and Experimental Hypnosis, 56(3), 281-294. This study presents a confirmatory factor analysis of the Valencia Scale on Attitudes and Beliefs toward Hypnosis-Therapist version (VSABH-T). The VSABH-T was designed to measure the attitudes and beliefs that therapists commonly hold about hypnosis. The authors cited their concern that “health professionals’ beliefs and
attitudes toward hypnosis may make them reluctant to use it or even to foster misapplications and iatrogenic uses of hypnosis” (p. 281) as a primary reason motivating their development of the scale. The authors proposed an 8-factor structure of the VSABH-T based on their previous research in assessing beliefs and attitudes towards hypnosis. The authors initially administered the VSABH-T to 1,661 licensed psychologists who were members of the Spanish Psychological Association for the initial test. They later re-administered the VSABH-T and obtained results from 787 of the participants to examine test-retest reliability and other psychometric concerns. The authors reported confirming their hypothesized 8-factor structure solution in their factor analyses. The obtained factors of the scale were named Fear, Memory, Help, Control, Collaboration, Interest, Magic, and Marginal consistent with some exploratory research that they had previously completed. The authors report that the scale also demonstrated “adequate psychometric properties, including good internal consistency and test-retest reliability.” The VSABH-T may be a useful instrument to give in a variety of contexts besides clinical research. For instance, it may be a good instrument to give to students first learning about how to use hypnosis clinically. Students at this stage of learning frequently do not recognize how their attitudes and beliefs about hypnosis may facilitate or hinder their effectiveness as therapists using hypnosis. The VSABH-T may therefore help introductory level students to get a sense of their unique expectations and attitudes of hypnosis. Address for reprints: Dr. Antonio Capafons, University of Valencia, Departamento de Personalitat, Evaluació i Tractaments Psicològics., Facultat de Psicologia., Avda., Blasco Ibáñez # 21, 46010 Valencia (España). Email: Spain. antonio.capafons@uv.es.

Carmody, T. P., Duncan, C., Simon, J. A., Solkowitz, S., Huggins, J., Lee, S., & Delucchi, K. (2008). Hypnosis for smoking cessation: A randomized trial. *Nicotine and Tobacco Research, 10*(5), 811-818. This is an important new study employing hypnosis in a randomized trial to aid people in achieving their goal of smoking cessation. It cannot be stressed enough how important it is for patients to quit smoking since a wide variety of health risks can be eliminated or reduced quite significantly even after the patients have been smoking for many years. Millions of people across the world are still smoking despite the known medical risks. It even appears that the rates of smoking are still increasing in the developing and emerging cultures and economies of our planet. There are even studies which indicate that specific populations in the United States and other European nations are still increasing their rates of smoking such as adolescents and young adults.

The authors of this study wished to examine whether hypnosis would be more effective in helping smokers remain abstinent from nicotine than standard behavioral counseling techniques when both interventions were combined with nicotine patches (NP). The participants were 286 smokers who were enrolled in a randomized controlled smoking cessation trial at the San Francisco Veterans Affairs Medical Center. This study is therefore interesting in that it was designed to assess for the additional benefit of interventions in hypnosis over another behavioral intervention which
served as a kind of empathic and attention related control. The participants in both treatment conditions each received two 60 minute sessions. The participants were assessed for abstinence and relapse using three follow-up phone calls. The participants were all supplied with 2 months of nicotine patches. The authors reported that 29% of the hypnosis treatment group reported a 7-day point-prevalence abstinence compared with 23% of the behavioral counseling group at 6 months follow-up. These results were generally confirmed with physiological testing of their nicotine levels. Using physiological testing methods the authors found that 26% of the participants in the hypnosis group were abstinent at 6 months compared with 18% of the behavioral group. The authors reported that at 12 months, the self-reported 7-day point-prevalence quit rate was 24% for the hypnosis group and 16% for the behavioral group. Physiological testing confirmed that 20% of the participants in the hypnosis group were abstinent at 12 months compared with 14% of the behavioral group. A closer analysis revealed that using hypnosis appeared to work much better than standardized counseling methods with participants who reported a history of depression at the 6 and 12 month follow-up points. The authors concluded that “hypnosis combined with NP compares favorably with standard behavioral counseling in generating long-term quit rates.”

I found this article to be a useful reflection of the difficulties in quitting smoking for many of our patients. It is generally thought that quitting “cold-turkey” results in a successful quit rate of around 5% and that psychological treatment methods increase one’s quit rate to around 20%. These rates seen for hypnosis in this study are of course close to the generally reported in the smoking cessation literature. However, the authors were able to effectively demonstrate the superiority of using interventions in hypnosis as a treatment method compared to a standardized behavioral counseling approach. The fact that more than 70% of the hypnosis participants failed to remain abstinent at one year follow-up however, does beg the question of what more can be done to help these patients to quit smoking. Still, one cannot forget the fact that interventions in hypnosis does appear to work much better than standardized counseling methods with participants who reported a history of depression at the 6 and 12 month follow-up points. Perhaps this fact is the most important piece of data to establish a therapeutic expectancy with when engaging with clients for smoking cessation related goals. Address for reprints: Dr. Timothy Carmody, Health Psychology Program, San Francisco VA Medical Center, 4150 Clement St, San Francisco, CA 94121. Email: Timothy.Carmody@va.gov.

Carvalho, C., Kirsch, I., Mazzoni, G., & Leal, I. (2008). Portuguese norms for the Waterloo-Stanford Group C (WSGC) scale of hypnotic susceptibility. International Journal of Clinical and Experimental Hypnosis, 56(3), 295-305. The authors present Portuguese norms for the Waterloo-Stanford Group C (WSGC) scale of hypnotic susceptibility. The authors undertook a Portuguese translation of the WSGC scale and then administered it to 625 Portuguese college students. The obtained data from the Portuguese students was compared to data obtained from three North American samples in terms of score distribution, item analysis, and reliability of the WSGC instrument. The authors reported finding very similar
Lichtenberg, P., Even-Or, E., Bachner-Melman, R., Levin, R., Brin, A., & Heresco-Levy, U. (2008). Hypnotizability and blink rate: A test of the dopamine hypothesis. *International Journal of Clinical and Experimental Hypnosis, 56*(3), 243-254. This study investigates the hypothesis that the neurotransmitter dopamine may at least partially account for the differences that we see in hypnotic ability amongst people. The authors measured the blink rate of 48 participants as a gauge of their dopaminergic activity. Previous research has demonstrated that blink rate is correlated with an individual’s central dopaminergic activity. The participants’ blink rate was assessed during several different conditions such as conversation, staring at a cross, listening to music, and resting. The authors employed the Stanford Hypnotic Susceptibility Scale: Form C as a measure of the individual’s hypnotic ability. The Stanford Form C is generally regarded as the gold standard amongst the measures of hypnotic ability due to its desirable psychometric properties of reliability and validity. The authors reported finding a negative correlation between blink rate and hypnotic ability which was in contradiction to their hypothesis. The authors reported that a closer analysis of the data demonstrated that most of the correlation was accounted for by a higher level of blink rate response with medium hypnotizables in the resting state condition compared to high hypnotizables. The authors concluded that their data do not provide any support for “a role of dopamine in determining hypnotizability.” Address for reprints: S. Herzog Memorial Hospital and Hebrew University-Hadassah Medical School, Jerusalem, Israel. Email: licht@cc.huji.ac.il.

Miller, V. & Whorwell, P. J. (2008). Treatment of inflammatory bowel disease: A role for hypnotherapy? *International Journal of Clinical and Experimental Hypnosis, 56*(3), 306-317. This is a long-term study of patients using hypnosis to help with their symptoms of inflammatory bowel disease (IBD). Many of our readers may be familiar with the multitude of research findings that have demonstrated that hypnosis can help patients with irritable bowel syndrome (IBS). Dr. Olafur Palsson and his colleagues have even been very successful in codifying a treatment protocol that can be employed with patients in individual and self-help formats. IBS and IBD do share some symptoms of gastro-intestinal distress such as abdominal pain, GI discomfort (urgency and bloating), as well as difficulty with bowel movements and habits. Many readers may not know however that there are substantial differences in the symptom severity and prognosis between IBS and IBD patients. IBD is
generally regarded as a much more severe condition that also is characterized with inflammation and ulceration of the digestive tract in the small and large intestines. Research into using hypnosis with IBD has not progressed as far as it has with IBS.

In this study, the authors utilized a hypnotic treatment protocol with 15 patients with severe IBD. These patients were all on corticosteroids to reduce the inflammation of their GI tract, but they were not responding to the medication. Each patient received 12 sessions of “gut-focused hypnotherapy” and was followed up for a mean duration of 5.4 years. The symptom severity of the patients’ IBD was categorized and graded as either remission, mild, moderate, severe, or very severe. The authors report that all but two of the original 15 patients demonstrated improvements in the severity of their IBD symptoms. These two patients (13.4%) failed to respond to the hypnosis treatment and later required surgery. The authors reported that four of the patients (26.6%) were in complete remission at follow-up. The remaining nine patients all demonstrated some substantial improvement in IBD symptoms. Eight of these nine patients were categorized as mild severity (53.3%) and one patient (6.7%) was now listed as being in the moderately severe category. The authors also reported that there were substantial improvements in quality of life indicators. Twelve of the patients (79.9%) indicated that they had good or excellent quality of life at follow-up. The patients also demonstrated rapid and maintained decreases for the need of corticosteroid medications to reduce the inflammation of their GI tract. The authors reported that 60% of patients stopped utilizing medication altogether during the hypnosis intervention and that they did not need any medication at follow-up. The authors concluded that hypnosis “appears to be a promising adjunctive treatment for inflammatory bowel disease and has steroid sparing effects.” The authors also pointed out that there were methodological concerns which need to be addressed in future research using randomized controlled trials. The design that they employed in this initial study does not allow one to assign a causal role to hypnosis in explaining the improvements in these patients’ lives. However, this study is interesting in that it shows long-term data in cases with patients using hypnosis to help manage their IBD symptoms and disease progression. Address for reprints: Dr. Peter Whorwell, Professor of Gastroenterology, 1st Floor, ERC, Wythenshawe Hospital, Southmoor Road, Manchester, M23 9LT. Email: peter.whorwell@manchester.ac.uk.

Shakibaei, F., Harandi, A. A., Gholamrezaei, A., Samoei, R., & Salehi, P. (2008). Hypnotherapy in management of pain and reexperiencing of trauma in burn patients. International Journal of Clinical and Experimental Hypnosis, 56(2), 185-197. The authors of this study employed hypnosis to help patients cope with pain and acute trauma symptoms occurring as a result of burn injuries. The authors randomly assigned 44 patients to receive either a hypnosis intervention group or a standard care control group. All the patients in this study received the normal standard of medical care for the treatment of their burn injuries. The hypnosis intervention group received direct and indirect suggestions to help them reduce their experience of pain using hypnosis. There is now a wealth of data on this
subject matter as published by many different authors such as Dr. David Patterson. However, the participants in the hypnosis intervention group also received hypnotic treatment designed to help them reduce the frequency of their traumatic reminiscences about the events surrounding their burn injury. This study is thus somewhat unique in that it was designed to demonstrate the possible effects of using hypnosis to treat the trauma of burns as well as the pain associated with burn injuries. The participants were asked to report their pain on a 5 point scale at regular intervals. The participants were also asked to keep track of the number of traumatic reminiscences that they experienced of their memories of being burned. Not surprisingly, the participants in the hypnosis group were found to experience a reduction in pain as a result of their hypnotic treatment. However, the participants in the hypnosis group were also found to report a reduction in the number of traumatic reminiscences about their burn injury. This is an encouraging result since it suggests that this approach might have some potential to help manage the traumatic symptoms of acute stress disorder which these patients may have been experiencing. Such an approach may therefore also be capable of short-circuiting the pathways by which acute stress disorders develop into post traumatic stress syndromes. This study was conducted in Iran and provides another demonstration of the cross-cultural power of hypnosis to be employed within many different cultural groups and cultural contexts in human beings. Address for reprints: Clinical Hypnotherapy Research Group, Medical Student Research Committee, Isfahan University of Medical Sciences, Isfahan, Iran. Email: gholamrezaei@med.mui.ac.ir.

Wahbeh, H., Elsas, S. M., & Oken, B. S. (2008). Mind-body interventions: Applications in neurology. : Neurology, 70(24), 2321-2328. This is a basic review article describing applications of a variety of techniques of mind-body medicine such as hypnosis to medical disorders that neurologists commonly treat. The authors noted that about half the general population of Americans now use techniques of mind-body medicine such as hypnosis, meditation, relaxation, breathing techniques, yoga, tai chi, qigong, and biofeedback. The authors focus on how these techniques are applied to medical disorders commonly seen in medical practice such as back and neck pain, carpal tunnel syndrome, headaches, fibromyalgia, multiple sclerosis, epilepsy, muscular dysfunction, stroke, aging, Parkinson disease, stroke, and attention deficit-hyperactivity disorder. The authors conclude that there are “several conditions where the evidence for mind-body therapies is quite strong such as migraine headache. Mind-body therapies for other neurology applications have limited evidence due mostly to small clinical trials and inadequate control groups.” I found this to be a useful article which you might wish to send to any of your colleagues in Neurology that may not yet have had much training in hypnosis or other related areas of mind-body medicine. Articles like this can often stimulate an interest in techniques like hypnosis which you can follow-up on through offering to give a brief talk or presentation on the known empirical benefits of employing hypnosis with a disorder of their interest. Address for reprints: Dr. Wahbeh, Department of Neurology, Oregon Health & Science University, 3181 SW Sam Jackson Park Road, Mail Code CR120, Portland, OR 97239.

The authors present an initial study of 28 patients using hypnosis to help them with hair loss due to alopecia areata (AA). AA is thought to be an autoimmune disease which leads the immune system to damage hair production center and processes of the human body. The authors noted that AA seems to be triggered by stress as seems to be the pattern with other autoimmune syndromes. The authors noted that there has been little previous research using hypnosis as a treatment for AA despite the ample evidence that hypnosis has previously been shown to reliably affect a variety of immune system processes. The authors offer the present data as a kind of initial and exploratory study. The 28 patients in this study all had extensive AA which was seen as being resistant to previous treatment approaches using the standard of care for AA. These patients were all treated with hypnosis at the Academic Hospital UZ Brussel, Brussels, Belgium where the authors conducted their research.

The authors detail some of their therapeutic approach to using hypnosis in the treatment of AA in this paper. The authors were as concerned with treating their AA patients’ attending symptoms of depression and anxiety as with their patients’ actual hair loss. They describe their overall approach as “combining symptom-oriented suggestions with suggestions to improve self-esteem.” The authors report that 12 out of 21 patients treated presented with significant hair growth at follow-up. The authors note that 4 of these 21 patients had previously lost all of the hair on their scalp prior to the intervention. The patients all reported experiencing a reduction in depression and anxiety throughout the study. These psychological benefits are not surprising given the previous strong empirical literature for using hypnosis with symptoms like depression. The authors discuss the methodological shortcomings of their study which did not utilize a randomized control design that would have allowed them to assign hypnosis a causal role in obtaining the beneficial effects that were reported in this study. However, the authors conclude that “although the exact mechanism of hypnotic interventions has not been elucidated, the authors’ results demonstrate that hypnotic interventions may ameliorate the clinical outcome of patients with AA and may improve their psychological well-being.” This is an exciting initial study given the fact that millions of people around the world suffer from this disease. It is estimated that some 1-2% of the world’s population suffer from AA. A substantial number of these patients will at least temporarily experience significant psychological distress and some will experience total hair loss (in both men and women). Address for reprints: Ria Willemsen, MD, Department of Dermatology, Academic Hospital UZ, Broekstraat 28, 1860 Meise, Belgium. Email: riawil@scarlet.be.

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frequently discussed in the classic and contemporary clinical literature of hypnosis going back to the time of Breuer and Freud (1893) and perhaps even much earlier to the time of Abbe’ Faria around 1819 (Carrer, 2004). However, there has been a scarcity of empirical research into this area despite the wealth of clinical theories which ascribe hypnotic phenomena and hypnotic ability a casual or moderating role in the development of PTSD and other related traumatic stress syndromes (such as the dissociative disorders). This paper was designed to provide a thorough review of the previous empirical literature which has addressed the empirical relationship between hypnotic ability and PTSD.

The authors identified 67 abstracts which contained the key terms “acute stress disorder (ASD), acute stress, trauma, traumatic, or PTSD” in combination with either the search terms “hypnotic susceptibility or hypnotizability.” Only six of these sixty-seven articles were found to contain data on hypnotic ability and posttraumatic stress symptoms. The authors discuss the subtle point at length that in each of these studies hypnotic ability was measured after the potentially traumatizing event. This is an unfortunate, but understandable situation given two considerations regarding the methodological and practical factors that go into conducting research on hypnotic ability and PTSD.

It is unfortunate in some sense that these studies measured hypnotic ability after the participants had been exposed to traumatic stress since it is possible that psychological impact of trauma itself may in some way alter or modify a person’s hypnotic ability. The best study of this area of hypnosis and PTSD research (methodologically speaking) would use a prospective design measuring hypnotic ability prior to participants’ exposure to a traumatic event. Measuring hypnotic ability first would allow more inferences and predictions to be made about how hypnotic ability might affect a person’s development of PTSD. The understandable methodological difficulty with a study of this sort would be in finding a way to actually select persons for the study that would be either ethical or practical.

However, the authors of this review suggest that perhaps measures of hypnotic ability could be given to persons considered to be at risk for the development of PTSD. The risk factors could be psychosocial (poverty, stigma) or environmental in nature (living near an active volcano). Another possibility might emerge if an ethical analogue of specific PTSD symptoms could be employed such as emotional numbing or another PTSD and hypnosis related phenomena. The authors conclude that “high hypnotizability might be a risk factor for both acute and chronic posttraumatic symptoms. However, this cannot be determined until prospective studies measure hypnotizability in individuals before and after a potentially traumatizing event, perhaps by targeting populations that are at risk for experiencing trauma.” Address for reprints: Samantha Yard, c/o Katherine N. DuHamel, PhD; Mount Sinai School of Medicine, Assistant Professor, Department of Oncological Sciences, One Gustave L. Levy Place, Box 1130, Office: EB 16-70, New York, NY 10029-6574. Email: samyard@u.washington.edu.

References