Hypnotherapy: An Adjunct To Complementary Medicine

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Abstract
This paper argues that hypnotherapy is a potentially effective adjunct to complementary medicine. Using existing research and professional publications, the paper considers the impact hypnosis could make as an adjunct to complementary medicine. Just as hypnosis is effective within the orthodox health arena, it could have application in complementary medicine.

Reference

Keywords: Hypnotherapy; Hypnosis; Complementary medicine.

Introduction
This paper asserts that just as hypnosis is effective within the orthodox health arena, it also has considerable application as an adjunct to complementary medicine practices. It is conjectured that the paucity of published research relating to the coalition of hypnosis and complementary medicine reflects the lack of integration between these practices. Complementary medicine in this context includes, but is not limited to, acupuncture, homoeopathy, naturopathy and massage. Research in orthodox medicine demonstrates hypnosis as a viable adjunctive intervention, suggesting that the same efficacy is obtainable in complementary medicine.

Research has validated the efficacy of hypnosis, but a scientifically supported definition has proved more elusive. Definitions of hypnosis outline hypnosis as a natural state of being which occurs in our lives each day. Erickson defined hypnosis as ‘a procedure wherein changes in sensations, perceptions, thoughts, feelings, or behaviours are suggested’(1), and Orne’s belief is that ‘hypnosis is said to exist when suggestions from one individual seemingly alter the perceptions and memories of another’(2). Soskis states that ‘Hypnosis is a process that allows us to experience thoughts and images as real’(3). Each definition illustrates the difficulty in differentiating the state of hypnosis from daily activities.

Method And Findings
A thorough CINAHL database search was conducted to determine the extent to which articles, specifically from the viewpoint of the complementary health practitioner, commented on hypnosis (or hypnotherapy) as used conjunctively with other complementary medicine. Searches were conducted using the keywords hypnosis, hypnotherapy, complementary medicine, allied health, naturopathy and massage. Database searches however, revealed only a small number of journal articles reporting on the integration of complementary medicine and hypnosis. The majority of articles related to using hypnosis within orthodox health practices. However, some articles showed a broad range of interventions. These included an intervention in a hospice program(3), complementary medicine and health promotion (9), as well as interventions in specific conditions such as cancer(10) and pain control(4). However, no articles directly relating to the use of hypnosis or hypnotherapy in a complementary medicine practice were found.

It may be suggested that the scarcity of published articles on the effectiveness of hypnosis with complementary medicine is indicative of a current lack of knowledge amongst complementary practitioners of the potential benefits of hypnosis. Watts indicates that central to the ideology of professionalism is a specialist knowledge base, professional autonomy and a professional ethic of service to clients(5).

If hypnosis is not included within the formative training of complementary medicine practices, the only mechanism available to augment existing knowledge is continuing education. With continuing education being a requirement of many professional associations, the opportunity exists for complementary medicine practitioners to expand their knowledge in the area of hypnosis and to evaluate hypnosis independently(6).
Discussion

Hypnosis has achieved acceptance within the medical arena. In 2000, the Medical Journal of Australia published an article by Pirotta et al which acknowledged wide acceptance of hypnosis by Victorian general practitioners (GPs) (8). Pirotta’s research also showed a significant number of medical practitioners who trained in clinical hypnotherapy. In 2002, the Australian Medical Association presented a position statement on complementary medicine which stated that:

- Research indicates that many GPs in Australia have accepted therapies such as acupuncture, chiropractic, hypnosis and meditation as potentially beneficial.
- Almost half the GPs surveyed reported an interest in training in areas such as meditation, hypnosis and acupuncture, and considerable numbers had undertaken training and a smaller proportion practised these in conjunction with mainstream medicine (9).

Research into hypnotherapy has shown beneficial client outcomes. Gonsakorale et al conducted research into irritable bowel syndrome (IBS) (10). Patients were given suggestions directed towards control and normalisation of gut function. The research concluded ‘that hypnotherapy remains an extremely effective treatment for irritable bowel syndrome’, and that ‘symptoms of abdominal pain, bloating, and bowel habit disturbance, together with all extracolonic symptoms, were significantly reduced after hypnotherapy and were considered to interfere with life far less than before’ (10).

Patterson and Jensen undertook a comprehensive review of controlled trials of hypnosis for clinical pain (10). Their findings demonstrated that hypnosis had consistent clinical effects which were superior to other viable pain treatments. The collation of data from randomised controlled trials found that hypnosis was efficacious in the reduction of anxiety, chronic pain, insomnia and panic disorders (10).

Peebles-Kleiger further outlined the efficacy of hypnotherapeutic interventions in burns, pain, paediatric procedures, surgery, psychiatric presentations (eg somatoform disorder, anxiety, and posttraumatic stress) and obstetric situations (eg hyperemesis, labour, and delivery) (11). Thus, it is recognised that hypnosis brings some benefits when used as an adjunct in existing health practices.

The hypnotherapy consultation can merge with existing consultation structures. A typical hypnosis consultation commences with a counselling phase to determine the direction of the treatment. The first phase gathers the required information. Then, the client is induced into the hypnotic state by means of the hypnotic induction, and the hypnotic state is deepened. The state is then used to either find the cause of the client’s issue and/or give therapeutic suggestions.

These suggestions may relate to specific issues such as diet, exercise, weight management or to general issues such as confidence building or increasing self-esteem. Once this phase of the treatment has been completed, the client is brought out of the hypnotic state, and after brief client feedback, the consultation is completed. Induction, deepening and suggestion was the consultation model used by Gonsakorale to demonstrate treatment efficacy (10).

Research indicates hypnototherapeutic intervention has assisted with the relief of a variety of patient symptoms. A valid expectation is that the same benefits would exist for complementary medicine. In the Gonsakorale IBS study, general suggestions were directed towards symptom relief which resulted in a related improvement in quality of life, reduction of anxiety and depression (10).

Complementary medicine practitioners could use a similar methodology, and customise suggestions for each individual patient. If the practitioner preferred, they could refer their patient to a specialist clinical hypnotherapist for the adjunctive treatment. Boylan, in his articles on the management of type 2 diabetes mellitus, identified key areas of dietary changes, lifestyle factors, weight management and exercise in the treatment of this condition (14,15).

Using hypnosis adjunctively, the client could be given specific suggestions to assist them to achieve the necessary lifestyle changes in the areas of diet and exercise. The extrapolation from the orthodox medical model to the complementary medicine model seems apparent. However, there is a paucity of journal articles incorporating hypnosis as an adjunctive treatment regime with complementary medicine.

Research shows hypnosis brings considerable benefits as a co-management treatment technique. Elkins et al used hypnosis sessions to assist in the reduction of physical symptoms (hot flashes) in breast cancer survivors (16). Gonsakorale reported that hypnosis was effective in the treatment of IBS and its associated symptoms (17).

Hypnosis assists to reinforce patient management regimes by using suggestion adjunctively to the existing treatment regime. These suggestions are most effective when customised, and then implanted during the consultation using a hypnotic induction. The ability of hypnosis to encompass broad treatment applications allows the complementary medicine practitioner to pattern the suggestions specifically for the patient.

Suggestions could be made to enhance client/patient adherence to therapeutic regimes such as: stop or start behaviours/actions (eg implement and maintain lifestyle changes such as changes to diet, exercise, smoking and alcohol intake) and to follow medication regimes. Should the client have a condition which may impair their ability to sleep, hypnosis can assist with relaxation and suggestions for sleep. These benefits significantly enhance client/patient wellbeing.

Conclusion

Research in orthodox medicine has demonstrated the efficacy of hypnosis to support physical treatment. Hypnosis has demonstrated efficacy in the treatment of IBS and other conditions with symptoms of anxiety, pain and insomnia.

The deficiency of published research does not allow scrutiny of hypnotherapeutic co-management in complementary medicine treatments. It is a reasonable assumption that the efficacy demonstrated in the medical environment would be similarly experienced in the complementary therapy environment.
Hypnotherapists have published very little pertaining to the efficacy of hypnosis in physical conditions such as IBS or pain reduction. With few publications, other practitioners may not be cognisant of the hypnotherapeutic relationship within the mind/body scenario. With low awareness of the benefits of hypnosis, complementary medicine practitioners are unable to scrutinise hypnotherapy as an adjunctive modality.

However, the clear inference is that the same benefits are available to complementary medicine. The complementary medicine practitioner can undertake continuing education in hypnosis as part of their ongoing professional education. Informed decisions can be made whether it would be advantageous to include hypnotherapy as a co-management tool in complementary medicine treatment.

References