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SALIENT FINDINGS: HYPNOSIS IN MEDICAL SETTINGS

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Abstract: Five papers of special interest to medical researchers and clinicians have recently appeared in the general scientific and medical literatures. Three of these papers are original clinical research studies evaluating whether hypnosis can be useful in treating acute stress disorder, allergic rhinitis, and distress associated with an invasive medical procedure for children. The remaining two articles critically review the empirical literature on whether and how hypnosis might be useful in a number of medical specialties.

HYPNOSIS IN MEDICAL SETTINGS

The “Salient Findings” section of The International Journal of Clinical and Experimental Hypnosis features summaries on very important and very recent articles about hypnosis that have appeared in the general medical, general psychological, and broad scientific literatures. Although the article section of The Journal itself remains the primary specialty venue for important findings in the field, it is helpful for readers to be apprised of emerging developments published elsewhere. Entries in “Salient Findings” are highly selective. Inclusion means that the editorial staff believe the article should not be missed by anyone.

Five especially interesting hypnosis articles have appeared in the scientific literature over the past year. They are in the finest tradition of our field (Kihlstrom, 2003). Three of these papers are new studies testing whether hypnosis can be useful with medical and psychiatric patients. The first of these is a randomized parallel group study testing whether intensive self-hypnosis might be a useful adjunct in the treatment of allergic rhinitis (Langewitz et al., 2005). Next is the first controlled treatment study of hypnosis and cognitive-behavioral therapy with patients suffering from acute stress disorder (Bryant, Moulds, Guthrie, & Nixon, 2005). The third study is a randomized controlled examination of whether hypnosis reduces the distress and...
duration of an invasive pediatric radiological procedure (Butler, Symons, Henderson, Shortliffe, & Spiegel, 2005). Finally two reviews of the efficacy literature have appeared: one specifically focusing on hypnosis and pain (Patterson, 2004); the other more broadly addressing the relevance of hypnosis across a number of medical specialties (Stewart, 2005).

**CAN SELF-HYPNOSIS DECREASE HAY FEVER SYMPTOMS**

**JOURNAL:** *Psychotherapy and Psychosomatics*


There is ample reason to believe that hypnotic suggestions can impact cognition, perception, and the soma (e.g., Barnier & McConkey, 2003; Barnier, McConkey, & Wright, 2004; Bowers & Kelly, 1979; Vermetten & Bremner, 2004). Hay Fever affects approximately 10 – 15% of adults in industrialized countries. Given the effectiveness of hypnosis in treating some forms of childhood asthma (Hackman, Stern, & Gershwin, 2000), it is at least feasible that hypnosis might enable patients to reduce the intensity or duration of hay fever symptoms. The researchers used stratified randomization in combination with minimization to assign adult hay fever patients to the treatment or the control group. The study was of two years duration. During the first year patients assigned to the treatment group (n = 24) received routine medical treatment plus training in self-hypnosis. Control group patients (n = 28) received only routine medical treatment during this year. During the second year of the study patients in the treatment group continued using hypnosis while patients assigned to the control group were now also trained in self-hypnosis. Some care was taken to equate the amount of physician time spent with treatment and control patients. The hypnotizability of all patients was assessed using the Stanford Hypnotic Susceptibility Scale, Form C (Weitzenhoffer & Hilgard, 1962). In general self-hypnosis had a significant impact on the patient’s retrospective evaluation of the entire pollen season, with patients who were using hypnosis reporting few symptoms. However the same relationship did not hold for the day-to-day symptom ratings kept by the patients. Interestingly medication requirements diminished following hypnosis intervention, and there was some evidence that patients were better able to tolerate allergen exposure once self-hypnosis was begun. Hypnotizability was not significantly correlated with outcome.
DOES ADDING HYPNOSIS TO CBT FOR ACUTE STRESS DISORDER IMPART EXTRA BENEFIT

JOURNAL: *Journal of Consulting and Clinical Psychology*


This study is especially important because it is the first controlled outcome study of hypnosis with patients suffering from Acute Stress Disorder (ASD). The senior author had carried out related work on reality monitoring and PTSD (Bryant, Guthrie, Moulds, Nixon, & Felmingham, K., 2003; Bryant & Mallard, 2003). In some respects this study is similar in design to that of Moene, Spinhoven, Hoogduin, and Van Dyck (2003). Patients were consecutive nonmilitary trauma survivors referred to a hospital PTSD unit following sexual (n = 48) assault or a motor vehicle accident (n = 39). All patients met the criteria for ASD. Patients were randomly allocated to one of three treatment groups: CBT (CBT) alone (n = 33), CBT plus hypnosis (n = 30); and Social Counseling (e.g., problem-solving, support, homework, and diary-keeping, n = 24). The researchers devoted a great deal of attention to treatment fidelity. Assessment was at pretreatment, posttreatment, and 6-month follow-up. At these times patients were assessed by clinicians who were blind to treatment group. For those patients receiving hypnosis, hypnotizability was assessed using the Stanford Hypnotic Clinical Scale for Adults (Morgan & Hilgard, 1978). Both CBT and CBT plus hypnosis were more effective at follow-up than supportive counseling. At follow-up there was no difference in the effectiveness of CBT alone and CBT plus hypnosis. However combining hypnosis with CBT did lead to a faster reduction in reexperiencing symptoms. The authors speculate that hypnosis might have enabled patients to breach dissociative obstacles, and thereby experience exposure in a more compelling manner. Interestingly hypnotizability did not correlate significantly with improvement.

CAN HYPNOSIS BE USEFUL IN REDUCING THE DISTRESS OF AN INVASIVE PEDIATRIC PROCEDURE

JOURNAL: *Pediatric*

Children who have evidenced or are suspected of suffering from vesicoureteral reflux are at great risk of developing serious kidney complications (kidney scarring or damage) from urinary tract infections. It is not uncommon for these children to undergo an invasive diagnostic procedure that consists of urethral catheterization and instillation of radiologic contrast material into the bladder. The child must then urinate. It is best if the child is alert, awake, and cooperative. These Voiding Cystourethrography (VCUG) tests are typically done more than once over a period of years that can lead to the child becoming quite sensitized to the procedure and its context. In this study 44 children (mean age of 7.6 years) were randomized to receive hypnosis (n = 21) or routine care (n = 23) during VCUG. All had undergone at least one previous VCUG. Children assigned to the hypnosis group were given one hour of training in hypnosis by a therapist. They were instructed to practice self-hypnosis several times a day in preparation for the procedure. The therapist was present to support hypnosis during the VCUG procedure. Benefits were indicated on several measures: The duration of the procedure was 28% shorter for children in the hypnosis group than for those in the control group (35 minutes and 49 minutes, respectively); parents rated the child as significantly less distressed than at previous VCUGs; and medical staff reported observing significantly less child distress. The authors note there are weaknesses in the study design (e.g. confounds of therapist-present and group membership; evaluators not blind to group membership). However they conclude that hypnosis might have some potential to improve the overall medical care of children who have vesicoureteral reflux.

THE USE OF HYPNOSIS FOR PAIN CONTROL: DOES IT WORK


Hypnosis in the treatment of pain is a topic that is older than the discipline of psychology itself. There has been a great deal of research addressing the neural underpinnings of this and related hypnotic phenomena (Benham, Nash, Ray, & Woody, 2003; De Pascalis, Bellusci, Gallo, & Magurano, 2004; Farvolden & Woody, 2004; Liossi & Hatira 2003; Killeen & Nash, 2003; Rainville & Price, 2003; Ray & De Pascalis, 2003; Ray & Oathes, 2003; Ray & Tucker, 2003; Raz, Marinoff, Zephrani, Schweizer, & Posner, 2004; Spiegel, 2003). This is a brief but pithy critical review of the efficacy research in the area. The author concludes that hypnosis can be effective for both acute and chronic pain. He warns, however, that clinicians must attend to the research and clinical
literatures that both suggest that matching intervention to type of pain is exceedingly important.

DOES HYPNOSIS HAVE A PLACE IN CONTEMPORARY MEDICINE

JOURNAL: Mayo Clinic Proceedings

Following some other recent work on the topic of medicine and hypnosis (Elkins & Rajab, 2004; Finkelstein, 2003; Hermes, Hakim, & Sieg, 2004; Hoencamp, 2004; Koch et al., 2003; Patterson, Tininenko, Schmidt, & Sharar, 2004; Woody & McConkey, 2003; Woody & Szechtman, 2003), the author of this review undertakes a survey of how hypnosis is sometimes used by medical specialists: from allergists and anesthetists to surgeons and urologists. The article offers up a sometimes superficial but usually provocative assessment of what the outcome literature tells us about where and how hypnosis might fit in to these medical specialties. Though the research cited is a little dated, the article’s organization (by specialty) makes for a fetching read, especially for physicians who are new to hypnosis, but curious about it. The author concludes that hypnosis ought to have an expanded role in medicine.

REFERENCES


