PSYCHOTHERAPY BIOFEEDBACK & HYPNOSIS CENTER OF THESSALONIKI

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PSYCHOTHERAPY STRESS MANAGEMENT BIOFEEDBACK

RESEARCH ON THE EFFECTIVENESS OF HYPNOSIS

Eating Disorders

Anorexia Nervosa

According to Baker and Nash (1987) and Nash and Baker (1993) hypnosis was introduced to anorectic patients as a means of gaining enhanced self-control associated with various opportunities for increased security and mastery. The induction techniques used were structured and permissive. Hypnotic interventions were specifically designed to enhance the patient's personal sense of power, to increase capacity for autonomous functioning, to support the therapeutic alliance, to provide a sense of ego support that leads to mastery and expectations for success. Hypnotic techniques were also used to correct body-image distortions seen as closely associated with the issue of integration or an appropriate and mature sense of personality. Improvement of body imagery and general identity integration led to enhancement of the client's general capacity for mastery. This treatment approach was used successfully with 36 women with anorexia. Follow-up data at 5 and 12 months indicated that 76% of the patients demonstrated remission of symptoms and an acceptable, stabilized weight. In contrast, of 38 women who were treated identically without the use of hypnosis, only 53% achieved the same level of symptom remission and stabilized acceptable weight.

Hornyak (1996) presenting a case of treatment of anorexia nervosa that lasted 20 months provided detailed presentation of the issued involved in hypnotherapy. At different stages of the treatment, hypnotherapy focused on self-regulation, relaxation for mastery and control of tension states, affect identification and symptom management, ego-strengthening, "parts metaphors" based on ego-state theory, hypnotic intervention for the frustrated self state, autonomy and separation concerns, hypnotic interventions designed to accentuate the experience of separateness, hypnotic imaginary-mirror exercises, internalization and integration . According to Hornyak "hypnotic interventions can strengthen the self structure by providing needed self experiences within the context of a supportive relationship" (p.70). Three years after treatment, the client reported continued progress and, although at one point she had lost 5 lbs, she had regained the weight.

Barabasz (2000) used hypnotic techniques of integration/replication to treat a case of a woman with anorexia with body image distortion.

Baker EL & Nash MR (1987). Applications of hypnosis in the treatment of anorexia nervosa. American Journal of Clinical Hypnosis, 29, 185-193.

Barabasz M (2000). Hypnosis in the treatment of eating disorders. In L. M. Hornyak & JP Green (Eds), The use of hypnosis in women's health care. Washington DC: American Psychological Association

Hornyak LM (1996) Hypnosis in the treatment of anorexia nervosa. In SJ Lynn, I Kirsch and JW Rhue (Eds), Casebook of clinical hypnosis (pp 51-73). Washington, DC: American Psychological Association.

Nash MR & Baker EL (1993). Hypnosis in the treatment of anorexia nervosa. In JW Rue, SJ Lynn & I Kirsch (Eds), Handbook of clinical hypnosis (pp. 383-394). Washington, DC: American Psychological Association.

Bulimia Nervosa

Griffiths treated bulimic patients with 4 weeks of behavioral therapy highlighting self-monitoring to establish healthy eating patterns, followed by 4 weeks of hypnotherapy to enhance self-control of bingeing and vomiting episodes. There was a significant reduction in both bingeing and vomiting measured in 6 weeks and in two years. Eight of the 14 participants (57%) were abstinent from bingeing and 10 (71%) were abstinent from vomiting for 3 months prior to the 2-year follow-up. These results suggest that adding a self-hypnosis component subsequent to a behavioral treatment may aid participants in maintaining their progress.

The addition of hypnosis to Cognitive Behavioral Therapy (CBT) revealed significantly less binge frequency and compensatory behavior frequency at posttreatment among the CBT+Hypnosis group than the CBT group (Barga & Barabasz (in press). The hypnotic suggestions were built based

on Barabasz's work (1990) on posthypnotic suggestions for creating awareness in individuals with bulimia which included (a) triggers precipitating urges to binge and to engage in compensatory behaviors, (b) negative consequences of bingeing/engaging in compensatory behaviors and benefits of not bingeing/not engaging in compensatory behaviors, (c) the participant's control and choice over bingeing and engaging in compensatory behaviors, and (d) rational thinking about the participant's body weight and shape. The participants were instructed to practice these hypnotic suggestions at least once daily.

Maryelln Crowley and Anna Campion reviewing the treatment of bulimia and obesity in the book Essentials of Clinical Hypnosis: An Evidence-Based Approach, edited by Lynn and Kirsh (2006) described how hypnosis can be used as an adjunct to cognitive-behavior therapy for bulimia. Their treatment protocol includes three stages. In stage one of ten sessions, in addition to education, development of alternative methods of weight control and teaching self-monitoring, hypnosis can be used with posthypnotic suggestions for self-monitoring of dysfunctional behavior and focusing on the benefits of change. Hypnosis can also help clients become more interpersonally oriented and less focused on food and eating behavior. Stage two consists of eight sessions focusing on cognitive restructuring aimed to reinforce that the root of the problem, is very often, extreme dietary rules. The hypnotic component is used to help clients reintroduce forbidden foods gradually and with control. Stage three is oriented to helping clients to set realistic expectations and develop plans to deal with urges to binge or purge. Thus, hypnosis can be a valuable adjunct to behavior and cognitive therapy of bulimia.

Barabasz, M (1990) Treatment of bulimia with hypnosis involving awareness and control in clients with high dissociative capacity. International Journal of Psychosomatics, 37, 53-56.

Barga, J & Barabasz, M (in press). Effects of Hypnosis as an adjunct to Cognitive-Behavior therapy in the treatment of Bulimia. International Journal of Clinical and Experimental Hypnosis. In Barabasz, M (2007) Efficacy of hypnotherapy in the treatment of Eating Disorders. International Journal of Clinical and Experimental Hypnosis, 55(3):318-335.

Griffifths, RA. (1995) Two-year follow-up findings of hypnobehavioral treatment for bulimia nervosa. Australian Journal of Clinical and Experimental Hypnosis, 23 (2), 135-144.

Lynn SJ & Kirsch I (2006) Essentials of clinical Hypnosis: An evidence-based approach. Washington, D.C.: American Psychological Association.

Obesity and Weight Reduction

Bolocofsky, Spinle and Couthard-Morris (1985) compared the effectiveness of a behavioral treatment and a behavioral treatment plus hypnosis on weight lost. The hypnosis component consisted of a progressive-relaxation form of induction and suggestions reviewing the program rules. The behavioral plus hypnosis group demonstrated a significant additional amount of weight loss at 8-month and 2-year follow-ups. According to the authors "hypnosis may have served as an effective motivator for subjects to continue practicing the more adoptive eating behaviors acquired during treatment" (p.40).

Barabasz and Spiegel (1989) treated sixty-one obese people assigned to three groups. Participants of group one (n=14) were treated with a behavioral self-management weight loss procedure. Participants of group 2 (n=16) were treated with the same behavioral self-management weight loss procedure plus hypnosis with instructions for weight loss and self-hypnosis (H. Spiegel and Spiegel, 1978, p. 220-223). Participants of group 3 (n=15) were treated with same procedure as group two except with alternative suggestions targeting aversion to specific high caloric, frequently consumed foods. Participants in group 3 who were exposed to suggestions for specific food aversion lost significantly more weight than the behavioral-management-only group. The authors explained that the participants "were instructed to reconceptualize their goal, not in terms of fighting the desire for certain foods but rather as primarily involving a desire to protect their bodies from the poison of overeating and to eat with respect for their bodies" (Barabasz & Spiegel, 1989, p.339).

Kirch (1996) performed a meta-analysis of the effects of using hypnosis as an adjunct to cognitive-behavioral treatment of obesity. His analysis concluded that the "addition of hypnosis appears to have a significant and substantial effect on the outcome of cognitive-behavioral treatment for weight reduction, and this effect increases over time" (p.519).

Barabasz M & Spiegel D (1989). Hypnotizability and weight loss in obese subjects. International Journal of Eating Disorders, 8(3), 335-341.

Bolocofsky DN, Spinler D & Coulthard-Morris L (1985). Effectiveness of hypnosis as an adjunct to behavioral weight management. Journal of Clinical Psychology, 41, 35-41.

Kirsch I (1996). Hypnotic enhancement of cognitive-behavioral weight loss treatments-Another meta-reanalysis. Journal of Consulting and Clinical Psychology, 64, 317-319.

Spiegel H & Spiegel D (1978). Trance and treatment: Clinical uses of hypnosis. New York: Basic Books.

The Effectiveness of Adjunctive Hypnosis with Surgical Patients

Guy H. Montgomery et al, of the Biobehavioral Medicine Program, Cancer Prevention and Control, Derald H. Ruttenberg Cancer Center and Jeffrey H. Silverstein of the Department of Anesthesiology, Mount Sinai School of Medicine, New York (2002), performed a meta-analytical review of studies using hypnosis with surgical patients in order to determine the effectiveness of the procedure for managing adverse side effects of surgery. The results indicated that patients in hypnosis treatment groups had better clinical outcomes than 89% of patients in control groups. Clinical outcome categories included: 1) negative affect (e.g., anxiety and depression), which was measured by both self-report and observations by others (e.g., nurse), 2) pain (both self-report and observations by others), 3) pain medication (e.g., analgesics and anesthetics), 4) physiological indicators (e.g., blood pressure, heart rate, and catecholamine levels), 5) recovery (e.g., return of muscular strength, postoperative vomiting, and fatigue), and 6) treatment time (e.g., length of procedure and inpatient stay). Hypnosis can be an effective nonpharmacologic adjunctive procedure for managing adverse effects of a wide variety of surgical patients.

Montgomery GH, David D, Winkel G, Silverstein JH, Bovbjerg DH (2002) Anesth Analg;94:1639-1645

The Efficacy of Hypnotherapy in the Treatment of Psychosomatic Disorders

The term "psychosomatic disorder", in a broad sense, may include somatoform disorders as well as disorders with psychological factors assumed to play a major role in the etiology, triggering, and maintenance of somatic complaints. Flammer of Constance University, Germany and Alladin of the University of Calgary (2007) performed a meta-analysis of 21 randomized controlled clinical studies to evaluate the efficacy of hypnotherapy in psychosomatic disorders (chronic headache, tinnitus, insomnia, functional dyspepsia, duodenal ulcer, irritable bowel syndrome, osteoarthritic pain, chronic pain, asthma, hay fever, hypertension, atopic dermatitis, enuresis). Hypnotherapy was categorized into classic (n=9), mixed form (n=5), and modern (n=3). Classical hypnosis consisted of direct suggestions (for relaxation, for alleviation of symptoms and for inducing visual imagery) and posthypnotic suggestions. Modern hypnosis included hypnotic interventions that used indirect suggestions, metaphors and age regression. Seventeen studies (77.3%) aimed solely on the psychosomatic symptoms and two studies (9.1%) focused on maladaptive cognitions or irrational ideas, in addition to targeting somatic symptoms. Two studies (9.1%), in addition to using symptom-focused interventions, used hypnotherapy for facilitating expression of emotions, gaining insight, and dealing with underlying causes of the somatic symptoms. Results of the meta-analysis showed that the weighted mean effect size for the 21 studies was d+=.61 (p=.0000) indicating that hypnotherapy is highly effective for the symptomatic treatment of psychosomatic disorders.

Flammer E and Alladin A (2007) The Efficacy of Hypnotherapy in the Treatment of Psychosomatic Disorders: Meta-Analytical Evidence. International Journal of Clinical and Experimental Hypnosis, 55(3): 251-274

Efficacy of Hypnosis with Various Psychological Disorders

Flammer and Bongartz of the University of Konstanze in Germany (2003) performed a meta-analytic study on the efficacy of hypnotherapy in all psychological disorders and primarily those related to psychosomatic illness, test anxiety, smoking cessation and pain control during orthodox medical treatment. Most of the better research studies used traditional-style hypnosis, only a minority (19%) employed Ericksonian hypnosis.

The authors considered a total of 444 studies on the efficacy of hypnotherapy published prior to 2002 and selecting the best quality and most suitable research designs for meta-analysis they narrowed their focus down to 57 controlled trials. The meta-analysis yielded a weighted averate post-treatment effect size of d=0.56 (medium effect size). On average hypnotherapy achieved at least 64% success compared to 37% improvement among untreated control groups.

Flammer E & Bongartz W (2003). On the efficacy of hypnosis: a meta-analytic study. Contemporary Hypnosis, 20, 179 – 197.

The efficacy of Hypnosis in Pain

A meta-analytic review of contemporary research by Montgomery, DuHamel and Redd of the Cancer Prevention and Control Program, Mount Sinai School of Medicine in New York (2000) examined the effectiveness of hypnosis in pain management, compared studies that evaluated hypnotic pain reduction in healthy volunteers vs.those using patient samples, compared hypnoanalgesic effects and participants' hypnotic suggestibility, and determined the effectiveness of hypnotic suggestion for pain relief relative to other nonhypnotic psychological interventions. Meta-analysis of 18 studies revealed a moderate to large hypnoanalgesic effect, supporting the efficacy of hypnotic techniques for pain management. The results also indicated that hypnotic suggestion was equally effective in reducing both clinical and experimental pain. The study documented that hypnosis meets the American Psychological Association Clinical Psychology Division's criteria as an efficacious and specific treatment for pain, superior to pill and pscyhological placebos, as well as other treatments.

Montgomery AH, DuHamel KN and Redd WH (2000). A meta-analysis of hypnotically induced analgesia: How effective is hypnosis? International Journal of Clinical & Experimental Hypnosis, 48, 138-153

The Efficacy of Clinical Hypnosis with Headaches

A review of research on the efficacy of Clinical Hypnosis with Headaches and Migraines by D. Corydon Hammond of the University of Utah School of Medicine (2007) demonstrated that hypnosis meets the clinical psychology research criteria for being a well-established and efficacious treatment being virtually free of side effects, risks of adverse reactions, and ongoing expense associated with medication treatments.

Hypnotic treatment used in the different studies of Hammond's review consisted of induction, deepening, suggestions related to having less tension, anxiety and apprehension, ego strengthening, visualization of arteries in the neck and head as being swollen and throbbing and becoming smaller and more comfortable (Anderson et al, 1975), preogressive relaxation and imagery with children (Olness et al, 1987), relaxation and vascular manipulation (imagery of a cool helmet with freezer coils behind a protective cover) (Emmerson and Trexter, 1999), eye fixation and relaxation followed by imagery modification in which the patient visualized and image of the headache gradually changing and suggestions to transform the pain into sensations that were easier to tolerate and for transferring the pain from the head to a less disabling part of the body (Melis et al, 1991), guided imagery (Mannix et al, 1999), future oriented hypnotic imagery (imagining the self in the future, pain-free) (Zitmand et al, 1992)

Anderson JAD, Basker MA, Dalton R (1975). Migraine and hypnotherapy. Internationald Journal of Clinical and Experimental Hypnosis, 23, 48-58.

Emmerson GH and Trexler G (1999). An hypnotic intervention for migraine control. Australian Journal of Clinical and Experimental Hypnosis, 27, 54-61.

Hammond DC (2007). Review of the efficacy of clinical hypnosis with headaches and migraines. Inernational Journal of Clinical and Experimental Hypnosis, 55, 2, 207-219.

Melis PM, Rooiman W, Spierings EL and Hoogduin CA (1991) Tratment of chronic tension-type headache with hypnotherapy: A single-blind controlled study. Headache 31, 686-689.

Olness K, MacDonald JT and Uden DL (1987). Comparison of self-hypnosis and propranolol in the treatment of juvenile classic migraine. Pediatrics 79, 593-597.

Hypnosis for Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) is a chronic functional gastrointestinal disorder characterized by abdominal pain associated with altered stool frequency and consistency. It affects 10 to 15% of the adult population. Conventional medical approaches to IBS management are unstatisfactory for more than half of the patients.

Whitehead (2006) reviewing 11 studies, including 5 controlled studies assessing the therapeutic effects of hypnosis for IBS demonstrated that hypnosis has a substantial therapeutic impact on IBS, even for patients who do not respond to standard medical treatment. The median response rate to hypnosis treatment is 87%, bowel symptoms improve by about half, psychological symptoms and life functioning improve and therapeutic gains are maintained for most patients for years after the end of hypnosis treatment.

The landmark study that demonstrated for the first time the potential for hypnosis as a therapeutic modality for IBS using placebo control was done by Whorwell and colleagues of Wythenshawe Hospital, Manchester, UK, published in Lancet (1984). The hypnosis group trained in a gut

focused hypnotherapeutic technique aiming to teach the patient the necessary hypnotic skills to control and help normalize gut function, described in detail by Gonsalkorale (2006), showed very substantial improvement in all the central IBS symptoms after treatment and was significantly more improved on all outcome variables than the control group which only showed minimal improvement with slight decrease in abodminal pain and bloating. All patients remained better at 18-month follow-up. The positive therapeutic effect of hypnosis on IBS were reported by Whorwell (1987) at a later study. Hypnotherapy can be successfully integrated into the functional gastroenterology service (Whorwell, 2006).

Palsson (2006a) of the University of North Carolina at Chapel Hill, North Carolina, USA, developed a seven-session hypnosis treatment protocol for IBS that is unique in that the entire course of treatment is designed for verbatim delivery. The protocol has been tested in two published research studies and has been found to benefit more than 80% of patients. Palsson (2006b) also described a hypnosis home treatment for IBS and concluded that, although the response rate of a home-treatment version of a scripted hypnosis protocol was lower than previously observed therapist-delivered treatment, hypnosis home treatment may double the proportion of IBS patients improving significantly across 6 months.

Gonsalkorale WM (2006). Gut-directed hypnotherapy: The Manchester approach for treatment of irritable bowel syndrome. International Journal of Clinical and Experimental Hypnosis, 54(1):27-50

Palsson OS (2006a). Standardised hypnosis treatment for irritable bowel syndrome: The North Carolina Protocol. International Journal of Clinical and Experimental Hypnosis, 54(1):51-64

Palsson OS, Turner MJ, Whitehead WE (2006b) Hypnosis home treatment for irritable bowel syndrome: A pilot study. International Journal of Clinical and Experimental Hypnosis, 54(1):85-99

Whitehead WE (2006). Hypnosis for Irritable Bowel Syndrome: The Empirical Evidence of Therapeutic Effects. International Journal of Clinical and Experimental Hypnosis, 54(1):7-20

Whorwell PJ, Prior A & Faragher EB (1984) Controlled trial of hypnotherapy in the treatment of severe refractory irritable-bowel syndrome. Lancet, 2, 1232-1234

Whorwell PJ, Prior A & Colgan SM (1987). Hypnotherapy in severe irritable bowel syndome-further experience. Gut, 28, 423-425

Whorwell PJ (2006) Effective management of irritable bowel syndrome-The Mancherster model. International Journal of Clinical and Experimental Hypnosis, 54(1):21-26.

Research findings on the effectiveness of hypnosis will follow for other disorders

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