

1 **Clinical Practice Guideline: Hypnotherapy**

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3 **Date of Implementation: July 13, 2006**

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5 **Product: Specialty**

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7

8 **GUIDELINES**

9 American Specialty Health – Specialty (ASH) considers Hypnotherapy medically
10 necessary for the following conditions/settings:

- 11 • Labor and childbirth
- 12 • Breast cancer care
- 13 • Pediatric oncology procedures

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15 Hypnosis is considered unproven for all other conditions/settings.

16

17 **DESCRIPTION/BACKGROUND**

18 Hypnosis is a field with many applications. The American Psychological Association’s
 19 definition of hypnosis states that in hypnosis, one person (the patient) is guided by another
 20 (the hypnotist) to respond to suggestions for changes in perceptions, sensations, thoughts,
 21 or behavior. The Society of Psychological Hypnosis defines hypnosis as “a state of
 22 consciousness involving focused attention and reduced peripheral awareness characterized
 23 by an enhanced capacity for response to suggestion.” The American Society of Clinical
 24 Hypnosis gives a similar description, stating “hypnosis is a state of inner absorption,
 25 concentration, and focused attention.” They state that when our minds are concentrated,
 26 we are able to use our minds more powerfully. ASCH also states that professionals use
 27 “clinical hypnosis to bring about both psychological and physiological change” in several
 28 ways including using mental imagery, presenting suggestions or ideas compatible with the
 29 patient’s goal, or to encourage unconscious exploration of underlying thoughts and
 30 motivations. Hypnosis is currently hypothesized to bypass critical observation and
 31 interference of the conscious mind. One of the myths surrounding hypnosis is that it makes
 32 a patient lose control and surrender his/her will to the hypnotist. In fact, only a very small
 33 percentage of patients (and practitioners) practice hypnosis at a very deep level of trance
 34 referred to as somnambulism. In this state, suggestions by the therapist may be more
 35 powerful, but it is estimated that only about 20-30% of people are even susceptible to this
 36 deeper level of trance, while only 5 - 10% of the population can be hypnotized to the point
 37 of experiencing visual hallucinations. The primary clinical application of hypnosis is what
 38 is referred to as hypnotherapy. Hypnotherapy is the application of hypnosis as a form of
 39 treatment, and it is generally used for relieving and managing pain, situational distress, and
 40 for psychological disorders. Hypnotherapy is used as an adjunct to the practice of licensed
 41 physicians and psychologists.

1 Franz Mesmer, a German physician, introduced hypnosis to the medical community in the
 2 late 18th century as Mesmerism. Mesmer soon fell out of favor in the medical community
 3 and later the term was changed by a British physician to hypnosis from the Greek “hypnos,”
 4 to sleep. The field of hypnosis has grown and changed in the past 150 years and is now
 5 used in many ways, including medicine, entertainment, and business.

6
 7 Hypnotherapy practice, as a branch of hypnosis, is further divided into two camps, the
 8 traditional or script-based approach and the modern, Eriksonian approach. They are also
 9 sometimes better known as the direct or authoritative hypnosis, and indirect, or permissive
 10 hypnosis, respectively. The authoritarian hypnotists’ practice descends from the oldest
 11 schools of hypnosis and is based on the concept that the hypnotist is the authority, imposing
 12 both the trance state and the resolution upon the subject. It is believed that this traditional
 13 approach is the simplest and easiest form of hypnotherapy, and it can even be undertaken
 14 by oneself. Eriksonian hypnotists, on the other hand, base their work on the teachings of
 15 Milton Erickson, M.D. a physician and psychiatrist in the mid-20th century. Erickson held
 16 that trance was not a deep state that needed induction but rather a lighter drifting of the
 17 mind that occurred in people every day such as when minds wander while one is waiting
 18 for a train or involved in strenuous exercise. This conceptualization of trance is more
 19 patient controlled than therapist controlled and is related to becoming relaxed and clearing
 20 the mind of other thoughts. Additionally, this approach is a subtle, respectful method that
 21 uses indirect suggestions. It is advantageous over the traditional approach in that it’s more
 22 accommodative, more ethical, and more effective. In this way one can focus one’s own
 23 mental state. The most common clinical application of this is in the management and relief
 24 of pain.

25
 26 A typical session for pain management includes relaxation and guided imagery exercises.
 27 A session may also include hypnotic suggestions of analgesia that a patient can use as a
 28 cue to induce pain relief outside of the hypnotherapy session. Hypnotherapy embraces
 29 several methods used in other mind/body techniques such as relaxation and guided imagery
 30 and the self-hypnosis training that most pain management patients receive is similar to
 31 many mental imagery exercises.

32 33 **EVIDENCE REVIEW**

34 There are numerous randomized controlled trials (RCTs) evaluating hypnosis for
 35 therapeutic purposes; the majority of them are small and provide promising, but low-
 36 quality evidence for the effectiveness of hypnosis (Bissonnette et al., 2022; Chamine et al.,
 37 2018; Fisch et al., 2017; Lam et al., 2015; Madden et al., 2016; Pathak et el., 2020) Many
 38 of them evaluate the use of hypnosis for pain, with headache being the most common topic.
 39 They all use differing outcome measures which makes it difficult to compare or evaluate
 40 the body of research cumulatively. For example, a review by Jensen and Patterson (2006)
 41 was expansive and thorough, critically evaluating studies of hypnosis for pain due to
 42 various conditions. They found that the findings concerning pain treatment with hypnosis

1 were consistently positive; however, they point out the need for improving methodological
 2 process in hypnosis studies including the use of a workable placebo for hypnosis, rather
 3 than evaluating hypnosis only in comparison to other treatment methods.

4
 5 Of note, most studies do find hypnosis outcomes to be remarkably similar to relaxation and
 6 other mind/body therapies, highlighting the frequent overlap between these mind/body
 7 techniques. In addition, Patterson & Jensen (2003) noted that hypnotic procedures affect
 8 the central nervous system indicating some physiological mechanism as the basis of
 9 hypnotic analgesia. More recently, Vanhaudenhuyse et al. (2014) documented the brain
 10 mechanisms underlying the modulation of pain perception under hypnotic conditions
 11 involve the anterior cingulate and prefrontal cortices, basal ganglia, and thalami.

12 13 **Labor and Childbirth**

14 Cyna et al. (2004) concluded hypnosis decreased the need for other analgesia during
 15 childbirth. However, in a Cochrane review by Jones et al. (2012), summarized the evidence
 16 from Cochrane systematic reviews on the efficacy and safety of non-pharmacological and
 17 pharmacological interventions to manage pain in labor. If Cochrane did not have a review,
 18 authors considered non-Cochrane reviews. Each Cochrane review included comparisons
 19 with placebo, standard care or with a different intervention according to a predefined
 20 hierarchy of interventions. A total of 15 Cochrane reviews (255 included trials) and 3 non-
 21 Cochrane reviews (55 included trials) for inclusion within this overview. The authors
 22 concluded that most methods of non-pharmacological pain management are non-invasive
 23 and appear to be safe for mother and baby, however, their efficacy is unclear, due to limited
 24 high quality evidence. There is more evidence to support the efficacy of pharmacological
 25 methods, but these have more adverse effects. Thus, epidural analgesia provides effective
 26 pain relief but at the cost of increased instrumental vaginal birth and risk of nerve/spinal
 27 cord injury. With regards to hypnosis, there was insufficient evidence to make judgments
 28 on whether or not hypnosis is more effective than placebo or other interventions for pain
 29 management. Authors noted that it was difficult to pool results and draw conclusions on
 30 all of the evidence because of the variation in outcome measures.

31
 32 Madden et al. (2012) completed a Cochrane review on hypnosis for pain management
 33 during labor and childbirth. They concluded that there remain only a small number of
 34 studies assessing the use of hypnosis for labor and childbirth. Although the intervention
 35 shows some promise, further research is needed before recommendations can be made
 36 regarding its clinical usefulness for pain management in maternity care.

37
 38 Madden et al. (2016) updated an earlier version of the review completed in 2012. This
 39 review examined the effectiveness and safety of hypnosis for pain management during
 40 labor and childbirth. Nine trials randomizing a total of 2,954 women were included. In this
 41 updated review authors compared hypnosis interventions with all control groups (main
 42 comparison) and also with specific control conditions: standard care (9 RCTs), supportive

1 counselling (2 RCTs) and relaxation training (2 RCTs). Authors concluded that there are
2 still only a relatively small number of studies assessing the use of hypnosis for labor and
3 childbirth. Hypnosis may reduce the overall use of analgesia during labor, but not epidural
4 use. No clear differences were found between women in the hypnosis group and those in
5 the control groups for satisfaction with pain relief, sense of coping with labor or
6 spontaneous vaginal birth.

7
8 Catsaros & Wendland (2020) conducted a systematic review on the impact of hypnosis-
9 based interventions during pregnancy and childbirth. Nine articles met their inclusion
10 criteria, but the methodological value of the articles was limited for half of the studies (as
11 4 studies scored 60% or less on the Mixed Methods Appraisal Tool). Despite this
12 methodological limitation, the results suggest hypnosis-based interventions alleviate fear
13 and pain and enhance sense of control during labor. An updated systematic review of the
14 psychological impact of hypnosis on pregnancy and childbirth by Catsaros & Wendland
15 (2023) found that two studies of hypnosis during pregnancy showed an association between
16 the hypnosis during pregnancy and improved women’s postnatal wellbeing.

17 **Breast Cancer Care**

18 Elkins et al. (2004) found that hypnosis was effective at reducing hot flash symptoms in
19 breast cancer patients. Cramer et al. (2015) completed a Cochrane review on hypnosis for
20 breast cancer care. Thirteen RCTs with 1357 patients were included. In women undergoing
21 diagnostic breast biopsy (3 RCTs), hypnosis positively influenced pain and distress; one
22 RCT on breast cancer surgery found effects of hypnosis on pain, distress, fatigue, and
23 nausea. For women undergoing radiotherapy (3 RCTs), hypnosis combined with cognitive-
24 behavioral therapy improved distress and fatigue. In 3 RCTs on women with and without
25 a history of breast cancer experiencing hot flashes, hypnosis improved hot flashes and
26 distress. Three RCTs on women with metastatic breast cancer found effects on pain and
27 distress. Authors found sparse but promising evidence for the effectiveness of hypnosis in
28 breast cancer care. Additional research is needed to help address broader symptoms and
29 populations (Carlson et al., 2018).

30
31 Potié et al., (2016) summarized the data published on the use of perioperative hypnosis in
32 patients undergoing breast cancer surgery (BCS). Indeed, the majority of BCS patients
33 experience stress, anxiety, nausea, vomiting, and pain. Authors conclude that because of
34 its specific properties and techniques allowing it to be used as complementary treatment
35 preoperatively, hypnosis has an impact most notably on distress and postoperative pain.
36 During surgery, hypnosis may be applied to limit immunosuppression, while, in the
37 postoperative period, it can reduce pain, anxiety, and fatigue and improve wound healing.
38 Moreover, hypnosis is inexpensive, an important consideration given current financial
39 concerns in healthcare.
40

1 A systematic review and meta-analysis by Zeng et al. (2022) examined preoperative
 2 anxiety that can worsen pain and tension as well as interfere with surgery and postoperative
 3 recovery. Eight studies included 1,242 patients; 630 received pre-surgery hypnosis, while
 4 618 did not. Findings showed that the application of hypnosis before surgery not only
 5 decreased anxiety levels in patients, but also reduced postoperative pain. However, it
 6 should be noted that hypnosis did not shorten operation time, or improve postoperative
 7 nausea, or vomiting side effects.

8 9 **Pediatric Oncology**

10 Every year, about 15,600 children are diagnosed with cancer (Fuller et al., 2022). Pain and
 11 distress are common in children who undergo medical procedures. Geagea et al. (2023)
 12 reviewed 38 studies involving 2,205 children, finding that there is potential benefit from
 13 clinical hypnosis for procedural pain and distress in pediatric oncology. It is important to
 14 note that “...researchers implementing clinical hypnosis should adequately report
 15 interventions or use treatment manuals, follow recommended research guidelines, and
 16 assess the fidelity of intervention delivery to promote replicating and comparing
 17 interventions.”

18
19 Landier and Tse (2010) reviewed the use of complementary and alternative medical
 20 interventions for the management of procedure-related pain, anxiety, and distress in
 21 pediatric oncology. A total of 32 articles met inclusion criteria. Results suggest that mind-
 22 body interventions, including hypnosis, distraction, and imagery, may be effective, alone
 23 or as adjuncts to pharmacological interventions, in managing procedure-related pain,
 24 anxiety, and distress in pediatric oncology. More recently, an evidence-based decision aid
 25 was developed to help guide parents of children with cancer about the use of
 26 complementary and alternative medicine (CAM) given parents’ emphasis on the
 27 importance of having reliable information about alternative treatment modalities (Jong et
 28 al., 2019).

29 30 **Irritable Bowel Syndrome**

31 Tan et al. (2005) found that hypnosis was a highly efficacious treatment for irritable bowel
 32 syndrome. A systematic review with meta-analysis performed by Markin et al. (2022)
 33 looked at 9 studies of 867 patients and confirmed that hynotherapy is more effective in the
 34 reduction of gastrointestinal symptoms in those with IBS compared to controls. It found
 35 that more than 7 sessions of hynotherapy more than once per week, with a minimum
 36 duration of 45 minutes per session was most effective. Krouwel et al. (2021) concurs that
 37 sample sizes tended to be small, so more studies are needed to confirm findings.

38 39 **Fibromyalgia**

40 Zech et al. (2017) completed a systematic review and meta-analysis on the efficacy,
 41 acceptability, and safety of guided imagery/hypnosis on those suffering from fibromyalgia.
 42 Their findings indicate a 50% or greater rate of pain relief, a 20% or greater improvement

1 in health-related quality of life, psychological distress, disability acceptability, and safety
 2 after a 3 month follow up. In total, 7 randomly controlled trials were reviewed, which
 3 included 387 subjects where hypnosis and guided imagery were compared against controls.
 4 Additionally, 2 studies combined hypnosis with cognitive-behavioral therapy (CBT)
 5 demonstrated favorable outcomes.

6 **Low Back Pain**

7 Powell et al. (2016) reviewed randomized controlled trials of the effects of psychological
 8 preparation on postoperative outcomes in adults (16 years or older) undergoing elective
 9 surgery under general anesthetic. They included studies testing a preoperative
 10 psychological intervention that included at least one of these seven techniques: procedural
 11 information; sensory information; behavioral instruction; cognitive intervention;
 12 relaxation techniques; hypnosis; emotion-focused intervention. They included studies that
 13 examined any one of four postoperative outcome measures (pain, behavioral recovery,
 14 length of stay, negative affect) within one-month post-surgery.

15
 16 Authors concluded that the evidence suggested that psychological preparation may be
 17 beneficial for the outcomes postoperative pain, behavioral recovery, negative affect and
 18 length of stay, and is unlikely to be harmful. However, at present, the strength of evidence
 19 is insufficient to reach firm conclusions on the role of psychological preparation for
 20 surgery. Thus, further analyses are needed to explore the heterogeneity in the data of
 21 Powell et al. (2016), to identify more specifically when various intervention techniques are
 22 of benefit. As the current evidence quality is low or very low there is a need for well-
 23 conducted and clearly reported research.

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