
GUIDELINE 14

Hypnosis

Description

Hypnosis is a procedure, generally established by an induction, during which suggestions for alterations in behavior and mental processes, including sensations, perceptions, emotions, and thoughts, are provided. An induction procedure typically entails instructions to disregard extraneous concerns and focus on the experiences and behaviors that the therapist suggests, or that may arise spontaneously. Although many inductions use some type of relaxation instructions, others emphasize instead mental alertness and physical activity. Hypnosis can bring about a narrow focus of attention, enhanced suggestibility, and alterations in consciousness (e.g., in time perception, in body image). Individuals differ in their level of responsiveness to hypnotic suggestion, which is positively related to treatment efficacy. Hypnosis, which is not a therapy per se but an adjunct to psychodynamic, cognitive-behavioral, or other therapies, has been shown to significantly enhance therapeutic efficacy in a variety of clinical conditions. The use of hypnosis in clinical practice requires appropriate professional training and credentialing. Health care professionals should only use its techniques within their areas of professional expertise.

General Strength of the Evidence

The literature contains two randomized, controlled clinical trials of hypnosis for various types of posttraumatic symptomatology. The older study showed that hypnosis significantly decreased intrusion and avoidance symptoms, and seemed to do it in fewer sessions than the comparison treatments. The newer study found that hypnosis plus cognitive-behavioral therapy (CBT) had a

larger therapeutic effect for reexperiencing than did CBT alone at the end of treatment, although at a 3-year follow-up the effects of CBT and CBT plus hypnosis were equivalent. Thus, early treatment including hypnosis produced greater symptom reduction. There is also a series of systematic single-case designs that supports the use of hypnosis for posttraumatic conditions with adults and with children, in addition to an extensive literature that supports the efficacy of hypnosis for posttraumatic conditions, mostly based on service and case studies, going back to the 19th century (Levels C and D).

Course of Treatment

Hypnotic techniques can be easily integrated with diverse approaches to the treatment of traumatic stress syndromes, including exposure to trauma-related stimuli in a context that helps patients manage their reactions to them, cognitive restructuring of the meaning of the traumatic experience, and coping skills training—using hypnosis to help manage trauma-related hyperarousal. In a three-stage model of treatment, hypnotic techniques may be used in the following ways:

1. In the initial phase, hypnosis can be used to stabilize the patient by providing techniques to enhance relaxation and establish cues to induce a calm state outside of the therapeutic context. Specific suggestions may also be used to enhance ego strength and a sense of safety, to contain traumatic memories, and to reduce, or at least better control, symptoms such as anxiety or nightmares. Finally, hypnosis is widely believed to intensify the therapist–patient relationship, which can then enhance therapeutic purposes.

2. In the second stage of working through and resolving traumatic memories, various hypnotic techniques can help to pace and control the investigation, integration, and resolution of traumatic memories. In this context, the patient may learn to modulate his or her emotional and cognitive distance from the traumatic material, and better integrate traumatic memories. Projective and restructuring techniques, such as an imaginary split screen to represent different aspects of the traumatic experience, may be especially advantageous in this stage.

3. Finally, goals in the third stage include achieving a more adaptive integration of the traumatic experience into the patient's life, maintaining more adaptive coping responses, and furthering personal development. Hypnotic techniques may be helpful in providing strategies to focus intentionally and shift attention as necessary; they may also be helpful in self-integration, through, for instance, rehearsals in fantasy of a more adaptive self-image, of new activities, and so on.

Throughout these three basic stages, hypnosis may be used to facilitate eight important tasks for patients with posttraumatic stress disorder (PTSD): con-

fronting the traumatic material, facilitating the conscious experience of aspects of the trauma that might have been dissociated, confessing embarrassing or painful deeds or emotions, providing appropriate consolation and sympathy for painful experiences, condensing various aspects of trauma into representative and more manageable images, enhancing concentration and mental control instead of falling prey to unbidden and distressing mental episodes, and facilitating an adaptive congruence in various areas of the patient's personal and social life. In the case of a recent traumatic event, without a history of chronic pathology, our observation has been that hypnotic techniques can facilitate recovery in a matter of a few sessions. Chronic and more complicated clinical pictures typically require lengthier treatment.

Summary

Indications

1. Hypnotic techniques may be especially useful for symptoms often associated with posttraumatic conditions, such as dissociation and nightmares, for which hypnotic techniques have been successfully used (Level C).

2. Patients with PTSD who manifest at least moderate hypnotizability may benefit from the addition of hypnotic techniques to their treatment (Level D).

3. Hypnotic techniques may be easily integrated into diverse approaches, including psychodynamic or cognitive-behavioral therapies, and pharmacotherapy. Although clinical observations suggest such integration for PTSD, we need more data that directly evaluate whether the addition of hypnosis enhances the efficacy of those treatments.

4. Because confronting traumatic memories may be very difficult for some patients with PTSD, hypnotic techniques may provide a means to modulate their emotional and cognitive distance from such memories as patients work through them therapeutically (Level D).

5. For patients with PTSD who may have experienced dissociative phenomena at the time of traumatic events, a similar state induced in hypnosis may potentially enhance a fuller recall of those events, especially if there are no other strong cues to the event (Level F).

Contraindications

1. In the rare cases of individuals who are refractory or minimally responsive to hypnotic suggestions, hypnotic techniques may not be beneficial because there is some evidence that hypnotizability is related to treatment outcome.

2. Some patients with PTSD may resist the use of hypnosis because of mistaken preconceptions or other reasons. If this resistance is not softened

after mistaken assumptions about hypnosis are dispelled, other suggestive techniques that do not involve the term “hypnosis” or an induction procedure, such as emotional self-regulation therapy, may be employed (Level F).

3. For patients with low blood pressure or proneness to fall asleep, a hypnotic procedure that emphasizes alertness rather than relaxation can be tried (Level F).

Potential complications of using hypnosis for PTSD include exaggerated confidence in the veracity of memories produced during hypnosis and the possible creation of pseudomemories, or “false memories,” especially among highly suggestible individuals given misleading information. A number of studies have shown that hypnosis facilitates improved recall of both true and confabulated material, with no change in overall accuracy. Providing accurate information about the nature of hypnosis and memory, and warning patients about the potentially unwarranted confidence in memories obtained through hypnosis or other techniques, may minimize this concern. Clinicians should be especially careful with patients who may want to use hypnotic techniques to access “unremembered” episodes of previous abuse.

There may also be legal ramifications to the use of hypnosis for accessing memories of traumatic events, for instance, in the case of witnessing a crime, when the ability of victims to testify in court may be challenged if they were hypnotized. In these situations, it is wise to discuss such issues in advance with the attorneys and police officials involved in the case, and to record electronically all contacts with the patient.

Suggested Readings

- Degun-Mather, M. (2006). *Hypnosis, dissociation and survivors of child abuse*. Chichester, UK: Wiley.
- Kirsch, I., Capafons, A., Cardeña, E., & Amigó, S. (Eds.). (1998). *Clinical hypnosis and self-regulation therapy: A cognitive-behavioral perspective*. Washington, DC: American Psychological Association.
- Lynn, S. J., & Cardeña, E. (2007). Hypnosis and the treatment of posttraumatic conditions: An evidence-based approach. *International Journal of Clinical and Experimental Hypnosis*, 55, 167–188.
- Spiegel, H., & Spiegel, D. (2004). *Trance and treatment: Clinical uses of hypnosis* (2nd ed.). Washington, DC: American Psychiatric Press.