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## **REVIEW OF MEDICAL RESEARCH ON EFFECTIVENESS OF HYPNOSIS FOR MEDICAL CONDITIONS**

**From the Mayo Clinic:** Literature Review of research articles published from 1966 – 2004: Steward, James. [Hypnosis In Contemporary Medicine](#). Here's how to read the full article or download a PDF:

- Go to [www.mayoclinicproceedings.com/](http://www.mayoclinicproceedings.com/)
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- Scroll down and click on "April 2005, Vol. 80, No.4"
- Scroll down to "Reviews"
- Click on "**HYPNOSIS IN CONTEMPORARY MEDICINE**" James Stewart (PDF or Full Text)

**JAMA Article On Hypnosis For Pain Management:**

<http://jama.ama-assn.org/cgi/content/full/283/1/118>

## **Hypnosis and Anxiety**

by Gérard V. Sunnen, M.D.

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FOR THE COMPLETE ARTICLE, go to

<http://www.triroc.com/sunnen/topics/hypn&anxiety.htm>

Anxiety and anxiety-related conditions are the most common psychological afflictions of man and account for a major percentage of initial complaints to psychiatrists as well as to general practitioners. Although it is estimated that some 5% of the population may suffer from acute or chronic anxiety, with women outnumbering men two to one (Cohen and White, 1950), the numbers are probably significantly higher.

As a symptom, anxiety is a final common pathway for many conditions, physical as well as psychological. As syndromes, anxiety disorders are under intensive study to define more precisely their etiologies and clinical outcomes. Recent studies, showing disturbances of lactate metabolism in certain anxious individuals, point to the possibility that some anxiety states, like some depressive states, have strong biological and genetic determinants.

**Hypnosis finds its most common clinical utilization in the treatment of anxiety and its related states, not only because of anxiety's prevalence, but because hypnosis has such a clear role as a potent anti-anxiety agent.**

## **SUGGESTED READING AND REFERENCES**

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## **SCIENTIFIC RESEARCH ON HYPNOTHERAPY'S EFFECTIVENESS FOR ANXIETY**

Comparison of hypnosis and distraction in severely ill children undergoing painful medical procedures.

by Smith, Julien T.; Barabasz, Arreed; Barabasz, Marianne  
from *Journal of Counseling Psychology*. 1996 Apr Vol 43(2) 187-195

Litz, Brett T.; Keane, Terence M. (1989). Information processing in anxiety disorders: Application to the understanding of post-traumatic stress disorder. *Clinical Psychology Review*, 9, 243-257.

Progressive and imaginal relaxation training for elderly persons with subjective anxiety. exercise  
by Scogin, Forrest; Rickard, Henry C.; Keith, Steven; Wilson, Jennifer; et al  
*Psychology & Aging*. 1992 Sep Vol 7(3) 419-424

A component analysis of cognitive-behavioral therapy for generalized anxiety disorder and the role of interpersonal problems.

by Borkovec, T. D.; Newman, Michelle G.; Pincus, Aaron L.; Lytle, Richard  
*Journal of Consulting & Clinical Psychology*. 2002 Apr Vol 70(2) 288-298

Relaxation and cognitive-relaxation treatments of general anger.

by Deffenbacher, Jerry L.; Stark, Robert S.

from Journal of Counseling Psychology. 1992 Apr Vol 39(2) 158-167

Cognitive-behavioral stress management intervention effects on anxiety, 24-hr urinary norepinephrine output, and T-cytotoxic/suppressor cells over time among symptomatic HIV-infected gay men.

by Antoni, Michael H.; Cruess, Dean G.; Cruess, Stacy; Lutgendorf, Susan; Kumar, Mahendra; Ironson, Gail; Klimas, Nancy; Fletcher, Mary Ann; Schneiderman, Neil

Journal of Consulting & Clinical Psychology. 2000 Feb Vol 68(1) 31-45

Sapp, Marty (1992). Relaxation and hypnosis in reducing anxiety and stress. Australian Journal of Clinical Hypnotherapy and Hypnosis, 13 (2), 39-55.

From: [http://www.hypnoticmp3.com/hypnosis\\_research.htm](http://www.hypnoticmp3.com/hypnosis_research.htm)

## PSYCHOLOGICAL APPLICATIONS for HYPNOTHERAPY

### ANXIETY:

50. In a report by David Spiegel in the Harvard Mental Health Letter, the research was cited that Hypnosis methods have been used successfully for anxiety associated with medical procedures.

51. Two hundred forty-one patients who were undergoing percutaneous vascular and renal procedures were randomly tested on three testing regimens, one of which was Hypnosis. Patients rated their pain and anxiety on 1-10 scales before, every 15 minutes during, and after the procedures. Pain remained flat over the duration of procedure time in the Hypnosis group; pain increased linearly with procedure time in both other groups. Anxiety decreased over time in all three groups; the sharpest decrease was in the group that was hypnotized. Procedure times were significantly shorter in the Hypnosis group. In addition, Hypnosis showed itself to be superior in improving hemodynamic stability.

### PHOBIC REACTIONS:

52. In a report by David Spiegel in the Harvard Mental Health Letter, the following research was cited: One seven-year study showed that 50% of patients afraid of flying were improved or cured after Hypnosis treatment for a fear of flying.

From: <http://www.counselorsassociated.com/lifechange3b.htm>

## Overview of Published Research To Date on Hypnosis for IBS

By [Olafur S. Palsson, Psy.D.](#)

*Last updated March 15, 2006*

From: <http://www.ibshypnosis.com/IBSresearch.html>

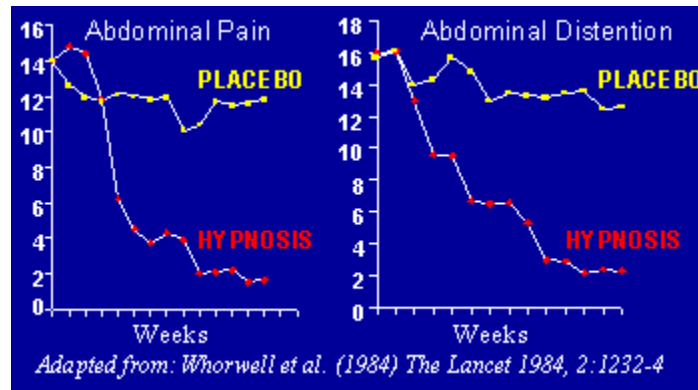
**Whorwell PJ; Prior A; Faragher EB. Controlled trial of hypnotherapy in the treatment of severe refractory irritable-bowel syndrome. The Lancet 1984, 2: 1232-4.**

This study is the earliest and perhaps the best study in this research area to date, as it was thoroughly placebo-controlled and showed dramatic contrast in response to hypnosis treatment above the placebo group. Thirty patients with severe symptoms unresponsive to other treatment

were randomly chosen to receive 7 sessions of hypnotherapy (15

patients) or 7 sessions of psychotherapy plus placebo pills (15 patients). The psychotherapy group showed a small but significant improvement in abdominal pain and distension, and in general well-being but not bowel activity pattern. The hypnotherapy patients showed a dramatic improvement in all central symptom. The hypnotherapy group showed no relapses during the 3-month follow-up period.

Graph adapted from the above paper, showing group differences in two of the main IBS symptoms:



**Whorwell PJ; Prior A; Colgan SM. Hypnotherapy in severe irritable bowel syndrome: further experience. Gut, 1987 Apr, 28:4, 423-5.**

This report summed up further experience with 35 patients added to the 15 treated with hypnotherapy in the 1984 Lancet study. For the whole 50 patient group, success rate was 95% for classic IBS cases, but substantially less for IBS patients with atypical symptom picture or significant psychological problems. The report also observed that patients over age 50 seemed to have lower success rate from this treatment.

**Harvey RF; Hinton RA; Gunary RM; Barry RE. Individual and group hypnotherapy in treatment of refractory irritable bowel syndrome. Lancet, 1989 Feb, 1:8635, 424-5.**

This study employed a shorter hypnosis treatment course than other studies for IBS, and the success rate was lower, most likely demonstrating that a larger number of sessions is necessary for optimal benefit. Twenty out of 33 patients with refractory irritable bowel syndrome treated with four sessions of hypnotherapy in this study improved. Improvement was maintained at a 3-month treatment. These researchers further found that hypnosis treatment for IBS in groups of up to 8 patients seems as effective as individual therap

**Prior A, Colgan SM, Whorwell PJ. Changes in rectal sensitivity after hypnotherapy in patients with irritable bowel syndrome. Gut 1990;31:896.**

This study found IBS patients to be less sensitive to pain and other sensations induced via balloon inflation in their gut while they were under hypnosis. Sensitivity to some balloon-induced gut sensations (although not pain sensitivity) was reduced following a course of hypnosis treatment.

**Houghton LA; Heyman DJ; Whorwell PJ. Symptomatology, quality of life and economic features of irritable bowel syndrome--the effect of**

**hypnotherapy. Aliment Pharmacol Ther, 1996 Feb, 10:1, 91-5.**

This study compared 25 severe IBS patients treated with hypnosis to 25 patients with similar symptom severity treated with other methods, and demonstrated that in addition to significant improvement in all central IBS symptoms, hypnotherapy recipients had fewer visits to doctors, lost less time from work than the control group and rated their quality of life more improved. Those patients who had been unable to work prior to treatment resumed employment in the hypnotherapy group but not in the control group. The study quantifies the substantial economic benefits and improvement in health-related quality of life which result from hypnotherapy for IBS on top of clinical symptom improvement.

**Koutsomanis D. Hypnoanalgesia in the irritable bowel syndrome. Gastroenterology 1997, 112, A764.**

This French study showed less analgesic medication use required and less abdominal pain experienced by a group of 12 IBS patients after a course of 6-8 analgesia-oriented hypnosis sessions followed by 4 sessions of autogenic training. Patients were evaluated at 6-month and 12-month follow-up.

**Houghton LA, Larder S, Lee R, Gonsalcorale WM, Whelan V, Randles J, Cooper P, Cruikshanks P, Miller V, Whorwell PJ. Gut focused hypnotherapy normalises rectal hypersensitivity in patients with irritable bowel syndrome (IBS). Gastroenterology 1999; 116: A1009.**

Twenty-three patients each received 12 sessions of hypnotherapy. Significant improvement was seen in the severity and frequency of abdominal pain, bloating and satisfaction with bowel habit. A subset of the treated patients who were found to be unusually pain-sensitive in their intestines prior to treatment (as evidenced by balloon inflation tests) showed normalization of pain sensitivity, and this change correlated with their pain improvement following treatment. Such pain threshold change was not seen for the treated group as a whole.

**Vidakovic Vukic M. Hypnotherapy in the treatment of irritable bowel syndrome: methods and results in Amsterdam. Scand J Gastroenterol Suppl, 1999, 230:49-51.** Reports results of treatment of 27 patients of gut-directed hypnotherapy tailored to each individual patient. All of the 24 who completed treatment were found to be improve.

**Galovski TE; Blanchard EB. Appl Psychophysiol Biofeedback, 1998 Dec, 23:4, 219-32.** Eleven patients completed hypnotherapy, with improvement reported for all central IBS symptoms, as well as improvement in anxiety. Six of the patients were a waiting-control group for comparison, and did not show such improvement while waiting for treatment.

**Gonsalkorale WM, Houghton LA, Whorwell PJ. Hypnotherapy in irritable bowel syndrome: a large-scale audit of a clinical service**

**with examination of factors influencing responsiveness. Am J Gastroenterol 2002 Apr;97(4):954-61.**

This study is notable as the largest case series of IBS patients treated with hypnosis and reported on to date. 250 unselected IBS patients were treated in a clinic in Manchester, England, using 12 sessions of hypnotherapy over a 3-month period plus home practice between sessions. Marked improvement was seen in all IBS symptoms (overall IBS severity was reduced by more than half on the average after treatment), quality of life, and anxiety and depression. All subgroups of patients appeared to do equally well except males with diarrhea, who improved far less than other patients for unknown reason.

**Palsson OS, Turner MJ, Johnson DA, Burnett CK, Whitehead WE. Hypnosis treatment for severe irritable bowel syndrome: investigation of mechanism and effects on symptoms. Dig Dis Sci 2002 Nov;47(11):2605-14.**

Possible physiological and psychological mechanisms of hypnosis treatment for IBS were investigated in two studies. Patients with severe IBS received seven biweekly hypnosis sessions and used hypnosis audiotapes at home. Rectal pain thresholds and smooth muscle tone were measured with a barostat before and after treatment in 18 patients (study I), and treatment changes in heart rate, blood pressure, skin conductance, finger temperature, and forehead electromyographic activity were assessed in 24 patients (study II). Somatization, anxiety, and depression were also measured. All central IBS symptoms improved substantially from treatment in both studies. Rectal pain thresholds, rectal smooth muscle tone, and autonomic functioning (except sweat gland reactivity) were unaffected by hypnosis treatment. However, somatization and psychological distress showed large decreases. In conclusion, hypnosis improves IBS symptoms through reductions in psychological distress and somatization. Improvements were unrelated to changes in the physiological parameters measured. 17 of 18 patients in study 1 and 21 of 24 patients in study 2 were judged substantially improved. Improvement was well-maintained at 10-12 month follow up in study 2.

**Lea R, Houghton LA, Calvert EL, Larder S, Gonsalkorale WM, Whelan V, Randles J, Cooper P, Cruickshanks P, Miller V, Whorwell PJ. Gut-focused hypnotherapy normalizes disordered rectal sensitivity in patients with irritable bowel syndrome. Alimentary Pharmacology & Therapeutics 2003 Mar 1;17(5):635-42.**

This study evaluated the rectal sensitivity changes in IBS patients who received hypnotherapy, like a previous study by the same group (see Houghton et al's study above, but using a slightly different methodology). Twenty-three IBS patients were tested before and after 12 weeks of hypnotherapy. Following the course of hypnotherapy, the mean pain sensory threshold increased in the hypersensitive subgroup and tended to decrease in the hyposensitive group, although the I. Reduction in gut pain sensitivity was associated with a reduction in abdominal pain. These results suggest that hypnotherapy may work at least partly by normalizing bowel perception in those patients who have abnormal gut sensitivity, while leaving normal

sensation unchanged.

**Gonsalkorale WM, Miller V, Afzal A, Whorwell PJ. Long term benefits of hypnotherapy for irritable bowel syndrome. Gut. 2003 Nov;52(11):1623-9.**

In this study, 204 IBS patients treated with a course of hypnotherapy completed questionnaires scoring symptoms, quality of life, anxiety, and depression before, immediately after, and up to six years following treatment. 71% of patients showed improvement in response to treatment initially, and of those, 81% were still improved years later, while most of the other 19% only reported slight worsening of symptoms. Quality of life and anxiety or depression scores were also still significantly improved at follow-up but showed some deterioration. Patients also reported fewer doctor visits rates and less medication use long-term after hypnosis treatment. These results indicate that for most patients the benefits from hypnotherapy last at least five years.

**Gonsalkorale WM, Toner BB, Whorwell PJ. J Psychosom Res. 2004 Mar;56(3):271-8. Cognitive change in patients undergoing hypnotherapy for irritable bowel syndrome.**

Cognitive changes were evaluated in 78 IBS patients who completed a 12-session hypnosis treatment course, using the recently developed Cognitive Scale for Functional Bowel Disorders. Hypnotherapy resulted in improvement of symptoms, quality of life, anxiety and depression. Unhelpful IBS-related cognitions improved significantly, with reduction in the total cognitive score and all component themes related to bowel function. Overall symptom reduction correlated with an improvement on the cognitive scale.

**Palsson OS, Turner MJ, Whitehead WE. Hypnosis home treatment for irritable bowel syndrome: a pilot study. Int J Clin Exp Hypn. 2006 Jan;54(1):85-99.**

A 3-month home-treatment version of a scripted hypnosis protocol previously shown to improve all central IBS symptoms was completed by 19 IBS patients. Outcomes were compared to those of 57 matched IBS patients from a separate study receiving only standard medical care. Ten of the hypnosis subjects (53%) responded to treatment by 3-month follow-up (response defined as more than 50% reduction in IBS severity) vs. 15 (26%) of controls. Hypnosis subjects improved more in quality of life scores compared to controls. Anxiety predicted poor treatment response. Hypnosis responders remained improved at 6-month follow-up. Although response rate was lower than previously observed in therapist-delivered treatment, hypnosis home treatment may double the proportion of IBS patients improving significantly across 6 months.

**Barabasz A, Barabasz M. Effects of tailored and manualized hypnotic inductions for complicated irritable bowel syndrome patients. Int J Clin Exp Hypn. 2006 Jan;54(1):100-12.**

This small clinical pilot study provided preliminary data on the effects of hypnotic inductions tailored to an irritable bowel syndrome patient in

each session compared to Palsson's fully scripted (standardized) protocol. A total of eight IBS patients previously unresponsive to any treatment were assigned randomly to either the tailored or standardized induction condition. Other than pre-testing for hypnotizability, the procedure followed for the standardized group (four subjects) was exactly as prescribed by O. Palsson (1998). The same scripts were used for the other (tailored) group of four patients except that the inductions were individualized. Patients showed favorable treatment response immediately post-treatment and at 10-month follow-up. Only the tailored group showed no incapacitating pain at post-treatment but greater emotional stress than the standardized group. The tailored group continued to improve and showed better results than the standardized group at 10-month follow-up, and the post-treatment emotional distress had decreased significantly

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