CORRESPONDENCE

The Efficacy, Safety, and Applications of Medical Hypnosis—a Systematic Review of Meta-analyses

by Prof. Dr. med. Winfried Häuser, Dr. phil. Dipl.-Psych. Maria Hagl, Dr. med. dent. Albrecht Schmierer, and Prof. Dr. med. Dr. rer. nat. Ernil Hansen
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Stepwise Active Hypnosis

In their work on "The Efficacy, Safety, and Applications of Medical Hypnosis," the authors have thankfully reminded us about procedures that have been lost from view in psychotherapy for decades (1). In such a retrospect, the "stepwise active hypnosis" from Ernst Kretschmer (1949) comes to mind (2). "Stepwise" means that the hypnosis uses mild suggestion, such as in "autogenic training" (J. H. Schultz, 1960), which is then graduated to reach a moderate hypnotic state (3). After each step, all experienced sensations and ideas are discussed, and this is used as the basis for hypnosis exercises. The patient is then encouraged to carry out these exercises at least once daily in self-hypnosis.

As part of the "two-pronged standard protocol," these hypnosis exercises are linked to a so-called "analytical process," in which the patient works on both the traits to be acquired with psychotherapy and those to be lost. This analytical process aims for a "formula-based resolution development." This formula includes on the one hand the desired traits and, on the other hand, ignorance (usually using the word "indifferent") about the traits to be lost. Both types of traits are linked with identifying words, which the patient (not the therapist) has deemed associative. Thus, the formula-based resolution development is stated out loud and termed suggestively by the therapist during the hypnosis of the patient.

The "two-pronged standard protocol" is thus a form of both external and self-induced hypnosis, together with target orientation with respect to one's own experiences and behavior.

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The author declares that no conflict of interest exists.

Substantially Broader Scope of Use

Häuser and coauthors present an overview of meta-analyses of randomized controlled trials (RCTs) of medical hypnosis (1). Based on their evaluation of five meta-analyses with at least 400 patients, they conclude that medical hypnosis is an effective and safe complementary method in medical procedures and for irritable bowel syndrome, and that waking suggestions are part of effective communication with patients in routine clinical situations. It is likely that everyone who is convinced of the clinical benefits of medical hypnosis or hypnotherapy will be grateful for this publication.

However, the actual scope of use for hypnosis and hypnotherapy is substantially broader for diseases classified as somatic, psychosomatic, or psychiatric.

This is evident for instance from the publication "Ergebnisse Selbstorganisatorischer Hypnotherapie" (Results of Self-organized Hypnotherapy), which lists 800 hypnotherapeutic treatment cases with catamnesis (2). The following somatic indications for suitability of self-organized hypnotherapy were each cited at least ten times in this list of case reports: severe or morbid obesity, hay fever, asthma, bedwetting, burnout syndrome, migraine, food allergies, food intolerances, smoking cessation, pain control, (chronic) pain disorders, and tinnitus.

Of course, a collection of case reports with a short catamnesis with respect to the level of evidence is not nearly equivalent to meta-analyzes of randomized controlled trials. Nevertheless, it should be noted that in this newly dawning age of individualized medicine (often referred to as "precision medicine"), the importance of individual case reports increases (3). Until one-person studies ("N-of-1 trials") are actually carried out consistently in routine clinical practice as systematic case studies, and their results aggregated without any major problems with those of other one-person studies (that address the same issues), I believe that a significant proportion of the indications of promising therapeutic approaches in the medical literature will not be adequately addressed.

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In Reply:

We thank our colleagues Ploeger and Wolter for their supplementary comments on medical hypnosis.

Autogenic training by Schultz and the stepwise active hypnosis by Kretschmer stem from classical hypnosis, although in these techniques, autosuggestions of the patient are in the foreground. These methods are of great importance for the development of hypnotherapy in Germany (1). Unfortunately, to the best of our knowledge, no controlled studies have been carried out on either stepwise active hypnosis or "self-organized hypnotherapy."

We agree that case reports are important for clinical practice. The textbook "Hypnose in Psychotherapie, Psychosomatik und Medizin. Ein Manual für die Praxis" (Hypnosis in Psychotherapy, Psychosomatics, and Medicine. A Manual for the Practice) combines case studies, basic research, and empirical findings by summarizing case series, controlled trials, and systematic reviews (1).

We appreciate the reference to other potential indications for medical hypnosis. We limited ourselves to systematic reviews with meta-analyses and at least 400 participants to describe those indications for which robust empirical evidence exists (2). We are aware of an additional meta-analysis that meets these criteria that has been recently published, which reveals the efficacy of hypnosis/guided imagery as compared to control groups, and in combination with cognitive behavioral therapy as compared to cognitive behavioral therapy alone, for fibromyalgia syndrome (3). The Milton H. Erickson Gesellschaft für Klinische Hypnose (Society for Clinical Hypnosis) also publishes an annual overview of new controlled trials and systematic reviews of clinical hypnosis and hypnotherapy, both for psychosocial medicine (psychiatry, psychosomatic, and psychotherapy) as well as for somatic medicine. Evidence of efficacy from controlled studies in somatic medicine comes from hypnosis as a supportive measure in breast cancer treatment (for instance, treating fatigue after radiotherapy) or hot flushes, among others (4).

We also support the call for increased N-of-1 trials in medicine to be performed. A protocol for a systematic review to N-of-1 trials for psychological interventions is available (5).

Within the framework of individualized medicine, analyzing responder rates (such as the number of patients with clinically relevant pain reduction or an improvement of health-related quality-of-life) in systematic reviews is more useful than presenting averages. Analysis of individual patient data from controlled trials on pain therapy have shown that the pain reduction rates often follow a bimodal distribution (5). However, while some patients experience a substantial (≥50%) reduction in pain, the majority of patients have no or only a slight reduction in pain (<30%). Therefore, the primary outcome in our overview of meta-analyses on hypnosis treatment of irritable bowel syndrome was the number of patients with a clinically meaningful reduction of gastrointestinal symptoms (2).

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Conflict of interest statement
Prof. Häuser has received royalties for CDs on medical hypnosis for irritable bowel syndrome and fibromyalgia syndrome from Hypnos Verlag. He is a lecturer in hypnosis for the German Society for Medical Hypnosis and Autogenic Training (Deutsche Gesellschaft für Ärztliche Hypnose und Autogenes Training). He has been on the scientific advisory board of the Milton H. Erickson Gesellschaft für Klinische Hypnose.

Dr. Hagl has received honoraria for authorship or co-authorship from the Milton H. Erickson Gesellschaft für Klinische Hypnose (for the annual overview of hypnosis research).

Prof. Hansen is a member of the scientific advisory board of the Milton H. Erickson Gesellschaft für klinische Hypnose.