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Literature Review into the Effectiveness of Hypnotherapy

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Abstract

The efficacy of clinical hypnotherapy is now being established. Studies are using anecdotal information as the foundation on which to research into hypnotherapy. The research outcomes are demonstrating the effectiveness of hypnotherapy and calling for further research to determine the clinical range of hypnotherapy.

This literature review on the efficacy of clinical hypnotherapy has been commissioned by the Psychotherapists and Counsellors Federation of Australia (PACFA) which is a national peak body in the psychotherapy and counselling sector. It's member associations cover modalities such as body oriented psychotherapy; experiential therapy; expressive arts therapy; family/relationship therapy; general counselling and psychotherapy; hypnotherapy; integrative psychodynamic psychotherapy; psychoanalysis/psychoanalytic psychotherapy; and counsellor and psychotherapy educators.

The aim of this project is to develop an up-to-date (within Australia 2002 – 2012 and internationally 2007 - 2012) literature review which outlines the current literature pertaining to the effectiveness of hypnotherapy. The review is designed to inform the PACFA membership of the current and relevant data. With up to date data on the effectiveness of hypnotherapy counsellors and psychotherapists can assess the modality and gauge the value of hypnotherapy for their clients and within their practice and possibly explore hypnotherapy.

To achieve this outcome this review explored research literature to assist in determining the efficacy of clinical hypnotherapy treatment regimes. The review encompasses articles, books, book

chapters and other electronic data published in Australia over the last ten years and internationally in the last five years.

This comprehensive literature review and reference list has been undertaken using a systematic computer-assisted literature search of seven relevant databases and journals, books and websites.

The selected data was required to conform to the six predetermined evidence criterion provided by PACFA. Data was assessed to confirm it matched the selection criteria then specifically for relevance.

Research within hypnotherapy is demonstrating beneficial outcomes. More high quality research is required to validate hypnotherapy as a clinical modality across a broad range of treatments.

Introduction

There are undoubtedly many factors which impact on the availability of research. These are some factors although others may also exist. Research methodology is a component of study in university based programs. In Australia clinical hypnotherapy education is based in the vocational education training (VET) sector. The VET sector trains practitioners rather than researchers. University graduates are trained to undertake research. In the higher levels of VET training, practitioners are taught to read and analyse research and incorporate the research on at the practitioner or client level. It is self-evident that authors of clinical hypnotherapy research publications come from a variety of health disciplines which include medicine, psychology, dentistry and nursing. Hence it appears the educational sector in which clinical hypnotherapy training is housed has had an effect on the professions ability to produce researchers.

The fact that clinical hypnotherapy research is undertaken by health practitioners who obviously have acquired additional skills to their primary modality raises an additional issue. What levels of training have the researchers undertaken in clinical hypnotherapy? Whilst being professionals in their own discipline, have they undertaken courses which have given them adjunctive skills in clinical hypnotherapy rather than a primary set of skills? If we were to accept that the authors of publications are experts in their field and editors of specialist publications publish their articles, it is conceivable that the expert editors consider their articles significant. It is then noteworthy that the terms hypnosis and hypnotherapy are used interchangeably (Abramowitz, Barak, Ben-Avi, & Knobler, 2008; Alladin & Alibhai, 2007; Parliament of South Australia, 2009c) in a variety of professional articles.

This interchangeability was addressed (Frischholz, 1995; Frischholz, 1998) by the editor of the American Journal of Clinical Hypnosis yet the practice continues. With no universally accepted definition of hypnosis (Parliament of South Australia, 2009b) and confusion regarding the use of the terms hypnosis and hypnotherapy, it can be postulated that the profession requires clarification on these issues. Potential definitions of hypnotherapy/hypnosis appear in Appendix 2.

What relevance does the lack of clarification of the terms hypnosis and hypnotherapy, the fact that research methodology is not taught in the VET sector and authors of research articles have their primary skill set in health modalities other than clinical hypnotherapy? The relevance is to provide a reader with a framework in which to view the results of this literature review and to afford some possible lines of reasoning to comprehend the structure on which this research is based.

Methodology

A systematic literature review was undertaken using specialised hypnosis/hypnotherapy journals and electronic databases. Relevant publications which were unavailable electronically were retrieved manually. The searches were limited to Australian publications less than ten years old and international publications less than five years old. Controlled vocabulary, Medical Subject Headings (MeSH) descriptors and free text terms were identified and included in the search strategy. Only articles in the English language were included in the results (McCormack, 2010). An example of the search strategy is included as Appendix 1

Relevant literature was identified by searching specialist hypnosis journals - American Journal of Clinical Hypnosis, Australia Journal of Clinical and Experimental Hypnosis, Australian Journal of Clinical Hypnotherapy and Hypnosis, Contemporary Hypnosis: the Journal of the British Society of

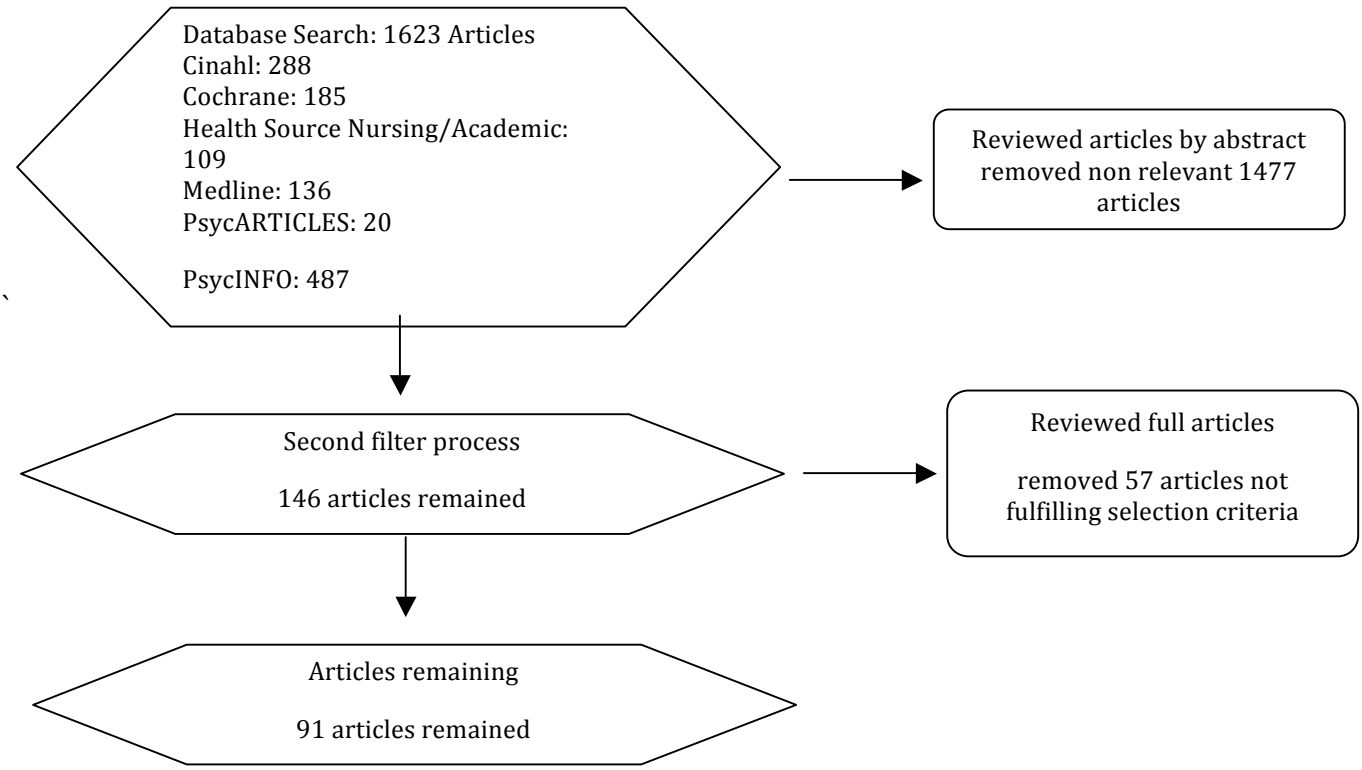
Experimental and Clinical Hypnosis, European Journal of Clinical Hypnosis, International Journal of Clinical and Experimental Hypnosis and Sleep and Hypnosis. The Australian Journal of Hypnosis was rejected as it was not peer reviewed. An outline of the search strategy appears in Appendix 3.

Additionally, Cinahl, Cochrane, Health Source Nursing/Academic, Medline, PsycARTICLES, PsycINFO, and Scopus were searched to include other relevant sources that may provide peer-reviewed articles which matched the selection criteria. Google Books, Google Scholar, Library of Congress, Lista, Pubmed, and Web of Science were used to support data retrieved if any additional information was required. The articles in English were searched using controlled vocabulary, Medical Subject Headings (MeSH) descriptors and free text terms and limited to predetermined Psychotherapists and Counsellors Federation of Australia (PACFA) parameters.

The data returned then was subjected to a two tier filtering process. The first round was to determine if the article was generally relevant to hypnosis research. The second tier determined the article's relevance to the selection criteria. The selected articles were then reviewed for relevance and veracity of the research.

The search strategy returned 1623 articles of which 211 were duplicates. The search criteria returned numerous medical articles referring to the term 'hypnotic' in accordance with medical conditions involving sleep. These articles were filtered from the results at the first level.

Filtering Process



Selection criteria

The relevant studies have provided data on hypnosis as a therapeutic intervention for either a specified condition or as an intervention for a symptom of a condition. The selection criteria included peer reviewed articles from Australia since 2002 and internationally since 2006 which examined the efficacy of hypnosis or clinical hypnotherapy. The types of research included were:

1. Meta-analysis of randomised controlled trials
2. Randomised controlled trials
3. Controlled studies without randomisation

4. Other types of quasi-experimental studies
5. Descriptive studies, such as comparative studies, correlation-based studies or case-control studies
6. Expert committee reports or opinions, clinical experience or respected authority, or both.

In the provided evaluation parameters there was no allowance for systematic reviews so these studies have been included in item 5 'Descriptive Studies'. The evidence level is depicted in the tables as 'Ev lvl'.

The eligible research studies may or may not have used hypnosis as the primary treatment intervention, compared hypnosis with other interventions for the treatment outcome of a specified condition or compared different hypnosis techniques/methodologies

There is an abundance of books written by experienced clinical hypnotherapists which outline techniques and give anecdotal case studies. To include these books in this literature review under item 6 would first require the determination of what is an expert which is outside the consideration of this literature review. Therefore only publications which were initially identified as conducting research and then were identified as expert opinion have been included.

Studies which included hypnosis as part of a treatment regime were included if they were able to provide a comment regarding the hypnosis component in their conclusion.

Studies written up more than once were excluded e.g. (Marc, Rainville, & Dodin, 2008; Marc et al., 2009)

Data Collection

The data collected was the result of a two-tier filtering of the data returned by the database searches. The first tier was to determine which publications broadly fulfilled the selection criteria. The second was to determine the level of evidence and health conditions which were treated by clinical hypnotherapy and then the relevant data were extracted.

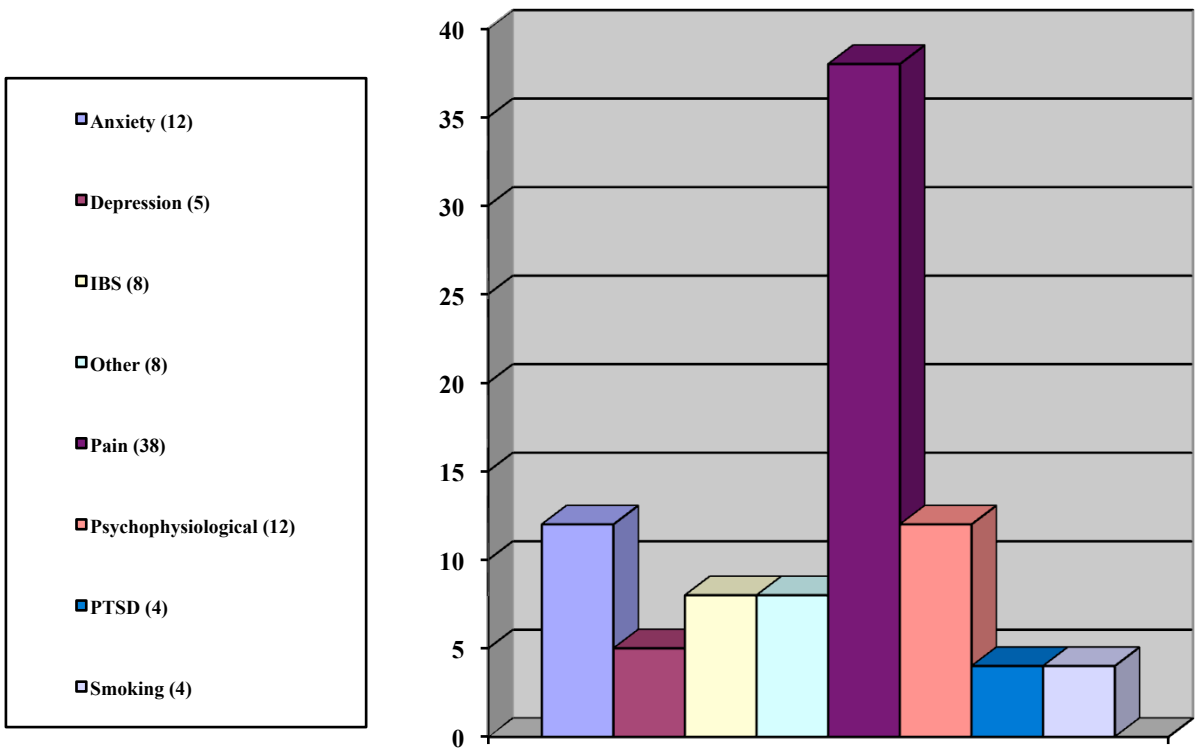
The search criteria also captured the term 'hypnotic' which is a medical and pharmacological term relating to sleep. The articles which included 'hypnotic' (in the medical and pharmacological sense) were removed during the first reading of the 1693 articles.

91 articles were identified as matching the selection criteria. The lack of a similar methodological approach made it difficult to report on each study. Some studies used hypnosis as an adjunct to other therapeutic intervention whilst others used hypnosis as the primary intervention. Some studies were designed to deal with disorders whilst other studies treated the symptoms of disorders. Accurate comparisons between several studies referring to different disorders yet incorporating the same symptoms are difficult (Dale, Adair, & Humphris, 2010). For example whilst the health issues varied, such as irritable bowel syndrome, medical procedures, dental procedures and child birth, the symptom (or one of the symptoms) on which the article focussed was pain.

The following results are a synopsis of the findings of the available research. Many articles had several foci such as the primary condition and various symptoms. The review is based on the primary focus and other symptoms are acknowledged within the article. The articles have been grouped by their primary focus which may be a health condition (e.g. IBS) or a symptom (e.g. Pain). This has been done to aid the reading of these results. These groupings are anxiety, pain, depression, Irritable Bowel

Syndrome (IBS), Psychophysiological, Post-Traumatic Stress Disorder (PTSD) and 'Other'. General titles of 'Other' and 'Psychophysiological' have been adopted for articles which do not fit specified groupings. 'Other' includes studies which have only one article and include topics of Alexithymia, Emotional Numbing, Learning, Obesity, Self-efficacy, Sexual dysfunction, Sleep issues and Trauma. 'Psychophysiological' includes articles which refer to claims of hypnosis influencing some physiological process (not included in the major headings).

Table 1: Article Groupings



Findings

As cited (Alladin & Alibhai, 2007) the American Psychological Association Task Force determined hypnosis as an adjunct to cognitive-behaviour therapy (CBT) for obesity was 'probably efficacious' (Chambless et al., 1998). This Chambless and Hollon article is the only recent article which outlines a determination on the efficacy of hypnosis.

It is generally accepted that an evidence base is required for a treatment to be acknowledged as efficacious. The evidence base for hypnosis/clinical hypnosis/hypnotherapy/clinical hypnotherapy is being developed. Anecdotal information is fuelling research which in turn is demonstrating the accuracy of much of the anecdotal data and the efficacy of hypnotherapy. Whilst the research validates what was previously anecdotal claims we must be careful not to succumb to critics and realise that an absence of evidence is not evidence of absence (Shedler et al., 2010).

Overall the literature reports that hypnotherapy is providing beneficial client outcomes. A summary is presented and the full extract of the findings appears in Appendix 1.

Summary of anxiety findings

The key findings show hypnotherapy to be effective. Hypnotherapy was used to treat anxiety over a broad range of conditions (with adults and children) including alopecia, asthma, breast cancer, cancer management, dental treatments, emotional distress, medical procedures, phobias and pregnancy. The research has shown hypnotherapy to be effective.

Summary of depression findings

Five research articles have shown hypnotherapy may be a useful addition to existing treatment regimes. Insufficient research of high quality is available to adequately assess hypnotherapy on an individual basis. Whilst hypnotherapy appears to be effective, to make a definitive statement requires hypnotherapy to be researched as an individual or primary modality rather than in combination with other treatments such as CBT. One study reported hypnosis appeared to significantly improve depressive symptoms ($p < .001$).

Summary of IBS findings

The research into IBS has been based on previous research which falls outside the time parameters of this literature review(Gonsalkorale W M, Houghton L A, & Whorwell MD, 2002; Gonsalkorale, 2006). The eight studies included, report hypnotherapy is effective. Results outlining the benefits include mood elevation, short and long term benefits, substantial reduction in symptoms and consideration of hypnotherapy as a useful treatment. The small number of studies demonstrate positive results with hypnotherapy being accepted by patients. More research is required to provide further empirical data.

Summary of 'Other' findings

This grouping contains research which is not easily included in alternative groups. The included conditions are alexithymia, cancer, crime, emotional numbing, learning, obesity, self-efficacy, self-hypnosis recordings, sexual dysfunction, sleep issues, sports performance and trauma. Overall the studies supported the potential effectiveness of hypnotherapy with one commenting "hypnotherapy is an extremely valuable tool" and another finding effect sizes were not statistically significant. With the small number of studies available more research is required to validate these results.

Summary of Pain findings

27 of 28 articles reported beneficial responses to the use of hypnotherapy in a variety of pain related clinical settings. Article 28 reported that findings in hypnotherapy were inconclusive. Benefits across a wide range of patients (children, adolescents and adults) and conditions suggest that hypnotherapy has effectiveness in multiple domains. These domains range from pre and post-operative scenarios as well as acute and chronic cases. It is suggested that with further good quality research hypnotherapy can accepted for medical insurance and potentially in cases of work injuries.

Summary of Psychophysiological findings

Psychosomatic illness is well documented and the research of the use of hypnotherapy in the realm of psychophysiology has some data. Eleven studies in areas of analgesia, burn trauma, childbirth, dental procedures, enuresis, fibromyalgia, headaches and migraines, labour, lower back pain, multiple sclerosis, pre & post-operative care, procedural pain in children, psychophysiological immune function, sleep, Vestibulodynia and wound care have provided supportive research data. Overall the studies demonstrated hypnotherapy was a safe, clinically effective intervention that was statistically significant. More targeted hypnotherapy research is required to provide further data which can be evaluated along with existing research.

Discussion

Historically, the literature acknowledges acceptance of hypnosis as an effective intervention in medicine by the American Medical Association (AMA) in 1958 (Mackey, 2010). In 1998 American Psychological Association (APA) acknowledged that hypnosis was probably efficacious as an adjunct

for CBT. The question is what has happened since then to empirically validate hypnosis/hypnotherapy? Are we, as suggested by one author on pain (Milling, 2008), entering a golden era where meta-analytic and qualitative reviews provide the empirical evidence that hypnosis is effective?

Determining the effectiveness of hypnotherapy is a challenge. Hypnotherapy has often been used as part of a treatment regime rather than as the primary modality (Heitkemper, 2009; Sierpina, Astin, & Giordano, 2007). In those studies it is often difficult to separate the hypnotherapy component from the other range of treatments. Whilst separation is possible in some studies (Dhanani, Caruso, & Carinci, 2011) and the results support the effectiveness of hypnotherapy (Hunt & Ernst, 2011) the effectiveness of hypnotherapy can be best assessed when hypnotherapy is the primary treatment modality. Studies involving hypnotherapy and published in peer reviewed journals have provided the data on which this literature review is based. More good quality research data regarding hypnosis as an effective intervention (Dhanani, et al., 2011; Graci & Hardie, 2007) is required.

In a 1976 letter published in *The Lancet* a comment was made (Domínguez-Ortega & Rodríguez-Muñoz, 2010):

> *"We were impressed by the ease of endoscopy and lack of distress to the patients using hypnorelaxation, and the patients were able to go home shortly after the procedure. Although the time required to prepare the patient beforehand is a disadvantage, this should not present a major problem in a well-organized endoscopy unit."*

The anecdotal information from previous decades abounds and is supported by organisations such as the American Medical Association (1958) and comments regarding medical procedures (Sutherland & Knox, 1976) are also contained in the literature.

Studies show that the general public is interested and open to the use of hypnosis (Sohl et al., 2010). It is now up to the whole profession to meet this demand with research to empirically validate hypnosis treatments. This can be achieved by the fusion of the academic and practitioner factions of the profession which will provide access to research skills, practitioner skills and cohort sizes sufficient to complete empirically valid research.

The research clearly demonstrates hypnosis is effective for many conditions. The current challenge is to produce research data that explores the limits and further possibilities for hypnosis/hypnotherapy as a treatment modality. This would give support for hypnosis/hypnotherapy to be included in health management regimes.

Conclusion

The research articles that fell within the parameters of this review indicate positive client outcomes and potential effectiveness of hypnotherapy. It is apparent that much more research is required for true efficacy to be established. Based upon this body of literature and the researchers indication that hypnotherapy can be effective, it is suggested that hypnotherapy is already forming a beneficial part of some treatment regimes and should be considered within treatment management protocols for a wide range of conditions.

The recommendations for further research into hypnotherapy and the call for hypnotherapy to be included in treatment regimes will hopefully provide the impetus for future research. If future studies validate existing research findings then the conclusive evidence required to support the claim of effectiveness will be available. It is essential that the future studies employ rigorous methodology to enable hypnotherapy to be evaluated as an individual treatment modality.

Appendix 1: Publications supporting the findings.

Anxiety

Summary

The articles in this grouping all acknowledge that hypnosis is effective. The articles indicate that anecdotal data is growing and do go so far as to state that hypnosis improves the effect size in combination with CBT.

	Article	Ev Lvl	Focus	Issue	Number of cases	Summary of key findings
1.	(Al-Harasi, Ashley, Moles, Parekh, & Walters, 2010)	5	Anxiety	Children (dental treatment)	69	There is considerable anecdotal evidence of the benefits of hypnosis in paediatric dentistry, however, there is not yet enough evidence to claim it is empirically supported
2.	(Coelho, Canter, & Ernst, 2007)	5	Anxiety			The evidence from this systematic review indicates hypnosis may be of use in the treatment of performance and test anxiety but methodological limitations of the trials show there is a clear need for high quality RCTs in this area.
3.	(Montgomery et al., 2007)	2	Anxiety	Cancer response expectancies and emotional distress	200	This study identifies that hypnosis works to a significant extent in the mediational roles of response expectancies and emotional distress in a sample of breast cancer surgical patients receiving a hypnosis intervention.
4.	(Montgomery et al., 2010)	2	Anxiety	Emotional distress	42	The results suggest that Cognitive Behavioural Therapy and Hypnosis is an effective means for controlling and potentially preventing fatigue in breast cancer radiotherapy patients.
5.	(Schnur, 2008)	1	Anxiety	Distress in medical procedures		Results indicated an overall large effect size (ES) of 0.88 (95% *CI* = 0.57–1.19) in favour of hypnosis. This data strongly supports the use of hypnosis as a non-pharmacologic

						intervention to reduce emotional distress associated with medical procedures.
6.	(Willemsen, Haentjens, Roseeuw, & Vanderlinden, 2011)	5	Anxiety Depression	Alopecia	21	In summary, hypnotherapy may be effective for significantly improving and maintaining psychological well-being and quality of' life in patients with refractory alopecia areata.
7.	(Schnur, 2008)	1	Anxiety Depression	Breast Cancer Positive & negative effect	58	The Cognitive Behavioural Therapy Hypnosis intervention has the potential to improve the affective experience of women undergoing breast cancer radiotherapy. Meta-analyses have further indicated that although Cognitive Behaviour Therapy is effective on its own, the combination of CBT and hypnosis can yield even larger clinical effect sizes
8.	(Brown, 2007)	6	Anxiety Fear	Asthma		It is difficult to evaluate the efficacy of hypnotic treatment as compared to a control condition. There is no question that hypnosis has been shown across numerous studies to have beneficial effects on the subjective aspects of asthma e.g. significant changes in the subjective appraisal of symptoms In that sense, hypnotic treatment of asthma is clinically efficacious.
9.	(Kraft & Kraft, 2009)		Anxiety fear	Phobias Psychiatric conditions		Hypnosis is a powerful adjunct to therapy. The case studies presented here demonstrate that it has been highly effective in helping patients
10.	(Marc, et al., 2009)	2	Anxiety pain	Pregnancy termination	350	Women in the hypnosis group generally reported higher levels of satisfaction with various aspects of the procedure. This is consistent with the growing literature in favour of hypnotic interventions to improve pain management and care.
11.	(Hammond, 2010)		Anxiety Stress	Self-hypnosis		This review has demonstrated that the inclusion of hypnosis with other treatment modalities (e.g., CBT or acupuncture) commonly improves the outcomes obtained by the other therapeutic modalities alone.
12.	(Graham, Vettraino, Seifeldin, & Singal, 2010)	2	Anxiety stress		16	This study showed the feasibility of doing virtual hypnosis as a means to allay test anxiety, but they were unable to demonstrate efficacy in this study.

Depression

Summary

The overall impression is that hypnosis appears to be at least useful and others claim hypnosis appears to be effective

	Article	Ev Lvl	Focus	Issue	Number of cases	Summary of key findings
13.	(Butler et al., 2008)		Depression		46	Results indicate that significantly more meditation group participants experienced a remission than did controls at 9-month follow-up. Eight hypnosis group participants also experienced a remission, but the difference from controls was not statistically significant. Overall, these results suggest that these interventions show promise for treating low- to moderate-level depression.
14.	(Dobbin, Maxwell, & Elton, 2009)	4	depression		58	Results indicate that a self-help, self-hypnosis program may be a useful addition to depression treatment available in primary care and the next stage of evaluation is being explored.
15.	(Shih, Yang, & Koo, 2009)	1	depression			The combined effect size of hypnosis for depressive symptoms was 0.57. Hypnosis appeared to significantly improve symptoms of depression ($p < .001$). In summary, results from the present meta-analysis based on a small number of studies suggested that hypnosis can be a viable nonpharmacologic intervention to address the symptoms of depression.
16.	(Hudacek, 2007)	6	Depression Psychophysiological increased NK cells	Breast cancer		Although a recommendation about the use of hypnosis as adjuvant therapy in the treatment of breast cancer cannot be made because the clinical relevance of its immunological effects is unknown, psychological intervention can only serve to help patients.
17.	(Dale, et al., 2010)	6	Depression anxiety	Quality of life and Palliative care		The multiple problems in drawing accurate comparisons between studies makes it difficult to draw conclusions. Psychoeducational interventions often brought mixed results, with those implementing CBT-based interventions being more consistently effective in eliciting

						psychosocial outcomes; hypnosis also appeared effective.

Irritable Bowel Syndrome (including Inflammatory Bowel Disease)

Summary

These studies support the use of hypnosis with IBS for global symptom relief. One study raised a query regarding long term benefits although other studies have no such issue.

	Article	**Ev Lvl**	**Focus**	**Issue**	**Number of cases**	**Summary of key findings**
18.	(Carruthers, Morris, Tarrier, & Whorwell, 2010)	5	IBS	Mood colour	156	Approximately 66.67% of patients with irritable bowel syndrome (IBS) respond well to hypnotherapy. Patient selection of a positive mood colour can be used a predictor of a good response to hypnotherapy
19.	(Heitkemper, 2009)	5	IBS			Meta-analysis of 4 studies supports hypnotherapy as beneficial short-term therapy with global symptom relief but long-term benefits are uncertain
20.	(Kraft & Kraft, 2007a)	6	IBS			This paper clearly demonstrates that the combined use of hypnotherapy with psychodynamic psychotherapy is capable of leading to a complete recovery.
21.	(Lindfors et al., 2012)	5	IBS		208	This long-term follow-up study indicates that gut-directed hypnotherapy in refractory IBS is an effective treatment option with long-lasting effects, also when given outside highly specialized hypnotherapy centres. Apart from the clinical benefits, the reduction in health-care utilization has the potential to reduce the health-care costs.
22.	(Miller & Whorwell, 2008)	3	IBS	Inflammatory bowel disease	15	Hypnotherapy appears to be a promising adjunctive treatment for inflammatory bowel disease and has steroid sparing effects. Considerable experimental data supports the notion that hypnosis might have the capacity to positively influence some of the accepted mechanisms involved with inflammatory bowel disease as well as having useful psychological

						effects.
23.	(Miller & Whorwell, 2009)	5	IBS			In conclusion, hypnotherapy offers patients with functional gastrointestinal disorders a 60% to 70% chance of substantial reduction in their symptoms. Patients receiving this form of treatment go back to work, exhibit less absenteeism, take less medication and consult their doctors less frequently. Hypnotherapy appears to be a valuable additional to an integrated care package.
24.	(Phillips-Moore, 2002)	6	IBS			Hypnotherapy has been shown to be effective in the treatment of IBS but so far, has failed to take into account both physiological and psychological symptoms.
25.	(Phillips-Moore, 2009)		IBS			This study highlighted the use of hypnosis as a treatment for IBS. Previous studies have demonstrated a relatively high success rate with hypnosis in the treatment of IBS. It is now being considered as a genuine and useful treatment which is gradually becoming acknowledged by medical authorities

Other (includes Alexithymia, Emotional Numbing, Learning, Obesity, Self efficacy, Sexual dysfunction, Sleep issues and Trauma)

Summary

Although this grouping had a variety of symptoms and conditions one study showed small treatment effects whilst the other studies found hypnosis to be effective, highly effective and statistically significant.

	Article	**Ev Lvl**	**Focus**	**Issue**	**Number of cases**	**Summary of key findings**
26.	(Gay, Hanin, & Luminet, 2008)	2	Alexithymia		31	The findings indicate that hypnosis is an effective technique for obtaining a decrease in alexithymic scores and that hypnosis has exerted a direct effect upon alexithymia

27.	(Sebastiani, D'Alessandro, Menicucci, Ghelarducci, & Santarcangelo, 2007)		Emotional Numbing		26	The results indicate that the specific numbing suggestion is the main factor in hypnotic modulation of the experience of fear.
28.	(Wark, 2008)		Learning			Evidence suggests that hypnosis may be used to increase higher level cognitive processes such as reading speed and listening comprehension and hence improve academic performance.
29.	(Sapp, Obiakor, Scholze, & Gregas, 2007)	6	Obesity			Overall it has been found that hypnosis as a treatment for obesity, whether alone or in combination with other treatments, is effective in producing weight loss. Hypnosis is a promising treatment in treating individuals with obesity.
30.	(Barker, Jones, & Greenlees, 2010)	2	Self efficacy	Sports performance	59	[...following the intervention, the hypnosis group were more efficacious and performed better than the control group. These differences were also seen at the 4-week follow-up stage. The study demonstrates that hypnosis can be used to enhance and maintain self-efficacy and soccer wall-volley performance.
31.	(Kraft & Kraft, 2007b)	6	Sexual dysfunction	Sexual dysfunction		This paper has demonstrated quite clearly that hypnotherapy is an extremely valuable tool in the treatment of sexual dysfunctions
32.	(Farrell-Carnahan et al., 2010)	2	Sleep issues	Cancer Self hypnosis recordings	28	Overall adjusted effect sizes show small self-hypnosis treatment effects in sleep, fatigue, mood, and quality of life; however, with this small sample size, improvements were not found to be statistically significant.
33.	(Pfitzer, 2008, p. 86)	6	Trauma	crime		However, meta-analyses on the efficacy of therapeutic approaches in general demonstrated a superiority of hypnotherapy over most other interventions. E.g. Psychodynamic treatments, CBT treatments, EMDR, Stress Inoculating Treatments (SIT) as well as a combination of treatments.

Pain

Summary

Pain issues were by far the largest cohort. The results indicate that for both chronic and acute pain conditions patients report that hypnosis significantly reduces their perception of pain.

	Article	Ev Lvl	Focus	Issue	Number of cases	Summary of key findings
34.	(Accardi & Milling, 2009)	5	Pain	Children & adolescents – Procedure related		Empirical research has demonstrated the effectiveness of hypnosis for reducing the pain and discomfort experienced by youngsters undergoing a variety of invasive medical procedures.
35.	(Askay, Patterson, Jensen, & Sharar, 2007)	2	Pain	Wound care	46	The authors found that the group receiving hypnosis had a significant drop in pain compared with the control group. The findings suggest that hypnosis affects multiple pain domains and that measures that assess these multiple domains may be more sensitive to the effects of hypnotic analgesia treatments.
36.	(Castel, Salvat, Sala, & Rull, 2009)	5	Pain	Fibromyalgia	47	The analyses indicated that patients who received CBT plus hypnosis showed greater improvement than those who received CBT without hypnosis. The findings are consistent with previous research demonstrating the additive benefits of hypnosis when combined with other effective treatments.
37.	(Corey Brown & Corydon Hammond, 2007)	6	Pain	Obstetrics and labour and delivery		Hypnosis was shown to be an effective adjunct to the medical treatment of preterm labour and in a case of quadruplets. Much more research is needed to answer the question "Does hypnosis make a difference?" for both singleton and multiple gestations.
38.	(Cyna, 2011)	6	Pain	Childbirth		The data suggests hypnosis reduces the need for pharmacological pain relief…..
39.	(De Pascalis, Cacace, &	3	Pain		36	In conclusion, our findings support the hypothesis that hypnosis procedure can

	Massicolle, 2008)					affect earlier and later stages of stimulus processing but the interpretation of the present finding is limited by the potential emotional effect of the oddball stimuli involving painful shocks.
40.	(Derbyshire, Whalley, & Oakley, 2009)	4	Pain	Fibromyalgia	13	Our results provide evidence that appropriate suggestion can relieve fibromyalgia pain with and without a formal hypnotic induction. These findings imply a therapeutic benefit from both hypnotic and nonhypnotic suggestion but with some additional benefit that is unique to suggestion following a hypnotic induction.
41.	(Dhanani, et al., 2011)	6	Pain			The current literature on hypnosis for the treatment of pain demonstrates that the quality and quantity of research are insufficient to form definitive conclusions, and indicates a significant need for further scientific inquiry into this area..
42.	(Elkins, Jensen, & Patterson, 2007)	5	Pain			The findings indicate that hypnosis interventions consistently produce significant decreases in pain associated with a variety of chronic-pain problems. Low patient numbers, lack of standardisation and long term follow-up inhibit definitive research evaluations.
43.	(Filshie, 2008)	2	Pain	Pre & post operative	200	The present randomised controlled trial demonstrated that a brief hypnosis intervention before breast cancer surgery statistically significantly reduced intraoperative use of medications and post-operative patient reported surgical pain thus simultaneously reducing symptom burden and costs
44.	(Hammond, 2007)	6	Pain	Headaches and migraines		Hypnosis has been shown to be efficacious with headache and migraine, free of the side effects, risks of adverse reactions, and the ongoing expense associated with the widely used medication treatments. Hypnosis should be recognized by the scientific, health care, and medical insurance communities as being an efficient evidence-based practice.
45.	(Huet, Lucas-Polomeni, Robert, Sixou, &	2	Pain	Children (dental anaesthesia)	30	Significantly more children in the hypnosis group had no or mild pain. This study suggests that hypnosis may be effective in reducing anxiety and pain in children

	Wodey, 2011)					receiving dental anaesthesia.
46.	(Jensen et al., 2007)	4	Pain	Multiple Sclerosis	22	The results support the efficacy of self-hypnosis training for the management of chronic pain in persons with MS.
47.	(Jensen et al., 2008)		Pain	Self-hypnosis		Despite the limitations of this study, the findings suggest that self-hypnosis training is associated with substantial decreases in daily pain and report benefits from self-hypnosis use for up to 12 months after treatment.
48.	(Jensen et al., 2009)	6	Pain			While enough may now be known of its efficacy to recommend that hypnotic treatments be made more available to those individuals with chronic pain who are interested in this approach, research is also needed to help identify and develop methods for enhancing its efficacy, so that more individuals can obtain the significant benefits that hypnosis has to offer.
49.	(Jensen, 2009)		Pain			Hypnotic treatment for chronic pain results in significant reductions in perceived pain that maintain for at least several months. Such changes in pain are not observed in patients who do not receive hypnosis treatment. Treatments that are hypnotic-like, such as progressive muscle relaxation and autogenic training, seem to be about as effective as hypnosis for chronic pain.
50.	(Jones et al., 2012)		Pain	Labour		Findings for hypnosis from the Cochrane review were inconclusive which is in line with earlier non-pharmacological interventions for pain relief in labour which was insufficient evidence was available to draw conclusions about the effectiveness of hypnosis and findings.
51.	(Kisely, Campbell, Skerritt, & Yelland, 2010)	5	Pain	Chest		This review suggests a modest to moderate benefit for psychological interventions, particularly those using a cognitive-behavioural framework, which was largely restricted to the first three months after the intervention. Hypnotherapy is also a possible alternative.
52.	(Kohen, 2010)	5	Pain	Self-hypnosis	52	In children and adolescents, self-hypnosis is associated with significant improvement of headaches and with an enduring positive effect for many years following training.

53.	(Landolt & Milling, 2011)	5	Pain	labour and delivery		Hetero-hypnosis and self-hypnosis were consistently shown to be more effective than standard medical care, supportive counselling, and childbirth education classes in reducing pain.
54.	(Landry, Bergeron, Dupuis, & Desrochers, 2008)	5	Pain	Vestibulodynia		A small number of studies have shown significant benefits however the methodological limitations (e.g. no randomization, no control group) of the treatment studies and the small number of participants included in these studies clearly shows that the evaluation of these treatments is still in its preliminary phase.
55.	(Liossi, White, & Hatira, 2009)	2	Pain		45	Results confirmed that patients in the local anaesthetic plus hypnosis group reported less anticipatory anxiety, and less procedure-related pain and anxiety, and were rated as demonstrating less behavioural distress during the procedure than patients in the other two groups.
56.	(Mackey, 2010)		Pain	Dental	106	This research indicates that the use of hypnosis and therapeutic suggestion as an adjunct to intravenous sedation significantly reduces postoperative pain and postoperative pain reliever consumption in patients having third molar removal in an outpatient surgical setting,
57.	(Milling, 2008)		Pain	Children		Meta-analytic and qualitative reviews have concluded that hypnosis is effective for reducing both experimental and clinical pain.
58.	(Patterson, Jensen, Wiechman, & Sharar, 2010)	2	Pain		21	These preliminary findings suggest that Virtual Reality Hypnosis analgesia is a novel technology worthy of further study, both to improve pain management and to increase availability of hypnotic analgesia to populations without access to therapist-provided hypnosis and suggestion.
59.	(Shakibaei, Harandi, Gholamrezaei, Samoei, & Salehi, 2008)	2	Pain	Burn trauma	44	This study demonstrated that hypnotherapy as an adjuvant to medical therapy for the management of pain in burn patient is effective in reducing not only pain but also re-experiencing the trauma in burn patients.
60.	(Stinson, Yamada, Dickson, Lamba,	1	Pain	Procedural pain in	8	There is evidence that acute procedure-related pain can be effectively reduced through the use of amethocaine, distraction

	& Stevens, 2008)			children		and hypnosis.
61.	(Tan, Fukui, Jensen, Thornby, & Waldman, 2010)	4	Pain	Lower back Pain Self hypnosis	9	This pilot study indicated that a brief, 4-session standardised self-hypnosis protocol, combined with psycho-education, significantly and substantially reduced pain intensity and pain interference.
62.	(Thornberry, Schaeffer, Wright, Haley, & Kirsh, 2007)	4	Pain	Retrospective chart review	300	Pain levels recorded pre- and post hypnosis revealed significant improvement as a result of the intervention. Hypnosis appears to be a viable adjunct for pain management patients, including those from rural and relatively disadvantaged backgrounds.
63.	(Uman, Chambers, McGrath, & Kisely, 2008)		Pain	Procedure related – Children & adolescents		The largest effect sizes in favour of intervention exist for the efficacy of distraction, combined cognitive-behavioural interventions, and hypnosis, in reducing pain and distress in children. Of all the interventions assessed in this review, there is the most positive evidence in support of hypnosis across several outcomes.
64.	(Vandevusse, Irland, Berner, Fuller, & Adams, 2007)	5	Pain	Childbirth		Prenatal hypnosis preparation resulted in significantly less use of sedatives, analgesia, and regional anaesthesia during labour and in higher 1-minute neonatal Apgar scores. […hypnosis for childbirth was associated with positive outcomes in this stud...]. Studies suggest that hypnosis is a viable option for a lower technology approach to pain management with minimal to no risk.
65.	(Vlieger, Menko-Frankenhuis, Wolfkamp, Tromp, & Benninga, 2007)		Pain	Functional Abdominal Pain or IBS		Gut-directed hypnotherapy is highly effective in the treatment of children with longstanding functional abdominal pain (FAP) and irritable bowel syndrome (IBS)
66.	(Abbasi, Ghazi, Barlow-Harrison, Sheikhvatan, & Mohammadyari, 2009)	3	Pain	Labour and childbirth(pregnancy)	6	Our limited findings concluded that women who learn hypnosis before delivering babies may suffer fewer complications, need less medication, and be more likely to have healthier babies than are women without hypnosis.
67.	(Hunt & Ernst, 2011)		Pain Enuresi	Children		Hypnotherapy was shown to be effective in treating enuresis in one of two RCTs25 and in one RCT for assisting the induction of

			s			anaesthesia. [……hypnotherapy may be effective in reducing procedure-related pain.]
68.	(Thompson, Steffert, Steed, & Gruzelier, 2010)	2	Pain Psychophysiological Immune function Sleep	Self hypnosis	35	This study suggests that Virtual Reality has potential as an effective medium for those who have trouble engaging with interventions involving visualization or where the context for visualization training inhibits engagement (e.g., pain management).
69.	(Bernardy, Fuber, Klose, & Hauser, 2011)	1	Pain Fatigue Depression	Fibromyalgia	239	Efficacy of hypnosis/guided imagery to reduce pain was associated with low methodological study quality. Because of the methodological limitations we cannot fully recommend hypnosis/guided imagery for FMS therapy. The use of hypnosis/guided imagery as an adjunct to efficacious pharmacological and non-pharmacological treatments had been recommended by the German interdisciplinary guideline on FMS based on expert consensus
70.	(Martínez-Valero et al., 2008)	2	Pain Fatigue Depression	Fibromyalgia	6	The results suggest that psychological treatment produces greater symptom benefits than the conventional medical treatment only, especially when hypnosis is added. On line with other studies, we conclude that hypnosis may be a useful tool to help people with fibromyalgia manage their symptomatology..
71.	(Stoelb, Molton, Jensen, & Patterson, 2009)		Pain Analgesia			The results indicate that for both chronic and acute pain conditions: (1) hypnotic analgesia consistently results in greater decreases in a variety of pain outcomes compared to no treatment/standard care; (2) hypnosis frequently out-performs non-hypnotic interventions (e.g. education, supportive therapy) in terms of reductions in pain-related outcomes; and (3) hypnosis performs similarly to treatments that contain hypnotic elements (such as progressive muscle relaxation), but is not surpassed in efficacy by these alternative treatments.

Psychophysiological

Summary

Overall hypnosis interventions were considered safe, effective, clinically valuable and statistically significant. One study questioned the stability of short term gains over a longer period. The quality of research was queried so it was suggested that hypnosis be used with existing treatments. There was sufficient significance to suggest more research into links to the immune system.

	Article	Ev Lvl	Focus	Issue	Number of cases	Summary of key findings
72.	(Bay & SujataVaidya, 2012)	3	Psychophysiological Blood sugar levels	Hypnotherapy, Transcendental Meditation and Acupressure	20	Our study established mind-body therapy provides the patient with the power to decrease the blood sugar level and to enhance the body's own capacity for healing. Results show that after each session of mind-body therapy, the post-test blood sugar level of the experimental group was significantly reduced compared to the pre-test value for that session.
73.	(Richardson et al., 2007)	1	Psychophysiological Nausea and Vomiting	Chemotherapy		Meta-analysis reported in this review has demonstrated that hypnosis could be a clinically valuable intervention for anticipatory and Chemotherapy-induced nausea and vomiting, in children in particular. The studies generally had small samples; nonetheless, meta-analysis revealed a large effect size of hypnotic treatment when compared with treatment as usual, and the effect was at least as large as that of cognitive–behaviour therapy.
74.	(Domínguez-Ortega & Rodríguez-Muñoz, 2010)	3	Psychophysiological Gag reflex	Digestive endoscopies	28	Hypnosis appears to be a safe and effective procedure for significantly reducing the anxiety of patients who undergo digestive endoscopies. [.....we believe that it would be

						desirable to perform a controlled and randomized trial that defines the parameters of usefulness and the cost benefit relationship of hypnosis in patients.
75.	(Elkins et al., 2008)	2	Psychophysiological	Cancer (Breast) Survivors Hot Flashes Among	60	Hot flash scores were reduced by 68% on average at the end of treatment. The moderating role of hypnotisability may be useful to consider in treatment of hot flashes with the hypnosis intervention. While this study was limited to breast cancer survivors it may clarify some of the complexity of the response to hypnosis.
76.	(Torem, 2007)	6	Psychophysiological	Immune		The field of psychoneuroimmunology postulates that the central nervous system communicates with the immune system. [….. it is well known that optimism, exuberance, joy, and laughter enhances the functioning of the immune system….]. Future research is needed with the use of control groups and the inclusion of placebo to determine effectiveness.
77.	(Barabasz, Higley, Christensen, & Barabasz, 2009)		Psychophysiological	Human Papillomavirus (HPV).	30	Our research contrasted hypnosis-only with medical-only therapies. Both hypnosis and medical therapy resulted in statistically significant ($p < .04$) reductions. At the 12-week follow-up, complete clearance rates were 5 to 1 in favour of hypnosis. Our finding suggests immunological links that should be pursued.
78.	(Gay, 2007)	2	Psychophysiological	Mild hypertension	30	The present study evaluated the effectiveness of eight weekly hypnotic sessions. It showed the effectiveness of hypnosis in the short and middle run but failed to demonstrate the stability of the result in the long run.
79.	(McCormack, 2010)	5	Psychophysiological Nausea and Vomiting	pregnancy		There seems to be currently insufficient evidence to recommend routine use of hypnosis in the treatment of Hyperemesis gravidarum (HG). Clinicians who use hypnosis in the treatment of HG would be advised to treat hypnosis

						as an experimental treatment and use standardised measures of HG symptom severity to monitor treatment progress. In addition, it would be advised that hypnosis be used as an adjunct treatment alongside routine evidence-based medical treatments.
80.	(Shah, Thakkar, & Vyas, 2011)	2	Psychophysiological	pregnancy	40	The hypnosis group had a significantly shorter preterm delivery rate (p = .004) and fewer incidence of low birth weight babies (p = .009). Significantly reduced operative intervention in terms of lower rate of caesarean section (p = .008) was also observed in the experimental group. Hence, the use of clinical hypnosis as a viable adjunct to medical management is suggested to help to prevent neonatal morbidity and foetal loss. .
81.	(Reinhard, Huesken-Janßen, Hatzmann, & Schiermeier, 2009)	3	Psychophysiological	Preterm delivery	64	Hypnosis was shown to be effective therapy without side-effects, which can reduce preterm delivery.
82.	(Lotfi-Jam et al., 2008)		Psychophysiological nausea and vomiting	Strategies for Managing Common Chemotherapy Adverse Effects		Hypnosis was one treatment modality which yielded a positive intervention effect for reducing fatigue; and scalp cooling for hair loss. Although some strategies seem promising, the quality of the RCTs was generally quite low, making it difficult to draw conclusions about the effectiveness of self-care strategies.
83.	(Flammer & Alladin, 2007)		Psychophysiological	Psychosomatic disorders.		The meta-analysis clearly indicates hypnotherapy is highly effective in treatment of psychosomatic disorders.

Post-Traumatic Stress Disorder (PTSD)

Summary

It was concluded that hypnosis was effective in reducing the symptoms of PTSD.

	Article	Ev Lvl	Focus	Issue	Number of cases	Summary of key findings
84.	(Abramowitz, et al., 2008)	2	PTSD	Sleep disorders, depression	32	In conclusion, we found that symptomatic hypnotherapy is an effective adjunct to psycho- and pharmacotherapy (Zolpidem) for chronic insomnia and sleep disorders in a group of patients suffering from chronic combat-related PTSD.
85.	(AHRQ, 2011)	6	PTSD			*Hypnosis* may be used as an adjunct to psychodynamic, cognitive-behavioural, or other therapies, and has been shown to significantly enhance their efficacy for many clinical conditions; however, little published data exists on the efficacy of hypnosis in treating patients with PTSD.
86.	(Barabasz, Barabasz, & Watkins, 2011)					
87.	(Barabasz, Barabasz, & Watkins, 2012)					
88.	(Barabasz, Barabasz, Christensen, French, & Watkins, 2012)	3	PTSD		36	Using abreactive Ego State Therapy (EST), 36 patients meeting *DSM–IV–TR* and PTSD checklist (PCL) criteria were exposed to either 5–6 hours ofmanualized treatment or placebo in a single session. EST emphasizes repeated hypnotically activated abreactive "reliving" of the trauma experience combined with therapists' ego strength. Both the placebo and EST treatment groups showed significant reductions in PTSD checklist scores immediately posttreatment (placebo: mean 17.34 points; EST: mean 53.11 points) but only the EST patients maintained significant treatment effect at 4-week and 16- to 18-week follow-ups. Abreactive EST appears to be an effective and durable treatment for PTSD inclusive of combat stress injury and acute stress disorder.

89.	(Bisson & Andrew, 2007)	5	PTSD			Hypnotherapy was grouped with supportive therapy, non-directive counselling and psychodynamic as only one trial existed in each therapy. A general comment of "psychological treatment can reduce traumatic stress symptoms" with specific comment regarding hypnotherapy.
90.	(Lynn & Cardeña, 2007)	6	PTSD			Hypnotic procedures can serve as a useful adjunct to cognitive, exposure, and psychodynamic therapies. Today, hypnosis remains a promising, albeit far from definitively "proven," technique for ameliorating posttraumatic symptoms.

Smoking

Summary

Hypnosis has long been regarded by the public as effective to quit smoking. Two studies concluded hypnosis and nicotine patches were beneficial, one remarked on insufficient evidence and one study concluded that hypnosis may help smokers quit.

	Article	**Ev Lvl**	**Focus**	**Issue**	**Number of cases**	**Summary of key findings**
91.	(Barnes et al., 2010)	5	Smoking	Smoking		11 studies. Different types of hypnotherapy are used to try and help people quit smoking. Although it is possible that hypnotherapy could be as effective as counselling treatment there is not enough good evidence to be certain of this.
92.	(Carmody et al., 2008)	2	Smoking	Counselling and Nicotine patches	286	It was concluded that hypnosis combined with nicotine patches compares favourably with standard behavioural counselling in generating long-term quit rates.
93.	(DATA, 2008)	2	Smoking		286	The authors conclude that their findings support the use of hypnosis as an evidence-based intervention for smoking cessation

						when combined with nicotine patches
94.	(Tahiri, Mottillo, Joseph, Pilote, & Eisenberg, 2012)	1	Smoking			Acupuncture and hypnotherapy are used by a large number of smokers as alternative smoking cessation aids. Our results suggest that these alternative aids may help smokers quit. Thus, we recommend that physicians promote the use of acupuncture and hypnotherapy.

Appendix 2: Hypnotherapy/hypnosis definitions

"Hypnotherapy" and "hypnosis" are yet to be defined (Parliament of South Australia, 2009b) however hypnotherapy is comprised of a distinct set of clinical skills (Parliament of South Australia, 2009a). Definitions have been proposed by a number of eminent practitioners/associations but universal acceptance of a definition is yet to be achieved.

The state of hypnosis has been compared to progressive relaxation (Hammond, 2010; Jensen & Patterson, 2006; Liossi, Santarcangelo, & Jensen, 2009; Stoelb, et al., 2009) in multiple articles yet is still deemed to be non-hypnotic.

A summary of some proposed definitions includes:

> Hypnosis is the experience of a new awareness of self, based mainly on the use of fantasy or imagination, which facilitates a modified and concentrated attention that allows the subject to engage in new ways of thinking and of experiencing new possibilities of self-control. In the therapeutic context, it helps the client/patient to attain individual goals by accepting them as eminently possible and attainable. In hypnoanalysis, it also facilitates the connection of current distress with past experiences, helping the client/ patient to have a greater awareness of factors that have shaped his or her personality.(Araoz, 2005)

Elias quoting Elman, Preston and Erickson (Elias, 2009)

Elman: Hypnosis is the use of suggestion, whether direct or indirect, to induce a heightened state of suggestibility in which there is bypass of the critical faculty of the mind, and selective attention to suggestions given.

Preston: Hypnosis is a state of awareness dominated by the subconscious mind.

Erickson: Hypnosis is a 'shrinking of the focus of attention.

Hypnosis typically involves an introduction to the procedure during which the subject is told that suggestions for imaginative experiences will be presented. The hypnotic induction is an extended initial suggestion for using one's imagination, and may contain further elaborations of the introduction. A hypnotic procedure is used to encourage and evaluate responses to suggestions. When using hypnosis, one person (the subject) is guided by another (the hypnotist) to respond to suggestions for changes in subjective experience, alterations in perception, sensation, emotion, thought, or behavior. Persons can also learn self-hypnosis, which is the act of administering hypnotic procedures on one's own. If the subject responds to hypnotic suggestions, it is generally inferred that hypnosis has been induced. Many believe that hypnotic responses and experiences are characteristic of a hypnotic state. While some think that it is not necessary to use the word hypnosis as part of the hypnotic induction, others view it as essential. (Green, Barabasz, Barrett, & Montgomery, 2005)

We offer a definition of hypnosis (or trance) as an animated, altered, integrated state of focused consciousness, that is, controlled imagination. It is an attentive, receptive state of concentration that can be activated readily and measured. It requires some degree of dissociation to enter and become involved in imagined activity, enough concentration for an individual to maintain a certain level of absorption, and some degree of suggestibility to take in new premises.(Spiegel & Greenleaf, 2005)

Temes quoting Orne's and Erickson's hypnosis definition (Temes, 1999)

Orne's definition: hypnosis is said to exist when suggestions from one individual seemingly alter the perceptions

Erickson's definition: a procedure wherein changes in sensations, perceptions, thoughts, feelings, or behaviours are suggested

> There is no generally accepted definition of hypnosis. Suffice it to say that hypnosis is a multidimensional phenomenon. Hypnosis includes: a set of expectancies and role enactments; induction of an altered state of consciousness or trance through a formal hypnotic induction; a heightened state of attentiveness to suggestions given by a hypnotist and/or to one's own mental content in self-hypnosis; and a personality trait of hypnotizability. (Brown, 2007)

A meaningful definition is further complicated by *'hypnotherapy'* and *'hypnosis'* being used interchangeably (Abramowitz, et al., 2008; Alladin & Alibhai, 2007; Parliament of South Australia, 2009c) in a variety of professional articles. This interchangeability was addressed (Frischholz, 1995; Frischholz, 1998) by the editor of the American Journal of Clinical Hypnosis yet the practice continues. With no universally accepted definition of hypnotherapy or hypnosis (Parliament of South Australia, 2009b), and confusion regarding the use of the terms hypnotherapy and hypnosis, it can be postulated that the profession requires clarification on these issues.

Appendix 3: Search Strategy - Medline

1. *Hypnosis/
2. "hypno*".ab,ti.
3. 1 or 2
4. *treatment outcome/
5. treatment.ab,ti.
6. *evaluation studies as topic/
7. 4 or 5 or 6
8. 3 and 7
9. (hypno* adj5 (treatment or evaluat* or effectiveness or efficacy)).mp. [mp=title, abstract, original title, name of substance word, subject heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]
10. 8 or 9
11. limit 10 to (english language and yr="2002 -Current" and last 10 years)
12. hypnotic.mp. [mp=title, abstract, original title, name of substance word, subject heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]
13. 11 not 12
14. limit 9 to (english language and last 10 years)
15. 13 or 14
16. "systematic review".ab,ti.
17. 15 and 16
18. "randomized controlled trial".ab,ti.
19. 15 and 18
20. limit 15 to (case reports or clinical conference or clinical trial, all or comparative study or controlled clinical trial or evaluation studies or meta analysis or randomized controlled trial or "review")
21. limit 15 to "prognosis (best balance of sensitivity and specificity)"
22. 17 or 19 or 21

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