

Briefing for the Citizen Participation and Public Petitions Committee on petition PE1873: [Provide hypnotherapy for the treatment of mental health, psychosomatic disorders and chronic pain](#), lodged by Graeme Harvey on behalf of the Scottish Hypnotherapy Foundation

Brief overview of issues raised by the petition

Introduction

On Wednesday 22nd September, the Citizen Participation and Public Petitions Committee considered [PE1873](#), which is calling for the Scottish Parliament to urge the Scottish Government to instruct the NHS to provide hypnotherapy for the treatment of mental health, psychosomatic disorders, and chronic pain. SPICe has published a [briefing](#) for this petition.

Members of the Committee received a submission from the Scottish Government during their consideration of this petition. The Scottish Government's [submission of 24 June 2021](#) for petition PE1873/B pointed to a lack of evidence on hypnotherapy and outlines the Complementary and Alternative Medicines Services (CAMS). It is the responsibility of NHS Boards to decide what complementary and alternative medicines, including hypnotherapy, are made available. NHS Boards can commission a treatment of hypnotherapy if they believe that the treatment would be beneficial. This decision is usually based on national and local priorities, the needs of their resident populations, and the clinical and cost effectiveness of the treatment.

In this submission, the Scottish Government pointed to the lack of evidence on hypnotherapy as a psychological treatment.

The [Matrix – A guide to delivering evidence-based psychological therapies](#) evaluates the evidence for psychological treatments in NHS Scotland. They state that hypnotherapy does not currently meet the standards of evidence required for recommendation as a psychological treatment.

Furthermore, the Scottish Government's submission of 24 June 2021 cited the [Scottish Intercollegiate Network Guidelines on the Management of Chronic Pain](#). While the guidelines were able to identify one systematic review that indicated the benefit of 'self-regulatory' interventions, such as hypnosis, for chronic lower back pain, the guidelines state that, overall, no good-quality studies have been identified to evaluate the efficacy of hypnotherapy for chronic pain.

SPICe was requested to provide a summary of available research on hypnotherapy, conducted in other countries. This briefing is only a **summary** of available reviews. It has not critiqued or assessed the methodology used and therefore cannot assure the validity of their findings.

Method

The Cochrane Collection, the NHS Scotland Knowledge Network, and the National Library of Medicine were searched for reviews on the current evidence around hypnotherapy for mental health disorders, psychosomatic disorders, and chronic pain. As Petition PE 1873 calls for hypnotherapy for the treatment of mental health disorders, psychosomatic disorders, and chronic pain, only these three wider categories were initially searched for.

[Psychosomatic Disorders](#) are conditions which involve both the mind and body. It is most often used to refer to those physical diseases which are believed to be significantly worsened by psychological factors. Due to the relatively considerable number of studies on the use of hypnotherapy for Irritable Bowel Syndrome (IBS), which [may](#) be defined as a psychosomatic disease and overlaps with some psychological conditions, a separate search for studies on IBS was conducted.

Mental health conditions

Cochrane examined all randomised or double-blind controlled trials that compared hypnosis with other treatments or standard care for people with [schizophrenia](#). These trials included hypnosis alone, hypnosis with medication, and hypnosis with another therapy (such as CBT). While the review found that hypnosis could potentially be useful for people with schizophrenia, the studies were ‘few, small, poorly reported, and outdated’. The authors stated that there is ‘no conclusive evidence’ that hypnosis was more effective than other interventions.

Cochrane also contains links to reviews which have looked at existing studies on [hypnosis during pregnancy, childbirth, and the postnatal period to prevent postnatal depression](#). They found no evidence from the available randomised controlled trials (RCTs) to assess the effectiveness of hypnosis in the prevention of postnatal depression.

The *International Journal of Clinical and Experimental Hypnosis* produced a [meta-analysis of the effectiveness of hypnosis in treating anxiety](#) (June 2019). The article examined 15 studies, incorporating 17 trials, on hypnosis as a treatment for dental anxiety, surgery and medical anxiety, general anxiety, and test/performance anxiety. The results of these studies suggest that hypnosis may be as effective, or possibly more effective, than other common treatments for anxiety (including CBT and mindfulness). The article highlights that the average participant treated with hypnosis achieved a greater reduction in anxiety than 79% of participants receiving standard care.

Chronic pain

Cochrane has also evaluated the [current evidence on the efficacy of psychosocial therapy, including hypnotherapy, for recurrent abdominal pain in childhood](#). The Cochrane review included 18 RCTs that compared psychosocial therapies with usual care, active control, or wait-list control. Studies were conducted in the USA, Australia, Canada, the Netherlands, Germany, and Brazil. The review found the overall quality of evidence to be ‘low to very low’. Hypnotherapy was examined alongside cognitive behavioural therapy (CBT). While there was some evidence that CBT and

hypnotherapy could be effective in reducing pain in the short-term, there was little evidence of long-term benefit. There was no evidence that either therapy had a beneficial impact on the patient's quality of life, daily activities, or psychological outcomes.

The *American Academy of Family Physicians* published an [overview](#) of studies on recurrent abdominal pain in children (June 2018). The authors made the clinical recommendation for the use of CBT and hypnotherapy to improve abdominal pain in children with functional abdominal pain disorders. Systematic reviews highlighted that, compared with standard medical care, hypnotherapy improved pain control and quality of life. Patients also had an increased remission rate with hypnotherapy.

In their review of the current evidence on [psychological interventions for the symptomatic management of non-specific chest pains in patients with normal coronary anatomy](#), hypnotherapy was identified as a 'possible alternative' treatment. Two studies reported that hypnotherapy improved chest pain symptoms and quality of life. While psychological treatments, including hypnotherapy, may be effective in the short-term, Cochrane acknowledges that this evidence is 'limited' to small trials of a 'questionable' quality.

The *Journal of the American Psychiatric Nurses Association* published a [literature review](#) on hypnotherapy for the treatment of persistent pain (used interchangeably with chronic pain in this article). The article stated that there was a significant amount of variance in the methodologies used by the studies, such as the use of different hypnotherapy models and different persistent pain conditions as the subject. However, the article felt that there were enough consistencies to draw 'moderate conclusions.' Specifically, hypnotherapy decreases pain and improves pain-related function and quality of life to a greater extent than standard psychological interventions or usual treatments.

Psychosomatic disorders (general)

The *International Journal of Clinical and Experimental Hypnosis* [published](#) a meta-analysis of 21 randomised, controlled clinical studies to evaluate the efficacy of hypnosis in psychosomatic disorders. [Psychosomatic Disorders](#) are conditions which involve

both the mind and body. It is most often used to refer to those physical diseases which are believed to be significantly worsened by psychological factors. The results indicated that hypnotherapy is a highly effective treatment for psychosomatic disorders. However, the results suggested that mixed and modern forms of hypnosis are superior to the classical approach. While classic hypnosis tells patients what to do (for example, direct suggestions), modern hypnosis offers possibilities for the patient to consider (for example, indirect suggestions). Mixed hypnosis is a combination of classical and modern hypnosis.

Psychosomatic disorders – Irritable Bowel Syndrome (IBS)

The World Gastroenterology Organisation recommends hypnotherapy for patients with IBS resistant to standard drug treatment.

The National Institute for Health and Care Excellence (NICE) [recommends](#) that a referral for psychological interventions, including hypnotherapy, should be considered for patients with IBS who do not respond to traditional pharmacological treatments after 12 months. NICE [reviewed](#) the evidence for this recommendation in February 2017, including:

- A systematic and meta-analysis of nine RCTs which assessed the efficacy of hypnotherapy in people with IBS. NICE found that hypnotherapy was associated with significant improvements in symptoms at the end of the treatment compared to the control group.
- A systematic review and meta-analysis of nine RCTs assessing hypnotherapy against usual care or no intervention in people with IBS. NICE found that abdominal pain was significantly lower at three months with hypnotherapy in comparison to usual care or no intervention.
- A RCT which assessed hypnotherapy in addition to usual care for IBS in comparison to usual care alone. NICE stated that the RCT found that quality of life for the hypnotherapy group was 'significantly improved' compared to the group receiving only usual care.

Frontiers in Psychiatry [examined](#) randomised controlled studies which investigate the effects of hypnotherapy as part of a wider study on psychotherapeutic interventions for IBS. [These studies ranged from 1984 to 2019](#). The studies highlighted that hypnotherapy can be an effective treatment for IBS.

Cochrane [reviewed](#) existing randomised and quasi-randomised clinical studies that compared hypnotherapy for the treatment of IBS to other therapeutic interventions or no treatment. Four studies are included in their final review, which compared hypnotherapy to alternative therapy (psychotherapy and placebo pill), waiting-list controls (two studies), and usual medical management. The review concluded that, while there is some evidence to suggest that hypnotherapy might be effective in treating IBS symptoms, including abdominal pain, the results of the four studies examined should be interpreted with 'caution' due to poor quality and the small patient size.

The *Journal of Gastrointestinal and Liver Diseases* [analysed the psychological interventions for IBS](#) (CBT and hypnosis). The article concluded that CBT and hypnotherapy have proven to be efficient in the majority of studies and their benefits have been maintained for years in some cases. In one study of 204 IBS patients, 71% of patients reported responding to hypnosis treatment. 81% fully maintained their improvement up to 1-5 years later.

Archives of Disease in Childhood published a [systematic review](#) of current evidence around gut-directed hypnotherapy for functional abdominal pain or IBS in children. Gut-directed hypnotherapy targets the patient's perception of their intestinal symptoms and the hypnotherapist will aim to impart bowel control to the patient. The article reviewed three RCTs. Two examined hypnotherapy by a therapist and one examined hypnotherapy performed by self-exercises on an audio CD. All of these studies showed 'significantly greater improvements in abdominal pain scores' among the children receiving hypnotherapy. The article concludes with caution over drawing 'firm conclusions' from the results of the studies. The body of evidence is limited. Only three trials have been performed at the time of the review (2013) and all three studies had small sample sizes. However, the positive effects of hypnotherapy in children with IBS or functional abdominal pain are

in accordance with the evidence that hypnotherapy has shown to be effective in treating adults with IBS.

Summary

Research exists examining the use of hypnotherapy in the treatment of some mental disorders, psychosomatic disorders (both overall and IBS specifically), and chronic pain.

IBS appears to be the condition with the most research on the efficacy of hypnotherapy as a treatment:

- The evidence, including a recommendation by NICE, most strongly supports hypnotherapy as a treatment for IBS in adults. While evidence for hypnotherapy as a treatment for IBS in children is less substantial, the studies that do exist suggest a similar effectiveness.

The evidence for the other conditions is more mixed:

- There is no evidence of a good standard to suggest that hypnosis is a more beneficial treatment for schizophrenia compared to standard interventions, nor is evidence available to assess the effectiveness of hypnosis to prevent postnatal depression. However, there is some evidence to suggest that hypnosis is either as effective, or possibly more effective, than other treatments for anxiety. There is a lack of evidence for other mental health conditions.
- While some studies suggested some benefits of hypnotherapy for chronic pain, most of the reviews reflected that the available evidence was low quality.
- The available overview of the evidence for hypnotherapy as a treatment for psychosomatic disorders in general suggests that modern forms of hypnotherapy are effective treatments.

Key Organisations and relevant links

- British Society of Medical and Dental Hypnosis - Scotland
- British Society for Clinical Hypnosis

- The Health and Social Care Alliance
- Healthcare Improvement Scotland
- NICE, [Overview - Irritable bowel syndrome in adults: diagnosis and management](#)

Cristina Marini

Health and Social Care Trainee, SPICe Research

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The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

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