The use of clinical hypnosis in health and safety

Craig A. Jackson, Professor of Occupational Health Psychology at Birmingham City University, asks if there is any scope for using clinical hypnosis in the modern workplace, and suggests relegating hypnotherapy to the realm of alternative healthcare does occupational health a disservice.

“For the past hundred years there has been an abundance of evidence that psychological and physiological changes could be produced by hypnotism which were worth study on their own account, and also that such changes might be of great service in the treatment of patients.”

British Medical Journal, 23 April 1955

Introduction
Hypnotherapy, and the ability to induce, either in another or in the self, a relaxed and suggestible state, leaving the subject open to accepting and trying new attitudes and adopting new behaviours, is a phenomenon that has been written about since the Victorian era. Despite a historical and continuous interest in the area, that captures the imagination of children and adults alike, it is probably the contemporary psychological practice with the longest record of being misunderstood. Despite the logic behind it and the evidence associated with its efficacy in a variety of conditions, it is too readily ignored by lay people. Unfortunately, having been hijacked by stage-hypnotists and illusionists, many people do not bother to explore the wide body of evidence that suggests hypnotherapy can be a useful tool in behavioural change.

This article does not attempt to provide any argument about the evidence of the effectiveness of, or even the validity of, hypnotherapy as an approach to be used within healthcare or medicine. As a chartered psychologist who does not use hypnotherapy in any form of clinical or consultation work, I feel suitably independent from it, and therefore truly disinterested in the practice of hypnotherapy. What is of interest to me is that modern occupational health and safety could be missing using some helpful tools in the effort to convert and influence individuals and organisations towards safety-conscious working. In the last decade we have seen the workplace, healthcare and safety industry become much more psychology-focused than they have ever been before.

In the early 1990s, occupational health still viewed the biomedical model as the dominant force in workplace health and safety management, but before the end of the millennium, the acceptance of Engel and the bio-psychosocial model (Engel 1977) had become the norm. The net result of this is that many occupational physicians, nurses, occupational health advisors and human resource departments now routinely use the services of psychologists, counsellors, psychotherapists and psychometricians, as well as the growth of cognitive behavioural therapists. Ironically, the recent growth in neurolinguistic programming (NLP) has failed to acknowledge that NLP grew out of a form of hypnotherapy. In a safety industry that has successfully adapted to the need to understand how to change peoples’ behaviours, and one that is even willing to grasp the concepts of behavioural nudge theory to effect such changes at that, it is curious that such psychology-heavy practices have neglected hypnotherapy. The answer is not just simply “because hypnotherapy doesn’t work”, as much evidence strongly suggests it does, and it does so especially well with the kinds of problems and complaints that often plague the contemporary workplace.

Sigmund Freud
It might be no coincidence that one of the reasons hypnotherapy never took off in mainstream healthcare, and has been associated with the alternative movement, crystals and homeopathy, is that the unfashionable and much-maligned Sigmund Freud (and Joseph Breuer) was a proponent of it when publishing Studies in Hysteria in 1895. The pairing of hypnotherapy with the unfair post-modern criticism Freud received may have consigned it to an early discontinuation. In essence, Freud’s suggested use of hypnotherapy makes sense: when we have psychological or behavioural problems, they are often because of unresolved conflicts within us of which we are unaware. As our true
thoughts and desires are so dark and savage, according to Freud, our subconscious buries such conflicts and prevents us from assessing them or even being aware of them by defence mechanisms, in order to protect our own sanity. The only way around such defence mechanisms was to try and sneak around the consciousness, using word association, drugs, the analysis of dreams, or even subconscious notions of shape preference to allow us to get access to the true unguarded issues at the core of ourselves. Another way of doing this in Freudian therapy was through the use of placing an individual in a hypnotic state — docile and suggestible, but still able to communicate, yet without the defence mechanisms becoming involved. Ironically, the psychosocial conditions that Freud and colleagues often encountered at the time, under the label of “hysteria”, map neatly onto modern day complaints seen quite commonly in workplaces — anxiety, depression, sleep problems, habituation of negative thinking and substance misuse.

States, trances and susceptibility

Clinical hypnosis does not involve placing individuals in vulnerable positions of unconsciousness or zombie-like states. Some individuals may feel so relaxed and at ease that they do fall into a brief sleep but are easily awoken by the therapist without any harm or danger to either party. A hypnotic state can occur normally in most people when the right environmental and psychological settings are provided, and with a skilled and experienced hypnotherapist it is possible to use this state to make both profound and prolonged changes to the way people think about things, their feelings and emotional responses to other situations, and ultimately their behaviours and actions. Old ways of thinking and doing can be challenged without resistance. This is a summary of the form of hypnosis provided by practitioners within the British Society of Clinical Hypnosis (2013). Hypnosis is a consultative process, with the practitioner assessing the client thoroughly in order to determine the nature of any problems, just as would be done with any other form of talking therapy, including cognitive behavioural therapy (CBT). Clinical hypnotherapists will also prepare their clients by explaining to them how the hypnosis will work and what the clients can expect to feel like. The methods used are often individualised and based on the client’s levels of suggestibility and emotional state, and, where appropriate, therapists will train clients in self-hypnosis techniques.

Medical evidence

There have been many reviews of the scientific literature over the last several decades to try and establish if hypnosis has a useful role to play in the management of common and rare conditions. Such reviews have usually been undertaken by independent review panels and have often adopted strict criteria in order to provide strong evidence, should it be found, about the usefulness of hypnotherapy. The British Medical Association (BMA) commissioned a review in 1892 to evaluate the effects of hypnotherapy. The review concluded that hypnotic states could genuinely exist, and hypnotherapy was frequently effective in remedying pain, sleep disorders, anxiety and functional disorders. A two-year review was again undertaken by the BMA in the mid-1950s entitled Medical Use of Hypnotism (1955), which concluded that hypnotism was of value and could be the treatment of choice in psychosomatic conditions, intrusive thoughts and neuroses. Further uses were suggested for analgesia in dental treatment and childbirth. These findings were repeated by a review by the American Medical Association less than five years later, and again by the US National Institute for Health in 1995, which expanded the list of conditions that could be aided by hypnosis to include irritable bowel syndrome, chronic pain associated with cancers, tension headaches and mandibular disorders. A clinical review by Vickers & Zollman (1999) also found the side effects of chemotherapy, panic disorders, primary insomnia, phobias and asthma could be aided. They found no evidence to support some claims that hypnotherapy could extend life expectancy. However, subsequent Cochrane reviews found no evidence to support claims that hypnotherapy can assist in tobacco cessation or in managing irritable bowel syndrome.

Psychological evidence

The British Psychological Society (BPS) working party produced The Nature of Hypnosis in 2001 and concluded that, “Hypnosis is a valid subject for scientific study…and a proven therapeutic medium.” The report strongly concluded that, “Enough studies have now accumulated to suggest that the inclusion of hypnotic procedures may be beneficial in the management and treatment of a wide range of conditions and problems encountered in the practice of medicine, psychiatry and psychotherapy.” Areas of success for hypnotherapy included acute and chronic pain management and distress reduction in dental practices and childbirth; adjunct therapy in weight loss programmes; anxiety,
tension and stress; insomnia and sleep disorders; and a range of psychosomatic conditions such as headaches, asthma, gastrointestinal problems and dermatological conditions.

Case study

Esther was a 27-year-old administrative worker within a large insurance company. She was occasionally required to travel to other sites as part of her job. Esther had developed some difficulties in her early twenties concerning phobias and worries when near large man-made structures such as bridges, towers or pylons. She would feel terrified at the thought of driving towards or nearby such features in the landscape. This was becoming a problem at work as Esther would sometimes have to take long detours to avoid such features on her journeys. She was also struggling to concentrate behind the wheel on journeys when she did not know the local geography, as she was constantly fearful that large objects would surprise her. On one occasion she reversed back along the hard shoulder of a motorway to exit on a previous slip-road, rather than go forward towards a tower in the near-distance. There were obvious safety implications for her in these situations.

Her company's Employee Assistance Programme was able to provide Esther with access to a clinical hypnotherapist once a week over four weeks. The therapist was able to teach Esther self-relaxation techniques that she could practice as homework between hypnotherapy sessions. After assessing her in the first session and establishing her thoughts about the structures, the therapist was confident that a hypnotherapeutic approach would be suitable. In the second session, Esther was induced into a deeply relaxed state whereby the therapist was able to help her ascribe silly names and foolish characteristics to certain towers and landmarks from around the world. This allowed her to laugh at such constructions and find amusement in them, which prohibited her from feeling fearful of them at the same time. In the third session, Esther was induced into a relaxed state for the second time, and then ascribed comedy characteristics to the bridges and towers she would commonly encounter in her own routine. She was taught to view large objects in this way once she felt herself becoming fearful of any, which would help her push such fears from her mind by replacing them with absurdity. The fourth and final session was a refresher session, where the therapist checked that such new cognitions and behaviours were working well for Esther.

Professional bodies and confidence

Like other services outsourced in the provision of occupational health, it is vital to ensure the practitioners who are engaged operate within professional frameworks. Two such professional bodies that can also assist in locating and accessing hypnotherapists are detailed here. Like other professional bodies, the British Society of Clinical Hypnosis (BSCH) aims to ensure clients receive the best possible treatment from therapists, using contemporary evidence-based techniques in modern hypnotherapy, while ensuring the professional standards of such members. In addition to the BSCH, an additional professional body that reserves full membership only for qualified doctors and dentists who also hold additional qualifications in hypnotherapy is the British Association of Medical Hypnosis (BAMH). In addition to running a peer-review journal for disseminating research (European Journal of Clinical Hypnosis) some of the aims of the BAMH are to:

- promote hypnotherapy and allied sciences in the field of medicine, and maintain the integrity and interest of the profession
- identify and promote appropriate standards for the practice of hypnotherapy and the supervision of members
- promote research in medical hypnosis
- publish a register of members that may include qualifications and experience
- establish a code of ethics for members.

Conclusion

Hypnotherapy has been scrutinised by medical and healthcare experts for decades and seems to show that improvements in some conditions are more likely than not, and are usually higher than the
effects of placebo. The level of scrutiny and review has justifiably been high, which has resulted in positive reviews about the efficacy of this clinical approach. In recent years, the quality of research involving hypnotherapy has been even higher, often using nothing less than randomised trials and quantifiable outcome measures, and this has not resulted in increased publications stating that hypnotherapy should not have a role. In fact it has been quite the opposite, in high profile journals such as The Lancet and the Journal of the American Medical Association. Two more factors would suggest that the use of hypnotherapy in workplaces is suitable. First, the range of conditions that have shown improvement when subjected to hypnotherapy is broad, and particularly seems to involve modern non-specific multiform somatic symptoms of the kind often encountered in workplace ill health. Second, the bio-psychosocial pathway evident in the relationship between dissatisfaction, distress, personality and subsequent ill health could be directly accessed in hypnotherapy, and attempts to instigate a sense of positivity and adaptive coping skills could be achieved, thereby alleviating symptoms and ill health at the “psychological source” before they become dominant.

Sources

- British Association of Medical Hypnosis
- The Nature of Hypnosis, British Psychological Society, 2001
- British Society of Clinical Hypnosis