

L'ipnoterapia non e' psicoterapia

Professione paramedicale indipendente.

L'esistenza della professione di ipnoterapista evidenzia una separazione dalla psicoterapia. Nel 1955 la *British Medical Association* ha riconosciuto ufficialmente l'utilita' clinica dell'ipnosi; il 13 settembre 1958 anche l'*American Medical Association* ha reso ufficiale il valore incontestabile dell'ipnositerapia, e l'*American Psychiatric Association* lo ha fatto nel 1961. Oggi l'ipnoterapia e' stabilmente classificata in tutto il mondo come medicina complementare naturale, e fa parte delle CAM (*Complementary and Alternative Medicines*). Recentemente (11 febbraio 2004), nell'Unione Europea e' stata finalmente approvata la direttiva comunitaria COM(2002)119, che impone agli stati membri di dare valore europeo alle qualifiche professionali nazionali. Di conseguenza chi per esempio lavora legalmente come *hypnotherapist* in Inghilterra, finalmente lo puo' fare anche in un paese retrogrado e medioevale come l'Italia, dove l'ipnositerapia professionale indipendente e' sempre stata misconosciuta e ingiustamente screditata. In pratica, l'ipnoterapia puo' aiutare la gente ad aiutare se stessa, ovvero e' uno strumento piu' che una cura (BMJ, 2003 May 3; 326(7396): S154). L'*American Medical Association*, ovvero l'Ordine dei Medici statunitensi, ha deciso che, a cominciare dall'1 gennaio 2004, anche gli ipnotisti non terapeuti (*non-licensed*) possono operare nella Sanita' (proprio a tale scopo l'AMA ha introdotto una nuova terminologia dei codici di procedura CPT - *Current Procedural Terminology*). La legislazione moderna sta trasformando di diritto l'ipnoterapia in una professione indipendente per il semplice motivo che per sua natura l'ipnoterapia e' una medicina complementare separata e distinta, cioe' un'arte autonoma e libera che valorizza l'essere umano nella sua interezza, e che non si interessa dei lati oscuri o negativi della vita. L'ipnoterapia e' anche la professione emergente del XXI secolo, e ha un grandissimo valore individuale, sociale, e umanitario. Copyright (C) Alberto Torelli.

Hypnotherapy is not psychotherapy

Paramedical independent profession.

The existence of professional hypnotherapists attests a separation from psychotherapy. In 1955, the *British Medical Association* officially recognized the clinical usefulness of hypnosis; in September 13th, 1958, also the *American Medical Association* made official the indisputable value of hypnotherapy, and the *American Psychiatric Association* did the same in 1961. Today, hypnotherapy is steadily classified worldwide as a complementary natural medicine, and it is part of the CAMs (*Complementary and Alternative Medicines*). Recently (February 11th, 2004) the European Union at last approved the community directive COM(2002)119, which imposes on the EU member states to recognize at European level the national professional qualifications. Hence, if, for example, one works legally in UK as a hypnotherapist, at last (s)he can do the same also in a primitive and medieval country like Italy, where the professional hypnotherapy has been always denied and unfairly discredited. Hypnotherapy can practically help people to help themselves; in other words, it is a tool rather than a cure (BMJ, 2003 May 3; 326(7396): S154). The *American Medical Association* in the United States of America, starting from January 1st, 2004, is accepting in the health system also those hypnotists that are not therapists (*non-licensed*), and for that purpose the AMA introduced new procedural codes in the CPT (*Current Procedural Terminology*), and released a new version of it. Modern laws are transforming hypnotherapy in an independent profession, and this is happening for the simple reason that for its same nature hypnotherapy is a complementary medicine, separate and distinct, that is an independent art that makes the most of the whole human being, and that is not interested in the negative and dark sides of life. Finally, hypnotherapy is also the emerging profession of the XXI century, and it has a gigantic personal, social, and human value. Copyright (C) Alberto Torelli.

L'ipnoterapia NON e' una psicoterapia.

Nonostante gli sforzi ridicoli e antiscientifici, specialmente in Italia, di continuare a negare che l'ipnosi e' ben diversa dalle psicoterapie, la letteratura scientifica indica che sono diverse. Qui sotto e' descritto un *trial* controllato su 30 casi gravi di sindrome del colon irritabile che non risponde ai farmaci. L'ipnoterapia ha risolto il problema e senza ricadute o sostituzione dei sintomi, mentre la psicoterapia e' risultata piuttosto insoddisfacente.

Hypnotherapy is NOT a psychotherapy.

Despite the laughable and anti-scientific efforts, especially in Italy, to continue to deny that hypnosis is very different from psychotherapy, the scientific literature suggests that they are different. Below there is the abstract of a controlled trial on 30 severe cases of refractory irritable-bowel syndrome. Hypnotherapy solved the problem without relapses nor symptom substitution, while psychotherapy has been rather unsatisfactory.

Controlled trial of hypnotherapy in the treatment of severe refractory irritable-bowel syndrome
Lancet 1984 Dec 1;2(8414):1232-4 (ISSN: 0140-6736)
Whorwell PJ; Prior A; Faragher EB

30 patients with severe refractory irritable-bowel syndrome were randomly allocated to treatment with either hypnotherapy or psychotherapy and placebo. The psychotherapy patients showed a small but significant improvement in abdominal pain, abdominal distension, and general well-being but not in bowel habit. The hypnotherapy patients showed a dramatic improvement in all features, the difference between the two groups being highly significant. In the hypnotherapy group no relapses were recorded during the 3-month follow-up period, and no substitution symptoms were observed.

Nel controllo del dolore, la psicoterapia lavora sul dolore psicologico-affettivo, mentre l'ipnosi e' in grado di alterare i meccanismi neurologici del dolore, cioe' il dolore sensoriale, e ottiene risultati migliori di quelli della psicoterapia cognitivo-comportamentale (v. qui sotto).

In pain control, psychotherapy works on the psychological-affective pain, while hypnosis is able to alter the neurological mechanisms of pain, that is the sensory pain, and hypnosis performs better than cognitive-behavioral psychotherapy (see below).

Pain language of bone marrow transplantation patients
Psychol Rep 2001 Aug;89(1):3-10 (ISSN: 0033-2941)
Ho SM; Horne DJ; Szer J

Previous studies have shown that hypnosis may be effective in reducing intensity of pain among bone marrow transplantation patients whereas cognitive behavioral intervention without imagery was not effective for this group of patients. Since hypnosis alters patients' perception of pain and cognitive behavioral intervention changes patients' beliefs and improves their coping with pain, we hypothesized that sensory pain is more important than affective pain in understanding the pain experience of patients undergoing bone marrow transplantation. To test this hypothesis we administered the McGill Pain Questionnaire longitudinally to 50 consecutive eligible recipients of bone marrow transplantation during hospitalization to assess the different dimensions of pain they experienced. Consistent with our hypothesis, sensory pain fluctuated with treatment stages, and the pattern was consistent with previous findings. Patients reported significantly higher sensory pain than affective pain at all assessment points. In contrast, affective pain remained low and stable throughout the treatment. Our results contribute to the understanding of the nature of pain in bone marrow transplantation and suggest pain management strategies that focus on sensory pain as in hypnosis are more useful for such patients.

Un'altra grossa differenza tra l'ipnoterapia e la psicoterapia e' che l'ipnosi favorisce un lavoro interno di tipo psicosomatico, e senza alcun bisogno di indagare, diagnosticare, o ricordare consciamente cose brutte (v. qui sotto).

Another big difference between hypnotherapy and psychotherapy is that hypnosis facilitates an internal, psychosomatic work, without any need of investigations, diagnoses, or conscious unpleasant recalls (see below).

The body's story: a case report of hypnosis and physiological narration of trauma
Am J Clin Hypn. 2005 Jan;47(3):149-59
Pantesco VF.

Adult Post-traumatic Stress Disorder secondary to childhood sexual abuse is clinically complicated by its increasingly noted deficient linguistic recording of the abuse, perhaps partially explaining consequent difficulties with verbalizing in therapy. A single case illustrates that hypnotically utilizing the body-emotion register of encrypted sexual abuse trauma may not only afford more naturalistic retrieval and purgation of the experience, but may also provide the very medium for the healing narrative required for recovery. The patient's original and continuing therapist was also present as support and observer for all but 1 of 25 hypnosis sessions. Treatment gains were robust at 3-year follow up. This case suggests that effective treatment for sexual abuse PTSD may in some instances reside in more non-verbally sensitive interventions not aiming to prove, probe, or process linguistic reconstructions of memory. This is the first published report of such a bodily narrative in hypnosis.

Un'ulteriore evidenza del fatto che l'ipnoterapia e' estranea alla psicologia viene dai seguenti dati scientifici: 1) tutte le teorie e le definizioni psicologiche di ipnosi sono insoddisfacenti; 2) i test quantitativi inventati dagli psicologi per studiare l'ipnosi sono cl clinicamente inutili, perche' traggono beneficio dall'ipnosi anche le persone che i test giudicano poco o per niente ipnotizzabili (v. qui sotto).

Another evidence of the fact that hypnotherapy is foreign to psychology comes from the following scientific data: 1) all the psychological theories and definitions of hypnosis are still unsatisfactory; 2) quantitative tests devised by psychologists for studying hypnosis are clinically useless, since hypnosis is beneficial also for people that those tests consider low- or non- hypnotizable (see below).

Hypnosis, hypnotizability and treatment.
Am J Clin Hypn. 2008 Jul;51(1):57-67.
Sutcher H.

There is broad agreement that a phenomenon we call "hypnosis" exists. However, there is no generally accepted definition of hypnosis. A brief historical overview of the use of hypnosis in healing practices demonstrates how it evolved willy-nilly, and like Topsy, "just grew" into its current status in medicine, psychiatry, psychology and dentistry. The mechanisms underlying hypnosis and how hypnosis differs from other cognitive states are almost totally unknown. With the exceptions of suggestions for pain control, current concepts of high, medium, low or non-hypnotizability do not reliably predict clinical outcomes for most medical, psychiatric or dental disorders. We do know that it is relatively easy to reliably evaluate hypnotizability, but other than choosing volunteers or subjects who will or will not exhibit traditional hypnotic phenomena, we rarely know what to do with that evaluation with actual clinical patients. Four case studies, representative of many others, chosen retrospectively from a practice that spans 45 years, illustrate how traditional or modern hypnotizability assessment is irrelevant in the clinical setting. Although the four patients differed obviously and vastly in hypnotizability, they all benefited from the use of hypnosis.

L'ipnoterapia ha un'innegabile evidenza clinica di efficacia, ma a volte viene ancora criticata dicendo che l'evidenza scientifica invece non e' ancora altrettanto forte. Questo pero' e' dovuto al fatto che i metodi attuali per studiare l'ipnosi sono inadeguati. Infatti, per esempio, non esiste ancora un placebo credibile da utilizzare nei *trial* randomizzati caso-controllo (v. l'articolo qui sotto).

Hypnotherapy has an undeniable clinical evidence of efficacy, but it is still criticized by saying that it has not yet the same scientific evidence. But this is because the fact that the present methods for studying hypnosis are inadequate. In fact, for example, there is still no credible placebo suitable for randomized placebo-controlled clinical trials (see the abstract below).

How to put hypnosis into a placebo pill?
Complement Ther Med. 2008 Feb;16(1):52-4. Epub 2007 Jun 20.
Gholamrezaei A, Emami MH.

Many case studies and several controlled clinical trials have indicated the effectiveness of hypnotherapy for some medical conditions. However, because of methodological inadequacies hypnotherapy is still criticized for not having strong scientific evidence to support its claims. While randomized placebo-controlled clinical trial is generally accepted as the gold standard study design, creating a credible placebo control for hypnotherapy is a major challenge. This paper recommends "neutral hypnosis" as a credible placebo control for hypnotherapy trials.

Le terapie mente-corpo o psicosomatiche (training autogeno, ipnoterapia, terapia del rilassamento) differiscono dalla psicoterapia, e infatti non esiste una teoria psicoterapeutica capace di spiegarle (la guarigione e' un aiuto che viene da dentro, mentre il trattamento e' un aiuto esterno). Eppure l'evidenza clinica della loro efficacia sta aumentando sempre di piu'. Per le terapie mente-corpo i maggiori benefici si ottengono basandosi sull'evidenza empirica (clinica) dell'efficacia (v. qui sotto).

Mind-body (or psychosomatic) therapies (autogenic training, hypnotherapy, relaxation therapy) are different from psychotherapy, in fact there is no psychotherapeutic theory that can explain them (healing is helping from within; treatment is helping from outside). Nevertheless, their clinical evidence of effectiveness is increasing more and more. For mind-body therapies the best benefits come from an empiric evidence-based approach (see below).

Mind-body therapies: are the trial data getting stronger?
Altern Ther Health Med. 2007 Sep-Oct;13(5):62-4.
Ernst E, Pittler MH, Wider B, Boddy K.

The effectiveness of mind-body therapies is sometimes doubted. The aim of this article is to evaluate trends in the development of the evidence base for autogenic training, hypnotherapy, and relaxation therapy. For this purpose, a comparison of 2 series of systematic reviews was conducted. The first is related to the evidence base in 2000, the second to that in 2005. Both employed virtually the same methodology and criteria for evaluation. The results of our comparisons show considerable changes during the observation period. The weight of the evidence has become stronger for several indications, and the direction of the evidence has been altered in a positive sense in several conditions. Applying the rules of evidence-based medicine, the following mind-body therapies are now supported by strong evidence: hypnotherapy for labor pain and relaxation therapy for anxiety and insomnia, as well as for nausea and vomiting induced by chemotherapy. It is concluded that an evidence-based approach for mind-body therapies is constructive and can generate positive results.

L'ipnosi ha una natura NON psicologica.

L'approccio ipnotico e' ben diverso da quello psicologico. Ad esempio, il supporto empatico con l'ipnosi risulta utile e benefico, mentre il supporto convenzionale psicologico (cioe' non ipnotico) puo' invece avere effetti negativi e aumentare il disagio del paziente. Quindi i due approcci sembrano simili ma in realta' hanno effetti clinici differenti (v. qui sotto).

Hypnosis has a NON psychological nature.

The hypnotic approach is very different from the psychological one. For example, the empathic support with hypnosis is useful and beneficial, while the conventional psychological support (non hypnotic) can result in more adverse events and patient discomfort. Thus the two approaches seem similar, but actually they produce different outcomes (see below).

Beneficial effects of hypnosis and adverse effects of empathic attention during percutaneous tumor treatment: when being nice does not suffice.

J Vasc Interv Radiol. 2008 Jun;19(6):897-905. Epub 2008 Mar 17.

Lang EV, Berbaum KS, Pauker SG, Faintuch S, Salazar GM, Lutgendorf S, Laser E, Logan H, Spiegel D.

PURPOSE: To determine how hypnosis and empathic attention during percutaneous tumor treatments affect pain, anxiety, drug use, and adverse events. **MATERIALS AND METHODS:** For their tumor embolization or radiofrequency ablation, 201 patients were randomized to receive standard care, empathic attention with defined behaviors displayed by an additional provider, or self-hypnotic relaxation including the defined empathic attention behaviors. All had local anesthesia and access to intravenous medication. Main outcome measures were pain and anxiety assessed every 15 minutes by patient self-report, medication use (with 50 mug fentanyl or 1 mg midazolam counted as one unit), and adverse events, defined as occurrences requiring extra medical attention, including systolic blood pressure fluctuations (> or =50 mm Hg change to >180 mm Hg or <105 mm Hg), vasovagal episodes, cardiac events, and respiratory impairment. **RESULTS:** Patients treated with hypnosis experienced significantly less pain and anxiety than those in the standard care and empathy groups at several time intervals and received significantly fewer median drug units (mean, 2.0; interquartile range [IQR], 1-4) than patients in the standard (mean, 3.0; IQR, 1.5-5.0; P = .0147) and empathy groups (mean, 3.50; IQR, 2.0-5.9; P = .0026). Thirty-one of 65 patients (48%) in the empathy group had adverse events, which was significantly more than in the hypnosis group (eight of 66; 12%; P = .0001) and standard care group (18 of 70; 26%; P = .0118). **CONCLUSIONS:** Procedural hypnosis including empathic attention reduces pain, anxiety, and medication use. Conversely, empathic approaches without hypnosis that provide an external focus of attention and do not enhance patients' self-coping can result in more adverse events. These findings should have major implications in the education of procedural personnel.

Guarigione ipnotica come alternativa?

Recentemente e' stato osservato che usando l'ipnosi ericksoniana i pazienti ottengono dei benefici pari a quelli ottenuti con la psicoterapia dinamica breve, ma sentono che la strada che hanno percorso e' stata diversa. Questi dati sono un altro passo avanti verso la conferma che l'ipnosi ericksoniana e' un trattamento alternativo alla psicoterapia (v. articolo sotto); in pratica e' una guarigione interna, non un trattamento esterno (Betty Alice Erickson, and Bradford Keeney, 2006, Milton H. Erickson MD, an American healer, Ringing Rock Press).

Hypnotic healing as an alternative?

Recently, it has been observed that by using the Ericksonian hypnotherapy (ET) the patients gets the same benefits that the get by using the brief dynamic psychotherapy, but they feel that the path has been different. These findings are a step toward empirical confirmation of ET as an evidence-based treatment alternative for psychotherapy (see the abstract below). In short, It is a healing from within, not a treatment from outside (Betty Alice Erickson, Bradford Keeney, 2006, Milton H. Erickson, MD, an American healer, Ringing Rock Press).

An exploratory outcome comparison between an Ericksonian approach to therapy and brief dynamic therapy.

Am J Clin Hypn. 2008 Jan;50(3):217-32.
Simpkins CA, Simpkins AM.

The purpose of this study was to determine whether an Ericksonian approach to therapy using hypnosis (ET) was as effective as brief dynamic therapy (BDT), a long-standing and well-researched form of psychotherapy. The study used a comparative pre-test/post-test design with four paper and pencil tests [Clark Personal and Social Adjustment Scale (CPSAS), Hopkins Symptom Checklist (HSCL), Target Complaint (TC), and Global Improvement (GI)] and six therapy sessions. The investigators attempted to choose design features that would not interfere with the unique qualities of ET while maintaining empirical regularity. No statistically significant difference was found except on HSCL where ET was superior. An interesting finding was that without direct discussion of the target complaint, ET brought about the same improvement on targeted problems as BDT. ET subjects reported gaining understanding of their problems as much as BDT subjects, but from a different source. The results of this study are a step toward empirical confirmation of ET as an evidence-based treatment alternative for psychotherapy.

Alcuni pensieri dei famigliari di Erickson.

Elizabeth Moore Erickson (la moglie) disse che nessuna teoria psicologica puo' valere in modo universale.. molte risorse personali non possono essere comprese cognitivamente... la vita e' fatta di piccole azioni che non devono essere grandi, ma solo significative.

Betty Alice Erickson (una delle figlie) ha scritto che se un pulcino tenta di uscire dall'uovo, tu non puoi aiutarlo troppo, altrimenti lui non sviluppera' la sua propria forza.. Betty riferisce che una volta Jay Haley, uno dei padri della terapia strategica breve (mirata alla soluzione del problema) disse che Erickson non faceva mai complimenti. Appena lei senti' queste parole penso': "ma e' assurdo.. papa' loda sempre".. "mio padre aveva 15 anni piu' di sua moglie Betty, e sono stati felici per oltre 40 anni".. fare le vittime vuol dire aver scelto di non imparare. Duro lavoro e disciplina sono i valori di un guaritore, in contrasto con la conoscenza tecnica della psicoterapia.. l'ipnosi e la psicologia di Erickson sono volutamente libere da teorie limitanti, e sono cosi' individuali e aperte da potersi espandere insieme a noi.

Roxanna Erickson Klein (figlia) disse che noi dobbiamo adattarci ai nostri limiti. La liberta' costa. L'unica direzione utile e' quella in avanti.

Some thoughts from Erickson's family.

Elizabeth Moore Erickson (wife), said that no psychological theory can be universal.. many personal resources can't be understood cognitively... life is made of small actions. They don't need to be big. Just meaningful.

Betty Alice Erickson (one of the daughters) wrote that if a chicken is trying to get out of egg, you can't help it too much. If you do, the chicken won't develop its own strength. Betty says that Jay Haley, one of the founders of brief strategic therapy (problem-solving therapy), once said: "Erickson never praised"; she heard him and thought: "that's a nonsense. Daddy praises all the time".. he was 15 years older than his second wife, Betty, and their marriage lasted very happily for over 40 years.. to be a victim means that you are not choosing to learn.. hard work and discipline are the wisdom of a healer, as opposed to expertise in technical crafts of psychotherapy... The framework of Ericksonian hypnosis and psychology is deliberately without limiting theories, and it's so individualistic and open that it can expand with our knowledge of life.

Roxanna Erickson Klein (daughter) said that we must adapt to our limitations. Freedom costs. The only useful direction is forward.

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