Position Statement on Hypnosis

Approved by the Board of Trustees, September 2009 Approved by the Assembly, May 2009

"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – APA Operations Manual.

Hypnosis is a specialized psychiatric procedure and as such is an aspect of the doctor-patient relationship. Hypnosis is not in itself a therapy, but rather is a state of aroused, attentive, focal concentration with a relative reduction in peripheral awareness that can be utilized to facilitate a variety of psychotherapeutic interventions. The capacity to experience hypnosis can be spontaneous or it can be activated by a formal induction procedure which taps the inherent neural capacity of the individual. This capacity varies widely but is a stable trait that can be reliably measured. Hypnosis provides an adjunct to research, to diagnosis and to treatment in psychiatric practice. It often shortens the time required for a psychotherapeutic effect.

Randomized clinical trials have shown that interventions employing hypnosis are effective in the treatment of pain, anxiety, stress, cancer surgery, phobias, psychosomatic disorders, nausea and vomiting, and habit control problems such as smoking and weight control. It is also helpful in the management of patients with dissociative and posttraumatic stress disorders.

Since hypnosis is a psychotherapeutic facilitator of a primary treatment strategy, it should be employed by psychiatrists or other health care professionals with appropriate licensure and training. Hypnosis or hypnotic treatment, as in any other psychiatric procedure, calls for all examinations necessary to a proper diagnosis and to the formulation of the immediate therapeutic needs of the patient. The technique of induction of the trance state usually can be brief. Long induction ceremonies using a sleep paradigm are misleading.

Although similar dangers attend the improper or inept use of all other aspects of the doctor-patient relationship, the nature of hypnosis renders its inappropriate use particularly hazardous. For hypnosis to be used safely, even for the relief of pain or for sedation, more than a superficial knowledge of the dynamics of human motivation is essential.

Since hypnosis has definite application in the various fields of medicine, physicians have recently shown increasing interest in hypnosis and have turned to psychiatrists for training in hypnosis.

To be adequate for medical purposes, all courses in hypnosis should be given in conjunction with recognized medical teaching institutions or teaching hospitals, under the auspices of the department of psychiatry and in collaboration with those other departments which are similarly interested. Although lectures, demonstrations, seminars, conferences and discussions are helpful, the basic learning experience must derive from closely supervised clinical contact with patients. Since such psychiatrically-centered courses are virtually non-existent, many physicians have enrolled in the inadequate brief courses available, which are taught often by individuals without medical or psychiatric training. These courses have concentrated on prolonged redundant induction ceremonies and have neglected or covered psychodynamics and psychopathology in a superficial or stereotyped fashion.

Originally developed by the APA Committee on Therapy and adopted by the APA Council in 1961. This revision was prepared by David Spiegel, M.D., and Herbert Spiegel, M.D.