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Hypnosis Based Treatments for Internet Addiction Disorder: Systematic Review

Chris Connelly*

MSc MNCIP, United Kingdom

***Corresponding Author**
Chris Connelly, MSc MNCIP, United Kingdom.

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Abstract

The health effects of internet addiction on the general public are a growing concern for many therapists and clinical professionals. Existing therapeutic interventions for this disorder (e.g. cognitive behavioural therapy, counselling) have evidence supporting their effectiveness in benefiting individuals diagnosed with Internet Addiction Disorder (IAD). To date and to our knowledge, there has been no systematic literature review considering the effectiveness of hypnosis-based therapies for IAD addressed in this review. Using the PRISMA model, findings revealed no published papers met the inclusion criteria, though there is evidence that hypnosis may benefit other associated disorders. The results and recommendations for further research and the inclusion of hypnosis-based interventions for IAD are discussed.

Keywords: Internet, Addiction, Disorder, Hypnosis, Hypnotherapy, Psychotherapy

Introduction

Over the last twenty years, the use and prevalence of Internet-based technologies have increased considerably. According to the Office of National Statistics (United Kingdom), in the first quarter of 2017 reported that 89% of adults in the United Kingdom had recently used the internet, with 99% of adults between the ages of 16 to 34 classed as being regular internet users. While the internet has many positive uses, such as social networking, entertainment and access to information and gaming, a small proportion of individuals have been found to develop problematic behaviours with their use of the internet and are reporting that their lives have become unmanageable due to its use [1-5].

Internet Addiction

Problematic internet use, referred to as Internet Addiction (IA), has been defined as a behavioural addiction involving the excessive use of online applications that negatively impact the lives of the affected individual [6]. The global prevalence rates of internet addiction vary depending upon the screening instrument used and are reported to range in children and adolescents (aged 10 to 18 years) from 2% in Germany to 23% in Malaysia and in the general adult population (aged 18+ years) from 1% in Germany to 6.3% in South Korea [7-11]. Considering these prevalence rates and the accessibility and affordability of the internet, it is inevitable that clinical professionals and specialists who provide psychological treatments are reporting an increasing number of clients with behaviours consistent with internet addiction [12].

Young, Pistner, O'Mara and Buchanan 20 years ago were the first to propose a model to describe the aetiology of this problematic internet use. Referred to as the Accessibility, Control and Escape (ACE) model, it is argued that the accessibility of the internet itself provides an opportunity for an individual to seek out pleasurable experiences. In an attempt by the individual to escape from the normality of life and live out unattainable fantasies, that eventually leads to the establishment of maladaptive internet usage behaviour. Examples include online users seeking sexual gratification by viewing online pornography channels, using online gambling sites, playing online games and chatting through social media [13-15].

However, the model is not without its critics. Griffiths argued that the ACE model assumes the addictive behaviour is to the internet itself rather than the internet being the vehicle that provides an opportunity for an individual to engage in their addictive behaviour, e.g. gambling addicts using online gambling sites etc. [16]. Proposing that internet addiction does exist, but it does so only in a small minority of internet users and in those occurrences, the addictive behaviour should be classified like other substance-based addictions [17].

With the growing body of evidence from both clinical professionals and researchers supporting the classification of Internet Addiction as a disorder, the Diagnostic and Statistical Manual for Mental Disorders (DSM-5) in 2013 included Internet Gaming Disorder in its section on Emerging Measures and Models: Conditions for Further Study [18]. The classification acknowledges that in the literature, 'gaming disorder' is synonymous with internet use disorder,

gaming addiction or internet addiction. Similarly, the inclusion of 'gaming disorder in the World Health Organisations' diagnostic manual, the International Classification of Diseases (ICD-11) in 2018 further recognises the condition as an impulse control disorder legitimising further investigation of the disorder by clinicians and researchers and prepares health professionals to prevent, identify and manage the condition [18].

Treatments

Psychological therapies for IAD are shown to be beneficial, with cognitive-based psychotherapies shown to be effective in the treatment of IAD [19-23]. Nevertheless, there is a significant number of reports of individuals whose symptoms have not benefited from using cognitive-based psychotherapies as a standardised treatment [24].

In particular, such treatments have been reported to be less effective with over-intellectualising and less assertive clients that may feel overwhelmed by the intellectual demands placed upon them by the therapist. Critics have also pointed out practical barriers to treatment with the cognitive-based interventions requiring typically between eight and twenty-eight face-to-face therapy sessions [19,25]. Placing a high financial burden on the client or healthcare provider and increasing the complication of managing the client's motivation for change throughout the programme.

It is, therefore, fully justified to explore the use of a possible alternative psychological therapy to provide a comparably effective treatment to clients in instances where cognitive-based interventions have been less effective. Therefore, this article proposes that hypnosis-based therapies, such as hypnotherapy or hypo-psychotherapy, can be considered a viable alternative.

Hypnosis

The credibility and reputation of hypnosis as being an effective psychological intervention have had a mixed response from the mainstream therapy community, notably due to its practice historically associated with hysteria and entertainment [26,27]. However, contrary to this popular perception, a hypnosis session in a clinical context can be understood as involving a set of embedded procedures facilitating an interaction between the therapist and client that results in the desired behavioural change [28,29]. In the UK, hypnotherapy is a recognised complementary and alternative medicine (CAM) therapy and has been included, for example, in the National Institute of Health & Care Excellence (NICE) guidelines for the management of IBS. With evidence for the effectiveness of hypnosis for a wide range of physical and mental disorders such as pain control, Irritable Bowel Syndrome (IBS), anxiety disorders, depression and stress disorders to mention a few, and growing support by General Practitioners for the use of hypnotherapy as part of an integrative model of holistic care being offered to patients, arguably hypnotherapy should be considered a practical standalone modality as well as a helpful adjunct by practitioners of other counselling and psychotherapy modalities [30-40].

Further, Accardi and Milling and Landolt and Milling suggest that teaching self-hypnosis to clients can provide cost-effective treatment for some conditions, reducing the need for regular face-to-face consultations [31,41]. For example, Tan, Rintala, Jensen, Fukul, Smith and Williams explored the efficacy of self-hypnosis to benefit patients suffering from chronic back pain and found that a significant reduction in back pain intensity was reported in patients after just two sessions of self-hypnosis and listening to hypnosis recordings [42]. Compared to eight face-to-face conventional hypnosis sessions required to achieve a similar significant reduction in pain intensity. Amongst the physical and mental disorders that benefited from hypnosis, there is also evidence suggesting its usefulness as an intervention for substance addiction disorders such as drug addictions, alcohol addiction and nicotine addiction [43-49]. With further evidence to support its use for behavioural addictions such as food addiction and sex addiction as well as reducing impulsiveness and cravings associated with the prevention of addiction relapse [49-53].

With this body of evidence reporting the benefit to the clients' in using hypnotherapy for addiction and impulse disorders, it is questionably unethical not to inform clients about this modality's effectiveness for similar conditions such as IAD [54]. Further, with Integrative Psychotherapy containing over 400 individual modalities 'types', it is apparent that to meet the individual needs of the client, a psychotherapist should be converse and competently able to apply a number of these 'types' [55]. Questionably, ignoring the potential benefits of hypnotherapy can bring to the therapy space not only limits the effectiveness of the intervention given but arguably the overall efficiency of the therapist. This paper, therefore, aims to review the current literature base for studies to answer the research question: Do hypnosis-based therapies provide an effective intervention for individuals diagnosed with Internet Addiction Disorder? The expected hypothesis is that hypnotherapy is an effective intervention for individuals diagnosed with IAD.

Methods

The research design adopted a systematic literature review approach, reviewing both qualitative and quantitative published literature within a defined database and meeting the inclusion criteria detailed.

Databases Searched

Relevant papers were identified through a comprehensive literature search of the following databases: PubMed, PsycARTICLES, Scopus, ProQuest Central and Google Scholar. The following journals are considered applicable to the search: The American Journal of Clinical Hypnosis, the International Journal of Clinical and Experimental Hypnosis, the Journal of Medical Internet Research and the Computers in Human Behaviour.

Search Terms and Selection of Papers for Inclusion

The search terms included known derivatives of the string 'Internet Addiction Disorder' recognised by the World Health Organisa-

tion and 'hypno*' [56]. Using the asterisks wild card was chosen to ensure the inclusion of derivatives such as 'hypnosis', 'hypnotherapy' and 'hypno-psychotherapy'. The search was restricted to papers published between the years 1998 and 2019. The complete search term string was as follows: ("internet addiction" OR "internet addiction disorder" OR "internet use disorder" OR "cyber addiction" OR "internet gaming disorder" OR "internet gambling disorder" OR "social networking addiction" OR "problematic internet use" OR "compulsive internet use") AND "hypno*" To determine the eligibility of each paper reported in the result, the abstract for that paper was scanned and discarded if deemed not to meet the inclusion criteria for the review. If reading the abstract alone could not determine the article's eligibility, then the paper was studied for relevance.

Inclusion Criteria

Following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidance, clear inclusion criteria were defined to determine the eligibility of papers to be included in the review. Only papers meeting the following criteria were included: therapeutic interventions for IAD, empirical research using randomised controlled trial (RCT) design, quasi-experimental design, single-case experimental designs and studies comparing between or within groups. All searches were limited to those explicitly referring to hypnosis-based interventions and those published in English between January 1998 and January 2019 to encompass the date range between the first published papers discussing Internet Addiction and the present day [16,57]. The inclusion criteria included studies from all age groups.

Exclusion Criteria

Papers excluded from this review included journal letters and editorials, conference posters, thesis, dissertations, grey literature sources and existing literature reviews. Pilot studies meeting the inclusion criteria were included in the review.

Results

A total of 48 papers were identified through the database and journal searches, yielding the following results: PubMed n = 0; PsycARTICLES n = 3; Google Scholar n = 10; Scopus n = 4; ProQuest Central n = 31. Specific journal searches within the American Journal of Clinical Hypnosis, the International Journal of Clinical and Experimental Hypnosis, the Journal of Medical Internet Research and the Computers in Human Behaviour yielded n = 0. All 48 papers had their titles and abstracts screened. After papers published in languages other than English and duplicate records were removed [n = 2], the inclusion and exclusion criteria outlined above were used to assess the remaining papers [n = 46]. The resulting review identified two papers relating to the use of Hypnotherapy for the reduction of anxiety and stress in individuals with substance addiction and one paper discussing the use of Hypnotherapy in the broader context of integrated health care in the management of Internet Addiction. However, no papers [n = 0] identified from the search were deemed to meet the inclusion criteria and, therefore could not be considered eligible for further analysis. The flow chart in Figure details the selection process.

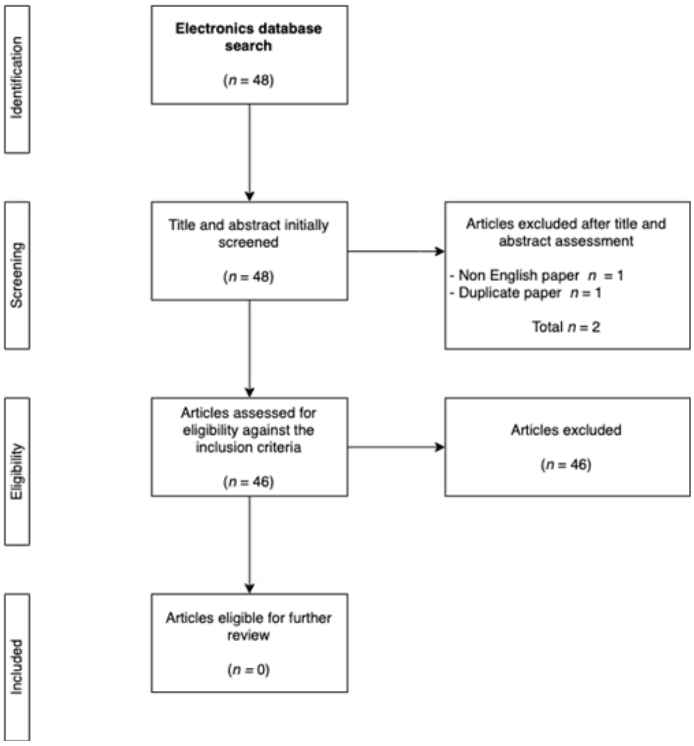

Figure: Flow diagram of the article selection process

Discussion

The findings from the search revealed that no published empirical research, group studies or individual case studies exist demonstrating the possible effectiveness of hypnosis as a treatment for IAD. A surprising result when evidence that supports the use of hypnosis in disorders in the same classification as IAD, such as addiction disorders and impulse control disorders such as trichotillomania and Kleptomania are available for review [43, 58-63]. Further, individuals with IAD may be particularly conducive to and benefit from a therapy approach such as hypnosis involving suggestions to bring about the desired behaviour change. Ludwig et al identified a relationship between trait impulsivity and hypnotic suggestibility, with non-planning impulsivity correlated positivity with suggestibility in both men and women and motor impulsivity associated with suggestibility in men [64].

Arguably, the lack of published evidence to support the use of hypnosis in a clinical setting may be due to the NICE requirements and recommendations to use cognitive behavioural therapy as the first-line psychological modality of choice for many disorders [65]. Such recommendations could deter therapists from considering using hypnosis within their clinical practice, however, with the evidence supporting the benefits provided by hypnosis for many other disorders available for review. Serious consideration must now be given to hypnosis-based therapies as a viable alternative

for individuals where cognitive behavioural therapy has been ineffective, either as a stand-alone intervention or as an adjunct with another therapy modality, such as CBT [66].

Limitations

Careful consideration was given to ensure as many recognised derivatives for internet addiction disorder was included in the search criteria. Therefore, this paper adopted terms derived from the World Health Organisation report on Internet Addiction Disorder [56]. However, unexpectedly, the findings revealed no results. Serious consideration should be given to the possibility that other or more recent derivatives of Internet Addiction Disorder have arisen in the literature since the World Health Report publication in 2015. Furthermore, this paper limited the search criteria for publications in the English language. However, with the global prevalence of internet use, widening the search criteria to include other languages may have afforded better results. Due to these limitations, the ability of this review to reject the hypothesis is limited.

Conclusion

To date, systematic reviews exploring psychological treatments to benefit internet addiction do not consider the efficacy of hypnosis-based therapies, with cognitive behavioural therapies being the preferred interventions amongst therapists and clinical professionals [12,67,68]. However, with evidence suggesting a reduced revised Effect Size (ES) of cognitive-based interventions, still recommended by NICE for conditions such as depression in children and adolescents, and evidence showing comparable effectiveness of integrative psychotherapy modalities being equivalent to cognitive-based interventions [69]. It is of the utmost importance that psychotherapists and researchers of IAD adopt an inclusive approach to treating IAD, rather than assuming a singular treatment approach model. Throughout this article, evidence has been given for including hypnosis-based therapies to be considered a viable and effective therapeutic intervention for behavioural addiction and impulse control disorders, based upon empirical studies of associated conditions. However, this review explicitly focussing on hypnosis-based treatments for IAD has identified within the clinical, medical and therapy community a complete absence of any published literature. Thereby preventing a psychotherapist wishing to adopt an evidence-based practice from being able to determine the applicability and effectiveness of using hypnosis as either a standalone therapy or as an adjunct to another modality in treating this disorder. Based on the results of this review, research and empirical studies are recommended to determine the effectiveness of hypnosis-based treatments as a viable and effective psychotherapy modality. So to assist psychotherapists' in benefitting their clients diagnosed with Internet Addiction Disorder, specifically in circumstances when preferred approaches have been ineffective [70-74].

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