PRACTICE EXPERIENCE

Hypnotherapy in Emotional Disorders — C T Modlin

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Curriculum vitae

Trevor graduated from the University of the Witwatersrand with MBBCh in 1969. After internship in Johannesburg General Hospital, he was in Family Practice from 1971 — 1977. He then became MO — CMR (Infectious Diseases) Hospital from 1978 -9 and part-time MO for SANCA (Jhb Society, of which he is now vice chairman) and Phoenix House (1978-82). After a period as Senior Medical Officer at Edenvale Hospital (1980-82) he has been in Private Family Practice again since 1982, and has been appointed at Wits (Dept. Family Health) as an honorary Lecturer since 1988. For the past few years Trevor has taken an interest in Hypnotherapy, completed a course in Clinical Hypnosis, and uses these skills in his practice. He is married and has 3 children.

Summary

A few definitions and characteristics of hypnosis are given, as well as the author's practical experience in using this therapy in his practice. He asks for a change in the rigid perspective of psychiatry and psychology, which sees only a biochemical origin in depressive disorders; doctors need to explore the source behind it in the sub-conscious levels.

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1. Why use Hypnosis?

1.1 A Personal Perspective

At the outset I must emphasise that Clinical Hypnosis is NOT a panacea for all medical and psychological ills. It is, however, a powerful tool which has been out of favour for various reasons. It is gaining a recognised place by the medical and related professions worldwide today as an accepted and valuable modality of treatment for many disorders.

Since the days of Mesmer, our knowledge of the state of hypnosis and its therapeutic application has continued to grow through the work of Erickson, Hartland and many others in the last decade.

Today it is a relatively simple, safe and effective form of treatment for many problems.

Speed of therapeutic effect

Perhaps its biggest advantage is the much shorter period of time necessary to treat emotional disorders: the work of a few hundred hours of psychoanalysis can be achieved in four to six hours with hypnoanalysis and more profoundly.

Reduced or no need for medication

It is a viable modality which can reduce drug prescribing and usage. To deny that some of the emotional morbidity seen so often in our rooms is directly due to the drugs we prescribe, is to deny reality. Any honest clinician must question the value of labelling a patient with a diagnosis and then dooming that patient to a life-time of psychoactive drugs. About six per cent of those patients will become dependent on these drugs - largely the tranquiliser/hypnotic group but also the anti-depressants.

The value of these drugs is unquestioned and many people achieve a better quality of life using them. However, to 'write off' the dependents by saying this state is the lesser of two evils is both naive and improper. Unfortunately, this is a tendency today.

'Failed' psychotherapy

Psychotherapy, while again a modality of unquestioned value, does not often achieve the goal of real, sustained and positive change in an individual. Rather, many patients achieve a modification of emotional choices and behavioural responses such that he/she copes more comfortably. I sometimes have a patient referred back to me with the statement that a patient's behaviour and choices are not likely to change.

It is a fact that many patients are aware that this modification is not ideal, that they will be reasonably well only as long as they continue therapy and/or take medication. Indeed, all therapists know how dependent a client can become on the therapeutic relationship.

Incorrect diagnosis

I have patients on record with serious

diagnoses at a consultant level – Manic Depressive Psychosis, for example – which have been shown to be wrong after Ego State Therapy in trance. Insurance companies consider Major Depression – Affective Disorder to be a psychotic condition, with all its implications. It is clear that one must exercise the greatest caution when labelling a patient.

1.2 Exposure and early experiences

I first saw the positive benefits of hypnosis in an extremely anxious patient of mine prior to surgery. I thought her to be very sedated by the premed but it became clear that her

Clinical hypnosis is not a panacea for all ills

state of relaxation was due to an hypnotic trance. Sceptism delayed my decision but a year or so later I completed the course in Clinical Hypnosis on the advice of my patient's consultant.

Those early years were a revelation to me as inexperienced as I was. That period restored much meaning to family practice and indeed to medicine itself. How many times in the past I had wished to be able to reach into a patient's psyche and turn a switch! At times counselling was most frustrating. In hypnosis I had such a switch.

Self inflicted injury

A thirteen year old boy presented with the history of, while asleep, banging his head repeatedly on the headboard to the degree that he had a chronic haematoma on his forehead. This had begun some years before when his parents were overseas for six weeks. Enthusiastic and euphoric with my new skill I offered to hypnotise him. Children that age are such wonderful subjects that he was in deep trance in minutes. After I had given Hartland's 'Ego Reinforcement' I gave him a direct suggestion that as he was now older and more secure, he no longer needed to hurt himself by bashing his head and then terminated trance. He has never again punished himself — in forty minutes I had cured him! And I felt all-powerful!

Burnout Syndrome

A 40 year old obese male with hypertension, raised cholesterol, marked sleep disturbance, poor libido, irritability, poor volition, tiredness, anxiety and subjective depression was trained to use self-hypnosis with an 'ego reinforcement' tape. Within six weeks he had thrown away ALL his medication, had lost weight and was sleeping well. His blood pressure had returned to normal and his cholesterol was lower. He stopped overusing alchohol and his sex life returned to normal. His wife reported spontaneously that for the first time he was taking an interest in his family and that from the brink of divorce their marriage was now blissful.

A whole new world.

Hypnosis needs a much shorter period to treat emotional disorders

Once I had attended further courses and had learned more sophisticated skills in hypnoanalysis, I had a most powerful tool to resolve unconscious conflict.

And my patients have demonstrated to me just how much a product of our environment we are.

Common Indications in General Practice for Hypnosis

- — Generalised anxiety disorder
  Spastic colon
  Migraine and other headaches
  Hyperventilation etc etc
- — Panic Disorder
- — Phobic Disorder
- — Sexual Disorder
- — Obesity
- — Anorexia
- — Reactive depression
- — Biochemical depression
- — Pain control
- — Smoking

It is reported that there are more than 180 indications for hypnosis in General Practice.

It is a viable modality which can reduce drug usage

2. What is Hypnosis?

2.1 Definitions

- ○ "Hypnosis is an altered state of consciousness in which sensory input is processed in a different way for that individual.
- ○ The "Hypnotic Capacity" indicates how easily and deeply an individual can enter trance and is both an inherent ability and a genetic trait.
- ○ The "Unconscious" : a deeper level of awareness unavailable to consciousness.
- ○ "Hypnotherapy" : Utilisation of characteristics, phenomena of trance to facilitate therapeutic change.

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2.2 Characteristics

Hypnosis is a 'five-state' phenomenon:

- A state of De-automatisation : A state of temporary abrogation of control of functions to another person.
- A state of Role Play: A behavioural phenomenon according to the concept or perception of what the hypnotic situation means to that particular patient at that time.
- A state of Atavistic Regression: Transference — involves historical behaviour
- A state of regression to a more primitive mode of thinking — Translogic: Acceptance by the subject of an obviously illogical experience with far less criticism

"I needed a switch in the patient's psyche! In hypnosis I found such a switch"

- A state of altered Autonomic Nervous System function:
  - General: there is a relaxation response in which physiological parameters tend to a base line eg lower steroid level, lower adrenalin output and enhanced immune response.
  - Specific: the establishment of self-controlled bio-feedback can be achieved.

2.3 Psychosomatic Symptoms

Definition: A symptom is any feeling or response which a person considers to be abnormal.

- Somatic aspects
  - Intermittent or continuous
  - Physiological change for the duration of the symptom eg smooth muscle spasm in spastic colon
  - Pathology may ensue eg irritable colon to ulcerative colitis to carcinoma

We tend to be too concerned with end-organ chemical effects — and only treat them!

- Psychodynamic aspects
  - the symptom locks into the sufferer an *unacceptable*, instinctual human emotion eg anger
  - the symptom is often *symbolic* - the pain the neck
  - The symptom always *punishes* the sufferer
  - The symptom always achieves its *purpose*
- Imprinting

Just as we 'imprint' subjects in trance with suggestions, so have many of their symptoms been imprinted at an earlier age in conditions of altered states of consciousness like fear. For example, during an episode in which a child is being sexually abused: "Now don't tell anyone, do you hear?" (direct suggestion). "Or I'll get very angry and will have to punish you." (Fear heightens state of consciousness even more) "It will be our little secret, won't it?" (victim confirms suggestion).

This example is dramatised to make the point, but in fact is exactly what occurs and one reason why such a child has difficulty in communicating the problem. More often the chain of events is more subtle.

It has been shown that there is an *initial sensitising event* at the origin of the symptom or symptom complex. This is followed by a *Symptom intensifying event* (or events) which reinforces the original feelings. Eventually, the symptom is evoked by a *symptom producing event* which the unconscious recognises as fitting the laid down pattern.

It is as if the unconscious is saying : "this is too painful for you to bear, I will not let you suffer, I will numb this pain, block it out. Instead I will give you a symptom that you know something is wrong, as an uncomfortable reminder.'

Clear examples are numerous particularly the phobias. The practical application in hypnotherapy is curative and proof enough of its validity.

I am often surprised at the success of this simple therapy

3. Practical Hypnotherapy: an Outline

3.1 Stages

There are four stages in the whole process of hypnotherapy:

- Preparation
  - History
  - Explanation of hypnosis to patient
  - Assessment (patient and therapist)
- Induction
- Trance Utilisation
- Termination of Trance

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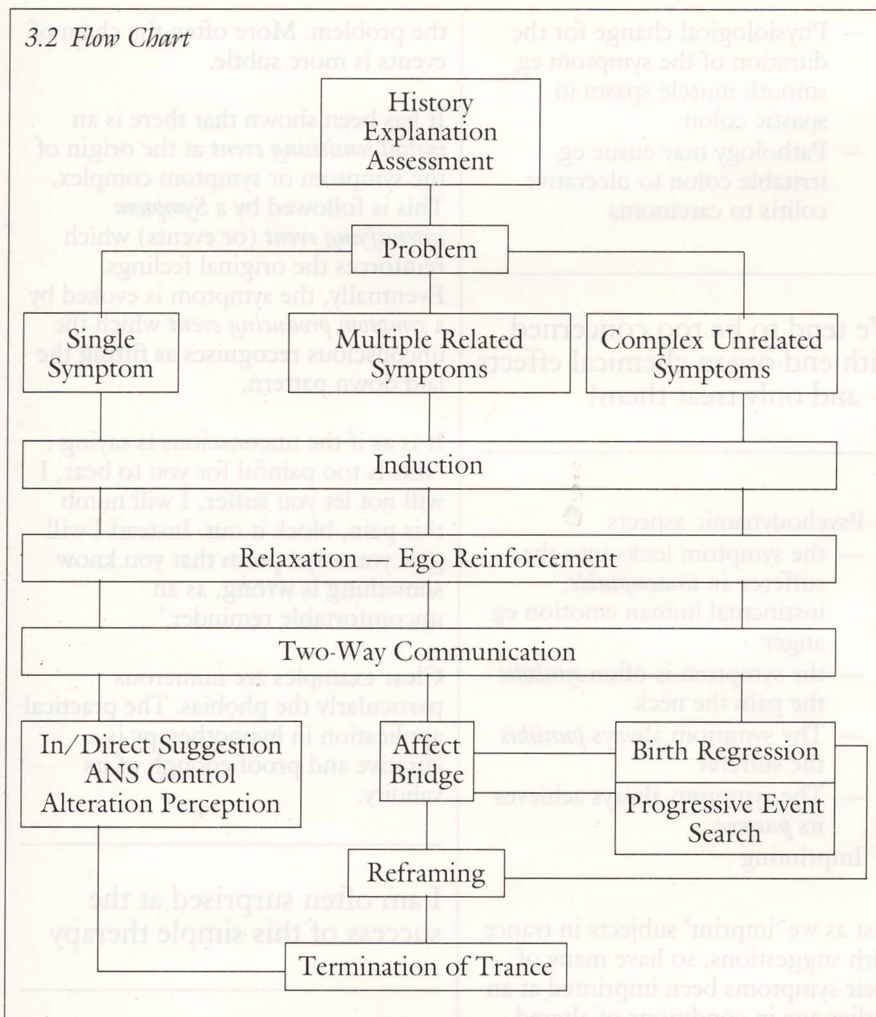
3.2 Flow Chart



3.3 Utilisation of Trance

A five pronged attack:

- ○ Relaxation
- ○ Suggestion
  - — Direct
  - — Indirect
- ○ Two-way Communication with the unconscious
  - — Verbal
  - — Ideomotor signals

Application of these may be for either Diagnostic or Therapeutic purposes

- ○ Autonomic Nervous System Control
- ○ Alteration of perception eg Pain control

A word about 'Reframing': this is a process in trance in which the patient's ego state involved in any incident is allowed to feel comfortable with that situation, to resolve the conflict which is causing the symptom/s related to that incident. Whichever method is used, the goal is to have the unconscious allow that the symptom is no longer necessary.

3.4 Case History

Mrs XY 32 years old. Two children. Divorced.

Consultant's diagnosis: Affective Disorder, Major Depression.

Two previous admissions for Major depression.

She presented with acute subjective depression, headaches, anxiety, mixed sleep disturbance, tiredness and poor volition. Related to all of this was the real reason for her visit — obesity. Three one hour sessions were required.

— First session

Devoted to simple relaxation and Ego reinforcement. This resulted in a better sleeping pattern and she felt 'pretty good' during the next week.

— Second session

She was regressed to birth, this being physically comfortable but bonding was very poor which allowed her to feel alone, sad, frightened and disappointed.

This was reframed: Summoning attention from her adult mind of today, she was asked to go back to the new born self and give her the full benefit of her wisdom, experience, understanding and love — to make her new born self feel better. When her new born self felt better she was asked to indicate this with a finger signal, which she duly did. She was then asked if her small self could let go of the bad feelings and when she answered in the affirmative, she was encouraged to do just that. Confirmation that her small self was indeed feeling better was requested and given.

However, she indicated that there were later problems related to her symptoms as well. She was 'taught' self-hypnosis and given a tape to use on a nightly basis.

— Third session

Regressed to age eight: it was after school, she had fetched her younger brother from the people who look after him. It was very cold (English winter) inside the house. She was alone with her brother, parents at work. Hungry — no food in the house except soup which she prepared on a small fire. She felt very cold, lonely, fearful and *angry*. 'This is not what I want. It's not how it should be. This is wrong'.

This episode was reframed.

The next incident was now in South Africa, twelve years old. First day in (high) school, no friends, youngest in class. Scared, lonely and anxious. Reframed.

Now her unconscious mind was asked to go to the next incident which had anything to do with her anxiety or obesity. She went directly to the crucial period : she reported she was now 28 years old, married and pregnant with her second child. (Note - the marriage dynamics were poor prior to this) 'I have had an affair and my husband knows of it.' 'We're having a terrible row.' 'He's making me feel very guilty.' 'I feel very ashamed. Very bad. And scared.'

I asked her : "What are you going to do about the situation?'

'I'm going to get fat. I'm going to punish myself by eating to make myself ugly.' 'I don't deserve any better.'

A careful reframing was now done allowing her to forgive herself, reinforcing that what she had done was forgivable, that she had punished herself enough now and was worthy of forgiveness. She found three alternative ways to achieve the true purpose of her selfpunishment in ways that would not be destructive. Finally, she acknowledged that the punishment was no longer necessary.

After trance was terminated, she felt very wrung out and exhausted but felt a tremendous sense of RELIEF. She was amazed at the depth of her feelings and emotions.

She continues to use self-hypnosis and is far happier, more at ease and comfortable. She is more realistic about her future and has steadily lost weight without dieting or taking any medication. She has indeed been without medication since the first session.

4. Observations and Conclusions

Many problems require nothing more than relaxation and ego reinforcement — I am often surprised at the success of this simple therapy in matters ranging from phobias to smoking. The advent of Ego State Therapy and modern methods of resolving the uncovered conflicts provides a cure for many people, even those who up to then were declared to have a poor prognosis.

I have had to reassess my earlier rigid perspective of psychiatry and pyschology. I am beginning to doubt a biochemical origin or cause in depressive disorders. I believe that these 'chemical imbalances' are — given a genetic predisposition — the EFFECT, a symptomatic mechanism, of cortical influence. There is an extended psychophysiological axis in operation here:

cortex-limbic system-hypothalamus-pituitary-target organ.

Nothing else can explain, for example, the occurrence of galactorrhoea in a non-pregnant, anxious woman with no other pathology. Or the same phenomenon in a Bushman grandmother who must of a sudden breast-feed a child whose mother has died. Far too many anxious women develop ovarian cysts, thyrotoxicosis, fluid retention or other manifestations of hormonally mediated disease to be coincidence.

We have been far too concerned with end-organ chemical effects. We treat these with modifying drugs and do little about the cause — which may explain the incidence of recurrence. We need to explore the source : the feelings, thinking and emotions that happen behind the screen of our narrow vision and the psychoneurochemistry that occurs in the sub/conscious levels.

Hypnosis may well play a part in that research in the future.

I expect much scepticism from this article — that's perfectly acceptable : many of my patients are a lot happier today and that is the bottom line.

My sole regret is that I did not learn these skills earlier!

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