

Update on Medical Hypnosis

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Introduction

In the 19th century, hypnotherapy was a distinct mode of treatment. Currently, hypnosis is seen as a technique to deliver psychological treatment rather than a distinct form of treatment. Cognitive therapy, psychodynamic psychotherapy, Gestalt's therapy and other forms of psychotherapy can be more effectively delivered in the trance state. As such, it should be practised only by professionals who have the appropriate training and qualifications to provide the treatment that is being augmented by hypnosis.

Definition of Hypnosis

In contemporary days, there is no uniquely agreed definition of hypnosis. On review of various definitions of hypnosis, some typical suggestions are found such as:

1. Hypnosis is guided imagination. The hypnotist or patient (self-hypnosis) acts as a guide for an experience regarded as fantasy (Barber, 1979; Barber, Spanos & Chaves, 1974).
2. Hypnosis is a natural, altered state of consciousness. The person enters a hypnotic state, a state distinctly different from the person's "normal" state, through a natural process not involving ingestion of any substances or other physical treatments. (Ludwig, 1966; Ludwig & Levine, 1965; Tart, 1969) (American Psychological Association Division of Psychological Hypnosis, 1985; James, 1890)
3. Hypnosis is a relaxed, hypersuggestible state. The person enters a very relaxed state of mind and body, and subsequently is more responsive to suggestion. (Edmonston, 1991; Miller, 1979).
4. Hypnosis is a state of intense concentration, focusing and maximising involvement with one idea or sensory stimulus at a time (Spiegel & Spiegel, 1987). (McConkey, 1986)
5. Hypnosis is a situation or set of procedures in which a person designated as the hypnotist suggests that another person designated as the patient, client, or subject experiencing various changes in sensation, perception, cognition, or control over motor behaviour (cf. Kihlstrom, 1985).

The Application of Hypnosis in the Management of Medical and Psychiatric Problems

The main advantage of using hypnosis in psychotherapy lies in its ability to relax the patient and access the subconscious mind of the individual. The therapist can then draw upon the resources of the client's subconscious mind, including feeling, values, behaviours, memories, understandings and perceptions. The most superficial and least sophisticated use of hypnosis involves simply inducing hypnosis formally and then giving suggestions directly related to the problem. This kind of hypnosis is used on a symptomatic basis. Despite its superficiality, it can still be effective with a considerable percentage of individuals with uncomplicated problems.

However, for patients presenting with refractory problems like chronic depression not responding to conventional treatment, more complex and skilled use of hypnosis involves the use of techniques aimed at resolution of deeper conflicts. This kind of hypnosis involves more of an interactional approach and works on multiple dimensions of the individual, not just on the most superficial ones. In such cases, more advanced techniques like abreaction, age progression, hypnoanalysis, cognitive reframing and metaphor will be employed.

For all patients presenting with psychiatric or psychological problems, a formal detailed assessment must be made, as in conventional treatment. Clinicians should judge which is the best treatment modality for the patient. Medications should not be withheld if medication is considered to be the quickest and most effective mode of treatment. For some patients, a combination of medication and hypnosis works well.

Anxiety Disorders (Anxiety, Stress, Phobias, Post-traumatic Stress Disorder)

Most of the uncomplicated cases of anxiety disorders respond well to relaxation brought about by hypnosis. Response can be augmented by teaching the patients self hypnosis. Teaching patients the skill of self-hypnosis can help them build relaxation skills and a sense of self control. Simply knowing one has the ability to relax deeply and reorganise his thoughts, feelings, and behaviours can have a powerful effect in helping one manage his stress and anxiety. The use of cognitive therapy in hypnosis can facilitate the



understanding that the stress often arises from the client's interpretation of events, not just in the events themselves, patients can be helped to have alternate perspectives and thus alternate responses. (Bandler, 1985; Brown & Fromm, 1987; Crawford & Barabasz, 1993; Habeck & Sheikh, 1984; Spiegel, 1993a; Yapko, 1989).

Depression

Depression is a very complex multidimensional problem. Assessment should include the patient's relationship problems, cognitive distortions, faulty attributions, and coping strategy. For patients not responding well, more in depth exploration including hypnoanalyses using techniques such as affect bridge can be done in hypnosis. Hypnosis may be used superficially to soothe anxiety, increase responsiveness, enhance concentration and improve interaction with others. It may be combined with cognitive therapy to facilitate flexibility in rigid, distorted patterns of thinking or interpreting events, reframe meanings attached to experiences rooted in faulty belief systems, and build positive frames of reference for responding to life from a more effective framework. (Burrows, 1980; Havens & Walters, 1989; Havens, 1986; Miller, 1984; Torem, 1992; Yapko, 1988, 1989, 1992a, 1992b). In the last decade, emphasis has been focused on ego strengthening and improving of current life quality. This involves using hypnosis to activate past successful and pleasant memories, nurturing techniques and dissociated recall of past traumatic events.

Self-esteem Problems

Patients with depression often present with low self-esteem as part of their clinical picture. Ego strengthening suggestions are given to the patients. For individual patients whose defective cognition can be identified, cognitive restructuring can be taught under hypnosis.

Metaphor can be engaged in these situations, therapist can relate to the patients how the person in the metaphor experienced the same or structurally similar problems, how he or she handled it, and what the consequences were. Through a therapeutic metaphor, the patient can acquire learning that has a greater impact than does simply stating his problem. The metaphor can match to whatever degree the clinician desires the patient's frame of reference, feelings, level of experience, and unconscious dynamics. Once identification is built through such matching, the therapeutic metaphor can go on to suggest solutions, encourage actions, and embed suggestions (Alman & Lambrou, 1992; Hammond, 1990; Lankton & Lankton, 1983; McNeal & Frederick, 1993).

Relationship Problems (Couples, Families)

Relationship problems are commonly encountered problems in depressed and anxious patients. The problems may be secondary to their psychiatric condition or more often contributing to their problems. Most often, the individuals in a relationship have problematic communication skills, ill-defined or inappropriate expectations, poor self-esteem, and fears of intimacy or commitment. Communication pattern most commonly identified include lack of communication and turning away from each other. Hypnotic strategies may be employed to clarify expectations, increase the level of motivation to resolve

differences within the relationship, enhance communication skills, and resolve unconscious conflicts about intimacy and commitment. Metaphorical approaches, symptom prescription, and reframing are effective patterns to use in relationship counselling. Age regression is a good strategy to use in working individually with someone who experiences relationship problems, building in the resources necessary to effectively relate to another person. On the other hand, age progression helps clients to form an image of the ideal situation in the future and which acts as a goal for the client to move forward. (Haley, 1973; Kershaw, 1992; Lankton & Lankton, 1986; Protinsky, 1988; Rittnerman, 1983, 1985).

Multiple Personality Disorder (MPD)

Hypnosis is used to explore the range and quality of the client's dissociations, to reframe trauma, to "work through" traumatic memories, to facilitate reintegration dissociated and conflicted aspects of self, and to address related symptoms (Bliss, 1986; Braun, 1986; Horevitz, 1993; Kluft, 1985; Kluft & Fine, 1993; Putnam, 1989; Ross, 1989).

Pain and Medical Problems

Hypnosis is effective in reducing pain, whether the pain is acute or chronic, from a known organic disease or injury or perhaps psychogenic source. Techniques employed including creating anaesthesia or analgesia, substitution of pain by a different less painful sensation; displacement of the location of pain and dissociation of awareness. (Brown & Fromm, 1987; Chaves, 1993; Erickson, 1959, 1966; Hammond, 1990; Hilgard & Hilgard, 1994; Spanos & Chaves, 1989).

Apart from pain, hypnosis has been applied successfully in the treatment of a wide variety of medical problems, including burns, cancer, asthma, allergies, tinnitus, hypertension, warts and almost any other medical problem one can think of.

Sexual Dysfunctions

As in the treatment of anxiety disorders, teaching self-hypnosis to help patients master the anxiety allows the relaxation to generalise to the context where they would like to have it.

Use of age progressing technique for the patient to see himself or herself sexually active and satisfied is yet another potential application of hypnosis. Hypnosis and sex therapy are two highly compatible and easily integrated approaches to the treatment of sexual dysfunctions (Araoz, 1982, 1984; Crasilneck, 1982, 1990; Erickson, 1973; Hammond, 1990; Zeig, 1980).

Weight Control (Smoking, Alcohol, Drugs)

Obesity appears to result from an addiction similar to drug dependence and smoking. Stunkard and McLaren-Hume (1959) discovered that only 5% of obese patients lose weight without relapsing. The result of hypnosis using direct suggestions revealed no difference from nonhypnotic treatment. (Wadden & Anderton, 1982) For more successful results, hypnotic strategies for subconscious exploration and internal conflict resolution with suggestive hypnosis may be required.

Ego strengthening, relaxations, age progression to see ideal self which acts as a goal to move forward are



techniques employed commonly. Craving so commonly associated with obesity can be treated with suggestions that reframe cravings and post hypnotic suggestions to facilitate positive self talk.

Side Effects of Hypnosis

Most patients find hypnosis as a positive, satisfying, and relaxing experience (Lynn et al., 1991) A small fraction of patients experience negative effects after hypnosis. The lack of association with hypnotisability, along with the finding that these effects are equally likely following ordinary nonhypnotic procedures, suggests that they are not produced by or limited to hypnosis. However, the timing of their occurrence may lead patients and therapists to misattribute them to hypnosis. Most of these aftereffects are transitory, although some last longer than 1 hour. The most commonly reported aftereffects are physical complaints (e.g. headaches, dizziness, drowsiness, nausea), anxiety, and cognitive distortions such as confusion, disorientation, and distortion of perceptions. More difficult or personally meaningful tasks, such as asking patients to age regress during hypnosis, may be associated with a higher incidence of reported negative effects.

Client Characteristics

Several authors (Kleinhaus et al., 1979; MacHovec, 1986) have argued that possible hazards of hypnosis are attributable largely to personality or attitudinal factors residing within the patients. Complications have been reported in borderline psychotic patients who decompensate during hypnosis (Gill & Brenman, 1959) and paranoid patients who experience an intensification of hostile feelings about being controlled following hypnosis (Rosen, 1960; Speigel, 1978).

Hypnotist Characteristics

Kost (1965) and Fromm (1980) opined that side effects attributable to the attitude of the therapist. Kost cited the therapist's ignorance, overzealousness, and a lack of understanding of interpersonal relationships as contributing factors towards side effects of hypnosis. While Fromm stated that an authoritarian, coercive, or omnipotent stance towards the patient is likely to result in negative reactions. By contrast, a permissive, respectful, and collaborative approach is unlikely to encounter complications.

Hypnotic Hazards and Ethical Guidelines

Spontaneous Regression and Abreaction

Regression is the experience of repressed past experiences in conscious mind. Abreaction is the expression of pent-up emotions. Regression and abreaction may take place spontaneously sometimes when the therapist is giving general relaxation procedure or direct relaxation suggestions. A patient may flash on some words or images that the therapist uses that is associated to an emotionally charged memory, experiencing the memory and bringing up feelings of intense emotion. In that cases, deal with the client's problems even when the session is near to its end. Allow the abreaction, and be helpful to the client in helping him or her reach a new perspective on the experience.

Pseudomemories

Indeed, therapists need to exercise vigilance to avoid inadvertently administering suggestions that produce or legitimise pseudomemories. It is essential that therapists evaluate the credibility of alleged repressed memories uncovered during therapy in light of the client's hypnotisability and the nature of the procedures used to uncover the memories.

Ethical Guidelines

1. The number one priority is to help and treat the patient.
2. Hypnotic phenomena often appear dramatically to the outsiders. It is ethical that hypnosis be demonstrated only for clinical or educational purpose.
3. Goals and progress should be discussed with the patient before the start of treatment. The nature of hypnosis, the target for each session, the duration and frequency of treatment, the cost and the expectations should be agreed upon before commencing treatment. Involving and educating the patient will allay fears associated with misconceptions about hypnosis commonly found in the average individual and improve the rapport with the patient contributes more to the success of the treatment.
4. Do not go beyond one's range of expertise. Treatment should be confined to problems which one can treat without the use of hypnosis. Using hypnotic techniques without adequate knowledge is potentially dangerous, and damaging someone through ignorance is unforgivable (Frauman, Lynn & Brentar, 1993; Gravitz, Mallet, Munyon & Gerton, 1982; Sheehan & McConkey, 1993; Steere, 1984; Wall, 1991; Zeig, 1985). If the therapists feel that they are not competent when presented with a problem, the patient should be referred to someone better able to meet his or her needs.

Conclusion

Hypnosis should not be considered as a distinct school of therapy but a technique that can be used within the larger context of treatment in order to facilitate the therapeutic process (e.g., Gill & Brenman, 1961; Moll, 1889/1958; Weitzenhoffer, 1957). As a result, hypnosis can be used by practitioners of diverse theoretical orientations, from psychoanalytic to behavioural; from individual to group to family; and can be used to treat a broad range of conditions. Yet, as there is the possibility of spontaneous regression and abreaction, therapists should be prepared for it and have adequate training to deal with it. In addition, it should be used with the understanding that some patients show "resistance" in not going into trance, which in fact reflects modification is needed in the therapist's approach instead of blaming the patient being uncooperative.



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