



COLLABORATION BETWEEN PHYSICIAN AND HYPNOTHERAPIST FOR THE TREATMENT OF A PATIENT WITH CHRONIC DEPRESSION AND SOCIAL PHOBIA

by: Alfred Janke, MD and Sherry Hood

"Dr. Janke completed his medical education at the University of Calgary in 1982 and has been practicing in Sylvan Lake, Alberta as a family physician since 1984. He became involved with the University of Alberta as site director in Red Deer for a new rural stream family medicine program in the year 2000. Since then he has become increasingly involved with teaching family medicine at the post-graduate level. He became the

"Rural Program Director" for the Department of Family Medicine in 2008 and more recently, in October 2011, took on a broader position as "Director of Rural and Regional Health" for the Faculty of Medicine. Although he is full time faculty his clinical work remains in Sylvan Lake." Sherry M. Hood M.H., C.C.Ht is the founder, curriculum developer and head instructor for The Pacific Institute of Advanced Hypnotherapy where she teaches both full time and part time hypnotherapy courses. In August 2009 Sherry was appointed Clinical Lecturer in the Department of Family Medicine, University of Alberta. Her hypnotherapy course became a medical elective for post graduate residents from The University of Alberta in December 2010. A pilot study through The University of Alberta was conducted using Sherry's smoking cessation intervention. A two year study using her same smoking cessation intervention is planned for the future.



INTRODUCTION:

This is a case report describing the collaboration between a family physician and a hypnotherapist in two different provinces to help facilitate a positive outcome in a patient who was severely depressed and suffering from social phobia.

Depression not only has a significant impact on disease burden worldwide¹, but is associated with marked personal loss of function. Although many therapeutic approaches have been studied, anti-depressant medications remain the mainstay of treatment. The newer medications, namely the serotonin re-uptake inhibitors (SSRI's) have become the most commonly described anti-depressant medications because they are associated with fewer side effects than other medication options. Most of the studies that show these drugs to be effective use a standard set of questions regarding symptoms of depression, but very few studies actually measure outcomes that are clinically relevant such as a return to work, increase in productivity, resumption of social functioning and remission from disease. Clinicians have more recently begun to question the true effectiveness of these medications with respect to these more relevant outcomes. Studies looking at such outcomes show medications to be effective only for severe depression and in fact do not achieve full remission². Finding an effective complimentary therapy that does provide relevant outcomes would be very valuable.

Social phobia (or Social Anxiety Disorder) has been increasingly recognized as a prevalent and disabling disorder, affecting as much as three to five percent of the population at any given time.³ Various medications have been tried and studied, though the largest improvement is seen with the

SSRI's.⁴ Studies have confirmed cognitive behavioral therapy by a skilled psychologist is an effective intervention.⁴ Hypnotherapy has also shown promising results.^{5,6}

CASE DESCRIPTION:

DS is a 47-year-old divorced male of European descent with a longstanding history of major depressive disorder complicated with social anxiety disorder. Because of worsening symptoms of depression and suicidal ideation, he was admitted voluntarily to a psychiatric facility in Alberta in the summer of 2007. In the time leading up to his admission, he had undergone multiple suicide attempts, including a medication overdose and two attempts to poison himself with hydrogen sulphide gas. When admitted to hospital, he was experiencing difficulties with motivation, energy, sleep, appetite, short term memory, concentration, cognition, mood, hopelessness and despair. There had been previous psychiatric admissions including one at the same facility in 2004 for similar symptoms.

DS completed Grade 9 and reports missing a considerable amount of school after his own parents divorced when he was 12 years old. He recalls being shy and experiencing social isolation even at that time and will state that he has struggled with depression "for as long as he can remember." Psychological and cognitive testing at the time of his hospitalization in 2007, revealed a very poor working memory index and anxiety in social situations. These findings have remained a significant part of DS's ongoing challenges.

After his discharge from hospital, DS never fully returned to a normal level of function and has been unable to return to

productive employment. He did try to return to school for upgrading on two different occasions but was not able to progress because of poor memory, poor concentration and social anxiety. He continues to struggle with feelings of sadness and despair as well as social isolation. He has cycled through a number of anti-depressant medications, each of which seem to help somewhat for a limited time and then seem to wane in their effectiveness. He currently remains on fluoxetine for depression, quetiapine as an adjunct to his anti-depressant, nitrazepam for sleep and pramipexole for restless leg syndrome. He sees a mental health worker on a regular basis. Of note, he has not required re-admission to hospital and has not attempted suicide since 2007.

Smoking was a concern for him and he tried a number of different therapies for smoking cessation, all of which were unsuccessful. This gentleman was quite motivated to quit smoking and because medication did not work, he was willing to consider a complimentary therapy. He thus traveled to New Westminster to see one of the authors for hypnotherapy to quit smoking. This patient who smoked between 35 and 75 cigarettes a day for 30 years was able to quit with a single intensive hypnotherapy intervention developed by Sherry Hood.⁷

He came home feeling very positive about his hypnotherapy experience and wondered if hypnotherapy could help him with some of his psychiatric difficulties. He

confirmed that his social anxiety disorder seemed to be what was most limiting to him. An increased control over his anxieties would allow him to end his social isolation and thereby become more productive. Since anxiety and phobias are generally well treated through hypnotherapy,^{5,6} he was encouraged to pursue this route of treatment and was referred back to Sherry Hood.

HYPNOTHERAPY APPROACH:

DS met with Sherry Hood approximately six months after his session for smoking cessation. Distance was an important consideration in this case. Initial consultation occurred by telephone and email. In his introductory dialogue, DS revealed how his social anxiety often prevented him from leaving his farm. Whenever he went out and encountered a difficult situation, he would respond by experiencing an anxiety attack and would race home. He also found it difficult to accomplish tasks, not only because of poor motivation but because of poor focus and memory. He was frustrated that it would take him weeks to accomplish tasks that should only require a few days to finish. When working on something, his anguish would cause him to tire easily. He would then need to rest for a long time, sometimes hours, before restarting. These frustrations simply added to his overall anxiety.

DS underwent four intensive two hour sessions over a

period of two days. These intensive sessions were used to focus on a number of therapeutic techniques used in hypnotherapy outlined below:

Session One

- Setting the foundation for subsequent hypnotherapy work
- Intensifying creative thinking
- Confidence to explore different options, different approaches to problem solving
- Thinking outside of the box
- Diffusing personal limitations
- Setting up a peaceful retreat in the mind
- Kinaesthetic anchor for anxiety
- Setting up ideomotor signaling (non-verbal communication)
- Setting up an agreement of trust to explore memories and emotions

Session Two

- Regressing to root cause initiating the social phobia, anxiety, depression.
- Using circle therapy to diffuse the symptoms of the Initial Sensitizing Event (ISE)
- Release work
- Inner child work
- Strategically moving the Time line of past events
- Setting up a rehearsal for successful outcomes
- Confidence in situations that used to be insurmountable
- Allowing the client to "connect the dots"/Insight as to why he has done things the way that he has

Session Three

- Peace in this new role, encompassing mind, body, spirit
- Becoming motivated again
- Reviving past interests
- Exploring creative abilities
- Creating confidence
- Rehearsing success (being in public)
- Meeting his authentic self (the self that would have been without childhood trauma)

Session Four

- Creating the life desired
- Reinforcing strong belief in self
- Creating love, joy and hope
- Gratitude for what was learned through past experiences

DS returned home feeling much improved. He could notice a significant difference even on his first day away from his farm. He was able to recognize building anxiety and frustration before it progressed out of control and found that he could retreat to a quiet place to restore his equilibrium. For the first in many years, he was able to continue errands without needing to race home. Later, he was able to join a Tai Chi class which not only helped to reinforce self-hypnotic relaxation techniques but also created the beginnings of a support group for him.

Discussion and important considerations:

Establishing client confidence in being able to reach a good working state of hypnosis early in the therapeutic relationship is very important, especially when the time frame for therapy is condensed as it was in this case. For this patient, this confidence was accomplished prior to the intensive session work by having attended the hypnotherapist previously for smoking cessation. The client came in with positive expectations about hypnotherapy and he was very motivated to succeed. His confidence was further enhanced by the fact that he was referred by his family physician which provided trust in the efficacy of hypnotherapy for his clinical condition. It is important to have the client verbalize his desired changes both while in the conscious state and while in hypnosis so that the therapist and client are working toward the same goals. DS was able to discuss the tremendous cost of living such a limited life; these costs impacted him emotionally, economically and with his personal relationships. He was able to verbalize the goals of diminishing his social anxiety, being more motivated and more productive and dealing more positively with his frustrations. The goal was not for an unrealistic complete cure nor was it to forget past events, but to reach the position of being more functional.

For this client regressing to cause revealed the initial sensitizing event (ISE) to be a traumatic experience as a young boy. While riding his bike, he had to swerve up onto the sidewalk to avoid a speeding vehicle coming toward him which went on to hit another vehicle. One driver was thrown from his vehicle into a ditch and appeared to be seriously injured. DS saw the man bleeding yet the younger driver and his passengers in the other vehicle appeared to be laughing and joking. DS was shocked and afraid. He got onto his bike and raced home. He had never told anyone about this experience. Later in session work, he came to the insight that the "flight response" had become his way of coping with difficult situations. DS had great difficulty leaving the sanctuary of his farm; whenever a stressful situation arose while out, he would immediately rush home.

There was also a great deal of remorse and guilt; DS expressed guilt for not doing anything to help the bleeding man from the car accident, who later died. When asked during session work what he thought he could have done differently, he responded by stating that he could have taken off his shirt and tried to stop the bleeding. He felt guilty for not telling anyone and expressed fear that the occupants from the other car would somehow retaliate against him. Inner child work was done to comfort that little boy that witnessed the accident and dying man. One useful technique is to have the present adult imaginatively step into the situation almost as a surrogate parent. In the hypnotic state, the adult can be affirming to the inner child and help the child gain a more mature adult perspective on the initiating event. Free association is used to enable a client to express

feelings, thoughts and emotions around the initial sensitizing event and its subsequent impact on his life.

Setting up venting through dream time can be another useful technique for helping clients deal with anger and frustration. It is important to provide this as gentle relief and to avoid the initiation of nightmares. This was set up with DS during session work.

When working with clients that live at considerable distance, it is very important to establish exercises that reinforce and compound the suggestions undertaken while in hypnosis. DS was given a number of hypnotherapy audio sessions to strengthen the work done in the office. It is helpful for the client to have an advocate that can follow-up and continue to encourage the behavioral work required for lasting change. The family physician became that advocate and provides on-going support.

CONCLUSION:

This case provides support that hypnotherapy can be a useful adjunct in treating social anxiety disorder and chronic depression. Even distant clients can benefit when physician and hypnotherapist work as a team by communicating well and trusting in each other's work. Overcoming the barrier of distance requires good planning and considerable preparatory work to make sessions with the client productive. Condensing sessions into two days of intensive work also seems to be one way to deal with distance.

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