

HANDBOOK OF CLINICAL DIAGNOSIS

A Guide for Students and
Practitioners in the Health
Professions

Edited by Robyn Beirman

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CHAPTER 32

THE ROLE OF HYPNOSIS IN DIAGNOSIS

Hypnoanalytical Techniques as an adjunct to aid Diagnosis.

It is readily accepted that psychological conditions can have differing etiologies. These basically fall into two categories. The first being when a specific trauma or incident formed decisions and behaviour patterns which effect ongoing decisions and behaviours. The second is decisions are made based on "faulty learning" paradigms which in turn effects future decisions and also effects ongoing behaviours.

To elaborate: Consider this situation in relation to your own life. Many, if not all of us have experienced anxiety. The symptoms consist of insomnia, restlessness, irritability, sexual dysfunction, diarrhoea, constipation, nervousness, fear, avoidance, panic, dizziness, palpitations, trembling, worry, obsession, compulsion or increased arousal.¹

If the anxiety was the result of a specific event or situation, then it is primarily associated with that specific event or situation. It can be triggered by stimuli which the individual perceives as associated with the event or stimuli. In this case there is a link to the specific event or situation. This link can be used to uncover the original stimulus in exactly the same way as a specific set of symptoms are used to diagnose disease.

You can imagine the second scenario when you experience anxiety before exams, public speaking or other important events. This anxiety is generalised. It is not linked to a specific event or situation. The anxiety is 'free floating' and is a result of you having insufficient resources to deal with the anxiety producing stimuli, comfortably. Whilst Clinical Hypnotherapy can assist with the resolution of this anxiety, the Hypnoanalytical Techniques cannot be used to target the specific stimulus which has caused the anxiety.

To summarise, the Hypnoanalytical Techniques are used to determine the etiology of a clients presenting symptoms. When the cause is found the therapist helps the client to unconsciously use the increased resources which they have acquired since the disturbance (such as logic, maturity) to neutralise the feelings associated with the previously traumatic incident.

The primary techniques available for the diagnostic intervention are the Hypnoanalytical Techniques of Progression, Regression, Automatic Writing, Ideomotor Questioning and Dream Therapy often abbreviated to the acronym 'PRAID'.

The PRAID Techniques are especially effective, diagnostically, when used to locate the cause of a specific trauma. They can be used in a specific or general mode. When used specifically, a link to the event / issue is firstly identified and then used to detect the origins of the event / issue. If used generally the chosen techniques is used to examine the clients life or 'period of life' and locate any paradoxes or 'centres of discomfort' which can then be used as a basis for further therapy.

In the examples listed below I will use 'anxiety' as the symptom of the issue which is to be diagnosed. I have chosen this symptom because it is currently so common in our society and becoming more common. The example of 'anxiety' I have chosen in this case relates to a specific incident rather than a generalised 'free floating anxiety'. It has been assumed that the anxiety commenced when a pet died in the client's younger years and although the client is consciously aware of the pet's death, she has not made the connection to the anxiety state she now endures. There is also a presupposition that each individual codes important events with a unique combination of feelings. That is; whilst the name of

feelings for a number of events is consistent, the combination and degree experienced by the individual in relation to a specific event is unique.

It is important to note that the examples are highly simplified. The processes that are explained are the expectations of the hopeful Clinical Hypnotherapist and in reality need to be modified for every client. However this dissertation is designed to give a *brief* overview of the role of Clinical Hypnotherapy in diagnosis.

In reality, many readers may question the use of the word diagnosis in this vein. Within the training structure of Clinical Hypnotherapists, I know of no course which teaches diagnosis. However, if diagnosis is discovering the 'etiology of symptoms' then the use of the term in conjunction with Hypnoanalytical Techniques is valid.

Fictitious Case Details (This is the case which will be used for the examples outlined in the use of the Hypnoanalytical Techniques.)

Client, female, 42 with a history of anxiety, poor sleeping, occasional alcohol abuse, occasional diarrhoea, varying menstruation and headaches. She has previously consulted a variety of health professionals, these being a Chiropractor, General Practitioner, Psychiatrist, Psychologist, Counsellor, Hypnotherapist, Naturopath, Homeopath, Herbalist and Acupuncturist.

She has been prescribed many medications by both orthodox and complementary health practitioners. Currently she is using an antidepressant which she calls 'happy pills' which she feels keeps her more stable but she "just doesn't feel right".

During the counseling, the client is able to identify her primary feeling as anxiety. She describes associated feelings as "sadness, loss, grief, anger and support." This would indicate to most counsellors a possible situation of the death or leaving of a significant individual in her life. Whilst this may be obvious it can be difficult to establish the specific features if the client has buried them under years of avoidance and denial.

This is where the strengths of Clinical Hypnotherapy are most beneficial. The techniques can probe the existing symptoms and isolate the event which precipitated the presenting symptoms. Using the unique feelings accompanying the symptoms we can uncover the etiology and construct the appropriate therapeutic intervention.

A brief description of the PRAID Techniques can be outlined as:

Progression

A hypnoanalytical technique which projects the clients to their imagined future. This allows the client to have 'hindsight' of their specific issue. Progression is sometimes called Age Progression but there are many other methods which don't include age to achieve Progression. Therefore, in the opinion of the writer the term Progression is a more accurate designation. Some examples of Progression are available in various hypnosis texts. ²

The client would be induced into the hypnotic state then asked to focus and intensify the reported feelings of "sadness, loss, grief, anger and support".

Therapy would be conducted as follows: "In a moment I am going to count from 1 – 10. When I do this I want you to let yourself go into the future, to a time when you have resolved your feelings of anxiety". The count is then applied slowly (up to 30 seconds). At the conclusion of the count to 10 the client is asked "describe what you are experiencing". Once the description is given the client is asked "a while ago you had some feelings of anxiety, how did you resolve them?" The client then recounts the resolution.

The next phase is "I am now going to count from 10 – 1. When I get to 1, you will be back in the here and now with all the understanding and awareness of the way you resolved the feelings of anxiety." The count is then applied. Before bringing the client out of hypnosis the following suggestions would be given "in a moment I will bring you out of hypnosis. When I do you will feel great. You have all the information you need to overcome your feelings of anxiety and the changes within you are already happening and you know you will make any other change to make the everything complete."

The client is brought out of hypnosis and within the subsequent discussion the information is solidified and the resolution phase of treatment is commenced.

Regression

This is probably the most commonly known Hypnoanalytical Technique. The aim of the technique is to induce the client to return to the start of the issue. This technique must be used with caution as regression to a traumatic issue can cause abreaction. There are variations on Regression which assist with client safety, but are too numerous to describe in these writings. As with Progression, Regression is often called Age Regression but there are numerous methods which don't include age to achieve the Regression. Therefore, in the opinion of the writer the term Regression is a more accurate designation. Some examples of Regression are available in the listed references.^{2,3,4}

The client is induced into the hypnotic state then asked to focus and intensify the reported feelings of "sadness, loss, grief, anger and support".

The consultation would then continue, "in a moment I'm going to count from 10 – 1 and when I do, I want you to go back, back to the first time you experienced these feelings. 10...9...8...etc ...1. Now you're there, tell me what you are experiencing." The client would report she feels "sadness, loss, grief, anger and support".

"What has happened to cause these feelings?" She would now recount the death of her pet and her parent's endeavours to comfort her.

Once the cause has been diagnosed the healing usually commences rapidly. Whilst the initial trauma may still need to be managed, the client has many more resources available than when she was a child. These additional resources bring additional skills (such as maturity) which were not present when the trauma occurred.

This technique requires extreme caution. The incident has been sufficiently traumatic to create issues in her day to day life for over 30 years so taking her back to the incident can reintroduce the trauma and as it is via regression she can be experiencing the trauma as if it is happening NOW.

Automatic Writing

This hypnoanalytical technique provides a combination of variations that the others do not. The others seek to discover cause as does Automatic Writing but it can do so with the added benefit of dissociation. This dissociation is achieved by the writing being extraneous to the client. The issue is perceived as being written about so the client becomes a third party. This writing is often illegible and suggestions are given during the hypnotic state that the client will "know and understand what they are writing" to ensure the diagnostic process can be interpreted. . Some examples of Automatic Writing are available in various hypnosis texts.^{2,3,5}

The implementation of this technique as with most of the Hypnoanalytical Techniques is conceptually very simple. The client is induced into hypnosis and their arm dissociated from their conscious mind then reassociated to the control of their subconscious mind. She is then asked to write the cause of her "sadness, loss, grief, anger and support". She would then write her description of the incident which caused the feelings. Because her writing is very likely to be illegible, suggestions such as "as you write, you know and understand what you are writing" would be given.

Once the diagnostic phase is completed she has conscious knowledge of the cause and the resolution phase would commence.

Ideomotor Questioning

This is possibly the most commonly used technique next to Regression, as techniques have also found some prominence through Neuro-linguistic Programming. It requires very precise skills which need to be adapted to the specific client. The process is based in the client's ability to achieve 'subconscious' responses. These are demonstrated as movements of fingers or sometimes feet. 'Closed questions' are then asked of the client which require a 'yes' or 'no' response. Many Clinical Hypnotherapists also include the option of 'I don't wish to answer. In my opinion this simply allows the client an avoidance mechanism which is condoned by the therapist. If the client wishes to decline to answer any question,

they have that right; however, I believe the client needs to take responsibility for that decision, hence that alternative is not available. The response comes from the subconscious mind (with the conscious mind observing) which allows greater penetration into the client's issue. In many cases the client is divided into 'parts'. These parts are functional aspects of the client eg a part responsible for their mothering skills, a part responsible for their femaleness or a part responsible for their anxiety. Some examples of Ideomotor Questioning are available in various hypnosis texts.^{3,4,5,6}

The client would be induced into the hypnotic state and contact established with 'the part responsible for the feelings of "sadness, loss, grief, anger and support."' The connection now established, she would be asked "is there a specific situation that caused these feelings to exist". If the answer is 'yes' the next question is "is it acceptable to all parts of(insert client's name) that that information become available to her conscious mind". If the answer is 'yes' suggestions such as 'please give that information to her conscious mind now and signal yes when that has been achieved'.

The questioning is continued until the client has the required information so she can begin to resolve her issue or more information so she can manage her symptoms.

Dream Therapy

This technique requires the awareness that client can be alone when the etiology of their issue is uncovered. In essence the client is told induced into hypnosis and told to dream about the cause of the issue. The issue thus uncovered is then in conscious awareness for the client and the therapist to consider and structure the appropriate therapeutic interventions.

This technique is primarily implemented in variations. The client can dream whilst in the therapy consultation or the client can dream away from the consultation and specific safeguards are incorporated. Some examples of Dream Therapy are available in various hypnosis texts.^{3,4,7}

Dream therapy within the consultation would be commenced by inducing her into the hypnotic state. The suggestion "you will now have a dream about the cause of your sadness, loss, grief, anger and support. The dream will allow you to understand the cause of these feelings." Signals are established to demonstrate when the dream is completed. Once the dream has established the etiology of the issue (signified by the feelings of sadness, loss, grief, anger and support) the resolutions phase commences.

Dream therapy external to the consultation would be commenced by inducing her into the hypnotic state. The suggestion "within the next few days you will have a dream about the cause of your sadness, loss, grief, anger and support. The dream will allow you to understand the cause of these feelings. It may happen at night whilst you sleep and you will remember the dream and be able to discuss it with me on our next session, if you wish. When you have this dream it will excite you because you will understand that you now have the mechanism to over come your issue."

At the next consultation the client usually recounts the dream, and the resolution phase commences.

It is said "life is like and ice cream – you either lick it or it drips all over your shoes". The Hypnoanalytical techniques, when applied effectively, merely enable the subconscious mind to release the information it contains in a way that the client can understand consciously, rather than in veiled symptoms. These symptoms could otherwise disrupt and can even destroy the emotional, spiritual and 'day to day' functioning of the person, as well as those close to them.

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