

Original Article

Some aspects of the use of Hypnotherapy and Dehypnosis for the remission of psychosomatic diseases

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ABSTRACT

Currently, hypnosis is regaining its popularity as personalized and holistic medicine without any drugs, injections, or side effects. Clinical practice benefits from the knowledge of hypnosis, and hypnotherapy can be a useful complementary therapy in the treatment of psychosomatic disorders. Treatment of psychosomatic disorders addresses causes such as conflict, stress, and traumatic experiences and is based on psychotherapeutic techniques. This article examines the treatment of migraines, asthma, and gastrointestinal disorders with hypnotic methods. Further, the effectiveness of psychotherapeutic programs based on hypnotic techniques for reducing the debilitating effects of psychosomatic disorders is evaluated. Trying to help a patient with hypnosis as a way of changing physically existent pathological networks as enclosed dysfunctional systems is discussed. The presence of a hypnotic state in a subject when any negative emotion experienced is pointed out as a hypnotic phenomenon. It is suggested that to eliminate the dysfunctional neuronal system the removal of negative emotions that give such system energy to function is required to put the psychosomatic disease into remission.

Keywords: Hypnosis, Hypnotherapy, Dehypnosis, Emotions, Symptoms, Treatment

Introduction

Psychosomatic diseases are becoming increasingly important in the complex treatment of both severe and not so severe physical diseases manifested as depression and anxiety. It is known that medications often lead to side effects, so some aspects of using hypnotherapy and dehypnosis for remission of psychosomatic diseases become relevant here. The role of hypnosis in the treatment of physical illness is emphasized in the last part of this review. Hypnotherapy is defined as an assistive method that uses hypnosis to help treat various specific symptoms or conditions. The purpose of hypnotherapy is to induce a hypnotic state in people, which is characterized as detached external attention and focus on internal experiences while in a waking state [1, 2].

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Hypnotic techniques play a prominent role in the treatment of psychosomatic disorders. Hypnosis is facilitated by the link between the psyche and the soma, which, in tandem, encourages the patient to find negative emotions in their subconscious that block healing resources. All these circumstances make the use of hypnotherapy and dehypnosis for the remission of psychosomatic diseases highly relevant.

Materials and Methods

During the preparation of this article the following methods were used: general scientific (dialectical, analysis and synthesis of available literary data, comparison and analogy, annotation, abstracting and referencing of information obtained from modern scientific sources) and special (systematic, comparative analysis, etc.).

Results and Discussion

Hypnosis, as a remedial approach, is built upon the concept that all human beings are capable of eliminating negative emotions that impede their proper functioning and abilities and cause

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psychological and psychosomatic problems. In treating psychosomatic illnesses, hypnosis targets the patient's integrity, factoring in their personality and their bygone and current life associated with their surroundings.

Psychosomatic illnesses tend to emerge from emotional and psychological elements that have a significant function in the onset of symptoms.

The hypnotherapist explores the patient's perceptions and belief systems that are associated with the negative emotions experienced, inviting the patient to revisit them.

Within a hypnotherapy session, patients undergo a procedure that activates a hypnotic condition, allowing them to focus and respond more easily to suggestion – a state of deep relaxation. Hypnotherapy exploits the intensive alertness of the hypnotic condition to assist patients to concentrate more deeply on the underlying issue.

The capability to cope with emotions, whether positive and negative, mostly describes a person on an everyday base, since it is the feelings that differ with prompt experiences. The basis of these changes in feeling is all the time a major identity that must prepare us to get along with negative emotions. As with many personality or psychosomatic problems, there is an entire industry built around essentially dealing with stress [1, 3]. Because of this, hypnotherapy with a patient demonstrating an emotion needs to begin immediately by working directly with that emotion, without the distraction of the hypnosis induction process.

Such a psychological concept as "part of the personality" corresponds to the term "pathological neural network". A pathological neural network is a dysfunctional system existing on the substrate of brain cells. Its existence by itself leads, at a minimum, to complaints about the psychological state, and when such a dysfunctional system is connected to the connectome, it leads to the development of complaints about what has long been called "psychosomatic illnesses".

The energy for the functioning of such pathological neural networks is provided by the emotions (affections) inside them, which metaphorically are the "engines" of pathological neural networks. Complete removal of all "engines" inside any particular pathological neural network will lead to its annihilation and the cessation of pathological functioning, which will be observed as remission of psychosomatic disease.

Thus, it can be shown that the presence of negative emotion in a patient's complaints is as much a hypnotic phenomenon as many other already recognized hypnotic phenomena, along with amnesia, catalepsy, hallucinations, and others.

The demonstration, by a psychiatrically healthy subject, of emotion, indicates that before, sometimes even in distant childhood, it arose in a hypnotic state in response to a psychotraumatic event, which may well be considered a manifested emotion, a hypnotic phenomenon, requiring immediate psychotherapeutic interaction with that emotion, without induction of hypnosis, and is called "hypnotherapy" because of the hypnotic state associated with that emotion.

Successful removal of such a negative emotion by psychotherapeutic intervention, immediately on the spot

(instantly), will terminate the association of the disturbing emotion with the hypnotic state, bringing the subject out of the hypnotic state to a certain degree.

In addition, such a process as a whole would already be correctly called "dehypnosis. Thus, dehypnosis is the result of psychotherapeutic intervention initiated in a spontaneous hypnotic state. It has long been known that a person's physical health depends on his emotional state. If he often experiences negative feelings and emotions, they sooner or later undermine his health [4-7]. Negative mental changes disrupt the regulatory functions of the body, which lead to the emergence and development of various ailments. Against this background, many psychosomatic diseases can arise from heart disease, neurosis, asthma, stuttering, insomnia, and so on. While mimicking the patient's speech (applying analogies based on the system of representation seen in the patient's dialogue), the psychotherapist manipulates the inventive ability of the patient's unconscious in guiding them towards a healing and functional equilibrium.

It should be noted that psychotherapeutic interference consisted of a program that contained the use of methods special for Eriksonian hypnosis.

Each patient took part in a series of up to 10 sessions, each under 50 minutes, once per week. Two licensed therapists specializing in hypnotherapy practice supported the intervention.

The goal of the hypnotherapy program was to eliminate symptoms. Thus, in recent years, many studies have presented the effectiveness of the findings resulted when applying hypnosis as adjunctive therapy for psychosomatic illnesses [3, 8].

During various symptoms, migraines are considered a psychosomatic disorder manifested by a paroxysmal headache hanging on from 4 to 72 hours, often unilateral in onset, with pulsations of average to severe intensity. Migraines usually impact everyday activities and get more noticeable with exercise. Migraine signs can differ from person to person, and often are preceded by various warning signs (auras, blinding spots, abnormal speech, seeing spots, numbness of body, etc).

Even when treated with proper medication, migraines can recur. Therefore, the medical literature suggests alternative remedial methods such as relaxation and hypnotic techniques. For migraines, the effect of hypnosis therapy is to lower the number and intensity of seizures. Furthermore, hypnotic psychotherapy may assist people suffering from migraines to prevent triggers, like tension.

The use of hypnotherapy and conducted imagery for a group of 32 patients helped to reduce the duration, frequency, and severity of migraines, and the need for medication.

The results showed that after the use of hypnosis the duration of medication treatment was halved. In the post-treatment phase, the average frequency of migraines was reduced from 22.88 to 16. Moreover, Eriksonian hypnosis has been evaluated to be an effective treatment for migraines as well.

Another disorder that frequently manifests through psychosomatic symptoms is asthma – an often-observed chronic lung disease is described as ROAD with bronchospasm. Asthmatics experience an over-sensitivity to certain irritants as

well as to stress, frustration, and emotional swings aroused by the events of daily life [9]. While anxiety is often the result of an asthma attack, it can also be an aggravating factor. Therefore, given that psychological factors are essential to the cause of asthma attacks, hypnotherapists should examine various aspects related to the patient's life history before even deciding on the proper psychotherapeutic process. Here, we resolutely caution that intense asthmatic disasters demand immediate therapeutic remedy. However, the diagnosis of asthma and the effectiveness of treatment to treat it rely on the psychological source that is triggering attacks. The more psychological factors shown to trigger attacks, the better the prognosis [3, 8].

In a prospective study, the results showed that 39 patients diagnosed with moderate bronchial asthma recorded improvement in their symptoms after undergoing hypnotherapy. Improvement in daily symptomatology was reported in 41% of these patients, including the significant reduction of bronchodilator use (26.2%), with these levels being maintained over the 6-12 months after hypnotherapy. The Pediatric Pulmonary Center released an announcement explaining the effectiveness of hypnosis for patients receiving this type of treatment. After 30 months, hypnotherapy was related to betterment in 80% of patients who previously experienced continuous asthma, chest ache/heaviness, habitual cough, hyperventilation, and so on.

In addition, closely related to sensitive conditions which describe a patient's bygone or current life, gastrointestinal illnesses, also known as digestive disorders, can present psychosomatically and include: gastric and duodenal ulcer disease, chronic gastritis, and gastroesophageal reflux. Several psychosocial factors (the biopsychosocial model), as well as stress, may trigger these disorders. Furthermore, the detection of Helicobacter pylori bacterium as an etiopathogenetic factor in gastrointestinal illnesses suggests that stress and the biopsychosocial model play a critical role in the development of these disorders, which do not yet have a clear solution from the physiological perspective.

One study involving 32 volunteers who underwent hypnotherapy with guided imagery showed decreased stomach acid secretion (in comparison to their standard extents) and ache. Another research involving 126 patients with functional dyspepsia manifested by digestive symptoms of fullness and epigastric pain. After undergoing hypnotic techniques, these patients declared a betterment in their quality of life and symptomatic improvement in the long-range, with fewer trips to the physician in comparison to the control group (cured with medicine). In another study carried out with 30 patients with duodenal ulcers, positive (preventative) results were achieved. The protocol of the study required one group of patients to continue hypnotherapy for 10 weeks after drug therapy of the ulcer with ranitidine. Patients were divided into two groups (one has profited from psychotherapy in hypnotic state and one was a control group without hypnotherapy) and both had been investigated for a year. One year later, only 8 (53%) patients who received hypnotherapy relapsed, in comparison to 15 (100%) of the control group. [10, 11]

Furthermore, patients received individualized recommendations

based on their special demands. In addition, some patients were able to practice self-hypnosis at home after being taught the method during their sessions.

Conclusion

In sum, the results demonstrate that people diagnosed with psychosomatic illnesses (migraine, ulcer, asthma), before the application of hypnotherapy, the rate at high global pain levels, often involving the combination of high emotion and bodily pain levels. As our study shows, the mentioned high pain extents are reduced remarkably after using a program that contains Eriksonian hypnosis methods. We notice a decrease in stress levels among patients as well as perceptions about the active supervision they can have over pain while they are being treated with hypnotherapy. The role of suggestion given during trance and posthypnotic suggestion contributes to discovering novel solutions in managing symptoms actively and desirably for their health.

Thus, intermediations, such as Eriksonian hypnosis methods, may significantly participate in the treatment of psychosomatic illnesses resulted and intensified by mental agents.

Thus, modern researchers continue to study how hypnosis can be used to treat various conditions, and how influential it is in comparison to other therapies. Such experimental research has provided additional support for the application of hypnotherapy as a complementary therapy for some goals. As scholars go on to detect the possible applications of hypnotherapy, the method can obtain wider approval in the therapy of different states.

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References

1. Anbar RD. Hypnosis in pediatrics: applications at a pediatric pulmonary center. BMC pediatr. 2002 Dec;2(1):11-8.
2. Calvert EL, Houghton LA, Cooper P, Morris J, Whorwell PJ. Long-term improvement in functional dyspepsia using

- hypnotherapy. *Gastroenterology.* 2002 Dec 1;123(6):1778-85.
3. Emmerson G, Trexler G. An hypnotic intervention for migraine control. *Aust J Clin Exp Hypn.* 2019;27:54-61.
 4. Ren-Zhang L, Chee-Lan L, Hui-Yin Y. The awareness and perception on Antimicrobial Stewardship among healthcare professionals in a tertiary teaching hospital Malaysia. *Arch Pharm Pract.* 2020;11(2):50-9.
 5. Eltayeb LB, Al-Zahrani SA, Al-Hoechel LH, Ali H. Bacteriological and Parasitological Assessment of Apparently Healthy Food Handlers at Al-Kharj Province/KSA: A Cross-Sectional Prospective Study. *Int J Pharm Phytopharmacl Res. (eIJPPR).* 2020 Aug;10(4):103-11.
 6. Hanawi SA, Saat NZ, Zulkafly M, Hazlenah H, Taibukahn NH, Yoganathan D, et al. Impact of a Healthy Lifestyle on the Psychological Well-being of University Students. *Int J Pharm Res Allied Sci.* 2020 Apr 1;9(2):1-7
 7. Bottalico L, Castellaneta F, Charitos IA. From Hydrotherapy to the Discovery of the Gut Microbiota: The Historical Gastrointestinal Health Concept. *Pharmacophore.* 2020 Apr 28;11(2):82-90.
 8. Hammond DC. Review of the efficacy of clinical hypnosis with headaches and migraines. *Intl. J Clin Exp Hypn.* 2007 Mar 6;55(2):207-19.
 9. Holdevici I. Hipnoza clinică. *J Psychosom Res.* 2010; (31):393-400.
 10. Pospelova ML, Efimtsev AJ, Alexeeva TM, Ivanova NE, Trufanov GE. Possibilities of hypnotherapy in the treatment of panic disorders. *Mod Probl Sci Educ.* 2019;(2).
 11. Jiang H, White MP, Greicius MD, Waelde LC, Spiegel D. Brain activity and functional connectivity associated with hypnosis. *Cereb Cortex.* 2017 Aug 1;27(8):4083-93.