

THE USE OF HYPNOSIS FOR THE TREATMENT OF ANXIETY IN ATYPICAL CARDIAC DISORDER

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Hypnosis has been widely used in the management of anxiety in a variety of conditions. This case describes the use of hypnosis in the management of anxiety in an atypical cardiac disorder. The patient, David, suffered from Brugada syndrome with the risk of lethal arrhythmia and was required to implant a cardiac defibrillator, which would deliver an electric shock if a dangerous arrhythmia was detected. The anxiety over the unpredictability of the electrical shock was so overwhelming that it greatly affected David's quality of life and strained his physical condition. Hypnosis was used in conjunction with CBT for this intrinsically threatening condition. Through the use of hypnosis, David's anxiety was eliminated and his self-efficacy was enhanced.

Keywords: hypnosis, Brugada syndrome, cardiac arrhythmia, CBT.

FAMILY AND SOCIAL HISTORY

David, a 50-year-old married man, enjoyed a stable relationship with his wife. Their only daughter was studying overseas and was well adjusted. David, who ran a family air-conditioning business with his wife, was often required to travel by plane and worked long hours. He enjoyed his work and planned to expand his business. He maintained regular social networks with his extended family and his friends. In spite of having gone through a number of crises in his business over the years, David had resiliently overcome the difficulties. No history of marked emotional disturbance was reported.

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PRESENTING PROBLEMS

David had a blackout while working late one evening at his office. He went through a body check and was subsequently diagnosed of Brugada syndrome. This is a genetic arrhythmia that causes the bottom chambers of the heart to beat rapidly to a point that blood is prevented from circulating efficiently in the body. This can lead to ventricular fibrillation (syncope), which may cause the individual to faint and possibly die in a few minutes if the heart is not reset. After the diagnosis, a cardiac defibrillator was promptly implanted in David's chest. In the first two months, David responded with composure and lived his life as usual, with frequent travel. It was not until he experienced two episodes of syncope followed by the electric shock of the defibrillator that he became extremely anxious. David described the shock as painful, followed by extreme fatigue. The most terrible moment was the experience of the loss of heartbeat with a sense of impending death just prior to experiencing the electric shock. From then on, David experienced chest discomfort, sudden fear, shortness of breath, chronic fatigue, poor sleep, and low mood. In fear of losing the heartbeat, he would hit his chest with his fist while pacing up and down. Since then, David stopped most of his business activities, though he continued to work long hours in his office. As he often failed to remain seated for more than half an hour, he began to avoid social and family gatherings. Afraid of being alone and of travelling without company, David lost confidence and felt lost about the future.

PSYCHOLOGICAL INTERVENTION

Seven treatment sessions based on the cognitive-behavioural approach were offered in the first five months after the intake interview. David seemed tense and paused from time to time during the conversations due to chest discomfort. He had a rational style of coping and had quite strong views. It took time to build rapport and to build his level of receptivity to advice. In the initial stage, treatment focused mainly on understanding his anxiety reactions and their impacts on his daily life, helping him to differentiate "false alarm" from "real threat," gearing him towards a realistic expectation of his treatment, and supporting him to reschedule his daily activities. Later, David was given biofeedback assessment and training. He showed a very poor breathing pattern of hyperventilation and breath-holding after exhalation. His heart rate variability, an index of the adaptability of the heart, was also extremely poor. He was trained in diaphragmatic breathing and respiratory sinus arrhythmia.

Under intervention, David showed reduced anxiety, particularly over the minor chest discomfort. He also reduced his maladaptive coping behaviours such as hitting his chest and hyperventilation. Regular practice of diaphragmatic breathing was helpful to decrease the symptoms of dizziness and shortness of breath. His daily life schedule now included a one-hour walk after work, and rest at fixed intervals.

Nevertheless, David's unstable medical condition presented him with significant life challenges. His anxiety level shot up after a regular medical check-up that showed presence of numerous "near-miss" episodes, as well as after he discovered that he was the worst case among the few cases locally, and that it was costly to change the time-limited battery of the cardiac defibrillator. His medical conditions deteriorated after some initial stabilization of his mood. Episodes of electric shock became more frequent, with up to 10 episodes in a fortnight, and there were many near-miss episodes. As the shocks did not just happen in daytime, but also at night, before and during sleep, David became extremely anxious when he went to bed. He woke up almost every hour until he eventually drifted off into sleep after long hours of apprehension.

In view of David's circumstances, hypnosis was introduced with the goals of alleviating his extremely high level of anxiety, boosting his confidence so as to face the difficulties brought by his unstable medical conditions, and enhancing his ability to maintain his daily activities as far as possible. Hypnotherapeutic techniques have been found to be useful for anxiety management (Edmonston, 1981; Evans & Coman, 2003; Hammond, 2010; Stanley, Burrows, & Judd, 1990). It reduces the patient's emotional reactions and enhances his/her ability to relax. When patients' senses of control are enhanced, there is also a positive shift in their locus of control and their self-efficacy.

Session 1

Based on the Stanford Hypnotic Clinical Scale for Adults (Morgan & Hilgard, 1975), David scored 2.5 out of a total score of 5. The medium score indicated that he was a suitable subject for hypnosis but that more efforts should be put on trance induction and maintenance. David indicated initial chest discomfort, but he showed no fear when he was put at rest in the assessment. He felt relaxed after he was reoriented back to external reality from the trance state. David was prepared to adopt an accepting attitude and was advised to gently shift his attention back to the script when he was distracted by anxious thoughts or somatic discomfort.

Session 2 (two weeks later)

David was in poor shape as he had experienced an episode of electric shock a few hours before the session. He was reminded of the relaxing experience in the first hypnosis session. The induction phase involved reverse levitation (Erickson, 1980), followed by deepening through the stairs script (Allen, 1977). David was then taken to his serenity place (Hammond, 1990). The shortened version of the serenity place was used, with an emphasis on being safe and relaxed. David was fidgeting in the beginning, but soon calmed down. As reported, he encountered four or five episodes of chest discomfort, but it stopped in the second half of the session. David needed to take a long time to lower his arm in the induction. He also reported no image or sense of relaxation in the deepening stage. However, at the last two steps in the stairs script, he snored as if he was falling asleep. Repeated reminders to stay awake by asking him to take deep breaths and to give ideomotor signals of his level of concentration were required. David could not recall the serenity place, and it took some time to reorient him back to external reality. He appeared much more relaxed after the hypnosis and enjoyed the session. The hypnosis part of the session was recorded on a CD for David to listen to at home.

Session 3 (two weeks later)

David revealed having more episodes of electric shock in the past two weeks. Increased anxiety was reported. His sleep was improved after he took the advice of taking walks after work. He tried to listen to the hypnosis CD a few times, but often could not complete the listening owing to an increasing sense of discomfort under a prolonged period of rest. David was reminded of the purpose and the need of regular practice. He was then prepared for a shorter script. David was led into a trance by the eye fixation method (Erickson, 1980) and the stairs script (Allen, 1977). Then it was suggested he go to a garden with trees and a lake. A section from Allen's experience induction (Allen, 1997) was adapted here. It was suggested to David that he "throw a stone into the lake, watch the stone sink, and wait for the ripples to quiet down." This image was intended to imitate David's experience of electric shock, with the implicit meaning that the shocks would pass, and calmness and safety would return eventually. David tuned in quickly, with much less fidgeting and discomfort than in the last session. Similarly, he fell asleep easily and snored, needing constant reminders to stay awake. This might be related to his fatigue over prolonged anxiety and his cardiac problem. David reported no recall of the garden, but

had vivid images of how he threw the stone into the lake and how it sank into the water. It took a long time to reorient him. The experience was positive.

Session 4 (three weeks later)

David's medical condition deteriorated with over 10 episodes of electric shock in the preceding two weeks. Finally, he had to be admitted to hospital and was put on a new drug that was still in the experimental stage. At this time, he had two episodes of electric shock during his sleep. Afterwards, he dreaded going to sleep and woke up hourly. He avoided using the hypnosis CD in the daytime, but regularly listened to it before sleep. It helped him fall asleep easily, but he kept waking up throughout the night. David often woke up feeling hot, with chest discomfort.

Following the induction by eye fixation, David was led to the “temperature hallucination” of drinking from a cold spring water under the hot sun in the Creative Imagination Scale (Wilson & Barber, 1978). Further suggestions of “walking into the river for a swim, and then noticing and sensing the coolness of the water first in the feet, then in the knees, thighs, hips, abdomen, and finally in the chest” were added. The purpose of this script was to reduce the sensation of hotness as a trigger for David's chest discomfort that usually alarmed and woke him up. Spring and river images were chosen as David responded well to images related to water.

David reported no signs of chest discomfort in this session. He quickly relaxed, but snored in the induction phase. He had no recall of the hot weather and the drinking, but felt the coolness rising from his feet to his chest. The coolness was comfortable and relieving.

Session 5 (one week later)

David reported no episode of electric shock in the week after taking the new medicine. He indicated reduced anxiety and improvement in concentration. He relied on the hypnosis CD and could quickly fall into sleep, but still woke up two or three times every night. Reduction of the hot sensation and enjoyment of coolness were also reported.

After the usual induction, the suggestions for sleep disturbance adapted from Garver (1990) were used with David. Garver's suggestions were about good sleep memory and emphasized safe sleep, waking up only in an emergency. David was guided to a river metaphor with the following suggestions: “Your sleep is like water flowing down gently from the upper river to the lower river.

It is soft and silk-like water, flowing smoothly and continuously. The longer it flows, the smoother the flow is. As the water is flowing down, your sleep becomes deeper, and deeper, gradually deepening into a profound state of relaxation of the mind and the body. If there is anything obstructing the way, maybe a leaf, a stone, no matter how big or small it is, the water can pass them easily and effortlessly. The water can glide past them and slip through them. There is no need for the water to stop; it just flows, and it flows continuously and smoothly. The further the water flows, the deeper your sleep becomes ... further down ... and deeper ... further down and deeper, until you rest on the riverbed in a valley. You rest in complete tranquillity, calm and peace. The next morning, you will wake up fresh and rejuvenated, with renewed energy and spirit.” The script was targeted at improving his sleep patterns. The water theme was chosen again due to David’s good responses in the previous sessions.

This is the first time David showed good concentration throughout the hypnosis without snoring. It may be related to the effect of the new medication. He quickly relaxed. David had no recall of the good sleep memory, but reported the vivid image of the river flowing non-stop. David requested to try a longer script. He was induced into a trance again by the eye fixation method, which was then deepened by counting. The suggestions for good sleep and the river metaphor were repeated. David could follow through the script under deep relaxation. A stronger and sharper image of the river was reported. He commented that this was the best hypnosis experience he had ever had.

Session 6 (two weeks later)

David had no experience of electric shock in the past two weeks. His mood was stabilized. He slept more deeply, though he still woke up two or three times every night. David used the “coolness” script of the hypnosis CD in Session 4 for sleep. The sensation of hotness and the accompanying irritability were greatly reduced. The script in Session 5 was repeated. David snored near the end of the session. He had vague recall of the whole script, but felt very relaxed.

Session 7 (three weeks later)

No experience of shock or any “near-miss” episode was reported. David slept well with few incidents of waking up, though he still had nightmares around the theme of “a non-stoppable electric shock” with a frequency of about once

a week. David began to go out on his own, but he still showed habitual fear responses in late evenings, when he was on his way back home from work. It was in fact the time when he experienced the first episode of the electric shock. Often he needed to stop in the streets to grab a fixed object, such as a lamppost or a gate, to anchor himself.

Before the hypnosis induction, we talked about his lack of trust in his body and its adaptability and ability to carry out different activities on a daily basis. We made a list of the activities he carried out in different hours. He was then put into a trance and a “large ship metaphor” was used. “Imagine yourself to be a large ship, a very big ship, as big as a cargo ship sailing in the ocean. It is a very safe, stable, secure, and reliable ship. It sails from day to night, smoothly and stably. It may stop for some rest and get refuelled for energy, and then it continues on with its voyage. It sails, and sails without much effort. From time to time, there may be currents and storms, but as a large ship, it can sail past them easily. This large ship can also choose to stop when it wants to. It just lowers its heavy metal anchor into the sea to keep the ship stabilized. All kinds of needs are provided in the ship. The ship is totally self-reliant. It needs nothing from the outside. It is secure and stable, with a strong anchor on board. It keeps on sailing, sailing, and sailing until the night falls, when it drops anchor to take rest, relax, be safe and secure, and be at peace. It quiets down and rests ...” David had no snoring this time and was deeply relaxed. He nearly slept on the first part about “the adaptability of his body,” but he could recall the image of a large ship sailing steadily and he felt good.

Session 8 (three weeks later)

David’s medical condition was stable without any episode of electric shock. He no longer grabbed objects in the street when he went home from work in the late evening. When he felt some discomfort, he would stop for a while and wait for the sensation to go away. His family still worried about him travelling by himself outside of the district where he lived. Better communication with his family was advised. Time was spent on working on his grief over the loss of health and of further opportunity to expand his business. Now David decided to maintain the current size of his business and stick to his original retirement plan. Moreover, he showed increased acceptance of the disease and felt blessed that his medical condition was stabilized. He relied less on the hypnosis CD. No hypnosis was conducted in this session.

Session 9 (three weeks later)

David was improved in all aspects. He could sleep well without nightmares. He resumed travelling to Mainland China and stayed there alone for a few days. He even regained his confidence to take flights if needed. David resumed joining social activities as he did before. He experienced some shortness of breath under work stress. Some advice on stress management was given. David stopped listening to the hypnosis CD and was satisfied with the progress.

Post-Therapy Phone Contact

Three months later David reported being stable both physically and psychologically. He continued working in his business and increased his travel to Mainland China. His mood was back to normal and stable. He showed increased confidence in facing possible fluctuations and uncertainties in the future.

DISCUSSION

This case described how hypnosis could be effective in dealing with the course of a very difficult disease that was characterized by uncertainties and conditioned physiological reactions. David's overwhelming physical discomfort and extreme level of anxiety greatly compromised his ability to apply the coping skills he learned in therapy. At the most acute phase, tapping the patient's inner strengths was of utmost importance. Hypnosis provided him with a break from the chaos of his life. It provided a space for him to relax and to refuel his energy. The ego-strengthening scripts helped David to elicit his inner resources and boosted him when he was at his lowest points. Moreover, the effects of hypnosis were greatly enhanced by choosing the right images and metaphors that he was most receptive to (e.g., water, river, and ship). This quickly drew David into the hypnosis experience and made direct working with his symptoms, particularly the physiological ones, possible. The case also demonstrates how to adjust the lengths of the hypnosis scripts according to the changing physical conditions of the patient.

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