CASE REPORT

When Hypnotherapy add-on with Dynamic Psychotherapy could relief the pain disorder

ROOHOLLAH BINNANDEH[1], MEHDI FATHI[2], SEYED ALI SAGHEBI[3], ZAHRA RAJAI[4]
[1,4]M.D. Resident of Psychiatry, Psychiatry and Behavioral Sciences Research Center, Ibn-e-Sina Hospital, School of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran.
[2]Associate Professor of Anesthesia, Mashhad University of Medical Sciences, Board Member of Iranian Scientific Society Of Clinical Hypnosis.
[3]Psychiatry and Behavioral Sciences Research Center, Mashhad University of Medical Sciences, Mashhad, Iran.
Correspondence to Dr. Mehdi Fathi, Email: Binnandehr1@mums.ac.ir, Phone number: +98 915-622-9217

SUMMARY

Pain disorder is a challenge for practitioners. The effect of adjunctive hypnosis to psychodynamic therapy is assessed very few in the available evidences. So, in this paper, we aimed to present the combination of hypnotherapy and psychodynamic psychotherapy added to pharmaceutical treatment in a patient suffering from pain disorder. The patient is a 26 year old married man with diagnosis of pain disorder and panic attacks. He was admitted to the psychosomatic ward for two months (he received medications in the first month and in the second month he trained self-hypnosis and received supportive-expressive psychodynamic psychotherapy in addition to pharmaceutical treatment).At the end of the second month, pain severity decreased about 90% to 100%according to patient's statements, and he began his daily function. After discharge he continued psychodynamic psychotherapy and self-hypnosis. The patient's pain has been controlled during 15 months and he came back to prior his function.
Keywords: Pain disorder, Psychodynamic, Self-hypnosis

INTRODUCTION

Somatoform disorders are a wide range of conditions associated to somatic symptoms such as the pain. Based on the researches, long-term psychodynamic psychotherapy (more than 24 sessions) is applied for treatment of somatoform pain disorder[1,2,3].

The stress tolerance is one of the necessary conditions to begin dynamic treatment. In almost patients with psychosomatic disorders, pain interrupts to daily functions,so these patients do not refer to regular visits. Is there a way to relief severe pain and encourage patients to continue the dynamic process? The available data suggest the efficient role of hypnosis in pain management[4,5,6].

Can hypnosis be combined as a technique to supportive-expressive dynamic psychotherapy? There are some researches which focus on this combination in treatment of psychiatric disorders such as anxiety disorders, smoking cessation and medical illnesses such as ALS[7,8,9], but the effect of this combination therapy has not been assessed in pain disorder.

In this paper, we aimed to present the effect of hypnotherapy and psychodynamic psychotherapy in addition to pharmaceutical treatment in a patient suffering from pain disorder.

CASE PRESENTATION

The patient is a 26 year old married man. He is the 4th child of his family. In childhood history, he expressed hostile aggression by father even about daily needs. Also, his father had aggressive behavior against wife and little son. So, the patient aimed to be accepted in a high level academic course to achieve higher social and financial condition compared to his father. The symptoms of obsessive-compulsive disorder manifested in the last years of high school. About 6 months before entrance university exam, he abandoned after sever challenge about his presence at home with his father. He moved to his grandparents' home and spent most of his time at school studying. Finally he was accepted in university exam but in a course lower than his own. In this new period, he increased his educational and physical activity as intolerable level. After a short time, he stopped these activities suddenly. Subsequently, he felt pain in throat, neck and shoulder (Interscapular area) which increased dramatically. The pain did not respond properly to the analgesics and it aggravated with sitting and daily activities. During several months, pain increased and led to significant dysfunction in occupational and academic fields in addition to family and interpersonal relationships. During the two years prior to hospital admission, the patient did not go to university and lost his job. Hismarital relationship was on the verge of separation. Over the course of six months before the treatment, anxiety symptoms including panic attacks were added to his illness.

The patient's mood was dysphoric and he experienced panic attacks. Panic attacks were resolved by referring to the clinic and receiving a dose of anxielitic medication such as promethazine. Symptoms of anxiety and pain led to abuse of sedative-hypnotic medications and tramadol.

He was admitted to the psychosomatic ward with complaint of the persist pain. In the first month of hospitalization, the patient received medication. in the end of first month remitted panic attacks and medication use disorder but pain disorder don’t change in severity. In the second month, in addition to pharmaceutical therapy, he received hypnotherapy and self-hypnosis training, psycho-education and psychodynamic psychotherapy with a predominant aspect of supportive dimension. The used medications in the first month included: clonazepam, zolpidem (10 mg before sleeping), carbamazepine (400mg), duloxetine (40mg), amantadine (200mg) promethazine (for panic attacks) and ibuprofen (maximum

1200 mg) per day. The content of the psychotherapy sessions was summarized as below:

The first session: reobtaining a psychiatric history, confirming the diagnosis, therapeutic relationship and pretalk about hypnosis.

The second session: identifying the patient's strength points before the pain onset, identifying the realistic goals and desires.

The third session: hypnosis after induction and deepening of the dialogues (without referring to pain) which focused on increasing ego enhancement, based on positive memories before pain onset, age regression (the patient was placed in a positive memory space), age progression (the patient was placed in the time and senses to reach inspirational goals).

The fourth session: psychotherapy and re-hypnosis through anesthetic transmission technique, training self-hypnosis, induction, conditioning and respiration.

The fifth session: psychoeducation about the characteristics and nature of chronic pain and the concept of accepting, control and self hypnosis. The physical rehabilitation (included both psychiatric and physical components) was done between psychotherapy sessions.

The sixth session: supportive psychotherapy, training to increase medical compliance and physical therapy exercises in the collaborative and empathic condition. The seventh and eighth sessions: supportive psychotherapy, preparing the patient for discharge, suggestion about continuing psychodynamic treatment after discharge.

At the end of the second month, pain severity decreased about 90% to 100%, and the patient began his daily activities. The patient performed daily exercises and he conducted self-hypnosis very well in painful conditions. After psychotherapy sessions, patient was discharged with the mentioned medication order.

The psychodynamic treatment continued as weekly 45-minute sessions after discharge. During the first six months after discharge, the patient came back to university and found a new job. Also, he began his marital life. After about 6 months, expressive interventions increased during sessions, according to patient's condition. The patient tolerated increased anxiety very well despite our expectation and he conducted self-hypnosis and relation in daily pattern. In some times, the patient's pain returned (which was much less severe than the initial pain), he controlled it well through the self hypnosis techniques. During the fifteen months after discharge, the patient was hypnotized by the therapist four times when the therapist felt that some errors occurred in the process of self hypnosis. The induction was done by the patient himself and the hypnosis continued by the therapist to maintain and strengthen the position of self-hypnosis.

DISCUSSION

The dynamic analysis of this case suggests that continuous psychological humilated and physical violence against the patient and his mother led to remained patient's oedipal phase and injured narsistic core. So, omipotency defense was formed which led to perfectionism about power, scientific degree and wealth. He invested his libido on a desired academic course so the rejection led to severe narsistic injury followed by self-blame. Unsuccessful efforts to resolve the damages of extrinsic failures shifted to intrinsic repetitive compulsion which manifested as increased activity in intolerable level. It can be suggested that intolerable stress and severe fear from failure can activate dead drive and disabling pain as a type of paresis to decrease stress. In the other word, patient concreted the severe and ambiguous psychological distress as pain.

This case report demonstrated the effect of hypnotherapy combined to psychodynamic treatment and pharmaceutical intervention. In this line, we can refer to the study which conducted on patients with generalized anxiety disorder. They treated through psychodynamic psycho-therapy with adjunctive hypnosis in 6-month period. Symptoms included anxiety, worry associated to the specific phobias, phobic avoidance and number of cigarettes. All symptoms reduced significantly after treatment[9].

The complexity of pain requires a long-term insight oriented treatment. Regarding to the successful use of hypnosis, we designed our plan based on hypnosis for crippling pains and providing dynamic pathway, regardless of symptom. In this model, we have observed a few issues in order to minimize interference with dynamic approach.

1. The hypnosis was performed in few times.
2. The patient trained self-hypnosis and it practiced each day during hospitalization to increase autonomy for pain management.
3. In cases of hypnosis between the psychodynamic sessions, we looked at the transference and the counterference.
4. The analytic therapist and the hypnotherapist were one person so we prevent about the complex dynamics which have a negative effect on both treatments.

Our hypothesis is that we can apply cognitive hypnosis- not analytical hypnosis- during the supportive-expressive treatment. Although more studies are needed to approve this hypothesis especially in pain management.

REFERENCES

1. Monsen K, Monsen TJ. Chronic pain and psychodynamic body therapy. Psychotherapy 2000; 37: 257-69.
2. Greck MD, Scheidt L, Bolter AF, Frommer J, Ulrich C, Stockum E, et al. Multimodal psychodynamic psychotherapy induces normalization of reward related activity in somatoform disorder. World J Biol Psychiatry 2010; 00: 1-13.
3. Sattel H, Lahmann C, Gundel H, Guthrie E, Kruse J, Noll-Hussong M, et al. Brief psychodynamic interpersonal psychotherapy for patients with multisomatoform disorder: randomized controlled trial. Br J Psychiatry 2012; 100: 60-67.
4. Eimer BN. Clinical applications of hypnosis for brief and efficient pain management psychotherapy. Am J Clin Hynosis 2000; 43(1): 17-41.
5. Artimon HM.Hypnotherapy of a pain disorder: a clinical case study.Int J Clin Exp Hypn. 2015;63(2):236-46.
6. Elkins G, Johnson A, Fisher W.Cognitive hypnotherapy for pain management.Am J Clin Hypn 2012 Apr;54(4):294-310.
7. Frankel MR, Macfie J. Psychodynamic Psychotherapy with Adjunctive Hypnosis for Social and Performance Anxiety in Emerging Adulthood. 2010.
8. Watkins CD, Macfie J. Psychodynamic Psychotherapy with Adjunctive Hypnosis forAnxiety Management and SmokingCessation. Clin Case Stud 2013; XX(X): 1-12.
9. Kleinbub JR, Palmieri A, Broggio A, Pagnini F, Benelli E, Sambin M, et al. Hypnosis-based psychodynamic treatment in ALS: a longitudinal study on patients and their caregivers. Frontiers in psychology 2015; 6: 822.