



HYPNOTHERAPY DONE BY PHONE TO AID FAMILY PHYSICIANS IN THE OFFICE

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Dr. Janke completed his degree in medicine at the University of Calgary in 1982 and has been practicing in Sylvan Lake 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 residency program in the year 2000. Since then he has become increasingly involved with teaching family medicine at the post graduate level. Most recently, in 2008, he took on the role of "Rural Program Director," in the Department of Family Medicine at the University of Alberta. In that role he became full time faculty, although his clinical work remains in Sylvan Lake.

INTRODUCTION:

Family physicians in rural or remote areas often face the challenge of not having ready access to a variety of health care resources. This holds true for hypnotherapy. Because of the lack of available sources, Canadian Family Physicians do not readily think to use hypnotherapy in their practice. We wondered if hypnotherapy done by phone could be one way to complement treatment in the family physician's office.

Hypnotherapy lends itself well to helping children through difficult or challenging medical procedures. Children often become distressed when faced with painful ministrations, no matter how well intentioned they might be. Children also have remarkably accurate memories regarding painful events.¹ Various interventions have been used to overcome the distress and anxiety children experience when facing procedures.^{2,3} However, children's vivid imagination makes hypnosis very effective for this purpose.⁴ For example, one study showed hypnosis to be superior to Midazolam, a medication often used for preoperative anxiety and postoperative behavioural disorders.²

We decided to try hypnotherapy over the phone using guided imagery, plus a technique known as "anaesthetic glove"⁵ to alleviate the distress and anxiety experienced by a nine year old girl facing curettage for *Molluscum Contagiosum*. (Curettage is a procedure by which superficial lesions are scraped off the skin using a sharp round knife) Hypnotherapy, provided by telephone, was quite effective and enabled the patient to undergo the procedure with very little distress.

Case Description:

This patient was brought into the clinic for the treatment of numerous lesions caused by *Molluscum Contagiosum*. *Molluscum Contagiosum* is a poxvirus that causes chronic localized infections, consisting of flesh-coloured, dome-shaped nodules on the skin of an infected individual. There are many different management strategies available for this condition including cryotherapy (freezing the tissue using liquid nitrogen), other desquamation treatments (which remove the top layers of skin) and the use of immune

modulator creams. However, an effective and efficient means of treating this infection is simply to curette the lesions away from the skin. Once all of the lesions have been removed, the infection is essentially resolved. Children, though, find curettage painful and frightening; therefore using this technique for children can be very challenging.

At the time this child presented to the clinic, there had been a minor outbreak of *Molluscum* in the community. A number of children were affected by the same condition. Different treatments had been used to varying degrees of success.

Examination of the child revealed many lesions on both flanks, the posterior trunk and both arms.

Upcoming plans to attend a Girl Guide camp made definitive treatment more imperative. The mother was aware of the limited success with different therapies for children throughout the community and expressed the desire to have these lesions treated via curettage. The patient herself was quite anxious with the idea of this management strategy, breaking into tears as the physician arrived in the examination room. Various treatment options were discussed; however, curettage was agreed on as the management of choice.

Discussion ensued around using hypnotherapy to alleviate this patient's distress during the procedure. Consent was given to try this. A qualified hypnotherapist was contacted to see if she would agree to work with the physician over the phone. Although unusual, the hypnotherapist (SH) was willing to give this a try providing the physician (FJ) could hear the therapist and work in tandem with her. The patient revealed that a day at the beach would be a happy occasion for her, which provided the foundation for guided imagery during hypnotherapy. The patient's fears were dispelled and she left feeling much more confident.

The patient returned with her mother at the end of the day having applied EMLA cream with Saran Wrap™ to all the lesions. EMLA cream is a mild topical anaesthetic often used for procedures such as intravenous IV therapy or phlebotomy. One study showed that EMLA plus

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hypnototherapy was more effective than EMLA alone.⁶ All the lesions were unwrapped before calling the hypnotherapist.

The hypnotic induction was begun over speaker phone. The patient was asked to close her eyes and to notice the rhythm of her breathing. Suggestions were made for her to play with her breathing (like a game) by asking her body to slow her breathing down. Once the patient's breathing was noticeably slowed, the suggestion was provided for her body to become much more relaxed as she listened to descending numbers. The entire induction was presented as a game.

A technique entitled "anaesthetic glove" was used for the procedure. "Anaesthetic glove" is a technique often used in hypnototherapy for treating pain.⁵ Following induction, the patient was asked to imagine herself slipping a glove with specific properties over her hand. We achieved an adequate degree of anaesthesia by using a combination of repeat suggestion by the hypnotherapist and the physician stroking the hand in collaboration. "Adequate anaesthesia" was judged using a numerical scale; once the patient reported a ten on a scale of numbness ranging from 1-10, we continued. One of the properties of "anaesthetic glove" is that the numbness from the gloved hand can be transferred to any other part of the body. FJ used this property of the "anaesthetic glove" by manoeuvring the patient's "gloved" index finger to transfer numbness to the areas that required treatment.

SH then used guided imagery (a day at the beach) with the patient to sustain a state of joy and relaxation and to disassociate the patient from the painful experience of the procedure. FJ continued with the curettage as the child was imaginatively taken through building a huge sand castle on the beach. In this imaginative day at the beach, the sand castle became so large that it attracted the attention of passers-by including a newspaper reporter. Indeed, as FJ was proceeding with curettage, the patient was giggling and laughing at times.

The patient had approximately 25 lesions that required curettage. She had to be turned to access the lesions on her back. Although not physically present, SH was able to ascertain the more wakeful state and was again able to "deepen" the patient's level of hypnotic state. The lesions on the same arm of the "anaesthetic glove" were the last to be treated. The "anaesthetic gloved" hand could not be manoeuvred to affect the lesions on the same arm. Only with these last lesions did the patient indicate that there was any discomfort.

When the procedure was finished, SH and FJ collaboratively "transferred" the numbness back into the original hand. SH then had the patient go through the motions of taking off the glove returning the hand to normal sensation. Before bringing the patient out of hypnosis, SH explained to the child, that she could put on her "anaesthetic glove" whenever the situation required.

Discussion:

This case illustrates how a physician might utilize the

services of a hypnotherapist by phone. Making use of this technique requires the physician and the hypnotherapist to have mutual trust and a good working relationship. The hypnotherapist must have some experience in applying hypnosis in a variety of clinical settings in order to visualize what may be transpiring at the other end of the phone.

There seems to be very little published literature on the use of hypnototherapy by telephone. Alex Aviv describes using a combination of self-hypnosis and regular contact with the therapist by telephone in the treatment of adolescent school refusal.⁷ There are two other case reports published quite some time ago describing the use of hypnototherapy over the phone for the treatment of anxiety.^{8,9}

For physicians dealing with the paediatric age group and who need to perform difficult procedures, hypnototherapy is an applicable complementary technique. Children's vivid imaginations can be to their detriment, causing distress when faced with the prospect of a painful procedure. However, children's imagination can be used in a positive way to help them get through procedures, which is why hypnototherapy can be so effective in this age group. Even the idea that local anaesthetic can be "magic medicine" and that suture might be "magic thread" can go a long way in mitigating the distress children experience with injuries and medical procedures.

"Gloved Anaesthesia" is a pain control technique that is more commonly used with patients that are "kinaesthetic," meaning that they respond better to physical types of hypnotic suggestions. Because children can use their imagination so effectively, this technique seems to work well for them. FJ later learned that the "anaesthetic glove" could have been transferred to the other hand. However, because the therapist was not present, she was unaware of the challenge posed by lesions on the same arm as the "gloved" hand. Discomfort while curetting these last lesions, indicates that the "anaesthetic glove" was helping significantly. A patient can return the "anaesthetic glove," through auto-suggestion, any time it is needed.

Hypnototherapy has shown its potential in helping children through difficult circumstances^(4,10). The thought that it might be used over the phone to help children get through difficult procedures is unique and its effectiveness was shown in this case.

Hypnototherapy done by telephone has its limitations. Visual clues are lacking because the therapist cannot see the client or the physician. This makes the relationship between therapist and physician ultra-important. The physician also needs to have some familiarity with hypnototherapy in order to provide the necessary background and cues to the therapist. The effectiveness is likely to grow as both become experienced with working over the telephone together. Modern technology, such as "Skype" and other collaborative web-interfaces may aid in advancing distance hypnototherapy.

Conclusions:

Providing hypnototherapy over the phone by a qualified and

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experienced hypnotherapist is one way of helping children through difficult procedures. Using this technique by telephone certainly widens the scope of what may be available to family physicians in rural areas.

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The patient had approximately 15 lessons that required coverage. She had to be turned to access the lesson on her phone. Although not physically present, SH was able to assist the mother with the lesson and was able to assist the patient in the hypnotic state. The lesson on the "anesthetic glove" was the last to be covered. The "anesthetic glove" lesson could not be covered to affect the lesson on the same day. Only with the lesson on the "anesthetic glove" could the patient be turned to affect the lesson on the same day. It was not possible to affect the lesson on the same day. When the procedure was finished, SH and I, as well as the mother, transferred the mother's phone to the patient. SH then had the patient go through the lesson on the "anesthetic glove" during the lesson on the "anesthetic glove". During the lesson on the "anesthetic glove", SH explained to the patient that she could put on her "anesthetic glove" and that she would not feel any pain.

CONCLUSIONS:

These findings show a physician might use the