

Innovative Hypnotherapeutic Approaches in Healthcare

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Private Practice

Hypnotherapeutic Approaches can be integrated in all areas of health care

- Pain Management: Acute and Chronic
- Stress Management
- Health Promotion, Coaching, Wellness Counseling
- My experience utilizing hypnotherapeutic approaches as a registered nurse in:

Burn Units, Intensive Care, Emergency Rooms, Labor and Delivery, Pediatric Bone Marrow Transplant Units, Psychiatric and Mental Health Nursing, Hospice, Private Practice (Larkin, 1988, Zahourek & Larkin, 1995, Larkin 2007, Larkin 2014)

Sample Strategies

- Amplify Imagery, Meditation, Relaxation Inductions with Therapeutic Suggestions
- Integrate Pacing, Leading, The Utilization Approach, Conversational Inductions
- Integrate purposeful direct and indirect therapeutic suggestions in daily conversations
- Integrate isomorphic metaphors and therapeutic storytelling to indirectly suggest health promoting potentials

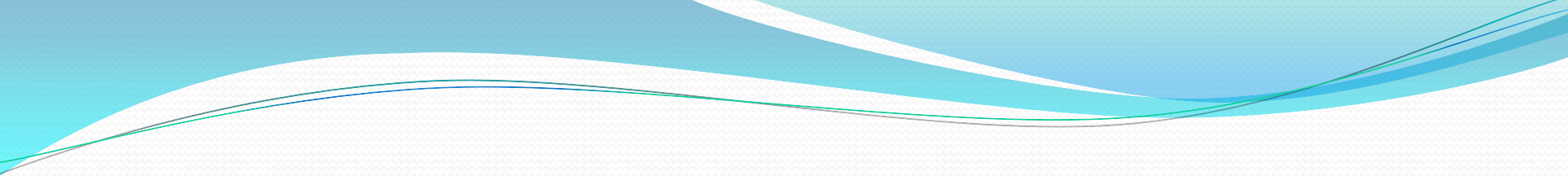
Three forms of hypnosis:

- ❖ Traditional Hypnosis / Autocratic / Direct
- ❖ Standardized Hypnosis / Belief in an innate biological capacity of susceptibility
- ❖ Ericksonian Hypnosis / The cooperative approach/ utilization approach/direct and indirect suggestion, pacing and leading, reframing, therapeutic metaphors and stories, solution focused, the client is the co-therapist

Milton Erickson, MD

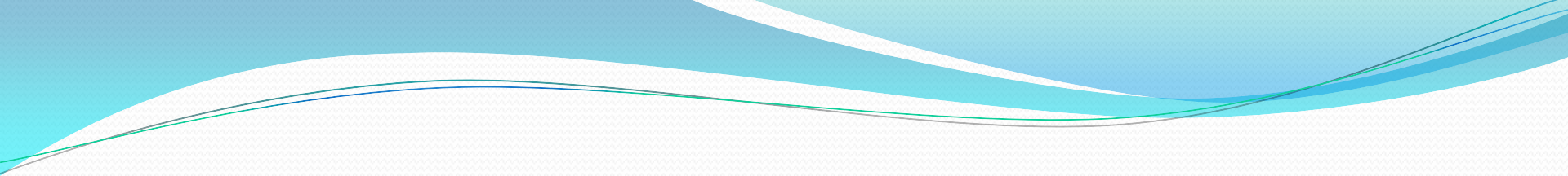
Founder of medical hypnosis





- Ericksonian hypnotherapy is derived from the principles and patterns of communication and hypnosis of Milton Erickson MD (1901-1980).

- Described as “the world's leading medical hypnotherapist” (Haley, 1986, p. 18)



- Ericksonian approaches are hypnotherapeutic communication strategies individually tailored and based on “the knowledge, observation and utilization of the client's unique patterns” (Zahourek & Larkin, 1995, p. 43).

Erickson described hypnosis as:

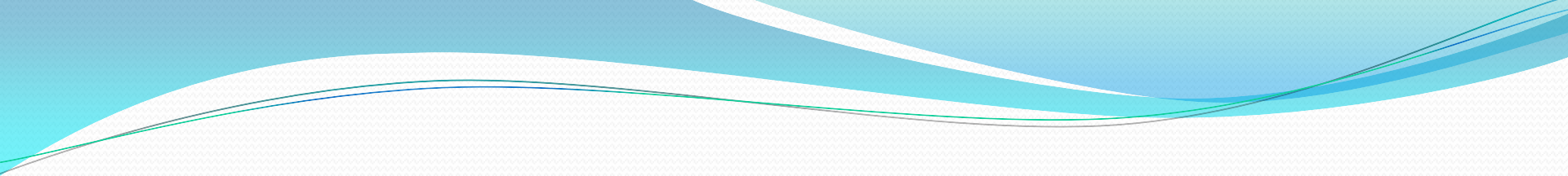
- ❖ Awareness, which is characterized by increased receptiveness to ideas (Erickson, Rossi & Ryan, 1985).
- ❖ Helping free people from learned limitations
- ❖ Therapeutic communication in the context of a therapeutic relationship
- ❖ Each individual changes and increases awareness in a manner that is most appropriate for him or her, as Ericksonian inductions: “point in the general direction, but...leave the specifics up to the individual” (Walters & Havens, 1993, p. 57)
- ❖ Snowball effect



Inductions which include the fail safe introductory suggestion to.....

“feel free to change any of my words or ideas into whatever will be more healthful for you to experience”

..... invites clients’ active participation, involvement and freedom to explore their awareness, experience and choices.



Erickson often provided therapeutic suggestions in the form of metaphors and storytelling. By telling a story about how another patient with similar problems successfully evoked therapeutic change in his or her life, a listener is then free to explore whether similar actions might facilitate his/her healthful growth.

Metaphors that are isomorphic, or similar in some way to a patient's experience, are often provided that relate to the themes of replenishment, relaxation, learning, flexibility and therapeutic growth.

Demonstration with Group Induction & Practice in Dyads

- Progressive Relaxation and Imagery of a peaceful place
- Integrate permissive, fail-safe suggestions for actualizing self selected health goals
- Process with partner, what worked, how it could have been better, personal preferences
- Switch roles and repeat practice

I teach Hypnosis utilizing
the conceptual framework of



Martha E. Rogers PhD, RN
Science of Unitary Human Beings

❖ *The purpose of nursing is to promote
health and well-being for all persons.*

Rogerian Science view of health

- Eudaimonistic, ever evolving wellbeing
- Involves actualizing desired potentials
- Promoting health in Rogerian science has been described as “a process of actualizing potentials for well-being by knowing participation in change” (Barrett, 1990, p. 33).



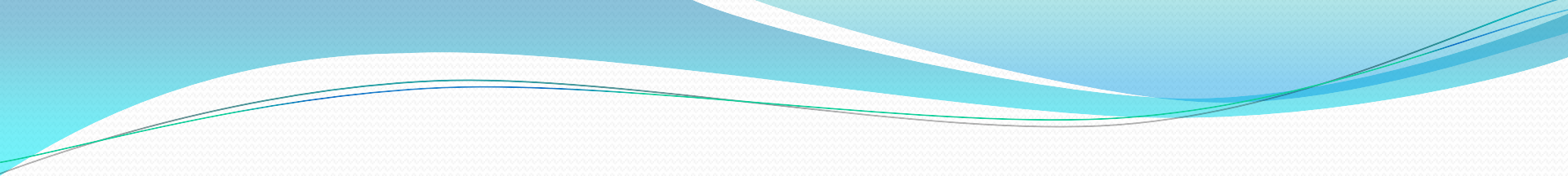
Health patterning:


The process of facilitating unitary well-being by helping clients augment power as knowing participation in change, and helping the client actualize self-selected desired potentials.



- Eliciting active participation in change to promote health and well- being is implicit in Ericksonian hypnotherapy.

- Power in Rogerian science is knowing participation in change (Barrett, 1987).

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- Intention to enact a health promoting choice involves establishing goals.
 - In the Rogerian framework, actualizing desired choices and potentials should be decided by clients (Barrett, 1990)
 - Health patterning goals should be self defined (Matas, 1997). `



Psychoneuroimmunology,
Countering Learned Helplessness,
Augmenting Active Participation,
Preventing The Development of the
Hospitalized Patient,
Partnering, Co-creating, Cultivating
Knowing Participation, Facilitating
Power

Therapeutic Suggestions

- Direct vs Indirect
- Implied Directives
- Therapeutic Double Binds
- Contingent Suggestions
- Generalized Referential Index
- Therapeutic Storytelling
- Isomorphic Metaphors
- Interspersed Suggestions

Naturalistic Utilization Approach

- Pace, Pace. Pace, Therapeutic Lead
- Verbal and Nonverbal Pacing, Leading
- Start where they are.....
- Acknowledge, Open up Possibilities
- Pattern Appreciation/Appreciative Inquiry
- Humor, Therapeutic confusion

Practice in Dyads

- Utilization, Pacing, Therapeutic Leads,
- Isomorphic metaphors with Interspersed Suggestions,
- Breathe Deep, Feel More Comfortable.....
- Dialogue, Q&A

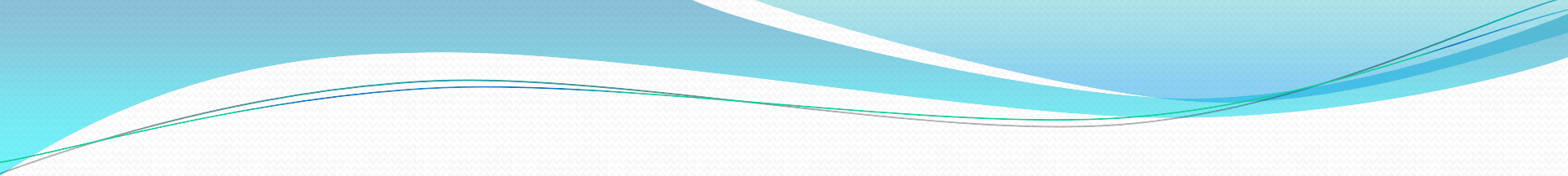
Sample Health Promoting Hypnotic Research

Ericksonian hypnotherapeutic approaches in chronic care support groups: A Rogerian exploration of power and self-defined health promoting goals.

The purpose of this study was to examine changes in power and self defined health promoting goals for persons with chronic conditions who participated in an Ericksonian hypnotherapeutic support group as compared to those who participated in a traditional support group which did not provide Ericksonian hypnotherapeutic approaches.

Larkin, D. (2007). *Nursing Science Quarterly*, 20, 357-369

- Approximately 50% of the population is projected to develop a chronic physical illness during their lifetime.
- A diagnosis of a chronic illness is associated with powerlessness, helplessness, hopelessness, isolation, depression and progressively declining physical health.
- Nursing in the twenty-first century will be promoting health by emphasizing noninvasive modalities (Rogers, 1994).
- Support groups and Ericksonian hypnotherapy are noninvasive modalities that can promote eudaimonistic health.

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- The traditional support group emphasized sharing expression of feelings and personal stories of living with chronic illness
 - The Ericksonian hypnotherapeutic support group emphasized sharing expression of feelings and personal stories of living with chronic illness and provided education in Ericksonian hypnosis.

Study Design:

- A convenience sample of 49 persons living with chronic conditions such as arthritis, cancer, heart disease, respiratory disease, neurological conditions, diabetes and irritable bowel were recruited from the lower Westchester county New York area.
- Nine groups of 5 weeks duration were conducted at a Westchester medical center during an 18 month period. Five group were randomly chosen to be traditional support groups and 4 were randomly chosen to be hypnosis support groups.



➤ Power was measured by the Power as Knowing Participation in Change Test, Version II (PKPCT, VII) (Barrett, 1998).

➤ Self defined health promoting goals were measured with the Self Defined Health Promoting Goals Visual Analogue Scale (VAS)(Matas, 1999).



Constructs of the power theory are:

- ❖ Awareness
- ❖ Choices
- ❖ Freedom to act intentionally
- ❖ Involvement in creating change

STANDARDIZED INSTRUCTIONS FOR FORMULATING A SELF DEFINED HEALTH PROMOTING GOAL

Please reflect on a specific and realistic health goal you would like to achieve.

You will be asked to:

- State your health promoting goal in the positive and as if you have already achieved it. Write it on the line following the words "Goal Title."
- Place a word or phrase on the top of the vertical line that indicates you have fully achieved the goal.
- Place a word or phrase on the bottom of the vertical line that indicates you have not at all achieved the goal.
- Draw a line across the vertical line where you think you are right now in achieving the goal.

SELF DEFINED HEALTH PROMOTING GOAL SCALE (T1)

CODE # _____
Date _____
Week # _____

Please take a few moments to reflect and focus your attention on something that would improve your sense of health or well-being.
Give your goal a title and write it on the space to the right. _____



The vertical line above represents a scale. Write on the top of this scale a word or phrase that describes fully achieving this goal, and on the bottom of the scale a word or phrase that describes not at all achieving this goal.

Draw a line across the scale where you feel you generally are at this time in relation to your goal.

➤ A convenience sample of 48 adults with chronic conditions would have provided 336 data points, which exceeded Cohen's (1988) recommended parameters for a power of .80, medium effect size and a statistical significance of .05 for repeated measures.

➤ 50 participants completed the study. One outlier from the traditional support group was omitted from the analysis to yield a total sample of 49 participants.

➤ 30 participants were randomized to the hypnotherapeutic group
19 participants were randomized to the traditional support group.



➤ All traditional support groups were facilitated by graduate holistic nursing students .

➤ The Ericksonian hypnotherapeutic support groups were facilitated by the researcher and graduate holistic nursing students.

Does power vary differently over time for chronic care patients who do and do not participate in an Ericksonian hypnotherapeutic support group?

❖ There was a significant increase in power over time for participants in both traditional and Ericksonian hypnotherapeutic support groups ($p < .001$).

Do self defined health promoting goals vary differently over time for chronic care patients who do and do not participate in an Ericksonian hypnotherapeutic support group?

❖ There was a significant increase in progression toward self defined health promoting goals over time for both the traditional and the Ericksonian hypnotherapeutic support group ($p < .001$).



The magnitude of mean change toward health promoting goals was:

- 18% from T1 to T7 for the traditional support groups
- as compared to 33.9% for the Ericksonian hypnotherapeutic support groups.

➤ Both the traditional support groups and the hypnosis groups significantly improved in power and self defined health promoting goals from T1 to T7.

➤ No significant difference was found between the traditional support groups and the Ericksonian hypnotherapeutic support groups in terms of power and self defined health promoting goals from T1 to T7.



Ancillary analyses were conducted on the demographic data and evaluation forms.

Random samples of matched audiotaped recordings of the traditional and Ericksonian hypnotherapeutic support groups were reviewed by three members of The New York Milton H. Erickson Society of Psychotherapy and Hypnosis for confirmation of group process strategies.

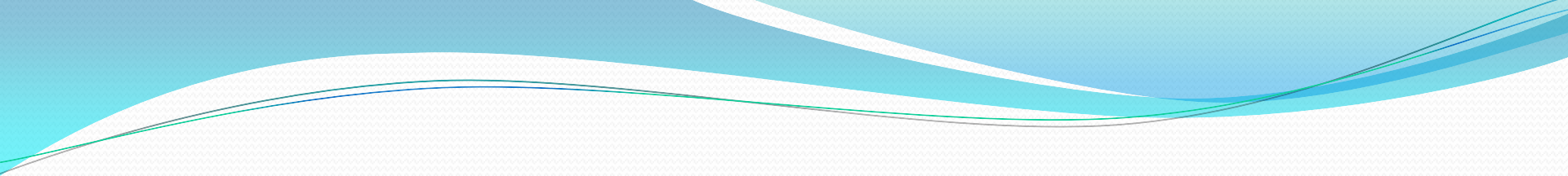
Excerpts from, Evaluation of Satisfaction with Group Process form

- “I would have liked the group to continue... It was a really valuable experience for me....”
- “My suggestion is these kinds of groups should be ongoing...”
- “In my own case it took the 5 sessions for me to realize that we were all pretty lonely in the place we were and that the 5 sessions were preliminary to deeper work....”
- “It was too short!”

**Correlation Coefficients between Self Defined Health
Promoting Goals Scales
and PKPCT for the Overall Sample at Seven Time Points**

	SDHPG	T1	T2	T3	T4	T5	T6	T7
PKPCT								
T1		.09						
T2			.29*					
T3				.29*				
T4					.44**			
T5						.46**		
T6							.52**	
T7								.62**

* $p < .05$ ** $p < .01$



Although correlations for the self defined health promoting goals and power were not significant at T1 ($r=.09$), the correlations progressively increased through time to a strong correlation of $r = .62$ at T7 ($p < .01$.)

This finding supports Barrett's claim that power relates to health.

Additional health promoting benefits may have accrued from participants' experience of disclosure, as described by Pennebaker (Dienstfrey & Pennebaker, 1999). Disclosure involves "telling previously unacceptable aspects of one's life story in a manner that leads to their acceptance as a legitimate part of one's life" (Booth, 1999, p. 171). Many participants in both the traditional and the Ericksonian hypnotherapeutic support groups relayed how often they avoided sharing with others their experiences of living with chronic illness because, as one participant conveyed, "people don't want to hear about it, it's easier to just say I'm fine."

- Ericksonian Approaches in Support Groups for Persons with Chronic Pain: A pilot study exploring pain management and self defined health promoting goals.
- Facilitators:
- *Dorothy Larkin, PhD, RN, Professor at The College of New Rochelle, School of Nursing*
- *Martha Maresco, MS, RN-BC, CAPA, CNML, Nurse Manager of the Phelps Pain Center*
- *Pamela Louis, MSHP, Director, Phelps Wound Healing Institute*

Need for Integrative Health Promoting Support Groups for Persons with Chronic Pain

- Chronic pain affects about 100 million American adults—more than the total affected by heart disease, cancer, and diabetes combined.
- Pain also costs the nation up to \$635 billion each year in medical treatment and lost productivity

Do you have Chronic Pain?



Free Support Group at Phelps Memorial Hospital

If you have been living with chronic pain for 6 months or longer, are a high school graduate over 18 years old, and can read and communicate in English, you are invited to participate in a research

Our Collaborative

The College of
NEW ROCHELLE



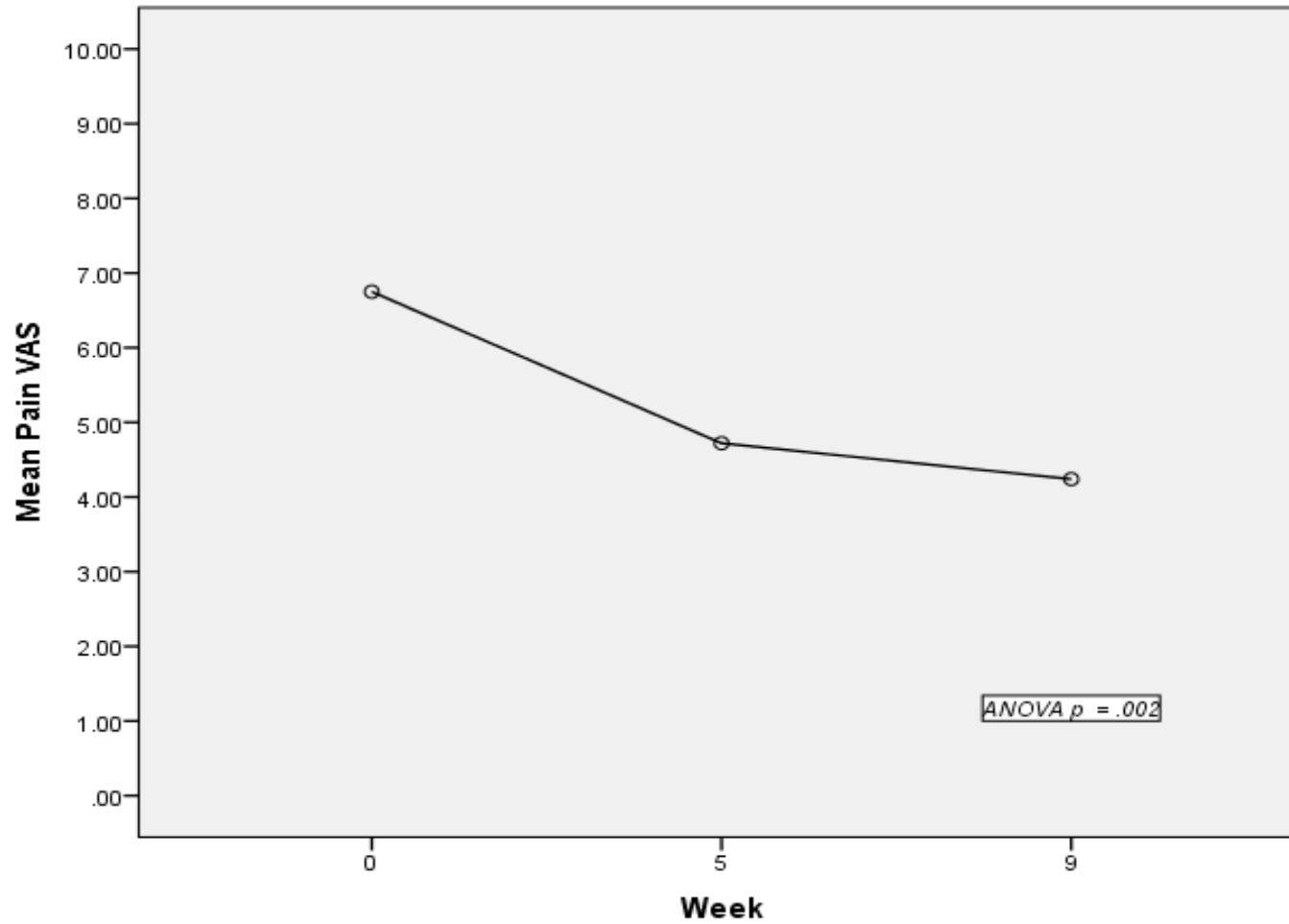
Research Protocol

- *The support groups met for an orientation session and five (5) 1.5 hour sessions.*
- *Participants engaged in dialogue, shared their stories of living with chronic pain and received education on relaxation techniques, imagery and self-hypnosis for promoting health and for managing pain.*
- *Two support groups met for 5 weeks duration. The first group had 8 participants and the second group had 7 participants with the total N of 15.*

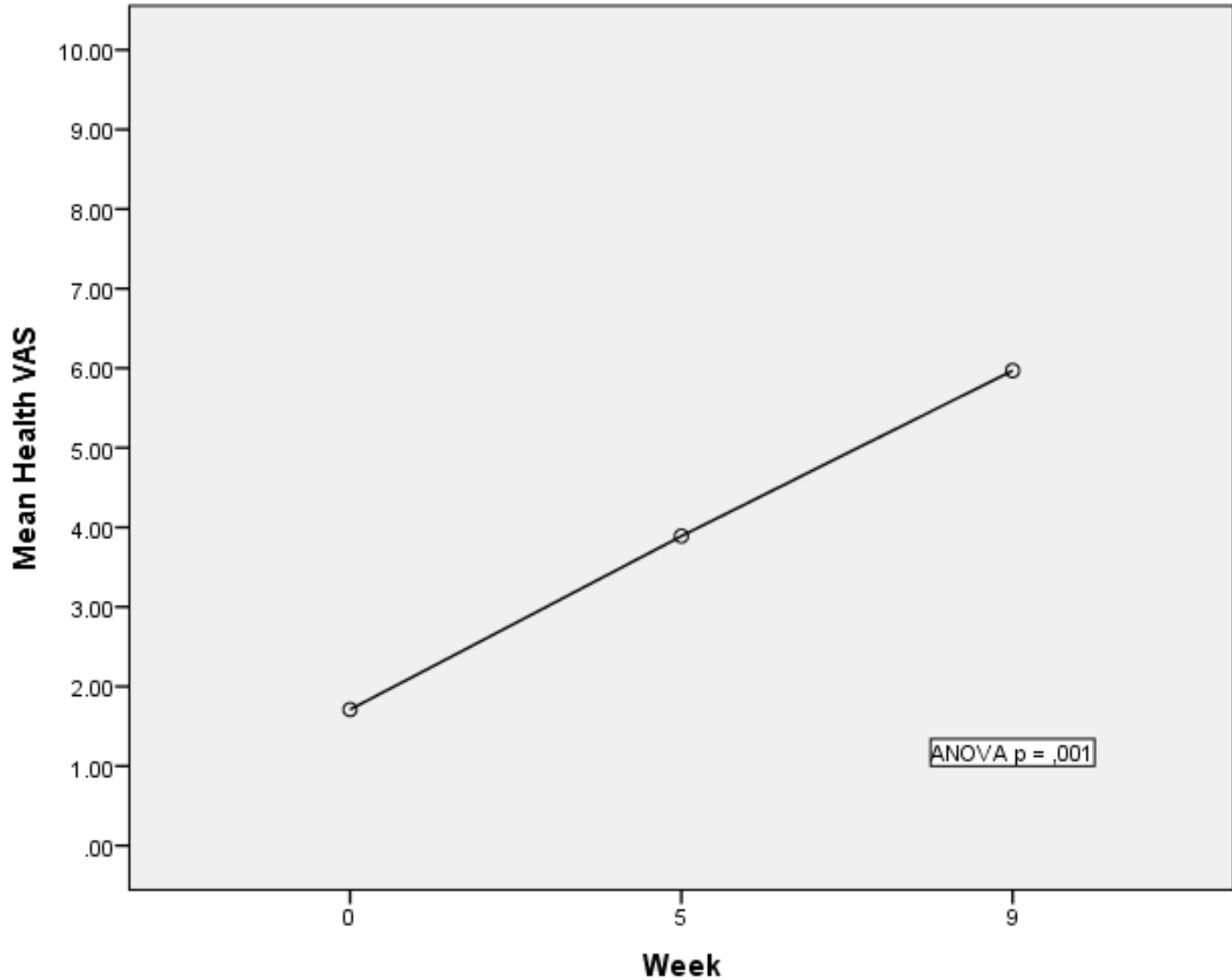
Research Protocol (con't)

- *Participants' pain was measured with a visual analogue pain scale (VAS) prior to and then following each support group session.*
- *Each member set a health care goal and evaluated the progress (VAS) toward that goal prior to and following each support group session.*
- *One month following the support group, participants submitted their final VAS measurements for pain and health goals. Each participant then received a DVD recording of a relaxation, imagery and self hypnosis induction as and expression of gratitude for participating in the study.*

Follow-up Pain VAS Scores (N = 10).



Follow-up Health Goal VAS Scores ($N = 10$).



Common Themes that Emerged in Groups

- Isolation
- Feelings of guilt
- Feelings of being misunderstood
- Anger
- Helplessness
- Hopelessness
- Vulnerability
- No purpose
- Anxiety
- Fatigue

The Group's Experience

- “We began as strangers but were quickly able to share our concerns because of the feeling of safety.”
- “It was easier to stay focused on health-enhancing activities with weekly reinforcement.”
- “Because of my high pain levels, I had difficulty bringing up specific images, but with regular guided imagery, I have learned to move into a more comfortable and relaxed state—resulting in decreased pain levels.”
- “Everyone was in a different place with chronic pain, and it was interesting for me to really see the progress I have made. I learned to deal better with my problem! Perhaps I no longer feel so overwhelmed.”

Dialogue

- Q&A
- Closing Induction
- Pattern Appreciation

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THANK YOU