



## Review

## Hypnosis in Paediatric Respiratory Medicine

Joshua J. McBride<sup>1</sup>, Arine M. Vlieger<sup>2</sup>, Ran D. Anbar<sup>1,\*</sup><sup>1</sup> Department of Pediatrics, SUNY Upstate Medical University, Syracuse, NY, USA<sup>2</sup> Department of Pediatrics, St. Antonius Hospital, Nieuwegein, The Netherlands

## EDUCATIONAL AIMS

- To explain how hypnosis can be used as therapy within a medical practice.
- To describe how hypnotherapy can be integrated into paediatric respiratory medicine.
- To understand how hypnosis is helpful in the treatment of functional respiratory disorders.

## ARTICLE INFO

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## SUMMARY

Hypnotherapy is an often misunderstood yet effective therapy. It has been reported to be useful within the field of paediatric respiratory medicine as both a primary and an adjunctive therapy. This article gives a brief overview of how hypnotherapy is performed followed by a review of its applications in paediatric patients with asthma, cystic fibrosis, dyspnea, habit cough, vocal cord dysfunction, and those requiring non-invasive positive pressure ventilation. As the available literature is comprised mostly of case series, retrospective studies, and only a single small randomized study, the field would be strengthened by additional randomized, controlled trials in order to better establish the effectiveness of hypnosis as a treatment, and to identify the processes leading to hypnosis-induced physiologic changes. As examples of the utility of hypnosis and how it can be taught to children with respiratory disease, the article includes videos that demonstrate its use for patients with cystic fibrosis.

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## INTRODUCTION

Psychological therapies such as cognitive behavioral therapy, meditation and hypnotherapy, are nowadays seen as valuable tools in many medical conditions, because of their utility in helping patients to use the mind to influence bodily processes. This has probably been the result of an increasing recognition of the importance of a biopsychosocial model in health and disease. However, in contrast to cognitive behavioral therapy, which has a widespread use in paediatrics, the value of hypnotherapy is still ignored by many paediatricians. Several reasons may account for this, including misconceptions about the true nature of hypnosis, unfamiliarity with this therapy, and lack of evidence for its application due to a paucity of well-designed randomized controlled trials.

Hypnotherapy can also be used in a variety of paediatric pulmonary conditions, as shown by many case reports. The aim of

this article is to inform the reader of current applications of clinical hypnosis in paediatric pulmonology by discussing the literature and to increase familiarity with this therapy. The use of hypnotherapy in other areas of paediatrics is also discussed briefly.

## WHAT IS HYPNOTHERAPY?

Hypnosis can be thought of as involving the three aspects of 1) focused attention, 2) dissociation from the usual state of awareness, and 3) heightened responsiveness to suggestions [1]. Hypnotherapy utilizes the hypnotic state to effect a clinical change. Contrary to impressions resulting from portrayals in television or movies, clinical hypnosis is not done against the will of the patient; it is virtually always done voluntarily. Patients are not asleep during hypnosis; and usually are aware of the interaction. Therefore, it is important that patients agree to the treatment.

*Focused Attention*

In the movies, as well as during early use of hypnosis, focused attention was achieved by asking patients to look at the swinging pendulous pocket watch of the hypnotist. This is called induction. Instead of the pocket watch, most hypnotherapists today coach

\* Corresponding author. Department of Pediatrics, SUNY Upstate Medical University, 750 E. Adams St., Syracuse, NY 13210, USA. Tel.: +315 464 6323; fax: +315 464 6322.

E-mail address: [anbarr@upstate.edu](mailto:anbarr@upstate.edu) (R.D. Anbar).

patients to utilize their imagination. For example, patients can be asked to picture being in a place of their choosing. This can be a place where they have been, to which they would like to go, or imaginary. Once the patients imagine being there, the therapist can ask about what the patients see, hear, smell, feel, and taste. Using all five senses helps patients to focus more intently and prompts utilization of whichever is the strongest imagined sense of an individual patient.

#### *Dissociation*

Focusing on the hypnotic induction methods such as being in an imagined place, progressive relaxation from head to toe, or slow deep breathing, helps achieve dissociation from the usual state of awareness. Such dissociation can be conceptualized by thinking of it as a form of daydreaming. In fact, most people enter such a state frequently. For example, a child at play might speak and act out different characters. Adolescents may fantasize about their future. Adults may drive some distance deep in thought, and later not be able to remember what occurred on the road while they were driving.

#### *Responsiveness to Suggestions*

Suggestions can guide thoughts, actions, or beliefs through words and often non-verbally. When patients' thoughts are occupied through the exercise of induction and dissociation, they are more receptive to suggestion, as they are less likely to develop contrary thoughts. Suggestions also are commonplace without use of formal hypnosis. Retailers use suggestion through employment of captivating advertisements in order to persuade customers to purchase their products. Some politicians capture their audience's imagination with their oratorical skills, which helps the listeners become more receptive to suggestions. Suggestions that are direct and do not involve redirecting attention are more apt to be rejected, such as when parents suggest that their children perform a chore. In hypnotherapy, suggestions are used by the practitioner to help patients control their symptoms or improve their self-perception [1]. Because children generally are more suggestible than adults, [2] especially in paediatrics hypnosis can be a powerful therapeutic instrument.

#### *Self-Hypnosis*

An important aspect of hypnotherapy is teaching self-hypnosis. Thus, patients can practice hypnosis as frequently as they choose. A technique that can be taught during the first hypnosis instruction session is the use of a "relaxation sign," such as a personalized hand gesture. The simple use of this gesture at any moment can prompt restoration of focused attention and hypnotic relaxation. After doing this patients can provide their own set of suggestions, which can further ameliorate symptoms. Thus, the therapist arms patients with a tool that can be used outside of scheduled encounters with the patients [3].

Initial hypnosis training with patients presenting to a medical office or for a medical procedure typically requires 15–30 minutes, including in emergency situations. If indicated, subsequent reinforcement of the hypnosis work can take even less time and incorporated into brief follow-up medical visits [3]. Hypnosis work with mental healthcare professionals, on the other hand, often is provided during longer sessions. At some medical practices, instruction in hypnosis has been provided by ancillary staff such as nurses, social workers, or child life specialists. For example, one paediatric pulmonary center reported the outcome of hypnotherapy offered by a physician as compared to a social worker. Both individuals had been trained previously by a professional hypnosis

organization, and both achieved a similar success rate of 82% improvement or resolution of their patients' symptoms [4]. For interested physicians, hypnosis training workshops sponsored by professional organizations are held on a regular basis around the world.

### **HOW CAN HYPNOSIS BE USED IN RESPIRATORY MEDICINE?**

The potential utility of hypnosis in paediatric respiratory medicine has been demonstrated through case reports, case series, and chart reviews, which suggest that hypnosis can be useful in the treatment of primary organic and well as functional disorders. Unfortunately, data on the effectiveness of hypnotherapy in paediatric respiratory disorders are scarce, with just one small study of children with asthma, as the only published randomized controlled trial in this area [5].

#### *Organic Respiratory Disorders*

In 2007 a review was published on the use of hypnotherapy in asthma [6]. It was concluded that hypnosis has beneficial effects on the subjective aspects of asthma, which include symptom frequency and severity; coping with asthma-specific fears; managing acute attacks; and frequency of medication use and health visits. Hypnosis may also be efficacious for decreasing airway obstruction and stabilizing airway hyper-responsiveness in some individuals. The review stressed the need for more randomized, controlled studies with larger patient populations. In the only paediatric controlled trial that has been reported to date, 28 patients were divided into four groups (hypnosis, suggestion only, attention placebo, and a traditional control group). At 1-month, 6-month, and 2-year follow-ups, no significant differences emerged between groups on physiological measures of pulmonary function. Children taught to use self-hypnotic techniques, however, reported fewer emergency room visits and fewer missed school days relative to the traditional control and waking suggestion groups but not compared to the attention control group [5]. The results need to be interpreted with caution due to the small sample size.

Another organic disorder where hypnotherapy has been applied is cystic fibrosis (CF). Belsky and Khanna reported a small controlled trial of twelve children with CF, who used self-hypnosis to affect both psychological and physiological aspects of their disorder. Use of hypnosis was associated with a reduction in anxiety as well as an increase in peak expiratory flow rates [7]. In a case series of 49 patients with CF who agreed to use self-hypnosis to help with their disease 86% were successful at achieving their predetermined goals. Such goals included relaxation, relief of procedural pain, headaches, medication palatability, and other symptoms associated with their disease. None experienced worsening of their symptoms [8].

Recently, Delord et al., [9] described the use of hypnosis as a tool to acclimatize children to non-invasive positive pressure ventilation (NPPV). In nine children, aged 2 to 15 years old, a median of three sessions was needed for overnight NPPV acceptance and the 6-months compliance with NPPV was excellent. The authors concluded that medical hypnosis may be particularly useful in children with anticipatory anxiety resulting from previous traumatic experiences such as a tracheotomy.

#### *Functional Respiratory Disorders*

The major functional respiratory disorders are dyspnea, vocal cord dysfunction, habit cough, and chest pain. Functional dyspnea includes hyperventilation, exertional dyspnea unrelated to physiological limitations, and sighing dyspnea [10]. Hypnosis has been

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