



# Use of hypnosis, meditation, and biofeedback in dermatology

Philip D. Shenefelt, MD\*

*Department of Dermatology and Cutaneous Surgery, University of South Florida College of Medicine, Tampa, Florida*

**Abstract** Hypnosis utilizes trance to access otherwise inaccessible repressed or unconscious memories and features of the psyche and control of physiology not attainable in the ordinary conscious waking state. Medical uses of hypnosis in dermatology include reducing discomfort from itching or skin pain, altering ingrained dysfunctional habits such as scratching, promoting healing of skin disorders, searching for psychosomatic aspects of skin disorders and alleviating them, and reframing cognitive and emotional dysfunctional patterns related to skin disorders. Meditation uses trance to center and balance. Medical uses of meditation in dermatology include relaxation to promote healing of skin disorders and refocusing with respect to the meaning and emotional negative valance of skin disorders. Biofeedback in dermatology employs instrumentation with visual or auditory feedback to permit conscious awareness and alteration of physiologic phenomena such as sweating as measured by galvanic skin resistance and skin temperature measured by temperature detecting devices, promoting relaxation and healing. These methods and techniques permit access to and intervention in otherwise inaccessible areas that can influence skin disorders. With proper use, they are very safe, with minimal, if any, side effects and sometimes produce significant results where other methods have failed.

© 2017 Elsevier Inc. All rights reserved.

Hypnosis, meditation, and biofeedback provide tools for access to aspects of psyche and physiology not ordinarily accessible in the ordinary conscious waking state. Hypnosis and meditation use natural trance states, whereas biofeedback uses instrumentation with visual or auditory feedback of physiologic phenomena. These provide additional avenues for assessment of and intervention in skin conditions and disorders.

The brain cycles through diurnal (daily) and ultradian (roughly every 90 minutes) phases of alertness and less alertness.<sup>1</sup> Higher gamma (38–90 Hertz [Hz] or cycles per second)

frequencies help to integrate thoughts and complex motor processes across the brain. Predominant brain wave frequencies corresponding to hypervigilance, fright, and anxiety are in the high beta (18–38 Hz) range; those corresponding to focused alertness are in the beta (12–18 Hz) range; those corresponding to relaxed calm alertness, mindfulness meditation, and alert awake hypnosis are in the alpha (8–12 Hz) range; those corresponding to rapid eye movement sleep, internally focused meditation, and hypnotic trance are in the theta (4–8 Hz) range; and those corresponding to deep sleep are in the delta (0.5–4 Hz) range. The ultradian cycling while awake is between beta focused alert and alpha relaxed and calm and while asleep is between theta dreaming rapid eye movement sleep and delta deep sleep.

\* Corresponding author. Tel.: +1 813 974 4270; fax: +1 813 974 4272.  
E-mail address: [pshenefe@health.usf.edu](mailto:pshenefe@health.usf.edu).

## Trance

Trance is a nonsleep shift into a low alpha or theta range that occurs naturally, such as when deeply absorbed in a story, book, movie, or thought (parasympathetic dominance). Trance can also occur during repetitive strong activity, such as jogging or intense dancing (whirling dervish), and during overwhelming emotional shock or physical trauma (sympathetic overdrive). Trance can also be induced intentionally. The hypnotic trance has objectively documented differences in regional cerebral blood flow<sup>2</sup> and electroencephalography patterns<sup>3</sup> compared with the usual waking state. Our shamanic and religious ancestors induced trance by drumming, rattling, dancing, fasting, chanting, praying, or storytelling. For meditation, trance is usually induced through concentration on slow breathing, chanting, or a visual mandala, whereas for hypnosis many types of inductions have been described, such as eye fixation, eye roll, progressive relaxation, and many others. Meditation evolved from Eastern religious traditions focusing on centering and balance and often nonattachment, whereas hypnosis evolved from Western religious traditions focusing on exorcism and became secularized using the Western fix-it interventional approach to life. Both meditation and hypnosis currently have secular health care applications, including specific uses in dermatology.

## Hypnosis

Precisely defining consciousness has been as elusive as precisely defining hypnosis. Most regulation of body functioning and activity is unconscious and rapid, based on physiologic functioning and habitual neural patterns. Conscious functioning and activity is much more limited in scope and comparatively much slower. By comparison, if the unconscious is compared with the size of a cantaloupe and functions at supercomputer speed, the conscious is the size of a walnut and functions at slow, first generation personal computer speed. Habit thus usually wins out in the long run over willpower. Changing a dysfunctional habit by repeatedly doing something different consistently for 20 to 40 times helps to establish a new habit. The new habit then begins to occur automatically in place of the old dysfunctional habit.

## Using hypnosis in dermatology

Some patients are already in trance at the office visit, and the task then is to discern and use it. The trance state may also be induced by using deep slow breathing, relaxation, guided imagery, or other hypnosis induction techniques. Although patients vary in their ability to enter the trance state, most can obtain some benefit from hypnosis. Medical hypnotherapy can reduce suffering, promote healing, or help the patient alter a

destructive behavior pattern. One author<sup>4</sup> described hypnosis as a psychophysiologic tetrad of altered consciousness consisting of narrowed awareness, restricted and focused attentiveness, selective wakefulness, and heightened suggestibility. For a more detailed discussion of the definitions and theories regarding hypnosis, see a recent textbook on hypnosis.<sup>5</sup>

Many myths and misconceptions about hypnosis tend to overrate, underrate, or distort the true capabilities and nature of hypnosis. For dermatologic issues, hypnotic suggestion may help decrease pain and pruritus in the skin and intervene in psychosomatic aspects of skin diseases. Hypnotic suggestion or psychosomatic hypnoanalysis can lead to the resolution of some skin diseases, including verruca vulgaris (see later). In some cases, suggestion without formal trance induction may be sufficient. One study<sup>6</sup> reported successful use of suggestion to treat verrucae vulgaris.

For skin disorders resistant to direct suggestion, psychosomatic hypnoanalysis may prove fruitful with exploration of seven key factors<sup>7,8</sup>:

1. Conflict between want to and ought to
2. Organ language
3. Motivation or secondary gain
4. Past traumatic experiences
5. Active identification with similar issue in a significant person
6. Self-punishment
7. Suggestion or imprint

These seven COMPASS factors are common issues that may retard responsiveness to direct suggestion. In occasional instances, there may be a spiritual aspect that impedes healing and can be addressed.<sup>9</sup> Obtaining training in the safe use of hypnosis is no more difficult than learning to do dermatologic surgery safely. The American Society of Clinical Hypnosis ([www.asch.net](http://www.asch.net)) is a good source for basic, intermediate, and advanced training in medical use of hypnosis. Another option is to refer the patient to a competent medical hypnotherapist, who can be found on the American Society of Clinical Hypnosis website.

## Using hypnotic relaxation for dermatologic procedures

Several randomized control trials have reported the efficacy of hypnotic relaxation for procedures. For example, one study<sup>10</sup> found hypnotic relaxation to be effective in a prospective, randomized, controlled trial comparing the efficacy of a local anesthetic (EMLA), EMLA plus hypnosis, or EMLA plus attention in children receiving venipuncture. Children in the EMLA-plus-hypnosis group reported less anticipatory anxiety, less procedure-related pain and anxiety, and less behavioral distress during the procedure than patients in the other two groups. Parents whose children were randomized to the

Download English Version:

<https://daneshyari.com/en/article/5645701>

Download Persian Version:

<https://daneshyari.com/article/5645701>

[Daneshyari.com](https://daneshyari.com)