

Three Failures of Direct Suggestion in Psychogenic Dermatitis Followed by Successful Intervention

Alex Iglesias
Palm Beach Gardens, FL

Three adult cases of psychogenic dermatitis of atypical presentation were treated with direct suggestion under hypnosis (DSUH), which included suggestions for developing cooling, soothing and healing numbness in the affected areas. After a trial of 5 sessions over a period of 2 months, the results in all 3 cases were determined to be unappreciable and unsuccessful. The patients were subsequently treated with hypnoanalysis including ideomotor questioning, regression to onset, and reframing followed by direct suggestions under hypnosis (DSUH) for healing of all affected areas except a negotiated index finger on the nondominant hand. This technique proved an effective treatment that extinguished the flair-ups in 6 visits or less over a period of 2 months. These cases were followed at intervals of up to 1 year and no evidence of relapse found.

Keywords: Dermatology, dermatitis, direct suggestion under hypnosis, hypnoanalysis, neurodermatitis

Introduction

There is a host of dermatological disorders for which hypnotherapy has been recognized as a valuable and efficacious treatment approach. These have included the treatment of warts (Surman, Gottlieb, & Hackett, 1972; Ewin, 1974, 1992; Tasini & Hackett, 1977; Cohen, 1978). The hypnotic treatment of pruritus and neurodermatitis has also been well-documented (Sacerdote, 1965; Goodman, 1962; Sampson, 1990; Lehman, 1978; Crasilneck & Hall, 1985; Sampson, 1990). The hypnotic treatment of neurodermatitis has emphasized direct suggestion under hypnosis (DSUH) with emphasis on symptomatic healing and relief including itching and discomfort (Scott, 1960; Kroger & Fezler, 1976). Hypnotic efforts have also been directed at extinguishing the neurodermatitis condition, achieving healing and, accordingly, preventing future flare-ups (Crasilneck & Hall, 1985; Lehman, 1978; Sacerdote, 1965).

Address correspondence and reprint requests to:

Alex Iglesias, PhD
11211 Prosperity Farms Rd.
Oak Park, Suite 110C
Palm Beach Gardens, FL 33410
email: *PhDAlex@aol.com*

This paper reports on three cases of atypical neurodermatitis, also diagnosed as psychogenic dermatitis, which were treated unsuccessfully with hypnotherapy, specifically with an approach of DSUH. The treatment plan was subsequently expanded and hypnoanalysis was added. It involved ideomotor analytic questioning and exploration, regression to onset and reframing (Ewin, 1992). These strategies were followed by a repeat of previously administered DSUH for permanent healing of all affected areas. Finally, it was suggested that a circumscribed area (index finger of nondominant hand) would remain vulnerable to future flare-ups. This was effectuated to retain the adaptive function of the symptom structure in an economical and nondebilitating manner.

Failures in the Healing Sciences

The literature of the healing sciences is dominated by reports of successful results and efficacious methods (Lazar & Dempster, 1981). Failures are seldom discussed or reported and in general, an ambience propitious for denying failures prevails. Foa and Emmelkamp (1983), in a challenging treatise on the reasons behind this conspiracy of denial, concluded that most therapists assume that since treatment modalities are well established and recognized, when one encounters a treatment failure, it must be due to the negligence of the therapist. This translates, for some healers, into the assumption that they are ineffective. Consequently, few submit accounts of failures for publication. Mays and Franks (1985) insightfully point out that patients in distress and in crises are unstable and typically have a multitude of stressors impinging on their conditions. How does one, with any degree of certainty, attribute the failure to the treatment or to the therapist?

Failures in Hypnotherapy

The literature of failures in hypnotherapy has been subsumed into two categories: Efforts that failed to produce a particular result, and efforts that failed to produce a particular result without complications. This organizational breakdown and classification system is the conceptual contribution of Lazar and Dempster (1981) who defined this cluster of potential outcomes ranging from failures to achieve a particular result to instances where hypnotherapy methods produced untoward results in the patient. Failure to produce a particular result has been addressed from the point of view of fear of loss of control in the patient, insufficient motivation in the patient, and poor conceptualization of the patient's psychodynamics by the therapist, which resulted in inadequate treatment planning. Lazar (1977) reported on several failures due to poor motivation and to a link between the presenting complaints and familial/marital conflicts, which were initially undiagnosed by the therapist. Although conceptualized as treatment failures, these cases are important contributions to the literature because they elucidated the importance of understanding symptoms within the overall context of the patient's personality organization (Lazar, 1977). Gruenewald (1971) highlighted the same admonition in her report of several cases that failed to achieve a particular result due to poor motivation, ambivalence and secondary gain in the retention of their symptoms. She reported on a case in which a countertransference reaction interfered with the clinician's objectivity, bringing about ambivalence and a negative influence, damaging the therapeutic relationship, and contributing to a failure. Rosen (1960) addressed the need to take into account the dynamic function of symptoms and to resolve this issue;

otherwise failures can be expected. Vanderlinden and Vandereycken (1994), in a review of the literature of hypnotherapy of obesity, reported limited results when hypnosis was the sole method of treatment as well as when utilized in conjunction with other modalities. Failures were analyzed and five factors were identified as inherently associated with limited results. This heuristic report, despite its focus on failures, contributed implications for clinical work and for research.

The literature of failures to produce a particular result without complications has received considerable contributions. Meares (1961) reported on various untoward reactions to medical hypnosis including precipitating traumatic insight, precipitating a psychotic reaction, and engendering substitute symptom formation. Meares (1961) determined the treatment outcomes in these cases to be more disabling than the original conditions. He also reported on sudden panic reactions while under hypnosis and on cases that experienced difficulty in re-alerting. Meares (1961) provided analysis for each of these failures and enumerated the features that contributed to the complicated reactions. Jasper (2003) contributed a report of significant import towards the prevention of untoward reactions in the hypnotherapy of patients with dissociative fugue states. This author provided a list of “pitfalls and lessons learned” (p.317) which is destined to become the credo for clinicians treating these difficult and challenging cases. Moreover, the author elucidated necessary treatment steps that were absent or neglected in his own treatment of the reported case and which, in the author’s estimation, created limitations in the obtained results. The contributions from this report, derived from pitfalls and neglected features of treatment in a case of dissociative fugue, are of incalculable worth and can be considered a beacon that will guide the efforts of clinicians and provide guidance in the hypnotherapy of these challenging cases. Other failures in hypnotherapy, due to untoward reactions, include reports of subjects who became violent during and after hypnosis and non-psychotic patients who experienced psychotic delusions following hypnosis (Lazar & Dempster, 1981). The precipitating nature of these reactions was speculated and analyzed and the authors provided insightful admonitions. In this valuable review of failures of hypnosis Lazar and Dempster (1981) employed numerous accounts of failures in an effort to educate the hypnosis community how to avoid potentially catastrophic results.

The following cases, which document the failure of DSUH in psychogenic dermatitis, also illustrate the usefulness of a more in-depth treatment of this problem. The approach of using a brief, direct suggestion treatment initially follows the “principle of parsimony” described by Spiegel and Spiegel (2004, p. 385). If the problem is not resolved with the brief approach, then more in-depth treatment is appropriate.

Therapeutic Technique

The three cases of adult neurodermatitis presented herein were conceptualized as psychogenic in origin. The patients’ dermatologists corroborated this and a consulting allergist determined that there were significant psychological factors affecting one case. Hypnotherapy consisted of direct suggestions under hypnosis (DSUH) for symptomatic relief including relief from itching, expeditious remission of the flare-ups and overall extinction of the neurodermatitis. An eye fixation with progressive body relaxation induction was used and the following suggestions adapted from Hammond (1990) were provided:

Imagine a cooling healing salve or ointment, which is spread over the affected areas of your skin. It is an ointment that produces comfort...promotes healing...that turns off the sensations in the affected skin areas, allowing more rapid healing to take place. And as this comforting, healing solution gently spreads over all the affected areas, you'll notice the underlying texture of the skin changing, softening, and becoming more and more normal. As your skin texture becomes more normal it heals and repairs itself permanently. Your skin will never suffer from flare-ups again. Your unconscious mind will quickly and permanently resolve the slightest hint of a flare up and abort its development and its earliest stage, before it can be felt or seen on your skin. You will have healthy skin. You will enjoy healthy skin...symptom free skin...from this day on.

After five visits, over a period of 2 months, the efficacy of DSUH was deemed to be unappreciable and unsuccessful with respect to control of recurrence of flare-ups, management of itching, and time required for flare-ups to remit. Hypnoanalysis, including ideomotor analysis and questioning, regression to onset, and reframing, was the treatment approach selected as the next intervention. Ewin (1974,1992, 2002) developed a hypnoanalytic approach to dermatological problems. The following hypnoanalytic questioning was adapted from his model:

- 1) It is all right with your deepest feeling mind for me to help you with this problem?
- 2) Is it all right for you to know why you have this skin reaction?
- 3) Is it solving a problem for you?
- 4) When I count to 3 the problem will come to your mind and the way it is affecting your life will be clear...1, 2, 3.

Subsequently, Sacerdote's (1965) approach, which entails narrowing, circumscribing and shifting the symptomatic area to a minuscule area was adapted, for these cases, to involve the index finger of the nondominant hand. This approach was adopted in order to uphold the adaptive value of the symptom formation uncovered during the analytic questioning. This was understood to assist in preventing resistance. The reframing process then suggested that the patient could derive as much adaptive purpose and function as he required from an occasional, minuscule flare-up, such flare-up would be devoid of itching and would be limited to the index finger. Following the reframing step, the previously provided DSUH, adapted from Hammond (1990) were readministered.

Case 1

A 53-year-old stockbroker reported a "lifelong" history of intermittent and atypical dermatitis, which presented on the patient's chest and back. The clinical history was negative for accompanying psychiatric comorbidity. Dermatological care consisted of steroidal ointments intended to control the frequent flare-ups. Basically these flare-ups occurred after intercourse, during vacations, after a "good day" at the office, and during times when the patient was having fun. Direct suggestions under hypnosis, aimed at symptomatic relief and for the extinction of the dermatitis flare-ups, were

provided. The patient's condition did not improve after six visits, over a 2-month period of time. Hypnoanalysis, including ideomotor questioning, regression to onset and reframing was employed. Hypnoanalytic treatment with ideomotor signaling uncovered that patient's father had repeatedly admonished his son "not to have too much fun" and instilled in him a strong work ethic. Fun and enjoyment became associated with dereliction of duty and an affront to his father's memory. The reframing process included acknowledgement of the significance of his father's admonishment. The flare-ups were interpreted as reminders to adhere to his dad's philosophy. Reframing pointed out that reminders could be conveyed just as clearly through less debilitating manifestations. Using Sacerdote's technique (1965), an alternative was suggested which included circumscribing the dermatological reaction to the index finger in his nondominant hand. Direct suggestions under hypnosis were repeated and included suggestions of healing in all affected areas. Follow-up at 3 month, 6 month, and 1-year intervals demonstrated no further episodes of dermatitis in the customary areas of the chest, abdomen and back. The patient reported "flare-ups" in the index finger of the nondominant hand, which he controlled expeditiously with topical cortisone creams.

Case 2

This 46-year-old divorced female presented with a history of atypical, chronic dermatitis which she self-diagnosed as an allergic reaction to alcoholic beverages. After extensive tests, the consulting allergist ruled out an allergy to alcoholic beverages. The patient's dermatologist treated the flare-ups symptomatically with injectable cortisone. The onset of the flare-ups invariably coincided with ingestion of any alcoholic beverages and presented in her back, thighs, and abdominal area. Her clinical history was negative for additional psychopathology. The patient dated the onset of the flare-ups to her college graduation, relocation to Florida, and the start of her teaching career. She was started on a trial of DSUH with emphases on symptomatic relief, control of itching, and the extinction of the flare-ups. Moreover, suggestions, under hypnosis were also provided to accentuate the fact that her allergist had ruled out an allergic reaction to alcohol. The trial of DSUH consisted of 7 visits over a 2-month period. However, at this point in her treatment, the results were deemed to be unappreciable and unsuccessful. No appreciable improvement was obtained with respect to frequency of flare-ups, the expediency with which flare-ups remitted, and with overall management of itching and discomfort. This patient was then treated with hypnoanalysis including ideomotor questioning, regression to onset and reframing. Hypnoanalytic questioning uncovered a history of participation in group sex during her college years. During hypnoanalytic questioning the patient uttered: "I was drunk and couldn't help myself." Reframing consisted of clarifying the adaptive purpose of the "allergy." It was also pointed out that she was now a responsible adult who obviously does not drink to excess. Her morals and integrity were no longer in peril as she was now more mature and had greater control. However, in order to be sure that the pattern of her college years would never again repeat, the "allergic reaction" was encouraged to remain as a safeguard. The index finger of her nondominant hand was selected as the chosen area where flare-ups will continue to occur as necessary. Direct suggestions under hypnosis were repeated with a focus on healing in all affected areas. She was seen for 4 additional treatment visits and then for follow-up at 2-month and 6-month intervals. The patient continued

to respond with allergic dermatitis to alcoholic beverages, but the flare-ups were circumscribed to the index finger of her nondominant hand, which the patient resolved with topical cortisone cream. She demonstrated no recurrences of dermatitis flare-ups in the original areas.

Case 3

A college freshman presented with an unusual and intermittent dermatitis in the areas of the face and mouth. She dated the onset of the flare-ups to her second semester at college. This coincided with the acquisition of her apartment and her first amorous relationship, which involved sexual activity. The dermatitis flare-ups were interfering with her social and intimate life, as they would exacerbate prior to dates with men with whom she hoped to reach intimate levels. Her dermatologist was treating the flare-ups with topical and oral steroidal medications. Her clinical history was devoid of additional psychopathology. Direct suggestion under hypnosis was used and involved suggestions for symptomatic relief, for expedient remission of flare-ups, control of itching and for the overall extinction of the flare-ups. After 5 visits, over a period of 2 months, the trial of DSUH was deemed unsuccessful and no appreciable results were obtained. The patient was started on hypnoanalytic exploration including ideomotor questioning. During the investigatory phase, the flare-ups were associated with several incidents during the patient's childhood of sexual abuse where the patient was forced to perform fellatio on her older brother. A profound degree of shame and remorse accompanied this recollection. The dermatitis was understood to serve a protective function against future predicaments. Reframing consisted of recognizing the protective value of the symptoms. Moreover, it was emphasized that the sexual abuse occurred when she was young and powerless. She was now older, more mature and capable of deciding if she was going to be sexually intimate with someone or not. However, in order to always benefit from the valuable lesson that her unconscious mind was imparting, the symptom was encouraged to remain in place. However, for the sake of economy and practicality, such expressions of self-protection were relocated to the index finger of her nondominant hand. Direct suggestion under hypnosis was repeated with emphasis on healing of all affected areas, expedient remission of all symptoms and extinction of all future flare-ups. She was seen for 5 additional visits and then follow-up 3 months and 6 months later. There were no further recurrences and the patient reported that she was dating a man with whom she was enjoying a sexually intimate life. She reported flare-ups on the index finger of her nondominant hand, which she does not treat as they are of brief duration (2-3 days) and are not accompanied by itching.

Summary and Conclusions

The technique of direct suggestion under hypnosis was ineffective in the hypnotic treatment of three cases of adult psychogenic dermatitis. The direct suggestions under hypnosis focused on symptomatic relief, especially the itching and discomfort, on controlling the frequency of flare-ups, on expediency in the remission of flare-ups and on the permanent extinction of the neurodermatitis. On each of these dimensions, the obtained results from DSUH were determined to be unappreciable and the technique unsuccessful. These results are consonant with Hammond's (1990) opinion that in most cases of neurodermatitis, DSUH, when administered as the sole hypnotic strategy, usually proves to be unsuccessful. Moreover, he suggested that

exploration of unconscious dynamics is necessary when treating these cases (Hammond, 1990).

Ewin's (1974, 1992, 2002) hypnoanalytic model, including ideomotor questioning, regression to onset and reframing, was employed. After uncovering the dynamic purpose and function of the symptom formation, reframing was carried out. The reframing was carried out immediately after the dynamic function of the symptom was uncovered. This was in keeping with Ewin's (2002) suggestion that this is the optimum time to reframe: "An idea is most pliable at moment of insight." Sacerdote's (1965) technique was subsequently employed to negotiate an area that would remain permanently vulnerable to flare-ups. The area chosen was the index finger of the nondominant hand. After 5 additional visits, each of the cases demonstrated remission of symptoms. Follow-up after 2 months to 1 year demonstrated non-debilitating flare-ups limited exclusively to the index finger of the nondominant hand. These episodes presented devoid of itching and resolved expeditiously with topical cortisone cream.

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