
DRIFTWOOD HYPNOSIS: HYPNOTIC-MEDIATED IN-VIVO DESENSITIZATION FOR PAEDIATRIC DOG PHOBIA

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ABSTRACT

An eight-year-old girl, victim of a dog bite, developed a debilitating phobic reaction to dogs. She refused to be near all dogs irrespective of breed and temperament. Upon exposure to a dog the girl became stiff, rigid and 'frozen' in place and subsequently developed terror. There were also muscle spasms in the legs. Treatment progress was measured by the girl's tolerance to increased proximity to a kennelled dog. Progress was facilitated by the induction of physical sensations antagonistic to the phobic reaction. This technique was applied to 'short circuit' and interfere with the physical expression of this phobia. With this purpose, suggestions were provided to develop a 'woody' sensation in the lower body, like a board that has been in the water and became 'water-logged'. The experience was described as 'driftwood hypnosis'. She was seen for a total of seven half-hour visits plus the initial diagnostic interview. Results in office were matched by similar progress in daily life. The patient was seen for follow-up after a month and the results from treatment were in evidence.

Keywords: driftwood hypnosis; dog phobia; alert-awake hypnosis; dog bite

DOG BITES IN CHILDREN

According to the Centers for Disease Control, (CDC, 2003) there are approximately 4.7 million dog bite victims each year in the USA. These dog attacks lead to more than 1,000 trips to the emergency room each and every day. Unfortunately, the majority of dog bite victims are young children. In fact, the average dog bite victim is male between the ages of five and nine years old. The odds of a child becoming a dog-bite victim are three to one. These numbers are considered alarming given the fact that most children sustain injuries to the face, neck and head areas.

Children exposed to events of a catastrophic nature can become vulnerable to development of considerable post-traumatic psychological distress (Peters et al., 2004). Dog bites can be considered events of a catastrophic proportion and as such they can be considered catalysts of an important problem implicated in the cause of physical and psychological trauma in children (Anyfantakis et al., 2009). The fact that there is limited literature discussing the psychological effect of dog bites in children makes understanding this condition difficult. Awareness of the potential development of such reactions contributes to early detection and effective management of children at risk (Anyfantakis, et.al, 2009).

EXPOSURE METHODS OF TREATMENT

Despite the empirical support of clinical psychological exposure methods, serious criticisms have been aimed at such approaches, including but not limited to: flooding, in vivo desensitization and implosion methods (Richard & Gloster, 2007). Among these criticisms is the implication that exposure methods have a potential to exacerbate psychopathology symptoms, including anxiety, startle reflex, and irritability. The criticisms have contributed to a lowered rate of exposure methods used to treat anxiety disorders (Fontana et al., 1993).

Feeney, Hembree & Zoellner (2003) and Prochaska & Norcross (1999) have discussed widespread criticisms about exposure. The following are several of the confrontations aimed at exposure methods:

1. The therapeutic results do not justify its means.
2. It is rigid and insensitive to the individual needs of the patient.
3. It does not work for complex cases.
4. It is only effective in 'ivory tower' research settings.
5. Its effects do not generalize to 'real-world' clinical settings.
6. It exacerbates symptoms.

Such criticisms probably contribute to the fact that many practitioners avoid exposure-based techniques in their treatment of patients with anxiety disorders (Becker et al., 2004; Boudewyns & Shipley, 1983). This point is addressed in articles about the clinical use of exposure therapy for adult patients with PTSD, where the rate of employing exposure methods was studied (Foy et al., 1996). The findings indicated low utilization of exposure methods within VA clinics, which are major centres for post-traumatic stress disorder (PTSD) treatment in the United States. Additionally, Fontana, Rosenheck and Spencer. (1993) indicated that exposure was used to treat fewer than 20 per cent of 4,000 veterans with PTSD and that it was used as the primary treatment in only 1 per cent of cases.

IN SUPPORT OF EXPOSURE- BASED TREATMENTS

The reality is that exposure-based psychotherapies, specifically those designed to manage anxiety-based behavioural disorders, share a voluminous body of endorsement (Barlow, 2002). Numerous studies have provided supportive evidence for the efficacy of exposure-based treatments for many psychological disorders. Exposure-based psychological treatments have been applied successfully in the treatment of anxiety conditions (Barlow, 2002), including, but not limited to, specific phobias, PTSD, social anxiety and generalized anxiety disorder (GAD), as well as problems that include a strong anxiety component such as body dysmorphic disorder (BDD) and hypochondriasis/health anxiety (Taylor & Asmundson, 2004; Barlow, 2002).

HYPNOTIC-MEDIATED EXPOSURE METHODS

The recent practice of combining hypnosis with exposure methods has represented a tool capable of neutralizing criticisms of exposure therapies (Iglesias & Iglesias, 2013). Hypnosis can offer protective properties and safeguards against harsh and sudden exposures of the

feared agent. This allows for longer exposures which represent the potential for an accelerated process of therapy.

The literature on hypnotic-mediated exposure therapies including systematic desensitization, flooding, and implosion has reported efficacy in the management of specific phobias (Crawford & Barabasz, 1993; Iglesias & Iglesias, 2013) and paediatric post-traumatic stress disorder (Iglesias & Iglesias, 2005b). Efficacy of combined exposure and hypnosis has been documented with panic disorder (Iglesias & Iglesias, 2005a). Efficacy has also been established with adult social anxiety, (Iglesias & Iglesias, 2014). Moreover, combinations of hypnosis and exposure have also been effective with bereaved and prolonged grief reaction (Iglesias & Iglesias, 2016).

CLINICAL CASE

Mary, an eight-year-old second-grader is an exemplary pupil in academic performance and conduct. She was devoid of a history of care by a psychologist or psychiatrist. The family history was equally devoid of care by a psychologist or psychiatrist. She was free of psychopathology. Her parents are divorced and Mary resides with her biological mother, the maternal aunt and maternal grandmother.

She was attacked by a neighbour's pit bull and sustained lacerations to her right thigh. The girl encountered the dog in question while the dog was off leash. The dog took an unprovoked, unexpected, and unannounced, surprise bite. The master quickly intervened and restrained the dog.

Mary's reaction is triggered by the sight of a dog. The reaction is predictable inasmuch as that it always consists of the following phases:

1. *Onset*. A dog comes into view; the girl becomes visually locked on to this sighting.
2. *Crescendo*. 'Freezes' and is unable to escape; fear sets in.
3. *Culmination*. Extreme fright and helplessness set in; develops muscle spasms.

TREATMENT

PHASE 1

The patient was introduced to hypnosis by way of an eye fixation induction (Hammond, 1990). The goal was for this girl to develop and retain in her legs hypnotic sensations decidedly contrary and antagonistic to the physical symptoms of the phobic reaction. This technique was applied to 'short circuit' and interfere the physical expression of this phobia. As such, suggestions were provided to develop a 'woody' sensation in the lower body, like a board that has been in the water and became 'water logged'. The experience was described as 'driftwood hypnosis'. She was encouraged to achieve this state of body and mind while remaining awake in her upper body and head.

PHASE 2

Gradual and systematic in vivo exposures to the dog in a kennel were administered at distances of 20, 15, 10 and 6 feet. Repeated exposures were made until the child tolerated each distance.

Prior to the exposures suggestions under hypnosis were provided. Specifically, suggestions to trigger the properties of 'driftwood hypnosis' were made. As indicated earlier, the goal of such suggestions was for the girl to develop and retain in her legs hypnotic sensations decidedly contrary and antagonistic to the physical symptoms of the phobic reaction. Additional suggestions to focus on the rational and logical aspects of the clinical set up were provided. These were suggestions to heighten the reality of the actual situation: the dog in the room was contained in a kennel and therefore posed no threat to the child. Exposures were momentarily placed 'on hold' if the child indicated discomfort with the exposure.

RESULTS

The combined approach of hypnosis and in vivo desensitization proved an efficacious approach to manage a phobic reaction to a dog bite in an eight-year-old girl. In addition, the treatment included 'driftwood hypnosis' along with focus on the rational and logical aspects of the clinical set up. The results indicated that the symptoms were extinguished. The positive results from treatment were generalized to dog sightings outside of the office setting. Results were in evidence at follow up in a month.

LIMITATIONS OF CASE REPORTS

The case report is not considered a vehicle capable of identifying the active ingredient within the techniques under investigation. The absence of experimental control prohibits rendering generalizations. In terms of the case reported in this article, it must be acknowledged that therapeutic success cannot be directly attributed to hypnosis, to the in vivo exposures, to 'driftwood hypnosis' or to the hypnotic focus on the rational and logical aspects of the clinical treatment. The authors are cognizant of the limitations in case reports and acknowledge such methodological deficiencies. The objective of this report was to describe a treatment approach worthy of empirical investigation.

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