

THE OUTCOME OF INITIAL PRE SELF HYPNOSIS ON SOMATIC AND PSYCHOBIOLOGIC SYMPTOMSAvnish Dave¹, Jayant Makwana², B. M. Palan³**HOW TO CITE THIS ARTICLE:**

Avnish Dave, Jayant Makwana, B. M. Palan. "The Outcome of Initial Pre Self Hypnosis on Somatic and Psychobiologic Symptoms". Journal of Evidence based Medicine and Healthcare; Volume 2, Issue 43, October 26, 2015; Page: 7582-7588, DOI: 10.18410/jebmh/2015/1025

ABSTRACT: Study was carried out in 30 stressed male subjects in the age group of 18-70 years at Samatvam Institute, Baroda. The mean age of the subject was 42 years. Parameters selected were somatic and psychological symptoms (sleeplessness, emotional disturbance, self-esteem, helplessness, sexual problems). The subjects underwent hypnotic sessions and the symptoms were assessed before and after on the scale of 1 to 10. The result obtained shows improvement in both somatic and psychological symptoms post hypnotic sessions. Somatic presentation improved from 4.3 to 5.5, Sleep disturbance improved from 4.2 to 6.06, Emotional disturbance were brought under control 3.2 to 5.6, low self-esteem was corrected from 6.2 to 7.1, Helplessness & Sexual problems showed positive change from 6.4 to 7.03 and from 6.5 to 7.1 respectively. The results were analysed by paired t Test with the help of SPSS 17 package. Most of the results were significant while some showed negative significance.

KEYWORDS: Self Hypnosis somatic psychological stress.

INTRODUCTION: Exploring the places and acquiring the best is one of the very primitive urges of human beings. Modern day's world is the result of these urges plus the quality of the humans to prove its intellectual and biological supremacy over others. With each passing day along with increasing in the population our abilities are challenged on daily basis. These challenges more often than not are perceived as threat and this leads to stress. According to Archana et al stress is a state of physiological or psychological strain caused by adverse stimuli, physical, mental or emotional; internal or external that tends to disturb the functioning of an individual.¹ Threat demands change in life style which if not possible or attained can result in ill effects of stress on our body. These ill effects because of stress are called psychobiological or psychosomatic symptoms. The ill effects of stress on body can present as negative emotional expression such as fear, anger, frustration, jealousy or as disturbed biological (physiological) parameters e.g. increased heart rate, blood pressure, respiration, stiffness of body, tiredness, headache ²etc. Hypnosis is an altered state of consciousness that comprises of heightened absorption in focal attention, dissociation of peripheral awareness, and enhanced responsiveness to social cues. For Seong and Young 2012 Hypnosis has a long tradition of effectiveness in controlling somatic symptoms, such as pain.³ Research to date suggests that biofeedback could also be an useful alternative or adjunct to more conventional forms of treatment.⁴ Ten studies assessing the clinical benefits of combinations of biofeedback and relaxation training therapy for migraine found a mean average improvement of 33% in headache.² In short run these symptoms can lead to low self-esteem, unhealthy feeling, anxiety or depression and in long run can present as full blown psychosomatic disorder.² In the recent years, various relaxation techniques,⁵ yoga, meditation,

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biofeed back have been recommended to alleviate stress, anxiety and/or any other somatic manifestations.⁶ Nickel C et al observed that Pregnant women with bronchial asthma benefitted from progressive muscle relaxation.⁷

AIM AND OBJECTIVE OF THE STUDY: To study the effectiveness of initial preself hypnosis sessions on psychobiological symptoms.

MATERIALS AND METHODS: Study was carried out in 30 male subjects at "Samatvam the Institute for Behavioral therapy, self-development and realizing human potential, Baroda. The age group selected was 18 years to 70 years. Subjects had both males and females and the mean age was 42 years. Study was conducted in the month of August 2015. Subjects were referred by Physicians, Psychiatrist, and general practitioners.

Inclusion Criteria:

- Those having psychosomatic disorder.
- Complaining of undue stress.
- Executives/type 1 personality.
- No other psychiatric disorder.

Exclusion Criteria:

- Subjects with psychiatric disorder.
- Those on antipsychiatric treatment.

A necessary consent from the subject and ethical clearance was obtained before proceeding to the study.

Patients were referred by practicing physicians, psychiatrist and general practitioners. Those subjects having other accompanying medical condition and taking medications (except anti psychiatric) were instructed to continue the treatment.

On 1st visit to the centre a detailed personal, familial, medical and work history was noted. The symptoms/presentations told by subjects were noted and same was confirmed with family members, friends and colleagues. The symptoms were divided in 6 categories viz, somatic/medical symptoms, sleep disturbances, emotional disturbances (anger, fear, restlessness), low self-esteem, helplessness, sexual problems.

The entire hypnotic therapy was of 10 sessions lasting one hour each daily. Out of which initial 4 sessions were individual sessions and remaining 6 sessions were administered as group therapy.

The hypnotic sessions both (individual as well as group) was held in the morning between 7 am – 8am.

At the end of the 10 sessions the symptomatology was reassessed as before the hypnotic session.

Each symptom was rated on the scale of ten from 1 to 10. The higher the degree of psychosomatic symptom the lower was the rating. Rating of 5 was taken as normal. Less than 5 was suggestive of psychobiological disturbances and the rating of more than 5 was considered as good mental and physical health for the present study.

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The result obtained was tabulated and statistically analyzed using paired t test.

Age group in years	18 - 70
Mean age in years	42

Table 1: Age group and Mean age

Presenting complains	Present in	Absent in
Somatic/physical	18	12
Sleep disturbance	17	13
Emotional disturbance	22	08
self esteem	10	20
Helplessness	7	23
Sexual problems	4	26

Table 2: No. of patients with symptoms

Presenting complains (ratings from 1-10)	Before (average) N = 30	After (average) N = 30	Difference	95% CI N = 30
Somatic	4.3±2.24, SE = 0.41	5.5±1.61*** SE = 0.29	1.2	1.57 to -0.70
Sleep disturbance	4.2±2.28, SE = 0.42	6.06±1.23*** SE = 0.22	1.86	-2.42 to -1.24
Emotional disturbance	3.2±1.98, SE = 0.36	5.6±1.24*** SE = 0.23	2.4	-2.91 to -1.89
self esteem	6.2±2.41, SE = 0.40	7.1±1.30*** SE = 0.24	1.1	-1.47 to -0.46
Helplessness	6.4±1.87, SE = 0.34	7.03±1.16**, SE = 0.21	0.63	-1.12 to -0.21
Sexual problems	6.5±1.59, SE = 0.29	7.1±0.97***, SE = 0.28	0.6	-0.90 to -0.23

Table 3: Pre and post hypnosis ratings of complaints

** - p < .005 – significant, *** - p < 0.0001 – very significant

Presenting complains (ratings from 1-10)	Positive (Mean)			Negative (Mean)		
	Before	After	95% CI	Before	After	95% CI
Somatic	2.8±7.44, SE=1.75 N=18	4.6±1.28*, SE = 0.30 N=18	3.83 to 3.50	4.5±2.24, SE=0.65 N = 12	6.7±2.24** SE=0.35 N = 12	-3.88 to - 0.62

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Sleep disturbance	2.5±1.28, SE =0 .31 N=17	5.4±1.00*** SE =0 .24 N=17	-3.48 to - 2.28	6.4±0.97, SE =0 .34 N=13	6.9±0.95* SE =0 .34 N=13	-0.93 to 0.01
Emotional disturbance	2.2±1.16, SE =0 .25 N=22	5.2±1.16**** SE =0 .25 N=22	-3.00	6±0.76, SE =0 .27 N=8	6.7±0.71**, SE =0.25 N=8	-1.34 to - 0.16
self esteem	3.5±1.15, SE =0 .37 N=10	5.8±0.63*** SE =0 .20 N=10	-2.68 to - 0.92	7.5±1.19, SE =0 .27 N=20	7.7±1.01**, SE =0 .22 N=20	-0.46 to - 0.04
Helplessness	3.5±0.53, SE =0 .20 N=7	5.4±0.53, SE =0 .20 N=7	-2.69 to - 1.03	7.3±1.06, SE =0.22 N=23	7.5±0.90* SE =0 .19 N=23	-0.44 to 0.01
Sexual problems	3.5±0.96, SE =0 .48 N=4	5.7±0.58** SE =0 .29 N=4	0.73 to 3.77	7.03±1.08, SE =0 .21 N=26	7.3±0.80*** SE =0 .16 N=26	-0.53 to - 0.09

Table 4: Effect of hypnosis on positive and negative means

*- $P > 0.05$ – not significant, ** - $p < 0.01$ - significant, ***- $P < .0001$ –very significant

Observations of the present study are shown in tabular form. Table 1 shows the range of age and mean age in years of the subject participated in present study. Table shows the number of subjects (out of total 30) having a particular complaint. Two chief categories of symptoms were taken into consideration for the study. The somatic (muscle pain, tiredness, fatigue, joint pain etc) and psychologic symptoms (sleep disorder, emotional disturbances, low self-esteem, helplessness, sexual problems). No of subjects with or without particular symptoms have been tabulated in table 2. It can be seen that the psychological symptom commonly encountered were sleep disturbance and emotional disturbance. Every presenting symptom shows improvement even if it was on the good side. Table 3 shows the comparison of ratings of various symptoms (on the scale of 1-10) before and after undergoing the hypnotic sessions. The maximum improvement following hypnotic session is seen in emotional symptoms (2.4) and sleep disorder (1.86). We all are aware that in the time of stress we react either very violently or fearfully to the stressor. Emotional disturbance (Fear, anger, jealousy, joy) presentation is one of the commonest psychological companions of stress. There are previous research showing hypnosis being more effective in relieving psychological than somatic symptoms. But in our study we observed hypnosis being effective in relieving somatic symptoms too. Table 4 shows rating of positive symptoms and negative symptoms before and after hypnotic sessions. it is clear from table 4 that hypnosis improved not only those symptoms which were on negative side of the scale but also those symptoms which were on positive side of the scale also showed further improvement.

DISCUSSION: It is evident from the result that a majority of subjects had physical as well as psychological manifestation of stress, which means that whenever body has a symptom then the psychology is equally affected and vice the versa. Stress is an internal psychobiological condition that gets triggered by internal or external conditions. Whenever it places greater than routine

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demand evokes various behavioral and physiological responses. In such situation person needs to make either an adjustment or a compromise, the necessity to make choice involves cognitive strain leading to mental conflict which results in various emotional manifestations like anger, fear, low self-esteem, depression etc.

The degree of mental disruption depends on the perceived threat in the given stressful situation, and coping the strategies available. The severity of the stressfulness of the situation also depends upon one's stress tolerance i.e. one's ability to handle stress without any functional impairment. The individual vulnerability, both biological and behavioral to a stressful situation depends on one's dependence either on the internal support (constitutional) or external support (personal, material etc).

The present study is a prospective study to understand the role of counseling and relaxation techniques on the somatic and psychological manifestations of stress. The physiological components of response to the stress are mediated through a neurochemical system disturbing the homeostasis, leading to the autonomic arousal and endocrine alteration. Relaxation techniques work by increasing the concentration and moderating the arousal of stress response.⁸ Relaxation techniques along with various other biofeedback techniques have proven to be useful and effective in normalizing the physiological parameters such as blood pressure, heart rate etc⁹ (Najafian J, Hashemi SMG, 2006).¹⁰ (Paran E, Amir M, Yaniv N, 1996).

Muscle relaxation therapy (MRT) has continued to play an important role in the modern treatment of anxiety disorders. Abbreviations of the original progressive MRT protocol by Jacobson E. (1938) have been found to be effective in panic disorder (PD) and generalized anxiety disorder (GAD).⁶ This review describes the most common MRT techniques, summarizes recent evidence of their effectiveness in treating anxiety, and explains their rationale and physiological basis. Conrad A, Roth WT¹¹ concluded that although GAD and PD patients may exhibit elevated muscle tension and abnormal autonomic and respiratory measures during laboratory baseline assessments, but the available evidence did not allow them to conclude that physiological activation decreases over the course of MRT in GAD and PD patients, even when patients report becoming less anxious. And that the better-designed studies will be required to identify the mechanisms of MRT and to advance clinical practice. PMR appears to be an effective method to improve blood pressure, lung parameters and heart rate, and to decrease anger levels, thus enhancing health-related quality of life in pregnant women with bronchial asthma.⁷

It is also observed that relaxation techniques are much more effective in relieving psychological symptoms than somatic symptoms.

Flammer E, Alladin A 2007¹² claims hypnotherapy to be effective in treatment of psychosomatic disorders. In their meta-analytical randomized, controlled clinical studies to evaluate efficacy of hypnosis in psychosomatic disorders they compared patients exclusively treated with hypnotherapy to untreated control, their results revealed significant differences between classic, mixed, and modern hypnosis. The meta-analysis clearly indicated that hypnotherapy is highly effective in treatment of psychosomatic disorders.

According to A F De Fonseca¹³ Hypnosis is the most effective available mode of psychotherapy treatment in the treatment of psychomotor symptoms.

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CONCLUSION: In a study by I. Holdevici and B. Cracium 2012, hypnotic techniques were used to treat disorders such as migraines, asthma and gastrointestinal disorders.¹⁴

These methods/techniques act by increasing the attention, reducing the arousal and thus the anxiety.³

We propose that individuals with type 1 personality and those having stressful life should regularly undergo hypnotic sessions.

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Date of Submission: 04/10/2015.
Date of Peer Review: 05/10/2015.
Date of Acceptance: 08/10/2015.
Date of Publishing: 21/10/2015.