COGNITIVE HYPNOTHERAPY

An Integrated Approach to the Treatment of Emotional Disorders

Assen Alladin

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ABOUT THE AUTHOR

Dr Assen Alladin is a Clinical Psychologist and Adjunct Assistant Professor at Foothills Medical Centre and Department of Psychiatry and Psychology at the University of Calgary Medical School. He has been practicing and teaching hypnosis and clinical psychology for over 25 years. He served as Secretary of the British Society of Experimental and Clinical Hypnosis for many years and currently he is the President of the Canadian Federation of Clinical Hypnosis-Alberta Society. He was Fellow of the Royal Society of Medicine and Associate Fellow of the British Psychological Society.


He is interested in the empirical validation of clinical hypnosis and the integration of hypnosis with other forms of psychotherapy. He is the 2005 recipient of the Best Research Paper from Division 30 of the American Psychological Association.

Dr Alladin comes from the island of Mauritius and he completed all his studies in England. He was initially trained as a Registered Nurse and a Social Worker before taking Psychology and Clinical Psychology. Dr. Alladin has two adult children and lives in Calgary, Alberta, Canada. He loves teaching, and traveling with his wife of 27 years. He has presented addresses and workshops on clinical hypnosis at national and international conferences.
Many years ago, I had occasion to observe Dr. Aaron T. Beck, widely considered the father of modern cognitive therapy, conduct a most interesting therapy session with a young man who was anxious and depressed. Dr. Beck encouraged the man to first recognize errors in his thinking and then deliberately and consciously refute the flood of negative automatic thoughts that, by non-critically believing them, obviously contributed to his difficulties. The man responded quite favorably to Dr. Beck’s instructions; he seemed to grasp both the ideas and methods he was being taught for regulating his thoughts and feelings. Then, Dr. Beck did something particularly interesting: He instructed the man to close his eyes and engage in an exercise in imagination. The man was told to visualize himself in a variety of situations that had previously been stressful. Dr. Beck suggested that he see himself in these familiar situations thinking and doing things differently, focusing on how his newly corrected thoughts and revised self-talk would lead him to handle the previously troublesome situations skillfully and successfully. The young man absorbed Dr. Beck’s suggestions to associate new thoughts and feelings to those situations, and reported feeling that he could now handle those situations in much improved ways. His broad smile and apparent comfort suggested he was sincere in saying this.

Following this session, I asked Dr. Beck about the last step of his intervention. I asked him what he called this visualization procedure. He replied, ‘A success imagery.’ I asked him, ‘Was this hypnosis?’ He replied that he didn’t do hypnosis.

Someone grounded in the dynamics of clinical hypnosis might well have termed this ‘success imagery’ procedure an ‘age progression’ technique, an experiential, not only cognitive, orientation to the future that encouraged the client to develop an association between a specific set of thoughts, feelings and behaviors, and a particular context. Clinicians employing hypnosis routinely make use of age progression as well as ‘post-hypnotic suggestions’ for exactly this reason: to establish links (i.e., associations) between desired responses and specific contexts. Such goal-oriented suggestions are typically well-elaborated and carefully delivered with the intention of making the links as strong as possible.
There is something quite special about the experience of hypnosis. Hypnosis allows for an enhanced sense of personal control (i.e., a greater internal locus of control) and greater flexibility in responding in multi-dimensional ways. Particularly relevant, though, is how hypnosis encourages a greater *automaticity* in responding, meaning a quality of response that is therapeutically valuable that seems to arise quite effortlessly in the hypnotized person.

Well before they were called ‘automatic thoughts’ by cognitive therapists, such non-volitional and typically non-conscious responses were called ideocognitive responses. While identifying negative automatic thoughts has become a major focus in CBT, clinicians studying hypnosis were developing innovative ways to encourage *positive ideocognitions*. Is the goal of treatment to reduce negative or distorted thinking or increase positive or clear thinking? Should therapy be aimed at re-training the conscious mind to recognize and correct cognitive distortions, or aimed at unconscious processes that can help mobilize more effective information processing and reflexive positive responses? These are tantalizing questions to consider, and how one answers them no doubt shapes one’s clinical style and methods.

The hypnosis literature is replete with examples of successfully integrated suggestions to change the quality and direction of one’s thinking. Furthermore, the use of hypnosis to reduce anxiety and ease the learning process has made for easier – and better – therapy. In particular, there is a growing body of scientific literature attesting to the fact that hypnosis enhances CBT; in fact, much of this literature is referenced and critically reviewed in this substantive book.

Through this impressive volume, which introduces the reader to Dr. Assen Alladin’s *Cognitive Hypnotherapy* (CH) model, we get a well-thought out answer to the question many of us ask: How might we enhance the merits of CBT? The essence of the answer is *integrate hypnosis into the treatment process*. Dr. Alladin takes on the challenge of presenting a theoretical foundation for integrating hypnosis with CBT, and he provides a structured means for doing so with his case-formulation guidelines. He offers detailed and illuminating examples of specific intervention strategies, and he even provides a flexible template for ways other models of psychotherapy may be combined with methods of clinical hypnosis.

Dr. Alladin is uncommon in his having one foot in the world of psychotherapy and the other foot in the world of research. His expertise in both domains comes shining through in these pages. He strives to not only solve problems, but teach problem-solving. He sees beyond the limitations of one-dimensional procedures and offers us a variety of hypnotic methods that reach beyond conscious minds and go into areas where more typical CBT techniques just don’t usually go. He emphasizes the merits of hypnosis as a means of empowering people to use their minds in new and creative ways that can enhance their
lives. And, Dr. Alladin provides us with the empirical evidence we need that there is good reason to absorb what he is teaching us.

It is my privilege to write the Foreword to this volume. I hope you will find it as instructive, intelligent, interesting and practical as I did.

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PREFACE

In writing this book, I have addressed three main concerns about hypnotherapy that have evolved in my 27-year career as a practitioner and teacher of clinical hypnosis. First, many writers advocate that hypnotherapy is very effective in the treatment of various disorders, but provide little or no empirical research to support their claims. Second, they describe numerous hypnotic techniques that can be utilized with a variety of medical and psychological conditions. However, it is not made clear how these techniques differ from other forms of psychotherapy, what are the empirical bases for using them, and how they modify the underlying pathology. The reader is often left with the impression that hypnotic techniques are utilized without giving much consideration to recent advances in etiology and treatments. Third, most books emphasize the adjunctive role of hypnotherapy, but they do not describe in detail the multimodal strategies within which hypnotic techniques are incorporated. Most often a single-modality hypnotic approach is described. Considering that most clinical disorders are complex and compounded by comorbid factors, it is surprising that some authors take a single-modality approach to treatment. On the other hand, some writers have made attempts to integrate hypnotic techniques with other forms of psychotherapy (e.g., cognitive behavior therapy or psychodynamic therapy), but they have not provided a theoretical or scientific rationale for integration.

This book takes a multimodal approach to understanding and treating emotional disorders. It is written to encourage evidence-based clinical practice and research in hypnotherapy. It provides directions on how to assimilate hypnosis with cognitive behavior therapy (CBT) in the management of various emotional disorders. It lays down a solid theoretical foundation for integrating hypnosis with CBT in the management of emotional disorders. Furthermore, cognitive hypnotherapy is conceptualized as an assimilative model of psychotherapy. The assimilative approach to psychotherapy is the latest integrative psychotherapy model described in the literature. It is considered to be the best model for integrating both theory and empirical findings to achieve maximum flexibility and effectiveness under a guiding theoretical framework. Evidently, cognitive hypnotherapy meets criteria for assimilative model of psychotherapy. Hypnotherapy can now be formally recognized as a valid adjunct to cognitive psychotherapy. This is an important recognition for the field of clinical hypnosis.