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The Role of Ericksonian Hypnosis in Reducing Essential and Secondary Hypertension

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Abstract

Hypertension is a public health problem. This problem can be ameliorated by formulating a correct diagnosis, by establishing an adequate medical treatment and by using hypnotherapeutic techniques that are well received by the patients. Once applying the medical and hypnotherapeutic treatment, patients must also understand the importance of improving their lifestyles (diet, physical exercises, etc.). The purpose of this study is to evaluate the efficiency of Ericksonian hypnosis intervention in treating hypertensive patients (N=80). After participating to a psychotherapeutic program the patients in the experimental group reported a series of changes for the quality of life that are related to reducing essential and secondary hypertension ($U=23.7$; N=52, $p < 0.05$ two-tailed). Also the scores reporting the stress perceived by the patients in the experimental group are lower than the scores reported at the beginning ($U=109.5$, N=52; $p=0.003$).

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1. Introduction

Hypnosis is a frequently used method in the treatment and amelioration of medical problems. Medical problems sight cardio-vascular, respiratory, digestive and endocrine systems and apparatus (tachycardia, arterial hypertension, eructation, cramps, colitis, asthma, obesity, sexual disorders, etc.). Also, hypnosis interventions have been proven to be useful for reducing pre-operating anxiety and for assuring a better and faster post-operation evolution.

A field where hypnosis could bring a lot of benefits is combating pain such as pain felt in chronic diseases, migraines, birth pain or pain felt during dental treatment (Holdevici, 2010). During the hypnotic process the

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patient's attention is centered on internal cognitions. Thus the suggestions addressed by the hypnotherapist become part of a persuasive communication (Burrows, Stanley and Bloom, 2001).

During the hypnosis, the therapist might use the communication –based relation for both evaluating the patient and as an engine of the therapeutic change. The patient will be guided to act differently, in a considerably more adaptive manner (Zeig and Rennick, 1991).

Ericksonian hypnosis helps the subject use his own resources and find himself solutions by self-dialogue, the therapeutic process taking place at a subconscious level (Erickson and Rossi, 1992). The essential element of the Ericksonian approach is the indirect and permissive approach which is reached through metaphoric communication. Hypnosis and relaxation can also potentiate a patient's re-orientation towards a healthier lifestyle, and also in the direction of accepting the prescribed treatments (Holdevici, 2010). The hypertensive patients need to learn how to psychically and psychologically relax and modify their lifestyles until their blood pressure comes to stabilize.

Hypertension is a public health problem and remains a major modifiable risk factor for cardiovascular disease. High blood pressure increases the risk of cardiovascular disease for millions of people worldwide, and there is evidence that the problem is only getting worse (Carretero, Oparil, 2000).

Essential, primary, or idiopathic hypertension is defined as high blood pressure (Parati, Di Rienzo, Ulian, Santucci, Girard, Elghozi and Mancia, 1998). Essential hypertension is a heterogeneous disorder, with different patients having different causal factors that lead to high blood pressure. Hypertension is rarely accompanied by any symptoms, and its identification is usually made through screening, or when seeking healthcare for an unrelated problem. A proportion of people with high blood pressure reports headaches (particularly at the back of the head and in the morning), as well as lightheadedness, vertigo, tinnitus (buzzing or hissing in the ears), altered vision or fainting episodes (Fisher, Williams, 2005).

Secondary hypertension results from an identifiable cause. Renal disease is the most common secondary cause of hypertension (Williams, Hunt, Hopkins, Hasstedt, Wu and Lalouel, 1994). Other causes of secondary hypertension include obesity, sleep apnea, pregnancy, excessive alcohol consumption and certain prescription medicines, herbal remedies and illegal drugs (Lifton, 1996). Studies that have aimed the investigation of hypnosis efficiency in ameliorating and reducing essential hypertension have proven medium and long term maintenance of results (Gay, 2007; Borckardt, 2002; Raskin and all, 1999).

This paper presents the results obtained by evaluating the efficiency of Ericksonian hypnosis intervention in treating hypertensive patients. This intervention has been used in the purpose of reducing and ameliorating essential and secondary hypertension confronted by patients. The hypnotherapeutic intervention has also sighted diminishing the stress level, the anxious and depressive symptomatology found among the hypertensive patients. This fact could also be quantified in the case of the patients' quality of life.

2. Method, participants and procedure

The initial study sample included 80 patients diagnosed with essential (primary) hypertension, with secondary hypertension and with hypertension and cardiovascular co-morbidities. The inclusion criteria were: the presence of diagnosed hypertensive disease, the presence of medication prescribed by the specialized doctor, duration of illness of 6 months minimum, data related to the disease registered in the clinical files of the current doctor and cardiologist.

These patients were divided into two groups, one experimental group of 52 patients who participated in a psychotherapeutic program which included Ericksonian hypnosis; one control group of 28 hypertensive subjects who only received medical treatment. The demographic chart has shown that the mean age was 42.47 (SD= 10.25) range 24-83. Other sample characteristics were: 43 % male and 57% female. Marital status: 38% married, 11,7% divorced, 14% widowed and 36.3% never married. Educational status of participants has varied as follows: 9.6% primary school, 35.2% secondary school, 29.7% high school graduates and 15.5% university

graduates. Employment status: 24% employees at state-owned companies, 29% private sector employees, 37% retired people, 7.3% college students, 2.7% unemployed.

Duration of illness: most of the respondents were diagnosed more than two years ago. The duration of illness were further revealed as follows: diagnosed two years ago 29.4%, one year ago 8.7%, three years ago 32.4, five years ago 11.6%, four years ago 15.5%, less than one year ago 4.4%.

The participants have been advised to the psychotherapy cabinet by their cardiologists or current doctors. These patients were usual clients of a private medical Clinic in Bucharest. The study was conducted between March of 2010 and June of 2012. The patients were informed about the purpose of the study, about the nature of their involvement, for which they volunteered. The participants were explained about the work procedure, their anonymity and confidentiality of the registered data. The anonymity and confidentiality have also sighted using professional tests and information from the clinical charts. Each participant who matched the criteria was asked to voluntarily participate. The participants' consent had been obtained after the therapeutic process and research procedures were fully explained in an easily understandable manner. Patients completed the questionnaires on two times, pre and post (8 months after) applying the program based on Ericksonian hypnosis techniques.

2.1. Measures

The instruments used for this research were: The SF-36 in hypertension (36 Short Form - used to measure health related quality of life in hypertension), The Perceived Stress Scale (PSS, Cohen, Kamarck and Mermelstein, 1983), Depression Anxiety Stress Scales (DASS, Lovibond et al, 1995) and a semi-structured clinical interview.

The SF-36 in hypertension (36 Short Form, Ware, Sherbourne, 1992) is a 36-item scale constructed to survey health status and quality of life. The SF-36 assesses eight health concepts: limitations in Quality of life physical activities because of health problems; limitations in social activities because of physical or emotional problems; limitations in usual role activities because of physical health problems; bodily pain; general mental health (psychological distress and well-being); role limitations due to emotional health and mental health; and general health perceptions. Scores range from 0 (poorest health) to 100 (optimal health).

The Perceived Stress Scale (PSS, Cohen, Kamarck and Mermelstein, 1983) is a self-report questionnaire used for measuring the perception of stress. It is a measure of the degree to which situations in one's life are appraised as stressful. Items of the PSS were designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives (Cohen & Williamson, 1988). The PSS-10 scores are obtained by reversing the scores on the four positively stated items, e.g. 0=4, 1=3, 2=2, 3=1 and 4=0 and then sum across all 10 items. Items 4, 5, 7 and 8 are the positively stated items. The higher the PSS score, the more likely it is that the individual will perceive that environmental demands exceed their ability to cope.

Depression Anxiety Stress Scales (DASS, Lovibond et al, 1995) is a 42-item self-report measure of anxiety, depression and stress. Respondents are asked to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week (0 = did not apply to me at all, 1= applied to me to some degree, 2=applied to me to a considerable degree, or a good part of time or some of the time, 3= applied to me very much, or most of the time). Scores of Depression, Anxiety and Stress are calculated by summing the scores for the relevant items.

The semi-structured clinical interview was developed specifically for the study. It included 10 questions related to: biographic data, the moment they discovered the hypertension, the diagnose given by the current doctor, the medical treatment, the extent to which they follow the treatment, changes in their lifestyles (diet, physical exercises), alcohol use, personal perception on the disease, perception on the risks and complications of the disease, suggestions of secondary psychotherapeutic treatment.

2.2. Intervention

The hypnosis training took place after the clinical semi-structured interview and after completing the series of questionnaires used for the research. Each participant individually completed the tests. The psychotherapeutic intervention included 12 to 16 sessions. This process was conducted on a period of 6 to 8 months, according to each patient's request. At the beginning of the therapy program, each participant was given detailed information about hypnosis, how such a procedure takes place and what the benefits of such treatment are.

The hypnotherapeutic program was conducted by two therapists who participated to extensive training in a variety of hypnosis techniques, including Ericksonian techniques.

In the first phases of the hypnotherapeutic intervention, the hypertensive patients were invited to focus on breathing techniques. The patients were taught to deeply and calmly inhale and to slowly exhale while counting to 5. After they learnt this procedure, they were invited to connect each respiration phase to what they want to amplify within themselves (calm, balance, health) and what they want to remove once they exhale: tension, nervousness, anxiety.

During the second phase the patients benefited from applications of Ericksonian techniques of deepening the hypnotic trance. The scenario was built based of the idea of descending on a smooth and winding road (gradual deepening of the trance) which led them to a meadow where they only feel a soft wind blow. Here, they imagine sitting in a rocker and watch a relaxing scene on a screen.

In the third phase, a series of indirect suggestions were inserted: "as all the things in the meadow are quiet and the images on the screen pleasantly, calmly....so does your body become more quiet, calm, pleased, and the tension disappears being led by the wind blow".

The next phases included applying post hypnotic suggestions that were built together with every patient, according to his needs. The post-hypnotic suggestions were combined with story-like metaphors, each patient being invited to previously choose a favorite hero. All these suggestions had the purpose of ameliorating and controlling blood pressure, regaining physical and mental balance.

3. Results

All statistical analyses were performed using SPSS version 15. Descriptive analysis included calculations of means and standard deviations. The data analysis has shown that they are not characterized by a normal distribution, therefore we choose to use the Mann-Whitney U test.

In the studied sample, for the experimental group, Pearson's correlation was utilized to assess the correlation between the scores obtained for the quality of the patient's life and the perceived stress, ($r = 0.46$; $p=0.002$). The correlation analysis reveals a statistically significant relation between the quality of life and the general scores of Depression Anxiety Stress Subscales ($r= 0.37$; $p=0.001$). These correlations were obtained at the beginning of the hypnotherapeutic intervention in the experimental group. For the control group, correlational analysis has also shown a statistically significant relation among the quality of life and the variables of Depression Anxiety Stress Subscales general score ($r= 0.35$; $p=0.002$). The use of the Pearson coefficient was preferred due to the linearity of variables.

In this study the scores for the quality of life that are related to reducing essential and secondary hypertension of the experimental group respondents who benefited from the Ericksonian hypnosis program were evaluated by the Mann-Whitney U test. Results showed that they are significantly higher compared to the pre-intervention phase ($U=23.7$; $N=52$, $p < 0.05$ two-tailed).

The scores reporting the stress perceived by the patients in the experimental group are lower than the scores reported at the beginning ($U=109.5$, $N=52$; $p=0.003$). Also, the Mann-Whitney U test reported significantly lower DASS scores in the experimental group ($U = 41.5$; $N=52$; $p < 0.05$ two-tailed).

4. Discussion and conclusion

The results have shown that an Ericksonian hypnosis program is efficient in reducing essential and secondary hypertension among the patients. In both groups, at the beginning of the research, we noticed that hypertension was self-evaluated by the patients as being associated with high level of perceived stress, anxiety and depressive symptoms of medium to high levels. This fact emphasizes the need of more detailed evaluations offered by doctors and psychologists.

Also, the majority of the patients in the two groups evaluated their quality of life with lower scores on scales such as: physical scales, physical functioning and general health. After participating to a psychotherapeutic program which included Ericksonian techniques, the patients in the experimental group reported a series of changes. Thus, ameliorated symptoms were recorded for the level of stress, depressive and anxious symptomatology.

According to the results of medical examinations, evaluating blood pressure has also shown the presence of normal values and their maintenance. It can also be observed in the case of the quality of life, that it has been evaluated by the respondents as being better after applying the Ericksonian hypnotic treatment.

The small sample size and the research settings, limits the generalizability of this study findings. Despite all this, the results of this study have important implications for health care professionals dealing directly with hypertension patients. Using hypnosis in diminishing essential and secondary hypertension leads to positive results that were confirmed by other previous studies (Gay, 2007; Raskinand al., 1999). The results of this study allow us to determine the potential of Ericksonian hypnosis techniques applied in the psychotherapeutic program.

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