

## HYPNOTIC METHODS IN GROUP PSYCHOTHERAPY\*

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AN outstanding problem with neurotics in the psychiatric out-patient clinic is that of coping with the pressure of numbers whilst continuing to afford an adequate degree of therapy. Views do evidently vary enormously as to what constitutes adequate therapy. Within the same clinic it is possible to find one psychiatrist habitually seeing neurotic patients at weekly returns, and another seeing comparable patients once or twice only. The higher frequency of interviews gravely limits the case load and is only slightly preferable to the other extreme in which the service provided is discouraging both the patients and home doctor. It might be agreed that if the symptoms which the patient first presents are thought capable of abatement, then therapy should be afforded through the clinic until some reasonable moderation of the disability is established and progressive. It is presumably also justifiable to continue clinic attention where such work may be expected to prevent or much to limit an otherwise certain deterioration.

Possibly most psychiatrists adopt a middle course and continue to see the mass of neurotic patients as clinic out-patients at intervals of some weeks or months, until it is evident that no useful further therapeutic contribution is being made—although such patients might be expected yet longer to attend their home doctor. The provision of such clinic service leads to a heavy rate of referral from the general practitioners and inexorably there persists the sense in the psychiatrist that he could, or should, offer more psychotherapy to his neurotics. In day to day psychiatric life such psychotherapy is excessively limited. Extensive psychotherapy is practicable with the occasional patient only. Another possibility is for the patients to be treated in assemblages, and group psychotherapy will become considered.

The almost total absence of sustained group work with out-patients evidently indicates some considerable difficulties. Much can be laid at the door of a lack of disposition to these procedures on the part of the individual psychiatrist, allied to absence of training, and to absence of conviction as to their therapeutic value. Many of the snags, however, probably lie in organizational problems. In the average out-patient clinic there is often shortage of secretarial help and shortage of space. To form and re-form groups and keep in contact with these out-patients is exacting. This is especially the case where group discussion is the aim, when it is needful for each group to be formed of the same individuals in a reasonable quorum on every occasion. The resistance to a discussion approach is in many patients high, requiring a lot of pre-selection and often resulting in erratic attendances. Such disincentives as these will readily disillusion a busy doctor more accustomed to

\* A paper read at the Spring Meeting of the Royal Medico-Psychological Association at Newcastle, May, 1959.

finding always the next patient in the waiting room. When one adds to these trials the onerous demand upon the doctor, arising from the need to recollect complicated histories and their inter-relationships within the group, it is scant surprise that out-patient discussion groups are so rare.

The need for out-patient group psychotherapy remains, and this paper describes one form which has proved continuously feasible and therapeutically profitable. The basis of the work is the hypnotic approach. It is certain that greatly more patients are capable of fruitful therapy by hypnotism than many psychiatrists are at present disposed to admit. It is probable that many neurotics are more aided by hypnotism than by any other form of therapy and certain that they can often be at least as much so aided as by more complex psychotherapy. Nevertheless, hypnotism is clearly not a single panacea and its use for emotional illnesses is perhaps questionable when undertaken without psychiatric direction. It is invariably the case that the patient will profit by other psychiatrically orientated measures applied either contemporaneously with the hypnotism, or at other phases of therapy.

One type of out-patient neurotic does, in particular, offer a continued therapeutic challenge. This is the syndrome of free anxiety tension with phobic additions; more often encountered in women than in men. Such a syndrome may be not only distressful to the patient over long years and burdensome to her family, but it can also be severely disabling as, for example, in the fairly common panic form with a greater or less degree of disability in going out of the house unaccompanied. Men are encountered having serious limitations upon their travelling range or character of transport. Having used varieties of psychiatric therapies, I have found none more generally effective for these patients than the hypnotic approach conducted in a group setting.

All patients in these groups have been suffering from morbid tension as a common theme and invariably the major suggestions have been of confidence and relaxation given with indications of post-hypnotic continuance and reinforcement. Some two-thirds of the patients have had varied phobias as major symptoms, but in general no specific suggestions have been thence aimed. Broadly it has been accepted (and in practice transpired) that these individual symptoms would take care of themselves. However, there have been symptoms such as stammer or eczema, which have been additionally approached by introducing appropriate suggestions such as clarity of diction, or coolness of skin and so on, which suggestions are not bizarre for other members of the group. A wide variety of such additions in suggestions have been made, but one is unconvinced that they offer any extra advantage over the simplest, broadest approach. Some symptoms could not be specifically alluded to in the group, such for example as sexual problems or enuresis.

The work has been in progress for nearly two years. Sessions have always been with the same therapist. They are held once each week in an evening, when the waiting room is free for these patients to congregate and chatter. A system soon developed of taking three successive groups of six. The number six was determined by the size of the consulting room, but it happens also to be suitable for observation of the patients. Seating is in reclining chairs in front of the therapist. Lighting is by reflection on the background ceiling to avoid an overhead glare. The patients are told to fixate on bright spots (which are produced by sticking milk bottle tops to the walls). The induction is in general unchanged from session to session, but is constantly adjusted in detail to suit the circumstances of the various patients both in their rate and degree of induction, and in relation to their symptoms. Everything is made as informal as

possible. The usual themes of increasing relaxation, drowsiness and calm are reiterated by intoning. Suggestions of eyelid heaviness and of limbs and face drooping continue, and intensification of the hypnotic state is pursued with such extent of emphasis as any given group response may indicate. In practice the group effects vary little, but newly-introduced patients may sometimes conveniently be "contracted out" early in the course of the first two or three sessions, by the use of some pre-arranged hand signal. It has been very usual to find that all six will enter stages of the hypnotic state and stay therein uneventfully. The unceasing pressure of loud hospital noises can be troublesome but most patients are quickly unmindful of this nuisance. Rarely a patient will fully awake during a session and this may call for closure; or, again by a hand signal, the patient is left out for the remainder of the session. Normally all patients awake within seconds of each other on the appropriate terminating request, but a person hard of hearing has sometimes needed a further louder command whilst the rest have already awakened.

The duration of hypnotic procedures with each group is up to 15 minutes. Also, on frequent occasions, a general group conversation is stimulated to last 5 to 15 minutes before the induction. This conversation is in effect a therapeutic group discussion which commonly springs from topics connected with the hypnotic procedures and responses. Patients are encouraged to ventilate their difficulties or qualms about the hypnosis. It is then found that other members will afford invaluable support. It happens over and over again that new patients are dubious as to whether they will be able to respond, but become then encouraged to hear from others of their similar earlier misgivings and how these became displaced by success. Often also a like aid will emerge to help some patients past that stage sometimes experienced in which, after a few initial sessions of increasing effect, a panic then arises on the patient sensing the lessening of their wilful control. However, now and again, a patient having experienced such a panic then finds it impossible to accept further sessions.

The procedure is simple and relatively brief in application. Organization is of manageable degree. It does not matter if all patients do not turn up at a session, nor does it matter which individuals compose any given group. The composition of the groups is totally flexible, patients simply being taken in from the waiting list as vacancies arise. At later stages of treatment it has been convenient to pair off some patients, who then attend alternating with each other, so receiving a halved rate of treatments. It is not necessary to preface a group hypnotic approach to any patient by individual hypnotic sessions (though this has happened with a few). A general explanation of the approach is given to each personally when the suggestion of such treatment is first raised, and beyond that the patient simply enters straightway into any group. The groups are composed of people at all stages of progress and number of attendances.

My impression is decidedly that the majority of the patients chosen for the group have done better or as well as would have been expected with an individual hypnotic approach. There are, of course, some patients one prefers, or has to, treat individually. Such, for example, as those who are "home bound" by a phobia, or who may require some very special procedure, such as an individually orientated suggestion, or where speed is needed. Two patients had a terminal two individual sessions immediately subsequent to a series of group approaches for the purpose of clearing up a residual symptom.

Some 70 sessions have been held, starting with one group, quickly rising to two, and becoming three groups from the twelfth session to date, with attendance averaging about 15 persons an evening. Some 65 patients have been

involved. The number of treatments expressed as for individuals is around 750—an indication of the volume of therapeutic work attainable by this method. Detailed records of responses, reactions and results have been kept. Patients have also answered a very full questionnaire. Responses are estimated during each session by the therapist and rated in five grades coded as 0 to XXXX. Forty patients entered very satisfactory degrees of the hypnotic state in which upward of 60 per cent. of all their responses are noted as XXX. Where the hypnotic response occurred this was clearly evident with most patients within three sessions, often at the first session, but occasionally not until the 5th or 6th.

Absence of any perceptible degree of hypnotic response has occurred in about three patients, but responses not thought to be adequately consolidating with progressive attendances have in some seven further cases led to advice to discontinue at fewer than ten treatments. Absence of adequately deep response has usually been linked with absence of therapeutic resultant; but in a very few instances responses thought adequate at numerous attendances have failed to become associated with commensurate clinical improvement. About 10 of the patients lapsed of their own accord, usually within 5 sessions—almost all of whom had shown evidence of satisfactory hypnotic responses. Out of the total of 65 patients, around 20 have therefore either been early discontinued or have prematurely lapsed.

Although adequate improvement has eventuated with several in less than some 12 attendances, most of these patients would appear to require at least 20, and a few have warranted extension to 25 or even more (at which point they have usually entered alternating pairs).

Some 56 patients were sent questionnaires; all 56 had also been reviewed at follow-up appointments. Others were left out as being at too early a stage of treatment or of unknown location. Within the 48 repliers, 16 might be reckoned as having a “very good” result; 9 as “good”; 10 as “moderate” and 12 as unaltered. In the 8 non-repliers, one could be counted as having a “moderate” result, the other 7 as unaltered. In round figures it can be said that about one quarter give a very good clinical result, about a further quarter give a worthwhile result, and about a half are very little or not at all aided.

When a result has been assessed as “very good” this means that so far as feasible the outcome has been judged to be notably better than could have been expected with any other practical form of therapy. Some other therapies, such as drugs and occasional psychotherapeutic individual interviews were at the same time being used by the same therapist with all these patients. The ratings of results are of improvements thought wholly due to the group hypnotic approach; that is improvements additional to such as could reasonably be ascribed to other therapies used at the same time.

No difficulties of any kind have emerged. No patient has ever created any disturbance within a group. Indeed the absence of spontaneous abreactions suggests that there is restraint dependent upon a continued awareness of the presence of other patients. This does not seem in practice to lead to any loss in therapeutic effectiveness. The communal ritual of group hypnotherapy heightens the sense of companionship and the cheerfulness of the dispersing group is always perceptible. No patients raised any objection to being treated in a group, although quite a lot in their written replies expressed the idea that they might have done better if treated alone. The impression of the therapist is that no clear reason existed in the majority of these cases why they should, in fact, have done better if treated individually; but some might have done so. Some half of

those patients giving relevant replies on the point stated that being in a group offered advantage to them.

Increasing facility in the tolerance of emotional charges is evidenced through the accounts of several patients. Various panic reactions have been described in the early sessions just after hypnotic response had begun to be established. The subsidence of these panic reactions in the succeeding sessions would seem then associated with accelerated clinical improvement. It should be added that these panic evidences are not readily observable to the therapist during treatment, although if a patient has mentioned such happenings then their occurrence may be guessed at in subsequent sessions through observation of slight indications in bodily movements. About six patients in answering the questionnaire referred to sensations of "sinking" or of being about to fall into a "black pit" (which was, of course, never suggested to them). Those giving these references are predominantly patients who came to notable improvement. They also seemed to feel that if they could only entirely get over this sensation of the "blackness" and the apprehension they had felt about it, which they sense has limited their hypnotic response, that then they would be even more well. Actually the mass of patients experienced no panic, though minor degrees of apprehension are common enough in the early stages of treatment.

No patient was worsened, nor did any come to any disadvantageous results. There has never been any trouble in taking people off treatments at the end of a course. With those patients who became notably benefited, there has been no evidence of diminution of this benefit subsequent to ceasing treatments. Once again, the old bogies about hypnotic therapy are found baseless in practice.

#### SUMMARY

No difficulties have arisen in a two-year continued experience of out-patient group psychotherapy using a hypnotic approach.

Patients are taken weekly in groups of six, several groups at a session. All have been chosen as having undue tension as their common feature, most have phobic states, a few have more specific difficulties, such as stammer, tic, or eczema. They come from the clinic practice of the group therapist and are over the same period treated also by occasional psychotherapeutic interviews and medication.

Estimates of the efficacy of group hypnotherapy are as of degrees of improvement extra to that which could reasonably be expected from these other aids. Of all starters a quarter give a very good clinical result, a further quarter give a worthwhile result, the rest are very little or not at all aided.