References


It is important for the psychotherapist to have an awareness that the above concepts are not unitary and they can have more than one meaning according to the context where they are used. In the future it will be important to find a common language across different psychoanalytic schools. In psychotherapy practice in general, definitions of important concepts such as transference, counter-transference and interpretation could improve clients’ understanding and also improve communications amongst different professionals.
Introduction

Recent scientific studies point to the role of stress and emotional factors in the onset and/or exacerbation of many dermatological problems (Shenefelt, 2000; 2007a). Because of the central social and psychological role played by the skin and its appearance, skin diseases in turn can produce a host of psychological reactions, including depression, shame, social withdrawal, and rage (Folks & Kinney, 1992). These studies indicate the need for stress-reduction techniques, of which hypnosis is one. Hypnotic suggestion has long been thought to be effective in the improvement of various skin disorders (Kline, 1954; Scott, 1960; Bellini, 1998; Shenefelt, 2000; 2003ab; 2007b; Fried & Hussain, 2008). Many recent studies have shown a link between the use of hypnosis and changed skin response in certain dermatologic afflictions such as psoriasis (Taun & Whitmore, 1999), atopic dermatitis (Stewart & Thomas, 1995; Iglesias, 2005), warts (Ewin, 1992; Noll, 1994; Goldstein, 2005), alopecia areata (Thompson & Shapiro, 1996; Willensen et al., 2006; Willemen & Vanderlinden, 2008)), acne (Shenefelt, 2004), and eczema (Mantle, 2001). Taun and Whitmore (1999) performed a small randomised double-blind controlled trial by using hypnosis as adjunctive therapy in psoriasis, with significant improvement in individuals who were highly susceptible to hypnosis. Practising self-hypnosis to moderate stress has been shown to be effective for a variety of skin conditions that are exacerbated by anxiety. However, what is meant by empirical validation in hypnotherapy and consequently evidence-based practice is the subject of much current discussion (Alladin, Sabatini, & Amundson, 2007).

Check (1961) explains his use of hypnotic techniques to treat various cutaneous manifestations, in particular herpes genitalis infections. According to Check, getting the affected skin to feel cool through the use of hypnosis can be much more effective than any pharmaceutical methods. In light hypnotis Check sets up finger signals and asks for permission to get the tissues cool and to keep them cool for periods of two hours. He starts with an unimportant area for the production of a coolness sensation by having his patients imagine that they are sucking on a ‘peppermint and breathing in’. With the patient in trance, he requests the “yes” finger lift when the mouth feels cool and that the patient tell him when there is a conscious awareness of the coolness. When the patient is confident about sensing the change, the therapist tells them to experience that same coolness in the lesioned area.

Check also used hypnosis to help patients develop a more positive attitude toward themselves, as well as to help them imagine themselves in the future without skin problems. He utilised hypnotic trance phenomena, such as the increased ability to focus, time distortion, amnesia, flashback memories, analgesia, catalepsy, and so on in order to achieve these goals.

Other hypnosis techniques that can be used include: a television screen tuned to the ‘future channel’ on which patients see their body without the current skin problem or their hair beginning to grow again; imagining themselves using a brush to scrub away the lesions on the back or hands so as to clean and polish the body to make it healthy again. Approaches that facilitate ideosensoric changes (e.g. warmth, coolness, tingling) are particularly valuable for the treatment of warts and herpes (Tasini & Hackett, 1977), but may also be helpful for other dermatologic problems.

Stewart and Thomas (1995) used hypno-therapy to treat atopic dermatitis in adults and children. 20 adults with extensive atopic dermatitis, resistant to conventional treatment, were treated by hypnotherapy, with statistically significant benefit, which was maintained for up to two years where follow-up was available. 20 children with severe, resistant atopic dermatitis were treated by hypnosis; all but one showed immediate improvement, which was maintained at two follow-up examinations. In 12 other cases involving children, replies to a questionnaire at up to 18 months after treatment showed that ten had maintained improvement in itching and scratching, nine in sleep disturbance, and seven in mood.

Hypnosis has also been used during dermatologic procedures where it can alleviate anxiety and discomfort (Shenefelt, 2003).

When direct methods of hypotherapy are ineffective then hypnoanalytical approaches may be suggested in order to explore the unconscious dynamics (Rossi & Cheek, 1988; Rossi, 1986/1993; 1996; Ewin & Eimer, 2006; Hawkins, 2006).

One Session Demonstration Therapy

[Demonstration Therapy: Rossi (2002) argues that working before a group can instigate implicit processing heuristics which facilitate open-ended, creative but unpredictable responses. Such demonstrations often have a very profound therapeutic effect on the clients or patients, which they can vividly recall for the rest of their lives. Rossi writes, “Our interpretation of current neuroscience research suggests that demonstration therapy may be effective precisely because it provides a positive psycho-social experience of novelty, environmental enrichment, and exercise that are prime conditions for generating new memory, learning and behavior. The psychobiological arousal experienced by revealing oneself in front of a large audience can evoke natural processes associated with immediate genes, behavioural state-related gene expression, as well as activity-dependent gene expression and neurogenesis. A once-in-a-lifetime experience with demonstration therapy is a special psychosocial event that has much in common with the healing rituals of many cultures.” (2001)]

The session began by addressing the class in the following way:

For most of us, hypnosis is really about healing……..is it not? So I would like to ask if there is anyone in the group today who is in a state of distress? Someone who feels that they can do some effective work this morning? So this is not merely a demonstration, this is the real thing!

[This introduction is adapted from Rossi (2002).
It begins with a positive statement/question, (i) “…hypnosis is about healing is it not?” Erickson regarded this type of question that ends with ‘is it not?’ as a mild therapeutic double-bind that disarms potential resistance by stating the negative as well as the positive, so that the subject does not have to waste any effort in negation and denial (Erickson & Rossi, 1975). Asking for a volunteer who really can do effective work today and it is the real thing increases psychological arousal and heightened expectations. The casual and permissive attitude of these questions facilitates a positive, receptive mental attitude, a kind of yes set (Erickson, Rossi & Rossi, 1976)]

The Session (2 hours)

The volunteer, Amy, was a 22-year-old student of psychology. She was attending a module in Hypnotherapy (Final Year Option – Psychotherapy) along with 20 other students. Prior to volunteering she had watched and discussed a number of other class demonstrations.

During the initial interview she explained that when stressed she suffered from psoriasis, which sometimes affected her whole body. She was asked to say at what level of intensity her psoriasis was at this moment in time using a visual analogue scale (VAS) of zero to ten. She indicated ideomotorically that it was currently six.

Are there times when the problem is better or worse?

Amy answered that on occasions it had been ten, but that it could be as low as three, usually before the summer vacation.

[In most patients the intensity / frequency of the problem does modulate in which case the therapist can point out to the patient that they have some influence on the problem and ipso facto have the resources to help alleviate it although they may not know how to do this consciously at this moment in time. The implication is that they have the inner resources, which they can find and utilise at some time in the future. It is useful to ask the]
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patient to imagine the time when the problem was relatively better by using a visual analogue scale (VAS), i.e.

When you are experiencing the problem, now that it is much better, (ask them to imagine the time when this occurred) tell me where the pointer rests on a 10-point scale somewhere between zero and ten, where ten is the most uncomfortable (distressful) and zero the most comfortable and relaxing.

They can also be asked to experience a time in their life when the symptoms were worse. This introduces them to the importance of regression, to using their imagination to recall experiences, and to evaluating their experiences. It provides the therapist with a useful device to monitor the progress of the therapy during the session or over the course of treatment. It also heightens the patient’s sensitivity to their symptoms, so that they can better appreciate those periods throughout the day when symptoms threaten to get worse – as well as just noticeable therapeutic improvements that can motivate and reinforce their progress. It may also be valuable to have the patient produce the symptom (i.e. symptom prescription) as this helps the patient ‘learn how to make the symptom better’ by accessing the state dependent encoding of mind-body problems (Rossi, 1986/1993).

Amy also explained that the problem started when she was approximately 11 years old. The therapist then asked her during trance: What level of intensity would be acceptable to you? I wonder whether your unconscious mind can find another and more effective way of dealing with the stress? And now find a time in your life when you utilised your inner resources to effect a much lower intensity skin reaction or to that time before you were 11 years old…………and when your unconscious has found that time will your finger or hand move?

Amy’s right hand floated effortlessly away from her leg in a manner that indicated that it was an unconscious movement rather than a deliberate, intentional one.

And now review that earlier experience from the beginning to the end and when this has finished then will your other arm lift? ……… and you don’t need to know everything about that experience only what is appropriate for you to know consciously at this moment in order to assist you in resolving the problem ……… and you may experience parts of the experience ……… maybe…… images,…… thoughts,…… feelings ……… sensations ……… whatever happens by itself.

At this point she said, without being asked, that her mind was completely ‘blank’, but that she was experiencing tension in her upper chest.

Just put your hand on the area where you are experiencing the tension.

Amy put her hand on her upper chest and I asked her if it would be okay if I put my hand there. She nodded that this was all right.

And as I put some pressure on your chest allow your breathing to deepen and make some sound on the out breath.

[I mentioned earlier in the interview that sometimes during the therapy session it might be useful to touch her or to put some pressure on her body when she was experiencing tension. She agreed that this would be okay. I also said that if she found this intrusive or uncomfortable at the time then she should say so and I would immediately stop. Of course, there are important issues involved here related to professional ethics but also contradictions with respect to aspects of therapeutic integrity.]

As I did this she started to sob at which point I made the following comment:

And as you continue to allow the tears to flow you may learn something from this with respect to your problem ……… and you can allow all the learnings and resources to flow to every part of your skin ……… smoothing and massaging it to glowing health ……… allowing it to become smooth and soft ……… and as that happens and you know that it can occur in the future all by itself………… just as yesterday the water on the lake outside was rippling in the wind and small waves were splashing against the boats anchored in the harbour ……… but today the wind has disappeared ……… the sun is shining on the water ……… and the water is smooth and tranquil ……… as the warm sun massages away all the movements to leave everything peaceful and comfortable ……… as you learn ways of dealing more effectively with the ways in which your body handles stressful times in your life ……… and when you know how to do that even though you may not know that you know ……… then you may be wondering whether your arm will float once more?

Amy’s left arm gently lifted.

And I’d like to invite you to put your thumb and forefinger together in acknowledgement that you have these resources and that you can utilise the learnings from this session ……… and in the future when you feel stressed all you need do is to find a comfortable place ……… look at your left hand ……… allowing it to float by itself ……… and then put your thumb and forefinger together in appreciation that you have these resources to allow your skin to stay smooth and healthy.

Catharsis
[Catharsis: derives from the Greek katharsis meaning ‘to clean or purify’, and it has always played an important part in various societal rituals as well as in drama, religion, and sport (Scheff, 1979). These activities provide a culturally sanctioned occasion for experiencing and expressing significant but taboo thoughts and feelings.

Many approaches to psychotherapy have emphasised catharsis to varying degrees within their respective systems (Breuer & Freud, 1895/1955; Nichols & Zax, 1977; Hawkins, 1995; Heron, 1998; Jenner, 2006). At the heart of these therapeutic systems is a belief that the emotional discharge of repressed traumatic material brings relief to emotional tension, thereby resulting in an alleviation of physical and psychological symptoms. However, it should be noted that insight is also regarded as an important component of therapeutic change, at least in the majority of the approaches, Catharsis, or abreaction, is generally believed to be a necessary, but not sufficient condition, for therapeutic change to occur, i.e. it is one of the important common curative factors. Recent research has demonstrated that hypnotic abreaction releases chaotic patterns of electrodynamical activity during dissociation (Bob, 2007). This suggests a possible role of neural chaos in the processing of dissociated memories during hypnotic revivification.

It is likely that at some time in working with patients using hypnosis an emotional abreaction or catharsis will occur even though this may not have been the intention of the therapist. Often, therapists are unprepared to deal with such emotional outbursts and mismanage the situation because they do not have any training or sufficient understanding of these events. The two most common forms of mismanagement are premature closure and ‘too deep too soon’. Essentially, therapists should accept emotional expression in almost any therapeutic context. In this way patients learn to recognise, accept and express their feelings. Even if catharsis is not the major focus of the therapy, it is generally a good idea to permit patients to cry or say angry things whenever these feelings emerge. Indeed, whenever a patient tells and retells their story, the emotion is discharged through verbal and non-verbal expression.]
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The therapist then asked her during trance:

- What level of intensity would be acceptable to you? I wonder whether your hand will float up to that point in the future where it will be acceptable and you may be surprised that your mind already knows this and can allow it to happen.

Amy's hand floated effortlessly away from her leg in a manner that indicated that it was an unconscious movement rather than a deliberate, intentional one.

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Afterwards Amy said that during the session she realised what had happened at the age of 11, that up until this time she used to cry when under stress but then “I stopped crying and allowed my skin to cry instead!” I did not interpret or analyse her statement but said to her that she can make sense of it consciously and unconsciously, perhaps in a dream later that day. Finally she was asked to go through the session in trance finding all the learning experiences:

- Just close your eyes and go inside your mind and go back to the beginning of the session or even before ……. and with every learning experience allow your finger to move ……. and when this has finished will your hand float to a time in the future when the problem will be appropriately resolved? ……. and will this occur this weekend or next weekend or at sometime in between? ……. and you may be wondering when it will happen ……. and when you know that will your eyes open as your mind and body collaborate in solving this problem?

Finally a short intervention was provided for further ego strengthening. This would also enable Amy to anchor the good feelings and show her how she could use this approach for herself in the future.

Close your eyes and go inside your mind and find a time in your life when your skin was healthy and smooth ……… allowing all the resources that you have to enable your skin to stay smooth and healthy. Flowing to that part of your body allowing your skin to become clean, healthy and soft as those healing resources massage away all the stress and tension in your life ……. allowing any images or thoughts to come into your mind as they can help you solve your problem …….. And when you know that this will continue to happen after you have left here will one of your fingers move or arm float all by itself? ……. that's fine, just continue to let that happen, nothing you need do …….. Perhaps your unconscious mind can find other ways of dealing with the stress in your life, ways that are positive and life enhancing enabling you to have a better quality of life ……. and when you know that this can happen will another finger move or the other arm float? …….. that's really great, knowing that all these things are happening by themselves.

And over the course of the next few weeks you can do this for yourself ……. all you need do is to sit in a comfortable chair and look at your hand and as it floats towards your eyes just allowing them to close ……. putting your thumb and forefinger together as you access all those positive resources to allow your skin to stay smooth and healthy and say to yourself …….. my skin is smooth and healthy …….. my skin is smooth and healthy ……. my skin is smooth and healthy ……. my skin is smooth and healthy …….. allowing your hand to float back to your leg and when it touches your leg you may wonder whether your eyes will open first or will you stretch the muscles of your arms and legs before opening your eyes. [A therapeutic double bind].

A therapeutic metaphor

There is a story about a beautiful young woman who was invited by the king to accompany him when he goes out to give alms to the poor in spite of the fact that she had a severe skin problem. However, the young woman notices that the falling snow cools and soothes the skin eruptions on her face and, at the king’s suggestion, she applies the snow to her arms and legs. As she does she feels the benefit of its cooling effect and the skin ceases to itch. On return to the castle, she finds that whenever she feels like scratching her skin she thinks about the snow and immediately the skin is soothed and the irritation goes. Because of this she becomes much more relaxed and does not mind going to class and meeting with other young people …….. she feels more confident and enjoys joining in with their activities. In addition she also finds that she sleeps better at night and is, therefore, better able to engage in her studies the next day (adapted from Mantle, 2000).

[Metaphors and stories can be presented as a way of helping the patient develop a greater sense of self-esteem and confidence by communicating this to their unconscious mind (Erickson & Rossi, 1979; Zieg, 1980; Lankton, 1980; Hammond, 1990). Lankton & Lankton (1986) define a therapeutic metaphor as: “A story with dramatic devices that captures attention and provides an altered framework through which the client(s) can entertain novel experience” (154).]

While the material for metaphors can be chosen from any source, it should bear some relationship to the patient’s own life and interests, indeed the patient will usually inform the clinician as to what metaphor should be used. What is important is the way in which the therapist creatively uses images and words that appropriately match the patient’s interests, experiences, aspirations, as well as the presenting symptomatology. Often it will be possible to take well-known stories from literature (e.g. The Ugly Duckling; The Hungry Caterpillar, Carle, 1974; Jonathan Livingston Seagull, Bach, 1973; The Wizard of Oz, Baum, 1900), which are related to positive transformation thus conveying a sense of hope and optimism.

The metaphor used here was adapted from Mantle (2000) but utilised Amy’s suggestion that she liked the feeling of snow on her skin (this evoked certain pleasant childhood memories of playing in the snow).

Discussion

It can readily be seen that the intervention creates an atmosphere of hope and positive expectation even though there may not be any immediate evidence. As Amy put it: “If my skin doesn’t get better tomorrow or next week, there is always the possibility of it happening later. Saying this out loud makes it even clearer”.

The session was essentially Ericksonian in that utilisation and implication were the basis of the interventions, with the patient engaged in inner mind-body healing. A technical integration with other approaches (e.g. Gestalt, bioenergetics and generic bodywork) was seamlessly demonstrated as well as recognition of the importance of common curative factors such as ego strengthening, catharsis, cognitive reframing, and goal setting. Although hypnotherapy was the focus of the intervention it is probable that there were many other factors implicated in the apparent success of the intervention including not only the common factors already mentioned but also the hope and expectations of the patient, the trust invested in the therapist, as well as the demonstration process itself.

Results and Follow up

After the session Amy wrote the following comments: “My father had a skin problem and I have always used some cream to reduce the inflammation and the pain as he did. I have never had any problem to accept this disease except this year it got worse. I keep applying the cream but now I realise that I could stop this treatment and try to cure myself with self-hypnosis, by solving my problem at its root and by managing the way I react to stress. I was really skeptical before being hypnotised as I did not believe that this practice could cure problems linked to stress. However, I was convinced that it would work with phobias as we saw in a previous demonstration”.

Follow-ups (by email) after six, 12 and 30 months indicated that Amy’s psoriasis problem had lessened considerably, and she was still continuing to use self-hypnosis not only for her skin condition but for other problems as well. However, there were times when the problem got worse. “For the first month I saw my psoriasis spots decreasing significantly but then, when I travelled during the holidays they increased again. This fluctuation has continued but the length of time when my skin is clear has increased. In her last communication (after approximately thirty months) she writes, “I am continuing with self-hypnosis although not as frequently because my psoriasis occurs very infrequently. When it does it is not as severe as previously. I also feel much better as my confidence has increased particularly when I’m with other people. My dermatologist is very pleased with the changes”. Confirmation was obtained from Amy’s consultant who confirmed the positive changes.

Obviously, it is necessary to exercise caution in interpreting these apparent positive results.
Afterwards Amy said that during the session she realised what had happened at the age of 11, that up until this time she used to cry when under stress but then “I stopped crying and allowed my skin to cry instead!” She did not interpret or analyse her statement but said to her that she can make sense of it consciously and unconsciously, perhaps in a dream later that day. Finally she was asked to go through the session in trance finding all the learning experiences:

- Just close your eyes and go inside your mind and go back to the beginning of the session or even before ……… and with every learning experience allow your finger to move …….. and when this has finished will your hand float to a time in the future when the problem will be appropriately resolved? ……… and will this occur this weekend or next weekend or at sometime in between? ……… and you may be wondering when it will happen …….. and when you know that will your eyes open as your mind and body collaborate in solving this problem?

Finally a short intervention was provided for further ego strengthening. This would also enable Amy to anchor the good feelings and show her how she could use this approach for herself in the future.

Close your eyes and go inside your mind and find a time in your life when your skin was healthy and smooth …….. allowing all the resources that you have to enable your skin to stay smooth and healthy. Flowing to that part of your body allowing your skin to become clean, healthy and soft as those healing resources massage away all the stress and tension in your life …….. allowing any images or thoughts to come into your mind as they can help you solve your problem ………. And when you know that this will continue after you have left here will one of your fingers move or an arm float all by itself? ……… that’s fine, just continue to let that happen, nothing you need do ……… Perhaps your unconscious mind can find other ways of dealing with the stress in your life, ways that are positive and life enhancing enabling you to have a better quality of life …….. and when you know that this can happen will another finger move or the other arm float? ……… that’s really great, knowing that all these things are happening by themselves.

And over the course of the next few weeks you can do this for yourself ………. all you need do is to sit in a comfortable chair and look at your hand and as it floats towards your eyes just allowing them to close ……… putting your thumb and forefinger together as you access all those positive resources to allow your skin to stay smooth and healthy and say to yourself …….. my skin is smooth and healthy …….. my skin is smooth and healthy …….. my skin is smooth and healthy ………. my skin is smooth and healthy ………. all your hand to float back to your leg and when it touches your leg you may wonder whether your eyes will open first or will you stretch the muscles of your arms and legs before opening your eyes. [A therapeutic double bind].

A therapeutic metaphor

There is a story about a beautiful young woman who was invited by the king to accompany him when he goes out to give alms to the poor in spite of the fact that she had a severe skin problem. However, the young woman notices that the falling snow cools and soothes the skin eruptions on her face and, at the king’s suggestion, she applies the snow to her arms and legs. As she does she feels the benefit of its cooling effect and the skin ceases to itch. On return to the castle, she finds that whenever she feels like scratching her skin she thinks about the snow and immediately the skin is soothed and the irritation goes. Because of this she becomes much more relaxed and does not mind going to class and meeting with other young people ……… she feels more confident and enjoys joining in with their activities. In addition she also finds that she sleeps better at night and is, therefore, better able to engage in her studies the next day (adapted from Mantle, 2000).

Metaphors and stories can be presented as a way of helping the patient develop a greater sense of self-esteem and confidence by communicating this to their unconscious mind (Erickson & Rossi, 1979; Zieg, 1980; Lankton, 1980; Hammond, 1990). Lankton & Lankton (1986) define a therapeutic metaphor as: “A story with dramatic devices that captures attention and provides an altered framework through which the client(s) can entertain novel experience” (154).

While the material for metaphors can be chosen from any source, it should bear some relationship to the patient’s own life and interests, indeed the patient will usually inform the clinician as to what metaphor should be used. What is important is the way in which the therapist creatively uses images and words that appropriately match the patient’s interests, experiences, aspirations, as well as the presenting symptomatology. Often it will be possible to take well-known stories from literature (e.g. TheUGly Duckling; The Hungry Caterpillar, Carle, 1974; Jonathan Livingston Seagull, Bach, 1973; The Wizard of Oz, Baum, 1900), which are related to positive transformation thus conveying a sense of hope and optimism.

The metaphor used here was adapted from Mantle (2000) but utilised Amy’s suggestion that she liked the feeling of snow on her skin (this evoked certain pleasant childhood memories of playing in the snow).

Discussion

It can readily be seen that the intervention creates an atmosphere of hope and positive expectation even though there may not be any immediate evidence. As Amy put it: “If my skin doesn’t get better tomorrow or next week, there is always the possibility of it happening later. Saying this out loud makes it even clearer”.

The session was essentially Ericksonian in that utilisation and implication were the basis of the interventions, with the patient engaged in inner mind-body healing. A technical integration with other approaches (e.g. Gestalt, bioenergetics and generic bodywork) was seamlessly demonstrated as well as recognition of the importance of common curative factors such as ego strengthening, catharsis, cognitive reframing, and goal setting. Although hypnotherapy was the focus of the intervention it is probable that there were many other factors implicated in the apparent success of the intervention including not only the common factors already mentioned but also the hope and expectations of the patient, the trust invested in the therapist, as well as the demonstration process itself.

Results and Follow-up

After the session Amy wrote the following comments: “My father had a skin problem and I have always used some cream to reduce the inflammation and the pain as he did. I have never had any problem to accept this disease except this year it got worse. I keep applying the cream but now I realise that I could stop this treatment and try to cure myself with self-hypnosis, by solving my problem at its root and by managing the way I react to stress. I was really skeptical before being hypnotised as I did not believe that this practice could cure problems linked to stress. However, I was convinced that it would work with phobias as we saw in a previous demonstration”.

Follow-ups (by email) after six, 12 and 30 months indicated that Amy’s psoriasis problem had lessened considerably, and she was still continuing to use self-hypnosis not only for her skin condition but for other problems as well. However, there were times when the problem got worse. “For the first month I saw my psoriasis spots decreasing significantly but then, when I travelled during the holidays they increased again. This fluctuation has continued but the length of time when my skin is clear has increased. In her last communication (after approximately thirty months) she writes, “I am continuing with self-hypnosis although not as frequently because my psoriasis occurs very infrequently. When it does it is not as severe as previously. I also feel much better as my confidence has increased particularly when I’m with other people. My dermatologist is very pleased with the changes”. Confirmation was obtained from Amy’s consultant who confirmed the positive changes.

Obviously, it is necessary to exercise caution in interpreting these apparent positive results.
as other factors could have been responsible for the changes (e.g., context, age, diet, etc.).

It is also clear that aspects of the therapeutic context, other than hypnosis per se, will have had some affect on the outcome, e.g. the therapeutic alliance, hope, expectation, motivation of the patient and so on. For a discussion of the issues relating to evidenced-based hypnotherapy refer to Alladin, Sabatin, & Amundson (2007).

References


