British Society of Clinical and Academic Hypnosis

Self-efficacy, Ego-strengthening and Hypnotherapy

Leslie G Walker

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'Ego-Strengthening'

- A 'good thing'
- Aims to promote self-confidence and self-reliance, and to facilitate symptom removal
- Emile Coué, John Hartland -> Michael Heap, Harry Stanton
- Introduced to Hartland's methods in 1979 (BSMDH)
  - Very popular and claimed to be widely efficacious
  - Intriguing, but uncomfortable clinically and scientifically
- Example from script
- Search for a framework with which more comfortable and to guide evidence-based interventions to promote 'ego-strengthening'
  - AMT
  - NMT
  - Bandura's 'self-efficacy'

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BEHAVIOR THERAPY (1971) 2, 498–510

Anxiety Management Training: A Nonspecific Behavior Therapy Program for Anxiety Control[1]

RICHARD M. SUINN[2] AND FRANK RICHARDSON
Colorado State University

Anxiety management training (AMT) is a conditioning procedure to reduce anxiety reactions. AMT involves the arousal of anxiety and the training of the client to react to the anxiety with relaxation or success feelings.

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Cue-controlled Relaxation Training

- Tense muscle group and notice the tension
- Hold the tension momentarily
- Think the key words "One, two, three, relax!" as you let go the tension
- Rebound relaxation occurs
- Notice the difference
- Work through major muscle groups systematically as in PMRT
- By association, the key words acquire ability to 'switch on' the relaxation response without prior tension.
- Learn to relax quickly and easily prior to entering, or during, a difficult situation

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British Journal of Experimental and Clinical Hypnosis (1988)
Vol. 5, No. 2, pp. 79-82

HYPNOTHERAPY FOR CHEMOTHERAPY SIDE EFFECTS

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Abstract

A promising psychological treatment for ameliorating the side effects of cytotoxic chemotherapy used in cancer treatments is described. It is brief, does not require the therapist to be present immediately before or during chemotherapy, and does not need to be carried out in the same clinical area as the chemotherapy.

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Psychological Review
1977, Vol. 84, No. 2, 191-215

Self-efficacy: Toward a Unifying Theory of Behavioral Change

Albert Bandura
Stanford University

The present article presents an integrative theoretical framework to explain and to predict psychological changes achieved by different modes of treatment. This theory states that psychological procedures, whatever their form, alter the level and strength of *self-efficacy*. It is hypothesized that expectations of personal efficacy determine whether coping behavior will be initiated, how much effort will be expended, and how long it will be sustained in the face of obstacles and aversive experiences.

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Self-Efficacy Defined

- Self-efficacy refers to an individual's *belief* in his or her capacity to execute behaviours necessary to produce *specific* performance attainments (Bandura, 1977; 1986; 1997).
- Self-efficacy reflects confidence in the ability to exert *control* over one's own motivation, behaviours, and social environment.
- *Specific* versus *general* self-efficacy (scales)

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Consequences of Enhanced Self-Efficacy

- Increased motivation
- Improved perseverance
- Higher self-esteem
- Greater well-being and better mental health

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Performance and Outcomes

- Health outcomes – e.g. Rx adherence, screening uptake, coping with chronic conditions and pain, lifestyle choices
- Academic achievement – e.g. performance, goals, perseverance
- Work performance – e.g. productivity, willingness to take on challenges, resilience to failure and stress
- Sports performance – e.g. motivation, training compliance, performance under pressure

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Sources of Self-efficacy

- Mastery Experiences
- Vicarious Experiences
- Social Persuasion
- Physiological States

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Principles

- Mastery experiences most effective
- *In vivo* better than *in imaguo* - but!
- Self-efficacy develops from specific to general

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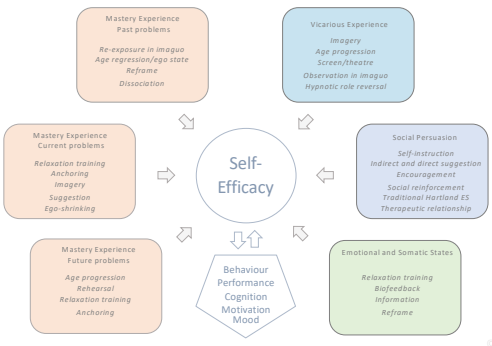
Enhancing Self-efficacy
With some illustrative examples of hypnotic procedures



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Procedural Distress
A Patient with a Fear of Pin Removal
Hallux Abductovalgus

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A Patient With
Irritable Bowel Syndrome

(Inaugural meeting of BSECH, 1984)

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History

- Middle aged professional man referred by gastro-enterologist
- No psychiatric history
- Pleasant gentleman but long-standing issues with authority figures
- Two-year history of IBS superimposed on inflammatory bowel disease
- Latter reasonably controlled with sulphasalazine, hydrocortisone and chlordiazepoxide
- Poor physical control ("mishaps" due to diarrhoea for which he wore incontinence pads)
- Undue frequency (mean frequency 13 times daily)
- Feeling of urgency in certain situations: if he perceived freedom to go to the toilet threatened (e.g. on the telephone), he would experience intense desire to defaecate

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History

- Two recent bereavements (patient considered these irrelevant)
- On Mental State Examination:
  - he did not look or feel depressed
  - no anhedonia
  - concentration good
  - energy good
  - appetite good
  - no weepiness
  - sleep normal

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History

However:

- MMPI suggested neurotic depression ('2-7' profile)
- Restlessness and irritability
- Some social withdrawal
- Sense of vocation diminished
- Unresolved grief

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Formulation

Autonomic changes in bowel motility related to stress at work, especially interpersonal stress, and possibly unresolved grief, in the context of mild reactive depression.

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Aims of Intervention

- Reduce frequency to normal range (daily records)
- Wean off incontinence pads
- Increase self-perceived ability to control bowel motility
- Eliminate urge to defaecate in response to certain internal and external cues (e.g. answering the phone)
- Enhance QofL

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Management Plan

- Support and reassurance
- PMRT plus CCRT (audio recording for home practice)
- Hypnotherapy
- Contract for 5 sessions over 6 weeks
- If bowel problems persisted, or still significant depression, antidepressant medication and/or verbal psychotherapy addressing relationships, anger, authority figures and grief.

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Hypnotherapy

- Circular suggestions:
  - Each time he practiced relaxation, he would be able to relax more deeply and more quickly when and where he wished
  - The better he became at relaxation, the more he would feel in control of his bowel
  - The more he felt in control of his bowels, the greater his bowel control would become
- Imagining/visualising the rate at which food was travelling through the bowel slowing to normal, and stools returning to a normal consistency
- Imagining/visualising a hot water bottle soothing, relaxing and calming his bowel (NMT)
- Rehearsal of trigger situations *in imaguo* (e.g. answering the phone)
- Suggestions that as he became more able to relax more deeply and quickly where and when he wished, so he would generally feel more confident and at ease, and consequently his quality of life would improve ('Ego strengthening').

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Progress: Session 3

- Relative had said he was a "happier" person
- Sometimes "nodding off" in the evening
- Reported feeling "less aggressive" towards authority figures

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Progress: Session 5

- Frequency now 5.4 times daily (pre-intervention x 13)
- Much more regular (only once during the working day)
- Marked reduction of nocturnal defaecation
- Marked reduction of mishaps
- Able to go on holiday with his wife
- Problem with phone completely resolved
- No longer felt lifestyle affected

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Follow-up: 6 months

- Frequency now 1-2 times per 24 hours (previously x 13)
- Stools well formed
- Had discontinued use of incontinence pads
- Had been on holiday with his wife
- Confirmed no longer depressed (clinical and psychometric assessment)

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Gastro-Enterologist FU at 9 months

"I thought you would be interested to know that I saw Mr A today and he is quite remarkably better. I have never known him so relaxed and happy, and his bowel action is now completely normal"

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27-year FU

- Patient had come to hear me speak at an event
- Couldn't wait to tell me afterwards that:
  - ✓ "All is still well with my bowels" and
  - ✓ "Hypnotherapy has changed my life".

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Conclusions

- The intervention, which included hypnotherapy, appears to have been effective in achieving a permanent resolution to his IBS.
- There were also more general positive changes in terms of mood, quality of life, and relationships.

To what extent were the therapeutic effects related to 'enhanced self-efficacy'?

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Final Thoughts

Experiment without theory is blind:
theory without experiment is lame.

Without a model, we risk a muddle.

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References

Ashcroft G W, Walker L G and Lyle A (1993). A psychobiological model of panic: implications for behavioural and pharmacological therapies. In: S A Montgomery (ed.), The Psychopharmacology of Panic Disorder, (Ch 11, pp 131-143): Oxford, Oxford University Press. ISBN 0-19-262087-8.

Bandura, A (1977). Self-efficacy: towards a unifying theory of behavioral change. Psychological Review, 84, 191-215.

Bandura, A (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), Encyclopedia of human behavior (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], Encyclopedia of mental health. San Diego: Academic Press, 1998).

Bandura A (1997). Self-efficacy: the Exercise of Self-control. W H Freeman & Co., New York.

Bandura A and Cervone D (2023). Social Cognitive Theory: An Agentic Perspective on Human Nature. John Wiley & Sons Inc, New York, United States

Hartland, J. (1966). Medical and Dental Hypnosis and Its Clinical Applications. London: Baillière, Tindall & Cassell.

Jacobson, E. (1938). Progressive Relaxation: A Physiological and Clinical Investigation of Muscular States and Their Significance in Psychology and Medical Practice (1st ed.). Chicago, IL: University of Chicago Press.

Öst L G, Jerremalma A, Johansson J (1981) Individual response patterns and the effects of different behavioral methods in the treatment of social phobia. Behavior Research and Therapy, 19. 1-16.

Walker L G (1985). Aversions to chemotherapy in patients with lymphoid tumours. Proceedings, First Annual Conference, British Society for Experimental and Clinical Hypnosis (pp 86-91). London: BSECH Publications

Walker L G, Dawson A A, Pollet S M, Ratcliffe M A and Hamilton L (1988). Hypnotherapy for chemotherapy side effects. British Journal of Experimental and Clinical Hypnosis, 5, 79-82

Yeates, L.B. (2014). Hartland's Legacy (I): The Ego-Strengthening Procedure. Australian Journal of Clinical Hypnotherapy & Hypnosis, 36, pp.19-36

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