
APPLICATION OF HYPNOTIC STRATEGIES SUSTAINED BY A POSITIVE PSYCHOLOGY ORIENTATION IN TREATING OCD PATIENTS

ARNON ZAHI, PHD¹
JOSEPH MEYERSON, MA²

¹Clinical Psychologist/Hypnotherapist and Lecturer, Department of Behavioral Sciences, Max Stern Academic College of Emek Yezreel, Israel, ²President of the Israeli Society of Hypnosis and Director, HypnoClinic, Tel Aviv, Israel

ABSTRACT

The hypnotherapeutic literature is abundant with numerous techniques aimed at helping practitioners deal with different types of patients and problems during hypnotic psychotherapy. Yet hypnosis and hypnotherapy textbooks have only minimally addressed the treatment of obsessive-compulsive disorder (OCD) patients. Those that do discuss this topic refer mainly to the field as a whole and do not offer specific hypnotic interventions. The objective of the present paper is to promote psychotherapy for OCD patients by proposing that practitioners use strategically oriented hypnotic intervention enhanced by a 'positive psychology' orientation.

Key words: hypnotherapy, hypnosis, OCD, positive psychology, strategic psychotherapy

INTRODUCTION

Obsessive-compulsive disorder (OCD) is described as an ongoing attempt to put a stop to 'ideas, thoughts, impulses, or images . . . that cause marked anxiety or distress' due to their negative content. 'The individual with obsessions usually attempts to ignore or suppress such thoughts or impulses or to neutralize them with some other thoughts or action (i.e. compulsion)' (APA 1994).

In contrast, behavioural and cognitive approaches, currently considered to be the most effective evidence-based psychotherapeutic treatment for OCD (Greist, 1992; Steketee et al., 2003), encourage patients to confront their anxieties and fears while preventing or withholding compulsive rituals. This approach is called exposure and response prevention (ERP).

Although ERP in OCD treatment is considered one of the best evidence-based treatments in the field of psychotherapy (March et al., 1997; Chambless et al., 1998), some researchers have reported a 30–60% rate of refractoriness when treating patients using cognitive behavioural orientation (Pallanti et al., 2002; Schruers et al., 2005).

To address this seemingly high refractoriness rate, some authors (Geary & Zeig, 2001; Bonchek, 2009; Meyerson & Konichezy, 2009) propose applying strategically oriented treatment as one means to deal more effectively with resistant OCD patients.

In the current paper, the idea of using strategically oriented treatment is translated into the language of specific hypnotic interventions with OCD clients. Instead of trying merely to control, reduce, or eliminate their obsessive thoughts or compulsive behaviour, we suggest that therapists should join them in these thoughts, reframing them as positive and harnessing them for the client's well-being.

The use of this strategically oriented approach enriched by a positive psychology orientation is aimed at accessing the problems of OCD patients by emphasizing well-being, pleasure, and hope instead of merely eliminating or controlling symptoms (Snyder & López, 2002).

HYPNOTIC PSYCHOTHERAPY AND STRATEGIC APPROACHES FOR TREATING OCD PATIENTS

The literature on the use of hypnosis in the treatment of OCD is limited. Most of the hypnotic interventions described utilize the basic characteristics of the hypnotic trance (Yapko, 1994) in order to control and regulate the anxiety (Kroger & Fezler, 1976; Frederick, 2007) that is so typical of OCD patients. Other approaches suggest promoting a change in personality and in the developmentally acquired factors that supposedly underpin OCD symptoms and behaviours (Frederick, 2007). Yet very few works in the field are aimed at pinpointing and strategically utilizing OCD symptoms, ritualistic behaviours, and thoughts (Edgette & Edgette, 1995; Geary & Zeig, 2001).

Cognitive behavioural therapy (CBT) for OCD patients uses some strategic devices, among them 'relabelling' and 'retribution' of obsessive thoughts and urges. But these interventions have been utilized only for the purposes of eliminating unwanted symptoms (Edgette & Edgette, 1995; Stein, 2006).

Strategic therapy offers a few special approaches for OCD (Geary & Zeig, 2001). The aim of one such strategy is 'to break pathogenic balance of perception and reaction, which are usually resistant to changes induced through ordinary logic' (Nardone & Watslawick 2005: 29). 'Symptom prescription' is another strategy based on the conviction that trying to convince obsessive-compulsive patients to stop their rituals on the basis that they are not logical will not usually help. The suggested strategy is to prescribe the pathological behaviour, thus transforming it from being uncontrolled by the patient to being controlled by the therapist: 'The patient finds herself in a paradoxical situation, having to perform voluntarily actions that had previously been involuntary and uncontrollable' (Nardone & Watslawick 2005: 86).

'Reframing' is an additional instrument by which patients learn to accept and dismiss symptoms as irrelevant and to see the distress caused by exposure to anxiety as a 'pathway to relief' (Geary & Zeig, 2001).

Another strategic approach is to use the tendency of OCD patients for rumination, thus changing the annoying content to be more positive and reinforcing (Edgette & Edgette, 1995).

Most of the strategically oriented interventions in the literature do not challenge the basic principles of ERP but rather are used to enhance them. Thus they make the 'exposure' element more tolerable by means of reframing, and in the same manner convert the 'response preventive' element to something more feasible by using the fractional approach and a variety of pattern disruptions (Geary & Zeig, 2001).

According to the positive psychotherapy paradigm, mental health is not merely achieved by the elimination of symptoms but also by the acquisition of a more positive emotional life, as well as by engagement in life and purposeful orientation towards it (Seligman et al., 2006).

In the present paper we propose a three-step hypno-strategic approach intended to channel the meaning of OCD symptoms into a positive context and thus convert the symptoms from a disturbing need to repress mental products to a valuable resource for acquiring positive mental health.

PROPOSED STRATEGIES AND PROCESSES OF HYPNOTIC INTERVENTIONS FOR PROMOTING THERAPY FOR OCD

The intervention proposed in this paper is based on a three-step strategic process aimed at utilizing obsessive symptoms to promote patient well-being.

The first step is to identify the positive meaning of obsessive thoughts. For example, thoughts about contamination are reframed as the urge to remain healthy, and thoughts about accidentally hurting others while walking or driving are reframed as the aspiration to keep others safe. After the positive and meaningful intentions have been formulated, they are offered to the client for fine-tuning according to his or her beliefs and ways of thinking.

The second step is to link the compulsive behaviour to these positive intentions. These behaviours are interpreted as actions and rituals aimed at carrying out positive intentions in the real world. But instead of instructing the client to act against the undesired outcome, the therapist suggests a positive substitution ritual. For example, instead of looking at the avoidance of touching other people as a means to avoid contamination, the patient and therapist build a positive ritual to reinforce the immune system. Instead of seeing the avoidance of driving as a means to prevent accidents, the therapist helps the client to transform it into a positive ritual aimed at increasing caution among pedestrians.

These two steps can be carried out before and/or during the hypnotic trance, as some clients may find it difficult to develop alternate ideas and rituals. Others may express direct or indirect objections, explaining that they know for sure that thoughts and rituals cannot really make a change in the real world. If so, the therapist should agree, and in the spirit of positive psychology (Seligman et al., 2006) explain the following: We are not certain about the ability of a thought or a ritual to make a change in the world, but we are positive that it brings about a great change within an individual person. Just as negative thoughts and rituals make the client tense and anxious, positive thoughts and rituals will make him or her feel calm and peaceful.

After the client agrees, it is possible to proceed to the third step: the positive ritual is implanted and anchored in a hypnotic trance. This usually takes more than one hypnotic session, and can be done progressively. Most OCD clients have more than one ritual. After several positive rituals have been developed, the therapist may conclude that a super-ritual

is necessary. Because this super-ritual is higher on the hierarchy, this one ritual can activate all the other rituals. This super-ritual can be formulated before or during the hypnotic trance, but it should be implanted, anchored, and connected to all the other rituals during the trance. Moreover, we recommend establishing a simple unnoticed movement and linking it to the super-ritual so that the client can activate it anytime and anywhere, as needed.

CASE PRESENTATIONS

CASE 1: SOCIALLY SENSITIVE SARA

Sara, a 24-year-old student, was referred to the author (ZA) by a psychiatrist, who had diagnosed her with OCD. During the intake interview, she described three major symptoms that disturbed her and eventually brought her to therapy: a compulsive need to repeat a special kind of sentence to prevent negative events, among them accidents, injuries, or death, from happening to her close relatives (mainly her parents); a compulsive need while driving to check whether every bump she felt was not someone she had run over, which eventually led her to avoid driving; and a compulsive avoidance of getting too close to other people to prevent her from harming others or to prevent others from infecting her with some disease, mainly AIDS.

Sara was the youngest of three siblings (two brothers and a sister). Her parents (63, 60) and siblings were all in good health and had no problems that would justify her worries. Nothing in her early life and childhood seemed to explain her current disturbances. An attempt to understand her symptoms revealed that she was preoccupied with compulsive negative thoughts about others and feared that those thoughts might come true and cause them harm. Therefore, she had to be engaged with positive thoughts to counterbalance the negative ones.

Commonly used cognitive behavioural approaches combined with dynamically oriented interventions applied at the beginning of therapy yielded no significant change. Therefore, after a couple of months of therapy, hypnotic strategically oriented psychotherapy was suggested to the patient. She accepted the idea, and the treatment was given.

During the hypnotic session Sara's obsessive thoughts were elicited and then reframed by the therapist. Sara was told that she was a very sensitive person with a genuine sense of caring for the people around her. Furthermore it was suggested to her that the notion of avoiding harming others was the result of her thoughtfulness. This idea could be improved if she showed her concern for the welfare of others by blessing them internally and externally, if appropriate. During hypnosis, a short sentence of blessing was discussed and agreed upon, and she was asked to use that blessing repeatedly while driving or walking.

This hypnotic intervention significantly improved her ability to drive and helped her limit the need to check whether she had injured people she saw along the way. As she continued to use her blessing repeatedly, the negative and limiting OCD symptoms gradually declined. Consequently, she was able to get married and fly abroad for her honeymoon with only marginal disturbances. Additionally, as her obsessive symptoms diminished, the way was opened to work on childhood trauma that had initially been masked by her strong symptoms.

It took Sara another year of therapy accompanied by hypnosis, focusing on positive thoughts, the blessing, and ego-strengthening, to achieve sufficient improvement. She became pregnant, and we decided the therapy would end after her child was born. The later hypnotic sessions focused on her agreement to give up her symptoms, mainly her belief that her thoughts could harm others. Our last meeting was some months later, when she paid the therapist a visit with her newborn daughter and gladly described living her daily life with no major limitations.

CASE 2: JORGE – A RISK PREVENTER

Jorge, a 19-year-old male, was diagnosed with OCD 18 months prior to beginning psychotherapy. The youngest of three brothers, he was described by his mother as an anxious child with severe separation anxiety which caused him to refrain from attending school for several years. He was unable to sleep anywhere else than at home and suffered from panic attacks, and thus avoided hotels and journeys. In the first session with the therapist (ZA), the mother described many compulsive behaviours, such as rechecking whether he had locked the door of the house or the car and whether he had set the car handbrake, as well as a need to wash his hands or touch his chest incessantly. Jorge explained that he carried out all these obsessive rituals because he was worried about dangers and risks in the outside world that threatened him and those he cared for.

Before dealing directly with Jorge's compulsive behaviours, the therapy first focused on reducing his general anxiety, which was perceived as a stresogenic factor amplifying his OCD symptoms. Hypnotically induced dissociation (HID) (Meyerson & Konichezy, 2009) was used for this purpose. In the hypnotic session, an imaginary *temporary* shield that would protect him from the influence of external events, such as accidents, death, and loss of loved ones, was elicited to promote dissociation from overwhelming anxiety.

The next stage of the intervention focused on reframing Jorge's negative interpretations of his symptoms to positive ones. During the hypnotic session it was suggested to him that his symptoms were in fact positive, and aimed to protect him and his loved ones from the many hazards that exist in the world.

The next step was to find a unifying ritual that might replace most of his compulsive behaviours. As he wanted to avoid risks to himself and his relatives, it was suggested to him that he 'listen to his heart' by touching the area of his heart every time he was concerned about the well-being of himself and others. This was suggested as very important for enhancing his internal intuition and external perception about events. Moreover, he was told to add a special blessing to complete the physical movement. Within several months, he was able to use the heart-touching ritual only once in a while, without the compulsive need to repeat it.

Over the next two years, Jorge's self-confidence improved. He completed his MA degree in political science, became more assertive with his friends, and was able to let his parents go abroad without becoming too anxious. A year later he even went abroad himself. He began considering dating girls, and he started a diet.

DISCUSSION

As mentioned above, hypnotherapy offers a very limited inventory of OCD-focused interventions (Frederick, 2007). Most of the interventions proposed are aimed at alleviating OCD symptoms by confronting them directly or by promoting a change in personality and in the developmentally acquired factors that supposedly underpin OCD. Some strategically oriented hypnotherapeutic interventions also use patients' obsessive symptoms to promote more positive ruminations but usually do not address compulsions.

In the present article we have proposed a three-step approach aimed at turning annoying symptoms, including ruminations and ritualistic behaviours, into procedures that promote well-being. Two cases were presented to illustrate this hypno-strategic approach.

Sara (Case 1), who was fettered by self-limiting fears of harming others, acknowledged the positive meanings of her ruminations and rituals as elicited by her therapist and accepted them as an expression of social sensitivity and altruistic orientation. As a result, she consented to a positive ritual that further promoted her self-perception as an altruistic person rather than an obsessive one.

Jorge (Case 2) was horrified by the dangers he perceived in everyday life and spent a large part of his day performing rituals that were supposed to lessen his anxieties. When he received confirmation that the world could be a dangerous place and that he could carry out his role of risk preventer for himself and his loved ones in a positive and reality oriented manner, his annoying behaviours diminished.

It should be noted that in both cases prolonged psychotherapy was used to preserve and internalize the therapeutic results, and the interventions described above serve as a watershed of this therapy.

We suggest that therapists use the hypno-strategic approach described above with obstinate OCD patients. In our view not only will this approach help alleviate patients' suffering; it will also promote positive self-perceptions and a sense of well-being.

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Correspondence to Arnon Zahi, Department of Behavioral Sciences, Max Stern Academic College of Emek Yezreel, Emek Yezreel 19300, Israel
Email: Arnon Zahi (zahia@yvc.ac.il)
Phone/Fax: +972 4654 6570