

CLINICAL HYPNOSIS AS AN ADJUNCT TO ASSESSMENT AND THERAPY WITH PEOPLE WITH LEARNING DISABILITIES

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Introduction

The use of clinical hypnosis as an adjunct to assessment and intervention by health professionals working in the field of learning disabilities is an area about which comparatively little has been written. It is the aim of this review, therefore, to draw together the available literature, such as it exists, to subject it to critical evaluation, and finally to draw some conclusions on the efficacy of using clinical hypnosis with this client group.

Studies that have examined and attempted to modify levels of hypnotic susceptibility in people with and without learning disabilities will be considered, the use of hypnosis in therapy in people with learning disabilities will be reviewed and finally some conclusions will be attempted.

Suggestibility

Before considering the question of hypnotic susceptibility, it is worth first briefly defining and clarifying the topic of suggestibility, which has long been the subject of much investigation.

Eysenck and Furneaux (1945) distinguished between two uses of the term 'suggestibility'. 'Primary suggestibility' may be defined as the 'uncritical amenability of an individual to outside influences which intimate that a prescribed course of behaviour or action should be followed' (Trippi, 1973: 220) and tests of 'primary suggestibility' are excellent predictors of hypnotic susceptibility. 'Secondary suggestibility', however, refers to such social tendencies as gullibility, credulity and compliance, and has no relation to hypnotic susceptibility as such.

Suggestibility and people with learning disabilities

Although Weitzenhoffer (1953) has stated that people need to have an *adequate* level of cognitive ability to enable them to comprehend the nature and intent of instructions given, if they are to be effective, there is a paucity of research that supports this position. Indeed, Trippi (1973) has reported indications of *increased* suggestibility, possibly as a variable modifying learning ability, in children with learning disabilities. Woody and Billy (1970) and Shuck and Ludlow (1984) have also investigated how this supposedly greater capacity for suggestibility might be used to facilitate learning by children with intellectual disabilities.

The evidence for increased suggestibility in children with learning disabilities is equivocal. Woody and Billy (1970) did not find any evidence that clinical suggestions (of relaxation, reduced test anxiety and increased motivation) were more effective in influencing performance on a measure of intelligence (the Peabody Picture Vocabulary Test (PPVT)) for a moderately learning disabled group than for a control group of non-learning disabled children. On the other hand, Shuck and Ludlow (1984) reported that a mildly learning disabled group of adolescents responded more than a 'normal' control group to positive suggestions of improved performance on a paired associate learning task.

Susceptibility to hypnosis

Since the very beginnings of hypnosis, as we know, it has been realized that people differ in their susceptibility to hypnosis. The Abbé de Faria (Faria, 1906) estimated that whereas 16% of the population were capable of falling into a 'lucid sleep' (now called 'deep-trance' subjects) the remainder were 'insusceptible' (Faria, 1906). From the late nineteenth century onwards, however, there was a change of view from the previous opinion that the only valid form of hypnosis is 'deep-trance' hypnosis to the current view that there is a continuum of hypnotic susceptibility which can be assessed using standardized scales, such as the Stanford Hypnotic Susceptibility Scale (Weitzenhoffer and Hilgard, 1959).

As is the case with suggestibility, it has been long known that hypnotizability also varies with age (Hull, 1933). Morgan and Hilgard (1973) found that hypnotizability (as it is usually understood) begins at around the age of 5 and peaks between the ages of 9 and 12, declining thereafter in proportion to increasing age. Gardner (1977) argues that infants and pre-school children are also hypnotizable, however, and presents a number of lines of evidence, from both research data and clinical observation, in support of the thesis that infants and pre-school children seem able to achieve something similar to, if not identical with, the phenomena experienced in hypnosis with older people.

Hypnotic susceptibility has also been shown to be open to modification (for example, Spanos, 1982). Diamond (1974) has also reported that observationally presented cues, and, in particular, *verbal* modelling cues, are effective in modifying hypnotic susceptibility in a normal population, even in minimally hypnotically susceptible participants.

Hypnotic susceptibility in people with learning disabilities

A study investigating hypnotic susceptibility in a learning disabled population was reported by Sternlicht and Wanderer in 1963. Twenty children and adolescents with mild to severe learning disabilities and aged between 7 and 15 were given a hypnotic induction using the 'progressive anaesthesia technique'. In this induction technique, with which most readers will doubtless be familiar, it is suggested that parts of the body become 'stiff and heavy and without any feeling at all' and that once the entire body assumes a similar sensation, the subject will experience a deep state of sleep.

Once the induction procedure had been administered by an investigator (who was unaware of the Intelligence Quotient (IQ) of the child) the children were asked to see whether they could move a finger that felt 'different or funny' as a test of hypnotic susceptibility. A measure of hypnotic depth was then taken, with each child

being asked to estimate how deep a state of sleep they were in (on a scale ranging from 0 (not at all) to 10 (the deepest state of sleep they had ever been in before)).

Sternlicht and Wanderer found that 60% of the participants were hypnotizable and that the mean self-rated hypnotic depth was about 7. Hypnotic depth was not found to be significantly negatively correlated to chronological age (although the findings were in the predicted direction). The correlation between IQ and hypnotic depth, however, was found to reach significance at the 1% level. The authors concluded that the classical position that relatively cognitively impaired persons are not hypnotically susceptible was without foundation, but that, within narrow ranges at least, hypnotic depth potentials seemed to be related to intelligence.

The use of clinical hypnosis in assessment and therapy in people with learning disabilities

The first case studies that could be located by the author which reported the use of clinical hypnosis in therapy with people with learning disabilities were those by McCord (1955, 1956a, b, c). However, although some successful examples are reported, it is difficult to reach any more general conclusions as to their efficacy, since the number of studies was so limited.

As part of a larger study (Woody and Herr, 1965, 1966), Woody and Herr (1977) conducted a survey among American clinical psychologists on their opinions and practices regarding the use of clinical hypnosis with people with learning disabilities. One hundred and two psychologists participated, of whom 84 returned usable data. The mean reply to the question 'Do you believe that hypnosis is applicable to counselling the mentally retarded?' was 'Uncertain', and in reply to the second question, 'Have you ever used hypnosis with a mentally retarded person?', 78% replied that they had not.

The uncertainty of respondents, together with the small number actually using clinical hypnosis, does not provide us with either applied clinical or research evidence as to the efficacy or otherwise of clinical hypnosis with people with learning disabilities, although another contemporary survey (Woody and Billy, 1966) found that psychologists interested in learning disabilities generally believed that people with learning disabilities can, and do, benefit from both counselling and psychotherapy.

A very small number of other studies can be located in the literature. These will now be described. Sexter and Gelberd (1964) reported the successful use of hypnosis in dentistry in an uncontrolled study with cerebral palsied children with mild learning disabilities. Eight of 12 children seen for two 2-hour sessions were hypnotizable and it was also reported that the children who participated 'showed improved muscular control over their extremities, as well as an increased range of motion that was not obtainable in the formal physical therapy treatments' (Sexter and Gelberd, 1964: 265).

Illovsky and Fredman (1976), in another uncontrolled study, used eye-fixation and tape-recorded hypnotic induction followed by suggestions of relaxation, coping with emotional problems and suggestions regarding modification of attitudes towards learning. Forty-eight hyperactive children described as having learning disabilities (but in fact of either borderline or below-average cognitive ability) were given 55 15-minute sessions of tape-recorded hypnotic suggestions.

The number of sessions attended varied from two to 49, with the median being 28. Forty-five of the 48 children were later found to show improvements in at least one of

the following areas of teacher-rated behaviour: attention span, desire to learn, following directions, reading ability, restlessness and self-confidence. Twenty of the children were found to have relaxed on at least half of the sessions attended and those same children were also found to show a significantly greater increase in attention span in comparison with the 28 who relaxed on less than half the sessions attended. Although the authors acknowledged the possibility of response bias and expectancy effects, they concluded that hypnosis can successfully be offered to learning disabled primary school children and that teachers would probably rate such an intervention as being successful.

Lazar (1977), in a single-case study, describes the case of a 12-year-old boy with mild learning disabilities and moderately severe cerebral palsy whose presenting problem was no functional use of the right hand. The boy was seen for nine sessions over a two-and-a-half month period with some further follow-up sessions after a seven-and-a-half week break. Hypnotic imagery, involving, for example, watching a football game on television, was used together with verbal suggestions of relaxation and comfort.

By the ninth session the boy was able to flex and extend his right wrist without support; to move his right hand laterally with support; to extend his fingers and to strike, grasp and release a soft, spongy ball.

Following the ninth session, the boy shook hands with his teacher every morning using his right hand. In further follow-up sessions the boy progressed to being able to put his right arm into a coat sleeve and his handwriting also improved, through being able to steady the paper using his right hand. Lazar concluded that there were strong indications that hypnosis is an effective intervention for use with cerebral palsied clients but also admitted the need for systematic evaluations of interventions with a large number of participants.

All of the above studies have a number of particular methodological shortcomings, such as the absence of accepted research methodologies such as blind or double-blind trials, as the last author has freely admitted. In the instance of the single-case studies (McCord, 1955, 1956a, b, c; Lazar, 1977) there was no evidence of the use of accepted single-case design methodology, such as the use of either alternating (ABAB) or reversal (ABBA) single baseline or multiple baseline designs, and, in the group studies, (Secter and Gelberd, 1964; Illovsky and Fredman, 1976) there was no use of either alternative-treatment or no-treatment control groups to control for such intervening variable factors as attention, expectancy, placebo, practice or response-bias effects. As such, it is difficult to form any definite conclusions about the efficacy, or otherwise, of interventions which have used hypnotic techniques as therapeutic adjuncts.

Summary and conclusions

This necessarily brief review commenced with a consideration of the related key concepts of suggestibility and susceptibility to hypnosis. The few studies that have examined suggestibility and hypnotic susceptibility in people with learning disabilities were then summarized. In the last section, the small number of studies that could be found in the literature which reported the use of hypnosis as a therapeutic adjunct with people with learning disabilities was reviewed.

Although the limited data on the extent of suggestibility of people with learning disabilities are somewhat equivocal, there is, without doubt, considerable evidence

that people with learning disabilities are susceptible to hypnotic procedures. This indeed must cast some doubt on the classical view that intellectual impairment is incompatible with hypnotizability.

This being the case, however, it is surprising, not to say disappointing, that more cases which have used hypnotic techniques as adjuncts to assessment and/or therapy with people with learning disabilities could not be located, despite an extensive literature search. Indeed, no studies at all were found which employed hypnosis as an aid to assessment, for example, facilitating client and therapist access to hitherto difficult to articulate material. Furthermore, those that reported on the use of hypnotic procedures as therapeutic adjuncts either lacked methodological rigour or, in the case of group studies, lacked adequate and/or appropriate control groups.

The absence of such studies is possibly not solely confined to a learning disabled client population, however, but probably reflects a more general ambivalence in the wider health professions, generally, to the utilization of hypnosis or hypnotic procedures as adjuncts to therapy. This may be related to general therapist attitudes to the use of psychotherapy techniques other than behavioural modification with people with learning disabilities. As one of the reviewers (1999) of an original draft of this paper observed: 'most of the studies identified are pre-1970 and pre-date much of this effort. Lack of interest in the use of hypnosis with learning disabled persons parallels [the] same delay in willingness to attempt to imaginatively adapt techniques and approaches to the verbal abilities and cognitive limitations of learning disabled persons'.

Other possible roots of this ambivalence are various but most probably derive from an underlying ignorance of the subject which, in turn, might give rise to a number of misconceptions or false assumptions. If this is the case, a possible way towards remedying the current situation might be to incorporate more teaching on the subject of clinical hypnosis in vocational basic training courses and to establish more research projects into the use, mode of operation, phenomenology and effectiveness, or otherwise, of hypnotic techniques.

Until this has been done, and until a number of further studies have been conducted into the use of clinical hypnosis as an adjunct to assessment and therapy with people with learning disabilities, any interim conclusions that can be drawn regarding the efficacy of hypnosis with this client group must, necessarily, be extremely limited.

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