USE OF HYPNOTHERAPY IN MANAGEMENT OF MOTION/TRAVELLING SICKNESS

[1]BOSKY SHARMA, [2]DHARMENDRA SHARMA, [3]PAUL LAGINIKORO

[1]PG.Dip.in Clinical & Applied Hypnosis, M.A. Clinical Psychology, B.A, B.Ed. Counselor, FNU, Suva, Fiji.
[2]Ph.D. Psychology, M.A. Clinical Psychology.Counselor, FNU, Suva, Fiji.
[3]PGCEducation, B.A Applied Psychology/Counseling, Cert.Theology LecturerII, Health Promotion, FNU,Suva, Fiji.
E-mail: [1]missbosky@gmail.com, [2]dharmendra.hnsg@gmail.com, [3]paul.laginikoro@fnu.ac.fj/ jhonsonpaul650@gmail.com

Abstract- Hypnotherapy was used in the management of motion/travelling sickness for a 17-year-old young girl. A treatment approach incorporating Hypnotherapy with Rational Emotive Behavior, Relaxation and Counselling, atherapy framework was designed and implemented to achieve a successful outcome. Breath watching, PMR with Eye Fixation and Pleasant Imagery wereutilized to acknowledge, and then practice the desired response and post-hypnotic suggestion enabled these lessons to be generalized and applied to other aspects of the patient's experience.

Key Words- Hypnotherapy, Motion/Travelling Sickness, Management

I. CASE STUDY

Miss B, is a 17yrs old female, studies in ClassXIIthStd (Commerce Stream). She is an extrovert person and good at social interactions. She is quite enthusiastic and likes to participate in the intellectual activities. Her hobbies are reading & poetry writing. She is also fond of watching television, drawing and eating and enjoysplaying video games with her brother.She is confident and believes in hard working and is very responsible and caring too.

She came with thecomplaints of

- Severe Physical discomfort like nausea, vomiting and headache while travelling by road.
- Family members reported that she faces severe difficulty and is unable to travel more than for an hour or so by road.

History Of Present Illness

The patient has been suffering from severe motion/travelling sickness and the Onset is Insidious, Course of illness is Continuous&Progressionis improving, at least can travel 1, 1.5 hour by road but as and when tried to travel has been having severe complaints and spells of vomiting, nausea and at times faintness as a result had to be admitted in hospital. She has been avoiding any kind of trips and long distance travel since long approximately 3 yrs. The reason reported by the mother was, the patient's condition and unwillingness to travel by road, as well as hers and her brother's studies. The patient feels embarrass and anxious about unable to travel and enjoy, also feels guilty of herself and feels because of her, whole family suffers. Due to this she has not been able to go in any of the school trips or picnics and feels bad and ashamed too. Being in class 12th, and last opportunity for attending school trips with friends, she herself was motivated to seek help and spoke to her mother too. Her mother felt that, as she is motivated herself, alternative therapies along with counseling may help and benefit her. Both had come to School Counselor, for the counseling.

Past History

The patient complaint, of the above-mentioned symptoms, around class 2nd or 3rd for the first time. The mother felt she was suffering from motion or travelling sickness when they went to some nearby place by road in bus and then after she has been observing her discomfort whenever they travelled and thus, she has been not participating in any school trips too. However, after their family trip to Mahabaleshwar when she was in class 8th, wherein she suffered severe vomiting, nausea and stomach pain and headache and as a result was admitted in hospital, this intensified her fear and guilt, and she then after has been avoiding any long road trips. She had seen a counselor too, who said it happens to many and it's normal, she needs to consciously practice and get used to, it slowly & gradually as she has developed negative attitude to it, she has to consciously work it out. Since then with her parents help she had tried to move in car for a while with the help of avomine, medicine. She reported that, thenafter she, could now slowly and gradually be able to manage for 1 and 1.5 hr journey taking avomine tab. There is no history of anyother psychiatric illness, any other medical illness and drug abuse or alcohol dependence.

Medical & Treatment History

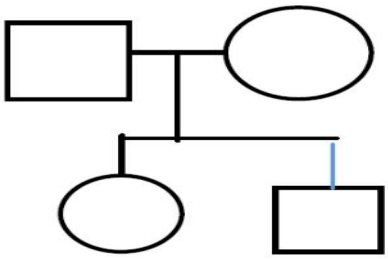
Homeopathy for 1 yras and when travelled, and lastly, two months she has taken ayurvedic treatment, for general health not specific to motion /travelling sickness. But, whenever she travels she takes avomine tab, though till date.

Family History

The patient belongs to a middle class, nuclear family. Her father is a business man and mother is a home maker. She has one younger brother. The relationship

with each family member is fair and supportive. The attitude of the family members towards the patient's problem is very supportive and the communication pattern of the family is fair.There is no history of any psychiatric illness in the family.

Genogram



Current Situation and functioning

Day to day functioning is normal and the condition has no significant impact on the current situation and functioning.No significant stressors could be elicited as of now.

II. MENTAL STATUS EXAMINATION

General appearance and behavior:

The patient came to the school counsellor's room with her mother on school's open day. She appeared quite refreshed and glad for her results.

Attitude towards the examiner:

She walked in and greeted "good morning mam" grabbed a seat obediently when asked to. Her face was delighted and was revealing some emotional expressivities. Eye to eye contact was maintained.

Psychomotor activity, Comprehension &Rapport:

Her psychomotor activity was normal. No other movements like Ticks and mannerisms noted.Her comprehension was intact and Rapport was fairly well established.

Speech, Mood&Affect:

Rate, quantity and volume of speech were normaland reaction time was also normal. Her mood was delighted and Affect was Appropriate & congruent to mood.

Thought processes&Thought Content:

Coherent and goal directed. Thoughts were flooded of positivism, hope, helpfulness & self -worthy.

Perception: No perceptual disturbances could be elicited.

Higher Mental Functions:

Consciousness &Orientation: The patient was conscious at the time of MSE and was oriented towards time, place and person.

Attention and concentration:Attention could be easily aroused and sustained and was able to maintain concentration.

Memory, Abstract thinking &Judgment:Her immediate, recent and remote memory was intact and abstraction ability was good and judgment was fair.

Insight – The patient was aware of her problem and was seeking help for the same. Hence the insight was present at level 6.

Psychological assessments and their significance:To know about the patient's personality and functioning in different areas of life High School Personality Questionnaire(HSPQ) was administered.The patient did willingly come for the test. She was quite cooperative and was interested in test taking and did work sincerely and silently.

Test findings:The test scores on various factors suggested that, sheis outgoing, warmhearted, easy going, participating. She is less intelligent and has concrete thinking. She is towards having higher ego strength and is emotionally stable. She is also phlegmatic, inactive and deliberate, mild, obedient and conforming. She is sober, prudent serious and taciturn. She is conscientious, persevering and rule bound. She is shy and restrained, timid. She is tough minded, realistic, self-reliant, vigorous and zestful. She is apprehensive, worrying and troubled. She is placid, self-assured, group dependent, controlled self-disciplined and compulsive but is also relaxed, tranquil.

Assessment summary: The test was administered to help her understand herself better and also to relate the problem with her strengths and help her work out focusing on her strengths and overcoming weaknesses. With case history, mental status examination and psychological assessment Miss. B. is said to be slightly over thinker and worried personality and is optimistic and motivated too overcome her motion/travelling sickness.

Final Diagnosis:Motion/travelling sickness

Prognosis:

Good Prognostic Factor-Total support from family members.

Poor Prognostic Factors-Resistance.

III. HYPNOTHERAPY TREATMENT PLAN

Objectives of the Therapy:

Short term goals –To make the patient totally aware of the problem through psycho-education.

Long-term goals – To make comfortable with road journey

To reduce negative thoughts and beliefs.

To make the patient slowly & gradually desensitize with the event.

To strengthen the patient to fulfill her wishes.

To enhance self-confidenceand self- worth & self-efficacy.

Therapeutic Process: - Psycho education

Counselling

Rational Emotive Behavior Therapy(REBT)

Relaxation

Hypnotherapy Sessions.

Considering the suitability of the patient for hypnotherapy treatment:

Since previous treatments had not been effective and the events had unpleasant and painful experiences Miss B as highly motivated and wanted to overcome it, thus motivating her to comply fully with hypnotherapy treatment. Due to a keen interest in hypnotherapy as well as her high level of motivation, Miss B was deemed to be a suitable candidate for hypnotherapy. Her history indicated that there were no contra-indications prohibiting treatment through clinical hypnotherapy. Miss B was found to have good to excellent capacity for suggestibility due to her creative and vivid imagination capacities. She also appeared to have a high degree of positive expectancy and a strong belief that this form of treatment would be successful, in addition to her high level of motivation, which further supported the use of hypnotherapy in her case.

IV. SESSION SUMMARY

Session – 1 –Diagnostic Interview & Rapport establishment :In session-1 Miss. B along with the mother was interviewed about the nature and development of the complaints. She was self-motivated and was ready to take help. Rapport was fairly well established already and therefore gradual trust transference was felt by the patient in this session also, following clinical interview with her and her mother, there were found to be no contra-indications for the use of hypnotherapy in the treatment of Miss B's Motion/Travelling Sickness. Both her parents consented fully and without reservations to treatment and demonstrated high levels of motivation and a strong belief that the treatment of Miss B's Motion/Travelling Sickness through clinical hypnotherapy would be helpful and successful. Miss B demonstrated creativity and an eagerness to comply, as well as a capacity for vivid imagination and suggestibility.

Session-2- Diagnostic Interview, Ventilation through Catharsis &Psychometry : In the 2nd session rest of the history was taken and the patient was helped out to ventilate her inner feelings through the process of catharsis. Psychometry was done with the help of psychological test to see overall areas of personality.

Session – 3 – Counseling:The patient was counseled with special emphasis on challenging her negative thoughts and illogical beliefs. Confrontation was done in this session when she talked about her plans for the future and was given indirect suggestion for enhancing positivity and self-worth.

Session – 4 – Psycho education:Psycho education was provided through the written material and different handouts. The patient was convinced and motivated to read. She was also helped to understand how mind works, how we can utilize the potential of it and how conditioning and especially fear conditioning takes place and we acquire faulty patterns of behavior and also was informed how we can unlearn and modify it.

Session – 5 –Rational EmotiveBehaviour Therapy: In session 5, the patient was given rational emotive behavior therapy, which was started with identifying activating agents, consequences and finding out the beliefs so as to restructure thoughts, to deal with the anxiety and negative and irrational automatic thoughts. This involved disputing irrational believes, by finding ABC's components and encouragement in engaging in feared activities. She was slowly and gradually made aware and had become receptive.Each session was progressing and she asked for next appointment on its own.

Session – 6-Relaxation: She was explained how relaxation works was also provided relaxation training in this session before which the patient was explained about the mind body relationship, as to how her thinking pattern can affect her mind, which in turn can bring about some changes that may cause disturbances in the body, which further disturbs the mind by strengthening the negative thinking. Miss. B. was taught to tense one group of muscles while the rest of the complete body was to be kept relaxed. She was asked to concentrate on the therapist's voice and her own breathing throughout the session. It was also observed that the patient could relax better and enjoyed the session.

Session – 7-Hypnotherapy session with Breath Watching: She was briefed and explained how hypnotherapy can be effectively used and the misconceptions were cleared.The hypnosis session was not conducted until after a detailed and thorough preparation of the subject. Only two hypnotherapy session was conducted with Miss B. The script for this session was largely based on material generated through discussion with her but also a mix of segment were utilized from other scripts with special focus on getting comfortable to journey and motion/travelling sickness and enhancing self-confidence and self – efficacy & self-worth .

Session – 8 -Hypnotherapy session (PMR with Eye Fixation & Pleasant Imagery)&Follow up Session: She came to see the counsellor, excited and informedthat she has decided to go on the school trip with friends and has paid the fees too. She was given motivation and verbal positive strokes for attempting and initiating.

Flow chart

S.No.	Sessions	Therapeutic Process
1.	Session 1	Rapport and Diagnostic Interview
2.	Session 2	Diagnostic Interview, Ventilation through the process of Catharsis &Psychometry
3.	Session 3	Counseling
4.	Session 4	Psycho education
5.	Session 5	REBT
6.	Session 6	Relaxation
7.	Session 7	Hypnotherapy Session with Breath watching
8.	Session 8 & Follow up session	Hypnotherapy session, PMR, with Eye fixation & Pleasant Imagery.

OUTCOME

A case of motion/travelling sickness received about two sessions in a week. Each lasted for about 60 – 90 minutes. The patient was being dealt with the help of the techniques like Psycho education, Relaxation, Counseling, Rational emotive behavior therapy and Hypnotherapy. The patient came regularly for the sessions with keen interest and showed motivation and improvement, as she had expressed interest and also had pay fees, to join her friends in school trip as itwas the last trip of Class XII reported by her. The mother too on follow up phone call confirmed and reported that there was no negative side effects and the therapy was successful.

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