

Hypnosis in the treatment of psychodermatological diseases

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Exercise

The Clock and the Tree

- Clock technique:
 - A Mindfulness-based hypnotic induction
 - Utilization
 - Time modification
 - Exploring perceived time flow
 - Self-hypnosis
- Imagination of a tree:
 - Diagnostic value / projective test
 - Self-knowledge
 - Easily combined with art therapy

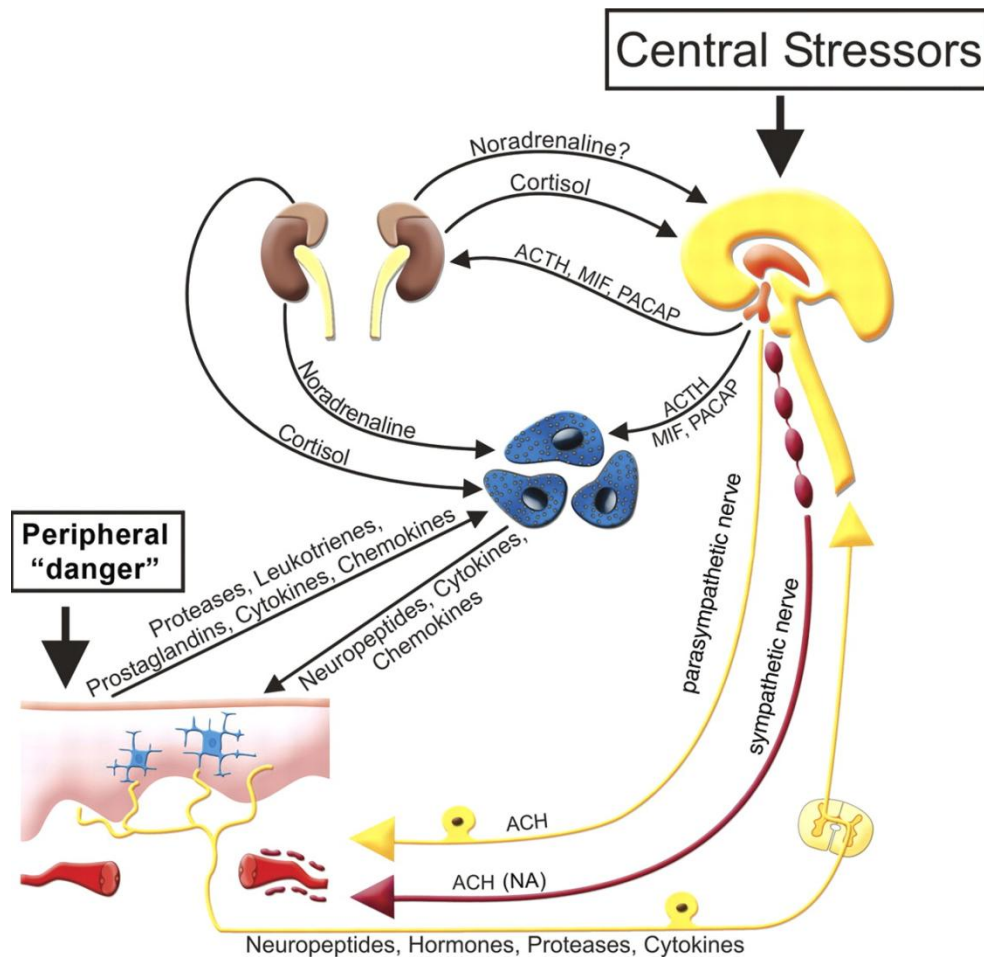
Outline

- The psychological and immune functions of skin
- A case label – an example of alexithymia
- Psychodermatology: a model for clinical health psychology
- Classification of psycho–cutaneous conditions
- Stress and Skin: Psycho-neuro-endocrine-immunological origins
- The role of hypnotherapy
- Alopecia areata
- Psoriasis
- Rapid hypnoanalytic method
- Empowerment
- Suggested readings and links

The psychological and immune functions of skin

- **Border – barrier**
- Emotional **expression**
- **Perception** and **responses** to external stimuli
- **Communication** and **mediator** organ/surface: tactile, termic and vegetative phenomena
- **Reflexive** surface: all organic disorders are projected on skin, all skin stimuli is transmitted to the target organ

(Kása & Vértés, 2011)



The skin contains the equivalent of the **hypothalamus-pituitary-adrenocortex axis**, that provides local stress response. Skin is the target organ for the main stress mediators (CRH, ACTH, cortisol, prolactin, substance P and nerve growth factor)

(Slominski et al., 2002)



‘Princess Pea’:

A 32-year-old woman with severe atopic dermatitis, being referred to me because of her psychological problems

- A generalized form of eczema
- Dry, red, itchy skin: A chronic inflammation
- Lesions in bending surfaces, like elbows, knees and joints
- Itch-scratch cycle
- ‘Over-hygienized’ environment – tuned up immune system
- No casual just symptom-reducing therapies
- Alexander (1950): The ‘Holy seven’ – Neurodermatitis
- Suppressed hostility (Gieler et al., 2002)

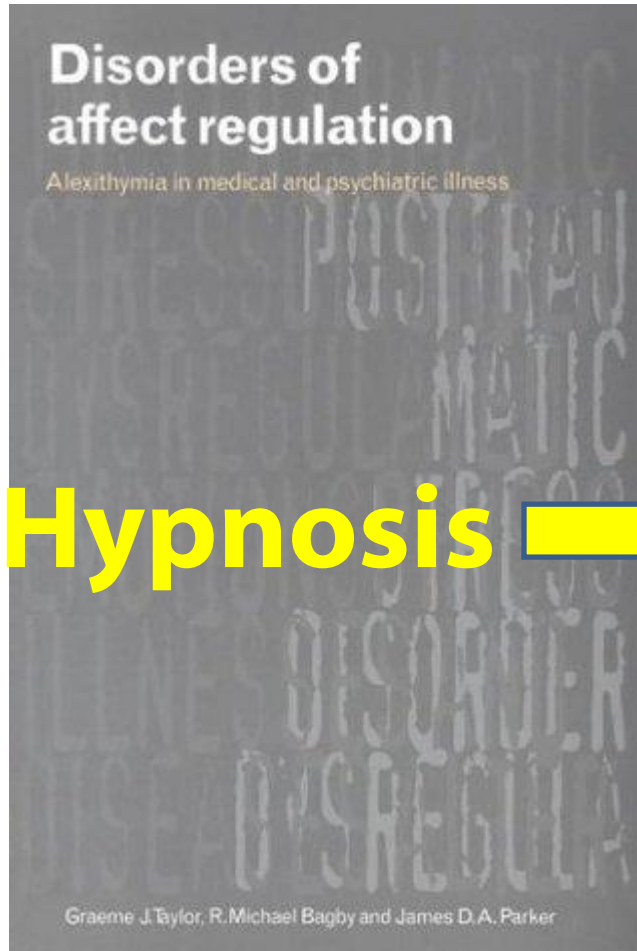
Hypnotic interventions

- First session: Meeting, psychodiagnostic interview, conflict on the length of the treatment
- Second session: '**Magic lake**' – cool, soothing water, itch-scratch cycle
- Third session: **Thai box training** – aggression management
- Fourth session: **Time progression**, nurse – empowerment and independence
- Fifth session: discussing her relationship with parents and abusive boyfriend
- Follow-up: alleviated symptoms, started working in a hotel



Alexithymia

Taylor, Bagby, Parker (1999)



- 'Emotional poverty'
- Shortage of fantasy, reduced symbolic thinking (pensée opératoire)
- Disturbance in **interhemispheric transfer**
- Disturbance in communication between **limbic system and neocortex**
- Low activity in **anterior gyrus cinguli**
- **Expressing, verbalizing and elaborating emotions** increase immune response (Pennebaker, 2004)
- Psychotherapy: **Emotional feedback**, awareness, practice
- Assessment: quantitative and projective methods, observation

How alexithymia "works"

- Genetic factors, parental behaviour, trauma
→ alexithymic affective processing
- Alexithymia \leftrightarrow externalizing and self-compromising behaviour (smoking, problematic drinking, addictions, violence)
- Alexithymia → psychosomatic symptoms
- The exacerbating effect of risk behaviours
- E.g. smoking in psoriasis

Assessment of alexithymia

- Behavioural observation
- Short questionnaires: Toronto Alexithymia Scale, 20-item version (TAS-20)

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© 1993 Pergamon Press Ltd

THE TWENTY-ITEM TORONTO ALEXITHYMIA SCALE—I. ITEM SELECTION AND CROSS-VALIDATION OF THE FACTOR STRUCTURE

R. MICHAEL BAGBY,* JAMES D. A. PARKER,† and GRAEME J. TAYLOR‡

Genetic and Environmental Factors in Alexithymia: A Population-Based Study of 8,785 Danish Twin Pairs

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Scoring of TAS-20

- Direct items: completely disagree = 1, disagree = 2, neutral = 3, agree = 4, completely agree = 5

Items 1, 2, 3, 6, 7, 8, 11—17, 20

- ***Reverse items:** completely disagree = 5, disagree = 4, neutral = 3, agree = 2, completely agree = 1

***Items 4, 5, 10, 18, 19**

Interpretation of the scores

- 20—51: Non-alexithymic
- 52—60: Difficulties in accessing and identifying emotions
- 61— : Alexithymia

Table 3 Review of studies on alexithymia in dermatology

Reference	Study group	Control group	Results	Statistical relevance ($P < 0.05$)
Sayar <i>et al.</i> ³⁴	AA $n = 31$	Healthy $n = 40$	AA: 58% alexithymic (vs. 35% control: $P < 0.01$) TAS AA > TAS control ($P < 0.01$) AA: more depression and hopelessness	Yes Yes Yes
Cordan Yazici <i>et al.</i> ³⁵	AA $n = 43$	Healthy $n = 53$	AA: 44.2% alexithymic (vs. 23.2% control: $P = 0.013$) TAS AA > TAS control ($P = 0.013$) AA: no difference in stressful events, depression, anxiety No relation between alexithymia score and AA duration, AA type	Yes Yes No No
Picardi <i>et al.</i> ⁵	AA $n = 21$	Other skin disease* $n = 102$	AA: 33.3% alexithymic (vs. 19.6% control) TAS AA > TAS control AA: more avoidance of attachment, poorer social support No difference in stressful events	No No No No
Fava <i>et al.</i> ³⁶	Psoriasis $n = 20$	Urticaria/Fungal $n = 20/20$	No difference in alexithymia	No
Rubino <i>et al.</i> ⁴³	Psoriasis $n = 20$	Healthy $n = 20$	No difference in alexithymia TAS psoriasis > TAS control	No No
Allegranti <i>et al.</i> ³⁸	Psoriasis $n = 32$	Healthy $n = 120$	Psoriasis: 15.6% alexithymic (vs. 9.1% control: $P < 0.001$) TAS psoriasis > TAS control ($P < 0.05$)	Yes Yes
Picardi <i>et al.</i> ²⁵	Psoriasis $n = 40$	Other skin disease* $n = 116$	Psoriasis: 25% alexithymic (vs. 19% control) TAS psoriasis > TAS control No difference in stressful events, social support, and attachment	No No NR
Richards <i>et al.</i> ¹²	Psoriasis $n = 300$	No control group	Psoriasis: 35% alexithymic No correlation between alexithymia score and clinical severity, age, age at onset, and disease duration	NR
Picardi <i>et al.</i> ⁶	Psoriasis (type: vulgaris) $n = 33$	Other skin disease* $n = 73$	Psoriasis: 51.5% alexithymic (vs. 24.7% control: $P = 0.01$) TAS psoriasis > TAS control Psoriasis: more avoidance of attachment, less social support. No difference in number of life events	Yes No Yes
Consoli <i>et al.</i> ³⁹	Psoriasis $n = 93$	No control group	Psoriasis: 35% alexithymic Emotional awareness is more relevant than alexithymia	NR
Tantam <i>et al.</i> ⁴¹	Itchy skin disease $n = 6$	Healthy $n = 6$	Atopic dermatitis more alexithymic Alexithymia associated with less REM sleep	NR
Maniaci <i>et al.</i> ⁴³	Chronic urticaria $n = 40$	No control group	Chronic urticaria: 50% alexithymic TAS urticaria > TAS Italian standardized sample ($P < 0.05$) 48% depression	Yes
Calikusu <i>et al.</i> ⁴⁴	Chronic urticaria $n = 31$	Psychogenic excoriations $n = 31$	Psychogenic excoriations: more alexithymic ($P < 0.05$) Psychogenic excoriations: more anger Correlation between anger and alexithymia scores	Yes Yes Yes
Schneider <i>et al.</i> ⁴⁶	Prurigo nodularis $n = 94$	Psoriasis $n = 91$	No differences in alexithymia No difference: anxiety, depression, somatoform disorders	No
Picardi <i>et al.</i> ²⁵	Vitiligo $n = 31$	Other skin disease* $n = 116$	Vitiligo: 35.5% alexithymic (vs. 19% controls: $P = 0.01$) TAS vitiligo > TAS control ($P = 0.01$) Vitiligo: less social support Vitiligo: higher insecure attachment No difference in stressful events	Yes Yes Yes No No
Picardi <i>et al.</i> ⁴³	Skin diseases $n = 545$	No control group	TAS: normal range Correlation: higher alexithymia–lower psychosocial functioning	NR Yes

AA, alopecia areata; NR, not relevant; REM, rapid eye movement; TAS, mean Toronto Alexithymic Scale score.

*Without psychosomatic factor.

Psychocutaneous disorders (Willemssen et al. 2008)

17 studies: significant difference

11 studies: no difference

4 studies: not relevant

- **Psychodermatology:** The interdisciplinary study and treatment of co-occurrent skin and psychological problems
- **Clinical health psychology:** Treatment of patients who suffer from 'somatic' or 'psychosomatic' (non-psychiatric) conditions, through reducing illness burden, management of chronic symptoms, psychoeducation and psychotherapeutic methods
- **Hypnosis:** bridge between body and mind!

Classification of psycho—cutaneous conditions (Gieler et al. 2009)

- Primary psychiatric conditions with skin symptoms

Trichotillomania; autolesion in borderline personality disorder; Ekbom syndrome

- Psychocutaneous/psychosomatic skin diseases

- Psychological etiopathogenesis

Eczema, atopic dermatitis; certain cases of psoriasis and alopecia

- Secondary psychopathology

Psoriasis, melanoma → Depression

- Primary skin diseases (psychological symptoms may rarely occur)

Onychomycosis, contagious skin disorders → Stigmatization

The role of emotional factors

(Rook, 1972; Whitlock 1976; Bárdos, 2003)

- Dermatoses of purely emotional origin
D. artefacta, trichotillomania, skin hypochondriases, body image disorders (OCD), Ekblom syndrome
- Dermatoses intensified or maintained by self-punitive trauma
Lichen simplex, acne excoriée, acne necrotica
- Dermatoses intensified or maintained by psychosomatic mechanisms
Anogenital pruritus, pruritus generalis, hyperhidrosis, intensive blushing
- Emotional instigation
Eczema, atopic dermatitis, urticaria, seborrhoic dermatitis, rosacea
- Emotional effects
Psoriasis, lichen planus, alopecia areata, diffuse alopecia, vitiligo, melanoma

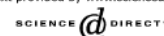
Psycho-neuro-endocrine-immunological origin



Review

TRENDS in Immunology Vol.27 No.1 January 2006

Full text provided by www.sciencedirect.com



Neuroimmunoendocrine circuitry of the 'brain-skin connection'

Ralf Paus¹, Theoharis C. Theoharides² and Petra Clara Arck³

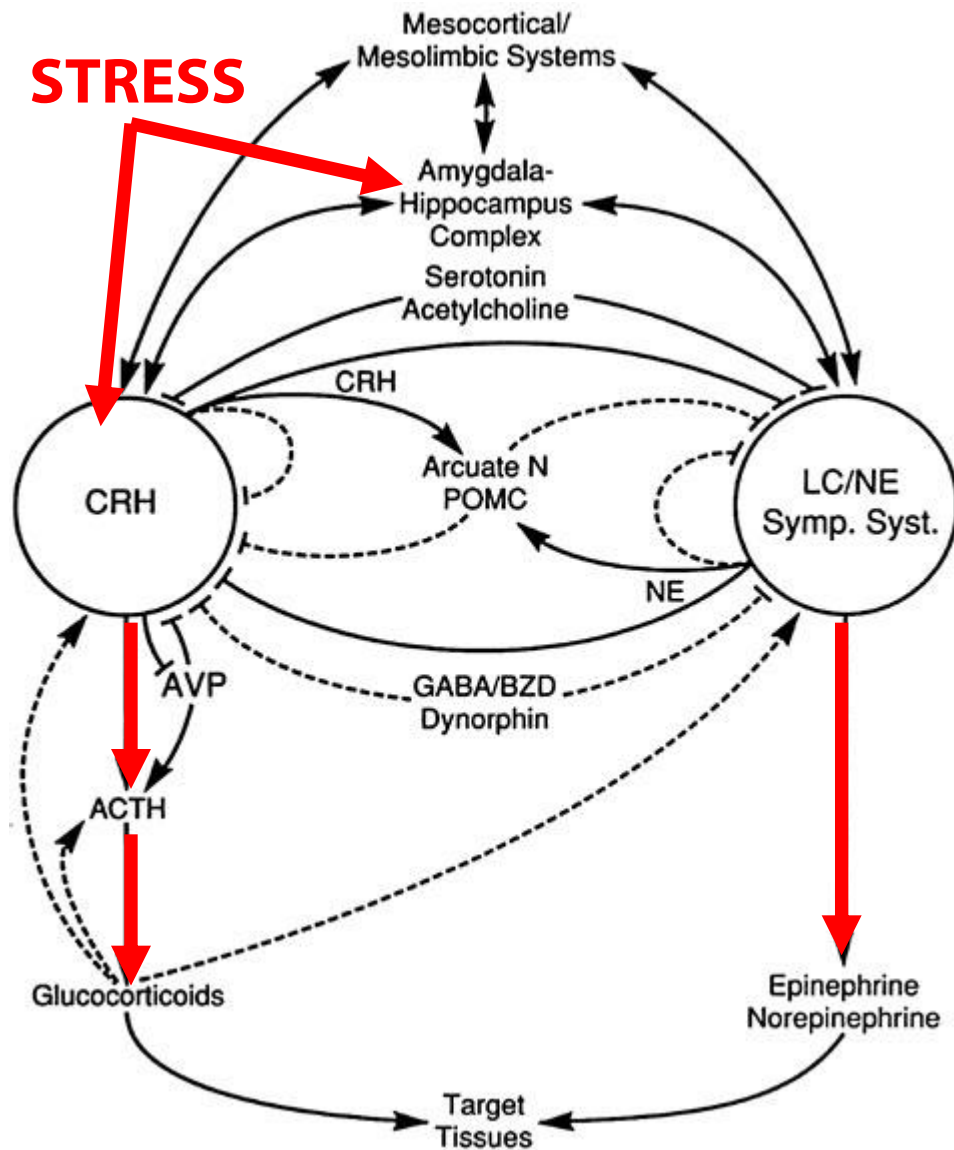
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Neuroimmunology of Stress: Skin Takes Center Stage

Petra C. Arck¹, Andrzej Slominski², Theoharis C. Theoharides³, Eva M. J. Peters¹ and Ralf Paus⁴



Changes in HPA axis under hypnosis:

Chronic stress → hypocortisolism

In psoriatic patients lower baseline cortisol response was found than in control persons – stronger stress reactivity

Evers et al. (2006) *Brit J Dermatol*

Role of priming: In stress-reactive subgroup more intensive cortisol reduce following acute stress → inflammatory reaction

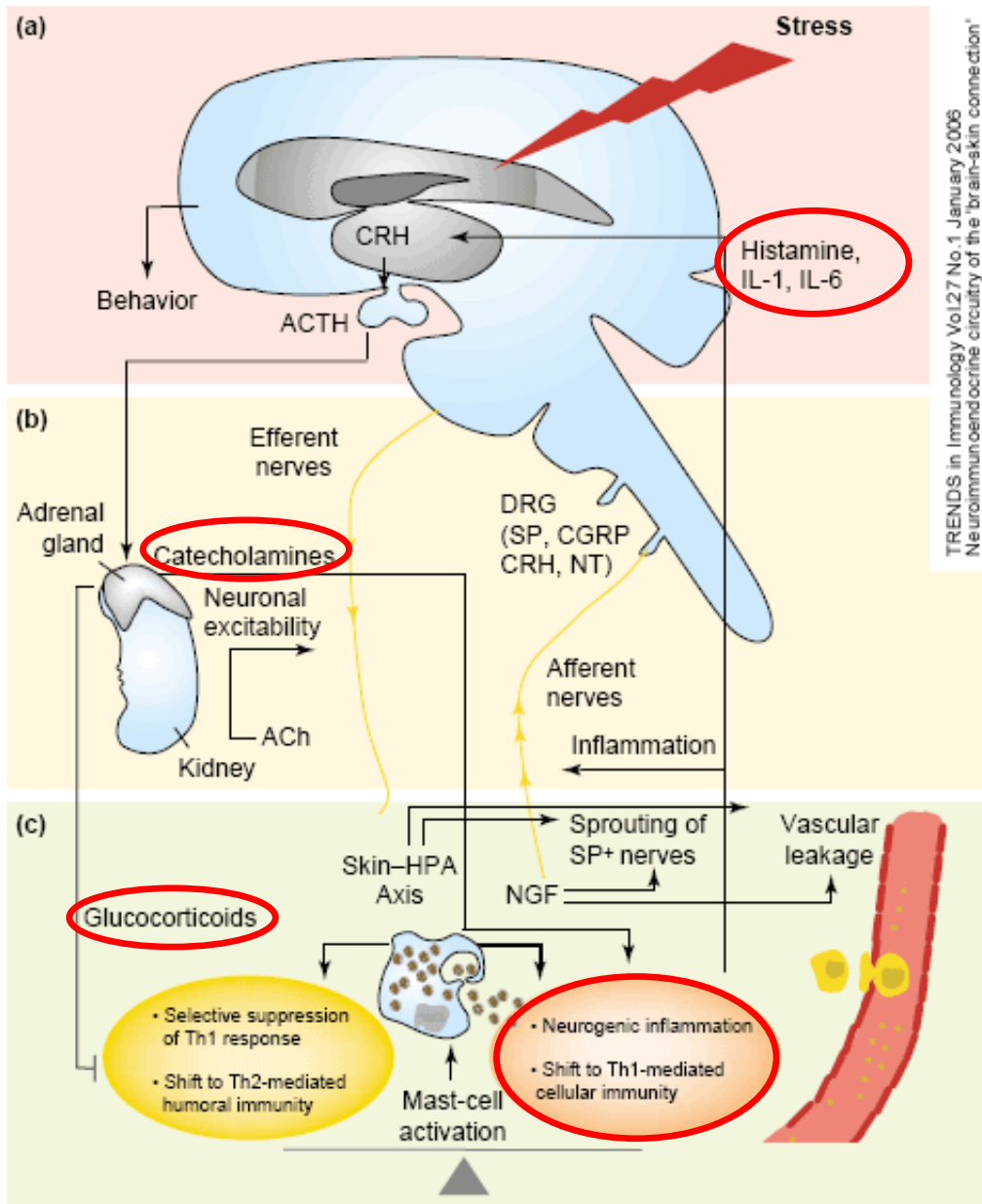
Richards et al. (2005) *Brit J Dermatol*

POMC expression is not significant in psoriasis patients: lowered inhibition in LC/NE system → increased catecholaminergic activity

Kim et al. (2007) *Exp Dermatol*

Chrousos (1998): The hypophyseal—pituitary—adrenocortex (HPA) axis

Stress and skin



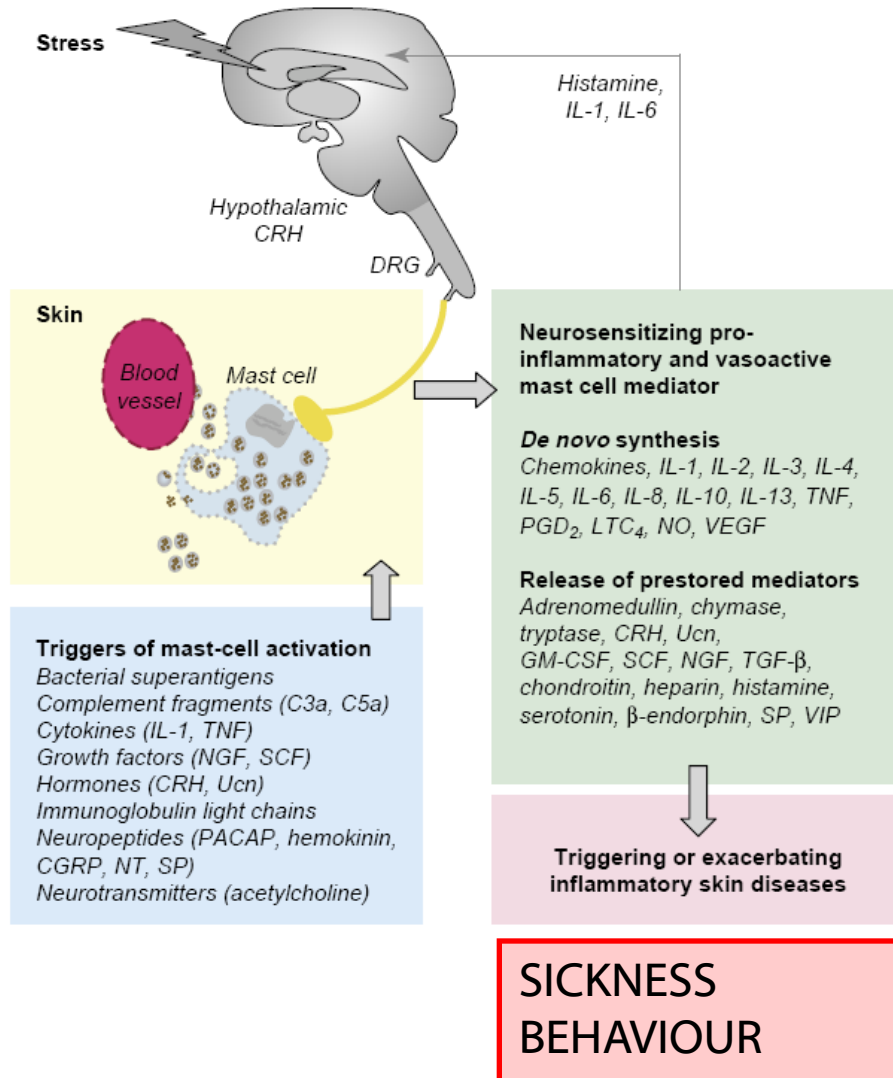
TRENDS in Immunology Vol.17 No.1 January 2006
Neuroimmunendocrine circuitry of the brain-skin connection*
Ralf Paus, Theodoris C. Theoharides and Petra Clara Arck

NGF → P-substance →
activation of mast cells

Hypocortisolism + catecholaminergic activity →
neurogenic inflammation

IL-1, IL-6, TNF- α release:
sickness behaviour, depression, externalizing behaviour!

Sickness behavior



- **Physiological components:** fever, heightened level of acute phase proteins in the liver, decreased iron, zinc and copper levels in blood plasma
- **Emotional components:** depressive mood, involution
- **Cognitive component:** slowdown of cognitive functions

Psoriasis—sickness behaviour—depression

From inflammation to sickness and depression: when the immune system subjugates the brain

Robert Dantzer^{‡}, Jason C. O'Connor^{*}, Gregory G. Freund^{*‡}, Rodney W. Johnson^{*} and Keith W. Kelley^{*‡}*

Abstract | In response to a peripheral infection, innate immune cells produce pro-inflammatory cytokines that act on the brain to cause sickness behaviour. When activation of the peripheral immune system continues unabated, such as during systemic infections, cancer or autoimmune diseases, the ensuing immune signalling to the brain can lead to an exacerbation of sickness and the development of symptoms of depression in vulnerable individuals. These phenomena might account for the increased prevalence of clinical depression in physically ill people. Inflammation is therefore an important biological event that might increase the risk of major depressive episodes, much like the more traditional psychosocial factors.

Nature 2008:9

The role of hypnotherapy in treating psychocutaneous disorders

- Hypnosis: **altered state of consciousness**
- Narrowed attention to cues provided by the hypnotist: powerful **suggestions**
- Increased suggestibility
- **Hypnotic susceptibility + motivation**
- Relaxation, calming, stress reduction
- Self-hypnosis: anxiety control, symptom reduction, **agency**
- Hypnoanalgesia, hypnoanaesthesia

Hypnosis in Dermatology

Philip D. Shenfeld, MD, MS

Conclusion:

Appropriately trained clinicians may successfully use hypnosis in selected patients as alternative or **complementary therapy** for many dermatologic disorders.

Table 2. Literature Summary for Hypnosis in Skin Disorders*

Disease	Type of Therapy	Study				
		RCT	NRCT	CS	MCR	SCR
Acne excoriate	C				24	
Alopecia areata	C				25	
Alopecic dermatitis	C		28			
Congenital ichthyosiform erythroderma	C				30	
Dyshidrotic dermatitis	C					33
Erythromelalgia	A					34
Furuncles	C					35
Glossodynia	C					36
Herpes simplex	C					38
Hyperhidrosis	C					39
Ichthyosis vulgaris	C					40
Lichen planus	C					33
Neurodermatitis	C					42
Numbular dermatitis	C					33
Postherpetic neuralgia	C					38
Pruritus	C					45
Psoriasis	C	52				50
Rosacea	C					
Trichotillomania	C					53
Urticaria	C			59		
Verruca vulgaris	ACP	80		81	71	
Vitiligo	C					33

*RCT indicates randomized control trial; NRCT, nonrandomized control trial; CS, case series; MCR, multiple case reports; SCR, single case report; C, complementary; A, alternative; and P, primary. Numbers in the body of the table are reference numbers.

A hypnotic approach for alopecia areata

(Willemssen & Vanderlinden, 2009)

Stepwise protocol for 10 sessions

- 1.) **Psychoeducation**: explaining the psycho-immune basis of the symptoms
- 2.) **Sunbathing & Suggestions for vasodilatation**:
 - Healing effect of the sun
 - Raise in scalp temperature
 - Amelioration of a better blood flow
 - Reduction of inflammation around hair follicles
- 3.) **Skin breathing** (mindful meditation - Kabat-zinn)
Extend awareness of respiration towards the skin
Feel the respiration of scalp skin
Imagination of close contact skin and mind
- 4.) **Gardening**
 - Taking away all weeds before new plants can grow
 - New plants need water and sunlight

5.) **Tree metaphor**

- Concentration on roots deeply down into the earth
- Feeling of all energy needed for grow
- Visualisation of growing branches and leaves

6.) **Inner healer** (Araoz) :

Explaining that healing is a natural state

Visualisation and/or awareness of healing energy
somewhere in the body

Sending healing energy to scalp

Imaging effect of energy on growing hairs

7.) **Personal image:**

- Individual real or metaphoric image helping for protecting hair from immune attack

8.) **Anchor:**

- Remembering of a past peak experience
- Feeling self-esteem anchor
- Imaging using anchor to specific future situations (swimming, talking about skin disease, leaving of wig, ...)

9.) **Suggestions for self-esteem**

- Coping with shame, guilt, ego strengthening

10.) **Suggestions for alexithymic patients**

- Accessing and elaborating emotions

Results

- From 21 patients, significant hair growth was observed in 12 cases (57%). No changes were observed for 9 cases (43%). Symptoms worsened for 3 cases who presented severe family conflicts (→ long-term psychotherapy)
- All patients reported about lowered stress, anxiety and alexithymia

Group hypnotherapy for psoriasis

(Boncz, Kovács, Farkas, Hunyadi, 1998): 6-weeks treatment of 29 patients

Hypnosis N=6, PUVA N=7, Hypnosis+PUVA N=16

Method

Sunbathe on the beach; the water reflects the symptom-free skin of the patients

Suggestions to reduce itching and uncomfortable feelings in the skin

A glove impregnated with healing material: caressing the psoriatic areas

Improvement

Hypnosis group: 39.4%,

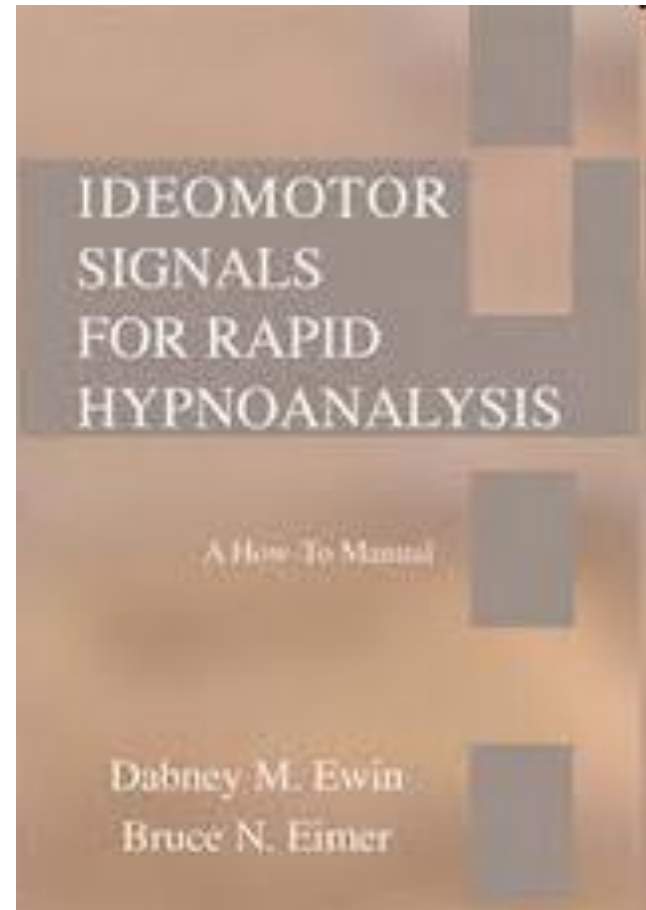
PUVA group: 54.9%

Hypnosis + PUVA group: 61.8% (significant differences)

Rapid hypnoanalysis

(Ewin & Eimer, 2006)

- Mapping of the psychological releasing factors behind the psychosomatic disease with ideomotor responses



Dr. Dabney M. Ewin



Steps of rapid hypnoanalysis

First interview

Hypnosis

1. Setting ideomotor responses
2. Asking permission for help
3. Regression to the origins of the symptoms (affect bridge), recalling important emotions from the unconscious, asking about the seven causes
4. Verbalization (conscious level), recalling the memories
5. Reframing the triggering reasons and experiences
6. Healing suggestions

Questions in the first interview

Facts related to the illness – left hemisphere

1. Tell me about your problem!
2. When did it start? (Was there any significant change in your life at that time?)
3. Since when are your symptoms burdensome?
4. When and why do your symptoms improve?
5. When and why do they worsen?
6. What would have become possible if you healed?

First interview

Emotional life – right hemisphere

7. [*Name of the client*], what was the worst thing happened to you? What comes first to your mind?
8. [*Name of the client*], what was the worst deed in your life?
9. [*Name of the client*], when were you horrified the most in your life?
10. [*Name of the client*], when were you the the most angry in your life?
11. [*Name of the client*], when were you ashamed the most in your life?

First interview

Emotional life – right hemisphere

12. [*Name of the client*], do you know somebody who has or had a similar problem?
13. [*Name of the client*], what was the best thing in your life?
14. If you could wish something that will be realized, what would you have asked for?
15. Do you think there is something else I should know?

Setting ideomotor responses

When the client is in hypnotic trance, the therapist (after obtaining permission) touching her or his respective finger:

- Index finger: yes
- Middle finger: no
- Thumb: I don't know / I don't want to answer

The most frequent 7 trigger factors

1. Conflict

The client wants to do something but s/he can't

2. Organ speech

Internalization of verbal phrases as bodily symptoms

('itching palm','dancing on my nerves','going on my brain' etc.)

3. Motivation

The symptom helps/facilitates to solve the problem

4. Past experiences

Earlier traumatic or emotionally negative events

The most frequent 7 trigger factors (cont'd)

5. Identification

Similar problem of parents or other relatives (**-- intergenerational trauma, family tree!**)

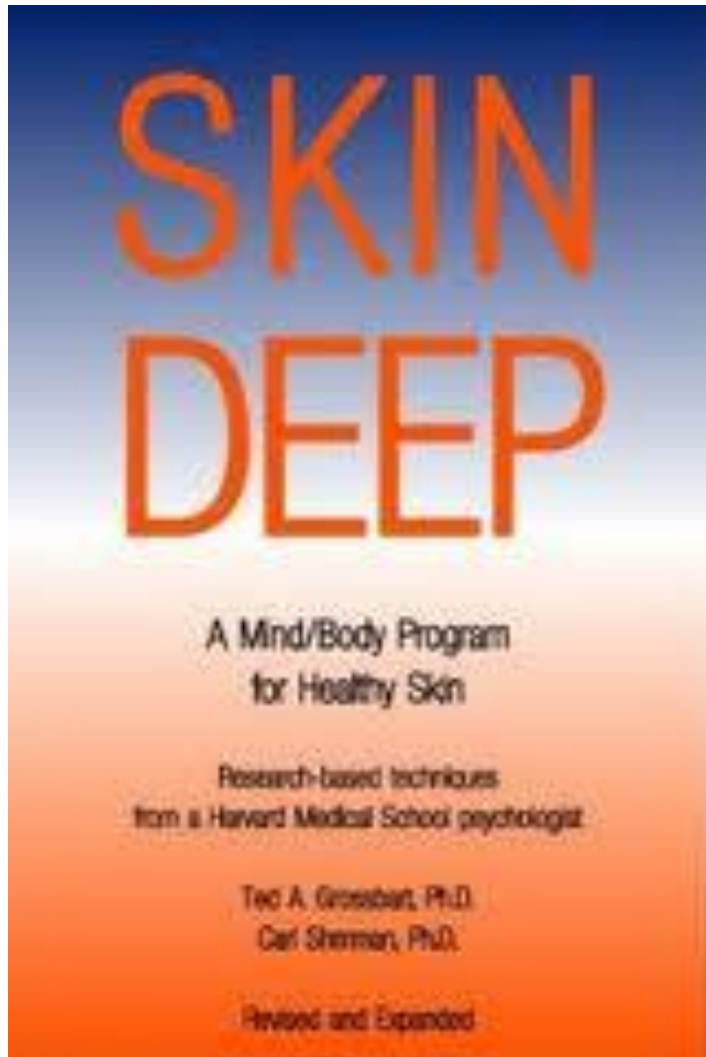
6. Self-punishment

Unconscious feelings of guilt

7. Suggestion

A determinative event that had strong suggestive power, when the client was in emotionally sensitive state

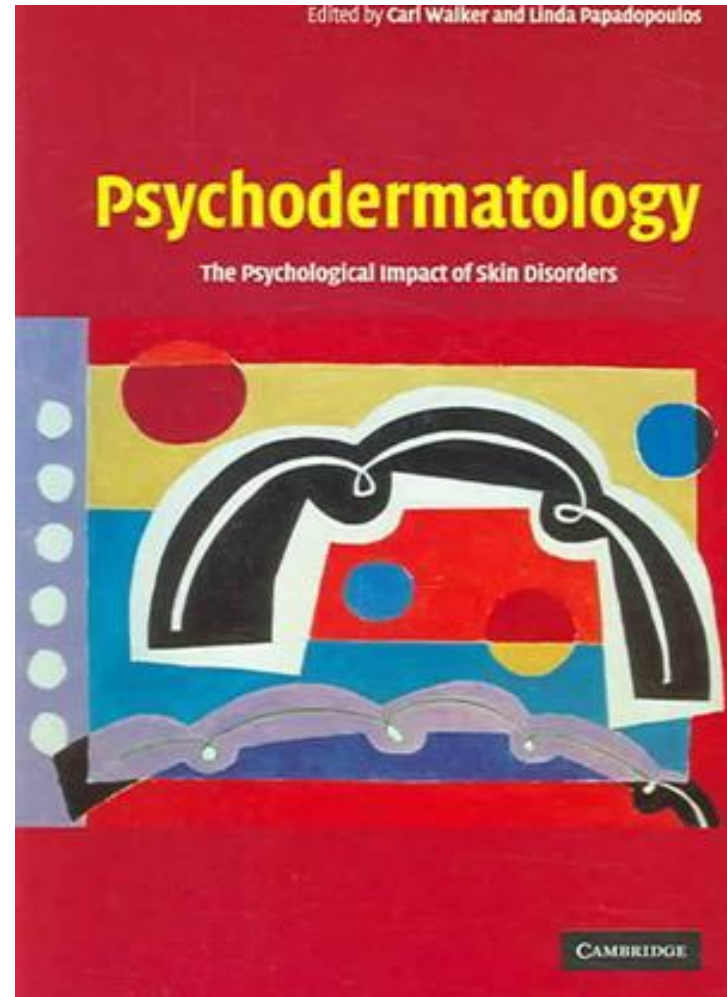
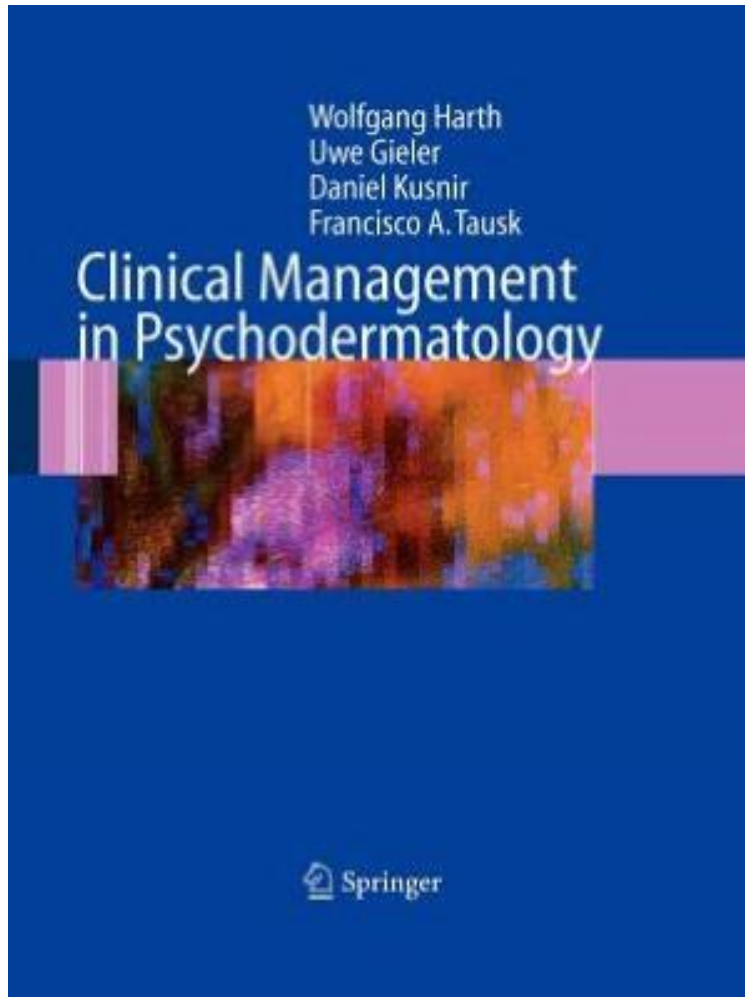
Empowerment



- 'Strengthening','Making responsible'
- The patient is the member of the healing team
- Self-help books, relaxation
- Emphasizing self-efficacy and self-agency
- Health psychological interventions like psychoeducation

[http://grossbart.com/
SkinDeep.pdf](http://grossbart.com/SkinDeep.pdf)

Suggested reading



Take home message

- Many **dermatological** conditions have **partially or exclusively psychological** causes
- **Thorough dermatological** and if needed **psychiatric examination** before psychotherapy
- **Hypnosis** may be a particularly **useful tool** in the treatment of psychodermatologic diseases
- **Empowering** the patient

Take home links

Ted Grossbart: Skin Deep – A self help book for all dermatological patients

- <http://grossbart.com/SkinDeep.pdf>

European Academy of Dermatology and Venereology:

- <http://www.eadv.org/>

European Society for Dermatology and Psychiatry:

- <http://www.psychodermatology.net>

Thank you for your attention!

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