

## **User Friendly Hypnosis as an Adjunct for Treatment of Habit Cough: A Case Report**

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### **Abstract**

The more user friendly medical hypnosis can be, the more readily it will be accepted by patients and the medical community. Hypnosis is user friendly when it is simple to employ, and yields rapid, effective, and clinically significant results. Thus, we should define reasons for the effectiveness of such successful hypnosis methods, and provide this information to students of hypnosis. Some of the elements that may permit hypnosis to be user friendly are establishment of rapport, a belief that a symptom often has a functional role, and a flexible approach to the hypnosis encounter. This case report of a child with habit cough, illustrates the importance of these elements.

**Keywords:** Habit cough, hypnosis, physician-patient relations, somatoform disorders.

Medical hypnosis sometimes yields improvement or resolution of symptoms after one or two sessions for conditions as varied as anxiety, dyspnea, functional abdominal pain, habit cough, headaches, insomnia, and vocal cord dysfunction (Anbar, 2001; Anbar, 2002). Some of the elements of this work that may permit it to be user friendly are establishment of rapport, a belief that a symptom often has a functional role, and a flexible approach to the hypnosis encounter.

Rapport is established by developing and maintaining an interest in the patient's feelings and thoughts. The practitioner should be genuine and empathetic with the patient, and seek to understand as best as possible the patient's point of view, while keeping in mind that effective communication often includes non-verbal interactions. An essential part of establishing rapport includes demystifying

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hypnosis. Therefore, a discussion of hypnosis with patients should help resolve any of their negative expectations about hypnosis, such as “mind control.”

A belief in the possible functional role of disease can lead the practitioner to explore with the patient the potential reasons for development or persistence of a symptom. Such exploration can be accomplished with or without hypnosis (Anbar, 2004). Once potential reasons are identified, the patient can decide how the reasons might be addressed in conjunction with a discussion regarding how perception of the symptom might be altered. Sometimes, patients who consider whether their symptoms are functional can become defensive, and may even experience an increase of their symptom complexity. These patients may be concerned regarding a potential negative reaction from their families or peers if the functional nature of the symptoms becomes recognized. In such situations, patients may benefit from work directed at resolving these concerns. It is important to note that some functional symptoms are better left unchanged in patients who are unable to find another acceptable solution for their issues. Such patients tend to have more complex, chronic symptoms. Also, it should be kept in mind that insight into the potential reason for a symptom may not be necessary in order to achieve improvement or resolution of a functional symptom (Anbar, 2004; Bloom, 2001). Thus, the clinician needs to consider carefully when and whether exploration of the functional nature of a symptom is appropriate for an individual patient.

A practitioner’s flexible, creative approach to the hypnotic encounter, based on familiarity with many different types of hypnotic and psychological interventions, can be honed through advanced training and extensive clinical experience. Such flexibility allows the practitioner to be more likely to identify a good match between the hypnotherapeutic approach and the patient’s unique symptoms and circumstances. For example, based on the aforementioned belief regarding a functional role of the disease, a useful method is to hypothesize that patients often know the cause of their symptoms or psychological issues, and to coach the patient’s development of his or her own solution to the issue. Patients who are unable to identify a potential cause may be manifesting a somatoform disorder. Such patients can be guided through other interventions, such as use of metaphors, or a discussion of how patients with similar clinical presentations might have resolved their issues through use of hypnosis or other psychological methods.

A brief case report illustrates the effectiveness of using the aforementioned elements of work involving hypnosis. Biographical information was changed in order to protect the patient’s privacy.

### *Case report*

The patient was a 12-year-old boy who developed an upper respiratory infection during spring, with an associated loud, honking cough that persisted for a number of weeks but resolved while he slept. He complained of an associated burning in his throat, but no stomachaches, nausea or emesis. He did have some associated headaches. His physical examination and pulmonary function testing were normal. He was treated with a number of medications including prednisone, hydrocodone, metoclopramide, omeprazole, and over-the-counter cough suppressants without relief. As a result of the cough, the patient missed 50 days of school in sixth grade, and received home tutoring. He said he liked his friends and teachers at school, and said he wanted to return there. Despite missing school, the patient was able to maintain a high grade point average.

It was felt that the patient had habit cough, which can be defined by its characteristic presentation and its resolution during sleep, in the absence of any physiologic findings

(Anbar & Hall, 2004; Cohan & Stone, 1984; Irwin, Glomb, & Chang, 2006; Lavigne, Davis, & Fauber, 1991). He was evaluated by a psychologist and was instructed in self-hypnosis techniques, which can help resolve habit cough, by allowing the patient to focus his attention on a thought other than perceived throat irritation that triggers the cough (Anbar & Hall, 2004; Elkins & Carter, 1986; Wicks, 1999). Suggested imagery included imagining playing a video game, and petting a ferret, based on the patient's profound interest in playing video games and wish that he could have a ferret for a pet. Use of hypnosis at the psychologist's office was associated with resolution of the cough. However, 3 weeks after the start of the next school year, the patient developed group A streptococcal pharyngitis (*Strep* throat) with associated coughing. While the infection was treated with an antibiotic, the cough did not resolve with the use of the same hypnosis techniques that the patient utilized during the previous spring, and the patient missed an additional 20 days of school. The patient did find that he could resolve the cough on his own whenever he played a video game. However, the cough would recur as soon as he stopped playing the game. As a result, his parents allowed him to play video games as much as he wanted, in order to allow him to have some measure of control over his cough.

The patient was referred to a clinician specializing in clinical hypnosis who was able to help him resolve his cough with the aid of hypnosis. Imagery used included a suggestion that the patient imagine manipulating dials that control his cough, stress, and happiness. However, the cough then recurred a day later when it was suggested that perhaps the patient was addicted to playing video games.

Upon referral to our Center, the patient was told that his ability to resolve his cough with the aid of hypnosis in the past demonstrates that his body knows how to halt the cough. The patient stated it was unclear to him how hypnosis had worked to help him, e.g., he was unsure whether he was being hypnotized or doing it on his own. I emphasized to him that all hypnosis is self hypnosis and, thus, any accomplishments that he achieved with the aid of hypnosis are ones that he had orchestrated. The patient stated he understood and accepted this explanation.

Hypnosis techniques applied at the patient's first session at our Center included relaxation imagery, as well as a therapeutic suggestion that the patient could fight off the cough as part of an imagined video game. However, the cough did not resolve. I suggested that as the patient's cough persisted, he might have had an unresolved psychological stressor, which frequently can be associated with habit cough. During the subsequent discussion, the patient verbalized his frustrations with his parents regarding their "controlling" of his life. He stated that he was not allowed to play video games because of disciplinary measures on a number of occasions. Also, he complained that even when he was allowed to play video games, his time was severely restricted. The patient said that his parents dictated to him when he must do his homework, whereas, he thought that he could pace himself well in completing his work and wished that they would trust him with the responsibility of completing it. He stated that whenever he had tried to bring up this issue with his parents, they were not receptive to the idea of allowing him to have more responsibility for his own time. The patient said that he felt good about expressing his frustrations in this regard.

I suggested that the patient work out a contract with his parents that would allow him to have the responsibility to complete his homework on his own schedule, and to have control over his "free time." I recommended that the family agree to the establishment of appropriate measures with which the patient's progress could be assessed, such as school progress reports. I explained that such a contract would provide a "win-win" situation.

Should the patient prove to be responsible and, thus, maintain his school work and other responsibilities around the house without being “micromanaged” by his parents, then all parties would be pleased. On the other hand, if the patient failed to accomplish all that he needs to on his own, he would learn from the less-than-adequate outcome. I suggested that as colleges do not look at grades prior to ninth grade, the next two years of the patient’s school would be an opportune time to give him full responsibilities over his academic performance.

During the second session at our Center, I told the patient that whether or not the cough resolved he would need to return to school. Under my guidance, the patient again used hypnosis-induced relaxation without improvement in his cough. Then, he worked out a contract with his parents to which all parties agreed. At that point, I suggested that if the patient’s main concerns related to the issues in the contract, which had been resolved, his cough could now cease. The patient asked me to help him with hypnosis. I told him that he already knew how to use hypnosis, but nonetheless guided him through progressive relaxation. Within 1 minute the cough resolved. The patient returned to school 2 days later.

### **Discussion**

Habit cough typically is triggered by upper respiratory infections, asthma, exercise, or eating. Half of pediatric patients with habit cough miss at least 1 week of school because of coughing. Frequently, it is associated with psychosocial stressors such as families or best friends affected by conflict or bereavement, or school stressors such as a reading disability or difficulty living up to parents’ academic expectations (Anbar & Hall, 2004; Cohan & Stone, 1984). This association is consistent with recognition that psychological factors can be associated with the development, course, or exacerbation of a general medical condition (i.e., Psychological Factors Affecting Medical Conditions, DSM-IV No. 316 (American Psychiatric Association, 1994). Such factors can maintain the existence of symptoms even after resolution of their physiological trigger (Anbar & Hall, 2004). Therefore, addressing the psychological issues associated with habit cough can be crucial in promoting its resolution.

Habit cough often improves when patients are distracted (Anbar & Hall, 2004; Lokshin, Lindgren, Weinberger, & Koviach, 1991). Thus, the improvement of the patient’s cough while he was playing video games was not unusual. However, in this patient’s case the cough may have served the purpose of allowing him to play video games as much as he would like, as well as served to express his unhappiness with being “overly controlled” at home.

Notably, much of the work required in order for hypnosis to be effective may take place without employment of hypnosis, such as when rapport is established, or, in this case, when the patient was interviewed about his psychological state. Sufficient rapport may not have been established with the patient prior to referral to our Center given his confusion about the locus of control during the process of hypnosis. Further, hypnotic imagery relating to relaxation and cough cessation initially was insufficient to allow permanent resolution of the habit cough because of the underlying psychological issue. Interviewing the patient allowed him to verbalize his feelings. In this case, the issue involved the patient’s relationship with his parents, and thus its resolution required engaging and guiding the parents as part of the therapeutic process, which ultimately led to development of the contract. Furthermore, the patient was told that he would return to school regardless of the cough status, which decreased the potential secondary gain from the cough. Thereafter, the cough

resolved immediately after reapplication of hypnosis.

The patient's cough might have improved without use of hypnosis, given its rapid resolution immediately after the potential underlying psychological issues were identified and addressed. For example, the employed family therapy may have been sufficient to allow the patient's recovery. On the other hand, habit cough can last for years (Fulcher & Celluci, 1997; Rojas, Sachs, Yunginger, & O'Connell, 1991), and typically resolves rapidly after use of self-hypnosis (Anbar & Hall, 2004). In this case, dealing with the underlying psychological issues appeared to be necessary in order to allow hypnosis to work effectively.

In conclusion, this case demonstrates that rapid resolution of the patient's symptom appeared to require all three elements of hypnosis work outlined at the beginning of this article: Establishment of rapport, belief in the functional nature of the symptom, and a flexible approach to work with hypnosis that in this case involved hypothesizing the patient knew what was bothering him, and helping him achieve resolution of his issue through family therapy.

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