

Single case report of adjunctive hypnosis in the treatment of digital warts

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Abstract

Encouraging evidence demonstrates the efficacy of hypnosis within psychotherapy in the treatment of warts of different locations and severity (Lankton S. 2007, Goldstein R.H. 2005, Shenefelt P.D. 2000, Noll R.B. 1994, Ewin D.M. 1992, Spanos N.P. *et al*/1990, Chandrasena 1982, Dreaper R. 1978).

The present case reports the cure of digital warts after a single psychotherapeutic session with hypnosis. Other than the brevity and efficacy of treatment, this case is significant for the utilization of patient's own pre-hypnotic visual images of self-cure and for patient's original use of auto-hypnotic exercises, ruling out the possibility of spontaneous remission. The low suggestibility of this patient will lead to a final discussion on suggestibility and susceptibility scales. Some promising trends in the psychotherapeutic treatment of warts are suggested.

Case History

A 55-year-old male with a University degree, without previous medical or psychological problems, reported suffering from digital warts for the last three years. During this time he followed several treatments recommended by his dermatologist, of which he remembered cryotherapy and salicylic acid. He declared a paradoxical effect described elsewhere (Lankton S. 2007), by which worsening (wart growth) would follow initial improvement after medical treatment.

Single warts in the first, second and third fingers of patient's right hand were evidenced, the one on the first finger (medial interphalangeal region) being the biggest, with a diameter of 8 mm and about 5 mm thick, while the other two, 5 mm in diameter and 3-4 mm thick, were located in the lateral distal phalanges of the second and third fingers.

The patient complained of only mild discomfort due to the warts, being worried more by the inconvenience they caused when writing than by any social or other considerations.

The patient was asked, during clinical interview, to describe how he would imagine the healing process, to which the patient answered that he imagined healthy skin "*progressively invading the warts, from the outside towards the inside, until only healthy skin would remain*". He was also asked how long he imagined such a process should reasonably take. The answer was "*more or less, about a week*".

Hypnosis was then presented, common myths and misconceptions were clarified, and the patient's active engagement was described as important for clinical success. Suggestibility was tested in the absence of hypnosis with poor results. Low suggestibility was reframed during the clinical interview as a particular way to respond to suggestions and as significant for later individualization of treatment within the hypnotic procedure.

The patient was highly motivated and curious about hypnosis, a technique he was not familiar with, reinforced by a prior confidence relationship with the therapist, not related to the clinical context. The patient stated that hypnosis would be "*the definite treatment*" of his warts.

A formal induction followed, with progressive (direct and systematic) relaxation suggestions. Some external signs of relaxation were observed (facial muscles, minimal postural changes) during hypnotic induction. Despite low suggestibility, ideomotor responses were sought (spontaneous eyelid closure, hand levitation), without success. Specific suggestions were finally introduced, using patient's own description of the healing process, including temporal cues ("a week"), for the final elimination of the warts. Confusion techniques were also used (amnesia), in order to evade a subsequent formal analysis by the patient of intra-hypnotic suggestions, as well as general health and post-hypnotic suggestions.

After hypnosis the patient referred the feeling of having fallen asleep. He only seemed to remember the beginning of the hypnotic induction. He was reinforced again, the importance of the apparent amnesic effect was minimized, and he was encouraged to perform a five-minute "concentration exercise" before going to sleep, every night for the next week, during which he must deeply relax ("as during hypnosis") and simply imagine the healing process, just as he had previously described it during the interview. It was explained to him that this was an auto-hypnotic exercise that would complete the therapeutic effect of the induction.

Results

After a week, an interview was held with the patient. He [happily] declared that *the first wart* had disappeared. Questioned about this [no suggestion had been made of any order in the healing process, implying that all three warts should disappear at the same time], the patient related having thought that *if all three warts would just disappear, he could never be sure whether they had gone away because of the hypnotic treatment or just casually*. He had decided to make use of auto-hypnotic exercises by concentrating on *only one wart at a time*. After a week of this practice, the wart on his second finger had vanished. The patient stated that for the next week he would “concentrate” on the wart on his third finger, and that he would leave the bigger one, on his first finger, for last, as *“this one will probably take two weeks to cure”*.

A month later the patient showed a complete remission of all three warts, saying (not without surprise and satisfaction) that the warts had disappeared in the time and order he had previously announced (one week for the first, one week for the second and two weeks for the third wart). The patient was thanked for his active and imaginative use of self-hypnotic exercises and after an informal reinforcement he was dismissed.

Ten years later the patient was casually interviewed; he was still in good health, not having suffered during this time any relapse or new warts.

Discussion

Several studies point to the efficacy of psychotherapy with hypnosis in the treatment of warts (Lankton S. 2007, Goldstein R.H. 2005, Shenefelt P.D. 2000, Noll R.B. 1994, Ewin D.M. 1992, Spanos N.P. *et al* 1990, Chandrasena 1982, Dreaper R. 1978). Severe conditions with multiple warts are usually reported, which most probably justifies the need of more than just one clinical session for effective treatment. Furthermore, the prior confidence relationship between client and therapist, not related to clinical context, might be noted as relevant for the fast positive results in this case, as well as patient's high motivation and expectations (Lambert M.J. 2001, Kirsch I. 1990, Roth S. & Batson R. 1993).

Single-session treatment of warts was held by the author for a second patient. This patient, a thirty-year-old male, had prior contact with hypnosis, as a relaxation technique. His warts (multiple genital warts in this case, due to herpes virus, stable for 8 months) had not been previously treated. Also highly motivated, this patient punctuated high on susceptibility scales, contrary to the first case. The image of “healthy skin invading the warts” was proposed to him by the therapist, to which the patient added the image of “*cutting off blood flow to the warts*”. Patient's final description was also used as suggestion during hypnosis, as well as immune system reinforcement and general health and well being suggestions. A complete remission was confirmed after ten days of auto-hypnotic exercises and a two year follow up showed no relapses.

Although equally successful, many differences are noted with the case reported. Nonetheless, a positive therapeutic relationship, high motivation and expectations of positive results, were present in both cases. Both patients were also able to develop meaningful imagery of their own healing process.

Moderate or high expectations for treatment success are probably necessary, but not sufficient for suggestion-induced wart regression (Spanos N.P. *et al* 1988). Nicholas Spanos describes a correlation between wart regression and reported vividness of suggested imagery and sensations. It is stated that reported vividness is not related to an attribute measure of the *propensity* to imagine vividly, and that context indicators of patient's cognitive involvement and motivation might be good outcome predictors of suggestion based treatments¹.

The use of the patient's own description of the healing process as a suggestion during hypnosis, in a context of high expectations and motivation, may have allowed the required cognitive involvement for wart-remission in the case reported. Although there is no report of intra-hypnotic imagery or sensations, the meaningfulness of patient's own pre-hypnotic visual images may account for the vividness component described by Spanos.

¹ Nevertheless, generalizations from Spanos N.P. 1988 should be cautious. This study does not find a significant difference between clinical outcome after suggestions with or without hypnosis, and the effect of suggestions on warts is rather small when compared to equivalent studies (Meineke V. *et al* 2002, Ewin D.M. 1992, Lankton S. 2007). It might be argued that treatment success of suggestions with hypnosis in Spanos N.P. 1988 may not be related to the hypnotic procedure itself, but to a spontaneous hypnosis-like effect both, in the suggestions with and without hypnosis contexts.

In Goldstein 2005 (second case), the effective treatment of digital warts after a single psychotherapeutic session with hypnosis on a young female with prior contact with hypnosis, medium suggestibility, high motivation (for cure) but low expectations of positive results (with hypnosis), is described. This patient made use of auto-hypnotic exercises (auto-suggestions) to achieve fast positive results, with personally developed images associated with cure ("hot water"). Even though no generalization must be drawn from such a small number of cases, it might be fruitful to explore the effects of enhancing the patient's active engagement (co-responsibility) in the therapeutic process, and motivating auto-hypnosis with self-generated images of healing, as these may be accounted for as the common most relevant variables for therapeutic success, both in Goldstein's and the present case.

It is interesting to note the negative relation in the case reported between suggestibility and clinical results. Non-hypnotic suggestibility has been described as able to predict experiential response to hypnotic suggestions and, partially, behavioural response to hypnosis (Braffman W. & Kirsch I. 1999). Congruently, in the case reported, low suggestibility correlates with a poor experiential response to hypnosis.

Hypnotic susceptibility scales measure experiential and behavioural responses to suggestions during hypnotic procedure. Basal and post-hypnosis differences are described in individuals who measure high, medium and low on psychometric scales of hypnotic susceptibility (Gruzzelie J. 1999, Lichtenberg P. *et al* 2004), suggesting opposite effects in individuals with low and high susceptibility to hypnosis, and processing differences not related to the hypnotic procedure (Woody E.Z. 1997, Balthazard C.G. 1993, Ray W.J. 1997, Pascalis V. 1999, Crawford H.J. 1994, Aikins D. & Ray W.J. 2001).

Cognitive flexibility has been described as contributing to hypnotic susceptibility (Aikins D. & Ray W.J. 2001, Gruzzelie J. & Warren K. 1993). It has been suggested that subjects classified as 'high' on psychometric scales of hypnotic susceptibility may show a basal functional dissociation of the left hemisphere fronto-lateral region, higher activity of the right hemisphere anterior temporal lobe (Gruzzelie J. 1999), and greater task-related EEG hemispheric shifts (Pascalis V. 1999). It has also been suggested that a 'high' measure may be related to stronger attentional filtering abilities (Crawford H.J. 1994), or to the display of underlying brain patterns associated with imagery (Ray W.J. 1997). A 'low' measure seems to correlate with higher concentration and higher frontal coherence during hypnosis (Gruzzelie J. 1999). Differences between 'highs' and 'lows' may reflect underlying neurophysiological differences in fronto-limbic activity (Crawford H.J. 1994, Lichtenberg P. *et al* 2004).

Along with this, susceptibility tests might not measure the capacity of an individual to be hypnotized (Kirsch I. 1997), but rather express basal differences in underlying processing mechanisms (and consequently, differential response modes to hypnosis, experiential, behavioural, may also be found). The lack of a link between susceptibility and therapeutic efficacy of hypnosis (Heap M. *et al* 2001, Spanos N.P. *et al* 1988, Flammer E. & Alladin A. 2007) also supports this view.

Although the validity and utility of psychometric scales of hypnotic susceptibility (and non-hypnotic suggestibility tests) are not questioned, both for investigation purposes and, academically, for the development of functional and psychophysiological theories of hypnosis and of mental activity in general, the lack of a link between susceptibility to hypnosis and therapeutic effect suggests that the different modalities of hypnotic response might not be significant in a clinical context², and that susceptibility scales should not be used as markers of possible clinical outcome (Weitzenhoffer A.M. 2000).

Finally, the case reported is particularly original for the active and effective use of auto-hypnotic exercises by the patient, assuming a complete responsibility for the ongoing therapy. The orderly removal of the warts, as well as their time course, predetermined by patient, show a relevant coincidence, hardly attributable to spontaneous remission. Still, motivation, expectations (Kirsch I. 1990, Pascalis V. 2002), the therapeutic relationship (Lambert M.J. & Barley D.E. 2001, Roth S. & Batson R. 1993, Harrington A. 1997), or the placebo effect (Spanos N.P. *et al* 1988), could be considered causal variables related to the positive results in this case.

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² Susceptibility tests results could be taken into account in a clinical context as a personal variable, in as much as personal variables (personality traits, social context, cultural background, etc) could and probably should be used, in order to individualize the therapeutic strategy and the hypnotic procedure itself.

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