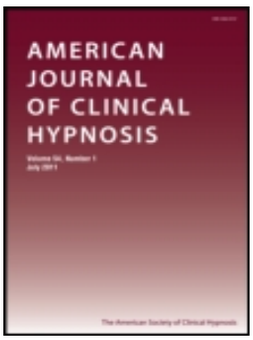

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Alert Hypnotic Inductions: Use in Treating Combat Post-Traumatic Stress Disorder

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Alert hypnosis can be a valuable part of the treatment protocol for the resolution of post-traumatic stress disorder (PTSD). Research indicates that combat veterans with PTSD are more hypnotically susceptible than the general population. For that reason, it is hypothesized that they should be better able to use hypnosis in treatment. As opposed to the traditional modality, eyes-open alert hypnosis allows the patient to take advantage of hypnotic phenomena while participating responsibly in work, social life, and recreation. Three case studies are reported on combat veterans with PTSD who learned to overcome their symptoms using alert hypnosis.

Keywords: alert hypnosis, combat post-traumatic stress disorder

While not a specific cure, hypnosis can be a useful intervention in the treatment of post-traumatic stress disorder (PTSD). Lynn and Cardena (2007) and Lynn, Malakataris, Condon, Maxwell, and Cleere (2012) note that hypnosis provides a general framework within which the therapist can deliver personalized suggestions that help reduce symptoms. As examples, hypnosis enhances therapeutic interventions, such as attention control training, emotional regulation, age progression for goal setting, and treatment for nightmares and insomnia.

How could hypnosis be particularly effective in combat PTSD? Spiegel and Cardeña (1990) point out that PTSD may be understood as a dissociative or distancing defense to protect a patient from the impact of physical and/or psychological trauma, such as rape, natural disaster, or combat. Combat veterans suffering from PTSD have been shown to be more hypnotizable than the general population, probably even before active duty. This was true whether hypnotizability was assessed with the Stanford Form C (Stutman & Bliss, 1985) or the Hypnotic Induction Profile (Spiegel, Hunt, & Dondershine,

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1988). It seems reasonable to take advantage of a veteran's hypnotic responsivity, when appropriate, in the process of treatment and recovery.

Although hypnosis may be helpful for treating PTSD, it has not been widely used. With the current influx of traumatized veterans returning from combat, several therapies are being utilized. Some of these include prolonged exposure (PE), cognitive processing therapy (CPT), and eye movement desensitization and reprocessing (EMDR), among other therapies for PTSD. With the arguable distinction of EMDR, hypnosis-based therapy is not a central focus for any of the systems, although it is a recognized treatment modality when used by credentialed professionals (The Management of Post-Traumatic Stress Working Group, 2010, p. 141).

There is a surprising lack of research on the use of hypnosis for the treatment of combat PTSD. Watkins (2000), summarizing his experiences after 45 years, reported the use of hypnoanalytic techniques applied in a psychodynamic context to treat war neuroses in World War II. Spiegel (1992), writing after the end of the wars in Korea and Vietnam, recognized that hypnosis would be helpful in treating what was first called combat fatigue and then later PTSD. He outlined procedures and principles that can be applied along with other treatments for combat trauma. Abramowitz, Barak, Ben-Avi, and Knobler (2008) report successful treatment using hypnosis in conjunction with medication, and Abramowitz and Lichtenberg (2010) report an innovative hypnotic olfactory conditioning, to treat combat in PTSD. Recent works (Barabasz, Barabasz, Christensen, French, & Watkins, 2013; Christensen, Barabasz, & Barabasz, 2013) reported on randomized placebo-controlled trials of manualized ego state therapy (EST). In a single session, two cotherapists presented individualized 5- to 6-hour-long intensive EST sessions. After treatment and at 1- and 3-months follow-ups, subjects receiving EST showed significantly lower trauma, depression and anxiety scores. While it is not clear how many of the subjects had combat PTSD, the model clearly utilized hypnosis as a component of care. Nevertheless, Abramowitz and Bonne (2013) agree that although hypnosis is useful, there is a dearth of efficacy research to support treatment.

Alert Hypnosis

There at least two types of hypnotic induction. One, the traditional, is done with eyes closed, using suggestions for drowsiness and relaxation: "You will begin to have this feeling of numbness or heaviness in your legs and feet . . . in your hands and arms . . . throughout your body. You are becoming increasingly drowsy and sleepy. There is a pleasant feeling of numbness and heaviness throughout your body. You begin to feel so relaxed, so sleepy" (Kihlstrom, 1996). This is the type of induction generally used in a wide range of clinical applications (Hammond, 1990).

A second type of induction, known by such various names as "active alert," "active hand," "eyes-open," or simply "alert," is carried out by converting all mentions of

relaxation and drowsiness, as in the Stanford, to their opposite—to suggestions for activity and alertness: "You are becoming increasingly alert and attentive. There is a pleasant feeling of activity throughout your body. You will wish to be alert and attentive. . . ." The instructions are delivered while the user is doing something other than simple quiet relaxation. It may be riding a stationary bike (Banyai & Hilgard, 1976), moving arms vigorously (Amigó, 1994), shaking hands rapidly up and down (Alarcón, Capafons, Bayot, & Cardeña, 1999), or breathing with intention, while seated with open eyes focused on a spot (Wark, 1996).

Research documents that in the laboratory, both types of induction produce equal and meaningful levels of measured hypnotizability (Banyai & Hilgard, 1976), objective hypnotic phenomena (Malott, 1984), hemispheric speed up and slow down (Cikurel & Gruzelier, 1990), cold pressor anesthesia (Miller, Barabasz, & Barabasz, 1991), and subjective feelings of "altered state" (Fellows & Richardson, 1993) or "involuntariness" (Vingoe, Hobro, & Milner-Whitaker, 1993). Clinically, alert inductions have been used to treat depression and binge–purge eating (Bányai, Zseni, & Tury, 1993); attention deficit hyperactivity disorder (Barabasz & Barabasz, 1996); smoking cessation (Amigó & Capafons, 1996); fibromyalgia (Martínez-Valero et al., 2008); compulsive gambling (Lloret, Montesinos, & Capafons, 2014); and anxiety about athletic performance (Robazza & Bortoli, 1995), academic test taking (Wark, 1996), and public speaking (Iglesias & Iglesias, 2005). For theoretical and research details, see Bányai et al. (1993), Capafons (2004), or Wark (1998).

In summary, an alert, eyes-open, physically active, and patient-controlled induction produces usually effective hypnotic phenomena and can be linked to therapeutic suggestions from the therapist or to self-hypnotic instructions from the patient. Symptoms, such as flashbacks, physiological and emotional dysregulation, or reckless and destructive driving, could happen anywhere. Active alert inductions can thus be useful in a factory, office, classroom, restaurant, athletic arena, performance space, or a family dining room. Following are the first three reported case studies of veterans with combat-based PTSD who received alert hypnosis as part of treatment.

Treatment Protocol

Alert hypnosis interventions described in these cases used a three-step phased protocol. The actual content covered in each phase depends on the presenting problem.

Phase 1

Patient provides history and a statement of personal goals. The therapist provides education on what can be offered/expected from clinical experience designed to help meet personal goals. Each client is asked to commit to external work developed during clinical sessions. The goal of phase 1 is to develop therapeutic alliance and contract.

Phase 2

The therapist teaches "martial arts" breathing and alert hypnotic induction. Clients are trained to inhale slowly for 5 seconds, pause their breath for 5 seconds, and then exhale for 5 seconds (Yang & Liang, 2008). After the client becomes comfortable with this breathing process, they are taught an alert hypnosis induction based on Wark's (1996) technique. In brief, as a warm-up exercise using the martial arts breathing technique, the client sits with both feet on the floor. For the first breath, the client is guided to inhale while allowing the upper body to lift, pause for 5 seconds, and then relax and exhale. Instructions for the second breath are to inhale, press gently on the floor with both feet and tense the muscles from the waist down, producing an upward shift in the body, pause, then exhale, and relax. For a third breath, the client is asked to inhale, lightly tense all the muscles from head to foot, which again automatically lifts the body during the inhale, and pause before relaxing and exhaling. The client is guided to notice the "up-and-down" movement related to the inhale/exhale experience. The therapist and client process the "up-and-down" experience of the warm-up. That up-and-down motion is a physical metaphor for the next step: the alert eyes open hypnotic induction. A series of "lever" inductions follows the warm-up. The instructions are designed to train the client to increase their mental attention while relaxing their body in a three-step induction. First, the client is asked to find a spot about eye level and comfortably focus on it during the induction. With an intense focus on the spot, the client is asked to inhale, hold focus on the spot, pause for 5 seconds, and then relax the physical tension and exhale while maintaining the eyes-open focus on the chosen spot. For the second breath, the client continues to focus visually on the spot, increase and hold mental attention, press the feet against the floor while tensing the muscles of the lower body and inhale, pause at the top of the breath and, while holding mental attention, relax and exhale. For the third lever, the client is asked to again increase mental focus on the spot even higher and, while holding, tense all muscles in the body, then inhale, pause, relax, and exhale while maintaining eyes-open focus. As the client continues to focus on the spot, therapist suggests the client notice any movement, color shift, or dimming of the space surrounding the spot. If the client does not acknowledge any visual change, the process and suggestion is repeated. When the client acknowledges any changes, the therapist ratifies and amplifies them by remarking, "Wouldn't it be nice if each time you practice the lever, you will find the induction easier to complete, and the distractions get less as you develop greater skill with the lever." Client is then asked to end the focus and report on the experience.

The exercise is repeated for two more practice inductions. For the second induction, the therapist introduces the notion of a scale of hypnotic depth, going from 0 to 10 (Tart, 1970). The client is taught how to report subjective depth. After the three-breath induction, the therapist asks the client to report depth, then uses suggestions for deepening followed by a second report of depth. For the third practice induction, the therapist suggests supportive recollections, consistent with the goals of therapy. The client may also

find it helpful to develop a cue at this point in the training to initiate an induction as needed to respond to a designated trigger. The goal of Phase 2 is for the client to develop competence using alert inductions and deepening.

Phase 3

The therapist creates the initial suggestions to help the client achieve their goal. The initial suggestion provided by therapist is some variation of the following: "Wouldn't it be nice if each time you complete the lever you find it easier to enter this state of trance and experience complete control of your mental focus as you are able to be aware of everything around you while only attending to what you choose to attend. With this control of your mental focus, you can now realize your ability to control and regulate your emotional responses as you only experience and respond to your memories or current events as you choose to respond. Now with this level of mental focus and emotional control, how wonderful it is that you can enjoy the physical calmness that comes with the confidence that you can control not only what you respond to, but how you choose to respond to everything in your environment."

Once the client feels comfortable using this suggestion, the client and therapist, working in concert, create other suggestions. Finally, the client is tasked with independently creating suggestions to achieve the outcome he/she would choose to experience. Suggestion content depends on the patient's goals. Suggestions are used to improve safe driving skills ("When I see debris on the road I will know it is safe"), participate in public activities ("I will remind myself I am in [my hometown], and everyone here is focused on their own activity"), improve communication skills ("I will be able to attend to the messages provided by my partner with greater understanding"), improve sleep activities ("When I pull the cover over my body I will know it is time to sleep restfully and with peaceful dreams, only awakening after __ hours of sleep"), and specific abilities to engage in the environment based on the client's requests. The goal of Phase 3 is to develop a set of appropriate clinical suggestions.

The therapist uses alert hypnosis inductions in session to guide participants to a greater sense of internal control during therapy process. The veteran uses alert hypnosis between sessions to develop competence in the skill as well as to improve their responses in actual situations.

Case Reports

Case 1: AB

History

AB, a young married male with one child, served a combat deployment. He worked in a transportation unit, witnessed multiple improvised explosive device (IED) blasts

as well as base attacks but did not engage in live combat with a weapon. In his intake appointment, he described, in a manner that indicated he was suffering from survivor guilt, the loss of friends due to IED attacks. He recalled with anguish the living conditions of the local civilians, and that became a primary topic in clinical sessions.

AB was born and grew up in a third-world country and experienced extreme poverty and civil war throughout his childhood. The family eventually escaped to the United States, and AB joined the military immediately following high school. AB married his wife just prior to deployment, and his child was born prior to his return to the United States. In the 3 years following his return from combat, AB's PTSD symptoms included aggressive driving, nightmares of losses and of the extremely poor living conditions of the population in the war zone, poor sleep (2–3 hours per night), hypervigilance with a reluctance to leave the home, anxiety, exaggerated startle response, and irritability particularly with his wife and child. He was a full-time student and during the assessment reported his grades were suffering. His wife requested therapy as the marriage was deteriorating. The tipping point occurred when his child refused to eat in a restaurant, and his wife threw away the food. AB described a strong verbal outburst in the restaurant as he was unable to manage his emotions while recalling the children in the combat theater searching through rubble to find any consumables to sustain themselves.

Description of Treatment

During the intake interview, AB developed primary goals—to address driving skills, hypervigilance, and nightmares—and secondary goals—to address concentration while studying, fatigue, and anxiety concerning his marriage. The therapist introduced alert hypnosis induction in the initial session, and AB quickly developed the skill. While using the original suggestion provided by the therapist as a base, he developed his own suggestions. He created a rapid induction cue while driving. If he were triggered into "combat driving," he would tightly grip the steering wheel. This grip became a rapid induction cue to enter an alert trance state. He could then use his suggestions, such as "While I am driving my car in [my hometown], I will be aware of all traffic on the road, and recall the defensive driving skills I have learned in my driving experience. I will be conscious of my lane selection, and maintain a safe distance from all traffic while following the driving rules in [my state]. Driving safely is a pleasant experience and the best way to protect my family. I will be prepared to respond to any road hazards and I will remind myself that debris on the road is only debris" or "Isn't it wonderful that I live in America where the population is safe and food is plentiful. It is comforting for me to know I can provide my wife and child with comfortable surroundings, and that my family has never known the struggles of poverty and war." Here is a sample of his suggestion for managing his response to his child's eating habits: "While I would prefer my child eat what is provided, I am happy to have the awareness my child knows there will always be food available."

Results

In subsequent sessions, AB described significant progress in his ability to drive without stopping the car to recover his emotional stability. He reported that inducing alert hypnosis has allowed him to use the suggestions to engage his wife in conversations about his emotions, and to interact with his child without incident. At the end of 6 months of therapy, AB's wife independently confirmed the positive changes in AB's mood and his ability to spend time with her and their child. AB is now able to enter retail stores, restaurants, and other public places using alert hypnosis, and reports he can focus on and complete school tasks without reacting to his surroundings. By using alert hypnosis, AB has been able to drive without negative reactions to the environment, and as of the last update, he has been able to participate in a family vacation in a beach community without incident. He has been able to host an engagement celebration for his brother.

AB reports he is practicing alert hypnosis daily. He continues to create suggestions to improve his responses in his environment. He has graduated from a 4-year college program and is applying for a graduate fellowship to continue his education.

Case 2: CD

History

CD is a middle-aged college-educated, divorced, White male. He has one adolescent child living in another state. CD was raised in another industrialized country, earned dual citizenship, and served in a foreign army as an infantry soldier. He was involved in combat, witnessed the death of friends, and had his first experience expressing violence against others. In America, CD graduated college, worked in a business career, was married, and had one child before choosing to enlist in the U.S. military. He served one combat tour, again reporting significant active warfare. During the intake interview, CD stated his concern about the violence and aggression he had come to enjoy. He described the aggressive activity as "an amazing sense of freedom." Following military service, he worked in in law enforcement until the symptoms and behaviors related to PTSD led to his dismissal. He has been under care for PTSD and addiction issues for several years and reports abstinence for approximately 2 years. CD has participated in multiple treatment programs with multiple treatment failures. During the intake interview, he stated that even with sustained abstinence, he did not believe he was making any progress in his efforts to reclaim his life. He was unemployed at the time of intake and admitted this was likely due to his reactions to employers and colleagues on the job. He is currently living with his parents.

Description of Treatment

CD presented as a knowledgeable therapy consumer and, during the intake, reported a favorable response to some cognitive-behavioral hypnotherapy (CBT) processes as

well as meditation and Buddhist practices. Primary goals developed for therapy were to reduce aggressive thoughts and enhance motivation to re-engage in professional activities. His secondary goal was to address weight management. The therapist introduced alert hypnosis in the first session, and CD reported an enjoyable "meditative state." The therapist completed three inductions in this initial contact to improve CD's competence using the skill. At the next session, CD eagerly discussed the increase in motivation and energy he gained from the practice.

CD participated in the creation of suggestions and used alert induction designed to reduce aggressive thinking and to improve his motivation. Suggestions included "I believe it is my nature to present myself as a peaceful and caring person. My intent and purpose is to create a nurturing and safe environment. My daily activities will continue to focus on efforts to achieve my maximum potential as a human." Another suggestion was "I can interact with others as an equal. There is opportunity to learn from others even as their thoughts and beliefs may be different than my own. All people have the right to make their own choices without my agreement or input."

CD has created many suggestions over the past year in therapy to address a variety of circumstances in his life. The suggestions are used in therapy sessions, in meditative practice, and in his work and personal life.

Results

CD has returned to work full time with positive reviews of his performance. He reports using alert induction on a daily basis along with his meditation and has developed a habit of utilizing alert hypnosis between his clinical contacts. Moreover, he says he has developed his own helpful suggestions to guide him in his professional efforts. He is in a relationship and feels comfortable with his interactions for the first time since the divorce from his wife. CD is seeking to resume independent living in the summer. Over the course of 9 months, he lost 100 pounds using alert hypnosis and the dietary change and exercise suggestions created in session. CD is working to enroll in a post-graduate education to improve his long-term career potential. CD and his child have resumed their relationship, with the child making two recent visits to the state as well as regular electronic communication between the two.

Case 3: EF

History

EF is a young twice-divorced male with four children. He had served in combat and received mental health treatment for several years. There are diagnoses of PTSD and traumatic brain injury (TBI), substance dependence, and a significant history of no-show behavior and failure to comply with treatment recommendations. EF has minimal education and reports an early and long history of emotional and corporal punishment. His

father abandoned the family early in his life, and EF reports a feeling of abandonment by the military. After serving on multiple high-risk assignments and upon his return from deployment, he was a frequent subject of disciplinary action and was subsequently not allowed to re-enlist. He had been in a long-term relationship but chose to terminate the relationship and live with his mother due to lack of finances. There is a significant history of legal conflicts in his history. EF had been exposed to multiple mental health programs, but had not experienced successful outcomes.

Description of Treatment

Early contact was used for solution-focused, problem-solving techniques. The therapist was able to build some relationship with EF, but no clinical progress was evident. EF did not believe he would be able to improve his life after so much time. The therapist shifted to cognitive/behavioral techniques (Rational Emotive Behavioral Therapy) and then introduced alert hypnosis as an option. On the first induction following the education process, EF reported feeling "as relaxed as I can remember." A second induction was used in this session with more detail and the suggestion that he would recall the steps to the induction and be able to re-experience the process at home. EF responded with a strong positive feedback, and a third experience was used prior to termination of the contact. Primary goals for therapy were to "stay out of trouble" and to be a better father than the one he had.

The development of suggestions was based on a series of truisms. The client altered the standard suggestion from the development of alert hypnosis skills to "I will be focused, I will remain calm, and I will relax." Additional suggestions heard from the client include "I'm going to be more patient." "I can ignore these other guys wanting to fight," and "I will slow down and think before making any decisions."

Results

Alert hypnosis was introduced on a Tuesday. On Friday of the same week, EF called saying he could not wait for his next session to talk and stated, "You just saved a man's life." In the following session, EF reported that officials had come to take him to the emergency department where his child had been admitted for physical abuse from an adult male. He described the child as "all beat up" with facial bruising, broken ribs, and abdominal injuries. EF said he used "that relaxation thing" twice, first before leaving home to reduce his anger and anxiety, and then again in the emergency room after seeing his child. EF's suggestion after the induction was to make all decisions that would help his children the most. EF admitted his primary thought was to engage in retribution and that his typical response would have been to travel directly to the perpetrator's location and attack. Using "that relaxation thing," he was able to stay with his child, respond to an investigator's needs, and to assume custody of his children. He said he cried that day for the first time since he was a child.

EF and his therapist continue to meet periodically, as his schedule allows. He finds it difficult to maintain employment or reliable transportation. In recent months, he initiated a new relationship that appears to be an improvement, and he has maintained custody of three of his children. He has not been able to assume custody of the fourth child at the time of this writing. EF reports that he continues to practice the inductions and to remind himself of his ability to control his emotions. He is fully engaged as a parent and partner to the current girlfriend, and he has recently become self-employed in home improvement. While he continues to struggle with many issues, relative to the life he lived prior to treatment, he has made significant improvement. EF has not been charged with any criminal actions, has not used physical violence, and no longer has any pending charges or connection with the legal system.

Discussion

While the successful warrior is trained to detach emotionally from all events while deployed, the situation is different once the military obligation is discharged. Many returning veterans experience the loss of emotional and personal control and have extreme stress reactions. Those persons affected most negatively by combat tend to return home without purpose or direction, feeling a persistent restlessness and overwhelming emotions. They see they have changed and now may have nothing in common with their friends and family. There is no order or structure in their new civilian life, there is no camaraderie, no one watches their back, and there are no common goals. Studies have noted that warriors who experience PTSD often return home without training on how to recover from their experiences or to resume their lives in a civilian world.

But there is help. The cases presented in this article reflect how persons suffering with PTSD reclaimed a level of control in their lives. The use of alert hypnosis is predicated on the willingness and ability of clients to induce the hypnotic state wherever they are in their civilian environment and to make suggestions for improving their cognitive, emotional, perceptual, and physical control. The result is seen in the variety of applications the clients have created following treatment: employment, relationships, dietary changes, exercise, education, teaching, pain management, communication, and assertiveness. Veterans using alert hypnosis have been able to apply the changes desired in as little as a single session. Others have taken additional time, but with all participants, competence has grown in over time

There are clear limits to this case study report, since alert hypnosis was only one component of treatment. Clients presented here are self-selected; there is no control group or follow-up testing. Moreover, multiple interventions were used for each veteran in therapy. The reports of change, while laudable, are still anecdotal. To achieve recognition as a primary treatment for combat trauma, alert hypnosis would have to be submitted

to extensive empirical research. It is indeed unfortunate that at the time of this writing, thousands of veterans are qualified to participate in such a study.

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