Self-Hypnosis and Psychological Interventions for Symptoms Attributed to Candida and Food Intolerance

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Introduction

Chronic Candida syndrome diagnosis and treatment is controversial. Many people with debilitating symptoms commonly attributed to this condition are ineffectively treated. Given these difficulties and the mounting evidence for mind-body healing, non-medical approaches need to be investigated. This case report covers the history, treatment plan, administration and outcome of hypnotherapy and psychological interventions (self-hypnosis, meditation, guided imagery, music therapy, neuro- linguistic-programming, breath-control, thought distraction, unconditional acceptance, Ericksonian metaphors, cognitive challenging of the idealized self-image, assertiveness training, inner-child work, and Gestalt therapy) for a client diagnosed with Candida albicans overgrowth who was not responding to medical treatment. The successful outcome is attributed not just to the techniques used, but also to the linking of symptoms to their underlying psychological causes and working with those issues.

While food allergy is now accepted as a valid syndrome which mimics many common illnesses and is estimated to affect about 8% of children and 2% of adults (Kay & Lessof, 1992), there is much controversy over whether chronic Candida syndrome (Candida albicans overgrowth) causes food allergies and many other symptoms including bowel disturbance, fatigue, palpitations, thrush, menstrual difficulties and catarrhal problems (Cater II, 1995, Kay & Lessof, 1992). While Nystatin is effective for treating Candida associated diarrhoea (Levine, Dykoski & Janoff, 1995), and some people recover from their symptoms when treated with Nystatin and a no- sugar, no-yeast diet aimed at eliminating Candida, many people in a serious and debilitating condition are not being effectively treated (Kay & Lessof, 1992). Given these difficulties, and evidence that immune system interventions can dramatically improve the efficacy of antifungal therapy (Dupont, 1995), it is important to fully investigate possibly effective non-medical interventions.

Behavioural medicine research has found a significant connection between mind and bodily disease (e.g. Biondi & Zannino, 1997; Kune, 1993; McEwen & Stellar, 1993), and there is mounting evidence that adverse food reactions and allergic responses can be affected by psychological factors and further that symptoms can disappear when stresses are reduced (Cohen, Creticos & Norman, 1994; Gettis, 1989). This report illustrates use of hypnotherapy and psychological interventions to treat symptoms attributed to food allergies and Candida albicans overgrowth in a woman who failed to respond to medical treatment.

Client Infomation

C.A., at the commencement of treatment, was 21 years old and living with her parents and 19-year-old sister. She was in receipt of a disability pension because she was able to neither work nor study. Her physical diagnoses were food allergies and Candida albicans infection. She had a history of chronic illness commencing with Cito megalo virus at age 15, followed by glandular fever 18 months later. Over that six year period, she had consulted several medical practitioners and two psychologists without any improvement in her condition. For the twelve months prior to this therapy, she had been under the care of an orthomolecular medical practitioner who had been treating her with megavitamin therapy, Nystatin and a 'Candida maintenance diet' with no noticeable improvement. C.A. presented as a slender, pretty, intelligent, yet extremely anxious, frail and fearful young woman who was desperate to get well and willing to do anything within reason to achieve it. She described her symptoms as: uncontrollable shaking, insomnia, nightmares, migraine, depression, chronic fatigue which prevented her from walking more than 100 metres without a rest, a constant hollow starving feeling inside, and a tendency for her face to go yellow, although this last symptom didn't bother her. She also admitted to being terrified of getting cancer. Further questioning revealed a relationship between the onset of symptoms and emotional trauma. The insomnia had been present since childhood, and together with a sick feeling in the stomach, seemed to be related to her mother's unpredictable emotional outbursts, which had also been going on since childhood. C.A. described her mother as a "worry wart" and living with her as "constantly walking on egg-shells". The chronic fatigue had been present for six years. It began when, as a teenager, C.A. had rebelled against her mother's unpredictable 'blaming' behaviour and her father had stopped intervening on her behalf. According to C.A., her father was being manipulated by her mother: the shift in his behaviour had coincided with a serious marital conflict in which he had sought changes but backed off when his wife threatened divorce. It was at this time when C.A.

recognized that she didn't like her mother and didn't want to live with her, that she was diagnosed with Cito megalo virus. The onset of glandular fever 18 months later coincided with new stresses: C.A. had enrolled in a degree in biological science to please her parents and hated it; she had a boyfriend who "undermined her confidence" and remembered thinking that if she "got sick he might notice her"; and, her source of spiritual support collapsed when she decided it was a "false path". With no clear sense of spiritual or career goals, she felt lost. The shaking and hunger symptoms developed at the time when the doctor put her on the Candida diet. When asked, in preparation for hypnotherapy, to describe the sensations in her body when her mother exploded, C.A. admitted that there had been no outbursts since the glandular fever and recognized the connection between her chronic illness and her mother's blaming. She was pleased with this insight and became highly motivated to deal with the painful interpersonal patterns between herself and her mother. She especially wanted to get rid of the sick 'yuk' feeling of guilt and shame which developed in her stomach whenever her mother "blew up", "looked through her possessively", or "used a pleading tone of voice". Administration of the Interpersonal Checklist (Lankton & Lankton, 1986, p. 73) confirmed a lack of balance between masculine and feminine qualities: she was high on responsibility, cooperation, dependence and self-effacement, and extraordinarily low on management, competition, assertiveness and rebelliousness.

Hynotheses concerning cause and maintenance of presenting issue

It was hypothesized that C.A.'s illness was caused by a depleting immune system due to her inability to stand up for herself and consequently letting other people's demands run her life (Bannerman, 1992), and that the illness was being maintained by the following secondary gains: (1) cessation of mother's blaming outbursts and the feelings of guilt and shame which they triggered, (2) regaining of emotional and physical caring from the whole family, (3) provision of an acceptable excuse for not living her parents' plan for her life.

It was further hypothesized that this came about as follows. Since early childhood, the mother's outbursts had triggered shame, guilt, and sick feelings in C.A.'s stomach. Because the outbursts were unpredictable, C.A.'s attempts to prevent them by pleasing her mother failed, and this led to further shame, guilt, reduced self- esteem, and a belief that it was her responsibility to look after the needs of others rather than herself. Then, in puberty, her efforts to rebel against this emotional abuse were punished by worse outbursts and the loss of emotional support from her father, sister and grandmother, thereby

confirming that she had neither the ability nor the right to take control of her own life. The onset of glandular fever was most likely precipitated by the pressures of university studies she hated, an unsatisfactory relationship with her boyfriend, and loss of spiritual support. Additionally there were her chronic feeling of hopelessness and powerlessness resulting from having given up being able to do what she wanted with her life. However, the fact that the illness led to cessation of her mother's outbursts, the regaining of improved relationships with her family, and was a valid excuse for not pursuing the agenda which her family had mapped out for her, provided a powerful unconscious motivation to remain ill. It was further hypothesized that the following treatment program would facilitate healing and deal with the issues that were maintaining C.A.'s illness.

Treatment Program - Description and Rationale

In order to facilitate better outcomes, it was decided that where possible, treatment procedures would be carried out with the client in a hypnoidal state. It was also felt that because C.A. needed to be empowered, as many of the procedures as possible would be implemented in a self-hypnosis context. This would not be difficult as susceptibility tests revealed that both visual and kinaesthetic suggestions would be effective with C.A. In addition, music which facilitates deep relaxation would be played in the background of all therapy sessions (Avants, Margolin & Salovey, 1990).

1. Stress Management and General Healing

As C.A. was severely stressed, and it was known that stress affects digestion and food allergies (e.g. Hill, 1991), it was considered essential to introduce a stress management program which would alleviate physical symptoms as well as improve emotional well-being. It was planned to use meditation and imagery work because of evidence suggesting their effectiveness in reducing stress (Delmonte, 1985; Pinkard, 1989) facilitating psychological change (Bogart, 1991; Pinkard, 1989) and healing the immune system and numerous illnesses (Bannerman, 1992; Gonsalkorale, 1996; Ieuleva & Orlick, 1991; Levin, 1996) including allergies (Cohen et al., 1994). Music and progressive muscle relaxation suggestions would be used to induce a hypnoidal state prior to giving suggestions for a meditative practice involving watching thoughts and feelings.

In addition, posthypnotic suggestions would be given for the thrice daily practice of self-hypnosis and meditation.

2. Deconditioning Guilt and Shame Responses to Mother's Behaviour

As C.A. was experiencing a sick feeling of guilt and shame in the stomach every time her mother 'exploded' or 'looked through her possessively while using a pleading tone of voice', a cognitive confusion technique from neuro-linguistic programming called collapsing anchors (O'Connor & Seymour, 1990, p.61) was chosen. This technique is believed to work by triggering incompatible emotional states simultaneously resulting in the old response pattern being broken and replaced by a new one. This is consistent with a review of mental imagery by Witner and Young (1985) which reports that guided imagery can produce effective change in the absence of integration or intellectual insight. C.A. would also be instructed to use a mental imagery ritual as a thought distraction and to breathe deeply, consciously and connectedly (Bass & Gardner, 1985) to reduce anxiety whenever her mother engaged in guilt and shame triggering behaviours.

3. Encouraging More Appropriate Models of Interpersonal Behaviour

Even if C.A.'s guilt and shame were deconditioned, there were a number of other changes that needed to occur before C.A. could feel deserving and capable enough to direct her own life rather than live to fulfill the needs of others. The absence of suitable behaviour models in her family was a disadvantage for her future development. It was seen as important to encourage C.A. to spend as much time as possible in the presence of more appropriate behaviour models and to support any efforts she might make to move away from the inappropriate models. In order for C.A. to be able to do this, it was felt necessary to develop her self-esteem, teach her assertiveness and deprogram her pattern of mother-daughter dependency.

4. Reduction of Guilt and Development of Self-Esteem

It was seen as extremely important to reduce C.A.'s guilt and build up her self-esteem, confidence, and belief in her right to live for herself rather than fulfill the needs of others. It was planned that this would be facilitated through unconditional acceptance by the therapist, guided imagery techniques, Ericksonian metaphors (Lankton & Lankton, 1989; Witztum, Dasberg & Bleich, 1986), and cognitive challenging of the idealized self-image to reduce the dissonance with self-perception (Bitonti, 1992; Eastburg, Johnson, Woo & Lucy, 1988).

5. Assertiveness Skills Training

C.A. lacked assertiveness. Because she grew up in a family that constantly manipulated, she had no model of how to say "No" in a way that minimized

others' feelings of rejection. Therefore, it was seen as important, once she saw that she had a right to direct her own life, to teach her skills which would provide her with the ability to stand up for herself.

6. Deprogramming Patterns of Mother—Daughter Dependency

C.A.'s unresolved childhood grief together with her mother's unresolved childhood grief were seen to be keeping them both stuck in dysfunctional patterns of relating. It was decided that guided imagery using Gestalt techniques based on the inner-child work of Bradshaw (Bradshaw, 1992; Pearson, 1994) would be used to release C.A.'s unresolved childhood grief and anger, humanize the idealized mother image by creating compassion and forgiveness for the mother's unresolved childhood grief, and hence enable C.A. to emotionally separate from her mother, freeing her to move away from the inappropriate behaviour models of her family. Imagery scenes would include C.A.'s adult supporting her inner child while she expresses her hurt and anger to her mother (reparenting), C.A.'s inner child playing talking with and her mother's inner child to learn compassion and forgiveness, and finally, C.A.'s mother's death (separation from the internalized mother). Cleveland (1987) used a similar procedure to break co-dependency patterns in alcoholics.

Administration of treatment plan

Because of C.A.'s extreme anxiety, the remainder of the first session was used to explain the effects of stress on her digestive system and food allergies, and to teach C.A. to use self-hypnosis as a preparation for the thrice daily practice of meditation. The treatment plan was presented to C.A. with an explanation of why it should work. She agreed to proceed with treatment and went away highly motivated to do the homework.

At the beginning of session 2, C.A. reported that meditation had helped. She felt more relaxed, and although she was still tired, her body had stopped shaking. Her appearance was congruent with her report. She was then asked to describe a time when she experienced inner power, strength and confidence, and also to give detailed accounts of the emotions and bodily sensations she experienced on a number of occasions when her mother hurt her. This was necessary in order to be able to feed back the appropriate information during interventions 2 and 6.

After the usual induction involving both kinaesthetic and visual suggestions and background music, the cognitive technique for releasing guilt and shame in intervention 2 was used. It went according to plan and the guided imagery session for releasing the guilt, shame and dependency associated

with her mother in intervention 6 went smoothly until the point where her 'little child' had to express all the anger she felt towards Mum. C.A. said the feelings were so intense she was scared her body couldn't stand any more, so the image work was discontinued and therapeutic touch applied (Gagne & Toye, 1994; Wilson, 1995). C.A. quickly became calm. As an interim measure till therapy had progressed further, she was instructed to use the mental imagery ritual and deep breathing (intervention 2).

In session 3, C.A. reported that suppressed emotions had arisen and been released during her daily meditations. Because she asked to defer the remainder of the imagery work on her mother, and was upset about spending more time speaking to her uncle on the phone that morning than she had wanted, it was decided to teach her assertiveness principles (intervention 5) and do imagery work to: (1) release the guilt she felt when she pleased herself instead of others (intervention 2), and (2) build her health, self-esteem, and confidence in her power to determine her own life (intervention 4). This imagery work consisted of visualizing an 'x-ray' version of herself showing dark coloured patches of guilt in her body and then imagining a high pressure jet of guilt-remover flushing those bright patches out through her intestines. It also involved visualizing a healthy looking version of herself participating in some physically demanding task that would give her great pleasure. Ericksonian metaphors for increasing self-esteem and eliminating guilt were included. The session went smoothly and her homework was to practice the meditation and the mental imagery technique every day till her next session a week later.

At the beginning of session four, C.A. said she had a lot more energy and in her eagerness to get back to a normal busy young life after four and a half years of illness, had taken on a bit too much too suddenly. When asked to compare her present state with how she felt at the beginning of treatment, on a scale whereby 0% represented no change and 100% represented fully reaching the emotional and physical state she aspired to, she reported a 63% improvement in emotional state and 45% improvement in her physical condition. No changes in her medical treatment or any other aspect of her life had occurred since the beginning of therapy. Her doctor discontinued the injections of vitamin B and the fifteen other vitamin and mineral supplements he had prescribed for various physical symptoms, and agreed that she could discontinue her diet as an experiment.

However, as might be expected, C.A.'s mother showed strong disapproval of the changes in her daughter's assertiveness. The desire to be less affected by her mother motivated C.A. to finish the dependency imagery work

begun in session 2. Therapeutic touch was used to assist her to face the most intense and frightening emotions (and has since been used routinely with other willing clients to ensure that emotionally traumatic imagery work is completed in one session). C.A. reported that although it had been difficult to visualize playing with the small child her Mum had been, she had managed, and now understood her Mum's wounded childhood. She had also experienced a great sense of freedom when visualizing her Mum's death. Homework involved continuing the meditation and imagery work taught in session 3. By the fifth session, C.A. reported a 70% improvement on both the emotional and physical state of well-being scales. She also reported that meditation had dealt with a number of other problems: her tendency to hold onto things, her use of TV to avoid facing problems, and her victim hood obsessions such as believing she would get hay fever just because the radio announcer said it was going around.

She was also enjoying eating whatever foods she wanted with no ill effects. However her mother's outbursts had returned as C.A.'s health became better and some of the symptoms reappeared when she was around her mother too long. 'When she used the new found assertiveness to keep her distance, her mother complained that her daughter was avoiding her. C.A. wanted to leave home, but felt prevented by combined disapproval of her father, sister, grandmother, aunts and uncles, which she found very difficult. For example, her grandmother accused her of being a selfish girl, her parents threatened to cut her off financially, and C.A. feared she might not stay healthy enough to support herself living independently either through employment or a full-time study allowance.

Subsequent sessions including further intervention 3 imagery work, were devoted to dealing with C.A.'s relationship with her father and the reactions of other family members. C.A.'s mother threatened to get ill if her daughter left home and C.A. reported that her grandmother used a similar dysfunctional method of manipulating C.A.'s mother. There were many unpleasant fights and C.A. found it more difficult to de-stress herself with the meditation and visualization. She felt stuck in her efforts to leave home and developed severe constipation. Although it was felt that he constipation had an emotional cause, it was recommended strongly that she find physical means of relieving the condition and she was given a referral to a medical practitioner with a mind-body perspective of healing.

Further imagery work and core transformation (Andreas & Andreas, 1996) were used to facilitate feelings of peace and self-love amid the highly charged emotional atmosphere at home and to cut the emotional ties with her

mother. A further intervention involved helping C.A. realize that it might be better for her family to experience her loss so they could learn to be less dysfunctional. Because of the extremity of the home situation, C.A. took refuge in friends' homes most weekends and evenings. This avoidance of family incensed her mother further, which led to extended absences of a week or more. During the longer absences C.A. gained a new perspective on her family's behaviour. She saw how ridiculous it was for her to tolerate the situation any longer. She also noticed that the constipation went away each time she stayed with friends for several days. Eventually C.A. arranged to move into a flat with friends. However, her mother took over the moving process and C.A. realized she'd still have her mother ringing her daily and popping in and out constantly trying to control her life. She then sought and eventually gained entrance into a course at an interstate university and used this as an excuse to move far away in spite of the fact that her parents said they'd never speak to her again if she did.

In follow-up calls six and twelve months later, she reported that she was in good health, had passed her exams, had a nice boyfriend, was on speaking terms with her parents again, and life was 'great'.

Outcomes

After four sessions of hypnotherapy and psychological interventions, C.A. reported a 70% improvement in both emotional state and physical condition. She appeared to be a changed woman: she looked much happier and the extreme fear, anxiety and frailty were gone. There had been no alteration in her medical practitioner's treatment other than discontinuation of treatment when she reported improvement in her condition. The only changes in her life in the period since the commencement of therapy were those connected with what Lyddon (1990) refers to as constructivist cognitive interventions, and at follow up, twelve months later, the improvement in health had been maintained.

Evaluation of Outcomes

It seems reasonable to attribute the improvement in C.A's emotional and physical state to the therapy. Regardless of controversy over the medical diagnosis for symptoms attributed to chronic Candida syndrome, this case report suggests that there may be a place for hypnotherapy and psychological interventions when medical treatment fails.

The dramatic improvement in physical symptoms reported here is consistent with case reports of cognitive interventions for the treatment of other

physical ailments (e.g. Gregg & Jones, 1995), as well as research studies such as Cohen et al.'s (1994) study of the effects of guided imagery on allergic reactions to ragweed-pollen, and Ievleva & Orlick's (1991) finding that sports injuries heal faster in people who use goal-setting, positive self-talk and healing imagery.

However, consistent with the literature, the author has found that not all clients respond positively to imagery work. The unclear relationship between imagery techniques and the healing of the physical body has been noted by Levin (1996). He suggests that cancer is caused by a loss of meaning in life and the real cause of recovery is regaining the meaning of life. Certainly this appears to be true for C.A.. Life became meaningful when she took charge of her own life and stopped living according to the dictates of her parents and others.

Perhaps imagery work is merely a tool and the real skill is in the therapist knowing when and how to use it. Imagery work aimed solely at alleviating symptoms can be expected to fail so long as any underlying psychological cause, such as lack of meaning in life, remains unresolved. The author has found it helpful to connect the onset of particular symptoms with changes in the client's circumstances and work with the psychological reactions to those changes. Thus clients presenting with similar symptoms may need to resolve quite different psychological issues.

Qualitative studies involving retrospective reports may be useful in highlighting the common essence of the healing process.

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