

Clinical Hypnosis and The Psychologically Traumatized

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Abstract

Traumatic stress is one of the most shattering experiences that can leave a person at the height of vulnerability to bio-psychosocial maladjustments. Children who come into conflict with the law form a high risk category for post-traumatic stress disorder (PTSD). Crime related trauma takes on multifaceted ramifications for its victims, which are in addition to what other trauma victims encounter. Hypnosis is a valuable tool that can bring about noteworthy effects to enhance one's psychological well being. It makes possible the integration of what seems to be incompatible realities within an individual by allowing access to traumatic memories in a safe and controlled manner. The study made use of the 'Solomon Four Group Design' and sought to explore the effectiveness of hypnosis in alleviating PTSD symptoms among young offenders. The sample for the study was a group of 42 boys who were all implicated in murder cases. Using the Trauma Symptom Checklist for Children and the Harvard 'T' Scale, pre-test and post-test were done for the designated groups. The experimental groups that underwent the interventions of clinical hypnosis showed significant improvement in diminishing the PTSD symptoms as compared to the control groups.

Keywords: Adolescents, Crime, Delinquents, Post-traumatic Stress Disorder, Hypnosis.

Introduction

Adolescents are frequently exposed to various traumatic experiences. Studies have confirmed the adverse health consequences like depression, anxiety and risk-taking behaviour as a result of exposure to trauma. Traumatization is also positively correlated to the increase in the social problems among children.¹ Among the traumatized adolescents there exists a particular group that is characterised by their involvement in criminal activities commonly referred to as 'children in conflict with the law'. Crime-related trauma takes on multifaceted ramifications for its survivors, which are in addition to what other trauma survivors encounter. Shame, loss of self-worth, anger, bitterness, social alienation, guilt and remorse are some of the aspects that distinguish them from others. The negative effects of their actions as minors can continue to torment them for the rest of their lives. These factors exercise added pressure on their already depleted resources and defences. The psychological turmoil left unattended

1 Wethington H R, *et.al.*, 'The Effectiveness of Interventions to Reduce Psychological Harm from Traumatic Events among Children and Adolescents: a Systematic Review', in *American Journal of Preventive Medicine*, 35 (3), 2008, p. 288.

can become unmanageable and a genuine rehabilitation would essentially require the restoration of their physical and psychological capacities.²

In the wide array of psychological tools used for stress management, hypnosis stands out as a highly reliable method in bringing about an altered state of consciousness conducive for a significant shift in the mental processes. It claims unique qualities of mental functioning in operation manifested only in hypnosis. In the quest for health and well-being, hypnosis has enabled trauma survivors to rediscover themselves.

Many behaviours are involuntary and hypnosis has the ability to alter the automatized goal of one's attention towards the desired therapeutic target. The 'completion tendency' which is a universal feature in human beings, entreats the mind to make appropriate choices and plan of action while remaining in touch with reality. When left unattended, these unprocessed and unresolved traumas could result in pathological behaviors.³ Delinquency can be a cause as well as the result of unattended traumas. As Kelly⁴ stipulates, this could be caused by shattered bonds between the child and the society. There are four elements to these bonds, namely: belief, involvement, attachment and commitment. If a child develops strong bonding with these four elements as well as his/her significant others who are pro-social, his orientation is expected to be leaning towards conformity to social norms while a marked weakness in the same would indicate the likelihood of violation of laws and societal rules on the part of the youngster.

The focus of the research was crime-related trauma. As such, delinquents who had been incarcerated by juvenile courts were chosen as the sample with the assumption that they have been through some form of traumatization leading to the development of posttraumatic stress disorder symptoms. In order to ascertain the degree of trauma, a screening was done by administering the Trauma Symptom Checklist for Children. Hypnotic scripts were designed to suit each subject and facilitate a reframing of the traumatic memories. As expected this approach brought about substantial reduction in the post-traumatic stress disorder symptoms experienced by the subjects.

Research and Sampling Methods

The 'Solomon Four Group Design' which is regarded as the most accurate form of experimental research and a true experimental design⁵ was used in the research. The different combinations of tested, untested, treated and untreated groups enabled the

2 Appel R P, "Clinical Hypnosis in Rehabilitation", in *Seminars in Integrative Medicine*, 1(2), 2003, pp. 60-93.

3 Brewin C R, & Holmes E A, "Psychological theories of Posttraumatic Stress Disorder" in *Clinical Psychology Review*, 23, 2003, pp. 339-376.

4 Kelly Thomas M, "A Critique of Social Bonding and Control Theory of Delinquency using Principles of Psychology of Mind", in *Adolescence*, 31(122), 1996.

5 Shuttleworth Martyn, 'Solomon Four Group Design', 2009, (accessed on 19 January 2012), www.experiment-resources.com/solomon-four-group-design.html.

researcher to ascertain that extraneous variables had not affected the results. There was a two-phased sampling. Purposive sampling was used in the first phase to identify those who would qualify for the research. Simple random sampling was used in the second phase in the selection of the 22 participants for experimental group and 20 participants for the control group.

Research Participants

The sample consisted of forty-two children in conflict with the law at the 'Cebu City Operation Second Chance Centre' in the Philippines. Those who were involved in or witnesses of crimes against persons were considered as the respondents qualifying for the research. They were then assigned randomly to four separate groups where two groups of ten formed the control groups and two groups of eleven each formed the experimental group.

Research Procedures

The research consisted of three phases:

1) The pre-experimental phase where the participants who qualified for the research were identified wherein those who matched the qualifying requirements stipulated by the researcher constituted the research participants. During this phase a pilot study was undertaken to ascertain the procedural hazards and effectiveness of the intervention on a group different from the target group of the study.

2) The experimental phase where the subjects were divided into four groups of which two formed the experimental groups and the other two the control groups. Psycho-education was provided to the experimental groups regarding hypnosis and the rationale of the research. Thereupon the TSCC and Harvard T scale were provided as pre-test. The trauma symptoms were identified and the degree of traumatisation ascertained. Individual hypnotherapy sessions of three per individual, with a ten-day period between the sessions were scheduled. On completion of the intervention, post-test was conducted for all the participants. Finally the raw data was submitted to statistical analysis.

3) The post-experimental phase consisted of the profiling of pre-test and post-test, statistical analysis and interpretation of the scores.

Statistical Treatment and Analysis

The raw data was treated to determine the Mean and Standard Deviation of means. T-test for the Independent variable was done to compare the two independent samples and T-test for the dependent variable was done to verify if there was a significant change in the PTSD symptoms of the recipients of the intervention. Two-way repeated measure of analysis of variance (ANOVA) was also established to compare the experimental and control groups with the corresponding pre-tests and post-tests.

The statistical analysis of the research data provided the following findings:

1. There is a significant difference in the trauma symptomatology of re-experiencing trauma (intrusive thoughts, distressing dreams, trauma specific re-enactment, intense psychological distress on exposure to cues) among the participants when the pre-test and post-test of experimental groups are compared. The pre-test mean score (2.33) and the post-test mean score (1.64) with a P-value of 0.0018 represent a highly significant change.

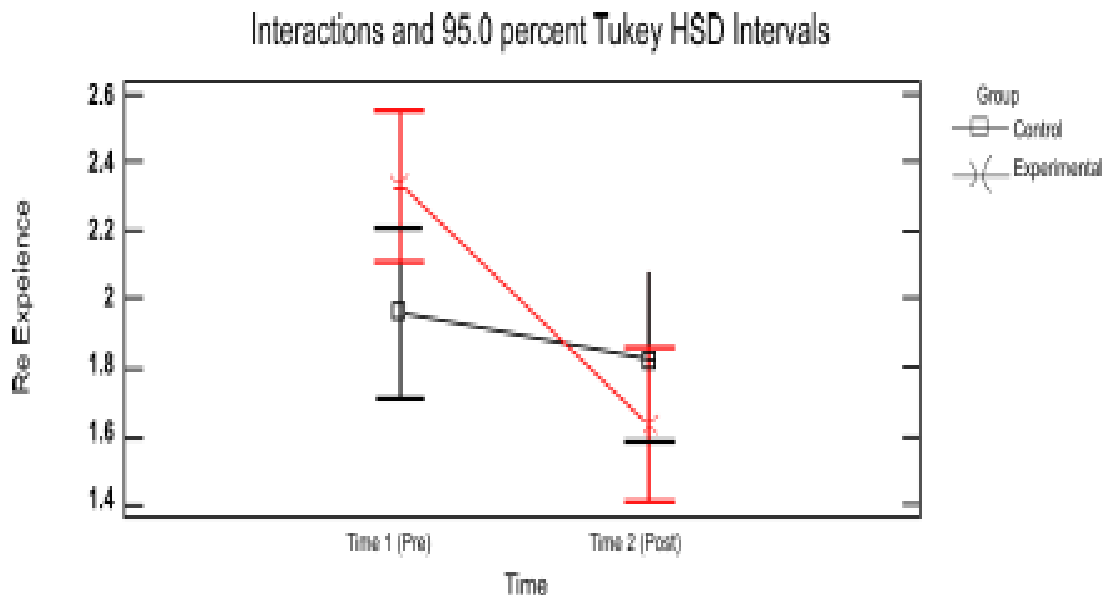


Fig. 1: Re-experimenting Cluster Results

2. There is a significant difference in the trauma symptomatology of avoidance cluster (avoidance of thoughts, feelings, or conversations associated with trauma; of activities, places or people that arouse recollections of trauma), among the participants when the pre-test and post-test of experimental group 1 are compared. The pre-test score (2.48) and the post-test score (1.85) with a P-value of 0.0006 represent a significant change.

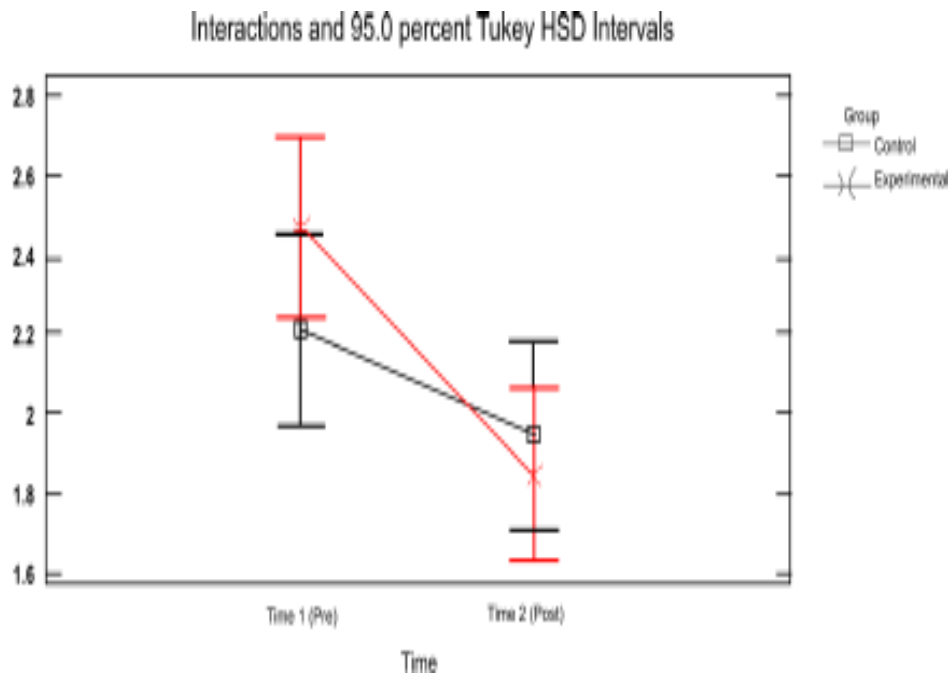


Fig.2: Avoidance cluster results

3. There is a significant difference in the trauma symptomatology of the arousal cluster (difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance, and exaggerated startle response) among the participants when the pre-test and post-test of experimental group 1 are compared. The pre-test score (2.26) and the post-test score (1.88) with a P-value of 0.0163 indicate a significant change. The effectiveness of clinical hypnosis in alleviating PTSD symptoms is confirmed in the results of experimental group 2 where a significant change is seen in the post-test scores of response to item 6 ('feeling jumpy/ easily startled'), response to response to item 8 ('trouble sleeping'). Response to item 10 ('having outbursts of anger') and response to item 16 (sudden emotional reaction when reminded of traumatic events'). Only response to item 18 ('difficulty performing daily tasks') is above the baseline score but that is not a significant difference.

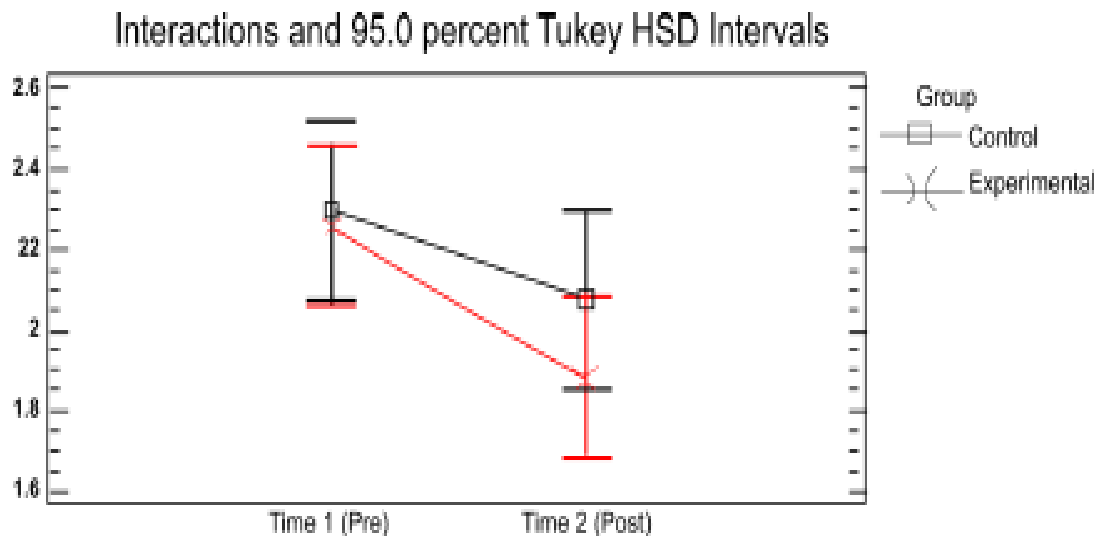


Fig.3: Arousal Cluster results

Significant Observations

1. Keeping children in conflict with the law under detention for more than a year without reformatory interventions is counter-productive. This is based on the finding that there was greater resistance to change in participants who had stayed in the facility for more than one year.
2. Recidivism, which refers to a person's relapse into criminal behaviour, often after receiving sanctions or undergoing intervention for a previous crime, would be least among the recipients of the therapy as their crime and related trauma are processed and integrated into their life with valuable insights. The resistant participants in fact added that there was no guarantee that they would not commit another crime whereas those who were compliant had benefitted from the process stressed on their resolve to make amends and turn over a new leaf. Adequate support system would also be required to sustain the gains in behavioural change.
3. Genuine transformation takes place in the context of a non-judgmental therapeutic relationship. The long period of rapport building that preceded the intervention and the assurance of confidentiality coupled with a genuine empathic and therapeutic relationship with the participant went a long way to enhance the effectiveness of the intervention. The stronger the therapeutic relationship between the therapist and the subject prior to the intervention the greater the effectiveness of the therapy.

The analysis of the data gathered prior to and after the hypnotherapeutic intervention clearly testify to the prevalence of PTSD among children who have committed crimes against persons and the positive improvement experienced by the participants of the intervention in reducing their trauma symptoms. The results establish significant

difference in all the three clusters of PTSD symptoms. Whereas significant changes were made on the avoidance and arousal clusters, the re-experiencing cluster showed a very high significance of difference.

Conclusion

The results support the hypothesis that clinical hypnosis is effective in alleviating post-traumatic stress disorder symptoms among children in conflict with the law. Given the fact that children are more receptive and responsive to suggestions, the relevance of clinical hypnosis in dealing with crime-related PTSD among young convicts is great. Their view of themselves and of the world, is perpetuated by means of symbols that have given rise to a set of beliefs. When these beliefs are confirmed by experience, they consider them as true and remain trapped in that unhealthy perception of reality. Through the efficient use of hypnosis they can be assisted in reframing a negative belief system which will lead to experience symptom relief. Hypnosis enables children to break free from the nightmares of emotional thinking and acquire cognitive mastery over the intense feelings of guilt, remorse and fear. In the safety of the hypnotic trance the past traumatic experience is made present to the client after which the subject responds freely to the renewed view of experience made available by the hypnotic intervention.⁶ Further, the subjects learn the technique of hypnosis and are able to utilize them for their own benefit through self-hypnosis. In this way they are equipped with an effective tool to manage their thoughts and feelings and facilitate their own rehabilitation. They experience in trance, a new way of being and behaving which they rehearse in hypnosis.

Healing is effected by a change at the subconscious level where the person experiences a new reality, a new way of being. It is hypnosis that facilitates this changed experience by activating the subjective realm while deactivating the objective mode. The subconscious is made to respond in a new way by instructing it in a language it understands, which is emotional, metaphorical and full of imagery. The power of healing is in the possibility provided to experience anew themselves and the world. A conditioned pattern of arousal, avoidance of reminders and re-experiencing trauma is broken and a healthier pattern is set in motion.

6 Bulatao C. Jaime, *Hypnosis and Hypnotherapy*, Philippines, Ateneo de Manila University, 2000, pp. 8-71.