A VOMITING PHOBIA OVERCOME BY ONE SESSION OF FLOODING WITH HYPNOSIS

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Summary—A patient with a long-standing vomiting phobia was treated by flooding under a hypnotic trance. A follow-up 1 yr after treatment showed that she had remained free of her phobia.

THE ESSENTIAL feature of flooding is the induction and maintenance of high emotional arousal by exposure to a conditioned fear stimulus, in the hope that the anxiety will be diminished, and, finally, extinguished. Rachman (1966) has suggested that duration, intensity and mode of presentation of the stimuli may each be relevant. Staub (1968) has argued that the prolonged exposure to the anxiety stimulus may be the most important single factor in determining success. In the special case of a vomiting phobia in vivo exposure is often unacceptable to the patient and in any case involves practical difficulties. Thus, imaginary exposure is preferable, but in practice difficulties are encountered with patients who are either unable thus to evoke anxiety or are unable to focus on the phobic stimulus for prolonged periods.

This paper concerns the treatment of a patient with a longstanding vomiting phobia, whose resistance to imaginary exposure was overcome by presenting the stimulus under a hypnotic trance. The response to treatment was dramatic, the phobia resolving after a single session.

CASE HISTORY

A vivacious 24-yr-old woman was referred to us with phobic anxiety associated with vomiting. The phobia had persisted for 11 yr and had become acutely distressing in the previous 18 months. She described her problem as "... an everpresent fear that I shall be sick—not only when I am among people but also when I am alone and in familiar surroundings". The phobia had greatly restricted her activities, causing her to avoid situations from which a quick exit was seen to be difficult, e.g. restaurants, pubs, lifts, super-markets, or underground trains.

She described herself as "easygoing, argumentative, and reasonably average", worked as a bank clerk and was satisfied with her job. She had been engaged to be married for about 4 yr to a man 3 yr older.

TREATMENT

The patient was exposed to the maximum threat situation (i.e. a journey in a crowded underground tube train) in imagination, introducing the anxiety evoking cues one at a time, as follows:

"You are on the platform of an underground tube station—standing inside a crowded train—feeling hot and becoming increasingly apprehensive—the train suddenly stopping inside the tunnel — heart beating fast — surrounded by people—tightness in the throat—hands trembling—stomach turning over—legs feeling weak—feeling sick in the pit of the stomach—hearing someone rechting—vomiting yourself—unable to escape from the situation."

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In the first two treatment sessions the above cues failed to produce an anxiety reaction in the patient. She was unable to hold the image for long, and even when she did, it was not vivid. This prompted trying out the same stimulus sequence under hypnosis. In the third treatment session the patient was trained to enter a hypnotic "trance" induced by eye-fixation with distraction. It was followed by relaxation instructions and then limb rigidity and automatic movement techniques (see Hartland, 1966).

Flooding under hypnosis commenced at the fourth session. She was able to visualize the tube journey vividly and showed obvious discomfort. The high emotional arousal was maintained by asking her to describe both her visual and emotional experiences at regular intervals. After 80 min while the image remained clear, the anxiety started to subside and within five more minutes she was able to accept the visual experience with equanimity. When she was brought out of the "trance" she said that she was able to think of the tube journey without feeling threatened by it. At the fifth session she reported that she had been free of anxiety during the week and had successfully tested herself out in a number of situations which

she had previously avoided. Imaginary exposure to the maximum threat situation under hypnosis failed to evoke anxiety. She was seen on a supportive basis at fortnightly intervals for 3 months. During this period she became increasingly competent in dealing with previously avoided situations, broke off her engagement and had a number of casual affairs.

A follow-up 1 yr after discharge showed that she had been completely free of phobic anxiety, was re-engaged to her former fiance and was making arrangements for her marriage.

Hypnosis has been used by behavior therapists (e.g. Wolpe, 1958; Kraft, 1967) as part of the systematic desensitization procedure. Using it in the context of flooding has apparently not been considered. The case presented here however, demonstrates a use of hypnosis with flooding. The effects of hypnosis seem to have been twofold. First, it lowered the anxiety level, enabling the patient to accept the idea of facing up to the fear stimulus without deliberately or inadvertently "switching-off". Second, once she entered the fear situation in imagination, the realisation that control was not completely in her hands accentuated the feelings of threat and maximized emotional arousal.

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