The effectiveness of hypnosis for patients with panic disorder (2):
Its possibilities for reduction of symptom severity

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Abstract

[Background and objective] Although hypnosis has been utilized for treatment of panic disorder, its evidence is yet to be established. Panic disorder has been known for its unique psychodynamics. For patients with panic disorder, the authors have conducted hypnotherapy, during which some patients could verbalize their insight while exposed to the targeted images that would often elicit phobic reactions. For these patients techniques such as age regression were used. Furthermore, even those who were unable to verbalize their insight seemed to be able to benefit from experiencing the ideomotor responses, on the condition that the therapist could approach them from a psychodynamic perspective. In this paper we describe the process of hypnosis with psychodynamic interventions for patients with panic disorder, and discuss its effectiveness in reducing the symptom severity.

[Subjects and methods] The subjects were recruited from patients who first visited the department of mental health at a single hospital in the period from December, 2007 to November, 2009, fulfilled the DSM-IV diagnostic criteria of panic disorder, and agreed to participate in a randomized placebo-controlled trial of selective serotonin reuptake inhibitor, hypnotherapy and their combination (unpublished data). Hypnotherapy was administered weekly with each session lasting for 50 minutes and in the total of 9 sessions. Subjects were induced to experience relaxation in the first session of hypnotherapy, and for the remaining 8 sessions were exposed to the image of the situation that had been avoided. When psychodynamics was suspected to contribute to the disorder, psychodynamically oriented interventions were attempted. The subjects’ condition was assessed with Panic Disorder Severity Scale, Japanese version (PDSS-J) and other scales before and after treatment, and at the 6-months follow-up.

[Results] Of the 31 candidates, 7 patients were determined to be suitable for hypnotherapy, and 6 out of 7 patients were suspected to be influenced psychodynamically. Consistent improvement on PDSS-J was observed in all the cases. Two cases showed moderate or more improvement and the other 4 showed mild improvement, and progressive improvement was observed in all 6 cases at the end of treatment and at the 6-month follow-up.

[Conclusions] The effectiveness of hypnosis in reduction of symptom severity was observed, and also the possibility of hypnosis for promoting generation of new neural networks, especially associating both hemispheres, was suggested.
Introduction

The treatment guideline for panic disorder issued by American Psychiatric Association recognizes the evidence of treatment efficacy of pharmacotherapy and cognitive-behavioral therapy (CBT), and psychodynamic therapy is recommended only when CBT appears ineffective\(^1\). The effectiveness of hypnosis for panic disorder has been well known though its evidence is not well established, and the authors (Matsuki, Kawashima) have administered exposure therapy, which is also used in CBT, under hypnotic state. Over those years the authors have encountered the cases in which psychodynamic factors were highly suspected, or who themselves showed interest in their psychodynamics. In this paper we discuss the effectiveness of hypnotherapy in reducing the symptom severity among patients with panic disorder, with psychodynamically oriented interventions and utilization of ideomotor responses of hands and/or fingers.

Subjects and methodology

For 1) subjects, 2) pharmacological treatment and 3) hypnotherapy, see Kawashima et al.\(^2\).

4) Instruments for evaluation

Overall severity of panic disorder and agoraphobia

Panic Disorder Severity Scale, Japanese version (PDSS-J)\(^3\)^: Consists of 7 items about panic attacks, anticipatory anxiety, agoraphobia, cognition about panic disorder, fear and avoidance of panic-related sensations, occupational impairment and social impairment, and is designed to assess the condition most comprehensively. The first author assessed the condition over the past one month, and gives scores with a range from 0 to 4. Reliability, validity and reliability for changes over time of both the original and Japanese versions have been established. The severity is determined as following: 8 to 11 indicates mild, 12 to 15 moderate, 16 to 19 severe and 20 or more very severe. The degree of improvement is measured as following: decrease by 11 or more indicates moderate improvement, decrease by 6 to 10 mild improvement, decrease by 5 or less or increase either no change or mild deterioration\(^4\).

State anxiety and trait anxiety

State–Trait Anxiety Inventory Form Y, Japanese version (STAI-J)\(^5\): Developed based on the State–trait anxiety theory by Spielberger, and consists of two subscales of state- and trait-anxiety. Reliability and validity of both the original and Japanese versions have been established.

Agoraphobia

Fear Questionnaire, Japanese version (FQ-J)\(^6\): 5 items related to agoraphobia were taken from this instrument. Situations that are likely to lead to phobic reactions are rated on the 9-point scale of 0 (do not avoid at all) to 8 (always avoid).

Cognition of body sensations

Body Sensations Questionnaire, Japanese version (BSQ-J)\(^7\): Consists of 17 items, which address various bodily changes and are rated on the 5-point scale of 1 (not worried) to 5 (extremely worried). The reliability and validity of the original version are confirmed by its developer. For this study a Japanese version translated by the authors was used.

Agoraphobic cognitions

Agoraphobic Cognitions Questionnaire, Japanese version (ACQ-J)\(^8\): Consists of 14 items, which address various bodily symptoms and are rated on the 5-point scale of 1 (not worried) to 5 (always worried). The reliability and validity of the original version are confirmed by its developer. For this study a Japanese version translated by the authors was used.

Hypnotic susceptibility

Stanford Hypnotic Susceptibility Scale Form A, Japanese version (SHSSA-J)\(^9\): Assesses hypnotic susceptibility or hypnotizability; whether the subject can experience 12 different hypnotic phenomena is rated in a binary-choice format (i.e. experienced –not experienced). High susceptibility indicates ability to experience many hypnotic phenomena, and is supposed to benefit more from hypnotherapy (high susceptibility: 8–12 points; moderate: 5–7; low: 0–4). The reliability and validity of the original version are confirmed by its developer.

Depression

Beck Depression Inventory, 2nd ed., Japanese version (BDI II-J)\(^10\): Self-administered scale for screening depression; the reliability and validity of the original version are confirmed by its developer. Used in order to exclude severely depressed (i.e. 29 or more) patients. The subjects’ condition was assessed before treatment, after hypnotherapy and 6-months follow-up, using PDSS-J, STAI-J, FQ-J, ACQ-J and BSQ-J. SHSSA-J and BDI II-J were administered only before treatment. In order to assure accuracy of records, the patients were directed to take notes daily about their condition.

Results

Of the 31 candidates, 7 patients agreed to participate in the clinical trial and were treated with hypnosis, and 6 patients of 7 were suspected to be influenced psychodynamically. Since the first and second cases were described elsewhere\(^1\), the treatment course of Case 3, 4, 5 and 6 are described in this paper. According to the DSM-IV all cases met criteria of panic disorder, and except for Case 1 all others were accompanied by agoraphobia as well. The year X represents the year in which the patients were first seen at a single hospital. Cases

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besides Case 1 and 2 are presented in the order in which the psychodynamic is most to least evident. Upon presenting in this paper, consent was obtained from all subjects, and description was slightly modified in order to ensure confidentiality. The results of the used scales are presented in Table 1.

1) Case presentations

Case 3: A female in her early 20s when first seen. Family: The elder of two siblings. No family history of psychiatric illness.

Medical history: Asthma in childhood; recently suffers from allergic rhinitis.

Life history: Born in the Kanto area. Her father owns business; her mother helps her husband. Received education from elementary through high school in her community. Entered an occupational school in the metropolitan area, and currently was in the 3rd year. Lives with her parents and sister.

History of present illness: In the fall in the year X-2, she experienced a trouble with her teacher at her school specialized in animation. Shortness of breath and stomachache started in the year X-1. Panic attacks in a form of dyspnea, stomachache, sweating, numbness and fear of death emerged at lunch time in the summer of X, and she found it difficult to go outside and into crowded places. She was absent from school for a week, but later on she went back to school by taking trains after her family urged her to. She suspected panic disorder by herself and was first seen at the department of mental health. Hypnosis was started with no prescription.

Course of hypnotherapy: In the initial session (#1) she was induced into hypnotic state and experienced relaxation, and in #2, 3, 6, 7, 8 and 9 she was directed to imagine the situation which she would avoid and thus expose herself to the source of anxiety 2). She tried it courageously, and especially in #8 she voluntarily increased the level of anxiety to 120% of her highest anxiety she had ever experienced. In #4 and 5 her psychodynamics were dealt with. In #4, it became apparent that she felt overwhelmed by her school assign-
ments. In other words, she could not accomplish her work in spite of her effort. One of the authors (S.K.) had the hypothesis that she was in a dilemma and had contradictory emotions and that it would be therapeutic to help her accept the situation and her ambivalence. While she was induced into trance by magnet hand technique\(^{(13)}\), we expected that she would lessen the conflicts between contradictory emotions. Unexpectedly each hand started to transform into a small girl in the image. Although they competed for a bright object that had fallen from the sky, later she reported the image in which the girls held each other’s hand. The two girls were thought to represent the patient’s ego states\(^{(24,45)}\) or contradictory emotions, which were therapeutically followed by a spontaneous integration. In #5, following the patient’s claim that the origin of her panic disorder dated back to her elementary school, she was instructed to regress to her elementary school period. An image of being alone in the midst of a farm emerged, and the patient recalled that her parents could not look after her enough because they had to attend to her younger sister. After hypnosis she mentioned that she was encouraged to energize herself much more by her child self, raising a concern that her ego was being forced to sustain integrity and that she was not ready to accept herself.

Summary of Case 3: The patient’s symptoms were triggered by her troublesome relationship with her teacher at the occupational school, and their origin seemed to date back to her childhood psychodynamics. Attacks persisted with a frequency of once per week, and she still maintained anticipatory anxiety about commuting. Further amelioration should be aimed for, but she herself appeared positive about commuting and helping her family business.

<Case 4> A woman in her early 30s when first seen.  
Family: The second of two siblings. No family history of psychiatric illness.

Medical history: Asthma in childhood.

Life history: Born in the Kanto area, her father was an office worker and her mother a housewife. Received education from elementary through high school in her community. Graduated from a public university with a degree in physics, and started working as an office worker. Her father died of a respiratory illness, and she currently lives with her mother.

History of present illness: In the summer in the year X-1, an arranged marriage was suggested to her, which she felt unwilling to agree to. In September of the same year she experienced difficulty in breathing, and as the same symptom persisted, she became unable to go to work. Furthermore, her anticipatory anxiety heightened even when she was at home. She was first examined at an internal medicine clinic, where no specific source of illness was identified, and then was sent to the department of mental health at the hospital with suspected panic disorder. Her mother, who accompanied the patient, seemed protective towards her. Only sleep aid (estazolam) was prescribed.

Course of hypnotherapy: In #1 her anticipatory anxiety was so strong that she could only walk very slowly. She was instructed to sit and imagine a situation where she could relax, with an indication that it was “a mountain not very steep.” After hypnotic induction, she mentioned an image of something dark spreading and getting heavy, which was suspected to link a fearful experience. She was then repeatedly suggested that her right thumb on her right lap was closely attached to the lap, leading to symbolization\(^{(3)}\) of a tight bond with her parents. Her left first finger, then right first finger, and lastly her right second finger started to demonstrate ideomotor activities spontaneously, which would be also utilized therapeutically in this case as described elsewhere\(^{(3)}\). Similarly, it was suggested to her that “someone most important to her had been with her, would help her and shed light on her path.” She had no trace of memory about this session after awakening. In #2 she reported two occurrences of limited symptom panic attack. Since one of them occurred when she was paying a visit to her father’s grave, some psychodynamic association with her father was suspected. When she was made to regress to the time when her father was still alive, she exhibited an ideomotor response similar to the one in #1, and one of the authors (S.K.) utilized it again in the same way. In #3, 4, 5, 6 and 8, levitating and putting down of an arm was suggested to symbolize “liberation” and “calming down” respectively during the process of hypnotic induction and in the moment spontaneous reactions happened. The thumb on her lap was suggested to be attached closely to the lap, which the author thought would strengthen the connection with her parents\(^{3}\). Exposure to the images of avoided situation was conducted only in #7, and she learned self-hypnosis in #9. With progress of treatment, her anticipatory anxiety, which had been heightened even with slightest bodily movements, was subsided, and she became capable of going out again.

Summary of Case 4: The patient’s illness is suspected to have been caused by the arranged marriage presented to her and her relationship with her father, although their specific connections to the illness are unknown due to lack of verbalization. With her seemingly strong connection to her mother, it was thought to be helpful to encourage nurturing her bond to her parents under hypnosis, and over time encourage independence. Her symptoms are subsiding slowly.

<Case 5> A female in her late 30s when first seen.

Family: The second of two siblings. No family history of psychiatric illness.
Medical history : None.
Life history: Born in the Kanto area, her father was a civil servant; her mother a housewife. Received education up to high school in her community and started working, including at a factory. Lived by herself.

History of present illness: Since high school she experienced nausea when eating. Since the summer of the year X, panic attacks such as palpitation, shortness of breath, shaking, nausea and dizziness started when she was at a hair salon or a restaurant. Due to her anticipatory anxiety she became unable to go out, and she was first seen at the department of mental health. She started hypnosis with complementary use of paroxetine 10 mg per day.

Course of hypnotic therapy: In #1, although she expected a situation where she could relax as “when wrapped in a blanket on the bed” before hypnotic induction, she could experience a pleasant image of eating at a park under hypnotic state. In #3, 4, 5, 6 and 8 she exposed herself to the images of situations that she would avoid, and she could reduce anxiety on her own. In #9 under hypnosis she was instructed to reflect on what she had gained from treatment. Although no verbalization was made, from ideomotor responses observed in #2, 7, 8 and 9, psychodynamics with parents or their equivalent were suspected and therefore gradual independence was set as an objective of treatment.

Summary of Case 5: Nausea during meals had been present since high school, and she developed full panic disorder in her later 30s with no clear cause. A few months after termination of hypnotherapy she decided to get married to the man she had been dating, suggesting that she recovered from the disorder and regained enough self-confidence to marry.

<Case 6> A female in her mid 30s when first seen.

Family: The third of four siblings. Her mother suffered from epilepsy.

Medical history: None.
Life history: Born and raised in the Kanto area. Her father is an office worker; her mother a housewife. Graduated from occupational school and started working as an office worker. Lives with her parents, older sister and younger brother.

History of present illness: In August of the year X-3, she suddenly experienced difficulty in breathing and paralysis of her whole body when seated on a car which her friend was driving. Similar symptoms occurred a few times over the next two years, and after an attack at a theater in the summer of X-1 she could only take an aisle-seat. Since the summer of X her attacks worsened and developed into palpitation, sweating, shortness in breathing, nausea, fear of fainting, and became incapable of driving. No abnormality was identified at an internal medicine clinic, and was sent to the department of mental health at the hospital with panic disorder suspected. She had no medication.

Course of hypnotherapy: She appeared highly tense in #1, but her anxiety was lowered and she could let herself relax enough in #2. Exposure was attempted in #3, 4, 6, 7 and 8, and in #5 she learned self-hypnosis. In #9 she reflected on her experiences of hypnotherapy. When ideomotor responses were observed in #2, 4, 6, 7, 8 and 9, same suggestions were given as other cases. She got married a few months after termination of hypnotherapy, and later she got pregnant and gave birth.

Summary of Case 6: As her therapy progressed, her symptoms gradually disappeared.

2) Scores of the scales.
Presented in Table 1.

Discussion

When hypnosis is used for therapy with a psychodynamic viewpoint, symptom reduction and personality development are expected to occur through awareness of psychodynamics that relate to the illness but that patients have not yet noticed. Techniques include hypnoprojection technique, ideomotor signaling, guided imagery, age regression, automatic writing, posthypnotic suggestion, ego state therapy, etc. Treatment conducted and reported in this paper was centered around exposure therapy, and depending on the patients’ readiness for getting insights, the author considered how to utilize hypnotic phenomena such as age regression and ideomotor responses. The followings are presented: 1) the effectiveness in symptom reduction according to the scales, 2) psychodynamic influences, 3) the possibility of integrating right and left hemispheres by hypnosis, and 4) limitations of this study.

1) The effectiveness of hypnotherapy for symptoms of panic disorder

Since no data about a comparison group is available, only treatment process is reported. Consistent improvement on PDSS-J, a comprehensive evaluative tool for panic disorder, was observed in all the cases. In 6 months Case 1 and 5 improved to moderate, and Case 2, 3, 4 and 6 to mild. Case 1, 2, 3, 5 and 6 showed improvement on STAI-J, FQ-J, ACQ-J and BSQ-J, while Case 4 showed no major improvement and showed slight deterioration on some scales. This might be explained by the fact that the disorder of Case 4 was severe (score 24 on PDSS-J) in comparison to moderate (Case 1, 2, 3 and 5) or mild (Case 6), that anticipatory anxiety of Case 4 was supposed to have strong impact on all scales, and that hypnotic susceptibility was too low to
gain therapeutic effects from hypnosis.

In sum, all the patients seemed more or less improved on cognition of fear, preparation for anxiety and quality of life, and hence demonstrated the effectiveness of hypnosis.

2) Psychodynamic use of hypnotherapy and ideomotor responses

Hypnotherapy practiced with the view to parent-child relationships and ideomotor responses is described elsewhere\(^2\). In summary, the authors have hypotheses that under hypnotic state consciousness tends to be bypassed and unconscious search gets activated and that suppressed psychodynamics, symbolic meaning of the body and the space come to the surface simultaneously. Ideomotor responses of the thumb were thought to represent “parents (or their equivalent),” and the index finger, “direction of self (i.e. life).” Also, in terms of spatial symbolization, left and right were supposed to represent the past and the future, respectively. Combining these hypotheses, the left thumb can be thought to symbolize the patient’s relationship with his or her parents in the past, the right thumb the future relationship with parents, the left index finger the path the patient has taken, and the right index finger the path the patient will take. Also, during hypnotic induction, the past can be applied to putting up and down the left hand, the future to putting up and down the right one, and both the past and the future to folding and opening of both hands in magnet hand technique.

Typically, the author suggested “people that have helped the patient will also help him/her” in the moment ideomotor responses of thumbs happened spontaneously and “the path that has been taken will lead to the path to be taken.” when ideomotor responses index fingers were observed.

Ideomotor responses were seen in all the cases. Of the 6 cases, Case 1, 2, 3 and 4 their insight was expressed verbally, and spontaneous ideomotor responses under hypnosis were intentionally utilized by the author for each case. In Case 3 her hands seemed to represent two girls in #4, and it was hypothesized that, metaphorically speaking, her body could not catch up with her eager mind, and that right and left hands respectively represented her ego states in the future and the past and therefore as a whole an expression of contradicted feelings. Although it is difficult to speculate which impacts were brought about by which suggestion, we believe these suggestions were effective considering that patients showed recovery or positive attitudes after alerting hypnosis or in the next sessions.

3) The possibility of hypnotherapy resulting in integration of both hemispheres

Neuroanatomically speaking, panic disorder is seen as a pathology that involves a fear circuit with amygdala as its center, and cognitive-behavioral therapy aims to have the top-down function to stabilize the fear circuit\(^3\). Hypnotherapy the authors practiced shares the therapeutic process with cognitive-behavioral therapy in that we employed exposure as a technique. Also, as hypnosis increases the activities of anterior cingulate\(^4\)\(^5\), it is possible that inhibition on the fear circuit at anterior cingulate through amygdala and prefrontal cortex is reinforced. We believe that adding hypnosis to cognitive-behavioral therapy is justified. However, another therapeutic process of integration of right and left hemispheres is also possible. In panic disorder the right hemisphere is said to be overly activated\(^6\)\(^7\), and Nordal et al. believe that this stems from a poor coordination between the hemispheres. Since it can result in reinforced negative emotionality and avoidance, integration of the hemispheres is expected to have a therapeutic effect\(^8\)\(^9\). Corpus callosum plays a vital role in communication between right and left hemispheres. Horton et al.\(^10\) reported that highly-hypnotizable subjects (HH) have rostrum of corpus callosum that is 38.1% bigger than lower-hypnotizable one (LH). Rostrum of corpus callosum is said to be responsible for communication between both hemispheres of the prefrontal cortex and reallocation of attention. In general, when hypnotherapy is shown to be more effective for HH than LH, hypnotherapy is expected to be effective for the targeted condition. Although reports on the relationship between panic disorder and hypnotic susceptibility doesn’t seem to yet reach a consensus\(^11\)\(^12\), if HH of panic disorder are shown to be more responsive to the treatment it can be speculated that this is because the amount of information exchanged between the hemispheres was larger.

Our study involved only female patients, and women are generally thought to have a greater ratio of corpus callosum to the entire brain than men, and are said to have a comparatively better communication between hemispheres\(^13\). On the other hand women are twice as vulnerable to panic disorder as men\(^14\), and this seems to contradict the hypothesis that reinforcement of neural network between hemispheres is therapeutic, but it does not because what is larger in the female corpus callosum are the isthmus and splenium, not rostrum.

Kent et al. (2005)\(^15\) pointed out lowered functioning of the orbitofrontal cortex in patients of panic disorder. Especially the right orbitofrontal cortex is said to influence on interpersonal relationships after delivery\(^16\), and therefore this does not contradict the statement that panic disorder is related to attachment disorder and separation anxiety disorder\(^17\). Early interpersonal relationships, especially until 2 or 3 years old, cannot attain much support in terms of linguistic understanding from the left hemisphere because the right orbitofrontal cortex develops earlier, but on the other hand it is said to keep
developing throughout one’s life and is also strongly related to the amygdala. Verbalization in psychotherapy helps the right orbitofrontal cortex to form new network with linguistic functions of the left hemisphere, and also helps to inhibit excessive activity of the amygdala.

The functions of the right and left hemispheres are said to be complementary toward each other, e.g. the left is responsible for the positive emotions while the right for the negative, the left for approaching while the right for avoidance, the left is involved in predicting the future while the right in integrating information from the past. The right hemisphere has been said to be related to hypnotic phenomena, based on poetic language, activated images during hypnosis, comprehensive thought and trance logic. In our study, reinforcement of the bridge between the right and left hemispheres was expected. Under the influence of hypnosis the patients received poetic language and experienced activated images and trance logic. They also noticed the “hidden observer”, who observes and analyzes the hypnotic experiences, and the therapist intentionally had the patient’s current self to assist the patient’s child self in case 1, 2 and 3. As indicated by Rossi, following Hebb’s law that simultaneously stimulated neurons form a new network, these experiences can lead to a formation of new network between the right and left hemispheres.

4) Limitations of this study

Among the biggest limitations of this study is the small number of subjects. We could not find as many patients because they could not maintain a job along with the therapy, they did not fit the criteria according to the study, they chose only medication because it was easier, they had prejudice against hypnotherapy, etc. As a result it is supposed that the 6 patients presented in this paper are generally highly motivated and their histories of current illness were rather short. Also, our subjects were all female, which raises a concern about the applicability of our results to men.

The patients were under our observation for 6 to 12 months, and they need to be observed further.

All patients experienced improvement in their symptoms, but to what extent hypnosis contributed to symptom reduction is unclear because 4 of them were on antidepressants such as paroxetine and sertraline.

In our treatment we attempted to remain flexible to the patients and to intervene accordingly, while application of exposure therapy regardless of the patient’s needs might have worked as well. However, our experience tells us that hypnotherapy which lacks considerations for patients’ factors is bound to fail. While the drop-out rate in cognitive-behavioral therapy is not low, our therapy saw no drop-out, which may be attributed to our close attention to the contexts brought into the therapy sessions and their sense of satisfaction. Furthermore, patients’ verbal reports about their experience were not enough to comprehend them well, because involvement of the unconscious during hypnosis led to amnesia after alerting. However, even under the influence of hypnosis patients could maintain verbal communication to some extent and much could be speculated from their facial expressions and remarks after hypnosis. In the cases presented in this paper the patients were generally fairly responsive to suggestions, and the therapeutic relationship was maintained throughout.

Conclusion

1) The authors discussed hypnotherapy for panic disorder through our own experiences.

2) Hypnotherapy has been attempted with patients with panic disorder, and the results of this study supported its effectiveness in symptom reduction.

3) Some patients’ psychodynamics were referred to by themselves in connection to panic disorder, or were speculated through observation of ideomotor responses of their hands and fingers. The readiness and responses of patients could be utilized productively for a therapeutic purpose.

4) Hypnosis might help promote integration of right and left hemispheres of the brain, thereby promoting therapy itself.

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バニック障害に対する催眠療法の効果（2）: それの症状軽減に寄与する可能性について

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【要旨】 以前からバニック障害の治療として催眠が利用されてきたが、そのエビデンスは確立されていない。またバニック障害には特有の精神力動があるといわれ、筆者等の経験でも催眠療法が施行し、イメージ暴露を行う経過中に患者自ら洞察を言語化するケースも存在し、その際には年齢、性別などを考慮して治療を進めた。さらに言語化が不十分でも、特に観念運動反応を利用して精神力動的観点から催眠を行うのが有効との経験を重ねてきた。本稿ではバニック障害患者に対して催眠下でのイメージ暴露療法を行う中に精神力動的介入を付加した治療経過と、その症状軽減効果を検討する。＜対象と方法＞ 対象は2007年12月から2009年11月の間に総合病院のメンタルヘルス科を初診し、催眠療法及び心理療法を合併したバニック障害に対する治療効果の無作為化対照試験（臨床研究）に同意の上で参加し、催眠療法を施行する中で精神力動的関与が想定された症状である。催眠の初回セッションでリラックス体験を持たせた後、8回の催眠セッションではイメージ暴露を中心とし、精神力動的な関与が疑わしい時点で精神力動的観点から介入した。症状評価として治療前、治療終了時、6か月後にPanic Disorder Severity Scale日本語版などを施行した。＜結果＞ 臨床研究の対象に相当する31名の患者のうち7名に催眠療法が施行され、うち6例に精神力動の関与が推測された。全例とも治療終了時、6か月後とを経たときにバニック症状の改善を見た。6例のうち1例は中度以上、4例は軽度の改善を認めた。＜結論と考察＞ 精神力動的関与が疑わしいバニック障害のケースに対しては、精神力動的観点から介入することが症状軽減のために有効と考えられ、作用機序として催眠が脳内の新たな神経ネットワーク形成、特に両側の脳を統合する可能性について考察した。

（キーワード） バニック障害、催眠、イメージ暴露、精神力動、観念運動