

This assignment is to create a fictitious case of tension headache which outlines the history taking and relevant details while highlighting the use of hypnosis as a treatment modality. In addition to developing a treatment plan for this patient, further discussion will centre on rational use of the various techniques adapted to information derived from patient. Tension headache is the commonest type of headache. It is usually constant and may present as a dull, tight or band-like pressure around the head. Sometimes the pain is on the vertex i.e. top of the head. The headache may last for a few weeks or months without interruption and varies in the severity of pain. Stress and anxiety are the usual precipitants although many patients may have underlying depression. Like most medical cases, taking a good and detailed history will allow the clinician to come to a provisional diagnosis, while examination and investigations will accurately clinch a final diagnosis. These steps are also important to eliminate other potential causes of the illness, and to unravel other co-morbid conditions. In managing a case of tension headache it is equally important to reassure the patient who may be overly worried of a more sinister disease. The following is a case of a patient suffering from tension headache.

Amy is a 40 year-old Chinese housewife who professes Taoism religion. She had a tragic childhood as she was orphaned at the tender age of 5 when both her parents were killed in a road traffic accident. She was the only child and was brought up by a very strict widowed aunt. Although she could not remember much of her earlier childhood, she could vividly recall the tough discipline, bordering on physical and mental abuse, imposed by her aunt. She was never allowed to mix with her peers, and her life revolved around studying in school and doing housework. Despite these hardships, Amy excelled in her academics but was hardly complimented by her aunt whose old-fashioned belief was “girls do not need to be clever but must be good in the kitchen”. Reading was the only joy Amy ever had. It allowed her to escape into the world of books and knowledge. For her, reading (novels) transported her to a safe haven where she found some peace and happiness. She aspired to be a teacher or writer some day. But alas, her dream was never meant to be when she was married off at 18 years old to a man almost twice her age. Her husband was a 34 year-old frivolous man from a rich family. His parents had been desperately arranging marriage for their only son, hoping he would quietly settle down with a young bride, and bear them many grandchildren to pass down their lineage! It was one of the most difficult periods for Amy as she had never met her husband nor his family before, and practically clueless as to what to expect. Just like all other traditionally arranged marriage, the wedding ceremony took place the very next day Amy met her future husband. She had never felt so lost, and so incapacitated. She thought she had no control over her own life. Everything was planned for her. Destiny was in the hands of others. The consummation of marriage on the wedding night was “a fearful nightmare”, she described. And the nightmarish experience was repeated every night for weeks that felt like years to Amy. Her mother-in-law was initially kind and sweet, comforting and cajoling her.

However as weeks turned to months, and months turned into years, her mother-in-law began to behave differently. She scolded Amy for not doing a “wife’s job” and brought shame to the family for not bearing an heir. She was locked inside the house and never let out. She was told to do all the housework from dawn to dusk. Despite all these, Amy soldiered on. Fortunes appeared to turn for her when she became pregnant 7 years later. She delivered a healthy son. Amy would have thought her ordeal was over. Her son became the centre of attention in the family and very soon the ‘precious heir’ was showered with every kind of care and protection. Everything Amy did was wrong and criticized, may it be bathing, feeding or carrying her son. Amy was practically side lined as her mother-in-law took full control over bringing up her son. She felt the child was not bonding to her as well as he could be. She could only pent up her sadness and dismay and prayed all would be well as time went by. As her son grew up, it was apparent he had no respect towards her. He was rebellious, demanding and rude. He refused to be disciplined by her or anyone for that matter. Years later, Amy’s mother-in-law fell ill and died of massive stroke. This was quickly followed by her father-in-law the next year. Amy’s husband, being the only son, inherited the family fortunes to the envy of his three younger sisters who were chased out of the house. Amy found more space and freedom now. She ventured out every morning to the nearby market when her husband worked in the office and her son was in school. She cooked for the family and continued the up keeping of the house as she had used to for so many years. Her husband’s character had mellowed over the years, befitting a 56 year-old. On the contrary, her teenage 15 year-old son was as impossible to handle as before. He continued to be defiant and oppositional, hanging out with bad company, drinking alcohol and smoking, to Amy’s great disappointment.

Looking back, my first contact with Amy was on 2.3.2007. She struck me as a pale, thin lady with an awkward gaze towards her tightly clasped hands held in front of her. She was otherwise well dressed and neat. When she spoke, she spoke with such hesitancy and whispers I nearly had trouble hearing her words. After a quick but formal introduction, her jittery fingers reached into the purse that was clenched so tightly in her hands. She produced a letter of referral from a neurologist who had examined her for chronic headache. The letter stated that he had performed many tests on Amy such as full blood examination which included hormonal assay, EEG (electroencephalogram) and MRI (magnetic resonance imaging). All her results were normal. The neurologist concluded her headache was not organic in origin, but of functional origin in presence of multiple stressors. He diagnosed Amy to be suffering from tension headache and proposed hypnotherapy as a solution as previous medical treatments did not achieve the desired results.

1st session on 2.3.2007 from 3-5pm:

In our first meeting I sought clarification from Amy about her symptoms. Her main concern was the almost constant headache she suffered for nearly 20 years that waxed and waned. She described her headache like a band of tightness around her head during moments of stress, in her own words, "...the pain is like a tightening wrench around my head!" She said the pain could be so bad she almost saw "white-blinding stars" and at times felt as if she was fainting. She recalled how the headache began soon after marriage and being repeatedly scolded by her mother-in-law two decades ago. She remembered those unrelenting pressure and tense periods when she felt belittled and unloved. The unending heavy housework compounded to the pain in her head. It was also precipitated by the aggressive nature of her husband and rebellious son. There were days when the pain was unbearable after nights of poor sleep. Nevertheless the pain was lessened following a good rest and relaxation. She also felt better if she stopped to pray for 10 to 20 minutes. Initially she had followed friends' advice to seek traditional 'treatment' from temple mediums, 'bomoh' (village healer) and other spiritual intervention but to no avail. She was told someone had 'charmed' her, and she was cursed. They said she was besieged by evil spirits. These made her felt very helpless indeed. She self-medicated with over the counter painkillers for many years in addition to getting medical treatment from one general practitioner to another before consulting the neurologist. Amy did not have previous history of surgery. She admitted that her headache had strained her relationship with her husband. Almost every night, she would develop unexplained pain on top of her head that spread down her neck, shoulders and spines which prevented her husband from demanding sexual intercourse with her. The pain mysteriously disappeared when her husband turned his back towards her and started snoring away. It also impacted her work as a home maker because it could be so severe till she needed to lie down and unable to move even a muscle. She kept her misery to herself having no family members or friends to talk to. Many a times, she would cry alone in her melancholy. When she felt sad, she would 'escape' into her bedroom immersed in a novel for an hour or so. There, she could shut herself out from the constant nagging of her in-laws and screams from her son.

In formulating this case, every single piece of information is useful in understanding the patient in order to treat her appropriately. To begin with, epidemiological studies have shown that females are twice more likely to develop stress related disorder compare with males. Amy thus is at a higher risk of developing anxiety, depression and tension headache. Predisposing factors such as her introvert personality and an early childhood devoid of love and emotional support coupled by strict up-bringing make her very vulnerable to life stressors. Her apparent lack of social skills and low self esteem are major adverse effects. Her precipitating factors are marriage into an overly hostile and overly critical environment, i.e. a family with high expressed emotion (EE) and constant pressure to have a child. Her stressful life is further perpetuated by an

uncontrollable and demanding son. The strong cultural belief, in this case, has a negative impact on her. Amy posed to be a very challenging case indeed as she has many adverse life events, her treatment will therefore be uniquely tailored with the goal of easing her tension headache.

Having obtained a detailed history and formulating Amy's case in my mind, I proceeded to determine her suitability and suggestibility to hypnosis. Having undergone years of overwhelming multiple stressors in her life, Amy had developed a surprisingly uncanny ability to redirect all her attention into herself and cutting out the world. Her ability to quickly focus and concentrate make her a good candidate for hypnosis, in addition, she did not have significant contraindication for this choice of treatment. As the consultation progressed, Amy began to relax a little, helped by an interview process that emphasized on empathy. By mirroring her body language, pacing with her speech, tone and choice of words, I led her by speaking more slowly, firmly but soothingly, and she started to lose her anxiety.

I started with Hartland's progressive relaxation induction, which is a simple yet elegant way to further relax Amy. I asked her to sit back into the plush sofa, placing both her feet on the floor and hands on her thighs. As she sat comfortably, I told her to breathe slowly and deeply a few times. Her eyelids started to flutter and I told her to gently close her eyes. As she sunk deeper into a state of relaxation, her breathing became more and more regular. I suggested her to relax the muscles in her body, beginning from the top of her head, to her neck, her shoulders, upper limbs, and allowed a sense of calm and comfort to spread into her back, her stomach and finally into her legs and feet. I asked her to allow all the unnecessarily nervous tension to go out from her body. As she slumped deeper into the sofa, I told her to pay very little attention to other sounds apart from my voice. In the event she heard any other sounds, they would only help her relax even further. I comforted her by saying my voice would always be there to guide her to a state of relaxation, and I noticed a quick abrupt upturn at the corner of her mouth before her facial muscles relaxed even more. A relaxation model to deepen her trance was used. By counting down from 10 to 1, Amy was told to go deeper and deeper into a hypnotic state. She started to relax the muscles around her eyes and jaw which were a good sign. Her neck muscles relaxed and she slightly dropped her head forward, all the while breathing deeply as I counted the decreasing numbers. Her fingers twitched a little as she showed ideomotor response. In less than 10 minutes, she was completely in trance. I allowed her to enjoy her period of calm and relaxation all the time suggesting she was safe and fine. I continued encouraging her to feel a sense of peace and goodness inherent in herself, and to allow these wonderful feelings to spread to her whole body and into her head. As Amy was deeply in trance, I gave suggestions to strengthen her ego by telling her she would feel good about herself, that she would feel more and more energized and positive as days

go by, and that she would look forward to becoming a stronger person who had control over her life. After half an hour from induction, I awoken Amy by counting up from 1 to 10, telling her to retain the happy relaxed feeling she had just experienced, and to allow all parts of her to be back to the present moment, while all normal sensations returned to her body. Amy actually awoke looking more refreshed and cheerful. I immediately distracted her by asking her plan for tomorrow. Before concluding our first session, I taught and demonstrated to her self hypnosis which she must practice two times daily for about 15 minutes each time. She must begin by telling herself that she was going to do self hypnosis and be certain about a few clear, simple and positive suggestions which she would incorporate into her trance. She was also taught how to wake up by counting from 1 to 10 as performed earlier. With this homework, Amy was empowered to do something beneficial for herself. With an eager promise to return after a week, she left the room with a smile on her face and a little skip in her steps.

2nd session on 9.3.2007 from 3-4pm:

Amy was half an hour early and waited patiently for her therapy. She dressed brightly and had a little make-up on her face, unlike last week, and looked livelier. After she had settled down on her sofa, we discussed her progress. She was happy making the right choice by choosing hypnosis to help her. She had religiously practiced self hypnosis and found it useful to reduce the tension in her body, "I feel more buoyant" she said. She still had her headaches though.

We began induction using Hartland's progressive relaxation method. Amy quickly went into a light trance when I continued with a permissive deepener i.e. favorite place of relaxation, after making sure she had no qualms about heights, balcony and stairs. I asked Amy to imagine standing on a balcony that gently led down to a long set of stairs. She was told to walk down slowly with each descending number counted from 10 to 1. As she reached the bottom of the stairs, she would pause for a while, wondering where they had led her to. As soon as she stepped off the stairs, she would find herself in her favorite place of relaxation, which she had mentioned earlier to be her bedroom. She was asked to visualize the bedroom with all the objects in it. The big inviting king-sized bed with white satin bed sheet that was so soft and silky to touch, and on her bed were a few of her most favorite books. I told her she could open the windows of her bedroom to allow the breeze to blow onto her face, and allowed the breeze playing with her hair with the waft of lavender from the garden outside filling her room. As she continued to imagine the comfortable, safe and relaxing atmosphere, she became more and more at ease. All the troubles and pressures of life were thrown out the window. Her body began to slack and relaxed as she imagined herself slowing walking towards the soft bed and laid on it surrounded by all her beloved books. Once she was deeply in trance, Amy was

told to imagine putting her left hand into a bucket of cold water filled with ice. As she immersed her hand in the cold water, she would feel it becoming more and more numb. Amy was a good subject as her skin on her left hand appeared to be a bit paler indicating her unconscious mind had successfully controlled the blood flow in the hand. As she was experiencing the growing anesthesia in her hand, she was asked to move her hand slowly towards her head where she perceived the headache. "...as soon as your hand touched your head, allow the numbness in your hand to transfer onto your head". I encouraged her to 'see' the numbness from the hand to the head as a flowing white energy. As the numbness appeared to spread towards the head, the pain in her head would be lessened. When she felt the pain had eased to a bare minimum she was told to move her hand away and returned it to her lap. It was essential for her to know that a little discomfort that remained was alright, as it served as a reminder for her to take things easy. Suggestions were given that she would wake up feeling fine, feeling comfortable and painless. Further ego boosting was given and she was awoken from hypnosis by counting up from 1 to 10. After Amy was fully awake and conscious, she was instructed to continue practicing self hypnosis, ego strengthening and the glove anesthesia method of relieving her tension headache.

As an added measure, she was also advised to lead a healthier lifestyle by avoiding caffeine, late nights and excessive heavy work, instead she was to do light exercises such as stretching, yoga or Tai-Chi for a beginning.

3rd session on 16.3.2007 from 3-4pm:

Amy was punctual and reported to be feeling less tension headache. She was able to practice her self hypnosis and glove anesthesia method to relieving her headache. Although the episodes of headache had reduced, she had an intense headache yesterday and was keen to know how she could better manage it. I figured a decision to use multimodal approach would help Amy manage her pain more effectively and this was conveyed to her. I asked her to make herself comfortable and used Hartland's progressive relaxation induction and followed by favorite place of relaxation as a deepener. Once suitably in trance, direct suggestions were given to relax and ease the muscles around her eyes, jaws, head, neck and shoulders. She was instructed in the glove anesthesia method again to reduce her tension headache and further alleviation of her headache using symptoms substitution. Here she was taught to 'trade' her pain into another acceptable sensation such as 'tingling' sensation, which was appropriate as the coldness of the iced water (used in glove anesthesia) would be associated with a tingling sensation. Further symptom manipulation was done by asking her to displace the unwanted sensation from her head to the tip of her left little finger which would not bother her. In this session, the direct suggestions, glove anesthesia, symptom substitution and displacement were repeated for another 2 times to reinforce this learning process. While in trance, Amy was reminded to practice these techniques frequently until her next visit. As always, she was given ego strengthening before being awoken with the usual count up from 1 to 10.

In clinical practice, every detail is useful. The formulation described earlier must be constantly borne in mind in drawing out an effective treatment, from the patient's biodata to her socio-cultural sensitivity. Since Amy was highly anxious when she came for her first consultation, an appropriate technique which could be easily employed for relaxation was chosen, i.e. Hartland's progressive relaxation induction. She did not have to imagine difficult scenarios but merely allowing all the muscles in her body to progressively relax as suggested by therapist. An anxious person will have problem concentrating as her mind will wander easily with the slightest sound. Hence manipulation of distraction that was used became very handy indeed. Another simple way of deepening her trance was by counting down from 10 to 1 and in the process guiding her to relax 10 percent more with each descending number. As stated in the formulation, Amy did not have much social skill and coping skill due to her upbringing, and had low self esteem. Therefore ego strengthening and strong emphasis on her inherent goodness were essential. This would allow her to build on her confidence. With each practice she should be feeling more and more positive about herself. The very fact of asking her to do self hypnosis would give her a sense of empowerment, of taking charge of her life, which was something she felt she never had since the locus of control was always external. It was her aunt who told her to work, to cut short her ambition and to marry her off without discussing with her. Even after marriage, her life was dictated by her mother-in-law and husband.

In Amy's second session, instead of 10 to 1 countdown, another deepener was picked which was the favorite place of relaxation. The idea was to give her a wider repertoire to work with as she mastered the techniques of hypnosis. Favorite place of relaxation was a suitable deepener in view of Amy mentioning the bedroom being her safe haven, a place where she felt secure and comfortable. In order to enhance the experience of relaxation and joy, the suggestion of having books on her bed was incorporated as Amy loved reading. Books allowed her to be transported to another world, an imaginary world which was opposite of her grim reality. Therefore, Amy took this deepener like a duck to the water! A good symptom manipulation of pain is the use of glove anesthesia. This method was chosen because it is easy to visualize the procedure. Almost everybody has experienced dipping their hands or touching cold objects and felt the numbness. For this simple reason, glove anesthesia was chosen for Amy. This technique which asked her to move her hand to touch another part of her body where it was painful also gave the impression that she was 'actively doing something' to heal herself. Thus, it might impart a symbolic meaning to the gesture or action, that was, "I am in control of my body", or indirectly, "I am in control of my own life." A therapist should dispense good advice. In treating Amy, one must be holistic in approach, and telling her to improve her lifestyle by exercising and healthy diet was justifiable.

In the third session, a multimodal approach which was all encompassing was used because this would result in better symptom control. A direct suggestion was used as this authoritative might be effective in Amy who was accustomed to get instructions from others throughout her life. It provided a fast way to instill useful suggestions. The addition of symptom substitution should take away any lingering pain in her head while leaving a bare minimum sensation as a safety precaution, in case there happened to have a real organic illness with pain manifestation. Nevertheless the technique of displacement of the sensation from head moving to the tip of her finger was an attempt to ensure she would not be too focused on the sensation in her head that could only reinforce the headache. After every session, Amy was reminded to practice all the hypnotic techniques because practice makes perfect.

Amy's case was special for several reasons. She had endured her tension headache and associated anxiety for almost 20 years. In addition, she had many psychosocial stressors which were yet to be addressed. In managing a case like Amy's, I proceeded in a stepwise manner with the objectives of teaching her relaxation, reducing her stress level and easing her tension headache. She may require another 4 or 5 sessions. Depending on her progress, the sessions may even be extended. I also think it is prudent to have Amy assessed by a psychologist or psychiatrist to eliminate any possibility of a clinical depression in view of her traumatic early childhood and constant adverse life events. She may even require some medication to speed up her recovery. A very interesting aspect in the holistic treatment of Amy is whether she may want to undergo psychoanalysis, either in its traditional form, or coupled with hypnosis. I foresee this as a very challenging task as she may show abreaction in catharsis due to the many psychological issues: early childhood deprivation, strict inflexible disciplines, external locus of control, probable anger towards her mother-in-law and husband, possibility of secondary gains, helplessness in raising her son and a multitude of issues. Even though my work with her may reduce her tension headache, she may require all the above mentioned treatments to resolve her problems so that she can have a better quality of life, and ultimately peace in her life.

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A case history and treatment plan for tension headache.
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References:

American Psychiatric Association (1994). *Diagnostic & Statistical Manual of Mental Disorders*. 4th edition. APA.

Edward de Bono (1982). *De Bono's thinking course*. BBC Books.

Eve C. Johnstone, C.P.L. Freeman & A.K. Zealley (1998). *Companion to psychiatric studies*. 6th edition. Churchill Livingstone.

Francis J. Avison (1965). *How you can use hypnosis in everyday life*. Thorsons Publishers Ltd.

Goodwin, C. James (1999). *A history of modern psychology*. 1st edition. John Wiley & Sons.

Harold I. Kaplan & Benjamin J. Sadock (1997). *Synopsis of psychiatry*. 8th edition. Williams & Wilkins.

John Hartland (1971). *Medical and dental hypnosis and its clinical applications*. 2nd edition. Bailliere Tindall.

Melvin Powers (1956). *Hypnotism revealed*. Thorsons Publishers Ltd.

Richard P. Halgin & Susan K. Whitbourne (2003). *Abnormal psychology: clinical perspective on psychological disorders*. 4th edition. McGraw Hill.

Stanley Davidson (1995). *Principles and practice of medicine*. 17th edition. Churchill Livingstone.