

HYPNOTHERAPY: A CLINICAL CASE

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Introduction: Hypnotherapy is the application of hypnosis in psychotherapy by doctors, psychologists and specialists who know the technique of hypnosis. Doctors and psychologists are mainly engaged in the treatment of psychosomatic disorders, while people without professional education, but who have a hypnologist's certificate, have a niche for combating smoking and overweight. Hypnotherapy can also be used in psychiatry as an element of complex treatment along with drug therapy, cognitive behavioral and other areas of psychotherapy, enhancing their effect.

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According to ICD - 10, speech in a stutterer is characterized by frequent repetition or prolongation of sounds, syllables or words, or frequent stutters or pauses in speech, which disrupts its rhythmic flow.[4] It is known that stuttering is one of the most complex and long-lasting disorders of speech activity with a predominant lesion of the communicative function. It occupies one of the leading places among systemic disorders of childhood and adolescence.[2]

Stuttering occurs, as a rule, during the period of incomplete development of speech function, that is, at the age of 2 – 5 years..As is known, any harm that acts during this age period, which corresponds to the psychomotor level of neuropsychiatric response [3], primarily affects the motor sphere, including speech motor function.

In the case of a prolonged course, stuttering leads to an increase in general neurotic

disorders, the appearance and complication of logophobia, a violation of personality formation, the development of pathological character traits and social maladaptation of varying degrees of severity.[2].There are descriptions of the clinic and treatment of stuttering in many manuals and manuals [4,5], but there is no detailed study of hypnosis in the clinical aspect.

Clinical case: Patient V., 22, complained of speech difficulties in the form of stuttering, which increases in communication with people during speeches in front of an audience. It is known from the anamnesis. That he was born into a family of employees from the 2nd pregnancy, 2 deliveries on time without pathology with a weight of 3500 g., height - 49 cm. In the first month, there was insufficient weight gain, and complementary foods were introduced. He began to hold the head from 1.5 months, to sit from 6 months, to stand from 9 months, to walk independently from 11 months. Speech development: at 1 year old, he spoke more than 30 words, after 2.5 years – speech in expanded sentences (phrasal speech.). Up to 5 years old, he pronounced the letter R. The letter l poorly – until adulthood.. He lisped until he was 3.5 years old. I started reading at the age of 4.5.

I went to kindergarten at the age of 3, I did not lag behind my peers in development.. Within 2 weeks, he adapted to the children's team. At the age of 5, he stopped going to kindergarten. He attended an extended day group at school during the day, where

his mother worked as a teacher in elementary school at that time. I went to school at the age of 7. He was slightly taller than his classmates, but this did not interfere with successful studies. He learned

quickly and well I studied the school curriculum, there were no conflicts, I communicated well with my classmates. Before Enuresis persisted for 10 years (1 time per month): He attributed this to the frequent family conflicts arising on the basis of his father's alcoholism. He experienced episodes of binge drinking in his own way: if his father was drunk, his appetite disappeared, there was

"a lump in my throat" Feeling resentment "for my father's bad behavior during the binge period," and outside of the binge I felt "emotionally good." The mother tried to avoid "the development of conflicts, but kept them from getting involved in them, "did not let them get into quarrels," he himself treated them noticeably calmer and did not suffer from all this."

The onset of stuttering, according to the patient's father, arose immediately after "a strong conflict, when "he broke out of the nursery from his brother holding him in the parent's room to calm his parents., in response, he heard their scream and an order to leave the room."According to her, the mother discovered stuttering in the form of speech stutters in the spring of the same year, when V. was already in the 2nd grade. When she asked, "why am I doing this?", he could not answer and began to cry. Later, there were difficulties when reading aloud."as if something is in the way."These phenomena caused "negative emotions". The stuttering continued in the 3rd in the classroom, then the teacher noticed the speech defect. V. began to refuse to check his academic performance in the form of a test reading, "because he felt his inferiority, shame because of stuttering speech." He refused to go to the store because he was afraid and ashamed of the appearance of stuttering in front of people. He stuttered less at home. He spoke better with people he knew, but "it was still difficult to talk to my father." Attempts to "talk to the grandmothers" stuttering were unsuccessful. After 4th grade, he received comprehensive treatment from a doctor specializing in the treatment of stuttering for 10 days.. The result is positive this treatment did not work. Until the 9th grade, stuttering persisted, especially during oral answers (nervous tension arose), but in the summer it became easier to speak. He felt "a sense of his inferiority", but continued to communicate with his peers and studied with "excellent", although he refused to participate in events where it was necessary to make a speech in front of the public. I couldn't always read a poem in literature lessons. But the teachers treated Condescending. Either they listened patiently to the answer, or they allowed them to give written assignments at the blackboard.

And so, after "my father was encoded from alcoholism and stopped abusing alcohol," I can confidently read the text in front of the class, although it was still difficult to tell any text fragment. Nevertheless, he tried to avoid assignments in which something had to be conveyed verbally. There was no stuttering when singing. In the 10th grade, parents "took them to hypnosis, which was a session of "collecting bad energy" with gestures and reading prayers." For a while I felt like better, after "the first stress, stuttering began to manifest itself again to the same extent."

After graduating from high school, he entered the institute. In the middle of the 3rd year, an exacerbation of the condition occurred: "I could not communicate normally with classmates, stopped responding in class, was afraid to speak ("I was afraid of my speech"). On the advice of a psychotherapist, he began to speak more slowly, and his stuttering decreased somewhat. Up to 4 the course state of speech did not change significantly. From the 4th year I started studying with a psychologist.

Breathing exercises, yoga, massage, diction exercises were used. It had some effect, but only "in moments when I was absolutely calm." According to V.'s observations, if you need to ask a security guard, a cashier, a passerby for something or any other person, there is a fear of stuttering,

palpitations increase, a feeling of discomfort appears, often it is not possible to say a word. At the initial examination, there is no pathology in the somatic and neurological status. In the mental status, attention is drawn to the appearance of a modest, short young man, shy, laconic, somewhat tense. When answering questions speech stutters are detected, in the first words of the sentence, mainly dragging syllables (tonic convulsions) and accompanying movements (compression of the fingers), a violation of the rhythm of the "speech pattern", respiratory dysrhythmia with parallel redness of the skin on the face and chest.

Emotionally labile, sensitive. The intelligence is high. Excellent student in medical school. The excitement and fear of talking to strangers leads to speech difficulties (stuttering, stuttering, "catching your breath", squeezing your fingers), speech at home

it is noticeably improving. The quality of speech also deteriorates against the background of reduced mood, increased physical activity and asthenic condition.

The healing process. Complex treatment included, in addition to psychopharmacotherapy (pantogam, grandoxin, phenazepam), a number of psychotherapy methods (AT, hypnotherapy with one session of narcohypnocatarsis), respiratory and articulatory gymnastics, acupuncture with auricular points (AT: 34,55,51,0), corporeal points (VC23,VC24,VG14, VG20,) and a combination of them [3]. Hypnosuggestions were directed to overcome the excitement before talking, the fear of speech, they touched the volitional sphere, suggestions increased self-confidence, activated internal resources to overcome all painful phenomena, in the process of hypnocatarsis, the patient reacted with traumatic pictures from previous stages of life. Against the background of treatment, he kept a daily observation diary, where he noted the state of speech in various situations, the background of mood and well-being, Conducted functional speech training in the form of a dialogue with strangers in public places. An analysis of the dynamics in the mental status of V. according to the supervision of a doctor and self-observation of a patient for 1.5 years reveals the following:

1. A wave-like change in the quality of speech with a gradual decrease in the fear of speech and an increase in its overall quality (subjective and objective reduction of hesitations and "difficult" episodes during periods of communication with strangers).

2. Maximum anxiety and pronounced vegetative reactions (palpitations,

a feeling of lack of air, a lump in the throat) manifest themselves immediately before the start of an important conversation, according to the patient, and during the first 1-2 minutes of communication.

3. Factors that significantly worsen the quality of speech, as well as increase internal stress when pronouncing words. These include:

- physical fatigue and fatigue during a long conversation;

- forced (duty at the clinic) short sleep

- a disease running parallel to stuttering (flu, acute respiratory infections, toothache)

- performance in front of a movie camera lens

- V.'s attitude to the upcoming conversation as "very important, significant."

- the presence of several people nearby, including random people who are not related to the conversation.

- mental overexcitation , the need for a quick response
- moving to a new place and joining a new team with strangers.

4. Moments when speech got better:

- immediately after the start of treatment, as well as during the day after each hypnosis session and class, when self-confidence appears;
- after a drug hypnosis session for several days, followed by smoothing and reducing the effect;
- after joyful events in life that give self-confidence (winning a competition, an Olympiad, an A for the exam);
- when communicating with relatives, especially female ones (aunt, grandmother, sister);
- after a long preliminary preparation, numerous repetitions of tongue twisters and breathing exercises before the performance.

As a result of complex treatment, it was possible to significantly reduce the feeling of anxiety and fear before and during telephone conversations, a more frequent preference for voice conversations than SMS messages; more frequent responses in classes and presentations to a group with patient reports; more frequent communication with sellers in stores, appealing to passers-by for help; active speaking at student scientific circles in front of an audience; expanding the circle of communication, the fear of speech in front of strangers has decreased. According to the patient, the improvement of speech, first of all, is manifested in a decrease in the frequency of episodes of pronounced fear of speech, complete inability to pronounce words and phrases. There is also a more relaxed attitude towards upcoming conversations (interviewing the patient, answering the lesson). All this leads to a reduction in the number of stumbles when communicating in a calm, familiar environment, and also allows you to communicate calmly in conditions previously perceived as exciting, scary, and restless. However, in the case of pronounced external pressure or circumstances (sudden response under stressful conditions, communication with an authoritative person, in V.'s opinion), there are no pronounced differences in speech difficulty between episodes before and after treatment. Attempts to use techniques of calm breathing, articulation exercises, usually do not help. Only with a decrease in excitement does speech get better.

The study of clinical pictures of hypnosis (CPG) in accordance with the degrees of hypnosis according to A.Forel, hypnosis paintings by M.E.Burno, as well as in accordance with the CPG, according to the author's works, the following hypnotic phenomena and the patient's clinic can be stated. V. revealed the 3rd degree - hypnotic introverted somnambulism [2] with the implementation of suggestions in sensory the sphere (with its own drawings and details), as a "realistic form", but at first in black and white (especially if there are asthenic symptoms and reduced moods), then, with positive dynamics of treatment, in a color image with "internal redrawing of landscape details" and maintaining one's own orientation in the place and one's own personality. It was possible to implement suggestions in the field of bodily sensations and sounds: "the skin feels a breeze, freshness, the sound of waves, calmness engulfs the patient. The suggestions of the feeling of warm sand and a hot day were realized. This is accompanied by a "feeling of warmth in the feet, in the back." The patient describes these phenomena as follows: "A seashore strewn with shells and discarded after the storm, algae. The masts of distant ships can be seen in the distance, seagulls fly,

making long-drawn cries, the sound of the surf fills the ears and helps to dissolve into all this, to become one with nature and surrounding objects"

When suggesting the landscape of the forest in a deep trance, "you can hear the singing of birds, the noise of foliage, the warmth of the summer sun. A picturesque landscape is seen before my eyes: a dark clearing, with rare glimpses of the sun on the tall and fragrant grass, beautiful flowers hidden in the shadow of their tall, mighty brethren. The air is filled with the ringing of numerous insects and the singing of a chorus of various birds. In the distance, the sound of a woodcutter's axe is heard, where - it's the people picking berries calling to each other.

All this, according to the patient, "helps to distract from the problems surrounding him, fills his mind with peace and soul with warmth."

When the condition improves (stable mood and good speech quality). -CPG (brightness and color of the suggested images) is also noticeably improved, in cases of deterioration of the "internal psycho-emotional state", it is difficult for the patient to concentrate on hypnosuggestions and it is difficult for the hypnotic state to arise.

This is facilitated by "disturbing thoughts, and the pictures of the past day are relived," creating significant obstacles to immersion in hypnosis. Such episodes were noted less frequently in the dynamics of the study.

Result:In general, during the follow-up (1.5 years) and complex treatment using hypnosis, there is a positive dynamics in the patient's condition and, accordingly, in the quality of CPG, reflecting the effectiveness of the treatment process.

Conclusion:Hypnosis can and should be used not only as a therapeutic method, but also for the purpose of diagnosing the dynamics of the therapeutic process of stuttering. The quality of hypnotic phenomena (realization of various images in hypnosuggestion: black-and-white or color image) corresponds to a change in the emotional sphere (mood: decline or lifting), in physical form (presence of asthenic symptoms).

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