

## CASE REPORT

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# Cognitive Hypnotherapy for Panic Disorder with Aquaphobia

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We report a case of a 37 year old Indian media professional suffering from panic disorder with phobia for drinking water and other liquids (aquaphobia) for the last 10 years. Despite anti-anxiety medications and counselling, symptoms prevailed and affected his social and professional life. He was thus referred for hypnotherapy. The patient underwent six sessions of cognitive hypnotherapy. After successful completion of sessions he regularly started drinking water and other liquids without any further episodes of panic. There was also a remarkable improvement in his social and professional life. His anti-anxiety medications were then slowly tapered and stopped. There were no relapses reported by the patient even after six months of follow up. This case study deepens the confidence and evidence for using cognitive hypnotherapy in the management of neurotic disorders. **(Sleep and Hypnosis 2015;17(1-2):11-13)**

**Key words:** Aquaphobia, cognitive hypnotherapy, water phobia, panic disorder, hypnotherapy

## INTRODUCTION

Panic disorder is a severe anxiety disorder characterized by recurrent panic attacks with anticipatory anxiety and significant behavioural changes lasting at least one month (1). Aquaphobia is a type of specific phobia involving the persistent and abnormal fear of water (2). Hypnotherapy (use of hypnosis with conventional psychotherapy) has been found to be very effective for neurotic disorders like panic disorder, phobias and post traumatic stress (3). Cognitive Hypnotherapy involves the use of both hypnosis and cognitive therapy (4).

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A 37 year old media professional reported that he had his first panic attack at the age of 25 years. He was sitting in a restaurant with friends, when suddenly he felt a severe pain, accompanied by tightness of his forehead, like a band, and spreading down to his neck. He took tablet paracetamol 500mg along with water, when he suddenly experienced a choking sensation and got the feeling that he was “going to die”. He left the restaurant quickly but spent that entire night “trembling with fear” and “gasping for breath”.

This initial episode was followed by discrete episodes of panic whilst drinking water. This led him to cut down his intake of water which slowly extended to all kinds of fluids like ‘dal’ or juices. His mother used to force him to drink water, which he did enduring great anxiety and fear, and only in her presence, using her as

“emotional support”. This adversely affected his work, as he avoided outdoor film making schedules as they made him feel even more dehydrated. His confidence nose-dived even further when his friends started to make fun of him, and he avoided social events altogether. As the attacks of anxiety increased in frequency and severity, he consulted a psychiatrist. All investigations were normal and he was diagnosed as having panic disorder with aquaphobia and started on medications for the same along with counselling sessions. Considering the lack of significant improvement even after being on medications, he was referred for hypnotherapy.

During the first session, detailed history taking and mental status examination was done. He was briefed about hypnotherapy and his doubts/misgivings were cleared. He was taught self hypnosis for relaxation. Cognitive Hypnotherapy sessions were planned. The session ended by advising him to practice self hypnosis at home.

During the second session, he was briefed about Cognitive Hypnotherapy. He was introduced to the ‘cognitive model’ to help identify unhelpful thoughts. This was followed by hypnosis with positive suggestions and creative visualization that he is naturally and effortlessly drinking water, and that his health is improving. He was advised to practice the same at home.

Inducing a deeper level of hypnosis, in the third session ‘Affect Bridge Technique’ was used whereby he was guided from the recent episode of panic to the initial sensitizing event. He could recollect in detail the entire event that happened in the restaurant. His conversation with friends had revolved around how he wasn’t progressing in life and felt “stuck up”. With this thought still in mind, he consumed the headache pill. He reported that he then felt the pill getting “stuck up” in his throat and that the water was “choking” him. He recalled thinking that “water makes its own way”, and so inferred that “water can go into the lungs” due to which he will die. His core beliefs were identified as “I’m helpless” and “I’m not good enough”. The session ended by calming his anxieties by deepening the level

of hypnosis and reassuring him by positive suggestions. Homework sessions were advised.

In the next session, his cognitive distortions were corrected. He was told about how his mind associated the feeling of being ‘stuck-up in life’ to the sensation of the pill getting ‘stuck-up’. Under hypnosis, he was then given a glass of water to drink which he consumed easily and without any anxiety or fear. This gave him confidence about his eventual recovery. After this session the taper of his anti-anxiety medications was started. The session ended by telling him to practice self hypnosis with creative visualization followed by having sips of water.

In the fifth session, he confirmed that he was regularly drinking water without any episodes of panic. Positive suggestions to increase self confidence and self esteem were given. The session ended by telling him practice at home positive suggestions with creative visualization for building self confidence. His medications were tapered down even further.

In the sixth and last session, he reported that his social life had improved considerably. Creative visualization with positive suggestion was given that he was leading a normal happy life and achieving success in his goals. He was advised to stop his medications at the end of the session and given a CD containing a recording of positive suggestions and visualizations to listen to and practice daily. He was asked to follow up after one month.

In the follow up session, his health showed significant improvement. He could drink water and other liquids without any fear or panic. There was also considerable improvement in his professional and social life. A booster session of hypnosis with positive suggestions and creative visualization was given and asked to follow up every month regularly. There were no relapses reported by the patient even after six months of follow up.

## DISCUSSION

Cognitive therapy developed by Aaron Beck in 1960’s is structured short term psychotherapy.

Cognitive model proposes that dysfunctional thinking underlies all psychological disturbances (5). A meta-analysis of 18 studies in 1996 by Irvine Kirsch (6) concluded that 70% clients experienced more improvement when cognitive therapy was combined with hypnosis. Thus Cognitive Hypnotherapy was endorsed by the American Psychological Association as empirically supported psychotherapy (7). It amplifies the effects of cognitive therapy by

teaching relaxation, enhancing access to unconscious processes, helps easily identify distorted cognitions, produces somato-sensory changes to create new experiences, and uses post-hypnotic suggestions to facilitate divergent thinking/experience (4). This case deepens our confidence in using Cognitive Hypnotherapy for use in neurotic disorders and also encourages us for further research in other forms of psychological disorders.

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