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Metaphoric Hypnotic Imagery in the Treatment of Functional Amenorrhea[1]

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Emotional stress can alter the menstrual cycle, as in the case of functional amenorrhea. The neurophysiologic aspects of amenorrhea and the effects of hypnotherapy are described. Typical hypnotic treatment of functional amenorrhea has consisted of direct, symptom oriented approaches, and evocative and uncovering techniques. After a brief description of traditional hypnotic approaches, the metaphoric imagery approach to functional amenorrhea is introduced by means of two case examples.

Emotional stress, such as fear of pregnancy, can often influence the course of a menstrual cycle: menstruation can begin early, be interrupted, or simply fail to appear (Crasilneck & Hall, 1975; Erickson, 1960).

Although few gynecologists use hypnosis in their practice, hypnosis has long been recognized as an effective therapy for menstrual complaints (Bernheim, 1973; Voisin, 1888; Brunberg, 1892; Freud, 1956; Delius, 1897, 1905; Kohnstamm, 1907; Raefler, 1921; Dick, 1925; Heyer, 1927; Dunbar, 1938; Schultz, 1952; Kroger & Freed, 1943; Koster, 1947; Schaetzing, 1958; Coulton, 1960; Erickson, 1960; Leckie, 1965; Cheek & LeCron, 1968; Crasilneck & Hall, 1975; Kroger, 1977; Ambrose & Newbold, 1980; Jackson & Merrington, 1980).

Naturally, before hypnosis is used, medical examination is necessary to determine whether the amenorrhea or other gynecological complaints are due to a purely functional disorder. When such a medical examination shows no obvious somatic disorders, rather than pursuing a more extensive physical examination, attention can be paid to possible psychological factors.

Some experts attend to psychological factors in their diagnoses. However, there is disagreement on the importance of early experiences. Crasilneck and Hall (1975, p. 260) recommend "a review of the patient's childhood training as to sex and sexual relations, an inquiry into the current state of her marriage or significant relationships, and possibly an inquiry into dream and fantasy life." Kroger (1977) feels more attention should be paid to the woman's attitude toward menstruation and sexuality. He considers the investigation of past psychological causes to be superfluous in most cases.

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Psychoneurophysiologic Aspects of Amenorrhea and Hypnosis

The hypothalamus-pituitary axis plays an important role in the regulation of the menstrual cycle. This axis produces hormones which stimulate ovulation and related processes, such as changes in the endometrium.

Alterations of the menstrual cycle induced by emotional stress are probably mediated via structures of the limbic system, especially the hippocampus, the septum, and amygdala (Asso, 1983). One effect of stress is the dissociation of the limbic system from the cortex (Braun, 1984). The limbic system sends several major projections to or through the hypothalamus that directly affect the menstrual cycle and other neuroendocrine functions as well (MacLean & Reichlin, 1981). Several neurotransmitters are also involved in mediating the effects of emotion and stress on the cycle. Details of this involvement — such as the interactions between neurotransmitters and hormones — are, however, only beginning to emerge (Asso, 1983).

The question of the neurophysiologic effects of hypnotic suggestions has not as yet been clearly studied (Braun, 1983, 1984). The stress-induced cessation of the menstruation may have occurred when the patient was in a certain psychophysiologic state, one in which the limbic system was dissociated from the cortex. In hypnosis a comparable psychophysiologic state might be realized in which neocortical influences are mediated via the limbic system (MacLean & Reichlin, 1981). On a psychological level, this state is characterized by an intense focused attention to the hypnotic suggestions or the hypnotic experiences concerned, such as a strong awareness of certain physical sensations and the metaphoric imagery work described below. If they "work," hypnotic suggestions and experiences are able to stimulate a biofeedback process, probably mediated by the limbic system, neurotransmitters, and the hypothalamus-pituitary axis. This feedback process corrects the earlier stress-induced biofeedback process which caused the amenorrhea.

Therapeutic Approaches

A review of the relevant literature shows how the attitude towards hypnotherapy, in general, and menstrual complaints such as amenorrhea, in particular, have changed over the years. We can distinguish between three major therapeutic approaches within which certain developments have occurred.

Direct, Symptom-Oriented Approaches

These approaches are made up of suggestions which are focused directly on the amelioration of symptoms, i.e. the disappearance of the amenorrhea and the onset of a menstrual period. At the turn of the century experts primarily used direct suggestions in an authoritarian way. It was thought that the strength of these suggestions lay primarily in their repetition.

Kohnstamm (1907) suggested to a patient that her period begin on a certain date. He instructed her that from then on her period was always to begin on the first day of the month. The patient, being unaware of the suggestive origin, later expressed her amazement at the incredible regularity of her periods. Subsequently, she suspected that hypnosis affected her menstrual regularity, and the effect of the posthypnotic suggestion diminished.

Modern authors also make use of direct symptom-oriented suggestions. However, their suggestions are formulated in a permissive way, for example, the patient may be given the freedom to choose an appropriate date (Kroger, 1977). Crasilneck and Hall (1975) link suggestions to truisms that cannot be denied.

Evocative Approaches

It has been understood, historically, that in effective hypnotherapy patients can make constructive use of their imagination. Heyer (1927) remarks that such therapy is only effective when the desired images evoked are living and compelling images — they must become part of the patient's reality.

During a hypnotic session, Schultz (1952) asked a patient to imagine the physical sensations occurring at the onset of a menses. To aid her efforts he "passed" his hands across and put pressure on the woman's abdomen. Thereafter, he gave appropriate posthypnotic suggestions.

Kroger (1977) described three evocative approaches, one of which consists of asking evocative questions which help the woman to imagine premenstrual sensations: "Do your breasts become hot and heavy just before your period begins?" etc. According to Kroger, if the therapist repeats the answers to the questions back to the patient, chances are good that the period will begin. He follows this sensory image conditioning with the posthypnotic suggestions formulated in a permissive way. Kroger might also suggest age regression to the last menstrual period. Then, the patient is asked to recall the sensations belonging to that state.

Uncovering Approaches

According to Kroger (1977), most patients with functional amenorrhea can be treated effectively using evocative approaches. In his opinion it is only when these approaches are not effective that attention should be paid to possible neurotic needs to maintain such symptoms. If a regular psychological examination offers no clues as to the reason why the menstruation fails to occur, Cheek and LeCron (1968) use hypnosis as a method of inquiry. They promote age regression to the last normal period. From that point, attempts are made to determine relevant factors relating to the problem. These are brought to light and discussed. Then the woman is asked if it would be now possible for her to menstruate regularly. The choice of when she will begin is left up to her.

A study of the literature indicates that there has been a development away from the old direct suggestion approaches to modern approaches involving permissive and indirect suggestions, evocative approaches, and psychodynamic techniques. It is also clear that hypnosis was gradually recognized to be more the patient's activity than that of the intervening therapist.

A Metaphoric Approach

Functional amenorrhea can also be alleviated by the use of metaphoric imagery. In the following case studies, two women spontaneously chose such an approach. In the first case the related hypnotic session was one part of long-term therapy; the second case involved short-term treatment specifically for this problem.

Apart from the usual simple metaphors such as words and sentences, in hypnotherapy we often use extended metaphors that have the character of a story, guided fantasy or waking-dream. An extended metaphor usually consists of a series of transformations of a so-called *kernel metaphoric statement* (Fernandez, 1977). In our second case example, for instance, it reads "I am on the beach."

Case One: Mrs. J., age 32, sought help for intense anxieties which were related to the fact that her life was at loose ends. After a busy life during which she could allow herself no time to pay attention to her personal problems, she had left her husband (to whom she had been married for nine years). She was overwhelmed by emotions concerning her gynecological

problems and by the fact that she could have no children (these were determining factors in the break-up of her marriage). She could no longer function in her job. She was obsessed with her troubles and plagued by intense anxieties and feelings of desperation. She had come to a complete standstill in her life, and had no alternative perspective for her future.

A supportive-structured therapy was initiated, which quickly developed into hypnotherapy. Mrs. J. began working through her emotional problems. Because her emotions were acute, a metaphoric approach was chosen to give her the freedom to work through her problems at her own tempo. This therapy (and the support of good friends) had a positive effect on Mrs. J. She quickly overcame the worst of the crisis and — thanks to her efforts — made great progress in her therapy.

Three months after the beginning of the therapy, Mrs. J. revealed that she had not had a period for some time. She was using medication to stop the bleeding of a cyst. One side effect was that her menstruation also stopped. She had not used the medication for two months and her period still had not returned. Her cycle meant a lot to her, especially because of all her gynecological problems. Even though she could not have children, it was a sign to her that she was still a woman. Prior to her medical problems she was always regular and her menstruation always began with the full moon.

The therapist told the patient about two case studies of Milton H. Erickson (1960). He began with a story of a woman who, with the help of self-hypnosis, stopped her period, and followed up with an example of a woman who, via posthypnotic suggestion, could have her period begin earlier than usual.

Subsequently the therapist asked Mrs. J. to go into a deep trance to ask her unconscious to help solve the problem. She was told: "Your unconscious knows and can do much more than your conscious knows and can do."

Mrs. J. closed her eyes and went into a trance. After a time of silence she said she saw a red glow in front of her that moved behind her eyeballs and then descended via her spinal column. She became sad during this process. Memories of her sexual relationship with her husband came to the surface, and she once more realized that she could not have children.

After four minutes of silence, she explained that the bathroom in her house was being rebuilt, noting that "a man is doing it, but when he is not there I do it myself. I very carefully scrape away layer after layer from the walls, so that a new layer can be put on . . . that's what I am now also doing."

Not wanting to complete all of the work, she asked if it is all right to only do a part of it. The therapist carefully followed up. He talked about the "domino effect" and about the ability of the unconscious to continue beneficial work which had begun even though one's conscious has other preoccupations. The therapist stated, "Your unconscious will pick just the right moment for you."

Moments later Mrs. J. came out of her trance. She said that she clearly felt the spot in her uterus where she carried out her metaphoric work and that she had faith that she would attain her goal. When leaving she asked if she should let the therapist know "when it happens." He replied that he would very much like to know. Six days later he heard the news by telephone.

During the next session Mrs. J. reported that she went into self-hypnosis twice for half-hour periods in order to continue "scraping-away the bathroom wall." She lost hope once in a while and was naturally very happy when her period came on the evening of the fifth day. Subsequently, she realized that it was the optimum time for her to begin again, just at the full moon, as it

used to be when everything was all right. Mrs. J. added that she felt the spot in her uterus where she had been doing all her metaphoric work much more clearly now and that the accomplishment felt good.

Seven months later there was a follow-up session. Mrs. J. said that much to her delight she was still menstruating regularly. At first she continued to use self-hypnosis but once she had forgotten and her period came nevertheless. After that she no longer needed to use self-hypnosis.

Case Two: Mrs. K., age 33, was married and had no children. She had previously been a subject in hypnotic experiments. She asked the therapist if hypnosis might help her to deal with her chronic abdominal pain. She was undergoing gynecological treatment for an infection of an ovary and the uterus for which she required surgery. For the most part the infection was under control. Mrs. K. wanted children, but several unhappy experiences made her hesitant.

In the first session Mrs. K. explained that the pain in her abdomen originated in the ovary and was particularly heavy at the time of ovulation (*Mittelschmerz*). When she felt pain she was frightened and immediately saw images of previous negative experiences. Then she tensed up, resulting in even more pronounced pain. Mrs. K. and the therapist agreed that the pain was a sign that something significant was occurring within her body and, therefore, should not disappear. However, she could try to learn to relax when she experienced the pain, thereby allowing the tension to "flow away" and thus diminishing or preventing cramping of the tubes. During this conversation Mrs. K. reported that to her surprise her abdomen was becoming warm and relaxed.

At the beginning of the next session, a week later, Mrs. K. said that the previous session had an effect: she was able to go into self-hypnosis and relax.

But now there was another problem with menstruation: she was 14 days late. Although she did not feel pregnant she was afraid of complications. The situation made her very tense and she wanted to go into hypnosis to solve this problem.

The therapist felt that in this situation he should offer no specific suggestions for attaining particular goals. He would do better to word his suggestions in such a way that Mrs. K. would have maximum freedom to let happen what was right for her. He began by telling a story about another woman who used hypnosis with good results to alleviate premenstrual tensions and a heavy menstrual flow. He accentuated the fact that the woman had been told that her unconscious could do the necessary work for her, even though both her conscious mind and the therapist would not know how the work was accomplished. Thereafter he asked Mrs. K. to go into a deep trance "inside." Once she was there she could ask her unconscious to let happen what is right for her.

Mrs. K. closed her eyes, went into a trance and was quiet for a short time. The therapist repeated again what he said before, and then added that Mrs. K. only need relate something if it was important to do so.

After a time she said that she was on a beach. There was the sea and there were rocks and these images were interchanged with an image of the interior of her uterus. She did not know what to do. The therapist responded by saying, "Listen to yourself, trust in your own unconscious and do what it tells you."

It was quiet for some time. Because of her lively movements, it was obvious that Mrs. K. was intensely preoccupied. After seven minutes she remarked that now things were fine. The therapist told her that she could be at peace with the knowledge that what happened was good and could have a positive effect. She could leave her

trance with a feeling of satisfaction.

Afterwards Mrs. K. reported that during the hypnosis she was simultaneously on the beach and in her uterus, which was "a very extraordinary experience." She suddenly knew that what she had to do was jump into the sea, and so she did that. Now she felt the affected ovary and it felt good.

The following morning she had an appointment with her gynecologist concerning "being late." On the way into his examining room she realized she had to use the toilet. After returning to the office she reported that an examination was no longer necessary because her period began. Later she told the therapist that after that hypnotic session she perceived changes in her body which indicated the oncoming period.

Four months later Mrs. K. told a few more details about the hypnotic session. She was already going into trance during the story the therapist told her about the other woman with menstrual problems. After the simultaneous experience on the beach and in her uterus, and subsequent to the therapist's suggestion that she should trust her unconscious, she saw a hole through which she had jumped. After that she had several experiences she could not describe in words. Two sentences kept coming back to her "let it come" and "give it the room."

During a follow-up discussion, 18 months after the hypnotic session, Mrs. K. reported that since the day after the session she menstruated regularly. She has had little problem with pain and when there was pain she concentrated on her abdomen and repeated the two sentences mentioned above. Her abdomen then became warm and the pain diminished. At that time there was hardly any trace left of the pain.

Three years after the hypnotic session Mrs. K. gave birth to a healthy baby.

Discussion

In both examples the trance induction began with the telling of one or two anecdotes concerning a solution to a comparable problem. To the extent that the patient became involved in the story, one can already speak of a developing hypnotic trance. With such stories the therapist aims to inspire the patient with the prospect of a solution to this problem.

Moreover, the therapist also wanted to stimulate the patient's unconscious problem-solving activities. In the first example the anecdotes were told in such a way that the first one (about the interruption of the menstruation) could serve the function of discharging any resistance (cf. Erickson, Rossi & Rossi, 1976). By this means the second story (about bringing on menstruation) could be more easily accepted and could be used as a model for developing her own potential.

In both cases the responsibility for the solution of the problem was presented to the woman's unconscious in an open and permissive way. Consciously or unconsciously, both women chose a metaphoric approach to the problem. Their choice may have been influenced by earlier hypnotic experiences. Metaphoric images were interchanged with realistic images of their own body, suggesting that between the metaphoric domain and the principal domain a process of information exchange took place.

As mentioned earlier, both women spontaneously developed metaphoric images. In other cases, one might ask for an image of what the patient would like her body to do for her. Then the therapist could guide her in the process (Jaffe & Bresler, 1980).

Finally, we can ask what the difference is between the earlier described evocative approaches and the metaphoric imagery approach. In the first case it appears that the accent is on physical experiences; in the second case the visual channel forms the entryway (although later on kinesthetic experiences may occur). The choice of one

or the other approach can perhaps best be made by considering whether the woman is primarily visually or kinesthetically oriented.

Hypnosis as an intervention has proven successful using a variety of approaches. Apart from their metaphorical content, the specific cases in this article point to the furtherance of applications that encourage client-therapist "team-work" on suggestion and success.

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