



## The suggestion in therapist – patient relation

Liliana Neagu<sup>1</sup> and Gabriela Iorgulesc<sup>2,\*</sup>

<sup>1</sup>U.M.F. "Carol Davila", Bucharest, Loredana Simion.

<sup>2</sup>U.S.H., Brasov.

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### ABSTRACT

The suggestion and the hypnosis has been used since ancient times, both magical - religious and curative purposes. Considering that the disease creates a weakness, anguish and uncertainty, the patient is experiencing a period of regression and resignation which will increase the sensitivity to suggestion. To increase the effectiveness of psychotherapy, which is used in the treatment of mental disorders, it is necessary that between therapist and patient to be a reciprocal respect and consideration. The patient must believe that the therapist understands his problems, accept difficulties as being usual and solvable, this fact is generated him a sense of support and hope. Without trust curing the disease becomes almost impossible. Besides the direct approach of problems, even the non – verbal behavior of the therapist is very important, because it may be the vehicle of both positive and negative suggestions. The expectations of the patient have also a highly suggestive potential, either negative or positive. This relationship between therapist and patient has great importance also concerning the placebo effect. The therapeutic effect is based on faith, suggestion, motivation, expectancy and the prestige of the therapist. The responsibility of the therapeutically act favor the appearance of knowledge and influence suggestive strategies.

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### Introduction

Psychotherapy is treatment of mental disorders by psychological ways. Effectiveness of psychotherapy is difficult to assess due to the difficulty to define a successful criteria and control spontaneous remission. The common factors of psychotherapy methods can be designed as: support and reassurance, desensitization, strengthening adaptive responses and awareness of the problem, an intimate interpersonal relationships and a high degree of confidence - can have an important role in positive changes than specific therapeutic methods used.

Regardless of the therapeutic type in a good psychotherapeutic relationship, patient and therapist must have each other reciprocal respect and consideration. The patient must believe that the therapist understands his problems. A therapist who understands the problems and believes that he can solve gaining confidence, which leads to increased feelings of competence and confidence in their own success. Discussing issues with an expert who accept difficulties as normal and shows that it can be solved largely calm the patient, generating a feeling of support and hope, and that can have a critical role in recovering after a psychological problem.

Analysis of the dialogue therapist - patient reveals many possible sources of distortion of the message which flows between them. Interpretation of these from the perspective of complex dimensions of suggestion is possible and useful. This meeting is carried out in a social context that gives us a register of roles that lead to simulation / dissimulation, deception / self-deception - phenomena that approaching of suggestive element.

The disease creates a weakness, anguish and uncertainty. The patient is passing a period of regression and resignation - that will increase sensitivity to suggestion.

The more that anxiety is bigger, the patient can use subconscious strategy of "emotional blackmail" exaggerating the accusations or exposing a particular hierarchy that reflects his intellectual level, frustration tolerance and a series of psychological defense mechanisms, in which the strategy autosuggestie has a special role.

Freud said that the reason of our anguish may not arise in the field of consciousness only as a negation of it. Example: fear of cancer or a heart attack will mobilize all empirical experience and knowledge of the patient in purpose of presenting symptoms so as to obtain an encouraging response from the therapist.

Other times the patient speaks openly about his suffering with the intention, being more or less conscious, to obtain denies of the symptom severity.

The patient denies his disease responsibility and he limits his defense capacity.

The more he will feel pressured by the disease as much he must believe in his therapist, and this belief is the proper way for appearance suggested behavior. Positive or negative expectations associated with each role are potentially very suggestive.

Nonverbal behavior of therapist has a special importance which can be the source of some positive or negative suggestions, it representing the feedback that guides the patient speech.

Giving an insufficient time may have an effect anxiogenic through the impossibility to achieve catharsis by reception of a lack of interest from the therapist or by inducing uncertainty of being told everything to facilitate the establish of diagnosis. Also, prolonged excessively patient's medical history can induce him the impression of a professional incapacity. Very important is the ambience of the interview too (presence of other medical personnel, frequencies of interruptions).

The relationship between therapist and patient is based on the trust that is given to the therapist. Without trust curing the disease is almost impossible.

V. Enătescu spoke about "clinical myths" that generate suggestive effects:

- viral model, according to which every disorder is due to a virus, guides the interview towards discover the cause;
- energetic model - the disease is interpreted as an energetic imbalance directing a series of therapies (from physiotherapy to electroacupuncture).

A particular case is bioenergetic model: the therapist uses a "ritual" that transfers the energetic field to the patient, arguing quality of the energy moving between them two.

The therapeutic effect is based on faith, suggestion, motivation, expectation, the prestige of the therapist.

Suggestive mechanisms, along with reflexes and rational ones, it is constituting a strategy necessary of knowledge and action.

Clinical hypnosis, that represent an important part in psychotherapeutic system can demonstrate the possibility of influencing through hypnotic suggestions concerning neurovegetative functions of the body.

The suggestion and the hypnosis have been used since ancient times, both magical - religious and curative purposes.

The value of techniques depends on the patient's attitude towards what is being said about their efficiency. The effects produced by certain means of induction are largely conditioned by socio-cultural factors.

Characteristics of the hypnotist - his role is to train the subjects to demonstrate his hypnotizability. Regardless of the technique which is used, it must release safety, self-control and great power of persuasion in all situations. If from the analysis of the situation reveals that is not time to induce hypnosis, that initiating it is pointless or even contraindicated, the hypnotist will have to first prepare the situation for future applications or plausibly explain why not consider useful the use of this process.

Among the attributes that have an important role as well should be considered the conversion of the certain disadvantaged situations into obvious advantages. Some characteristics or features may have a certain weight: vocal timbre, facial expression, gestures, posture, the ability to formulate persuasive and plastic the ideas, presence of mind.

*Characteristics of the subject* - the subject is supposed to help the therapist, rather than wait him to put into motion the "hypnotic resources", but to assist in their deployment with an attitude of expectation or keeping the posting as though something else have been the subject of the action. Kindly attitude and cooperation are necessary, but not sufficient, and sometimes an excess of desire may be accompanied by negative effects.

Also, in front of sceptical people chances of success are reduced if it creates a field of manifestation of critical attitude which has the effect of maintaining an ironic distance to an event that requires mitigation of discriminative functions.

*Place and time of induction of hypnosis* – the room must to be pleasant, away from noise and disturbance excitations; light should be discreet, to have a comfortable sofa or armchair.

The responsibility of the psychotherapeutic act favors the appearance of knowledge and influence suggestive strategies. For ensuring the success, the therapist must develop his brand image - competence, confidence, devotion, kindness. Contrast to somatic diseases, where medicine has provided sufficient

evidence of its strength in functional diseases, where the knowledge are not sufficiently clear, power of the therapist can be discussed. The concept of "self-fulfilling prophecy" substantiates the idea that the optimism or the pessimism of the therapist can be an important factor in the course of disease.

Milton H. Erickson (1901-1980), doctor of medicine and psychology, is recognized as the most ingenious personality of psychotherapy. He accentuate that the development of interrelations therapist - patient and reciprocal trust is vital to the success of psychotherapy. Erickson has passed from directive approach to induction and utilization of non-directive and open trance. The fact of dispensing to the patient full control of the therapy was more effective than a rigid and authoritative approach. The entire Ericksonian vision concerning hypnosis and therapy emphasizes the importance of full respect for the individuality and uniqueness of every person, the task of the therapist is to adjust the therapy to each individual. He was speaking most of the time using anecdotes and metaphors to communicate to multiple therapeutic levels in the same time, because he was not satisfied by communicating to one single level.

In regards the multilevel communication, most psychotherapists have noted that patients apparently communicate to a level, the significance of communication being situated actually to another level. When Erickson described this principle, illustrate it with anecdotes, demonstrating its use and at the same time entailing audience. The characteristic features of Ericksonian approach are (by Lankton and Lankton, 1983):

- 1) indirect character involving the use of indirect suggestions and connections of the metaphors and revitalizing the resources of the client;
- 2) the dissociation between the conscious and unconscious suppose communication with the patient on many levels, double bonds and the metaphors to be implied;
- 3) Using the patient's behavior: paradoxical prescriptions, induction by natural inputs, the prescription of the symptoms, directing the behavior and strategic use of trance phenomena.

#### **Rules of the Ericksonian therapeutic approach**

1. The first step in psychotherapy is to identify the "internal reference system" and changing "interior scale".
2. People make the best choice based on lessons learned.
3. Adapting the theory at each patient in order to fit and use memory techniques to activate the internal resources.
4. An empathic and respectful attitude favoring change. Giving respect to messages with social value, verbal and nonverbal, means that the therapist is resonating with the patient, noting all the subtle elements of communication.
5. Learning the patient to choose changing internal reference system.
6. The role of the therapist is to help the patient to maximize the resources inside him in order to achieve changes.
7. The therapist must assimilate the patient's belief system and shape the behavior starting from them.
8. The therapist with the highest "flexibility" will be able to meet more patients on their land and will soon enter into relationship with a larger number of patients.
9. Even if the patient does not communicate verbally, he can send nonverbal messages. Internal exploration will update an image that will trigger a specific behavior (sigh, grimace, modification of muscular tonus).

10. Reducing the scale of the problem that requires approaching a complex problem in small steps, on the subcomponents.

11. In a communication process operates several types and levels of interaction.

Unconsciously psychological message will be one that will determine the conclusion regarding the diagnosis and therapy.

Erickson underline that the hypnosis facilitates remapping of some life experiences of the patient. Ericksonian approach uses the metaphors and indirect suggestions to entering into relations with the patient for activate the interior resources and connect them to various stimuli from the environment, this being achieved at a unconscious psychological level, not the conscious.

#### **The quality of the therapeutic relationship and the placebo effect**

An inadequate or inauthentic relationship between therapist and patient decreases the placebo effect, and sometimes it devalues in terms of therapeutically turning it in the nocebo. Rather, an appropriate relationship constitutes the success of the superior therapeutic results. Placebo phenomenon is a particular aspect of the therapeutic relationship.

Older experiments revealed that doctors with positive attitude towards psychopharmacological treatment obtained greater results on the placebo effects than doctors who had a neutral attitude.

#### **The suggestion exercised by the therapist and the placebo effect**

Suggestion and ambience in which is conducted the therapeutic act can constitute a supposition to explain the placebo effect. If we take into consideration also the other pole of the therapeutic relationship (patient) we can explain why only some patients are sensitive to placebo, namely those with a higher level of suggestibility. The placebo effect occurs, especially in diseases and conditions characterized by a high degree of suggestibility, being more vaguely contoured in

affections in which the suggestive element is under-represented.

The medical Anthropologist Daniel Moerman, emphasizes that "meaning response" represent "Physiological or psychological effects of the significance in the treatment of diseases."

The treatment results can be influenced by stimuli like the language (that is said and what is said), the procedures (what to do and what explanations are provided), the space where the meeting takes place between patient and therapist, the way in which the information provided (verbal and nonverbal) is integrated into the personal history and into the socio-cultural set of beliefs of the patient.

In conclusion, improvement, worsening or the change observed is due to the patient's personality, specificity of the disease, drug properties or influence of the doctor (Aurelia Sirbu, 1972)

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