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HYPNOSIS IN THE TREATMENT OF MORGELLONS DISEASE: A Case Study¹

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Abstract

Morgellons Disease is a condition involving painful skin lesions, fibrous growths protruding from the skin, and subcutaneous stinging and burning sensations, along with symptoms of anxiety, depression, fatigue, and memory and attention deficits. The etiological and physiological bases of these symptoms are unclear, making the diagnosis controversial and challenging to treat. There are currently no established treatments for Morgellons Disease. The following case example depicts treatment of a woman with Morgellons Disease using hypnotherapy. Data from this case example suggest that hypnotherapy is a promising intervention for the physical and psychological symptoms associated with Morgellons Disease.

Morgellons Disease is identified as a condition involving nonhealing skin lesions, fibrous growths protruding from the skin, and subcutaneous stinging sensations. These mysterious dermatological symptoms are frequently accompanied by cognitive decline, often described as “brain fog,” as well as fatigue, joint pain, hair and weight loss, sleep disturbances, and mood disorders (Savely, Leitao, & Stricker, 2006). The biological and physiological bases of these symptoms are poorly understood, making the condition somewhat controversial. Patients exhibiting these unusual symptoms may become defensive when met with skepticism by physicians, which may exacerbate existing depressive and anxiety symptoms and contribute to feelings of social isolation. The Morgellons Research Foundation (www.morgellons.org), a Web-based community developed in 2002, claims to have registered over 12,000 families who profess to have been affected by these symptoms and has lobbied the Centers for Disease Control and Prevention (CDC) to fund research of this condition (Vila-Rodriguez & MacEwan, 2008). In 2006, the CDC began an epidemiological investigation in order to rule out an environmental toxin or new strain of infection as the source of these symptoms (Paquette, 2007). Although the CDC briefly recognized Morgellons Disease, they later recanted and there is currently no widely accepted method of diagnosing this condition.

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Although the etiology and physiological basis of Morgellons Disease are unknown, treatments are needed to address the physical and psychological symptoms. Previous studies have found hypnotherapy to be effective for patients suffering from various dermatological conditions, including eczema, atopic dermatitis (Stewart & Thomas, 1995), alopecia, rosacea, hyperhidrosis, verruca (Ewin, 1992; Noll, 1994; Spanos, Williams, & Gwynn, 1990), lichen planus, and urticaria (Fried & Hussain, 2008). Multiple studies have also shown benefits from hypnotherapy for pain (A. Barabasz & Christensen, 2010; M. Barabasz, 2010; Elkins, Jensen, & Patterson, 2007; Jensen, 2010; Patterson & Jensen, 2003) as well as for symptoms of anxiety and depression associated with medical conditions (A. Barabasz & Watkins, 2005; Elkins et al., 2008). Hypnotherapy may be beneficial for the treatment of the physical and psychological symptoms associated with Morgellons Disease; however, to our knowledge there have not been any previous reports. The following case study describes the use of hypnotherapy to treat a patient suffering from Morgellons Disease.

Case Study

Mrs. S. is a married 53-year-old Caucasian woman who complained of skin lesions and fibrous growths protruding from her skin, which she believed to be related to Morgellons Disease. Mrs. S. reported significant itching and discomfort stemming from these skin lesions that she likened to “being sandblasted” or “stabbed constantly.” In describing the physical sensations associated with her condition, she described sharp, quick pain, as well as burning and stinging sensations. Mrs. S. also reported frequent anxiety and feelings of worry that her skin condition would become increasingly debilitating. Further, she reported impaired memory and attention span, with which she compensated by writing reminder notes to herself.

Mrs. S. first began noticing “bumps” on her skin in 2004, along with anxiety, fatigue, and memory and attention problems. In 2007, she reportedly began to notice small brown “specks” on her body, which were accompanied by burning sensations, as well as threads protruding from her skin. She has sought treatment from numerous physicians for her dermatological symptoms without improvement in symptoms. Psychiatric consultation was recommended and Mrs. S. sought psychiatric care in 2007. At that time, she was prescribed Klonopin without benefit and she was subsequently prescribed a variety of antidepressants also without improvement in symptoms. She discontinued these medications and later that year, Mrs. S. quit her job as a substance abuse counselor due to persistent fatigue, anxiety, and discomfort stemming from her skin ailment.

Measures

The patient completed a rating of her symptoms of anxiety, skin infections/lesions, feeling of being “bitten,” fatigue, skin pain, brain fog, and joint pain prior to beginning the hypnotherapy intervention, weekly, and at a 3-month follow-up. Specifically, Mrs. S. rated the average severity of her primary symptoms for the week leading up to that session on a scale of 0 (“not a problem”) to 10 (“severe problem”). Data from this questionnaire were used to measure changes in symptoms from pre- to posttreatment, as well as to track maintenance of treatment benefits at a 3-month follow-up appointment after the completion of the hypnotherapy intervention. In addition, at the 3-month follow-up appointment, she completed the Stanford Hypnotic Susceptibility Scale–Form C (Weitzenhoffer & Hilgard, 1962).

Hypnotherapy Intervention

Between February 2009 and April 2009, Mrs. S. was seen for six 1-hour hypnotherapy sessions that occurred once per week. The goals of the intervention were reduction and

management of Mrs. S.'s physical and psychological symptoms. At each session, a standard hypnotic induction was completed following a transcript outlined by Elkins and Handel (2001). At the beginning of each hypnotic induction, Mrs. S. was instructed to focus on a spot on the wall. In order to induce a state of hypnosis, the clinician vocalized suggestions for Mrs. S. to experience a "wave of relaxation spreading from the top of her head down to her feet" and to find herself "in a place where she finds relaxation and comfort." Mrs. S. preferred imagery involving mountains and lakes, therefore suggested imagery included "finding that you are now in the mountains" and "seeing a lake in the distance as you walk down that mountain path." Because reducing Mrs. S.'s dermatological symptoms was a primary goal of treatment, suggestions were made for Mrs. S.'s skin lesions to become "less and less severe" and for her to "be able to push any skin discomfort to the back of her mind." In addition, the clinician provided suggestions for Mrs. S. to "be less and less bothered by her skin as time passes" and to "imagine a time in the future when she is no longer bothered by skin irritation or discomfort." Each session of hypnosis also involved suggestions for comfort, calmness, and a sense of well-being. Examples of such suggestions include "allowing the comfort to become more and more complete" and "seeing how well you are able to feel." In order to target Mrs. S.'s symptoms of anxiety, the clinician suggested that Mrs. S. would "feel more and more at peace every day, no matter if times become stressful or difficult" and that she would "not be bothered by excessive sadness or anxiety." To end each hypnosis session, the clinician suggested that Mrs. S. return to conscious alertness "in her own time and her own pace, with good and normal sensations in every way." In addition to the weekly hypnosis sessions with the clinician, Mrs. S. was provided with two compact discs of recorded hypnosis sessions and Mrs. S. was asked to listen to the recorded hypnosis sessions daily between sessions or as often as desired.

Results

At each session, Mrs. S. rated the severity of her primary symptoms. Table 1 depicts Mrs. S.'s ratings of her primary symptoms prior to beginning the hypnotherapy intervention, after completing the hypnotherapy intervention, and at a 3-month follow-up appointment. Percent change in Mrs. S.'s ratings of her symptoms from pre- to posttreatment are also included in Table 1. According to Mrs. S.'s ratings, her anxiety saw the greatest improvement, reducing by 75.0% from pre- to posttreatment. Mrs. S. also reported improvement in her physical and dermatological symptoms, as her skin infections/lesions, feelings of being "bitten," skin pain, and joint pain reduced by 71.4%, 66.7%, 50.0%, and 16.7%, respectively, from pre- to posttreatment. Additionally, Mrs. S.'s self-ratings constitute a 57.1% reduction in fatigue and a 16.7% reduction in "brain fog" from pre- to posttreatment. Notably, all symptoms exhibited a 16.7% or greater reduction from pre- to posttreatment based on Mrs. S.'s self-ratings.

Three-Month Follow-Up

At a follow-up appointment 3 months after the conclusion of her hypnotherapy intervention, Mrs. S. again rated her primary symptoms. For all of her primary symptoms, Mrs. S. either maintained the improvement observed following treatment or saw additional reduction in symptomatology. Mrs. S. reported an additional 80% reduction in brain fog, 66.7% reduction in fatigue, 60% reduction in joint pain, and 33.3% reduction in skin pain between her final hypnotherapy session and her follow-up appointment. In addition she obtained a score of 10 on the Stanford Hypnotic Susceptibility Scale-Form C (Weitzenhoffer & Hilgard, 1962), indicating a score that falls in the high range.

Discussion

This case study describes a hypnotherapy intervention used to treat a woman with Morgellons Disease and comorbid depressive symptoms and anxiety. The patient whose case is described reported a significant reduction in her physical and psychological symptoms associated with Morgellons Disease. Notably, all of her primary symptoms saw a significant reduction in severity from pre-to posttreatment based on this patient's self-ratings of her symptoms, with anxiety seeing the greatest reduction. These data suggest that hypnotherapy is a promising technique for treating physical and psychological symptoms associated with Morgellons Disease.

It should be acknowledged that this is a case study involving only one patient. Further research with additional patients suffering from Morgellons Disease is warranted to determine whether these results can be generalized to other individuals. In addition, the data used to determine changes in symptom severity in this case are based solely on this patient's self-reports. Future researchers may wish to use physiological data or other assessment measures to track changes in symptomatology in order to further examine treatment benefits associated with hypnotherapy.

In addition, the etiological and biological bases for Morgellons Disease are not fully known and there are currently no established treatments for the condition. Morgellons Disease is a condition that is difficult to diagnose due to the current lack of research. It is possible that such patients may have symptoms related to somatization or another psychiatric disorder. However, patients present with considerable distress from symptoms and the results from the present study suggest that hypnotherapy may be a promising treatment to help alleviate suffering among patients with Morgellons Disease. The significant reduction in severity of physical and psychological symptoms associated with Morgellons Disease reported by this patient following a hypnotherapy intervention indicates that additional research is warranted to examine the use of hypnotherapy as a treatment.

References

- Barabasz, A.; Christensen, C. Hypnosis concepts. In: Barabasz, A.; Olness, K.; Boland, R.; Kahn, S., editors. Medical hypnosis primer: Clinical and research evidence. New York, NY: Routledge; 2010. p. 1-10.
- Barabasz, A.; Watkins, J. Hypnotherapeutic techniques. New York, NY: Brunner-Routledge; 2005.
- Barabasz, M. Introduction to medical hypnosis primer: Clinical and research evidence. In: Barabasz, A.; Olness, K.; Boland, R.; Kahn, S., editors. Medical hypnosis primer: Clinical and research evidence. New York, NY: Routledge; 2010. p. xv-xviii.
- Elkins GR, Handel DL. Clinical hypnosis: An essential in the tool kit for family practice. Behavioral Medicine in Family Practice: Clinics in Family Practice. 2001; 3(1):113-126.
- Elkins GR, Jensen M, Patterson D. Hypnotherapy for the management of chronic pain. International Journal of Clinical and Experimental Hypnosis. 2007; 55:275-287. [PubMed: 17558718]
- Elkins GR, Marcus J, Stearns V, Perfect M, Rajab MH, Ruud C, Keith T. Randomized trial of a hypnosis intervention for treatment of hot flashes among breast cancer survivors. Journal of Clinical Oncology. 2008; 26:5022-5026. [PubMed: 18809612]
- Ewin DM. Hypnotherapy for warts (verruca vulgaris): 41 consecutive cases with 33 cures. American Journal of Clinical Hypnosis. 1992; 35:1-10. [PubMed: 1442635]
- Fried RG, Hussain SH. Nonpharmacologic management of common skin and psychocutaneous disorders. Dermatologic Therapy. 2008; 21(1):60-68. [PubMed: 18318887]
- Jensen, M. Chronic pain. In: Barabasz, A.; Olness, K.; Boland, R.; Kahn, S., editors. Medical hypnosis primer: Clinical and research evidence. New York, NY: Routledge; 2010. p. 25-32.
- Noll RB. Hypnotherapy for warts in children and adolescents. Journal of Developmental and Behavioral Pediatrics. 1994; 15:170-173.

- Paquette M. Morgellons: Disease or delusions? Perspectives in Psychiatric Care. 2007; 43(2):67–68. [PubMed: 17388848]
- Patterson D, Jensen M. Hypnosis and clinical pain. Psychological Bulletin. 2003; 129:495–521. [PubMed: 12848218]
- Savely VR, Leitao MM, Stricker RB. The mystery of Morgellons disease: Infection or delusion? American Journal of Clinical Dermatology. 2006; 7(1):1–5. [PubMed: 16489838]
- Spanos NP, Williams V, Gwynn MI. Effects of hypnotic, placebo, and salicylic acid treatments on wart regression. Psychosomatic Medicine. 1990; 52:109–114. [PubMed: 2305019]
- Stewart AC, Thomas SE. Hypnotherapy as a treatment for atopic dermatitis in adults and children. British Journal of Dermatology. 1995; 132:778–783. [PubMed: 7772485]
- Vila-Rodriguez F, MacEwan BG. Delusional parasitosis facilitated by web-based dissemination. American Journal of Psychiatry. 2008; 165:1612. [PubMed: 19047336]
- Weitzenhoffer, AM.; Hilgard, ER. Stanford Hypnotic Susceptibility Scale, Form C. Palo Alto, CA: Consulting Psychologists; 1962.

Table 1

Percent Reduction in Symptoms from Pre- to Posttreatment and from Posttreatment to 3-Month Follow-Up

Symptom	Pretreatment Rating	Posttreatment Rating	Three- Month Follow-up Rating	Percent Reduction from Pretreatment to Posttreatment
Anxiety	4	1	1	75.0
Skin Infections/Lesions	7	2	2	71.4
Feeling of Being “Bitten”	6	2	2	66.7
Fatigue	7	3	1	57.1
Skin Pain (fibers, burning, stinging)	6	3	2	50.0
Brain Fog	6	5	1	16.7
Joint Pain	6	5	2	16.7