

SUCCESSFUL INTEGRATED  
HYPNOTIC AND  
PSYCHOPHARMACOLOGICAL  
TREATMENT OF A WAR-RELATED  
POST-TRAUMATIC  
PSYCHOLOGICAL AND  
SOMATOFORM DISSOCIATIVE  
DISORDER OF  
TWO YEARS DURATION  
(PSYCHOGENIC COMA)

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#### ABSTRACT

*This report describes the treatment of Basile, a young African boy who slipped into what might best be described as a psychogenic coma with numerous additional dissociative features of two years' duration after having been kidnapped by bandits and witnessing the wounding and death of a friend who had been kidnapped with him. His treatment by a team of mental health professionals who used psychopharmacology, hypnosis in many forms, and a computer in connection with both hypnotic metaphors and the expressive potential of a graphics program is recounted. Despite profound and long-standing impairment, Basile was able to recover and resume his education. The authors conclude that such patients, despite their complexity and duration, may be accessible to a systematic and determined approach to therapy that mobilizes numerous resources and modalities on their behalf.*

The modern literatures of hypnosis, trauma, and the dissociative disorders, although rich in their description of post-traumatic stress and dissociative identity disorder and their treatment, make little mention of the post-traumatic psychopathologies that bear a close resemblance to the post-traumatic hysterias so clearly described in the literature of the nineteenth century (see Ellenberger [1970] for a review of such clinical manifestations). However, such patients continue to present for treatment on occasion, especially in and from cultures other than North American and Western European.

In this report we describe the evolution of a complex post-traumatic dissociative mental disorder which was diag-

nosed in Basile ( a pseudonym), an 11-year-old African boy, and its successful resolution in the course of psychotherapy that integrated several modalities of treatment and the efforts of a number of clinicians. Many identifying details are omitted in the interests of the confidentiality and safety of Basile and his family. At times we have sacrificed narrative coherence and continuity for these reasons.

#### CASE REPORT

Basile was born in a North American country in 1983, where his father, a member of the diplomatic corps of an African nation, was on the staff of that country's embassy. One month later, his father was transferred to Moscow in the former Soviet Union, and Basile's family relocated there. When he was old enough to begin his education, he attended a French school. When Basile was seven, his family, again in connection with changes in his father's career, moved back to their native country in Africa, where there was considerable unrest.

In April of 1994, civil war broke out. Basile and his family left their home in the capital and escaped to one of the safer regions of the country. Throughout this period of time, the family faced the danger of capture and execution, not only by those factions that might perceive Basile's father as a political enemy, but also by disorganized bands of soldiers and former soldiers functioning as bandits. Even in this "safe" area, their circumstances were precarious.

One day a guerrilla squad took Basile and several of his friends prisoner, holding them for ransom. To make the parents aware of their son's peril and motivate a prompt payment of the requested ransom, one of the soldiers stuck one of Basile's friends in the back with a spear. He was severely wounded, and Basile and the other boys were terrorized with threats of harm and death. Basile's family paid the ransom, and the boys were released except for the boy stabbed with a spear, who had died of his wounds.

The morning of the day after his release, Basile had difficulty waking up on his first day at home. He felt ill, he could

hardly move, and he had an elevated temperature. Despite treatment with quinine and antipyretic, Basile became more and more asthenic. He was unable to feed himself; nor could he stand by himself. Finally, he became unable to move his arms at all, and could not speak. He became increasingly detached from himself and his body, and slowly began to have difficulty relating to his family members on the basis of their actual relationships. He was taken to the hospital, but conditions in his country continued to deteriorate, and his family removed him from the hospital and escaped to an adjacent nation, where he was rehospitalized. In this hospital, he was originally thought to be suffering a septicemia, and antibiotics and antipyretics were administered. However, soon another diagnosis was considered: tuberculosis of the lumbar spine. In addition to medications thought to be appropriate, Basile was required to wear a plaster corset or cast for two periods of 15 days. The second such corset was removed because Basile had collapsed into a state of complete inertia. Unable to feed himself, he was given alimentation through a nasogastric tube.

Gradually, Basile entered into a deepening coma. At first he appeared comatose for a few hours a day, but his periods of time in this state of apparent coma became longer and longer. By the end of 1994, he was almost always in coma, emerging into an awakened state no more frequently than once in every three or four days.

In February of 1995 Basile and his mother relocated to Italy, although the remainder of his family remained in Africa. When he was admitted to our hospital in Crema his condition was as has been described above. We also learned that he no longer recognized his family members for who they were. After our evaluation he was evaluated in two subsequent hospitalizations at the Gaslini Institute in Genoa, and at the Neurophysiopathology Department at the University of Pisa. In October of 1995 he was returned to Crema with the diagnosis of "coma of unknown nature." His comatose state by now had persisted for nearly a year, essentially unimproved.

In Crema a religious group gave Basile and his mother assistance in what is called a "family house." A "family house" is a group of volunteers who accept into their family or religious community members of other families who are having difficulties.

In March, 1996, nineteen months after the onset of his symptomatology, the nursing assistants who were helping the volunteers at the "family house" requested consultation and intervention from the Clinical Psychology Unit of the Crema branch of the National Health Service. The Clinical Psychology Unit includes clinicians who are specially trained to administer and provide rehabilitation programs for patients in coma. It accepted the responsibility of planning and carrying out a specific treatment program for Basile.

After having examined Basile's clinical presentation and considered the family history, the team formulated the working hypothesis that his symptomatology had been caused and

determined by traumatic stress. Therefore, the diagnosis of "coma of unknown nature" was replaced with the diagnosis of "psychogenic coma" (Nemiah, 1989; West, 1967). A protocol for an adequate treatment was developed consistent with this diagnostic impression. The main elements of the treatment were: 1) psychotherapeutic support for Basile's mother; 2) psychotherapeutic treatment for Basile himself, integrated with psychopharmacological treatment. In addition, as the remainder of Basile's family arrived in Italy, psychotherapeutic support was extended to all family members.

The central clinical fact was that Basile was in a coma almost all of the time when he came under our observation, and that we hypothesized that this coma was a severe complication of a trauma-related illness, caused by traumatic stress and accompanied by a severe depressive state consistent with major depression. In this case, the most likely causes of the illness were indeed the many traumata about which we learned as we came to appreciate Basile's history. These included the murder of his friend, experiencing threats of murder, and having spent a long time in a pile of corpses; there were many additional traumatic events about which we learned later. Nor should we forget the trauma occasioned by the two periods of confinement in plaster corsets, ostensibly for the treatment of tuberculosis of the spine.

Psychopharmacological treatment was provided to reduce the symptoms of depression, to reduce the overwhelming impact of sensory inputs, and to control hallucinatory symptomatology that maintained Basile in a hyperaroused state bombarded by virtually incessant flashbacks (Kosten, Frank, & Dan, 1991). That is, Basile was depressed, and suffered a wide range of post-traumatic symptoms, including avoidance, withdrawal, hyperarousal, dissociative, somatiform, and intrusive phenomena.

Our assumption was that in connection with his long state of coma, Basile experienced a total psychic detachment from his body (a state of profound depersonalization [Spiegel, 1991]), and was separated from his environment by strong dissociative defenses. The psychopharmacological treatment consisted of the administration of a therapeutic dose of tricyclic antidepressants (i.e., as much as 125 mg/day of clomipramine); a low dose of benzodiazepines (alprazolam 0.25 mg T.I.D.) a low dose of neuroleptics (no more than 1 mg/day of haloperidol); and a low dose of a selective serotonin uptake inhibitor (paroxetine 10 mg/day). Our goal was Basile's complete recovery, and we conceptualized our interventions in terms of strategic and tactical steps to attain this objective.

The aim of the first stage of treatment was to allow Basile to express his own feelings, especially those concerning his somatic experiences. For this we decided to utilize a hypnotic treatment, since both on scientific grounds and on the basis of our clinical experience, hypnosis can be considered an effective, powerful, and reliable technique in trauma-related illnesses (Pennati, 1992a, 1992b, 1993, 1994). It is well

appreciated that there is a deep link between hypnotic and dissociative phenomena and traumatic experiences (Frankel, 1990). Traumatic events experienced in childhood can lead to the extensive use of the mechanism of dissociation (Putnam, 1991; van der Kolk, 1987). In this case, through emotional, sensory, and kinesthetic detachment from his body and feelings, Basile no longer was in contact with either his sensations or his emotions the vast majority of the time.

Basile's psychotherapy was focused on, among other matters, the recovery of perceptions of events, sensations, and circumstances that in fact no longer were active threats, but were experienced still as menaces in the here and now of his daily life (McCann & Pearlman, 1990). When he was not comatose, Basile showed signs of extreme anguish when he realized that any other human being was coming near to him. We approached Basile's treatment using Ericksonian models of hypnosis and Ericksonian techniques (Rossi & Cheek, 1988). We constructed fables written just for Basile, and developed metaphors designed to bring about ego-strengthening (Hammond, 1993). Later, we would also employ abreactive techniques, age-regression, visual-kinesthetic dissociation, and story changes in the service of mastery (Weitzenhoffer, 1988).

With regard to the visual-kinesthetic dissociation (Dilts, Bandler, & Grinder, 1982), about three and a half months after beginning his treatment, when Basile had begun to show some recognizable signs of contact with the surrounding environment, we began to work with the concept of a computer, in order to establish, both metaphorically and concretely, a "virtual kinesthetic dissociation" based on its possessing a physical screen. Of course, screen metaphors and screen techniques are well-known among clinicians familiar with the use of hypnosis. First, the idea of a computer and its use was introduced with hypnosis, and the protective dissociative potential of its screen (as a means of allowing Basile to know and to communicate without being overwhelmed by fully re-experiencing past traumata) was suggested, and practiced in the course of hypnotic treatment. Then, an actual computer was provided. For Basile, the use of the computer was a strong motivator, a powerful cognitive stimulus, and provided him with the means to begin an indirect and less anxiety-provoking relationship with the therapist.

Building upon the metaphor and the tangible fact of the computer screen, Basile immediately became able to visualize, in the safety of a well-structured situation, the overwhelming responses he had had to his own traumatic experiences, but, at the same time, was able to detach himself emotionally from these shocking events. In the same session that this sort of work was begun, his therapist introduced a suggestion for a "change-of-history" intervention, designed to change the perceived consequences of the traumatic facts of his life, and to allow Basile to understand that they no longer needed to be experienced as threatening.

The psychotherapy program, which began on March 18,

1996, required hypnosis sessions three times a week as well as a program of graduated exposure (in visualizations) to environmental stimuli. Both the sessions and the evocative images were introduced in the French language. Thereafter the ensuing dialogue occurred in both French and Italian. During the fifth session, which took place on April 1, a reassuring character was proposed to Basile: Papa Noel (Father Christmas, Santa Claus, etc.). His therapist suggested that Basile envision a scene with a wonderful green lawn and a cloudless blue sky. Basile was sitting with his back leaning against a strong and secure tree. He dreamed that this tree transformed itself into Papa Noel; now Papa Noel was behind him, could protect him, and could slowly become transformed into a source of strength that would always remain inside him. Shortly after these interventions, but still within the same session, Basile was noted to have clonic shakes and tremors in his previously immobile upper limbs.

During the tenth session, on April 19, Basile actually moved his right hand; then he opened his eyes suddenly and was very frightened. During the session of June 12, 1996, which took place three months after the beginning of the treatment, his sister Françoise was present. She translated from French to the native language of Basile's home country, and from the native tongue to French. This allowed us to use in treatment the language associated with the traumatic experience. While Basile was instructed to imagine himself in a classroom with his former classmates, he was asked to write down what his teacher had written on the blackboard. He lifted his hand, and moved it as if her were writing. After this session Basile, who is right-handed, wrote his name down on a sheet of paper in his left hand.

On June 26, Basile was presented with a computer space-time guidance program. It was based on simple questions: inquiries about one's actual age, gender, first name, date and place of birth, and the names of one's parents (Canidio, Cagiada, & Domenichini, 1992). The next day he was taught the use of the mouse, and instructed in a simple drawing program. Following a post-hypnotic suggestion to this effect, Basile was informed that he could write and draw what he liked on the computer, and was reassured that he could delete his work soon after, if he chose. This created a "virtual" visual kinesthetic dissociation. On July 2, he spontaneously drew the lawn mentioned above, Papa Noel, and a boy with wavy black hair (see Figure 1).

After this, Basile made it clear, with explicit gestures, that he no longer wanted his sister, who was present for this session, to remain in the room. Significantly, the therapy session (which had, until that moment, been conducted in French, Italian, and the language of Basile's home country) continued in Italian alone. It appeared that Basile had both identified with his therapist and psychiatrist, and had internalized the reassuring figure of Papa Noel. We confirmed this by hypnotic inquiry.

The next day Basile was asked to draw the things that



FIGURE 1  
Basile and Dr. Cagiada at work.



FIGURE 2  
Basile's hope for his future.



frightened him. Thus began a period of treatment in which Basile, for the first time, was able to draw some of the dramatic events that he had experienced. Drawings of this type alternated with others that had primarily metaphoric or symbolic content, even if they referred quite directly to his difficult experiences (See Figure 2).

Basile drew a little rabbit in a cage, and a child who was giving him some carrots. After he was asked who had put the rabbit in the cage, Basile drew a terrible looking man. When he was asked to write down the man's name, he spelled out "bandit." We were able to understand what Basile was communicating in Italian, even though he often used French

spelling for Italian words. We reminded Basile that behind the shoulder of the boy he had drawn, there was Papa Noel, protecting and guiding him. At once, Basile drew Papa Noel into the picture. Papa Noel is striking out at the bandit, and Basile then crossed out the depiction of the bandit, writing the word, "boom!"

Such sessions took place every day, and Basile's artistic productions became even more explicit as time went on. For example, Basile drew a sequence of children playing and a soldier comes and kills them, while he, Basile, manages to escape and to hide among the trees (see Figures 3-9).

Finally (Figure 9) Basile was able to see himself as safe, dreaming of Papa Noel disposing of the bandit figure.

Basile's reflections upon himself and his perceptions of his mind at work became increasingly clear. He drew an evocative image of his own brain (Figure 13), depicting it as containing three labyrinths: a triangular labyrinth in the frontal area, a square labyrinth in the parietal area, and a circular labyrinth in the cerebellar area (see Figure 10).

Basile informed us that he had already gone through the triangular labyrinth. In his next drawings (Figures 11 & 12) he depicted his post-traumatic defensive adaptation and withdrawal into coma. He drew his own brain (Figure 13), writing inside, "and I hide myself in my mind." In the following nine hypnosis sessions, he was helped to go through all of the labyrinths of his own mind, accompanied by Papa Noel and his therapist (who stood for positive paternal and maternal figures).

By July 17, Basile said that he had worked his way through all of the labyrinths of his mind. Soon thereafter, he began to write and to draw directly on paper, and used the computer outside of the therapy just to play. His relationship with his therapist started to become more direct, and medication of any kind (such as through the computer) was not necessary any longer.

In the following days he began to describe his experiences by writing down some of the subjective physical sensations he had experienced. He now seemed oriented in time and could understand and actually relate to recent facts and events in the course of his treatment. He still did not recognize his relatives for who they really were, but he did have a clear perception of both the person and the role of his therapist.

On July 19, he asked for a diary, in which he could write even when he was alone. He began to ask his relatives for confirmation of his now returning memories of his life, beginning the slow and difficult recovery of his personal autobiography.

FIGURE 3  
Basile, The Rabbit, and The Killer.

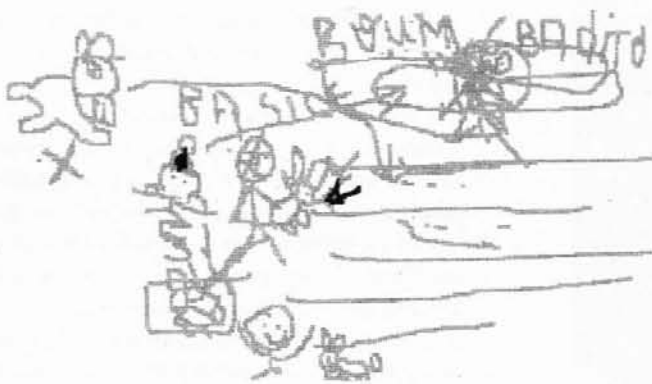


FIGURE 6  
The death of Basile's friends.



FIGURE 4  
The Killer aims the shotgun.

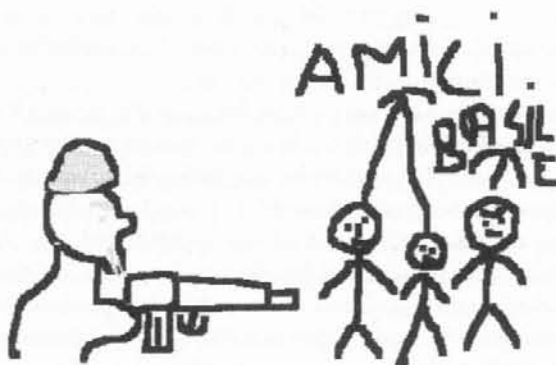


FIGURE 7  
Basile's escape.



FIGURE 5  
The Killer shoots.



FIGURE 8  
The Killer's search for Basile.



FIGURE 9  
Basile is hiding in the woods.



FIGURE 10  
Basile in Bed; the Brain; the Flashbacks;  
the Pathway to Healing



FIGURE 11  
Basile in bed; the Bear; the detachment of the mind.



FIGURE 12  
"And I hide myself."

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On July 25, Basile began to experience the tumultuous recovery of his full faculties. Despite this major leap forward, Basile and his treatment team were confronted with a crisis. It soon would be medically necessary to replace his feeding tube with a gastrostomy, involving a surgical procedure everyone hoped to avoid. Furthermore, Basile was concerned about the loss of the tube through which he had been fed during his coma. To him it represented the loss of the "umbilical cord" through which he had been sustained over these many months, and all that this symbolized to him. We wanted to avoid an operation, which we were concerned might prove to be still another traumatic event, so we decided to try to speed up the rate of recovery of the functions that were

still impaired, but which if corrected, would allow Basile to become more self-sufficient. Despite his considerable improvement, he was not yet able to swallow or to ingest liquids. Therefore, while Basile was still at home in the "family house," 189

intravenous alimentation was carried out, and attention was focused on enhancing the function of the muscles used in the act of swallowing, through hypnosis and learning and learning theory-based techniques such as modeling and shaping.

On July 29, Basile was able to swallow a small quantity of liquids from a baby bottle. The next day, for the first time, he sat up for a brief period of time and began to move his

FIGURE 13  
Basile's Brain.



mouth muscles with difficulty, pronouncing the word "mum," and then "Veronique," and other names.

On July 31, Basile got up and began to walk; in the afternoon he began to eat some solid food. On August 2, he expressed himself with correct diction, in a voice so low that it seemed as if he were afraid of the sound of his own voice. Later on the same day he came to the clinical psychology consulting room for his hypnosis-facilitated therapy session. Treatment centered upon reinforcing a positive self-image, and on the further elaboration and processing of the many other traumata that had emerged, little by little, from Basile's memory. As the summer progressed, he continued to improve in all areas of function.

Basile was able to take the admission examination for the second class of Scuola Media (Middle School). On September 15, 1996, Basile resumed attending school.

Beyond the human sympathy that moved and motivated all of the experts involved in Basile's care, his successful treatment raises additional clinical considerations. Our first observation is of a technical matter. It was possible to prove that seriously traumatized patients afflicted with profoundly disabling symptoms may be able to make a complete recovery when they receive dedicated and intense integrated psychopharmacological and psychotherapeutic treatment, involving the use of hypnosis. Our second observation is no less important than the first: Basile's recovery from psychogenic coma, and perhaps his very survival, was achieved by the planning, orchestration, and implementation of a complexly organized set of interventions, not by a single modality or health care professional (Galli, 1995). The "network treatment" that was put in place in responding to Basile's situation made it possible to address a challenging situation which, were it not successfully resolved, might have had a lethal outcome. ■

## REFERENCES

- Chu, J.A., & Dill, D.L. (1990). Dissociative symptoms in relation to childhood physical and sexual abuse. *American Journal of Psychiatry*, *147*, 887-892.
- Dilts, R., Bandler, R., & Grinder, J. (1982). *Programmazione neurolinguistica*. Roma: Astrolabio.
- Ellenberger, H.F. (1970). *The discovery of the unconscious*. New York: Basic Books.
- Frankel, F.H. (1990). Hypnotizability and dissociation. *American Journal of Psychiatry*, *147*, 823-829.
- Galli, G. (1995, May). *Il trauma psico sociale da guerra in eta evolutiva*. Paper presented at the First Corso Nazionale Pediatrica d'emergenza. Milan, Italy.
- Hammond, D.C. (1993). *Handbook of hypnotic suggestions and metaphors*. New York: Norton.
- Kosten, T.R., Frank, J.B., & Dan, E. (1991). Pharmacotherapy for post-traumatic stress disorder using phenezepine or imipramine. *Journal of Nervous and Mental Disease*, *179*, 366-370.
- Ludwig, A.M. (1989). The psychobiological functions of dissociation. *American Journal of Clinical Hypnosis*, *26*, 93-98.
- McCann, I.L., & Pearlman, L.A. (1990). *Psychological trauma and the adult survivor: Theory, therapy, and transformation*. New York: Brunner/Mazel.
- Nemiah, J.C. (1995). Dissociative disorders. In H.I. Kaplan & B.J. Sadock (Eds.), *Comprehensive textbook of psychiatry*, 5th ed. (Vol. 1, pp. 1281-1293). Baltimore: Williams & Wilkins.
- Pennati, A., Mosconi, G.P., Bartoli, P., Schlitzer, C., & Bertini, M. (1993, August). *Hypnotic tools in therapy for child abuse-adult survivors*. Workshop presented at the Sixth European Congress of Hypnosis in Psychotherapy and Psychosomatic Medicine, Vienna, Austria.
- Pennati, A. (1992a). Un approccio ipnotico alla psicoterapia del disturbo da attacchi di panico di origine posttraumatica. *Revista Italiana di Ipnosi Clinica e Sperimentale*, Febbraio, 22-28.
- Pennati, A. (1992b, June). Child abuse in psychiatric patients: Hypnosis as diagnostic tool. *Comunicazione al Congresso Trauma and Tragedy Abstract Book* (p. 90). Amsterdam.
- Pennati, A. (1993). Abuso infantile, sintomi dissociativi e fenomeni ipnotici: Una mappa provvisoria per una grande terra dell'ipnoterapia. In G.P. Mosconi (Ed.), *Psicoterapia Ipnotica* (pp. 325-336). Padova: Piccin.
- Pennati, A. (1994). Abuso infantile, sintomi dissociativi e fenomeni ipnotici: Mappe antiche, tesori nuovi. *Revista Sperimentale di Freniatria*, *118*, 1, 158-176.
- Putnam, F.W. (1991). Dissociative phenomena. In A. Tasman & S. Goldfinger (Eds.), *American Psychiatric Press annual review of psychiatry*, vol. 10 (pp. 145-160). Washington, DC: American Psychiatric Press.
- Rossi, E., & Cheek, D. (1988). *Mind-body therapy: Methods of ideodynamic healing in hypnosis*. New York: Norton.

Spiegel, D. Dissociation and trauma. In A. Tasman & S. Goldfinger (Eds.), *American Psychiatric Press annual review of psychiatry, vol. 10* (pp. 261-275). Washington, DC: American Psychiatric Press.

Van der Kolk, B.A. (1987). *Psychological trauma*. Washington, DC: American Psychiatric Press.

Weitzenhoffer, A.M. (1988). *The practice of hypnotism, vols. 1 & 2*. New York: Wiley.

West, L.J. (1967). Dissociative reactions. In A.M. Freeman & H.I. Kaplan (Eds.), *Comprehensive textbook of psychiatry* (pp. 885-899). Baltimore: Williams & Wilkins.