Fiona Biddle Hypo-psychotherapy, the Joanna Case Study and Working Online

In preparation for the 2014 Multi-Modality conference at which Philippa Weitz is speaking about working online she asked a number of clinicians from different modalities to comment on the Joanna case study.

Please be aware that this is "work in progress" for this conference and that each of the contributors will be continuing to work on their reflections for a book planned on the subject.

Hypno-psychotherapy is an integrative psychotherapeutic modality which draws inspiration from all other forms, and uses hypnosis as the primary means of intervention. A typical face-to-face session would involve in-depth discussion for the first half (more or less) of the session, followed by a phase of hypnosis which would either be to install learning or to explore further at the deeper level facilitated by the process. Some practitioners have a less formal style with more conversational hypnosis.

As we are integrative, we have lots of choices and, as a trainer, I encourage my students to find their own way of working, utilising theories and techniques that work best for them. Personally I have a strong leaning towards the humanistic and so my first concern is always to create a relationship based on the core conditions. This is harder to do using text-based communication but it is still possible. My experience is that clients can open up more quickly in this format than they do sitting with me in my room although some have concerns about the thought that once something is written down it “exists” whereas spoken words only exist in the moment. Of course, others do not view it that way but it is something that needs to be considered.

One thing that I have found helps this is the provision of a disclosure statement which not only gives the usual information (qualifications, supervision details, cancellation policy etc) but also gives full details of the extent of confidentiality and describes what CAN be discussed. Also, it explains what happens with any texts or emails. This seems to have a subliminal effect of helping a client realise that what they say is unlikely to be shocking to me.

The building of the relationship can be helped by a sensitive taking of a case history. I tend to do this gradually rather than insisting on going through all the questions one by one. Having said that, with text-based work I do send a brief form to be completed in advance with basic information as I have found that some clients feel uncomfortable typing such things as addresses (sometimes just because they aren’t that good at typing. Text speak seems not to hold such fears, especially for younger clients).

Clearly, with text-based work there is no body language or audible tone etc which is unhelpful for both sides. It leads to a need for more questioning and more explanation on the part of the therapist. One must not presume that the client means what you see when you see the words, within reason! I will usually explain this to the client at the outset. I use a story from when my son was three. The family (four adults, and my son) watched the Wallace and Gromit film, “A Close Shave” when it first came on TV. Afterwards we all said to Jack, “wasn’t that funny?”. The problem was that Jack hadn’t found it funny. He had found it scary. It took a while for me to realise that there was a mismatch. He kept asking because he knew, at some level, that our facial expression and tone didn’t match what he thought he was hearing. That is, because he found it scary, he presumed that the word “funny” meant “scary”. This little story helps the client recognise that words can be misinterpreted, and the value of the missing tone and body language.

Likewise, I take great care with my use of words and use far more qualifiers than I would in speech. For example, rather than say "I understand", backed up by the tone and body language, I would say something like "I can understand that... because....".

I tend to work in a goal-focussed way and so part of this initial stage (which will be regularly revisited) is to find out exactly (or as close to exactly as possible) what it is that Joanna wishes to achieve, both through therapy and in life in general. From the description given I would guess that she would want to leave the past behind, feel safe, secure and confident, and to be able to engage in the "normal" activities of life without undue anxiety. However, I wouldn't presume these things and there is no information given that would help to suggest what else she would like from therapy or life. I feel it is important to get a big picture view.

Of course, clients vary with how much they want to:

a. Talk about "what happened"
b. Talk about where they are now, including their feelings
c. Understand the past

These preferences all need to be taken into consideration. Practitioners vary on how much <u>they</u> believe that these things are necessary. I prefer to take my lead from a client. It may be that Joanna has a deep need to understand her mother's behaviour, and/or her own responses. She may prefer to leave it behind and move on. My experience tells me that somewhere in the middle of the continuum is the "best" place to be but I wouldn't wish to push a client to somewhere they do not want to be.

Let's move on the hypnosis phase of a session and the particular requirements. I presume that I do not need to say that this cannot work with text-based interventions? But this doesn't mean that the process isn't available to Joanna. We could either switch to video-conferencing or I could provide audio recordings for her to listen to in her own time. The latter is a more limited option as it could, obviously, not be an interactive process but the recordings would be specifically for her and so not comparable to downloads that are available to buy online. One important factor to consider with audio recordings is whether they are to be used once, or for repeated use. I have often had to discuss with supervisees that if you provide a "back-up recording" for a client who comes to you for smoking cessation, it is really difficult to word it so that they are not going back to the state of a smoker in the process of quitting! Therefore it is really important to know which you are doing, and to make it clear to the client.

All recordings should give instructions (even it is the client's umpteenth one) as to safe usage. That means they include instructions for not using while driving or doing anything that requires attention, finding a comfortable place to sit/lie and a reminder that if there was to be something happening that needed their attention that they would be fully able to respond appropriately and competently. At the end of the recording there would be a "wake up" section, usually with an alternative scenario for if the client is listening at bedtime. As an aside, it is fascinating that this works as simply as that; choosing which option to pay attention to!

If using video-conferencing I build in extra safeguards. Firstly I check whether there is anyone else present in the house with the client. If so (and this is preferable), the client tells them the time that

the session will end. Secondly, I check what the client has to do following the session, and at what time. Thirdly I make sure the client has a phone switched on, next to them. Usually, of course, we ask client's to switch their phone off, but in this circumstance it is preferable to risk an interruption so that I am able to phone the client if we get disconnected.

Also it is not all that unusual for clients to either fall asleep or to be so deeply hypnotised that they are hard to rouse! We need an alternative to the techniques that we might use in the consulting room (such as the noise created by moving around the room or a gentle tap on the shoulder).

Finally, I explain in more detail than I would face-to-face, about the possibility of abreaction. Abreaction is a word that is often misunderstood and used to mean an extreme display of emotion. We use the term to mean a "reliving" of a past situation. We can all do this spontaneously to a degree (eg when a particular song comes on the radio or we smell something that is reminiscent of a past time), but in hypnosis it can happen with more intensity and clarity. As the therapist it can be exactly as though the client is a small child re-experiencing an event. They may talk as they did and act as they did. If handled properly this can be the starting point of a healing process but with the barrier of technology it is especially important that the therapist knows what to do and the client needs to know what is happening if it were to occur. While they are re-experiencing the past there is still a part that is in touch with reality and the therapist will be communicating with both simultaneously.

Here are some thoughts on what could be done using hypnosis via video-conferencing:

1. Coping strategies, resource installation

   Hypnosis makes the teaching of coping strategies more successful and powerful than without it. We find that clients have better access to internal resources or resourceful memories when in hypnosis than they tend to in a normal state. Perhaps this is due to the bypassing of the critical faculty which often instinctively says "no". These could be conveyed on audio tape with a review of how Joanna has got on with them via text.

2. Ego strengthening

   One of the most common interventions using hypnosis is to, in a variety of ways, work to enhance a client's self-esteem, confidence and self-efficacy. Most therapists in our modality would see this as bedrock of therapy and progress can usually be made remarkably quickly, which then leads to the client being able to engage in later processes more effectively. To use a simple, mini example, if I were to tell Joanna that you she was "just as important and just as special as anyone else" while in a normal state, she would be very likely to look at me as if I was mad and say (out loud or internally) "yeah, right". However, clients take it when they are in hypnosis. They hear it and can integrate it. Again this could be conveyed by audio but it is critical that the approach is adapted to meet Joanna's particular needs.

3. Time line

   For those clients who want and need to go back to the past to explore their experience from a different perspective we use one or more of a variety of regression techniques. I tend to

use a time line approach which uses visualisation and where necessary can easily incorporate dissociation to avoid re-traumatisation. This is an interactive approach and should not be done via recordings as the approach needs to be adaptable depending on what the client experiences. It often involves a dialogue, sometimes including the client's younger self and their current self. Time line can also be used for future pacing, to enable a client to get clarity on where they wish to be in the future and how to get there.

At this point I feel it important to iterate that there is almost nothing in psychotherapy that cannot be linked with hypnosis and I might well utilise all sorts of theories from different modalities as we go along, depending on what is uncovered as we go along. For example, ideas that immediately spring to mind as theories that could be useful are Gestalt two chair work and cycle of awareness, many theories from Transactional Analysis, attachment theory, Jung's shadow, persona and real self, some CBT techniques and possibly some existential theory.