

Usually case histories record a therapist's work over a period of weeks, months and even years. Reports typically describe the gradual development of the client's progress, examining the trial, and errors together with the lessons learned – both by the client and the therapist.

But the following report is unusual in that it is an account of hypnotherapeutic treatment which had to be provided in just one session. A solution to the client's problem had to be provided there and then or not at all.

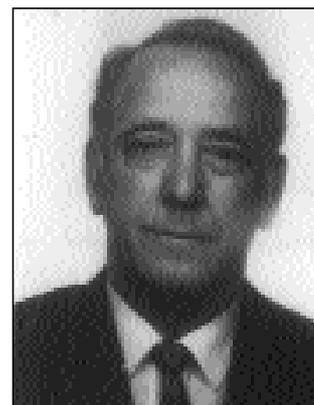
Of course many, if not most, hypnotherapists regularly

find themselves dealing with a client's problems in a single session. Some declare that for a range of conditions – smoking and travel phobia among them – a single session is preferable.

What was unusual about the following case history was the *non-negotiable* deadline for finding a solution coupled with the client's insistence that he was completely incapable of visualising in his mind's eye anything at all.

Danger ahead for phobic driver

Steering a trucker on to the road to recovery



By
Ron Mitter

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It was Sunday afternoon when the alarm bell sounded. Okay, actually it was my telephone ringing – but though I did not know it at the time, this really was an emergency.

The man on the other end of the line was desperate. He needed help ... he needed it now. No, he could not wait until Monday. On Monday morning he was supposed to be back at work. And that was his problem.

For without help he was about to lose his job. A new job, one which he was so very, very anxious to keep but one which would disappear unless he overcame a fairly common phobia.

My caller, let's call him Geoff because that was not his name, was a trucker, a long distance lorry driver. Geoff's new job, though, did not involve driving ordinary juggernauts over the country but piloting those giant car transporters carrying new vehicles from factory to forecourts.

practises as a hypnotherapist and healer in Dagenham, Essex, England but hopes to soon move to Portugal to concentrate on his writing. He has developed his own hypnotic and healing techniques, designed to affect the body and mind at different levels.

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*Clambering
along the
narrow
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Picture courtesy of TRUCK magazine

Geoff was still training for this new job and it meant him having to climb to the top of his mobile multi-storey car park to secure the cars by chains. Steering one of these huge motorised monsters caused him no worries. Manipulating his massive load along narrow roads, under bridges and past highway hazards of all descriptions, was a breeze to him..

His problem, though, occurred when he was not driving: his phobia presented itself when his load was stationary. You may have noticed those transporters are really rather high, especially when you are standing on them.

Complicating factor

By now you have probably deduced what was Geoff's problem. He had discovered he suffered from acrophobia: a fear of heights.

For him the idea of clambering along those narrow ramps provoked classic phobic responses. He began hyperventilating ... his hands became hot and clammy ... his vision blurred ... he began losing control of his leg muscles. In short, the very notion of climbing up that oh-so-tall transporter scared him so badly he could not function properly in his new job.

At first this may sound a fairly straightforward problem for an hypnotherapist used to dealing with phobias. There was also one crucial, complicating factor however which made hypnosis rather more difficult than in most cases of this type. But more of this in a moment.

Geoff's new employers had been fairly understanding. They recognised he had a problem – but had left him in no doubt that he had to sort it out. And he had to sort it out by tomorrow. The situation for him was therefore truly an emergency.

He contacted me by a somewhat circuitous route. He had already been to see two hypnotherapists in an attempt to overcome his fear of heights. Neither had been successful, although the perceptive insights of the second therapist provided vital clues on how to proceed.

Both those first two hypnotherapists were women. Their gender was, I am sure, an element in the difficulty in providing therapy. Not the main one but still significant. For Geoff would probably be one of the last fellows you would choose to describe as a *new man*. He may well have had a highly developed, sensitive nature but if so it was well hidden.

He had a friendly, good natured and open approach but was not the type likely to unburden his deeper feelings to anyone, especially not a woman. Clearly able to take care of himself physically, his head sported a short crew-cut above weight lifter's shoulders straining inside a tee-shirt emblazoned with the logo '*Trucker*'. In short he presented a hard-boiled, macho image.

But there was a bigger problem for any hypnotherapist, whether male or female, trying to help Geoff. It was identified by the second therapist as she listened to him describing his difficulties.

Asked to describe what his wife was wearing he knew she had been wearing a green dress ... but he could not produce any image of her in his mind.

The second therapist practises only a few miles from me, and is a member of the same professional association. Before I went to see Geoff she telephoned me to discuss how she had sought to help him and to give some insight into the unusual problem she had encountered.

For Geoff's use of language showed he was not a *visual* person. Of course that is not uncommon. But the extent to which he simply could not visualise was certainly remarkable. Questioned about his imagination, Geoff claimed to have absolutely no ability to picture anything. Asked to describe what his wife was wearing when he last saw her he said he knew she was wearing a green dress. But he could not produce any image of his wife in his mind.

The second hypnotherapist did all the right things to induce trance; at one point using hand levitation trying to by-pass his reluctance to go into trance. Geoff, although keen, even anxious to co-operate, resisted "going under."

Vicious circle

Geoff was advised by the hypnotherapist to contact her association for further help, which is how we came to meet each other. He invited me to go to his home rather than he come to my house. I agreed and in the surroundings of his own home he explained that driving cars on to the ramps of his transporter posed no problem. But when it came to moving a car to the highest point, then getting out to lock it in place, he was terrified.

He added that he had managed to pass a test run but the idea of doing it day-in day-out unnerved him. As things stood now he could not see how he would even be able to start the job.

Asked for his recollection of the two previous hypnotherapists he replied: "They were trying to hypnotise me by making my hand lift, telling me to see it with my eyes closed."

Experienced hypnotherapists may well recognise in Geoff's reaction to this standard technique similar experiences with previous clients of their own.

I asked whether he knew entering trance was something one did willingly. "I was trying," he insisted. "I tried to do everything she said but I couldn't understand why my hand had to lift."

I picked up on his comment about why he believed he could not enter trance. It seemed he thought if his hand

did not lift then he could not be hypnotised.. And if he could not be hypnotised then his problem could not be solved. Which in turn compounded his anxiety. A small, neat and vicious circle indeed.

Useful trick

There is a useful trick I use when explaining to clients how the subconscious works and entails the hand lifting. Many readers may already know it and be using it in their techniques, but in case you have not yet encountered it I will describe it in some detail.

First place the hand on the thigh, with the elbow into the side, sitting quite naturally.

Lift the hand by the wrist until only the tips of the fingers and the thumb are resting on the thigh.

The dialogue proceeds along the following lines:

"In a moment I will ask you to start breathing a little deeper than normal ... there will be no need to exaggerate the breathing ... and each and every time you inhale ... your hand will start to feel lighter and as you continue breathing deeply your subconscious will take control of and increase the lightness in your hand ... it may increase it to the point where your hand will lift.

"You will not be in a trance ... you can leave your eyes open and you don't even have to concentrate on your hand ... but a curious fact, though, is that if you do concentrate your vision on the back of your hand, it will get even lighter ... and if it is lifting it will rise even quicker.

"If you want to try it, look away and then look back at your hand ... and see the difference. And you may be pleased to know ... that this is all done and controlled by your subconscious.

"It doesn't really matter about the hand lifting ... but it is important to experience the lightness.

"From now on I will not say another word ... until you have realised just what your subconscious can do."

I habitually use this routine with complete confidence because I know that everyone will always feel that lightness in their hand. As to it lifting, it depends upon whether they have accepted the fairly direct suggestion that it can begin to lift.

It certainly worked with Geoff. He did not need to be able to visualise anything. He was able to feel the lightness in his hand and he *knew* his subconscious was at work.

He lifted his hand and I sat back and watched his face. His expression was a picture of amazement as his hand started to rise.

He looked at me and said: *"I'm not doing this ... It's doing it all by itself!"*

"It's magic," I told him jokingly.

To which he exclaimed: *"Yes, it is!"*

Geoff chuckled like a kid with a new toy as he watched his hand, as far as he was concerned, being lifted by his subconscious. Six inches of levitation later he was instructed his hand could now return normally to his thigh, which it did.

Measuring anxiety

It was explained that it was his own subconscious which had accepted a direct suggestion to raise the hand – and it had done so because that was what he himself wanted.

The success of this routine made Geoff highly receptive to the suggestion that he would shortly be taken into trance, again using hand levitation. And he was told that when he closed his eyes he could work out in his own way how he could be aware of his hand.

I explained: *"You can feel it.. You may sense it ... think it."*

"It really doesn't matter as long as you experience it. In fact, once you are in trance I want you to experience everything I tell you in whatever way you find works for you, whichever way is best for you. All you have to do is experience it!"

Geoff responded excellently to this approach. Together we established a S.U.D.s scale – measuring his Subjective Units of Disturbance – so he could gauge and put a figure on his reaction to anxiety-causing stimuli.

Then Geoff was taken quickly and easily into trance and given direct suggestions. Suggestions included that he would have complete control over his fear as he climbed up ladders, climbed onto roofs and made his way all over any kind of car transporter he was ever likely to come across.

Geoff reacted with a smile to my expression *"It's magic"* every time he accomplished another successful climb. The term *"Magic"* appealed to his sense of humour.

My emphasis throughout the session however was to ensure he retained complete control over whatever he did while moving about the transporter. It was essential not in any way to abolish the necessary fear which maintains the care and caution required to move over the transporter safely.

However it was made clear to him that he could now rationalise that fear to a point where it would not affect his normal activities.

Before restoring him to full consciousness he was told that it was obvious now that his original fear was now no longer important and that he could leave it behind when he returned to everyday life.

Before I left his home Geoff insisted on going upstairs to lean out of his bedroom window. There was no sign of any problem.

During the week he telephoned me to report complete success. I am certain our effective therapeutic session together was due to me being completely confident that one way or another he would go into trance.

I would have happily shaken Geoff's muscle-bound arm off at the socket to get that conviction establishing levitation ...

One emergency over – one job saved.

Every hypnotherapist should have one – their own remarkable case history

It is said there is one book inside all of us. We are convinced every reader of the European Journal of Clinical Hypnosis has at least one case history of interest to fellow subscribers.

So we are asking you to submit one of your past cases for publication.

As an encouragement the Journal will give one year's free subscription to all therapists whose cases are selected for publication.

Case note articles have proved to be one of the most popular features of the Journal. When asked – through the Response Page – what readers want in the Journal, replies have consistently indicated strong preferences for accounts of fellow therapists tackling unusual cases.

We have received letters from subscribers reporting with delight how, soon after reading one of the EJCH's case reports, they have found similar problems presenting themselves.

Most case histories will be traditional anonymised accounts such as the report above by Ron Mitter.

However the Journal is keen to also carry case histories in which the client as well as the therapist provides an account of the therapy.

The EJCH believes such reports – which may on occasion, if the client agrees, identify those involved – provide important new insights for many hypnotherapists and enable them to understand more fully how the therapy is "experienced" by the client.