

TEACH ME YOUR SYMPTOM

Occasionally people ask me “Whatever got you interested in hypnosis in the first place?” I invariably break out in a wry smile, and reflect back on how it all happened. The story reminds me that our client-teachers are often neither random nor passive as they collaborate in the therapeutic process to catapult our thinking to new levels of consciousness.

The prototype client-teacher in my mind is a young woman who propelled me into strategic hypnotherapy long before I heard of the utilization approaches of Milton Erickson or the problem solving concepts that were later to evolve into a field known as strategic and systemic therapies.

Sue Dohnimm was a virtuoso in the lifescrypt role of failure. The scapegoat sib of a rather large German-Canadian family, this 17-year-old had learned an unusual way of coping with the binds and disqualifications that prevailed in her perfectionistic family communication. When exposed to untenable situations she would become quiet and rigid, unable to move or talk for hours and sometimes days. At those times she would seem to conform to the image of being a useless person, the total failure scripted by family and others in a loop of self-fulfilling prophecy.

What made Sue Dohnimm outstanding, however, was her consummate hypnotic skills in unconsciously drawing others into her self-image of hopelessness. She contaminated all those who came in contact with her, including friends, family, former therapists, with her dread disease of failure. Even her boyfriend, a ballet dancer, could not escape this aura, and on one occasion lost his balance and fell down a staircase, breaking his leg in the process. Beyond her ability to distract and dissociate, Sue’s autonomic control (and simultaneous denial of it) was impressive, almost like a fakir, the way she could raise welts and nearly blister her skin during anxious moments in her sessions. Most dramatic, however, was her ability to go into a rigid and almost catatonic trance for several hours to several days depending on her stress level and the severity of the conflicts and binds she was facing. This symptom was her presenting problem, which had been unresponsive to several previous attempts at psychodynamic therapy and psychotropic medication. Her psychiatrist, in desperation, referred her to me. At that time I was an enthusiastic, if perhaps unseasoned, cognitive behavior therapist.

In the first several sessions I tried to use progressive relaxation training and everything else I could think of at the time in an effort to build her abilities and skills in coping with stress and distress. After ten sessions it was clear that her prophecy was about to come true: she would try hard and I would try hard and the result would, of course, be complete failure. After all, the symptom had been going on for years, and was completely involuntary, so how could it be otherwise? Finally, in exasperation I told her, “In this session I want you to teach me how to paralyze myself. I want you to paralyze me.”

She said, “I can’t do that! I don’t know how! I told you I have no control over it!” The fear and frustration were evident in her tone of voice at this sudden switch.

I said, in my best answer to her formidable rationalization, “Never mind. Do it anyway. I have to learn how you do this so I can figure out a way to help you, because right now I am incompetent to help you.”

The anxiety generated by this declaration and demand already had begun the process of her “freezing,” but she obediently began coaching me on how to hyperventilate and autosuggest as she went further into her paralysis. I became aware of stiffness in my entire body, including my face, so that I could barely talk. As I became more rigid and immobile she became slightly more relaxed and somewhat curious about the zombie-therapist she had produced over the last twenty minutes. I could just barely move my lips to tell her that her hour was nearly over. I implored her to get me out of my paralysis because another client was due to arrive in a few minutes.

Again she panicked, saying, “But I can’t! I can’t! I don’t know how to get you out!”

Now I too began to worry about my dilemma, as I tried unsuccessfully to move my limbs or talk. Through clenched teeth I could barely whisper, “Use some of the techniques I taught you to get me out of here!” So she did, and gradually with her coaching and feedback I was able to regain movement and bodily control. I then thanked her gratefully for returning me to my normal condition and providing me with a rather unique experience, and rapidly ended the session.

After Sue left the office in a somewhat confused but pleasant daze I began to come out of my dissociative fog. A new feeling of excitement swept over me, with the realization that I had just had my first experience of deep trance and hypnotic catalepsy. Now I really knew what it was like for her to be imprisoned in her own body. Of greater importance, I was also deeply confident that now the crucial corner had been turned in her therapy. After all, how could she really accept that such paralysis was involuntary and uncontrollable when somebody could be trained to both go into it and come out of it in less than an hour? And how could she continue to protest incompetence after successfully paralyzing and rescuing her therapist who had placed his trust in her abilities?

In subsequent sessions my client had no difficulty in voluntarily inducing and removing paralysis both in me and herself. She also began learning and using other coping mechanisms and communication skills to deal with family and social situations and overcome her failure script with a tentative but positive self-image. Throughout her improvement I kept on cautioning her, “Remember, don’t lose this power to hypnotize yourself. You may want to use it some day, and there are people who would go out of their way to have unusual experiences and altered states like you brought me through.” However, she did not want any part of it, and was glad to see this pattern totally disappear from her responses to stress and distress. Her family and friends were quite amazed, but pleased and relieved that she was now progressing in school and other aspects of life.

About seven years later I met her again in a restaurant where she was working as a waitress and assistant manager. She told me that life was going well for her now. As for me, this lesson began the intense fascination and respect I have for hypnosis, utilization, and unusual strategies for dealing with perplexing cases as both a therapist and consultant.

One day I went back to the restaurant, and asked if she still had the ability to paralyze herself. She told me that, although she had not done so since her therapy, she felt confident that she could if she had to. I asked her why she felt so sure about it. She calmly replied with a knowing smile, “Well, I taught you how to, didn’t I?”