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Treatment of speech difficulties and body tics secondary to childhood sexual trauma through a combination of hypnotic age regression and therapeutic coaching: a case report

Abstract

For years, when describing his therapeutic use of hypnosis to individual clients or in various presentations to professionals, the present author has referred to hypnosis as a "tool through which therapeutic change can be enhanced." One such presentation was titled "Hypnosis as an Adjunct to Psychotherapy".[1]

In his book on hypnotically enhanced treatment for addictions[2] and various CEU workshops to ASCH and other groups[3–6] on addictions, and more recently one specifically on treatment for gambling addiction,[7] he stressed that many therapies could be enhanced when presented hypnotically. Examples include cognitive behavioral approaches (CBT);[8] Yapko[9] described treatment of depression integrating CBT and hypnosis. CBT, Acceptance and Commitment Therapy (ACT), 12-step programs, healing the wounded child within, and others have been utilized in combination with hypnosis by the present author.

One publication combining hypnosis with other therapies is titled "Hypnotic systematic desensitization".[10] In an article on hypnotic approaches to chronic pain management, Jensen and Patterson[11] referred to a meta-analysis by Kirsch et al.,[8] They referred to "the additive effects of hypnosis" when combined with other treatments.

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Case report

A 40-year old male came in for his first appointment declaring on the Adult Personal Data sheet that the reason for contacting this office was "need for therapy that includes hypnosis." He presented with rather severe stuttering and stammering, as well as body tics. In the initial session, he reported having been in psychotherapy since 2005. He returned from Iraq in 2008, at which time he did some EMDR work, although he acknowledged that the trauma was from childhood sexual trauma, not war experiences.

Some therapist (perhaps a misguided one) suggested he do some "parenting work with his mother so he could start speaking as a 4-yr-old traumatized child (the mother has no mental health training). He reported that the work with his mother was helpful, however, and that he would go into what he described as "an almost self-induced trance."

He recounted that while he was a 4-yr-old at day care, a male relative of the facility owner sexually exploited a girl and the patient, including making him "do things to her." He remembered some time after that being at his grandparents and when asked a question became selectively mute. He said the mutism evolved into stuttering. He reported that at times, he again loses his ability to speak at all. He also reported that when working with his mom on the issues and going into self-induced trances, the speech problems went away. An additional problem was that he reported when alone or with his fiancé, he would often impulsively blurt out "die." It was unclear, at first, to whom he was speaking: himself, the perpetrator, his fiancé, his mother, me (when he occasionally did this during age regression).

Treatment

After hearing a presentation on "therapeutic coaching",[12] the present author utilized this technique on occasion. In the name of simplicity, however, he dubbed it "the 3-chair approach." Of course, in those days, despite some having begun training in hypnosis, he did incorporate the two. Much later, Kellog[13] referred to "transformational chairwork," although he had the patient sit in one chair and have a dialogue with an imagined family member or other person sitting in the opposite chair. Although he likely modified or adapted it to his own style, the present author's understanding of how the process of therapeutic coaching works is that the therapist takes the role of a coach and the patient plays two roles. One is that of the therapist-in-training and the other as patient. When in the therapist-in-training role, the he/she sits in the chair closest to the actual therapist and when in the patient role, the patient sits in a different chair. Thus there are 3 chairs: actual therapist, therapist-in-training, and patient, although only two individuals. The actual therapist (coach) only consults with the therapist-in-training, not directly with the patient. For example, "maybe you should ask the patient..."

During age regression, the patient was able to remember in much greater detail the events surrounding the sexual trauma. Not only was he made to do things to the little girl, his good friend, but was threatened that if he ever spoke about it, he and the little girl and their families would be killed. So this could surely be a stimulus for speech difficulty. This sexual assault happened on more than one occasion, so there was also reported anger at his mother for leaving him at that center despite his telling her he did not want to go. Of course, he couldn't tell her why, lest they all be killed.

But just uncovering the trauma was not in and of itself therapeutic. In fact, he appeared to feel helpless and exhibited self-anger that he couldn't protect his friend and stand up to the perpetrator. He described himself as "little" and "weak." When he began displaying significant distress during age regression, despite attempts at safeguards such

as mentally removing him further and further from the traumatic memory, it was decided to employ a modified version of the 3-chair technique, albeit with no switching of chairs. At first, the adult patient (A) was asked if he would like to talk to the 4-year-old within (A1). He did so and assured him that he was no longer a little 4-year-old, but was now a strong man who had been in the Special Forces. All the while, the present author took the role of the therapeutic coach, guiding A in his approach with A1.

After a number of sessions during which A worked with A1, there appeared another "alter" – an adolescent version of A1, who he dubbed A2. This was the adolescent version of A1, and quite troubled. So now one starts to think about Dissociative Identify Disorder or "multiples." But the focus was on therapeutic change, not labels. Through several sessions working with A2, he became more calm and relaxed, and less troubled. There was also an A3, which was the young adult version of A. Several more sessions were involved until it appeared most of the issues were resolved.

Results

All the while, speech difficulties subsided, with only occasional stuttering when in high-stress situations, and the patient reported much improved functioning in his relationship. He no longer yells "Die!" At our most recent session, he declared it time to take a break from therapy and that substantial gains had been accomplished.

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Conflicts of interest

Author declatres there are no conflicts of interest.

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