AN INTERVIEW WITH SUSY SIGNER-FISCHER

SUSY SIGNER-FISCHER, LIC. PHIL.

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ABSTRACT

This article summarizes the key points of a conversation between and Susy Signer-Fischer and Mark P. Jensen, in which Signer-Fischer discussed her views of hypnosis and the techniques she uses to treat clients in her general psychotherapy practice. She describes five elements as important for hypnotic strategies to work well: (1) a strong connection between the therapist and client; (2) appropriate timing of interventions; (3) a suitable match between the topic or goal of the session and what the client needs that particular day; (4) an appropriate match between the session goal and the hypnotic technique used; and (5) keeping the process interesting for the client. Six specific hypnotic techniques that Signer-Fischer has found very useful include: (1) asking towards the beginning of the session, 'What is it that you would like to request today?' and using the client's response to inform the session goal; (2) teaching clients how to identify and to switch states; (3) the affect bridge; (4) encouraging the practice of skills outside of the sessions; (5) age regression with a guide or helper to facilitate resolution of past trauma; and (6) age progression to envision a time when the problem has been resolved. She ends the interview by pointing out that hypnosis is a method that is never boring. Despite the fact that she has been using hypnotic methods for close to 30 years, she is always discovering something new about hypnosis and how it works.

Key words: hypnosis techniques, age regression, age progression, affect bridge

INTRODUCTION

Susy Signer-Fischer has been working in the field of hypnosis for close to 30 years. As a student she heard about a workshop being organized on hypnosis in Germany that was facilitated by Deborah Ross and Mark Lehrer. She was very interested in learning about hypnosis, but could not afford to attend the workshop. Her creative response was to organize a workshop herself in Switzerland, and invited the same facilitators to come and teach. She continued to organize follow-up workshops that were facilitated by these and other experts. As she gained more experience and expertise in the use of clinical hypnosis, she began teaching and facilitating workshops herself. She has continued to use hypnosis in her clinical practice and to teach clinicians about the use of hypnosis and hypnotic techniques ever since, and has written extensively on the use of hypnosis to treat both children and adolescents (e.g. Gysin et al., 2000; Signer-Fischer, 1992, 1993a, 1993b, 1993c, 1999, 2000b, 2006, 2007a, 2007b, 2008a, 2008b, 2009a; Signer-Fischer & Widmer, 2005) and adults (e.g. Signer-Fischer, 1987, 1998, 2000a, 2000b, 2001a, 2001b, 2001c, 2004a, 2004b, 2009a, 2009b, 2010; Wicki et al.,1995).

She has a full-range clinical practice and works with children, adolescents, adults, and the elderly. She treats individuals with chronic pain and severe illness as well as clients who have experienced trauma and who are dealing with problems of anxiety and dissociation, and also clients with a history of anger management or aggressive behaviour who have been ordered by the legal system to participate in therapy.

Mark Jensen: *How do you view hypnosis?*

Susy Signer-Fischer: I view hypnosis as a trance state in which the individual is very attentive. For me as a clinician, hypnosis is a way to combine my clinical knowledge with my creativity and my emotions and instincts; to combine these in a way that will make me most effective as a clinician. When I started to learn psychotherapy, I began by learning Jungian psychoanalysis. I then studied psychodrama, Gestalt therapy, behaviour therapy, and family (systems)-therapy. And then when I started to learn about hypnotherapy, I thought, 'Now, here is an opportunity to provide all of these treatments together.'

MJ: *What do you mean by 'trance state'?*

SSF: Trance is concentration. It is a focusing of one's attention on something, whether it be inside or outside of oneself. At the same time, trance allows one to experience something as a whole and to process two or more aspects of a problem at the same time. For example, hypnosis allows the client to process the emotional aspects of a problem while at the same time retain a connection with other parts of his or her consciousness; to process all of this at the same time and at different levels.

Erickson spoke about the different levels of processing that can happen as a client deals with and resolves a problem. I view this as the 'wide' aspect of hypnosis. My clients often tell me that when we work with hypnosis they experience these different levels of processing.

Another thing that I have found interesting about hypnosis is that it can help people to be more quiet *and* more active. Both are possible with deep concentration. For example, I was once working with a manager who is a CEO of a large corporation. In this role, he had to remain aware of many projects at the same time, and this requirement for constant concentration and problem solving was producing significant stress; he was starting to burn out on his job. When he came to me, he thought that he should learn hypnosis in order to quiet his mind and to feel more at peace. But he also expressed a lot of anxiety about this, because he liked to be active. He was delighted to learn that he could use hypnosis while remaining very active; to have a focused mind while engaging in an active sport or hobby. Hypnosis need not only be used when clients are 'relaxed'.

MJ: *What are the key elements of effective hypnosis?*

SSF: *RELATIONSHIP, TIMING, TOPIC, AND TECHNIQUE*

Effective hypnosis requires a positive connection between the therapist and client. I think that the most important moment of the session is actually when I greet the client

before the session in the waiting room. This is when we make our first contact for the day. At this moment, I open myself, and I try to experience and also to think about who this person is today, and what he or she might need.

The relationship is about having contact with the client. My goal is to have my whole person be in contact with the whole person—the personality—of the client. I might begin by trying to find out what is particularly important for the client, or what I can use as a link, even a small link, to make a connection. It might be something very small; for example, a watch or some piece of jewellery or clothing that the client is wearing. I might comment about the colours of the client's clothes, and how they compare to the clothes the client wore at the previous session. I might elicit a story about an item of clothing—say a sweater—really get into an engaging interaction around something that is personal to the client. And then we are in contact.

Effective hypnosis also involves timing; making the right intervention at the right time and in the right tempo or rhythm. I pay attention to the rhythm of the client, and ask myself if that rhythm is correct or healthy for the client today. I will often get into the same rhythm—pace, pace, lead—while keeping in mind the goals of the whole session.

Also, it is important to focus on the right topic. At the beginning of each session, one of my tasks is to find out what the right topic is for this particular session. I need to learn where we are going in the process of therapy. Once the topic is known, then I need to determine the specific method or technique I will use. Only then will I select an exercise or treatment strategy that will help to achieve the goal. I might focus on the client's resources, or raise topics and challenges, or address what might be the issues contributing to the presenting symptom.

When all of these are combined—focusing on the right topic using the right technique at the correct tempo in the context of deep rapport—hypnosis is very effective.

MJ: *What might not be critical for hypnosis to work, but can still make hypnosis more effective?*

SSF: *KEEP THE PROCESS INTERESTING FOR THE CLIENT*

To keep the process of therapy interesting for the client (and also for me), I will often use a variety of techniques and treatment methods. Also, because the same technique does not always work for everyone, if I use a variety of techniques, I am more likely to find one that will be effective for the client I am working with at the time. Also, if therapy becomes boring, clients may become less engaged, and then treatment becomes less effective.

To keep it interesting, I not only switch techniques, but also I seek to identify what might be most interesting for the client. For young boys, for example, it is often interesting for them to see themselves as a detective who seeks to uncover a mystery. I therefore often ask boys to approach the presenting problem as a detective might. I also often frame the problem as a challenge; as something that they can overcome. I want them to say, 'Oh, yes, I would like to do this!'

Another thing I do that is related to this is to ask, 'What would you like to have by the end of the session today? What is your request for today?' First, the client has to

have something in mind that he or she really wants. Otherwise, it is not so interesting. Also, when I can, I try to engage the client's body in treatment. To move, stand up, sit down; to feel what is in the body. This also helps to keep treatment interesting. I also often ask, towards the end of the session, 'Do you know or have a sense of why I asked you to do what I asked you to do today, or why I said what I said about the problem?' This keeps them engaged in the process, and also allows us to again go over an aspect of the treatment that I think is most useful.

MJ: Are there specific techniques or exercises that you have found particularly useful that you use routinely in many or most cases, or in particular situations?

SSF: *ASK TOWARDS THE BEGINNING OF THE SESSION, 'HOW IS IT GOING?' AND 'WHAT IS IT THAT YOU WOULD LIKE TO REQUEST TODAY?'*

As I have already said, I ask these questions at the beginning of the session. I have found that these simple questions yield a wealth of information. Note that I ask, 'How is it going?' rather than 'How are you today?' If I ask them 'How are you?', the client might start talking about how bad he or she feels, and then he or she might start to feel even worse. Instead, I want the focus to be on what the client is doing to *manage* events, rather than just on his or her *response* to events.

If someone starts into discussing too much about how horrible he or she feels or all of the horrible things that happened since our last session, I usually ask, 'Okay, tell me the three worst things that happened in the last week, and then the three best things.' If he or she starts going into great detail about the bad things, I might ask for a one-line description of the three worst things and three best things—like the headlines from a newspaper.

DON'T TALK ABOUT HYPNOSIS, JUST LET THE CLIENT DO IT

I find that I do not talk about hypnosis very often with my clients. I usually talk first about 'imagination' and how it is possible to use one's imagination to feel better. For me, it is very important to be able to differentiate between reality and imagination. I often speak with clients about this and ask them, 'Are there times when you use your imagination to feel better? What are the situations where you might do this?' I may also provide an example and say that we will try it now—and then just do it. Afterwards, I usually invite the client to talk with me about the process and what they learned. It is best to work from experience.

TEACH CLIENTS HOW TO UNDERSTAND AND TO SWITCH STATES

In this work, I think that it is important to teach clients to differentiate between trance states and non-trance states, and to be able to control these states. Along these lines, it is also important for clients to be able to differentiate between positive and negative trance states, as well as to understand the difference between reality and imagination.

For example, clients presenting with significant anxiety, compulsive disorders, or a history of trauma are often in negative or unhealthy trance states. Usually, they do not realize that they are in an unhealthy trance state. An important first step is for them to learn about the qualities of this trance state and be able to recognize it when it occurs. This makes it easier to control, and to learn and feel the difference between a healthy trance state and an unhealthy one.

I will pay close attention, and when I notice a client fall into a negative trance state, I might point this out and we will discuss it. I might ask, 'How was that experience for you?' or 'Does this happen during the day, in your everyday life?' and 'What are the situations or events that seem to trigger this state?' The goal is to identify the triggers of negative trance and then learn how to control them. Many clients—especially severely disturbed clients—find that they are often entering negative trance states, so there are plenty of opportunities to learn!

For example, I have a client who is 26 years old. She came for help with dissociative identity disorder. She was ambivalent about treatment, and she didn't want to tell me where she lived or what she did for a living. I was able to at least elicit her name and phone number. She was often in negative trance states during the sessions. One of the first things I taught her was to notice when she was in a negative trance state and, when she noticed this, to experience herself as being right here in this room—to feel her feet, and be very aware of what is around her. By shifting her awareness in this way, she learned to move from a negative trance state to a positive one. Next, we discussed when she entered these states. Did it happen more often at home or at work? I encouraged her to be aware of her sensations and surroundings when she found herself in one of these states outside of the sessions.

AFFECT BRIDGE

And one day, I think it may have been the third session, she was in such a negative state. In this session I used the affect bridge technique. The affect bridge can be used for addressing and managing a large number of physical symptoms (e.g. headache, unusual sensations), affective states (e.g. anxieties and phobias, such as stage fright), or, as I used it in this case, uncontrolled dissociative states and negative trance. It involves a number of steps.

First, I ask the client to identify a specific situation in which the problem occurred. In this case, she noted that she experienced the negative trance state the previous day. Next, following an induction, I invite the client to experience being in the situation in which the symptom or negative state occurred. Then, I ask the client to experience the bodily feelings and sensations associated with the symptom or state—only as deep as necessary to experience the feeling while still remaining in control over that feeling. Next, I suggest to the client that he or she can use that bodily feeling as a 'bridge' for age regression, back to an even earlier experience in which the symptom or negative trance state occurred. As the client experiences this previous situation, I usually use one of two strategies (described below), to have him or her explore and resolve the situation. I then ask the client if he or she would like to go back even further in the past to another relevant situation or experience. I then explore with the client this earlier situation.

When 'exploring' their previous experience during the age regression, there are two strategies that I might use for helping the client to resolve and address the issues surrounding that event. In the first strategy, I ask the client to look around and identify a resource or resources that are there in the situation that could be helpful to them. For example, they might notice that the sky is beautiful, or a door that they could use to decide to leave the situation, or even another person who could be helpful to them. I ask

them to be aware of this resource and how its presence alters how they feel in the situation. I invite them to experience the beneficial changes in their feelings, and to indicate when they experience a clear and positive change in their feelings and attributions. Then I invite them to say 'goodbye' to the situation.

A second approach is to 'look back' at the situation from the perspective of an adult. Then be aware of what the younger version of the client wanted or needed, and provide this to the younger version. It might be a hug, or to be told how brave he or she is, or even to reassure the younger version that the future will be better. And then I ask the client to experience what it is like to receive what was needed—the hug, the compliment, or the reassurance—and to let this support from the ego state of the present self 'sink in' to the ego state of the earlier self that needed this support. When this has occurred, I invite the client to say 'goodbye' to the earlier situation and come back to the here-and-now.

In the case of the young woman with dissociative identity disorder, when she 'went back' to previous experiences associated with her feelings of dissociation, memories of her history of severe sexual abuse by her father, who is a well-known physician in our city, emerged. The affect bridge helped her to change the feelings connected with these memories. As a result, she got more control over her memories, the feelings connected with these memories, and the quality of the trance state and dissociative states. Step by step we worked through her experiences and did the trauma work. In this case the affect bridge put her in touch with her traumatic memories for the first time. For this reason, in this case, I worked with the affect bridge first and then we did the actual trauma work afterwards.

Normally the trauma work should be done before using the affect bridge. For the actual trauma work, knowledge about autobiographic memory is helpful. Trauma work can be done in both dissociated or associated states. Dissociation has the advantage of overview and distance, but has the disadvantage that the distance can limit the amount of memory integration that can be achieved. Therefore, when possible and practical, I do trauma work in associated states, which facilitates a better integration of the positive changes into memory. As a result, the changes benefit the whole person and the person's identity, increasing overall self-efficacy.

One strategy I have found useful for doing this work is the 'three boxes' technique. In the case mentioned above, I asked the young woman to select a previous traumatic event. I asked her to tell it to me as a story, and I wrote it all down. As a therapist it is important to help the client not to fall into significant dissociation or negative affective states. This can be achieved by alienation (*Verfremdung* according to Bertold Brecht); for example, by breaking the pattern, asking questions, or encouraging the client to tell the story quickly, all the time thinking about in which box this part of the memory belongs.

I then asked her to draw three boxes on a flip chart, and to place a symbol representing each box above it. One box is for the good content. The symbol she chose for this box was a leather bag with a heart on it. The second box is for content that is necessary to hold onto because it will be useful when managing future situations. The symbol she chose for this box was a metal box with an exclamation mark on it. She called it her 'Achtung! box' (which means 'warning' and/or 'be careful' in German). The third box is

for 'terrible' content that is not helpful. For this box she drew a pirate's treasure box with a skull and crossbones on it.

I then repeated the story she had told me about the traumatic experience. After each event I repeated, she placed it into one of the three boxes until I reached the end of the story. I asked her to make sure that every part of the story was placed in one of the three boxes.

I then asked her to identify an image that represented her memory, and to place each box somewhere in that memory. She chose a bay, and put the heart bag in the middle of the bay (at eye height), the warning box on the right hand side of the bay (also at eye height), and the pirate box at the bottom of the bay.

This strategy allows clients to process and disentangle the different components that make up memories of previous traumatic events, and to dissociate the negative aspects of the events from the positive and useful ones. So the client controls himself or herself, the process, and the uncontrolled flashbacks. As the terrible parts of the memory are saved in a separate part of the memory, the client is no longer disturbed by them and can use the useful and positive aspects. As a result, simply going through this process with these events lessens their negative impact on the client's mood states and functioning in the present. In this case, for example, the client had no more flashbacks but she had not yet got control back over her dissociative and depressed state.

Over the course of treatment with this client, I learned that her father had previously managed to get control over her treatment by other therapists or in other treatment settings when he discovered where she was being treated. I then understood why she was so careful about sharing her contact and work information.

She learned what to do when negative trance states emerged, and she no longer automatically fell into such states. As a result, she is much more present and dissociates much less frequently. We are now working on her social life—how to speak with people, how to go to work every day, and how to find an apartment. Now that she knows how to be in the here-and-now, she has to learn to deal with the problems and issues associated with the here-and-now.

THE THREE-STEP PROCESS

Another strategy that I often use for incorporating knowledge about trance states into day-to-day coping uses a three-step process. First, we identify the trigger or triggers that initiate the negative trance state. Second, we identify the resources that the client can use to help him or her switch to a more adaptive state. For example, if we are addressing anxiety, the resource might be feelings of courage or security. In the third step, we practise linking the trigger to the resource to make the resource easier to access when needed. I find this overall strategy very effective for a wide variety of problems.

I used this strategy once with an adolescent boy who was acting out in school. As an example of his acting out behaviours, he once took a piece of iron and started hitting other children with it. He was referred to me to help him get control over his aggressive behaviour. During our sessions, we identified one trigger as looking into the eyes of another boy (often, with trance states associated with violence, the trigger is something visual). During the session, we linked this trigger to a resource that we both thought would be helpful to him when the trigger was present. In this case, we determined that

the resource was for him to be active but feel quiet on the inside. He lived on a farm and was aware that it was important to be able to be calm and quiet even when being active around cows. This was a response and resource that was very familiar to him and easy to access. So we linked this resource to the trigger of being looked at by another boy. I asked him to practise this in his mind during our sessions, and also when he was at home. I then told him that from now on, every time he becomes aware of the trigger, he can also become aware of his resource for dealing with the trigger.

MJ: How do you know when a client is in a negative trance state? What might he or she say or do?

SSF: You can see it in a person's facial expressions and gestures. It is very clear when someone is feeling anxious, aggressive, or sad. Once someone has learned how to control his or her trance state, they have already gained a lot. In order to control these states, it is very useful to know how to be attentive to what is in one's immediate environment; to know what is most important now and to avoid reacting to other people out of a negative trance, as well as know how to be careful and protect oneself.

MJ: What are some other techniques that you find particularly useful?

SSF: *USE PERMISSIVE SUGGESTIONS TO INVITE THE CLIENT TO PRACTISE SKILLS OUTSIDE OF THE SESSIONS*

Normally I don't give clients 'homework' because homework is associated with work. In Swiss schools, students are given a lot of homework. Instead, I say to clients: 'Sometimes the people I work with choose to do experiments to learn something about themselves and how they might use some of the things they learn in the sessions in order to learn more about themselves. I don't know, perhaps you might like to learn more about yourself by doing this.' Or I might teach a skill during the session and then say at the end of the session: 'Oh, sometimes my clients learn this skill to feel better, and they may want to just use the skill right in the sessions with my support and supervision. I'm not so sure if you might also want to do it by yourself when you get home …', and then I quickly switch to talk about something else. When I say this, I often hear at the next session that the client did in fact practise the skill at home, and then we discuss how it went. For example, they might have practised entering into a helpful resource trance all by themselves. But I rarely directly tell my clients to practise or to do 'homework'.

For getting more control over the state, or the dissociation, I use age regression and introduce the client as his or her own guide and helper, followed by age progression to envision a time when the problem has been resolved. I am working now with a physician who is seeing me for depression. Although she is a full grown adult, she remains very enmeshed with her parents. She also often expresses significant worry and negative beliefs about her own future. She said to me, 'Oh, I will probably always be much, much too close to and dependent on my parents.' As a first step to address this, I asked her to describe to me a past situation when she felt bad, and she recalled a recent incident when she was with some colleagues and they were discussing an article. She described feeling as if all of her colleagues were against her. I then invited her via age regression

and the affect bridge to go back to a time when she felt like this, and she regressed to an incident when she was mocked and bullied in school as a young girl.

I asked her, as she imagined herself in this situation, to then imagine her current (adult) self being there with her younger self, and asked, 'What does the girl need from you right now, as an adult person?' Her adult self reassured her younger self and said, 'You will change and get stronger. It is not your fault that you are being mocked and bullied.' I then invited her to imagine herself in the future when she will feel much stronger and more confident. She imaged herself ten years from now, running her own medical practice, married, and with several children. Her future self then spontaneously told her current self, 'You can feel relaxed and calm. Everything is going to turn out all right.'

MJ: Anything else?

SSF: Hypnosis is a method that is never boring. I used to be worried that I might someday become bored with my profession or the techniques that I use to help my clients. But I have remained fascinated with hypnosis and how it can help people. I find that many psychotherapeutic techniques can be boring, but not hypnosis. I am always discovering something new about hypnosis and how it works. It is also very useful for so many problems.

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