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# THE CASE OF A WOMAN CLAIMING DAMAGES FROM A THERAPIST TRAINED IN HYPNOSIS BY A CORRESPONDENCE COURSE

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**ABSTRACT**

A case is described of a 26-year-old woman who consulted a private therapist for treatment for depression and anxiety. The therapist described himself as an 'internationally recognized psychoanalyst'. His treatment lasted 21 sessions before the patient gave up in despair. He had hypnotized her on a number of occasions and asked her to imagine vividly terrifying fantasies and frightening events of her childhood. He further intimated that she had been sexually abused, although there was no evidence to support this. By the end of this treatment, the patient was considerably worse and diagnosable as suffering from post-traumatic stress disorder. Inspection of the therapist's qualifications did not reveal anything to justify his using the designation 'psychoanalyst' and it appeared that he had trained in hypnotherapy by means of a private correspondence course which recommended the above procedures.

## INTRODUCTION

My assessment of this case ('Carol') took place in April 1994. When I saw her she was 26-years-old, single and had a history of excessive anxiety and obsessional worrying, particularly relating to her health. In April 1990 she began a course of 21 sessions of psychological treatment with a Mr W who advertised himself as an 'internationally recognized psychoanalyst'. As this treatment progressed, she became more and more anxious and disturbed. Following termination of treatment she continued to suffer from these problems, and for a period she was agoraphobic and withdrew to her bedroom. She felt that Mr W's treatment caused her to deteriorate and was seeking compensation from him.

## MR W'S QUALIFICATIONS AND PROFESSIONAL STATUS

Mr W described himself as an 'internationally recognized psychoanalyst' in his publicity literature. The information that I have concerning his professional credentials is that he is a member of an association of lay hypnotherapists and that he undertook the correspondence course in hypnotherapy detailed below. He would not be recognized in this country and elsewhere as a professional 'Psychoanalyst' in any manner constrained by reasonably informed knowledge and opinion.

### *Summary of the Correspondence Course*

Mr W's formal training in the practice of hypnosis and psychotherapy was by means of a correspondence course. As it happens, I was already familiar with the written

component of this course in which students are given to understand that they will be enabled to treat and cure a considerable number of psychological disorders and afflictions, usually within a time period of six weekly one-hour sessions of hypnotherapy. They are informed that the common cause of all these problems is repression of a traumatic event (or events) in early life and that a successful outcome depends on their getting the patient to relive in all its detail the repressed memory. They are further given to understand that the repressed memory will have a sexual element associated with fear and guilt.

Students receive explicit instructions about what they are to do in these sessions. In each one, they will hypnotize their patients and encourage them to free-associate and describe any thoughts, images, memories, feelings, and so on, which present themselves. Additionally, in the first session of hypnosis, they are asked to bring to mind a series of frightening fantasies, namely: the worst thing that ever happened to them; being immobilized with their head held under water; being in severe pain; being surrounded by a huge crowd of hostile faces; being completely alone; being surrounded by fire; having a guilty secret; being terribly embarrassed as a youngster; and finally being sexually interfered with as a child. (Incidentally, it is suggested that these procedures should prove very beneficial when performed with a classroom of children!)

During the final session, usually number six, students are also made to understand that they must be forceful and insistent in getting patients to fully elaborate on and relive any material generated by the free-association method, along with the concomitant emotions. They must demand that the material is yielded up — 'haranguing' the patient to enact this. When all this happens, and the patient calms down again, the therapy has been successful and he or she should be immediately discharged, any follow-up or further contact being undesirable.

## ASSESSMENT OF CASE

### *Carol's Psychological History Prior to her Seeing Mr W*

Carol was 22-years-old when she had her treatment from Mr W. She lived with her parents and sister. She had happy memories of her earliest childhood and she has caring parents. However, her mother has always been anxious and over-protective, and she was kept off school a great deal for what turned out to be minor, and often non-medical, problems. She had frequent unnecessary consultations with a range of medical specialists. She was bullied at junior school. At 11 years old, she went to a rather rough comprehensive school and she was very anxious about going, often spending weeks at home with trivial ailments. She left school with no examination results. Around this time her grandmother, to whom she was very close, died of cancer of the pancreas after a painful and distressing illness. Carol knew she had cancer but this fact was kept from her grandmother. She spent some time looking after her before she died. She did some training as a beautician and then for 4 years did modelling on a part-time basis until she started her treatment with Mr W. Another significant event was the death of a close childhood friend of leukaemia when she was 14 years old and she feels she was not allowed to talk about this at the time.

### *Carol's Personality*

Carol appeared to have a personality structure that rendered her emotionally very sensitive and liable to react in an extreme way to any adverse circumstances or stresses. This can probably be understood in terms of her upbringing and experiences

during her formative years. She is a person who is likely to experience psychiatric problems (such as depression and anxiety state) at various times in her life and any psychological therapy must be conducted with great sensitivity, the therapist taking special care to be construed as supportive rather than provocative.

A part of Mr W's therapy was to ask Carol to imagine some extremely frightening experiences. Accordingly, as an aid to addressing the question of the likely impact of Mr W's hypnotic techniques, I asked Carol to undergo an assessment of her capacity for vivid and realistic imagery. The procedure I used was the Creative Imagination Scale (Wilson & Barber, 1978). Carol's score pro rata was 34 out of a maximum of 40, the average for the female population being about 21 (s.d. 8) (Fellows, unpublished data). This was an extremely high score; I estimate that only around 1 in 50 of the population would score higher than this.

I did not in fact administer the final item because during the preceding one (reliving a day at school) Carol showed signs of emotional distress and began to hyperventilate. I immediately stopped the test and helped her to relax again. It appeared that on this item she began to feel 'out of control' and panicky. My impression was that this was more a general effect of imagining being small again rather than an evocation of unhappy memories of school.

This assessment confirmed that a salient feature of Carol's personality is her vivid imagination; the nature of this faculty is that she easily creates realistic and, according to their nature, emotive images, and thus she can be described as being highly suggestible.

### *Carol's Psychological State Immediately Prior to Consulting Mr W*

At the time of her first consultation with Mr W she was suffering from a depressive illness of moderate severity against a background of an immature and vulnerable personality structure. Her immediate reasons for seeking help were that she was ruminating on her grandmother's death, had developed insomnia, hypochondriacal worries and some suicidal thought.

## MR W'S CONDUCT OF THERAPY AND CAROL'S EXPERIENCE

Carol had 21 sessions of therapy with Mr W and then gave up in despair and was referred to a National Health Service psychiatrist by her general practitioner. Her sessions had previously been summarized in a psychiatrist's report, which I received from her solicitor, so I assume that Carol herself made some record of them.

First, it generally appears from these accounts that Mr W did not establish a good rapport with Carol who perceived him as insensitive to her anxieties, and at times he seemed not to be taking her seriously. Nevertheless, she trusted that he had the necessary skills to help her and she persisted with her therapy. He appears to have encouraged a rather submissive transference on his patient's part. For example, halfway through the course of therapy, in response to her concerns about how bad she was feeling he replied 'I am a doctor of the mind', and said that he knew the answer to her problems. Her submission turned to anger when not only did she fail to improve but she deteriorated.

Second, Mr W does not appear to have undertaken a comprehensive assessment of Carol's personal history and her mental state. He appears to have used the Lüscher Colour test to assess her personality (as recommended by the correspondence course). This is not based on any well-developed and researched theory of personality and is not recognized as a reliable and valid psychometric instrument.

Third, on a number of occasions Mr W hypnotized Carol and asked her to imagine horrific scenes including, as a child, being surrounded by hostile faces, being held down fully immersed in water, and being surrounded and trapped by flames. These procedures are clearly taken from the correspondence course. They do not appear to be based on any rational ideas about the human mind and psychological problems, nor any research into their effectiveness in psychotherapy.

In my report, I commented that there are occasions in psychotherapy and hypnotherapy when the practitioner encourages the patient to imagine upsetting scenes. These procedures include imaginal desensitization and flooding, and abreaction. They require a high level of skill on the therapist's part in order for the patient not to be further sensitized or traumatized. The techniques used by Mr W and prescribed in the correspondence course would obviously risk distressing a patient for no obvious therapeutic benefit. Carol is very suggestible and her measured capacity for vivid imagination proved very high, with marked autonomic reactivity (in her case panicky feelings with hyperventilation). It is predictable, therefore, that she would find these techniques traumatic and that she would respond in the way she did; that is, with extreme anxiety and panic, nausea and vomiting. Indeed, these symptoms, including panic attacks, nightmares and flashbacks of unpleasant memories began to occur between sessions and I concur with previous assessments of her that these were symptoms of post-traumatic stress engendered by Mr W's methods.

Fourth, using hypnosis, Mr W also age-regressed Carol on several occasions during which she recalled distressing events such as the deaths of her grandmother and her friend and her being in hospital. In these memories she was asked to 'feel the pain' of the emotions she experienced then; in those memories in which she was in physical pain, for example having blood tests as a child, she was asked to relive the feelings of the physical pain.

For reasons given above, Carol would have found the reliving of these experiences vivid and they would be accompanied by the appropriate distressing emotions. This use of hypnosis is legitimate and therapeutic in circumstances where the memories are still to be resolved in some way, but it must be undertaken cautiously and with great sensitivity; otherwise the effect may simply be to add further distress to the patient. In Carol's case, I do not think this kind of regression served any useful purpose as she was already well in touch with the memories and the intense feelings associated with them. It is evident that the regressions caused her considerable distress, not merely during the sessions but also between her appointments. A careful assessment of Carol's history and personality would have contra-indicated the use of hypnotic regression to traumatic events, or at least indicated the need for considerable caution in broaching them with her.

Finally, Mr W specifically suggested that Carol had been sexually abused as a child. On the first occasion he did this, he introduced the idea by repeatedly asking her, during hypnosis, 'Who interfered with you as a child?' During this questioning she became nauseous and had what appears to be a panic attack, but he refused her request to let her open her eyes. After the session she said she was physically sick and had to retire to bed although she could not sleep.

The active insistence that she was a victim of sexual abuse is consistent with the training and theory made explicit in the correspondence course, which states that all cases seen are likely to have, as their root cause, a repressed memory of a sexual nature and the therapist must 'harangue' the patient until it is yielded up. There is no evidence of course to support the aforementioned assertion. The explicit link between a neurotic condition and sexual abuse has been demonstrable in a minority

of patients who seek, or are referred for, psychiatric or psychological treatment. Moreover, I did not consider that there was any indication to warrant the suggestion that Carol herself had been sexually abused.

Carol was clearly traumatized by these kinds of suggestions. During therapy, she came to feel that they may have been true and she was for a time very anxious about being close to men. However, she recalled no memories or fantasies of being abused.

### *Carol's Psychological State Immediately Following her Treatment by Mr W*

At the time of her final session with Mr W, Carol was hearing voices, notably the voice of her grandmother; was having nightmares and flashbacks relating to bad experiences she had had in her earlier life; and was experiencing panic attacks, headaches and other severe physical symptoms of anxiety. She had outbursts of violence at home, had gone through a period of wondering if someone had abused her, with no evidence or memory of this, and had withdrawn from men. Yet at the final session she attended, Mr W told her that she was 'great' and 'a lot better'.

## CAROL'S PSYCHOLOGICAL STATE AT THE TIME OF MY ASSESSMENT

Carol's psychological state had improved somewhat over the previous 18 months. She had further sessions of psychotherapy with several other practitioners. These appear to have been mainly for her support and I did not think they had been very productive. She was taking antidepressant medication and was being monitored by her local psychiatric outpatients' department. She had had several boyfriends since her therapy and had undertaken some modelling work. She still had violent outbursts and these were targeted at her boyfriend. She was also rather preoccupied by Mr W and his treatment of her, and felt extreme rage towards him.

## OUTCOME

In support of Carol's claim for compensation she was receiving legal aid, otherwise she would not have been able to bring her action against Mr W. According to her solicitor, Mr W's professional insurers have now disclaimed liability for any damages to her that may have been caused by any of his actions. Moreover, I understand that Mr W has been declared bankrupt. As a result, Carol's legal aid entitlement was been withdrawn and she has been unable to pursue her claim.

## REFERENCES

Wilson, S.C. & Barber, T.X. (1978). The Creative Imagination Scale. *American Journal of Clinical Hypnosis* **20**, 235–249.

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