An integrated hypnotherapeutic model for the treatment of childhood sexual trauma: A case study

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Abstract
Sexual abuse appears to constitute a major risk factor for a variety of problems in adult life. The effects of abuse on adult living are not uniform therefore intervention strategies should be individualized to address unique symptom constellations. The purpose of this paper is to introduce an integrated Ericksonian and Ego state therapy approach, based on a strengths perspective for the treatment of survivors of childhood sexual abuse. The theoretical foundation for this model is described, followed by a case study. The case study demonstrates how application of this model enabled the client to resolve the experience of sexual abuse, as well as to enhance her sense of general psychological well-being.

Keywords: Childhood sexual abuse; trauma; Ericksonian hypnosis; ego state therapy; ego-strengthening; hypnosis; utilization; psychological well-being.

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Childhood sexual abuse is a worldwide problem and a multiform phenomenon (Corby, 2000; Dolan, 1994; Finkelhor, 1990, 2002; Lemieux & Byers, 2008; Richter, Dawes & Hisgon-Smith, 2004; Von Fraunhofer, 2006). It almost always happens in privacy and secrecy. Havens and Walters (2002, p. 131) state: “Child sexual abuse often shatters the feeling of one’s innocent goodness and leaves a pervasive sense of guilty vulnerability.” Consequently, many of the victims live their adulthood with the hidden scars of sexual abuse and the painful consequences live on. Since the atrocity of sexual assault has ripped away an invaluable inner resource from the victim, this needs to be restored during the healing process (Havens & Walters, 2002).

Sexual abuse in childhood appears to constitute a major risk factor for a variety of problems in adult life (Briere, 2002; Browne & Finkelhor, 1986a, 1986b; Neumann, Houskamp, Pollock & Briere, 1996) and can impact adult functioning across many domains resulting in long-term effects (Berliner & Elliot, 2002; Browne & Finkelhor, 1986a, 1986b; Lemieux & Byers, 2008; Neumann et al., 1996; van der Kolk, 2003; Von Fraunhofer, 2006). However, every adult survivor presents a unique pattern of symptoms and effects of having experienced childhood sexual abuse (Berliner & Elliot, 2002; Reece, 2008; van der Kolk, 2007a). Therefore, it is necessary to plan an intervention strategy that is individualized according to each sexually abused person’s unique experience.

Therapeutic models and approaches developed to assist in the treatment of adult survivors of childhood sexual abuse are available (e.g. Briere, 2002, Courtois, 1996, 1997, Kritsberg 2000) but not all of them are comprehensive nor are all empirically evaluated. Curtois’s (1996) approach focuses on survivors of incest and is limited in dealing with possible inner parts, as it only acknowledges the child within and the nurturing adult. Kritsberg (2000) offers creative techniques for expressing emotional pain, but ignores the identification of cognitive errors. Moreover, little evaluative research has been specifically directed at retrospective treatment intervention with adult survivors of childhood sexual abuse (Anderson & Hiersteiner, 2008; Briere, 1989, 2002; Courtois, 1996, 1997; Dolan, 1991, 1994; Pollock, 2001). Further, none of the existing models specifically address the symptom of dissociation, which is important to consider in the treatment of trauma in general (Dolan, 1991, 1994; Pollock, 2001; van der Kolk, 2007a, 2007b). Thus a more encompassing approach needs to be considered.

Hypnosis has extensively been used as a treatment approach for survivors of childhood sexual abuse (e.g. Dolan, 1991, 1994; Friedrich, 1990; Hartman, 1995; Havens & Walters, 2002; Lankton, 2004; Poon, 2009; Rhue & Lynn, 2001). Some of these authors described intervention from an Ericksonian framework (Dolan, 1991, 1994; Havens & Walters, 2002; Lankton, 2004) while ego state therapy (Watkins & Watkins, 1997) has been implemented as an approach for sexually abused children (Hartman, 1995). Recently Hartman (2002) proposed an integrated model based on both Ericksonian and ego state therapy approaches a general therapeutic model, which may hold value for the treatment of adult survivors of childhood sexual abuse.

The utilization model of ego state therapy

Utilization is often described as being at the heart of an Ericksonian approach (Battino, 1999) and is defined as “the readiness of the therapist to respond strategically to any and all aspects of the patient or the environment” (Zeig, 1992, p. 256). The client’s patterns of verbal and non-verbal self-expression such as personality, frame of reference, and symptoms, to name a few, are recognized and can be utilized as constituting the basis for
development of the therapeutic process. Hartman (2002) suggested that there are similarities between Erickson’s utilization approach, Watkins and Watkins’ (1997) ego state therapy and the expanded ego state therapy approaches of Frederick and McNeal (1999) as well as Phillips and Frederick (1995). These approaches all conceptualize hypnosis as an inner focus and an avenue to access inner resources. Further, ego state therapy accepts and works with the client’s internal reality and pattern of ego state self-expression, therefore it reflects the principle of utilization. The utilization model of ego state therapy (Hartman, 2002) is based on ten pivotal or choice points, represented in Figure 1 below. This model lends itself to a comprehensive, tailor-made approach to treatment which could address the client’s unique constellation of symptoms in the treatment of survivors of childhood sexual abuse.

**Figure 1: The utilization model of ego state therapy (Hartman, 2002).**

Specific *goals* should be defined since utilization is directed towards a specific end when working with ego state pathology. The goal question that the clinician must answer is: “What do I want to communicate?” For example, therapy goals could be to develop resources and to provide new information, among others (Zeig, 1994, 2004). When the goal has been formulated, the therapist must decide how the goal will be presented. This is referred to as “packaging” or “gift-wrapping”. According to the principle of utilization, a certain inner part of the client (or ego state) may present a problem as a particular symptom that the person suffers from, and the therapist then represents or gift-wraps a solution by using a certain technique (Hartman, 2002, 2005). For example this could be done by implementing ego-strengthening techniques or using an anecdote, a story or a symbol.
*Tailoring* suggests that the therapist must individualize the treatment to the unique characteristics, needs and values of the client and her individual ego states. Tailoring can be done by the degree of directness or indirectness, language patterns, or methods of intervention, to name a few (Hartman, 2002). *Processing* the intended goals can be accomplished by seeding ideas, eliciting ego state responsiveness, uncovering trauma, resolving trauma material, reframing experiences, ratifying changes, and promoting communication and integration among ego states, by implementing direct or indirect methods (Hartman, 2005).

The *intervention style* chosen by the therapist influences the effect of the treatment. A therapist could hold a position of being confronting, intellectual, kind, motivating or accommodating, depending on the goals set for the treatment. Within the framework of utilization, the response readiness of the therapist refers to the therapist responding strategically to any and all aspects of the person’s immediate environment, including mannerisms, history, style, verbalizations and clothing, to name a few (Hartman, 2005; Zeig, 2006).

The *therapeutic alliance* between the therapist, the client and the individual ego states is of the utmost importance to create basic trust, initiative and cooperation. Generative resources and strengths of the client and her individual ego states should be elicited and utilized to facilitate growth and healing. Thus, the inherent capacities of the ego states for productive change are enhanced. Permissiveness refers to a more respectful, less authoritarian approach to acknowledge the client’s ability to make choices on her own behalf. A permissive approach is particularly useful when working with immature, silent, non- and pre-verbal, malevolent and oppositional ego states (Frederick, 2003a, 2003b).

*Multilevel communication* refers to a way of talking to clients at multiple levels of meaning and influence, with the goal of indirectly initiating some change in behavior, feeling or attitude (Edgette & Edgette, 1995). This strategy is used when the goal is to indirectly stimulate and guide multiple associations. These communications are not always obvious in the overt content of the communication and are designed to elicit responses without conscious awareness. Metaphors, word plays, figures of speech and other language forms are often used to embed a solution on another level (Hartman, 2005) and can thus be seen as forms of multilevel communication. *Hypnotic phenomena* can effectively be utilized in ego state therapy, for example, as part of validating the symptom phenomena and then paving the way for their transformation by indirectly presenting (gift-wrapping) the solution. For example, the hypnotic phenomenon of age regression could be used to make the client aware of previous successes. While the concept lacks empirical validation, what many consider to be an age regression, is to provide suggestions to the client to vividly remember and experience such occurrences.

To summarize, Hartman’s (2002, 2005) model could serve as foundation for a comprehensive intervention strategy for adult survivors of childhood sexual abuse. However, another approach that is often used in the treatment of trauma, the SARI-model (Frederick & McNeal, 1999; Phillips & Frederick, 1995) should also be considered to allow for a comprehensive treatment approach. Since it is a well-known model, this approach will only be briefly discussed below in order to illustrate its implementation in a proposed integrated model.

**The SARI model (Frederick & McNeal, 1999; Phillips & Frederick, 1995)**

The SARI model (Frederick & McNeal, 1999; Phillips & Frederick, 1995) is essentially an ego state therapy model. This four-stage treatment model is especially relevant for work with post-traumatic and dissociative individuals and can make a useful contribution in the treatment of sexual trauma.

The model involves the stabilization of the person and the development of
Fourie, Guse

a sense of personal safety in stage one. Stage two is concentrated on accessing trauma information and related resources that are currently dissociated from the complete experience, while stage three entails re-associating or resolving trauma material so that the trauma can be renegotiated or reprocessed. Therapeutic work in stage four is focused on the integration of previously dissociated and reworked trauma information. During this stage, ego states and other changing personality structures are integrated. Ego strengthening also plays an important role in this stage (Frederick, 2003b; Phillips, 2003, 2006).

While both the Utilization model and the SARI model may be valuable in addressing the symptoms of having been sexually abused during childhood, these and other psychological interventions regarding sexual abuse have tended to focus more on aspects related to pathology. In conceptualizing the model illustrated in this case study, knowledge gained from the field of positive psychology was drawn upon to broaden the treatment of sexual trauma experienced in childhood.

A strengths perspective in treatment

Although it is understandable that dysfunctional effects of having been sexually abused as a child need to be addressed, a focus on pathology only is of limited value in the healing process (Walters & Havens, 1994). However, there seems to be little knowledge regarding psychological interventions that could maintain or enhance general psychological well-being in the sexually traumatized person. There have been calls for a greater focus on the utilization and mobilization of strengths and resources during psychotherapy (Havens & Walters, 2002; Joseph & Linley, 2006). Further, Erickson (2010) recently suggested that positive psychology’s main assumptions, such as that psychology should help people to live productive lives and should be based on people’s own resources and strengths, can be linked to the work of Milton Erickson. Similarly, Walters and Havens (1993, 1994), Yapko (2003, 2007) as well as Guse, Wissing and Hartman (2006) specifically recognized the value of hypnotherapy in the prevention of pathology and the promotion of well-being. This is especially relevant in working with the sexually traumatized individual. Therefore, to broaden the focus of the above therapeutic approaches, a hypnotherapeutic model that also explicitly focused on client strengths and the promotion of psychological well-being in the treatment of childhood sexual abuse was conceptualized, as will be explicated below.

An integrated Ericksonian and Ego state intervention model for the treatment of sexual trauma

The Utilization Model of Ego State Therapy, explicitly incorporating the SARI Model and applied from a strengths perspective, can be considered as intervention model for the treatment of childhood sexual abuse. This combined model is referred to as an integrated model for the treatment of sexual trauma, presented in Figure 2.

Thus, to attend to the limitations of existing treatment approaches, this article explains and describe how clinical hypnosis, specifically an Ericksonian approach (Zeig, 1994) combined with ego state therapy (Phillips & Frederick, 1995; Watkins & Watkins, 1981, 1997), from a strengths perspective (Guse, Wissing & Hartman, 2006; Linley & Burns, 2010;), can be applied as an intervention strategy for adult survivors of childhood sexual abuse. What follows is an explication of the proposed model through discussion of a case study.
Childhood Sexual Trauma

Case Study

Case History

Zelda (pseudonym) was a 34-year-old, married Caucasian woman. She was self-referred for therapy to address problems that she related to her having experienced childhood sexual abuse. Zelda was five years old when she was sexually abused by a male friend of the family. Several incidents took place over a period of one and a half years and Zelda only told her mother about the abuse when she was 16 years old.

During the first interview, she volunteered information about her past and present concerns, such as low self-esteem, anxiety, panic attacks and depression. She described the history of her sexual abuse as well as childhood trauma due to her parents’ divorce and consequent re-marriage. Zelda reported that she also experienced her current situation as stressful because of relocation from a city to a remote farm. Previously, she was a financial manager of a large business. Zelda earlier received therapy for childhood trauma such as her parent’s traumatic divorce as well as witnessing and experiencing domestic violence, but not for her experience of sexual abuse.

She appeared to be a conscientious person who cared about her family, work and others. During the first interview she reported: “I feel that I need to help myself and others. I have
to work with the effects of having experienced sexual abuse myself.” She often used metaphors and anecdotes to express her feelings and experiences during the therapeutic process.

Procedure

Treatment was planned and implemented by the first author. Before commencing hypnosis, the Stanford Hypnotic Clinical Scale: Adult (SHCS: Adult) (Morgan & Hilgard, 1978) was administered to establish Zelda’s level of hypnotic responsiveness. Her results indicated a score of 3 out of 5, which positioned her in the middle third of responsiveness.

Zelda also completed questionnaires to determine the existence of trauma symptoms, namely the Trauma Symptom Inventory™ (TSI) (Briere, 1995) and the General Health Questionnaire (GHQ) (Goldberg & Hillier, 1979) to evaluate possible psychopathology. It was evident that she experienced considerable distress and post-traumatic symptoms as well as symptoms of pathology such as insomnia and depression. Zelda also completed indices of psychological well-being namely the Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen & Griffen, 1985), Affectometer 2 (AFM) (Short Form) (Kammann & Flett, 1983), and the Sense of Coherence Scale (SOC) (Antonovsky, 1987, 1993). Her responses reflected that she experienced a low level of life satisfaction, more negative than positive affect and a low sense of coherence, which can be interpreted a low sense of psychological well-being. These questionnaires were administered again after the termination of therapy. All the measuring instruments have satisfactory psychometric properties as reported in previous studies (e.g. Guse et al., 2006; Poon, 2009).

Treatment

The pivotal points of the Utilization Model of Ego State Therapy (see Figure 2) and the four stages of the SARI Model were used to determine and confirm possible workable themes, whilst working from a strengths perspective.

It was apparent that Zelda was goal directed right from the beginning, as can be inferred from the following statement: “I have come to address the sexual abuse that I have experienced as a little girl. I do not have finality on this issue and do not feel that I have conquered it yet.” It further was evident that she experienced problems with boundaries. Zelda’s descriptions of her childhood sexual abuse reflected that she was especially aware of the intrusion of her physical, sexual and emotional boundaries by the perpetrator. She also mentioned she that had experienced intrusion of her emotional boundaries by both parents from a young age. She said: I feel responsible for the failure of my parents’ marriage...

My mother always said they hoped that the second child would save the marriage. That child was supposed to be me. Therefore, I always pressured myself to be pleasing towards others, and I still do….I always felt that it was my fault when things went wrong, even with the sexual abuse. I didn’t want to disclose because other people were involved and could get hurt.

Therefore, one of the therapeutic goals were tailored to help Zelda to form healthy intra-psychic and interpersonal boundaries. For example, Zelda needed to form interpersonal boundaries with her parents as they were still attempting to involve her in their conflict. The aim was to enable her to refuse to do so.

The first phase of the intervention focused on stabilization and generating inner resources. This was achieved by implementing ego-strengthening techniques such as “Internal self-soothing” and the “Inner Love” (Frederick & McNeal, 1999; Phillips & McNeal, 1995). The
former addressed Zelda’s experience of overwhelming anxiety, feeling overburdened, and deficiencies in the development of the self, and the latter enabled her to experience a sense of unconditional love and self-worth within. It is important to qualify that these resources are self-reports of thoughts, memories and feelings labeled by Zelda as love and self-worth. According to the proposed model, the solution for Zelda’s problematic relating to others was *gift-wrapped* within these ego-strengthening techniques (cf. Frederick & McNeal, 1999; Phillips & McNeal, 1995). The techniques were utilized to establish internal boundaries, as well as to encourage re-nurturing, self-mothering and the development of the self.

Other inner resources that were identified were the “Safe Place,” “Inner Strength,” and “Inner Advisor” (cf. Frederick & McNeal, 1999). The first author conceptualized another possible inner resource of combined ego states, namely the “Resourceful Self.” It consisted of the “Safe Place,” “Inner Strength,” “Inner Advisor,” and conflict-free or helpful ego states such as a creative self, a humorous self and a spiritual self. This combined ego state was conceptualized by utilizing and being attentive to Zelda’s unique experiences and descriptions of her inner resources.

Zelda’s natural and symptom trance phenomena were identified during assessment of her hypnotic responsiveness. These phenomena were applied, in combination with the relevant classical hypnotic phenomena, such as hypermnesia, dissociation, age regression, posthypnotic suggestions, ideomotor movement and positive hallucinations (Edgette & Edgette, 1995; Yapko, 2003). Posthypnotic suggestions were utilized to extend therapy into the future and to create states of relaxation, experiences of having a sense of control and the ability to develop healthier boundaries. For example, the clinician provided the following suggestion which utilized the hypnotic phenomenon of dissociation:

> Like now … later today … tomorrow … the week to come … in future … you might just … consciously … you may experience that you are more confident to solve problems … and unconsciously … you may experience calmness and realize that you have a wise part, a part that will unexpectedly have answers, wise answers, wisely selected, solutions wrapped within wisdom.

Zelda’s communication style and use of language demonstrated that she used *multilevel communication* including metaphors, figures of speech and anecdotes, as the following extract illustrates:

> In my mind I have a picture of a little boy who is captured inside a cage. There is a gate with a chain and a lock. Actually the lock is open and all he needs to do is to push the gate open and to walk through the gate into freedom. But he doesn’t realize that the gate is unlocked. This little boy symbolizes me. As a little girl I have been sexually abused and that imprisoned me all my life.

The clinician therefore utilized Zelda’s language patterns, created new metaphors and used permissiveness to *gift-wrap* solutions whilst also including a focus on psychological strength. Using the metaphor of a kaleidoscope, the clinician suggested:

> On your way to the inner self … you can maybe allow yourself to imagine … picture a picture of a kaleidoscope … an optical toy, to play with … seriously playfully … and in which you can see an endless variety of beautiful colors and forms … you become a viewer of beautiful pictures … pictures, vivid and colorful … viewed from different angles … angels … from playing around with the countless, interesting, beautiful colors and shapes,
reflecting, reflected by glass mirrors … and depending on how you use your personal kaleidoscope you can draw your own pictures … experience it in your own unique way … conveying ideas and messages by using pictures to form picturesque images of perhaps a different self, of creativity, joy, peacefulness, zest, love, satisfaction, gratitude, hope …

In accordance with ego state work, the aim was to process intended goals. Some of these goals involved decreasing symptoms of post-traumatic distress and impaired self-reference, facilitating healthy internal boundaries and simultaneously improving external boundaries. The four stages of the SARI Model, namely stabilization, accessing, re-association, and integrating the sexual trauma were packaged within the ego state work. The ego state pathology existed between “Little Zelda” and “Adult Zelda”. Towards the end of the intervention these ego states became more integrated.

The therapeutic alliance was employed as an ego-strengthening approach and was utilized throughout the therapy process. Rapport was established between the clinician, Zelda and her respective ego states to create interpersonal and intra-personal safety. She later commented that she experienced “support, preparation and passage of time between sessions, and I felt safe and in control at all times to address the sexual trauma”. Furthermore, a motivating and supportive intervention style was implemented.

Zelda’s experience of the therapy process was continuously evaluated to ensure that treatment was tailored to her unique experience. The clinician also attended to the manifestation and unfolding of Zelda’s psychological well-being. Zelda described social resources and personal factors that could contribute to her experience of general psychological well-being such as her marriage, her creativity and her talent for dancing. The clinician utilized these facets to generate inner resources and strengths during therapy. For example, the following was suggested in hypnosis:

Maybe, you can begin to create your own picture of a resourceful self … such a rich self, full of potential … a happy self … who has recently started to explore … and … surprisingly, realizing that you have more … more to explore … as you look through a kaleidoscope, to actually see that you can find more aspects of yourself … new potentials, new possibilities of the self … your own unique self … becoming satisfied with your self and life …

In the middle phase of the therapeutic process, Zelda reflected that she experienced certain changes taking place. It appeared that the process of gaining strengths, positive perceptions and feelings and re-association and integration had commenced when she remarked:

I have felt captured in a small room for a long time, but now I feel free. I feel calm and in control, although many things happen in my life nowadays and new things pop up like popcorn. It feels as if there is a new person within me. It feels as if the little girl takes the adult woman’s hand in uncertain situations. It feels as if I start off as the little girl but end off as the adult woman. Maybe later on, I will begin and end as the adult woman.

At the end of therapy Zelda reported that many of her symptoms had decreased. This was also evident in her scores on the measuring instruments. Specifically, there was a decrease in Zelda’s T scores on the follow-up evaluation of the TSI. None of the eight previously elevated scores indicating trauma symptoms could be considered clinically
significant. Her level of life satisfaction had increased from 10 (dissatisfied) to 30 (satisfied) and she also experienced more positive affect. Finally, Zelda’s scores on the GHQ changed from 11 out of 28 to a zero score which indicated no symptoms related to depression, anxiety, insomnia, social and somatic problems were present after the intervention. Moreover, Zelda explained that, although she continued to experience stress because of her current life circumstances, she also experienced more optimism as well as enhanced strength to accept new challenges. She commented:

“There have been so many walls to be broken down, but since using Inner Strength I see my way open to be able to do anything. It is amazing and feels as if I have been born again.”

Zelda’s remark can possibly be understood as an enhanced sense of psychological well-being, which is also reflected in her scores on the various measuring instruments. She further revealed that the impact of the intervention was wider than just the immediate experience of resolving the childhood sexual abuse. She mentioned that she was able to “step out of imprisonment,” and was able to focus on growth in the present and future with open-mindedness. Therefore, she decided to establish future goals. A specific goal was to become a dance and movement therapist, another to live and enjoy life. Therefore, the intervention seemed to address the symptoms of the abuse and enhance her psychological well-being.

**Conclusion**

This article described an integrated approach to the treatment of sexual trauma and illustrated its application by means of a case study. Specifically, this approach integrated aspects from Ericksonian approaches as well as ego state therapy from a strengths-based perspective. This implies that the model was applied with a specific focus on “symptoms” of health, strengths and well-being. With its fourteen choice points, this goal-oriented model allowed for a cyclical therapeutic process with numerous possible targets.

Although the aim of this article is not to prove the effectiveness of the proposed model it provides a more comprehensive, tailored approach to address the lingering effects of childhood sexual abuse. Moreover, it raises more possibilities to be considered in the application of hypnosis. By also paying attention to the mobilization and development of psychological strengths and positive aspects of psychological functioning, the benefits of hypnosis could be wider than the alleviation of symptoms of distress to also enhance general psychological well-being.

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