

A CASE STUDY ON THE INTEGRATION OF THERAPEUTIC APPROACHES.

FOREWORD

I trained as a person centred counsellor but did not complete the four year course because I realised that my own perceptions of reality would prevent me from being able to work exclusively in this way. (I tend to look upon a problem as a challenge to be overcome and to enjoy the challenge). Whilst looking round for alternative, or complementary, methods of working with people I chanced upon Reflexology. During the year of study my tutor, Jure Biechonski M.A. told me that this was to be his final year as he was going to teach hypnotherapy and integrative psychotherapy. After lengthy discussion I joined the course which led to further years of study on the subject that led to at the very least to an understanding of psychological principles together with several approaches to counselling and talk-related therapies. The case study presented below is a typical example of the way in which I now work on a regular basis. The reason for presenting this case is that it is unusual in respect of the speed of recovery.

CLIENT J

This is a 55 year old woman who is happily married, has two children and is committed to her work within the community. This work is church based but not religious in content. She worked as a nurse for many years. In her late 40s her father came to live with her and she stopped going out to work to care for him. He is a difficulty in her life but not excessive. In 2000 J had an accident, which resulted in a nerve being trapped in her shoulder. Causing considerable discomfort and shortly after this she became unwell. The diagnosis of her illness was M. E. also called chronic fatigue syndrome. She spent literally months on end confined to bed with severe exhaustion and fibromyalgic pains throughout her body. Eventually, having tried everything that her G.P. could do J began to seek help elsewhere. Among the approaches she tried was reflexology but she found the after effects from the treatment were far too drastic for her to return for further sessions. Finally she decided to try and see if hypnosis could help her. At this time she made her first appointment to see me. J was unsure if she could get to me but agreed to try with the proviso that if she couldn't I would go to her.

SESSION ONE

When I was counselling and fact finding in this first session I very rapidly realised that this woman closely fitted within an identification of type that my colleague Jenny Lynn is currently researching. J is a high achiever who felt that she must work in the caring profession, specifically hands on i.e. nursing or teaching. This life gave her the self-validation that was perceived to be lacking in her childhood. The first session I had with J was almost entirely related to Neuro Linguistic Programming in that the focus was on the precept "that was then, this is now, what do you want for the future?" As is usual with almost all of my clients I taught her a simple relaxation routine that is commonly referred to as self-hypnosis. I was interested to note that when she identified her 'safe place' it was a caravan at the edge of a field with a bonfire nearby on which she could burn anyone and anything that caused her irritation. Above the entrance to the caravan was a notice that read 'Sod off'. You will see from this image that subconsciously there were a lot of issues being carried with her but we did not address them at this session because I felt that she would begin to work them through at her own pace now that she had somewhere to cope with them. The final part of the session was about deciding a course of action for the next session. J agreed that I could use reflexology with her on my reassuring her that I would be considerably gentler and she would not experience anything like the same level of reaction as she had experienced previously.

SESSION TWO

When J arrived at my office she looked relaxed and even slightly excited. I commented on this and she told me that she was surprised at the change she had experienced during the week. She was more relaxed and assertive and did not feel like an invalid now, she had begun to feel that there was hope of a recovery. During the first part of this session J told me that having the caravan and the bonfire was incredibly helpful for her because during the week she had been sorting out her life and had realised that she had been carrying around other people's needs for far too long. She said that she had decided in future to only do what pleased her, she would not give up her charitable works etc because they were really very sociable and she enjoyed them. In some respects, during the week she had started to become the 'free child', a condition that is considered as the main aim of therapy. She had taken this concept on board after just one week! The second part of this session was occupied with Reflexology but only using the basic relaxers, the spine and very gently on the lymph glands. The hypnotic intervention was Guided Affective Imagery. She was able to locate a cleansing and healing waterfall that was full of energy and connect it up to her caravan. She was able to make sure that there was no rubbish to be thrown on the bonfire then go into the caravan to have a shower in the energy giving shower then sit drinking tea made from the energised water whilst watching the world go by outside. When the session was completed J mentioned that there was an area on her left leg that felt very hot and painful but that this had been the case for some time. I suggested that we might be able to work with a specific pain next session.

SESSION THREE

The original third appointment with J had been cancelled because her daughter had been taken ill and J went to look after the grandchildren for a time. When she attended this week she told me how wonderful the past two weeks had been. She had been able to look after her daughter and her grandchildren and although she had been

tired it was perfectly possible for her continue even though her father had become incontinent and the washing machine had broken down. I was surprised at the speed with which her levels of energy had returned. During her training J had received tuition in counselling skills and was able to recognise that she was now feeling very positive about herself and her life and that there really wasn't much more to look at during our sessions as she was able to ask herself the question that makes some of the major changes in our lives " why am I continuing to do what I am doing if I don't enjoy it?" The rest of this session was taken up with GAI, finding a method of reducing the pain level, and reflexology. At the end of this session I advised J not to use all of her energy catching up on things but to store it for herself and use it to heal her body and mind.

SESSION FOUR

During the start of this session J told me that she had experienced severe pain in the lower part of her leg again and that it seemed to actually have worsened for a time but it was now better than in previous months. My assumption was that during the hypnosis and reflexology the actual approach had not been correct in that the pain control had not been successful when imagining a pain control room where she could turn the feelings down to being uncomfortable. What had also happened was that she had gone to the toilet considerably more than before so I assume that lymph drainage had been effective. J told me that the washing machine was still broken and that she had gone to her daughters' home and done the washing. Nine hours of washing and ironing with a trip to the pub for lunch thrown in!!! No actual rest for a whole day and she was able to get up on Monday with practically no ill effects, J was completely amazed with this result. I told her that it was my opinion that she now had sufficient skills within herself to continue regenerating the energies she needed and that all we needed to concentrate on was healing the final effects of her illness i.e. the pain. The hypnotic intervention this time was broken up into two distinct sections. A. The pain and B. the healing. The pain in this case was described as a burning inside the bone and pressure outside the bone. During hypnosis J installed a tube inside the bone that could accept running cool water to reduce the heat and therefore the pain. And to deal with the pressure she fitted small taps to her toes to let the pressure drain away. The healing was initiated by laying on the bed in the caravan and channelling all of the spare energy she now has into healing her body and mind. When asked how long this would take she came up with the answer "two days". Following a period of relaxation and reflexology during which I did a full drainage J left making an appointment for two weeks.

SESSION FIVE

J presented at my office with clear skin and eyes looking perfectly healthy. She gave me a hug and said "I have got the old me back but I feel as though I have made some improvements. Life is so much easier to deal with and I am having much more fun. Lots of friends are commenting about how good I look, I have even lost half a stone". It was true that she looked much better than when she first came to see me two months ago and I felt that this was to be a final session because she had done all the work she needed to do with me and was now taking control of her own life. This final session was based on counselling and reviewing what changes she had made and how she was going to maintain them. She has now left and apart from a single phone call and several people referred to me I no longer see her.

REVIEW

I have used hypnosis and reflexology combined with counselling in the past and it has proven to be highly effective with M.E. It is not the first time this approach has been so rapid in resolving this situation This is why I chose to share this case with you. If any therapists who use reflexology or have a knowledge of it, I would welcome your feedback on its effect with M.E. sufferers. The principle seems to be that the relaxations and lymph drainage are all that are really required when combined with hypnosis and Guided Affective Imagery. The counselling stage is also vital but this is done to engage with the client through congruence, to see life through their eyes.

This case illustrates the effectiveness of integrating various forms of therapeutic approach. Principally the rule should be that everything works, it simply is a question of deciding what works best with the client in front of you and having the freedom to be able to utilise your therapeutic toolbox.

If anyone has any feedback to give me regarding this case study please contact me on billblissuk@yahoo.co.uk