

# BRIEF SIMULTANEOUS COUPLE HYPNOTHERAPY WITH A RAPE VICTIM AND HER SPOUSE: A *Brief* *Communication*

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**Abstract:** This paper presents a case involving a rape victim and her emotionally affected spouse. Although the assault occurred before the couple met, the husband was too upset to concentrate when the victim wanted to share her rape-related feelings, nor could he provide the much needed empathy and support. This, apparently, was due to his difficulties in handling his own rage. Simultaneous couple hypnotherapy was used to allow the victim to share her experience under conditions safe for both her and her spouse. As he imagined in trance the rape account described by his age-regressed wife, he learned to identify his emotions and experience them in a controlled manner. During subsequent sessions, the husband was encouraged to include himself in his wife's abreaction and reshape the traumatic scene for both of them. The husband's rescuing behavior and the expressions of violent anger towards the perpetrator had several positive consequences. Not only did they change the abandonment component of the victim's traumatic memory, but they also helped the husband deal in better ways with his own feelings of anger. It also provided the couple with a helpful coping mechanism they later effectively applied under different circumstances.

Although it has been argued that successful coping with victimization can serve as a growth-promoting experience for victims (Rich & Cohn, 1982), coping with rape can frequently be accompanied by problematic long-term reactions. Ellis, Atkeson, and Calhoun (1981) found that a year after the rape, victims were more depressed than women in a relevant control group. Calhoun, Atkeson, and Resnick (1982) reported a slight increase in symptoms 1 year after the rape. Continued symptoms of flashbacks, sexual dysfunctions, and dysphoria were reported to linger 3, 4, and even 6 years after the rape (Sales, Baum, & Shore, 1984).

In order to rebuild their trust in people and in themselves, victims of rape need a comforting and nurturing support system. Frequently such aid is found in support groups, or better yet, within the family itself. Rape, however, may affect not only the victim but also those who care about her. For family members a certain sense of invulnerability is shattered and with it comes anger and emotional pain. In one study, 30% of crime victims reported that someone close to them experienced serious emotional pain (R. D. Knudten, Meade, M. S. Knudten, & Doerner, 1977). Other studies also suggest that a degree of familiarity and identification with the victim enhances the likelihood of such feelings as anxiety and rage to emerge (Friedman, Bischoff, Davis, & Pearson, 1982). Cobbs (1976) has stressed that positive support by family and friends can be a valuable aid to the victims trying to work through their feelings. A problem arises, however, when appropriate social support is not available and when significant others such as

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partner or spouse are incapacitated by their own emotional pain. Psychological interventions in such cases require attention to the needs of both victim and spouse. When, as a result of sexual assault, a woman is emotionally needy and her spouse is unable to effectively respond because of his own reactive turmoil, problems may be exacerbated by the ensuing pathology of the marital system. The spouse's difficulties may relate to his own rage, frustrated wish for revenge, shame, guilt, or depression. In many ways, one may regard the spouse's emotional pain as traumatization by proxy.

Psychotherapy techniques for rape victims have been well documented in the literature (Burgess & Holstrom, 1976; Evans, 1978; Raiha, 1983). They all stress the need to alleviate guilt, depression, phobias, and phenomena of post-traumatic stress disorder. Hypnosis has been widely utilized in treating post-traumatic stress disorder symptoms (Eichelman, 1985; Seif, 1985).

The use of hypnosis with rape victims has been reported to increase levels of self-worth (Ebert, 1988), enhance ego-strength, as well as achieve catharsis and integration of trauma (Valdiserri & Byrne, 1982). No reports are yet available on simultaneous hypnotherapy with both victim and spouse. Churchill (1986) presented a treatment combination of hypnotherapy and simultaneous family therapy and argued that the hypnotic state can be facilitated by the presence of other family members. Churchill (1986) reported the use of hypnosis in the treatment of a patient. He used age regression to enable the patient to confront her parents with her feelings. Araoz (1978) described individual hypnosis in couples therapy. Erickson (Erickson & Rossi, 1979), in one of his best known reported cases, conjointly treated the husband's phantom limb pain and the wife's chronic tinnitus using an informal, conversational approach. S. R. Lankton and C. H. Lankton (1983) and Ritterman (1983) advocated the use of hypnosis within a structural family therapy paradigm for the alteration of relational patterns. Calof (1985) argued that conjoint hypnosis expands the working context of marital therapy to include both the intrapsychic and the interpersonal contexts.

The purpose of the present paper is to describe a brief intervention within a maladjusted marital system comprised of a rape victim and her distressed husband.

#### CASE REPORT

The treated couple, Mr. and Mrs. A., were a 21-year-old female graduate student, who was beaten and violently raped 3 years prior to this therapy, and her husband, a 26-year-old accountant. The couple had been married for just over 1 year when they sought treatment.

Mrs. A. was so upset and embarrassed about the assault that she told no one for 2.5 years. Six months into the marriage and after having experienced some sexual difficulties, she decided to seek help at the local rape crisis intervention center. She entered into a peer counseling relationship with a sensitive and experienced lay counselor. This turned out to be a curative experience that helped her to cope with symptoms of shame, guilt, and depression. During that time, Mrs. A. revealed to her husband that she had been raped 3 years previously—2 years before she first met him. Despite the gains she had made, she still needed to work through feelings of powerlessness, abandonment, and anxiety, and she hoped to be able to do that with the encouragement and support of her husband.

Mr. A. was a highly controlled, tense individual. The only observable sign of tension this corporate accountant would show was an occasional facial tic. The couple's presenting problem was Mr. A.'s tendency to become inattentive and "spacy" whenever attempts were made by his wife to share rape-related feelings. This problem had existed for 6 months, since she disclosed the rape to him and represented a long-standing deficiency in his capacity to express his care for her. When asked during the second session to describe Mrs. A.'s traumatic experience, his account included all but the sexual assault. The story was not altered even when challenged. This, apparently, was indeed all he consciously knew. The rape

account seemed to have been defensively blocked out of his awareness. During the third session, the present author/therapist probed Mr. A.'s avoidance and discovered he was trying to cope with enormous rage and revenge fantasies. These feelings flooded him whenever his wife would attempt to talk about the despair, loneliness, and vulnerability she experienced during the rape. It was apparent that the couple was both cognizant and upset about Mr. A.'s emotional avoidance.

The fourth session was dedicated to uncovering the husband's violent revenge fantasies. These were vivid images of beatings, torture, and castration, that were accompanied by intense guilt and anxiety for having had these fantasies. His earliest childhood memory of his conflict was the only clue to the etiology of this reaction. Mr. A. recalled that he had suffered remorse after having been scolded for hurting his younger sister who was handicapped.

Mrs. A. seemed to be relieved in the realization that the apparent detachment of her husband reflected an emotional conflict rather than an uncaring attitude. She became instrumental in reassuring him that his current rage was not only legitimate but also valuable to her. The author/therapist then added reassurances that fantasies are not necessarily precursors to action and that he need not repress his intense feelings and images much longer.

Hypnosis was suggested and introduced into the treatment regimen in the fifth session. The couple was simultaneously induced into a trance and then regressed to the time and place of the rape. Mr. A. was instructed to imagine himself floating safely above and away from the scene described by his wife. He was told he could choose between an observing or a participating stance, and that whenever he wanted to, he could join the scene and participate in it. It was also suggested that whenever he felt too uncomfortable, he could float further and further away to a safe distance. In the fifth and sixth sessions, Mrs. A. abreacted the rape and by modulating the floating distance, Mr. A. could visualize the scene and learn for the first time the full extent of his wife's ordeal. Mr. A. reported occasionally being so far up and away he could barely see or hear what was happening at the rape scene. He was then encouraged to decrease the floating distance just enough to permit a coherent perception of the unfolding drama. The author/therapist further suggested that should the rape images return in the future, he could just float away from them to a safe distance.

In the seventh session, the couple reported that during the preceding week they talked about the rape. Mr. A. was reported to have been attentive and accepting, but emotionally withdrawn. Mrs. A. reported that she felt relieved her husband accepted her and added she felt better about herself. Mr. A. talked about how intrigued he felt concerning his new capacity to attentively follow his wife's account, but that he was still bothered by intrusive revenge fantasies that painfully contradicted his value system. A simultaneous trance was induced and the couple was instructed to: "Go back to the time and place of the assault. You will find out that you are capable of not only experiencing the event but you can also influence the course of events and even alter it to your satisfaction."

As Mrs. A. was describing the developments leading to the assault, I asked Mr. A. where he was. He replied he was walking right behind her. The couple showed increased signs of discomfort as Mrs. A. was describing her initial encounter with the rapist. They were encouraged to reshape the imagery:

Mrs. A.: The guy is grabbing my shoulder from behind . . . [sobbing]  
I'm scared . . .

T.: Where are you right now Mr. A.

Mr. A.: I am behind a tree nearby [his body tenses and stiffens].

T.: What do you feel?

Mr. A.: I am boiling with anger. I don't want him to touch her.

T.: . . . and what would you like to do now?

Mr. A.: I want to protect her.

T.: Go ahead . . .

Mr. A. never allowed his wife to complete her hypnotic age-regressed memory to its brutal conclusion. In his own hypnotic imagery, he wrestled the rapist to the ground, beat him with his fists, and kicked him until he lay bleeding. Mrs. A. was seen smiling as she followed the trance scenario described by her husband. Ego and relationship strengthening posthypnotic suggestions were then added by the author/therapist.

The following session was the last. The couple announced that they felt a significant improvement. Mrs. A. said she felt supported and cared for, and Mr. A. reported feeling more relaxed and much more at ease with his angry feelings. The couple expressed a wish to let the rape issue rest and leave town for a spontaneous second honeymoon vacation. At a 3-month follow-up session, the couple reported a good capacity to discuss freely the trauma but a decreased need to do so. They both reported continued feelings of emotional wellness. An incident that happened on their vacation was of particular significance to them.

Driving on a narrow country road they noticed a pick-up truck dangerously tailgating them. At a certain point the truck came so close it actually bumped into their car. As they slowed down, the reckless pick-up truck driver passed them, making obscene gestures. Mrs. A. immediately became anxious and her husband physically tensed up to the extent that he could no longer drive and had to pull over and stop. They then decided to revert to a newly learned fantasy game. After indulging themselves for a few minutes in mutually creative revenge fantasies, they felt amused and relaxed enough to continue their vacation, untroubled by the incident.

Mr. and Mrs. A. were contacted by telephone 6 months following termination of therapy and reported feeling happy with no new problems.

#### DISCUSSION

This case report deals with a relatively neglected aspect in the treatment of rape victims: family members traumatized by proxy. The need to attend to the emotional pain of family members has been described previously (Friedman et al., 1982). Conjoint hypnotherapeutic techniques provide a parsimonious method to simultaneously address both the needs of the individuals concerned as well as those of the relationship system. Simultaneous couple hypnotherapy allowed the husband to desensitize himself to the rape account. He learned that his anger was not only controllable but that it was both legitimate and therapeutically valuable to his wife. He was also given the opportunity to display caring behaviors he otherwise had difficulties showing. It is also conceivable that Mr. A. was inadvertently provided with an opportunity to symbolically work through an old core conflict around the legitimacy of his anger.

The victim was given an opportunity to alter the abandonment theme of her trauma through the corrective aid of her husband, who had exacerbated these feelings prior to therapy by his own cognitive and emotional avoidance. The marital system gained an improved capacity to draw upon internal healing resources and developed an enhanced sense of cohesion. Simultaneous hypnotherapy can be a relevant technique in many trauma cases when it becomes important to help the affected family members form a much needed support system for the traumatized individual. But even when the significant other is not emotionally crippled, his or her inclusion in a simultaneous trance should still be considered. The spouse may serve as a supportive healing agent to help the victim abreact the trauma by borrowing from his or her present ego strength. The plasticity of the hypnotic reality permits conjoint creative revivifications in which the victim internalizes the spouse's image for the purpose of regaining a sense of confidence and control, desensitizing phobic sources of avoidant behavior and appropriately integrating the experience.

Teaching the couple how to draw upon the resources of their own systems in times of extreme distress can provide them with a problem solving and crisis resolution mechanism that can enhance both the robustness of the familial unit as well as the psychological well being of its members.

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