A FEAR OF THUNDERSTORMS: A CASE STUDY
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ABSTRACT
A 27 year old female with a history of phobic reaction to thunderstorms is treated with hypnotherapy adjunctive to other psychotherapeutic methods to elicit repressed memories and recognise aberrant parental sexual behaviour as a determinant of the phobic reaction, and thence to help her cope with the resulting anxiety and emotion;

INTRODUCTION
A phobia is anxiety attached to a specific object or situation. Such fears are of endless variety. In most cases, conditioning plays a part, in others it seems that the anxiety may become displaced from its original source and attach to an object or situation which did not previously occasion it (Trethowan, 1979). The case to be discussed seems to indicate a combination of displacement and conditioning.
The effectiveness of hypnosis as a therapeutic technique for anxiety and phobic disorders has been shown in many recent reports e.g. Hypochondriacal phobia (O’Donnell, 1978), contamination phobia (Scrignar, 1981), slug phobia (Gustavason and Wright, 1981) among others.

Hypnotherapy in the treatment of phobias seems most effective when used adjunctively with other treatment strategies ie. Behavioural modification techniques, systematic desensitization (Spiegel, et. al. 1 981) and Gestalt methods (Van Der Hart, 1981). The advantages of using hypnosis as a method of disciplined concentration in the treatment of phobias include reduced time, increased vividness in imagery, superior relaxation and a more ready acceptance of reassurance, as well as efficient “uncovering” (Gustavason & Wright, 1981).

THE CASE STUDY SUBJECT
The client, Miss G. was 27 years old, in a stable relationship of seven years standing. She was an only child of older parents (in their late thirties at her birth), and had left home at the age of fifteen. She had had a poor relationship with both parents. The whereabouts of her father is now unknown, and she keeps in touch with her mother—whom she regards as “neurotic”—out of a sense of duty.

Miss G. sought relief of an overwhelming fear of thunderstorms. She said that lightning had struck her home when she was two years old and she recalled experiencing a thunderstorm at about aged eight whilst in church where she noticed that the priests and nuns seemed to be afraid. The feelings she described during thunderstorms included a fear of dying, punishment, loss of control, smallness, injustice, panic and terror.

PROCEDURE
The client was seen for a total of sixteen sessions over a period of thirty months during which there was a twenty-two month break in therapy. She first attended in November, ’1979. In the first session, after an interview in which the above history was taken, hypnosis was induced via a compliant eye fixation technique and an attempt to use automatic writing to uncover any underlying cause was made. Although no writing occurred, on awakening the client felt constriction in her chest and said she had focussed on the name of her boyfriend and also that of her mother. It also occurred to her that the “crackle and flash” of lightning was conducive to the greatest fear.

In the second session, an induced dream (Sanders, 1 982) revealed “a harbour, large ships and bombs the size of buildings”. Systematic desensitization was commenced to alleviate her fear of thunderstorms.

In the third session, systematic desensitization continued, and discussion took place in the attempt to relate or associate the feelings involved.

The client cancelled her next appointment and did not resume therapy until twenty-two months later.
On resumption of therapy, Miss G. was quite tense and anxious. The apprehension and fear of thunderstorms had increased. Neo-reichian massage (Baker, 1967) was applied for the physical tension and “armouring” with good result, after which hypnosis was induced. As a result of regression, she found herself standing at the end of a long dark hallway in great fear of what the darkness held. It was suggested that ‘child G’ and ‘adult G’ explore the darkness together. This they did and found an uncle standing in an alcove off to one side; no threat or apprehension manifested in the situation. On waking Miss G. recalled that her father had often beaten her as a child. When questioned regarding the possibility of sexual harassment, she maintained that nothing of that nature had ever occurred.

At the next session, however, the client reported that on checking with her mother, she had learned that her father had indeed molested her sexually many times in her early childhood. In therapy and under hypnosis a Gestalt approach (Pearls 1969; Marcus, 1979) was used whereby the relevant feelings of fear of loss of control, smallness, punishment etcetera are utilized in regression to associate with an early incident. On the count of one (from ten) she regressed to age four and an experience of being forced by her father to fellate him. When he ejaculated, it almost choked her.

On waking, Miss G. said she felt numb; she had great difficulty in accepting the experience on the emotional level, although analytically she was sure of its validity. The next consultations consisted of hypnotic ego strengthening (Hartland, 1973) and counselling to cope with everyday life now the phobia had been defocused and reality had to be faced and dealt with. She recounted other incidents of sexual assault (always fellatio, never sexual intercourse) and bashings at the hands of her father. She was encouraged to relate her descriptions of her feelings during thunderstorms to those regarding her father’s actions — the association was clear.

Neo-Reichian massage continued each session to lessen the bodily tension and systematic desensitization (Bandura, 1969) in regard to the thunderstorms was continued slowly. Role-play techniques were employed to help her gain perspective (eg. Gestalt empty chair technique (Pearls, 1969), and she was encouraged to express her feelings in therapy. As time progressed she expressed hatred, anger and resentment towards her mother for not only doing nothing about what was going on in the home, but her blaming the ‘child G.’ for it. The previously induced dream (two years before) of bombs the size of houses in what should have been a safe harbour was understood by Miss G. as she recalled her mother saying “it’s all your fault” after beatings and sexual assaults and that she had “broken up the harmony of the house”.

During this time (some five months) several thunderstorms were weathered. Miss G. was able to control her panic, the punishing aspect had disappeared, her fear of dying and of injustice had diminished and the sensation of smallness was less pronounced. Although occasional ‘flashbacks’ occurred she was gradually coping better and better.

The last session took place in March, 1982 and on a follow-up telephone conversation a few months later Miss G. reported continuing improvement. She felt, she said, that she still had a long way to go, but she is no longer incapacitated by thunderstorms, the panic has gone and she was now able to drive her car during a storm.

DISCUSSION
This case illustrates the attempted repression of the unacceptable reality of violence and sexual assault, and the re-direction of ‘energy’ onto something more acceptable. As the fear of thunderstorms had already been conditioned firstly by lightning striking the house and secondly by Miss G’s perception of fear in the representatives of God during a thunderstorm whilst she was in church (surely the safest of all places), this apparently associated with her feelings of punishment, smallness, fear of dying, etcetera within the confines of her own home in her defencelessness against her father’s violence, her mother’s accusations.

The reality is repressed, condensed and finally displaced to the thunderstorms. In this way her anxiety and nervousness is contained and manageable. The uncovering of the phobia presents her with a whole range of emotions and memories with which she now must cope. In effect a Pandora’s box is opened. And because of the dual nature of the symbol, the thunderstorm fear must still be dealt with.
The case of Miss G. clearly shows that the successful uncovering of a phobia is not necessarily the end of therapy. . . but the beginning.

REFERENCES