

## THE WOMAN WHO TALKED TO HER FINGERS

### (AN UNUSUAL THERAPY FOR NAIL BITING)

This article is about a form of therapy I use with a number of my clients.

I will describe components of this therapy and then give an example of how it helped a client I saw recently.

If I am asked what kind of therapy I am about to use – such as CBT, analysis etc, I say “I would like to help you use your imagination in a way that may resolve your symptoms”. I don’t have a name for the therapy as I believe it is made up of many of the components used in other therapies.

A. Firstly, the client needs to be flexible and open to what I suggest we do.

If they are rigid, with inflexible beliefs about how the world is, my experience is they may have difficulty with any suggestions I give.

If they must be in control at all times, they will be unlikely to accept that their imagination could be of help.

Like all clients who make changes, they need to be motivated to do so.

B. They must have an ability to imagine.

This ability to imagine, visualise or create, varies from person to person. In order to assess which category my client is, I use a simple test. I ask them to “imagine a man walking a dog”.

The response could be divided into three groups:-

1. Those who describe the man, what he is wearing, the direction he is walking, the breed and colour of dog etc. I label these people as having a “vivid imagination”.

2. Those who vaguely see a man with a dog but can give only minimal detail. I would label these people as being “able to visualise”, but I would need to explore further to assess how helpful this may be in therapy.
3. Those who are unable to visualise anything. They just see black and have minimal pictorial imagination. I would use other aspects of their inner world – internal words, thoughts, and feelings to help rather than pictures.

In this article I am referring to the first group.

### C. The Inner World

I have a concept that there is an inner world inside our minds – our unconscious – consisting of thoughts, feelings, pictures, and words. These four components give us messages – self talk, images of the future or past and emotions.

It is important that these four components send us messages that are accurate, up to date, and helpful.

In my experience, with the majority of clients who seek our help, this is not the case. The messages are either inaccurate, out of date or unhelpful. In many cases all three are incorrect.

One of my aims is to help the inner world consist of helpful messages. These messages will provide information to enable clients to feel confident and have high self esteem. They are then more able to deal with what life offers.

I also want to help the client’s beliefs to be accurate and helpful. Often their beliefs are most unhelpful.

One belief that comes to mind is what I call the “English Disease” (I am Australian) which is very common, and very limiting.

It is “what will people think?” “People” is not defined and I believe a more accurate belief may be “People don’t care”.

This inner world is much more fragile than the external one. It is like a child who has suffered, been hurt and is frightened and rejected.

As a therapist, we need to be very sensitive to the sensitivity of this inner world, and treat it with the care, respect and understanding it deserves.

- D. I combine visualisation with “Parts Theory” which implies we are made up of different parts.

Symptoms can be resolved by exploring these “parts” and changing them to “parts” that are more up to date and helpful.

“Parts” is a simple word for a multitude of applications. We can disassociate ourselves into – thoughts, feelings, the child, adult, worrier, catastrophiser, critic, frightened part, anxious part etc etc.

The number of parts is only limited by our creative power.

I guide clients to “talk to the parts” as if they are talking to a person. For example, if a client has a headache I would direct them to “go inside and see what the headache looks like”.

The headache may be represented metaphorically as a “heavy, black block on top of my head”. I then ask “What would you like to have there instead of the heavy, black block?” The reply could be “a fluffy, white cloud”.

Our therapy would then be directed to changing “the heavy block” to the “white cloud”.

For example, when I see a client to stop smoking, I take them on a journey around their body – into their mouth, nose, throat, trachea and lungs. On this journey the client asks these parts how they feel about “the mind” (another part) causing the client to smoke.

The parts are generally angry, upset, confused as to why the mind is hurting them whilst they are trying to keep the client alive and well.

I introduce a comparison between the lungs – pink, helpless and sensitive, and a new born baby. I ask the client to imagine this baby in the lungs and how it feels as the smoke pours in. I would then arrange a meeting between the parts of the body and the mind to see if a resolution can be achieved between them to stop smoking.

#### E. Unconscious Metaphors

An unconscious metaphor could be described as “a representation of reality, created beyond our awareness”.

A dream is a metaphor that comes to our awareness during sleep and may be recalled when we wake. It is a story in symbols, pictures and feelings. It relates to the person’s reality, and uses language that can be decoded to “get the message” about themselves. They can then bring that message to their conscious awareness.

When I guide clients to explore their unconscious metaphors (ie they are unaware of them), I am often very surprised (and pleased) at the symbols and stories they create. These stories are represented by specific vivid symbols that can be translated, altered and improved.

If I see a client suffering from anxiety, I explore underlying metaphors involved in the feeling of anxiety. If the feeling is in the chest, we may find any of the following – fireworks, a vice causing tightness, green triangles, red squares, demonic figures, a young child etc etc. The list is unlimited.

My task is to help the client change their metaphors to those that are more helpful.

- F. It is important to use clean language when helping clients make changes. By introducing our own views, beliefs and advice, we prevent the process proceeding in a way that leads to a resolution.

Asking questions that don't pollute, direct or influence the process of imagination is central to the therapy I use. (There is a therapy specifically called "clean language" which was created by a therapist called David Grove).

Clean language allows clients to be themselves, without being influenced by the therapist's viewpoint.

I will discuss this further using Annie's story as an example.

- G. Symptoms are caused by three components of the inner world:-

1. Thoughts
2. Emotions
3. The Connection (or lack of connection) between these two.

For a balanced life, we need these three acting as a team, so that communication passes between 1 and 3 to achieve a suitable outcome.

Our language illustrates this.

I feel like going to a certain restaurant, but I think it is too expensive.

I may express this as "I am in two minds" as to whether to go to that restaurant or not".

My thoughts and feelings connect, debate and arrive at a conclusion that I go (or don't go) to the restaurant.

This system is involved in any decision we make. For some people there is no connection and they go around in circles (ruminate) trying to make a decision. By using visualisation and guidance, we can help them to create a connection of their own choice, a metaphor such as – a ladder, road, telephone line etc etc to join the logic and emotion so a resolution will occur.

These are some of the basic concepts I use in my therapy. The following is a case history to illustrate some aspects of these principles.

Annie is a 23 year old woman who works as a vet. She is single, lives with her parents and consulted me for help to stop biting her nails.

She has bitten her nails for as long as she could remember, and told me it is related to stress. Her parents argued and fought a lot ever since she was very young, and she was saving up to leave home and migrate to Australia.

She had sought help many times for her nail biting, but the benefits only lasted a few days. “Biting my nails takes my mind of the stress in my life, but it only works for a few seconds and I hate the way they look and the pain I create”.

We talked about life, relationships, her job, finances, home life and the conclusion she had come to was “when I feel stressed I bite my nails”.

As she kept mentioning the word “stress” I decided to learn what it meant to her in her “inner world”.

The following is a summary of our first consultation.

Me: "Annie, close your eyes and tell me where you feel stress when you are feeling it".

Annie: "In my fingertips". (This is unusual. In my experience, stress is mainly felt in the chest, head or abdomen).

Me: "I'd like you to go to your fingertips. When you are there, let me know. Would that be alright with you?"

Annie: "Yes, I am there now"

Me: "Ask them if they are the part of Annie that deals with stress?"

Annie: "They say "yes they are"".

Me: "Ask them how they help you deal with stress".

Annie: "They say they only have one method and that is to get me to bite my nails".

Me: "Do they believe their method is helping?"

Annie: ""They say "no", but that is all they have".

Me: "In my experience, stress is dealt with best by the chest or stomach. Fingers are used to do things, helping Annie to do what she wants to do. Would it be alright with the fingertips if you moved the stress feelings to the chest or stomach?"

Annie: "They look relieved and say "yes please"".

Me: "Annie, where do you think would be the best place to help you deal with stress?"

Annie: "I think my chest. Shall I move the stress there and see how I feel?"

Me: "Yes. Take your time and when the stress feelings are in your chest, let me know".

Annie stays silent for about 20 seconds.

Annie: "The stress feelings are now in my chest. It feels better. There is more room, it is not so tight. The fingers feel better too, more relaxed".

Me: "Good. What do the feelings in your chest look like?"

Annie: "I need a little time. It feels so strange, I feel confused".

Me: "Good. Take your time".

Annie pauses for about one minute

Annie: "I can see it now. It is like flames. It is hot and uncomfortable and tight".

Me: "What would you like it to be instead of flames that are hot and tight?"

Annie: (thinks for about 20 seconds). "I would like it to be calm and cool, and I'd like to feel in control".

Me: "Let's leave your chest for a little while and move to your thoughts about dealing with stress. Would that be alright?"

Annie: "Yes. That would be fine".

Me: "Good. Whereabouts are your thoughts?"

Annie: "In my head".

Me: "In which part of your head?"

Annie: "In the front".

Me: "What do your thoughts tell you about dealing with stress?"

Annie: (thinks for a few seconds) "They say there is no point getting upset. Things will turn out OK. I have made plans that will help, so there is no need for the tight flames in my chest. I would like to have more control".

Me: "Is there a connection between these thoughts and the tight flames in your chest?"



Annie spends some time quietly

Annie: "No, I can't find one".

Me: "If you were to create a connection between your thoughts and the flame feelings in your chest, what kind of connection would you create?"

Annie Pauses for 30 seconds

Annie: "I would create a pipe to carry water from my thoughts to the fire and put the fire out".

Me: "Good. Go ahead and create a pipe that is suitable for that".

Annie Pauses for 30 seconds

Annie: (with a smile) "Yes. I've done that and I can put the fire out with my watery thoughts".

Me: "Good. Let's imagine some situations in the past when you were stressed. Have the stress flames in your chest and use watery thoughts to travel down the pipe and put out the fire".

Annie pauses for one minute

Annie: (With a big smile) "I did that. It's amazing. I feel I do have control.

Me: “Good. Stay with your eyes closed and go over what we have just done. Take some time, your own time to quietly be with yourself. This time is “not trying” time, it is time to “be”, to relax, to allow the creative part of your mind to help you. I would like you to make it a daily priority to reflect on what we have just done, and what you have learnt from each day’s experiences. Spend some time with your fingertips, helping them to know they do not need to take responsibility for dealing with stress any more”.

Annie sat quietly for 2-3 minutes and then opened her eyes

Annie: “That was amazing. I never knew all that was going on inside. It seemed so simple to do what you asked. I wish I had done that years ago”.

I made a CD for Annie to play. It contained many aspects of the session that would be helpful to reinforce the work we had done.

I saw Annie a few weeks later and she was fine. She had not bitten her nails since our session and proudly displayed them to me. She was also dealing with stress in a more relaxed way, and exploring her inner world to improve calmness and reduce stress.

I contacted her a month and three months later. She told me all was well in her inner world, her fingertips were much happier, her nails were growing beautifully and she needed less and less water for her fiery chest. She sent me photos of her new long nails, saying she was very proud of them.

Annie was a very suitable client to use these techniques to resolve her symptoms

- a) We were “on the same wavelength” which I believe is very important,
- b) She had a vivid imagination and visualised very easily and very clearly,
- c) She was very motivated,
- d) She accepted my bizarre suggestions without challenging or rejecting them. (Many clients would think that talking to your fingertips was a sign of madness – both of therapist and client!),
- e) She accepted the concept of an “inner world” and that it was possible to improve the way it worked.

With many clients, these attitudes are not present and other methods would be more appropriate.

The metaphors that Annie created were:-

- 1) Stress was dealt with by her fingertips.
- 2) She could talk to her fingers and they would reply.
- 3) She could move stress from her fingertips to her chest.
- 4) The stress in her chest was a fire that felt hot and tight.
- 5) Her logical thoughts were in the front of her head.
- 6) There was no connection between logic and emotion.
- 7) She created a pipe conducting water as the connection.
- 8) She could send watery thoughts down the tube to reduce the flames of anxiety.

All these metaphors were created by Annie. My questions were used to guide her to find the metaphors in the inner world. Annie was unaware of these metaphors before we met, but I believe they were there and relevant to the nail biting, and the cessation of nail biting.

My aim was to use “clean language”. I tried to avoid directing her with opinions that may “contaminate” her thinking process.

I didn’t “tell” her what to do. I framed my words with “I’d like you to ....”, I asked questions, I supported with words such as “good” and “that’s right”, “Let’s do ....”, “If you were to ...” and “Let’s try and...”.

As an overview, the case of Annie illustrates how we can help clients make changes with a technique that is interesting and exciting to both client and therapist.

It requires being delicate, sensitive, aware and able to be flexible and not directive.

I have used the techniques for many years. With some clients (like Annie) it is a success in a short time. With others it takes a lot longer. With still others, even if the process shows a change can occur, the clients do not find it to their liking and are not motivated to proceed, so with them I use a different approach to therapy.