

Analytical Hypnotherapy

Volume 2

Practical Applications

Jacquelyne Morison

with contributions from
Georges Philips

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Volume 2
Practical Implications*

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Introduction

'Tis distance lends enchantment to the view, and robes the
mountain in its azure hue.

– *Thomas Campbell*

Analytical Hypnotherapy in Perspective

To encounter one's own history not only puts an end to the blindness
hitherto displayed toward the child within oneself but also reduces the
blockage of thought and feeling.

– *Alice Miller*

The practitioner should have an eclectic vision of analytical hypnotherapy as a powerful, in-depth, therapeutic approach that can be utilised in order to tackle even the most stubborn of psychological and physiological disorders for which the client may seek assistance. Analytical hypnotherapy, of course, can be used for a range of the client's presenting conditions from cases of minor low self-esteem or minimal anxiety to cases in which she will have suffered the most intolerable traumatic and psychological disturbance. Analytical hypnotherapy, thus, will be versatile and easily applied by the creative and infinitely-flexible practitioner who is able to think on his feet.

In the companion volume to this work, *Analytical Hypnotherapy Volume 1 – Theoretical Principles*, the practitioner would have been introduced to those disciplines and premises from which the practice of analytical hypnotherapy has been derived. Let us now take a collective overview of these approaches in order to pinpoint precisely the hallmark of analytical hypnotherapy, its scope and its philosophy.

The therapeutic premise

Hypnoanalysis enables the therapist to locate the sources of inner conflicts, and this is the best technique I know for getting at the root causes quickly. It saves months and months of work.

– *Dave Elman*

Analytical hypnotherapy will, essentially, take a facilitative and noninvasive stance to therapeutic intervention (see Chapter 1 – “The Hypnoanalytic Approach”). The practice will, therefore, be nondirective, noninterventionist and nonjudgmental in order to give the client the maximum chance of finding her true identity beneath the psychological imprinting that she has hitherto accumulated. This therapeutic premise will mean that the client can gently be led towards resolving traumatic, conflicting or distressing aspects of her past experience that have had an inhibiting effect on her self-fulfilment and self-actualisation. During the therapeutic process, the client can be invited to gain insight into her psyche and, in this way, can be freed from having to employ defensive strategies, falsifications and unwarranted reactions. This approach, therefore, will maintain a healthy respect for the client’s subjective world. Personal insight and psychic resolution can then, collectively, result in beneficial change at an unconscious level of awareness for the client.

Analytical hypnotherapy will assume that the client has within her all the resources necessary in order to resolve disturbance and to work towards individuation and psychological maturity. The analytical philosophy presupposes that the client will be inherently goal-oriented and capable of self-growth. The practice also endeavours to reintegrate the client into the social world from which she may have strayed in order to establish and maintain her meaningful and purposeful existence in society. The hypnoanalytical therapist will also facilitate the client’s search for the meaning of life and will encourage her to take up important life-challenges, to form life-affirming goals, to modify irrational thinking and to rectify unrealistic assumptions. In making such changes, the client can be assured of a more harmonious existence and a richly productive life. The therapeutic premise of analytical hypnotherapy, therefore, will encompass those aspects of humanistic and cognitive practice that will enable the client to grow and to realise her fullest potential.

The therapeutic approach

Psychoanalysis is concerned with adaptation, with how the subject (or ego) deals with stimuli impinging upon him both from without and from within.

– Anthony Storr

Analytical hypnotherapy will examine the way in which circumstances and events have had an adverse effect on the client (see Chapter 1 – “The Hypnoanalytic Approach”). The practice of analytical hypnotherapy will invite the client to investigate those memories, dreams, fantasies, thoughts, beliefs, convictions, attitudes and aspirations that relate to her psychic distress. In an endeavour to conclude unfinished business, the client will, thus, be invited to release her pent-up emotive expression, to uncover her innermost thoughts, to heal fragmented aspects of her psyche and to lay bear those psychic impressions that have shaped her entire existence. Once psychic distress has been dealt with by the client’s inner mind, her psychological disturbances should diminish and her maladaptive behavioural practices can be eliminated or modified. In resolving aspects of distress within the client’s psyche, emphasis can be placed on the influence that childhood relationships will have had on her development by leaving unsatisfied her vital psychological and developmental needs. Any dysfunctional childhood nurturing or unhealthy relationship-attachments will need to be examined with a fine-toothed comb, therefore, in order to allow the client to rid herself of any impediments to forming fruitful and meaningful intimate relationships with others. The therapeutic approach of analytical hypnotherapy, hence, will culminate in the most comprehensive investigative probing that can enable the client to appreciate fully the impact that the past has had on the present.

What is the Key to Hypnoanalytic Practice?

Let us assume that the client wants to divest herself of those presenting symptoms that are causing her discomfiture. In what ways can the hypnoanalytic process be of assistance to the client? By way of introduction, therefore, we shall now outline some of the fundamental premises that obtain in hypnoanalytic methodology.

Facilitating cathartic discharge

The method was based on the assumption that hysteria was the product of a psychical trauma which had been forgotten by the patient; and the treatment consisted in inducing her in a hypnotic state to recall the forgotten trauma to the accompaniment of appropriate emotions.

– *James Strachey & Angela Richards*

One of the prime objectives of most forms of therapy – and, in particular, analytical hypnotherapy – will be to empower the client to discharge those pent-up elements that have lain dormant for so long and caused untold damage in their wake. Therapeutic catharsis can be achieved when any thoughts, memories, sensations or emotive expression that have been unconsciously deflected by the client can be invited to surface (see Chapter 2 – “Therapeutic Investigation”). Often the release of an emotive response in the form of an abreaction will, in itself, have a cathartic effect for the client. When the client’s thoughts are voiced and her true feelings have been discharged, then she will almost certainly feel a sense of lightness and a relief because the pressure that has built up over time in keeping these elements under wraps can be emitted like steam from a pressure cooker (see Chapter 17, Volume 1 – “The Case for Therapy”).

Exploring imaginative imagery

Dreams, like visions, radiate from a hidden archetypal centre of meaning.

– *Maggie Hyde & Michael McGuinness*

When lifting psychic conflict from within the client, an analysis of dream-imagery and imaginative symbolism can be a valuable asset for the therapist (see Chapter 14, Volume 1 – “Dreams and Symbolic Imagery”). If the client can be encouraged to interpret her own dreams, visual images, thoughts and other symbolic imagery, a source of fruitful and insightful knowledge will often be gained from the experience. Such exploration into the client’s mind will frequently be a worthwhile exercise when she is, in any way, distressed or confused. This methodology can be an ongoing process that the client can undertake away from the consulting room in order to ensure a form of continuity of her psychic unfolding.

Chapter 2

Therapeutic Investigation

An angry man opens his mouth and shuts his eyes

– *Marcus Porcius Cato*

What Does Therapeutic Investigation Achieve?

It is the aim of psychoanalysis to arrive at an insight into the unconscious processes which the patient has right now. Psychoanalysis is not historical research per se.

– *Erich Fromm*

One of the main premises of analytical therapy will be that the client will be asked to probe her own mind in order to explore its contents with a fine-toothed comb (see Chapter 17, Volume 1 – “The Case for Therapy”). The aim of this approach will be to excavate from the client’s mind those limitations that she has to psychic freedom and psychological contentment. Analytical investigation, in many ways, will involve frequently looking in the fridge until the mould has been identified and then setting about finding the disinfectant in order to eradicate it. Opponents of the analytical paradigm frequently claim that this will be a morbid waste of time that simply retraumatizes the client and exacerbates her symptoms. This simplistic and short-sighted view of therapy could, however, rob the truly dedicated practitioner of the reward of effecting permanent change within the client who has suffered from the rigours of life and from traumatic past experience. Critics – almost invariably – are those people who would rather emigrate or starve than even open the fridge door!

In order to effect the client’s recovery and her freedom from distress, she will need to accept aspects of her past. Once these

elements have been accepted and understood by the client, then change can take place. The client cannot change or accept that which she does not know or understand – consciously or otherwise. Sometimes a conscious understanding of the client’s life-events will suffice but, in most cases, it will be her unconscious enlightenment that will bring about permanent and beneficial change. Investigative probing, therefore, will be a necessary tool in the practitioner’s therapeutic toolkit in order to render the ground fertile for the client’s personal growth and expansion. Let us now consider some of these forms of investigative and explorative methodology.

Free Association

Free association is the central technique in psychoanalytic therapy. In essence, clients flow with any feelings or thoughts by reporting them immediately without censorship.

– *Gerald Corey*

In collaboration with Josef Breuer (1842–1925), Freud discovered that the client could identify the birthplace of a given symptom and, if this recollection were accompanied by the abreactive process, the client’s presenting symptoms would then be alleviated or abated (see Chapter 1 – “The Hypnoanalytic Approach”). From this discovery, Freud formulated the therapeutic technique known as free association, that has become of fundamental importance not only to the analytical hypnotherapist but also to virtually every other clinical-psychology discipline. The use of free association, therefore, will be one of the principal ways in which the client can investigate the driving forces within her own mind.

Nothing takes place in psychoanalytic treatment but an interchange of words between the patient and the analyst. The patient talks, tells of his past experiences and present impressions, complains, confesses to his wishes and his emotional impulses. The doctor listens, tries to direct the patient’s processes of thought, exhorts, forces his attention in certain directions, gives him explanations and observes the reactions of understanding or rejection which he in this way provokes in him.

– *Sigmund Freud*

What is free association?

Instead of urging the patient to say something upon some particular subject, I now asked him to abandon himself to a process of free association – that is, to say whatever came into his head, while ceasing to give any conscious direction to his thoughts. It was essential, however, that he should bind himself to report literally everything that occurred to his self-perception and not to give way to critical objections which sought to put certain associations on one side on the ground that they were not sufficiently important or that they were irreverent or that they were altogether meaningless.

– *Sigmund Freud*

Free association permits the client to move freely within her own mind from one idea to another in order to connect thoughts, ideas, physical sensations and emotive responses that have a common thread at an unconscious level. Free association will be a memory-recovery and insight-oriented process whereby the client can link one memory or sensation with the next in sequence in a seemingly random manner because one thought or sensation will prompt the formation of the next. Often the practitioner will encourage the client to undertake this process with minimal intervention – interjecting, for example, only a limited number of reflective comments when absolutely necessary.

As a treatment method, the technique of free association can be used for locating, uncovering and resolving memories of experiences that have played a key role in the development and manifestation of the client's presenting symptoms. By this means, the client's new-found knowledge and insight will, in itself, generate self-respect and this form of self-enhancement will, in turn, have the effect of bolstering her self-esteem. Free association will provide access to the client's unconscious wishes, fantasies, conflicts and motivations that will evacuate the restrained substance of her memories as well as clarify incomplete or partial memories of experiences. The free-association process can be utilised in order to gain effective access into the root cause of the client's distress by locating the memory-trace and, hence, the source of the conflict in this seemingly haphazard way (see Chapter 10, Volume 1 – "Memory"). Because the client's memories will be encoded in her unconscious mind according to emotive content, the practitioner can be sure that free association will lead towards unearthing anxiety-provoking and stressful components. The common thread

Chapter 9

Sorrow and Grief Disorders

The thought of suicide is a great comfort; with it a calm passage is to be made across many a bad night.

– *Friedrich Nietzsche*

What is Sorrow and Grief?

A sense of loss is also experienced by many victims: loss of their family if they are placed in foster care or if the family choose to support the perpetrator rather than the victim, loss of their innocence, and loss of their “normalcy”.

– *Jeffrey Haugaard & Dickon Reppucci*

Sorrow and grief will be the client’s way of expressing intense emotional pain. The grief-stricken client may suffer from sorrow and grief disorders as a result of unhappiness, bereavement and loss (see Figure 2 – “Symptomology”). The child will grieve, for example, for the loss of his childhood innocence and any lack of parental protection. This will be particularly true if he underwent events in childhood that might have plunged him into the adult world prematurely. The client may unconsciously feel such loss manifestations when, for example, a parent was unwell for a lengthy period or was absent from home for a long period during childhood. Similarly, the client may have suffered psychologically if he had to fend for himself and if he was made to look after siblings. Psychological distress in the form of sorrow and sadness, therefore, can be installed in the client’s mind because he was once hungry for love and affection from the moment of birth and throughout formative years in childhood. The child will, obviously, have been dependent, vulnerable and needy and could easily be hurt by any form of rejection, abandonment or lack of care. Intense emotional distress can, of course, lead the client to attempt suicide or to engage in self-harm (see Chapter 8 – “Guilt and

Shame Disorders”). The client may, therefore, feel that the only way out of his distress will be to terminate his intolerable existence. A high incidence of childhood abuse or neglect will often be responsible for the client’s intense outpourings of sadness and grief (see Chapter 15 – “The Effects of Childhood Abuse”).

The client should, of course, be permitted and, indeed, be encouraged to grieve, to mourn and to wallow in self-pity in order to release himself from the bondage of misery. The grieving process can also encompass feelings of fury, indignation, rage, terror and shame. Tears are probably the most natural form of abreaction to which the client can readily succumb in the therapeutic context and can often provide him with a passport to psychological freedom regardless of the nature of his presenting symptoms.

In the clinical literature, depression is the symptom most commonly reported among adults molested as children, and empirical findings seem to confirm this.

– *David Finkelhor & Angela Browne*

Sorrow and Grief Manifestations

In one sense the cause of suicide is simple: overwhelming pain. This overwhelming pain, however, is the aggregate of thousands of pains.

– *Joel Covitz*

Sorrow and grief can permeate the client’s life in a number of ways. Often the client will be reticent about admitting to his sorrows or will be reluctant to summon the help of those nearest to him. The client may also feel disinclined to talk to his nearest relatives about his sorrows because he may consider that they will not understand his plight. It may, of course, be for this reason that the client will seek therapy. Let us now discuss those lingering forms in which sorrow and grief can manifest within the client.

In this sequel to the highly acclaimed first volume, Jacquelyne Morison introduces the clinical practitioner to the practical applications of analytical hypnotherapy - the process of transforming theory into practice.

Providing a succinct and all-embracing overview of the topic, the author not only removes the mystery enshrouding the practice, but also brings analytical hypnotherapy into the mainstream of clinical techniques.

In depth case studies and client profiles cover groundbreaking research areas, including:

- fear and anxiety disorders
- sorrow and grief disorders
- anger and rage disorders
- post-traumatic stress
- the nature of childhood abuse.

Analytical Hypnotherapy Volume 2 allows the hypnotherapist to accomplish an In depth examination of the client's psyche. Equally, psychotherapists and counsellors will benefit from this invaluable guide, which aptly demonstrates the importance of hypnotherapy in investigative methodology and practice.

"Comprehensive, informative and wholly practical - all the tools for the analytical hypnotherapist are to be found within *Analytical Hypnotherapy Volume 2*."

Anne Billings, Fellow of the National Association of Counsellors, Hypnotherapists and Psychotherapists

"An excellent, comprehensive text, and a creative tool for practitioners in successfully bridging that significant interface between theory and practice."

Colin Hunter, hypnotherapist and healer

"This book is a gold-mine of information, well written, clearly set out, and easy to learn from. I predict that this book will be the bible for any hypnotherapist who wants to get to the top of their profession."

Vera Peiffer, hypnotherapist and author

"A superb follow-up to the excellent *Analytical Hypnotherapy Volume 1*."

Peter Mabbutt, Director of Studies, London College of Clinical Hypnosis

Nachelle Crowther



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