

The Heart-Centered Hypnotherapy Modality Defined

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ABSTRACT: The Heart-Centered Hypnotherapy modality will be identified within the traditions of deep experiential psychotherapy, humanistic psychology, and transpersonal psychotherapy, differentiated from the Freudian analytic tradition of cognitive verbal therapy. We will identify the component elements of this eclectic modality, and how and why each is used. Heart-Centered Hypnotherapy combines elements of traditional and Ericksonian hypnosis, Neuro-Linguistic Programming (NLP), Transactional Analysis (TA), developmental psychology, behavior modification, Gestalt techniques, pre- and perinatal psychology, and chakra opening. We will demonstrate how effective experiential psychotherapy can be finessed into transformational healing through accessing the transpersonal level of consciousness. We will examine the purpose of transformational healing: (1) acceptance of oneself, i.e., unconditional positive regard for the integrated totality of one's many aspects; (2) the "death of the ego", i.e., transcendence of a narrow definition of our self as separate from the rest of creation and the creator; and (3) preparation for a conscious and enlightened physical death through self-actualized full participation in life.

Introduction

We will assess the basic ingredients of effective psychotherapy, locating the Heart-Centered Hypnotherapy modality within the traditions of deep experiential psychotherapy, humanistic psychology, and transpersonal psychotherapy, differentiating it from the Freudian analytic tradition of cognitive verbal therapy (Section I). We will address the various unconscious processes utilized in this modality, and describe the levels of consciousness from which they arise (Section II). We will identify the component elements of this eclectic modality, and how and why each is used. The basic method utilizes a hypnotic state and age regression to access traumatic source experiences. The usefulness of revisiting these experiences is in releasing repressed emotions, creating a corrective experience to change their emotional and physiological effects, and discovering the life patterns that underlie the behavioral choices (Section III). We will address the cross-cultural applications of the modality (Section IV). We will suggest areas for further research (Section V).

Section I

The Traditions Underlying the Heart-Centered Hypnotherapy Modality

Heart-Centered Hypnotherapy is a powerful psychotherapeutic modality addressing the growth and health of body, mind, emotion and spirit. This modality fits within the general categories of deep experiential psychotherapy, humanistic psychology, and transpersonal psychotherapy. Experiential

techniques of psychotherapy have developed over the past several decades in response to the profound limitations and disappointing results of the "talk therapy" that grew out of the tradition of Freudian analysis.

Freud discussed his early perspective of psychotherapy, emphasizing the retrieval of memories, expression of emotion, and bringing unconscious material into consciousness:

. . . each hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and had put the affect into words

We further endeavored to explain the way in which our psychotherapeutic method works. It brings to an end the operative force of the idea which was not abreacted in the first instance, by allowing its strangulated affect to find a way out through speech; and it subjects it to associative correction by introducing it into normal consciousness (under light hypnosis) or by removing it through the physician's suggestion, as is done in somnambulism accompanied by amnesia. (Breuer & Freud, 1895/1955, p. 255)

Freud later discarded hypnosis as incapable of accessing the early (birth to age two) traumatic memories. He favored free association as the preferred method of accessing the unconscious material, believing it to be more reliable. Carl Jung also used, then abandoned hypnosis, saying "I gave up hypnotic treatment for this very reason, because I did not want to impose my will on others. I wanted the healing process to grow out of the patient's own personality, not from suggestions by me that would have only a passing effect" (Jung, 1964). The *authoritarian* approach to hypnotic treatment that both Freud and Jung used, that is giving suggestions, is indeed unreliable due to the influence of the therapist. Milton Erickson pioneered the permissive, *exploratory* style of hypnotic treatment:

Direct suggestion [authoritarian] is based primarily, if unwittingly, upon the assumption that whatever develops in hypnosis derives from the suggestions given. It implies that the therapist has the miraculous power of effecting therapeutic changes in the patient, and disregards the fact that therapy results from an inner resynthesis of the patient's behavior achieved by the patient himself. It is true that direct suggestion can affect alteration in the patient's behavior and result in a symptomatic cure, at least temporarily. However, such a 'cure' is simply a response to the suggestion and does not entail that reassociation and reorganization of ideas, understandings, and memories so essential for an actual cure. It is this experience of reassociating and reorganizing his own experiential life that eventuates in a cure. (Erickson, 1948/1980, p. 38)

The authoritarian approach to hypnotic treatment creates shallow success, in that it is symptomatic and short-lived.

Sometimes suggestive hypnosis is all that is needed to successfully treat a clinical problem. However, there are times when problems and symptoms are related to historical factors (e.g., trauma) and/or serve adaptive functions and purposes that are beyond conscious awareness. In these cases, delivering hypnotic suggestions and metaphors will be most effective following uncovering and age regression (abreactive) work. A comprehensive, integrative approach to hypnosis thus includes the use of exploratory and insight-oriented hypnotic techniques. (Hammond, 1990, p. 4)

The advantage of hypnosis is the ease of accessing a state of reliving the memory through age regression. Of course, regression does not automatically

create healing or the disappearance of symptoms. In the words of Alice Givers, "It is not enough merely to go to a childhood trauma. That trauma must be *expressed* in order for a person to release the energy from it. Some scenes need to be repeated many times in order to release the feelings and beliefs." (Givers, 1996, p.104) Herein lie the skill and the art of hypnotherapy, however. Cory Hammond summarizes this point: "Skills in conducting hypnotic induction, deepening, and age regression to a past event are relatively easy to teach. It is, however, much more difficult to readily impart skills for how to facilitate intense abreactions and to then cognitively reframe and work through trauma in such a manner that it provides a corrective emotional experience." (Hammond, 1990, p. 514)

The reliance on cognitive verbalization in the Freudian tradition is slow and largely unsuccessful, due to the difficulty in accessing the deepest levels of unconscious material and effecting prompt behavioral change.

In view of the observations from experiential sessions, and psychotherapeutic approach restricted to verbal exchange is of limited value and cannot really reach the core of the problems involved. The emotional and psychosomatic energies underlying psychopathology are so elemental that only direct, nonverbal experiential approaches have any chance of coping with them effectively. However, verbal exchange is essential for proper intellectual preparation for the experiential sessions and also for their adequate integration. In a paradoxical way, cognitive work is probably more important in the context of experiential therapies than ever before.

The powerful humanistic and transpersonal techniques of psychotherapy originated in reaction to the unproductive verbal and over-intellectualized orientation of traditional psychotherapies. As such, they tend to stress direct experience, nonverbal interaction, and involvement of the body in the process. However, the rapid mobilization of energy and release of emotional and psychosomatic blocks that these revolutionary methods made possible tend to open the way to perinatal and transpersonal experiences. (Grof, 1985, page 340)

Experiential techniques differ from verbal therapy in a number of vital ways: the attitude about the nature of the human psyche; the intensity and directness of experience; the role of the therapist; the response to psychological resistance and transference; the incorporation of the physical body's sensations, pain, and symptoms; the incorporation of state dependent learning; the underlying theory of the meaning of symptoms; and the diversity of states of consciousness accessed.

Perhaps the most fundamental difference is the attitude about the nature of the human psyche. Traditionally, the inner core of human beings was considered by Freud to be metaphysically dark, the source of evil, dangerous libidinal impulses that needed to be controlled and repressed. Abraham Maslow, one of the pioneers of humanistic psychology, urged that the psyche be de-pathologized, looked upon as the source of health and the wellspring of creativity. The deepest and most basic human needs are spiritual, with innately altruistic values and a tendency toward self actualization. He studied spontaneous mystical states, calling them *peak experiences* (Mallow, 1962). These states were the same as those Jung called *numinous* (Jung, 1960). The

goal of psychotherapy is growth into the highest expression of our ultimately good inner core. To achieve psychological health, we must accept and love that essential inner core, including the shadow side, not revile it as bestial and base and needing containment.

Let us return to the concept of *corrective emotion experience* referred to by Hammond. The experience of a new, improved, safer, or higher level of functioning replacement for the original traumatic experience is vital to healing the effects of the trauma. That can best be accomplished in the state in which the original trauma was experienced (refer to the discussion of state dependent learning to follow). The concept of Locus of Control (LOC) is useful in understanding the relationship between the client creating a healing corrective emotional experience, reclaiming full accountability for his/her experience, and the resulting beneficial effects in his/her current life.

Derived from social learning theory, the concept of LOC defines an individual's belief about who or what is responsible for outcomes in their life. People with an internal LOC believe that what happens to them is a consequence of their own actions and is within their control. Those with an external LOC believe that what happens to them is related to external events, powerful others and chance, and thus beyond their control (Lefcourt, 1983). Research indicates that people with an internal locus of control tend to have more adaptive behaviors, are more proactive in their health care, experience more positive psychological outcomes (are less depressed and anxious), and enjoy better physical health than those with an external LOC (Oberle, 1991).

The corrective emotional experience changes at a deep level the individual's LOC from external to internal. Humanistic psychology points to the ultimate expression of self-actualization as embracing this healthy internal LOC: "I am 100% responsible for my experience of my life." This is highly empowering to the individual. Understood properly, it does not create responsibility and blame for one's victimization at the hands of a perpetrator, but rather increases the sense of control over one's life.

Experiential techniques provide a more intense and direct experience than talking about and analyzing them does. A hallmark of experiential techniques is the prolific recall of unconscious material, and the emotional catharsis created. For example, the technique of free association in Freudian analysis accesses a superficial level of the unconscious material. Hypnotic age regression accesses a much deeper level of material by following an *affect bridge* from a current intense emotion back to earlier and more traumatic antecedents of that emotion (Watkins, 1971). The experience is one of re-living, releasing and integrating the memory, not just remembering and analyzing it. Experimental evidence

verifies that the most effective age regressions are those associated with highly affective events (Nash et al., 1979).

An altered-state approach to childhood can uncover a panorama of emotional threads and patterns that ordinarily would remain too far under the surface to come to consciousness. Work in this state not only deepens and extends the usual scope of childhood memories but also often corrects them. It is as much more comprehensive in the uncovering of such memories as slugging through a country, noting towns and fields and forests, is more revealing than flying over a landscape. Since each person retains in his deep unconscious a memory of all that he has experienced, there is no limit to the detail that he can recover in an altered-state.

As in other areas of regression therapy, however, it is not the details that are important, interesting as these may be, but the repetition of patterns that are revealed through the details. (Lucas, 1993, p. 89)

Another observation regarding the most effective regressions is that "the earlier the trauma, the more global the insights" (Janov, 1996, p. 231). The further into the past one regresses (to childhood, more so to infancy, even more so to birth or *en utero*, perhaps even more so to preconception or past lives), the more transpersonal is the re-experience and the more far-reaching is the life pattern exposed. Regression to childhood draws attention to patterns of behavior learned in that state related to personality traits and interpersonal styles, with generalizations of people and places and self. Regression to pre- and perinatal experiences reveals deeper, more encompassing patterns related to underlying existential and safety issues, with generalizations of life on earth and God. Regression to pre-conception or past lives adds a cosmic element to the patterns revealed, with generalizations regarding purpose. With each deeper level of transpersonal experience, the same generalization or 'core issue' (such as shame, abandonment, engulfment, worthiness) is revisited with higher level implications.

An example would be a woman who has the pattern of attracting men who abuse and abandon her. She can go into Freudian analysis in order to gain insight into the meaning of her behavior and her choices of men. In traditional "talk therapy" the transference in the relationship between the client and therapist is used in order to "work through" her lack of trust with men. The client is encouraged to learn to trust men and relationships by developing a trusting relationship with her therapist. There are several problems with this. (1) It takes years of therapy and insurance companies are no longer willing to pay for such extensive therapy. (2) This therapy assumes that the therapist is healthy and has worked through his counter-transference issues (not always true). (3) If the client or her insurance company runs out of money and therapy must be discontinued before she has worked through all these trust issues, she will again re-experience abandonment by men, namely her therapist. Then her pattern of attracting men who abandon her will be even more deeply reinforced. "Talking through" and analyzing a relationship pattern is an extremely inefficient and lengthy process.

In Heart-Centered Hypnotherapy, the client begins with the current pattern of abandonment and the associated emotions. He/she will then follow the *affect bridge* back to the source of this pattern in life. For example, one client regressed back to three years old. Her father was hitting her for not behaving and then scared her by telling her that he was going to drop her off at the orphanage and leave her there. During her session, she experienced the terror of that threat of abandonment, and was able to release the feelings in the same ego state/developmental stage where those feelings had been stored for twenty years. After she expressed the pent-up emotions, she experienced a deep sense of relief and release.

Next, this client regressed even earlier to being in her crib and crying for her mother. Her mother came into the room, very disturbed by the crying. The mother checked and, believing that nothing was wrong, left the baby alone again. The baby cried and cried but to no avail. At this moment, she concluded that she would always be abandoned and that her emotional needs would never be met. It is during these early moments that many self-limiting unconscious decisions have been made and are stored in the deep recesses of our minds. Therefore in order to change these patterns, we need to be able to access the precise moment when the decision was made. It is just like the programming of a computer. In order to create a different result, the *original program* must be changed.

After the emotions have been released, the client then becomes clear to make a new decision from her *adult ego state*. The new decision is that she does indeed deserve to have her needs met and that she can attract healthy, loving relationships into her life. Once the new decision is made on the deepest of unconscious levels, the patterns change. The client will then be directed to create an internal *nurturing parent* who will give the child the new messages. This inner dialogue, performed simultaneously on the conscious and unconscious level, is the closest experience we have to re-parenting the inner child. Because trance-state work elicits the senses, the client actually experiences the unconditional love that the inner child has always craved. This also relieves the therapist from having to meet the needs of the client or his/her dependent inner child. This greatly reduces the need for transference and teaches the client to develop his/her own internal ego structures. And the amazing part of this brief therapy is that *this can all be accomplished in one session*. This does not claim to complete the healing in one session, but rather to advance it far more deeply and further in each session than could usually be accomplished using traditional verbal cognitive techniques alone.

Experiential techniques call for a different role of the therapist than in verbal therapy. The role of the traditional therapist is to intervene in the client's self-exploration with direction, interpretation, analysis, and advice. Leaving the

direction of the exploration and the interpretation to the client's own mind eliminates reliance on the skill and personal clarity of the therapist. The experiential therapist must trust the client's unconscious to spontaneously select the most relevant material to bring into conscious insight, and activate the self-healing force within every person. We never know ahead of time where the person's unconscious mind will take us. And in experiential therapy, the therapist becomes a facilitator and follows the lead of the client instead of having an agenda for what the client needs. Jung defined the task of the therapist to be mediating for the client a contact and exchange with his or her inner self, both the individual and collective unconscious.

Jung's understanding of psychopathology and psychotherapy was altogether unique. According to him, when drives, archetypal urges, creative impulses, talents, or other qualities of the psyche are repressed or not allowed to develop, they remain primitive and undifferentiated. As a result, they exert a potentially destructive influence on the personality, interfere with adaptation to reality, and manifest themselves as psychopathological symptoms. Once the conscious ego is able to confront these previously unconscious or repressed components, they can be integrated in a constructive way into the individual's life. Jung's therapeutic approach does not emphasize rational understanding and sublimation, but active transformation of one's innermost being through direct symbolic experiencing of the psyche . . . (Grof, 1985, p. 339)

One woman had a presenting problem of feeling exhausted and overwhelmed with all that she had to do everyday. After exploring her feelings, she discovered that she felt responsible for taking care of everyone else in her life, a role that we call a *rescuer*. This woman began to realize consciously that she was in fact taking care of everyone in her life that she loved, as well as many that she didn't even care about. *Rescuing* is defined as assuming responsibility for others' experience, doing things for people that they could do for themselves, at a personal cost that leads to resentment. Through many sessions of cognitive verbal therapy, this woman cognitively understood the rescuing pattern and how unhealthy it was for her. All of this work was done on the conscious level and even though she had full intention to change, she could not.

We then began Heart-Centered Hypnotherapy with her, not having any idea what the source of this pattern was. She regressed back to several situations where she felt responsible for others because, as the eldest child in her family, that had been her role. Then she went back in her regression to being three years old. She was taking care of her younger cousin who suddenly fell into a very deep hole in the ground. It was filled with water and the young boy almost drowned. She immediately pulled the young boy out of the hole and called for help. Many adults praised her for rescuing this young boy and saving his life. So at the age of three, this pattern had been established and profoundly reinforced. The client was very surprised about where her unconscious mind took her, as she had barely remembered this event and had never connected it with her current day stress.

The client was then able to realize that even though what she had done as a child was a very good deed, she was actually too young at three years old to be responsible for another life. She made a new decision that she was no longer going to be responsible for other people. She was, for the first time, going to be responsible for herself and to begin to say "No" when she needed to. She was able to bring in her internal *nurturing parent* to hold the little three-year-old and release her from the huge responsibility for rescuing so many other people. This is a powerful example of honoring the client's own inner self to go where it needs to go for healing.

Experiential techniques decrease psychological resistance by sidestepping the everyday ego state which implements all the defense mechanisms created in the unconscious. It is relatively easy for a client in talk therapy to censor thoughts, suppress emotions, avoid painful material, deny the obvious, and skirt the issues. Directly accessing the body's memories and associations, re-experiencing early prenatal, perinatal and childhood trauma, the collective unconscious, and the transpersonal component make it very difficult to censor, suppress, avoid and deny. Chronic psychological resistance becomes blocked energy. Therapy requires bringing that blocked energy to consciousness, experiencing it and mobilizing it into action. We use specific techniques to assist the client to *experience and release* their fear, *experience and release* their anger, *experience and release* their powerlessness. Expressing the inner state helps one to experience and change it. The change comes when the client moves from the individual unconscious level to the transpersonal level of clarity and awareness. By comparison, the conscious state of awareness is extremely limited. Compare the capabilities of an old manual typewriter to the capabilities of the latest computer with its ability to take the user into the World Wide Web. There really is no comparison.

. . . the driving force behind the symptoms seems to be, in the last analysis, the tendency of the organism to overcome its sense of separateness, or its exclusive identification with the body ego

The major obstacle in the process of healing so understood is the resistance of the ego, which shows a tendency to defend its limited self-concept and world views, clings to the familiar and dreads the unknown, and resists the increase of emotional and physical pain. (Grof, 1985, p. 360)

Experiential techniques reduce significantly the transference that complicates verbal therapy. Experiential techniques demand that the client take full personal responsibility for his or her own process rather than cultivating any form of dependency. The therapist assists in the healing process (the original meaning of the Greek word *therapeutes*) rather than

taking responsibility for it as in the medical model. When the client attributes ulterior motives to the therapist, it is easy to use experiential techniques to go directly to the source of those emotions, fears, suspicions, etc. The real relationship pattern that has been projected onto the therapist is thus brought to conscious awareness.

An example of this is the client who feels angry that the therapist was ten minutes late for her last appointment. In Freudian analysis, it could take months of analysis to deal with this issue and it would be generally on the conscious level. In other "talk therapies" the client may not even feel comfortable talking about it, but may begin acting it out by being late herself or canceling appointments.

In experiential therapy, we follow Fritz Perls' genius to deal with what is emerging in the moment and use that for therapeutic growth (Perls, 1976). When the client is angry with the therapist, we put him into the trance state and process his feelings of anger and explore other feelings that are connected. Underneath the anger, he feels hurt, lonely and abandoned. We then regress him back to the source of these feelings. For example, one client went back to being six months old, feeling very close and loving with his father. The father was suddenly taken into the army, away from his son. Everyday the infant looked for his father, but he was not there. The client was able to express deep grief at being abandoned at such an early age. In later sessions he went back to these feelings of abandonment, and realized that at the same time his mother had to leave him with relatives so that she could go to work. While staying at the home of his relatives, he was sexually abused at the age of two by a teenage uncle.

His feelings of abandonment, originally triggered by his therapist being late for a session, provided the linkage for his unconscious mind to discover the source of that abandonment. This is an example of how transference onto the therapist can be immediately used very productively to work through deep personal issues in a matter of just a few sessions.

Experiential techniques access and utilize in the psychotherapeutic process the physical body's sensations, pain, and symptoms much more than traditional verbal therapy. The physical emphasis of experiential techniques began with Freud's disciple Wilhelm Reich, who recognized the muscular armoring which accompanies neurosis (Reich, 1949). His student Alexander Lowen developed the therapeutic system called *bioenergetics*, a technique combining breath, movement, and manual manipulation to integrate the ego with the body (Lower, 1976). Paying attention to *body memories* (the physical concomitants of emotional trauma called traumatic memory) allows one to follow them back on the *somatic bridge*

(the physical equivalent of the *affect bridge*) to the original sources of the trauma.

An example of this is a client who came to us with asthma and difficulty breathing. He had been to doctors as well as traditional therapists all his life and nothing helped. When he regressed back to the source of the suffocation issues, he was immediately back in the womb being choked by the umbilical cord wrapped around his neck. He was terrified of dying, yet at the same time had the feeling that his parents did not actually want him and had attempted to abort him. This took about three sessions to work through, at which time he reclaimed himself, body and soul and made the clear decision to live. After that session, the asthma was gone and he can now breathe freely without the use of inhalers.

Behavior modification techniques are much more effective when used in experiential therapy than within the cognitive verbal approach.

Advantages of hypnotic desensitization over traditional behavioral desensitization include enhanced scene visualization (Deiker & Pollock, 1975; Glick, 1970) and the ability to give posthypnotic suggestions to encourage behavioral responses to the situations that were imagined (Deyoub & Epstein, 1977; Gibbons, Kilbourne, Saunders & Castles, 1970). (Hammond, 1990, pp. 153-154)

For example, when we use the conditioning technique of extinguishing an unwanted self-defeating experience *in the ego state in which the behavior was originally established*, the conditioning is faster and more permanent. Here we refer to recent research in state-dependent memory and learning (Ross, 1986, Janov, 1996, and Pert, 1997). Research shows that a person who learns a task or creates a memory while under the influence of a particular emotional state will repeat the task or recall the memory most efficiently when again under the influence of the same emotional state. We might use the extinguishing technique to help a client eliminate his/her desire for nicotine. The individual is induced into the hypnotic trance state and regressed to the incidents surrounding the initial development of the craving for nicotine. Once the person reconnects with the state in which the state-dependent learning took place, the extinguishing process is performed. For example, one client regressed to his entry into the adult workforce in a Teamsters union job at age 17. In order to reduce his inadequacy fears, he began to smoke cigarettes. In the session, regressed to age 17, he re-experienced the deep emotional need for relief from anxiety, which the smoking provided. He was successful in extinguishing the desire for cigarettes by replacing the seventeen-year-old's anxiety with the adult's self-confidence.

The body, not only the brain, contains the unconscious mind. The body physically encodes its learned symptoms, neurotic coping mechanisms, and decisions in the limbic-hypothalamic systems. Healing occurs by accessing the encoded learned responses, following the affect or somatic bridge back to the

state in which they were learned, and reframing them. Repressed emotions and the behavior patterns which they create are stored in the body, and can best be released by returning to the state in which they were created. Experiential therapy provides direct access to the *reptilian or primal brain and to the cellular level*, where pain and trauma and neurotic symptoms live and can be released. This primal brain, and the autonomic, endocrine, immune, and neuropeptide systems all easily create repetitious responses, which function largely beyond conscious awareness. Our cells literally learn habitual behaviors. While functioning at this level is autonomic (occurs unconsciously), it can be brought into consciousness by intention. This gives us conscious access to the cellular decision-making process, like increasing manufacture of immune system cells, or overriding unconscious libidinal drives. (Pert, 1997)

Experiential and transpersonal therapy allow access to these realms of autonomic decision-making. Cognitive verbal therapies are less effective in these realms.

During the shock and stress of an automobile accident, for example, the special complex of information substances that are suddenly released by the limbic-hypothalamic-pituitary-adrenal system encodes all the external and internal sensory (visual, auditory, proprioceptive, etc.) impressions of the accident in a special state or condition of consciousness. The accident victim is often recognized as being "dazed" and in an altered state of psychophysiological shock. Hypnotherapists describe such shock states as *hypnoidal*: The memories of these traumatic events are said to be *deeply imprinted* as *physiological memory*, *tissue memory*, or *muscle memory*. We propose that all these designations are actually metaphors for the special *state-dependent encoding of memories by the stress released hormonal information substances*.

When accident victims recover from their acute trauma and return to their 'normal' psychophysiological states a few hours or days later, they find to their surprise that the details of the accident that were so vivid when it took place are now quite vague and more or less forgotten. This is because the special complex of stress-released information substances that encoded their traumatic memories has changed as their mind-body returned to normal; the memories are thus not available to normal consciousness. We say they are now experiencing a traumatic amnesia. That the traumatic memories are still present and active, however, is evidenced by the fact that they may influence the accident victim's dreams, for example, and/or be expressed as psychosomatic problems. Clinicians typically hypothesize that the memories are *dissociated* from normal consciousness and encoded on '*deeply imprinted physiological levels*' where they form the nuclei of psychosomatic and psychological problems.

Essentially similar psychobiological processes of stress-encoded problems can take place in many other traumatic life situations. These range from what has been called the 'birth trauma' to child abuse and molestation, from 'shell shock' under battle conditions to the extremes of social and cultural upheaval and deprivation. There can be widely different responses to each of these situations, depending on the age of the person, the degree to which the traumatic situation is acknowledged and reviewed within oneself or with others, and the type of emotional support received. An effective mind-body therapy must take all these factors into account.

We hypothesize that the repeated 'mini stress' involved in the ideodynamic reviewing of the sensory and emotional circumstances of a traumatic event in hypnosis can partially reactivate the stress-released hormonal information substances that originally encoded that event in a statebound condition. The statebound information is thus brought into contact with the patient's ordinary cognitive and verbal ego processes that are usually still present during light and medium states of hypnosis. This allows the statebound or dissociated memories of the traumatic event to be accessed, discussed, and therapeutically reframed." (Ross) & Cheek, 1988, pps. 7-8)

A good example of this is a client who has developed a behavior response of anxiety to situations involving emotional or physical intimacy. Taking the client back to the source of this anxiety, she goes to the original traumatic event in infancy with an anxious mother attempting to breastfeed and being unable to do so. The client expresses her feelings thoroughly. Then, in the same state that the infant was in when she first experienced the anxiety, we extinguish the *primary anxiety* using systematic desensitization. This technique usually works successfully in one or two sessions, with a minimal number of trials. Performing the same technique with the same client in the defended adult ego state would take many more trials and the results may not be anywhere near as effective or long-lasting. This is especially true because it is usually the *secondary anxiety* which is extinguished by behaviorists who don't use age-regression.

Another difference between experiential therapy and verbal therapy is the underlying theory of the meaning of symptoms. Traditionally, in the medical model of verbal therapy, symptoms are the clues to the diagnostic category of disorder, and treatment consists of suppressing them. The symptoms are the problem, and relief of symptoms equals cure. In experiential therapy, symptoms are accepted as the emergence into consciousness of previously unconscious intrapsychic forces. Treatment consists of exaggerating symptoms, which provides conscious access to and cathartic expression of their underlying dynamics, which in turn allows for their resolution and ultimately the release of the symptoms. This parallels the principles of the healing system called homeopathy. Rather than defining symptoms as the problem to be eliminated, homeopathy sees symptoms as manifestations of the healing process (Grof, 1993).

Eating disorders such as bulimia are an example of this principle. When the client is bingeing on large quantities of food, we ask her to go back to the most recent time she did that and to get in touch with the emotion she had that triggered off this binge. The feeling was emptiness, loneliness and fear. We then use exaggeration to help her increase these feelings so that they are very strong and powerful. This helps the unconscious mind to find the source of that loneliness which triggers the symptom of bingeing. As we help her to work through the feelings of loneliness that go back to the very early lack of bonding, the symptoms will diminish and then disappear. These symptoms are very important in leading us into the unconscious source material.

Section II
Expanded Realms of Exploration:
The Individual Unconscious and the Transpersonal

Experiential techniques access expanded realms of exploration by going deeper into the individual unconscious and beyond into transpersonal levels. The advantage of gaining access to these expanded realms of non-ordinary consciousness is that they include a multi-dimensional capacity which transcends space and time. They also transcend the distinction between matter, energy, and consciousness, tolerate contradictions and possess an uncanny *radar system* that scans the psyche and finds the most relevant material from the unconscious at any given moment in the healing process.

Heightened sensory perceptions

People in non-ordinary states of consciousness often have vivid sensory experiences such as hearing sounds, smelling smells or seeing visions that are not present in the current reality. The intensity and vividness of the experience may surpass the kindred ordinary perception. It is usually the re-living of a memory which demonstrates how memory is stored in the body, mind and cells. People in our sessions often hear parental voices from within the womb, smell the alcohol on the breath of their perpetrator, or feel an intense love from a biological mother who is giving the child up for adoption.

Multi-dimensional

Experiences in non-ordinary states of consciousness allow for intentional shifts of focus, interchanging one's point of view between in-body and out-of-body, or from the macroscopic to the microscopic. One can experience him/herself as a fetus and the birthing mother simultaneously, or as the actor and the observer simultaneously. One example of this was a young boy who had regressed back to his birth experience where he was experiencing himself being born to a mother other than his own. He was pleading with his birth mother not to "give him away". In that experience he realized in his current ego state that he had been born to a mother who subsequently gave him up for adoption, a fact which his adoptive mother obviously had not told him. He was simultaneously experiencing intense longing not to be separated from his birth mother and then commenting on how beautiful she was and how surprised he was to learn he had been adopted.

Transcending space and time

In non-ordinary states of consciousness, events from different historical contexts can be brought to awareness and occur simultaneously. One's own historical three-year old and nine-year-old can co-exist and can be brought together for simultaneous nurturing. It is similar to modern video techniques of superimposing an image on top of or alongside another. In some ways, the

unconscious mind is like a video recorder where every experience, sound, smell, taste and vision is indelibly recorded and can be replayed instantaneously.

In non-ordinary states of consciousness, one can vividly experience past and future, or step out of the dimension of time altogether. People often experience themselves in historical situations that are currently labeled as *past lives*. These may be actual past life situations (there is some research as well as biblical and other religious references to indicate the validity of this interpretation) or this experience may be interpreted as metaphor or unconscious dream material or information from the collective unconscious. In any case, these powerful experiences may be used psychotherapeutically to help the person see his/her current life experiences more clearly. One may recognize the same Soul of a friend, relative or acquaintance in a past life and a current life relationship.

Transcending the distinction between matter, energy, and consciousness

We often see our clients experience their body as energy, their emotions as observable objects, or a disembodied energy as conscious. The "normal" boundaries between other and me or between my body sensations and my emotions can easily be transcended. One woman recently began her trance work simply by using conscious connected breathing. She began to experience the enormous *energy field* around her. This is often termed the *aura* and can now also be photographed and measured through current technology. She was amazed that just by going into a trance state she could experience the energy field which is always there, but of which she had been previously unaware.

Seeing composites

One can experience normally contradictory states as unitary. For example, one might experience intense anger and hatred at his/her perpetrator for the infliction of pain and suffering, and at the same time experience that person as a victim of abuse in their own childhood. This experience assists a person who has felt victimized by a perpetrator to attain a deep and transcending sense of forgiveness.

Radar system

In non-ordinary states there is an automatic selection of the most relevant material from the person's unconscious, a *radar system* that follows the affect or somatic bridge to emotionally charged memories and associations. Beginning with a particular intense emotion, one might go to related experiences of childhood, birth, past-life, and/or existential trauma. A clear pattern of personal choices will emerge into conscious awareness. This radar system is akin to the

search key on modern day computers. When you clearly define the nature of the pattern you are looking for, the unconscious radar system sends an "information-seeking missile" out to retrieve the exact time and place where this pattern began, to its source. Once there, we can uproot the weed that has caused the unwanted behavior and eliminate it.

The "information-seeking missile" can then guide you to other situations that further reinforced this pattern. We have learned to respect this radar system, as it is infallible. We have stopped having agendas for our clients and we fully allow their radar system to lead us where they need to go.

Conscious, Unconscious, and Transpersonal

The Heart-Centered Hypnotherapy modality utilizes a hypnotic trance state. The hypnotic trance state is a transpersonal state that allows the individual to simultaneously access "normal consciousness", the "individual unconsciousness", and "non-ordinary states of consciousness".

The term *conscious* refers to inwardly accessible experiences (emotions, thoughts, intentions, beliefs, and values) available to the personality through introspection. "Normal" everyday consciousness is a human state grounded in material reality and functional awareness of self and environment, directly derived from sensory input.

The term *unconscious* (we might use the term *individual unconscious*) refers to the vastly complex activity of the individual's body/mind which proceeds without the cognitive awareness of the personality, but may be impacted by conscious volition. These include autonomic nervous system activities, emotions, thought patterns, intentions, beliefs, and values. The unconscious contains one's wishes, unconscious decisions, long term memories, fears, feelings, and behavioral pattern imprints that are prevented from expression in conscious awareness. They manifest themselves, instead, by their influence on conscious processes and as dreams and neurotic symptoms.

Our choices are determined by our intentions (both conscious and unconscious). The strongest intention takes charge (often the self-destructive or limiting unconscious ones). We can influence our intentions by rooting out the unconscious ones (based on shame, unworthiness, fear, early childish decisions, or non-productive life-long patterns) and consciously changing them. The new decisions have to be made by the adult ego state while in the "files" of the unconscious. We are now discovering that people have a great deal more influence (control) over their autonomic nervous system functions than previously acknowledged. People can raise or lower the temperature in their hands by 5 to 10 degrees, can effect blood flow to a certain organ of the body

and can increase the immune system's antibody production to fight infection, through biofeedback and post-hypnotic suggestion methods (Pert, 1997).

The unconscious can be brought to consciousness through direct access, in a state which encompasses both (e.g., hypnosis). Through current research methods, we now know that hypnosis is a transpersonal state of consciousness characterized by simultaneous experience of both conscious and unconscious awareness. This divided sense of consciousness is referred to as partial regression. In a complete regression, or revivification, an individual loses that dual awareness, experiencing only the regressed state with no awareness of the current, present-day consciousness. Usually the divided awareness of partial regression is preferred for psychotherapy purposes.

We should mention, however, that a partial age regression is generally sufficient for therapeutic work and is much easier to obtain than a full revivification. The advantage of a partial regression is that the patient will feel emotionally involved in the experience, and yet will have the advantage of an adult perspective that can be applied in reframing and working through negative past events. (Hammond, 1990, p. 514)

The term *transpersonal consciousness* refers to the transcendence of *conscious* and *individual unconscious* experience. This could include transcending the 'barriers' of conventional time, space, or 'objective reality' limitations (e.g., ESP, telepathy, psychic diagnosis, past life regression, astral projection, or encounters with archetypes, divine and demonic entities, discarnate beings, spiritual experiences of God). Transpersonal consciousness could transcend the 'normal' ego boundaries, beyond the distinction between ego and everything else. One might experience him/ herself as a microbe or a galaxy, as the totality of existence or as no-thing. The collective unconscious described by Carl Jung consists of a racial unconscious that contains certain inherited, universal and archaic information. It is the internal *Information Superhighway*. All the experiences of humanity are available to all of us. Research by Candace Pert (1997), E.L. Rossi (1986), Valerie Hunt (1995) and others indicates that memory is not just in our brain but in every cell of our bodies. Hypnosis is one of the 'computer programs' which gives us access to this vast network of information and memories.

Transpersonal Consciousness

Transpersonal consciousness exhibits in three ways: (1) as the psychic state, beyond the scope of the five senses and related to the body and personality; (2) as the mystical state, beyond the scope of the five senses and related to the soul; and (3) as the hypnotic state, a "wide angle lens" capable of surveying and finding patterns in a broad range of information related to the body, personality, *and* soul.

The psychic state

Psychic phenomena encompass out-of-body and life-after-death experiences, telepathy (the direct transmission of messages, emotions, or other subjective states from one person to another without the use of any sensory channel of communication), precognition (a noninferential response to a future event), clairvoyance (direct responses to a physical object or event without any sensory contact), extrasensory perception (ESP, the acquiring of information through nonsensory means), and psychokinesis (PK, the ability to affect objects at a distance by means other than known physical forces). Psychic states are transpersonal, and utilize the higher chakras. They derive from the sixth chakra center, the *third eye*.

Psychologist Joseph Banks Rhine directed the Parapsychology Laboratory of North Carolina's Duke University, which began publishing literature in the 1930s. Rhine and his associates demonstrated the existence of ESP and PK (Hunt, 1995). The Parapsychological Association, an international group of scholars actively working in the field, was formed in 1957 and was granted affiliation status by the American Association for the Advancement of Science in 1969.

Robert Beck, an experimental physicist, studied the state of psychics and clairvoyants while they were at work. He developed sensitive instruments to measure brain wave activity, and found that their brain waves during psychic work were characteristically 7.8 cycles per second, plus or minus 1/100th of a cycle. Beck's research, reported in 1976, has been corroborated by Valerie Hunt at U.C.L.A. (Hunt, 1995).

The mystical state

The mystical state reveals spiritual knowledge in a direct internal experience, relating to the human soul as contrasted with the human personality. The basic ingredient of the mystical state is direct experience of the self as Soul, greater than the sum of one's body and personality, a sacred or holy experience. These experiences sometimes take the form of *out-of-body* and *near-death*. Mystical states are transpersonal, and utilize the higher chakras.

The hypnotic state

The hypnotic state is a "wide angle lens" consciousness capable of surveying and finding patterns in a broad range of information related to the body, personality, and soul. The hypnotic state allows access to the personality (conscious and individual unconscious) and to the soul (transpersonal and collective unconscious).

Hypnosis is an expanded state of consciousness characterized by simultaneous experience of conscious and unconscious awareness and heightened responsiveness to suggestion. Hypnosis may be self-induced, through relaxation, concentration on one's own breathing, or by a variety of external techniques. In hypnosis, attention is withdrawn from the outside world and is concentrated on mental, sensory, and physiological experiences. Hypnosis often produces a deeper contact with one's emotions, resulting in lifting of repression, exposure of buried fears and conflicts, and healing through cathartic release.

There is a dramatic difference between the expanded consciousness "wide angle" hypnotic state referred to here on the one hand, and the "telephoto" hypnotic state that we categorize as a "non-ordinary state" on the other. We use the "telephoto" quality of the hypnotic trance to focus the mind on searching memory or following an affect or somatic bridge. We use the "wide angle lens" quality of the hypnotic trance to allow simultaneous conscious awareness of various non-ordinary states, such as birth or a past-life or the underlying pattern that connects psychological cause and effect. A clear example of the difference contrasts the hypnosis past-life techniques used by psychiatrist Brian Weiss and the more classical regression hypnotherapy techniques. Dr. Weiss activates a state of focused concentration with hypnosis to help his patients recover past-lives as a quick and vivid therapeutic technique for dealing with emotional and physical problems in this current lifetime. He reports that patients exhibit a broad range of brain waves during the sessions, with relatively low frequency vibrations in the body's energy field. Alternatively, patients in a classical hypnotic state of expanded consciousness exhibit predominantly alpha brain waves, with a dramatic increase in the frequency and quantity of the body's energy field. Dr. Weiss' method usually retrieves body/personality information, while the classical hypnotic regression techniques usually retrieve body/personality and soul information (Hunt, 1995). It is our experience that the "telephoto" hypnotic state converts to the "wide angle" hypnotic state automatically upon completion of cathartic emotional release. For this reason, it is important to incorporate emotional release in the regression experience *before* moving into inner child work, past-life or soul integration, life-pattern insights, or other activities involving the higher energy transpersonal level.

Non-ordinary Consciousness

Non-ordinary states of consciousness include (1) pre-natal; (2) birth; (3) sleep and dreams; (4) meditation; (5) trance or drug-induced states; (6) dissociation; (7) coma; (8) amnesia; (9) psychosis; (10) anesthesia; (11) near-death or out-of-body; and (12) death itself. We will survey the various non-ordinary states of consciousness in the context of conscious and transpersonal levels of awareness.

Pre-natal

Pre-natal consciousness exists far beyond what we have known until very recent research. There is a close, two-way communication between fetus and mother. More than a chemical relationship, the mother's field carries specific information about her emotional and spiritual state and her experiences with pregnancy. A new pre-natal psychology is now developing to understand and work with emotional problems that originated *en utero* (Verny, 1981; Chamberlain, 1986; Gabriel & Gabriel, 1992). This state is unconscious and available to conscious awareness only through a transpersonal experience. It is characterized by euphoric unbounded contentment when the state is uncontaminated by pollutants or negativity, and various levels of fear, anger, pain and anxiety when the state *is* contaminated by pollutants or negativity.

Birth

The actual experience of birth consists of four discrete stages (Grof, 1985). The first is the blissful fetal state, one of unbounded mystical union. This state can be disturbed, of course, by environmental factors (e.g., pollutants in the mother's body, fear or anger directed at the fetus, or physical complications). The second stage of birth begins with the onset of biological delivery and its first clinical stage. The bliss is disturbed by chemical signals and then by muscular contractions. Since the cervix is not yet open, there is no way out, resulting in the experience of engulfment and/or claustrophobia. The third stage of birth (the second clinical stage of biological delivery) begins with the cervix opening and the uterine contractions propelling the fetus out through the birth canal. The experience is a tremendous struggle for survival: the birth/death struggle. There are many ways that the process can be compromised in this stage: various aberrant presentations (e.g., breech); external force (e.g., forceps); Caesarian birth; anesthetized mother and fetus; or complications (e.g., cord wrapped around neck). The final stage of birth is delivery from the struggle, emergence into the light. The primary potential disturbance of victorious joy at this stage is rejection or lack of wholehearted, loving, welcoming acceptance. This state is unconscious and available to conscious awareness only through a transpersonal experience.

Clients in deep experiential therapy often access prenatal and birth experiences. Age regressions frequently follow the affect or somatic bridge back to birth or intrauterine incidents. The accuracy of these memories has been carefully documented by Arthur Janov (Janov, 1996) and Stanislav Grof (Grof, 1985). The usefulness of revisiting these experiences is in releasing repressed emotions, creating a corrective experience to change their emotional and physiological effects, and discovering the life patterns that underlie the behavioral choices.

Sleep and dreams

Sleep is the normal, regular state of rest of an organism. In contrast to the waking state, sleep is characterized by relative quiet of physiological functions (blood pressure, breathing, and heartbeat) and a relatively low response to external stimuli. Two clearly distinguishable states of sleep exist. The first state, called synchronized sleep, occupies most of the sleep period and is associated with a relatively low pulse and blood pressure, little activation of the autonomic nervous system, and few or no reports of dreaming. The second type of sleep, known as REM sleep (rapid-eye-movement sleep), occurs cyclically during the sleep period and is characterized by activation of the autonomic nervous system, rapid eye movements, and frequent dream reports.

Studies show that dreams are more perceptual than conceptual: Things are seen and heard rather than thought. A considerable amount of emotion is commonly present - usually a single, stark emotion such as fear, anger, or joy rather than the modulated emotions that occur in the waking state. Most dreams are in the form of interrupted stories, made up partly of memories, with frequent shifts of scene. Dreams can be dominated by the individual unconscious or by the transpersonal.

The relevance of this dream state to transpersonal therapy sessions is the striking similarity between them, primarily the vivid sensuality and heightened emotionality of both experiences.

Meditation

Higher levels of consciousness can be attained through meditation, such as Zen, Yoga, or Transcendental Meditation from Eastern cultures, which offer self-directed procedures of physical relaxation and focused attention. Biofeedback techniques allow one to bring body systems under voluntary control by providing feedback from the body. People can control their brain-wave patterns, particularly the so-called alpha rhythms generally associated with a relaxed, meditative state. People can also control their blood pressure or body temperature.

There are two predominant styles of meditation. One is receptive mindfulness, a sustained nonselective alertness, a state of observing everything that enters the mind without reacting to it. This is like a mirror. The other is a concentrative practice leading to absorption, focusing undivided attention on a selected image or idea, also without reacting to it. This is laserlike attention. These two approaches to meditation resemble the two forms of hypnotic trance

state referred to earlier, the "wide angle lens" (mirrorlike attention) and the "telephoto lens" (laserlike attention). (Washburn, 1995)

The transpersonal state in experiential therapy may be identical to the transcendent experience of meditation, and can be appropriately integrated into the healing process.

Trance states

Another non-ordinary state of consciousness is the trance. Hypnosis can be a state of focused attention, a powerful "telephoto lens" capable of focusing on a narrow pinpoint of awareness, sometimes without conscious awareness or memory. Paradoxically, the hypnotic state can also be a "wide angle lens" capable of surveying and finding patterns in a broad range of information. The function utilized by the individual in a particular moment determines whether the hypnotic state is focused or transpersonal and modulates from the first to the second through emotional release.

Another method of creating the trance state is ingesting psychoactive drugs known as hallucinogens, which produce disorders of consciousness. The most prominent of these drugs are lysergic acid diethylamide (LSD), mescaline (peyote), and psilocybin. Stanislav Grof has extensive experience facilitating deep experiential psychotherapy with clients in an LSD-induced altered state, and reports consistent accessing of transpersonal states in the sessions (Grof, 1980).

The focused trance state is extremely helpful in searching the memory banks (individual or collective) for specific data. Hypnosis is probably more manageable than psychedelic trance states in experiential psychotherapy.

Dissociation

Dissociation is a defocusing of awareness, creating a failure to integrate information about one's personal identity, memories, sensations, and state of consciousness into a unified whole. It is also called the freeze response, and is an alternative to the fight-or-flight response to stress and danger. People often separate from their conscious awareness at times of trauma, the consciousness floating adrift, separate from the body. The trauma is not processed during the freeze response, causing Posttraumatic Stress Disorder (PTSD). Incidents originally experienced in a dissociated state are difficult to retrieve in vivid memory, but can be reconnected through following kinesthetic body memories.

While dissociation is elusive to recognize and confront in verbal cognitive therapy, it is relatively simple to identify and work around in experiential therapy.

Coma

Coma is a state of (un)consciousness in which a person is unresponsive to external stimuli. Coma may last for a few days or, in rare cases, for years, usually progressing after the first month to a persistent vegetative state. The coma state is one of extremely high but totally ungrounded consciousness, not the commonly believed state of prolonged unconsciousness. In the coma, the individual can receive and decode information, but there is not enough emotional energy to motivate the will to act or to communicate. As in the dissociated state, the comatose individual has freed him/herself from the pain of directly experiencing trauma. Awareness is high and weak, but not related to material things.

An individual in a deep hypnotic state, or a deep mystical state, may appear to the outside observer as if in a coma state.

Amnesia

Amnesia appears to be the loss or impairment of memory. Amnesia is a state outside space-time reality, with sensory experience unrecorded by the brain. The brain is idling with a theta wave pattern. The energy field, conversely, is wildly fluctuating. It may be caused by organic disorders, such as brain injury or cerebral arteriosclerosis, or by functional nervous disorders. Amnesia may be total, with complete loss of recall; or partial, with loss limited to immediately before or after a traumatic event; or systematic, relating to a particular type or group of experiences. We refer to the systematic loss of conscious awareness of specific traumatic experiences as *traumatic amnesia*. The memories are hidden from consciousness because the individual dissociated from the trauma at the time of the experience, and continues to maintain the loss of awareness due to the unacceptability or incongruity of the memory with conscious beliefs, values, and ideals.

Individuals commonly recover these memories or forgotten information through hypnosis. "Breaking through the limitations of conscious attitudes to free unconscious potentials for problem-solving often involves accessing state-dependent memories that remain cloaked (dissociated) under a traumatic amnesia" (Ross) & Cheek, 1988, p. 15).

Individuals will almost always have clear memories of their experiences of the unconscious or transpersonal in experiential therapy because of the

simultaneous presence of the conscious mind, with the exception of revivification experiences.

Psychosis

Most definitions of psychosis emphasize the individual's inability to discriminate between subjective experience and an objective perception of the world, or "reality testing." What distinguishes one in a mystic state from one in a psychotic state is the ability of the individual to integrate the experience in a productive and healthy way (perhaps even in a healing and transformative way), and to handle everyday reality as well as others in their community do. Psychosis is, therefore, an *ungrounded, unfocused state of non-ordinary consciousness*.

While people may have chaotic, random, or hallucinatory experiences in experiential therapy, it is nearly always *of* the mystical rather than psychotic variety.

Anesthetized consciousness

Anesthetized consciousness is ungrounded, but with "remote" awareness and memory. Milton Erickson (1963) and David Cheek (1959) discovered that anesthetized patients could perceive conversation at some level *of* awareness. Research with anesthetized surgery patients reported by Halfen (1986) and Bennett (1988) shows that a surprising amount of awareness does exist during anesthesia. The beneficial effects of positive suggestions to patients during anesthetized surgery have been well-documented (Evans & Richardson, 1988). Hypnosis has proven effective in patient recall of events that occurred under anesthesia (Bennett et al., 1985). The famous neurosurgeon Penfield concluded that the mind is active during anesthesia. He discovered that patients consistently recalled exact details of incidents during surgery. He noted, however, that the electroencephalograph (EEG) brainwave was totally inactive during anesthesia, ruling out the idea that an active nervous system produced the memory. The memory is, in Hunt's research (1995), held in the energy field of the body, where conscious retrieval is limited (although enhanced by hypnosis) but effects are clear.

Clients who re-experience their birth often encounter the anesthesia that their mother was given, even to the extent of tasting ether, experiencing numbness in the limbs, nausea, dizziness, or inability to concentrate. However, with persistence the experience beneath the veil of anesthesia can be accessed.

Out-of-body experiences (including near-death experiences and lucid dreams)

An out-of-body experience (OBE), or projection of consciousness, is an experience in which one seems to perceive the world from a location outside the physical body. OBE is not a new phenomenon; it is a natural physiological phenomenon. It often occurs just before we drop off to sleep, wake up, or meditate. Out-of-body experiences are ungrounded until the conscious choice is made to remain earthbound, when the consciousness returns to a "normal" state. The expressions "in" and "out" of body refer to where the awareness is focused.

Out-of-body experiences can also be forced, resulting from a traumatic incident, such as an accident, surgery, illness, etc. The *near-death experience* (NDE) is an example of a forced type of OBE, in which the individual is resuscitated from a traumatic incident, and sometimes from clinical death.

Another type of out-of-body experience is the *lucid dream* state, in which a person who is dreaming can consciously direct the content of the dream. Lucid dreams usually occur during REM sleep and are remembered upon awakening.

The experience of *cosmic consciousness* (also known as nirvana, samadhi, oneness with the universe, etc.) may actually be a very high level out-of-body experience, or projection of consciousness.

Many experiences in the transpersonal state of experiential therapy are perceived as "out-of-body" by the subject, especially in prenatal or past-life regressions.

Death

Somatic death is the death of the organism as a whole; it is marked by cessation of heartbeat, respiration, movement, reflexes, and brain activity. Ideas about what constitutes death vary with different cultures. In Western societies, death has traditionally been seen as the departure of the Soul from the body. The Polish physicist Slawinski has recorded the flash of light that occurs at death. He describes the "death flash" as 10 to 1,000 times stronger than the light radiation emanating from the body when it is alive. The rapidity of physiological death apparently determines the rate of dissemination of the light. There is less radiance at death following a slow, lingering illness than after a sudden, traumatic, or instant death (Hunt, 1995, p. 288).

The extensive documentation of near-death experiences by KublerRoss (1973), Moody (1975), Ring (1980), and others has identified a relatively common sequence of experiences at death. These correlate well with many cultural and religious traditions. At the moment of death, the soul sees a dazzling, blinding, clear Light of God. This is the ultimate moment of the soul's entire incarnation. Some people in the world miss this momentous opportunity

to reach God for many reasons. They don't know they are supposed to merge with the Light, so they don't. Preconceived religious notions or fear may stop them. People may be too medically drugged, so materialistically identified that God is the furthest thing from their minds, or too preoccupied with their families or matters of estate and other assorted worries and concerns. The soul can realize ultimate eternal peace unless overcome by its desire to perpetuate itself as an individual self (ego).

Death is very similar to birth. When a person is physically born, the physical body travels through the birth canal and out into the world. During death the personality and kundalini rise up through the *sushumna* (the chakra column, or silver cord) out through the "birth canal" opening which is the crown chakra, it strikes the pituitary and pineal centers in the brain, which causes the third eye to open. It is at this moment that the clear Light of God is seen and, it is hoped, merged with. When the emotional and mental connection with the body is severed, one withdraws the consciousness through the subtle energy field. The subtle energy field is the repository of all the emotional memories of that life, which will be re-experienced. If there have been many frightening, tragic, or rageful experiences then the exiting will present a huge challenge to move through these memories and keep focused on the Light.

Death and the state of consciousness at the moment of death are relevant to our hypnotherapy work in several ways.

It can be very healing for clients imminently facing death and those manifesting debilitating anxiety about death to explore their death experience in a safe clinical setting, and to resolve fears and other feelings about death. Alexander Levitan (1985) presents a technique called Hypnotic Death Rehearsal, wherein a client in trance is asked to project himself into the future, visualizing his/her own death. This experience often occurs spontaneously in past-life regressions. Once past the dying and into the death it is virtually always experienced as calm, peaceful, illuminating, and transcendent.

There are individuals who do not pass through the transition of biological death in a complete condition. These consciousnesses end up as psychotic post-mortems or *earth-bound spirits*. In other words, they are not able to completely orient themselves in their new non-physical state, and may conclude that they are still physically alive or may simply remain confused and disoriented regarding their unfamiliar surroundings or may be aware that they have passed through physical death, but are upset about having lost their human body. One strategy can be to "attach" itself to a living being in an attempt to continue a conscious existence on earth. Clients encountering this experience spontaneously may benefit from a spirit releasement (Five, 1987).

The relevance of these non-ordinary states of consciousness is that they often spontaneously appear in psychotherapy sessions utilizing hypnosis, especially the pre-natal and birth experiences, psychotic or mystical experiences, out-of-body and death experiences. The state of dissociation is one that the therapist must know how to recognize and handle in order to avoid long periods of unproductivity. The therapist utilizing hypnosis must also understand clearly the difference between the focused "telephoto" state and the transpersonal "wide angle" state, and the role of emotional release in connecting them.

Section III Personal Transformation Through The Heart-Centered Hypnotherapy Modality

Assumptions underlying the model

Belief in, or understanding of, these basic underlying assumptions is not necessary to successful use of the modality. We share them as an aid in fully comprehending the scope of the model and the true meaning of Personal Transformation healing.

We can understand humans by understanding that we are made up of energy that is shaped by consciousness. The energy always begins as pure Light, then is shaped by our experiences and the conclusions we draw from those experiences. The way we interpret or react to what we see around us is a reflection of previous, often infantile, decisions. We can change the way we are shaping the energy by changing our consciousness, by releasing any old negative patterns and by reframing previous decisions. Our choices are determined by our intentions (conscious and unconscious). The strongest intention usually takes precedence and all too often these are the self-destructive or self-limiting unconscious ones. We change our intentions by rooting out the unconscious ones which are based on shame, unworthiness, fear or unfinished business and making new conscious ones.

Humans can achieve higher states of consciousness and become fully *aware*. This is what is referred to as Nirvana, Samadhi or Enlightenment. Some people try to achieve these higher states of awareness by meditation and other spiritual practices alone, avoiding the difficult work of emotional healing. Many of these people appear to be very ungrounded, often being labeled "space cadets". In Personal Transformation healing, we have found that we must first *go through* the ego and unresolved emotional patterns. The role of emotion is to 'ground' our consciousness to life on earth. Emotions serve as 'sensors' of love and fear, the two alternative paths in our spiritual maturation. Emotions are the vehicle, and provide the motivation, for our healing. How? Emotions tell us

with pinpoint accuracy of any developmental stage that remains incomplete and any issues that remain unresolved, and provide the vehicle for completing each in order to move forward. We have also seen clearly that expressing emotions facilitates transformation from the personal to the transpersonal, from the "telephoto" to the "wide angle".

The purpose of transformational healing is acceptance of oneself (unconditional positive regard for the integrated totality of one's many aspects), the "death of the ego" (transcendence of a narrow definition of our self as separate from the rest of creation and the creator), and preparation for a conscious and enlightened physical death through self-actualized full participation in every living moment.

Humans are energy-fields performing 'cosmic photosynthesis', transforming the energy of the Divine Light into physical, psychic, emotional, and thought realities. Intuition and 'inner knowing' are very real aspects of our experience, no less real than the physical or cognitive. The reliability of our intuitive, psychic and emotional experience is loom to the extent that it is untainted by fear, guilt, shame or unworthiness. This untainted intuition is called *personal clarity* and this is the goal of transformational healing.

The conveyance of our energy is multi-layered. Physically, energy transmits first electromagnetically (through the subtle field), then electrically (through the autonomic nervous system), and finally chemically (through the endocrine system). We can measure the body's reception of sensory stimuli, such as a sound or a touch. The aura recognizes the stimuli first. Milliseconds later the nervous system receives the signal. The endocrine system finally receives the message and implements the body's reaction (increased heart rate, change in breathing pattern, "fight or flight or freeze" response, etc.).

When people have personality/ego issues that are blocking their spiritual growth, we must examine them and determine which of the chakras have blocked energy. In order to attain the higher states of consciousness, the energy must be able to flow freely through all of these energy points. Unresolved and repressed emotions cause what Wilhelm Reich refers to as *body armor* (Reich, 1949). This armor blocks the flow of spiritual energy and thus causes the individual to feel stuck in their spiritual growth.

The Chakras

Root chakra

The Root chakra or first chakra is our connection to the earth. It lies at the base of the spine and is the energetic gateway between our connection to the earth and the mental and spiritual worlds that can be awakened through the spine. This also corresponds to the first developmental stage: conception to six months old (the bonding stage, with a base need for survival). If proper bonding does not take place between mother and child, first chakra issues will be apparent. Feelings of lack or "not enough" are a first chakra issue, as is the pattern of experiencing abandonment or rejection in relationships. For example, a person who often feels that he/she doesn't have enough time, enough love or enough money in his/her life would have work to do in this chakra.

Sacral chakra

The Sexual or second chakra is our connection to passion. It is the relationship chakra and has to do with trust and control. It is related to the second developmental stage: 6-18 months of age (the exploratory stage, with a base need for nurture). The second chakra governs the sexual area. Sexual energy is so powerful that many cultures go to extremes in their attempt to control it. Usually those controls come in the form of shame, guilt and fear which become associated with sexual energy and serve to repress it. This repression then blocks the second chakra. Blocked energy in any chakra blocks the spiritual flow.

Solar Plexus chakra

The Solar Plexus is the third chakra, which governs the area of personal power. It corresponds to the third developmental stage: 18-36 months of age (the separation stage, with a base need for security). This chakra strongly influences the adrenal glands, which are associated with stress. When we're overly stressed, the adrenals break down and cannot function. People often experience the most stress when they feel the most powerless in their lives. So reclaiming personal power in the third chakra can heal adrenal autoimmune functioning.

Heart Center

The Heart Center, the fourth chakra, is located in the center of the chest and is the guiding Light of the entire energy system within us. It

is associated with the fourth developmental stage: 3-7 years of age (the socialization stage, with a base need for belonging). It is the Heart chakra that shows the Solar Plexis how to burn its raw energy in loving ways, that shows the second chakra how to manifest its sexual energy through the transmutation of love, and that shows the first chakra how to merge the physical with the Divine. The Heart chakra is equidistant between the first and the seventh chakras, between earth and heaven. It is the center point of the primary emotional energy of the universe, which we call love. It balances the chakras above with the chakras below, all of equal importance. The fourth chakra strongly influences the functioning of the thymus gland, located in the center of the chest just behind the upper breastbone. Because this gland directly influences the functioning of our immune system, fourth chakra balancing and energization can also have a profound effect on our overall health and resistance to disease.

We see the Heart Center as the key to personal transformation. The unconditional love of the Heart Center transforms effective psychotherapy into transformational healing. The work in the Heart Center is to release unworthiness. This unworthiness begins in the lower chakras where the individual experiences being emotionally/physically abandoned by parents and then transfers this up into the higher chakras as unworthy to receive God's love.

Throat chakra

The throat or fifth chakra is the place of expression and creativity. It is associated with the fifth developmental stage: 7-12 years of age (the latency stage, with a base need for esteem). So often children are shamed about expressing who they really are and what talents they possess. They are taught to be "seen and not heard" and to repress their feelings. Personal transformation is about learning to fully express who you are and thus allowing your creativity to flow. This is the center of communication and of expressing the inner depths of our feelings in words, through art, in dance and ideas. This is where we begin to listen to ourselves and to have full permission to express it. The thyroid gland is associated with this chakra.

Third Eye chakra

The Third Eye or sixth chakra is located in the forehead and is often referred to as the intuitive or psychic center. This is the seat of true wisdom, where the thinking mind comes into contact with the intuitive mind. This is where, if one is listening during meditation, God speaks

directly. It is associated with the sixth developmental stage: 12-18 years of age (the adolescence stage, with a base need for identity). One learns clarity of vision, or one learns to project one's own experience of fear, anxiety, and confusion onto other people and the world. The sixth chakra influences the pituitary gland in the brain, and thus determines the entire functioning of the body and mind at high levels.

Crown chakra

The Crown chakra, the seventh chakra, is located at the top of the head and is light years beyond the lower chakras. It is associated with the final developmental stages: adulthood and maturity, with a base need for self-actualization. When ego, fear, and doubt rise to the ultimate expression of selfhood, it is grandiosity or it is unworthiness. When each of the chakras contributes its pure and uncontaminated energy upward through the next to the ultimate expression of selfhood, it is gracious acceptance of God's grace. It is the highest spiritual enlightenment. This chakra is truly the gateway from ordinary human experience to the higher transpersonal realms of consciousness.

Chakra energy work is very powerful when working with repressed emotions and trauma. Repressed traumas are stored in the body's cells, and can be retrieved with this model. Biochemical change at the receptor level is the molecular basis of memory. In other words, our cellular response to a stimuli, once repressed, is more likely to be repressed next time. It is what Freud referred to as the repetition compulsion. However, we can reverse this trend through releasing the trauma in the state-dependent memory (developmental stage and chakra experience) in which it was stored.

Dr. Eric Kandell and his associates at Columbia University College of Physicians and Surgeons have proved that biochemical change wrought at the receptor level is the molecular basis of memory. When a receptor is flooded with a ligand, it changes the cell membrane in such a way that the probability of an electrical impulse traveling across the membrane where the receptor resides is facilitated or inhibited, thereafter affecting the choice of neuronal circuitry that will be used. These recent discoveries are important for appreciating how memories are stored not only in the brain, but in a *psychosomatic network* extending into the body, particularly in the ubiquitous receptors between nerves and bundles of cell bodies called ganglia, which are distributed not just in and near the spinal cord, but all the way out along pathways to internal organs and the very surface of our skin. The decision about what becomes a thought rising to consciousness and what remains an undigested thought pattern buried at a deeper level in the body is mediated by the receptors. I'd say that the fact that memory is encoded or stored at the receptor level means that memory processes are emotion-driven and unconscious (but, like other receptor-mediated processes, can sometimes be made conscious). (Pert, 1997. p. 143)

It is interesting to note that all seven major centers correspond in location precisely to the seven primary endocrine glands: the adrenals (root); the gonads (sacral); the pancreas (solar plexus); the thymus (heart); the thyroid (throat); the pituitary (third eye); and the pineal (crown). Each chakra site governs the

expression of one particular function. They progress from concrete survival-oriented functions in the lower centers to subtle spiritual functions in the higher centers. The functions range hierarchically: mediating the stress response (fight or flight or freeze) in the adrenal glands; passion in the gonads; power in the pancreas; compassion in the thymus; expression in the thyroid; insight in the pituitary; and synchronization with the circadian rhythms to the sun's 24-hour daylight cycle in the pineal. These energy centers transform universal life energy into physiologically usable chemical messages through activating the appropriate endocrine hormones.

The Eclectic Elements of Heart-Centered Hypnotherapy

Heart-Centered Hypnotherapy is a means of inner child healing, combining elements of traditional and Ericksonian hypnosis, Neuro-Linguistic Programming (NLP), Transactional Analysis (TA), developmental psychology, behavior modification, Gestalt techniques, pre- and perinatal psychology, and chakra opening. These eclectic elements combine into a comprehensive model.

Inner Child Healing

Healing the damaged and broken aspects of one's life involves returning the person to his/her original, natural state of innocence. Once liberated from the contaminations and wounds of dysfunctional environment (pre-natal and childhood), the individual reclaims his/her *child ego state*, the spontaneous natural child all people once were before becoming a compromised *adaptive child* in Eric Berne's Transactional Analysis terms (Berne, 1964).

Developmental Stages

Individuation and socialization follow a predictable course, well documented in the fields of developmental psychology, pro- and perinatal psychology, and thanatology. It is helpful to recognize the stages of development in an individual's age regressions, in order to assist him/her in overcoming the unresolved developmental tasks and achieving freedom from the fixated repetition compulsion to unconsciously re-enact the familiar, survival-based patterns of early life.

The following discussion of developmental stages will briefly address the pre-conception experience (Zukav, 1989), the intra-uterine experience (Grof, 1985; Janov, 1996; Verny, 1981), the birth experience (Grof, 1985), the psychosocial developmental stages (Erikson, 1950; Mahler, Pine, and Bergman, 1975; Washburn, 1995), and the death experience (Kubler-Ross, 1975).

The pre-conception experience

The pre-conception experience is, of course, unknown to science. Various theories are found in the traditions of cultures and religions around the world and through time. Our purpose for including this unknowable predecessor to earthly life is that many people in experiential therapies have transpersonal experiences of this realm, such as past-lives or the experience of "selecting" the parents to whom they are about to be conceived. Here we present a model for clinically processing these people's experience: we are a soul in the grandeur of the cosmos before we make the choice to incarnate on earth. That choice is based on what lessons we want to learn, what parts of our soul-self we want to expand, what experiences we are accountable to create for ourselves due to choices we made in previous incarnations (*karma*), and what past life "decisions" or "commitments" we might have made that constrict the current choices.

The intra-uterine experience

The intra-uterine experience impacts the life to follow immensely. The fetus is undifferentiated from its environment (mother and her environment), and therefore is highly suggestible. Whatever she experiences, it experiences. If the mother entertains a thought that "You are the wrong gender" or "We can't afford you" or "You are causing me pain," that environmental message is communicated to, and instantly absorbed by the fetus. The womb is a very infectious place. Every fear is passed on as well as every moment of joy or serenity. The fetus cannot tolerate traumatic pain and automatically responds by dissociating from and repressing those feelings of hurt, fear, and shame. The production of stress hormones and painkilling serotonin for the purpose of dissociation is well documented (Janov, 1996).

The child in its most formative stage of growth, womb-life, then makes "life decisions" based on these messages, and will re-enact these early decisions until death or until it becomes clearly "someone else's truth, but not necessarily mine." A child grows believing it is the wrong gender and living to overcome that flaw, never fully accepting its masculinity or femininity. Another child grows believing it is causing pain to others and shrinking from meeting its own needs in the effort to spare others the pain. Or a child may grow dissociating from life and repressing any natural expression of emotion.

Fortunately, we can free ourselves of these false messages through finding them and creating a 'corrective experience' to replace them, overcome the tendency to repress or dissociate through body and energy work, and release previous 'decisions' through healthy completion of relationships. People spontaneously access this stage of growth in Breathwork, hypnotic age-regression, and various forms of 'energetic' healing.

The birth experience

The birth experience, those hours of labor and delivery and the immediate reception, create a template for one's life. The mother's emotional state, the obstetrical interventions, the degree of stress involved, the extent to which the baby is allowed to follow its innate reflexive behavior all impact the child's entire life. The baby delivered by forceps or Caesarian learns in that dramatic one-trial learning to expect others to do for him/ her. Research is now enlightening us about the effects of every twist and turn in the birth process. This prototype experience for the child creates birth issues, which are templates for its most fundamental life decisions. Each type of birth creates its own unique ramifications, a set of limiting life decisions.

Liberation from those limitations comes through finding them, clarifying them, and changing them. People spontaneously access their birth, and create a new, 'corrective experience' of it, in Breathwork and hypnotic age-regression.

Psychosocial developmental stages

Developmental stages for the human have been studied and documented extremely well. We know that children follow a predictable path of sequential steps in their emotional and social growth. Erik Erikson (Erikson, 1950) postulated eight stages of psychosocial growth in the normal human, and that when a child is frustrated in completion of one, it becomes fixated on it, stuck in moving through the next steps. This pattern of growth is also intricately related to the stages of spiritual growth, to the chakra energy centers.

Trauma in life always affects us deeply, leaving emotional wounds. One is a tendency to dissociation and repression. Another is creating unhealthy relationships. Ultimately, the wound is a desperate sense of disconnection and isolation. The individual develops substitute behaviors, neurotic symptoms, to cope with the traumatic pain.

Psychosocial developmental stage 1: bonding

The first developmental stage, from conception to 6 months, is focused on bonding, basic trust vs. mistrust, and healthy dependence. Developmental tasks are to express needs, to accept nurturing, to bond emotionally, to learn to trust adults, to choose to live.

Presenting problems and substitute behaviors include: not recognizing physical needs or doing anything to get them met; addictive and compulsive behaviors, especially ingestive addictions such as food, sugar, alcohol, pills,

tobacco, or eating disorders; inability to ask directly for anything; terror of abandonment; needing external affirmation of one's worth; a deep, basic lack of trust of others, and of having one's needs met; frozen feelings, numbness; not enough money, food, time, etc; inability to bond physically/emotionally.

Psychosocial developmental stage 2: exploration

The second developmental stage, from 6 to 18 months, is focused on *oppositional bonding*, i.e., I need to trust you to discover me as separate from you, and healthy counter-dependence. Developmental tasks are to explore and experience the environment, to develop sensory awareness, to express needs and trust that others will respond, to begin to learn that there are options to problem solving, and to develop initiative.

This stage is added to Erikson's scheme by Margaret Mahler (Mahler, Pine, and Bergman, 1975) to emphasize the importance of entering the rapprochement crisis. The child here explores fearlessly, assuming constant protection by the caregiver.

Toward the end of this stage, at about two years, the child begins to establish an individual identity, separate from the mother or caregiver. Creating this self-conscious identity (ego) requires repressing any incompatible materials from awareness (primal repression). In Freud's first formulations of the development of ego (Freud, 1900, 1911), these materials are overwhelming libidinal drives. He later introduced the id-ego-superego model (Freud, 1923) and defined primal repression in terms of the ego's emergence from the id. Jung refined the conceptualized unconscious to include the personal (libido, psychic energy, instincts, archetypes, polymorphous sensuality, and eventually defense mechanisms) and the collective (instincts and archetypes).

Presenting problems and substitute behaviors include: not knowing what one wants; boredom; fear of trying new things or experiences; deferring to others; fear of abandonment and/or engulfment; fear of making mistakes; not being aware of one's body, frequent accidents or injuries; overly adaptive; obsessive/compulsive behavior; motivational problems; reluctant to initiate, non-assertive; being hyper-active or under-active.

Psychosocial developmental stage 3: separation-individuation

The third developmental stage, from 18 months to 3 years, is focused on creating a separate identity, thinking and problem-solving, autonomy vs. shame and doubt, and healthy independence. Developmental tasks are to establish the ability to think for oneself, to test reality by pushing against boundaries and people, to learn to solve problems with cause and effect thinking, to express

anger and other feelings, to separate from parents and be welcomed back with love (rapprochement), and to begin to give up thoughts of being the center of the universe. In this developmental stage, the child needs to be able to "leave" the mother and then "return" with full love and acceptance. If the mother herself feels abandoned when the child "leaves" and is thus angry when he tries to "return", the child will not develop proper independence and trust in relationships. Thus punished for attempting to become independent, the child will block his freedom, trust and passion in relationships through immersion in shame.

Presenting problems and substitute behaviors include: difficulty with boundaries, distinguishing her/his own needs, wants, and feelings from those of other people; not feeling separate or independent; codependent relationships; avoiding conflict at any expense; unable to say no directly, but using manipulative means instead; inappropriately rebellious; using anger to mask other feelings; negative, oppositional, controlling, rigid, critical, or withholding relationship styles; intestinal and colon disease; demanding, often feeling cheated; Borderline or Narcissistic personality disorder.

Psychosocial developmental stage 4: socialization

The fourth developmental stage, from 3 to 7 years, is focused on socialization, identity and power, initiative vs. guilt, and belonging. Developmental tasks are to assert an identity separate from others while creating social inclusion; to acquire knowledge about the world, oneself, one's body, one's gender role; to learn that behaviors have consequences; to learn to exert power to affect relationships; to practice socially appropriate behavior; to separate fantasy from reality; to learn what one does and does not have power over. In this developmental stage, getting approval is very important to the young child. If people don't get the approval they need in order to develop a healthy ego, they become starved for approval. They give their power away by needing outside approval and becoming adaptive as a strategy to get it. Another strategy for dealing with the feelings of powerlessness is to try to overpower others in abusive ways.

Presenting problems and substitute behaviors include: unawareness of the possibility of asking questions, relying instead on guesses and unchecked assumptions; having incorrect or missing labels for feelings, with anger often labeled as sadness or fear experienced as anger; belief that incongruity between one's thoughts, feelings and actions is normal; power struggles to control one's own and others' thoughts and feelings; a grandiose sense of one's own magical powers, e.g., if I act a certain way, my father won't drink or may parents won't get divorced; clinging to the magical hope of being rescued from challenges; manipulating others to take responsibility for them; sexual identity problems;

use of seductiveness to get needs met; metabolic and circulation disease; taking care of others' feelings (emotional rescuing) to avoid abandonment; needing to always be in a position of power, or afraid of power.

Psychosocial developmental stage 5: latency

The fifth developmental stage, from 7 to 12 years, is focused on industry vs. inferiority, concrete knowing and learning, healthy interdependence and co-operation. Developmental tasks are to learn skills and learn from mistakes; to accept one's adequacy; to learn to listen and collect information; to practice thinking and doing; to learn the appropriateness of having wants and needs; to learn the structure of the family and the culture; to learn the consequences of breaking rules; to have one's own opinions, to disagree, and still be accepted and loved; to develop internal controls; to learn about taking responsibility and who is responsible for what; to develop the capacity to co-operate; to identify with same sex role models and peers; to compete and test abilities against others.

Presenting problems and substitute behaviors include: a belief that one should know how to do things perfectly, without instruction; lack of information on how to organize time for complicated tasks; procrastination; inability to negotiate, either giving in completely or insisting on having one's own way; perfectionism; inflexible values; acting without thinking; discounting one's own feelings; ulcers, headaches, high blood pressure; living in the past or future, not in the present; having to be part of a gang, or being a loner; difficulty with rules and authority, rebelliousness; reluctance or inability to be productive and successful.

Psychosocial developmental stage 6: adolescence

The sixth developmental stage, from 12 to 18 years, is focused on identity vs. role confusion, sexuality, and healthy independence from the family. Developmental tasks are to achieve independence, a clear separation from the group and the family; to gradually emerge as a separate person with one's own goals and values; to be responsible for one's own needs, feelings and behaviors; to integrate sexuality into one's identity.

The ego that began emerging in the three-year-old has now reached its mature state as an intrapsychic structure. It will continue into middle adulthood. This ego will become more confident, more distinctly defined, and more experienced over the course of adulthood, but not significantly change. The transformation that is possible, but seldom activated, the final stage of ego development, is a transpersonal surrender to the primal forces and collective unconscious, an acceptance of one's whole self, including the spirit and the shadow.

Presenting problems and substitute behaviors include: desperately seeking companionship to fulfill the emptiness one perceives in oneself; refusal to accept traditional standards of behavior; flaunting of differences through extremes of dress or style, thumbing one's nose at society; either extremely dependent or isolated; needless and wantless; forming codependent symbiotic relationships in which one loses a sense of separate identity; extremely rebellious; conflicts with authority figures such as police, bosses, teachers, the government, etc.; sexual games, sexual addictions, sexual dysfunction, confusing sex with nurturing; use of psychological games to avoid real intimacy; self-absorbed; needing to be one-up on others; vengeful; difficulty with completion, beginning or ending jobs or relationships; abandons others to avoid separation or completion; confused sexual identity.

Psychosocial developmental stage 7: young adulthood

The seventh developmental stage, following adolescence, is focused on intimacy vs. isolation, creating an ego strong enough to withstand the fear of loss inherent in true intimacy, and creating personal ethics strong enough to abide by commitments.

Presenting problems and substitute behaviors include sexual dysfunction, dysfunctional intimate relationships, and poor ego strength.

Psychosocial developmental stage 8: adulthood

The eighth developmental stage is focused on generativity vs. stagnation, creating meaning in one's life through relationships, contribution to the community, self-actualization, and spirituality. We must develop spiritually *and* emotionally in balance to experience true transformation. If we develop spiritually but not emotionally, we become psychics blinded by personal projection, or ministers filled with rage rather than compassion, or meditators who take refuge in the safety of meditation at the expense of social obligations. If we develop emotionally but not spiritually, we become therapists who avoid our clients' spiritual experience, or become stuck in "meeting our needs" and isolated from the peace that surpasses all understanding.

The ego in midlife ideally has become strong enough to reverse the focus on autonomy, to initiate a return (Jung's *enantiodromia*) to its underlying source in the collective unconscious. The undoing of the ego's grip on independence and control requires undoing the primal repression and embracing that which has been repressed (the shadow side). The ego must surrender to enter the final stage of development, but of course the ego fights tooth and nail to maintain its sense of independence and control. Surrender is actually accomplished through

the release of shame and fear, the 'glue' of repression, allowing for a redemptive return to innocence, wonderment, awe, mystical and spiritual experience, and sensuality.

The problem at this stage is in not achieving it, and all dysfunctional or self-limiting behaviors are substitutes for the missing meaning, satisfaction, and sense of fulfillment in life.

Psychosocial developmental stage 9: maturity

Ultimately, we must all face death. Those who have lived fully, fulfilling their dreams and accepting themselves in totality have achieved wisdom, ego integrity, and self-actualization. They are prepared to meet death with dignity and readiness. Those who have lived afraid to dream, afraid to excel, afraid to accept themselves in totality, live in fear of death. In the words of Erik Erikson, "it seems possible to further paraphrase the relation of adult integrity and infantile trust by saying that healthy children will not fear life if their elders have integrity enough not to fear death." (Erikson, 1950/1963, p. 269)

The death experience

The death experience is the culmination to this lifetime, and becomes a powerful template for the choices that lie ahead. We can experience the moment in fear or in love. If we prepare properly, we experience the moment of death as a welcome returning home to the soul. The great lesson learned by anyone coming close to death is the immensity of the realm that awaits us. Near death experiences almost universally establish new priorities for the individual to prepare for that great moment, not recoiling in fear but embracing with excitement.

NLP Techniques

Anchoring is the process of associating an internal response (thought, feeling, physiology) with some external stimulus or *trigger*, similar to classical conditioning. An *anchor* is any stimulus that evokes a consistent emotional response pattern from a person. The stimulus can be through any of the sensory channels: visual, auditory, kinesthetic, olfactory, or gustatory. The anchor can be used to "fire off" the internal state again and again at will. We anchor the adult ego state for later use in creating corrective experiences in revisited traumas. We anchor the safe place for use as a refuge when the client is overwhelmed with fear. We anchor the unconditional love for the inner child for ongoing healing.

The beneficial effects of anchoring can be amplified by "stacking" anchors. Stacking anchors occurs by placing several anchors, one after another, on the same stimulus.

A powerful aversive conditioning technique for extinguishing compulsion for unwanted behaviors is *collapsing anchors*. Collapsing anchors occurs when two different anchors are fired off simultaneously, creating an integration or blending of the two states. Usually, this technique is done with a positive and negative state of equal intensity or where the positive state is more intense than the negative state. One might collapse the urge to gamble with the experienced nurturance of one's family life, where the reinforcement of family life is very strong. The blending of the two desires incapacitates the weaker of the two, in this case the urge to gamble.

Steps in the Process

First, a hypnotic state is produced through traditional hypnotic induction. The depth of trance is equivalent to the REM-sleep dream state, with mental activity more perceptual than conceptual: things are seen and heard rather than thought, and a considerable amount of emotion is present—usually a single, stark emotion such as fear, anger, or joy rather than the modulated emotions that occur in the waking state. The state is conscious, unconscious and transpersonal, and is characterized by grounded energy in the lower and higher chakra frequencies.

The person's competent adult ego state is strengthened if necessary to create the vehicle for safe self-exploration. John Hartland popularized the concept of ego-strengthening (Hartland, 1971), using generalized supportive suggestions to increase the client's confidence and minimize anxiety. He pointed out that few clients would let go of their symptoms before they feel confident and strong enough to function without them. This adult ego state is reinforced as a resource state with an anchor so that it is readily accessible whenever needed (NLP techniques). This is especially important if the client regresses to childhood trauma where no competent adult was present. We now remind them that in this corrective experience, there is an adult ego state present, where there wasn't before.

The individual is encouraged to identify a situation relevant to the presenting issue, one with an intense, stark emotional content. The individual is encouraged to explore and express the feelings, which intensifies and elucidates them. Gestalt techniques are used, directing the expression of the feelings to specific people or institutions. A degree of conscious awareness is always present, insuring insight, verbal ability, and enduring memory. As the session

continues, the ordinary consciousness decreases and the unconscious and transpersonal states increase.

An age regression is accomplished to another time containing the same or similar feelings, following an unconscious *affect bridge*, using traditional hypnotic regression techniques. This is a variation of the age regression technique described by John Watkins as an *affect bridge* in which one step has been omitted, namely the purposeful disorientation of the client accompanying the intensification of the feelings (Watkins, 1971). Individuals are never directed to any known or hypothesized events, but encouraged to follow their own unconscious "radar system" to relevant experiences. The individual is encouraged to describe the situation, explore and express the feelings. Gestalt techniques are used to facilitate the expression and release. Chakra energies are activated dependent on the issue being worked with (e.g., sexuality, power, and grief). Reliving an earlier historical event (e.g., childhood trauma) focuses on the individual unconscious. Experiencing a womb or birth experience, or a past-life, focuses on the transpersonal as well as the unconscious.

Significant correlations have been documented between expression of intense negative emotions (INK) (e.g., fear, phobia, anxiety or rage) and the severity of symptoms of obsessions, compulsions, or addictions (OCA) or of mind/body connection issues (MBC). These correlations are negative, which means that they are inversely related (as one phenomenon goes up the other goes down).

Thus, as INK increases, the presence of both OCA and MBC decrease. Conversely, as either of the latter two increases in severity, the manifestation of an intense negative emotion decreases. A viable explanation for such an occurrence is that when a client is not allowing him/herself to experience core-level intense emotions, he/she must find release elsewhere—like in obsessions, compulsions, addictions, or somatic problems. However, if the client is expressing his/her intense negative emotions, there is much less instance of obsessions, compulsions, addictions or physical symptoms. Thus, getting down to core-level emotions and releasing these emotions is arguably a key component to symptom reduction and, ultimately, to healing (the foundation of Heart-Centered Hypnotherapy). (Beaton, 1998, p. 53)

And finally, regression therapy correlated with energy release work, indicating that if a client was willing to regress to the source of the issue, frequently he/she also did the energy release work around it. (Beaton, 1998, p. 54)

Further age regressions may be used, following the same affect bridge, until the individual experiences insightfully the pattern that underlies each incident in the sequence. The ego state of the person is located in its developmental stage (e.g., bonding, or separation, or latency). The "telephoto" aspect of the hypnotic trance is used to focus the mind on following the feeling bridge to a specific regression experience. Emotional release in that regressed state converts the trance to the "wide angle lens" aspect in which a transpersonal overview creates sweeping insights regarding life patterns.

The healing occurs through corrective experiences in the regression at the appropriate developmental stage. The corrective experience may take the form of incorporating one's own shadow side, or a deep sense of forgiveness, or release of repressed emotion through expression (grief, anger), or by "making new decisions" to replace neurotic, self-destructive habits, or by "extinguishing" anxiety, fear or shame utilizing behavior modification techniques of flooding and desensitization. These corrective experiences are powerful because they are experienced in the unconscious and transpersonal levels, and at the developmental stage in which the source trauma was experienced.

The extinguishing, or desensitization, technique is commonly used in behavior therapy. It is powerfully effective when combined with the hypnotic state (Hammond, 1990). Erik Wright refers to Rapid and Repetitive Memory Evocation:

Distressing memories, whether stirred by one of the projective techniques or by some other precipitating event, may lose their emotional intensity and impact through a process of desensitization. Desensitization can be achieved by having the client repeatedly relive the painful memory while the therapist offers suggestions to dissipate the emotional hurt . . . With repetition and reliving under hypnotic trance, the 'alien' quality dissipates, the episode begins to assume manageable proportions, and a better psychological perspective about the memory evolves. (Wright, 1987, pp. 83-84)

The deep levels of unconscious, transpersonal experience relating to past-life, conception, womb, birth, and very early infancy are accessible through this modality. The same corrective experience is created to effect healing.

The body's energy is engaged and blocks in specific areas of the body become obvious. These energy blocks are loosened when the individual accomplishes cathartic release and this in turn opens up the previously blocked chakra. Any tendency to dissociate becomes obvious, and can be overcome through energy movement with breath, yogic postures, and emotional catharsis. The client can be facilitated to kinesthetically experience a felt emotion by externalizing its expression. For example, one might name the fears and shame internalized as a child from a parent, and throw pillows representing what is being "given back". The physicality of the experience can be extremely helpful in incorporating the insight as well as to release any dissociative patterns or blocked energy.

The client sometimes spontaneously experiences competing aspects of him/herself, substructures of the personality that have relatively autonomous existence and which require integration. This experience is similar to the subpersonalities described in the psychosynthesis system, developed by Freudian student Roberto Assagioli (1976). In the regressed trance state, the client is easily able to fully experience and identify with the "needy child" part of himself that is in conflict with the "competent adult" part. The ability in the

hypnotic expanded consciousness to embrace both aspects of the psyche simultaneously allows for integration and self-acceptance.

The session always ends with self-acceptance, and identification with the most loving part of oneself. It is never left up in the air or ended in the middle of intense unresolved emotions. Because the therapist learns effective trance management, the corrective experience for the client includes a Heart-Centered connection and at times a personal transformation experience of utter clarity.

Section IV Cross-cultural Applications

We have found in our work in numerous cultures that this modality is effective, applicable, and well accepted. Those cultures include the Native American, the black African and white Afrikaner in South Africa, the Muslims in Kuwait, the Chinese in Taiwan, the Native Indian and Hispanic Mexicans in Mexico and Columbia.

Section V Suggestions for Further Research

Research should focus on documenting the effectiveness of deep experiential therapies like Heart-Centered Hypnotherapy. Replicating the research results of Janov, Grof, and Rossi explicitly with Heart-Centered Hypnotherapy would be fruitful. Exploring Hunt's energy field research as it applies to Heart-Centered Hypnotherapy should be enlightening. Documenting the cross-cultural applications of Heart-Centered Hypnotherapy would be especially helpful.

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