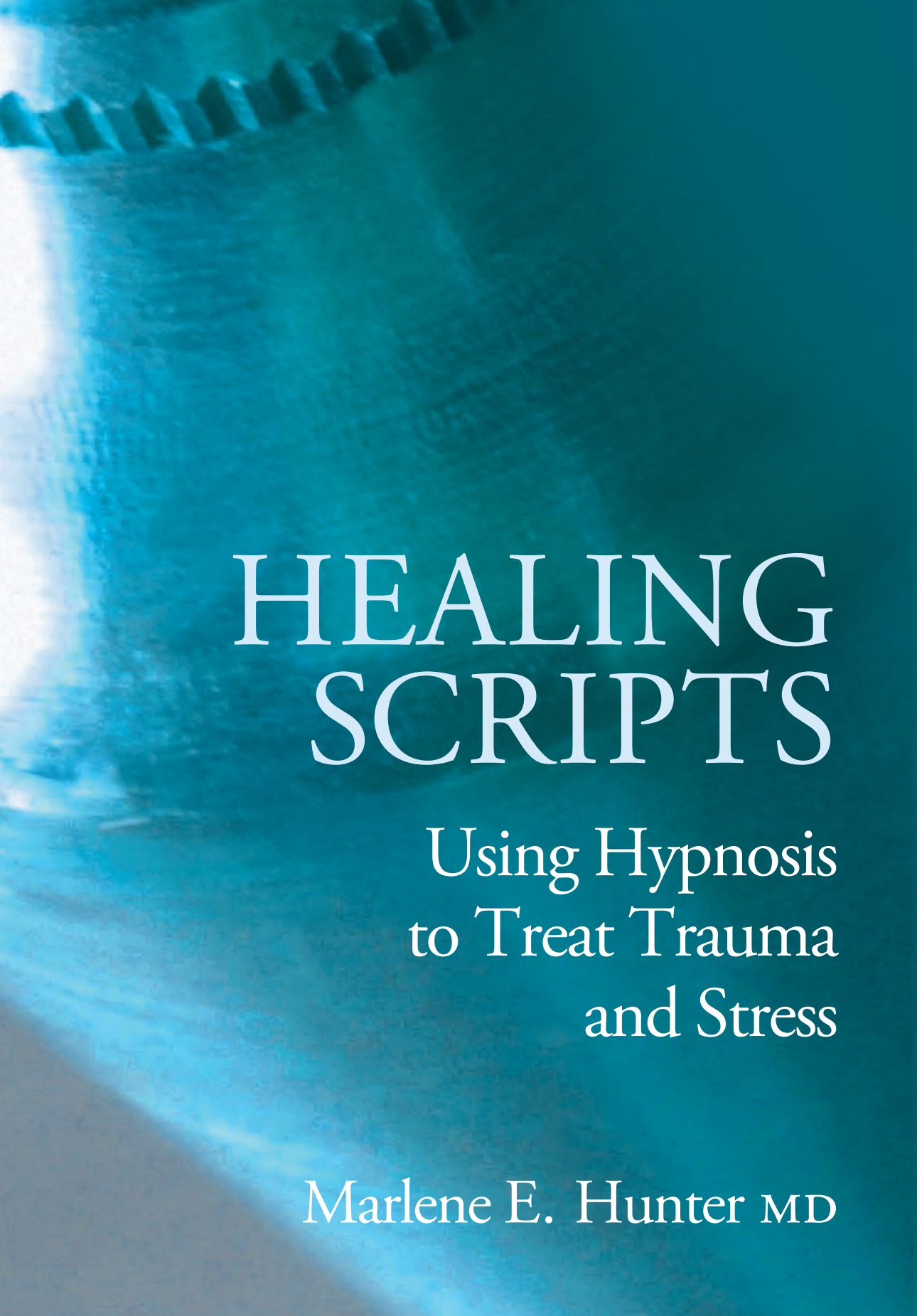
HEALING
SCRIPTS
Using Hypnosis
to Treat Trauma
and Stress
Marlene E. Hunter MD

Healing Scripts

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Introduction

The idea of writing a book about the use of hypnosis when working with clients who have suffered severe trauma has been niggling away in the back of my mind for many years. After the publication of *Understanding Dissociative Disorders: A Guide for Family Physicians and Health Care Professionals*, the need for such a book became much clearer. In particular, the need for such a book specifically for those who have had training and experience both in clinical hypnosis and in working with what are now called "trauma-spectrum disorders" became almost a mission.

To my knowledge, there is no other book on the use of clinical hypnosis that is dedicated to this specialty—that of helping men and women (and, of course, children) who have suffered and are still suffering from the effects of child abuse, or those who have experienced dreadful trauma through wars and other disasters, and who still live with it in their day-to-day lives.

We need to recognize several aspects of this work:

- It is specialized, and demands specialized training and experience
- Those who suffer from these traumata are particularly vulnerable to misinterpretations and/or subliminal messages from past events
- The healing of trauma always takes time, and the length of time is different for each person that we, as psychotherapists, encounter in our practices
- Those who have suffered trauma are very vulnerable

It is because of the vulnerability of this client group that it is essential that the therapists are well-trained in all aspects of their approach: this includes recognizing and becoming proficient in the various therapeutic approaches that are helpful, and by-passing those approaches which could cause more harm than good or in which they do not have sufficient experience.

I had already been doing clinical hypnosis for several years before I met my first Multiple Personality Disorder client. Indeed, my training in clinical hypnosis was the reason that my colleague, a family physician who was moving out of town, asked me if I would take this woman into my family practice. The client, whom I will call "Jayere" because that is what I have called her in previous publications, was having terrible headaches,

and my colleague thought that continuing hypnosis—which she (the colleague) had been doing—might be helpful.

You may have read about Jayere in other publications or heard about her at conferences, because I have spoken about her many times. She, and two other dissociative clients whom I subsequently realized that I had in my family practice, taught me all of the basics about working with the long-term effects of childhood trauma. Of particular importance for this book, however, is the work with hypnosis in the context of traumatized clients—especially, although not only, those who were so miserably treated when they were young.

It is always important to use hypnosis carefully within the professional milieu. (Of course, it is always important to use it carefully, period, but not all entertainment hypnotists spend time recognizing that—which has led to many a lawsuit.)

Employing hypnosis as a therapeutic tool with clients who have endured trauma, however, takes the need for careful appraisal one big step further. Many, if not all, people who have a dissociative disorder or Post-Traumatic Stress Disorder or for that matter any significant psychosomatic problem, are particularly vulnerable to the possibility of being catapulted back into the traumatic situation while in an altered state of consciousness. This can lead to difficulties along many lines—exacerbating the traumatic response, for example, or creating an unsought and certainly unwanted new dilemma regarding veracity. In this regard, I had exceptional good luck, because these three clients from my own family practice, who knew me, undertook my education! And in many ways, they protected me from making huge mistakes.

It is because of the potential problems that I have written this book. Its various sections attend to pain in many of its various intrusions; to post-traumatic stress disorders, its seven main symptoms, and the precursors of these: critical incidents and acute traumatic stress disorders; dissociative disorders including dissociative identity disorder (which used to be called Multiple Personality Disorder); the concept of ego states (parts of the personality structure that have specific tasks in the system); other dissociative disorders not so well defined—Dissociative Disorder Not Otherwise Specified, as the DSM (Diagnostic and Statistical Manual) describes it; grief, especially the kind of deep grieving that does not abate with time but becomes a major psychological difficulty; and a special section on children who have been, or are still being, abused.

You will realize early on that many scripts are very basic indeed, or are simply ways to introduce a hypnotic intervention rather than a fulfilling word-by-word description. Other scripts are more complete, and some have alternative language suggestions. But the basic point is: *never* attempt to use hypnosis with trauma-spectrum disorders until you are very well schooled in the use of clinical hypnosis. That, at least, I did have when Jayere came so unexpectedly onto my horizon. And the same caution is required for those who offer psychotherapy for such clients. Professional education is a must.

Luckily, I became a member of the International Society for the Study of Multiple Personality and Dissociation at its very first meeting in Chicago in 1984, several years after my "training" by Jayere and the other two clients in my practice had begun. Subsequently that organization became ISSD (International Society for the Study of Dissociation) and now ISSTD (add Trauma to the name). Although I had learned a great deal from my clients, I needed professional help and found it in those organizations. Other countries have similar organizations—seek them out. And also seek out professional organizations for education in clinical hypnosis, if you have not done that already.

I sold my family practice in 1989 because the work with trauma disorders had overtaken my work as a family physician. Rather than attempt to do three things, and maybe do them badly, it was more important to focus on the two that were so in need of trained professionals. I miss family medicine, but am not sorry that I decided to shift my focus. The subsequent years have brought their own rewards

If the client has never done hypnosis before, then it is important for them to have some introductory sessions on basic relaxation techniques before starting on specific situations such as those described in this book.

I hope that you find this book useful. Hypnosis is a wonderful tool, but sometimes we forget that it *is* a tool, not magic.

Section I

Pain

Hypnosis and the relief of pain

For many decades, hypnosis as a means to relieve pain has been a very useful tool. Pain, itself, is a common experience in all walks of life and in all ages and populations. Pain can be a warning signal that something is wrong—injury, infection or a severe allergic response during which the person cannot easily take a breath. In all of these situations, hypnosis, when carefully done by a therapist who is well-trained in the various hypnotic techniques, can bring comfort.

Pain that is part of (or the result of) various kinds of trauma, however, has an added component—one that is important for us to recognize. That component is the emotional response to the *situation* in which the pain is experienced, or from which it is derived. The use of hypnosis as one—but only one—of the techniques that can be useful in psychotherapy is exemplified in the following scripts. Perhaps the client (or the therapist) is feeling stuck for some reason; perhaps the emotional aspect has become too intrusive or needs to be recognized. A session, or several sessions, of hypnosis may open the gate again, offering new insights or alternative ways of managing the situation.

Pain and dissociation

Pain is a dissociative experience. It can be dissociative in the sense that we put distance between ourselves and how we are experiencing the sensation itself, which is what we might do in the dentist's chair. It could also mean that we distance ourselves from what is going on around us and focus instead on the pain. The former is useful insofar as it alleviates the physical discomfort; the second, however, could precipitate far more distress than one would ordinarily expect in any given situation.

When the latter occurs, careful hypnosis can be very helpful. We need to remember the role of hypnosis in relieving pain. It is not that hypnosis causes pain to disappear—often it doesn't do that at all. What it *does* do is

to help put some distance between the self and the pain, so that the pain per se doesn't matter so much. The client is no longer so bothered by the pain and can therefore get on with whatever is happening in their life.

There are also situations during which the dissociation from pain is crucial—for example, there is a fire and the most important thing is to get the children out of the house. The sensation of pain is disregarded because the children take 100% precedence. However, later on, when the children are (hopefully) safe, then the sensation of pain can be overwhelming, even to the point where others cannot understand *why* it should be so overwhelming. It is so because the emotional aspect of the situation ("my children are in danger") is then superimposed on the physical pain, even though the danger is no longer there. It is as if the subconscious is saying, "but what if—but what if—", over and over again.

It is important to find out as much as possible regarding the origin of the pain. We need to remember that the client's perception of the origin of the pain may not be the true origin of the pain. Does the dissociation mask an important part of the pain which would be crucial to an appropriate diagnosis? These are aspects that may need to be discussed with the family doctor or specialist, with the client's permission.

Does the client's lifestyle exacerbate mental or emotional pain? Are they in financial crisis? In trouble with the law? Alone, with no support from, for example, an estranged family? Are they ignoring another—possibly important—physical problem?

How we, as physicians and/or therapists, approach these possible problems may have a profound impact on the future health—emotional *and* physical—of the client.

Taking all of this into consideration, make the initial hypnotic intervention very generic, rather than explicit. The following two scripts describe this.

First script

Jane, we have talked about the misery of the pain you experience when (*carefully refer to the situation(s) that Jane has described in as few words as possible*) Would you like to explore a possible helpful solution? (*Yes*)

Setting the scene

Offering a possible escape

Alright, then just settle into your hypnosis, as you know how to do, knowing that you are here, safe in my office. Let me know when you reach the level of hypnosis that you think would be useful today. (*Signals*)

"Here, safe in my office …" is very important

Good. Now, begin to create a wonderful, safe barrier or shield of some kind, around you. It could be a cloud, or a colour, or warm, or music, or a magic fence—whatever you just instinctively know is the right one for you. Let me know when you have done that. (*Signals*)

This is the important suggestion, offering possible ways to do this

That's right. And now that you know that you are safe behind that wonderful barrier of your own choice, *now* you can allow yourself to recognize that pain, while knowing all the time that you have that strong, safe barrier between you and the experience of that past discomfort. Let me know when you have allowed that to happen, *under your own control.* (*Signals*)

She now has created her own safety shield, not somebody else's shield

Shifting to the word "discomfort" will alter the perception

Excellent. You can stay there, in that same experience, for a few more moments—as long as you like in hypnosis time but just a very short time by clock time. That's right. Good.

Now, in your own way, do what you need to do to make the uncomfortable situation dissolve, and then let me know when have done that. You will still be safely behind your protective barrier or shield. (*Signals*)

She can do it herself

Still protected—very important

Excellent. And you can appreciate your own strength, in the way you managed that situation. And now you know that you can do that.

"… your own strength …" gives her the sense of self-sufficiency

When I make the suggestion, you can bring yourself out of hypnosis in your own way.

Section II

Stress Disorders

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) refers to an emotional and/or psychological response that is higher than the usual level of distress for the presenting situation and is related to events that have happened in the past which have caused sexual, physical and/or emotional trauma to the person who has been injured.

Although depression, phobias, fears and anxiety frequently, if not always, have their origin in past events, they are often not considered as in the same range as PTSD. This section deals specifically with the several types of response that are endemic in "true" PTSD; however, they can also be adapted to suit the other categories listed above.

The language of hypnosis is somewhat different when working with this client population because of the trauma they have experienced. Words and phrases, although understood cognitively, are frequently perceived on an emotional and perceptual level that might bring quite a different perspective. We need to be aware of this and be careful about the way we use those words and phrases.

You may notice that all of the scripts apparently have a positive result. Needless to say, that may not always be the case. Watch for signs of discomfort and, if necessary, gently suggest that perhaps another time might be better for exploring hypnosis. Then you can offer time to discuss the whole idea of hypnosis more carefully. The client may be very good at hypnosis, very comfortable, when using it for other experiences, but may not be ready for exploring this particular type of situation.

Denial

Denial is the first of the several symptoms included in the general category of PTSD-related responses. The person shakes their head—actually or metaphorically—while thinking, "This isn't real; this can't be happening

to me." Often people get stuck in this initial response and don't know how to get past it. Hypnotic interventions such as those described below may help break the deadlock. The stage of denial can last for a very long time, overlapping with the other stages to create a kind of emotional chaos.

We can think of the denial as being used to bridge the terrible trauma from the previous, relatively comfortable life to the admission (when they are ready to do so) that it *did* happen—when they can learn how to begin to heal. The client wants, and needs, that bridge.

It is not that there is a "real" version of what happened; it is being able to come to a place where they can acknowledge the experience of it happening.

We also need to remember that the client has been in an altered state during the trauma. There is a difference between that altered state and using the altered state of hypnosis in order to understand how to cope with the memories now. It is important that both client and therapist are comfortable with, and knowledgeable about hypnosis, and that the client already has used and experienced hypnosis and is ready to use it again in this situation.

Strangely enough, the client really wants to be reassured that it did happen—in fact, *must* know that—in order to begin the healing process. The doubting that it happened has occurred, until now, because it has been just too awful to admit. The client is ready to move on.

From time to time, the emotional factor overwhelms. When that happens, "pushing the pause button" offers a time out, as it were, until they are ready to proceed. That may be in the next minute, the next session or the next month. Usually it only takes a minute or so.

First script

Jenny, we have been talking about using hypnosis to relieve some of your distress over the dreadful events of the past. Do you still want to explore those possibilities? Yes, I see you nodding (*or some other signal*), so we can begin.

Clarifying that she still wants to use hypnosis

Make yourself very comfortable in hypnosis, going just as deeply into that state as you intuitively know is right for you at this time. Signal to me when you feel you are at the right level. (*Signals*) Thank you. You know that you can change your level of hypnosis at any time in order to feel safer or more comfortable. (*Nods*) Good.

She knows where she has to go, and can let you know—this gives her a semblance of power, which she very much needs

It's her hypnosis; she is in control and feeling safe is crucial

Now, knowing that you are safe in my office and that I am here with you, and will stay with you while you do this, take yourself backwards in time to the day (hour) before those events began to happen. Gradually, let the time in hypnosis time come closer. As that happens, put some distance between you and the events, so that you are watching it from afar, or with an invisible shield between you and the event. Take your time, and let me know when you have reached that state. You can stay calm, knowing that you are simply re-viewing it from a time-distance. (*Signals*) Yes, that's right.

Establishing again where she is in reality, and reassuring her that you will not desert her

"Take yourself backwards in time" is an old hypnotic gimmick that always seems to work
Shields are protective, as is some distance between you and what you are watching

Reassuring that she is safe in your office, "re-viewing" it

Now, change how time happens, as you are watching this situation evolve. You can just make the time shorter, or longer, depending on whichever is more comfortable for you as you watch. And as the situation unfolds, know that you are there and not there, at the same time, because you are safe in my office, but the event also is very real to you. It is wonderful that we can do and feel both those things at the same time.

"Change how time happens" is one of those hypnotic disjunctions that works well in altered states of consciousness; the client will just accept it as normal

"There and not there" is another example, and also very useful

Confirming that it is normal

"Here is a book which will prove extremely useful to hypnotherapy practitioners, however experienced they may be. I have been involved in the training of such practitioners for many years but have rarely come across a volume which gives both method and explanation in such a clear and unpretentious way. Even where the techniques used are not unknown, Marlene Hunter sets them out in such a way that the practitioner will have no difficulty in adapting them to suit the needs of the individual concerned."

Ursula Markham, Founder and Principal of The Hypnothink Foundation

"Cleverly grounded on the basis of Ego State Theory, Healing Scripts is a wonderful resource for therapists treating trauma and dissociative disorders from a hypnodynamic viewpoint."

Arreed Barabasz, EdD, PhD, ABPP, Editor, International Journal of Clinical and Experimental Hypnosis, author of *Hypnotherapeutic Techniques, 2E*;, Co-author, *Advanced Hypnotherapy: Hypnodynamic Techniques*

"Marlene Hunter's book *Healing Scripts* provides new ideas and solutions in the use of Hypnotherapy to help victims recover from trauma and stress. *Healing Scripts* provides hypnotic interventions which will reach the source of the pain and anguish of trauma, resulting in relief."

"I would recommend this book for all practitioners, whether they have less or more experience, since the scripts have been used, and found to be valid, in real life situations, and can be adapted to suit the client's specific needs."

Prof V M Mathew, MBBS, DTM&H, DPM, Dip THP, MRCPsych, MPhil, FRCPsych, Consultant Psychiatrist

"… a very welcome addition to those of us who use hypnosis in treating trauma survivors. Trauma takes many forms from the obvious child abuse, to natural disasters and physical injury resulting in chronic pain. Dr. Hunter addresses each of these sources of trauma and she does so from a realistic, practical, respectful manner. … I can surely recommend this book as a fine addition to the therapist's tools for helping clients heal their emotional wounds."

John Burton, EdD LPC, Licensed Professional Counselor, author of *Hypnotic Language; It's Structure and Use, States of Equilibrium* and *Understanding Advanced Hypnotic Language Patterns*

"Whatever your experience of working with pain, stress or trauma, this book will be a welcome source of ideas."

Rob Woodgate, Editor, The Hypnotherapy Journal

Psychology/Psychotherapy

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