

# Analytical Hypnotherapy

Volume 1

Theoretical Principles

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**Jacquelyne Morison**

with contributions from  
**Georges Philips**

"I consider this book ESSENTIAL for anyone  
involved in hypnotherapy."

– Vera Peiffer, hypnotherapist and author.

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# *Introduction*

To every man who struggles with his own soul in mystery, a book that is a book flowers once, and seeds, and is gone.

– *DH Lawrence*

## *The Foundation Stone of Analytical Hypnotherapy*

Analytical hypnotherapy is that branch of psychotherapy that investigates the client's innermost conflict, trauma and distress at the deepest psychic levels in order to bring about resolution and beneficial change. Essentially, this form of therapy is an insight-oriented method akin to psychodynamic methodology in that it draws out from the client that which is debilitating and unfruitful and that which hinders his/her personal development. Analytical hypnotherapy will allow the client, therefore, to grow emotionally, to mature psychically and to fulfil his/her own true potential in life. The practice of analytical hypnotherapy, moreover, will also embrace the field of humanistic psychology in that it seeks to assist the client to realise his/her own potential once intransigence and barriers to change have been lifted. Aspects of cognitive philosophy are also incorporated into analytical practice, because during the therapeutic process the client can begin to understand what governs his/her thinking processes.

Although the modern equivalent of classical psychodynamic treatment is analytical hypnotherapy, this book seeks to open up the field of hypnoanalysis in order to give it a more eclectic and, thus, more flexible appeal. This farsighted orientation will be of the greatest assistance to the working practitioner who may need a broader base from which to approach the client. Every facet of psychological doctrine will play a vital function in the unravelling of the client's distress, trauma and psychic conflict and, therefore, each will exercise its essential role as an integral part of the



holographic picture. In the following chapters, we shall, therefore, not only examine the orthodox analytical approach but also incorporate aspects of humanistic thinking and cognitive strategies that concentrate on activating the client's inner resources in order to bring about self-development and self-actualisation.

Analytical hypnotherapy differs from traditional forms of psychotherapy in that treatment is combined with hypnosis as the medium through which therapeutic intervention can be facilitated. This method of hypnotherapy also departs from the standard clinical practice of hypnotic intervention in that the client takes the more active part in his/her therapeutic journey by being invited to speak about his/her personal life experiences as opposed to those instances in which the therapist is principally active in applying techniques or in orchestrating proceedings.

In the companion volume to this work, *Analytical Hypnotherapy Volume 2 – Practical Applications*, the practitioner will be introduced to the symptomology and methodology that can apply the learning and insight gained from this text.

## ***What Is Psychodynamic Therapy?***

The term “psychodynamic” denotes the active forces within the personality that motivate behaviour and the inner causes of behaviour (in particular the unconscious conflict between the different structures that compose the whole personality). Whilst Freud's was the original psychodynamic theory, the approach includes all those theories based on his ideas, such as those of Jung, Adler and Erikson.

– *Richard Gross & Rob McIlveen*

Psychodynamic therapy is a means of investigating the client's recollections and perceptions of life experiences in order to identify where the nuggets of psychological trauma and distress have been lodged. It is assumed that the root cause of any presenting problem has been buried deeply in the client's unconscious mind and that this inertia will need to be uprooted and resolved before he/she can gain any lasting relief from symptoms. The psychodynamic approach, therefore, has been based on the theory of cause and effect and the practitioner will advocate a means of resolving the originating cause of the client's disorder in order to

alleviate the effect or to eliminate the symptoms. This method of therapeutic intervention, therefore, is in contradistinction to any therapeutic methods that are aimed solely at the alleviation, amelioration or removal of symptoms.

The aim of psychodynamic therapy will be to empower the client to undergo a process of maturation in which his/her unconscious mind will come into touch with his/her conscious mind in order to achieve a harmonious enlightenment and a balancing effect. This process will then bring the client nearer to reality by highlighting his/her strengths and weaknesses and by smoothing out any dissociation between the conscious mind and the unconscious mind, that has occurred usually as a result of traumatic experiences in formative years. The client can be awakened to the realisation of impediments to psychological health, can find his/her own true nature and can gain an understanding of his/her own unconscious motivations, internal conflicts and compensatory behaviour that have hitherto dominated his/her existence. The psychodynamic school believes that human behaviour is predetermined and is motivated by unconscious desires, drives and influences that were set up in early life. Such phenomena may lead the client not only to manifest irrational behaviours, inappropriate reactions, psychological ill health and psychosomatic illness but also may cause him/her to form dysfunctional relationships with others.

The prime strength of psychoanalytic practice lies in its attempt to unearth suppressed or repressed material using a variety of methods, that will be outlined in detail in forthcoming chapters. Analytical techniques provide an in-depth psychic examination of precisely what drives the client by comparing the past with the present. In employing such skills, the practitioner can provide the client with the maximum chance of resolving intrapsychic conflicts by relieving crippling guilt complexes, by discharging devastating emotive responses and by accessing those areas of his/her subjective experience that have caused the greatest distress and psychological damage.

Freud's novel work initially set the stage for clinicians to explore the unconscious mind and Jung, in being one of the major protagonists to break free of the fold and to develop his own ideas, also

# Chapter 10

## Memory

When to the sessions of sweet silent thought  
I summon up remembrance of things past,  
I sigh the lack of many a thing I sought,  
And with old woes new wail my dear time's waste:  
Then can I drown an eye, unus'd to flow,  
For precious friends hid in death's dateless night,  
And weep afresh love's long since cancell'd woe,  
And moan the expense of many a vanish'd sight:  
Then can I grieve at grievances foregone,  
And heavily from woe to woe tell o'er  
The sad account of fore-bemoaned moan,  
Which I new pay as if not paid before.  
But if the while I think on thee, dear friend,  
All losses are restor'd and sorrows end.

– *William Shakespeare*

### *What Is Memory?*

One of the great mysteries which has puzzled neuro-scientists is how the brain actually stores memory. Even though various parts of the brain may be damaged or even removed by surgery, memory can still remain intact. This shows that there is not any one particular physical location in the brain which carries out the function of memory. It seems that memory is enfolded throughout the whole brain.

– *Michael Kern*

The way in which the memory functions will be of particular interest to the hypnoanalytical therapist because it will be the client's perception of distressing or traumatic events from the past that will dictate his/her current reactions and resultant symptoms. Memory, therefore, may be the only real raw material on which the client can work. Everything the client perceives will, hence, be a product of his/her memory faculties because he/she will be drawing

on past experience in order to be able to experience the present. In essence, the client will retain in the present an imprint of his/her past experience, both psychologically in the form of emotive reactions and maladaptive behaviours, and physiologically in the guise of physical manifestations and sensory experiences.

The human memory facility is such an indeterminate and illusive commodity that there are no hard and fast rules by which to define it, to recognise it or even to prove its existence. Many writers and theorists, of course, have made statements about the physiological functioning of the memory but no-one has actually arrived at a conclusive experiment that has proved beyond doubt what we are all itching to know – and that is how the memory actually works! The only thing that can really be relied on about the phenomenon of human memory is that it is notoriously unreliable. The facts may be indisputable but the interpretations that different individuals will place on them based on a recollection of events may be vastly different.

It is popularly believed that memory operates as a video recorder with events being recorded and stored, awaiting recovery essentially as they were laid down. Memory is, however, a much more complex and less efficient process. Bartlett showed that biographical memory is essentially a reconstructive process in which only some elements of past experience are stored and are retrievable. Far from being recovered unchanged, he demonstrated that memories may be reconstructed and elaborated by all kinds of subsequent influences.

*– Sydney Brandon*

Each memory that the client can recall will be the product of his/her personal perception, belief structures, past knowledge, convictions and fleetingly vague impressions. A memory of a given event, furthermore, may change in the client's mind on each occasion when that episode is recalled because of the reconstructive element of recollection and his/her fluctuating perception of life as a transitory set of experiences. It will be as if the client were continually firing at a moving target when recalling the same past experience. A traumatic memory, for example, may change in terms of emotive content during the therapeutic process after the client has discharged unpleasant thoughts or feelings about the distressing experience. The client may often exaggerate or distort an unpleasant memory, owing to his/her genuine feelings of terror.

The client may also play down a dramatic memory because he/she may believe that his/her participation in an event has been blameworthy. The client, conversely, may desire to protect the reputation of another and similarly dilute the impact of the memory. Memories of experiences that have occurred in the preverbal period of the client's life, moreover, may be subject to massive distortion because his/her perceptions, linguistic skills and comprehension were, at that time, grossly underdeveloped or impaired.

Depending on how it feels at the time, the mind selects from colours, images, sounds, smells, interpretations, and responses with similar arousal and feeling tones, then brings them to the foreground in various combinations to produce what we call memory.

– Peter Levine

There are, however, several assumptions that can be made about the phenomenon of memory, despite the fact that no-one has really been able either to prove or to disprove these suppositions. Most people would agree, for example, that the human memory can be infallible and frequently inaccurate. Memory will generally let the thinker down when he/she most needs it and will tend to fail when he/she is trying hard to recall a fact. The client's memory facility will be constantly active and will certainly be prone to fantasy and imaginative symbolism. Imaginative wandering will, indeed, be an activity that will hold a special fascination because it can transport the client away from the rigours of his/her humdrum existence. Anything more than these vague conjectures about the behaviour of memory, however, cannot really be substantiated in the scientific laboratory. Hence, when certain theories cannot be proved, the race will usually be on in order to try. There has been, however, much controversy over the question of what the memory can and cannot actually do. The question of what an adult is capable of recalling from childhood experiences has, of course, been one that has given rise to much vehement controversy. This question, furthermore, continues to generate heated debate around the issue of whether the client can rely on his/her recollections of childhood experiences. From this premise, let us now discuss the dubious topic of memory characteristics.

Not every detail of our experience of an event is stored in memory. When the record of an event is retrieved, then, it will be incomplete and might need elaborating before it is intelligible to our consciousness.

– John Morton

"A remarkable book that I would unhesitatingly recommend to both students and seasoned practitioners alike . . . a modern classic."

– *William Broom, Chief Executive and Registrar, The General Hypnotherapy Standards Council.*

A groundbreaking reference for everyone in the fields of hypnotherapy, psychotherapy and counselling, this book contains a complete explication of the theory behind analytical hypnotherapy.

An eclectic, wide-ranging book, *Analytical Hypnotherapy Volume 1* examines not only the orthodox analytical approach, but also aspects of humanistic thinking and cognitive strategies which concentrate on activating the client's unconscious mind. Containing practical guidance on the application of hypnotic techniques, this book offers numerous examples and case studies that cover: transference and counter transference; defensive strategies; dreams and symbolic imagery; and therapeutic investigation.

Presenting a unique investigation into the ways in which analytical hypnotherapy has influenced a range of current therapeutic philosophies, *Analytical Hypnotherapy Volume 1* presents the clinical practitioner with the ultimate means of treating even the most stubborn of therapeutic disorders.

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