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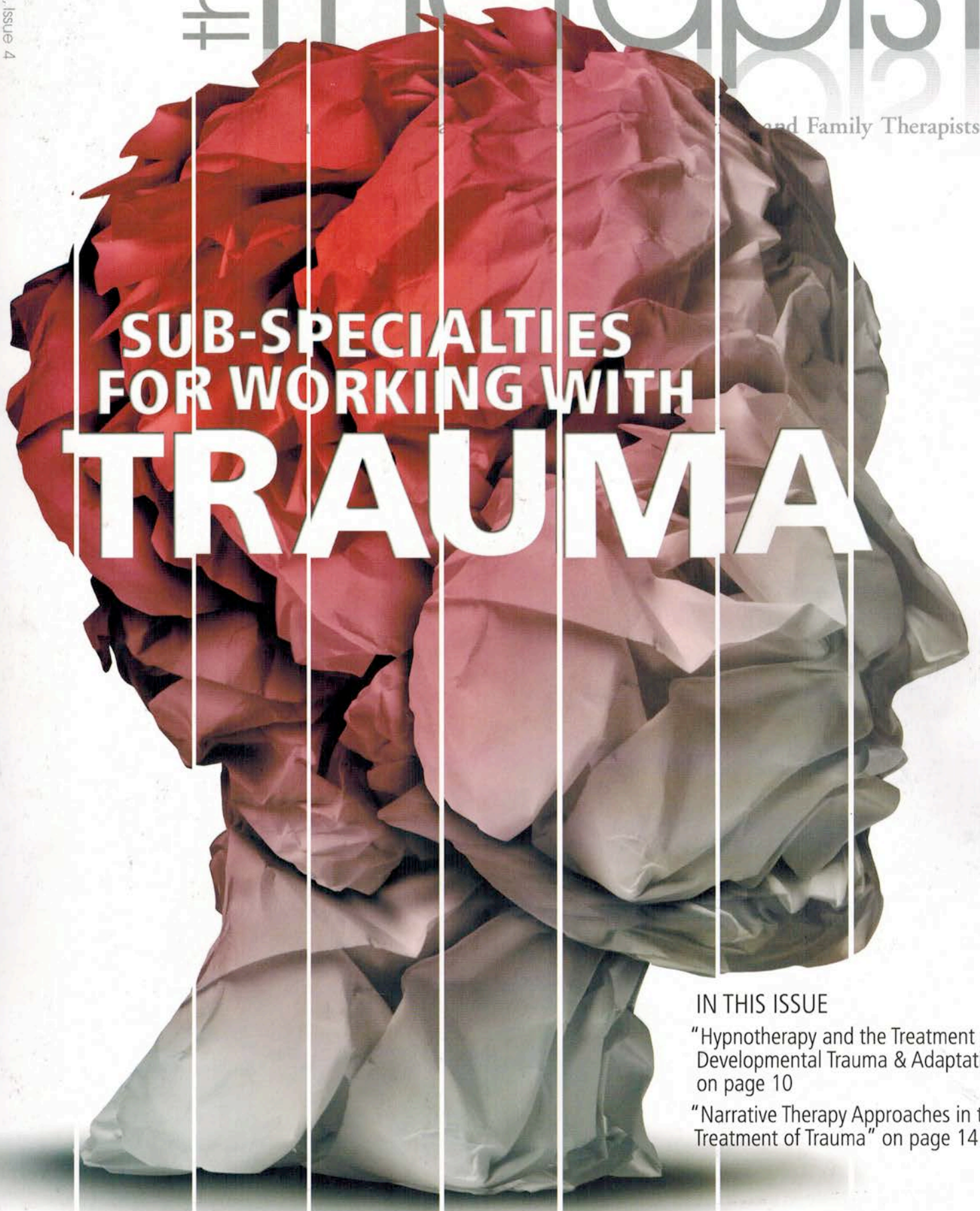

SUB-SPECIALTIES FOR WORKING WITH TRAUMA

IN THIS ISSUE

Hypnotherapy and the Treatment of Developmental Trauma & Adaptation

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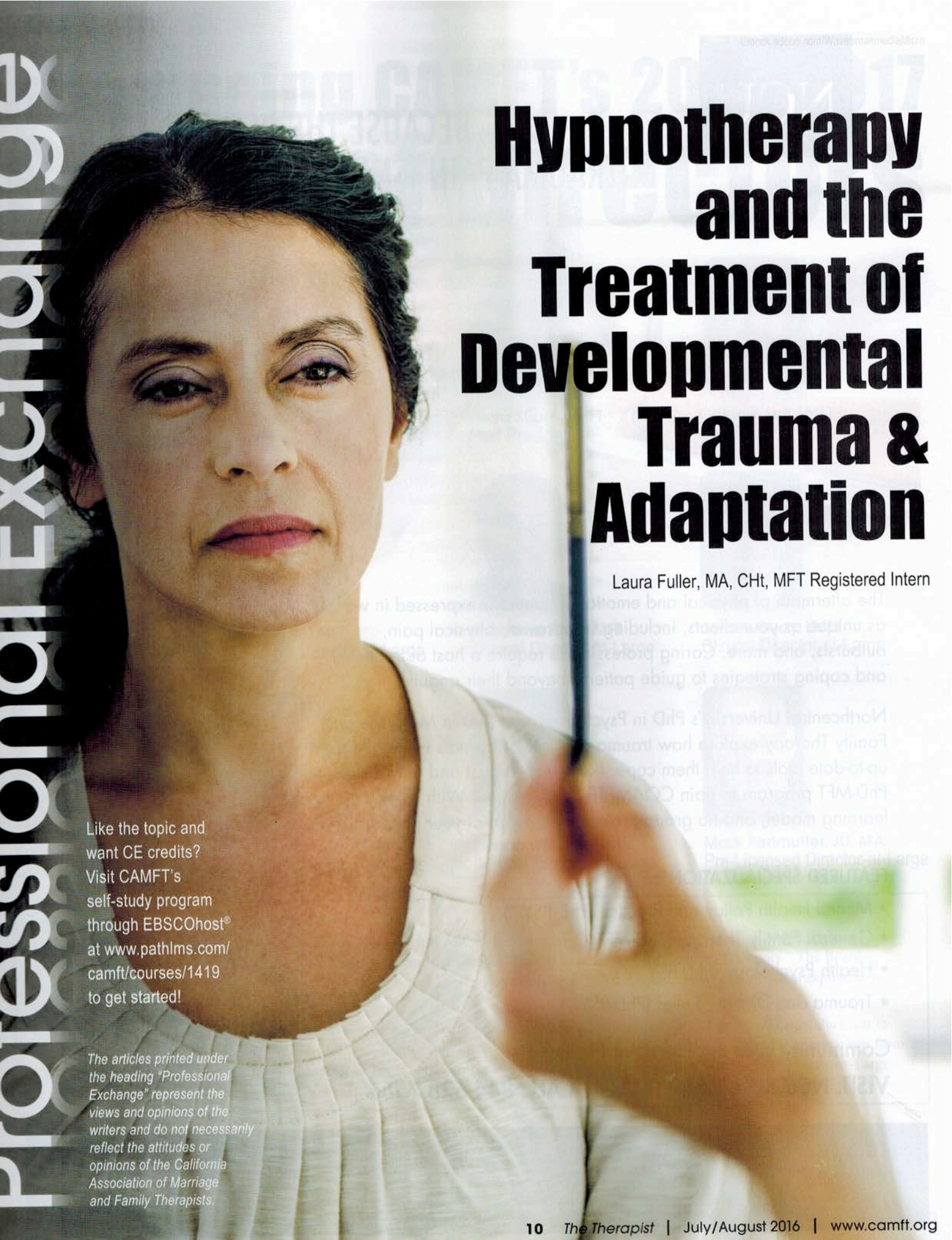

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Hypnotherapy is often thought of as change as fast as the snap of the fingers. Reminiscent of a stage show, the hypnotist snaps his/her fingers and the subject is transformed. For many hypnotherapists, quick change becomes a point of pride, and sometimes brevity is exactly what is needed.

But what about things that don't change in a snap? What about the subtle but enduring impressions that life leaves on a soul? You may think of hypnotherapy for habit change—to stop smoking, change diet, or to stop biting the nails—but what about hypnosis for the results of these deep impressions—for depression, anxiety, self-image, and expectations from the world? With its domain as the subconscious, unconscious, body, brain, nervous system, and spirit, hypnotherapy as combined with psychotherapy is in a position to change much more than habit. As understandings of the neurobiology of trauma progress, clinical hypnotherapy can be seen as a powerful tool.

Some argument must be made towards the reclaiming of hypnotherapy for deeper work. The historical division of hypnotherapy from psychotherapy came mostly through questions around the interplay of memory and trauma. First with Sigmund Freud's rejection of The Seduction Theory in 1897 and again in the 1990s with the surge in False Memory Syndrome, the helpfulness of hypnotherapy came into question and the development of its clinical applications were largely halted. It is important to note that clinical hypnosis is not regression or recovery of memories that are not consciously there. In fact, when dealing with trauma, great skill must be used to make sure that the client does not regress in an unhelpful way. However, in these two historical events, it can be argued that much was lost about the understanding of trauma and most certainly much was lost in the abandoning of hypnosis as a clinical tool.

The reintegration of hypnosis into psychotherapy requires the dispelling of many fears and misconceptions. In *Hypnosis in Treatment of Depression: An Overdue Approach for Encouraging Skillful Mood Management*, Michael D. Yapko writes,

> "Hypnosis was incorrectly characterized as only relaxation by some; others erroneously suggested hypnosis involved a heightened suggestibility that would strip away peoples' defenses and thereby precipitate suicide or psychosis; while some even held the unfounded perspective that hypnosis would encourage an escapist reversion to primary process thinking that would lead to dangerous symptom substitution. Hypnosis was thus considered either potentially dangerous or therapeutically irrelevant. As a direct result of such perspectives, the merits of hypnosis for empowering people who feel helpless—and inspiring people who feel hopeless—have gone largely unnoticed" (Yapko, 2010, p. 139).

Implicit Memory

The consideration given here is of the use of clinical hypnotherapy for developmental trauma, developmental adaptation, and associated mental conditions. It is also powerful for the treatment of shock trauma and PTSD but this topic is taken here because it provides for an exploration of the non-verbal aspects of all trauma, and how it is involved in many psychological diseases. Trauma is anything that overwhelms the coping responses of the body and mind, resulting in alternative patterns of survival that may be more or less adaptive. Developmental trauma refers to small but repeated overwhelming events that stack up over time, potentially decreasing resiliency and/or increasing propensity to coping strategies that are self-harming. The term *developmental adaptation* refers to the way our worldview and self-structure form in relation to early experience and environment. For this early development, "trauma" may be too strong a term, yet the subconscious is deeply affected.

All forms of trauma and adaptation operate, at least in part, via the body's memory systems. Because of the specific memory systems involved in developmental trauma and adaptation, these impressions operate closer to the level of self than they do to experience—they seem to be who we are, not things that happened to us. An essential characteristic of trauma is its non-verbal component and this means that insight is not enough. In *The Body Keeps the Score* (2014), Bessel van der Kolk wrote, "We have discovered that helping victims of trauma find the words to describe what happened to them is profoundly meaningful, but usually it is not enough" (p. 21). There must be involvement of the whole body and the opportunity to experience the antidote.

The memory system involved in this non-verbal aspect of trauma is often referred to as implicit memory. It can also be called non-conscious, non-declarative, relational, or body memory. These terms point to how such memories are more about felt-sense awareness than cognition and are profoundly related to our relationship to our self, others, and the world. As they are memories not coded in words, time, or place, they are formed throughout life, but primarily in non-verbal development. Implicit memories are contrasted with explicit memories, which are coded in words time and place and, therefore, can be placed in the past. An example of an explicit memory is: *I'm feeling upset right now because I am remembering a criticism.* Whereas an implicit memory is a more nebulous, overarching experience that—since it is not coded in time when "remembered"—is felt to be a present moment truth. *I'm just not good enough.* Thus, implicit memories can be seen as the lenses we look through or the schemas into which other information is organized.

Hypnosis and the Primitive Nervous System

Hypnotherapy utilizes the same memory processes that create problems (depression, relational re-traumatization, poor self-image), to solve the problem. Applying Stephen Porges' Polyvagal Theory (2011), it is theorized that the state of hypnosis is a capacity of the primitive parasympathetic nervous system as triggered by the sympathetic nervous system (fight and flight). There are different levels of dissociation and automatic function that happen in daily life. The vast majority of non-conscious functioning is good: it is the wisdom that beats the heart and replaces the cells. A person generally does not need to think about how to walk but, similarly, they do not need to think about how to be anxious or self-critical. These become just as automatic. When dissociation is triggered in daily life as a result of trauma, the automatic functioning that occurs is not usually helpful.

Therapeutic hypnosis is a conscious utilization of automatic, deep, liminal, dissociated or even distracted states. In all mechanisms of the nervous system, the design is for survival and this is also the case for dissociation and related non-ordinary states. Even when the process of healing has been overwhelmed, the impulse for life is still apparent in even in the most difficult symptoms. Dissociation and liminal states can be products of an overwhelmed nervous system and also point in the direction of healing. Non-ordinary states of consciousness have been used for healing in many cultures throughout history. They can be accessed through drumming, dancing, chanting, story telling, meditation, breathing, and ritual, evoking a state where current life information can be processed, and deeper layers of memory can be reorganized.

Listening & Honoring

When hypnotherapy is used by a licensed mental health professional, it is called *Clinical Hypnotherapy*. The meeting of these two skill sets is extremely helpful in working with developmental trauma. Psychotherapy brings the acknowledgement that stories are sacred. While every human relationship and interaction has the potential of affirming humanity through listening, psychotherapists have been given privileges and training to support them as the holders of story. As separated from psychotherapy, hypnotherapy has sometimes fallen alongside coaching where the emphasis is on choice and change. While choice and change are important and can be empowering, they can also come at the expense of listening and the honoring of pain as meaningful.

A common belief in coaching theory comes in the request that someone "change their story." This refers to the idea that a narrative or core belief is the matrix by which present experience is organized. With the understanding of implicit memory, it becomes more accurate to refer to *core feelings* than core beliefs. Change is indeed necessary when these implicit memories move someone away from health. However—especially as it applies to trauma (developmental trauma, developmental adaptations, and especially shock trauma) the demand for change in symptom, behavior, or thought is likely not enough.

It is in listening and honoring that psychotherapy gives a great gift to hypnotherapy—both in the humanizing effect, and also in the mechanics of what is actually essential for shifts in neural state. Below, the idea of basking in an antidote state will be described. But it is not appropriate to ask a depressed client to choose to be happy, and it may even be impossible to get them to focus on gratitude or strength. Because of state dependent memory, when in a disempowered state, it is likely quite difficult to recall experiences of empowerment. Similarly, it rarely works to ask someone in an angry space to shift directly into peace. Before shifting into a target state, there must first be appropriate discharge of the undesired state. It must be given space to be heard. Once there has been enough discharge, it will be more possible to experience something new.

The recognition that a story needs to be heard carries a deeper truth as well: symptoms are communications. This is especially true for trauma. It would make sense that a symptom would not go away before its message is heard. The message may be a cue to collect more details of the story, or it may represent an honoring of something that is lost.

Therapeutic Application of Hypnotherapy

Therapeutic hypnosis is an intelligent use of non-ordinary consciousness to create healing via memory and learning. It serves the following purposes:

1. **Nervous System Regulation**. Regulation refers to the state of the nervous system in balance. It also refers to the process of balance because regulation is not a static state. Throughout the session, the therapist will have an awareness of the client's level of arousal, engagement, and energetic orientation to the present place and time. Sessions begin with talking—similar to a psychotherapy session—and end with hypnosis. Within the hypnosis, a regulated state is sought, where the body is in rest and digest. The effects of this state are comparable to those achieved by practiced meditators and also what happens in certain phases of sleep. As the name suggests, rest and digest is where physical, mental, and emotional information is processed and digested. When we are in fight or flight, the only goal is survival and so it is difficult for anything to be digested.

   Finishing a session regulated is an excellent addition to psychotherapy. A common experience of psychotherapy is leaving feeling opened up and not necessarily put back together. An even worse alternative to this feeling is if the therapist puts a client back together by trying to tie things up in a neat little bow. Even a short hypnotherapy practice at the end of the session allows for integration through the abilities of the client's own system. This reduces the potential for re-traumatization, since at least some of the process evoked by the session will be sifted through before they exit the room. It also helps the client leave feeling good—or at least ok, and possibly even empowered. This helps treatment be a pleasurable experience, even when process is intense.

2. **Practicing of Helpful States.** We learn through practice and repetition. Hypnosis gives the opportunity to practice desired states, ultimately strengthening related neural circuits and, possibly ultimately shifting baseline states. The primary desired state is safety. Others might include connection, empowerment, or pride. In *Brain Change Therapy: Clinical Interventions for Self-Transformation* (2011), Carol Kershaw and William Wade wrote of their system that combines conversational hypnosis, neurofeedback, and practical tools:

   "Ultimately, all types of psychotherapy—from psychoanalysis to behavioral intervention—are successful to the extent to which they enhance change in relevant neural circuits (Cozolino, 2002). BCT [Brain Change Therapy] starts with the working assumption: Effective therapeutic change must inevitably include a repatterning of neural pathways."(p. 1).

   Practicing of states may be used as an antidote for whatever the therapeutic problem is. It also serves to counter the *negativity* bias—the evolutionary tendency

of mind to lean towards the negative. Psychologist Rick Hanson described it:

> In effect, *the brain is like Velcro for negative experiences, but Teflon for positive ones.* That shades "implicit memory"—your underlying expectations, beliefs, action strategies, and mood—in an increasingly negative direction… the growing pile of negative experiences in implicit memory naturally makes a person more anxious, irritable, and blue. (2011, pg. 18)

Once there has been appropriate discharge of the less-helpful state, countering of the negativity bias as it relates to implicit memory, happens through basking in states of enjoyment, comfort and safety, purposefully steeping the nervous system in goodness.

3. **Reinforcing Tools.** If the client is being asked to apply tools in daily life, they can practice them in the state of hypnosis. They can be guided to rehearse using the skills and also to build anchors that will help them remember when to use the tools, rather than following an old pattern of reactivity. When tools are practiced in a calm state after sufficient discharge, it is possible there will be less resistance. Some therapists might also make a recording of this part of the session so that the client can practice regulation and reinforce tools—even on a daily basis.

4. **Imagery & Metaphor.** An image does not need to be visual, it can be any impression of the senses. Images and stories can be used in hypnosis as the language of the psyche and also as a way to interface with implicit memories and deeper structures of self.

How to Help

To safely and effectively utilize hypnosis for treatment of developmental trauma and developmental adaptation, the therapist should keep a few basics in mind.

Kershaw and Wade stated the most simple and essential foundation: "To use deep state hypnosis, we begin by helping clients develop a sense of safety and security" (p.178). Creating safety and also respecting any lack of safety is the basis for all therapy, but becomes especially important as deeper states are accessed. The therapist must also be sure to apply all of the basics of working with trauma. Whether in the cognitive part of the session, or in hypnosis, tools like pacing, resource, titration, grounding, centering, and orienting (Levine, 1997, 2008) must be used. Each of these tools has expanded applications once the use of hypnosis is brought in.

Within clinical hypnotherapy, even if shock trauma or PTSD do not seem evident, the over-arching focus would be the regulation of the nervous system. Safety must be the foundation. And given the possible link between depression or anxiety and some form of trauma, in all cases special care must be taken towards orienting to present-moment safety before the eyes are closed. As for fears around false memories and regression, all therapists should take extreme care to not lead their clients through questions. Therapists trained in hypnosis will likely have an even better ability to catch themselves where they might be projecting a theory onto a client. Clients sometimes need to be reassured that you will not be reading their minds. As for clients or therapists who have the desire to fish for a reason why, a good rule to keep in mind is "do not pick the scab." The scab is there for a good reason. As it heals, whatever needs to be known will be remembered consciously. And—more likely—as symptoms resolve, the need to know why will fall away.

As for the question of who can help, if you are trained in hypnotherapy as well as psychotherapy, this may encourage you to begin integrating these two skill sets with an expanded consideration of how they can apply to trauma. If you are working only as a psychotherapist and have a client who you think might benefit from hypnotherapy, you could integrate work with a hypnotherapist as adjunct, seeking someone with an understanding of trauma, a soft stance, and willingness to let the primary therapist take the lead. In looking for a hypnotherapist or considering training for yourself, it is important to know that some trainings take place over just a few days. This is not what you want. This is a deep dive that should unfold over years.

In Conclusion

Hypnotherapy and psychotherapy have many benefits to offer each other. In combination, they constitute a way of working with developmental trauma and adaptation that is both scientifically grounded and beautiful in its humanity. These understandings allow for relief that is immediate, as clients leave the session regulated, while also supporting deeper healing that often takes time. Just as change through hypnotherapy does not need to happen as fast as the snap of the fingers, relief through relational psychotherapy does not need to take forever. With the capacity for nervous system regulation, plus the reinforcing of tools and practicing of desired states, clients may feel returned to strength and hope by the end of the first session. This does not, however, mean the work is over. Rather, that there is direction and meaning to the journey to come.

Laura Fuller, MA, is a teacher, therapist, writer, and the organizer of Life Moves Through. She has been working with people through their bodies and minds for 18 years. She teaches yoga and embodied gymnastics, and does therapy—Hypnotherapy, and Polarity Therapy—informed by a background in counseling psychology and somatic process.

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