

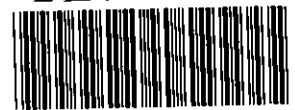
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EXPERIENTIAL ANALOGIES AND HYPNOTHERAPY

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This paper discusses the therapeutic use of experiential analogies with clients in a hypnotic trance. The argument that experiential analogies can facilitate powerful therapeutic outcomes, especially when they are paired with multi-sensory suggestions, is developed. Two case histories are elaborated on to exemplify the creative use of experiential analogies with multi-sensory suggestions.

Experiential analogies are therapeutic techniques which enable clients to imagine, act out, engage in, or act, "as if" they were someone or something else. They are built on the inference that because one idea, thing, or behaviour resembles another in certain aspects, it also does in other aspects. For example, the human brain is analogous to a computer as they are both able to logically solve problems. Thus, as the computer can be programmed, so too can the human brain: Also, because the computer can be turned off and on, so too can the human brain. Experiential analogies allow the client to develop understanding and to experience the context, the actions, feelings and emotions associated with the doing of the actions. In order for the client to optimise the experience, and the insights from this experience, it is recommended that multi-sensory experiences be created, and that the client be in a trance state.

For example, a client who experienced difficulty in her marriage because she felt her husband had all the power, and that she was being closed off from her interests, was encouraged (while in trance) to experience the view from her kitchen where she stood to do the dishes. She had assisted her bricklaying husband build the fence which, in reality, had obscured the view. The client was encouraged to get a ladder and a hammer and to remove each layer of the fence, brick-by-brick. While doing so she was encouraged to feel the force of the hammer knocking out the bricks, see the expanding view, smell the fresh air, touch the decaying wall and the space beyond, taste the success of her actions, and experience the meaning that the task held for her. Emphasis was placed on

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experiencing her feelings, being aware of her thoughts, and imagining what could be seen from her line of sight, off into the distance. Barling (1995) has also elaborated several other examples of experiential analogies which were paired with metaphors in hypnotherapy.

While several arguments can be developed for the utilisation of experiential analogies and their integration into the therapeutic setting, perhaps the most powerful argument for their use in therapy is that they work and they facilitate the achievement of positive therapeutic goals. Like the use of metaphors in hypnotherapy, the use of experiential analogies is often reported by clients as being a turning point from which they are able to perceive their problems from a different perspective, seek creative insight, and facilitate resolution of them. That is to say, it has been the author's experience that experiential analogies enable clients to see their problems in a different light and from a new perspective. When the experiential analogy is personally relevant to the client, it will enable the client to more easily identify with the experience, and build on it in a meaningful manner. In all cases, "it is essential in any treatment with hypnosis that therapy be tailored to the individual and the techniques match the subject's mental set" (Leung, 1994, p. 110). In the case of the experiential analogies technique, it is probably not enough for the experiential analogy to match only the mental set. The client should have some real life experience of the analogous situation in a behavioural first-hand relevant manner. The desirability for the client to have behaviourally relevant experience will most likely enhance learning, and insights, as the client can build on some relevant experiences with the utilisation of further sensory awareness.

Another argument for the use of experiential analogies is that the client's insight and learning is increased and facilitated if the client is able to access all modes of sensory experience. This point has been recently discussed by Burns (1995) when he elaborated on the use of his Sensual Awareness Scale (SAS), asking clients to identify the sights, sounds, smells, taste, touch, and activity associated with enjoyments. Burns concluded that utilising the SAS, "allows us to create personally relevant imagery and thus enhances the establishment and effectiveness of hypnosis. It can also provide themes for, and contexts in which to set metaphors" (p. 283). Or, as being argued here, contexts to set experiential analogies. Further, the inclusion of multi-sensory experiences while in a trance state is just as likely to facilitate learning and insight as in a normal state of alertness. Since it recognises that people have different learning styles which may respond differentially to a variety of different inputs from their senses, utilising a multi-sensory approach can account for such individualisation, and may further expand the client's insight and learning.

Experiential analogies are perhaps even more effective when they are able to integrate both the cognitive and the affective domains of human experience. The pioneering work of George Brown (1995) and his colleagues, with the ideas of "confluent education" and gestalt, have reinforced the concept that the most effective learning is personal learning. As expressed by Cassarino (1995),

personal learning is enhanced through "the developing of a fluidity between the outer-human world and the inner-human world. Education, if it is to be relevant to life, must approach knowledge in a very human way — through the human faculties of the mind, the senses, and the emotions" (p. 174). Thus, if we see education as synonymous with therapeutic learning, insight, and behavioural change, it follows that client therapeutic movement will be optimally facilitated when thoughts, senses, and emotions are utilised within the experiential analogy.

However, beside the importance of the integration of cognitive and affective experiential domains, the context, and the range of experience of the client, the experiential analogy needs to be contextualised. Contextualisation refers to the process of linking and associating the experiential analogy with the specific situation in real life. This is accomplished through a post-hypnotic suggestion which links the hypnotic experiential analogy to the future real life experience. As Yapko (1994) stated:

Without the use of post-hypnotic suggestions to serve as a bridge between the hypnotic state and the person's "usual" waking state, it is highly probable that whatever gains might have been made during the hypnosis session will be limited to that session and not extended to the rest of the client's life. (p. 45)

The following case studies illustrate the use of experiential analogies. However, they can also be part of a total therapeutic treatment program, which integrates other strategies to work toward the goals of therapy. As such, experiential analogies with multi-sensory input should be seen as a subset of a hypnotherapeutic approach to resolution of a client's problem and movement toward the goals of therapy.

CASE HISTORY 1

Client

John, aged 52 years, is married and lives and works on the family farm with his wife. He supplements the farm income from cattle and mixed farming with income from fence contracting. Eight and a half years ago John was diagnosed with a malignant brain tumour. After surgery John was recovering when, during the last eighteen months, he experienced further symptoms indicating that there was still an active tumour in his brain. The continued growth of the tumour was being treated with chemotherapy and ray therapy. John was still recovering from these when I first saw him.

Presenting problem

John was having difficulty sleeping and wished to employ a more positive attitude toward beating his recurring problem with cancer.

Background

John had led an active life of which 22 years were spent with a concrete contractor. He grew to dislike the competitive working environment when delivering concrete in his own truck so he resigned and took on fencing contracting and grass mowing with the local councils. He built up the family farm but suffered a setback when he contracted the brain tumour. He presented as a well-built and strong person who was suffering a lack of coordination, and insomnia. He was dwelling on the stressful time as a concrete contractor, and a need to use all his abilities to beat the re-emergence of the brain tumour.

Treatment

John was seen on two occasions for one-hour sessions, a month apart. He attended with his wife, who was only present at the beginning of each session. After collecting background information it was decided that initially we would focus on strategies to facilitate his sleeping and general relaxation. John was familiar with hypnosis and was a good willing participant. A trance state was induced through breathing, relaxation, and visualisation. Self-hypnosis was taught as a means of inducing relaxation and sleep. One month later John returned feeling more positive about himself and his condition. He was sleeping better and now wanted to try to use his mental powers to try and beat his tumour.

Experiential Analogy

After a trance was induced and deepening strategies were employed, John's farming and fencing experiences were woven into the following scenario. He was asked to visualise his brain as a tarpaulin that he could lay out on the workshop floor. With careful observation he would be able to identify those parts of the tarp that had an active growing fungus on them. Pulling the tarp across his anvil he could beat the fungus to a pulp and destroy it with his blacksmith's hammer. The scenario was enriched with directions for him to experience the awareness of the force of his hammer, the sweat on his brow, the taste of destruction in his mouth, the smell of the fungus being destroyed, and the sight of the fungus being pulverised. With all his strength and willingness to rid the tarp of the fungus, John engaged in the activity with conviction, as if it were the diseased parts of his brain affected by the tumour. For the difficult sections of the fungus he was encouraged to take his manual star picket driver and drive pickets into the fungus. Again he reported that he was actively engaged in the activity as he was encouraged to experience his senses, feelings, and thoughts. A post-hypnotic suggestion was given to enable John to return to this experiential scenario whenever he felt distressed, or when he felt capable and wanted to actively inhibit his tumour.

Outcome

While the two sessions were of limited success in curing John's condition, they did achieve some important goals. First, a good rapport was established with John, and he left each session feeling better about himself and feeling that he was more in charge of how he was coping with his situation. Second, he could more easily access the power of his mind, to enable himself to sleep better, and he was less worried and more at peace with himself. Through his ability to engage in self-hypnosis he was able to revisit the scenarios or create his own, in a way that he could choose to visualise the eradication of his disease. At the time of writing this paper John is still alive, although his condition has deteriorated. Had the circumstance of client-therapist location not changed, there could have been an ongoing role for hypnosis as John's physical condition become worse.

CASE HISTORY 2

Client

Sue was a 32-year-old single mother of two boys. She had been divorced for two years, and had started a university course in nursing. Unfortunately she had contracted cancer of the ovaries and recently had the cysts removed by major surgery. She was in her convalescence when she consulted the author.

Presenting Problem

Sue presented with the problem that her life had become more stressful and that she wished to de-stress and relax more than she had in the past. She was worried about how she would cope with her university work, her children, and life in general. She also wished to use the power of her mind to make sure that the cancer was gone from her body.

Background

Sue married Brian at 19 years of age and they had two sons who were now 8 and 12. The marriage did not work out and after a difficult eight years they separated. Two years after separating, Sue learned she had ovarian cancer and that she would require an operation if she was to have any chance of survival. The operation was a success. However, Sue was not sure the surgeon had "got it all." She was concerned to do all in her power to make sure it was all gone and that it would not return.

Treatment

Sue was seen on three occasions, to help her reduce her anxiety, to realistically appraise her future prospects, and to manage her life. On her first visit rapport

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was established and goals of therapy were elaborated. Hypnosis was discussed as she wanted to use more of her mind to exercise more personal control. Trance was induced through a concentration on her breathing, and deepening was achieved through walking down steps in a country garden. She was taken to her special place (a eucalypt forest) and encouraged to explore in an experiential way some aspects of her special place that she had not previously explored, such as the colours, sounds, textures and smells of the forest. She was requested to practise daily and a tape was made of the session for her to replay at home in her own time, each day. Her second visit was a week later and again involved facilitating trance, which she had become quite proficient at achieving, and revisiting her special place.

Experiential Analogy

During her second visit and when in a deep trance, and comfortable in her special place, Sue was encouraged to imagine that she was back at home, working on her computer and playing with the Pacman robot character game. She was then to imagine that she was the commander of the Pacmen and that their mission was to seek out and destroy any mutated cancerous cells in her body. Sue was to lead the army of Pacmen to the individual mutated cells, and destroy them with their ray guns. The different terrain of her internal organs was explored and any abnormal cells destroyed as if they were noxious weeds growing on the living landscape. Sue was encouraged to explore what the mutated cells would look and feel like, and what sounds, smells, and visual experiences would be present when they were destroyed. The Pacman army was to explore all aspects of her body from her toes to her head, seeking out any mutated malignant cells and destroying them. Emphasis was placed on her ability to see the cancerous cells, notice their texture, their colour, and their smell. She was also told that she could engage in this activity any time she chose to enter a trance and scan her body for malignant cells.

Outcome

Sue's health improved and a few months later she was able to resume her studies at university. Her ability to cope with life improved, her relationship with her sons was good, she was able to set aside time to relax each day, and her optimism for life improved. She felt better in her self, and at the time of writing had improved considerably, and her cancer was still in remission.

Conclusion

The preceding case studies have elaborated on the integration of experiential analogies within the psychotherapeutic context. While it is difficult to attribute the clients' attainment of medical and therapeutic goals solely to this technique, both clients reported it was this aspect of their therapy which was significant for them. They enjoyed it and felt a greater sense of control and power over their

disease. Experiential analogies in hypnotherapy can facilitate the client's achievement of therapeutic goals, and these case studies support this argument. Further, it is the author's experience that experiential analogies are enriched, and the probability of success is greater, if: the analogy is one of which the client has some experience; the five senses are explored; they include an exploration and confluence of the client's feelings and thoughts; and they are linked to concrete experiences in their day to day lives.

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