

SPIRITUAL-TRANSPERSONAL HYPNOSIS

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Abstract

The field of spiritual and transpersonal psychotherapy and hypnotherapy can be divided into three major categories: research of near-death and out-of-body experiences; past life experiences; and spiritual interpretations in accordance with the patient's beliefs. The present article suggests a fourth category, spiritual interpretations *not* in accordance with the patient's beliefs. Three cases are reported, and the curative force of the interpretations is discussed. Copyright © 2009 British Society of Experimental & Clinical Hypnosis. Published by John Wiley & Sons, Ltd.

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Introduction

Transpersonal psychology is not easily defined. In attempting to reach an agreed-upon definition, Lajoie and Shapiro (1992) identified a number of major themes that correspond to conventional meanings: states of consciousness, higher or ultimate potential, beyond the ego or personal self, transcendence, and the spiritual. *The Journal of Transpersonal Psychology* (11/08/09) states that its orientation is 'concerned with full human awareness, the integration of psychological and spiritual experience, and the transcendence of self'. Levin (2009) argues that the major characteristics of the transpersonal discipline comprise the search for goals and the meaning of life, the strengthening of inner personal resources, and the belief in transcendental abilities for self-growth.

Although spiritual elements are well rooted in the traditions of both eastern and western religions, and regardless of the preferred definition of transpersonal psychology, traditional psychology and psychiatry still regard spirituality and transpersonal issues as expressions of pathology (Moran, 2000). Matheson (1986) emphasized the similarity between spiritual experiences and self-hypnosis. Grof and Grof (1991) tried to address the difficulty in distinguishing between psychosis and transpersonal experiences, defining the term 'spiritual emergency' to differentiate transpersonal from psychotic episodes. Our 'fear from psychic phenomena' (Leskowitz, 1999) is still a hindrance in developing transpersonal psychology and psychiatry in general, and transpersonal-spiritual psychotherapy in particular (Scotton et.al, 1996).

Yet in recent decades and with the flourishing of the New Age Movement, the examination of spiritual and transcendental psychology, psychotherapy and even hypnosis has gradually become more legitimate. Based upon a review of publications on transpersonal/spiritual hypnosis, this field can be divided into three major categories:

1. Hypnotically produced near-death and out-of-body experiences used to research and investigate this field (Van Quekelberghe, Gobel and Hertweck, 1995; Tart, 1998).
2. Spiritual hypnosis aimed to provide help by means of evoking past life, prenatal, and perinatal experiences. Most of the literature describes using hypnotic trances to produce altered state of conscience, thus facilitating prenatal (past life) and perinatal experiences (Chamberlain, 1999; Marquez, 1999). Bunning (2008) described the use of hypnosis as a visualization tool to promote wellness by using spiritual aspects appropriate to each individual client. For example, success in dealing with breast cancer was attributed to the holistic approach involving physical, spiritual, emotional and mental factors. Havens' book (2007) was aimed at creating spiritual, religious or mystical experiences within oneself. Smith (2007) suggests the term 'spiritual hypnotherapy', referring primarily to life between lives, to what happens to the soul after death and before next incarnation.
3. Spiritual interpretation suggested during hypnotic trance and the reframing of symptoms to emphasize their spiritual meaning. Reframing must be in accordance with the client's belief system in order to be accepted and for a change to take place. Freedman (1997) emphasized that the reduction in symptoms is more significant for participants who believe in the possibility of past life. According to Freedman the reduction in symptoms was not statistically significant for those who did not accept that possibility.

I would like to propose a fourth category: spiritual interpretation suggested during hypnotic trance *that is not in accordance* with the patient's belief system. Could such an interpretation make a change? When spiritual hypnosis is used as a therapeutic method and not to produce a transpersonal trance, it must be in accordance with the person's beliefs (Lesmana et al., 2009). Thus the curative effect of the spiritual interpretation can be explained in terms of reframing, that is, changing the meaning from negative symptoms to positive spiritual phenomena. This does make a change and has curative power, mainly because it suits the person's frame of reference and 'makes sense'. If an individual did not previously adopt the holistic approach, which contends that a human being is not only body and mind but includes spirit as well, he or she will probably reject any interpretations regarding spiritual content.

Transpersonal and spiritual hypnosis is not widely used, and not much has been published about it. In the following, I present three case studies demonstrating the second, third and fourth categories previously mentioned. As I am not involved in research in the first category, I cannot describe a case study from it.

Case 1: Past life experience

A 52-year-old woman complaining of general anxiety, memory difficulties and unexplained physical pain asked to be treated with hypnotherapy. After the first session (intake), she was hypnotized and was taken to her previously chosen 'safe place' – a green field with her husband nearby, providing security. She asked to stay there a bit longer, and then a spontaneous image appeared – herself as a one-year-old infant in her original home with her father in the background and a feeling that something bad was happening. When she called out to her mother for help, she saw her mother from behind, looking away. She felt hatred for both her parents, and she suddenly realized that as a mother, she herself did not protect her own daughter from her own ex-husband (her

daughter's father). She now hated herself and felt very guilty. In the next session she asked for hypnosis specifically aimed at dealing with her difficulties with memory and concentration. Once the hypnotic trance was induced, she was given the suggestion to go to a place that would explain those difficulties. She found herself in Egypt, where simultaneously she was both a baby killed in order to be buried with Pharaoh and also the baby's mother. Again she felt helpless because she was unable to save her baby, but this time she realized that after the baby died, her soul became very calm. She concluded that although her daughter had suffered in the real world, this was the right thing for her spirit. She felt relieved, as if a barricade had been opened. But when she came to the next session she reported no improvement in her memory. After being hypnotized, she was again directed to the safe green field, where she was given the suggestion to go to the relevant time and place for the problem. She found herself as a mother being shot to death in the Holocaust, but this time her boy was saved. She was very surprised, as she couldn't remember any situation in which she was able to save anyone. Remembering this was a sign that her memory obstruction had been removed. When she came back from the Holocaust scene to the green field, she was astonished to see newly sprouting grass. She concluded that her memory of the child's survival reflected the completion of the gaps in her memory. In follow-up sessions, the need to address memory problems did not arise again.

Case 2: Spiritual interpretation in accordance with patient's beliefs

A 34-year-old firefighter was referred to therapy due to post-traumatic stress disorder diagnosed after the 2006 Israel–Lebanon War. On the second day of the war, he had been sent to fight a fire caused by missiles falling in the north of Israel. While driving the heavy firefighting vehicle, he heard unfamiliar noises, but did not pay attention to them until he saw that other cars had stopped and the drivers were running to the ditch beside the road for cover. He stopped his vehicle and went outside, suddenly realizing for the first time that he was under missile attack, in an open field, with no helmet or bulletproof vest to protect him. The other firefighter with him panicked, ran and hid behind a rock, and remained frozen there. He managed to function perfectly. He calmed down his partner, extinguished the fire, and drove back to the station safely.

In the following days he was called on again and again to fight fires under missile attacks. After a week, he started to wake up from sleep shouting without knowing why. He did even not recall shouting, only learning about it from his wife. The symptoms were still present at the time of his referral, about ten months after the war. He also described sometimes feeling so unstable that he was unable walk or stand, feeling as if he had no legs and had to sit down immediately. He was examined thoroughly by a physician, who found no physical explanation for these symptoms.

His intake revealed a previous trauma. Around seven years earlier he had been in a car accident. A car that was driving in reverse hit him, throwing him to the ground. He found himself lying on the ground with a moving vehicle over him, and the only reason he was not physically hurt was that the vehicle was sufficiently high not to touch him. For the next three days he had difficulties walking and standing, but he recovered spontaneously and the symptoms disappeared.

His depersonalization experience (not having legs, not being able to walk or stand) and his sudden awakenings from sleep, not knowing what had happened can be understood in transpersonal psychology terms as the soul leaving the body. This interpretation is in line with the Jewish mystical understanding that God takes our soul during the night

and brings it back into our body when we wake up. Before going to sleep, Jews recite a prayer asking God to bring their souls back in the morning.

As a traditional Jew, he accepted this explanation and experienced immediate relief. The explanation for his terrified awakenings was that he woke up seconds *before* his soul was back, and therefore he did not understand what had happened and felt distressed. Hypnosis was induced in the fourth session, for two reasons: to help him feel dissociated from himself and still remain under self-control, and to reinforce the suggested interpretation of the symptoms as spiritual experiences.

Two weeks after the hypnotic session he no longer woke up at night, and the symptoms affecting his legs were reduced to a level that did not disturb him and did not prevent functioning (walking, standing). During the next ten sessions, hypnosis was induced to stabilize the changes. He reported a reduction of 30–40% in his symptoms from the beginning level. A month later, after the symptoms had almost disappeared, he reported a significant deterioration when his son was diagnosed with recurrent brain cancer. Any attempt to talk about his son made him feel on the brink of severe dissociation, so he preferred not to. He terminated therapy. Five months later, in a follow-up session, he reported that he still experienced weakness in his legs, though the intensity was lessened and did not disturb him while walking or standing. He also awoke from sleep from time to time, though not regularly.

Case 3: Spiritual interpretation *not in accordance* with the patient's beliefs

A 36-year-old male was referred to therapy due to anxiety and panic attacks. The attacks had begun after his wife received a major promotion at work, which caused him to feel significant narcissistic insult. He had been serving in the army for years as a non-commissioned officer without any significant promotions. He had no spiritual inclinations whatsoever.

After the first session, he asked to be hypnotized. In the second session, we used hypnosis for the first time to achieve relaxation and lower his anxiety. In the third session he reported that his anxiety had decreased significantly, but that he was experiencing difficulties falling asleep. He indicated that something in his forehead was bothering him and disturbing his thinking and sleeping. He was hypnotized again. The disturbing area in his forehead was reframed to reflect the activity of the third eye (forehead chakra). The third eye was described as the interface point between inside and outside, and the night activity was interpreted as evidence that something – his spirit – was guarding him while he slept so he could sleep safely.

He cancelled the fourth session, explaining over the phone that he had been sleeping perfectly well for two nights. During the next four months he had only three more sessions, with no sleep disorders or anxiety disturbances reported.

Discussion

How can these dramatic changes be explained? Is the fact that the interpretations were given under hypnotic trance sufficient to effect such changes? Is it possible that hypnosis is such a powerful tool that it can force a person to adopt an exceptional idea and still have curative force?

Freedman (2007) states that 'We do not yet know whether past life stories are memories of actual past lives that people have lived or creative fantasies, but we do know that whatever they may be, they are usually extremely and rapidly effective in therapy for a

wide variety of conditions. Healing stories, indeed.' This statement may be able to explain the first case.

In analyzing a large group of questionnaires completed by past-life therapists, Clark (1995) also tries to address the question of the reality of the regressive experience, though 'no definite conclusion is reached'. On the other hand, the results emphasize the importance of compatibility of the therapist's belief system to the client's ability to curatively use this therapy. This may be able to explain the second case.

But how can we explain the third case?

One of the ways to define or describe hypnosis is as an 'altered state of consciousness' (Brown and Fromm, 1986). During the hypnotic trance, the individual's more rational style of thinking is pacified, enabling the more imaginative and intuitive style to take over. The conscious mind is calmed, enabling access to the unconscious mind. Maldonado and Spiegel (1998) define this as 'trance logic' – a way of reasoning that does not follow the rules of 'normal' logical processes. During psychotherapy the therapist suggests interpretations, and the patient accepts those that are relevant, gaining psychological insights that lead to relief and the cessation of symptoms. We believe that the curative force of the interpretation lies in its truth, its compatibility with some inner subconscious knowledge. Still, some patients reject seemingly true interpretations, and these rejections are attributed to defence mechanisms. The altered state of consciousness in hypnotherapy lessens the activity of those defence mechanisms, enabling more direct access to the unconscious level. But still, the unconscious level will not adopt an interpretation that does not suit its inner truth. This may lead to a conclusion that when a spiritual interpretation is accepted and causes positive change, it does suit the individual's inner unconscious truth, even if this truth was not in accordance with the individual's frame of reference of beliefs in the 'normal' conscious state.

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