HYPNOSIS and Other Stories

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CHAPTER 16 :
Hypnosis for War Trauma

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Combat neurosis is often triggered more by stress than predisposition, but the equation for hypnosis treatment of combat trauma is, “Predisposition plus stress equals neuroses . . . Motivation plus insight equals cure.” (Watkins, 1949, p.39). Predisposition means the history of the person. Stress means the immediate pressure from the environment preceding and during the individual’s breakdown. Every person can reach a point of breaking with enough stress applied. The treatment is insight and motivation. Four factors are involved in this process: dynamics, symptoms, secondary gain, and the desire to heal. Direct suggestion is useful in temporary alleviation of symptoms and attitudes, hypnotherapy is used for trance interviewing, vertical and horizontal uncovering of relevant information through regression and hypermnesia. Theoretically, neuroses are an interrupted reaction to an unfilled striving to complete something. The repetitive nature of neuroses is the attempt to bring closure to something. Gruzelier (2006) proposed that the symptoms of PTSD were parallel to those of hypnosis in that the experience of trauma produces symptoms such as physical and verbal stupor, numbing, identity distortion, amnesia, dissociation, automaticity, and absorption.

> “There are three distinct styles of hypnotic suggestion: directive, permissive, and Ericksonian. Each represents a certain ‘philosophy of life’ (Brown & Fromm, 1986).

Hypnosis is a time saving approach using direct suggestion, hypnotherapy involves uncovering, hypnoanalysis involves uncovering with a psychoanalytic perspective. For work with traumatic memories such as war neuroses, psychoanalytic experience is not required. For analysis of transference and counter-transference, psychoanalytic experience is required (Wolberg, 1945). Direct suggestion is beneficial in reducing stress and promoting relaxation, a limited use of hypnosis. Non-directive hypnosis taps a “vast resource within the subject. Within each person is an unlimited supply of self-knowledge, wisdom, strength, creativity and capacity for abundant living”

(Hickman, 1985, p.49). Brown and Fromm report that directive hypnosis is the first emergent style of hypnosis with the hypnotist positioned in the role of expert. Permissive hypnosis emerged from modern research with the hypnotist positioned in the role of collaborator. Ericksonian hypnosis is a conversational, informal, indirect approach of eliciting unconscious search processes intended to reorganize the inner world and beliefs without a formal induction. There is no one style of hypnosis that is effective with all individuals.

The use of hypnosis rises and falls with cultural shifts in perceived value. From the 3000 year old Ebers Papyrus, to the Greek temples of Aesculapius, hypnosis has an ancient history. Anton Mesmer brought hypnosis from the world of religion into the scientific world with a veil of mysticism and a theory of animal magnetism. This era of hypnosis ended when Benjamin Franklin commented that the people were getting well by their own imaginations, and the use of mesmerism decreased. James Esdaile performed surgeries using mesmerism as anesthesia and was thrown out of the British Medical Association. James Braid renewed the scientific use of this natural state as a medical tool by renaming it hypnosis. Instead of animal magnetism, eye fixation became the tool of induction. Liébeault and Bernheim claimed that it was suggestion not animal magnetism that produced cures. Freud studied with Liébeault and Bernheim and began to use the talking cure. Breuer discovered abreaction by having Anna O. relive an experience while in trance. Breuer was apparently a better hypnotist that Freud. Hypnosis again decreased as Freud abandoned hypnosis and developed theories of transference, free association and interpretation of dreams. The suffering of the World Wars brought hypnosis back into use again as the volume of war fighters and their symptoms overwhelmed the existing services. Hypnosis has a broad range of capacities from the hypermnesia of enhancing memory retrieval to the numbing of pain that allows for surgery without anesthesia (Cooke & Van Vogt, 1965; LeCron & Bordeaux, 1947; Elman, 1964; Geers, 1994; Hickman, 1985; Watkins, 1949; Wolberg, 1945).

The length of time for healing varies between people. Two or three hypnosis sessions are sufficient for some people. Others may require a session or two a week

over a more extended period of time (Hickman, 1985). Treatment begins with suggestibility testing, and education about hypnosis and hypnotherapy processes, this is called a pretalk. After the pretalk, trance is induced and the client's capacity for deep state hypnosis is assessed. Direct suggestions are given for well-being. This may be the end of the first session. The next stage of treatment involves an interview to determine the client's response to hypnosis, further questions, identifying of the problem area, then trance is induced and uncovering methods are used to explore the identified problem. The first line of approach is often the easier topics, with more intense topics saved for later (Watkins, 1949). Hypnosis is proposed to be helpful with those suffering from skull trauma, "simple conditioned fears" (Wolberg, 1945, p.236), amnesia, and the stress of natural disasters and exposure to war.

Freud (as cited in Brende, 1985) theorized amnesia triggered an intrapsychic split which can only be resolved with rehearsing and abreacting the traumatic experiences. Age regression via hypnosis was used to re-enact the experience, evoke abreaction, and emotionally relieve the pent up unresolved emotional load. Freud and Breuer (as cited in Brende) observed that reliving a traumatic memory and abreacting the emotions related to it appeared to provide only temporary relief of symptoms, and concluded that direct suggestion and abreaction did not resolve deep seated problems. Hickman's (1985) use of non-directive hypnosis indicted that the client needed to repeatedly relive a traumatic experience until the emotional load is gone. Hickman observed that with a complete release of the emotional load, self-correction often occurred. This can be achieved by asking the client to tell the story repeatedly, fleshing in the details with each telling until the client is calm and quiet in telling the story.

Thirty years of asking questions using hypnosis instead of delivering suggestions led Hickman (1985) to conclude that, ". . . at a deeper level of their consciousness there is a source of knowledge and understanding, not only as to the nature of their problems, but also the causes of each problem and the needed remedy. . . within the subconscious . . . there exists a level of wisdom and insight far surpassing that available in our usual state of consciousness" (p.i.). The Freudian model of mind involves conscious and unconscious aspects. The Jungian model incorporates a

collective unconscious with transpersonal images that transcend time, space, and individuals (Monte, 1999). The Hickman model of mind involves three aspects: conscious, subconscious, and superconscious. The superconscious mind has a sense of being one with all things, it is a creative, intuitive, limitless awareness with a desire for growth, development and health.

Wolberg (1945) and Watkins (1949) suggested that practice with hypnosis helps develop deeper levels of response. A method for deepening and speeding up the therapeutic process is called fractionation which is done by opening and closing eyes repeatedly after trance has been induced, and with multiple inductions and emergence in the same session. Watkins referred to the multiple inductions in one session as an in and out interviewing style. It is achieved with an instantaneous induction using direct suggestion. The client is told that every time a pen is tapped, he would go deeply into sleep, and on the count of five he would awaken. The goal of this method is to speed up insight and understanding. Tools of hypnosis include dreaming in response to suggestion, automatic drawing and writing, recall, education and interpretation, regression, reframing, in and out, play therapy, crystal or mirror gazing, and dramatization such as psychodrama.

A motivational attack combined with direct suggestion was used by Watkins (1949). Upon first meeting with a combat veteran assigned to Company F, he would suggest, “I’m not going to promise to cure you, I can tell you that most of the fellows who come up here to Company F do get to feeling a lot better, and some of them become almost well” (p.117). Watkin’s suggestion was a double bind, it let the neurotic aspect know it was respected as being entrenched, causing it to let down a bit of its resistance to treatment, and simultaneously indicated that getting better was normal in Company F. Tebbetts (1987) developed Parts Therapy to engage aspects of a person in conflict in a Great Debate to resolve these conflicts.

Some people think a hypnotized person can be led by a hypnotist to obey direct suggestions (Hickman, 1985). The client will not accept interpretations or suggestions that are lacking meaning for himself personally. This is a cooperative relationship and adventure in which both parties are active participants. Intellectual understanding is not

as sustainable as experiential understanding (Wolberg, 1945). Hickman's strategy was to be led by the client by building each question upon the previous answer of the client, and by letting the client know that it is alright to refuse to answer a question. This type of non-directive approach to healing is different from a directive strategy.

Hypnosis is an efficient method for uncovering memories, feelings, processes and symbols (Brown & Fromm, 1986). An issue with uncovering memories is that information may be revealed of a person's errors. Direct suggestions can be used to help a client remember, recall, or review only what he is ready to handle at that moment, and that the remainder of the information would be retrieved when he was ready or strong enough to cope or deal with it. Suggestions at the end of a session can include a double bind of remembering to forget those things that don't need to be remembered (Herman, 1992; Silver & Kelly, 1985). Useful insights can be elicited with suggestions such as, "The meaning will get more and more clear to you as you are ready to understand this" (Brown & Fromm, p. 114).

Hickman (1985) and Boyne (1987) proposed that the deeper wisdom of the human mind can learn from errors, recognize how those errors are still influencing present life, and make different choices to restore an optimum functioning, creativity, and harmony in the present moment by accepting themselves and their situations. Watkins (1949) proposed that from the Gestalt perspective, it is the unfinished business that is at the root of neurosis. When abreaction does not resolve a matter, the in and out method can induce trance for a few seconds, a suggestion is given to elicit greater understanding, and the client is brought back out of trance quickly to discuss things. Induction of trance can occur 12-15 times in an hour session accelerating reintegration of information at the conscious and unconscious levels.

Hypnosis and hypnotherapy have a history of use in dealing with combat stress (Gruzelier, 2006; Spira, Pyne, & Wiederhold, 2007). Hypnosis in the World War II era was primarily palliative. The therapeutic modalities included re-education, ventilation, confession, desensitization, guidance, persuasion and suggestion. These were considered superficial interventions. The client relieved himself of guilt, general anxiety and tension, gained insight through the help of the clinician in listening and

understanding, but the deeper issues of past problems and unresolved conflicts remained untreated (Wolberg, 1945). Kardiner (2009) proposed that hypnosis was useful in treating war neuroses when a person was repressing memories, bypassing amnesia, eliciting memories, triggering abreaction, catharsis, and ideally a cure, but only in the acute stage of trauma. The goal of rapid hypnotic intervention was to prevent the development of a defense mechanism Kardiner referred to as “an automatic contractile process” (p.152) in which the ego structure of a war neurosis stabilizes.

War fighters who remembered events for which they were previously amnestic had general reduction of anxiety, tension, and adverse symptoms. It is more common for a person to remember a part of a memory than to have complete amnesia, the part most often forgotten is the emotional load, the part considered most important from a therapeutic position. Memories back to three or four years old are considered the earliest form of accurate memory, reports of remembering nursing are rare (Wolberg, 1945). Hickman (1985) suggested that time and space are transcended when using hypnosis, that distant memories from ancient times emerge; childhood, infancy, in utero, and before birth can be accessed with regression in hypnosis. Freud (as cited in Wolberg, 1945) reported that traumatic memories may not be factual, but may be cover stories for real events. The issue is that the client responds to these memories as if they are true.

Hypnosis to recover historic events and their emotional content begins with relaxation and creating a safe space before uncovering (Herman, 1992; Silver & Kelly, 1985). When relaxation is achieved, the simplest approach is to ask the client to go back in time to the situation or experience that triggered, started, or caused the problem. The client develops greater insight into himself, and self-correction can occur (Hickman, 1985). “When I put my hand on your forehead you will relive the experience that you had at the time when you first developed your symptom” (Wolberg, 1945, p.236). A more complex age regression to reclaim memories can be initiated with an image of a line, ribbon, or rope leading from the present to the past. Projective methods can allow distance between the client and the memory. As a movie, the event can be reviewed, stopped, rewound, fast forwarded, played backward and paused based on

the ability of the person to handle what is being revealed. There can be a volume control for emotions. When using hypnosis, the client needs sufficient time for stabilization before uncovering, and then sufficient time for integration and stabilization after uncovering and before the session is complete (Herman, 1992; James, 1989; James & Woodsmall, 1988; Silver & Kelly, 1985). Gruzelier (2006) reported that in over a century of hypnosis being used for war trauma, there are insufficient controlled studies to verify that hypnosis can help a person access and integrate the memories that have caused the disruptions in functioning.

Spira et al. (2007) suggested that while basic hypnosis is a helpful tool for learning how to enter and sustain a comfortable state of physical and mental relaxation, and hypnotherapy can help with remembering or recall of a traumatic episode from a distance, which is a form of deliberate dissociating, research indicated that exposure therapy had a greater capacity for trauma resolution. People may be unable or unwilling to deliberately visualize the traumatizing events due to their avoidant symptoms. Virtual reality equipment helps these avoidant individuals through immersing them in the stimulus that evokes the emotional load using a headset and mouse or joystick to navigate through computer induced reality. Silver and Kelly (1985) suggested that hypnosis is a useful adjunct to flooding, desensitization, and narcosynthesis.

Vietnam veterans treated with hypnosis learned relaxation in the initial stages of treatment when anxiety can be a major concern. The abreactive process involves reclaiming memories. This can be done with an affect bridge in which emotions are stimulated to gain access, or a cognitive bridge in which thoughts are used to gain access to old memories. Integrative aspects of hypnosis involve recovering splintered parts of self associated with the traumatic event or series of events (Brende, 1985; Geers, 1994; Ingerman, 1991; Tebbetts, 1987).

Shapiro (1995) argued that EMDR and hypnosis are different because EEG measures on EMDR reflected a normal waking state, and EEG measures of hypnosis showed “pronounced theta, beta, or alpha waves” (p.315). Sue Othmer (2008b) reported that brain wave activity is unique for each person and that there is no one

standard of brainwave activity that is normal for all people. The question of what is and is not hypnosis has not yet been adequately defined or articulated (Tebbetts, 1985). According to Spencer (2002), hypnosis is any modality that creates a bridge between the conscious and unconscious minds. Boyne (1987) described intense emotions as a rapid hypnotic induction that bypasses logic and puts a person immediately into trance. EMDR specifically integrates the use of intense emotions.

Shapiro (1995) claimed that deep state hypnosis may interfere with EMDR processing. The fractionation of abreaction involves repeated entry and exit into traumatic material (Young, 1995). Fractionation is a common tool of deepening trance and enhancing insight (Geers, 1994; Watkins, 1949). The use of short, repeated bursts of emotional exposure appears to contradict Shapiro's assertion that deep trance may interfere with EMDR. Geers reported that debate in hypnosis regarding depth versus quality of response is ongoing. Depth is not always required for good quality of response, light states or waking hypnosis can be highly effective in eliciting human growth and development (Wolberg, 1948). Shapiro's report that hypnotic testimony may not be eligible in court proceedings is valid in states that disallow hypnotic testimony. The claim that EMDR appears to be eligible for legal proceedings failed to provide legal citations to support Shapiro's position.

Boyne's (1987) hypnotherapy training involved use of an initial sensitizing event (ISE), an original experience in which a traumatic event and maladaptive decision began to influence a person's behavior. Subsequent sensitizing events (SSE) are built upon the ISE and strengthen the maladaptive behavior. Shapiro (1995) used the term nodes to describe memories linked to emotions, thoughts and decisions that are stuck in maladaptive patterns. The same process of finding the earliest experience of dysfunction is used in both hypnotherapy and EMDR. NLP eye accessing cues (Brooks, 1989) appear to be the foundation for the eye movements of EMDR. The second half of the NLP smear technique (Thom Hartmann, personal conversation, 2003) involves similar bi-lateral movement of the eyes that appears in EMDR. The swinging back and forth of a voice in bi-lateral stimulation was a hypnotic deepening method taught by McGill (1987) who integrated his Western concepts of hypnosis with

Eastern traditions of spirituality and meditation. The EMDR suggestions to blank out and breathe are all introductions of new thoughts, a hypnotic method of direct suggestion to clear the mind. Young (1995) indicated that hypnosis is not thought to demonstrate such predictable, rapid trauma resolution as EMDR clients report. As a hypnotherapist in private practice for a quarter of a century, I have observed rapid resolution of trauma, but these clinical findings are anecdotal and lack empirical evidence.

The methods Shapiro (1995, p. 175) proposed to decrease client distress during abreaction using visual alterations are strategies known to NLP practitioners as submodality shifts (James, 2000). It is common in hypnosis to begin a session with basic relaxation using progressive relaxation, a creative visualization of creating a safe space, a body scan to identify the body's wisdom for directing uncovering, and the NLP strategy of future pacing by asking what will be possible when a problem is resolved that can't be done right now (Geers, 1994).

Shapiro wrote, "many psychological modalities dovetail in EMDR" (1995, p.51), and a review of her writing revealed the integration of many hypnosis strategies without giving credit to other authors and educators. As a practicing hypnotherapist and hypnosis educator, I will attest to the difficulty of teasing out where a specific method originated when learning what works in hypnosis and NLP conferences, weekend trainings, and in personal conversation with other hypnotists. Hypnosis education involves learning to identify, practice, and articulate innate healing modalities that have existed throughout human history. Just as the processes known as mesmerism were rejected until these natural phenomena were renamed hypnotism, Shapiro appears to have integrated the best of what works in hypnosis and NLP, integrated the best of what works in the traditional models of therapy, and renamed it, making it more palatable to those who might otherwise be turned off by the word hypnosis. Hypnosis in its many forms are natural processes which are observable to those who are trained to recognize and use the phenomenon.

The peer reviewed literature regarding hypnosis for treating combat trauma lacks a transpersonal or spiritual perspective. These issues tend to resist scientific discourse

and study due the challenges of integrating spiritual concepts into an empirical design. The modern trauma literature (Herman, 1992) mentions the dissociative capacity of a human to observe one's own body being violated. What is not discussed is the mechanism that is occurring with this changed vision of self. How did the perspective shift from a within skin, to outside the skin perspective? What / who is watching the body? Is this evidence of the soul? How does the person regain a perspective from within the body? If a human does not regain an inside the skin perspective, how does the dissociated aspect watching what is going on exert influence or control over the bodily functions? What happens if / when the original inhabitant of a body is not in full possession / control and use of the corporeal body?

Some individuals have a "felt sense" (Ehlers, 2006, p.135) of deceased people still being present. Intrusive images of the dead are some of the most disturbing effects linked to what is referred to as PTSD in Western society (Tick, 2005). Ehlers proposed that this is one of the symptoms of complex grief triggered by environmental cues, a symptom Ehler's proposed is best extinguished. Some cultures do not believe a dead person leaves the community upon death of the body. In the Mayan society of Guatamala, thirty-six years of fighting with ninety percent of the dead being male, and seventy five percent of those being indigenous adult males, re-internments from mass graves has allowed people to re-establish relational links with the dead that had been ruptured through violence (People, n.d.). Tick described the Buddhist traditions of Vietnam, and the concept that dead relatives have a century of lingering to help and guide the family, four generations of helping. After this time of helping has passed, the soul is free to move on with its karma into a spirit world. This cannot occur when a body did not receive proper burial. The lost souls are perceived in shadows and sounds. The Vietnamese build a "windy tomb" (Tick, p.146-147) on the family plot to house the spirit of the one whose body was not properly buried, attempting to help the wandering soul on its karmic journey.

Ehlers (2006) observed that in treating veterans, they are often distressed at the idea of letting go of the intrusive memories of the dead, that it is an offense or dishonor to the memory of the deceased, and that these experiences are difficult to resolve with

cognitive processing alone. Ehlers' argument that it is important to resolve the automatic retrieval of memories of the dead through breaking the connection between the external trigger and the memory reveals the Western science bias of materialism and reductionism. The materialistic assumption is that biological death is the end of living. Tick (2005) described how the Lakota believed that when a person killed another, he became responsible for the dead one's soul. If the soul of the dead was properly tended, their powers become an aid to the survivor, if not properly tended, it turned against the survivor and caused him harm. From a spiritual, transpersonal, non-Western, non-materialistic perspective, embodied life is just one aspect of human living and physical death is not an end of life (Baldwin, 1988; Baldwin, 2002; Fiore, 1987; Hickman, 1985; Hickman,1997; Ingerman, 1991; Wickland, 1924).

Spirit Releasement Therapy (SRT) (Baldwin, 1988; Baldwin, 2002) has concepts that run parallel to the studies of dissociative identity disorders, and the older term, multiple personality disorders. The issues of most relevance in the study of PTSD are that of evil known as demonic and the possibility that the spirits of dead war fighters are not just figments of a veteran's imagination. The assumption of SRT is that the body dies but the soul / spirit does not. A physically dead person may not realize he is dead, or if he does, may want to continue living and attach to or step into another person's living body (Fiore, 1987; Wickland, 1924). True heroism includes acknowledging one's experiences, not denying them (Ingerman, 1991; Levine & Frederick, 1997).

Western science does not adequately address issues of the soul, moral aspects of war, or the nature of evil. A discussion of the nature of war, trauma, and treatment are incomplete without mention of soul treatment. In my hypnosis practice, audio and visual recording failures are common during transpersonal and spiritual occurrences. These phenomenon exist outside of the scientific model, rely on anecdotal evidence, and are beyond the scope of this article.

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IMDHA Resources

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The International Medical and Dental Hypnotherapy Association can help you find hypnosis practitioners, training in hypnosis, events, a virtual library and an online store.

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> “The International Medical and Dental Hypnotherapy Association is a Referral Service dedicated to providing the community with excellently trained Certified Hypnotherapists. IMDHA Practitioners work harmoniously with allied healthcare professionals to aid individuals in dealing with specific challenges and procedures.
>
> Our objective is to help create a sense of peace and harmony within the individual so that the current challenge can be met and dealt with in a positive manner, thus making the journey toward wellness and peace of mind less traumatic.
>
> Our goal is to reduce the stress the individual is experiencing as a hospital patient and / or surgical patient, etc. Less stress allows the body to focus attention on its natural course of healing. The method to be used is hypnosis.
>
> In addition to medical challenges, all IMDHA members assist persons in dealing effectively with non-medical problems. Finding solutions to self-sabotaging habits leads to peace of mind and control of unwanted, negative behavior. Self Empowerment is the goal.
>
> The International Medical and Dental Hypnotherapy Association: Dedicated to Healing: Body, Mind and Spirit.”

M.G. Dahl has classes scheduled through 2026

Keywesthypnosis.com

Her training manuals are available on Amazon.

Hypnotherapy, Vol. 1: Basic Hypnosis.

Hypnotherapy, Vol. 2: Hypnotherapy

Hypnotherapy, Vol. 3: Electives

Her chapters (Chapter 10, 1st ed.; Chapter 13, 2nd ed.) regarding the use of neurofeedback for reducing the adverse impact of PTSD and mTBI are found in Restoring the Brain, edited by Hanno Kirk. Both editions are available on Amazon.

She is co-author of an article with Hanno Kirk that is in press, 2022.