

Five-Phase Abreactive Therapeutic Hypnosis (5-PATH): A Systematic Approach to Hypnotherapy

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A Powerful and Systematic Approach Using Age Regressions, Forgiveness Therapies and Parts Mediation Therapy

As hypnotherapists we have some of the most powerful tools ever devised for human change available to us. Among these are Waking Suggestion (WS), Direct Hypnotic Suggestion (DS), Age Regression (AR), and variations of Parts Therapy (PT). In our process PT consists of Forgiveness Therapy (FT) and a Mediation Parts Therapy (PMT) This paper is about using these compelling hypnotic therapies in a systematic way that gives reliable results for a number of issues, such as weight loss, alcohol abuse, smoking cessation, improving mood, motivation, self-esteem and stress management. WS, DS and AR will be gone over in detail, but the different forms of PT used in the 5-PATH System will be covered in a subsequent article.

At the Banyan Hypnosis Center, we needed a "Universal Therapy." One that could be easily taught to our therapists (or other therapists) and be almost universally applied to many different types of challenges. Using the following system has fulfilled our needs admirably.

Our process uses these hypnotic techniques, applied in five phases over an average of three to six sessions, with three or four sessions being the norm. Not all clients need to progress through all of the phases of hypnotherapy, but they are available if needed. Most will not need PMT. It is there to address secondary gain issues.

This process is as follows: a WS Phase, a DS Phase, an AR Phase, and a PT Phase. The PT phase is divided up into three specific types of PT. The first is forgiveness of the person in their life that most contributed to the problem and hurt them the most. The second is forgiveness of self, for contributing to the problem and difficulties in their life. The third part of the PT is directed at cleaning up any loose ends (PMT), where any last part of the person that is still holding onto the problem is dealt with directly.

This tends to give a complete clearing of the underlying problem, while providing ample opportunity to compound suggestion, under some particularly powerful moments during the process. This is because, after AR, and the different stages of PT, the set patterns of thinking and feeling have been dislodged and a new pattern is being sought by the mind of the client. This makes for a particularly fertile field in which to plant new suggestions for patterns of thought, feelings and behavior.

The earliest phase of the hypnotherapy is often overlooked by many therapists and that is the Waking Suggestion Phase (WS). This phase is often not even recognized as "real" hypnosis by many practitioners. Waking suggestion occurs outside of the conditions most hypnotists expect to deliver suggestions. Typically WS occurs whenever a person in authority or with an acceptable level (acceptable to the client) of expertise makes statements to the client, which are readily accepted by the client, and causes a reorganization of the client's belief structure at the level of the subconscious or unconscious mind.

Waking suggestion may appear to the client or observers as an educational component to the process. Certain ideas are presented to the client, by the therapist with a level of confidence, such that the client accepts them.

At our center, we focus most WS work on two main ideas. The first is that all feelings are good. They are there to help and guide you. Our clients need to begin to respond to these feelings in a satisfying way, because feelings left unsatisfied do not go away. They tend to become stronger. For example, if a client is lonely, and does nothing about the condition that is causing the feeling, the tendency is to feel even lonelier over time, not less. Most of the problems that we encounter involve some kind of denial of feelings that involves distracting attention away from the feeling by doing some kind of behavior. The behavior is usually pleasant, but has negative side effects. These behaviors most often include, eating, drinking alcohol, drugs, shopping, gambling and withdrawing.

The other idea that we suggest to the client is that there is nothing wrong with the client, there never was. By this we mean that as a person, there is nothing inherently wrong with them. He or she is good enough, smart enough, attractive enough, to do about anything that he or she really puts his or her mind to (within reason of course).

Most will say that they understand this intellectually but don't feel that way inside. It is this feeling that is causing all of the problems. They may rationally know that there is nothing wrong with them, but they certainly don't feel as if it were true. This occurs because sometime in the past, some other person in authority, usually a parent, suggested either by word or deed that there was. It was accepted by the subconscious mind and sits there like a thorn generating negative feelings, causing them to avoid any uncomfortable emotion. It is known by the unconscious mind that these stronger feelings of fear lay just behind those otherwise mundane feelings of everyday life.

We start off assuming some things about our clients. Assumption One, that so far they have not been successful at making consistent (if any) gains in the direction that they want to go. At best, their successes have been temporary (e.g., temporary success in losing weight or eliminating a habit or addiction). We believe that there is a subconscious element at work, blocking their success. And, that the blockage is in large part emotional (i.e., fear, sadness, insecurity, loneliness, guilt or anger).

We recognize that the subconscious mind does not want to change. It wants to continue to keep on behaving in exactly the same way that it always has, however painful that is. We also believe that the subconscious mind believes that it is in the client's best interest to do just that. This is probably a protective function of the mind.

During the first phase of hypnotherapy, we use Direct Suggestion (DS) only. By DS I mean, simply giving the client hypnotic suggestions for improvement for their issue. For example reading them a script that is meant to improve self-esteem or motivation. This is how most hypnotists first learn to do hypnotherapy. Unfortunately, that is as far as many hypnotherapists go in their practice. There is much more that you can do, as I will continue to discuss. Plus, using DS in conjunction with the other techniques it becomes a much more powerful tool, because AR and PT are very effective ways to prepare the mind to accept DS in a more powerful way (prepares the way by removing old patterns).

How to Have Great Success in a Direct Suggestion Session, the First Phase

The first session with the client is designed to be pleasant and to build confidence. A session using only DS is typically the most enjoyable

hypnotic sessions for our client to experience. Typically we will use a hypnotic induction selected for optimal results for the client, usually it will be a rapid or instant induction, like our modified version of a Dave Elman, or in some less frequent circumstances we may use a slower method. We usually take approximately 4 seconds to 4 minutes to induce the hypnosis, and then the subject is deepened and tested for the proper level of trance. The optimum level of trance for this kind of work is somnambulism. Mainly we use the test for amnesia for a number or name by suggestion. This is generally accepted as a good test for hypnotic somnambulism.

There is variation in your client's ability to accept hypnotic suggestions, and this effects how quickly they will reach somnambulism. So, that is the first goal of the hypnosis session. We obtain somnambulism and "lock it in" using a post hypnotic suggestion for a rapid re-induction into hypnosis at the somnambulistic level. An example of such a suggestion would be given as follows, "whenever you and I want to do hypnosis together in the future, all I will have to do is say the words 'deeply relax now' and drop your hand, and you will re-enter this deep level of hypnotic relaxation."

If the hypnotherapist has done his or her work up to this point, and made the client comfortable with the idea of being hypnotized, then all of the above, the hypnotic induction and acceptance of a post hypnotic induction for re-induction of hypnosis can be accomplished in just a few minutes, leaving time to do the DS work.

The success of our DS sessions depends first, on having the client sufficiently deepened into hypnosis for the work that is going to be done. Secondly, from interviewing the client, we have identified areas that we are going to work on and established what kind of changes are going to take place. For example, during the interview, we may have established that snacking was part of the problem, causing the client to be overweight. During the DS session suggestions that will eliminate or manage snacking are then given. We do not give suggestions for change unless the client has shown some desire to make the change. It is our experience that giving suggestions for changes that the client is not interested in making is not nearly as effective as when we establish the desire to make that particular change. If the client does not think that their weight problem is occurring because of excess snacking then the chances are good that they will be rejected. Plus, when clients are finding suggestions unacceptable, it tends to lighten their level of hypnosis.

Repeating suggestions tends to make them more powerful. This compounding should be an important part of any DS session. According to Gerald Kein, CH, a suggestion should be compounded a minimum of fifteen times. We follow that rule when we want to drive home specific suggestions such as, "you are now a non-smoker and you are going to be a non-smoker for the rest of your life." This is called the Direct Drive Technique.

Another very important part of any first session at The Hypnosis Center is the use of at least one or two convincers. Don't let the client leave the office without experiencing at least one. We always use eye lock. It is mandatory for our therapists. Every client must experience eye lock before receiving any suggestions. Why? First off, when you have established that the client is in somnambulism, you can be certain that the client's eyes will lock because of suggestion, because it requires a level of hypnosis that is less than somnambulism. Secondly, it deepens their level of hypnosis. When your client attempts to open his or her eyes and can't, they always go deeper into hypnosis, because they have been convinced that it is working. They have become more suggestible. Now they expect for the other suggestions to work too. Eye lock is also a great marketing tool, because if they have a friend or family member that knows that they went for hypnosis, they are going to ask your client if they were hypnotized. Your client will be able to tell them that, indeed they were hypnotized, and how they tried to open their eyes and could not! Sometimes our therapists will go from there to arm catalepsy to further convince and deepen the subject. Remember that the almost universal fear that clients bring into the office unless they have had a previous positive hypnotic experience is that they will not be able to be hypnotized. Convincers move them beyond this fear and turn them into excellent clients.

Another mandatory part of the DS session at our center is a post hypnotic suggestion for sensitivity to a color. I use a variation of a patten that I received from Don Mottin, CH, that suggests that the client will find the color red brighter and sharper, and that every time they see the color red over the next few days, it will reinforce what was done in the hypnosis session. I found how powerful such a suggestion is when clients failed to follow through with any other suggestions, but this one, but because they saw red "everywhere" they came back to complete the rest of their sessions.

The other mandatory part of the DS session is yet another convincer, time distortion. At the beginning of every first session with a client, we

always have the client check the time to see when the session begins and I tell them to remember that time. Then just before emerging them, I suggest that, "even though we just spent a few minutes today doing hypnosis, you are going to be amazed at how well you have done." Then emerge the client as ask them about how long they think we were doing hypnosis. In about ninety plus percent of the cases the client will greatly underestimate the time. This is a great convincer that they were hypnotized when used correctly.

The secrets to a good DS hypnosis session? Make sure that the client is comfortable with hypnosis by removing fears and misconceptions. Establish the changes that will be made during the session. Deepen and test the depth of hypnosis. Compound important points. Use convincers, they only take a couple of moments and they can greatly improve your success.

Age Regression (AR) Hypnotherapy Is A Powerhouse Approach and Our Second Phase.

When I first began doing hypnotherapy professionally and meeting other hypnotherapists, I was surprised at how few therapists used Age Regression (AR). AR therapy, when done well, is one of the most powerful tools any hypnotherapist can use.

Why is AR so powerful? AR is very efficient. It is fast, reliable and effective because it takes you right to the cause of the problem, the Initial Sensitizing Event (ISE) and the Subsequent Sensitizing Events (SSEs). In hypnotherapy where AR is used, it is generally accepted that, in order to be effective, you must regress the client "back to where it all began." This is called the Initial Sensitizing Event. Also, after the ISE, there may have been other events that compounded the problem; this is what we mean when we are discussing SSEs. More about ISEs and SSEs will follow.

After talking to many therapists that both use and don't use AR, I found that there are several reasons for the lack of its use. The most common reason that a hypnotherapist might not use AR is that they were never trained in the techniques that bring about AR. It is simply new to many therapists as to how to go about doing AR.

Another reason is that these therapists have tried to use AR but it did not work for them, their clients did not regress, or they did not reliably regress as suggested. These therapists usually will admit that an

unsuccessful attempt at AR is very frustrating (and probably somewhat embarrassing for the therapist).

If the hypnotist does not experience success, her lack of success can probably be traced to not consistently deepening their clients enough to achieve somnambulism. A client in light or medium states will, at best, achieve a pseudo-age regression, or experience hyperamnesia. The client will find him or herself struggling during the session, which leads to lightening the level of trance, and may even emerge from the hypnosis altogether. This will frustrate the client and therapist, and the therapist will begin to avoid AR.

Finally, the problem may have been that the therapist was not comfortable with the client re-experiencing emotions associated with the problem when they did regress to the ISE and SSEs. I will attempt to overcome some of these difficulties and objections, and furthermore encourage the hypnotherapist to learn more about AR and integrate it into their own practices.

Age Regression really deserves volumes of discussion, but let me give you some overview and some recommendations that will make it a successful approach to helping your clients. Keep in mind from the beginning of therapy that you will want to do AR with the client. Also remember why you want to do AR. Most of the problems that hypnotherapists work with, with the exception of pain management, are behavior problems like over-eating, addictions, fears and stress. We want to help change how the client behaves. The behavior is the complaint that the client brings to you. But the cause of the behavior is that the client has an emotion inside of them that they don't like. It is an emotional discomfort of some sort. The problem behavior is a way of coping with that feeling.

For example, the smoker who wants to quit is unable to because whenever he feels stressed, angry or bored, and so he experiences the emotion as a strong urge to smoke. The cigarette is a coping device. Smoking diverts their attention away from the unpleasant feeling for a short while. Giving them some momentary relief (this is why smokers will confess that cigarettes help them to relax, when there is nothing in a cigarette that is capable of helping them in that way, because the chemicals in cigarettes are stimulating in nature). This is also what happens with over-eating, addictions in general, stress and anxiety.

So if we can go in and undo some or all of what is causing the feeling, the problem behavior can then be removed, because it no longer serves a purpose.

How can we do that using AR? The emotions that we carry within us at any given moment really come from three different places: the past, the present, and concerns about the future. The real problem is that often we are carrying around a hefty load of emotions concerning the past that just aren't useful. They have also been, for the most part, forgotten and left in some corner of the subconscious mind.

Emotional Resonance is a name I have coined for how these emotions from the past often do us a disservice. Resonance is a term used in physics and music. It has to do with how things vibrate. Substances of different mass, size and construction have a tendency to vibrate at a particular frequency when disturbed with sufficient energy. For example, if you hit a bell, it will vibrate at a particular frequency. As will a string on a guitar, when plucked. We then hear these vibrations as a particular tone. Now, let me take this a little further. Objects can vibrate sympathetically with each other. For example, if you have a guitar and a piano in the same room, and they are in tune with each other. You can go over to the piano, strike the A key and the A string on the guitar will vibrate. It vibrates because it has a natural tendency to vibrate at that frequency and the vibrations in the air from the piano are sufficient enough to make that happen.

What does that have to do with emotions? Have you ever had the experience of overreacting to a situation? I mean where you reacted to a situation that was really out of proportion to what was happening. Even worse, that overreaction might even have been a little childish when you think about it, like a tantrum? This is why I think that happens.

Many of the experiences that we have each day are very close to similar experiences that we have had earlier in our lives. When these experiences are emotionally packed, we respond more strongly. If you experience an emotionally packed situation right now, and it is very close in circumstance to some thing that you experienced in the past, because of their similarity, they activate each other through a kind of emotional resonance. Then the emotion from the past cascades forward into the present, causing an overreaction. Plus, the behaviors, thoughts and beliefs associated with the emotions from the past are less mature in nature than the feelings in the present, so they may carry with them some rather immature behaviors.

The list of immature behaviors that are possible is quite long, but many of the behaviors are exactly what we deal with, because they are compulsive in nature. **Compulsions are irrational behaviors that go beyond what is in the best interest of the client.** Addictions of all kinds fall into this category (e.g., excessive drinking, eating, use of drugs, gambling and even shopping!), as well as irrational fears (also known as phobias).

The purpose of AR is to uncover the source of these feelings from the past and neutralize them so that they no longer interfere with our lives in the present. If the emotions from the past are successfully neutralized (satisfied) then they no longer resonate with current situations that are similar. Your client will simply feel more in control of his or her life, feeling more calm, safe, secure and confident.

So, let's discuss how to get your client to AR successfully and reliably. Let me start with some of the reasons that your client might not have regressed in a hypnosis session.

First of all, don't tell your clients that you are going to regress them, if you can avoid it. Rather I tell them what I am going to do rather than how I am going to do it. I will often inform the client that using hypnosis we can rapidly remove unwanted or useless negative feelings of the past. Usually your client is very happy to hear that they are about to get rid of some heavy baggage that they simply don't need any longer.

Why not tell the client that you intend to do AR? If you tell them that you are planning to regress them, they may react in one of two ways that will inhibit success. First, expecting a hypnotic regression may put them under unnecessary stress because they will become afraid that they won't be able to do it. Many clients report having poor memory of their childhood (which does not prevent a good hypnotic regression, by the way, but the client doesn't know this). And, secondly they may be afraid of how they may react if they remember or re-experience the ISE. They may likely be afraid that they will cry or otherwise embarrass themselves. Informing the client of an age regression seems to invariably work against you and your client's best interests.

The next most likely reason that the AR was unsuccessful is that the client was not sufficiently deepened. If you have deepened and tested for somnambulism, your clients will reliably regress as suggested. So long as you lead them into the regression with confidence.

Another reason they might not regress is that the method of regression was not well chosen or well executed. Here are a couple of methods you can use to reliably perform an AR. First ask yourself, do we already know when the ISE occurred? If so then just suggest that they go back to that date or circumstance. There are a number of ways to do this. I like simplicity, so we generally use something like, "in a moment, I'm going to count from one to five, when I get to five you will be back at....(insert time, date or circumstance)" Here, I will fill in the date or significant information that identifies the time and circumstance, like "your fifth birthday party."

However, in most cases we find that we don't know the exact ISE (time, date or circumstance). Even when the client, thinks he or she knows when it all started, I don't rely on it, and prefer to use the Affect Bridge method of regressing the client for the vast majority of the AR work that I do.

The affect bridge is so reliable that I use it ninety-nine percent of the time, when doing AR for therapeutic reasons. (Non-therapeutic examples of AR are finding lost items, forensic hypnosis, and regression for recreational or research reasons.) In order to use the Affect Bridge method of regression, again it is best to have the client in a state of somnambulism. However, if you are not sure of somnambulism, you may want to proceed anyway, because if you follow this suggested procedure, it will probably deepen the subject enough to induce somnambulism.

Tell the client in hypnosis the following, "There is a feeling inside you that you don't like. It has to do with the problem that brought you here today. You don't like it. It is uncomfortable for you to experience, but we just need it for a few minutes. As I am talking about it now, your attention is going to it. You may even be able to feel it somewhere in your body right now. As I count from one to five, it grows within you.

"One. Your attention is going to it, consciously or unconsciously.

"Two. It is growing more and more.

"Three. It is becoming as real as ever before

"Four. You feel it growing within you.

"Five. Now it is strong and real within you. You are aware of it either consciously or unconsciously. I can tell because you are breathing more rapidly now.

"Now as I count back from one to five again, you will go back to when

you first felt that way.

"One. Still focused on that feeling.

"Two. Going back to the first time that you felt that way.

"Three. Becoming younger.

"Four. Almost there.

"Five. Be there.

Quickly, with your first impression, is it day time or night time? (Wait for answer.)

Are you indoors or outdoors? (Wait again.)

Are you alone or with someone? (Again wait for the answer.)

Tell me what is going on?" (Listen for the story to unfold.)

Here we have used an emotion which the client carries inside them as a tool to connect our client with an earlier event in which they felt that way. This is reverse Emotional Resonance. But is it the ISE? You have to investigate further. Ask your client, "The feeling that you are experiencing right now, is it new or familiar, like "oh no, here we go again?" If the client answers with "new" then you may have the ISE. If your client answers with "familiar" then you probably have a SSE.

Since you don't know for absolutely sure, you can treat either response as if it were an SSE, and regress further. For example, you might say, "continue to remain focused on that feeling, because we are going back to an earlier time when you felt that way." Then count them back as I just did above. Continue the AR process in that manner until you get the report from your client that the feeling is "new." It is also a good idea that if the client reports that the feeling is new, you can suggest further regression to an earlier experience with that feeling, just to become more confident that the AR is complete and you have the ISE.

If the client regresses again to the same early incident, you can become more certain that you have reached the ISE. There is one more clue as to whether or not the ISE has been uncovered. The ISE should make sense, considering the known history of the client. For example, if the client reported in the pre-hypnosis interview that he or she has a long history, including all of his or her childhood, of parental neglect or abuse, and your client is only regressing to the age of twelve then you probably don't have the ISE. Here reaching an ISE at the age of 12 just doesn't add up. It is far more likely that these issues go back further, probably into infancy or earlier childhood than 12. Yes, your clients can regress as far back as infancy. In fact, some clients will even report experiences that are described as prenatal!

How can you be sure that you have uncovered the ISE? During the session it is only a matter of being more or less confident that you have uncovered the ISE. If after completing the AR therapy the problem has been overcome, then you have probably reached the ISE. If the hypnotherapy was unsuccessful (in part or whole), one of the phases of therapy that you might revisit is the AR because the ISE might have been missed.

Merely regressing to ISE is rarely enough to give your client relief from his or her symptoms. Sometimes your client will be sophisticated enough to put it all together, and see how the incident affected his or her life, and correct their perceptions about themselves or their world accordingly, but don't count on it.

There is a very reliable process called Informed Child that can help your client make the proper adjustments in perception. The basic idea is that the perception of the child is incomplete, immature and basically uninformed. Using the Informed Child process involves the therapist or the adult client informing the child client (client in the age regressed state) about his or her misperceptions regarding the event, the ISE. This is a very powerful technique. How many times have we wished that we had known at some previous time what we know now?

The problem in so many of the issues that hypnotherapists regularly see, is that somewhere in the past, probably when the client was a child, the client got the message that there was something inherently wrong with them. Either by word or deed, someone in authority, in relation to the child, set a bias in motion that affected the client's whole life. The bias usually based in some kind of fear. Here are some examples of erroneous thinking that a child may experience that can lead to all kinds of difficulties, and can be easily rectified by AR and the Informed Child technique.

I'm not smart enough.

I'm not loveable.

I'm responsible for my parents' problems.

I'm not pretty enough.

I'm a burden and that is my fault.

I'm only good when I am submitting to an adult (i.e., sexual conduct).

The list could go on, but these are some of the most encountered erroneous childhood beliefs. Each of these beliefs become self-fulfilling. Let me give you another example

Let's take an imaginary situation that makes a point. Let's say that Mary is three years old and loves her Daddy very much. Daddy also loves his daughter very much. One day, Dad brings home a little ball to his daughter because he wants to spend some "quality time" with her. He sets some time aside to play catch with little Mary. And it goes something like this....

"Today is a very important day, Mary. Daddy has brought you something very special. It is a baseball! Now let me tell you about baseball. It is a really great sport. Boys can play it and girls can play it. Today you are going to begin to learn about baseball. We are going to start off by learning how to play catch. What we do is, first you hold out your hands, and then Daddy will toss the ball right into your hands and you bring them together and catch it! Then you can throw it back to Daddy and we will be playing catch."

Now, in our example, Mary may not understand everything that her father is talking about, but she can tell that it is important to her father. She can also tell that it has to do with an object that her father is calling a baseball. Her father has her full attention, and she has his attention, they are both focused on the situation, maybe even entranced by it.

Mary's father winds up and gently tosses the ball to his excited daughter, but will she catch it? And what will Dad's reaction be in either case? How important is it really? It could be very important, especially if it is an ISE.

First let's look at the most positive outcome. Daddy tosses the ball and Mary smiles upon Mary and she catches the ball. Mary is amazed. Dad is amazed! The two are electrically charged with positive feelings of success and Mary feels very confident. Dad reinforces her confidence by telling her how wonderful it is that she can catch the ball. This positive experience increases the probability that she will catch the next one and the one after that. And, even if she misses the next 20, she now knows that she can do it! She will probably endure until she does catch another and the elation will be twice as sweet because of the success and the lesson of persistence to the point of success.

Whenever the father and daughter are together again and Mary sees a ball, she is likely to think positively of herself and the experience with the ball. She will call her father's attention to the ball and ask him to play catch with her again. She sees herself as a person who is able to play catch, which can generalize to being good at sports, or being

generally a capable person who takes on challenges and interacts positively with others. She has become positively biased. She has a positive attitude, about herself and life.

What a great outcome that was. But what if Mary had missed and her father's disappointment showed. Let's rewind and explore the other possible event.

Dad does everything the same as in the above example, but Mary misses the ball, and Daddy's face twists up revealing his disappointment, and he utters something like, "Oh, I should have known that you would have taken after your mother's side of the family. You will always be clumsy like your mother." Dad may even give her another chance to catch the ball, but her enthusiasm for the game has already been ruined, along with her hope of ever catching the ball. She has become negatively biased. She feels bad, because she did not measure up to her father's expectations. She fears that she will disappoint him again, and even embarrass herself in any such further attempts at being successful at catching balls, or being good at sports. She learns to shy away from opportunities to counter the experience by gaining new more successful experiences. When she is with her father and she sees a ball she doesn't ask Dad to play, and she only feels the echo of the bad feeling of the past. Her confidence was not boosted; on the contrary, she may become hypersensitive to any and all situations that may offer evidence that she is not capable. She has become negatively biased. She has a negative attitude about herself and her chances of becoming a success in life. The negative bias becomes self-fulfilling. She has a feeling that she doesn't like inside herself, based in fear and error.

In truth, that fact that she either caught the ball or did not catch the ball may have had little or nothing at all to do with her! There are an infinite number of variables at work in this situation. For example, how accurate or how fast her father threw the ball! Dad could have saved the whole situation, by saying to his daughter, "Wow that was close. You came ten times closer to catching the ball than when my Daddy tossed me a ball for the first time" or some equivalently supportive comment.

Note that the example of the ISE was not highly traumatic, comparative to what some might think is required to change someone's life. Especially in the very early life of a child, they are very impressionable. Their minds are like soft clay. Early impressions are more powerful than the later ones. Once a negative concept about

oneself has been accepted in the mind of the child, it sets the child up for further negative experiences with family and peers.

There will be plenty of situations in the child's and adult's life that will give the client the opportunity to re-experience the old hurt because of emotional resonance. Any similar event in the present will vibrate with the similar experience of the past, and the present emotion will be increased by the more immature emotions and perhaps behaviors of the hurt child. The child and eventually the adult will seek out ways to divert attention away from this painful feeling. Often in our society that means over-eating, excess drinking, smoking and so on.

How can all this be fixed using hypnosis and AR? It is not as difficult as it might seem. The person's negative bias can be fundamentally changed in only one session, in most cases. Here is how it is done.

We use the concept of "Boy wouldn't it be nice if you knew then what you know now?" Once we have uncovered what we expect is the ISE, we need to prepare the child for the event by giving the client/child the information required to experience the event without becoming negatively biased.

Here is an outline of the process:

1. Induce hypnosis and deepen to somnambulism.
2. Bring the feeling up to awareness.
3. Use the Affect Bridge to Age Regress the client to Initial Sensitizing Event.
4. Check to be confident of Initial Sensitizing Event, if not confident, continue regression.
5. Note Subsequent Sensitizing Events, they will be useful later.
6. Regress to prior to the Initial Sensitizing Event.
7. Prepare the child for event with client's adult knowledge and information by the therapist.
8. Make sure that the child is feeling safe and secure.
9. Progress forward from Initial Sensitizing Event, feeling safe and secure for example.
10. Progress into the adult client's future, feeling safe and secure.

After somnambulism has been established the actual session would go something like this.

Therapist: There is a feeling inside you that has everything to do with why you are coming to see me. It is an uncomfortable feeling, and you

have done many things to divert your attention away from it. But today we are going to use it. As I am talking about that feeling in you, your attention is already going to it. You are aware of it, consciously or unconsciously. You may actually be able to feel it in your body. As I count from one to three it becomes stronger. One, there it is. Two, stronger and stronger. Three, aware of it, consciously or unconsciously. Now as I count back from one to five, you return to the time when you first felt that way.

One, you are becoming younger. Two, going back to the first time you felt that way. Three, father and farther. Four that feeling is taking you back. And, five. Be there! First impression, is it day time or night time? (Wait for answer.) Indoors or outdoors? (Wait for answer) Are you alone or with someone? (Wait for answer.)

If they are with someone ask you client who he or she is with. If alone, ask them where they are. Then ask them, how do you feel? (Wait for answer.) How old are you feeling _____ (fill in the feeling such as sad, i.e. "how old are you feeling sad?")

Then ask, "This feeling that you are experiencing, in this situation, is it new, or is it familiar like, "oh no here we go again?" If the feeling is familiar then say, "That feeling takes you back to an earlier time when you felt that way."

Again establish what is going on and how old they are. Then ask if the feeling is new or familiar. Continue this process until you get the report that the feeling is new. When you get the answer that the feeling is "new" then you can suspect that you have the ISE. Remember that it should make sense given what you know about the client and the issue.

Once you have arrived at the ISE it is time to find out what happened. Ask the client to "go on" or say "what happens next." Go through the whole incident.

The client will experience the AR in one of two ways. First, the client may experience **hypermenesia**, which is simply experiencing a recalling of the incident. Or, the client may experience a revivification which is a reliving of the event. **Revivification** is what usually occurs if you have the client in the state of somnambulism. But even a client in somnambulism may only remember the situation. This occurs because of two major reasons.

The first reason a client may only remember rather than re-experience is that the therapist is not properly directing the AR. The therapist is using the wrong tense, or the therapist may be suggesting that he or she remember the incident. This is not the best way to do AR. When doing AR you need to suggest that the client is actually going back to the time. This suggestion leads the client to experience the event all over again, like playing back a video tape where they are not just watching the tape but are actually in the tape, experiencing many if not all of the same feelings and sensations, just as they did the first time around. So don't use terms like "remember" and always stay in the present tense.

The use of the present tense is very important. If you use terms that indicate that the experience happened in the past, which infers memory of the incident rather than revivification. For example, if you say "Then what happened," you are asking them to remember and they may lose the experience. But if you say, "Now what is happening" or "What happens next" you keep them in the moment of the ISE, or whatever you are dealing with in the AR.

So encourage them to go through the entire event. But, now it is time for a word of caution. Be very careful not to lead the client. Do not suggest that they experience anything. Especially don't suggest any kind of abuse, sexual, physical or emotional. Don't suggest it even if you "know" it happened. Because you don't really "know" that it ever happened, not even if the client reports that it happened, not even if there is someone sitting in jail because of being prosecuted for the crime. Just sit there and say, "Go on" or "and now what happens?" or "go to the next significant event."

Remember that by definition your clients are suggestible because of the hypnotic state. If you suggest that something is happening, they may hallucinate the experience! Then it can become memory, just as if it really did happen!

After you have heard the story, as reported by the client, it is time to go to work.

First I want to tell you of a technique that I use to keep things organized while dealing with clients that are in AR. I always ask them how old they are while in AR. Then I use that number just as if it was their name. Here is an example:

Therapist asks, "Where are you now?"
Client responds, "I'm sitting in my bed."
Therapist, "How old are you, sitting in your bed?"
Client, "I'm four."
Therapist, "Okay Four, how do you feel?"

From then on when I am talking to my client who is regressed to four years old, I will call the client Four. They always seem to understand this and it is very useful, because you will want to begin a dialog between Four and the adult client (assuming of course you are dealing with an adult client and for this paper we are only considering AR with adults). I will then take on the practice of calling my client, "Grown-up" or "Adult _____" filling in the client's name. But I favor the use of "Grown-up."

Then you can continue by asking the regressed client/child to rest in the background for awhile, "While I talk to Grown-up." Then I'll say to my client/adult, "Okay, grown-up _____ (client's name) now I'm talking to you. Boy wouldn't it be nice if you knew back then what you know now?" Then depending on what just happened to the child, I might say something like, "Then you wouldn't have been so worried or afraid, isn't that true?" You will most likely get a positive response. Now you have a way to undo some or all of the damage.

We are about to inform the child of what he or she did not know then! This is the key to AR work done at The Hypnosis Center. Much if not all of the problem exists because the child is ill-equipped to understand or deal with the situation, which constitutes the ISE. The child is immature and will react in a childish way. That childish response can become permanently associated with that feeling or similar event (remember Emotional Resonance?).

I want to erase the negative, self-defeating thoughts and emotions that were generated in that experience. Usually this feeling is based in fear, and the thought is that in some way there is something wrong with the child, who becomes the adult, with the latent fear forgotten but still very powerful thought within him or her that there is something wrong with them.

This is what needs to be done. You need to remove any conception that there is something really wrong with the child. You need to make the child feel lovable. You need to at least, guide the child to a feeling of safety and security. Once that is accomplished then you need to guide the now, unbiased (or perhaps positively biased child) back

through the SSIs until you reach the age of your adult client. Then move the client into the future with this new feeling and accepting the truth about him or her, that there is nothing wrong with them, and there never was. This will be a truly life changing experience. Plus, this will force the client's subconscious mind in to a wave of reorganization. Old false beliefs will fall like dominos of misconception in the mind.

The mind will actually look for guidance as it reorganizes your client's entire perception of his or herself and his or her experience of the world. Here comes a much too often over looked opportunity to bring about change in the most positive direction. **This is the most powerful time that you will ever have with the client to give suggestions for change.** After this forced reorganization has begun, suggestions are swallowed up so long as they are in line with the new view. Compound suggestions for the change that you are helping the client make. You will also do this after completing the forgiveness work, because it also forces reorganization.

This intervention will be followed by the subsequent phases of the 5-PATH System, which in addition to removing misconception-based emotions, sets up further occasion to utilize DS.

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