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Massey University Auckland, New Zealand

Masters in Health Science (Psychology)

Hypnotherapy: The Unconscious Becoming Conscious

A Phenomenological Study

by

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Preface

While writing this thesis, and also as a result of it, I found myself immersed in my own healing process, which was both surprising and unexpected. I welcomed the incoming waves of deeper self-discoveries however, and most importantly embraced the healing aspects of my own fragmented self. In particular, while writing the examples of age regression in hypnosis and the dissociation phenomena as a defence mechanism, I recovered the frozen-in-time parts of my own self that led me sometimes to forgotten memories of my childhood. At the time I felt emotional and even tearful, a mix of childish delight and profound healing at a deeper level. While writing some parts of my thesis, I found myself processing a lot of emotions that surfaced and struck me right in the heart, my soul, my essence. This thesis writing adventure of self-discovery has once again been life changing: between juggling my life as a single mum caring for my special needs son and supporting my adolescence daughter, I am hoping I have managed to transcend most of my maladaptive behaviours and the attitudes adopted as a response to my early adverse childhood and some transgenerational trauma that I am quite aware of now, at this time of my life. I do see that through healing, I am healing future generations and hopefully also the generations that came before me. Somehow, for a while now, I have known this is part of my life's purpose.

Acknowledgments

I am grateful to have had the opportunity to learn through academic endeavour, here at Massey University – where I have had access to all the appropriate resources, such as academic literature databases, an amazing workspace at the library, and of course the invaluable guidance of my supervisor, Dr. Heather Kempton and her

assistant Wisnu Endro. Even though I felt overwhelmed at times while reading some of their comments, I learned to take their wisdom on board, because I trust their perspectives and Heather's experience in the area of academia and spirituality. I have learnt to gradually express my own feelings and embrace my truth through doing this research, so much so, that I now appreciated my supervisor Heather encouraging me "to find my voice". This has been another healing opportunity, as for so long I lived in fear of expressing my true being because of people judging me, shutting me up (literally) or misunderstanding my perspective on life, which involves spiritual aspects and change experiences that are profound but are still sometimes not widely accepted. Heather's words literally gave me yet further confirmation that I was on the right track and somehow also gave me the permission I needed to finally go for it, even though the topic might not resonate with some people. I feel happy in my heart knowing that I have undertaken what I wanted to research. This brought about a huge difference in my motivation, to become the best version of myself through this process, and some subsequent psychospiritual and somatic changes/healing.

I would like to express my sincere gratitude to my amazing children, Arthur and Victoria, ever supportive throughout my life journey and unconditional in their love; my friend Amanda for being in my life and for her support; and my professional writing consultants Lauren and James, who helped me to improve the clarity of my academic writing.

Participants

I am grateful to have interviewed such an amazing group of people, who together made my project possible. The participants of this study are practitioners from different cultural backgrounds that have been working with clients repeatedly exposed to a wide range of traumatic life experiences and impacted by the incapacitating and pervasive psychosomatic distress (trauma) of such lived experiences (as too have some of the practitioners themselves). During their hypnosis sessions, the practitioners work with distressed clients on multiple levels, including addressing the consequences of multiple forms of abuse (childhood, sexual, emotional, physical, and spiritual) in addition to issues related to gender, culture, socioeconomic status, and age.

These clients have had to deal with presenting symptoms such as helplessness, feeling unworthy, and alcohol addiction, which functioned as a coping mechanism to protect themselves from the pain associated with the traumatic events (such as the sexual abuse) that occurred during their childhood, adolescent years, or adulthood. Therefore, the hypnosis sessions they attended helped to retrieve memories, make sense of the traumatic lived experiences, address the negative self-schema, process painful emotions, and to integrate the fragmented (lost) parts of themselves, to then be able to live more meaningful and wholesome lives. The spiritual wisdom of this process is understanding of the meaning of being reconnected to the parts of their consciousness (soul) that was previously neglected due to the unprocessed trauma. Thus, the phenomenological interpretation of the hypnosis process allows individuals to dive into inner subjective experiences of change which challenge the qualitative methods in science. We practitioners must thus approach individual experiences in

an unbiased manner in order for clients to fully experience their soul's journey through hypnosis.

Why I decided to research (clinical) hypnosis phenomena

Essentially, I wanted to know more about the hypnosis phenomena due to my own previous experiences of hypnosis, being a novice practitioner of hypnotherapy myself and having knowledge of other people's accounts through their (practitioner) sessions with me. As a researcher and a practitioner of hypnotherapy, I highly favour the clinical hypnosis approach for psychospiritual and somatic healing, among many other contemporary modalities, for addressing psychospiritual distress and trauma. Because of my own positive healing experiences using hypnosis and involvement with it, I was motivated to study this further academically.

My interest in exploring the phenomena of hypnosis first came about after I experienced my own alterations in consciousness as a result of hypnotherapy session, facilitated by a Newtonian-trained hypnotherapist. That experience in 2015 set me on a deeper path to self-discovery through psychospiritual realisations that made complete sense. However, I did not know what to do with some of the information I had acquired about myself through hypnotherapy, and it took me a few years to integrate this new awareness into my daily existence. I experienced significant positive changes in the problematic patterns I experienced, and my sense of self-worth increased too. I thus wanted to research hypnosis phenomena further and how they can contribute to psychological interventions.

From my own experience of healing trauma with the help of hypnotherapy, I identified the fact that psychic disturbances could lead to physical and emotional

distress. That set me on the long and fascinating path of reversing/healing my adverse experiences in order to thrive. This pathway of self-discovery led me to study psychology in earnest and surprisingly, I came back to the notion of hypnosis again last year in 2022 when I took a hypnotherapy course. In the same year, I also had to choose my thesis topic and although I somewhat surprised myself, because I was not sure if this topic would be of any interest to other people, nevertheless, it was very clear what my choice was going to be. This topic feels like the right one for me to explore because I want to know more about hypnosis in general, as well as what the academic literature has to say about it and the experiences other people have had. Alongside hypnosis, for a number of years I have also been studying and practicing various other meditation traditions – however, I find these practices detrimental to my mental health, well-being and ability to operate in the world. These other meditation traditions have included participating in a Vipassana 10-day silent retreat, practicing loving-kindness mindfulness and heart-brain coherence exercises. The concepts of meditation and hypnosis are interconnected and do overlap, something I will attempt to reflect in this thesis; however, the focus here will be on hypnosis. For the purposes of this thesis my main focus is to explore the phenomena of hypnosis and how hypnotic trance can be used as a tool that can help to process emotional trauma in a safe manner and most importantly produce therapeutic change in individuals.

The data collected as part of this research has enabled me to interpret the material from the participants to produce a deeper understanding of the lived experience of therapeutic change and soul healing utilizing hypnotic phenomena. While it is evident that hypnosis is now gaining credibility within the scientific community as well as with everyday people, the deeper knowledge generated by this research will allow me

and my clients to deepen the understanding of why hypnosis works, or not, and to debunk some common misconceptions.

Bias

Finally, as a researcher and a practitioner of hypnotherapy, and due to my own positive healing experiences using it, I highly favour the (clinical) hypnosis approach for psychospiritual and somatic healing for addressing psychospiritual distress and trauma. Because of this unconscious bias may play a part in my interpreting of the participants narratives. I have thus made use of reflectivity in order to ensure ethically conducted research.

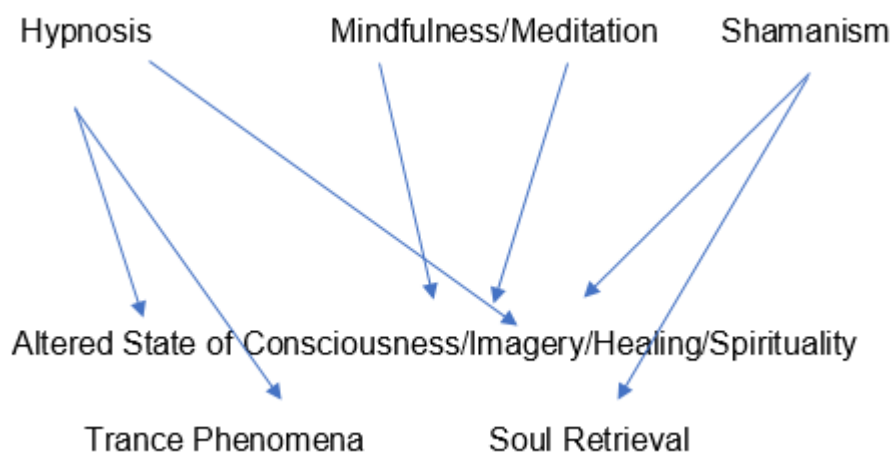
Chapter One: Introduction and Literature Review

Chapter Summary

In this first chapter, the relevant historical, scientific and research background themes that serve as a foundation for this investigation into people's experiences of change related to hypnosis in hypnotherapy are provided. As part of this research, meditation/mindfulness is contrasted with hypnosis, while shamanism, trance phenomena and soul retrieval are described (see Figure 1). The importance of this investigation is also outlined, including the value of hypnosis in spirituality and trauma healing. The chapter ends by outlining the research questions explored in this study.

Figure 1

Correlations Between Concepts in This Research



Note. Concept map of associated themes. Own work.

Introduction

This thesis investigates people's experiences of change related to (clinical)¹ hypnosis and involves a number of concepts related to this topic that are defined here. The term *hypnosis* refers to a state of consciousness that involves focused attention and reduced peripheral awareness, which is characterized by an enhanced capacity for response to suggestion (Elkins et al., 2015). It often involves a state of immersion into cognitive information processing, focused attention and perceptual flexibility (De Benedittis, 2021). Ideally, to achieve a state of hypnosis, a *collaborative* therapeutic process is utilised, in which a designated hypnosis practitioner/hypnotherapist carries out suggestions that are intended to improve experiential participation and responsiveness to treatment (Lynn et al., 2022). These *hypnotic suggestions* have been defined in multiple ways in the literature, with the most common definition of hypnotic suggestion being an invitation to a cognitive experience (Acunzo & Terhune, 2021). *Hypnotherapy* is an emerging intervention involving hypnosis that has been utilised for the treatment of psychophysiological distress, as well as having been effectively incorporated into evidence-based treatments to address cognitive-behavioural issues (Hassan & Vasant, 2023). It has been used as an intervention to enable change in people's psychospiritual and somatic experiences.

A concept similar to hypnosis is meditation, of which mindfulness is one form, which can be influenced by spiritual traditions. In Buddhist traditions, the term *meditation*

¹ Clinical hypnosis addresses clinical signs related to (mental) health problems, such as posttraumatic stress disorder (PTSD), depression, anxiety, physical pain, and maladaptive behaviors (Drigas, 2021).

refers to a state of mind that relates to concentrative practices that self-regulate the mind and body by engaging in expanded awareness (De Beneditts, 2021). The English translation of *mindfulness* comes from Pali, an ancient language of India derived from Sanskrit; the language of the Buddhist scriptures. Its core meanings are remembering, attention and awareness (Ani, 2020). The core concepts of mindfulness trace back to the 2,500-year-old Buddhist tradition of practicing awareness, concentration, thoughtfulness, meditation and devotion (Alladin, 2009). In recent years, spiritual practices have increasingly been incorporated into mental health practices and many integrative mental health professionals have started offering spirituality as part of psychological treatment to support the personal growth and well-being of clients who are facing existential crises, life stressors, and trauma (Dumulescu et al., 2022; Johnson, 2021). In these treatments, the spirit is considered the essence of a person, which gives them vitality. Spirituality is the state of being one with the spirit or becoming who we really are (Ulluwishewa, 2015).

Dissociation and Hypnosis Theories

The theories of modern hypnosis vary one from another, and different methodologies are embraced by different perspectives. In an effort to explain the function of mental activities that require focused concentration (absorption), hypnosis theories have taken a competitive stance/understanding based on experimental and conceptual foundations (Lynn & Kirsch, 2006). This section of the review provides the most influential perspectives on the hypnosis phenomena today, specifically that of neo-dissociation theory and dissociated control theory, which both seek to explain the concept of dissociation within the context of hypnosis.

It was Hilgard's (1991) interest in dissociation phenomena which sparked the proposal of the neo dissociation theory of hypnosis that is grounded in the modern cognitive model of division of consciousness (Lynn & Kirsch, 2006). According to neo-dissociation theory, hypnotic responses are due to the splitting of consciousness into several or multiple streams of concurrent consciousness, whereby one part of consciousness is blocked (divided) from the other by an amnesic barrier that further prevents access to suggestion-related monitoring and executive functions (Hilgard, 1991). Thus, this theory postulates that cognitive structures are maintained by the executive ego or central control structure that is accountable for the planning and overseeing (observing) functions of personality (Lynn & Kirsch, 2006). It is apparent that during hypnosis, related subsystems of cognitive control are temporary dissociated from conscious executive control and directly activated by hypnotic suggestion (Lynn & Kirsch, 2006). In fact, neo-dissociation theory suggests that this absence of awareness (conscious control) is primarily dependent on an amnesic barrier or the action that demotes the imaginings and ideas to unconsciousness. It is thus the decreased executive control function that is accountable for the subjective experience of non-volition that usually follows hypnotic responses (Hilgard, 1977; Lynn & Kirsch, 2006).

The empiric basis of neo-dissociation theory can be linked to the hidden observer phenomenon (Hilgard, 1977, 1992), which explains how an individual "registers and stores the information in their memory without being aware that the information has not being processed" (Lynn, 2005, p. 121). Hidden observer studies suggest that people are able to retrieve their hidden memories or experiences of pain while hypnotic suggestions for analgesia (relief of pain) are given (Hilgard & Hilgard, 1994). Of importance here is the fact that people are educated prior to the hypnosis

session about their ability to access the hidden part of their self with the help of a hypnosis practitioner who is able to get in touch with this part. Further, the notion of Hilgard's (1977) theory proposes that while people are able to reduce the feeling of pain during hypnotic analgesia suggestions, at the same time, they do experience pain at an unconscious (dissociated) level (Hilgard & Hilgard, 1994; Lynn, 2005).

While Hilgard's interpretation of the hypnosis processes and the mechanism of dissociation during hypnotic trance is the most influential in the field of hypnosis literature today, some researchers find it controversial. For example, Spanos (1986) provides a social-psychological interpretation of the hypnosis phenomena, suggesting that it is analogous with other forms of social behaviour. According to this perspective, "hypnotic behaviour that is goal-oriented and purposeful can be understood in terms of how people interpret their situation and how they attempt to present themselves through their actions" (p. 449). This social-psychological standpoint postulates that people under hypnosis behave/act *as if* their actions are involuntary: firstly, because of their preconceived ideas about hypnosis prior to the session, and secondly, due to the hypnotic suggestions they receive (as part of hypnotisability scale) that essentially prompt the enactment of a role as a result of those suggestions (Coe & Sarbin, 1966), so much so that hypnosis participants assume that it is fundamental to the (social) role/interaction of being hypnotised (Spanos, 1986). For example, such hypnotisability (responsiveness) scales were incorporated into the examples of certain tasks which asked the hypnosis participants to perform contra-normative acts such as eye closure, brushing away an imagery fly, and finger interlocking that often produced remarkable contra-normative responses such as age regression, dissociation, pain reduction, changes in sensory response, amnesia, as well as observed changes in the measurements of brain

waves (Sarbin, 2005). This theoretical stance places an emphasis on the importance of the involvement of ability by the hypnotised participants to use their own cognitive activities/strategies to reduce pain, for instance, in the context of a role-theory concept (Coe & Sarbin, 1966). Therefore, from the social-psychological standpoint, the construct of hypnosis phenomena is viewed as a form of social reciprocal interaction (behaviour) between the hypnotist and the hypnotised, based on the hypnotised participant's implicit beliefs/assumptions/coping style of how to respond to the given suggestions appropriately (Spanos, 1986).

Hypnotic amnesia studies have provided compatible results for the social-psychological understanding of hypnosis phenomena by manipulating social context in order to increase hypnotic amnesia in the low-suggestible population, who usually lack the ability required to perform this task due to an absence of the dissociative abilities usually unique to the highly-suggestible population (Spanos, 1986).

Moreover, these studies also showed that hypnotic amnesia can be eradicated in highly-suggestible participants who usually lose control over memory recall tasks (Tkachyk et al., 1985). This suggests that the results of hypnotic amnesia studies are unresponsive of the traditional dissociative explanations of hypnotic amnesia.

Although the social-psychological hypothesis of the nature of hypnosis has provided an important viewpoint, the theory itself is preoccupied with placing great focus on the stimulus conditions and mental processes, but downplays the involvement of imagination, for instance. Comparatively, Sarbin's (2005) reflections on pending issues in hypnosis, from his first involvement in this phenomenon sixty years ago, bring up the imperative issue of imagination. He argues that embodied imaginings were not given enough attention, and more importantly, that the subjective experiences of the hypnosis participants were not either. For example, regarding a

gastric hunger contractions (Lewis & Sarbin, 1943) pain control study that suggested participants were taking an active role in producing effects during hypnosis, rather than being passive participants who allegedly/initially thought they were not in control during the procedure, Sarbin highlights the failure to include qualitative notes. He also remarks on the importance of embodied imaginings and explains that, for example, during a hypnosis session a participant's experience of a sad emotion could manifest in an embodied experience involving tears, facial expressions, desynchronisation of speech, adjustments in posture and so on. Arguably, the modern imaging technology available today could trace neurophysiological actions during hypnosis, but most importantly, it can show that hypnosis participants display self-agency contrary to the general understanding that the hypnotized are under the power of the hypnotizer. Perhaps, the most profound and most resonant statement that stood out from Sarbin's reflections, for me personally, were the remarks about the ability of human beings to create, explore and basically constrict their own reality, using 'as if' imagining. Furthermore, his arguments stem from the initial failure to inquire into the social origin of the contra-normative items on the hypnotisability scale, discussed earlier, that usually serve as a precursor/marker for hypnosis, and which are bluntly accepted by most clinical professionals. Sarbin thus proposed that hypnosis and hypnotisability are in fact social constructs, based on the notion that the concept of hypnosis originated from the foundations of accepted cultural conditions, as per the eras of Mesmer, Braid and arguably, all stage hypnotists, which subsequently lead to the creation of the hypnotisability assessment scales. Further, this is also important to note because of the previously outlined misconceptions of hypnosis that exist today – particularly around the issue of the self-agency of hypnotised individuals.

On the other hand, Bowers (1992) dissociated control theory of hypnosis postulates that hypnotic inductions weaken the frontal control of behavioural schemas, therefore permitting the direct activation of behaviour that is suggested by the hypnotherapist (Taves, 2006). Most of his career, Kenneth S. Bowers, a prominent hypnosis researcher (Woody & Kihlstrom, 1999), was initially associated with the neo-dissociation theory of hypnosis, however, he eventually came to disagree with some discrepancies regarding the explanatory mechanisms of Hilgard's theory. Therefore, in his theory, Bowers (1992) further attempted to explain the concept of dissociation in the hypnosis phenomena by positing that "in hypnosis, lower levels of control of behaviour may become relatively independent of the higher, executive level of control" (Woody & Sadler, 1998, p. 194). According to Bowers (1994), the hypnosis phenomena involve the impaired (behavioural) performance of tasks which requires "releasing lower-level cognitive systems from organisation and control of higher-level integrating processes" (Jamieson & Sheehan, 2004, p. 232), which consequently assumes that hypnotic induction/suggestion produces a change in how cognition and behaviour is controlled (Woody et al., 1994). In his writings, Bowers (1991) provided an explanatory mechanism of dissociation in hypnosis and makes a clear contrast between the two relevant terms such as a behaviour performed on purpose and a behaviour that serves a purpose in the context of the hypnosis phenomena. Consequently, Bowers highlighted a vital difference between the two main views of the dissociative theories of hypnosis, namely dissociated experience and dissociated control. Firstly, Bowers argued that in hypnosis, behaviour is enacted willingly, in the same way as any non-hypnotic behaviour. However, the distinction is that in hypnosis, the volitional basis of the behaviour, that under conscious control, is blocked from the hypnotised person's awareness (Woody & Farvolden, 1998). For

example, although the hypnotised person may appear as though they are not in control of their own will, in that they may behave as though they are unable to lift their hypnotically heavy arm – this is due to some deeper level of consciousness, so much so that they voluntarily (deliberately) maintain that the arm is heavy and unable to be lifted.

Kihlstrom (1992) further explained this enacted behaviour as follows:

When the cognitive control system that executes the response to a hypnotic suggestion is dissociated from conscious awareness, the subject will experience that response as automatic and nonvolitional...however, that experience is illusory – obviously, there is some executive control involved in hypnotic responding, even if the hypnotized [subject] does not experience it as such (p. 308).

This quote postulates that in hypnosis an individual's behaviour is self-mediated and unavailable to consciousness, and Bowers thus named this hypnosis hypothesis dissociated experience, proposing that in hypnosis, one is blocked off from some vital information about one's inner mechanisms and functions (Woody & Farvolden, 1998).

Secondly, Bowers proposed that hypnosis possibly *alters* the factual control of behaviour, and not just the subjective illusion (self-perception) of control, whereby subsystems of control are therefore automatically and directly initiated in hypnosis, without being controlled by high-level executive control (frontal lobe executive function) to the degree that they normally would. As a result of this hypothesis, Bowers (1992) named it a theory of dissociated control, in order to differentiate this view from the preceding view of dissociation in hypnosis. Thus, in summary, the dissociated control theory posits that in hypnosis, lower levels of control of behaviour

become detached (dissociated) from higher executive control, or the ability to carry out goal directed behaviour through cognitive processes (Woody & Farvolden, 1998).

As I studied the slightly different views put forward by these various researchers to describe the dissociation function in hypnosis, I could see how in their confrontation it may be helpful to understand what happens to hypnotized people subjectively and how complicated the make-up of humans is. Although, there are still some controversies among researchers today about the dissociation phenomena in hypnosis, it has helped me to understand some underlying processes and, specifically, the conceptual underpinnings of the abovementioned theories of dissociation in hypnosis. I personally found myself gravitating toward the hidden observer phenomenon in hypnosis because it sounds more metaphorical in nature (mostly), and most importantly might be useful to employ while dealing with hypnosis clients in my work. The fact that Hilgard (1977) proposed the imaginative involvement and explanations of amnesia-like barriers for how the information of hypnotized people is processed makes sense to me, personally, whereas the dissociation control theory sounds too clinical (technical) and somehow embedded in behaviourism – although both make sense to some degree. However, Hilgard's theory has been challenged on the basis that the hidden observer behind an amnesic barrier could be a product of suggestion rather than dissociation and it has been highlighted that Bowers' (1991) theory fails to explain autonomic control behaviour (self-hypnosis) (Taves, 2006). Furthermore, the parallels between dissociation and hypnosis have been extensively discussed in the literature, in particular hypnosis in relation to dissociative identity disorder (DID) patients (Brenner, 2018). It is well accepted that DID patients may lapse into trance like states as a defence mechanism to deal with their anxiety, such as instances of time

distortion, age regression, and amnesia, all of which have been linked to hypnosis phenomena by many academic researchers (Barnier & Nash, 2008; Brenner, 2018; Kluft, 2012). Hence my fascination with these correlations too.

I thus finally made the important link between understanding dissociative phenomena and hypnosis. Some articles argue that dissociation in most cases represents two distinct categories such as detachment and compartmentalization and that there are therefore different psychological mechanisms in operation in different types of dissociation (Brown, 2006). This piece of information allowed me to draw a parallel between hypnosis and the dissociation that happens during a traumatic event. The link between the dissociation part of hypnosis and dissociation phenomena in general came to light when I started uncovering the theories of hypnosis, hence this piece of information became relevant and very intriguing to my research but was somehow only an incidental discovery.

For example, Brenner (2018) illustrates an appreciation for the hypnosis phenomena and auto-hypnotic defense mechanisms in DID patients. Through his work with DID patients (Brenner, 2018) describes how it might be useful for clinicians to be trained in hypnosis and understand the hypnosis phenomena in order to build a therapeutic collaboration with this population. He also points out that DID patients lapse into trance-like states in order to avoid psychological distress (Kluft, 1993), which further indicates the benefits of exploring dissociative conditions in the context of hypnotic psychopathology as have been reported by studies where hypnosis played a conspicuous role in the treatment of dissociative conditions (Kluft, 1993; Kluft, 2012; Kluft, 2017). There is a possible close relationship between hypnosis and dissociative disorders as well as the theory that hypnotic phenomena are an integral part of the dissociative condition (Dell, 2017; Kluft, 2018). Indeed, it is the individual processes

unique to each person's psychological mechanisms that underlie these phenomena, which seem to be guided by an individual's consciousness (self-agency). However, both have contradicting functions in terms of change processes, such as the integration of the fragmented self (consciousness) in hypnosis, and the fragmentation of the self in dissociation. In the case of hypnosis, people access their unconscious patterns in order to transcend/integrate the fragmented parts and enable a full sense of themselves, ultimately thereby healing unresolved emotional, physical and spiritual ailments. Where an individual detaches from reality – or one can say, when consciousness splits during a traumatic event – this most likely occurs in order to suppress feelings, emotional and/or physical pain, in most instances. For example, patient references/remarks such as “I feel as if I have been blown into pieces” when asked “what was your experience and how are you feeling?” during an interview might give a therapist a clue that there are some shattered pieces of self and that a sense of integration is needed during hypnosis (Spiegel, 1989).

Historical Background of Hypnosis

The historic roots of hypnosis can be traced back to ancient times in Egypt as an extension of spiritual and shamanic ceremonies that were devoted to healing (Woodard, 2005). At least 5,000 years ago, shamans in Egypt played socially approved roles as hypnotists and were known for relieving suffering (Woodard, 2005). The term shaman indicates a man or woman possessing knowledge considered to be that of a physician or healer, who approached the treatment of disease holistically, such as by exploring the connection between the mind, the body and the environment as well as other metaphysical aspects (Facco & Tagliagambe,

2021). Both hypnosis and shamanic ceremonies are guided procedures where people listen to a guiding voice that helps the sufferer to focus and concentrate in order to reach an altered state of consciousness and achieve relaxation and a deeper level of mental processing and mindfulness. Both are procedures that are guided by the healer or a shaman. However, whereas the goal of hypnosis is to access the subconscious mind, the goal of shamanism is to induce a trance state that leads to mystical experiences and *soul retrieval* by the shaman (Woodard, 2005). Soul retrieval is the process aimed at recovering the fragmented parts of the self or aspects of the self that are lost from consciousness as a result of trauma, so a person can feel wholeness from within and regain vitality (Mathews, 2023; Ingerman, 2011).

The practice of incubation, or temple sleep, used as a healing technique in ancient Greece and Egypt, was generally known and accepted among contemporary philosophers such as Parmenides and Hippocrates and may be compared to a first form of modern hypnosis (Facco & Tagliagambe, 2021). The Latin translation of the word *incubate* means 'to lie down upon' (Chokroverty & Billiard, 2015). The definition of incubation refers to the procedure of deliberate sleep in a temple for the purpose of receiving healing (El-Kilany & Elgammal, 2019). Historical data suggests that incubation was the first form of clinical hypnosis that was performed in ancient temples (Facco & Tagliagambe, 2021). Incubation can also be compared to hypnotic induction or meditation and was used by the ancient Egyptians as a psychosomatic guided healing procedure (El-Kilany & Elgammal, 2019). Evidence suggests that an illness in ancient times was considered as a mind-body imbalance, with the mind being the vital element thought to bring about healing (Facco & Tagliagambe, 2021). The practice of incubation typically included directive suggestions of recovery by the

temple healer, which could be compared to the induction procedures used by hypnotherapists in modern hypnosis. These include, for example, therapeutic suggestions that support ego-strengthening and body relaxation techniques, but also those that suggest safety, and instill positive expectations (Facco & Tagliagambe, 2021; Lynn et al., 2022). Furthermore, the incubation procedure, or in modern terms, hypnosis, has been directly linked to going through near-death experiences (NDE) and shamanic journeys (Facco, 2012). In fact, the ancient Egyptians compared sleep to death or a space between life and the afterlife, whereby they believed that the *soul* was able to travel beyond the body and physical reality during dreaming in order to access recovery from illness and answers in regard to the root of distress (El-Kilany & Elgammal, 2019). This viewpoint also overlaps with the bardo of Buddhism (Trungpa, 1992) and the term meditation would be used rather than hypnosis. Incubation practices existed in Greece and Ancient Egypt for about fifteen centuries, from the pre-Homeric period to the 4-5th century AC, when it was dismantled by Christian propaganda as paganism and portrayed as primitive illusory belief (Facco & Tagliagambe, 2021). The practice of incubation was therefore forgotten in the West until the late 18th century, when Austrian physician Franz Mesmer (1734-1815) reintroduced it back into Western medicine (Schmit, 2005).

Mesmer was known for inducing trance states to cure the human body and he named it *mesmerism*; a type of hypnotism embedded in early European vitality theory that had curative qualities (Schmit, 2010). This innovative magnetism technique was received mostly positively by the medical community until 1785 (Schmit, 2005). Later Mesmer's hypnotism theory was disregarded by the skeptical French medical investigative commission, where Mesmer's reputation had been tainted by allegations of trickery and sorcery, because magnetism relied upon the

imagination and was not perceived by the typical senses (El-Kilany & Elgammal, 2019). Today, the methods of mesmerism can be identified as hypnosis which has since been widely recognised and is now considered a valuable tool in managing certain medical conditions (El-Kilany & Elgammal, 2019; Ludwig, 1964).

The origin of the word hypnosis is attributed to James Braid, who in the early 1800s adapted and incorporated mesmerism methods into his medical practice. Braid coined the term hypnotism which originated from the Greek word hypnos, meaning sleep, as he initially thought the process of hypnosis was similar to a sleep state (Braid, 2010). At a later date he concluded that his patients were actually experiencing concentrated attention during hypnosis, and were not asleep (Elkins et al., 2015). In the nineteenth century, in some European countries, hypnotism was a popular public discussion topic as well as among representatives of the legal and medical communities. Thus, hypnotic practices and mesmerism became widely used within these professions. However, there was also great concern about the potential psychological harm of hypnotic suggestion on the individual, for example due to the misuse of hypnotic suggestion by stage hypnotists and lay healers (Maehle & Wolfram, 2017). These fears around psychological damage from the misuse of hypnosis caused public health concerns in Europe, which led to the restriction of the right to practice hypnosis by medically qualified practitioners only, with all others banned (Maehle & Wolfram, 2017). The amusing behaviour of stage hypnotists in the Western world has tainted the preconcept notion of the true phenomena of hypnosis that has then led to the establishment of the misinformed and misguided definitions and assumptions still wrestled with today (Overton, 1998).

Meditation

Both mediation and hypnosis mechanisms lead to changes in the mental state through focused concentrated attention, with the aim of relaxing the body and accessing qualities of inner subjective experience. However, while suggestions are given during hypnosis sessions, they are not in mediation (De Benedittis, 2015; Holroyd, 2003). Overall, people on the spiritual path of meditation and self-discovery are generally interested in achieving states of calmness and/or peace or gaining enlightenment and/or insight. However, as used in mindfulness-based therapies, such as mindfulness-based stress reduction (MBSR) and mindfulness based cognitive therapy (MBCT), meditation is often also used to treat symptoms (Hawley et al., 2014). MBSR is aimed at decreasing negative emotions and decreasing stress, while MBCT was developed to address relapse in recurrent major depressive disorder (MDD) (D'Onofrio, 2022). Clinical evidence suggests the effectiveness of mindfulness-based interventions in addressing those psychological conditions characterized by emotional dysregulation (Guendelman, 2017). Likewise, modern hypnosis sessions are usually focused on specific symptom treatment and therapeutic benefits (Milling et al., 2019), and similar practices of incubation were used by pagans for the long-term goal of spiritual connection (Von Ehrenheim, 2009). Although meditation could involve a solo experience, mindfulness-based therapies tend to involve groups of people (MacKenzie et al., 2018). Hypnosis on the other hand usually involves two people, where the hypnosis practitioner guides the process one-on-one (Holroyd, 2003).

The practice of meditation evolves out of the non-ordinary state of consciousness (NSC)/altered state of consciousness (ASC) whereby the mediators engage in contemplative practices, focused meditation, visualization, breathing and/or mantra

recital (Matko et al., 2021). Both the meditative and hypnotic states are therefore characterised by alterations in consciousness (meta-awareness) that can be described as a sequence of shifts in subjective experience. However, the empirical literature is still ambiguous on the differences and similarities (Raz & Lifshitz, 2016), although the neurophenomenological approach to hypnosis and meditation explorations provide a clearer contrast between the two phenomena (Timmermann et al., 2023). Both states of consciousness share the common characteristics of relaxation, mental absorption, and focused concentration/attention (Lynn et al., 2012) and are generally used for healing psychological issues, such as anxiety and depression as well as offering pain relief (De Benedittis, 2021). The debate about whether ASC is possibly involved in hypnosis and meditation is evident within the academic literature. The notion of ASC has been defined by this literature in multiple ways, for example, as the qualitative changes in the general patterns of mental functioning, in the way that the individual experiencing this consciousness is fundamentally different from the way they usually function and as a temporary alteration in the overall patterns of subjective experiences (Farthing, 1992; Tart, 1972).

Mindfulness

Mindfulness has gained great popularity in recent years and modern psychologists now have access to numerous mindfulness frameworks developed in the past decade. Mindfulness tools enable psychologists to support their clients during times of psychological distress and, as a result of such interventions, to increase client eudemonic wellbeing (Garland et al., 2015). Kabbat-Zinn (1994) suggests that mindfulness essentially means deliberately paying attention in a particular way, but

non-judgmentally, in the present moment. This concept aligns perfectly with both the humanistic approach of being present with the problem, as much as possible, and the psychoanalytic approach of interpreting things symbolically and finding a pattern, which allows for the free association of the client, but in a less psychoanalytical way (Thorpe, 2020a).

Regardless of the countless positive aspects of mindfulness (i.e., the reduction and management of stress, positive emotional regulation and the appraisal of general well-being), there are some downsides to mindfulness practice too. Research suggests that mindfulness promotes an avoidance response; by avoiding unwanted thinking processes, some people therefore experience withdrawal from reality rather than engagement with the psychological and physical symptoms they are experiencing (Brendel, 2015). At the core of Buddhist teachings on mindfulness is the idea that suffering is a part of life and that we create problems with our own mind. Thich Nhat Hanh (1995) states that if you know your own suffering, you can understand the suffering of others (Thorpe, 2020). This makes sense to me – the more I have worked on my own self-compassion using exercises developed by Kristin Neff (2003), the more I have developed an ability to be more present with my own self and accept myself as I am, as well as develop an understanding towards other people. These self-compassion exercises involve embracing your own self with all your imperfections and accepting and embracing painful emotions in the moment of them arising (Neff, 2003).

As a tool, mindfulness has been beneficial to me on a number of occasions, enhancing my analytical thought processes, promoting radical resilience and providing the ability to view daily problems objectively. Mindfulness enables me to reconnect with myself, but only briefly. I have found that as soon as I am out of the

meditative state, I reengage with cognitive processors of the narratives of my life story. That is, my mind immediately jumps back to the problems I am facing, with their attendant stresses. On another occasion, I experienced mindfulness during a Wim Hoff guided breathing exercise. During this session, I experienced an increase in energy. As I concentrated on breathing through my nose, I felt my body oxygenated and my mind become empty. I became aware of the present moment and did not think of anything else. I felt that by paying attention to my breath, my mind was engaged only with concentrating on breathing and the sensations of my body. As per mindfulness theory, my cognitive processes slowed down, and I was able to regulate the emotional aspects of my day. My awareness was sharpened, and I was able to trace my thought process and change my emotional response to the situation at hand. Further, I felt I could manage my day better afterwards.

These breathing exercises link to the concept proposed by Kabbat-Zinn (1994) of being present in the moment at hand by paying attention (Thorpe, 2020b). Regular mindfulness practice, including paying attention to thoughts and emotions, and developing the ability to surrender to the present moment, can yield results in terms of an increase in wellbeing and quality of life. By observing ourselves non-judgmentally, serenity is an achievable task. However, perseverance and diligence are needed in order to achieve this.

Soul Retrieval

There are profound similarities between shamanism and hypnosis, despite the fact that shamanic journeys and hypnosis appear as two entirely distinct phenomena (Ingerman, 2011). One key similarity is that both phenomena involve trance states where soul retrieval can occur. The main mechanism of shamanism by which it

achieves healing transformation of the embodied self, is by bringing back the lost soul (Figure 1; Lindquist, 2004).

Figure 1

Soul Retrieval – a Sign of The Shift



Note. A shaman performing a soul retrieval, demonstrating the dimensionality of the self. From *The Amethyst Centre Workshops*, by A. Windwalker, April 2013.

<http://theamethystcenterworkshops.blogspot.com/2013/04>.

As per the ancient spiritual shamanistic worldview, the role of the shaman was to travel to the non-ordinary realms, where time and space is suspended, in order to retrieve the lost parts of the self/soul and to bring the life energy back (Tedlock, 2006). This is where hypnosis differs from shamanism: the person experiencing

hypnosis, in a sense, has the free will to travel to the non-ordinary realms themselves under the guidance of well-trained hypnotherapist to recover their own fragmented self/soul.

The idea of soul loss has resonated in both shamanism and contemporary psychology; in Jungian analysis, for example (Ingerman, 2011; Lindquist, 2004). Jungian analytical therapists find a common thread between the concept of *soul loss*, the essential core self being inaccessible, and their body of work, namely analytical psychology (Kalsched, 2013; Simington, 2023). Jung (1967) was influenced by shamanistic traditions, where shamans entered trance states in order to communicate with their spirit guides, such as spirit animals or the shamans' ancestors. During this trance state, guided by their spiritual assistants, the shaman entered mystical realms in a spiritual form to perform a ceremony which most often involved soul retrieval. Jung interpreted this shamanistic symbolism as a projection of the individuation process (Sandner & Wong, 1997). The main focus of both shamanism and analytical psychology is on personal growth, individuation, and the healing of the human soul, mind and spirit (Gray, 2008; Jung & Hull, 2014; Sandner & Wong, 1997). When analytical psychology was first introduced, hypnosis became a popular and natural tool in experimental and clinical psychology (Baker & Nash, 2008). However, it was later rejected by some in psychoanalytic psychiatry, which made hypnosis redundant for some time because of its lost applicability in psychoanalytically informed therapies (Baker & Nash, 2008).

These remarks are relevant because of the recent revival and inclusion of hypnotic trance, which is similar to shamanism with its own mystical dimensions, into contemporary psychotherapy. People have yet another tool to expand the horizons of the world beyond their own immediate community (environment) as well as the

ability to (re)discover the interconnectedness between all existence on planet Earth. Consequently, (re)building upon ancient knowledge and the wisdom of our souls, we human beings have an amazing opportunity to take responsibility for healing, unconsciously, both collectively and individually. From my perspective, whether the imagery is achieved through the modality of hypnosis, shamanism or meditation, the soul/self has the free will to choose and act towards wholeness through the resonance of the healing modalities. However, I feel, for me, that when experiencing most spiritual healings, it is more empowering to be your own 'shaman' who can transcend the unconscious through a vision quest under hypnosis intervention – provided you are in the knowledgeable hands of a hypnosis practitioner.

Furthermore, as well as being present historically in Jungian analytical psychology, the idea of soul loss healing also exists today in therapy strategies for post-traumatic stress disorder (PTSD) (Wilson, 2004). Studies have suggested the importance of addressing the spiritual context of trauma (Walker et al., 2010), something reflected in the recent resurgence of spiritually focused therapy strategies for PTSD (Simington, 2023). Research demonstrates that spiritually focused trauma recovery interventions that are offered to PTSD patients, who seek such alternative treatments, include imagery and traditional healing, such as ancient shamanism (Hourani et al., 2012; Schuman, 2016; Simington, 2023). *Imagery*, which can be defined as visualization (Newmark & Bogacki, 2005), plays an important role in the spiritually based interventions that treat PTSD symptoms. These symptoms may include flashbacks, and distortions in memory, perceptions of the world and self-identity, as well as body awareness and the fragmentation of the integrated functional self (Simington, 2023). Consequently, imagery is an important tool for managing PTSD because it provides a focal point for accessing alterations in

awareness, which allow access to memory processing for healing (Simington, 2023). Imagery's presence in hypnosis, shamanism and meditation, illustrates its value as a tool (Raz & Lifshitz, 2016).

In the context of contemporary experimental psychology, imagery has become a well-researched topic of interest since first being introduced by Fechner in 1860 as 'imagination' (Kelly, 2002). Fechner defined *imagination* as the "mind's power of constructing representations from the self" (Noll et al., 1985., p. 444). According to researchers, imagery allows the liberation of emotional and neurological distress to take place, thereby providing the basis for transformation and healing (Carey, 2006; Flor-Henry et al., 2017). In hypnosis intervention, much like in shamanic healing journeys, memory is quite often presented to a person via consecutive imagery perception, as well as olfactory perception, somatic sense perception, body movement/position and auditory or affective perception (Csordas, 1994; Lindquist, 2004). In this regard, the imagination is conceptualised as "the capacity of the self to act in the world of embodied images in consciousness" (Lindquist, 2004, p. 165).

Trance

Shamanic journeys involve rituals, drumming, and ecstatic dance, which are simply another form of trance that can be directly compared to the hypnotic trance of hypnosis (Thomason, 2010). Ecstatic trance has been used by ancient shamans as well as contemporary healers and psychotherapists as a tool and/or part of therapy. Ecstatic trance is a form of trance, which differs from hypnotic trance (Brink, 2017). According to Brink, both hypnotic trance and ecstatic trance offer effective ways to bring about lasting psychological changes that impact the way people experience the

world. Although both trance phenomena are similar, there are some noteworthy differences: in hypnotic trance, the process of induction/relaxation of the body mainly depends on suggestions, while in ecstatic trance there is no requirement for verbal communication. Thus, only bodily directions are offered for deep somatic and psychospiritual exploration. By accessing certain body postures, those experiencing ecstatic trance can feel a sense of liberation from trauma or distress (Brink, 2021; Brink, 2017).

In one of my own shamanic journey experiences that involved visiting the lower world, a concept used in shamanism, I travelled through a tunnel leading down into the earth. In this particular group session, the shaman used drumming and verbal guidance to bring us into the deep earth. To my surprise, I reached a cave, where some elders were sitting in a circle by the fire, and I was also invited to sit there. They tried to tell/teach me something, but because it was my first time experiencing this, I felt my own mind inhibited the message. I believe. It was hard to completely let go of the bodily sensations and somehow, I still tried to control the physical environment, to protect my body. However, the journey to the safe place, a metaphysical space used in shamanism to represent a protected realm, and my vision and imagery of the scene were profound.

My shamanic journey experience could be compared to a similar experience I had in hypnosis; including accessing a safe place while having a heightened awareness of the environment I was in during my hypnotic trance. On my journey to inner reality in trance, I visualised my safe place as a white sand beach with crystal clear water. I stood there and gazed at the beautiful blue sky and golden sun, and it felt peaceful and calm. From that place, my soul could safely journey to access traumatic feelings in order to reassemble the fragmented parts. The point of the safe place in both

hypnosis and shamanic journeys is that a person can return to it if their re-experience of traumatic events gets overwhelming. Traveling in my consciousness through both hypnotic and/or shamanic trance, I have experienced the unlimited capacity of our spiritual nature. It is often quite hard to describe such mystical realities/experiences due to mental limitations. My personal view of the lost soul is mostly determined by modern psychological assumptions and my personal experiences. My own understanding of soul loss, which includes fragmentation, is that it is often the consequence of emotional, physical, and spiritual trauma. It is noteworthy that these assumptions, as well as the phenomenon of the split self/soul, are recognised in modern psychology and shamanism alike (Ingerman, 2011).

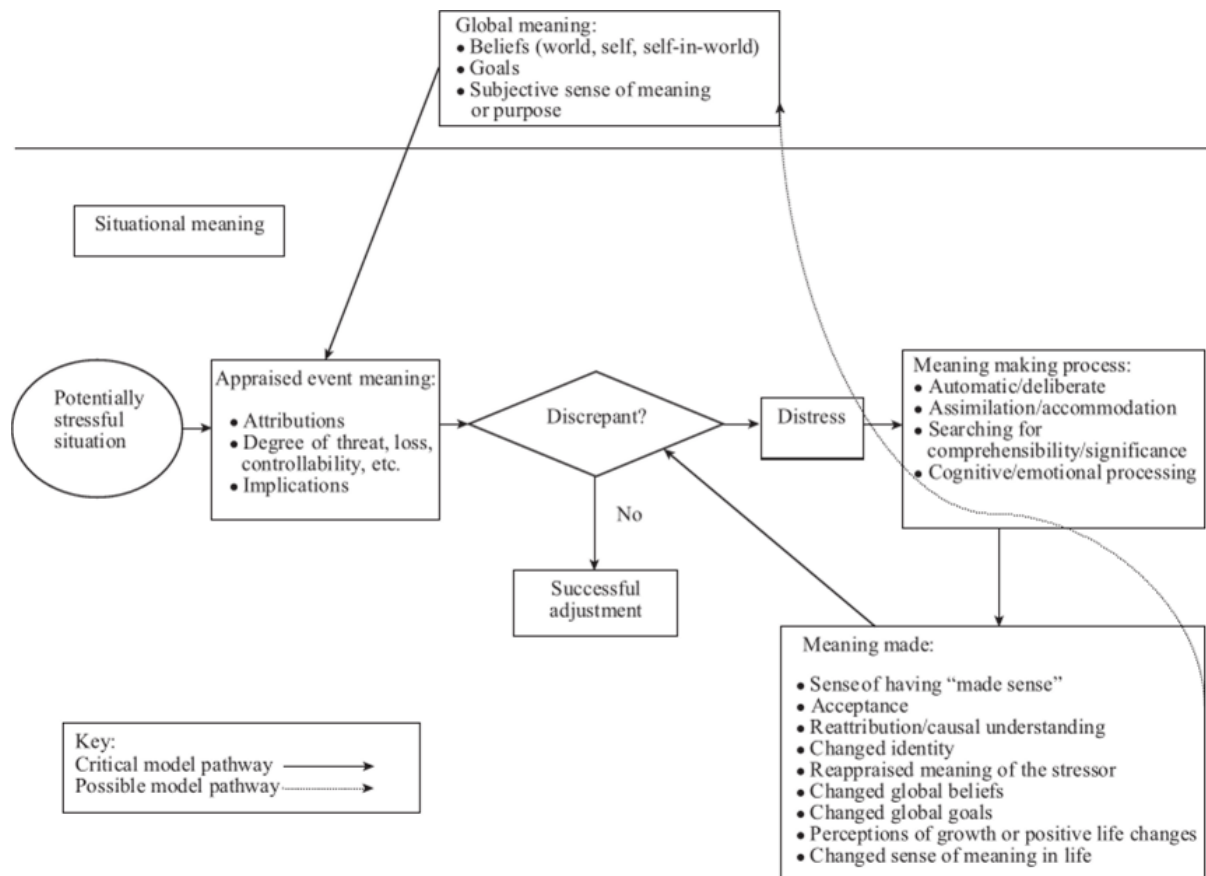
Such traumas are most often caused by people who have lost their own soul as a result of (childhood) trauma. From what I have gathered so far during my own healing journey, these people usually come from our immediate environment and could be transgenerational. So, there is no one to blame, but taking responsibility for your own distress may help to elevate the distress in the generations before us and, most importantly, for those coming after us. For example, the traumatised parent who may have lost their soul (parts of their self) due to sexual abuse during their own childhood, could become a perpetrator themselves. Thus, such a parent may abuse their own children due to dissociation (splits in parts of the self) and soul loss, as an adaptive mechanism to the primary trauma. Self loss can be characterised by the following symptoms: a person may have been chronically ill as a child; they might feel numb, apathetic, be suffering from chronic depression, struggling with addictions such as alcohol, food, sex etc., have multiple personalities, be feeling as if they are floating outside the body, have a compromised immune system or feel empty inside (Ingerman, 2011).

Spirituality

Current academic literature supports the importance of merging spirituality into psychotherapy, and more importantly, if a clinician acknowledges a person's natural tendency toward spirituality, it may play an essential part in prompting therapeutic change (Pargament & Saunders, 2007). Yet addressing the issue of spirituality may bring with it hesitancy on the part of some therapists due to personal beliefs and a lack of training in how to deal with spirituality in the context of therapy (Dumulescu et al., 2022). It is important to note that, for the purposes of this research, the term *spirituality* can be understood as the search for the sacred self in the context of the search for the meaning of life, responsibility and a sense of belonging (as these are all important dimensions of human life) (Mandelkowitz et al., 2022), and thus not necessarily in the context of formal religion. Another reason for the increasing integration of spirituality into psychological treatment is due to the wider acceptance of people's subjective experiences in addressing psychological distress (Young et al., 2007). In addition to this, there is a growing body of research indicating a positive correlation between spirituality and improved mental health (Captari et al., 2018; Oxhandler & Pargament, 2015), and increased interest in spirituality as a pathway for healing trauma (Harper & Pargament, 2015). For instance, a national survey of stress responses to the September 2001 terrorist attacks showed that 90% of the American population pursued spiritual coping strategies, such as meditation and prayer (Schuster et al., 2001), and a community study on sacred loss indicated that over 38% of participants assigned spiritual meaning to the loss of a loved one (Pargament et al., 2005). It is therefore important to consider spiritual resources in addressing traumatic life events for clients who have a spiritual predisposition, to help them find meaning in human

suffering and consequently transcend their psychosomatic issues (Harper & Pargament, 2015). It might thus be helpful if mental health practitioners could add such skills/knowledge to their arsenal, to assist clients who are expressing spiritual values and beliefs, to guide their healing (Dumulescu et al., 2022). As an example of how spirituality can be integrated with psychotherapy, Casula (2018) used clinical hypnosis with palliative care patients to cohesively integrate both spiritual and psychological aspects and help these terminal patients find peace with their suffering, find forgiveness for people who might have hurt them, and find meaning in the life they have lived. Hypnotic suggestions were used to help patients cope with illness and improve their quality of life as they faced the end of life.

For some people, spirituality and meaning making of life events play an important role in the transcendence of existential crises (Mandelkow et al., 2022). These things also help people make sense of, and gain an understanding of, the experience of traumatic events after the fact (Park, 2016). The meaning-making model postulates that human beings have a natural propensity to integrate their life experiences into a cohesive sense of self (Linley & Joseph, 2004). Park's (2010) integrated meaning-making model takes things a step further to explain meaning and meaning making in the context of a global and situational meaning of trauma/stressful life events, as shown in Figure 2.

Figure 2*The Meaning-Making Model*

Note. Meaning making of life events. From “Making sense of the meaning literature: an integrative review of meaning making and its effects on adjustment to stressful life events,” by C. L. Park, 2010, *Psychological Bulletin*, 136 (2), 257-301. Copyright 2012 by Elsevier B.V.

The question of meaning making is a concept central to the humanistic-existential psychotherapeutic approach (Felder & Robbins, 2021). The unifying aspects of this approach include an existential and phenomenological philosophy with a person-centred focus, ideas heavily contributed to by early philosophers such as Kierkegaard, Nietzsche and Husserl (Moss, 2001). The humanistic-existential psychotherapeutic approach places great emphasis on five core values. Firstly, the cornerstone idea that

people are unique individuals with personal worth who should be treated as a whole, rather than just focusing on their symptoms. Intrinsically optimistic, this approach posits that humans have the capacity to overcome adversity (Felder & Robbins, 2021; McLeod, 2020). Secondly, the acknowledgement of the existence of human beings and the importance of the meaning of human life being key. This includes the idea of people taking responsibility for their current circumstances and exercising the freedom to live within them, i.e., the assumption that free will and personal choice trumps pre-determined behaviour (Peterson, 2016). Thirdly, the focus on phenomenology. Here, subjectivity and understanding where a person is coming from is important, i.e., individual subjective perception and worldview, plus conscious experience (Thorpe, 2019). Fourthly, the idea of self-understanding or self-concept; meaning how people think and perceive themselves in the world as well as how they think of their existence or being. Lastly, the humanistic approach follows the concept of self-actualization, which according to Maslow (1970) is the concept of reaching full potential as a human being, i.e., satisfaction through physiological growth, measured via peak experiences (Mathes, 1981).

Looking back at how I have made meaning from traumatic life events, when my newborn son was diagnosed with a lifelong disability, I realise now how this traumatic event made me question my own existence. It took me eight years to get to the point of asking what the meaning of it all was. I felt spiritually and emotionally disconnected. I did not understand why it happened to me. Psychological problems arise when a person becomes disconnected (Peterson, 2016), and following this traumatic event, my personal worldview of the meaning of life was shaken to the core. This in turn created an internal existential conflict within me. Seeking spiritual meaning as a coping strategy changed my worldview regarding my son's condition

and why he came into my life. I transcended my emotional pain, and began to live more fully, an experience that has also been highlighted in the meaning making literature (Harper & Pargament, 2015; Park, 2010).

Hypnosis

Hypnosis can be viewed as an interpersonal collaborative engagement in which a selected hypnosis practitioner imparts specific communicated ideas, or hypnotic suggestions, that are aligned with the client's intention for the session, to elicit experiential mental, emotional and behavioural processes through imagination (Lynn et al., 2017). Hypnotic suggestion has been defined in multiple ways in the reviewed studies, with the most common definition of hypnotic suggestion being an invitation to a cognitive experience, which typically occurs after induction during hypnosis (Acunzo & Terhune, 2021). The utilisation of meaningful suggestions allows clients to shift maladaptive tendencies and find new adaptive ways to think and feel (Lynn et al., 2022). Imagination awakens suggested (communicated) ideas to allow a change in subjective experience, as well as changes in perceptions, emotions, sensations and their corresponding psychological responses in the client (Terhune et al., 2017).

Hypnosis begins with an induction process, which is a relaxation-based activation that aims to establish the hypnotic context, allowing the client to stay attentive to the practitioner's communication thus assisting responsiveness to suggestions. Induction usually has some effect on the increase in suggestibility and helps reduce critical thought to promote alterations in consciousness and facilitate treatment-targeted outcomes (Lynn et al., 2022). This modern view of the beneficial aspects of hypnosis on human psychological processes can thus be compared to the ancient Egyptian

examples of temple sleep or incubation (Acunzo & Terhune, 2021). Although both modern hypnosis and ancient incubation note the beneficial effects on healing, in ancient times, it is evident that such procedures were not merely seen as some sort of amusement activity but instead involved unique psychospiritual therapeutic effects on the human psyche. There was an expectation that, for example, a temple sleep experience might lead to communication with mystical beings that seemed real, which strongly indicates the spiritual aspects of the procedure in order to access the root cause of distress. However, this would be unlikely occur in most contemporary therapeutic applications of hypnosis, or at least such accounts have been rarely noted in the academic literature to date (Acunzo & Terhune, 2021). While the modern use of hypnosis sessions is mostly used as a means of achieving treatment-targeted outcomes, some integrative hypnosis modalities, such as Newtonian and Eriksonian hypnotherapists, operationalize their treatments within the intrapsychic processes of individuals (Hlywa & Dolan, 2010). With a sustained focus on the client, both modalities mobilise the untapped inner resources of clients to overcome their distress (Fourie, 1991). Furthermore, Newtonian hypnotherapists focus is on spiritual regression which includes accessing the spiritual realms in life between life, stumbling upon spiritual guides and receiving messages/answers from them on how to proceed with issues/obstacles, or gaining understanding of life's circumstances and occurrences in order to transcend and integrate them for healing in this present life (Newton, 2004).

Hypnotic suggestion

In hypnosis the client is invited to observe distressing thoughts, behaviours and feelings as learnt patterns/habits throughout a lifetime and to accept them in a sense, while the utilisation of meaningful suggestions allows them to shift maladaptive tendencies and find new adaptive ways to think and feel (Lynn et al., 2022). Lynn et al. suggest that hypnosis could be best understood in contrast to third wave approaches such as mindfulness-based therapies like Acceptance Commitment Therapy (ACT) (Lynn et al., 2022; Yapko, 2013).

Third-wave interventions came into existence in the wake of behavioural and cognitive-behavioural therapies, and ACT was first developed by Steve Hayes in 1980 and published in 1999. ACT stands for: accept your thoughts and feelings and be present; choose a valued direction; and take action. The core concept of ACT is to discover what is most important, aligned with an individual's person, family and culture, to set goals according to these values and to then carry them out in pursuit of a meaningful life. ACT is theoretically rooted in Relational Frame Theory (RFT) and philosophically connected to functional contextualism. ACT stands in direct contrast to Cognitive Behavioural Therapy (CBT), whose main focus is on changing clients' presenting symptoms (Thorpe, 2020). ACT is a mindfulness integrated approach that addresses the acceptance of the flow of consciousness that reflects negative emotions and thought patterns where the client is invited to observe and accept the learnt unhelpful conditioning (Hayes & Pierson, 2005). From that view, hypnosis provides an efficient and collaborative approach that can supplement psychological interventions like ACT through a collaborative and direct approach (Lynn et al., 2022). However, unlike other mindfulness-based interventions including ACT, hypnosis uses meaningful suggestions to alter the emotions, thoughts and

actions to produce adaptive cognitions. Hypnosis thus provides idiosyncratic possibilities for altering deep-rooted cognitive-affective behavioural attributes. ACT, on the other hand, requires the client to observe their thought patterns, emotions and behaviours, without being subject to direct suggestion as would occur in hypnosis.

Suggestibility in Hypnosis

More often than not, hypnosis is still viewed as a strange, superficial, and somewhat untrustworthy phenomena that people hold negative connotations/associations toward: such as visions of stage performances or manipulation, where people fear they might lose a sense of agency (Terhune et al., 2017). Being under hypnosis can be described as being in an altered state of consciousness (ASC) (Kihlstrom, 2018; Revonsuo et al., 2009), with the direct implication of hypnotic suggestibility being that a person is able to experience changes in their cognition, perceptions and sensations through interaction between themselves (the client) and the hypnotist (Kallio & Revonsuo, 2003). These changes can occur during an ASC when an individual is able to replace the typical content of consciousness as a result of a specific suggestion (Kallio & Revonsuo, 2003).

According to Hilgard (1973), highly hypnotizable people are able to slip into an altered state of consciousness without any induction procedure or any further suggestions. ASC is fundamentally an intrinsic natural phenomenon which occurs inside a person's brain/mind when certain conditions (e.g., induction procedures and/or suggestions) are achieved. Suggestions thereby serve to alter the experiences of retrieved information from a long-term memory and/or generate mental images (Hilgard, 1965). Hypnotic (verbal) suggestion is a unique form of

bringing about profound changes in a variety of psychological functions (Oakley & Halligan, 2013). Hypnotic suggestion is increasingly recognised and utilised as a technique for studying consciousness as well as a method for addressing a range of psychological symptoms within a healing (therapeutic) context (Terhune et al., 2017). Hypnosis is viewed as a top-down regulation phenomenon whereby individuals, following specific suggestions, experience profound changes in a multitude of psychological conditions (Terhune et al., 2017). Terhune et al. (2017) describe top-down regulation as the process of mental representations that spiral downward to veto psychology, behaviour, and perception. On the other hand, traditional reductionist psychology, views psychological phenomena as bottom-up explanations of psychological functions that are imbedded in neurobiological mechanisms (Gazzaley & D'Esposito, 2007). Overwhelming evidence points to the role of interaction with, and long-range signals from, prefrontal and parietal cortices in the enactment of top-down control over lower-level brain areas and their corresponding psychological roles (Gazzaley & D'Esposito, 2007; Miller & Cohen, 2001).

Experimental literature supports the notion of hypnotic suggestibility as a predictor of the outcomes associated with hypnotic interventions (Montgomery et al., 2011). For example, cognitive-behavioural pain reduction intervention studies have shown that people who score higher in hypnotic suggestibility are more likely to experience greater experimental pain relief (Milling et al., 2007), thus indicating that hypnotic suggestibility is fundamental to predicting heightened hypnotic responsiveness as well as greater hypnotic pain intervention (a reduction in hypnotic pain) (Barabasz & Perez, 2007). Conversely, despite the notion that hypnotic suggestibility is a strong predictor of the hypnosis intervention responsiveness/outcome, the meta-analysis review of the impact of hypnotic suggestibility in clinical care settings has produced

questionable results (Montgomery et al., 2011). An important finding of this review was that the overall utility of assessing suggestibility is usually lengthy, longer than the hypnotic intervention itself, and could in fact produce counterproductive results due to measurement items such as hallucinations and amnesia. This in turn may produce failure experiences by the hypnosis participants (Montgomery et al., 2011). These failures may consequently negatively impact the expectancies for a positive intervention outcome, so much so that the researchers involved proposed abandoning the measurement scale for suggestibility in order to obtain valuable hypnotic intervention impact (Montgomery et al., 2002; Montgomery et al., 2011). For example, breast cancer studies revealed that patients who received positive hypnosis treatment were surprised to discover that they did not score well on the suggestibility assessment. The researchers pointed out that such disappointments usually bring unnecessary discourse with these patients to explain that their scores do not reflect their prior positive response to hypnosis and that low scores for hypnotic suggestibility will not affect their future positive experience of hypnosis intervention (Montgomery et al., 2002).

Measurement Scales of Hypnotic Suggestibility

Hypnotic suggestibility is most often measured using a standardised suggestibility scale, either the Stanford Hypnotic Clinical Scale for Adults (SHCSA) or the Barber Suggestibility Scale (BSS) (Barber, 1965). Despite the usefulness of such measurement tools to show reliability and construct validity, some studies suggest that these tools are outdated, lengthy and that the application of such tools should be adapted to a new era (Acunzo & Terhune, 2021). For example, the BSS is designed to be administered prior to hypnosis to assess potential variables. It consists of eight

test-suggestion scales (such as hallucinations, body immobility and post-hypnotic response) to measure the primary types of suggestibility among participants (Barber, 1965).

As an example of how the BSS is employed as a measurement instrument, Alladin and Alibhai (2007) used the scales in a study on depression. Here, the BSS was used to analyse the subjects' baseline for (post) hypnotic suggestibility in treating emotional disorders through hypnotherapy treatment. This study showed significant correlation between hypnotic suggestibility and the clinical improvement of depression and anxiety symptoms in moderate to highly suggestible subjects, as measured by their BSS scores, in comparison to low suggestible participants. Further, the study also indicated that hypnosis significantly enhanced the management of anxiety for a greater number of total participants, regardless of suggestibility level. For example, ego-strengthening positive suggestions were introduced as part of hypnotherapy to improve an individual's self-worth and confidence. This approach is considered beneficial when repeated positive suggestions are embedded in the subconscious mind that promote automatic impact on thoughts, feelings, and behaviour.

Moreover, in the case of depressive patients, ego-strengthening suggestions can be employed to counter negative ruminations (Alladin, 2009). Alladin and Alibhai (2007) reported that many hypnosis participants felt more confident, but most intriguingly they felt that something within pointed out to them to take things easy when exposed to challenges. However, due to hypnotherapy procedures encompassing several subcomponents, such as alterations in awareness, ego strengthening suggestions and hypnotic/trance induction to induce relaxation (Yapko, 2015), it is unclear which of these mechanisms (subcomponents) were the most significant in the outlined

depression treatment. The researchers also identified a further major weakness of this study – it was conducted in one setting without further replication and expansion in order to reach the APA criteria of a well-established treatment for depression. It thus only meets the APA status of probable effective treatment for depression instead (Alladin & Alladin, 2007).

Attitudes to Hypnosis in the Literature

The literature on hypnosis is reflective of the acceptance and normalisation of the utilisation of hypnosis among clinicians within Western culture (Lynn et al., 2022; Spiegel & Spiegel, 2004). However, at times, quick-witted clinical observations, dismissive conclusions, and viewpoints that hypnosis is merely a self-deception in comparison to the self-insight attributes of mindfulness, raise the need for the exploration of the individual differences to truly understand the hypnosis phenomena (Dienes et al., 2016; Woodard, 2003; Yapko, 2013). On a positive note, research into the construct of hypnosis has grown within Western culture in recent years and it has been introduced into mainstream psychology. Hypnosis has thus become a well-established psychological tool among many clinicians (Spiegel & Spiegel, 2004). For example, hypnosis is now used as a component of psychological interventions, as well as having been integrated into treatments such as CBT to treat depression (Spiegel, 1989; Yapko, 2013). The increased interest in hypnosis interventions within Western culture is reflected in its success both inside and outside of the field of psychology (Spiegel & Spiegel, 2004). The literature indicates that hypnosis has been used extensively to treat conditions such as PTSD, depression, and anxiety (Yapko, 2013). Specifically, the rewind technique is often used in combination with hypnosis to treat PTSD with the aim of reducing the emotional arousal associated

with traumatic events. Here the client is invited to step out of the scene by observing the event in an indirect (dissociated) manner (Slater, 2015). The client is invited to re-live the traumatic experiences (images) associated with the event in order to reframe them as non-intrusive past memory. In this instance memory recall of past traumatic events reduces the negative emotional response and the severity of flashbacks (Griffin, 2005). Whether or not they are clinically diagnosed, there are many reasons why people seek out different types of hypnotherapies. For example, the use of hypnosis can facilitate not only increased well-being, but also provide the means for personal and spiritual self-discovery and help with addictions and problematic relationships through utilising the hypnotic phenomena of past-life regression (Freedman & Freedman, 2002; Schenk, 2009; Woods & Barušs, 2004). Past-life regression therapy is a tool that could be helpful to explore any psychological and physical distress that may have originated in a previous life – the idea of reincarnation being widely accepted in the Buddhist tradition (Woolger, 2000).

Although hypnosis is widely considered a therapy in itself, some researchers argue that hypnosis functions in a highly focused capacity that helps to enhance therapeutic strategy and must be used by well-trained clinicians in order to avoid deterioration of a client's condition (Spiegel & Spiegel, 2004). Spiegel and Spiegel suggest that clinicians who use hypnosis as part of therapeutic intervention must be well trained in multiple clinical strategies in order to facilitate the appropriate treatment. For example, a patient with weight control issues may have a life-threatening illness such as anorexia nervosa, and thus a clinician using hypnosis to help reduce food consumption may trigger a client's thought disorder in regard to

eating. Therefore, hypnotists using this therapeutic strategy, should have a psychological background or training in clinical strategies.

Quantitative Research on Hypnosis

These two case studies are examples of quantitative research on the psychological and physiological effects of hypnosis as a therapeutic approach, which are usually measured by way of self-reported questionnaires and rating scales (Lynn et al., 2022). In one case study, hypnosis was used on a 33-year-old Chinese woman diagnosed with complex PTSD and suffering from chronic trauma symptoms as a result of childhood sexual abuse (Poon, 2007). In this case hypnosis was used for stabilizing the overwhelming emotions, reprocessing the traumatic memories and addressing the negative self-schema. This patient received a multimodal treatment approach, for a total of fourteen treatments, of which nine sessions involved hypnosis. In the third session her hypnotisability was assessed using the Stanford Hypnotic Clinical Scale for Adults (SHCSA), where she scored 3 out of 5. The SHCSA is a short 5-point clinical scale that is designed to measure the hypnotic responsiveness of patients. It involves assessing aspects such as moving the hands together, age regression, a dream, posthypnotic amnesia and posthypnotic suggestion (Morgan & Hilgard, 1978). Research shows that many PTSD sufferers show high hypnotisability (Sau Kuen Kwan, 2009). In this study the researcher demonstrated successful use of hypnosis that allowed the client to process their traumatic memories in a controlled and safe manner. A one-year follow-up revealed that the client was then symptom free of her trauma (Poon, 2007).

In a similar case study, hypnosis was used on 22-year-old male patient in the treatment of social anxiety and panic attacks. Unlike the previous case, here hypnosis was utilised from the very first session for a total of six sessions. A similar combined treatment approach was used, only in this case utilising CBT in conjunction with hypnosis (Volkovskaya, 2020). Empirical studies suggest that hypnosis techniques used in conjunction with CBT produce greater symptom reduction across a range of disorders (Kirsch & Montgomery, 1995). However, some studies indicate that hypnosis has not proven itself in adding any value to the treatment efficacy of CBT due to the limited application of hypnosis techniques such as in-vivo exposure strategies or anxiety management (Bryant et al., 2006).

Qualitative Research on Hypnosis

The qualitative phenomenological approach to examining the hypnotic experience has been presented in several academic publications. According to Woodard (2003) a key phenomenological approach to hypnosis was first published in 1991. The gaps identified in the empirical research on hypnosis have mostly disregarded the phenomenology of hypnosis, thus the specific topic of hypnosis was rejected by psychologists who were unable to solve the contradictory outcomes of hypnotic studies, such as the Hidden Observer theory suggested by Hilgard (1968).

Phenomenological contributions to research could, however, settle such incongruities (Woodard, 2003). As such, Woodard has argued for more rigorous ways to understand the (clinical) use of hypnosis, in order for others in the field of psychology to find out the efficiency of hypnotic procedures. More importantly, he also advocates that the subjective experience of hypnosis requires a phenomenological research approach, to study the essence of human experience

that is rooted in human self-awareness and consciousness – meaning making that cannot be delivered through a controlled environment. According to Woodard's theory of perceptual hypnosis (1996, 2003), the hypnotic phenomenon of subjective human experience is determined by an individual's meaning making, how one perceives oneself in the moment, and the changes of thought and behaviour in what is perceived in being in the world, or in one's personal universe. Perceptual hypnosis theory strives to understand the internal manifestations of the client (from their point of view), such as their feelings, imagination, and (sensory) perceptions, rather than draw from the clinician's thoughts and behaviours (Woodard, 2014).

Krouwel et al. (2019) conducted a qualitative study using semi-structured interviews with 17 participants with irritable bowel syndrome (IBS), which aimed to identify the perceptions and barriers to hypnotherapy for those with IBS. Attention was given to factors that inhibited the use of hypnotherapy for IBS, such as cost, the misconceptions associated with hypnotherapy, the fear of the unknown and potential vulnerability. Participants indicated the importance of a hypnotherapist's experience, having formal qualifications, and good interpersonal skills (Krouwel et al., 2019).

Osborn and Smith (2008) conducted semi-structured interviews using the IPA qualitative approach to investigate the lived experience of managing chronic pain using hypnotic relaxation procedures. The participants described the beneficial changes following hypnosis intervention, which involved no change in their physical pain, but did involve a described difference in how they felt in themselves.

Particularly, this study identified the change in the meanings attached to the pain experience of participants, whereby they reported a reduced sense of isolated and vulnerable self in the face of chronic pain as well as an increased sense of social connectedness. As a result, the participants felt that they were able to contain some

of the fearfulness and worry that their chronic pain held for them, and they thus felt less disabled (Osborn & Smith, 2008).

Hypnosis and Meditation in Neuroscience

Hypnosis and mediation are two distinct traditions, but they share not only phenomenological, but also neurophysiological characteristics. The contrast between the two phenomena is of great interest in the scientific literature, although the debate about the difference and similarities is ongoing (Penazzi & De Pisapia, 2022). My personal interest in neuroscience stems from the desire to understand the role of metacognition and executive control functions in the study of consciousness. This involved my own direct subjective experiences with meditation and hypnosis which subsequently inspired my interest to pursue the evidence in the (neuro)science literature. This section therefore aims to provide a brief overview of the (neuro)science point of view on the hypnosis and mediation phenomena. The definition of hypnosis as per the American Psychological Association (APA, 2014) was revised in 2014 to be an ASC that is characterised by focused attention, increased responsiveness to suggestion, and reduced peripheral awareness (Elkins et al., 2015; Penazzi & De Pisapa, 2002). However, some researchers have been hesitant to agree with the validity of the empirical foundations of the newly adopted hypnosis definition, stating that it creates theoretical confusion, and have thus called for greater clarification/description of the hypnosis phenomena (Lynn et al., 2015). Shapiro (1977) has argued that it is imperative that ASC is defined in terms of both a changed pattern of subjective experience (psychological) and altered patterns at the neurophysiological level, such as the changes seen in the alpha, beta, and theta

waves. For example, a study concerning comparisons between hypnosis and Tibetan mediation, whose aim is to attain a state of increased awareness, reported a significant distinction between the two states, namely in the striking differences between the present alpha and theta brain waves (Halsband et al., 2009). The study found “the high amplitudes in the alpha band wave were greater under hypnosis in the central and temporal positions, while in meditation were more pronounced in the frontal positions than in control conditions” (Halsband et al., 2009, p. 201), results which indicate that neurophysiological changes are, in fact, distinguishable between hypnosis and mediation. This last definition thus then further specifies ASC in relation to the neurophysiological criteria which are objectively detected by brain imaging methods and are therefore the least problematic to comprehend (Shapiro, 1977). Furthermore, in meditation, ASC is more prominent, showing theta waves much more clearly than during hypnosis, because mediation (generally) is not complicated by suggestions. Yet there are types of meditation that do involve instructions. For example, the practice of Metta (a Buddhist tradition) which involves concentration on breathing, mantra, prayer, or a phrase/word and sees the practitioner focus the mind on loving kindness for oneself and others. When the mind wanders, however, the meditator is instructed to bring focus back to the primary intent (Lippelt et al., 2014).

Unlike meditation, hypnosis leads to additional brain functions because it does involve suggestions (Holroyd, 2003). This implies that hypnosis plays a fundamental role in measurable brain function changes that are not explained by conventional psychological mechanisms such as expectation or selective attention (Fingelkurts et al., 2007). There is some evidence indicating that people who are highly receptive/susceptible to hypnosis (without any suggestions) can produce altered

processing of information early on, even before any auditory suggestions are given by a hypnotic instructor (Fingelkurts et al., 2007). This is supported by neuroscience. Current developments in neuroscience shed light on the role of the dorsolateral prefrontal cortex and the underlying neural brain activities (mechanisms) that influence cognitive restructuring during hypnotic suggestion (De Benedittis, 2021). The dorsolateral prefrontal cortex appears to engage depending on the type of suggestion given during hypnosis and activates as a function of suggestion in hypnosis. The anterior cingulate cortex seems to be a key node in hypnosis (De Benedittis, 2021). Accordingly, the changes in brain activation that have been recorded as a result of suggestion (such as visual hallucinations) are similar to those that take place during real perceptual experiences (Lynn et al., 2015).

Hartmann and Zimberoff (2011) argue that hypnosis affects brain functioning, as well as the thoughts and beliefs that are processed by the brain, through a process of reorganising the neural pathways and functions (neuroplasticity), as well as by developing new neurons (neurogenesis). The role of hypnotherapy is to bring the unconscious functions to awareness (consciousness) and influence change by modifying the 'default' patterns in order to adapt to the new circumstances and new information through the reorganisation of these neural pathways. Specifically, hypnotherapy is a helpful tool (as part of psychotherapy) that can assist in managing and repairing dysfunctional conditions, such as (complex) post-traumatic stress disorder ((C)PTSD), depression, addictions and other afflictions of the nervous system (Hartmann & Zimberoff, 2011). Furthermore, default patterns (modes) are an important part of a person's sense of agency and self, as they organise memories that reconstruct past and future projections through daydreaming or preparing for future events, as well as imagination in the form of free association, streams of

consciousness, and absorbing other people's perspectives (Hartmann & Zimberoff, 2011). Furthermore, mental processes/states are directly connected to the functioning of the brain – whereby any changes in personal preferences, behaviour, attitudes, cognition, emotions, beliefs and interpersonal interactions are accompanied by brain changes (neuroplasticity). Generally, all forms of therapy aim to target the dissociated neural networks for the integration of (conscious) awareness, symptom alleviation, ego strengthening, differentiation and/or memory reconstruction. Hypnosis can therefore have a positive impact on changes in the clients' nervous system.

Hypnosis and Brainwaves

The association between ASC and hypnosis suggests that brain activity during hypnosis produces objectively measurable changes that cannot be explained by conventional psychological processes such as selective attention or expectation (Fingelkurts et al., 2007). The evidence suggests that hypnosis can induce a modified way of processing information through inhibition of the frontal lobe functions which are usually associated with deliberate reflection, self-awareness and monitoring (Jiang et al., 2017; Kallio et al., 2001). Due to this involvement of ASC in hypnosis, electroencephalograph-based research is thus able to provide comprehensive evidence for it (Fingelkurts et al., 2007). Electroencephalography (EEG) has usually been employed to investigate the neural facets of psychophysiological responses (Kaplan et al., 2005) and during hypnosis EEG is able to interpret (in real time) results with regard to the five brainwave (activity) measures (patterns) that range from the Beta, Alpha, Theta, Delta and Gamma frequencies (Fingelkurts et al., 2007). Brainwave patterns are referred to as charged

neurons, which are fired together in order to produce electromagnetic fields. These fields are therefore measured during a brain scan, such as EEG (Dispenza, 2014). For a long while hypnosis was associated with alpha frequencies (Perlini & Spanos, 1991). Alpha waves are generally related to selective attention mechanisms and the creative and imaginative state (Dispenza, 2014). However, most hypnosis studies have reported EEG results that are associated with Theta wave activity (Fingelkurts et al., 2007). Theta frequency is associated with the subconscious part of people's mind and a state between deep sleep and wakefulness (Dispenza, 2014). Higher theta amplitude during hypnosis is interpreted as reflecting the enhancement of focused attention and cognitive activity, which are features of hypnosis (De Pascalis et al., 1998; Halsband et al., 2009). However, none of these studies have been reliably replicated (Fingelkurts et al., 2007). Furthermore, Baghdadi and Nasrabadi's (2009) investigation of the changes in brain waves that occur during hypnotic suggestion sheds light on the alterations in consciousness with comparison to normal baseline (waking state) EEG activity. Their results produced measurable brain wave frequency in relation to Beta and Delta band waves, but no significant results in brainwave activity in the Alpha, Theta or Gamma band waves (Baghdadi & Nasrabadi, 2009).

Of note, EEG studies show that theta band waves, as opposed to beta, delta and gamma waves, are prominent in meditation practice, where meditators experience bliss, a relaxed concentrated state and decreased parasympathetic activity (Holroyd, 2003). Beta waves are present in everyday waking states and represent conscious thought, ranging from low, medium and high band waves. Low-range Beta is associated with relaxed, interested attention; mid-range Beta with focused attention on stimuli taking place outside of the body; and high-range Beta with crisis attention

mode, where a person is highly focused due to stress (and stress chemicals are produced) (Dispenza, 2014). Delta waves are related to deep restorative sleep, where the person is totally unconscious (Dispenza, 2014). Lastly, gamma waves are associated with an elevated state of consciousness – super awareness (Dispenza, 2014). Overall, Baghdadi and Nasrabadi's (2009) findings indicate that there is a significant difference between hypnotic conditions and the baseline. Furthermore, this study revealed that hypnosis increases an altered functional synchronicity in the EEG activity of the brain, thus confirming that hypnosis is not the same as sleep (Baghdadi & Nasrabadi, 2009).

These vastly inconsistent results indicate the absence of systematically reproducible patterns of observable EEG alterations during hypnosis and could possibly be explained by the disparity of the experimental designs of the various hypnosis studies (Fingelkurts et al., 2007). As such, few study designs specifically focus on exploring the neural correlates, such as neurocognitive changes as a result of using hypnotic induction (*pure*) hypnosis techniques (Edmonston, 2017), without any hypnotic suggestion (Fingelkurts et al., 2007). However, in an experimental single-subject pure hypnosis EEG study, Fingelkurts et al. (2007) produced evidence that the measurable factors of functional connectivity of the brain were significantly changed during pure hypnosis (via induction for relaxation), thus indicating observable differences between the hypnotic state and the baseline. This information is crucial to understanding the neuroscience aspect of the hypnosis phenomenon. A review of patients with dissociative symptoms conducted by van der Kruijs et al., (2014) provides a thorough explanation of the physiological changes that occur during hypnosis. Dissociation is defined as a mental process whereby consciousness is detached from the sense of identity, thoughts, feelings and

memories (van der Kruijs et al., 2014). Dissociation is generally known to be a part of normal functioning that allows humans to complete two tasks at once. However extreme forms of dissociation, such as those that happen because of shock or loss of (awareness of) identity, are considered pathological (van der Kruijs et al., 2014). Moreover, dissociation is a mental process that produces psychosomatic changes closely linked to the capability of distancing oneself from reality, and, most interestingly, it is closely associated with hypnotic suggestibility (Kluft, 2012). It is evident that patients with functional neurological manifestations report higher levels of dissociative characteristics during most neurological admissions (van der Kruijs et al., 2014). Kruijs et al.'s (2014) detailed review aimed to investigate the nature of dissociation and its associated mental conditions by means of heart rate variability (HRV), EEG and magnetic resonance imaging (MRI) (neuroimaging) data. Their conclusions indicated that the prefrontal and subcortical regions are accountable for emotional regulation in dissociative symptoms. Furthermore, the evidence suggests that altered brain networks are apparent in patients with dissociative conditions, in which the limbic area has a significant impact on the motor cortex (preparatory) areas of the brain. Overall, it is evident that the measurements produced by HRV, EEG, and MRI are subtle methods with which the physiological alterations and biomarkers usually associated with dissociation can be highlighted and they are also able to shed more light on the causation (etiology) of such conditions. For example, EEG studies of hypnotic trance induced using visualization and imaging techniques indicate the similarity of the phenomenological experience of dissociation (Kluft, 2012; Overton, 1998). The relationship between dissociation and hypnosis can also be understood through the dissociative theories of hypnosis. The information provided in this section is for research purposes only, however, such neuroscience

information sheds light on the subjective experience of change that occurs during hypnosis.

Contribution Rationale, and Value of This Study

This research investigating people's experiences of change with relation to (clinical) hypnosis was motivated by the transformational effects of hypnosis that are supported by recent psychobiological research around evidence-based mind-body therapeutic approaches to resolve psychopathology through hypnosis (Benham et al., 2002). Because hypnotic phenomena possess great potential to elicit an understanding of cognitive functions, metacognition, repressed emotions, and a sense of agency, this area is a relevant topic of study. Moreover, hypnosis is becoming well recognised as a valuable method for discovering psychological representation as well as for treating pathological conditions. As much as hypnosis is recognised as a valuable tool, hypnosis has been underutilised in research in order to further understand its implications for consciousness studies, as well as its experimental and clinical (therapeutic) applications. This thesis therefore sets out to explore the application of hypnosis as a non-invasive, safe and powerful tool in psychology (and the wider community) to access inner wisdom, attain well-being and help individuals become wholly-integrated selves that can thrive – provided that the hypnosis is administered with care, taking ethics into account and using appropriate training in the knowledge of the human psyche.

Although a few hypnotherapy case studies have been presented in the literature thus far, these studies have been quite general in scope and have taken a different focus from that presented in this thesis. Few detailed descriptions have been made of the subjective experience of hypnosis participants, particularly with regards to the

change process that takes place during hypnosis sessions. My hope is that this research paper offers a reappraisal of the subjective experience of the change process that occurs during hypnosis. Through this reappraisal, the role of hypnosis in transcending not only the psychosomatic ailments of the person, but also in allowing access to spiritual healing, should be considered.

My fascination with the altered state of consciousness led me to explore the symptoms caused by psychic/spiritual causes of distress through hypnosis, where focused attention of the mind allows access to the subconscious dimension where true healing can occur. I have thus chosen to explore trauma change processes through hypnosis phenomena because this touches on important subjects such as (the altered state of) consciousness, cognition, perception and epistemology.

Recently, researchers have given their attention to the psychological and epistemological matters that have led hypnosis to be included in psychological treatments (Elkins et al., 2015; (López-Muñoz & Pérez-Fernández, 2020). Such interest represents a turning point in the psychological development of hypnotherapy modalities. It also plays a huge role in how people access the root cause of their distress, rather than simply exploring presenting symptoms (Hlywa & Dolan, 2010).

Research Questions and Assumptions

This research was guided by the following research questions:

1. How do people experience change (mentally, emotionally, physically and spiritually) during hypnosis interventions?
2. Which factors of hypnosis help to alleviate the presenting symptoms of clients?
3. What limitations or problematic aspects of hypnosis do people experience that prevent them from therapeutic change?

The limited accounts of subjective experiences of change using hypnosis in the literature indicate that there is a meaningful research gap to explore. Moreover, a lack of discussion around the hypnosis intervention factors that lead to the healing of people's presenting distress symptoms suggests that this area requires additional phenomenological study. It is apparent that most research has not clearly determined what aspects of hypnosis led to the improvement of patients.

Furthermore, I could not find any explanations of what it was that participants thought had helped them to reach positive changes during the hypnosis treatments. I thus wondered if any researchers had actually asked participants questions about their subjective experience of change during hypnosis sessions from a social constructionist viewpoint. While reading the literature I wanted to know more about the subjective experience of the therapeutic change experienced by the participants and their clients, as they were not asked what they thought had helped them during and after the sessions (or at least this was not reported in the case studies). I wanted to know about the changes from the participants' point of view – what changes

occurred in their mental, emotional, physical and spiritual state during the hypnosis interventions as per social constructivism. Furthermore, I wanted to know what limitations or problematic aspects of hypnosis people experience, if any, that prevent them from experiencing therapeutic change. I wanted people to describe their understanding of the change process by providing specific examples of the helpful factors of hypnotherapy.

Thus, in order to investigate people's experiences of change related to hypnotherapy, semi-structured interviews with five participants were conducted and Interpretive Phenomenological Analysis (IPA) then employed. The participants were all hypnosis practitioners who were trained in the Eriksonian (Brugnoli et al., 2018) and Newtonian (Fourie, 1998) approaches, including one participant who uses hypnosis in a clinical setting, and has also had their own hypnotic experiences. These experiences were analysed and the benefits and challenges of hypnotherapy then summarised.

Chapter Two: Methodology

Summary

This chapter outlines the qualitative methodology used, taking a social constructivist approach in order to understand the subjective experience of hypnosis. Utilising an exploratory case design, five semi-structured interviews were conducted with the study participants via Zoom and in person. An inductive approach to data collection and analysis was employed. Finally, the chapter concludes with some ethical considerations of addressing biases and minimising potential harm.

Theoretical Framework

A constructivist philosophy to qualitative research underpins the decision making in this research. Social constructivism theory serves as a useful theoretical framework as it allows deeper understanding of psychospiritual healing through hypnosis as well as revealing insights into how people develop meaning from their subjective experience and engage with others and the world. This is relevant to this research, because with such a constructivist focus, participants' ideas can be correlated with their lived experiences, which in turn are constructed/influenced by their socio-cultural awareness as well as their relationships with clients, peers, and instructors (McKinley, 2015).

Research Design

Hypnosis as a topic of study is a reasonably new research area. Qualitative research methodology was thus employed to illuminate this novel territory. An exploratory

semi-structured interview design using an inductive approach to data collection and analysis was used. Qualitative semi-structural interviews supported the exploration of participants' experiences, and particularly, how they made sense of their subjective experiences.

Participants and recruitment

The participants of this study are all hypnosis specialists who have received training in Eriksonian and Newtonian hypnotherapy and facilitate sessions using a wide range of hypnosis techniques ranging from clinical hypnotherapy to past life regression, womb regression and the addressing of spiritual aspects of psychosomatic trauma. All participants have also experienced hypnosis and the healing psychophysiological and spiritual aspects of this modality themselves. The participants were recruited via hypnosis social community networking by directly approaching its members. All were given written information about the research and asked for formal permission to participate via a signed consent form before the interview began (see Appendix A). Seven participants were initially approached, with five agreeing to participate in this qualitative hypnosis study. At the time of requesting their participation in the qualitative semi-structured interviews, five participants agreed to be interviewed. No one refused to participate.

Procedure

In accordance with Massey University's (2017) Human Code of Ethics, informed consent was obtained from all five adult participants (Massey, 2017). This research was put before the Massey University Ethics Committee and identified as being a

low-risk study. The transcript extracts presented here contain pseudonyms in place of the participants' actual names. Each interview took place at a hired therapy room, either via Zoom or in person (see Table 1). Verbal consent also was obtained prior to conducting the semi-structured interviews. As the researcher, I personally conducted the interviews and these all took place during the background literature research phase and while other related hypnosis studies were being continually and thoroughly investigated. All the interviews were recorded with the participants' consent and automatically transcribed afterwards using Otter software. The interviews were semi-structured so as to allow participants to talk freely about any aspect of hypnosis and the psychospiritual and physiological experiences and the changes that occurred during hypnosis, from the perspective of either themselves or their clients. Each interview lasted between forty and sixty minutes. The intention of the interviews was to explore and talk about the personal and individual sense making (meaning) of the role of hypnosis in healing emotional, cognitive (mental), physiological and spiritual processes, and their perceptions of those outcomes on a person. During the interview and at its conclusion, the participants were asked if they would like to add anything important about the role of hypnosis that I had not already asked. This allowed meaningful and personal data applicable to each participant to be obtained.

The following questions were explored with participants in the semi-structured interview (See Appendix B for the full list of prompts and questions):

1. How do people experience change during hypnotherapy; and what role and impact do hypnosis sessions have on the various kinds of healing people experience, including the spiritual aspects of trauma?
2. How have the participants or their clients experienced hypnosis interventions and has it changed their perspective on life?
3. How does practicing and experiencing hypnosis link to the processes of subconscious mind?

Because of the low-risk nature of the research and questioning, as a researcher, I felt that all the participants left the interview in a good mood and, because of their deep awareness of hypnosis and self-healing experiences, that they experienced no issues after the interview process.

Table 1

Summary of Participants Interviews

Participant Pseudonym	Interview Location	Interview Date	Informed Consent Signed	Participant's age All adults	Hypnosis Certified Practitioner	Currently Practicing Hypnosis
Helena	Auckland	3/09/2022	Yes	Yes	Yes	Yes
Michael	Zoom	2/09/2022	Yes	Yes	Yes	Yes (course instructor)
Ana	Zoom	21/09/2023	Yes	Yes	Yes	Yes
Nancy	Zoom	25/09/2022	Yes	Yes	Yes	Yes (clinical)
Laura	Zoom	8/09/2023	Yes	Yes	Yes	Yes

Data analysis

The subjective experience of participants was analysed using interpretive phenomenology analysis (IPA). IPA aims to capture the interpretation of the participant individual's subjective reality and meaning of the hypnosis phenomena under examination. IPA is explicitly tied to the meta-theoretical assumptions of hermeneutic phenomenology, ideography, and phenomenology. Hermeneutic Phenomenology (HP) is an approach involving the interpretation of human experience and the enriched understandings of what it is like for a person to be in the world at a given moment and how they make sense of themselves, i.e., what they subjectively experience through their feelings, thoughts and desires. According to Martin Heidegger (1927), people are conscious beings who view their world through the lenses of the past (historically lived experiences), including cultural, social and historical contexts. He describes phenomenology as how human beings perceive (the way things appear) and talk (describe) about their experiences (of being in the world) and events. Furthermore, meticulous interpretation of these experiences is necessary in order to understand people's ways of being in the world. The aim of HP is to understand a human action within context (Packer, 1985). The primary origin of knowledge in hermeneutic inquiry is direct everyday practical activity and involvement with people, tools, and artifacts. In order to understand hermeneutic interpretation of such practical activities, Heidegger (1927) explicitly outlines three interrelated modes of engagement (involvement). Firstly, a ready-to-hand mode of engagement is when people are actively engaged in practical aspects of the world, such as hammering. While carrying on with the ongoing practical activity of hammering, for

example, the focal awareness of the person and the hammer (tool) become interfused. As Packer (1985) describes it: "Our experience is not of the hammer, nor of the wood and nails as independent entities, but of the hammering, the raising of the wall, the constructing of a home" (Packer, 1985, p. 1083). Secondly, when entering the unready-to-hand mode, participants encounter some problems while engaging in a practical activity, such as the inability to adequately express an experience due to speech impairment. Thirdly, the present-at-hand mode of engagement is when a person detaches themselves from an ongoing practical activity of an undertaken project due to the inability to solve a difficult situation (Packer, 1985). These modes of engagement enable researchers to engage with the textual data via the hermeneutical circle, where interpretation is viewed as an interconnectedness between the researcher and the participants' horizons. Furthermore, new horizons are opened up to explain the understandings of the lived experiences of participants. Hermeneutics has made significant contributions to the field of psychology as an alternative perspective to the rationalist and empiricist approaches; it introduces interpretation at the level of the individual's subjective experience. This interpretive process thus requires the researcher to make sense of the person's unique experience (Packer, 1985).

IPA's aim is to define the type of questions being asked through a detailed description of the hypnosis phenomenon and in-depth exploration of people's lived experiences (including how they make sense of these experiences).

Meta-theoretical assumptions of hermeneutic phenomenology (HP) represent the epistemological foundation of Interpretive Phenomenological Analysis (IPA) – the analysis (interpretation) of an individual's reality. IPA is explicitly

understanding and life. See Figure 3 for an overview of the data analysis process.

Figure 3

The Data Analysis Process

1.	Data familiarisation – reading through several times the interview transcripts to identify common themes
2.	Coded each emerged similarity in words and sentences
3.	Re-read the transcripts twice for clarity
4.	Renamed similar sentences into meaningful themes and categorisation
5.	Filtered the meaningful codes into groups/basic themes
6.	Identified participants quotes against each basic theme
7.	Filtered the most frequent codes
8.	Filtered the most frequent codes
9.	Reviewed themes
10.	Map themes together
11.	Name themes

Note. Table of the data analysis process. Own work.

Reliability and validity

Each identified theme within this research is supported by original discourse from participants in order to present the evidence in a coherent way, as those qualities are the most potent criteria to assess the reliability and validity of any qualitative research (Smith, 1995).

Chapter Three: Results and Discussion

Summary

This chapter outlines the findings of the IPA data analysis based on the participants' descriptions of the change process that occurs during the clinical application of hypnosis. It is organised into five main themes:

- Collaboration
- Suggestions
- Soul fragmentation and dissociation
- The unconscious becoming conscious
- The integration

The findings are organised by theme, before a discussion related to each theme is presented.

Collaboration

Participants highlighted the necessity to create a therapeutic collaboration between the client and practitioner, as aligned with the Eriksonian approach (Gilligan, 2019). Participant Ana described that holding a safe space for clients is a very important part of the hypnosis session in order to achieve healing. She noted: *"Hypnosis allows us to just come to a space that is more neutral, and a space where someone hears us and makes space for us to start feeling what we were feeling when we were traumatised."* Participant Helena echoed Ana's remarks, highlighting the importance of developing a safe and intimate intrapersonal experience by providing clients with

education material about hypnosis. She explained if a client is not feeling safe, the experience of hypnosis is not possible.

Helena expressed the belief that the success of the healing session depends not only on the information provided about hypnosis prior to it taking place, but also on the personal perceptions and associations that the client holds towards the practitioner, which engender a trusting therapeutic relationship. This relationship seemed to be very important to Helena as otherwise she was not open to the experience. Helena stated: *“A good explanation about hypnosis to the client [before the session] is a must [and] trust and comfort and feeling safe is important.”* She noted the challenge of engaging with a therapist when a relationship of trust was not present: *“I had an experience where I could not connect to a therapist because they reminded me of someone I had had issues with, they were wonderful, but for me I could not allow myself to be hypnotised.”*

Participant Nancy underlined the value of creating a rapport with the client through a collaborative trusting relationship. Part of this involves making sure she is fully present with the client and that the session focuses on the client: *“Building a rapport is crucial, we have to learn to understand the cues from the clients, their body language show that I care, empathetic; but if I am not prepared for the clients – there will be lack of trust.”* This focus on the client extended to their participation in the process, with Helena saying that the client, instead of giving control to another person (the hypnotherapist), should feel that they are active agents in their healing journey: *“All hypnosis is self-hypnosis [...] if the person does not allow themselves to be hypnotised for whatever reason, they will not be hypnotized, but my clients generally who come to me are open to the experience”.*

The hypnosis practitioners all placed an emphasis of the importance of providing explanations about hypnosis first in order to establish a trusting rapport where clients can open up and receive healing, as discussed in the clinical and experimental hypnosis literature (Kroger, 2008; Wickramasekera, 2007). As highlighted in the clinical and experimental hypnosis literature, the client's beliefs, attitudes and expectations about the hypnosis process are the prerequisites for the efficacy of a hypnosis intervention (Burgess & Kirsh, 1999; Capafons et al., 2005). Therefore, providing educational information on hypnosis is an important first step in creating rapport between the practitioner and client. As part of this educational process, it is deemed helpful to debunk any myths that clients might hold about hypnosis. Doing this helps eliminate a potential lack of trust. As noted by participant Nancy, it is also useful to limit any fear that might prevent the establishment of the preconditions necessary for positive hypnosis intervention.

Providing in-depth fact-based expectancy information about hypnosis sets in place positive attitudes towards the forthcoming session as well as establishing effective client-practitioner interactions, thereby building the rapport that is essential for the creation of a sense of ease. According to Sheehan (2001), establishing client-therapist rapport is an important socio-psychological component for moderating the effects of hypnotic responses. This explains why the participant Helena had difficulties entering into the hypnosis intervention she described, due to the lack of rapport with the hypnosis practitioner, as lovely as they seemed. In this case Helena had inadequate faith and belief in the practitioner, even though she maintained positive beliefs and attitudes towards the hypnosis procedure itself. From this perspective, for a hypnosis intervention to be successful, collaborative participation

between the practitioner and the client is required for positive expectancies and therapeutic outcomes to follow.

If no information is provided to clients about hypnosis, or if it is not fully understood by them, it is understandable that they may be hesitant to participate in a hypnosis session. Their initial reactions would be ones of distrust, because rapport has not been built. The feeling of being vulnerable to opening up was also discussed by some participants, who suggested it was the clients' internal associations that may mean they withdraw from participating in hypnosis. This was seen as a form of protection or coping mechanism. This scenario could be avoided with rapport building and greater collaboration. Best practice has shown that hypnosis practitioners must be fully prepared for the client by being 'tuned into' their needs in order to avoid negative therapeutic outcomes. Spiegel & Spiegel (2008) write extensively about the client's need to feel safe during the interactions of the hypnosis process and the risks that arise if a safe space for clients is lacking (Spiegel & Spiegel, 2008). These positions echo those found in both client (Schmidt & Holroyd, 2021) and hypnosis-safety literature (Bollinger, 2018). Furthermore, these quotes show that hypnosis provides the controlled conditions and ability to hold a safe space for clients needed to identify and release adopted conditioned stimuli that trigger the trauma related symptoms, such as intrusive reexperiencing, emotional dysregulation, disturbances in the sense of self and other psychological issues. Furthermore, hypnosis aids in the reframing of the meaning of the trauma, as a result of the client feeling safe in a non-judgmental environment. This leads to a finding that collaboration is a key value of hypnotherapy. The majority of participants noted that the collaborative nature of hypnotherapy was valuable in terms of healing.

Suggestions

Participants discussed hypnotic suggestion as an intervention method, whereby the practitioner directs focused attention to the specific symptoms of the client in order to accomplish the therapeutic goal of the hypnosis session (Erickson, 1964). As described by practitioner Michael, suggestion is a valuable strategy for therapeutic change. While the client is absorbed experientially (Gilligan, 2019), focused attention is placed on things like pain elimination, while the practitioners guide clients with suggestion. Michael said: *“You can teach somebody to eliminate pain from the body by putting them into a trance and giving them suggestions [and] how they are going to feel [...] but people always have a sense of agency to accept or not to accept the suggestion.”* He emphasised that without sufficient inner resources, and the trust of clients, suggestion would not be as beneficial.

Helena echoed this by saying clients do possess their own inherent capacity to change, provided trust and cooperation is gained during the hypnosis session.

Helena explained: *“I think suggestion plays a huge role in hypnosis, because during the altered state of consciousness, the client is more receptive to the words being used, so we [hypnosis practitioners] cannot misuse our language during and post hypnosis [and] yes, people have a sense of self agency.”* This comment highlights that miscommunication of suggestions can also be detrimental.

Helena and Michael’s remarks describe how effective hypnotic suggestion is, in serving as a specific technique to activate and stimulate the inner resources of the client for subsequent psychological and behavioural changes. This strongly aligns with the literature (Gilligan, 2019; Oakley & Halligan, 2009). However, Yapko (2015) warns that practitioners have to be extensively aware of the effects of communication during sessions and the capacity of interpersonal influence,

something which Helena also seems acutely aware of. Further, according to Loftus (2003), implanting false memories is surprisingly easy to do, and while Mäirean (2015) notes that false memories are mostly harmless, they can nevertheless be damaging in some cases. This is reflected in Ana's comment: *"We need to be careful about giving wrong suggestions...what we are telling people when they are coming out of trance [and] careful not to project our own things in the session, [...] not give them our [false] perceptions, as people can believe it's theirs."*

As well as pain elimination, suggestion can be used to facilitate imagination.

Suggestions during the induction process create imagery for Laura: *"A certain [suggestion] that is asked and tapping into the feeling at the time is what triggers the visualisation and it's always attached to a feeling [...] an emotion that gets triggered by the question or something of that sort."* A client can experience intense imagery in a trance state during hypnosis, where suggestion is an imperative feature of hypnosis sessions. This imagery may involve the sensory activation of sound, feel, touch, and smell. Visualisation of this imagery during hypnosis is a technique that can be used for relaxation and for soothing a client's body and mind. For instance, safe place imagery helps clients to feel calm and to come back to that same place in their minds any time they feel distressed during a session (Gilligan, 2019).

Furthermore, utilisation of imagery allows access to clients' inner resources that can provide practitioners with information about the client's inner world (McNeal, 2020).

As Michael described, a changing perception of traumatic events can happen and surface during hypnosis sessions involving suggestion: *"Through the hypnotic suggestions, somebody understands that's not a good idea to carry [sadness] from the past or from the events that took place when you have just a little understanding about life. When working with a traumatic event, for example, the client might decide*

to have healing. Once you have a different understanding and emotional load from the traumatic event you can automatically have a different perspective for that traumatic event.”

Hypnotic suggestion to Michael’s clients resulted in changes in perceptions of self, and an understanding of the meaning of trauma. Following Michael’s suggestions, it was important for the client to gain a broader perspective in order to understand the internal conflicts they had to deal with. Consequently, this demonstrated not only the question of healing but also the client’s perception of how others see them, and how they view the world through a new lens. The internal forces of negative self-interpretation were changed as a result of suggestions introduced during the hypnosis process: the clients perceived themselves as new selves who could create alternative outcomes in their own lives as a result of this changed awareness and subsequent integrative healing.

Nancy explained what changes in sensations may occur as a result of suggestions for relaxation. She noted: *“During hypnosis, on a physical level the body relaxes, it feels less dense. Some people remark that they do not have a body, but that it feels like wearing a suit, [whereas] some people record that the body feels heavy. On an emotional level, people reported feeling more in touch with their emotions, feel more intensely, defence mechanisms are dropped. People processing feeling sad, for example by letting it go through the system...that’s what creates healing – the trauma is not stored inside anymore.”*

This quote identifies various individual experiences of bodily sensations and intensified feelings. The feeling of being free or constrained expresses the aspects of a client’s time and place in their world. Regarding the meaning and experience of the

bodily sensations of clients, these can be characterised by the individual internal and external attributes of each client (Facco, 2012). Internally directed themes usually constitute self-identity, which represent the distorted perceptions of self. Physical sensations were therefore perceived as being either light, such as during an out of body experience, or heavy, like when a client felt compromised. Focused attention during hypnosis enabled clients to take better control of emotions as well as change the way in which they attributed the cause of some of these stuck emotions on their body. Through understanding and dealing with their anxiety and/or pain, clients attained a healing outcome, so they could continue to live without maladaptive emotions and more importantly adapt their new world view.

Participants in this study utilised hypnotic suggestions as a form of communicating ideas for eliciting changes in undesired perceptions and behaviours. This aligns with the findings of Lynn et al. (2022), who explains how suggestions play an important role in hypnosis sessions and can be viewed as a catalyst for change. This change involves an alteration in the subjective responses of clients that leads to better perceptions of the root cause of symptoms and, consequently, healing resolutions.

Similar to what was described in Poon's (2007) study of an adult sexual abuse survivor, participants of this study also described the incorporation of ego strengthening, where positive suggestions were used to approach a hypnosis therapeutic strategy. Further, one case study has shown that hypnotic suggestions can generate pseudo seizures (PS) in young female clients with underlying issues of childhood abuse (Zalsman & Dror, 2002). This study reported that hypnotic suggestion has been used to induce PS under video-EEG in a few case studies that produced positive results. Although only a single case study, this has demonstrated the non-intrusive and direct nature of hypnotic suggestion that assists as an effective

therapeutic strategy option to control PS. This case study illustrates how hypnotherapy can serve as a plausible modality for identifying and healing the origins and root causes of trauma (Hartmann and Zimberoff, 2011).

This study has found that the hypnosis procedure (using the Eriksonian method) is an interpersonal approach whereby the principle of cooperation between the practitioner and the client is empathised. Each session begins based on the actual current presenting symptoms, emotions and behavioural patterns which requires the practitioner to focus on the individuals' living reality. Through the process of communicating, ideas in the form of suggestions allow the therapist to elicit the trauma related associations and related thought processes that already exist within the client. Suggestions within the hypnosis process merely serve as a means to activate and/or stimulate dormant memories of past events/experiences and understandings which have been acquired consciously (intentionally) or unconsciously (automatically) by the clients (Gilligan, 2019).

Such communication ideas, specifically effective hypnotic suggestions, lead to focused attention on the subjective processes present within each client, such as emotions, memories, feelings, somatic sensations, cognitive processes, behaviours and past (traumatic) events. Furthermore, effective suggestions in the form of an image, perception, sensation, emotion or thought are able to trigger ideas that already exist or are correlated to a client's self-identification. The unconscious then can draw upon the memories to develop a trance and elicit an appropriate response to the above-mentioned associations in order to accomplish the therapeutic goal (Gilligan, 2019).

Soul fragmentation and dissociation

This theme arose out of clients' experiences of change as a result of trauma or traumatic events. Participants articulated these experiences using words like 'soul fragmentation' or 'soul entrapment', which is frequently represented in the literature as dissociation or dissociative experience (Hall, 2003). Participants discussed the relationship between their clients' presenting symptoms and the experiences of soul fragmentation/dissociation from the source of trauma, something also used to access past information in order to start the healing process. Participant Michael stated:

“Symptoms are caused by the traumatic experience, [where] the traumatic experience is something that the soul has not been able to process on three levels: physical, emotional, and mental. Part of this soul is trapped in this experience, and that’s why it’s triggering the symptom now. The symptom is useful because we need to get the root cause and/or the event and work with it, which is why most of the time it’s a repressed emotion. I noticed that it was more effective to work with soul, not just the mind.”

Here the symptom serves as gateway of possibility to realise the emotional load being carried. Michael here affirmed that in his experience working with clients, he finds the intelligence of the soul plays an important role in healing. He describes that looking for cues that manifest as symptoms is key to discovering what the soul needs to enable processing at the time. Indeed, this is because the mind can get in the way of the process.

Ana disclosed that the soul might leave the body, as a route to escape the psychological and physical pain of the event and disconnect from the body to look for safety, thus developing recurring symptoms or fears that affect how the client perceives themselves and their place in the world. As a result, part of the soul is

fragmented until the client is able to recall it back during the hypnosis session and heal the missing part of the self. Ana noted: *“The soul fragments every time trauma occurs, as if a part of you is trapped in this event, for example, I got bitten by a dog and was afraid of dogs for a long time, and every time I saw a dog I got triggered by that memory [and] until I healed that part of myself – that part of my energy [soul] was fragmented.”*

This quote relates well to the concept of soul loss described by Mathews (2023), who explains that the splitting of consciousness or the parts of vital essence of a client occur because they want to avoid the painful impact of a traumatic event. Thus, soul loss magnifies the sense of hopelessness, guilt and shame and individuals experience emotional dysregulation, feelings of disconnectedness and emptiness. Laura described that stuck emotion could be an important indicator to release soul entrapment from acquired beliefs as a result of the trauma. Laura said: *“The soul is entrapped in the belief or the pattern of emotion, it becomes a loop.”*

A perpetuating cycle of maladaptive feelings, such as shame and guilt, for example, can emotionally burden individuals who have experienced trauma. Therefore, by locating the roots of maladaptive feelings, using hypnosis, the client may be able to retrieve these lost parts, gain vitality and break the cycle.

The concept of soul and soul fragmentation was mentioned on a few occasions by different participants, however, when questioned about dissociation specifically, the participants were not able to see a connection between the two concepts. This may have been due to preferred use of language, which often limits understanding to clinically defined experiences. The challenge of using alternative language such as fragmentation, entrapment, and splitting, is that it may falsely describe the actual

subjective experience of a client's dissociative experience as a result of trauma, which can lead to misunderstanding, thus hindering or delaying treatment outcomes (Hall, 2003).

The metaphysical concept of the human soul reflects the essence that constitutes the personality of an individual (self) and could possibly be interpreted as the source of the mind, subconscious mind, or psyche (Ceylan et al., 2017) and a function of the brain (Dolan, 2007), where all long-term memories are stored as information which are accessible during hypnosis sessions (Gilligan, 2019). This, therefore, implies that the process of hypnosis can be viewed as spiritual in nature.

The last three quotes by Michael, Ana and Laura strongly align with clinical research by McEvoy and Daniluk (1995) into sexual abuse survivors in Canada where clients recalled their abuse and the effects on their soul and their psyche. Due to the limited capacity of children to process traumatic events, the abusive (traumatic) incidents tended to result in dissociation, or the events being split off from conscious memory (full awareness). Academic literature suggests that the concept of dissociation has been used to describe the potential underlying psychological mechanisms that relate to the compartmentalization and detachment phenomena of various psychological disorders, such as dissociative identity disorder, conversion disorder and dissociative amnesia (Brown, 2006). The interplay between dissociation phenomena and hypnosis is touched upon extensively in this research, because the scientific explanation of dissociative phenomena directly links to understanding of the underlying psychological change processes clients go through when involved in trauma and thus has subsequent hypnosis treatment implications. Further, McEvoy and Daniluk (1995) also note that as a result of sexual and physical abuse, cultural shame and/or alcohol and drug abuse, survivors experienced fragmentation of their

soul which was expressed in their personality (identity), leading to intense personal disempowerment. This research highlights that an abused person's sense of fragmentation constitutes the loss of a sense of self, memory, efficacy, dignity, and endemic loss of self-control as well as a sense of self-empowerment. This (soul) fragmentation represents the disconnection from their bodies, their feelings (emotions), and essentially from their daily functioning and lives (McEvoy & Danilik, 1995; Mathews, 2023; Ingerman, 2011), as also described by Ana. The hypnosis clients in McEvoy and Danilik's (1995) Canadian research reported their inner compartmentalisation of experienced traumatic events, and a loss of sense of self, therefore the symptoms lead back to the root cause of emotional, physical, and mental distress, just as the participant Michael also explained. Of note, the literature on dissociation phenomena is mostly associated with women, who are prone to dissociative experiences as a result of traumatic events (Hall, 2003).

The participant Helena reported not yet having any experiences where people addressed childhood trauma directly, but clients have done so from the perspective of past life regression. Helena uses hypnosis to take people into past lives, where she identifies the trauma from the client's past life perspective, but then connects it to the issues in this lifetime. Helena described: *"I think it was empowering for the client to realise the root cause of the issues, the subconscious presented the issue for them, so they could address the issue in this lifetime. When they were regressed to that past life, they became emotional [and] they were crying during the session. There was a lot of emotion connected to the experience in this lifetime. And then, in this life, I can see them make changes, positive changes, and they realise they can move on."*

The issue of identification of the root cause of symptoms is mentioned in Helena's comment. This could be interpreted as such clients being unaware that from the moment a traumatic event occurs, they become different people, their self-perception changes and how they view of the world is altered in response to the traumatic event. This could be due to, for example, the incapacity to process the event or it is happening during the formative years of their life. In many cases, the soul and/or the perception of self has become fragmented. This changes as a result of hypnosis intervention, as described by Helena.

Further, this comment touches on the fact that by releasing this stuck emotion, even if it is from a past life, such as the case of the (soul's) memory affecting a client in this lifetime, the client has more available energy to create something different. Interestingly, Ana shared her personal experience of when emotions opened up a portal to conscious awareness of the experience of the traumatic event, thereby identifying the origin of the trauma in order to heal the wound from a reincarnation perspective. Ana explained:

"We have forgotten about the emotions and emotions are what allow us to come deeper and deeper into why we feel a certain way, why we are being triggered [...] and when we start feeling and how we feel and when was the last time I felt it [...] and we start finding the root cause, right then we will be able to heal, whether it's in this life, or if you believe in reincarnation, other lives."

Ana also mentioned womb regression as a gateway to accessing past life experiences, as past information could be useful in healing process. Ana said:

"Womb regression takes you into past life". This comment is echoed in spiritual hypnotherapy literature (Hartman, 2010; Newton, 2004), as well as illustrated by

case examples in Araoz (2012) of how to utilize the clients' past life information, or more specifically imagination, for growth and well-being. Although uncommon to psychotherapy, with some even regarding past life regression as new age gibberish, cases dealing with the hypnotherapy of past lives and the concept of reincarnation have been discussed in the literature (Cheek & Rossi, 1994; Schenk, 2009; Weiss, 2012). Perhaps one of the most prominent accounts of past life trauma recollection was described by the psychotherapist Dr. Weiss (2012). In his book *Many Lives Many Masters*, Dr. Weiss (2012) describes clients' past lives and their metaphysical life experiences while using hypnotherapy. This supports numerous case studies done by Newton (2010) on the spirit world experienced by his clients under hypnosis, and those undertaken by Dr. Moody (2007) on near death experiences. Such research again highlights the spiritual component of hypnosis.

Further, from my point of view, the concept of the soul as a source of accessing psychospiritual information in order to heal wounds, whether from this life or from the past, underscores the metaphysical aspect of human nature. I have personally experienced such a 'life between life' situation with my children in this life, where I experienced the essence of their souls. They somehow had the same attributes or presence as they express in 'this life', but in an ethereal realm. This experience happened in 2015. I did not expect any of it to occur nor did I have any inkling that one day I would be keen to research the topic in more depth. I feel I am on this path of self-discovery partly because of the above-described prominent experience and also because of the growth, in my soul and as a person, that I thereby experienced. However, I still remember the feeling that the whole process generated in me and there is therefore a strong sense of knowing in my heart that I did not make it up.

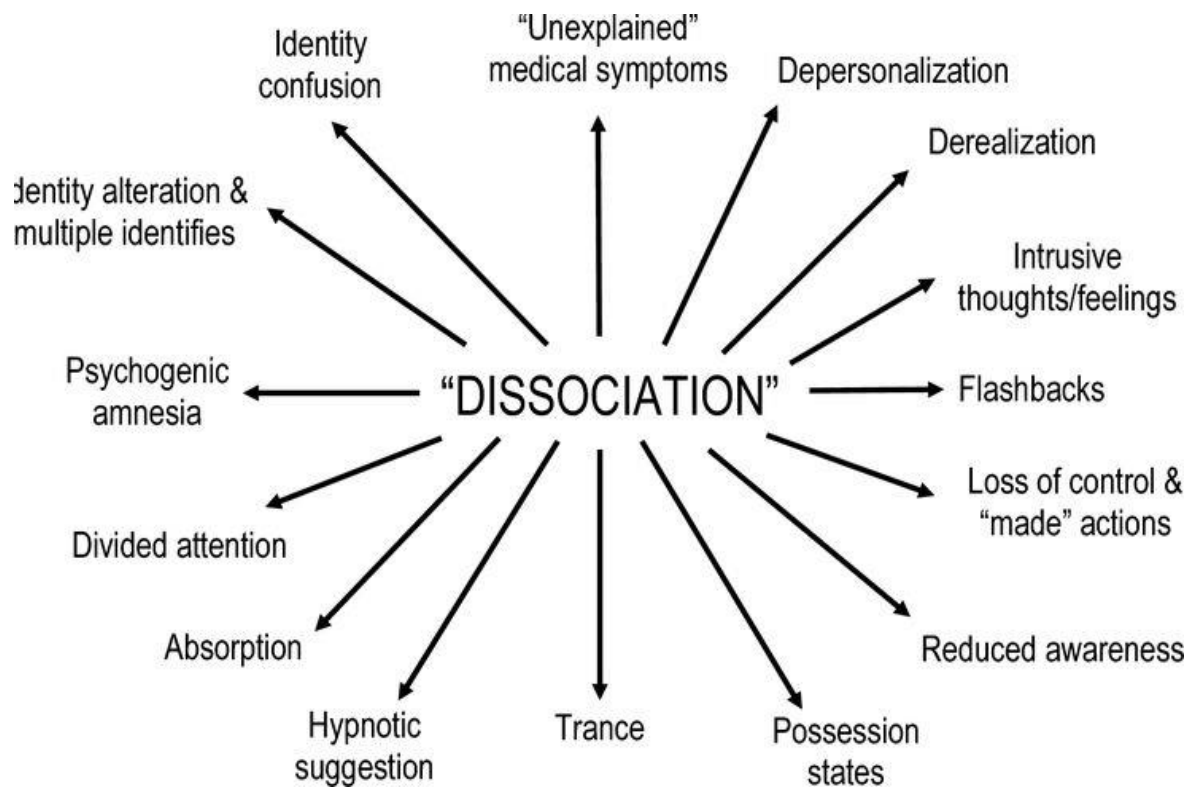
One of the most profound findings of this study is the way participant Michael describes how soul fragmentation occurs during or as a result of emotional and physical trauma, as well as because of trauma in past lives (or perhaps even trauma that happened in the womb as explained by Ana). Particularly, the participants utilized the aspect of the soul to access the root cause of clients' trauma and to resolve it from the soul's perspective – because they acknowledge the relationship between the spiritual nature of human beings and trauma and the ability to transcend the unhealed fragmented parts of the self. Indeed, Carl Jung (1959) noted that soul loss can result from the dissociation that occurs during trauma and that the lost soul fragments are confined in a person's transcendent reality (the unconscious) where the soul fragment hides and exists alongside the traumatic events (Jung, 1998).

These explorations from the perspective of the soul, although potentially controversial to some, provide a spiritual frame of reference for hypnosis clients to understand their trauma and the ways in which they have tried to cope with its afflictive events in their lives and their associated worldview. For example, the First Nation women in the Canadian study provided a spiritual context for explaining the spiritual abuse experienced as a result of traumatic events. They described how their child-self's spirit left the body during the abuse "to survive the moment" (McEvoy & Daniluk, 1995, p. 231), something which reflects the participant's descriptions of a sense of soul fragmentation and how it occurs. As a result of their traumatic childhood experiences, the Canadian study participants perceived themselves as unworthy and unlovable. Furthermore, the description of soul fragmentation seems to be strongly synonymous/associated with the dissociation phenomena that in turn has been extensively investigated empirically in relation to the experience of traumatic events, hypnosis and other personality disorders. According to Cardena

(1994), the term dissociation can be applied to a set of psychological symptoms, alterations in a state of consciousness, perceptions, and processes (see Figure 4), and in simpler terms could mean that some psychological processes are not integrated into conscious awareness or memory (Cardefia, 1994). Some researchers suggest that the meaning of the term dissociation can be used to explain the phenomena of hypnosis as perception without awareness (Hilgard, 1973), as well as the mental responses to trauma (Spiegel & Cardena, 1990). In the psychological literature, the term dissociation has been defined in various different ways, but has most often been viewed as: a conceptual construct such as a defence mechanism against overwhelming traumatic events, disparate personal responses to PTSD (Van der Hart & Horst, 1989), a description of why some cognitive accounts are missing from an individuals' awareness, an explanation for partial memory recollection within the flow of thoughts/consciousness, as well as a description of how the memory processes suppress some contents of traumatic past events and deflect the emotional and/or physical pain (Cardefia, 1994; Spiegel & Cardena, 1990). Further, as mentioned in the literature, detachment and compartmentalisation are two contrasting categories of the dissociation phenomena, which each have different psychological mechanisms and treatment implications (Brown, 2006). The possible cognitive mechanisms underlying the nature of compartmentalisation in hypnosis could be significant in understanding dissociation (See Figure 4).

Figure 4

Psychological symptoms, processes and states of being associated with the dissociation phenomena



Note. Cognitive mechanisms associated with hypnosis and dissociation. From "Different types of "dissociation" have different psychological mechanisms," by R. J. Brown, 2006, *Journal of Trauma and Dissociation*, 7(4), 7-28-28. (https://doi.org/10.1300/J229v07n04_02). Copyright 2006 by Hawarth Press

Dr. Modi (2000) suggests that hypnosis, often within a few sessions, allows clients to reveal the underlying subconscious reasons for their unresolved physical, emotional and mental trauma (Modi, 2000). Her well-researched book describes how

unresolved trauma is brought from the subconscious to the conscious mind and how the issues can be understood, recalled, and relived to release the client's long-standing distress. Interestingly, the use of language in both Dr. Modi's (1998) books describe what seems like the same phenomena of soul fragmentation and accessing the subconscious mind that is echoed by Michael's remarks on both subjects in the results section. Through past life regression, Modi (1998) describes her clients finding the clues to their recurring lifetime patterns and ailments, as mentioned by Helena. It makes sense then how easy it is to lose pieces of our true self (essence) and that many of our problems stem from the broken empty soul parts that are open to darkness. Thus, working through the issues related to the experience of soul fragmentation is an important and useful component in the psychosomatic and spiritual healing process undergone through hypnosis. This study has also shown that crises in a person's life can lead to them seek out the spiritual meaning of trauma. Unresolved trauma entails a stressful existence which sometimes manifests through heightened emotional and physiological distress. The participants also shared that people who are suffering are sometimes unable to find forgiveness for their offenders, which further affects a person's psyche. Thus, the processing of trauma and its discharge through accessing the dormant emotions as described by Ana, is imperative in order to find forgiveness, and consequently, to transform the trauma and finally find inner peace. Further, forgiveness allows people to move beyond their anger, pain, and physical illness (Ani, 2020).

The unconscious becoming conscious

Working with the root cause, and not just the symptoms, gives clients the ability to tap into the content or information of their subconscious mind in order to heal the

psychospiritual-physiological symptoms. When participant Laura shared her experience of hypnosis, her first step was to make sense of the abusive experience. Laura explained: *“I tap deep into the feeling going into hypnosis [and] so, for me it makes certain things conscious that were unconscious [...] like certain thought patterns when I am just going about my business, and certain beliefs about myself that it was my fault that I let the abuse happen and then I realise, oh, that wasn’t even about me. I realise OK, that might be appropriate for my younger self – trying to please people, but no longer appropriate for me to believe that. So, that’s when I can bring change forward.”*

By resolving the old patterns and beliefs that no longer served Laura, she was able to move on knowing who she was in the world, as an adult. She described that doing inner child hypnotherapy as an adult is a difficult thing to do, because of the crippling feelings of shame and guilt related to the traumatic event. As an adult her sense of guilt and shame was apparent, as she thought that the trauma that happened in her developing years was somehow her fault. She shared that she had a pattern of trying to please people to compensate for what others did, which further impacted on her sense of worth. As a result, Laura emerged into womanhood believing that she was lesser, unworthy and unlovable – without a belief in her inherent worth as a human being. The conscious awareness of her debilitating patterns/beliefs and working with her younger self enabled her to transmute the sense of being undeserving of love and of being unworthy.

Ana’s account of her ability to access her emotions has been linked to cultural background and upbringing, as across cultures emotions and symptoms must be interpreted in light of each individual’s cultural expectations (Buse et al., 2013; Pedrotti et al., 2009). Oatleys’ (1993) cross-cultural study suggests that universal

emotions represent significantly different meanings across different societies. Ana reflected: *“Because a lot of times we disconnect from our prime emotions, sometimes due to cultural, religious, family reasons. I know, I wasn’t capable of naming my feelings. I didn’t even know what to say. How do you feel? [...] I don’t know, I feel stressed What does it make you do? - I don’t know! What do you think? – I don’t know. It took me a while to even just know what I felt and what it made me do, you know.”*

Here Ana describes how the trauma resolution phase during the hypnosis session brought about significant improvement to intrusive self-schema and targeted the effective resolution of the trauma impact. These positions echo those described by Gilligan (2019), whereby hypnosis clients tap into their inner resources of the unconscious to recognise and connect their thought processes and feelings to their (traumatic) experiences. This allows processing of the impact of the trauma in an appropriate way and sees a shift to moderate emotional arousal, with clients thus left less reactive to habituated conditioned stimuli (Kamsler, n.d). Strategically transforming the disturbances in self-schema (disturbance in the sense of self), such as distorted body image, helplessness, and other unhelpful thoughts and beliefs about the self ultimately brings about change in clients (Poon, 2007), something also reflected in Laura’s comments. This then builds on the previously mentioned soul fragmentation and its usefulness in the process of healing.

During hypnosis intervention, participants additionally also highlighted the crucial issue of perceived suppressed (sad) emotion and the accessing of dormant emotions. When reflecting on the importance of accessing the feeling of sadness, Nancy noted that as a result of processing debilitating feelings, her clients were more able to achieve the major long-term effect of feeling emotions in order to transmute

them. Nancy described: *“Well, their emotions come very clearly [and] they really feel it. When we do it in the hypnotic state, they really feel the sadness. They let the sadness go through their system [...] and this is what creates the healing.”*

Emotions are complicated psychological states that include subjective experience, and expressive, behavioral and psychological reactions/responses to stimuli (Bradley, 2011). Generally, emotions can be triggered by specific memories or events. Emotions can also be helpful in understanding the maladaptive actions of individuals. Nancy described the expression of emotional experience of specific emotions, namely patterns of sadness that perhaps inhibit the adaptive and appropriate goal-directed activities of her client. This means that her client might not have the capacity to regulate this emotion or perhaps that the sadness has been suppressed to minimize and/or to avoid the negative experience(s) associated with it. During hypnotherapy sessions, Nancy helped her client to focus on presenting the emotion of sadness in order to process/release this emotion that had had disabling effects through holding it within their body.

The concept of emotional dysregulation can be characterized as the inability to select the appropriate strategy for self-regulation and the maladaptive use of emotion regulation strategies (D’Agostino, 2017). It has also been used to describe the characteristics of some psychological problems (Thompson, 2019). D’Agostino (2017) linked the negative emotion of sadness to the anxious attachment style, because of the learnt pattern to draw attention from other people by heightening negative emotion. In contrast, individuals with an avoidance attachment style perceive expressions of sadness as detrimental to relationships and thus repress the negative effect in order to avoid rejection (Brenning, 2013). Generally, depending on

the attachment style, individuals adopt different strategies to regulate their emotional load, which affects their social and emotional adaptations.

The emotion regulation (ER) model of attachment of specific expressions such as sadness (and anger) could be useful in the regulation of such negative effects. An emotion-specific approach strategy, in this case sadness, is helpful for the client to focus on the regulation of this negative effect. Emotion regulation entails a cooperative and dynamic process that involve various emotion regulating strategies. For example, emotional awareness and acceptance, active problem solving, self-soothing strategies, cognitive reappraisal and seeking appropriate information would lead to the adjustment of goals and maladaptive behaviours, the release of emotional suppression, and healing (Walle, 2012). These strategies would be useful in hypnotherapy sessions. Further, the issue of age, gender and social context should be taken into consideration when considering emotion specific ER in hypnotherapy. The research addresses the importance of considering an age difference, as older people tend to show more of an avoidance style than the younger population. Furthermore, age difference can mostly be attributed to developmental expression and the length of time the emotion has been experienced (the age factor) (Brenning, 2013). Gender literature suggests that females and males socialize differently, and thus regulate emotional experiences as a result of implicit and explicit gender schemas (Endendijk et al., 2018). However, according to Brenning (2013) there are no significant differences linked to the interaction between ER, cultural differences, attachment styles and psychopathology.

Helena went further and described the uncovering of repressed material from the unconscious, specifically focusing on the underlying issues of the problem and uncovering the origin of the psychological distress. The subconscious mind stores

the information needed to attain lasting and empowering results of change, growth, and improvements. Using hypnosis, it is possible to enter this subconscious. Helena explained: *“I think it was empowering for a client to realise the root cause of the issues, the subconscious presented the issue for them, so they could address the issue [...] I think just realisation of that event is the catalyst for positive change.”*

Trauma takes a heavy toll on trauma survivors and Helena describes how clients need to face, understand and make sense of their problems. The subconscious mind could be compared to the hard drive of a computer – a place where people store their emotions, thoughts, and memories, and that is home to their unconscious being. The subconscious mind constantly influences a person’s behaviours and actions. Generally, people tend to suppress their emotions deep in their subconscious mind until some event or memory activates the dormant emotions, thoughts, or memories. However, the subconscious provides a perfect opportunity to address the issues associated with these emotions, thoughts, and memories as part of psychological intervention. As explained by Helena, by accessing the subconscious during a hypnotherapy session, she was able to help her client to uncover the root cause of their problem. Typically, the emotions that are stored in the subconscious have turned into patterns of feelings of anxiety or pain connected to a past trauma, for example (Trisanti & Efendi, 2023). It seems that there is a strong correlation between the conscious emotional impulse and the important element that is derived from unconscious mental processing that enables therapeutic change. Additionally, by taking charge of the presenting problems, Helena’s clients are able to attain self-empowerment. Furthermore, the internally directed attributes that come with having a sense of empowerment meant that her clients were able to take control of the quality of their lives.

Laura describes the hidden side of the unconscious mind, that unbeknownst to clients severely restricts their ability to function as a whole and worthy human being. She noted below that in one conscious moment everything suddenly makes sense to the client, including the self-perceptions and beliefs about themselves, so they can attempt to reconstruct their lives based on the resurfaced 'larger picture'.

Consequently, as the client is confronted with an obstacle to overcome, they are able to draw on inner resources and adapt to a new world view about themselves. Laura explained: *"It's almost like a light bulb is going on when suddenly in their conscious mind they realise that it did not belong to them."*

These comments reflect the need to make sense of traumatic (abusive) experiences and highlights this step as an integral part of the healing journey – hypnosis essentially involves the process of first understanding the trauma. Processing the meaning of the traumatic event and associated feelings (emotions), whether during childhood, as an adolescent and/or in adulthood, then allows clients to understand why it happened to them, and how the experience of trauma causes and reinforces the dysfunctional thoughts, emotions, and self-perceptions of being "worthless" as well as their subsequent unique worldview (Mener & Mener, 2023).

It is interesting to note another common theme, namely the interchangeable use of language describing the soul and the subconscious mind that was used throughout the interviews. Michael refers to both the soul and the subconscious mind as the vital source of accessing the clients' internal information. The research data also reflects a spectrum of different points of view about the soul, and the subconscious and conscious mind (Dolan, 2007). Michael explained the process as follows: *"Hypnosis is an altered state of consciousness [...] you are able to get information in your subconscious mind. You are still conscious (during hypnosis), but you are able to tap*

into the content of your subconscious mind. For example, for people who say, for me alcohol is relaxation, but we have associations, we have a lot of memories, we have trauma stored and whenever we are able to access this information is when we are able to start doing the healing." He then went on to conclude that the soul provides the information to attain healing. Michael described: *"Because the soul has all the information that we need."* This quote could be inferred to mean that the soul is thus somehow the same thing as the subconscious mind, however, the emphasis here is on attaining the unconscious material to work with *through* the soul/subconscious mind. From my perspective, however, my whole being feels that the soul represents something much more (naturally) intelligent and omnipresent, something that reminds me that we are powerful spiritual beings undergoing physical experiences.

Nancy, on the other hand, used the concept of the subconscious mind as a source of dipping into memory for information for healing for use in hypnosis. Nancy reported:

"The subconscious brings up certain memories once the client is in a hypnotic state."

According to Nancy's remarks, the core issue here is unearthing and working through the traumatic (repressed) memories during the hypnosis session. For example, PTSD literature supports the idea that the retrieval of traumatic memories is key to the resolution of post-traumatic stress. According to Pierre Janet (1893) traumatic memories carry on as fixed subconscious ideas that occasionally resurface into consciousness in a form of emotional state, somatic sensations, and behaviour that is typically linked to the original trauma (Van der Hart, 1989). The issue of repressed memories is one of the fundamental assumptions of psychoanalysis work. Although some psychologists consider memory repression a controversial topic, a lot of literature illustrates that such concept exists. For example, the resurgence of the repressed memories of childhood traumatic events can lead to the convictions of

offenders, based on victims' repressed memories alone, that may have become conscious many years later (Loftus, 1993). Through focused attention during hypnosis, clients are invited to access their repressed memories experientially by tapping into their innate personal resources. This helps create therapeutic change (Phillips, 2020), because the client is in a hypnotic state that allows suggestibility that may also be helpful to the process (Yapko, 2012). The purpose of accessing the subconscious in hypnotherapy is then to place the locus of control into the conscious mind, so the clients are able to gain an understanding of their feelings, thought processes, and actions, so they can modify them accordingly. Similarly, as Nancy described, the client enters a hypnotic state, which is at times referred to as a hypnotic trance in the literature (Kalio et al., 2011). Although it may appear that people are asleep while under hypnosis, this is not the case – the person is simply deeply absorbed in the process and thus still able to hear and respond during the session. Hypnosis is a natural state, which implies that people may also experience hypnosis during the day. For instance, while a person is fully immersed in an activity such as painting or watching a movie, by disconnecting themselves from the environment around them. Most people are able to enter a hypnotic state, but some are more hypnotizable than others (Elkins, 2015). It is also important to highlight that Nancy's role in this process is that of a guide, who helps the client to tap into their memories to start a change process. It is not clear, however, if hypnosis in this instance serves as a supplementary treatment tool or can be seen as the main treatment, or both.

This theme indicates that the important component of healing through hypnosis is in making unconscious patterns conscious, in order to recognise what it is the person is bringing into consciousness (usually the replaying old stories) that directs their daily

existence and more importantly their future outcomes. Working through issues related to the identification of unhelpful thought processes, recognising default patterns and expanding awareness to the emotional affects associated with traumatic events enables clients to make adjustments in self-schema. In an attempt to restructure the integrated self, each client is invited to explore the meaning of their own trauma. This unpleasant exploration under hypnosis provides the context for clients to understand the intrusive symptoms and their root cause/underlying issues (the abuse), and the adopted coping strategies which have allowed them to live, albeit a distressed existence (in existential crisis). The restructuring of the meaning of the traumatic events implicitly provides a major healing quality to the way in which clients are able to make changes in their thinking and behavioural patterns, including somatic complaints and, as a result, their worldview interpretations too. Trauma-memory associations with somatic and psychological symptoms are evident in (C)PTSD clients, as indicated in the trauma literature (Rudstam et., al 2017). Physical pain may lead to trauma-related memories stored in the body. For example, palpitations are experienced in response to a fear of anxiety and a wide range of other traumas. Prolonged relational physical and emotional abuse that produced pain in the neck and shoulders may produce a flashback of this suffering. This study has revealed that hypnosis can enable access to traumatic memories in a safe and controlled manner, as well as the ability to bring about spontaneous change in clients' subjective experiences.

The integration

The participants reported that the most important aspect on the road to healing from a traumatic experience is being able to integrate the lost parts of their sense of self,

as described by Gilligan (2019). The participants in the current research explained that in order for clients to create a more integrated self, the clients needed to explore the spiritual meaning of their trauma and allow the soul to show how this understanding could help with their healing.

Helena described the self-empowerment that can occur as a result of the hypnosis experience: *“In my view, (hypnosis) is an altered state of consciousness that allows you to change behaviours, emotions. It gives you the access to the subconscious mind to allow the change, and to get some information on some of the underlying causes or some issues as they are perceived by the person [who is in hypnosis]. Example, where the session empowered them to deal with the current situation, with positive outcomes for the client, because they found the strength.”*

This quote from Helena speaks to the role of hypnosis as a ‘vehicle’ to access the underlying psychological issues through expanded realization and awareness to increase the possibility for a positive change process and personal empowerment (Alladin, 2009). This position reflects that of hypnotherapy for depression studies (Alladin, 2006), where the evidence suggests that hypnosis allows depressed clients to alter their subjective experience as well as allowing life-changing behavioural, emotional and cognitive treatment outcomes to take place within a short period of time (Depiano & Salzberg, 1981). Ana described how the process of integration can be lengthy and that gaining understanding of the event is an important component of reintegrating the broken identities. She said: *“People need time after hypnosis healing and understanding of what was happening [and] they need time to integrate the information of their experiences.”*

This quote speaks to me personally. By being able to speak about my subjective experience in a safe space, like what occurred during hypnosis, including sharing my feelings that resulted from reflection on the images that appeared during hypnosis, this helped me make cognitive sense of the soulful experiences that occurred during hypnosis. This enabled me to interpret the meaning of the experience and, most importantly, to be cognizant of that new awareness on a daily basis – this is what would help me to integrate my true sense of self that stemmed from my soul. The notion of the integration of traumatic memories is one of the essential issues in hypnosis or even post-hypnosis sessions, because the inability to integrate traumatic memories into a totality of self generates the vicious cycle of post-traumatic stress, for example. These findings align well with Janet's (1893) treatment model to therapeutic integration of traumatic memories, which employs imaging techniques and direct hypnotic suggestions to uncover traumatic memories (Van der Hart et al., 1989). This is an important stage of hypnotherapy and requires commitment from the client to take responsibility/charge of the change process. Furthermore, the resolution of trauma also depends on the rapport established between the hypnotherapist and the client, as mentioned by Van der Hart et al., (1989).

Nancy explained that in her clinic she helps her clients to work on their skills after the healing phase: *“For example, after healing the cause for fear of public speaking or social anxiety, the person is now not afraid to be socially exposed, but still need to learn how to do the skills for public speaking, because they have awareness now that they actually can change, but step by step.”* This quote relates to the impact of the client's healing upon their sense of self in social situations, but also highlights how their functioning in these situations still needs to be learnt and applied. Nancy drew a distinction between becoming aware of the changes and the actual process

of acquiring the life skills thereafter with the help of therapists. This is an important stage of the therapy, which enables the integration of the various parts of an individual's personality into one functioning whole (van der Hart et al., 1989).

Learning new coping skills enables the client to function as a unified integrated self as well as prevents future relapse or further spitting of personality. Attaining such coping mechanisms therefore requires the skills of mindfulness, present awareness and diligence from clients when away from the therapy room.

Laura, on the other hand, explained how hypnosis can facilitate external physical changes. She stated: *“At the beginning of the interview, she was making it clear that being a woman is hard in this life. She was embarrassed of her body and had to work on forgiveness of her parents [in hypnosis]. She was able to let go of a lot of beliefs and feelings that did not belong to her [during the session]. Later she reported that [new understanding] changed her perspective. She is wearing shorts now and she did not wear shorts before [and] she felt more freedom and did not have to hide anymore.”*

This is a good example of embodying what it means to be a female after the healing phase. This client had acquired beliefs that impacted her sense of self (being a woman) and the way she viewed her physical body, she thus linked this to adopting the defence mechanism of hiding behind the clothes that she thought would disguise her from being seen (as a woman). Because she described that being a woman is hard, she disconnected from the feeling of who she is and appears to have embodied the identity that ultimately brought her suffering. After reconciling her experience with who she really is underneath the false self, this client's external behaviour was also changed.

Clients need to understand the depth and impact of trauma to make sense and to construct a wholesome understanding of the insidious history of their traumas. While the healing journey is an individual process for each client, the integration process usually involves the reconstruction of a sense of self and the redevelopment of the skills required for deeper healing, thereby reconnecting clients to their authentic selves in a positive way. In conclusion, these descriptions reflecting the need for clients to understand their true identities that are hiding beneath the surface seem to be an imperative component for the restoration of the whole-self of a person. This aligns with contemporary psychology literature describing the integrated self (personality) as having coherent thoughts, feelings and actions (behaviours) (Sheldon & Kasser, 1995). This also illustrates that during hypnosis, clients report the memory recollection of dissociated parts of their past (traumatic) experiences, and the ability to connect to their bodies and emotions in order to process past trauma which is reflected in external behavioural changes. Furthermore, hypnosis aids in reframing the meaning of the trauma.

This finding suggests that the integration work between the shattered parts of the self begins after trauma re-processing happens and is probably the most vital aspect of psychotherapy undertaken through hypnosis. The hypnosis process can facilitate and reinforce the integration of the fragmented parts into a whole self. This aligns with Jung's view that a state of wholeness is possible to be attained when the unconscious and conscious parts are congruously balanced (Jung, 2003; Kalsched, 2013). The role that the participants in this study saw themselves in was, in a sense, that of a spiritual guide, someone who is helping their clients to navigate the healing journey into the metaphysical realms through meaningful suggestions. During the hypnosis session the participants helped their traumatised clients to integrate the

fragmented parts of the soul, so they were able to heal the emotional, physical, cognitive and spiritual responses to their trauma, thus reforming their sense of self as a whole. Similarly, it has been noted in the literature on (ancient) shamanism that the role of the healer was to travel into spiritual realms to locate, reclaim and reintegrate the fragments of the soul into a larger part of the soul (Ingerman, 2010; Winkelman, 2011). In this respect, the hypnosis environment may thus be considered a spiritually meaningful experience and conceptualised as a psychospiritual setting to facilitate the transcendence of the unconscious. Reframing what it means to be an integrated person through the subjective experiences had during a hypnosis session enables this change process in clients' perceptions to happen (Jung & Hull, 2014). Thus, the difference between the ancient shamanic practices and modern-day (spiritual) hypnosis sessions is that hypnosis allows a person to enter the mystical realms in order to retrieve their own lost parts of the self/fragmented soul and thereby attain the healing, rather than relying on the ritualistic nature of shamanism and a shaman. Consequently, people bring with them a sense of control over their own nervous system and minds, as well as a sense of self-empowerment by taking responsibility for their own maladaptive thinking and behaviour. On this basis, this research considers the transformative and transcendental approach to hypnosis which acknowledges that the cognitive-hermeneutical role of the meaning of subjective experience and understanding of trauma appears from the spiritual perspective and that these are not determined by the hypnotherapist, but by the client's own soul. In addition, the role of emotions are equally important with regards to goal-oriented behaviours, as illustrated in the data from Laura's account of her emotions, which reflected on the profound connection to the unconscious and trauma symptoms, that tied to the traumatic events in her past.

The participants in the current research explained that in order for clients to create a more wholly integrated self, the clients needed to explore the spiritual meaning of their trauma and allow the soul to show how this understanding could help with their healing. In my personal experience, the spiritual context provides a meaningful approach to healing. In my view, the process of the integration of the dissociated parts is an individual process that involves the re-development/transcendence of the adopted self-construct that was created as a result of surviving the abuse and then connection to the true identity/essence. For me, personally, at this point of my life, although I have experienced trauma releases through my body that have been equally profound, I have come to recognise that trauma can be spiritually based and can be channelled through soul pain.

For example, revisiting the trauma of the past (during hypnosis) where my 5-year-old self was 'frozen' with a sense of inadequacy and unworthiness, and a feeling of being unlovable as a result of abuse. This session involved a painful process of extended exploration, acceptance, cutting toxic ties with the abuser/event and finally forgiveness. As part of that session, I had to identify the abusive actions, name my feelings and gain an understanding of the event. My healing involved the integration of my various identities, such as being an abuse survivor and being a (minority) female living in a Western country. This awareness helped me to park my self-destructive coping mechanisms such as social isolation, as well as to manage to develop a sense of self-worthiness and assertiveness about myself and my needs. But most importantly it helped me to improve my relationships, especially with my children. Of course, there are moments of relapse in my self-confidence, but I regain my composure more quickly now because of the integration process that I've undergone.

Limitations and Implications

There are three limitations identified in this research. Firstly, reality is subjective. Therefore, the understanding that the researcher and research participants can influence each other's relationship must be acknowledged. Taking a constructivist stance, which assumes that reality is formed in the mind of every individual (Coyle, 1998), allows the researcher to take these influences into account. Secondly, the subjective and interpretive nature of the analysis must be taken into account. As per IPA guidance, a targeted smaller sample of five participants was interviewed, which enabled in-depth interviewing, meaningful interpretation, sense making of the data as well as an opportunity to analyse the data in a detailed manner. However, this process can be time consuming. Finally, the small sample size could be limited in scope due to gender, cultural norms, views and beliefs, as well as inherent biases adversely influencing the results.

Gender differences also need to be clarified, as the conditions that were described in this study were mostly attributed to females. Although it is not known if hypnosis phenomena differ between the genders in terms of overall response, the experience of hypnotherapy might indeed be diverse according to gender as per social context/expectations, genetic predisposition and the biological characteristics of individuals. These issues could be resolved through both qualitative and quantitative research on a larger scale.

Additionally, the complete developmental profile of hypnosis amongst the general population is not known. Although it is clear that adults mostly positively respond to hypnosis, it is not clear how children/youth respond to hypnosis and/or, for example, whether obstacles may occur as a result. It is also not known whether the presenting symptoms and problematic conditions spontaneously resolved or how many

sessions were required to deal with the issues. Longitudinal investigation would be needed (i.e., across a lifespan) utilising hypnosis in a clinical setting to establish the healing process in more detail.

Lastly, more information is needed to more conclusively establish a link between soul fragmentation and dissociation, so that clients may use their own discourse to reflect their own understanding of the dissociation phenomena that become evident during hypnosis and/or come about as a result of trauma.

Chapter Four: Conclusion

This thesis has explored the phenomena of hypnosis and how hypnotherapy can be used as a tool that can help to produce therapeutic change in individuals. This research was designed in line with the theoretical underpinnings of IPA: hermeneutics, phenomenology, and ideography in order to produce a comprehensive understanding of the subjective experience of hypnotherapy of the participants and their clients. HP assumptions regarding the researcher-researched relationship were established in this study. As per IPA, the data collected from participants was interpreted via required speculative reflection in order to build a coherent narrative and then linked back to the hypnosis literature.

The participants of this study are practitioners from different cultural backgrounds that have been working with clients repeatedly exposed to a wide range of traumatic life experiences and impacted by the incapacitating and pervasive psychosomatic distress (trauma) of such lived experiences (as too have some of the practitioners themselves). During the hypnosis sessions, the practitioners work with distressed clients on multiple levels that include addressing the consequences of multiple forms of abuse (childhood, sexual, emotional, physical, and spiritual) besides addressing issues related to gender, culture, socioeconomic status, and age. The hypnosis clients have experienced extremely traumatic circumstances characterized by physical, verbal and childhood abuse as well as neglect that have affected their self-schema. These clients have had to deal with presenting symptoms such as helplessness, feeling unworthy, and alcohol addiction, which have functioned as coping mechanisms to protect themselves from the pain associated with the traumatic events that occurred during their childhood, adolescent years, or

adulthood. The hypnosis sessions they attended therefore helped to retrieve memories, make sense of the traumatic lived experiences, address the negative self-schema, process painful emotions, and to integrate the fragmented (lost) parts of themselves to be able to live meaningful and wholesome lives. The spiritual component of this process is the understanding of the meaning of being reconnected to the parts of their consciousness (soul) that has been neglected due to the unprocessed trauma.

Many clients attain inner integration of soul loss as a result of the spiritual healing experienced in the hypnosis sessions. The role of spirituality in this therapeutic form of hypnosis creates a channel for the removal of the presenting symptoms and trauma resolution for the clients. For example, the participants described how clients experienced past lives, from which they were able to gain valuable information that they were then able to address in order to heal the unconscious patterns and behaviours. Clinical hypnosis used within a safe, collaborative relationship assists in the retrieval of clients' fragmented soul parts that occurred as the result of trauma. However, some practitioners described the challenge of accessing inner recourses due to the client's mistrust of the hypnosis practitioner for some personal reason. This thus did not allow the client to be hypnotized or to reach the depth of trance required for obtaining meaningful therapeutic changes.

The hypnosis environment may then be considered a spiritually meaningful experience and conceptualized as a psychospiritual setting to facilitate the transcendence of the unconscious. Reframing what it means to be an integrated person through the subjective experiences had during a hypnosis session enables this change process in clients' perceptions to happen (Jung & Hull, 2014). Thus, the phenomenological interpretation of the hypnosis process allows one to dive into the

inner subjective experiences, which challenge the qualitative methods of science. Qualitative methods usually maintain distance from the research participants with focused attention on the objective truth with minimum interpretation (Graneheim et al., 2017), whereas hermeneutic approaches aspire to connect to research participants and maintain close relationships with them in order to uncover a richness of the data by utilizing vigorous interpretation of their subjective experiences – their truth. Therefore, as a qualitative researcher, I must approach individual experiences in an unbiased manner.

The integrative inward-looking type of hypnosis therapy offered by the research participants appears to induce spiritual experiences beyond everyday cognitive functioning. The lost, depressed, phobic, and traumatised clients experience psychosomatic relaxation under hypnosis, similar to that of meditation. Hypnotic suggestions for relaxation allow clients to enter an altered state of consciousness that therapeutically serves as a vehicle for expansion of the conscious mind in order to obtain the information needed for healing, something not accessible during ordinary consciousness. In turn, the utilisation of imagery allows access to clients' inner resources, something that can provide practitioners with information about the inner world of the client. This indicates that in order to fully resolve past trauma, the hypnotherapist needs to help clients to retrieve the details of the root cause of the distress from their unconscious. Psychotherapeutic training is thus also very important.

Themes

The five themes presented in this study, namely collaboration, soul fragmentation and disassociation, suggestions, the unconscious becoming conscious, and the integration, have been reported in the empirical literature on the psychospiritual and somatic changes of trauma and the healing effects of hypnosis. The first theme relates to the collaborative process between hypnosis practitioners and their clients. Findings related to this theme suggest that the hypnotherapist acts as a guide to help clients navigate the dark corners of their psyche in a safe manner. Profound changes can occur as a result of hypnosis interventions whereby people described alterations in their awareness and noted the alleviation of their presenting symptoms. Participants described that in hypnosis clients were able to direct their locus of control to the conscious mind in order to gain control over their thoughts, emotions, physical sensations and maladaptive behaviour. Through a collaborative process, accessing the subconscious mind or soul in hypnosis helps clients to determine what is needed to heal through gaining an understanding of their suppressed emotions or physical sensations. Positive collaboration and expectancies within the hypnotic experience are strong predictors of hypnotic responsiveness.

The second theme relates to the use of suggestions for producing changes in perceptions, thoughts and behaviours. Findings related to this theme note that suggestions allow clients to enter an altered state of consciousness and imagination and that this serves as a vehicle for therapeutic change. Hypnotic suggestions can lead to changes in clients' emotions, cognitions, behaviour, and bodily sensations. Hypnotic suggestions elicit a subjective self-generated experience and mobilise the untapped inner resources of the client, such as psychospiritual therapeutic change. Hypnotherapy clients thus find greater meaning in life, gain understanding of their

unhelpful beliefs and patterns, and develop self-empowerment because they can heal themselves with the guidance of a hypnosis practitioner. Hypnotic suggestion can also have a negative impact on the client if misused, however.

The third theme is soul fragmentation/dissociation as a result of trauma. Findings related to this theme emphasise how hypnosis is used to reconnect parts of a person's soul that has been neglected due to the unprocessed trauma. The unique aspects of the subjective experience of change must be addressed and understood as part of the cognitive, emotional, physical, and spiritual journey of healing following traumatic events. This study also provides evidence indicating that hypnosis can be a non-invasive therapeutic procedure to help clients reclaim their connection with their soul that has been cut off through traumatic events. In these cases, hypnosis helps clients to choose not to allow their default patterns to affect their reality.

The fourth theme relates to the interaction of unconscious and conscious processes. Findings related to this theme suggest how hypnosis has the ability to tap into the content of people's subconscious minds to retrieve repressed emotions and memories. Working with the root causes of trauma, and not just the symptoms, gives clients the ability to tap into the content of their subconscious minds in order to heal psychospiritual-physiological symptoms. Restructuring of the meaning of the traumatic events through hypnosis, implicitly provides a major healing quality to the way in which clients are able to make changes in their thinking and behavioural patterns, including somatic complaints and, as a result, their worldview interpretations too.

The fifth theme is the integration of changes. Findings related to this theme note how healing can occur through the integration of fragmented (lost) parts. As a result of

hypnotherapy, spiritual integration of trauma introduces subjective and objective (often visible) changes, as well as changes in how people view themselves and the world around them. Hypnosis clients can reconnect with their soul's essence and inner wisdom and thus improve their well-being and thus heal the relationship with themselves and others through self-compassion and forgiveness. Furthermore, as part of the integration process, new coping skills and strategies are continuously improved both during the hypnosis sessions and outside of the treatment room. This individual healing and transformation can lead to broader changes in society.

Hypnotherapy can be an effective method for addressing people's distress, thereby preventing people from living disconnected from themselves and consequently hurting others. This method of hypnotherapy is an exceptional method that needs to be studied further. It needs to be thought of as more than just a self-deception phenomenon. This spiritually integrative modality should be considered as a critical instrument for the holistic integration of mind, body, and soul and the source of further academic exploration.

Fundamentally, this research has shown that hypnosis is a potentially effective tool that shifts the brain and body very quickly into a desirable state of relaxation and focus, which consequently promotes therapeutic change and reduces suffering.

Many people are afraid of hypnosis; however, the empirical literature suggests that clinical hypnosis has nothing to do with stage hypnosis and many agree that it is, in fact, a natural state (Phillips, 2020). The literature emphasizes that dissociation is an adaptive function for trauma survivors as well as a normal function during hypnosis phenomena that enables dissociation from the environment through focused concentration (Brenner, 2018) even though the psychological mechanisms associated with dissociation are still minimally understood. However, this

phenomenological study has indicated that trauma is linked to soul fragmentation/dissociation and that hypnosis may thus be an effective psychotherapeutic intervention for some people. Addressing soul loss via hypnotherapy in a safe therapeutic space promotes the integration of the lost parts of self, forgiveness, and self-compassion, hence reducing psychological distress. From a constructivist perspective, there are psychospiritual and physiological problems associated with how people's worldview becomes distorted as a result of trauma. However, negative experiences too, can be an opportunity for healing and spiritual awareness of oneself through the use of hypnosis and hypnotherapy. Hypnosis also plays a huge role in how people can gain access to the root cause(s) of their distress, rather than simply exploring the presenting symptoms.

An important contribution to knowledge as a result of this thesis is that the spiritual aspect of hypnosis can lead to a therapeutic change in emotional, cognitive, physical and spiritual domains while addressing dormant memories and emotions. True healing occurs when the hypnotherapist is reflexive, shows true compassion toward the client without any judgement and is able to hold a safe space for the client. Some of the items that lead to positive expectations and positive hypnotic experiences include educational literature about hypnosis, a collaborative therapeutic relationship, where the therapist being able to share their authentic self and perspectives (through psychospiritual lens), as well as the client possessing self-agency to be hypnotised and being ready to change. In future, it is recommended that further research be conducted to establish clearer links between suggestion and imagination in hypnotherapy, as well as to broaden different points of view, such as

the further analysis of the differences and relationships between conscious and unconscious emotions, and their underlying mechanisms.

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Appendix A



Hypnotherapy: The Unconscious Becoming Conscious

CONSENT TO INTERVIEW

Researcher: Marina Korovkina, School of Psychology, Massey University, Auckland

- I have read and I understand the Information Sheet. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction.
- I understand that I may ask further questions at any time.
- I have been given sufficient time to consider whether to participate in this study.
- I understand participation is voluntary and that I may withdraw from the study at any time.
- I understand that I may withdraw my data from the study before **5 October 2022**. I agree to take part in audio and video recorded interview.

Please circle one:

- I agree/do not agree to the interview being sound recorded.
- I wish/do not wish to have my recordings returned to me.
- I wish/do not wish to have my photos returned to me.
- I wish/do not wish to have data placed in an official archive.
- I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date: Full Name (printed):

Appendix A



Hypnotherapy: The Unconscious Becoming Conscious

INFORMATION SHEET FOR PARTICIPANTS

You are invited to take part in this research. Thank you for considering the request to participate in this research.

Who am I?

My name is Marina Korovkina and I 'm a master's student in Health Science (Psychology) at Massey University, School of Psychology, Auckland, New Zealand.

What is the aim of the project?

The aim of the research project is to deepen understanding of the role and impact of hypnosis and subsequent psychospiritual and physiological changes/healing. An investigation of the phenomenon of consciousness and the soul and their role in self-healing processes – to learn about the processes associated with self-healing and the mechanisms for recovery of the fragmented (dissociated) self that was lost as a result of childhood trauma; investigate notion of dissociation; and suppressed memories of trauma.

How can you help?

You have been invited to participate because you have been practicing hypnosis and/or have experienced hypnosis. If you agree to take part, I will interview you via Zoom or at the office at a time which is convenient for you. I will ask you questions about your subjective/objective experiences of hypnosis and its role in alleviating psychophysiological distress. The interview will take no longer than 45-60 minutes. With your permission, I will audio/video record the interview and write it up later. You can choose not to answer any question or stop the interview at any time, without giving reason. You can withdraw from the study by contacting me at any time, without giving reason. You can withdraw from the study by contacting me at any time before **5 October 2022**. If you withdraw, the information you provided will be destroyed.

What will happen to the information you give?

This research is confidential. Confidentiality is preserved, except you disclose something that causes me to be concerned about a risk of harm to yourself and/or others. Your identity will not be revealed in any reports, public documentation, presentations. Only I will read the notes or transcript of interview or my research supervisor Dr. Heather Kempton. The interview transcripts, summaries and any recordings will be kept securely and destroyed on **30 December 2022**.

What are your rights as a research participant?

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *decline to answer any particular question;*
- *withdraw from the study before **5th October 2022**;*
- *ask any questions about the study at any time during participation;*
- *your name will not be used unless you give permission to the researcher;*
- *be given access to a summary of the project findings when it is concluded.*

If you have questions or problems, who can you contact?

Please feel free to contact:

Dr. Heather Kempton
Associate Professor
Executive Director for Student Wellbeing
School of Psychology, Albany
Massey University
Tel: 0064 9 414 0800
Email: h.kempton@massey.ac.nz

Human Ethics Committee information

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named below are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Associate Professor Fiona Te Momo, Director, Research Ethics, telephone +64 9 414 0800 extension 43347, email: humanethicsnorth@massey.ac.nz.

Appendix B

The practical example of the integrative hypnosis (session) process, as described in Westerlund (2007):

After thorough explanation of hypnosis and what to expect during the session, clients are invited to make themselves comfortable, (reclining chair recommended) or anywhere else they'd feel comfortable to position the body. The procedure is facilitated by focusing on the breathing in order to stimulate the brain areas responsible for producing alpha and theta brain waves. The induction proceeds with soft suggestions to the client that help to imagine or visualize the safe place (to which they can return to at any time throughout the session) to allow the focused attention and to block out the interference of the mind. In a state of hypnosis, rapid eye movement, slower breathing and a relaxed body is usually detected. During hypnosis the time space is lapses as usually practitioners may notice clients' delayed responses to suggestions and questions. When the session is over clients usually say that the session lasted no more than twenty minutes, when in fact they were in trance for about an hour and half. Before and during the session the practitioner affirms that the client is always in control and that they do not need to re-experience previous suffering or pain, rather trauma is understood in the context of a soul's (self) fragmentation. In the case of past life regression, trauma is understood in the shared parallels made between the past life information and current life in order to disintegrate the trauma patterns. During a session clients respond to hypnosis techniques, such as suggestions for relaxation of the body with soft guidance to access subconscious from where clients are able to gain understanding of the origins of their trauma that linked to the present or past life. In the case of past life regression, clients accessing the spiritual realms where the metaphysical order

appears available in order to transcend past traumatic event, consequently, integrate the gained understanding and knowledge into present reality. Of course, there are clients who do not respond, seek or even benefit from accessing metaphysical dimensions in order to heal. For some people, fear of losing control prevent them from exploring hypnosis session as a treatment strategy. Furthermore, some people experience lack of imagery that actuate the negative attitude toward hypnotic trance. Lastly, in a general sense, clients with drugs/alcohol dependency, diagnosed personality disorders and mental health disorders should be advised to avoid participation in hypnosis method (Westerlund, 2007).

Appendix C

Interview questions / list of prompts

- What is hypnosis in your view?
- What is the role of hypnosis in therapeutic change?
- What is occurring during hypnotherapy session?
- What psychological, spiritual, emotional, cognitive and physical changes do clients experience in hypnosis?
- Take me through your own understanding of subconscious mind
- I'd love to learn more about your own subjective experiences of hypnosis
- Please describe the hypnosis journey with some of your client's experiences
- Tell me a little bit more about your experience with hypnosis clients
- Describe the transformative change process on under hypnosis in your clients
- What is the role of hypnotic suggestion?
- What are general misconceptions of hypnosis?
- How does a client know what is pending for them?
- What is soul?
- Does everyone have an ability to access the altered state of consciousness?
- How do people change after hypnosis?
- How do people integrate the hypnosis experience?
- How can hypnosis be helpful in resolving a presenting symptom?
- How can hypnosis be helpful in resolving the root cause of psychosomatic distress?

- What are the physical, emotional, spiritual, cognitive changes have happened to your hypnosis clients?
- What type of conditions have people healed through hypnotherapy?
- What role does the therapeutic alliance play in hypnosis?
- Could false memories be implanted during hypnosis session?
- Is it possible to be stuck in a situation/memory if you 'forget' to give right suggestion?
- What are advantages of dissociation in hypnosis?
- How important is to take the client through the reliving the traumatic experience during hypnosis?
- What are potential disadvantages/limitations of hypnotherapy?
- Do people have the sense of agency during hypnosis?