DISCOVERING THE ESSENTIAL SELF BY MEANS OF SUBCONSCIOUS RESOURCES: A PSYCHO-EDUCATIONAL APPROACH

by

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DECLARATION

Student Number: 895-0601

I declare that **DISCOVERING THE ESSENTIAL SELF BY MEANS OF SUBCONSCIOUS RESOURCES: A PSYCHO-EDUCATIONAL APPROACH** is my own work and that all sources that I have used or quoted, have been indicated and acknowledged by means of complete references.

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AE FOURIE

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DATE

DEDICATION PAGE

'If we take people as they are, we make them worse. If we treat them as if they were what they ought to be, we help them to become what they are capable of becoming"

- Goethe -

I would like to dedicate this work to:

- My mother, Lettie Fourie, my sister, Anita Fourie, my friend, Maryna Olivier; and
- my father, Hennie Fourie, who filled our lives with love and dedication and whose life came to an unexpected end during the writing of this thesis.

Thank you for treating me as if I was what I ought to be.

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SUMMARY

Clients embark in therapy for different reasons and they often do not understand their own behaviour, thoughts and feelings. Some state that they do not feel themselves and ask questions about who they really are. This study explores different therapeutic ways in assisting clients to find answers to this question.

The researcher indicates that the self is an energy system which can be in dissonance. It explores the subconscious as a resource that can be utilized in therapy, assisting clients to discover their essential selves. The study uses an eclectic approach, where the Medical Hypnoanalysis Model is used to identify aspects with regards to the self being dissonant. It is indicated how the hypnotherapeutic techniques within Ego-state therapy and Ericksonian psychotherapy contribute to the exploration of the subconscious and its resources. The study utilizes subconscious resources to assist clients to become more aware of their essential selves and to activate the process of self-actualization. From theory the study constructed a new eclectic approach in assisting clients to discover their essential selves through their subconscious resources. This proves to be of value in approaching therapy from a psycho-educational perspective. The therapeutic process of identifying and accessing subconscious resources takes place within the framework of the SARI-model (a model within the Ego-state therapy theory).

This study presents four case studies and discusses information that can be gained from the subconscious mind of the client and its utilization in therapy. The cases illustrate that the subconscious has the resources available to assist in the identification of the cause of the problem, inner-strengths, a subconscious safe place and possible solutions to the problem. It was indicated that these resources can be used to integrate trauma from the past, resolve negative beliefs and to enhance the establishment of equilibrium within the self as energy system, which leads to the client discovering and becoming the essential self.

The study concludes with a model that can be used to discover the essential self by means of subconscious resources in addressing client's fundamental question of 'Who am I really?'

Key terms:

Self, Subconscious, Subconscious Resources, Inner-strengths, Medical Hypnoanalysis, Ego-state Therapy, Ericksonian Psychotherapy, Hypnosis, Hypnotherapy, Self-actualization

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1.1   INTRODUCTION

The focus of the study will be on the concept of *the self* and the use of *different regressive techniques* in accessing the *subconscious resources* available to the client in identifying the *cause of the problem* presented in therapy, *resolving the problem* and the *discovering of the essential self*.   In this chapter the researcher wishes to introduce the awareness of the problem, main ideas and terms used in this study.   The research will be approached from a psycho-educational and hypnotherapeutic perspective by means of a literature overview.   Thereafter the statement of the problem, hypothesis involved and aim of the study will follow.   The chapter will be concluded with the clarification of concepts and a summary of the division of the chapters.

1.2   AWARENESS OF THE PROBLEM

Clients embark in therapy for different reasons, such as anxiety attacks, inability to perform, feelings of insecurity, relationship problems, depression and so forth.   The researcher became aware that most clients seemed to have problems with their sense of self.   They couldn't understand their behaviour, thoughts and feelings and started to ask questions about who they really are.   According to researchers (Fitts, 1971:14; Meyer, 2001:2) most people will at some stage in their lives ask the question: *'Who am I?'*.   They seem to have problems with their sense of self and to know who and what they are.   The question of '*Who am I?*' has been asked from ancient times and "*the confusion of the self is perhaps the greatest cause of depression, suicide, alcohol and drug addiction, and unacceptable behaviour problems*" (Meyer, 2001:3).   It became clear to the researcher that it was as if clients' personal power were somewhere other than within themselves.

To the researcher it was as if clients come to therapy driven by **eudaimonism**.   In the Greek philosophy the word **eudaimonism** refers to the ethical obligation that calls upon people to recognize life in accordance with the **daimon** or the **true self**. *"The 'daimon' or 'true self' is an ideal; a perfection toward which one strives that gives meaning and direction to one's life.   It refers to those potentialities of each person that need to be fulfilled in order to get to a point where one feels that 'one has what is worth desiring, and worth having in life"* (Meyer, 2001:37).   The researcher

discovered that therapy is mostly <u>not</u> about the problem as presented by the client – for example depression, anxiety, et cetera. But these presenting problems can be seen as mere symptoms masking the client's search for his own *daimon*, *true self* or that which is seen by the researcher as the client's *essential self*.

The therapeutic aim in this study has been on assisting clients to gain insight into the factors leading to the problem (with which the client came to therapy) and the resolution thereof. The researcher realized that the mere classification of problems and insight into the factors leading to the problem were not significant in the treatment of problems presented by clients.

1.3   MOTIVATION FOR THE STUDY

Practicing previously as an Educational Psychologist and currently as a Counselling Psychologist the researcher found that many clients complain about not feeling themselves and not knowing who they are. The researcher discovered that a sense of self could not be established in therapy by merely focusing on cognition of the problem and material provided by the conscious mind. Even if the problem was identified and the client assisted on a conscious level to make behaviour changes, the problem of not knowing who they were and having a feeling of being disconnected with themselves, as well as, the observation by others of not being themselves, often proceeded.

The researcher noticed as Fourie (2003:5) also indicated in her studies that on many occasions it was "*only through the use of hypnosis and hypnotherapy, that the connections were made and internal cognitive changes and emotional, spiritual and psychological growth obtained*" and that these inner connections then had a direct impact on the client's external world – positively affecting their relationships on all levels. The researcher has been using different modalities within the field of hypnosis to assist in the identification of the link between the root cause of the problem (which might differ from the problem currently experienced by the client) and the problem presented by the client, as well as, the treatment thereof. Methods used by the researcher when a client is in therapy are seated within the foundations of the Medical Hypnoanalysis Model, Ego-state therapy and Ericksonian psychotherapeutic methods of intervention (SASCH, 1998:1-28; Hartman, Du Plessis & Grové, 1999:1-30; Modlin, 2004:1-182). The different hypnotherapeutic modalities and the way it is

being used in therapy will be discussed in more detail in Chapter 4. The researcher has integrated these different models in therapy - not as a new model for therapy – but as a way to address different clients' needs within an eclectic approach.

The researcher is of the opinion that the Medical Hypnoanalysis Model proved to provide a valuable framework in which the client can find safety in a description, rather than a diagnosis being judgmental of their problem. The researcher noticed in her practice that most clients are in need of some kind of cognition of the reason for their problem. The Medical Hypnoanalysis Model also provides a safe framework wherein clients can acquaint themselves with the process of hypnosis. Ego-state therapy which focuses on dissociation and re-association of different parts of the client was also found to be a helpful model in the re-integration of so-called lost parts of the self and the establishment of internal harmony within the client. Fourie (2003:5) stated that "*pathological dissociation is normally the cause for* [clients] *not reaching their full potential as found in psycho-educational theories of self-actualization.*" The Ericksonian psychotherapeutic process gives different non-intrusive ways of inducing the hypnotic trance and assists in the re-framing of the problem to the client – using the linguistic patterns as provided by the client. It also assists in the identification of problematic areas within the client's life by focusing on the language (verbal and non-verbal) used by the client. The researcher is of the opinion that the integration of these modalities provides for a cost effective short term treatment plan in most clients who has lost a sense of self.

Using the abovementioned models as basis for the treatment of clients with different problems it was noted that the subconscious perceptions of the client has a definite influence on the difficulty the client experiences. The researcher discovered that the subconscious also has the material that causes the clients' problems and has resources that can assist the client / therapist in resolving the problem. It was therefore decided to focus this study on the exploration of the influence of the subconscious mind on the client's sense of self. The researcher will use the words 'he, him, himself and his', as inclusive of both sexes, when discussing concepts around the self, the subconscious, and clients to avoid unnecessary repetition (with the exception in Chapter 6, when referring to specific cases). The influence of material presented by the subconscious mind on the cause of the problem and whether this is preventing the client from being himself will be investigated. The

availability of resources within the subconscious mind to assist the client in resolving the presenting problem and to have a stronger sense of self or being their essential self will also be discussed.

1.4   A PSYCHO-EDUCATIONAL PERSPECTIVE

1.4.1   INTRODUCTION

The psychologist focusing on the treatment of a client from a psycho-educational perspective has as educational purpose the assistance of a person with regards to *self-actualization;*   where the client is assisted in discovering a *self-identity* ('I know I am') and uplifting his *self-concept* ('I think I am') (Roets, 2002:15).   There is a difference between the self-identity and self-concept. With the self-identity a person decides and knows who he really is without reference to norms, standards and his position in respect to others. Whereas the self-concept is based on "*the self in terms of good and bad, pretty and ugly… basically a normative concept*" (Roets, 2002:15). In order to give a better understanding of the self-identity and the self-concept, the researcher will discuss these two concepts separately.

1.4.2   SELF-IDENTITY

According to Roets (2002:25) identity can be seen as the meaning a person give to himself in answer to the question '*Who am I?*' The concept identity is multi-facetted and a person can have more than one identity, namely a work identity, a parent identity, and so forth. In some contexts the term self-identity refers to the objective features that distinguish persons, but in this research it refers to the individual's subjective sense of who the person is and to their own self-image (Martin, 1985:6). The self-identity also refers to the self-image of a person (Roets, 2002:26). Erickson (in Roets, 2002:25) said "*Self-identity is congruent with an integrated whole made up of (i) the person's conceptions of himself, (ii) the stability and the continuity of the attributes by which he knows himself, and (iii) the agreement between the person's self-conceptions and the conceptions held of him by people he esteems.*"

Identity implies action and action identity. "*In order to <u>be</u> something, one generally has to <u>do</u> something; but in order to <u>do</u> something, one generally has to <u>be</u> something*" (Fitts, 1971:15). Fitts (1971:15) used the example of dancing and said

that in order to dance a person has to be a dancer and in order to be a dancer, a person has to dance. A person's involvement in what he can do and want to do and his experience of the accomplishment of this, leads to the establishment of his identity. The researcher agrees with the abovementioned author that identity implies the realistic interaction between *is* and *do*. If there is a realistic interaction between *is* and *do,* true self-actualization (discussed in 1.4.4) will take place (also illustrated in Figure 1.2(A)). The researcher believes that a person's identity can be distorted – this is usually presented in therapy with statements such as 'I have not been feeling myself' as illustrated in Figure 1.2(B) (where B represents an incongruence between thoughts, feelings and actions).

FIGURE 1.2 Congruent versus Incongruent thoughts, feelings and actions
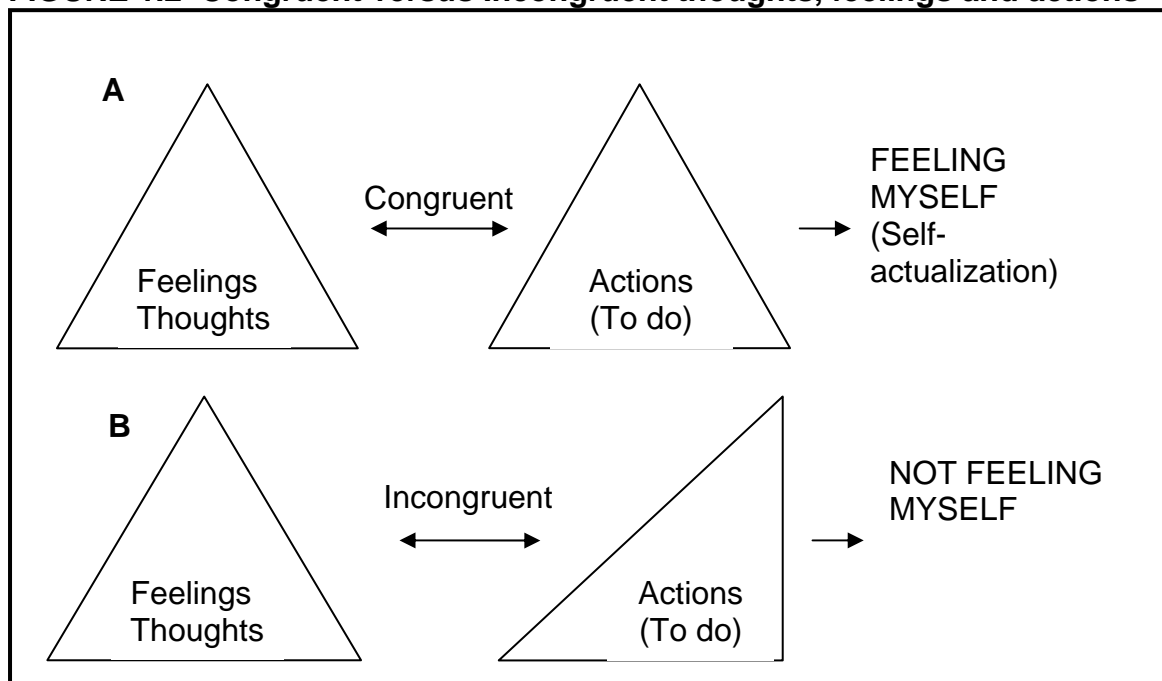
A person's actions (to do) and the feelings / thoughts on a subconscious level (to be) are usually in such cases not congruent. The researcher therefore agrees with Nietzsche and Kierkegaard (in Martin, 1985:5) who identified the intimate connection between self-deception and self-identity, especially as related to inner unity, self-acceptance, and individuality. Genuine inner unity involves a heightened sensitivity to the diverse aspects of oneself that are accepted, without self-deception as complementary dimensions of a single personality. Nietzsche (in Martin, 1985:5) said that failure to accept oneself generates self-deceiving resentment: "*For one thing is needful: that a human being at all tolerates to behold. Whoever is*

dissatisfied with himself is always ready to revenge himself therefore; we others will be his victims."

Kierkegaard (in Martin, 1985:5) supports the idea that "*the ethical individual knows himself, but this knowledge is not a mere contemplation… it is a reflection upon him which itself is an action*" where the person chooses to be himself instead of knowing himself. Both Nietzsche and Kierkegaard (Martin, 1985:5) inveighed against self-deceivers who refuse to confront themselves in order to initiate self-transformation, it being "*far easier and safer to be like others, to become an imitation, a number, a cipher in the crowd.*"

Fingarette (Martin, 1985:6) "*envisaged self-identity as the product of inner acts of 'avowing' our experiences, actions, beliefs or other 'engagements' in the world. Self-deception arises when individuals are strongly tempted to pursue an engagement that conflicts with the current 'guiding-principles' around which they have constructed their present self-identity.*" The researcher agrees with Fingarette (in Martin, 1985:6) that a person can rather than foregoing the engagement or creating inner-conflict by consciously pursuing it, pursue it without avowing it, and that self-deception is essentially a refusal to acknowledge an engagement as one's own by both systematically avoiding explicit consciousness of it and by not making appropriate adjustments in attitude, emotion, and behaviour. Roets (2002:27) stated: "*Problems with identity such as confused, vague, insecure or diffuse identity can be very dangerous.*" The researcher is of the opinion that a conscious decision can be made to address the self-deception and the resulting feelings, but that the resolution of the problem can only be reached in therapy by accessing subconscious thoughts, feelings and perceptions. The researcher is also of the belief that this can only be done if the client is willing to do so on a conscious and subconscious level.

To the researcher therapy only addressing issues with regards to identity of the self on a conscious level, is preventing the client from acknowledging and accessing subconscious thoughts and feelings.

1.4.3 SELF-CONCEPT

A person develops his concept of himself and his identity through his experience with his external world and through his experience within his physical and social

environment and his involvement with his world. It seems as if the self-identity is developed through to a person's interaction with his self and his involvement in the world around him (Vrey, 1974:92-93; Ross, 1992:2; Bruner, 1997:159; Roets, 2002:19). As indicated in the previous sections it is important to distinguish between self-identity and self-concept. According to Roets (2002:19) "*self-identity refers to the conviction that I am the person that I, with my concept of myself, can imagine that I am, and the person that I consistently remain*."

Roets (2002:19) agrees with Ross (1992:2) that self-image is the image or concept a person ('I') has of himself (myself). The researcher is of the belief that the self-identity also refers to the actual self as described by Baumeister and Tice (1986:66) as "*the reality of the person in the sense of behaviour, traits, and individual difference or characteristics.*" Self-concept represents how one thinks and feels about oneself – one's perception of self; the concept of the self may therefore differ from the actual self. This includes a great number of conceptions a person forms about himself – all the facets of his self-revelation. The self-concept is a concept that is cognitively structured, but because it consists of attitudes and perceptions, it is also affective in nature (Ross, 1992:2; Roets, 2002:19).

The researcher agrees with Epstein and Koerner (1986:28) who states that the "*term 'self-concept' is often treated as if it refers to a thing, which it does not*" and is in support of Neisser (1997:30) who says that "*your self-concept consists of your beliefs about yourself – your appropriate roles, your personal attributes, your worth and value, and so forth*." When one attains a self-concept it becomes possible to eventually confront others who have perspectives, thoughts, emotions, and so forth that differ from one's own (Gallup & Suarez, 1986:19).

Literature contains compound nouns with positive connotations such as self-confidence, self-esteem and self-knowledge. "*The term self-consciousness, in the sense of being conscious of oneself, aware of one's unique identity did not make its appearance until 1690*" (Ross, 1992:2). According to Neisser (1997:31) the relevant learning for the acquisition of a self-concept begins quite early in life, but not as early as perception. The beginning of conceptual thought is near the end of the first year of life; at which point, the ecological and interpersonal selves are already firmly in place. "*Conceptual thought would be impossible without the prior skills of*

perception: for one thing, children get most of their concepts from other people" (Neisser, 1997:31). Lewis (1986:55) said that an active sense of self emerges in the middle of the second year of life and constitutes a central milestone and transition in the child's development.

Every person is unique and constant changes take place as the person develops. Baars (1992:59) stated that a person can have different self-concepts at the same time and that non-conscious self-concepts can be dissociated from conscious experience. Roets (2002:19) states that a person's self-concept is always highly meaningful to him, regardless of whether a high or low self-esteem is part of it. The self-concept is about what the person knows about himself. As a person's concept of himself results from what he has learned to know about himself as a result of various experiences – this process is dynamic. The word *dynamic* is derived from the Greek word **dunamis** which suggests strength power and energy (Roets, 2002:21). Bruner (1997:159) stated that although a person's self-concept can be enormously resilient, it can also be vulnerable. The power or energy of a person's self-concept is not always strong and it is possible for it to change.

Hormuth (1991:102) identified three different stages in self-concept changes:

1) The acquisition of new knowledge about the self;
2) the stabilization of that knowledge as part of the self-concept; and
3) the maintenance of these elements of the self-concept even in the face of challenges.

The researcher is in agreement with Roets (2002:26) that self-development leads to a stable identity in all aspects of the self and therefore is also of the opinion that the psychologist using a psycho-educational approach; can assist clients (adults and children) to form such an identity. Jacobs (in Fourie, 2003:6) stated that *"although educational-psychology refers to children, the same theory is applicable to adults since personality is not static, but develops constantly."* The researcher noticed in her practice that often adults are stuck at different ages / phases in moving to maturity (more on this in Chapter 4 in the discussion of the Ponce de Leon Syndrome). In this study the focus will be on people from different age groups seen for therapy by the researcher as they are developing in finding their selves.

1.4.4 SELF-ACTUALIZATION

Fitts and Richards (1971:5) states that the term self-actualization refers to the "*process of making actual or real, of implementing or putting into motion, the potential resources of an individual."* Vrey (1974:368) is of the opinion that self-actualization implies that a person consciously / purposefully try to realize the latent abilities within his self. If a person wants to bring future possibilities into realization he must transcend his seemingly immediate limits of space, time and the abilities of his physique and psyche. The subconscious drive will seemingly force a person to transcend his immediate limits of time and space. "*Self-actualization refers to the achievement of success"* (Roets, 2002:28). Siegling (1992:81) stated: "*Authentic self-knowledge in conjunction with awareness of one's calling is a necessity for self-actualization.*" According to Roets (2002:28) self-actualization is not a final destination but means being human in the fullest sense of the word and a striving to become more.

Frankl (1985b:121) stated: "*Man's search for meaning is the primary motivation in his life… this meaning is unique and specific in that it must and can be fulfilled by him alone."* Frankl (1985a:39, 106) also stated that self-actualization is the unintended effect of self-transcendence, which includes identity and happiness as mentioned earlier in this section. Self-transcendence refers according to Frankl (1985a:133) to the fact that "*the more a human being forgets himself and gives himself, the more human he is."* Frankl (1985a:39) perceived it as the "*pursuit of happiness"*. The researcher is of the opinion that feelings of guilt, anxiety, shame and aggression prevent authentic self-actualization, due to the energy wasted on a subconscious level. A person has to transcend the seemingly immediate restrictions of time, space, as well as, his physical and psychological abilities to reach optimal self-actualization. To the researcher transcendence implies a realistic interpretation of unconscious / subconscious perceptions and knowledge into the concept of the self. In the incorporation of subconscious perceptions, et cetera, it is a necessity to first associate with the subconscious perceptions, interpretation and knowledge, and then a person needs to distance himself from it, in order to understand and gain knowledge about the self. A realistic and well-balanced self-concept would result after the incorporation of both conscious and subconscious knowledge. Transcendence would then be the distancing and evaluation of a person's own self.

Given the above, the question arises: '*How can a person be lead to self-actualization?*' Within this study the aim would be to indicate that a person can only experience self-actualization or make a conscious effort towards self-actualization once he has discovered the essential or authentic self. According to Maslow (in Roets, 2002:28) the primary needs of a person must first be met before self-actualization can take place. The researcher is in support of this opinion, but noticed in her practice that people with emotional needs (regardless of their financial status) has a spiritual need that needs to be fulfilled or a spiritual connection that needs to be made on a subconscious level before self-actualization can be attained, which is also in accordance with the O*rder of Importance* that will be discussed in Chapter 4 (Figure 4.2, Table 4.1). The researcher is of the belief that the psychologist can assist in reactivating a person's drive to self-actualization and agrees with Fitts and Richard (1971:5) that "*the self as a whole can … develop, grow, and actualize its … potentialities and, in the process, compensate for its impairments*". As experiences of the past and perceptions of the future can influence a person's self-actualization, the researcher will investigate the utilization of subconscious resources in assisting the client to self-actualize in the discovery of the essential self

1.5   A HYPNOTHERAPEUTIC PERSPECTIVE

In this study the researcher is interested in the therapeutic application of hypnotherapeutic techniques in accessing the subconscious mind and the subsequent subconscious resources available to the client. The difference between the conscious and the subconscious mind will be discussed in Chapter 3. According to Modlin (1999:28) different methods of analysis can be used. In Chapter 4 a detailed description of different hypnotherapeutic models from which the researcher has derived tools in accessing the subconscious mind, as well as, the hypnotic phenomena will be given. The researcher will also indicate why the utilization of the principles contained in different models of hypnosis can be seen as a valuable psycho-educational tool in assisting the client to access his subconscious resources as a means to discover the essential self.

1.6   LITERATURE SURVEY

An extensive literature research was done on topics related to this study. The main focus and themes of studies done by researchers who wrote on the self are indicated in Table 1.1.

TABLE 1.1   Authors who wrote about the self

THEME	AUTHOR (S)
The use of self in hypnotherapy was the focus of this researcher, but there was no discussion on the essential self	Baldwin (2000)
Psychological perspective on self and identity, body, motivation, esteem, developmental model of the self, theory, personality, meaning, self-processes were given by these authors	Basch (1985); Krueger (1989); Lichtenberg (1992); Gergen (1993); Hermans (1993); McAdams (1994); Phillips (1995); Harre (1998); Joplin (2000); Tesser, Felson & Suls (2000); Shulman, Feldman, Blatt, Cohen & Mahler (2005)
Self and spirituality	Driver (2005)
Authentic self in the community (personal versus cultural)	Hermans (2001); You (2002)
Self regulation and energy healing / autonomy / self-esteem	Ross (1992); Villoldo (2001); Carver & Scheier (2000); La Guardia & Ryff (2003); Leary (2003); Rhodewalt & Tragakis (2003)
Plural self / Multiplicity / Sub personalities	Rowan (1990); Rowan & Cooper (1999)
Self in social psychology, self and encounters with others, the essential other, boundaries and relationships	Farnill (1989); Hamachek (1991); Ross (1992); Galatzer-Levy (1993); Whitfield (1993); Rand (1995); Baumeister (1999); Neff & Harter (2002)
Singular self	Harre (1998)
Principles and practices of self-regulations psychotherapy, psychotherapeutic interventions	Ross (1992); Gilligan (1997)
Interplay of conscious and subconscious	McIntosh (1995); Blakeslee (1996)

Motivational systems	Lichtenberg (1992)
Ego and self in psychotherapy	Bolcknek (1990); Andrews (1989)
Healing the child within	Whitfield (1990)
Paradoxical self	Schneider (1990)
Dreams and symbols	Jung (1990)
The unknown self	Frankl (1990)
The self of self: Counter transference in the analytical situation	Jacobs (1990)
Origin of the self: Neurobiology of emotional development	Schore (1994)
Self-evaluation and self psychology (introspection)	Arkin & Baumgardner (1986); Sorter (1999)

On researching the field of authors who wrote about the essential self the results shown in Table 1.2 came forth:

TABLE 1.2   Authors who wrote about the essential self

THEME	AUTHOR (S)
Described the self as essence, which proceeds at existence on all levels of functioning. The self is also seen as created by awareness and behaviour and the self becomes aware and creates behaviour.	Ross (1992); Tloczynski (1993)
According to these researchers the self has the capacity for intimacy, can learn how to love and be loved, connect with others and be emotionally present. It can also dissolve defenses.	Psaris & Lyons (2000); Rand (1995)
These authors commented on the connection between culture and the self.	Hermans (2001); Allen & Malhotra (1997)
This author focused on the shifting of attention from the core to contact	Hermans (2001)

zones and the experience of uncertainty.	
Understanding the self	Driver (2005)
This author stated that there is not an essential self	Friedman (1995)
These studies focused on the social constructions / reality of the self.	Gollwitzer (1986); Allen & Malhotra (1997); Friedman (1995)
The dialogue of touchstones	Friedman (1995)
The significance of infant bonding in the development of self and relationships	Lemaitre-Sillère (1998); Rand (1995)
Divided self	Baars (1992); Laing (1990)
The researcher gave a mathematical model of self, wherein the focus is on the self and its vast and trans-intuitive dimensionality	Mann (1992)
Dynamic relation between object and self (object relations model)	Ingram & Lerner (1992); Kim (2005); Peebles-Kleiger (2001)
Promote active role of self	Ingram & Lerner (1992)
Reducing concern with self	Allen & Malhotra (1997)
Self-awareness, self-knowledge, self-love	Fitts (1971); Fitts & Richard (1971); Gallup & Suarez (1986); Curtis & Zaslow (1991); Ross (1992); Lewis (1997); Dowrick (2003)

It can be noted from the brief outlay of research found on authors who wrote about the essential self, that very little research was actually done in this field.

TABLE 1.3   Authors who wrote about hypnotherapy

Unconscious / subconscious mind	Yager (1987)
Medical Hypnoanalysis (These authors focused on different aspects of the Medical Hypnoanalysis Model).	Zelling (1986a, 1986b, 1987a; 1987b; 1988, 1993a); Bryan (1986, 1987a, 1987b); Matez (1986); Scott (1989a, 1989b, 1991b, 1995a, 1995b, 1997a, 1997b); Chamberlin (1986); Ritzman

	(1987, 1988, 1989); Rummel (1989); Matez (1992); Ayers (1993, 1994); Benenson (1992); Hoover (1994, 1997); Jarmon (1992); Kullman (1990); Lehman (1994); Leistikow (1987, 1994); Gulla (1994); Pizzi (1995); Robinson (1994); Gonzalez & Matez (1995); Spear & Spear: 1996a, 1996b, 1996c, 1996d); Modlin (1996a,1996b,1996c,1999); Widdifield (1997)
Ericksonian psychotherapy	Zeig (1994); Hartman, Du Plessis & Grové (1999); Matthews (2000); McNeilly (2000b); Araoz (2001); Zeig (2003); Gorton (2005); Hill (2007); Itin (2007); Battino (2007); Lankton (2007)
Ego-state and parts therapy was devised by John and Helen Watkins who gave the theoretical background of the establishment of an ego-state and Ego-state therapy. Other authors described different usages of Ego-state therapy, in for example, posttraumatic stress disorder, sexual abuse survivors, ego-strengthening, et cetera	Hartman (1993); Torem (1993); Watkins (1993); Watkins & Watkins (1997); Emmerson (1996, 2003); Phillips (2004); Hunter (2006); Little (2006); Oller-Vallejo (2006); Hunter (2007)
Hypnosis and the terminally ill / sickness / pain control / asthma, vertigo	Jevne (1988); Boersma & Houghton (1990); Taylor (1992); Smith & Frisble (1994); Widdifield (1995); Gonzalez (1995); Donovan & Jarmon (1995); Zelling (1996); Ginandes, Brooks, Sando, Jones & Aker (2003); Iglesias (2004); Young (2004); Oakley (2006); Holmes (2007)
Dreams	Favero & Ross (2002)
Treatment of sleeping disorders	McNeilly (2000a); Modlin (2002)
Treatment of depression	Griggs (1989); Scott: (1991a); Kiefer

	(1991); Johnson (1996); Janas (1996); Holmes (2007)
Bereavement	Yager (1988); Scott (1988, 1990); Hoover (1994); Pelser (1995); Holmes (2007)
Scripts to use in hypnotherapy	Johnson (1994); Pavelsky (1994); Zelling (1996; 1987b); Scott (1996, 1997b); Friedman (1996b, 1997); Pelser (1996); Modlin (1996c, 1997); Spear & Spear (1997); Benton (1997); Kriegler (1997); Hoover (1997); Auld (2006); Gow (2006)
Ego-enhancement / inner-strength / ego-strengthening	Stanton (1990); De Klerk, Du Plessis & Steyn (2006)
Mind-body connection	Kiefer (1992); Honiotes (1994)
Forensic Hypnotherapy	Leavitt (1994); Gaine (1996)
Past live regression / regressions in general	Jarmon (1990b); Elliot (1990); Zelling (1993b); Donovan & Jarmon (1995); Baldwin (1996); Kirsch, Mazzoni & Montgomery (2007); Opperman (2005)
Liability of memories in hypnosis	Chamberlin (1986); Gaine (1996); Durbin (1997)
Shame and guilt	Robinson (1991); Ritzman (1993); Stafano (1996)
Treatment of obesity	Ritzman (1986); Levitan & Ronan (1988); Ronan (1988); Modlin (1996b)
Hypnotic inductions and relaxation	Adkins (1986); Griggs & Matez (1988); Tudor (1989); Pizzi (1992); Brenneis & Boersma (1993); Ronan (1997); Barabasz & Christensen (2006); Falchi (2006); Spiegel (2007)
Hypnotherapy with children / adolescents	Hogenson (1987); Matez (1988); Schneider (1988); Tudor (1989); Coulson (1993); Lueck (1993); Spear & Spear (1996c); Benton (1997); Ronan (1997); Kakoschke (2007)
Spirituality and religion	Boersma (1989); Jarmon (1990a);

	Friedman (1996a); Taussig (1996); Pelser (1996); LaMothe (2001); Spring (2007)
Thought suppression / suggestibility	Bryant & Wimalaweera (2006); Polczyk & Pasek (2006)
Ideo-motor finger signals	Duncan (2004)
Hypnosis and vocational counselling	Reupert & Mayberry (2000)
Neuro-physiological changes in frontal functions with hypnosis	Gruzelier (2006); Fingelkurts, Fingelkurts, Kallio & Revonsuo (2007)

TABLE 1.4   Authors who wrote about the subconscious mind

These researchers described the unconscious as the seed that can grow from that which goes into it / non-conscious idea generation.	Davis (1994); Snyder, Mitchell, Elwood, Yates & Pallier (2004)
This researcher focused on the utilization of the unconscious / subconscious in hypnotherapy	Araoz (2001); Opperman (2005)
These researchers described the impact of the analyst / therapist's subconscious communication and its manifestation in the therapeutic process	Frayn (1998); Hook (2000); Renik (2000); Favero & Ross (2002); Little (2006)
Preconscious mental activity was investigated by this researcher	Morell (2004)
This researcher was of the opinion that a client may have an unconscious need for punishment as means to express or to evade a sense of guilt	Carveth (2001)
Conscious and unconscious death-related thoughts were explored by these researchers	Pyszcynski, Greenberg & Solomon (1999)
The impact of the subconscious mind on healing was augmented by this researcher by focusing on the description of the autonomic nervous	Weaver (2001)

system	
The social and cultural background of a person and the development of the ethnic unconscious was highlighted by this researcher	Herron (1995)
The unconscious was described by these researchers as a storehouse and was also compared to a computer having a memory bank.	Gilligan (1987); Davis (1994)
This researcher indicated the differences between the subconscious / unconscious and the conscious mind.	Gilligan (1987)
The relation between self-awareness, self-knowledge and the unconscious were discussed by these researchers.	Gallup & Suarez (1986)
Dissociation as method of protection was discussed by these authors.	Koole & Kuhl (2003)

It can be noted from Table 1.3 and Table 1.4 that no authors wrote about hypnotherapy or the subconscious mind included the e*ssential self* in their studies.

1.7   STATEMENT OF THE PROBLEM

The question to be addressed is:

Can subconscious resources be used to discover the essential self?

The research question implies that the following questions will also have to be answered in the course of the study:

- What is the essential self?
- What is the subconscious?
- How can subconscious resources be accessed?
- What are the subconscious resources available to the self?
- What is the relation between the subconscious and the self?

- In which way can subconscious resources be used to discover the essential self?

The problem as presented within this study implicates the following research:

- A literature study on the phenomena of self;
- a literature study on the concept of the subconscious mind;
- a literature study on different theories with regards to hypnotherapy as a means of accessing the subconscious mind;
- a discussion of the research methods used within this study; and
- an empirical study of sessions conducted by the researcher with referred clients with whom hypnotic principles was used as method to access the subconscious mind in the process of discovering and becoming the essential self.

1.8 HYPOTHESIS

The following hypothesis will apply to the study:

- The essential self can be discovered by means of subconscious resources;
- the resources available to assist the client in discovering the essential self lies within the subconscious mind;
- the reasons why clients have disassociated from the essential self, as well as, the solution thereof lie within the subconscious mind; and
- by accessing the subconscious mind, clients can be assisted to connect with subconscious resources and to discover the essential self.

1.9 AIM OF THE STUDY

The aim of the study is as follows:

- To do a literature study on different theories regarding the self - which will form the basis for discussions on the self;
- to empirically investigate the different models within the field of hypnosis that can be used to access the subconscious mind;

- to indicate how these different hypnotherapeutic models can be incorporated in accessing subconscious resources, and the feasibility of using these models in order to enhance the process of discovering the essential self (theoretical / academic); and

- to investigate ways in which subconscious resources can be used in the process of discovering the essential self (practical).

The importance of the study is on two levels, namely:

1) *Academically* – The study will give an understanding of the ways and the means by which the subconscious mind can be accessed, as well as an understanding of the resources available within the subconscious mind.

2) *Use in Practice* - The utilization of different models (Medical Hypnoanalysis Model, Ego-state therapy and Ericksonian psychotherapy) by psychologists to assist clients in reconnecting with their own inner or subconscious resources as a means to discover their essential selves will be indicated.

1.10   DEMARCATION OF THE STUDY

Although there is a controversy whether retrieved memory through regressive therapies are very accurate, it was proven in many instances that there is validity concerning the rehabilitative prospects for clients (Chamberlin, 1986:89-98; Durbin, 1997:80-85; SASCH, 1998:6; Dywan, 1995:194-211; Barnier & McConkey, 1999:439-351, 355-358). The researcher is of the opinion that retrieving repressed memories are valuable in the therapeutic process and will therefore not focus on any discussion of the validity of retrieved information from regressed memories. The researcher will also not focus or discuss the process of memory retention, memory acquisition or memory retrieval in the study. As stated by Spence (in Hirst, Manier & Apetroaia, 1997:164) "*psychotherapists need not plumb the historical truth of a past conflict to aid* [clients]." The therapist can rather assist clients to make their narratives of the past more coherent, even if the revised narratives do not conform strictly to the historical truth.

As this study is not intended to be an investigation of the elementary work in hypnosis, the many definitions of hypnosis, who and who cannot be hypnotized, nor the many procedures that can be used for inducing a hypnotic trance will be

discussed in this study. The focus will rather be on the subconscious and the utilization of the resources within the subconscious mind. The processes followed with regards to accessing the subconscious mind is pertinent to much of the material covered by the researcher.

The study will exclude any analysis of ways and means in which the essential self can be discovered on a conscious level, although reference will be made to therapeutic interventions made on a conscious level utilizing hypnotic phenomena.

1.11 CLARIFICATION OF CONCEPTS

In this section the different concepts used within the study will be clarified. The different concepts or terms used within the study will be grouped with other related concepts or terminology.

✦ Self-actualization, essential self

Self-actualization	Self-actualization refers to "*the process of making actual or real, or implementing or putting into motion, the potential resources of an individual*" (Fitts & Richard, 1971:5).
Essential self	The essential self is a state of harmony between the different sub-selves or ego-states within the self as energy system, which express the personality as a whole; having integrated opposing components of the subconscious and conscious into a whole.

✦ Hypnosis and hypnotherapy

Hypnosis	"*Hypnosis… involves narrowing the focus of attention with distraction from the immediate environment*" (Modlin, 1999:27). "*hypnosis is a normal physiological, altered state of consciousness, similar to – but not the same as – being awake; similar to, but not the same as, being asleep; and it is produced by the presence of two conditions: (1) an increased concentration of the mind, (2) an increased relaxation of the body and, (3) an increased susceptibility to suggestion*" (Bryan in Ronan, 1997:186). To the researcher hypnosis is the focus of attention.
Hypnotherapy	According to Olness and Gardener (in Hartman, 1993:9)

	"*hypnotherapy is a treatment modality with specific goals and specific techniques utilized while the* [client] *is in a state of hypnosis.*"
Hypnoanalysis	Watkins (in Hartman, 1993:9) describes hypnoanalysis as "*a sophisticated procedure, practiced within the hypnotic modality, which is aimed at a more fundamental reconstruction of an individual's personality – as is the goal of psychoanalysis… the main objective is achieving reconstructive understanding of repressed material.*"

In this study both the terms hypnoanalysis and hypnotherapy will be used. *Hypnoanalysis* will refer to the analytic phase(s) within therapy (more on this in Chapter 4). The Medical Hypnoanalysis Model (Model implies a structured method of evaluation / intervention) will be used as analytical tool. *Hypnotherapy* will refer to the therapeutic interventions done by the researcher in using Ego-state theory and Ericksonian psychotherapeutic techniques. In this study *Ego-state model* will refer to *Ego-state therapy theory* (as Ego-state theory is not a Model per se).

⬥ Conscious, subconscious and unconscious

Conscious	Conscious "*means that which we are aware of, we know, we see, we think…*" (McCormick, 1994:296). According to Modlin (1999:61): "*The conscious mind is responsible for our ability to think logically – to reason, to understand… and to make the decisions*"
Subconscious mind	"*The subconscious mind is responsible for memory, for emotions and for monitoring and controlling our body functions. It is also responsible for our survival instincts, our creativity, et cetera. The subconscious is extremely limited in logic*" (Modlin, 1999:61).
Unconscious	Unconscious "*means that which we are unaware of, we do not see*" (McCormick, 1994:299).

In this study the terms *conscious* and *subconscious* will be used primarily, where the concept <u>conscious</u> will refer to that which falls within a clients <u>awareness</u> – it can also include *subconscious* material that has fallen into the domain of the conscious mind after it has been explored in therapy; but usually refers to that which is excluded by the *subconscious* mind. The <u>subconscious</u> will refer to that which

includes emotions, thoughts and habits or behaviour that the client is <u>unaware</u> of. The <u>subconscious mind</u> is inclusive of that which the client is <u>unconscious</u> of.

⸭ Resource

Resource(s)	Resources means "*a stock or supply of materials or assets that can be drawn on when needed*", "*personal qualities that allow one to cope with difficult circumstances*" (South African Pocket Oxford Dictionary) (Soanes, 2007:764)

⸭ Dissociation

Dissociation	Rutman (in Hartman, 1993:8) describes dissociation "*as a complex psycho physiologic process, with psychodynamic triggers, that changes consciousness so that feelings and experience are not integrated into memory in a normal way*."

The researcher will be using the term *dissociation* in the discussion of the self in Chapter 2, as well as, in certain aspects in the discussion of the process of hypnotherapy in Chapter 4. It is necessary to distinguish between the *Dissociative Disorder* and *Dissociative Identity Disorders* as pathological states, whereas *dissociation* is induced through hypnosis in order to create a therapeutic process wherein the *dissociation* is used to access trauma, repressed memories and other subconscious resources in order to assist the client to *re-associate* with the essential self.

⸭ Ego, ego-states, Ego-state therapy, ego-strengthening

Ego	Ego is "*the centre of conscious personality through which we mediate conscious life and everyday happenings*" (McCormick, 1994:297).
Ego-states	Ego-states is a "*'family of self' within a single individual*" (Watkins & Watkins, 1997:35). "*an organized system of behaviour and experience whose elements are bound together by some common principle, and which is separated from other such states by a boundary that is more or less permeable*" (Watkins & Watkins, 1997:25).
Ego-state therapy	"*Ego-state therapy is the use of individual, group, and family therapy techniques for the resolution of conflicts between the*

	various ego-states that constitute a family of self" (Watkins & Watkins, 1997:96).
Ego-strengthening	Ego-strengthening is the reinforcement of positive attributes of behaviour and emotions through repetition, which helps a person to change his perception of himself (Carich, 1990:498).

🔸 **Utilization, regression, introject, reframing**

Utilization	Utilization refers to "*the readiness of the therapist to respond strategically to any and all aspects of the* [client] *or the environment"* (Zeig, 1994:298).
Regression	Regressions is "*a process used under hypnosis, which enables the therapist to trace things that happened earlier in the life of the subject"* (Roets, 2001:26).
Introject	"*An introject is the subconscious incorporation of the characteristics of another person or inanimate object"* (Modlin, 1999:22).
Reframing	"*to reframe… means to change the conceptual and / or emotional setting or viewpoint in relation to which a situation is experienced and place it in another frame which fits the 'facts' of the same concrete situation equally well or... better, and thereby changes the entire meaning"* (Battino, 2001b:149-150).

1.12   DIVISION OF CHAPTERS IN THE RESEARCH

This chapter is concluded with a summary of the division of the chapters included in this study.

CHAPTER 2:   THE CONCEPT OF THE SELF AND THE ESSENTIAL SELF

Within Chapter 2 the concept of the self will be investigated by the researcher and aspects such as person, personality and ego will be taken into consideration. The concept of self will then be augmented with Ego-state theory, indicating, that the self can be seen as an energy system consisting of sub-selves. The researcher's view of the self as energy system will be further highlighted by the description of the non-essential self, coined by the researcher as the self in dissonance.

CHAPTER 3:   THE SUBCONSCIOUS MIND AND HYPNOSIS

Chapter 3 will focus on the discussion of the subconscious mind. The concept of awareness in relation to the conscious and subconscious mind will also be investigated. Thereafter the reasons why hypnotherapeutic principles were utilized to access the subconscious mind will be discussed.

CHAPTER 4:   HYPNOTHERAPEUTIC MODELS OF INTERVENTION

In Chapter 4 aspects regarding the different models used by the researcher to access the subconscious will be discussed. The Medical Hypnoanalysis Model will be explained with regards to its diagnosis on a subconscious level. Thereafter the utilization of Ego-state therapy, the SARI-model (within the Ego-state model as framework for therapeutic intervention) and Ericksonian psychotherapeutic principles will be explored.

CHAPTER 5:   RESEARCH DESIGN

Chapter 5 consists of the research design. The methods applied in the research will be described. Difficulties and aspects that can influence the outcome of the research will be evaluated and indicated.

CHAPTER 6:   REPORT ON THE CASE STUDIES

This chapter will give a discussion on the problem that clients presented with. An overview will also be given on the historical background of the clients used in the research. In the report of the case studies, the researcher will address aspects regarding the self in dissonance, the subconscious resources identified and the subconscious resources utilized in therapy (including the therapeutic process). In conclusion to each case study, the researcher will also highlight the progression from the self in dissonance to being the essential.

CHAPTER 7:   RECOMMENDATIONS AND CONCLUSION

Chapter 7 will conclude the study with a summary and recommendations made by the researcher.

CHAPTER 2

2   THE CONCEPT OF THE SELF AND THE ESSENTIAL SELF

FIGURE 2.1 The concept of the self and the essential self
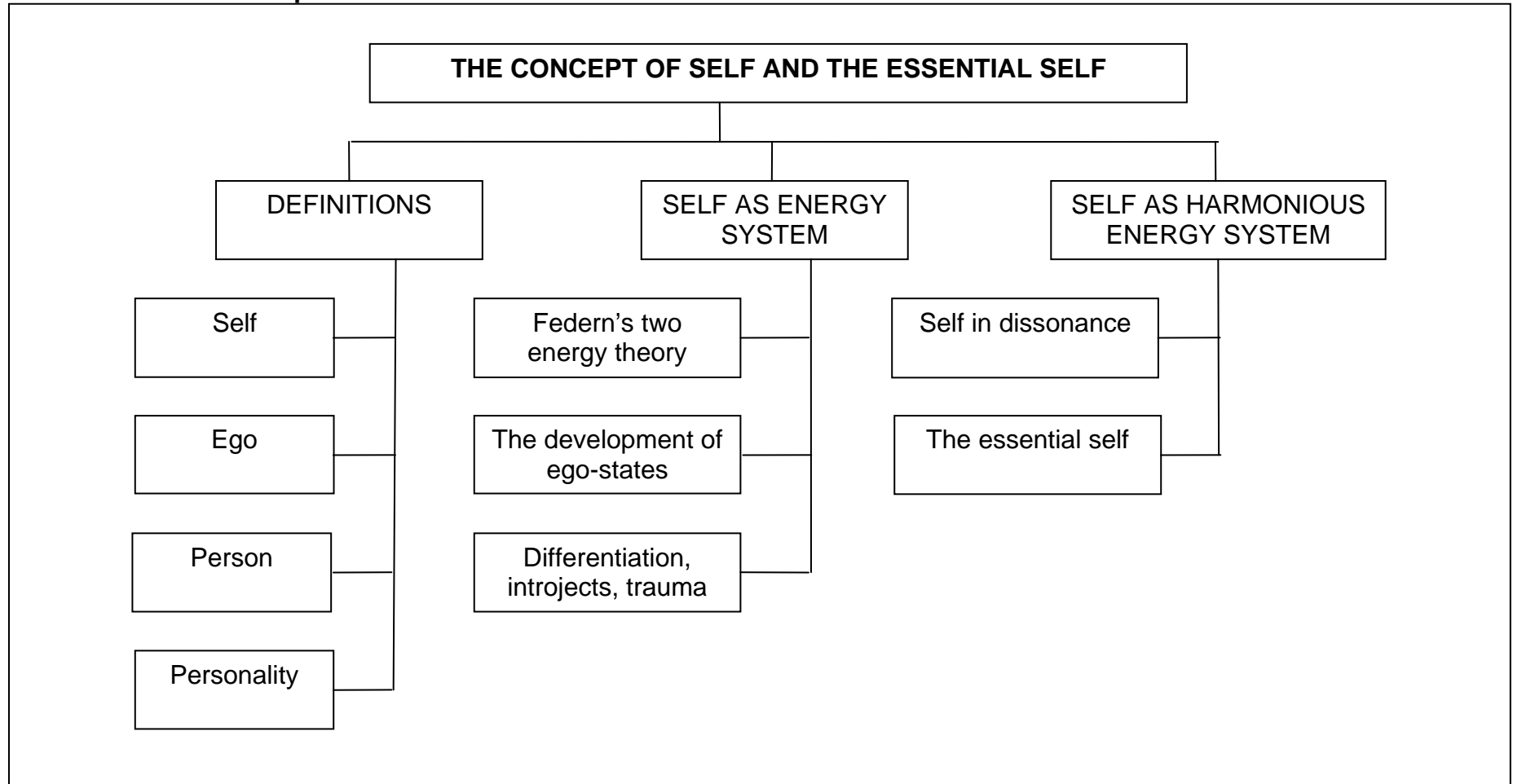
2.1   INTRODUCTION

The idea of the self is a concept that cannot be easily defined. As the idea of *self,* or even sense of self, can barely be defended. Yet, how a person experiences himself dramatically affects how he experiences being in touch with himself and others. When thinking about a person in terms of feelings and thoughts the question arises as indicated in Chapter 1: ***Who*** *is it that is experiencing all these feelings*? Further exploration of these questions leads to answers like *me* or *my self*. What can be named as self might include identity or personality, but it goes beyond that. The researcher agrees with Möller (1995:15) that theories on psychology provide the psychologist with a concept of man and that the way in which the psychologist defines personality will determine the therapeutic approach. As the researcher focuses on the essential self, this study will highlight the researcher's views on the *self* and the *essential self*. The researcher is aware that extensive studies with regards to aspects of the *self* (as indicated later in this chapter) have been done and do not negate aspects such as the self in relation to others, self-concept, self-identity and so forth; but the researcher will mainly give attention to the **self as energy system**. In order to establish a foundation for further discussion, concepts such as **ego, person and personality** will be clarified in terms of their relation to the self; thereafter a discussion on the **how** of the functioning of the self will be given by using the Ego-state modality, an energy model of the self, as founded by Watkins (Watkins, 1993:233; Watkins & Watkins, 1997:13-14). The chapter will be concluded by the researcher's view on what can be seen as the self, the essential self and the non-essential self.

2.2   DEFINITIONS

2.2.1 SELF

Different views and theories around the self can be found in literature as summarized in Table 2.1.

TABLE 2.1   Views on the concept of the <u>self</u>

Viljoen (2002a:95, 98, 104)	The self is seen as a harmonious whole in which a person wants to integrate the opposing forces of the conscious and

	unconscious. "*Intellectually the self is no more than a psychological concept, a construct that serves to express an unknowable essence which we cannot grasp as such, since by definition it transcends our powers of comprehension. It might equally be called the 'God within us'*" (Viljoen, 2002a:98). The self is therefore seen as an archetype of that which designates the whole range of psychic phenomena in man and that which expresses the unity of the personality as a whole. As the opposing components of the psyche are being integrated into a harmonious whole – it becomes the self.
Carl Rogers (in Meyer & Moore, 2002:12)	Used the term to refer to people's views of themselves.
Gilligan (1987:21)	Gilligan said the essence of the self can be recognized as the non-conceptual Deep Self. This essence cannot be captured, but uses the rhythm and identity that characterizes a being as unique.
Jung (in Meyer & Moore, 2002:12)	Used it to refer to the core of personality.
Adler (in Viljoen, 2002b:154)	Saw the self as an innate potential. The self also represented the unique individuality of each person with an innate potential.
Higgins (in Hermans & Kempen, 1993:33,34) and Horney (in Ingram & Lerner, 1992:37-44; Viljoen, 2002b:154, 157)	The author distinguished between several domains within the self, namely: - *actual self (attributes one actually possesses),* - *the ideal self (attributes one ideally possesses),* - *and the ought self (attributes one should or ought to possess)* *A discrepancy between the actual and ideal self is related to dejection (for example, sadness), whereas discrepancy between the actual self and the ought self results in agitation (for example, fear).* The view resembles that of Horney (in Viljoen, 2002b:154) which distinguishes between the idealized self, the actual self and a real self. The real self is seen as both the ideal

	self and the actual self, which emerges only once the person has relinquished all the techniques developed for dealing with anxiety and resolving conflict. The real self is a force which urges the individual in the direction of growth and self-fulfillment.
Hermans & Kempen (1993:32)	The self was seen as a passive construct of social forces.
Fromm (in Viljoen, 2002b:154)	Viewed the self as the outcome of both innate and acquired characteristics. The self also represented the unique individuality of each person.
Roland (in Viljoen, 2002d:501), Paranjpe (in Viljoen, 2002d:507, 511) (Eastern perspective)	From the Eastern perspective little prominence is given to the individual self, as the focus is on renouncing the self. The person who has uncovered the real self is someone who is no longer touched by ordinary things. This person does not become angry, afraid or confused and the person does not pursue personal gain and is not afraid of losing any possessions. Such a person also has empathy for the entire cosmos and therefore he no longer has strong ties with his family or with a particular group or institution. The interests of such a person centre on the wellbeing of humanity. A distinction is also made between the so-called permanent and impermanent self. The things that remain unchanged through a person's life need to be clearly determined in order to serve as the basis for a personal identity. The latter being different from the constantly changing, temporary 'I' or 'ego'.
Curtis (1991:viii)	According to this author the self meant 'the same' and therefore implies the recognition of, or the 'awareness of sameness'.
Piero Ferrucci (in Dowrick, 2002:7)	This author described the self as not being an image or a thought; but that essence which observed all the body, feelings, desires and mind and yet is separate from all of them.
Hamilton (in Frederick & McNeal, 1999:133)	*"…the ability to discriminate differences in objects precedes the ability to be aware of oneself as a separate entity distinct from mother. The concept of self is also an internal*

	mental representation pertaining to one's own person. It is biological in that it is the body and has visual, kinesthetic, and emotional components. Self-representations are private but can be described and may be conscious or unconscious. The self is the sense of me in object relations theory."
Frederick & McNeal (1999:156)	*"the self applies to the organization or system that is experienced or perceived by the ego. The ego can be thought of as the 'I' and the self as 'me'."*
Freud (in Frederick & McNeal, 1999:134)	Freud saw the self as equivalent to the ego which function is to organize.
Watkins & Watkins (1997:23)	"*self is not a content but simply an energy, which is characterized only by the feeling of 'me-ness'."*
Federn (in Watkins & Watkins, 1997:24)	Pure self or ego feeling is "*the residual experience which persists after the subtraction of all ideational contents.*"
Janov (1989:39,40; 1994:52)	Janov described the real self as the part of a person which contains all his buried feelings and needs. The real self is also highly conscious of pain and is involved in processing needs and feelings. Being oneself also means to be whole and connected in body and mind.
Hillman (in Viljoen, 2002c:232)	Hillman does not regard the ego or the self as central concepts in psychology.
Hormuth (1991:94)	"*The self can be understood as the moderator between person and society, because a person's understanding of self is acquired and develops in social experiences.*"
Ross (1992:1)	"*self is not an entity… it must not be reified.*"
Erikson (1974:220)	"'*I' is nothing less than the verbal… the gift*"

It can be deducted from Table 2.1. that the term **self** is used in different ways in the field of psychology – for example Rogers who used it to refer to people's views of themselves, while Jung used it to refer to the core of personality and Sullivan who used it to refer to many other aspects of the personality (Meyer & Moore, 2002:12). From the abovementioned definitions it is clear that there is some agreement amongst theorists that the **self** can be seen as that part, that is spoken of as, **me.** When we describe our *selves* we generally attach the word, *my,* to specific content with boundaries, for example *my hand, my thoughts and my feelings*.

The researcher is of the opinion that the abovementioned definitions of the self in combination, is needed to define the self. She is also of the opinion that the description / definition of Viljoen (2002a: 95) seeing the self as a harmonious whole where opposing forces of the conscious and subconscious are integrated, is giving the most clear description of her view on the phenomena of the self. It is from this foundation that the researcher constructs her further discussion of the self, as consisting of internal forces described as an internal energy system, consisting of different aspects influencing the flow of energy within the person as illustrated in Figure 2.2. The aspects influencing the flow of energy within the person is seen as ego-states which will be discussed in more detail later in this chapter.

FIGURE 2.2 The self as energy system
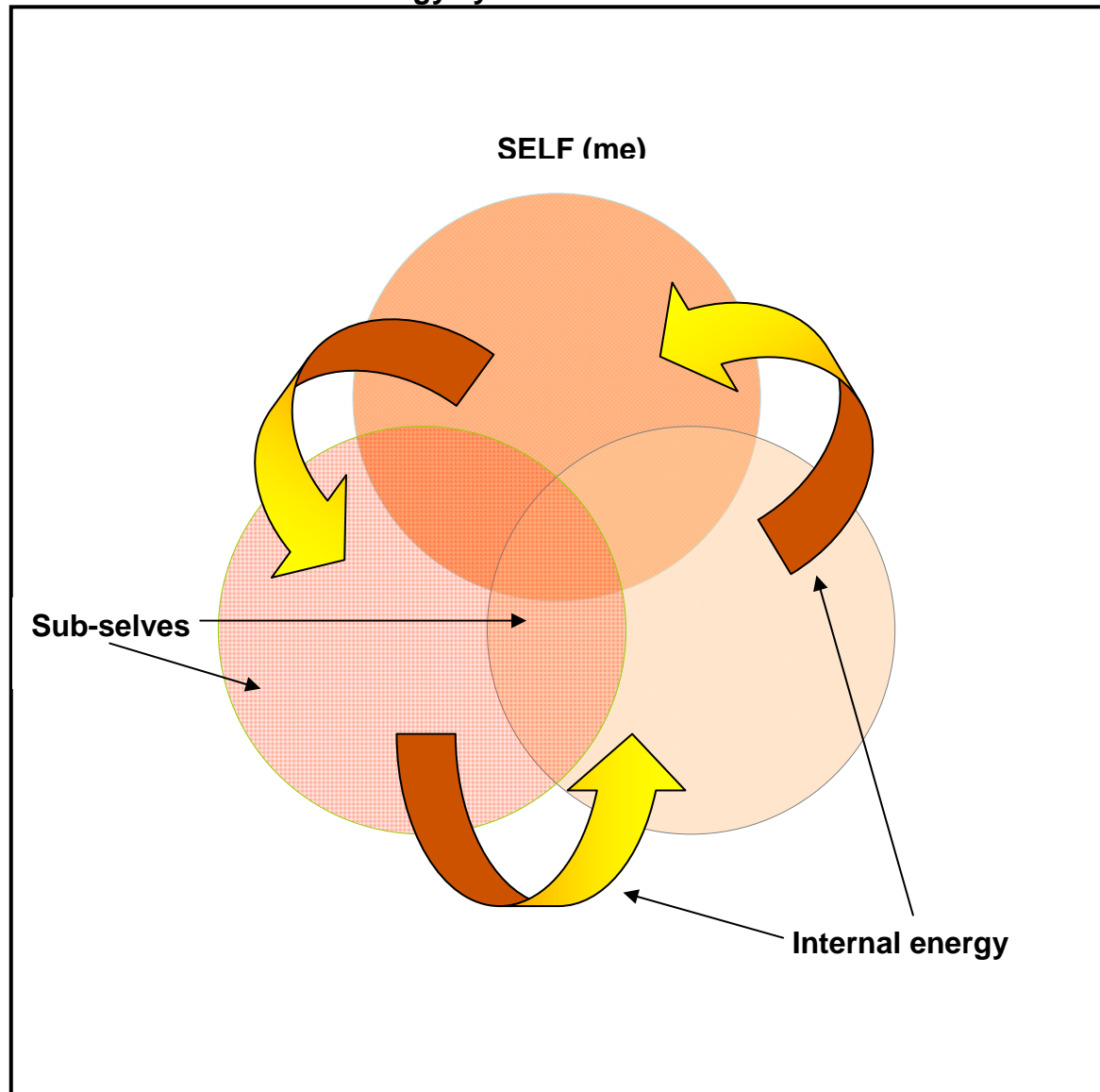
The researcher noticed in her practice that the self is the, *me-ness,* which clients often complain about being missing when they arrive for therapy. The researcher is of the opinion that this *self* has no content. To the researcher the concept of self is

seen as an **energy** which is characterized by the feeling of **me-ness** which contains a person's essence. The researcher is in support of Watkins and Watkins (1997:23) who stated that *the self is an energy system and base her discussions around the self and the essential self as well as therapy on this foundation* as illustrated in Figure 2.2.

The interaction between the different sub-selves and the formation thereof will be discussed later in this Chapter, but first of all it is necessary to define the concept ego.

2.2.2 DEFINITIONS OF EGO

The following table gives a summary of the different views around the definition of the ego.

TABLE 2.2   Definitions and views of ego

Erikson (1974:222,224); Erikson (in Meyer & Viljoen, 2002b:191)	Defined ego as that which guards individuality and is of the belief that an individual ego cannot exist without a specific human environment (Social organization). He views the ego as a kind of executive agent, which is assisted by two other agents or protagonists (namely the id and the superego). Erikson's view is very similar to that of Freud, but differs in that the structural concepts play a much lesser role in his theory. The ego is believed to develop throughout a person's life. He said that the ego's task is to turn passive into active.
Frederick & McNeal (1999:156)	Defined the ego as the agent or the organizer of experience.
Hamilton (in Frederick & McNeal, 1999:134)	The ego was seen as "*the observer within the observed*". The ego can perceive, think and act.
Hartman (in Frederick & McNeal, 1999:134)	The ego is both the system (self) and the organizer.
Satre (in Fauteux, 1994:629)	"*The essential role of the ego is to mask from consciousness its very spontaneity.*"
Kohut (in Frederick & McNeal,1999:134;	The Eastern perspective renounced the ego and therefore discarded the concept of ego. Hillman (1997:1-40) was in

Viljoen, 2002d:501,506)	agreement with this perception as he regarded the view of the ego, or the self, as the foundation of consciousness, as obsolete and outdated.
Freud (in Möller, 1995:30; Hamilton, 1996:165; Meyer & Viljoen, 2002b:187; Viljoen, 2002c:232; Little, 2006:7; Oller-Vallejo:2006:23)	The *ego* is a *partly conscious* dimension. It functions in contrast to the pleasure principle of the id and according to the reality principle. The ego has to satisfy *id* drives while minimizing feelings of guilt. The process of becoming conscious is one in which the ego controls unconscious drives or repressed contents in terms of the reality principle. Ego can be seen as one's own person as seen by others, the self-image, the executive agency of the mind and the seat of personal will. It is the executive agency of the mind that is functioning both consciously and unconsciously to modulate drive pressures (id), moral demands (super-ego) and the external reality.
Jung (Frederick & McNeal, 1999:134)	The ego is the complex factor to which all conscious contents are related. It is the centre of the field of consciousness and is the subject of all personal acts of consciousness. The ego arises from the "*collision between the somatic factor and the environment, and once established as a subject, goes on developing from further collision with the outer world and the inner.*"
Federn (in Watkins & Watkins,1997:24)	The pure self (ego feeling) is "*the residual experience which persists after the subtraction of all identical contents.*"
Dowrick (2002:7)	The ego is the centre of consciousness, the 'I' with which you function in the world.
Kernberg (in Kernberg, 1997:297-312; Frederick & McNeal, 1999:134)	Kernberg was ambiguous concerning the ego as self and as system.
Klein (in Frederick & McNeal, 1999:134)	According to Klein the ego was analogous to the concept of self.
Ogden (in Little, 2006:7)	Ogden stated that the ego is the part of the personality that perceives and generates both conscious and unconscious meaning.

Gilligan (1987:19) stated that self-development is a natural biological course of personal evolutions, but that problems or errors can be seen as deviations from that plan. The researcher agrees with the view of Dowrick (2002:7) that the **ego is the centre of consciousness** and agrees with Hamilton (in Frederick & McNeal, 1999:134) that the *ego* can **perceive, think, operate and act** as it is still possible for the **person (I) who doesn't feel like *myself*** to **act and perform** certain tasks. As Frederick and McNeal (1999:156) stated (see Table 2.1) the *"ego can be thought of as the 'I' and the self as 'me'"* – thus the '*me*' of the *self* is being sustained by the *ego (I)* – this is illustrated in Figure 2.3. Freud (in Erikson, 1974:209) referred to "*the ego's attitude toward the self*". The researcher is also of the opinion that the extent to which the 'I' feels **separated** form the *self* gives an indication of the **degree of dissociation** within the self. The **discrepancy** between the client's **internal feelings and thoughts (self or me)** and **external actions and reactions (ego or I)**, is just a manifestation of inner conflict and imbalance within the self as energy system. The ego may not be aware of the reason or causal factor of the discrepancy between internal feelings and thoughts and external actions and reactions – in other words the reason for **not being my self**.

It should be noted that according to the researcher (as illustrated in Figure 2.3) the e**go (I)** represents the part of the person that falls within **consciousness** or within the **conscious awareness** of the client, but that the term **ego-state** does not refer to the state of the ego, but a specific **energy within the self** as energy system (more on this in the section on ego-states or sub-selves).

For the purpose of this study the researcher will not focus on the ego per se, but rather on different *ego-states within the self as energy system*. The **ego** within this study is viewed as the part of the person that are **aware** that energy within the self is out of balance and makes a person aware of the *energy imbalance* by creating the feeling of '*not feeling myself'*, or being depressed, anxious and so forth. One can conclude with Erikson's (1974:224) statement about the functioning of the ego: "*the functioning ego, while guarding individuality, is far from isolated, for a kind of communality links egos in a mutual activation. Something in the ego process … and something in the social press is – well, identical.*"

FIGURE 2.3 Ego versus Self
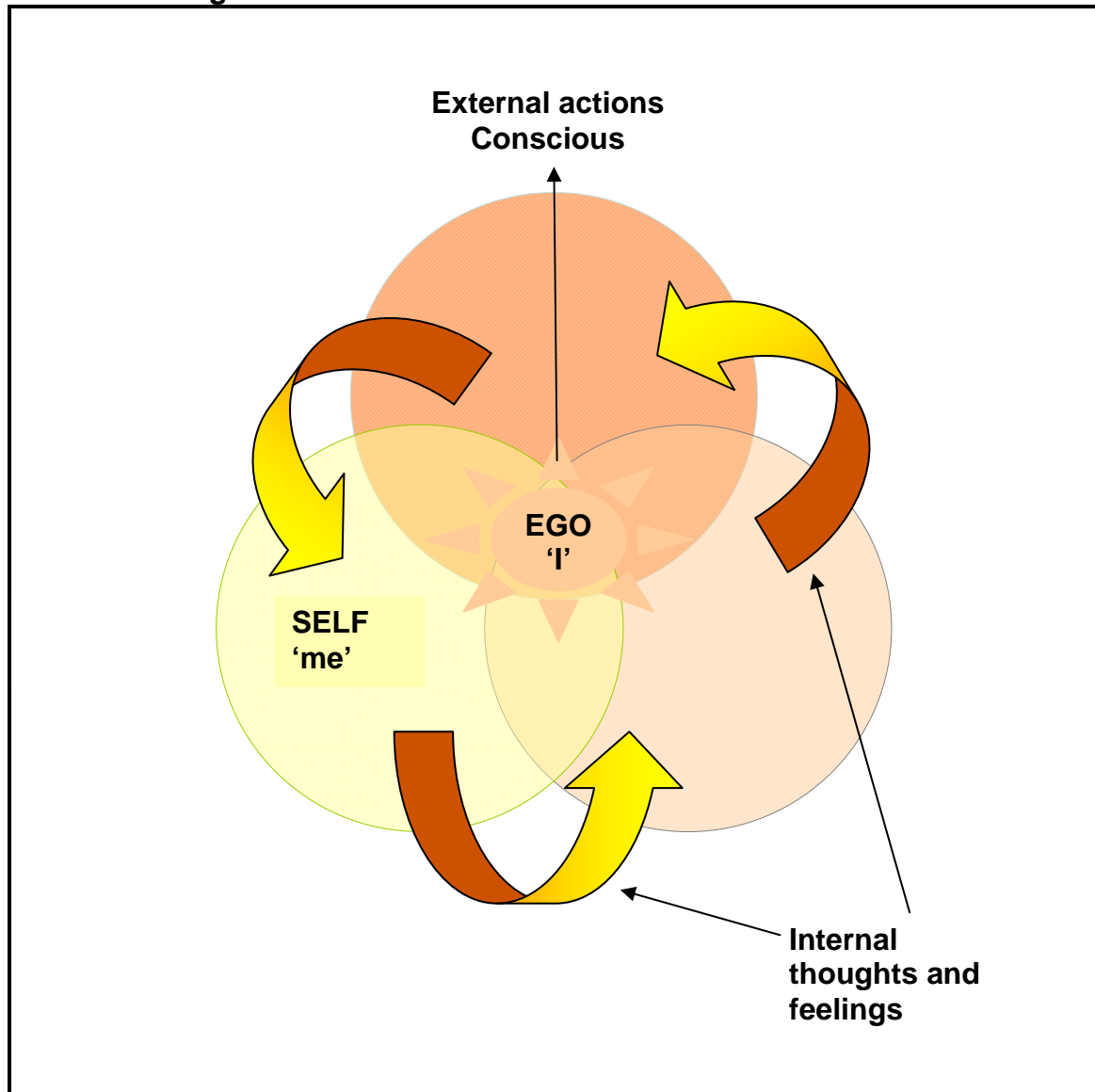
2.2.3 PERSON

As therapy is focused around a specific *person*, the researcher found it necessary to briefly give account of the different definitions and views of person, as the concept person per se can be linked to that of the *self*. A summary of the different views and definitions of the concept person is given in the following table.

TABLE 2.3   Views and definitions of person

Möller (1995:3)	Human uniqueness lies within the complex interaction between the totality of characteristics (physical and psychological) of a particular person.
Van Dale (in Meyer & Moore, 2002:9)	Defines person as an independently-acting human being.
Meyer and Moore	"'*Person' is more than a mere reference to an individual*

(2002:9)	*human being as the idea also implies independence of behaviour.*"
Gilligan (1987:24)	"*a person can be appreciated as being a unique essence (Self), as operating within a unique psychobiological organizational system (unconscious mind or context of Self), as using unique strategies in attempting to achieve goals (conscious mind or structure of Self), and as being absorbed at a given time in distinctive mental content (content of Self).*"
McIntosh (1995:14)	According to McIntosh there are fundamental differences between the person as everyone else sees 'me', and the way a person sees himself.
Freud (in Bruner, 1997:153)	"*a person could be conceived as a 'cast of characters'.*"

As Möller (1995:3) stated that one of the most interesting and most important characteristics of people "*most surely be that they are so different and that the* **human uniqueness** *can be found within a complex interaction between the characteristics of a particular person.*"   Semantically in the interaction between different people reference would be made to *the self of another* as *that person.* The concept person can be closely linked to self as seen in the abovementioned definitions and perceptions of a person. Freud's (Bruner, 1997:153) idea of a person as a *cast of characters* can also be closely linked to the concept of **sub-selves** or **ego-states** as would be discussed later in this chapter; although his concept of the ego is not related to the 'ego' in ego-states used in the following sections. Although personality per se cannot be seen as a cast of characters according to the researcher, she is in agreement that a person may display certain *behaviour patterns* or *play certain roles* within different situations. For the purpose of this study the researcher concludes the different views on a person in support of the definition given by Meyer and Moore (2002:9): "*Person refers to an individual human being who can act independently*" and is somebody who leads a "*physical, psychological* and *spiritual existence.*"   A person presents with a certain personality and the researcher is of the opinion that it is necessary to give an indication of the link between self and personality.

2.2.4 PERSONALITY

In order to establish how **personality** can be linked to the concept of **self**, the following perceptions on how personality could be defined, are given:

TABLE 2.4   Views and definitions of personality

Meyer and Moore (2002:10)	The word personality can be used in different ways: 1) "…*to describe the individual's social dimension…*" 2) "…*used in colloquial language to refer to someone's general behaviour patterns or his or her nature…*" 3) "…*refers to whatever it is that makes people who they are; in other words, that which allows us to make predictions about a given person's behaviour, or the basis on which we can say that we know someone well…*" "*Personality is the constantly changing but nevertheless relatively stable organization of all physical, psychological and spiritual characteristics of the individual which determine his or her behaviour in interaction within the context in which the individual finds himself or herself.*"
Curtis (1991:viii)	Personality is "*the relatively enduring disposition of an individual.*"
Möller (1995:4,5)	Personality is "*a hypothetical construct for explaining the organization and integration of behaviour and the differences between people.*" It is usually described in two ways, namely: A *particular characteristic of a person* (for example, he has an aggressive personality, is very friendly, or he is a sensitive person), or "*on the basis of certain social skills a person possesses and the effectiveness with which he elicits favourable responses from others*" (for example, he has a strong personality, or he gets on easily with people).
Janov (1994:52)	Personality develops as protection to the person and has as function the fulfillment of the child's need.
Jung (in Viljoen, 2002a:97)	Jung used the term personality in his discussion of the "*plurality of the psyche*". He stated that a person's psyche may be 'split' into more than one personality (this links with the Ego-state discussion later in this chapter).
Adler (in	Personality is a whole that functions to achieve self-determined

Meyer & Viljoen, 2002a:132)	goals. He does not distinguish between specific components of personality.
Allport (in Möller, 1995:5)	"*the dynamic organization within the individual of those psychophysical systems that determine his characteristic behaviour and thought.*"
Guilford (in Möller, 1995:5)	"*a person's unique pattern of traits*" – Josephs (1991:3) is in agreement with this definition of personality as "*those distinguishing attributes that comprise a person's individuality.*"
Cattell (in Möller, 1995:5)	"*that which makes it possible to predict what a person will do in a given situation.*"
McClelland (in Möller, 1995:5)	"*the most adequate conceptualization of a person's behaviour in all its facets which can be given by a scientist at a specific moment.*"
Pervin (in Möller, 1995:5)	"*those structural and dynamic characteristics of an individual which are reflected in characteristic responses to* [a] *situation.*"
Sullivan (in Möller, 1995:5)	"*the relatively permanent patterns of repetitive interpersonal situations which characterize a person's life.*"
Eysenck (in Möller, 1995:5)	"*the more or less stable and permanent organization of a person's character, temperament, intellect and physique which determines his unique adaptation to the environment.*"
Mischel (in Möller, 1995:5)	"*the characteristic behaviour pattern (including thought and emotion)…typifying each person's adaptation to the circumstances of his life.*"
Byrne (in Möller, 1995:5)	"*the combination of all relative stable dimensions by means of which a person can be evaluated.*"
Horney (in Viljoen, 2002b:157)	"*personality is geared towards constructive growth and development, thanks to an inherent growth principle…*"
Hsu (in Viljoen,	He "*avoids using the term 'personality' and prefers the Chinese term ren, which means 'personage' and which highlights …interpersonal*"

2002d:501) (Eastern perspective)	*transactions [since] it sees the nature of the individual's external behaviour in terms of how it fits or fails to fit interpersonal standards of the society and culture."*

From the different views on personality in Table 2.4, the researcher derived the following about personality as summarized in Figure 2.4.

FIGURE 2.4 Personality
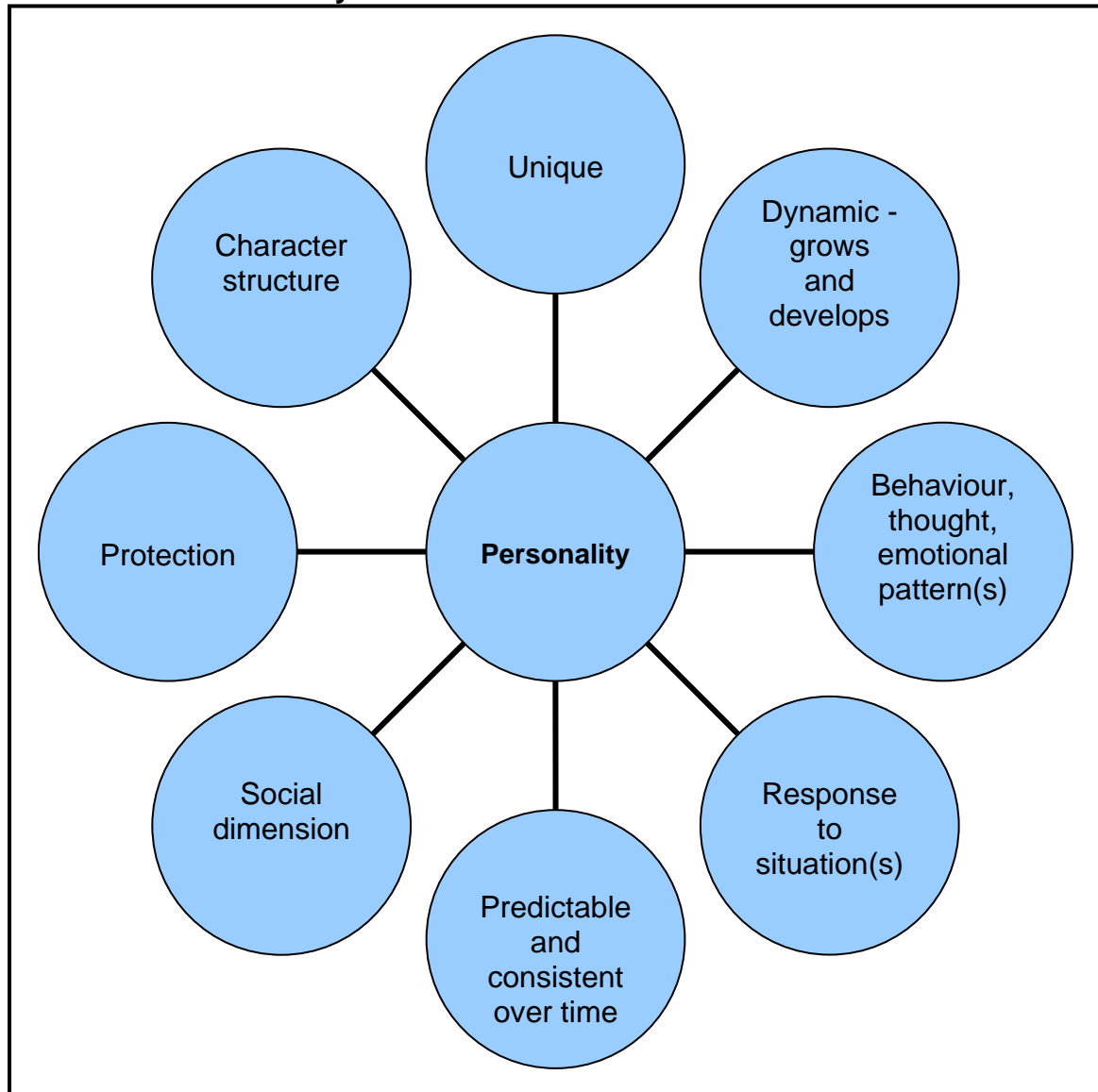
Möller (1995:5) identified a common threat that runs through all the diverse definitions of personality; and with which the researcher will conclude her views of the concept **personality**:

- Refers to *"the **characteristic structure, combination and organization of the behavioural patterns, thoughts and emotions** which make every human being **unique***";

- *" helps man to **adjust** to his unique, daily circumstances of life"*; and

- *"refers to the **dynamic nature** of man, as well, as to his tendency to **react fairly consistently or predictably in a variety of situations over time***."

2.2.5 THE INTERRELATEDNESS OF SELF, EGO AND PERSONALITY FOR THE PURPOSE OF THIS STUDY

The interrelatedness between the concepts of self, ego, person and personality as seen by the researcher is demonstrated in Figure 2.5. **In this study the ego (I) can be defined as the organizer, while the self (me) applies to the internal system that is perceived and experienced by the ego. The self is seen as the fixed essence within a person, while personality can change over time**. **For the purpose of this study personality is seen as the way in which a person represents the self to others** and that which pertains the uniqueness of a person. The personality's representation of the self can be seen in terms of the emotional, social, cognitive, physical and spiritual self. Please note that the body is seen by the researcher as the physical framework wherein the self functions. The researcher is also of the opinion that disturbance of the energy within the self can influence the physical body.

"While there is agreement that the term self represents an array of skills and abilities, when it comes to the study of the development of the self, agreement appears to disappear. I suspect this is because we have little appreciation of what a self developing might mean" (Lewis, 1997:279).   As a foundation for the interconnectedness between the self, ego, person and personality has been given, the researcher will focus on the **how** of the **self** by discussing Ego-states as a theoretical metaphor for understanding the self as energy system.

FIGURE 2.5 The interrelatedness between self, ego, person and personality

External actions
Conscious

Personality

Ego
'I'

Self as energy system

External
action
Conscious

Internal energy
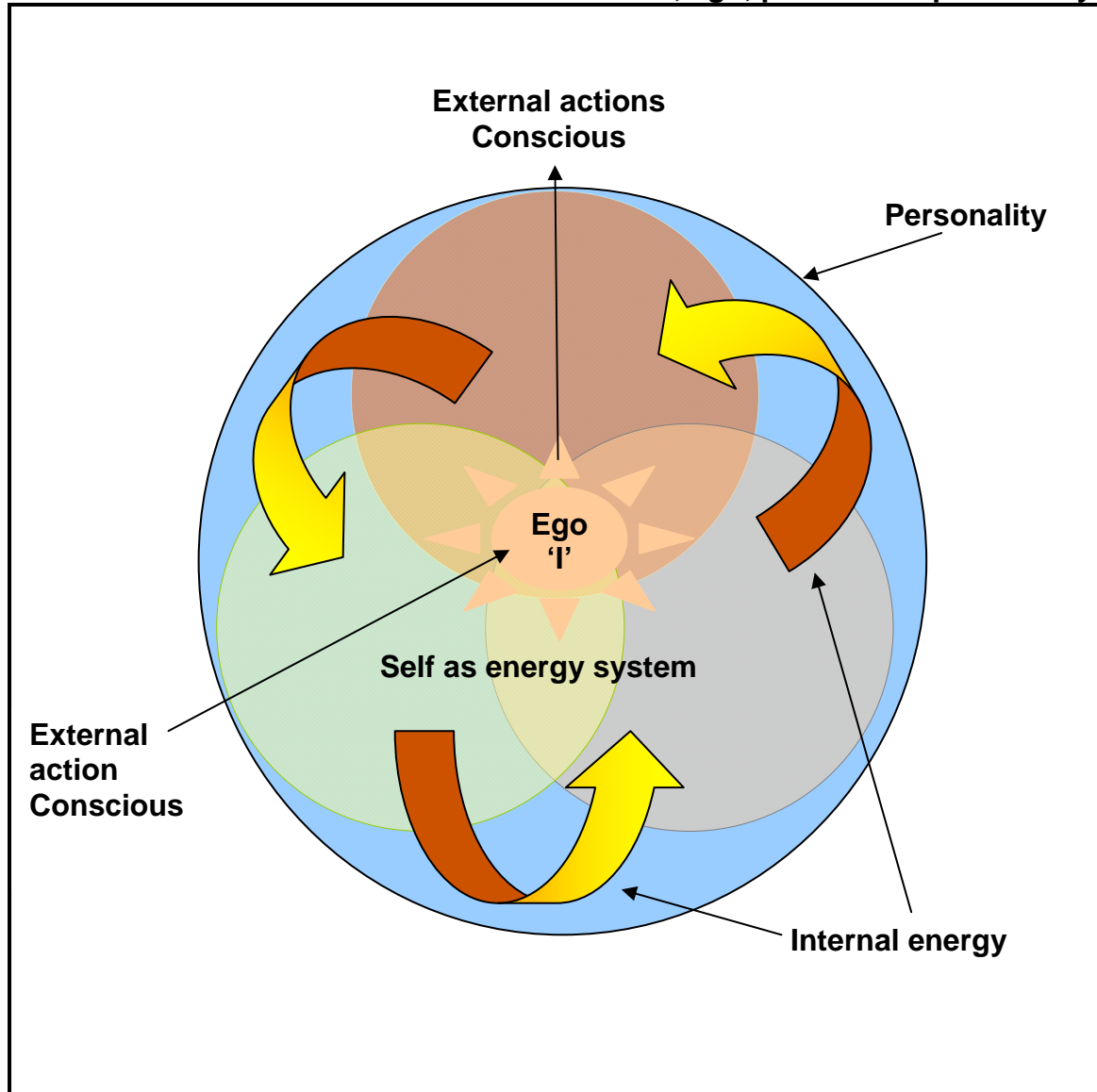
2.3   THE SELF AS ENERGY SYSTEM

2.3.1 INTRODUCTION

The following discussion on ego-states is an attempt to clarify information around the **self** in a meaningful way. Certain terminology will be used within this discussion which cannot necessarily be reified, but is used to describe the energy aspects of a person. As Phillips and Frederick (1995:61) stated: "*No one, for example, has ever seen an 'id' or a 'superego', because they are simply constructs.*" People mostly display a range of behaviours that often appear to be at variance with one another. A person's behaviour at work might be totally different from that at a party or at home. This behaviour that seems to be inconsistent is consistent in that it tends to appear in the same way within the same set of circumstances. Janet (in Phillips &

Frederick, 1995:62) recognized that there was some kind of compartmentalization in the normal human personality and in clients presenting with Dissociative disorders. Jung (in Phillips & Frederick, 1995:62) on the other hand attempted to explain *"how a patterned collection of thoughts and feelings, somehow bound together, could activate the personality and produce certain behaviours and feelings."* But it was Paul Federn a close associate of Freud who proposed an energy model involving different ego-states within the ego (Phillips, 1995:111; Phillips & Frederick, 1995:62; Watkins, 1993:233;   Watkins & Watkins, 1997:13-14).   Watkins and Watkins (1997:25) described an ego-state as "*an organized system of behaviour and experience whose elements are bound together by some common principle, and which is separated from other such states by a boundary that is more or less permeable*".

2.3.2 FEDERN'S TWO ENERGY THEORY

In order to get a broader perspective on Ego-states as an energy model of the self – it is necessary to have a closer look at Federn's *two energy theory* including *object-cathexis* and *ego-cathexis* as illustrated in Figure 2.6 which was derived from Freud's single psychic or life-energy theory (Watkins & Watkins, 1997:14).

FIGURE 2.6 Federn's two energy theory
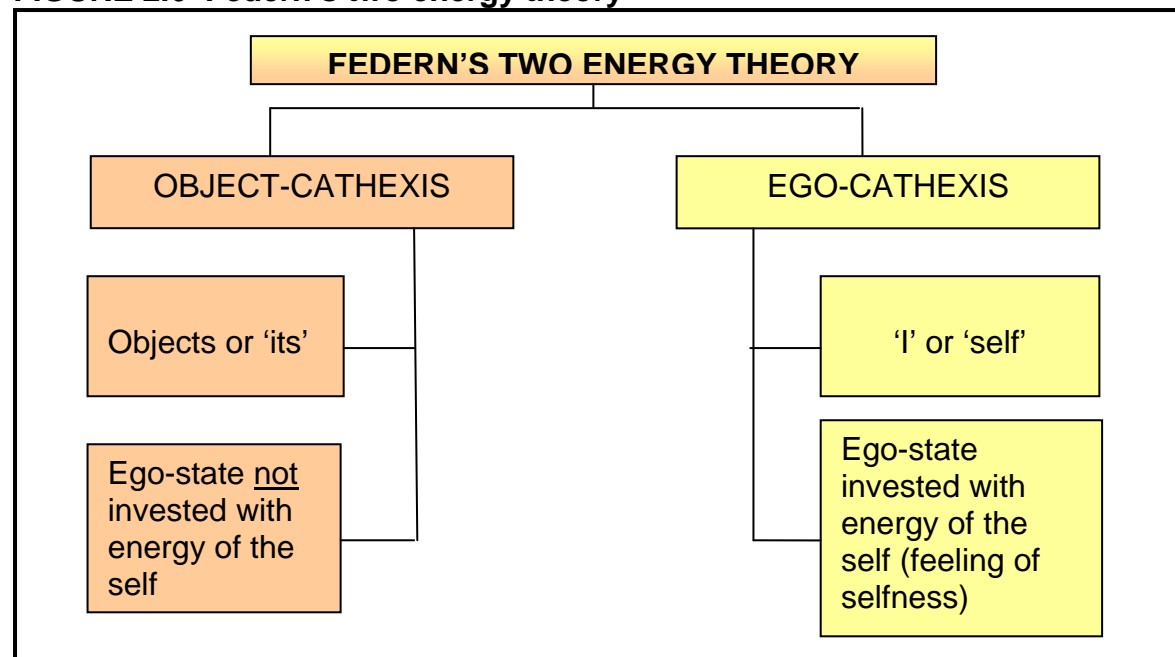
Freud (Watkins & Watkins, 1997:14) theorized that there was a single psychic or life energy which he called **libido** and which he believed to be sexual in nature. He used the word **cathexis** with **libido** to indicate a charge of energy that activates a process: "*when the image of another individual was '**cathected with libido**' this*

*meant that it was invested with an **erotic energy**"* (Watkins & Watkins, 1997:14). The term cathexis therefore indicates a charge of energy. Jung (in Watkins & Watkins, 1997:14) also began to use the term libido, but to represent energy of the **psyche or life energy** and it started to have many different meanings (this will not be further investigated by the researcher within this study). Federn (in Phillips & Frederick, 1995:62; Watkins & Watkins, 1997:13-14) was of the opinion that **libido cannot be the only energy** and differentiated **two types of energies**, namely, **object-cathexis** and **ego-cathexis**. He did not see the cathexis as sexual in nature. Federn believed that the **ego** is composed of **ego-states** that are formed early in childhood – with each ego having its own origin, history, thoughts and feelings. Federn (Phillips & Frederick, 1995:63) placed considerable emphasis on **ego-feeling** and replaced Freud's structural ego with a **dynamic ego** consisting of **many ego-states**. The researcher agrees with Ornstein (1993:198) who stated that "[in] *a sense, this idea that each person has a single 'self' has obscured our essential* variety." The researcher is of the opinion that Freud's one-energy system (libido) cannot be accounted for as an explanation of the energies that the self is composed of and which influence the essential self. Although she is in support of Jung's view of the **psyche as life energy**, she is of the belief that **Federn's two-energy system forms a reasonable rationale to explain the energies of the self**.

Federn made two significant contributions that are relevant to the understanding of multiplicity:

- The nature of the activating energy (ego or object) determines whether a physical or mental process was experienced as a part of the self (I or me) or as an object (he, she, or it); and
- personality is not simply a collection of perceptions, cognitions, and affects; but these aspects are organized into clusters or patterns, called ego-states.

Object-cathexis and **ego-cathexis** can be defined as indicated in the following Table:

TABLE 2.5   Differentiation between object-cathexis and ego-cathexis

Object-Cathexis	"*Object-cathexis is an inorganic**, 'it' energy**, which by its investment assures that the investment element or any other so-cathected psychological process will be experienced as **'not me'**"* (Watkins &

	Watkins, 1997:14).
Ego-Cathexis	"*the **energy of selfness**, and any time so invested was experienced as **being within one's self**, as a part of 'the me'. Extended still further, ego-cathexis is not only the energy of the self, **it is the self**'"* (Watkins & Watkins, 1997:14). If something is cathected with a lot of energy then it will become an ego-cathexis and a person will experience it as *my thoughts, my feelings* or as *my self*.

Federn (in Watkins & Watkins, 1997:15) stated "*I conceive of the ego not merely as the sum of all functions but as the cathexis (energy) which unites the aggregate into a new mental entity.*" "*The ego-states carrying ego-cathexis (libinal energy attached to the ego or self) is experienced by the individual as 'I' or 'self'. From the vantage point of this ego-state the other ego-states are viewed as objects or 'its'. They are said to be carrying object-cathexis*" (Phillips & Frederick, 1995:62). The self is an energy and not a content with the feeling of selfness. This energy when it "*'cathects' provides a 'feeling of unity, in continuity, contiguity and causality in the experience of the individual'*" (Watkins & Watkins, 1997:15). The balance and arrangement of the ego-states, the self- and object-cathexis are in a state of dynamic interaction. When a person for example goes from work to a party the ego-cathexis would shift to the party-person and the work-ego-state would acquire **object-cathexis**. The party-person (ego-state) would then also feel energized with **ego-cathexis** and will feel that this is the **real me**. If the activating energy of something is **ego-cathexis** then it is experienced as subject as **me** or **my self**.

Eric Berne (in Phillips & Frederick, 1995:62-63) incorporated a limited view of ego-state interaction into Transactional Analysis, where only three states were considered to exist, namely, the Child, Adult, and Parent states. All clinical data in therapy were dealt with as though they belonged to one of these states (Phillips & Frederick, 1995:62-63). The researcher differs in opinion from Berne and agrees with Federn that there are more than these three ego-states. The Ego-state model is a *parts* model of personality and the ego-states are seen to have persistent and consistent histories, cognitions and affects. The Ego-state model differs from other *parts* models such as Transactional Analysis and the Gestalt model. Within the Ego-state model the ego-states are seen as aspects of a person's personality that are totally unique within each person and cannot be limited to the preconceived or archetypal categories such as that of Parent, Adult or Child as within Transactional

Analysis and the Gestalt models (Phillips & Frederick, 1995:61,63; Price: 1996:68-73; Little: 2006:8).

Watkins (1993:233) who expanded on Federn's two-energy theory and who founded an Ego-state model (an energy model of the self) for describing the **how** of the **self**; **described human development** as **two normal adaptive processes** namely **differentiation** and **integration**. The researcher would like to expand on Federn's energy theory as a means to describe the how of the self by means of John and Helen Watkins's Ego-state model. Therefore in the following section the development of ego-states will be discussed as it gives an explanation of the self or the essential self as the composite of the different energies within the self.

FIGURE 2.7 The development of ego-states
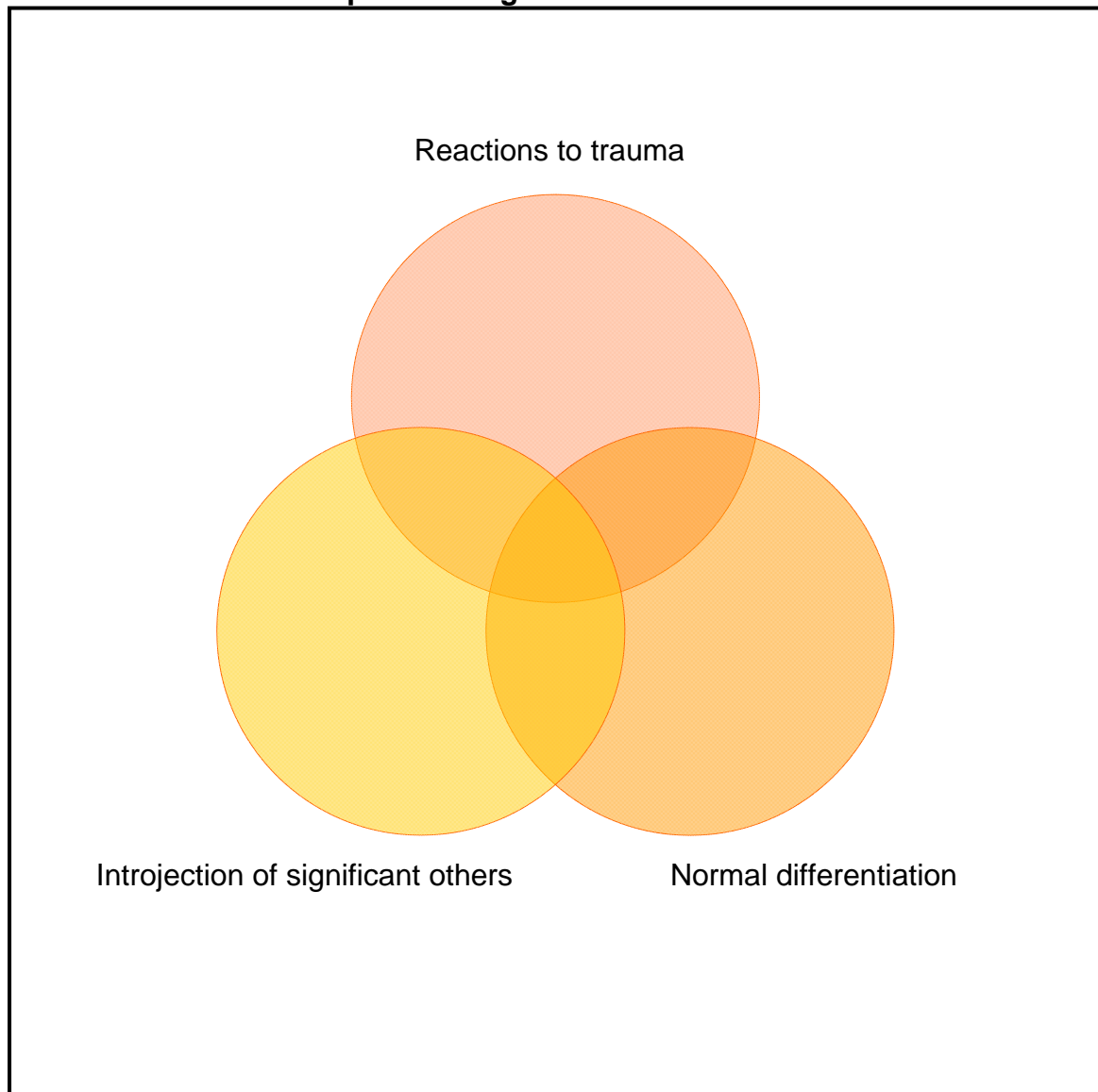
2.3.3 THE DEVELOPMENT OF EGO-STATES

2.3.3.1 INTRODUCTION

Federn (in Watkins & Watkins, 1997:15) stated: "*It would be simple to say that the ego-feeling is identical with consciousness, yet there are ego-states which are not conscious because they are repressed, and there are conscious object-representations which do not belong to the ego.*" According to Watkins (in Watkins, 1993:234; Phillips & Frederick,1995:63) the development of ego-states seems to spring primarily from three sources, namely *normal differentiation, introjection of significant others* and *reactions to trauma* as illustrated in Figure 2.7, this will be discussed in 2.3.3.2, 2.3.3.3 and 2.3.3.4.

2.3.3.2 DIFFERENTIATION

FIGURE 2.8 Integration and differentiation
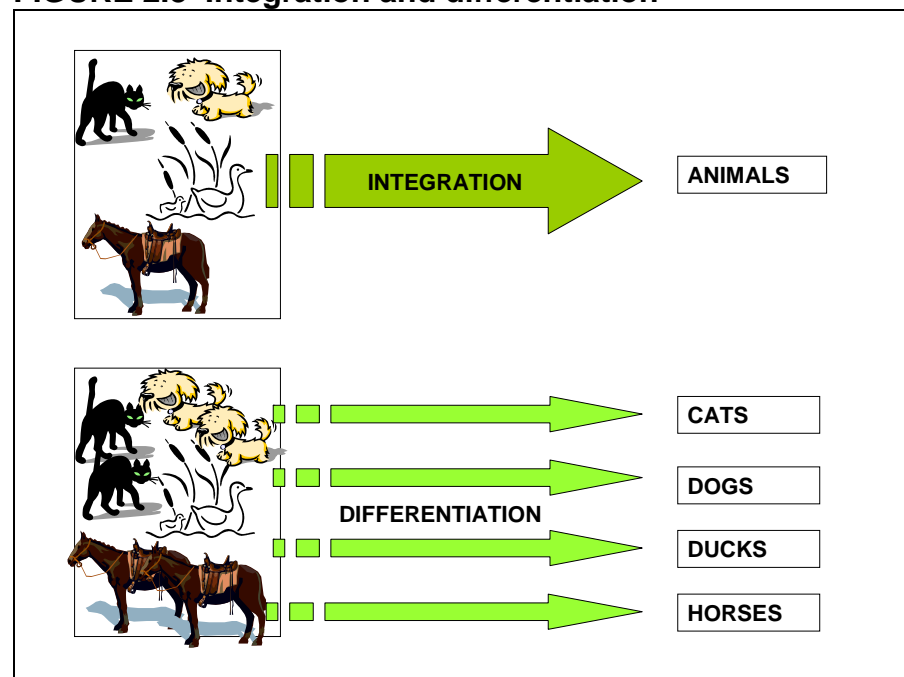
According to Andersen, Reznik and Chen (1997:243) most broad-based theories of human personality that "*have emerged over the course of this century have assumed that particular motivations are central to **how** the self develops and functions.*" In this section the researcher will focus on the **two basic normal, adaptive processes**, namely **integration** and **differentiation** as illustrated in Figure 2.8. With **integration** a child learns to put **together concepts** such as cat, horse duck

and dog into the unit animals; and with **differentiation** he **separates concepts** into specific meanings and discriminates between cats, horses, ducks and dogs.

Gallup and Suarez (1986:18) are of the opinion that children must "*attain certain levels of perceptual functioning in order to integrate information arising from an image of themselves.*" According to Nelson (1997:103) "*a sense of self as an enduring object in space and time begins in infancy but takes on an objective character – a representation of a self-concept – only when the child constructs others as both **like and different** from the self, and at the same time constructs a self that has both a past and a future.*" Through **normal differentiation** the child learns to discriminate between foods that taste good and those that do not. The child not only makes such simple discriminations, but also develops patterns of behaviour that are appropriate for dealing with parents, teachers, and playmates. These changes are considered quite normal and the patterns of behaviour and experience are clustered and organized under some **common principles** which can be considered **ego-states**. The boundaries between the different ego-states are usually very flexible and permeable. Differentiation for example allows a person to experience one set of behaviours as appropriate during a sporting event and inappropriate at a business meeting. Until the second year of life, children have a little difficulty distinguishing between the words 'I' and 'you', but this should be viewed within the context of understanding language development in children that do not recognize the distinctions between forms and functions. If the items compared are so far separated from each other that comparison (differentiation) is not possible, **dissociation** takes place. Although both differentiation and dissociation involves the psychological separation of two entities, differentiation is adaptive and considered normal, while dissociation or excessive separation is considered pathological (Ornstein, 1993:195, 198; Watkins, 1993:232,234; Watkins & Watkins, 1997:28).

2.3.3.3 INTROJECTS

When discussing ego-states it is also necessary to clarify the concept introject as a source for the development of an ego-state(s). An **introject** is supposedly seen as an **internal object**. The **image of another** when it is **internalized** is first invested with **object-cathexis** – that is why it is an **internal object** as illustrated in Figure 2.9. As Watkins and Watkins (1997:16) described it, "*it is like a stone in the stomach, within the self but not part of it, ingested but not digested.*"

FIGURE 2.9 Introject

SELF

INTROJECT

Internal object

Object cathected

Behaviour of another person

Behaviour imitating that of another

SELF

INTERNALIZED IMAGE

Ego-cathected

Internalized image

Identified with behaviour as that of the self
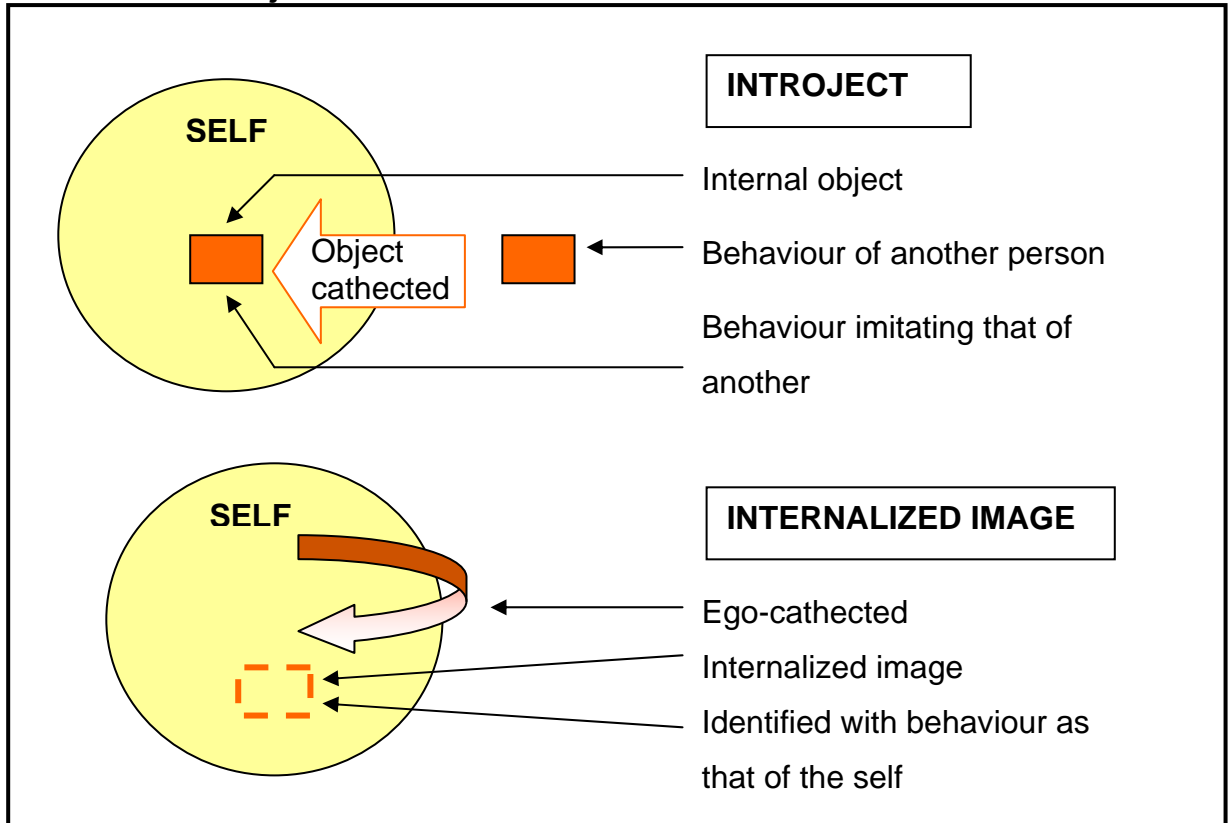
FIGURE 2.10   Introjected ego-state (an example)

1

SELF

FATHER

Perceived as punitive

Object-cathected

Depression
Anxiety
Pain

2

SELF

FATHER

Perceived as punitive

Ego-cathected

Abusive to others

External punishment

Self-mutilation
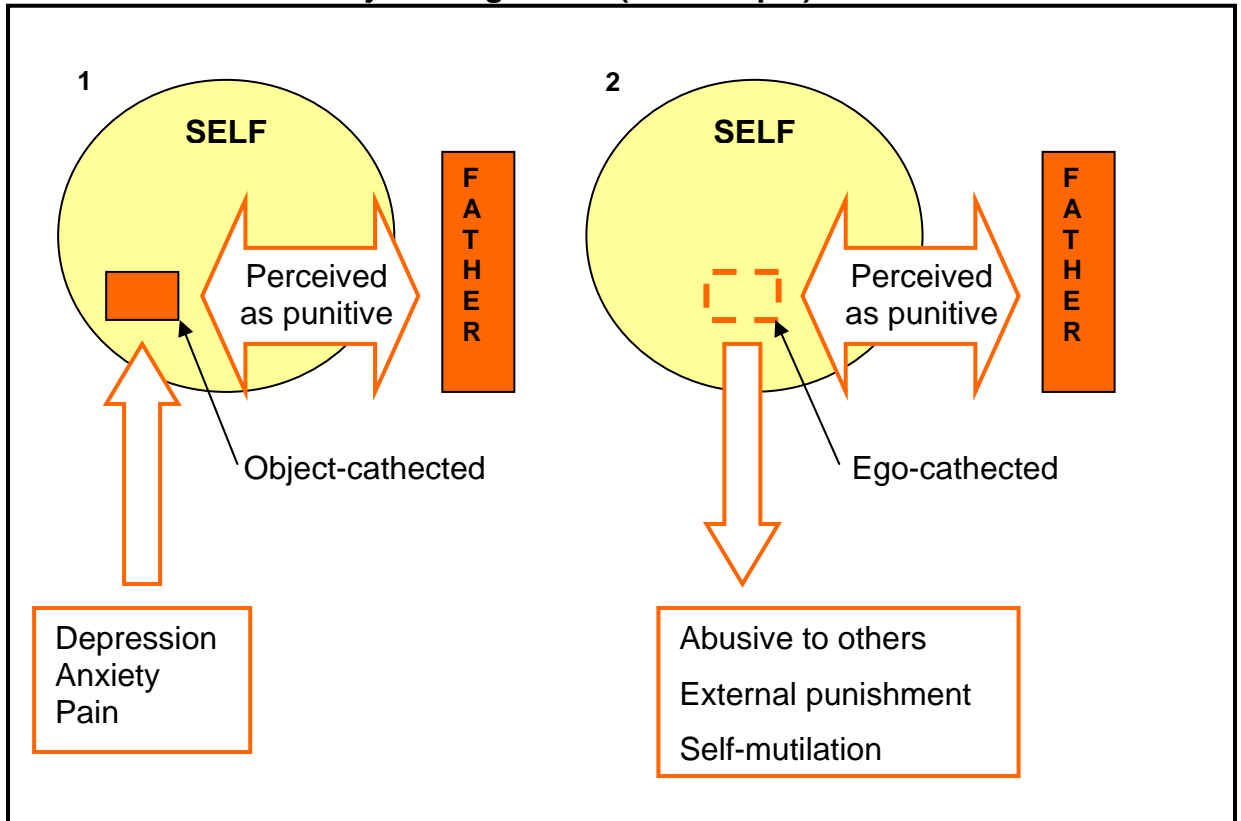
There are occasions when a mother speaks to her child about himself as an object, for example, 'that's a good boy' or 'did you do that?' She then speaks to the child about the child. The result is that the child, like his mother takes himself as an object of thought and he begins to think of himself as having traits, attributes, worth and value. A mental process would be invested with object-cathexis if something is processed as an object, in other words, as not part of the person as mentioned in the example.

A perception of another person can be invested with object-cathexis and if it was retained more or less permanently, it becomes an *internal object*, *an introject* or *object representation* (as illustrated in Figure 2.9). If for example, when a boy **imitates behaviour** of his father, the image of his father will become an **internal object or introject**; but when the boy acts and talks **spontaneously** like his father the object-cathexis is withdrawn and the image becomes **ego-cathected**. Then it is no longer an **object-representation** but a **self-representation** and it is then no longer an **introject** but the **internalized image** has become **part of the self** and the person has **identified** with it (Hamilton, 1986:71; Neisser, 1997:31; Watkins & Watkins, 1997:14,16).

Through the introjection of significant others, the child erects clusters of behaviour that, if accepted by the self, become roles identified as one's own, but if not, these clusters become inner-objects with whom he must relate and interact. A practical example of an introject is illustrated in Figure 2.10. If a child, for example, introjects and forms an ego-state around its **perception** of a punitive parent, that ego-state (an internalized object) may be punitive on the child, as if it was the original parent (Figure 2.10(1)). The individual may then experience **depression, anxiety** or some equivalent **painful symptom**. The punitive parent (introject) continues to live inside the individual even into adulthood; but if such an **introjected ego-state** is infused with **self-energy (ego-cathected)** as illustrated in Figure 2.10(2), the individual will not suffer internally, but he may abuse his own children. It can also happen that the punitive ego-state, if it becomes overt, may inflict external punishment on the individual – such as self-mutilation (Watkins, 1993:234,236).

2.3.3.4 TRAUMA

As was mentioned earlier in this section an ego-state(s) can also develop through trauma. According to Watkins (in Phillips & Frederick, 1995:63) the individual in the

presence of unendurable trauma has a **limited repertoire of available responses**, which may include to:

- Dissociate;
- become psychotic; and / or
- commit suicide.

When confronted with **overwhelming trauma**, rejection, or abuse a child may **dissociate** and **develop an ego-state** as **survival response** (Watkins, 1993:234). Scott (in Olivier & Cronjé, 2000:85-86) stated that often when an individual experiences a trauma an ego-state is **introjected**, and that the ego-state has a **specific function** that coincides with the subjective perception of the individual at the time of the trauma. The function of that ego-state is then:

- To **punish** the individual;
- to **protect** the individual; and / or
- to **alleviate** the perceived **guilt** of the individual – where the individual accepts that he could do nothing to prevent the situation from happening.

Some aspects of the relationships with other individuals (due to the strength of the impact of the relationship or trauma enacted in the situation) turn into **permanent introjects (object-representations)** with a **long-lasting influence on the person** (such as a critical parent) while others are **transitory** and **doesn't leave a crystallized internal structure that continues to influence the self**. The effect of the **strength of the impact of the relationship or external situation** can be seen like touching a hot iron where it may leave a permanent scar tissue on the skin – the effect may thus **alter the structure of the ego** and leave a **permanent residual** in the same way. If the impact of the external object on the perceptual ego-boundary is light and an introject is formed it may be transitory and do not leave any internal structures as illustrated later on in this chapter in Figure 2.12 (Watkins & Watkins, 1997:18).

As mentioned the function of an ego-state can be to protect the person; this can be done through certain **defense mechanisms**. According to Anna Freud (in Olivier & Cronjé (2000:9-10) the **ego-defenses** such as indicated in the following Table can be developed due to trauma:

TABLE 2.6   Ego-defenses

Repression	Exclusion from consciousness
Regression	The return to earlier / younger modes of functioning
Reaction formation	Counteracting with a measure of opposing nature
Isolation	Splitting off the affective component
Undoing	Acts / thoughts that oppose feelings of guilt (example, washing hands)
Projection	Attributing a feeling / thought arising within oneself to something / someone else
Introjection	The 'taking in' of attitudes, affects, or other attributes relating to external objects
Turning against the self	The reflection of an externally directed energy on oneself
Reversal	The transformation of one instinctual modality into another
Sublimation	Deflection of the behaviour to more socially and individually accepted ones

It is necessary to consider the origin of ego-states as they were often created when a person was very young. Price (in Olson, 1996:74) talked about the inner child that can best be described as a non-associated or dissociated part of the self that has some degree of ego-state formation, with varying degrees of complexity.   But the researcher agrees with Olson (1996:74) that "*the inner child might be effective as a metaphorical model around which to structure experience; an analogy to explain certain vestiges of feelings and behaviours. In the latter, the concept of the inner child often becomes a more literal description of specific ego-states or* alters", but it is necessary to distinguish between the two.   According to the researcher an introjected ego-state caused by trauma can be a child-state; this is not necessarily an inner-child as an archetype for behaviour.   The introjected ego-state is state-dependent (to access it the person needs to be in the same emotional state than at the time of the traumatic experience) and it exerts a passive influence over the client's conscious state.   If such an ego-state is merely repressed by the ego or another ego-state, conflict and environmental pressure may at a later stage cause it to be re-invested with energy and to re-emerge (Watkins, 1993:234).

According to Watkins and Watkins (1997:29) and Phillips and Frederick (1995:63) a child ego-state was formed to adapt to conditions of previous years; often its attempts to function in the present day results in maladaptation.   An ego-state is

developed to enhance the individual's ability **to adapt and cope with a specific problem or situation**. "*Thus, one ego-state may have taken over the covert, executive position when dealing with parents, another on the playground, another during athletic contests…*" (Watkins & Watkins, 1997:29). Another common trait is that once the ego-state is created it is highly **motivated to protect and continue its existence**. It is important to note that the original ego-state came into being to **protect and facilitate the adaptation** of the primary person. But if ego-states are cognitively dissonant from one another or have contradictory goals they can develop conflicts with each other. It can for example happen that, when these different parental ego-states battle internally, the person may experience headaches or equivalent symptoms. But conflicts between ego-states can also be covert and are then manifested by anxiety, depression, or any number of neurotic symptoms and maladaptive behaviours (Watkins, 1993:234; Watkins & Watkins, 1997:29,30)*.* When ego-states "*are highly energized and have rigid, impermeable boundaries, multiple personalities may result*" (Watkins & Watkins, 1997:30) as illustrated in Figure 2.11.

"*Within the human personality the ego-states form a family of selves. Whichever ego-state is carrying the most energy at the time is said to be 'executive' and is experienced by the individual as 'I' or the self*'" (Phillips & Frederick, 1995:63). This statement seems controversial to the statement that a person can at a given time not feel themselves, which could be an indication of the possibility of ego-state pathology.

Anxiety, depression and other affects lie on a continuum with lesser or greater degrees of intensity. The researcher is concerned with the general principle of personality formation in which the process of separation has resulted in discrete segments, called ego-states, with boundaries that are more or less permeable. It can be derived from Figure 2.11 that ego-states "*are separated from one another by something that can be thought of as a more or less semi permeable membrane*" (Phillips & Frederick, 1995:62). It is necessary to take note of the vast difference between an individual who possesses a reasonable degree of ego-strength but suffered the normal stings and arrows of childhood and the one who has endured profound and continuous physical (violence and sexual abuse) and / or emotional abuse to the extend that a Dissociative Identity Disorder (DID) has evolved as illustrated in Figure 2.11.

FIGURE 2.11   The differentiation-dissociation continuum

EGO-STATES

Normal	Neurotic		Borderline	Multiple
Well-adjusted			Dissociative Identity Disorder (DID)	

| Adaptive Differentiation | | Defensive | Pathological dissociation | |
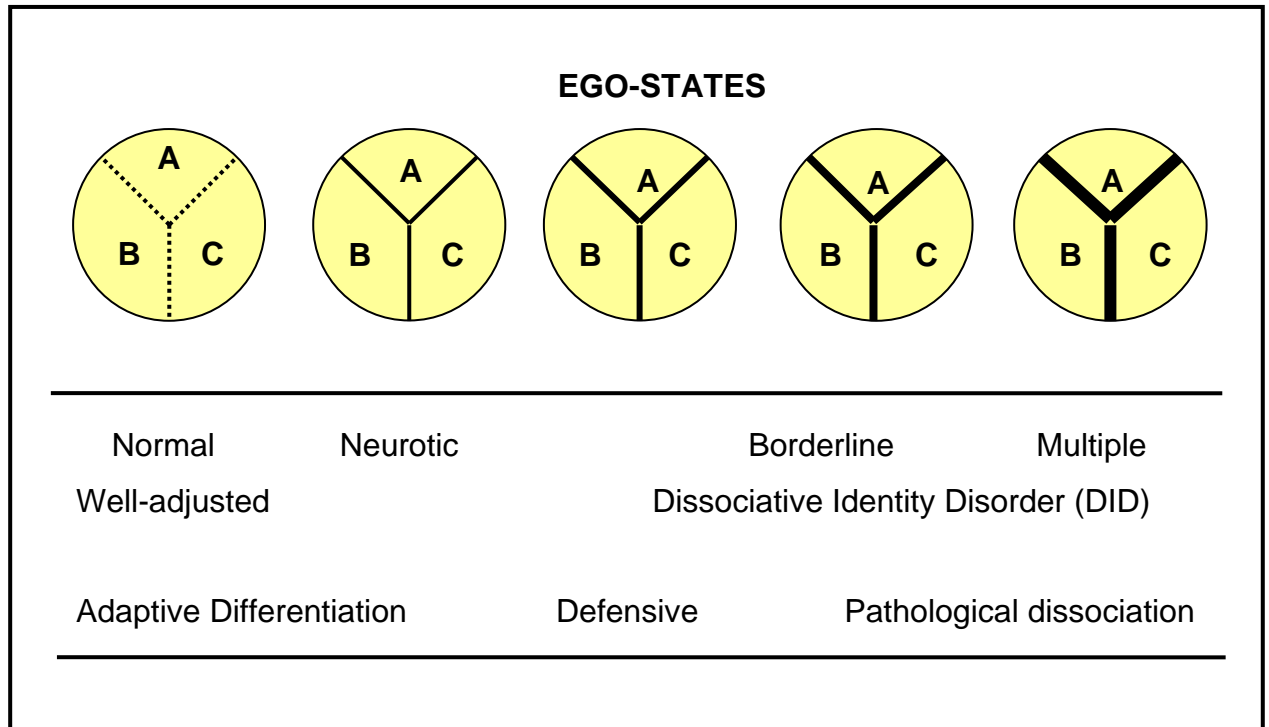
(adapted from Watkins & Watkins, 1997:32)

2.3.4 SUMMARY ON EGO-STATES

It can be deducted from the discussion in the previous section that John and Helen Watkins formed an extended and elaborated theory of Federn's concept of ego-states and offered more clarification on the nature of ego-states and their relationship with one another. Although Federn diverted from Freud in his two-energy theory, he included within an ego-state only ego-cathected items, whereas Watkins and Watkins (1997:26) expanded on his theory by including ego-cathected and object-cathected elements into their theory of ego-states. The coherent pattern(s) of behaviour which established an ego-state or ego-states may have been developed by the self to cope with a certain situation. The ego-state may represent a certain age or relationship in a person's life. The ego-state usually consists of a collection of subject and object items that belong together in some way within a common boundary that is more or less permeable as illustrated in Figure 2.11 (A, B, C being a collection of subject / object items). The ego-state that is invested with a substantial amount of ego-cathexis will become the **self** in the **here and now**. This state is then seen as **executive** at the particular time and experiences the other states as **he**, **she** or **it** (if the executive ego-state is conscious) as the other states are then invested with **object-cathexis**. The behaviour and experiences of the person changes as the ego-cathexis and object-cathexis flow from one ego-state to the other.

It became clear that ego-states may be organized in different dimensions (as illustrated in Figure 2.12). "*They may be large and include all the various behaviours and experiences activated in one's occupation. They may be small and include only the behaviours and feelings elicited when attending a baseball game. They may represent current modes of behaviour and experience or, as in the case of hypnotic regression, include many memories, postures, feelings, et cetera, that were apparent only at an earlier age*" (Watkins & Watkins, 1997:26).

Figure 2.12 gives a possible conceptualization of ego-states. The centre (1) might be seen as the core ego-state which contains a number of behavioural and experiential items that are usually constant in the normal person and which will be a fairly consistent way in which the person and others perceive his **self**. The boundaries of the core ego are not rigid and can be expanded or contracted.

FIGURE 2.12   Ego-states
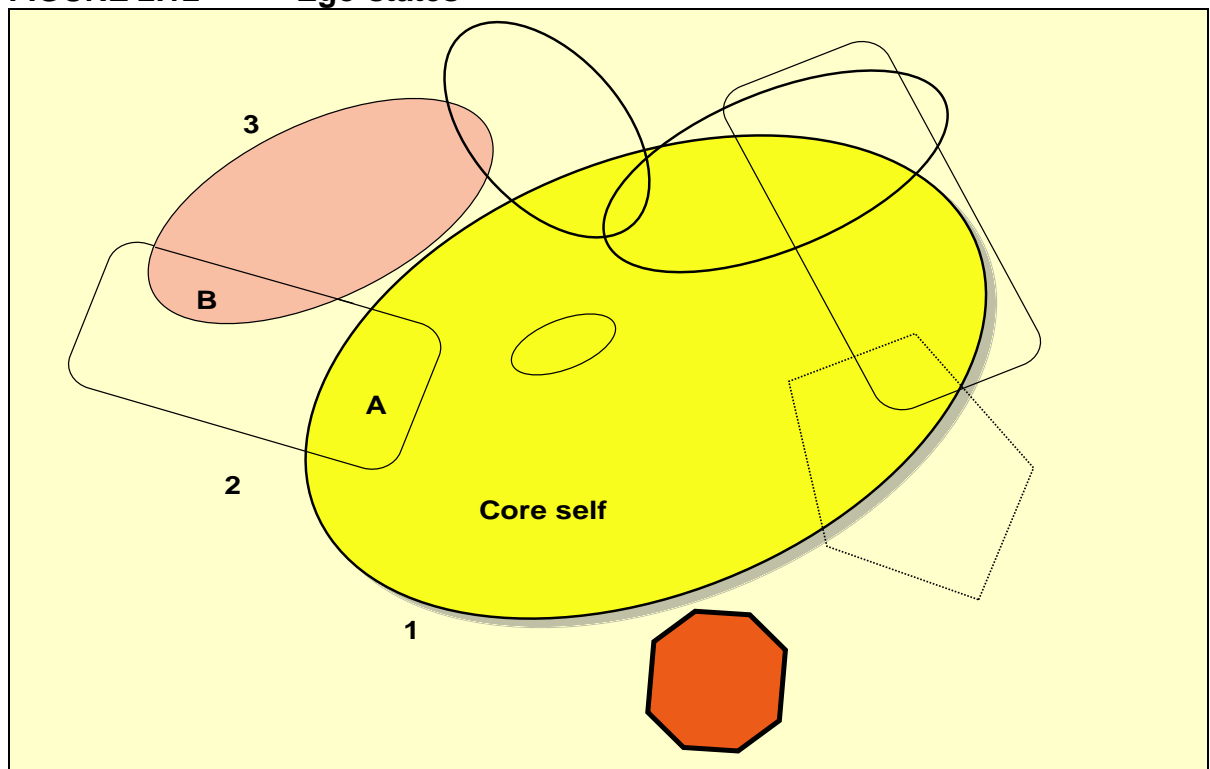
(adapted from Watkins & Watkins, 1997:27)

During active periods the core ego is expanded, but during periods of rest, sleep or depression the core ego contracts its boundaries and ego-energy is withdrawn. Some of the ego-states depicted in Figure 2.12 have more definitely defined boundaries. When the boundary of an ego-state is relatively permeable and not rigid, it is seen as a normally adaptive entity. When the boundary is rigid and it becomes impermeable it is seen as dissociated as illustrated in Figure 2.11. Some

ego-states may be isolated while others might overlap as indicated in Figure 2.12 (ego-states 2 and 3 overlaps in B, and ego-state 2 overlaps the core self in A). It can be possible that ego-state 2 for example was composed of the behaviours and experiences active when the individual was six years of age and ego-state 3 represents behaviours and experiences dealing with authority figures such as the father. Area B would then include those psychological structures and processes that were active when the person was six years old and interacting with his father (Watkins & Watkins, 1997:26, 27).

The researcher is in support of Watkins and Watkins (1997:24) that pure self energy might be viewed as analogous to that of substance. But in order to have boundaries the substance needs content and boundaries. "*Ego-cathexis has two attributes: As an energy it is capable of activating a process and, as a self energy, that which it cathects is imbued with the feeling of selfness (me-ness). To acquire content and boundaries, this 'substance' must be invested into* [cathected]…*some mental or physiological element that does have content and boundaries. Then it takes on the content and boundaries of that cathected element*" (Watkins & Watkins, 1997:24). The analogy of paint can be used: Where paint has the quality of adding colour to that which is painted. If a wall, car or house is being painted yellow, it will be described as a *yellow wall, yellow car, yellow house*. In the same way ego-cathexis has the attribute of adding the feeling of **self**ness to that which it is invested with. Once cathected with self-energy we can speak of something as *my hand, my thought, my belief* and so forth. The paint colours the external surface of the painted object. "*Ego-cathexis generally infuses the entire physical or psychological entity, perhaps more like something which is drenched with a liquid dye, such that all parts of the entity are imbued with this feeling of selfness*" (Watkins & Watkins, 1997:24).

The boundaries between the core ego, the various ego-states (as illustrated in Figure 2.12) and the external world constituted the sense organs of the self and allows the person to discriminate between external and internal reality. "*These boundaries are flexible, expanding and contracting. If an item contacts the external face of a boundary (that which faces the external world), the person can distinguish that item as real. If it contacts the internal boundary, then it is sensed as emanating from one's self*" (Watkins & Watkins, 1997:17).   The person per se constructs by means of ego-states a self that has both a past and a future. *The core self is like a storehouse of self energy which can be invested into ego-states or held in reserve*

(during sleep). According to Federn, the **core of the ego** is invested primarily with ego-cathexis. The boundaries of the core self consist of object-cathexis which, by their repelling nature, keep the self within and the non-self outside. If this was not so, there could be *no boundaries* and *the self energies would simply flow back into the universe, undifferentiated and without identity* (Hermans & Kempen, 1993:35; Watkins & Watkins, 1997:19, 24).

2.4 THE ESSENTIAL SELF AS HARMONIOUS ENERGY SYSTEM

2.4.1 INTRODUCTION

In Table 2.1 different views on what the self entails were given. With the assistance of Figure 2.2 the researcher also gave a visual representation of her views on what the self is and stated that her opinion on the essential self, is based on the self as an energy system. To the researcher the essential self is viewed as that which was described by Higgins (in Hermans & Kempen, 1993:33) as the **actual self**. The researcher is of the belief that if a particular ego-state or ego-states or other people are pressurizing a person to fulfill the role of the **ought self or ideal self**, internal conflict arises and the self as energy system doesn't function according to its capacity. Within this **study the essential self will refer to a state of harmony between the different sub-selves or ego-states within the self as energy system**. "*Human beings are complex, multi-level, self-regulating organisms capable of perceiving, emoting, thinking, remembering, and learning*" (Lewis, 1997:122). In further clarification of the essential self it is necessary to focus on that which can be seen as **not the essential self or as coined by the researcher as the self in dissonance**.

2.4.2 THE SELF IN DISSONANCE

2.4.2.1 INTRODUCTION

"*Purgation of self and return to primitive psychological processes is regressive but rather than pathological the loss of self can be the adaptive dismantling of the 'false' self we have become, while the return to archaic processes can be the regenerative recovery of the 'true self' repressed beneath that false self. The true self is the earliest openness and instinctual freedom of the infant, awaiting the benevolent*

guidance of parents to direct its development. The false self unfolds when instincts are learned to be feared and repressed rather than creatively expressed" (Fauteux, 1994:627). To the researcher the self in dissonance includes a self where one or more of the following lacks, namely, attachment, self-awareness, meaning and purpose, safety and security, connectedness, self-evaluation and where self-deception occurs. In the following section the different aspects with regards to the **self in dissonance** will be discussed.

2.4.2.2 INSECURE ATTACHMENT

According to Andersen et al (1997:245) within secure attachment the infant can explore the external world with relatively little fear, as the caretaker forms a secure base from where the infant can explore his own developing capabilities. In the secure attachment there is mutual responsiveness between parent and adult in the regulation of their affect, this helps in the forming of successful relationships in adulthood. The authentic self or a genuine sense of self brings higher scores in secure attachment. The positive relation between adult attachment orientation, emotional intelligence and cognitive fragmentation were also indicated in studies done by Kim (2005:913).

According to Kim (2005:915) the approach to attachment is two dimensional:

1) *Secure versus Avoidant* – this continuum is defined by the comfort, interdependence including constructs of self-reliance, intimacy and closeness that a person can allow in relation to others.
2) *Anxiety versus Intimacy* – these opposites depict the desire for intimacy together with the insecurity about other's responses, as the person can be pre-occupied with attachment, jealousy and the fear of rejection.

The avoidant orientation to attachment would be associated with guarding an emotional distance from others and the distancing of one's self from confrontation with distress. The absence or lack of a comfortable and secure attachment may correspond with poor self-confidence, self-efficacy, social competence and a person's inability to regulate negative emotions in later relationships (Andersen et al, 1997:245-256; Frederick & McNeal, 1999:207-208; Kim, 2005:914).

2.4.2.3 LACK OF SELF-AWARENESS

According to Aronson (1995:28) self-awareness and self-expression are stepping stones for self-esteem. Self-awareness includes observing one's self and influences one's ability in making choices about how to organize your life (Ornstein, 1993:202). Self-awareness according to Gallup (in Gallup & Suarez, 1986:3) can be defined as "*the capacity to become the object of one's own attention.*" Objective self-awareness allows a person to process information and to decide on the best action in a particular situation.   The objective self will reflect on and reject any solution generated by the subjective process. It allows the person to stand back from our own processing and thereby increases the possibility of generating new solutions (Lewis, 1997:122).   In view of the previous discussion on ego-states, such an objective self can be viewed as an ego-state within the self as system of different ego-states or sub-selves. It can happen that a specific ego-state or different ego-states can lack awareness of it / themselves, causing the self as energy system to be in dissonance. Lewis and Michalson (in Lewis, 1997:123) made a distinction between *emotional experiences* and *emotional states* to assist in framing the problems of a complex self. Emotional states (ego-states) operate at the level of subjective self-awareness.   These states have goals, learn and profit from experience, control functions and react to events, including people. These states can be made to change with new acquired learning. The experience of these states within a person is the equivalent of objective self-awareness.

The researcher is therefore in agreement with Martin (1985:3) who states that: "*Person's are 'selves' to the extent that they are aware of themselves, and hence some degree of self-awareness is a prerequisite for being a self at all.*"   "*If a species fail to behave in ways that suggest it is aware of its own existence, why should we assume it is aware of what it is doing? Either one is aware of being aware or unaware of being aware, and the latter is tantamount to being unconscious. The sleepwalker is sufficiently aware to avoid colliding with obstacles but is unaware of being aware… Prior to the emergence of self-awareness we may all have been unconscious*" (Gallup & Suarez, 1986:22). This coincides with the Walking Zombie Syndrome that will be discussed in Chapter 4. According to the researcher lack of growth within a particular ego-state(s) and the repression of one state by another can lead to lack of self-awareness. The defense mechanisms (ego-defenses) mentioned in Table 2.6 can also enhance a lack of self-awareness and can result in a person not being the essential self, but experiencing internal dissonance. The

researcher will discuss self-awareness and its relation to the subconscious in Chapter 3.

2.4.2.4 LACK OF MEANING AND PURPOSE

According to Frankl (1985a:31) man has a basic need for meaning. He also states that "*man is responding to questions that life is asking him, and in that way fulfilling the meanings that life is offering.*" The researcher is of the opinion that the lack of response to the questions that life asks, leads to the lack of the fulfillment of the meaning that life is offering and without the lack of fulfilling his purpose, a person will experience his self as being in dissonance.

2.4.2.5 LACK OF SAFETY AND SECURITY

According to Sullivan (in Andersen et al, 1997:244) man has a need for safety and security (this also forms the first stage in the SARI-model that will be discussed in Chapter 4). The researcher is of the belief that if one or more ego-states do not feel safe and secure, the self as energy system cannot function as the essential self.

2.4.2.6 LACK OF CONNECTEDNESS

According to Andersen et al (1997:244) the "*need to feel connected with other human beings, the longing to be close, and the desire to experience tenderness, caring, and warmth from others and to be able to provide it in return may be a fundamental human motivation.*"   It is necessary to take note that this need differs from attachment as discussed in section 2.4.2.2, as connectedness to the researcher refers to the ability to give and receive warmth from and to others.   "[Winnicott suggests that] *Children's superficial compliance with parental expectations may predominate over their true needs when they first establish a fundamental sense of self in relation to others. Parental denial of, or inability to recognize a child's true affects and needs can become so compelling that the child's only way to maintain closeness is to identify with and actually experience the self as if the self were the parental expectations*" (Hamilton, 1996:71). This reaction can lead to the child experiencing a feeling of not being quite real, as if nothing is real. Winnicott (in Hamilton, 1996:71) suggested that the result is a concomitant, deeply unconscious, and secret sense that the false self hides and protects the true self which is experiencing feelings of being vulnerable, lonely and a possibly outraged self. To the researcher, the self that hides or feels vulnerable can be seen as an outraged or

vulnerable ego-state, which causes the self to be in dissonance (Frederick &
McNeal, 1999:208).

2.4.2.7 LACK OF SELF-EVALUATION CAPACITY

This aspect can be closely linked to that of self-awareness, discussed in 2.4.2.3. To
the researcher, **self-awareness is a prerequisite to the ability to self-evaluate**.
Self-conscious evaluative emotions and actions involve a set of standards, rules or
goals which are inventions of a specific culture. These are transmitted to the child
and involve the child's learning of and willingness to consider the standards, rules
and goals set by the society that he lives in. Having self-evaluative capacity allows
two distinctive outcomes: the person evaluates his behaviour and holds himself
responsible (or not) for the action which is being evaluated (Lewis, 1997:130).
Andersen et al (1997:249-250) also states that a person needs to detach from others
in the form of individual autonomy and personal freedom. This refers to the need to
experience one's choices, thoughts and actions as one's own. It becomes clear in
comparison to connectedness (2.4.2.6) that autonomy and connection may at times
oppose each other: For autonomy needs to be met, a person must determine his
own personal beliefs, values, wishes and actions and in order to do this closeness or
connectedness at times needs to be sacrificed. In problematic self-functioning no
true self-object exists and self-evaluation cannot take place.

2.4.2.8 SELF-DECEPTION

The lack of self-awareness, as discussed in 2.4.2.3, can lead to self-deception. Self-
deception is the simultaneous possession of two contradictory beliefs, with one of
the beliefs held outside of awareness (purposefully) because of the unpleasant
threatening nature and the other to avoid knowing an unpleasant truth that the
person has already taken note of (Wilson, 1985:95). According to the researcher
self-deception is not necessarily always a means of avoiding unpleasant truths, but it
is possible that a person can deny or be unaware of the existence of an internal state
(subconscious belief) that is threatening. In Chapter 3 the reasons why certain
mental states fail to reach consciousness will be highlighted in the discussion of the
subconscious mind. Kurt Vonnegut (in Ornstein, 1993:198-199) said that a person
has to be careful of who he assumes that he is, because that is who he becomes. If
a person had direct knowledge of his subconscious mind and of his self, things will
be totally different. Objects, people and the selves of people change all the time, but

the system breaks down when a person tries to understand himself, as the person is then trying to be an observer in his own life. This can be difficult because a person does not have direct access to all his subconscious decisions / beliefs and he can be acting in contradiction to a subconscious decision / belief. Self-deception will therefore keep dissociation from being dissolved (Adams, 1990:14; Sarbin, 1992:57; Ornstein, 1993:198).

2.4.2.9 DISTORTION OF PERCEPTION

The distortion of perception can be closely linked to self-deception as discussed in the previous section. Gilbert and Cooper (1985:77) viewed the motivated distortion of perception as one of the "*most fundamental of self-deceptive strategies.*" How a person interprets the world logically depends on how the world appears to him. Experimental evidence suggests that perception is in itself an inferential process. It is the perceived self to which all the more intellectual modes of knowing ultimately refer. Perception is first and then follows the self-narrative or the story a person tells about himself (Neisser, 1997:32). Covey (1992:24) states that each person has many maps in his head. These maps can be divided into two main categories, namely, the way things are and the way things should be, or valued. Everything experienced is interpreted through these mental maps. *"We seldom question their accuracy; we're usually even unaware that we have them. We simply assume that the way we see* [perceive] *things is the way they really are or the way they should be. And our attitudes and behaviours grow out of those assumptions* [perceptions]. *The way we see* [perceive] *things is the source of the way we think and the way we act"* (Covey, 1992:24). If a person's perceptions are distorted it will influence the energy of the self negatively.

2.5   CONCLUSION

In the previous section the self in dissonance was discussed. By taking a closer look at what the essential self is not, it is possible to derive what the **essential self** is. To the researcher the essential self refers to **being the authentic self – living a congruent life, listening to one's own inner voice and needs**. The researcher agrees with McGraw (2001:9) that living *"an congruent life doesn't* [necessarily] *involve geography, occupation, time commitments, or even the people with whom you are sharing your life… What it does always deal with is **how** you do what you do. It always deals with being true to your self from the inside out."* To the

researcher discovering the essential self means going back to the time when a person has been his **best – the happiest** time in a person's life and feeling the **most real** that a person has ever felt. A time when the client or person has been **trusting** himself and had an unshakable **understanding of his worth**; accepting himself for who and what he is. **Self-acceptance and acceptance of the moment** as it is to the researcher is the way of reconnecting with the essential self. To the researcher being the essential self and the process of discovering the essential self is also about **the person on the inside** (on a subconscious level) and not the mask presented to the outside world – in other words the self as energy system within the person. To the researcher self-acceptance doesn't exclude internal conflict or being without unpleasant feelings and thoughts, but rather the awareness, acknowledgement and acceptance of these particular feelings and/ or thoughts at any given time.

The researcher also agrees with McGraw (2001:23) who stated that "*You cannot hide from nor exceed the boundaries imposed by what you believe you 'know' about yourself on the inside. You cannot play the game of life with confidence and assurance if your personal truth is riddled with fear and apprehension. Your 'personal best' will never be better than the one your personal truth dictates for you.*" The researcher concludes this section by noting that only by acknowledging the self as energy system and being aware of the self, a person can feel secure to be himself and therefore allow himself to have a meaning, feel connected, self-evaluate and be honest with himself.

"*we live inside, we think inside, our humanity, resides within, yet we spend time ceaselessly looking outside of ourselves for the answer because we fail to illuminate the inside with our thought. We resist the principle that thought is everywhere we are, because it seems easier to look outside*" (Dyer, 1990:72)

CHAPTER 3

3 THE SUBCONSCIOUS MIND AND HYPNOSIS

FIGURE 3.1 The subconscious mind and hypnosis

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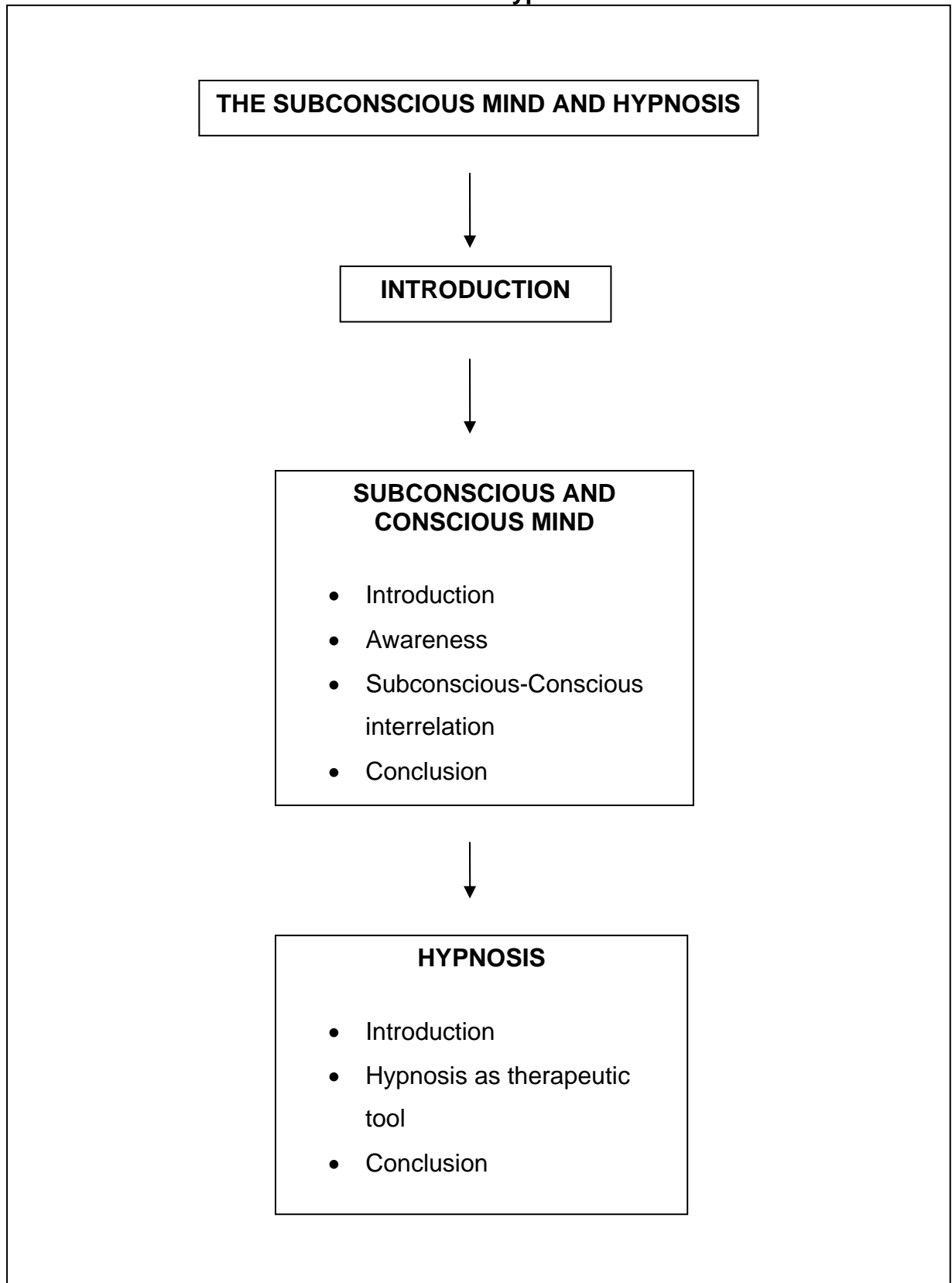
3.1 INTRODUCTION

In the previous chapter the concept of the self presenting with unconscious driving forces within the subconscious in the form of ego-states, was discussed. Although ego-states form part of what is seen by the researcher as that which is contained within the subconscious, it is necessary to also discuss the subconscious in relation to the conscious mind. In this chapter a literature overview of the subconscious mind will be given. As hypnosis is a process that gives access to the subconscious mind, the concept of hypnosis and the reason why the researcher utilized it as therapeutic technique will be briefly discussed. In the following section clarification will be given on the phenomenon of the subconscious mind and the interrelation and differences between the conscious and the subconscious mind will be indicated.

3.2 SUBCONSCIOUS AND CONSCIOUS MIND

3.2.1 INTRODUCTION

"*Psychotherapists for years have been confronted by* [clients] *who consciously verbalize one desire and at the unconscious level feel something entirely different*" (Scott, 1989a:12). Jung (in Watkins & Watkins, 1997:5) viewed the psyche as having different components that can gravitate between conscious and unconscious. Spear & Spear (1997:17) were in agreement with this view and said that the mind can be divided into two parts, namely the subconscious and conscious mind. The researcher is in agreement with McIntosh (1995:viii) in his views about the subconscious mind that "*obviously it is not open to direct introspective 'awareness'.*"

According to Epstein (1991:115) and Stolorow, Orange and Atwood (2001:45-46) the Freudian theory on the unconscious emphasized:

- Repression and resistance as roles of the unconscious;
- storage of repressed material;
- the pleasure principle as only source of motivation;
- repression results in displeasure and psychic conflict;
- unconscious conflict is the basic source of all pathology;
- repression as the result of taboo impulses, wishes and affects; and
- healing through making the unconscious conscious.

According to Erickson (in Havens, 2003:54-64) the unconscious:

- Have unknown potential;
- is brilliant;
- is aware;
- perceives and responds literally;
- is childlike;
- is the source of emotions; and
- is universal.

Gilligan (1987:23) was of the opinion that the unconscious has the task to preserve the integrity of the self, while expanding its autonomy or domain of regulating the self. In attempt to get a better understanding of the phenomenon of the subconscious the researcher will focus on giving a description, rather than attempting to define it. In this study the word subconscious will include that which is described by some authors (Yager, 1987:138; McIntosh, 1995:viii; Watkins & Watkins, 1997:5; Havens, 2003:23) as the unconscious. The researcher is of the belief that a person can become aware of what is in the subconscious mind (this will be discussed later in the chapter), and will therefore use the term unconscious to refer to that which a person is not consciously aware of. As it is impossible to discuss the subconscious mind without reference to the conscious mind the researcher will use Figure 3.2 as reference in giving an initial overview on the subconscious mind.

First of all it is necessary to focus on the differences between the conscious and the subconscious mind. According to Figure 3.2 it is clear that the **conscious mind** contains everything that one is **aware** of at any given time. In the conscious mind a person can also use his **will power** to make **decisions**, **reason** and think **logically**. The subconscious is the part of the mind that contains all of a person's **memories**, **habits**, **emotions / feelings**, as well as, the **self-concept** (which the person might be partially conscious of at a given moment or not). The main difference between the conscious and the subconscious mind according to the researcher would be that a person cannot control the subconscious train of thought / emotions / habits by mere willpower (Preston, 1989:86; Adams, 1990:14; Yapko, 1995:44; Ronan, 1997:189:190; Fourie, 2003:65-66).

FIGURE 3.2 Subconscious versus conscious mind
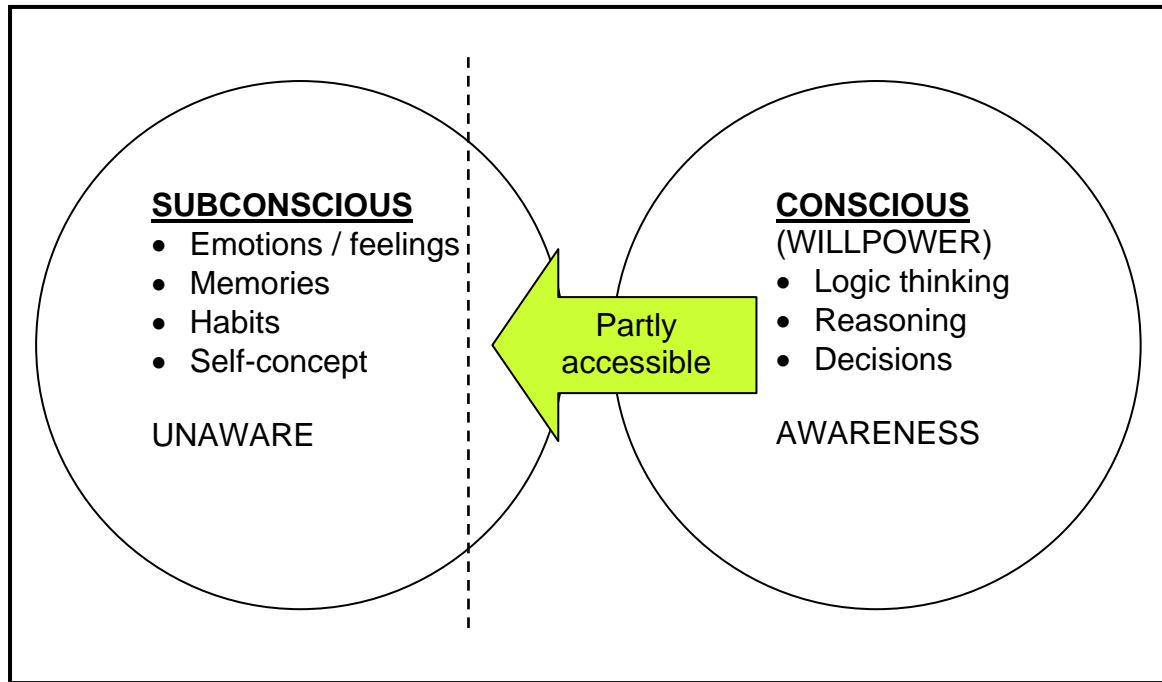
(adapted from Matez, 1992:5)

Although the functions contributed to the conscious and subconscious mind are also seen as left-right hemisphere activities (where the activities in the left hemisphere is charged with the waking activity most of the time (Scott, 1989a:13)); the researcher will only refer to the conscious-subconscious aspects of these activities. If we look at the schematic representation in Figure 3.2 it might seem as if the conscious and subconscious minds are two separate entities within the same person – which it is not. The subconscious mind has to be accessed through or by diverting from the conscious mind or consciousness and does not fall within the conscious mind's parameter. The conscious and subconscious minds are constantly interacting and can be seen as part of the total mind (Yager, 1987:138-139; McIntosh, 1995:viii; Ronan,1997:189-190). The researcher is in agreement with Preston (1989:86) who compared the subconscious-conscious relationship to that of a balancing scale, where the conscious mind is in the dominant position during normal everyday events and as information is gathered, it is stored within a fraction of a second, in the subconscious mind. The subconscious mind regulates a person's body functions and emotions, while the conscious mind represents the controlling factor of cognitive activity and awareness.

The question can be asked what does it mean if a person is conscious about something? In order to understand this – it is necessary to investigate the concept of awareness.

3.2.2 AWARENESS

Gallup & Suarez (1986:3) defined *self-awareness* as "*the capacity to become the object of one's attention.*" Lewis (1986:60,61) stated that the relationship between self-knowledge and self-awareness is important. He also said that self-awareness is not equivalent to the knowledge of the self. A person may have self-knowledge but not have self-awareness, as many thoughts and actions do not involve any consideration of the self. "*Subject means not only something that is experienced, but something that is also experienced as a stimulus whose origin lies within my own self, within me. If I move a hand up and down, it is I, my self, that is moving it. If I am conscious of a thought, it is experienced as stemming from me. It is my thought. From this perspective my existence is defined by the experience of my self as being the originating locus for whatever stimulus is evoking my consciousness, my awareness of it*" (Watkins & Watkins, 1997:10).

The experiential existence is seen as the impact of an object (not me) on a subject (me or the self). In terms of Federn's two energy theory an object-cathected stimulus must strike an ego-cathected receptor within an individual for him to perceive it – if the magnitude of the impact is below a minimal threshold a person will not be aware of it; but a lightly cathected process can still influence the individual's behaviour without his awareness and this is called unconscious (Watkins & Watkins, 1997:17). "*The amount of object- and ego-cathexis invested into the impact will determine whether or not the result will be conscious and whether it is minimally or strongly experienced consciously, hence the vividness of our attention to it. If we are tired and our available ego-cathexis is low, we can miss much of a conversation, although the conversant may be talking in a sufficiently loud voice. We just won't hear them*" (Watkins & Watkins, 1997:18).

Although behaviour can be observed by oneself or others, doesn't necessary make it fall within conscious awareness of the client, as also illustrated in the example of the sleepwalker used in the discussion of the lack of self-awareness (2.4.2.3 in Chapter 2). The behaviour of the sleepwalker can be observed by others, but he, himself isn't conscious of his behaviour. In the same way a person may be aware (observant) of his own actions, but not be consciously aware of his own subconscious motivation(s) that initiates them (Gallup & Suarez, 1986:22; Watkins & Watkins, 1997:9). The subconscious-conscious-self relation becomes clearer when one pictures the symbolic representation of a man standing on an island as

illustrated in Figure 3.3 where the island represents the mind in totality; the part above the water represents the conscious mind, below the water the subconscious mind and the person standing on the island represents the person being aware or having an awareness of certain aspects of his mind.

FIGURE 3.3 Subconscious-conscious awareness
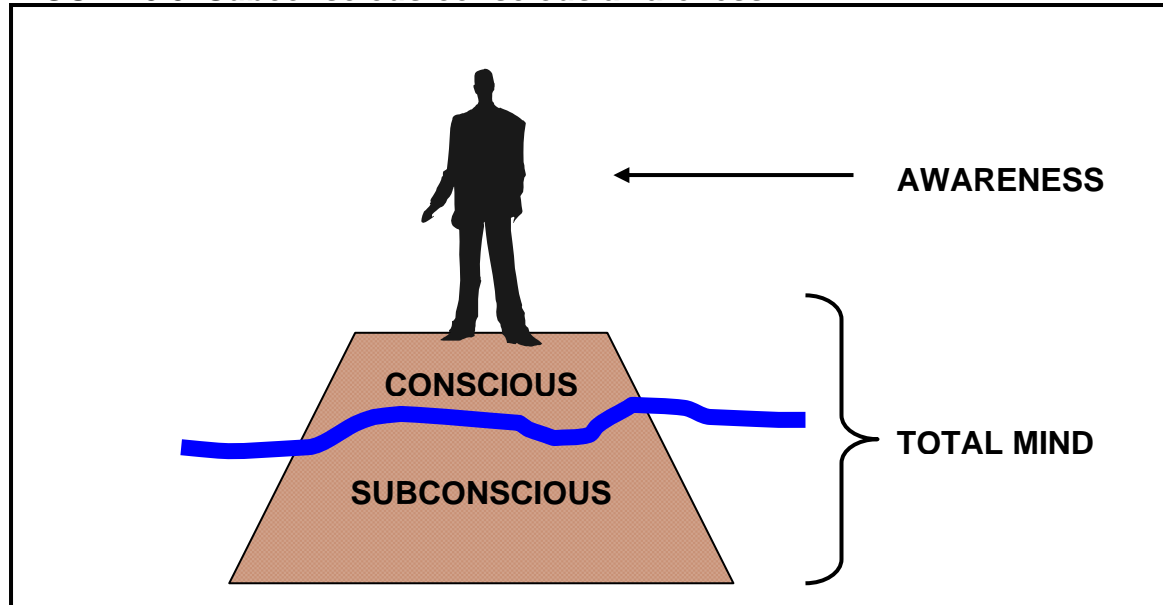
The horizons of awareness are fluid and ever-shifting and are products of the individual's unique intersubjective history; of what he is, or is not allowed to know in his current living (Stolorow et al, 2001:48). If one view the subconscious and conscious as both being part of the island (illustrated in Figure 3.3) – the conscious can be loosely defined as the part of the mind that allows a person to be aware of things. Whenever a person pays attention to something he is conscious of it. The things in one's immediate awareness are the things that you are conscious of. People usually have their conscious awareness rather diffusely focused upon external realities. Unless they are aware of certain significant events, they will be unable to respond in self-protective or self-enhancing ways that brings freedom and survival. The conscious mind can analyze and interpret and make judgements about what is right or wrong. The mere awareness of events is not significant; the events must be understood before a person can consciously respond to it (Gilligan, 1987:26; McIntosh, 1995:viii; Yapko, 1995:44; Watkins & Watkins, 1997:10; Havens, 2003:31).

"*In part, unconscious thought lies hidden underneath consciousness, but it also unobtrusively enters into and shapes much of everyday conscious life*" (McIntosh,

1995:viii). The person is not necessarily aware of that which is going on underneath the water (subconscious). Activities underneath the water have a direct influence on the state of the island, regardless of the person standing on the island's awareness. If there is a volcano busy erupting underneath the water – it will definitely have an influence on the person (self) standing on the island in the near future. The "*unconscious is pictured as foundational and pervasive in the life, not only of the individual, but of society as well*" (McIntosh, 1995:viii). Although the conscious and subconscious minds have different functions, they also share a considerable amount of functions between them. The overlap allows the two of them to work together, while their differences often surface in internal conflicts and dissociated responses.

The part of the island underneath the water (and not within the immediate awareness of the client) represents the subconscious mind that a person has access to within hypnosis. As people in general is used to operating within the conscious mind – it is not always possible to interpret what is presented on a subconscious level on your own. It is therefore necessary for the therapist to guide the client in accessing subconscious material and unraveling that which is presented on a subconscious level. Accessing the subconscious is like teaching a diver to go under water and investigating the part of the island which is below water-level.

Having given a broad description of the differences between the subconscious and the conscious mind, the researcher will now give a more in-depth explanation of the interaction / interrelation between the subconscious and the conscious mind.

3.2.3 THE SUBCONSCIOUS-CONSCIOUS INTERRELATION

Figure 3.4 derived from Matez' (1992:5-7) Medical Hypnoanalysis Model will be used to describe the interrelation between the conscious and subconscious mind in more depth.

In this section the abbreviations as indicated in Table 3.1 will be used:

TABLE 3.1   Abbreviations – Chapter 3

C	Conscious mind (1)
SC	Subconscious mind (2)

In Erickson's (Havens, 2003:42-43) view, the unconscious or subconscious (SC) was referring to as a very *real, observable and demonstrative* phenomenon, which was seen as separate from the C, with its own range of ideas. These ideas can be communicated outside of the awareness of conscious awareness or perception. The different aspects with regards to the conscious mind (C) and subconscious mind (SC) are marked (1), (2) et cetera in Figure 3.4. Information usually comes through a person's senses (3) (vision, thought, hearing, smell, et cetera) and then enters into the conscious mind (1) where it is processed and analyzed in order to be understood. Thereafter it becomes part of the SC and is stored in the memory bank (4) of the SC. Most of this information is available to a person at any time that it may be needed.

Everything that a person has learned consciously and subconsciously becomes the basis of all habitual patterns (5). "*At first the ordinary person's mind or brain is relatively unstructured, objective, flexible, and open to new learnings. Over time… it naturally becomes increasingly rigid, biased, idiosyncratic, and unable to accept perceptions, learnings, or responses that cannot be accommodated by it's previously adopted structure*" (Havens, 2003:37). The symptoms presented by the client can be seen as habit patterns (habits) that the client wants to change. The habits become the way of thinking, feeling and behaving – these are psychoneurophysiological habit patterns. Information can also go directly into the SC bypassing the C as illustrated (6) – 80% of all information bypass the C. All experiences go into the SC whether a person is consciously aware of it or not, as the SC records everything (real or imagined). If a person's mind is concentrated or occupied with something, then everything else going on around him, enters the SC mind without conscious awareness (Matez, 1992:6).

The SC can do a thousand things simultaneously. Most of the information that goes into the SC is neutral or has very little significance, while other information is positive or negative. Our SC mind stores all information just like a computer memory bank (4). Everything is stored no matter how insignificant it may be (Matez, 1992:6). "*The subconscious mind is very powerful, more so than the conscious mind: emotions holds sway over logic*" (Modlin, 1999:23). The SC accepts all information / data input without question. The C has the ability to reject information and this will then be stored in a neutral fashion in the SC. Negative information that enters the SC has a lot of emotional energy attached to it (7a).

FIGURE 3.4 The subconscious-conscious interrelation
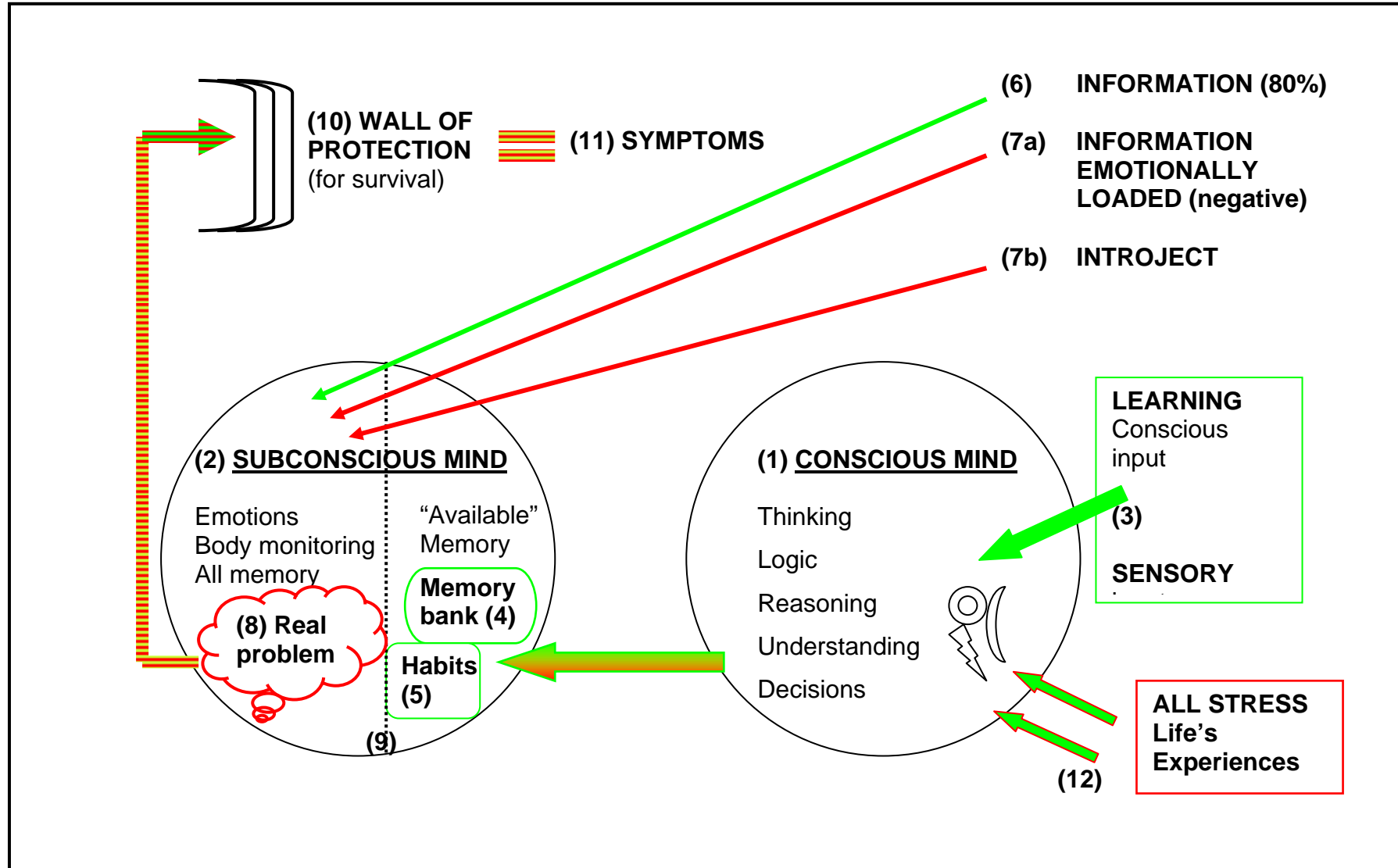
(adapted from Matez, 1992:9)

Information can be emotionally charged at any time when a lot of emotional intensity is experienced – this can happen regardless of the emotion being positive (love, joy, excitement et cetera) or negative (fear, anxiety, guilt, et cetera). *"Reality… is enormously complex and difficult to observe or to analyze effectively"* (Havens, 2003:33), therefore people tend to avoid difficult or painful circumstances. Stout (2001:3) said that the memories of childhood or adolescence events gain power over a person as he grows older and the memories of these events cause a person to part from himself (psychologically spoken), or to separate one part of awareness from others.

When a person has an experience with a person that is of emotional importance, such as a parent, an introject of the person can be formed in the SC (7b). The formation of an introject was discussed in Chapter 2 (2.3.3.3.). *"So it is not just negative information, but highly charged emotionally negative information that can accumulate inside the SC"* (Matez, 1992:7). These emotions pile up in the SC and become the underlying / subconscious problem or the real problem (8). The real problem is that which the therapist wants to assist the client to resolve. This is the cause for a person feeling what he is feeling. Because there is a barrier (9) that exists between the two functioning parts of the mind, the C may not be able to easily access subconscious information (Matez, 1992:7; Fourie, 2003:56-66).

The SC knows exactly what the real problem (8) is, as well as the reason(s) for the difficulties that a person experience; while the conscious mind has no idea of what it is. The SC does not have the ability to think, reason or understand and therefore accepts all information and then act on it whether it is right or wrong, good or bad, positive or negative. *"The SC does not have the ability to erase thought, and that's why we have problems! Whatever this powerfully negative information is, it tries to come up to the surface in an attempt to help"* the person deal with the stressors in his life (Matez, 1992:7).

Everything that is needed in one's life to deal with a situation is in the subconscious mind as it is the sum-total of all of a person's life experiences (Matez, 1992:8; Yapko, 1995:45; McIntosh, 1995:viii). A person's experience, learning, manners (drives, motivations, needs) for interacting with the world and the automatic functioning in countless behaviours each day are evidence of subconscious functions. The subconscious in contrast to the conscious mind is not as rigid, analytical and limited

as the conscious mind. Whatever a person may need is available in the form of the inner mind; but the problem is that nobody knows everything. Given the limited amount of knowledge or experience a person may have, whatever situation happens, what is in the SC mind becomes available to help a person – and the availability of resources within the SC may be positive, negative or neutral. "*The specific negative information that we are calling the 'real problem'* (8) *was activated in response to some kind of stress in your life. Because it was so negative and so intensely emotionally charged when this tried to surface… you could not use it*" (Matez, 1992:8).

The C becomes a "*dissociated, unique, and complex entity that provides rather specific, exclusive views and ways of thinking about the world*" (Havens, 2003:39). The duty and goal of the SC on the other hand is the survival of the person. If any threat is perceived – whether physical, emotional, intellectual or spiritual – the SC is compelled to act in an appropriate way that will ensure the survival of the particular person. The person then becomes disconnected from the emotional contents, which falls outside conscious-awareness. Traumatic events are then also viewed as if the person was a spectator, because dissociation during trauma is an adaptive and survival function of the mind, as reaction to extreme fear and / or pain (Modlin, 1999:23, Stout, 2001:8). The mind puts a barrier or wall (10) of protection around the trauma – this wall presents itself as the symptoms – the very symptoms that the client is experiencing. The depression, anxiety et cetera presented by the client are not the real problem, they are only symptoms of the underlying problem(s). The person is in the habit (5) of producing and presenting with this way of thinking, feeling and behaving. "*We could say that one is always organizing his or her emotional and relational experiences so as to excuse whatever feels unacceptable, intolerable, or too dangerous*" (Stolorow et al, 2001:47). This process lives largely in the SC which is unknown to the subject. The SC represses them whenever they or their derivatives erupt in consciousness, but the person nonetheless suffers from the distortions that repression creates in experience and living and has consciously no control over them (Matez, 1992:8; Stolorow, et al, 2001:45). The symptoms (11) serve as a wall of protection keeping the SC problem from getting to the C. According to Watkins (1993:238) the "*capacity of the human brain to develop patterns to protect itself seems limitless.*" It is in other words better to have the symptom than to deal with the problem. It can be said that subconsciously the

person needs the symptoms as they serve a purpose, but consciously the person does not want them.

"*In the case of repression it may well be that the ego utilizes certain energies to forcefully counteract the sensitivity of its perceiving boundaries, so that it is unable to experience the offending, impacting objects, thoughts, motivations, affects, et cetera*" (Watkins & Watkins, 1997:18). According to Matez (1992:14) it is important to also realize that when all the SC negative energy is going on, there is a tremendous amount of energy being drained from a person on an emotional, mental, physical and spiritual level. The energy is taken away to deal with whatever everyday stresses and activities a person is confronted with and prevents the person from functioning on a maximum level of efficiency and effectiveness. The emotional energy used to protect the person from the SC problem can be drained and this interferes with the person's ability to concentrate, think or make decisions and perform other mind-functioning(s). "*Once the underlying problem(s) is resolved, the ENERGY drain is no more (or at least it is minimized), and you are free to do all you want to do and are capable of doing – without much bother or interference from the negative emotions of fear, anxiety, guilt, anger, depression, doubt, worry, insecurity and so on*" (Matez, 1992:14).

This view is also supported by the researcher (as indicated in Chapter 2 in the discussion of the self) in using the Ego-state model, indicating that the self can be seen as an energy system. Whatever is happening out there is not the cause of the person's symptoms, but these stressors triggers something inside, which in turn is causing the symptoms. The person's ways of thinking, feeling and behaving are the symptoms / habit patterns that somehow serve the purpose of protecting the person from letting SC negative beliefs get to the surface. Each symptom that a person is experiencing is just another type of defense to protect him from his own SC's negative beliefs (Matez, 1992:14). The SC mind is designed for survival (10) and will do whatever is necessary to ensure survival, no matter how unacceptable or undesirable it may be to the C (logical and thinking mind) (Matez, 1992:9). Based on the belief system it is better to have the symptoms (11) than to deal with something perceived to be worse. Matez (1992:9) uses the example of a smoker that uses smoking as a way of getting rid of suppressed anger – if it wasn't for the symptom of smoking, for example, the pent-up anger in the person may explode in destructive

rage. In this example, once the underlying problem with anger is resolved, the person can be free to give up smoking (the symptom).

3.2.4 CONCLUSION

It can be concluded that willpower is conscious efforting, while the subconscious mind is the emotional mind. When the conscious mind (willpower) and the subconscious mind (emotions) are in conflict with each other, the emotional mind takes over and reactions become automatic. Therefore when the problem in the subconscious mind is activated by external circumstances, it takes over almost completely and a person may have little conscious control over it. As Matez (1992:15) stated: *"'Trying', is conscious efforting… and when you 'try' to do something, you will invariable fail. 'Trying' implies failing. The harder you try to do something – which is conscious efforting – the more difficult it becomes."*

The researcher decided to use the principles of hypnosis to access the subconscious mind and will therefore briefly focus on the discussion of hypnosis in the following section in order to indicate why it was chosen as method.

3.3 HYPNOSIS

3.3.1 INTRODUCTION

In the previous section the focus was on the discussion of the interrelatedness and differences between the subconscious and conscious mind. This will be used as foundation in the researcher's elaboration on why and how (more on this in Chapter 4) hypnosis was used as a means to access the subconscious minds of clients.

In therapy the client wants to acquire new information or experience(s) that will allow him to alleviate distress (SASCH, 1998:10) and the researcher is of the opinion that the utilization of subconscious mind and its resources through hypnosis can be valuable in the therapeutic process. Hypnosis is a focusing technique that distracts the person's attention (awareness) from the immediate environment and therefore can be used in more than one way to assist the client in reaching his inner (subconscious) resources. It also uses the same mental processes as dissociation and therefore can be a powerful tool in helping clients to change their altered perceptions of reality (Watkins, 1993:237; Fourie, 2003:64). Hypnosis is also a more

cognitive process where age regression can be done, which is not the case in other altered states of consciousness such as meditation (SASCH, 1998:8).

3.3.2 HYPNOSIS AS THERAPEUTIC TOOL

Van Pelt (Scott, 1989a:16) described hypnosis as the concentration of the mind. Modlin (1999:27) said **"***Hypnosis…involves the focus of attention with distraction for the immediate environment. A part of the subconscious will always remain aware of the immediate surroundings and provide any necessary intervention in an emergency.***"**

The researcher concludes with the definition given by Bryan in Ronan (1997:186) who stated that: *"Hypnosis is a normal physiological, altered state of consciousness, similar to – but not the same as – being awake; similar to, but not the same as, being asleep; and it is produced by the presence of two conditions: (1) A central focus of attention, and (2) surrounding areas of inhibition. The state of hypnosis produces three things: (1) An increased concentration of the mind, (2) an increased relaxation of the body and, (3) an increased susceptibility to suggestion*." This definition is also illustrated in Figure 3.5.   The researcher utilized hypnotic principles in accessing the subconscious mind, because it assists the client in the process of becoming absorbed within his internal world. The researcher is in agreement with Spiegel (2007:179) that the hypnotic trance produces a reduction of peripheral awareness and corresponding increase of focal attention and dissociation.

FIGURE 3.5 Focus of attention
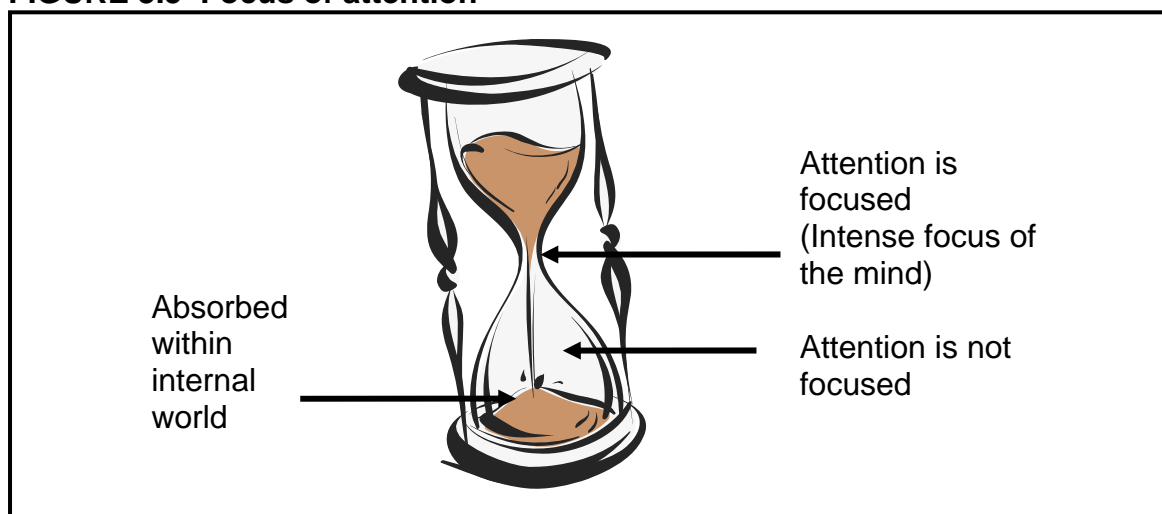
If Figure 3.5 is compared to Figure 3.3 (used earlier in this chapter) it can be noted that the utilization of hypnotherapeutic techniques gives the client (person on the island) the means to access and become aware of information on the subconscious level (below the water level), while being aware of conscious material (above the water-level) – thus creating a dual awareness.

As illustrated in Figure 3.5, the container has a wide open space at the bottom (attention not focused) and in the middle of the timer the space becomes narrow (attention is highly focused). The concept of hypnosis is a state of mind resulting from the concentration on an idea which may be deliberately or accidentally introduced, by assisting the client to become absorbed within his internal world (as illustrated in Figure 3.5).

The hypnotic state provides the dual level of consciousness necessary for the client to grasp the emotions and perceptions that led to his past decisions, which lead to the current pathological state(s), and to also have the ability to change those decisions at their root. Ronan *(1997:189)* states that the *"hypnotic state is not necessary a state of suggestibility. In fact, it can be the least suggestible of states. The hypnotherapeutic state is distinctly different from pathological states, yet each is receptive to suggestion. Suggestions given in either state may maintain their influence for an extended period of time, while being out of conscious awareness. It is the combining of the hypnotherapeutic state with the pathological that allows for the treatment of the causative factors in psychosomatic, psychoneurotic and behavioural problems." "The conception of hypnosis explains a hitherto little understood fact: normal healthy people with good powers of imagination and concentration make the best hypnotic subjects. Nervous people are difficult at first, but can be trained by repeated sessions. It also explains another little-understood fact: deep hypnosis is not essential to obtain good results in psychotherapeutic work, and that light hypnosis is usually sufficient"* (Ronan, 1997:187).

According to Ronan (1997:186) a person cannot be in a state of inattentiveness and be in the state of hypnosis at the same time. Focus of attention becomes very important in the therapeutic process as this can assist the therapist in the creation of an internal awareness for the client. To explain the concept of focus of attention the researcher will use Figure 3.6.

FIGURE 3.6 Hypnotherapeutic focus of attention

AWAKE
(each circle represent a
different thought)

HYPNOSIS
(attention is focused)
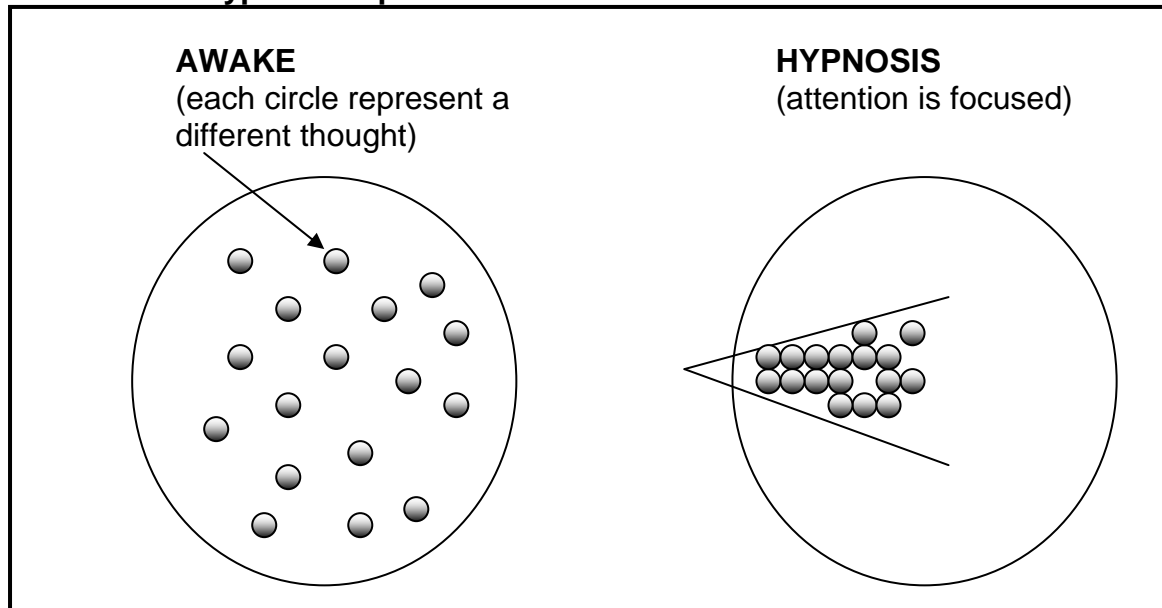
(adapted from Ronan, 1997:187)

In Figure 3.6 the small circles represent different thoughts (conscious and subconscious mind). It is clear that during the awake state the thoughts of a person is not necessarily focused, but during the state of hypnosis the client's thoughts are more concentrated, as also indicated within the timer in Figure 3.5. Both Ronan (1997:187) and Modlin (1999:27) agree that hypnosis is the act of eliciting attention in order to access the subconscious mind.

3.3.3 CONCLUSION

It can be concluded that hypnosis refers to both the strategic techniques that are used to accomplish the phenomenon and the phenomenon itself (Demosthenous, 2006:2). From the figures used in the previous session and the discussion thereof it is clear that hypnosis is essentially a concentration of the mind. In the ordinary waking-state different units of the mind can be simultaneously occupied on a conscious and subconscious level with countless different impressions. In hypnosis however, the mind is concentrated and the client in this state can disregard, or be oblivious to external stimuli, for the client's entire mind is concentrated on the therapist's suggestions. The use of hypnotherapeutic techniques enables more of the mind to absorb suggestion and therefore the effect will be greater than in the ordinary waking state (Ronan, 1997:187). To the researcher the value of hypnosis lies in the concentration and internal focus that it creates for the client. The researcher is of the opinion that it is not necessary to induce a formal trance in order to acquire focus of attention or to get focused concentration of the mind; but is of the

belief that through the utilization of hypnotic principles focus of attention can be acquired (more on this in the discussion of Ericksonian psychotherapy in Chapter 4). In order to get a better understanding of the way the researcher utilized the knowledge and intelligence of the subconscious mind as resource, it is necessary to discuss the Medical Hypnoanalysis Model, Ego-state therapy and Ericksonian psychotherapeutic techniques, which will be done in the following chapter.

CHAPTER 4

4   FRAMEWORK FOR ACCESSING AND THE UTILIZATION OF SUBCONSCIOUS RESOURCES

FIGURE 4.1 Framework - accessing and utilization of subconscious resources

FRAMEWORK FOR ACCESSING AND UTILIZATION OF SUBSCONCIOUS RESOURCES

MEDICAL HYPNOANALYSIS MODEL	**EGO-STATE THERAPY**	**ERICKSONIAN PSYCHOTHERAPY**
FOUR CORNERSTONES	**HIDDEN OBSERVER**	**ERICKSONIAN DIAMOND**
• Learned emotional response • Order of importance • Triple allergenic theory • Subconscious Diagnosis	**EGO-STRENGTHENING** **THE SARI-MODEL** • Safety and stability • Accessing trauma • Resolving trauma • Integration and new identity	• Goal • Gift-wrapping • Tailoring • Processing • Utilization
METHOD		**HYPNOTIC PHENOMENA**

4.1   INTRODUCTION

As the subconscious mind was discussed within the previous chapter, it is necessary to also give an overview of the framework within which the subconscious resources can be accessed and utilized.   The Medical Hypnoanalysis Model was used as framework within which the researcher identified the subconscious resources with regards to the cause of the problem of the client not being their essential self and to identify possible inner-strengths and possible solutions to the problem.   The Medical Hypnoanalysis Word Association Test was used to get subconscious information regarding the problem, possible inner-strengths and solutions regarding the problem presented by the client.   The framework for utilization of subconscious information in assisting the client to discover the essential self falls within the Ego-state model and Ericksonian psychotherapy.   The researcher will only give a brief overview of each of these models (Figure 4.1) as it forms a foundation for the case discussions in Chapter 6.

4.2   MEDICAL HYPNOANALYSIS

4.2.1 OVERVIEW

Bryan Matez is the father of the Medical Hypnoanalysis Model (Rummel et al, 1989:150-167).   As indicated earlier hypnoanalysis is the discovery and reframing of pathological thought(s) within hypnosis (Ronan, 1997:189).   "*Obviously, before attempting to cure the problem, we must find out the reason for it and deal with that. Otherwise, we are simply trying to institute forced behaviour changes against an ongoing resistance, which only strengthens the resistance itself and this leads to failure*" *(*Ritzman, 1986:6).   The Medical Hypnoanalysis Model seemed to be a suitable framework within which the researcher could access the subconscious mind and conduct therapy, as it is seen as *dynamic, short term* and *directed*.   The researcher is of the opinion that the subconscious mind cannot be accessed without taking the conscious mind into consideration. In the Medical Hypnoanalysis Model the taking of a history from the conscious and making a subconscious diagnosis is seen as absolutely essential (Bryan, 1986:59; Rummel et al, 1989:155).   It should be noted that the researcher used the Medical Hypnoanalysis Model for the purpose of the history-taking and the Bryan Word Association test to make a conscious and subconscious diagnosis.   The Medical Hypnoanalysis Model focuses on causes

rather than symptoms, explanations rather than descriptions and subconscious forces rather than conscious forces as the origin for psychopathology (Bryan, 1986:59-61; SASCH, 1998:28; Spear & Spear, 1997:14; Leeb & Fourie, 2000:1). This is in agreement with the researcher's focus on the utilization of subconscious information gained as resources for therapeutic intervention in assisting the client in the discovery / becoming of the essential self.

4.2.2 MEDICAL HYPNOANALYSIS MODEL

The Medical Hypnoanalysis Model examines the presenting symptoms of the client by means of a case history, where verbal and non-verbal communications are being observed. Dr Bryan Matez (Ayers, 1994:57) stated that the client will tell the therapist the real problem in the first three sentences of the history. This is believed to give the therapist clues from the subconscious mind of the client regarding the ultimate causes of his symptom(s). The client's breathing, body language, self-interruptions, non-responses, narratives, sighs and so forth are noted as forms of subconscious communication (this shows similarities with Ericksonian psychotherapeutic techniques discussed later in this chapter).

According to Bryan (1986:61) there are four reasons why the therapist needs to understand the complete solution to the client's problem in advance and they are:

1) To make the analysis as rapid and effective as possible.
2) To prevent the client from taking the therapist down the main pathway to a 'cure' which the client cannot accept.
3) To prevent the client from involving the therapist in tangential issues which is a different problem altogether.
4) To prevent the client from taking the therapist down blind canyons.

The procedure used within the Medical Hypnoanalysis Model according to Bryan (1986:59-60) and Leeb and Fourie (2000:1) to investigate the subconscious of a client, is as follows:

a) A specifically designed Word Association Test (WAT).
b) Dream analysis.
c) Age regression directed at crucial periods earlier in the client's life.

As the Dream Analysis was not used by the researcher as part of identifying subconscious information – it will not be discussed within this study. According to SASCH (1998:28) and Leeb and Fourie (2000:1) these procedures allow the *identification, re-implementation, adjustment* or *re-evaluation* and *desensitization* of the specific causal events. The Medical Hypnoanalysis Model also suggests that it is neither the individual, nor the event, that determines the dysfunction, but rather the individual's learned subconscious response to the original event and those that follow. In the following section the four cornerstones of Medical Hypnoanalysis Model, the Subconscious Diagnosis, the Bryan Word Association Test (WAT) and the goals of Medical Hypnoanalysis will be discussed briefly.

4.2.3 THE FOUR CORNERSTONES OF MEDICAL HYPNOANALYSIS

4.2.3.1 LEARNED EMOTIONAL RESPONSE

According to Leeb and Fourie (2000:1) Medical Hypnoanalysis is based on the following cornerstones, which forms the foundation of this model:

- The symptom is based on a learned emotional response – a habitual response subconsciously fulfilled;
- the Order of Importance;
- the Triple Allergenic Theory; and
- the Subconscious Diagnosis.

Within Medical Hypnoanalysis Model, learning begins with the first awareness of the fetus, perceptions of the self, the environment, mother and others and continues with all life experiences. The first perceptions constitute a formative experiential base that moulds and affects the person in the way that he thinks, feels and responds to other events and / or circumstances. A healthy individual would then be seen as someone who has a consistent perception of love. Love can be seen as the spiritual energy that allows stability, security and positive responses to the environment. Early perceptions which threaten the love battery can result in the dysfunction of a person on more than one level in the Order of Importance (SASCH, 1998:28; Leeb & Fourie, 2000:2).

TABLE 4.1   The Order of Importance

7.	Sex……………………………………	Species survival
6.	Territory………………………………	Socio-economic survival
5.	Food…………………………………..	
4.	Water………………………………	Physical survival
3.	Oxygen………………………………..	
2.	Self-esteem / Esteem of others……	Mind survival
1.	God / Love / Self / Soul……………..	Spiritual survival

(adapted from Modlin, 1999:59)

FIGURE 4.2 The Order of Importance
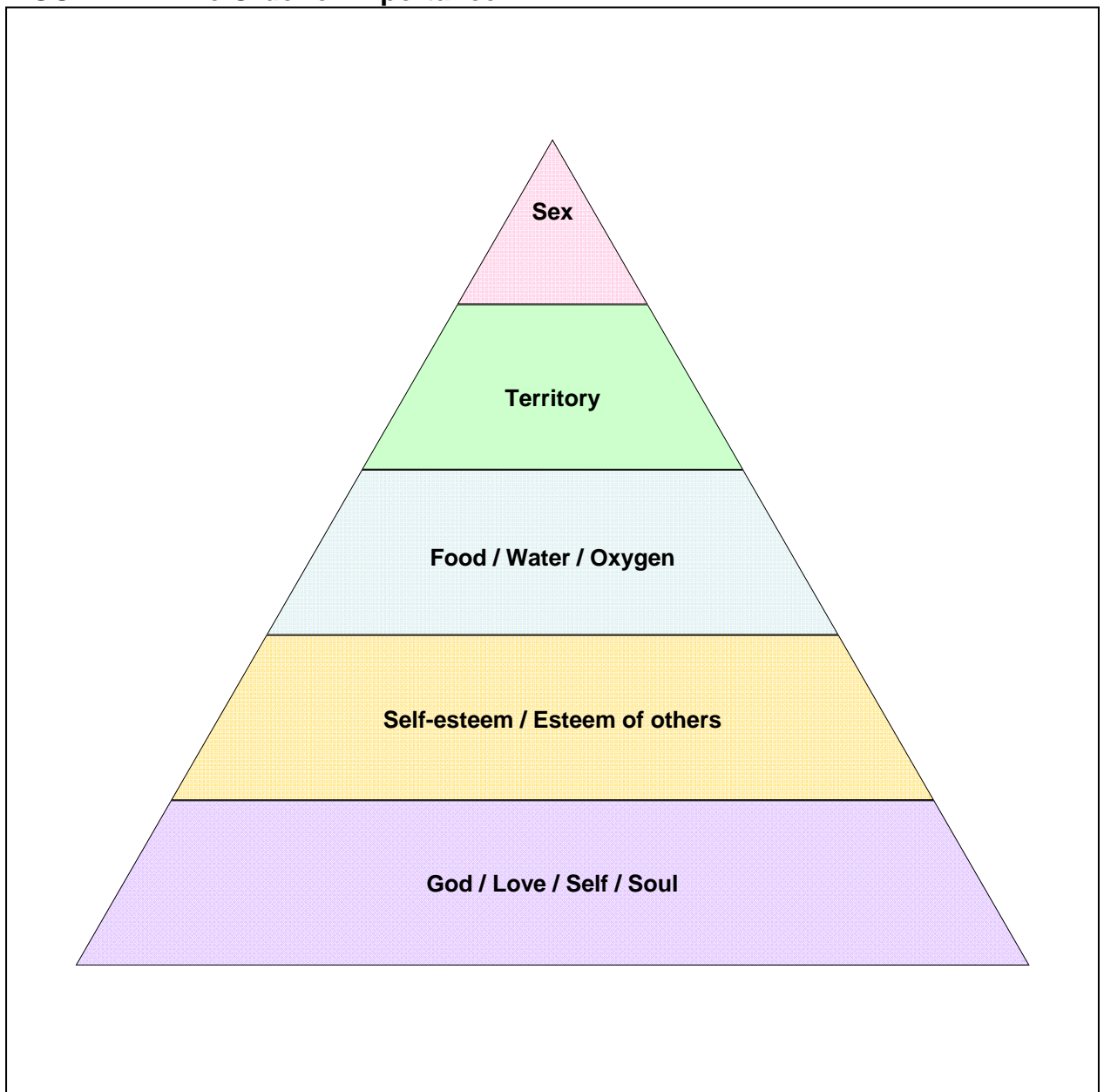
(adapted from Modlin, 1999:59)

4.2.3.2 THE ORDER OF IMPORTANCE

Janas (1990:30) has indicated that many people with severe physical and emotional problems respond only when the practitioner addresses the spiritual side of the person, as a person consists of a body, emotions, mind and spirit. As mentioned in the discussion of the subconscious mind – the function of the subconscious is to protect the integrity of the individual on a physical, emotional and spiritual level. The Medical Hypnoanalysis Model (Janas, 1990:31; Modlin, 1999:59; Leeb & Fourie, 2000:1-2) constitutes of a definite Order of Importance in the protection of a person. This protection is protection with the goal of survival as illustrated in Table 4.1 and Figure 4.2.

In the order of survival, sex is being viewed as being less important than physical survival; physical survival less important than survival of self (ego survival) and spiritual survival being most important of all. The Medical Hypnoanalysis Model's core is that a healthy person has an unswerving and consistent perception of LOVE. Positive responses to life events are created by the spiritual energy of love that allows stability and security. Early negative perceptions are formed when the capacity to love and the level of love perceived (the so-called love battery) is being threatened (SASCH, 1998:28).

4.2.3.3 THE TRIPLE ALLERGENIC THEORY

Another fundamental in the Medical Hypnoanalysis Model is that the pathology of emotional problems is described according to the Triple Allergenic Theory (TAT). According to the Triple Allergenic Theory the emotional problems presented by the client are due to a certain emotion that is being reverberated. Just as a person can develop a physical allergy, a client can present with specific problems due to an emotional allergy. The Initial Sensitizing Event (ISE) is inclusive of the first experience of a negative emotion; this is similar to that of a seed being planted. The Symptom producing Event (SPE) refers to subsequent experience or experiences of the same negative emotion(s); like water on a seed leading to its growth. The Symptom Intensifying Event (SIE) refers to an event(s) that follows the ISE and SPE and leads to the so-called growth of the plant (manifestation of the emotional-allergy) (Scott, 1991a:10; Zelling, 1988:58-62; SASCH, 1998:29; Modlin, 1999:51,63,71).

According to SASCH (1998:30) and Modlin (1999:51) the therapeutic goals of the Triple Allergenic Theory is to metaphorically search for the original seed of the problem – in other words, to search the common conditions that allowed the growth of the seed, as well as, the significant branches. The original problem is most of the time caused by the emotions of fear, anxiety and guilt (Modlin, 1999:14). In the next section the Initial Sensitizing Event, Symptom Producing Event and Symptom Intensifying Event will be discussed in more detail.

4.2.3.3.1 THE INITIAL SENSITIZING EVENT (ISE)

Within the Initial Sensitizing Event (ISE) the individual is sensitized by an emotionally POWERFUL event and psychological antibodies begin to develop, although there are no symptoms. The person is also not consciously aware of the origin of the problem. The ISE can consciously be referred to by semantics and non-verbal language (signals from the body) and is seen as the underlying problem. According to the Medical Hypnoanalysis Model, if this is not removed, the symptoms will reoccur. The ISE is also seen as the etiology of the problem and future problems (Scott, 1991a:13; SASCH, 1998:29; Leeb & Fourie, 2000:3). According to Spear & Spear (1997:15, 17) the ISE is the core experience of the individual and will therefore also have an impact on the client's core belief, which is like the power of a line or code in a computer programme. The phenomenon of the core belief cannot be ignored as it has active and painful intent. The core belief is a strongly held opinion in the subconscious which may or may not be true. The validity, efficiency or destructiveness of the core belief therefore makes no difference – it will impact on the person and the person's sense of self.

4.2.3.3.2 THE SYMPTOM PRODUCING EVENT (SPE)

The Symptom Producing Event (SPE) is seen as the second powerful event and triggers the symptom. Scott (1991a:13), Leeb and Fourie (2000:3) stated that the SPE acts as an antigen to build antibodies to previous sensitization. The situation does not necessarily have to be related to the ISE. The person is usually aware or conscious of the event. The situation is not of critical importance, but the emotion is. The reverberation of the previous emotion / feeling is of importance as it is the second emotionally powerful event.

4.2.3.3.3 THE SYMPTOM INTENSIFYING EVENT (SIE)

The Symptom Intensifying Event (SIE) is where an event or events intensifies emotions experienced during the ISE and SPE. This is usually the time when the client seeks help, because the symptom(s) has got worse or unbearable and help is needed (Leeb & Fourie, 2000:4). The SIE intensifies the symptom; it is recallable in the conscious mind and it may be many and varied events (Scott, 1991a:13-15; Ritzman, 1992:100; SASCH, 1998:29-30).

In conclusion to the above discussion on the ISE, SPE and SIE the following deductions can be made (Spear & Spear, 1997:17; Leeb & Fourie, 2000:4):

- The ISE can be seen as the seed planted for a certain behaviour / thought / feeling determining every aspect of the individual's life;
- the SPE can be seen as an event / incident following the ISE, which allowed growth of the seed; and
- the SIE or more than one SIE(s) forms the branches which constitutes a grown plant / weed.

"*In therapy the focus is then to uproot the weed from its origin, which allows for a more complete and lasting cure. The conditioning and learned responses are then also altered during therapy*" (Leeb & Fourie, 2000:4). The researcher, however, will only use the ISE, SPE and SIE as part of determining subconscious causes for the client not being the essential self and to identify parts of the self that needs to be integrated into the self as energy system.

4.2.3.4 THE SUBCONSCIOUS DIAGNOSIS

According to Bryan (1986:60) the diagnosis should be a double diagnosis, by using the history-taking and the Word Association Test. Within the Medical Hypnoanalysis Model, symptomatology is emotional reactions caused by anxiety, fear and guilt (Modlin, 1999:51). As the material derived from the Bryan's Word Association Test is used within hypnosis to access the subconscious, the diagnosis is called a Subconscious Diagnosis (Bryan, 1986:59-60). The Subconscious Diagnosis according to the Medical Hypnoanalysis Model (SASCH, 1998:30) is descriptive and not judgmental. In being familiar with the normal responses by clients, abnormal

responses can be instantly recognized, charted and the significance be identified by the therapist / researcher. Although the Word Association Test will not be used by the researcher in this study for diagnostic purposes as such, but rather for the assistance in identifying subconscious resources; the researcher is of the opinion that it is necessary to discuss the Subconscious Diagnosis, as used within the Medical Hypnoanalysis Model. The diagnosis can be placed in the categories as indicated in Table 4.2 (Leeb & Fourie, 2000:2). The abbreviation used in Table 4.2 will also be used in the discussion of the different aspects after their initial use in the different sections.

TABLE 4.2   Abbreviations Subconscious Diagnoses

ABBREVIATION	SUBCONSCIOUS DIAGNOSES
ISE	Initial Sensitizing Event
SPE	Symptom Producing Event
SIE	Symptom Intensifying Event
PNE	Prenatal experience
BE	Birth Experience
IDP	Identity problem
DES	Death Expectancy Syndrome
BAS	Birth Anoxia Syndrome
SAS	Separation Anxiety Syndrome
WZS	Walking Zombie Syndrome
JPG	Jurisdictional Problem of Guilt
PDL	Ponce de Leon Syndrome

4.2.3.4.1 THE PRENATAL EXPERIENCE (PNE)

During the Prenatal Experience (PNE) ideally the fetal existence is one where the baby is aware of love and acceptance, as the mother is keenly being expectant of the baby's arrival. The emotions of a person suffering from PDL have failed to keep pace with his chronological age and the symptoms of immaturity may manifest in many ways. Any circumstance which threatens this, can affect the perceived security of the fetus. "*Perceptions of these made by the baby can result in fetal anxiety, fear and guilt and if the 'voltage' is great enough, imprint powerfully*" (SASCH, 1998:31). Fear, anxiety and guilt within the PNE may be the ISE for any or all subsequent Subconscious Diagnosis. The negative experience of the PNE is the

ISE in a significant proportion of dysfunctional adults (Scott, 1989b:48; SASCH, 1998:31; Modlin, 1999:66-67; Leeb & Fourie, 2000:4).

According to Leeb and Fourie (2000:5) if clients are asked what they are feeling during the regression in the PNE the reply is often one of the following:

- Lonely or alone;
- helpless or hopeless;
- frightened;
- responsible; and
- uncertain about the future.

Whatever it is that constitutes the survival threat – the baby will react in cognitive and emotional terms. The action might also be in the form of inaction by withdrawing.

4.2.3.4.2 THE BIRTH EXPERIENCE (BE)

According to Ritzman (in Modlin, 2004:14) the "*single most powerful source of fear is the birth experience* [BE] *itself."* The infant has lived for nine months in complete security, warmth, sheltered, fed and with all its needs provided; where after it is forced into a bruising experience that goes on hour after hour without relief. "*The onset of anoxia from pressure on the umbilical cord followed by a total inability to obey the conscious command to breathe, creates extreme fear together with the sense that something terrible (death) is about to happen"* (Ritzman in Modlin, 2004:14). To the researcher the BE can have a definite impact as ISE in the onset of a dissonance within the self as energy system.

4.2.3.4.3 THE IDENTITY PROBLEM (IDP)

According to Scott (1989b:47), SASCH (1998:31), Ritzman (1990:152), Modlin (1999:68-71) and Leeb and Fourie (2000:5) the Identity Problem (IDP) is about the initial thought pattern about the self. A person suffering from the IDP often shows an awareness of a lack of personal worth, no self assurance and a sense of helplessness, which is in the researcher's opinion, a characteristic of a client who is not being the essential self. The IDP is created in the mind of the unborn baby from its perception of the mother's thoughts, emotions / feelings and actions with regards to the pregnancy and the circumstances surrounding it. A strong foundation is

formed for the infant's personality by maternal love and acceptance. "*Maternal love and acceptance create a strong foundation for the developing individual's personality – determining his… sense of spiritual self-worth, the right to exist, a rightful belonging and the amount of love it is capable of generating, storing and giving. This is to say, it determines the degree of 'charge' in the 'love battery'*" (SASCH, 1998:31). The baby will enter the world confused and even feel guilty of existing, if the maternal message is one of resentment or anxiety. The researcher can foresee that this can bring dissonance within the self as energy system (Leeb & Fourie, 2000:5).

4.2.3.4.4 THE DEATH EXPECTANCY SYNDROME (DES)

The Death Expectancy Syndrome (DES) is seen as the real reason for anxiety and fear and this may originate from an experience on a physical, emotional and / or spiritual level (Modlin, 1999:71; Leeb & Fourie, 2000:5). The DES result as a fear of death or dying and the expectation of an eminent death. The researcher is of the opinion that this is an important causal factor for the self to be in dissonance, as it is impossible for the self to function in its full capacity. If a part of the self is feeling or perceiving itself to be dead or dying. According to SASCH (1998:31) two reasons for the DES are the Birth Anoxia Syndrome (BAS) and the Separation Anxiety Syndrome (SAS).

4.2.3.4.5 THE BIRTH ANOXIA SYNDROME (BAS)

According to Chamberlain (1986:89) memories from birth appear to be real memories and contain valuable information about the birth from the baby's point of view. The Birth Anoxia Syndrome (BAS) is a consequence of the birth experience.

Ritzman (1988:95), SASCH (1998:31), Ritzman (1990:152) and Leeb and Fourie (2000:5) states that the most common causes for the BAS are:

- Falling oxygen levels;
- changes in the blood chemistry;
- distortion of the head;
- compression of the chest;
- delay in the second stage of birth; and
- the cognitive recognition of a threat.

The baby then becomes terrified and experiences it as an actual threat. This results in significant apprehension and FEAR of DEATH which leads to the FLIGHT or FIGHT response. The BAS is also alternatively referred to as the Death Expectancy Syndrome (DES), as this experience can be perceived by the subconscious mind as death (Benenson, 1990:131; Ritzman, 1990:152; Ritzman, 1992:101, Leistikow, 1994:94; Modlin, 2004:14); the perception of death will impact on the self as energy system which is linked to the subconscious mind in the researcher's opinion.

4.2.3.4.6 THE SEPARATION ANXIETY SYNDROME (SAS)

According to Ritzman (1989:137-148), Ritzman (1990:153), SASCH (1998:31) and Leeb and Fourie (2000:6) the Separation Anxiety Syndrome (SAS) can also be seen as a reason for the Death Expectancy Syndrome (DES). The perception of the baby may be that he is alone, which result in fear – any emotional or physical trauma may result in the same perceptions. In the case of the DES due to the SAS the subconscious may respond to this as an actual survival threat by having a flight or fight response.

According to Ayers (1993:19), SASCH (1998:31) and Leeb and Fourie (2000:6) the separation anxiety may be due to one of the following:

- Separation from love in utero;
- delay in / or poor bonding with the mother; and
- absent bonding (example, the baby being in an incubator).

4.2.3.4.7 THE WALKING ZOMBIE SYNDROME (WZS)

The Walking Zombie Syndrome (WZS) is in essence the ACCEPTANCE of a DEATH SUGGESTION as the result of a survival threat (Bryan, 1987b:59; Scott, 1989b:47; Scott, 1991a:10, 16). According to Bryan (1987b:59) the psychopathology of this condition is that the client has already accepted the fact that he is dead – the client will therefore exhibit no fear, since he has already died. Modlin (1999:11) confirmed this by stating that "*dead is what we call the Walking Zombie Syndrome in Medical Hypnoanalysis.*" "*An individual with this syndrome has accepted a death suggestion in his… subconscious mind… and is continuing to 'live'… that suggestion with its attendant feeling of deadness*" (Adkins, 1986:34). Bryan (1987b:59), Ritzman (1988:104), SASCH (1998:32) and Leeb and Fourie (2000:6) stated that the

WZS is an existential void, inadequate ego structure and / or depressive behaviour and the person can appear withdrawn, immobile and lifeless.

The WZS is a formative experience that moulds the person's capacity to think, feel and respond to other events and therefore impacts on the person being the essential self. The person's perception becomes that death is eminent or occurring and that life is no longer worth living and purposeless. This might be due to a death-like experience or with the loss of a loved one. The death experience may be perceived on a physical, emotional or spiritual level. If the death suggestion is accepted by the subconscious the person can take on the appearance of a true Walking Zombie – and walk around as if there is no life in them, have little social interaction, being uninvolved with life or wear dark clothing. If the subconscious mind becomes aware of life again, a conflict may arise where one part of a person (ego-state) belief 'I am dead' and another part (ego-state) belief 'I am alive'; this will bring the self as energy system in dissonance, as the energy balance within the self becomes disturbed. "*When a person 'dies' in one part, the rest of that person is still experiencing life, but there is uncertainty about it… sometime stimulation, some excitement, some pain or some difficulty.. will bring relief from this dilemma*" (Modlin, 1999:97). To justify this belief a PROOF OF LIFE will be established by the subconscious mind – this usually is established around the time of the death suggestion's Symptom Producing Event (Modlin, 1999:76-78).

4.2.3.4.8 THE PONCE DE LEON SYNDROME (PDL)

The Ponce de Leon Syndrome (PDL) is a state of emotional immaturity or arrested maturity. The PDL is the result of a powerful perception of an event or a loss during the growing years (Bryan, 1987a:90; Ritzman, 1987:102; Ritzman, 1989:137; Ritzman, 1990:153; Modlin, 1999:90-91; Leeb & Fourie, 2000:7,15). The problem of a normal personality showing isolated instances of immature behaviour usually go back to traumatic events in childhood, during which certain emotions were generated and expressed. The proper reasoning processes necessary to remove the problem from the subconscious mind may be paralyzed due to the intensity of the emotion or because the processes have not yet been formed. The client will then keep on repeating the emotional reactions under the circumstances which remind the subconscious mind of the original episode and therefore keeps the person from being the essential self.

According to Leeb and Fourie (2000:7) the PDL is not seen as an isolated problem, but as the result of a variety of problems occurring at different times in the client's existence. According to SASCH (1998:32) the arrest of normal maturity can occur due to:

- Child abuse (sexual, physical and / or emotional);
- loss of a parent(s) (death or divorce); and / or
- the absence of a parent (actual or metaphorical)

The mature personality is aware of the self, has a purpose and knows how to give and take love (Leeb & Fourie, 2000:7), but any event or perception up to the age of twenty years that interferes or prevents the development of the person, or the person's sense of self, can according to Modlin (2004:15) result in:

- Severe guilt;
- loneliness;
- damaged inner love potential; and / or
- suppressed anger and fear.

From the above it can be derived that the PDL may present himself with varied symptoms such as the inability to maintain a job or relationship, the excessive need for a parental figure or anti-social behaviour et cetera; which in turn has a negative impact on the person being the essential self. The discovery of the essential self, according to the researcher, is going into arrest within the PDL.

According to Leeb and Fourie (2000:7) the PDL can easily be identified during history-taking. The client will usually within the first three sentences say: 'I don't know where to begin' or 'I don't really know why I am here'. The PDL may also be locked in immature behaviour, thought patterns and emotional responses. The PDL then also entails the rebuilding of the whole personality by first of all focusing on the Initial Sensitizing Event (ISE).

4.2.3.4.9 THE JURISDICTIONAL PROBLEM OF GUILT (JPG)

The Jurisdictional Problem of Guilt (JPG) is seen as self-imposed guilt, toxic shame or unwanted responsibility. Guilt is the most damaging and possibly the most

important emotion. Guilt is also seen as a subconscious fear of eternal damnation implanted early in life. It also demands penance in order to escape disaster. Painful illness for example can be a convenient alternative for eternal damnation. Guilt is also seen as self-inflicted according to the individual's perception of an event and the personalities involved. The self-imposed self-judgment affects the love battery and lowers a person's self-esteem (Scott, 1989b:46; Benenson, 1990:137-138; Ritzman, 1990:153; Ritzman, 1993:11-13; Modlin, 1999:79-90; Modlin, 2004:15-16).

According to Leeb and Fourie (2000:8) generative causes for the Jurisdictional problem can be:

- Self-judgment;
- confusion between God's law and Man's law;
- self-justification by law instead of faith (justice / fairness trap);
- guilt by focusing on the behaviour rather than the circumstances;
- accepting the sins of the father;
- confusing the sin with the sinner; and / or
- punishing the innocent to save the guilty.

Guilt always demands a punishment and therefore the subconscious mind will find a way to punish the person in the hope to avoid punishment from the Divine, which means the essential self will be inflicted and the self as energy system, becomes dissonant.

4.2.4 METHOD

According to Matez (1986:68), Modlin (1999:92) and Leeb and Fourie (2000:3) the Medical Hypnoanalysis Model can uncover the unconscious forces that are responsible for a particular symptom. Spear and Spear (1997:14-15) states that the hypnoanalyst is a re-educator that examines the individual for faulty thinking and then help him to re-educate himself to correct faulty thought processes. The Subconscious Diagnosis by means of the Word Association Test (WAT) resides in the elicited core beliefs of the client – the analyst would therefore simply ask the question *'What are the client's core beliefs that are causing the person to have the presenting problem?'* As re-educator the educator (therapist) will focus on

discovering what the student's (client) beliefs are and to discover which aspects of his thinking need correction.

Within the Medical Hypnoanalysis Model, in analyzing the Word Association Test (WAT), the goal according to Modlin (2004:4) is, to:

- Find the Real Problem;
- identify the 'Proof of Life';
- identify where within the Order of Importance is the problem;
- identify the resources of the client;
- identify the ISE, SPE, SIE's; and
- establish the client's goals in terms of the therapist's goals.

Once the underlying origin (ISE) and the SPE(s) of the problem have been identified and resolved the person will be free to give up his particular symptoms and / or reactions. The main tool used within Medical Hypnoanalysis Model is age regression. The interest is not in the past events that took place in the client's life, but the emotion(s) the event excited. The excited emotion usually established a defense or suggestion that will be acted on involuntary thereafter. The client will then act upon a certain emotion without being consciously aware of the action or reason for the action (person on the island as illustrated in Figure 3.3). Through age regression the therapist assists the client to alter or change fixed reactions that do not match his environment. Janas (1986:47) said: "*I am a firm believer in training the subconscious and letting it take care of complex behaviours efficiently and effortlessly… So, rather than caution anyone to avoid all ruts and habits, a prudent man should accept the idea, that although habits make for more efficient and productive living, they should be reviewed periodically. Such a review can assure that the habits are working for the person and not the other way around.*"

According to Ritzman (1990:154) love is the energy of healing and according to Scott (1989b:51-56), Scott (1991b:95-98) and Modlin (1999:93-94) the healing process can be reduced to the **Seven 'R's'**:

- **Rapport** – which is established by the therapist when taking the history and providing an explanation of the use of hypnosis in therapy.

- **Relaxation** – this is established in the first formal session of hypnosis. The primary objective is then to help the client to experience as deep a trance as possible, while providing a series of protective suggestions and to reinforce the client's sense of control and also reinforces the rapport established within the first session. Ritzman (1990:154) stated that "*Relaxation is the key that opens the door to hope, confidence, faith, the will to live, and to the flow of the healing itself… It is the relaxation response which organizes and activates all of the creative powers of the human entity.*"

- **Regression** – is done in hypnosis to the significant events in the client's life to review his perceptions and beliefs and also to discover how they have affected his way of thinking, feeling and behaving.

- **Remove** – the removal of faulty beliefs is the next step.

- **Replace** – it is also necessary to replace these faulty or negative beliefs with positive ones.

- **Reinforcement** – the new replaced belief needs to be reinforced.

- **Rehabilitation** – the rehabilitation from the old negative and faulty suggestions will then result in automatic positive reactions.

This section can be concluded with Bryan's (1986:60) words that for a client to want a cure, is not enough. A cure must actually be expected, as most clients are cured according to their belief. Recent research done by Battino (2007:19) has confirmed that expectation reduced the number of sessions needed by the client to do significant work. Ritzman (1990:155) supported this by saying that desire is the energy that drives the healing power. It is important for the therapist to understand the symptomatic diagnosis and the underlying psychodynamics of each case and also to see the solution to the client's problem.

The researcher used the Medical Hypnoanalysis Model as the framework for identifying subconscious resources indicating the cause of the client's problem, inner-strengths and possible solutions to the problem. The researcher is of the opinion that it provides the researcher, as therapist, with a non-threatening way of

assisting the client to understand his problem. One of the modalities used within this study as method to access the subconscious mind, is Ego-state therapy, which will be discussed in the following section.

4.3   EGO-STATE THERAPY

4.3.1 OVERVIEW

In the discussion of Ego-state therapy the focus will be on the framework used by the researcher to access subconscious resources in the form of ego-states (Phillips, 1995:111). The researcher used the SARI-model as framework in which the therapeutic process took place. The therapeutic process implies in this study the process of accessing subconscious resources, as well as, the utilization thereof in assisting the client to become the essential self. To the researcher the therapeutic process is inclusive of the History-taking, as well as, the completion of the Word Association Test. Therapists (Stuthridge, 2006:270; Crichton, 2007:28) have used variations of parts therapy for decades, for example as seen in Transactional Analysis, Inner Child work and Client-centered parts therapy (Hunter, 2006:23-25). Parts therapy as used by the researcher in the form of Ego-state therapy involves the process of calling out and communicating directly with any part of the subconscious mind involved in the problem and that can help the client to achieve a desired result. As the Ego-state model was discussed in great depth in Chapter 2 in the discussion of the self, which "*is based on the concept that our personality is composed of a number of various personality parts, which are aspects of the subconscious, each with their respective jobs or functions of the inner mind*" (Hunter, 2006:23).

The researcher is in agreement with Watkins (1993:237), Phillips (1995:111) and Hunter (2006:25) that it is important to uncover the ego-states or parts involved in the problem presented in therapy. Ego-states need to be explored, to identify the needs of each state, in order to satisfy these needs in constructive ways. To the researcher ego-states are of importance, because they can either assist in the client discovering the essential self, or create internal dissonance and thereby prevent the client from being the essential self. The researcher has noted in her practice that the needs of different ego-states are often disguised by behavior quite contrary to the satisfaction of those needs. Unresolved inner conflicts can inhibit clients from

attaining their ideal self. For example, a punitive state most often has a protective need. The child who has been traumatized through abuse dissociates a part that remains as an ego-state within the adult and continues to think as he did during the trauma. Time stands still for that ego-state – such an ego-state will present with the same symptomatology described as the Ponce de Leon syndrome (PDL) within the Medical Hypnoanalysis Model. This type of ego-state needs to learn more constructive behaviours to protect the total personality.

As indicated in Chapter 2, dissociation can be a very normal reaction which protects a person from a frightening situation by lowering the fear and allowing the person to become an object for the moment (Watkins & Watkins, 1997:38; Stout, 2001:8). The Ego-state model also supports the concept that a system of ideas can be held by the subconscious mind (or a subconscious personality) - the person is generally not consciously aware of it (as discussed within Chapter 3). Most people know the experience of being taken over by a part of themselves which they did not know was there. A person would then say 'I don't know what got into me.' This is most often a negative experience, although it can also be positive. A person can find himself acting in ways which seems to be unusual or which goes against his interests, as if he, at that moment, is another person. Stout (2001:7) stated: "*Many of us find it difficult, and at times impossible to stay in one 'mode', even to be constant and recognizable, even to ourselves.*" This may last as long as the situation lasts – perhaps a few minutes, perhaps an hour, perhaps a few hours – and then it changes when the person goes into another situation (Hermans & Kempen, 1993:35). It is believed that this could become conscious through hypnosis (Watkins & Watkins, 1997:4). Watkins and Watkins (1997:36) stated that "*Since ego-state therapy is an approach involving interpart communication and diplomacy, hypnosis becomes almost a sine qua non for practicing it when the states are covert.*" The researcher used the SARI-model derived from Ego-state therapy as basis for therapeutic intervention, and is of the opinion that it provides a useful framework within which the therapeutic process can be monitored. Much has been said about Ego-state therapy as an energy model in describing the self as seen by the researcher in Chapter 2. The researcher will therefore just briefly discuss a few aspects with regards to ego-states that can be used in therapy. Thereafter the use of the SARI-model derived from the Ego-state therapeutic intervention method will be discussed.

4.3.2 THE HIDDEN OBSERVER / INNER ADVISOR

According to Hildegard (in Olivier & Cronjé, 2000:13) there is within the individual a cognitive structural system which he calls the hidden observer. The hidden observer is a normal ego-state that observes what is happening in the other ego-states. The hidden observer is also utilized by the researcher through the use of Ericksonian psychotherapeutic principles discussed in 4.4.

The following characteristic can be attributed to the hidden observer according to Olivier and Cronjé (2000:13):

- It can indicate the presence of other ego-states and the functions of these ego-states to the therapist;
- it knows what caused the pathology and why, because it is an onlooker;
- it is able to stabilize malevolent ego-states;
- it was present from the beginning of the client's existence; and
- it did not develop as the result of an emotional or physical trauma, but is an intrinsic part of the ego.

The hidden observer can also be called the 'wise one' and can be used by the therapist to get valuable information which can be used to assist the client. It can be used as a resource for inner-strength. The hidden observer can also be accessed to assist in the building of inner-strengths or ego-strengthening. Frederick and McNeal (1999:191) refer to an inner advisor or inner helper that has insight, knowledge and guidance that are unencumbered by conflict. The inner advisor is regarded as a centre core, which can also be represented by the safe place. The researcher will use the term Inner Advisor to refer to different forms of insight, knowledge and guidance within the subconscious mind (as used in Chapter 6 - case discussions).

4.3.3 EGO-STRENGTHENING

A growing trend of hypnotic literature (Phillips, 1995:111; Phillips, 2004:1) emphasizes that the development of positive feelings about the self can be fostered through ego-strengthening. Within the self there may be somatic, cognitive and emotional resources which can contribute to ego-strengthening and personality integration. "*The hypnotic techniques of ego-strengthening involve utilizing suggestions of encouragement…* [in] *conscious and unconscious levels of*

awareness" (Carich, 1990:498). In ego-state therapy this is done through every stage of therapy as indicated in the SARI-model (Table 4.4). *"Ego-state therapy is focused on the repair of divided-self issues and the development of integrated functioning across various personality states"* (Phillips, 2004:1). Ego-strengthening plays a crucial role in the growth of the personality and the individual as an energy system (Chapter 2). Attributes that are relevant to a client's positive perception enable the client to see himself in a different light, which leads to positive feelings toward the inner self (Carich, 1990:498; Frederick & McNeal, 1999:187). The researcher is also of the opinion that it can be used effectively in the assistance of clients in discovering the essential self and in activating self-actualization.

4.3.4 THE SARI-MODEL

The SARI-model provides a therapeutic framework that gives the therapist a means to stay in contact with the client's emotional state. Within the SARI-model the treatment of the client is conducted within the framework of four stages as indicated in Table 4.3 (Phillips & Frederick, 1995:36), namely:

1) Safety and stabilization.
2) Accessing trauma material.
3) Resolving traumatic experiences.
4) Personality integration and the creation of a new identity.

The researcher will give a brief overview of this model as the framework within which ego-states can be accessed and the therapeutic process facilitated in assisting the client to discover the essential self by means of subconscious resources.

4.3.4.1 SAFETY AND STABILITY

The first stage, of safety and stability, takes precedence over all the others (Phillips & Frederick, 1995:36-37; Olivier & Cronjé, 2000:75; Fourie, 2003:87-88). It is essential that the client is helped to achieve a sense of internal and external safety before other therapeutic endeavors are attempted where trauma is being uncovered and / or other resources that are dissociated from the client's awareness, accessed.

During this stage the client can also be introduced to hypnosis and the appropriate hypnotherapeutic techniques investigated – a summary of possible hypnotic

techniques that can be used are given in Figure 4.3. These are all advanced hypnotherapeutic techniques that can be acquired through intense training in hypnosis and therefore the researcher hasn't given a discussion of what these techniques entail in this study. To the researcher this is the stage where the client's history is taken and the client is introduced to the concept of hypnosis for the purpose of establishing ego-strength.

FIGURE 4.3 Hypnotherapeutic techniques
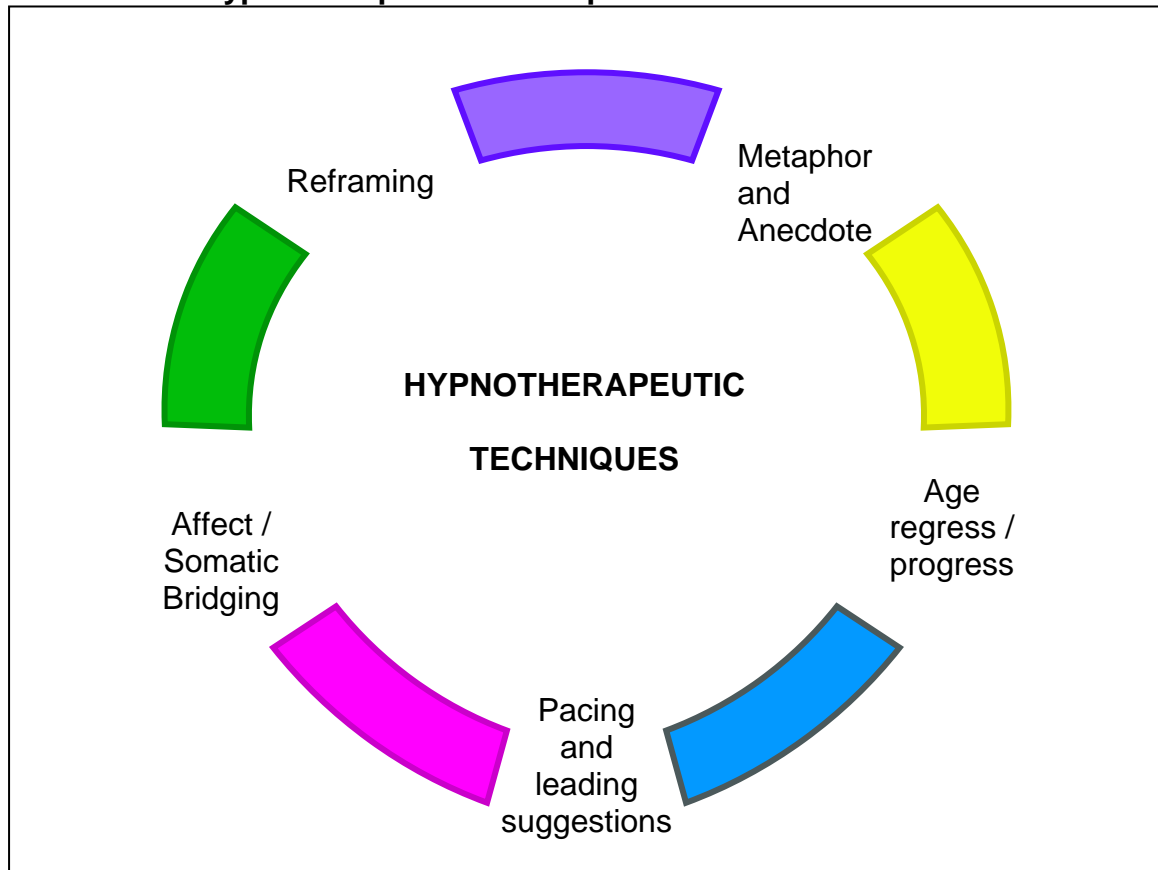
(Phillips, 1995:111; Phillips & Frederick, 1995:48-57; Yapko, 1995:41-42; SASCH, 1998:18; Battino, 2001b:151; 2001c:297-298,300)

4.3.4.2 ACCESSING TRAUMA MATERIAL

Only once the tasks of safety and security have been reasonably achieved can the therapist and client start to work on uncovering trauma. During this stage traumatic material is being accessed through age regression(s) and it can easily destabilize the client; if this happens it is necessary to go back to the previous stage of safety and stability. During this stage of therapy, the therapist assists the client to reconstruct enough of the traumatic experience, in order to be able to renegotiate and reconstruct parts within the whole personality. It can happen that if the work in this stage is therapist-induced that the client becomes passive or resistant, rather than an active partner in the therapeutic process. It is also necessary to build

enough ego-strength when formal regressions are done (Phillips & Frederick, 1995:42; Olivier & Cronjé, 2000:75; Fourie, 2003:88-89). During this stage of therapy the researcher will administer the Word Association Test (WAT) and if the client becomes destabilized due to trauma that has been activated through the WAT, the therapist will revert back to stage one of the SARI-model.

4.3.4.3 RESOLVING TRAUMATIC EXPERIENCES

The third stage of therapy involves the re-association of trauma in order to resolve the somatic, visual, behavioural, affective and cognitive aspects of the particular traumatic events that can be reconnected with the mainstream of consciousness. The abbreviation SIBAM used within Table 4.3 refers to the somatic aspects of the trauma response across the dimensions of Sensations, Imagery, Behaviours, Affects and Meaning. The integration of the personality in the next stage of the model is measured against these elements. The discussion of the Word Association Test also touches on this stage of the model according to the researcher. Whenever traumatic material has been recovered through hypnosis and / or relived through an abreaction, it is necessary to bring it into conscious awareness within a short time after the retrieval, in order to prevent the material from being re-dissociated and repressed again. The focus of uncovering traumatic material is on the integration and regulation of affects to enhance self-control. The emotional release and expression of trauma through an abreaction will not necessitate change; therefore the client should be assisted to renegotiate the trauma by identifying the pattern of traumatic responses and to integrate it into flexible internal resources. Restabilization is also deemed important during this stage of therapy (Phillips & Frederick, 1995:42-44; Olivier & Cronjé, 2000:90-93; Fourie, 2003:89).

4.3.4.4 INTEGRATION AND NEW IDENTITY

During the final stage the person is assisted to develop a new identity beyond the trauma or coping with difficult symptoms and the divided self is reintegrated. This is the stage when ego-state therapy can be introduced; although it can in some cases be used in stage one to help the client to manage persistent post-traumatic symptoms and self-destructive behaviours.

Ego-state work is usually not attempted until initial hypnotic tasks have been completed successfully. The client and therapist must have achieved a good

working therapeutic alliance and the client must have developed trust in his own internal process (Phillips & Frederick, 1995:57).   In the treatment of developmental delays and attachment deficits corrective re-nurturing and self-reparenting are necessary. The maturation of the self appears to proceed along several dimensions simultaneously, for example the psychosocial, cognitive and affective / emotional needs et cetera (Phillips, 2004:2).

According to Olivier and Cronjé (2000:96) four steps are important at this stage of the SARI-model, namely:

- The use of Ericksonian approaches for the future identity development of the newly established identity, personality integration and the integration of dissociative material;
- any emerging traumatic events need to be renegotiated;
- the client needs to be empowered by focusing on integrating what has been safely remembered; and
- the entire inner system and ego-strengthening for the whole personality needs to be re-established, while re-focusing on stage one tasks on a deeper level.

According to Fourie (2003:90) and Olivier and Cronjé (2000:101) some merging of different ego-states may occur spontaneously during the integration phase, although merging is not essential for integration. To integrate means to assist the client in allowing the boundaries between various ego-states to become permeable, by increasing communication and cooperation amongst them. It is not seen as necessary to *fuse* the different parts into unity as this is not the state of the normal personality. In the shifting of energy during the integration phase, the actual number of ego-states may diminish as two parts may merge while spontaneously retaining the name of only one of them.

TABLE 4.3   The SARI-model

			Hypnosis for Integration and New Identity
			Ericksonian approaches to future identity Development of New Identity: internal maturation Ego-State therapy: personality reintegration Integration of dissociated material
		Hypnosis for Re-association	
	Hypnosis for Accessing and Mastery of Emerging Traumatic Material	Renegotiation (SIBAM) Working-through & processing Connecting sensory, visual, behavioural, motoric, affective & cognitive aspects of trauma to mainstream of awareness	Renegotiation (SIBAM) of any emerging traumatic events Ongoing processing & working-through of traumatic material
	Reconstruction of trauma material in empowering ways "Self remembering" approaches with and without hypnosis	Ongoing reconstruction of trauma for empowerment Continued "safe remembering"	Continued focus on re-constructed history for empowerment & perspective Focus on integrating what has been safely remembered & re-associated
Hypnosis for Ego-Strengthening			
Work & family: interpersonal issues Emotional self-regulation Somatic & health: post-traumatic symptoms Therapeutic relationship alliance Substance abuse & addiction problems Suicidal, homicidal & self-destructive issues	Alternate uncovering sessions with ego-strengthening If patient destabilizes, return to Stage 1	Restabilization through ego-strengthening If patient destabilizes, return to Stage 1	Restabilization of entire inner-system, ego-strengthening for whole personality Destabilization likely only from external challenges; refocus on stage 1 tasks at deeper levels
STAGE I **Safety and Stabilization**	**STAGE II** **Accessing Trauma Material**	**STAGE III** **Resolving Traumatic Experiences**	**STAGE IV** **Integration and New Identity**

(Adapted from Phillips & Frederick, 1995:37)

4.3.5 CONCLUSION

The researcher found the utilization of ego-states helpful in accessing trauma as well as in the building of inner- and ego-strengths. The researcher discovered that the SARI-model was helpful in establishing a therapeutic framework, but felt that a further examination of techniques in the utilization of subconscious resources was needed. To establish this, the Ericksonian psychotherapeutic approach was used, as discussed in the following section.

4.4 ERICKSONIAN PSYCHOTHERAPEUTIC TECHNIQUES

4.4.1 INTRODUCTION

Lankton (2007:1) stated that as Freud has made his contribution in terms of theory, Erickson made an equal impact in terms of intervention with the advancement of hypnosis. "*The inner mind seems to contain a profound wisdom that is often surprising to both client and therapist alike, because there is a part of the inner mind that observes what happens even during deep trance*" (Durbin in Hunter, 2006:26-27). The principle of utilization is commonly known within the field of Ericksonian psychotherapy. It has been the centre of Milton H Erickson's interventions and was defined by Zeig (1994:298) as "*the readiness of the therapist to respond strategically to any and all aspects of the* [client] *or the environment.*" His teaching provided a way to access the subconscious mind. The researcher is in agreement with Erickson (in Jackson, 2003:30) who held a strong belief that clients in most instances already "*possessed adequate resources, abilities and experiences necessary to resolve* [their] *problems.*" Any aspect of that which is presented by the client – his style, dress, mannerisms, history and family - can be utilized in therapy. The therapist also utilizes the symptom, the symptom pattern and the resistances of the client, as well, as the client's social system and environment (Zeig, 1994:298). The principle of utilization, as well as, other facets used within the Ericksonian psychotherapeutic process can be best described by means of the Ericksonian Diamond (Zeig, 1994:301) as presented within Figure 4.4. The researcher utilized different Ericksonian psychotherapeutic techniques as it is more naturalistic and indirect in its approach to hypnosis which results in hypnotic inductions without the therapist having to induce a formal trance (Zeig, 1994:298; Araoz, 2001:80; Lankton, 2007:15).

4.4.2 THE ERICKSONIAN DIAMOND

The Ericksonian Diamond was devised by Jeffrey Zeig (1994:301) to describe Ericksonian psychotherapy. In the Ericksonian Diamond (Figure 4.4) each facet of therapy is based on a choice point that the therapist can use in case of resistance from the client and a change can then be made in one or a combination of the facets. The facets are the *goal*, *gift wrapping*, *tailoring* and *processing.* This is *utilized* by the therapist by asking different questions in each facet to assist the therapeutic process. The different facets of the Ericksonian Diamond will be discussed in the following sections.

FIGURE 4.4 The Ericksonian Diamond
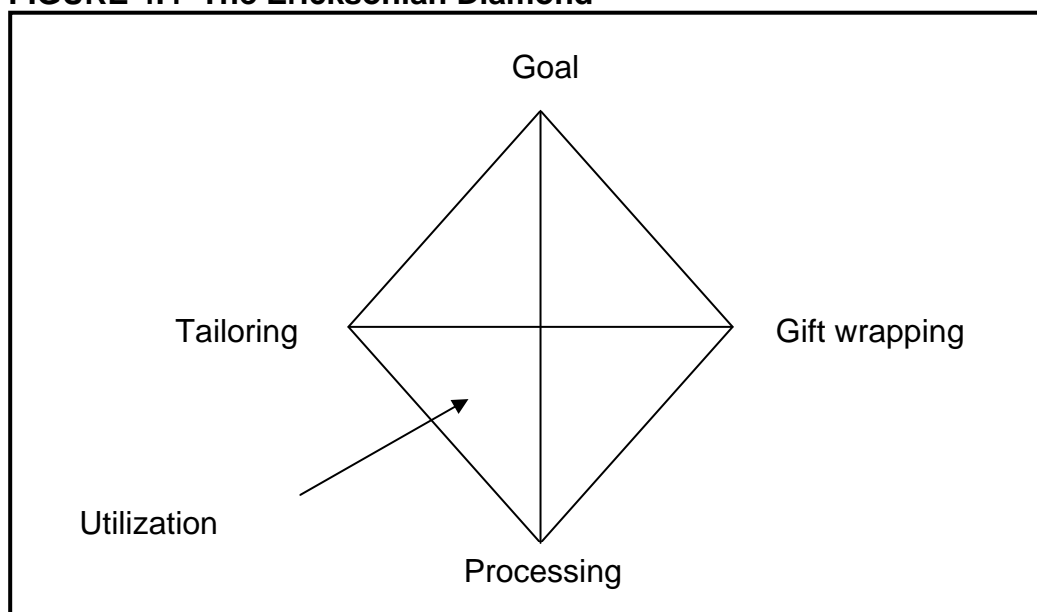
(adapted from Zeig, 1994:301)

4.4.2.1 GOAL

The question that the therapist asks in this facet is: 'What do I want to communicate?'   When the therapist for example has the goal of doing a hypnotic induction the induction goal that she might want to communicate to the client is: 'Relax!' The goals in therapy may vary and a goal can also be divided into sub-goals. Different utilization methods can then be directed to effect these sub-goals. In Ericksonian therapy there are both hypnotic induction goals and therapy goals. The induction goal is often effected in order to elicit responsiveness, while the therapy goals are focused on the development of resources. Induction goals can include modifying attention, increasing intensity, and promoting dissociation. The goal will be to orient the client towards his own strengths and the future. It is also orientated to the life-situation and structures that exists in the present. The therapist

has as goal to access associations and resources within the subconscious mind and to bring change on an experiential level. The therapy goals can include providing the client with new information that he may not have had at his disposal previously (Zeig, 1994:301; Jackson, 2003:29-30; Itin, 2007:4; Zeig, 2003:1; Zeig, 2007:3-4).   The researcher is primarily concerned with the utilization of treatment goals.

4.4.2.2 GIFT-WRAPPING

Another facet within the Ericksonian Diamond is gift-wrapping, where the question asked, is: 'How do I want to present the goal?'. The goal could be gift-wrapped in a story, symbol, or anecdote. According to this model it is said that the client gift-wraps his problem in a symptom and the therapist then gift-wraps a solution within a technique. The symptoms are seen as forms of communication. The method that the client uses to gift-wrap his problem can be utilized to gift wrap the solution (Zeig, 1994:302; Lankton, 2007:4; Itin, 2007:5; Zeig, 2003:2; Zeig, 2007:5-11). When using these methods the client should not feel ridiculed in any way. "*Techniques in psychotherapy are merely formats for presenting therapeutic objectives. It is a philosophical error to think that techniques cure... hypnosis does not cure* [clients, it is]… *merely a way of gift-wrapping* information" (Zeig, 1994:302).

According to Zeig (1994:302) the following points should be taken into consideration with regards to gift-wrapping:

- Gift-wrapping should be recursive as the therapeutic goal is not presented merely once. The goal can be presented repetitively in the same way that a theme is presented and developed in a piece of music; and
- the communication of the therapist is judged by the response and not by the cleverness of its structure. "*Clever gift-wrapping techniques are valuable only if they elicit desirable and constructive responses"* (Zeig, 1994:302).

4.4.2.3 TAILORING

The facet of tailoring entails that the therapist must decide how to individualize or tailor the treatment to the unique aspects of the client. In order to effect tailoring, the therapist asks: 'What is the position that the client takes?' The therapist needs to know what the client values. The therapy (or hypnosis) for a shy person, should be different from therapy for an extrovert. The gift-wrapping is best effected when it is

properly tailored for the specific client, taking into account the position of the client, which includes his environment and social system (Zeig, 1994:302-303; Jackson, 2003:29-30; Itin, 2007:5; Zeig, 2003:2; Zeig, 2007:12-13).

4.4.2.4 PROCESSING

After using the three focus points the therapist asks the question: 'How do I present the tailored and gift-wrapped goal?' This method is called processing. According to Zeig (1994:303) processing occurs in three stages which is called the SIFT method: *Setup, Intervene* and *Follow Through.* By using the SIFT method the therapist creates the stage for therapy to be a significant, emotional experience. The Setup includes maneuvers referred to as pre-hypnotic suggestions, which includes seeding and eliciting motivation. The hypnotic induction is considered a pre-hypnotic maneuver (Intervene) as it can be used to elicit the intrapsychic and interpersonal responsiveness that empower future suggestions in a Follow Through (Zeig, 2003:3; Itin, 2007:5).

4.4.2.5 UTILIZATION

"*In many ways the utilization principle is the heart of Erickson's approach in working with clients. He accepted clients as they were and then moved on from there… every client is unique and deserves to be treated in an unique way. This is the essence of Erickson's approach*" (Battino, 2001a:59). He believed that individualism included the phenomenon of resistance and believed it can be used in therapy. Utilization was a lifestyle for Erickson and not merely a technique. Utilization is goal-directed. As the therapist assumes the posture of utilization, she must think ahead toward actualizing a specific target. Utilization can be seen as a state that the therapist enters in order to provide effective treatment: By entering a state of response readiness the therapist becomes a model for the client to access a similar state. The client is encouraged to enter into a state of constructive-responsiveness in the therapeutic process. The problems presented by the client represent a state of insufficiency in which the client believes that he does not have the resources to cope or change. The utilization principle models sufficiency back to the client. Although utilization as a technique is used to some extent in other methods of therapy, it is central in the Ericksonian approach (Zeig, 1994:300; Zahourek, 2002:16; Jackson, 2003:29). The Ericksonian hypnotherapeutic process also

focuses on the utilization of the hypnotic phenomena which is briefly discussed in the following section.

4.4.3 THE HYPNOTIC PHENOMENA

The hypnotic phenomena appears to be the behaviour elicited by individuals while in a trance state or as the result of being hypnotized. This behaviour is seen as normal behaviour and these behaviours are often experienced by people in their daily lives. These phenomena are utilized in hypnosis in direct and indirect suggestions. The hypnotic phenomena are applications of common everyday experiences as a result of hypnosis (Battino & South, 2001:237). The hypnotic phenomena are briefly summarized in Table 4.4 and are grouped according to the effect that they have on experience, namely to create, delete or take away or to distort, as well as, the presentation in all experiences.

TABLE 4.4   The hypnotic phenomena

EFFECT ON EXPERIENCE	HYPNOTIC PHENOMENA	DESCRIPTION
CREATE	**Age regression**	• Utilizing an individual's memory to intensely go back into the past • The past is experienced as if it was in the present – this is called revivification • Memory recovery • Retrieve conscious and subconscious abilities and skills • Utilized to reframe old experiences
	Age progression or sedo-orientation	• Projecting a person into the future • Time projection approach • Experience future realities as the present • Client achieve a detached, dissociated, objective
	Posthypnotic suggestion	• Suggestions for the future, for example parental advise
	Automatic writing	• More traditional hypnotic phenomena • Also present in 'doodling', making 'scrabbles' or 'scribbling'
DELETE	**Negative**	• Not perceiving something that is present

	hallucination	• Can be used to create something that was not previously seen • Can be used to notice something overlooked
	Anaesthesia	• Lack of sensation (example numbness during cold weather) • Can also be emotional numbness
	Amnesia	• Dissociation of self-consciousness in posthypnotic amnesia • Prevents memories from bringing an abreaction if brought to consciousness • Splitting and linking of memories • Forgetting
DISTORTION	**Time distortion**	• Time judgment is being effected • Time rate can be speeded up or slowed down • Disruption of the smooth running of the awareness-time-cycle
	Hyper-amnesia	• Past experiences are being observed in a dissociative state by the client • Enhanced recall or memory • Slow-motion experience, for example in trauma / accident
	Analgesia	• Alteration of sensation, for example soaking in hot water • Alteration of sensation caused by an emotion
PRESENT IN ALL SITUATIONS	**Catalepsy**	• Non-movement • Difficulty in movement • Being emotionally stuck
	Dissociation	• Feeling as if not part of a situation – feeling on the outside • Daydreaming • Feeling out of contact with oneself • Feeling of separation

		• Process of breaking an unwanted association

(adapted from Kunzendorf, 1989:321; SASCH, 1998:15-16; Hartman et al, 1999:11-15; Modlin, 1999:31; Battino & South, 2001:237-252; Zahourek, 2002:17; McNeilly, 2000b:41-42; Barabasz & Christensen, 2006:251; Naish, 2006:33-46)

According to Spiegel and Greenleaf (in Spiegel, 2007:179) the older work defined hypnotic phenomena as susceptibility, while newer findings identify the degree to which an individual can experience the hypnotic state as an innate ability or talent. The abovementioned phenomena are considered to be present in hypnosis. The researcher agrees with Naish (2006:34) that absorption is another element of hypnotic responding that can be used in therapy. The researcher utilized the hypnotic phenomenon to assist the client to become absorbed within the process of accessing subconscious memories, feelings, thoughts and perceptions. *"By listening for, and using whichever phenomenon any client demonstrates facility with, we can further connect and individualize the process to best fit each individual client"* (McNeilly, 2000b:41).

4.5   CONCLUSION

Within this chapter the aspects regarding the subconscious mind that can be found within the Subconscious Diagnosis of the Medical Hypnoanalysis Model was highlighted. The different aspects regarding Ego-state therapy used by the researcher in accessing the subconscious mind was augmented by the SARI-model. Ericksonian psychotherapeutic techniques and the utilization approach where the client's observable and non-observable behaviours and beliefs are utilized by the researcher in pacing the behaviours to establish rapport and leading, as well as, seeding using the client's behaviours and words were discussed. The researcher concludes this chapter in support of Erickson's approach to therapy, that it is not about fitting the client into a model or a method, but that it is about applying techniques and a style that best fit the need of the client (Jackson, 2003:33).

CHAPTER 5

5   RESEARCH DESIGN

FIGURE 5.1 The research design

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│                      ┌──────────────────────────┐                     │
│                      │  RESEARCH DESIGN         │                     │
│                      │                          │                     │
│                      │  • Qualitative           │                     │
│                      │  • The use of literature │                     │
│                      │  • Explorative           │                     │
│                      │  • Contextual            │                     │
│                      │  • Descriptive           │                     │
│                      │  • Particular            │                     │
│                      │  • Inductive and deductive│                    │
│                      │  • Heuristic             │                     │
│                      └──────────────────────────┘                     │
└─────────────────────────────────────────────────────────────────────┘
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RESEARCH DESIGN

- Qualitative
- The use of literature
- Explorative
- Contextual
- Descriptive
- Particular
- Inductive and deductive
- Heuristic

DATA COLLECTION

Medical Hypnoanalysis Model
- Case History
- Word Association Test
- Therapeutic process notes

THERAPEUTIC FRAMEWORK

SARI-model (Ego-state therapy)
- Safety and security
- Accessing trauma material
- Resolving traumatic experiences
- Integration and new identity

THERAPEUTIC INTERVENTION

Ego-state therapy
- Ego-strengthening
- Regressions

Ericksonian psychotherapeutic techniques
- Goals
- Tailoring
- Gift wrapping
- Processing
- Utilization
- Hypnotic phenomena

DATA PROCESSING INTERPRETATION EVALUATION

(modified from Fourie, 2003:11 as modified from Newman)

5.1   INTRODUCTION

Chapter 1 dealt with the introduction to this study, the awareness of the problem and the motivation for the research. In Chapter 2 an overview of the self was given. Different aspects related to the self, such as, ego, person and personality were discussed. Thereafter the Ego-state model was used to describe the self as an energy system. In Chapter 3 a literature study on the subconscious mind and the reasons why hypnotherapy and certain hypnotherapeutic techniques were chosen to access the subconscious mind was given. In Chapter 4 the Medical Hypnoanalysis Model as means to get information from the subconscious mind regarding the cause of the problem, to identify inner-strengths, as well as, possible solutions to the problem was discussed. The SARI-model (model within Ego-state therapy) as therapeutic framework, Ego-state therapy and Ericksonian psychotherapeutic techniques were used as methods of intervention (discussed in Chapter 4). This chapter consists of a research design and the methods applied during the course of the research.

5.2   AIM OF THE STUDY

According to Holloway (1997:137) "*the aim of a research project is the researcher's intention to find out something about a phenomenon in a particular way in order to answer the research question*". The primary aim of this study is to explore, explain and describe the subconscious mind and the resources within it and the way it can be used to assist the client in the discovery of the essential self. Through recognizing the internal resources available to the client, the psychologist might be better equipped to assist the client in accessing these resources in the elevation of symptoms produced by the client's subconscious mind. The researcher is of the opinion that the accessing and utilization of information contained within the subconscious mind of the client will assist the client to become aware of their own internal processes and will lead to the discovery of the essential self. The aim is also to show how the process of accessing subconscious material and the integration of subconscious material (resources) into the self as energy system can create internal harmony and assist the client to become the essential self.

In this study the history-taking form as used by Medical Hypnoanalysis practitioners and the Bryan Word Association Test (WAT) will be used in getting an in-depth background on the client and to get subconscious information regarding the source

of the problem. The study will furthermore investigate the use of the Ego-state model and Ericksonian psychotherapy as means to access the subconscious mind and the discovery and activation of internal resources as a means of assisting the client to discover and live as the essential self.

The following objectives will be considered:

- To identify subconscious information regarding the cause of the problem in a multiple case study group;
- to discuss and explore the Ego-states (internal energy) of clients presented in this study as resources within the subconscious mind;
- to identify the different aspects in which the subconscious mind can be used as a resource in resolving the problem; and
- to briefly discuss the hypnotherapeutic process followed to assist the client in accessing internal resources, utilizing them and fostering integration in the discovery of the essential self.

5.3   RESEARCH DESIGN

"*The research design is a plan of action for a research proposal in which researchers describe how they proceed and which strategies and methods they will adopt*" (Holloway, 1997:137). The researcher's aim with the research design (summarized in Figure 5.1) is to give an understanding of the context being studied, the collection and analysis of data, to indicate the intended development / extension of theory and to establish the validity and reliability of the study.

The researcher is of the opinion that the study needs to be conducted within a certain paradigm; paradigm referring to the philosophical model or framework of the researcher based on the particular epistemology and ontology used by the researcher (Holloway, 1997:114). The paradigm in this study will include the theories, as well as, the methods used by the researcher to access the subconscious resources. This will be a qualitative study defined as an inquiry process of understanding the subconscious resources available to a person in the process of discovering the essential self. The study will be based on the holistic picture synthesized through the literature studies in Chapters 2, 3 and 4. In this research a multiple case study will be used to gain an overview of the subconscious resources that can be utilized by the psychologist in the therapeutic process.

The clients used in the study are self-referrals or referrals by a significant other (parent), or referrals by General Practitioners within the geographical region of the researcher's private practice. Clients consulted by the researcher in her practice who mentioned during the initial interview that they do not feel themselves and / or feel as if they have lost contact with themselves or their family saying that they are not being themselves, will be used, although this might not be the only or main problem that they presented with. An indication of the methods used in accessing the subconscious mind and the utilization of internal resources available to the client, will be discussed. The aim of the case studies will not be to focus on symptomatology or psychopathology, but rather the accessing of subconscious resources and the utilization of these in discovering the essential self.

The Medical Hypnoanalysis Model is used to obtain subconscious information regarding the cause of the problem, possible internal strengths and to identify possible subconscious solutions to the problem. This forms the basis for further therapeutic intervention. The Ego-state model and Ericksonian psychotherapeutic techniques are used in accessing subconscious resources within the client – these models were discussed in Chapter 4 of the study. The theory and literature presented within this study will be used as building blocks in the presentation of the case studies and integrated into specific findings. In this study, the phenomenon is the subconscious resources available to the client in discovering the essential self. The investigation will thus focus on the processes involved in accessing subconscious information (resources) and the utilization of subconscious resources in the process of discovering the essential self.

Previous research and theories also provide useful guidance in the design of a new research study. The overview of research ensures that the researcher does not duplicate research that has been previously done. Although it was not the initial intention of the researcher to follow a triangulation approach (as she started to attend to theories in a step by step fashion and later related different pieces of evidence to each other); she settled on it in the write-up of the study. Triangulation refers to the use of different methods and the evidence gained from different sources of data (Davies, 2007:243; Holloway, 1997:160); it also refers to the "*process by which the same problem or phenomenon is investigated from different perspectives*" (Holloway, 1997:159). In this study the researcher used theory triangulation through

the incorporation of different theoretical perspectives, as seen in Chapter 2 in the discussion on the self and in Chapter 4 in the discussion of the different hypnotherapeutic interventions and techniques used in this study. The researcher also used data triangulation by using different age groups, gender, as well as, cultures in the study although it was not initially the intention. Data triangulation also presents itself in the usage of information from different aspects of the case studies, namely the history-taking, the Word Association Test and therapeutic process notes. The researcher is in agreement with Holloway (1997:159) that triangulation can improve validity and assist in overcoming biases inherent in a single perspective. This approach is in line with qualitative research where various theoretical approaches and their methods characterize the research discussions (Flick, 2002:7).

5.3.1 QUALITATIVE RESEARCH

"Qualitative research is a form of social enquiry that focuses on the way people interpret and make sense of their experiences and the world in which they live" (Holloway, 1997:1). This study is a qualitative study defined as an inquiry process of understanding the subconscious resources available to a person in the process of discovering the essential self. As in the case with qualitative research and the use of qualitative methods the researcher (in this study) is also located in a subjective context and cannot lay claim to neutral or scientific objectivity. The researcher is aware of the fact that qualitative research can never be as objective as quantitative research, but nevertheless made attempts to ensure that the analysis of subconscious resources and the use thereof in assisting clients to discover their essential selves, is as objective as possible. As in the case of psychological research, the researcher had her hunches, intuitions, hopes and assumptions about the nature of human beings and therefore the researcher chose to work within her own subjectivity, rather than against it (Parker, 2005:136).

Although qualitative research can work with verbal and visual data, the researcher focused her study around the use of verbal data. The qualitative approach of the researcher aim to explore the information gained from the subconscious's of clients in therapy and the basis lies in the interpretive approach to resources gained within the subconscious reality of clients (Holloway, 1997:1; Flick, 2002:11-12; Davies, 2007:151). Silverman (2001:13) stated that the aim in qualitative research is usually to gather *"an authentic understanding of people's experiences."* The qualitative research method is used in the researcher's approach to this study as the

procedures are not strictly formalized and the scope is more likely to be undefined and more of a philosophical mode of operation. The researcher will strive to understand the underlying dynamics of the subconscious mind and the utilization of internal resources and the discovery thereof, in assisting the client to discover the essential self. The researcher discovered in the process of doing the research that it is "*a creative process which necessarily involves making choices about the methods and the data, on the one hand, and asking analytic questions about the data, on the other*" (Miller, 1997:35). In this study, existing literature, the Medical Hypnoanalysis history questionnaire, the Bryan Word Association Test, concepts of the Ego-state model, as well as, Ericksonian psychotherapeutic techniques will be used to identify, access and utilize subconscious resources.

5.3.2 THE USE OF LITERATURE

Davies (2007:38) stated that the researcher starts to explore literature from the time she thinks about the study and the researcher is in agreement with this statement. The qualitative literature review "*shows some of the relevant research that has been done in the same field or topic area*" (Holloway, 1997:99). The researcher was sampled by an overwhelming amount of literature data. In the process of discovering a vast body of literature, the researcher tried to narrow it down and in the process found that too many researchers were saying too little about much. Especially in Chapter 2 in the study of the self, it was found that the *self* was a very broad and abstract subject and the researcher had to venture away from academic tracks in describing the self and decided that the Ego-state model will give the best description of *the self,* as seen by the researcher. The researcher is aware that her involvement in the field of hypnosis could have influenced her perceptions of the self as energy system.

In Chapter 3 the subconscious mind was discussed in comparing it with the conscious mind and the reasons why hypnotherapeutic techniques will be used to access the subconscious mind was highlighted. The researcher also found in the comparison of literature on the subconscious mind, that researchers used the word conscious and unconscious to describe different, but also the same phenomena. In this study the researcher used the term subconscious as inclusive of the unconscious and that which falls, mostly, without a person's awareness. The literature provided in Chapters 2 and 3 give a useful background to the understanding of the self and the subconscious mind.

In Chapter 4 the means by which internal resources can be identified, accessed and utilized were discussed. The researcher noted in the process of writing about the self and the utilization of hypnotherapeutic techniques that different concepts regarding the subconscious mind could be identified in Chapters 2 and 4, although it was not the researcher's intention to describe the subconscious in these chapters. It became clear to the researcher that the concept self, as well as, the Subconscious Diagnosis discussed within the Medical Hypnoanalysis Model, the Ego-state model and the discussion on Ericksonian psychotherapeutic techniques contained in it aspects regarding the subconscious mind. The researcher noted that although she gave an initial literature review to demonstrate the need for the study; the rest of the literature became integrated into the final write-up of the study (Holloway, 1997:86).

The researcher is in agreement with Silverman (1997:4) and Davies (2007:212) that theory provides a footing for considering the world and that it provides:

- An awareness of what other research exists in the chosen field;
- a reference to discuss and reflect on the strengths and weaknesses of other studies;
- a framework for critically understanding the phenomena; and
- a basis for considering how what is unknown can be organized.

The investigation into theory enabled the researcher to evaluate it in terms of the therapeutic process, assisting clients to access subconscious resources and to discover their essential selves.

5.3.3 EXPLORATIVE RESEARCH

An explorative research design will be applied to generate information regarding the subconscious resources available to the therapist in assisting the client to discover the essential self. The researcher's aim with the explorative study is to build and elaborate on existing theory and to provide evidence to support her explanations. The researcher also wants to explore new ideas and possibilities regarding the subconscious resources, as well as, the causal factors for client's not being their essential self. Through the analysis and utilization of internal information available to subconscious mind, these subconscious resources may be used by the researcher to assist the client in discovering the essential self. This study is an exploration of

the subconscious mind and its resources. The focus of this explorative study is on the subconscious dynamics of behaviour. It implies an exploration of the subconscious mind and its resources. In the process subconscious material and the impact thereof on a client's behaviour will also be explored. The design used in this study aims to gain insight into the internal (subconscious) resources available to the client and the utilization of it in therapy in discovering the essential self.

5.3.4 DESCRIPTIVE RESEARCH

The descriptive research design has as aim the provision of a detailed account of the phenomenon under investigation. In this research a qualitative strategy is applied to reveal an in-depth description of the subconscious internal resources. Therefore the documentation of the case studies will be holistic and will cover all the aspects of subconscious resources. An exact description of the experiences in the history of the presented cases, the exact responses to the Bryan's Word Association Test and a description of the regressions and therapeutic intervention by the researcher will be given. The descriptions of the phenomena of subconscious resources will either sustain or confront the theoretical assumptions made in Chapters 2, 3 and 4.

In this study the experiences of the selected clients in the case studies are depicted against their subconscious experiences and the subconscious resources available. The focus of this descriptive study will be on interpretation and understanding of the phenomenon of the subconscious mind. It will also give a detailed description and interpretation of the repetitive subconscious resources available to clients and the resulting outcome of discovering the essential self.

5.3.5 CONTEXTUAL RESEARCH

Holloway (1997:35) stated that "*the context of the data in qualitative research is essential for its interpretation as it has an impact on the research participants, as well as, on the researchers themselves.*" Contextualization takes place when the researcher attempts to understand the data in a specific context. In this study the researcher contextualized both the manner in which data was collected and the interpretation thereof. The researcher also had to take into account the total context of the clients' lives, used in the research (Holloway, 1997:6,22; Silverman, 2001:23).

The findings in the qualitative study are unique to the study and it is not the intention of the researcher to generalize these finds to the population at large. The context wherein information was gathered was in a therapeutic setting where the SARI-model was used as framework within which therapy was conducted. The Medical Hypnoanalysis Model was used in the diagnostic phase of therapy and therapy conducted utilizing Ego-state therapy and Ericksonian psychotherapeutic principles. All observations and the analysis of information are viewed by the researcher within the context of the Medical Hypnoanalysis Model, Ego-state model inclusive of the SARI-model, as means to contextualize the information given by the client. Ericksonian psychotherapeutic principles are utilized in the process of uncovering and utilizing subconscious resources in assisting the client to discover the essential self.

5.3.6 INDUCTIVE AND DEDUCTIVE RESEARCH

The researcher agrees with O'Leary (2004:195) who said that: "*While deductive reasoning (hypothesis verification / theory testing) is strongly associated with… quantitative research, and indicative reasoning (to derive theory from specific instances) is seen as central* [to qualitative research]*, in practice the distinction is not so clear.*" In this study the researcher moved continuously back and forth between inductive and deductive thinking. The differences between inductive and deductive processes are summarized in Table 5.1.

TABLE 5.1 Inductive and deductive processes

Inductive	• Developing concepts, categories and relations from the texts
	• Develops theory from the ground up
	• Researcher gathers data relevant to a predetermined subject area, analyzes it and on the basis of that analysis postulates a theoretical conclusion
	• Going from specific to general
Deductive	• Testing the theory, concepts, categories and relations against the text / observation
	• Starts with theory and uses it to explain observed actions
	• The researcher outlines a hypothesis based on the theory and use empirical methods to see if it is confirmed or not
	• Going from general to specific

(Holloway, 1997:91; Flick, 2002:181; O'Leary, 2004:5; Davies, 2007:235, 238)

The deductive process was particularly helpful to the researcher in defining the concept of the self and the essential self (Chapter 2), as the researcher had to consider different concepts regarding the self and conclude with a workable definition and description of the essential self for this study. In the discussion of the subconscious mind and the ways in which the subconscious can be accessed the researcher used an inductive approach (Chapters 3 and 4). In the discussion of the cases (Chapter 6) a deductive strategy will be used to obtain and analyze data from the history-taking, the Bryan's Word Association Test and therapy sessions. A deductive approach will be followed in the selection of variables from the theory and hypnotherapeutic models before the inquiry. The researcher's theorizing began with a few assumptions and broad concepts in understanding the essential self. Through all the courses attended, literature read on the subconscious mind and the self, clients seen in therapy, the researcher discovered a common thread going through all of them, of clients not being the essential self. In this study the researcher used inductive thinking processes in finding a way to assist clients to become themselves by accessing the subconscious resources and the utilization thereof in therapy. The researcher attempted to understand the data and to develop a way of intervention to assist clients to become their essential selves. But the researcher also followed a deductive approach using existing theory to guide the design of the study and the interpretation of the results. The process of deduction was also used to explain observed information given by the subconscious mind of the client.

5.3.7 HEURISTIC RESEARCH

The Greek '**heuriskein**' means to discover. The research done in this study is of heuristic nature, as it explores the process of discovering meaning in the experience of clients and it enables the development of strategies for further exploration (Holloway, 1997:88-89). In this study the researcher aims to bring about new understanding of the subconscious mind, the resources contained by it and to extent on what is already known about the subconscious mind. The heuristic enquiry begins with the problem, which is a personal challenge to the researcher, to identifying if there is a link between the subconscious resources and becoming the essential self and if subconscious resources can be utilized to discover the essential self.

5.3.8 PARTICULARISTIC RESEARCH

In this research the cases are particular as it focuses on a specific phenomenon, namely subconscious resources. A particular approach is taken in accessing subconscious resources by means of the Medical Hypnoanalysis Model, the Ego-state model and the use of Ericksonian psychotherapeutic techniques. Clients complaining that they do not feel themselves or whose family members state that they do not seem to be themselves, will be used. The researcher makes use of small scale research and keeps the study problem centered by using the particularistic research method.

5.4 RESEARCH STRATEGY

"*The use of a strategic means* [where] *the researcher, having settled upon the research question, will gather whatever samples are necessary to throw light on the question. Creative flexibility will be employed and the precise direction of the data collection process will emerge only as the project develops"* (Davies, 2007:241). The researcher has undergone extensive training within the field of Hypnosis by completing the Advanced (previously known as phase 3) Courses in Traditional, Medical Hypnoanalysis, Ego-state therapy and Ericksonian psychotherapy with the South African Society of Clinical Hypnosis - as this is the researcher's field of interest, the study will be influenced by it.

In this study the research strategy is based on multiple case studies, using the Medical Hypnoanalysis Model as the framework for the initial intake interview (history-taking), as well as, the identification of subconscious causes of the presenting problem; the Ego-state and Ericksonian psychotherapeutic modalities will be used to therapeutically intervene. The researcher will be investigating the subconscious resources available to assist the client in discovering his essential self. The research strategy is an inductive and deductive, descriptive method where the experiences of clients are described in order to interpret it and get a better understanding of the prescribed phenomena (subconscious resources / essential self).

The researcher structured the study around three areas, namely:

1) Explanatory multiple case studies that will be evaluated.

2) An analysis of the data and processing of the data.

3) The researcher's views around the subconscious and its resources.

5.4.1 MULTIPLE CASE STUDIES

According to Merriam (in Holloway, 1997:30): "*A case study in research is an entity which is studied as a single unit and has clear boundaries;* [investigating] *an organization, an event, a process or a programme*". In this study the researcher selected a number of clients who were either referred by medical practitioners or self-referrals and who complained that they or the person being referred did not feel themselves. The purpose of choosing multiple case studies are to uncover detailed meanings and to conceptualize the data with theory about the self, the subconscious mind and hypnotherapeutic techniques. The researcher also hoped that the cases will elucidate detailed information about the subconscious resources within clients and the use thereof in discovering the essential self (Garratt, 2003:26).

5.4.2 SAMPLE STUDY

The researcher is in agreement with O'Leary (2004:117) that doing a case study is not really a methodology, but rather an approach to research that is predicated on in-depth case analysis. In investigating the subconscious resources available in a small number of cases (four), the researcher will be able to focus in depth on each individual case. The sampling in this research was done according to their relevance instead of their representativeness (Flick, 2002:66). A small sample intensely "*enables you to arrive at conclusions that are specific to the sample… give a reflective or explanatory depth to the subject being explained… which in the wake of detailed analysis – can include complex interpretations of how each person's perspective relates to that person's psychosocial context*" (Davies, 2007:152). The researcher used typical cases where the features of the subconscious mind were accessed and sensitive cases in order to present positive findings in the evaluation thereof (Flick, 2002:68).

5.5 METHODS OF DATA COLLECTION

"*Method*[s] *consists of the procedures, strategies and techniques for the collection and analysis of data*" (Holloway, 1997:103).

According to Silverman (2001:11) there are four methods used by qualitative researchers, namely:

- Observation;
- analyzing texts and documents;
- interviews; and
- recording and transcribing.

The researcher is in agreement with the opinion (O'Leary, 2004:180) that all data collection methods are capable methods, but that some may be better suited towards a task than the other. The methodology refers to the choices that the researcher made about the cases to be used, as well as, the methods of data gathering and the forms of data analysis in planning and executing the research study. The words spoken by clients and the ideas they are heard to represent form part of the researcher's data. The methods of data collection in this study will be focused on the integration and expansion of the following two aspects, namely theory and case studies. The researcher is a subjectivist in her method of approach and emphasizes the subjective elements in experience, but also accepts that personal experiences are the foundation for factual knowledge (Baker, 1997:130; Holloway, 1997:45; Silverman, 2001:4; O'Leary, 2004:10).

5.5.1 THEORETICAL FRAMEWORK

Theory provides a framework for the researcher to critically understand the phenomena being studied and forms a basis for considering how what is unknown, can be organized (Holloway, 1997:154; Silverman, 2001:23; Flick, 2002:41). The researcher had to look for a 'fit' between existing theories and the data collected, as the data could not be forced into theory. The case studies will be built on the theories of the self given in Chapter 2, the phenomena of the subconscious mind as discussed in Chapter 3 and the different theoretical models used for accessing the subconscious mind as discussed in Chapter 4. The gathering of theoretical data is seen by the researcher as part of the study until the end of the research, as new ideas, concepts and new questions continuously arises, which guides the researcher to new data sources.

5.5.2 CASE STUDIES

"*Researchers use a number of sources in their data collection, for instance observation, documents and interviews, so that the case can be illuminated from all sides*" (Holloway, 1997:31).   In qualitative research there is a close connection between data collection and data analysis, as the researcher collected data and at the same time developed tentative working propositions which she modified in the subsequent data collection.   Data in the study was gathered by the researcher by means of the phenomenological method of in-depth structured interviewing, observation and field notes, as well as, follow-up therapies using the Ego-state model and Ericksonian psychotherapeutic techniques.   The aim of these methods was to investigate and describe all the phenomena involved in this study, as well as, the way in which these phenomena appeared in their fullest width and depth according to human experience.   The case studies will be used as an explanatory devise (Holloway, 1997:31).   The interviews will take place according to the specifically designed history-taking questionnaire (Medical Hypnoanalysis Model – 5.5.2.1), in-depth interviewing, the Word Association Test, observations, as well as, process notes of hypnotic sessions and information given by clients during regressions will also be used in the case studies.   This allows the researcher to investigate the client's subconscious train of thought.   It also assists the researcher in the search of clues with regards to possible internal / external resources available to the client preventing him from being / discovering the essential self.

A general overview of the interviews will be given, after which the data will be analyzed and interpreted.   To the researcher the case study approach offered an attractive way of using a variety of research methods to produce a rounded portrayal of the subconscious mind and its resources (Davies, 2007:34).

5.5.2.1 THE MEDICAL HYPNOANALYSIS CASE HISTORY

The Medical Hypnoanalysis Model history-taking questionnaire was designed to assist therapists to get as much historical detail from their clients as possible (a copy of this questionnaire can be obtained from the South African Association for Medical Hypnoanalysis).   The questionnaire is a lengthy in-depth questionnaire through which information regarding, the presenting problem, past history, family history, sexual history, psychological history, habits, present social history, religion and the client's relationships can be gathered.

The following subsections will be covered in the history-taking within the first interview:

SECTION1: PRESENTING PROBLEM

The researcher will ask what the problem is? It will be investigated when the problem started. The duration of the problem will also be explored, as this information will assist the researcher in identifying subconscious resources with regards to the causes of the problem, possible inner-strengths that can be utilized in therapy, as well as, possible solutions to the problem. The client will be requested to indicate what makes the problem worse or better. The client will also be asked what he will be able to do if he is cured and to give a numeric representation on a scale of one to ten (ten being the best it can be and one being the worst ever) of how he is feeling at present.

SECTION 2: PAST HISTORY

This section focuses on the client's medical history which may contain negative experiences that concerns the prevailing symptom.

SECTION 3: FAMILY HISTORY

Questions with regards to the client's childhood are explored within this section. The client is also asked if his childhood was happy or unhappy and why? Information with regards to his parents / guardian / step-parents is gathered in this section, pertaining information with regards to their names, age, health, occupation, personality and the client's relationship with them as a child and at present. In this section information with regards to other siblings and the client's relationship with them are also explored. Information with regards to the mother's pregnancy with the child is also gathered in this section.

SECTION 4: SEXUAL HISTORY

This section investigates the person's sexual history in order to gather information with regards to sexual identity, guilt, et cetera. Earlier sexual incidents and the client's source of sexual information are also investigated.

SECTION 5: PSYCHOLOGICAL HISTORY

According to Meyer (2001:164) it is difficult to gather accurate information about the first five years of the client's life, but the asking of questions about sleepwalking, nightmares, repetitive dreams and pre-school can help to give the therapist (researcher) a better understanding about this period of the client's life. Questions are also asked about the client's experience of his primary and high school years.

SECTION 6: HABITS

This section determines the consumption of alcohol, drugs, food, beverages, and smoking habits and gives an indication of possible addictive behaviour(s). It also investigates nervous habits such as nail biting, thumb sucking, stuttering, clenching of teeth and nervous ticks.

SECTION 7: PRESENT SOCIAL HISTORY

This section contains questions regarding the client's social life and interaction with other people. Questions that are asked within this section include:

• 'What do you think people say about you behind your back that you don't like?'
• 'If you could change anything about yourself, what would it be?'

Questions with regards to suicide attempts are also asked in this section.

SECTION 8: RELIGION

Questions about the client's religion-history are asked within this section. The client's belief and feelings about the subject are explored, as well as, their belief regarding the power of God. This is done as part of identifying where the client is within the Order of Importance. The possibilities of guilt in this area and beliefs that can be used to enhance inner-strengths are investigated.

SECTION 9: RELATIONSHIP

Questions about the client's current relationship are asked. Aspects regarding their communication, areas of conflict and areas that the client would like to change in the partner or which their partner would like to change within them are investigated.

The client is then also asked about their expectations of therapy and how he will know that he has been helped.

5.5.2.2 THE BRYAN WORD ASSOCIATION TEST

The Bryan Word Association Test is a projective technique that was developed by Dr. W. Bryan in 1955 (Fourie, 2003:113). It consists of approximately 200 words, as it contains a basic set of words, phrases and sentences with space for the administrator of the test to add extra words or sentences, applicable to the client's history. There are no quantitative scales involved in the evaluation of the client's responses; but the responses give access to the client's subconscious train of thought. The client is not aware of the psychological interpretation of the test, but it reveals qualitative information regarding the client's personality, history and emotions attached to different areas within the client's life. The Word Association Test is administered while the client is in trance. The client is prompted to react with the first word, phrase or sentence that comes to his mind as there is no 'right' or 'wrong' answers in the test.

Within the Word Association Test the client's responses are seen in relation to each other (in order to get a better understanding of them). The mathematic rule of A=B=C is applicable in the interpretation of responses (Meyer, 2001:125). Responses can for example be the word 'darkness' in response to 'cave', and 'lonely' in response to 'darkness'. According to the mathematical rule it will imply that 'cave' equals 'lonely', which will give an indication to the researcher that the client, probably, experienced loneliness in the womb. The researcher will also observe which words are not responses that clients regularly give or that fall within the so-called normal range of responses.

The researcher's aim with the Word Association Test is to identify subconscious resources, in terms of the causes of the problem, the inner-strengths of the client (which is not included in the Medical Hypnoanalysis Model's analysis of the Word Association Test) and to identify possible subconscious resolutions to the problem (also not used within the Medical Hypnoanalysis Model's diagnostic framework). The researcher foresees that emerging theory will also be generated by the researcher through the analysis of the Word Association Test.

5.5.2.3 FIELD NOTES

"*Field notes are records that help the researcher to remember activities*" within the therapeutic setting of conducting the case studies (Holloway, 1997:71). In this study,

data has been recorded as field notes through a comprehensive history-taking process, the Bryan's Word Association Test and process notes, whereby the client's responses, as well as, non-verbal communications have been observed. The field notes also include the researcher's observations, analytical comments and other thoughts on the therapeutic process. This is the raw data from which the analysis will be done; the field notes can be seen as both descriptions and reflections.

5.5.2.4 DEMARCATION

In this research four case studies will be used to study the subconscious resources available to the clients and the utilization thereof in assisting them to discover their essential selves. Clients complaining that they have not been feeling themselves referred by general practitioners as well as self / family-referrals will be evaluated in this study. The age, sex, culture, language or profession of the clients used in the study was not considered to be a prerequisite for the study, although it incidentally proved to be clients of different ages, sexes and cultures. The ages of the clients ranged between thirteen and forty five years. The researcher also only used cases where the Word Association Test was administered and hypnotherapeutic principles were used in the therapeutic process.

5.6 PROCEDURES AND TECHNIQUES

The procedures and techniques followed by the researcher will be discussed in the following section, with the focus on the clinical procedure of therapy, the procedure followed in the case studies and the role of the researcher. In this study the researcher makes a tentative diagnosis of the areas that indicate that the client is not being the essential self. The Word Association Test assists the researcher in determining the subconscious resources with regards to the causes of the problem, possible inner-strengths, as well as, the possible solution to the problem. After this initial process the therapy focuses on the utilization of the subconscious resources available to the client in resolving the problem of not being the essential self.

5.6.1 ETHICAL CONSIDERATIONS

The following issues with regards to ethics in this study were considered and addressed by the researcher:

- Written consent has been obtained from all the clients (parental guardian where applicable) for the material utilized in this study; and
- the right to privacy and confidentiality of each client were protected by referring to them as Case A, Case B, Case C and Case D.

5.6.2 THE CLINICAL PROCEDURE OF THE THERAPY

The clinical procedure of therapy will be as follows:

1) The first session: Completion of the case history (except in Case B where the history-taking took place over more than one session).

2) The second session: The hypnotherapeutic process is explained to the client. The client is introduced to the process of hypnosis, through progressive relaxation and the utilization of other hypnotherapeutic techniques. A CD-recording of the session is made; the client has to use this to practice hypnosis

3) The third session: The Bryan's Word Association Test is completed in the session (as it assists in the identification of subconscious resources) - with the exception of Case B where it was administered in the fourth session.

4) The fourth session (in Case B – session five) and consecutive sessions were used to utilize the identified resources and the integration of the subconscious resources that indicated the cause of the problem; subconscious inner-strengths and possible solutions to the problem.

5) The last session(s) was used to integrate the new identity in order to assist the client in discovering the essential self.

The sessions were conducted within the framework of the SARI-model, which focused on the different stages of therapy, namely stage one (1) – safety and stability, stage two (2) – accessing trauma material, stage three (3) – resolving traumatic experiences and stage four (4) – integration and new identity.

5.6.3 PROCEDURES FOLLOWED IN CASE DISCUSSIONS

The procedures that will be followed in the case discussions are as follows:

- A personal history overview is given in each individual case study;

- the areas identified from the history-taking questionnaire that specify that the client is not being the essential self are indicated (the aspects discussed in Chapter 2 regarding the self in dissonance are used);

- the Bryan Word Association Test is used to identify subconscious resources. The resources include aspects regarding the cause of the problem, inner-strengths and possible solutions to the problem;

- subconscious resources derived from therapy are indicated (inclusive of ego-states);

- the utilization of these subconscious resources in the process of assisting the client to become the essential self is discussed; and

- evidence from the client's perspective that he is being more his essential self, is given.

5.6.4 THE ROLE OF THE RESEARCHER

The researcher has a dual role in this study, as she fulfills the role of both researcher and therapist in the case studies conducted. "*Researchers draw on rational understanding while they also reach within themselves for their subjective views and personal experiences, looking for comparability of experience. Through the process… the researcher, in effect, becomes the research instrument*" (Gilbert, 2000:11). The researcher's observations serve as method in the data collection. The researcher uses her knowledge and expertise in the field of the Medical Hypnoanalysis Model, Ego-state therapy, Ericksonian psychotherapy to interpret these observations and to give an understanding of their content and psychological processes.

5.7   GOALS FOR THERAPY

The client is assisted in the integration of internal resources into the self as energy system, where applicable, and subconscious resources are applied in the healing process by means of the Seven 'R's' of healing (described in Chapter 4), in alleviating unresolved issues (subconscious residue) that keeps the self in dissonance.   The therapeutic goal is to find a means of assisting clients to feel themselves and function effectively in their everyday lives.   The researcher as therapist's role is to utilize subconscious resources available to the client.

5.8   DATA ANALYSIS

When searching through the data the researcher focuses on the presenting subconscious resources available to the client. The researcher discovered that the data collection and analysis thereof are linked from the beginning of the research and interact with each other continuously.

The first major activity that the researcher involved herself in, once the research question, aim and hypothesis were set, has been the collection and analysis of the data. The data which was collected by the researcher can be called the **corpus of data**, which includes all the data that will be used in the research, namely, data in the Medical Hypnoanalysis Model history-taking questionnaire, the client's responses in the Bryan's Word Association Test and the therapy process notes. "*The methods and logic of qualitative data analysis involve uncovering and discovering themes that run through the raw data, and interpreting the implication of those themes for research questions*" (O'Leary, 2004:204).

In analyzing the data the researcher had to label and categorize data (coding). This was done in reflection on information given regarding the non-essential self or self in dissonance (as discussed in Chapter 2). The researcher also coded information regarding the subconscious resource(s) related to the origin of the problem according to the method used by the Medical Hypnoanalysis Model in making a Subconscious Diagnosis.   Therapeutic involvement regarding the utilization of hypnotic phenomena used, were also coded in the therapeutic process and the stage(s) in therapy when a subconscious resource was identified or utilized, was indicated with reference to the SARI-model.

The subconscious resources identified were also coded (labelled and categorized) according to their value in the identification of the cause of the problem, subconscious inner-strengths and possible solutions given by the subconscious. It was also indicated in the write-up of the case studies what the value for the researcher as therapist of a subconscious resource was in assisting the client in the process of discovering the essential self. Signs (verbal responses by the client and interpretation by the researcher) of the clients (cases) becoming or discovering their essential selves were also indicated in the discussions (Holloway, 1997:32-33; Churchill & Sanders, 2007:65-66).

The researcher involved three significant components in the writing process as recommended by Holliday (2007:89-90), namely, the argument, data extracts and the discursive commentary. The researcher reduced the field notes in the form of summaries, coding and clustering in order to form an argument around the subconscious resources found within the data collected. The argument is the major driving force of the data discussion. Data abstracts were taken from the corpus and deployed strategically to provide evidence and to support the researcher's argument that the essential self can be discovered by means of subconscious resources. Through discursive commentary the researcher indicated which bits of each data extract were significant and why. Through this the researcher also provided specific evidence from the data to support the argument. This study involved the researcher moving through cycles of inductive and deductive reasoning, with the thematic exploration of concepts and the making of interconnections amongst themes. In dividing the data into segments the researcher decontextualized it from its context. The researcher then recontextualized the data by organizing and reassembling the data and placed them both in context (Holloway, 1997:44, 46, 63; Baker, 1997:`130-131). The researcher organized the arguments into different sections, by discussing the information gained from the history-taking (initial interview), the Word Association Test and subconscious resources utilized in the therapeutic process.

5.9   DRAWING CONCLUSIONS

In drawing conclusions the researcher had to search for answers regarding the subconscious, its resources and the relation to the self. The researcher had to look at all the significant factors regarding the findings and consider why and how they were of importance. The researcher also had to consider if the true essence was captured in the conclusions of the study and finally had to link her findings to the

research question, aims and objectives and the relevant theory (O'Leary, 2004:200). The researcher in drawing conclusions aimed to read data beyond its literal form and to construct meanings that can be inferred from the literal content.

5.10 CREDIBILITY, RELIABILITY, VALIDITY OF THE RESEARCH

O'Leary (2004:113) stated that "*there are numerous strategies that allow researchers to investigate social complexities, many share elements that make the quest for credibility… difficult to establish.*" Because the researcher as qualitative researcher did not employ formal or precise systems of measurement, she relates the reliability of this study to the rigor with which she has approached the task of data collection, the analysis thereof and the care with which her report describes the detail of the methods that she has employed; this was done in a strictly organized manner. The researcher is therefore of the opinion that the reliability in this sense is equated with the methodological accuracy used by the researcher (Davies, 2007:17,241).

The term reliability can not be used in the absolute sense as it implies that the techniques or procedures will generate the same results in another study; but consistency is difficult to achieve as the researcher is the main research instrument (Holloway, 1997:136-137). The researcher was reflective in that she critically examined her own assumptions.

According to Potter (in Holloway, 1997:136) there are three strategies of reflexivity, namely:

1) The researcher gives details of the research process and the context of the research.
2) The author of the report reflects on the methods, while taking a self-critical stance towards the interpretation of the data.
3) Assumptions and biases are disclosed.

"*Validity is premised on the assumption that what is being studied can be measured or captured, and seeks to confirm the truth and the accuracy of this measurement and captured data, as well as, the truth and accuracy of any findings or conclusions drawn from the data*" (O'Leary, 2004:61). According to Silverman (2001:13) authenticity rather than reliability is the issue in qualitative research, as the aim is to gather an authentic understanding of people's experiences. In this study it is to

gather an authentic understanding of the subconscious resources. "*Authenticity is also concerned with truth value, but allows for an expansion of the conventional conception of singular truths… Authenticity, indicates that while the links between conceptual frameworks, questions, and findings may not lead to a single valid truth; rigor and reflexive practice has assured that conclusions are justified, credible, and trustworthy*" (O'Leary, 2004:61). The researcher is of the belief that it is a valid study as the end result of her analysis is an accurate representation of the psycho-educational reality that she claims it to be; but it is necessary to note the subjective involvement of the researcher in the interaction and interpretation of the data. It should be noted that the researcher is of the opinion that if the same data is used by a different researcher and the same categories for analysis are used that there might be slight differences in the interpretation of data, but that the subconscious resources identified will have prominent similarities (Davies, 2007:243). The researcher is in agreement with Davies (2007:244) that "*All 'knowledge' – whether subjective or objective, qualitative or quantitative – is flawed, limited and subject to refutation.*" The researcher is of the belief that the research has a high internal validity as the reality of the participants were given through a coherent storyline and excerpts from the interviews were given (Holloway, 1997:154).

5.11   CONCUSION / SUMMARY

The aim of this chapter has been to structure the research design in order to investigate the subconscious resources available in the discovery of the essential self. The chapter focused on the research strategy to be used, the methods of data collection and the demarcation of the study. The use of multiple case studies has been explained, as well as, the application of the qualitative, explorative, descriptive and contextual research methods. The use of inductive-deductive, heuristic and particularistic research methods and the means of data collection have also been discussed.

The subsequent chapter will give a detailed discussion of the case studies and the research results.

CHAPTER 6

6   CASE DISCUSSIONS INDICATING THE DISCOVERY OF THE ESSENTIAL

SELF BY MEANS OF SUBCONSCIOUS RESOURCES

FIGURE 6.1 Case discussions– Subconscious resources and essential self
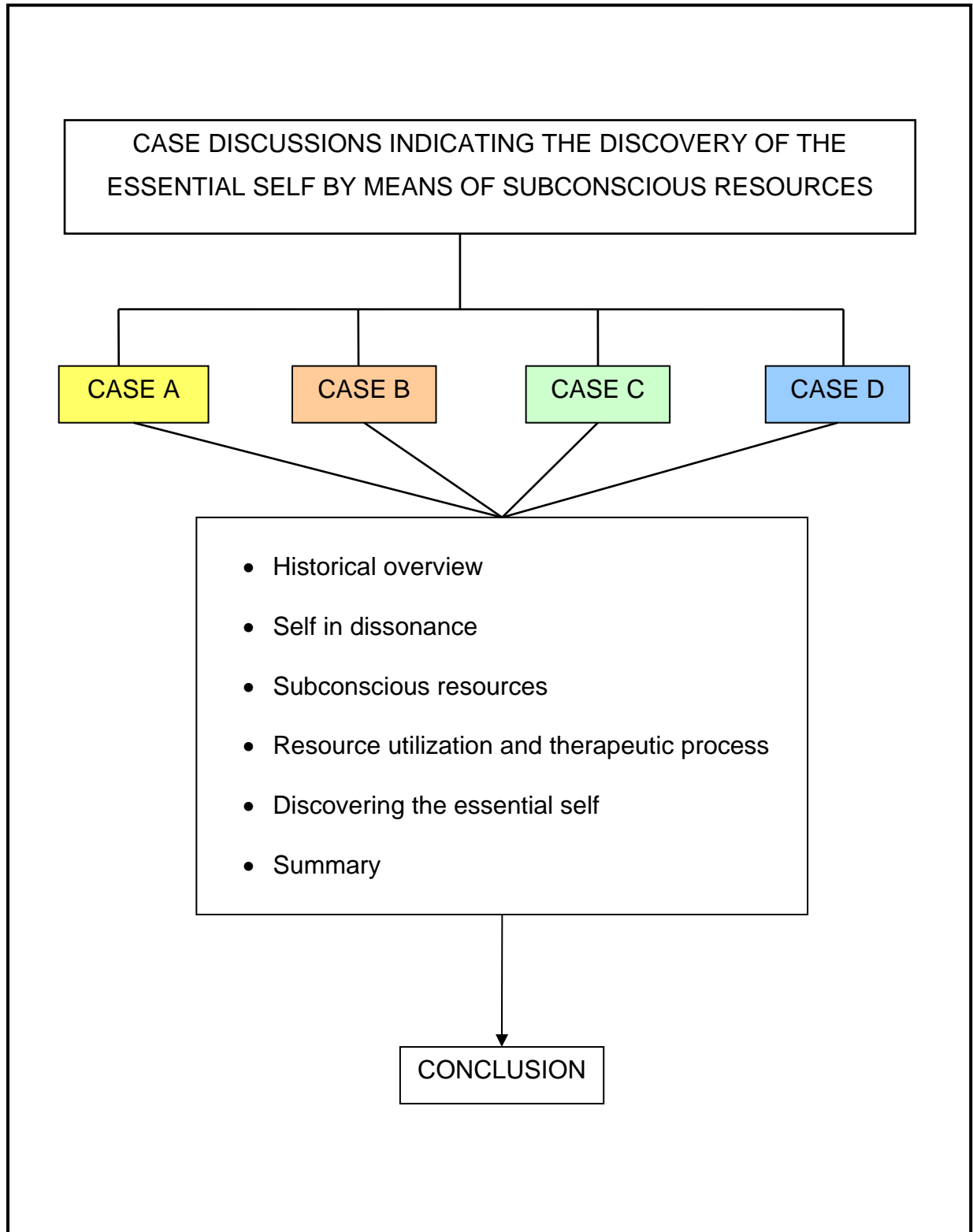
6.1   INTRODUCTION

In this Chapter the researcher will focus on the description and overview of cases used within this study. In each case study the following areas will be addressed, namely:

- The historical background;
- the self in dissonance;
- the subconscious resources (identified);
- resource utilization and the therapeutic process; and
- the discovery of the essential self.

The historical background will give a brief overview of the history of the client. In Tables 6.2, 6.6, 6.10, 6.14 the researcher will indicate the aspects that she observed regarding the client's self being in dissonance (as discussed in Chapter 2). Tables 6.3, 6.7, 6.11, 6.15 will indicate the subconscious resources identified within the areas where the self is in dissonance. The resources will be further augmented in Tables 6.4, 6.8, 6.12, 6.16 by the researcher giving the area where the subconscious resource has been identified, for example, the Medical Hypnoanalysis Subconscious Diagnosis (where $a=b=c$ in the Word Association Test), the safe place, inner-strengths, Medical Hypnoanalysis Model's Order of Importance, emotions aggravating the problem, positive emotions identified and ego-states, et cetera. Within these tables the researcher's therapeutic intervention and process, as well as, the session in which the resource has been identified and utilized will be indicated. The Seven 'R's' (namely, Rapport, Relaxation, Regression, Remove, Replace, Reinforcement and Rehabilitation – discussed in Chapter 4) will also be indicated in the therapeutic process (Table 6.4, 6.8, 6.12, 6.16). The subconscious resources will be augmented in Figures 6.2, 6.3, 6.4, 6.5 and Tables 6.5, 6.9, 6.13, 6.17 will give indicate clients' discovery of their essential selves. The researcher will highlight in which way the self became dissonant, the essential self was discovered and how balance within the self as energy system has been established.

The abbreviations applicable in this chapter are indicated in Table 6.1.

TABLE 6.1   Abbreviations – Chapter 6

ABBREVIATION	ABBREVIATION EXPLAINED
MHA	Medical Hypnoanalysis Model
PDL, DES, WZS, JPG, ISE, SPE, SIE	Refer to Table 4.2 in Chapter 4 (Medical Hypnoanalysis Model)
WAT	Bryan's Word Association Test
SC	Subconscious

In the following section the four cases (different ages, sex and cultures) used in this study will be discussed. The researcher has obtained written consent from all cases (parental guardian where applicable) for the utilization of material given in this study. The identity of the cases used within this study will be protected by referring to them as Case A, Case B, Case C and Case D.

6.2   CASE STUDIES

6.2.1   CASE A

6.2.1.1 HISTORICAL OVERVIEW

Case A is a thirteen year old girl, who was referred by her mother as she felt that Case A '*didn't seem to be herself anymore'*. According to her mother she presented with symptoms of being '*depressed'*, '*withdrawn'*, was '*unable to express herself'* and her behaviour has changed over the last two or three years. Case A is the youngest of three sisters with the eldest being twenty and the middle sister seventeen years of age. Her mother stated that she adored her eldest sister '*who is her idol'*, but the sister has been '*very ugly to her'*. According to her mother, she had a group of friends at school, but had been pulling away from them and she didn't have any close friends. Case A's mother said that everything seemed to irritate her and that she didn't sleep well. Her school marks have also dropped. Her mother mentioned during the interview that she felt that nobody listened to her and that she did not have a place in the family anymore. Her mother stated that Case A has been asking to go to church as the family has not been going for a long time.

During the first interview Case A told the researcher that she was in need of therapy, but did not know what was wrong with her. She also stated that she felt the problem

started when she arrived in High School (grade 8) and was probably presenting at school and at home. Case A did not seem to have a close relationship with her father, who was described as '*nice, short-tempered, stressed and uninvolved in the family'*. The client got along with her mom, but felt that she could not share with her when she experienced problems. Her mother was described as '*nice, short-tempered, impatient… involved with the family'* and worrying about the children. Her eldest sister was described as being '*nice'*, although she can be very '*nasty'*. Case A described her middle sister as '*nice… the balance in the family'* (especially with regards to fights with the older sister).

The client described her most traumatic experiences as:

1) '*Last year when I got hit in the face by a hockey stick and got three or four stitches'.*
2) '*I stepped into a rusty nail that went through my foot when I was little'* (client did not know the age).
3) The drowning experiences:
   a) '*slid and fallen into the pool – it was shallow on the one side and deep on the other'*
   b) '*the other day when I didn't get out of the pool quick enough and swallowed some water'.*

The client replied to the question with regards to what her expectation was of therapy and how she will know that she has been helped: '*I don't know?'* (even after the researcher has probed the client about possible changes with regards to emotions, situations and circumstances that she would want, the reply remained unchanged).

On the question asked by the therapist that if the therapist was the fairy godmother what will she wish for, the reply was:

'*A redo-all: Changing parts of my life.*'

6.2.1.2 CASE DISCUSSION

Based on the information gathered from the client's history-taking and Word Association Test the hypothesis's as indicated in Table 6.2 regarding the client's essential self being in dissonance, were made.

TABLE 6.2   Case A – Self in dissonance

CLIENT'S COMMENTS / OBSERVATIONS	HISTORY / WAT	SELF IN DISSONANCE HYPOTHESIS
• PNE/BE (DES)	WAT History	Insecure attachment
• The client identifies with the eldest sister, but feels betrayed by her (due to her '*nasty*' behaviour towards her)	History	
• Client presents with an inability to form close relationships	History	
• Client withdraws from family	History	
• DES, WZS	History / WAT	Lack of self-awareness
• Client's inability to identify and express emotions	History / WAT	
• Client not aware of her own behaviour	History	
• Client not aware of her ability to protect herself in conflict-situations	History	
• WSZ, DES	WAT	Lack of connectedness
• No interaction with others at home or school	History	
• Client presenting with WZS symptoms (withdrawal into her own world / room)	History / WAT	
• Client has a lack of interest in social activities and interaction	History / WAT	Lack of meaning and purpose
• Lacks interaction with family	History	
• Scholastic performance has deteriorated	History	
• Self-evaluation not possible due to lack of self-awareness	WAT	Lack of self-evaluation capacity
• Result of lack of self-awareness and self-evaluation capacity	WAT	Self-deception
• No perception of self as the client is presenting with a WZS '*I don't know?*'	WAT	Distortion of perception
• Client not aware of subconscious perceptions of danger in conflict situations	WAT	

With the information in Table 6.2 it is hypothesized that Case A's self as energy system is in dissonance regarding secure attachment, self-awareness, connectedness, meaning and purpose and self-evaluation; self-perception and perception are also distorted. The researcher is of the opinion that the client's self-deception of her own abilities and need for social interaction with others is due to the lack of secure attachment, lack of connectedness and her lack of purpose and meaning. In Table 6.3 the subconscious resources with regards to the self being dissonant will be indicated.

TABLE 6.3   Case A – Subconscious resources

SELF IN DISSONANCE	SUBCONSCIOUS RESOURCE IDENTIFIED
Insecure attachment	WAT: PNE/BE – 'if I don't get out = alone = desire = silence = down in this dark hole = without love'; 'loneliness = darkness'. Need for Spiritual survival ('go to church'). Feelings seen as SC strengths: happiness, love; inner-strengths in animal projections for self protection 'bird', 'lioness', 'crocodile' Family relationship: incongruent communication.
Lack of self awareness	WAT: IDP-'I am just like = my?', 'I am confused'. JPG - 'I could never do anything right for = me' Inner-strength self-love: WAT (positive connection with name and surname).
Lack of connectedness	WAT: DES,IDP - 'alone = without love'; 'fear = pain = anxiety = hurt = hate = rejection = anger', younger silent ego-state identified. Feelings of loneliness, need of love, need for excitement; sibling relationships 'sister not being there for me', 'heart of steel' (WZS, DES).
Distortion of perception	WAT: PNE/BE - 'cave = dark = tunnel', 'life is like = (silence) = hostility'. WAT: Inner-strengths for healing (WAT) - 'problem = solve', 'belief = hope', 'this time I will be successful because = need'. Feelings of sad, hurt, depressed, having little control. Stuck in thoughts: 'I am thinking'.
Lack of meaning and purpose	WAT: WZS, DES, IDP – 'I don't know'-responses. Inner-strength (WAT) - Creativity. Negative ego-states identified - Out of place, Alone, Sad, Anger.
Lack of self-evaluation capacity	WAT: PDL, DES – 'the real problem = (silence)'; 'my greatest desire = (silence) = my greatest need = my greatest fault = my greatest sin'. Inner-strength of thinking ('I am the kind of person

	who = thinks') (WAT). SC identify 'brain' as area where problem presents itself (therapy).
Self-deception	WAT: PDL, IDP, DES – 'I lost a part of myself when = (silence) sad = at the age of 13'; 'if I really let go = fall'; 'I'm afraid when = (silence) = underneath it all'. Inner-strengths identified (Inner Advisor in therapy) - self-expression, communication, self-care, self-love, the ability to see that the sister's behaviour was not her fault. Ego-states identified - Inner Advisor; Positive; Creative; Outgoing; Friendly; Happy; Comfortable; In control.

Table 6.3 and Figure 6.2 indicated that different subconscious resources can be found within the subconscious mind regarding the self being in dissonance. The resources found within the subconscious mind are augmented in Table 6.4 by indicating the resources utilized in the process of assisting the client to discover the essential self. These resources have been organized into different categories by the researcher, for example MHA-SC Diagnosis, SC safe place, Inner-strengths, et cetera. The researcher will indicate the therapeutic interventions and process according to the Ego-state model, the stage within the SARI-model that the resource occurred and / or was utilized and in which session it appeared. The researcher will also give an indication of the Seven 'R's' used in the process. The hypnotic phenomena identified by the researcher within the SC of the client, as well as, the hypnotic phenomena utilized, are also indicated.

Table 6.4 explicates which therapeutic processes were followed in the utilization of the client's subconscious identified resources, in order to either defuse traumatic memories / subconscious material; reframe cognitive distortion and / or integrate dissociated or hidden parts of the essential self that were not integrated into the self and therefore cause the symptoms or complaints mentioned by the client's mother (that Case A was not being herself).

TABLE 6.4   Case A – Resource utilization and therapeutic process

Resource utilized	Therapeutic intervention / therapeutic process	Session
MHA-SC Diagnosis PDL(12,13years),DES,WZS, IDP, PNE/BE	Stages 1 to 4 of the SARI-model. Ego-state therapy; Ericksonian metaphors. Building of rapport. Relaxation. Reinforcement of communication skills and emotional awareness. Regression. Rehabilitation. Remove negative suggestions and replace them.	3, 4, 7, 8, 9, 10, 11, 13
SC safe place Garden at home	Stage 1 of the SARI-model. Deepening of trance. Building rapport and relaxation. The client was age-regressed to re-associate with the self. Ego-strengthening. Ericksonian metaphors for dissociation and re-association. Negative hallucination and posthypnotic suggestions.	2
Inner-strengths Animal projections as inner-strengths ('bird', 'lioness', 'crocodile'), 'boss everyone around' (leadership), 'name = me = surname', emotionally sometimes 'standing', 'I am thinking'	Stage 1 to 4 of the SARI-model. Utilization of metaphors gift-wrapped for inner-strengthening. Metaphorical use of animals in establishing identity. Building of rapport. Relaxation. Reinforcement of inner-strengths. Remove and replace negative suggestions. Reinforcement of communication skills and body-awareness. Rehabilitation. Utilization of resources to establish new identity.	3, 5, 6, 7, 9, 11
MHA-Order of Importance Spiritual survival - 'believe = hope', 'my greatest desire = greatest need = greatest sin'	Stages 1 to 4 of the SARI-model. Building rapport. Ego-state therapy - client's Spiritual survival in Order of Importance was utilized by using the 'How to build a fire'	3, 5, 7, 8, 11

Mind survival	script (Appendix A); Ericksonian metaphors for age regression and age progression. Reinforcement of communication skills and emotional awareness. Relaxation. Regression. Remove and replace negative suggestions. Rehabilitation. Reinforce differentiation between internal and external reality.	
Emotions / feelings (aggravating the problem) 'loneliness', 'alone', 'afraid', 'fear', 'pain', 'anxiety', 'hurt', 'hate', 'rejection', 'anger', 'loneliness', 'not happy', 'dull', 'sadness', depressed', 'out of control', 'without love', 'worried', 'confused', 'heart = steel'	Stages 1 to 4 of the SARI-model. Age regression utilizing a time-line. Ego-state therapy and the utilization of Ericksonian psychotherapeutic techniques. Ego-strengthening with posthypnotic suggestions. Building of rapport. Relaxation. Regression. Remove and replace negative suggestions. Reinforce emotional awareness and communication skills. Differentiation between internal and external reality. Rehabilitation.	3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16
Emotions / feelings (positive) No positive emotions or feelings were identified before different ego-states were accessed (see Ego-state resources). Emotions 'love' and 'happiness' were identified during ego-state utilization	Stage 3 and 4 of the SARI-model. The ego-states identified and their strengths were gift-wrapped in metaphors. Ego-strengthening, utilizing strengths through posthypnotic suggestions. Setting of personal goals in reinforcing new identity and moving to maturity (self-actualization).	10, 12, 13
Ego-states (aggravating the problem Ego-states identified, but no names given: Younger ego-state that cannot speak (as self-	Stages 3 and 4 of the SARI-model. Reinforcement of inner-strengths. Rehabilitation. Ego-states accessed - process of integration and establishment of new	10, 12, 13

protection) Ego-states with names: Depressed, Out of Place, Alone, Sad, Anger	identity followed. Cognitive restructuring using Ericksonian metaphors. Empowerment of abandoned ego-states. Utilization of ego-states that can assist in resolving the problem of not being the self. Inner Advisor utilized as co-therapist in the creation of internal harmony within self as energy system. Internal communication established in order to facilitate external interaction with others.	
Ego-states assisting in resolving the problem Inner Advisor; Positive; Creative; Outgoing; Friendly; Comfortable number one, Happy, Comfortable	Stage 3 and 4 of the SARI-model. Establish new identity. Reinforce her positive inner-strengths such as ability to think, to be creative, liked, ability to communicate, leadership abilities. Rehabilitation. Ericksonian techniques used to create body awareness using an affect-bridge. Gift-wrap Ericksonian metaphors relating to social relationships and social conduct; client made visual presentation of her goals.	10, 12, 13
SC-advice / solutions 'A redo-all: Changing parts of my life'; 'If I really let go = fall'; 'If I describe my problem in colour = grey = dull'; 'need for love'; 'need for excitement'. SC suggestions for solution to the problem: 'self-expression', self-care', 'self-love', 'communication', the ability to see	Stages 1 to 4 of the SARI-model. Rapport building. Relax. Regress, remove and replace negative suggestions by utilizing SC-advise and solutions given in the WAT. Information given regarding the solution of the problem was utilized to therapeutically create an awareness of different interaction(s). Awareness created of ways that client can bring 'new life' into her life.	1, 3, 4, 5, 6, 7, 8, 9

that her sister's behaviour was not her fault	Utilization of ego-states to access inner advice from client's own inner resources. Age regression and age progression were done to grade 7 when the client could communicate and interact. Reinforce solutions and rehabilitation.	
Hypnotic phenomena identified Age regression, Negative hallucination, Anaesthesia, Time distortion, Hyper-amnesia, Catalepsy, Dissociation (Anaesthesia, Catalepsy and Dissociation were most prominent of all the hypnotic phenomena present in the client)	Hypnotic phenomena utilized by the researcher (session): Age regression (1, 3, 4, 7, 9, 10, 14), Age progression (1, 3, 4, 6, 7, 9, 10, 11, 12, 13, 14, 15, 16), Posthypnotic suggestion (1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16), Negative hallucination (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15), Time distortion (1, 2, 3, 4, 6, 7, 9, 14), Hyper-amnesia (1, 3, 4, 6, 7, 8, 9, 14), Analgesia (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16), Anaesthesia (2, 6, 9, 14), Catalepsy (2, 3, 6, 8, 14), Dissociation (2, 3, 4, 6, 8, 9, 14).	

The resources (and their functions) that can be utilized during the therapeutic process to address the self in dissonance and facilitate the discovery of the client's essential self were identified. In this case the emotions discovered in the SC were mainly negative and barely any positive emotions were found in the initial stages of therapy. It was only once the researcher activated different ego-states that positive emotions were identified.   Positive hallucination, age progression and analgesia were the hypnotic phenomena mostly used by the researcher within Case A, which can be ascribed to her being stuck in an emotional catalepsy as means to dissociate from her external circumstances and therefore creating emotional anaesthesia.

The last two sessions (session fifteen and sixteen) were mostly used to reinforce the emotional and cognitive learning that took place during the previous sessions. In these sessions the researcher focused on the integration of newly acquired knowledge into the client's daily life. This was done as the client was still fairly young (only thirteen years) and entering adolescence, which in itself, presents with challenging developmental processes. During the termination phase of therapy, the client made the following comments (Table 6.5.) with regards to her own internal processes and the achievement of her therapeutic objectives, as stated by the client, in answer to the questions asked during the first interview (what the client would wish for if the therapist was the fairy godmother). Case A's internal energy system's progression from being a self in dissonance to the discovery of the *essential self* is also indicated in Table 6.5.

TABLE 6.5   Case A – Discovering the essential self

Client's Comments	Session	Self in dissonance	Essential Self
• The client stated that she stood up for herself in the previous week	12	Insecure attachment	Secure attachment
• the client expressed that she is '*standing emotionally'* and used '*happiness*' to describe herself	14		
• Client stated that it was going well with her and her older sister	16		
• It is going well with her and that she is '*talking*' all the time	16		
• She and her mother have grown very close	16		

• The client was chosen as a member of the student representative counsel	12	Lack of connectedness	Connectedness
• She stated that she is being heard in the group at school and that her interaction with others has improved	16		
• Client stated that it was going well with her and her older sister	16		
• The client indicated an awareness of her own extreme withdrawal in social environments	9	Lack of self awareness	Self-awareness
• The client indicated that the action that now identifies her is 'talking' and the feeling of 'happiness' would best be describing her at present.	14	Distortion of perception	Restored perception (Sense of being essential)
• She states that she is content with her life and would not want a '*redo of my life*'	15		
• She was chosen as a member of the student representative counsel	12	Lack of meaning and purpose	Meaning and purpose
• States that she is content	15		
• '*I am feeling a 8 out of 10*'	16		
• The client was also chosen as a member of the student representative counsel	12	Lack of self-evaluation capacity	Self-evaluation capacity
• She performed well in the exams and received 80% in mathematics	16		
• The client indicated an awareness of her own extreme withdrawal in social environments	9	Self-deception	Self honesty
• '*I don't want to re-do my life anymore*' and said that she was content with her life	15		

6.2.1.3 CASE A SUMMARY

From the hypothesis made in Table 6.2 it could be deducted that Case A's self has been in dissonance and that she has not arrived at a satisfactory self-definition and therefore could not self-actualize. Clear boundaries needed to be established between the self discovered and the external world, in order for her defined self to move on its way to self-actualization. With newly established internal boundaries she could adapt, negotiate and even make compromises within her external environment.

Case A's responses indicated changes within her self and self-actualization being activated. The client became her essential self through the discoveries that have been made with the assistance of the subconscious resources utilized during therapy. The researcher discovered within the analysis of the information gained from the case study, that the resources gained from the initial stages of assisting the client to become the essential self, was mostly resources related to catalepsy and analgesia within the subconscious experience of the client. The client's responses, as seen in Table 6.5, are also indicative of harmony established within her self as energy system. Figure 6.2 summarizes the self in dissonance and the subconscious resources that were identified and utilized by the researcher to assist the client in the discovery of the essential self.

FIGURE 6.2 Subconscious resources - Case A

SELF AS ENERGY SYSTEM

MHA SC Diagnosis

Feelings (causing dissonance)
Alone, fear, anxiety, pain, hurt,
not happy, sad, confused,
worried, without love

Garden
at home

**SC safe
place**

A Redo-all
Communication
Self-expression
Self-love

Inner-strength

**SC-
advice /
solutions**

**Ego-states
(dissonant)**
Depressed,
Anger, Alone,
Sad, Out of
place

Hypnotic phenomena

Age regression
Negative hallucination
Anaesthesia
Time Distortion
Catalepsy
Dissociation

**Energy of
the self**

Phenomena
most
prominent

Positive Ego-states
Inner Advisor, Positive,
Creative, Outgoing,
Friendly, Comfortable,
Comfortable number one,
Happy

The Order of Importance

Mind survival
(threatened)

Spiritual survival
(strength and threatened)

Self in dissonance (Table 6.2. 6.3)

- Insecure attachment
- Lack of self-awareness
- Lack of connectedness
- Lack of meaning and purpose
- Lack of self-evaluation capacity
- Self-deception
- Distortion of perception

6.2.2 CASE B

6.2.2.1 HISTORICAL OVERVIEW

Case B is a teacher (forty six years of age). She and her husband have been married for twenty seven years. She stated during the first session that she has not been feeling herself for a very long time. During the first interview she stated that she was feeling a five out of ten (on a scale from one to ten, where one is very bad and ten very good); the worst she has ever felt was a half out of ten; the best that she has ever felt was a ten out of ten. She also stated that she enjoyed her life and her work. According to the client she was very involved in her church and felt that her relationship with God was improving. Case B stated that she felt that she was in the process of finding herself, but that her emotions were '*up and down'*.

Case B said that she had a strange childhood, as she did not really have parents. She was the youngest of four children and was brought up by the maid until the age of approximately six to eight years. She spend a lot of time with her dad after the age of eight, but did not see much of her parents, but can remember them fighting. Her older brother often had to look after them. When the client was a child the family suffered tremendous financial losses which impacted on the client's life. Her father passed away at the age of fifty when the client was at a very young age. The children were not told that he passed away and they had no closure, because there was no funeral. Case B stated that she did not have happy memories with her dad, as '*he was an old dad'* and she had no recollection of him playing with her. He was a distant dad and she did not think that he was good with kids. It seemed as if the client's love battery was empty and she lacked internalized love from her father. Her retired mother was seventy nine years of age. She was described as very affectionate, '*quite a strong person'*, but also a very negative person that '*will put you down when you don't need to be down'*; the client stated that it was '*engrained in me'*, '*I have the same pattern'* (with this comment the researcher suspected a possible positive and negative mother-introject, which could be reframed later in therapy and integrated into the self as energy system).

The client described her most traumatic experiences as:

1) Her father's death when she was twelve years old.

2) Falling pregnant with her eldest daughter at the age of nineteen. When she fell pregnant her mom told her that she can stay with her, but may not see her husband. Her husband's family wanted her to get an abortion. The church people kept them as a couple on track. From the initial history-taking it seemed as if the client was strong in her spiritual beliefs.

3) She had two bad experiences in the hospital where she was admitted after the birth of both their children, but she did not feel tied to those experiences (at ages nineteen and twenty three / twenty four years).

The client replied to the question with regards to what her expectation was of therapy and how she will know that she has been helped:

'*When I can begin to think of things in a more positive light*' and '*not let the past infect me.*'

On the question asked by the therapist that if the therapist was the fairy godmother what will she wish for, the reply was:

'*My dad back*', '*my mom happier*' and '*no friction between my daughters and I*'.

6.2.2.2 CASE DISCUSSION

From the history-taking, clinical observations and the Word Association Test the hypothesis can be made that Case B's self is in dissonance with regards to secure attachment, safety and security, connectedness and perception. According to the researcher Case B presented with areas where she was being the essential self, as for example in having meaning and purpose in her life, as her marriage and religion was of great importance to her and she felt that her job was fulfilling. The client also showed self-awareness, which is a pre-requisite for self-evaluation; the presence of this is probably the reason why the researcher did not find evidence for self-deception. The Word Association Test and the History-taking indicating aspects of the self that were in dissonance will be highlighted in Table 6.6.

TABLE 6.6   Case B – Self in dissonance

CLIENT'S COMMENTS / OBSERVATIONS	HISTORY / WAT	SELF IN DISSONANCE HYPOTHESIS
• Parents not being emotionally / physically available at a young age	History	Insecure attachment
• Father's death when the client was 12 years old and mother having to be the breadwinner, which resulted in anxiety in intimate relationships as well as avoidant behaviour	History / WAT	
• Financial and emotional insecurity at a young age	History / WAT	Lack of safety and security
• Client not knowing what happened to her father when he passed away	History	
• Trouble connecting with mother and forming a relationship due to mother's negativity and judgment of everyone around her	History / WAT	Lack of connectedness
• Father described as being 'an old Dad' was not emotionally available	History /	
• Lack internal connectedness with experiences from the past	History / WAT	
• Traumatized child ego-state not integrated	WAT	Distortion of perception
• Judgmental mother-object internalized	WAT	

From Table 6.6 it can be deducted that the self of Case B is in dissonance and that she is in need of enhancing her self-concept. Table 6.7 and Figure 6.3 (later in this section) illustrate the subconscious resources with regards to Case B's self as energy system being in dissonance.

TABLE 6.7   Case B – Subconscious resources

SELF IN DISSONANCE	SUBCONSCIOUS RESOURCES IDENTIFIED
Insecure attachment	DES, WZS, IDP, PDL (WAT) - Unresolved grief (death of father). Empty LOVE-battery - 'I need = to be loved' (WAT). Positive attachment memories (age regressions) - 'as a child = I was loved', 'I enjoy = love' (WAT). Mother-introject (WAT) – 'desire = mother', my greatest need = to be loved'
Lack of safety	DES, PDL - Mother-child relationship ('desire = mother'; my

and security	greatest need = to be loved'), 'colour of the problem = purple = rock', indicating that the client was in need of internal solidity and integration (WAT). Possible present day strength - her love for sport (WAT) Emotions aggravating the problem - fear, anxiety, sadness, anger, feeling out of control; lack of confidence, guilt (WAT).
Lack of connectedness	IDP, DES, WZS - the need to be loved (WAT). Spiritual survival resource that can be utilized in therapy - 'God always = loves', 'God never = punishes', 'belief = firm' (WAT).
Distortion of perception	DES, IDP (WAT). Inner-strengths - 'problem = solved', 'underneath it all = I am happy', 'I really care about so many things", 'when I love = I am full', 'my greatest talent = singing', 'it's so easy to = be free', 'my deepest thoughts tell me = that I am ok', 'this time I will be successful because = I try harder' (WAT).

The therapeutic process followed in the utilization of Case B's identified subconscious resources is highlighted in Table 6.8 and augmented in Figure 6.3. In Case B the emotions identified that enhanced the self being in dissonance and therefore affecting her self-concept are closely associated to the feelings caused by the mother-introject (which caused relationship problems with her daughters and being punitive towards herself), as well as, the death of her father when she was young, her not being able to find closure as a child (causing a traumatized child ego-state). This client presented with catalepsy, dissociation and anaesthesia due to unresolved trauma from childhood which prevented self-actualization.

Her love-battery was empty and the child-state(s) was in need of re-parenting, which is the reason for therapy being spent mostly in the first two stages of the SARI-model. In these stages the researcher focused on interpersonal issues, emotional self-regulation and addressing post-traumatic symptoms as means to form a foundation for further self-actualization and the establishment of a new identity. Trauma material from the past was also reconstructed in empowering ways and self-remembering strategies were used without hypnosis (using the hypnotic phenomena). Uncovering sessions were then also alternated with ego-strengthening sessions.

TABLE 6.8   Case B – Resource utilization and therapeutic process

RESOURCE UTILIZED	THERAPEUTIC INTERVENTION / THERAPEUTIC PROCESS	SESSION
MHA-SC Diagnosis PDL (9,14,19,24 years), DES, WZS; JPG, IDP	Stages 1 to 4 of the SARI-model. Building rapport. Relaxation. Remove faulty ideas and change beliefs about mother / self. Desensitization of faulty ideas. Replace negative suggestions with new emotional learning. Reinforce therapeutic alliance and secure attachment. Reinforce insights gained by the client. Ego-state therapy. Ericksonian psychotherapeutic techniques.	1, 4, 5, 6, 8, 9, 10, 11, 12
SC safe place 'in the garden at home, with trees and flowers'	Stage 1 of the SARI-model. Deepening of trance, Building rapport. Relaxation. Ego-strengthening. Ericksonian metaphors for age progression. Negative hallucination and posthypnotic suggestions	3
Inner-strengths 'I am just like = myself', 'all was fine = at the age of 14', 'tennis = loving it', 'home = warm', 'I enjoy = love', 'desire = to live healthily', 'this time I will be successful because = I try harder', 'every single time = I try', 'underneath it all = I am happy', 'I really care about = so many things', 'my greatest talent = singing', 'it is so easy = to be free', 'my deepest thoughts tell me = that I am ok'	Stages 1 and 2 of SARI-model. Building rapport and establishing relaxation. Reinforce her positive inner-strengths (such as ability to persevere - she has survived her past, her love for sport, et cetera), during post hypnotic suggestions.	1, 4

MHA-Order of Importance	Stage 1, 2 and 3 of the SARI-model.	4, 8, 11
Spiritual survival: 'God = professional = doctor = teaching', 'God never = punishes', 'belief = firm', 'God always = loves'. Mind survival: 'I couldn't speak'. Socio-economic survival: 'planning finances' Physical survival was threatened as a child	Ego-state therapy - utilizing client's Spiritual survival in Order of Importance was utilized by using the 'How to build a fire' script (Appendix A). Building rapport. Relaxation. Regression to past (Physical survival threatened when family had financial difficulties). Remove and replace negative suggestions. Reinforce insights gained by the client – taking therapy to the next level in subsequent session. Ego-strengthening. Focus on stabilization and creation of safety and security (internally / emotionally).	
Emotions / feelings (aggravating the problem) 'fear', 'hard', 'not being able to speak', 'not being good enough', 'guilt', 'anxiety', 'sadness', 'feeling out of control', 'unhappy', 'frustration', 'anger', 'stress', 'my greatest need is = to be loved'. Trauma and Unresolved grief (death of father), emotion of sadness	Stage 1 and 2 of SARI-model. Rapport. Relaxation. Reinforce therapeutic alliance in order to establish secure attachment. Removal of faulty ideas. Age regressions. Cognitive reframing by utilizing Ericksonian methods and the script of 'Hole in the soul' (see Appendix B), Ego-state therapy. Ego-strengthening. Posthypnotic suggestions. Stabilizing the traumatized child ego-state. River metaphor for movement with regards to catalepsy. Ego-state therapy working with traumatized child ego-state; Ericksonian – reframing, closure ritual. Post hypnotic suggestions. Metaphor of inner garden used to reinforce personal growth and change. Rehabilitation.	1,4,5,10

Emotions / feelings (positive) Positive attachment memories with father (age regression) 'I am looking at the brighter side', 'happy', 'I am ok', 'love'	Stage 1 to 4 of the SARI-model. Age regressions. Cognitive reframing and utilization of strengths in the relationship. Reinforcement of ego-strength. Information given by client with regards to the effective handling of conflict utilized with the use of Ericksonian methods of gift-wrapping and tailoring. Positive emotional self-regulation was reinforced.	4,6,12
Introject Mother-child relationship (mother-introject) - 'my greatest fault is sin = my greatest sin = to criticize = since the age of 19' (mom always criticized client according to history rejection when client was pregnant), 'I could never do anything right for = my mom'	Stages 1 and 2 of SARI-model. Rapport. Relaxation. Remove faulty ideas and change beliefs about mother / self. Replace negative beliefs with new emotional learning. Reinforcing inner-strengths. Recognition and reframing of cognitive-emotive dissonance and distortions. Reinforce new emotional learning, emotional and cognitive insight. Ego-state therapy. Post hypnotic suggestions.	1, 4, 9
Ego-state Child-state experiencing catalepsy - the for internal solidity and integration	Stage 1 and 2 of SARI-model. Rapport and relaxation. Remove and replace negative suggestions. Ego-state therapy addressing child-states. Rehabilitation. Establishment of new identity.	4, 8
SC-advice / solution 'there must be a time = when all is fine', 'problem = solve', 'problem = purple = rock', 'when I love = I am full', 'I'll be well when = I am ok', 'I am looking at the brighter side', 'it's	Stage 1 and 2 of SARI-model. Rapport and relaxation. Positive emotional self-regulation was reinforced.	4, 6

so easy = to be free'	
Hypnotic phenomena Age regression, Negative hallucination, Amnesia, Time distortion, Hyper-amnesia, Catalepsy, Dissociation (Age regression, Time distortion, Hyper-amnesia and Dissociation were the most prominent hypnotic phenomena present in the client)	Hypnotic phenomena utilized by the researcher (session): Stages 1-4. Age regression (1, 2, 4, 7, 8, 9, 11, 12), Age progression (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13), Posthypnotic suggestion (1, 2, 3, 4, 5, 6, 7, 8, 10, 12, 13), Negative hallucination (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12), Time distortion (1, 2, 4, 8, 9, 12), Amnesia (4, 9, 12), Hyper-amnesia (1, 2, 4, 7, 8, 12), Analgesia (1, 2, 4, 5, 6, 8, 9, 12), Anaesthesia (3), Catalepsy (3), Dissociation (3, 4).

Table 6.8 indicated whether the subconscious resources were used to either, defuse traumatic memories / subconscious material, reframe cognitive distortion and / or integrate dissociated or hidden parts of the essential self. The researcher is of the belief that these aspects that were not integrated into the self are causing the symptoms or complaints with which the client came to therapy. During the termination phase of therapy, the client made the following comments (Table 6.9) with regards to her own internal processes and the achievement of her therapeutic objectives as stated in the questions asked during the first interview. Case B's comments during the last few sessions of therapy indicated that the mother-introject was integrated and that trauma from the past was resolved and that her self-actualization was enhanced by the utilization of subconscious resources. The progression from the self in dissonance to the essential self is indicated in Table 6.9.

TABLE 6.9   Case B – Discovering of the essential self

CLIENT'S COMMENTS	SESSION	SELF IN DISSONANCE	ESSENTIAL SELF
• 'It was hard to realize that my Dad loved me'	13	Insecure attachment	Secure attachment
• She enjoys the company of her husband	13		
• She is managing personal distance from the colleagues at work (positive interaction with others at work)	13		
• She said that her husband had issues but she felt that he needed to deal with it in his own therapeutic sessions	14		
• Client stated that she was 'planning finances'	11	Lack of safety and security	Safety and security
• She stated that she felt 'more relaxed'	13		
• 'I am doing well'	14		
• 'I feel it didn't give me time to grief'	11	Lack of connectedness	Connectedness
• She is managing personal	13		

distance from the colleagues at work			
• The client started to feel that she was different from her mom (positive integration of mother-introject)	11	Distortion of perception	Restored perception (Sense of being essential)
• Hypnotic phenomena of Negative hallucination	11		
• The client stated that it felt as if she has 'closed a circle'	13		
• The client stated that she was feeling a '6 out of 10' and that 'I don't expect miracles from myself'	13		
• 'I feel more integrated'	14		

6.2.2.3 CASE B SUMMARY

Case B presented with quite a number of subconscious resources that could be utilized to enhance self-actualization and to activate change in her self-concept. The subconscious resources utilized by the researcher to assist the client in discovering the essential self, could be found in positive emotions, the Medical Hypnoanalysis Order of Importance (Spiritual survival), Inner-strengths and subconscious solutions and SC-advice given. Case B's self-concept was influenced by her lack of secure attachment and lack of internal safety and security, which resulted in the first ten sessions of therapy being spent in stage one and two of the SARI-model. The purpose of this was to establish safety and security and to enable the client to master traumatic material from the past, before resolving the trauma and integrating it into a new identity.

Although there was no formal identification of ego-states, the problem was caused by younger states of the self not being integrated into the self (illustrated in Figure 6.3). This caused the self to be in dissonance. The child ego-states were educated and integrated by means of age-regression and the integration of identified trauma into the self. In the process of integration and re-association the client could discover the essential self by means of the subconscious resources given.

FIGURE 6.3 Subconscious resources - Case B

SELF AS ENERGY SYSTEM

MHA SC Diagnosis

Feelings (causing dissonance)
Fear, anxiety, guilt, sadness, anger, frustration, stress, out of control, not being good enough, unhappy

Feelings (positive)
Happy, 'I am ok', love

Garden at home

SC safe place

Need for love
To be free
Need for security

SC-advice / solutions

Child ego-state
(causing dissonance)
Unresolved trauma

Introject (mother)

Inner-strengths

Hypnotic phenomena

Age regression
Negative hallucination
Amnesia
Time distortion
Hyper-amnesia
Catalepsy
Dissociation

Energy of the self

Phenomena most prominent

The Order of Importance

Socio-economic survival — Strength / threatened

Physical survival (threatened in past)

Mind survival (threatened)

Spiritual survival (strength)

Self in dissonance (Table 6.6. 6.7)

- Insecure attachment
- Lack of safety and security
- Lack of connectedness
- Distortion of perception

6.2.3   CASE C

6.2.3.1   HISTORICAL OVERVIEW

Case C is a forty three year old male who was battling with panic and anxiety attacks and stated that he didn't feel himself anymore. He was a divorcee and was in a stable relationship for the past ten years. He expressed constant feelings of fear and anxiety. Case C stated that he has always been a shy person, but that he became too scared to go out. When asked how it was going with him (at the time of the interview) out of ten (ten being excellent and one very bad) – the reply was a five, but when anxious a one. The best that he has ever felt was ten out of ten, but he had no recollection of when he last felt that good. When asked what was the lowest that he ever felt, the reply was a one or two out of ten. Case C mentioned that he has received a manager's award earlier in the year, but '*now I am dead*'. He used to be a workaholic, but seemed to have no energy. Although he managed to do his day to day work, he was in constant fear.   He said that when his mom took ill (four years ago); he was at a very low, as his mother had a stroke and it was the onset of Alzheimer's disease.

Case C described his childhood as '*very average*', but '*happy*'. He was eighteen years old when his father passed away due to a heart attack. He described his father as a '*nice, great guy*'; '*kind*' and '*helpful*' and he regretted never having a relationship of friendship with his father. The client's mother was seventy five years old and not healthy; she was described as a '*lovely person*', '*a good mother*', '*headstrong*', '*very independent*' and the client had a good relationship with her. The client was the youngest of three children; with the eldest being a sister with whom he did not have much contact and the middle child a brother who was brain damaged in a motorcycle accident when the client was eighteen years old.

The most traumatic experiences described by the client were:

1) '*Dad dying was definitely one*'
2) '*My brother's accident I am pretty sure was one of them*'
3) '*My Mom's condition*'

4) *'My divorce – most traumatic'* – client said that he might still be inwardly resentful.

Case C replied to the question with regards to what his expectation was of therapy and how he will know that he has been helped:

He stated that he had '*quite a positive feeling already'*. He will no longer have panic attacks. Be able to get out of bed in the morning and feel well.

When the researcher asked the client what he would like to change about himself – the reply was '*to be more confident, more care free, less of a perfectionist, because some things don't have to be perfect'*.

6.2.3.2 CASE DISCUSSION

From the history-taking, the clinical observations and the Word Association Test the hypothesis can be made that Case C's self is in dissonance regarding secure attachment (specifically within the anxiety-intimacy continuum), that he is displaying a lack of self-awareness, a lack in purpose and meaning, lack in safety and security, lack in connectedness and that his perceptions are distorted. The client not being the essential self and the areas where the self are in dissonance is indicated in Table 6.10.

TABLE 6.10 Case C – Self in dissonance

CLIENT'S COMMENTS / OBSERVATIONS	HISTORY / WAT	SELF IN DISSONANCE HYPOTHESIS
• BE / PNE (ISE), DES	WAT	Insecure attachment (Anxiety – intimacy continuum)
• Anxiety – intimacy continuum: Pre-occupied / attachment with mother – he was in fear due to her deteriorating health	History	
• Lacks control and feeling of being out of control	History / WAT	
• Client not aware of his mother's illness and deteriorating health causing his anxiety	History / WAT	Lack of self-awareness
• Client not aware of self-energy system being out of balance (WZS, DES, PDL)	WAT	

• Client not aware of father's death impacting on current emotional experience (DES, WZS)	History / WAT	
• Client's own health problems, father's death and mother's deteriorating health brought problems in Mind survival	History / WAT	Lack of meaning and purpose
• Perceived to have no control over own emotional / physical state	History / WAT	Lack of safety and security
• Not being socially involved – isolation and withdrawal of the self from others • Lacks connectedness with the present	History History / WAT	Lack of connectedness
• Self-evaluation is not possible due to lack of self-awareness – this resulted in self-deception	History / WAT	Lack of self-evaluation
• Lacks self-acceptance and acceptance of the moment • Physical survival being threatened - health perceived as deteriorating due to anxiety • Trauma of father's death not integrated	History / WAT History / WAT History / WAT	Distortion of perception

The resources identified in the subconscious mind causing the self to be in dissonance, are indicated in Table 6.11.

TABLE 6.11 Case C – Subconscious resources

SELF IN DISSONANCE	SUBCONSCIOUS RESOURCE IDENTIFIED
Insecure attachment (Anxiety – intimacy continuum)	PDL, DES, WZS, BE/PNE, ISE (WAT) - 'I am the kind of person who = likes to keep others happy'. 'my mom's condition'. 'I am afraid when = I am not in control'. SC-strengths - 'to be more confident, more carefree, less of a perfectionist'.
Lack of self-awareness	BE/PNE, IDP, DES (WAT). Strengths identified - 'to be more confident, more care free, less of a perfectionist, because some things don't have to be perfect', 'I am just like = myself'.
Lack of meaning and purpose	DES, WZS (WAT) - 'now I am dead', 'my greatest fear = heart attack', 'I really desire = acceptance'.
Lack of safety and	DES, WZS (WAT). Strength: SC safe place - 'an enclosed

security	sanctuary for birds', 'quite a positive feeling already'.
Lack of connectedness	PDL, DES (WAT). Divorce – 'most traumatic', 'inwardly resentful'. 'I am stuck at the age of = 40'. 'Dad dying was definitely one'.
Lack of self-evaluation-capacity	BE/PNE, IDP, DES, WZS (WAT). Strength: SC safe place - 'an enclosed sanctuary for birds', 'quite a positive feeling already', 'to be more confident, more care free, less of a perfectionist, because some things don't have to be perfect', 'I am just like = myself'.
Distortion of perception	'Why = do I have this problem?', 'why can't I = solve the problem?', 'letting go to me means = not in control', 'stress = do without', 'problem = succumb'.

In Table 6.12 and Figure 6.4 the subconscious resources identified with regards to self being in dissonance as mentioned in Table 6.11 (previous Table), will be discussed in more detail. Table 6.12 will highlight the therapeutic process followed in the utilization of the client's identified subconscious resources, in order to either defuse traumatic memories / subconscious material; reframe cognitive distortion and / or integrate dissociated or hidden parts of the essential self that was not integrated into the self and therefore causing the symptom of anxiety and panic attacks that the client came to therapy for.

During the termination phase of therapy, the client made comments (Table 6.13) with regards to his own internal processes and the achievement of his therapeutic objectives as stated in the questions asked during the first interview. The progression from the self in dissonance to the essential self is also indicated in Table 6.13.

TABLE 6.12 Case C – Resource utilization and therapeutic process

RESOURCE UTILIZED	THERAPEUTIC INTERVENTION / THERAPEUTIC PROCESS	SESSION
MHA-SC Diagnosis PDL, DES, WZS, BE/PNE(ISE), JPG Father's death (SPE) Client's health problems and Mother's deteriorating health (SIE)	Stages 1 to 4 of the SARI-model. Rapport building. Reinforcement of inner-strengths and changes evident in the client's life as therapy progressed. Reinforce that client is alive. Remove and replace negative suggestions, rehabilitation. Replace DES with feelings of safety and security. Ego-state therapy and Ericksonian psychotherapeutic techniques utilized to create internal harmony and to integrate trauma PNE/BE – regression to 7 months.	1, 3, 4, 5, 6, 7, 8
SC safe place 'an enclosed sanctuary for birds'	Stage 1 of the SARI-model. Rapport building and relaxation. Safe place given by SC indicated the need for internal safety and security. Catalepsy experienced within client's life needed to be removed by means of age regression (unstuck from the past). Ego-strengthening. Age progression. Positive hallucination. Posthypnotic suggestions.	2
Inner-strengths 'I am just like = myself' 'freedom = happiness = health', 'I am the kind of person who = like to keep others happy', 'my mother always = love = affection = kind = gentle = trust', 'I am just like = myself'	Stage 1 to 4 of the SARI-model. Building rapport. Relaxation in order to counteract anxiety. Re-affirm inner-strengths. Reinforce changes that were evident in the client's life. Rehabilitation from anxiety. Reframe traumatic experiences – integration BE/PNE and father's death. Replace negative beliefs.	2, 3, 6

'sex = pleasure = climax = fun' 'belief = implicitly' 'as a child = had fun', 'baby = beginning of life'		
MHA-Order of Importance Spiritual survival: 'God always = help = doctor = treatment', 'God = almighty', God never = let me down', 'belief = implicitly'. 'my greatest talent = technical'. 'my deepest thoughts tell me = I should be happy', 'most of all I want = happiness'. 'this time I will be successful because = I'll put my mind to it' Mind survival and Physical survival being threatened	Stages 1 to 4 of the SARI-model. Spiritual survival is in tact – utilize it by using MHA-script 'Life the purpose is you' (see Appendix C). Rapport and relaxation. Reinforcement of change that was evident in the client's life. Remove negative suggestions. Replace DES with feelings of safety and security. Reinforce that client is alive. Mind and Physical survival are being threatened – internal balance created through the utilization of Ericksonian psychotherapeutic techniques.	3, 4, 5, 6 2, 3, 4, 5, 6, 7
Emotions / feelings (aggravating the problem) 'worrying', 'fear', 'regret', 'sorrow', 'sadness', 'depressed', 'sadness', 'upset', 'anxious', 'anxiety'. 'afraid', 'scared', 'lack of confidence', 'hollow feeling', 'inwardly resentful', 'tension', 'depressed', 'worrying', 'stress', 'out of control', 'confidence = lacking'	Stages 1 to 4 of the SARI-model. Rapport building. Relaxation. Regression - father was identified as person that the client needed to resolve issues with. Alleviate 'voltage' of anxiety. Remove negative suggestions and replace with advice given by father in regression. Reinforce spiritual beliefs and that client is alive. Rehabilitation. In a session the client stated that 'the fear of something happening is better' – objectified fear – utilized by means of Ericksonian psychotherapeutic techniques.	1, 2, 3, 4, 5, 7

Emotions / feelings (positive)	Stage 1 to 4 of the SARI-model.	3, 4, 6, 8
'happiness', 'comfortable', 'fun', 'love', 'content', 'relaxed', 'positive', 'acceptance', 'freedom', 'feeling a lot better'	Reinforce positive feelings and utilize it to enhance future identity of self. Regressions to remove negative suggestions. DES replaced with feelings of being alive.	
Ego-state

Inner Advisor (father) – advice given - Client should have more faith; client will be fine. Destiny is not in client's hands and he has to trust God. With regards to his mother the advice was that he should let it be as it is beyond his control.

He was advised to 'have more faith' and be more 'positive'

Older client – 'wiser', 'learned to accept the things that he cannot change and is more wiser' | Stage 3 and 4 of the SARI-model.

Addressing unresolved issues regarding his father.

Father was utilized as Inner Advisor with regards to faith; the client's responsibility towards his mother and the client's own health. Age progression was done with the 'older self' to enhance positive feelings of 'being happier, more content, healthier'. Remove and replace negative suggestions by using the father as Inner Advisor. Reinforce changes. Rehabilitation from anxiety. | 5, 6 |
| **SC-advice / solutions**

'things don't have to be perfect'

'freedom = happiness = health = if I knew I'd never be punished'

'my greatest desire = my greatest need = good health and happiness', 'I am afraid when = I | Stages 1 to 4 of the SARI-model.

Building rapport. Relaxation. Regression. Using the subconscious solutions and advice given to remove the anxiety and replace it with hope. Utilize the advice given on a SC-level to reinforce changes and the rehabilitation of the client from symptoms of anxiety and panic attacks. The SC-advice is also | 1, 3, 5 |

am not in control', 'I really desire = acceptance', 'there must be = another way' 'the one thing I need most = reassurance' 'happiness = if I really let go' 'perfection = unnecessary' 'my deepest thoughts tell me = stop worrying'	used to reinforce Spiritual and to establish Mind survival in the MHA Order of Importance.
Hypnotic phenomena identified Age regression, Negative hallucination, Time distortion, Hyper-amnesia, Analgesia, Catalepsy and Dissociation (Time distortion, Catalepsy (emotionally stuck in anxiety) and Dissociation were most prominent of all the hypnotic phenomenon present in the client)	Hypnotic phenomena utilized by researcher (session): Age regression (1,2,3,4,5,7), Age progression (1,3,4,5,6,7,8), Posthypnotic suggestion (1,2,4,5,7), Negative hallucination (1,2,3,4,5,6), Time distortion (1,2,3,4,5), Hyper-amnesia (1,3,4,5), Amnesia (4,5,6), Analgesia (1,2,3,5,7), Anaesthesia (2,3), Catalepsy (2), Dissociation (2,3,4,5,7).

TABLE 6.13 Case C – Discovering of the essential self

CLIENT'S COMMENTS	SESSION	SELF IN DISSONANCE	ESSENTIAL SELF
Client expresses a 'very comfortable feeling' after PNE/BE – regression	4	Insecure attachment	Secure attachment
Client says that he realizes his mom's deteriorating health is beyond his control	5		
Client states 'a weight has been lifted off my shoulders'	5		
The client states that he isn't so afraid that something will happen anymore – and that he is not overly involved with mother anymore	6		
Awareness that his mother's health is causing anxiety	4	Lack of self-awareness	Self-awareness
Client's continued awareness that he can not control everything	5		
The client expresses awareness that he misses his father – 'one is young you don't really need advice, but when you are older you need advice and need to share things'	8		
Client not constantly worrying about his mother's health anymore	8		
Client expresses need to trust more in God	5	Lack of meaning and purpose	Meaning of purpose
Client states in age progression that the older him is 'more content' and 'wiser'	6		
Client starts involving himself in business and sport activities	8		
Client states that he had no panic attacks since the first session	2 to 8	Lack of safety and security	Safety and security
Client states - 'the fear of something happening is better'	6		

Client states that he had no anxiety attacks in more than two months	7		
Anxiety levels reduced to 2/3 out of 10 – 'feeling a lot better'	8		
Client recognizes the need to share with others	5	Lack of connectedness	Connectedness
Client is interacting more with others – went on a fishing trip	6		
Client is sleeping well and not waking up in the middle of the night (indicating that his sleeping patterns returned to what it used to be)	8		
Client's realization that his mom's deteriorating health is beyond his control – shows the ability to distinguish between what he can and what he cannot control	5	Lack of self-evaluation capacity	Self-evaluation capacity
The need to interact with others is recognized	5		
Anxiety levels reduced to 2/3 out of 10 – 'feeling a lot better'	8		
Client comments that he needs to let go of the things that he cannot control	5	Distortion of perception	Perception restored. (Sense of authentic self)
Client states that he learned to accept the things he cannot change	6		
Client says that he is feeling a 7 out of 10 (indicates that he more his essential self)	8		

6.2.3.3 CASE C SUMMARY

In the previous Tables in the discussion of Case C, the process of the client discovering his essential self was indicated. It was indicated in which way the client's self as energy system was in dissonance and how the energy of the self was brought into harmony by the researcher utilizing the client's subconscious resources in

assisting the client to become the essential self. Case C was not being the essential self, due to anxiety and severe panic attacks, which was caused by his Mind survival and Physical survival being threatened (the Medical Hypnoanalysis Model's Order of Importance).

Safety and security was established within the first session (after this session the client did not present with any panic or anxiety attacks) and the researcher could therefore move into stage two to four of the SARI-model without the risk of the client destabilizing. Continuous ego-strengthening was done in each session which further established the necessary safety and security for the client to re-associate with the essential self and to activate self-actualization. Secure attachment, self-awareness, connectedness and safety and security were accomplished and therefore the client could self-evaluate again and his perceptions were restored. Internal meaning and purpose were also established by means of the utilization of the client's deceased father as Inner Advisor.

In Case C the subconscious mind presented with internal advice which enhanced the Spiritual survival in the MHA Order of Importance. Although the client presented with quite a number of emotions causing and aggravating dissonance within the self, the wealth of positive emotions presented could be utilized successfully in the creation of internal harmony within the self as energy system.

Case C presented with different hypnotic phenomena (illustrated in Figure 6.4) of which time distortion, catalepsy and analgesia were the most prominent. The hypnotic phenomena of age regression, age progression and negative hallucination were used most in order to change the energy of the anxiety. By utilizing the subconscious resources presented by Case C, he could be assisted to discover his essential self and his self-actualization was re-activated.

FIGURE 6.4 Subconscious resources - Case C

SELF AS ENERGY SYSTEM

The Order of Importance

MHA SC Diagnosis

Feelings (causing dissonance)
Worry, fear, afraid, regret, sorrow, sadness, anxiety, scared, upset, depressed, lack of confidence, hollow, resentful, stress, out of control, lack of confidence

Positive feelings
Love, trust, affection, positive, content, relaxed, happiness, acceptance, positive, comfortable

Enclosed bird sanctuary

SC safe place

Let go
Accept
Stop worrying
Have faith
(et cetera)

SC-advice / solutions

Inner-strength

Positive Ego-state
Wise part

Energy of the self

Inner Advisor (father)

Hypnotic phenomena
Age regression
Negative hallucination
Time distortion
Hyper-amnesia
Analgesia
Catalepsy
Dissociation

Phenomena most prominent

Physical survival (threatened)

Mind survival (threatened)

Spiritual survival (strength)

Self in dissonance (Table 6.10. 6.11)

- Insecure attachment (anxiety-intimacy continuum)
- Lack of self-awareness
- Lack of meaning and purpose
- Lack of security and safety
- Lack of connectedness
- Lack of self-evaluation capacity
- Distortion of perception

6.2.4 CASE D

6.2.4.1 HISTORICAL OVERVIEW

At the time of the first interview Case D (thirty three years of age) said that he was feeling a ten out of ten, that his life was organized and that he did not drink or smoke. He was working as a manager at a company and was studying. When asked about the best time in his whole life, he answered that it was at present. When asked about the worst time of his life, the answer was about twelve / fifteen months prior to the date of the first interview when he was demoted at work. He said the problem was that he experienced fear since he can remember and that it affected his speech especially when the focus was on him. When he had a meeting in his department he was fine, but when he had to talk in front of other people at bigger meetings he had problems. He said that he used to work for a cruel, arrogant guy who would shout and scream a lot. His fear seemed to be present whenever he was with a senior in the company. The client was married with two children – was working in another town and only spent time with his family over weekends. Case D said that he loved being alone. He did physical exercise in the form of jogging. When asked what the one thing would be that he would want to change about himself, he replied '*the fear*'. The client said that with regards to religion his life was complete and that he did not lack anything. He was very content within his relationship with his wife and felt that there was nothing that he would want to change about her, or that she would want to change about him. When asked what he would be able to do if he was cured, he said that he would have been far in the company, but that he needed confidence with regards to talking.

Case D came from a Zulu-background and grew up in a township where he was one of five other children raised by his grandmother. According to the client the children always lived in fear and if they did something wrong they would get a hiding. He further stated: '*Whatever you did would never be good enough'*. Case D suffered from enuresis until the age of seven / eight years. He had a lot of nightmares of a huge snake as a child – this often kept him awake and frightened at night. His father had never been part of the family and Case D had no contact with him, although he knew where he was. Although the client did not live with his mother when he was a child, she had always been involved in his life and used to send money home. She

was described as '*a quiet person who is easily influenced*' and '*wants to keep others happy*'. Case D had regular contact with her and described their relationship as a '*very strong relationship*'. His grandmother, by whom he was raised, was described by the client as '*difficult*', '*shouting*' and '*screaming*' and '*was still like that*' at the time of the interview. The client was the younger of two children and had a sister who passed away at the age of thirty two (when the client was thirty years old) due to a lung problem (she was on oxygen for the last five years of her life). According to the client she had a '*very strong personality*'.

The client's most traumatic experience was:

'*When I got demoted*'; he described it as '*demoralizing*' (it happened fifteen months prior to the first interview with the client).

When asked what the emotionally most disturbing event of his life was, the client said his '*demotion*' and his '*grandmother always screaming, shouting and punishing*'.

The client replied to the question with regards to what his expectations of therapy were and how he will know that he has been helped:

'*When I stand up in a meeting and say what I want to say without nervousness and panicking*'.

 On the question asked by the therapist that if the therapist was the fairy godmother, what he will wish for, he replied:

'*Take the fear away*'.

6.2.4.2 CASE DISCUSSION

From the history-taking, clinical observations and the Word Association Test the following hypothesis can be made with regards to the client's self being the essential self in the area of meaning and purpose: he felt that his religion formed a secure basis for his life and that he did not lack anything, he was happily married with two children, had a fulltime job and was studying (he wanted to make progress in his career). The following hypothesis can be made with regards to Case D's self being

in dissonance, namely that he lacks secure attachment (due to poor self-confidence and self-efficacy being affected by trauma from the past), lacks self-awareness regarding his abilities and competency, lacks safety and security, lacks connectedness and his perception of his self is distorted (regarding his abilities) (indicated in Table 6.14).

TABLE 6.14 Case D – Self in dissonance

CLIENT'S COMMENTS / OBSERVATIONS	HISTORY / WAT	SELF IN DISSONANCE HYPOTHESIS
• Did not have a relationship with his father – father showed no interest in the client and had another family	History / WAT	Insecure attachment (poor self-confidence and self-efficacy)
• Mother not being present when the client was a child	History	
• Grandmother (as guardian) not emotionally involved with the children	History / WAT	
• PNE(WZS) – no movement and acceptance of DES	History / ; WAT	Lack of self-awareness (ego-states lacking self-awareness – emotional states not profiting from experience)
• He lacks self-awareness due to constant 'fear'	WAT	
• BE / PNE - fear / anxiety	WAT	Lack of safety and security
• Inability to express the self due to grandmother's anger (shouting and screaming)	History / WAT	
• Emotional insecurity as a child and living in constant fear as a child – nightmares	History / WAT	
• The impact of being unfairly demoted at his previous job	History / WAT	
• Fear when having to speak in a meeting / publicly	History / WAT	
• Could not connect to Grandmother (as guardian), because she was a difficult person - always shouting and screaming	History / WAT	Lack of connectedness

• Client living in constant fear as a child	History / WAT	
• Living in fear of rejection due to rejection at previous work	History / WAT	
• Lacks connectedness to own inner-strength and belief in own abilities due to rejection experienced as a child and at previous work	History / WAT	
• Traumatized child ego-state	History / WAT	Distortion of perception
• Judgmental grandmother-introject	History / WAT	
• Ego-state that is in need of inner-strength	History / WAT	

Table 6.15 indicates the subconscious resources that highlight the self being in dissonance and the aspects that can be used as inner-strengths in establishing harmony within the self as energy system.

TABLE 6.15 Case D – Subconscious resources

Self in Dissonance	Subconscious Resources identified
Insecure attachment	IDP, DES, PDL, WZS (WAT). 'loved being alone' – skills regarding interaction with others needed / establish connection with self.
Lack of self-awareness	WZS – 'if I don't get out = then I am going to remain where I am'.
Lack of safety and security	BE, PNE (ISE) (WAT) – 'cave = darkness = don't like'; 'down in this dark hole = afraid'; 'when walls close in = I become anxious'. SIE (WAT) – being demoted at work, insecurity being activated by having to speak at meetings. WAT - 'The problem = meetings = fear = tension = anxiety = demands'. Spiritual survival in tact.
Lack of connectedness	BE, PNE (ISE), DES (WAT) – 'cave = darkness = don't like', 'down in this dark hole = afraid', 'when walls close in = I become anxious'.

Distortion of perception	DES, IDP, JPG - 'grandmother = the greatest obstacle to my happiness' (indicating a grandmother introject).

From Table 6.14 and 6.15 it can be deducted that the client was experiencing problems in his self-actualization in the working environment (especially in meetings) due to unresolved issues from the past (BE, PNE, grandmother-introject, et cetera). His negative work-identity seemed to be constrained due to a grandmother-introject which was having an impact on his beliefs in his own capabilities. In Table 6.16 and Figure 6.5 the subconscious resources regarding the self in dissonance will be augmented. The therapeutic process and utilization of the different resources will be indicated.

Table 6.17 indicates comments made by the client with regards to his own internal processes and the achievement of the therapeutic objective of removing the fear (as stated during the first interview). The client established internal safety within himself through the integration of the trauma from his past and the utilization of SC-advice. The subconscious mind in Case D has given a wealth of resources and advice in the reframing of past trauma (as indicated in Table 6.16).

TABLE 6.16 Case D – Resource utilization and therapeutic process

Resource Utilized	Therapeutic intervention / therapeutic process	Session
MHA-SC Diagnosis PDL, DES, WZS, JPG, IDP, PNE, BE (ISE, SPE, SIE)	Stages 1 to 4 of the SARI-model. Building rapport. History-taking and WAT. PNE - regressions to 2 months and 5 months. Remove and replace DES and WZS in PNE. PDL – regression to 12 years. Removal and replacement of negative suggestions. Reinforce ego-strength. Ego-state therapy and Ericksonian psychotherapeutic techniques.	1, 3, 5, 8
SC Safe place 'the bedroom at home where my wife and kids are'	Stage 1 of the SARI-model. Building rapport. Teach technique of relaxation. Utilize the safe place to create internal awareness and build inner-strength. Utilize the phenomena of age progression, positive hallucination and posthypnotic suggestion. Reinforce security at home in order to establish secure attachment and create feeling of connectedness. Re-connect with the self.	2
Inner-strengths 'this time I will be successful because = I know what I want', 'loved being alone', 'when = I make peace = when I am with my family and alone', 'I became = dedicated to work from standard 9', 'it's so easy to = pass', 'my deepest thoughts	Stages 1 to 4 of the SARI-model. Building of rapport. Relaxation. Regression. Remove and replace negative suggestions and faulty beliefs. Reinforcement of new beliefs and rehabilitation from old negative and faulty suggestions. Utilization of Ericksonian psychotherapeutic techniques in enhancing inner-strength with metaphors for change and letting go of the past (Script: 'Living thru hope –	1, 3, 4, 9

tell me = I am reasonable', 'love = sex = my wife = baby = home = trust', 'my greatest talent' = maths', 'my greatest desire = to be successful', 'when I am on top = I feel in control', '20 years from now = I would be rich', 'who doesn't love = peace', 'life = church', 'belief = God = power = helps his own people = authority', 'when I die = I am going to heaven' 'manage the tension'	Visualization for letting go' – Appendix D).	
MHA-Order of importance: Spiritual survival: 'God never = fails to answer prayers', 'when I die = I am going to heaven' Species survival (in tact): 'love = sex = my wife = baby = home = trust'; 'trouble = rejection = people = anger', 'I am afraid when = I am in a meeting' Mind survival (not intact) 'It felt like I died when = I got demoted' Socio-economic survival threatened (demotion) / strength	Stage 1 and 2 of the SARI-model. Building rapport. Relaxation. Regression. Replace negative suggestions by utilizing the Spiritual survival (being in tact). Building ego-strength through the MHA-script 'How to build a fire' (see Appendix A). Remove and replace negative suggestions in the PNE with the script 'Life the purpose is you' (Appendix C). Species survival with regards to family support (wife and children) was in tact – used in enhancing communication skills and ability to communicate with others. Species survival with regards to others (work) was not in tact. Mind survival in work situation / meetings was needed – researcher utilized information from SC to establish it.	2, 3, 5

Emotions / feelings (aggravating the problem) 'alone', 'demoralizing', rejection', 'afraid', 'anxious', 'anxiety', 'tension', 'fear', 'shy', 'anger', 'guilt' 'confusion', 'why can't I = be more confident like other people' (lacks confidence)	Stage 1 to 4 of the SARI-model. Building rapport. Relaxation. Regression. Remove and replace fear, anxiety and other emotions causing the problems. Reinforce changes. Rehabilitation. Teaching breathing techniques and self-representation skills to enhance self-confidence. Utilization of Ericksonian principles in the metaphor for letting go of old recordings (emotional / memories) (utilize script: 'Living thru hope – Visualization for letting go' – Appendix D).	1, 2, 3, 4, 8
Emotions / feelings (positive) 'love', 'happiness', 'freedom', 'reasonable', 'relaxed', 'desire'	Stage 1 and 2 of the SARI-model. Building rapport. Relaxation. Regression. Utilize positive emotions to remove and replace negative suggestions. Reinforcement of ego-strength.	1, 3, 5
Introject Grandmother 'grandmother = nothing = the greatest obstacle to my happiness = death = desire'	Stage 1 to 4 of the SARI-model. Grandmother-introject and subsequent trauma were integrated. Replacing of negative suggestions. After grandmother-introject was integrated client expressed: 'being at peace, more relaxed, more confident and not feeling intimidated by grandmother'. SC said to grandmother that he can be 'successful, I know what I want, I am free, I can stand on my own, I don't need to be punished and you make me feel incompetent and unsure of myself'.	3, 4

Ego-state (aggravating the problem** Fear	Stage 3 and 4 of the SARI-model. Ego-state therapy was utilized to address the 'Fear' part and to remove negative beliefs. Inner-resources were gift-wrapped by utilizing the ego-states that can assist in the resolution of the problem. Reinforce changes. Rehabilitation. Age progression.	9
Ego-states assisting in the resolution of the problem Calm, Creative, Wise part, Child ego-state	Stage 3 and 4 of the SARI-model. Reinforcement of positive changes. Utilization of ego-states to reinforce and establish change. Rehabilitation from old ways of behaving / fears. The 'Creative', 'Calm' and 'Wise' ego-states were utilized in finding subconscious solutions to the problem of fear and to create new ways of reacting and responding at work (in meetings). 'Wise' ego-state was used for ego-enhancement and to reinforce inner-strength. Child ego-state was integrated into the self with the resolution of trauma from the past.	8, 9
SC-advice / solutions 'take the fear away' 'when I stand up in a meeting and say what I want to say, without nervousness and panicking" 'at the very bottom of it all = there is an answer', 'I feel best when = I know what to do', 'I'll be well when = I can express myself',	Stages 1 to 4 of the SARI-model. The information gained from the SC was gift-wrapped by the researcher in the form of a solution to the problem, by using the SC's advice (in giving a resolution to the problem). The resolutions of the SC were enhanced by age-progressions and age regressions. The other SC resources were integrated into the process of discovering the essential self. The script 'Letting go – Visualization for letting go' (Appendix D) was used as a way	3, 9

'the real problem = I am too quiet = people don't understand the sort of person I am', 'If I really let go = things would be better', 'I have been wrong for a long time. Forget about the past and look forward to the future' (indicating being wrong for feeling responsible for grandmother's actions). Feelings given by the SC to assist in integration of grandmother-introject: Self-confidence, self-trust, communication, the ability to speak, the ability to defend himself, to take nothing personal, to distinguish between grandmother's anger and what he didn't do right, to see things in their true perspective, the knowledge that things will not stay the same and are forever changing'	of letting go of the past. This method was also used as it could be self-empowering to the client.
Hypnotic phenomena Age regression, Negative hallucination, Amnesia, Time distortion, Hyper-amnesia, Catalepsy, Dissociation. (Negative hallucination, Catalepsy and Dissociation were most prominent of all hypnotic phenomena present in the client)	Hypnotic phenomena utilized by the researcher (session): Age regression (1,3,4,5,6,7,8,10), Age progression (1,2,3,4,5,6,7,8,9,10), Posthypnotic suggestion (1,2,3,4,5,6,7,8,9,10), Negative hallucination (1,2,3,4,5,6,7,8,9,10), Time distortion (1,2,3,4,5,6,7,8,9,10), Hyper-amnesia (1,2,3,4,5,6,7,8,9,10), Analgesia (1,2,3,4,5,6,7,8,9,10), Anaesthesia (2,4,5,6,7,8,10), Catalepsy (2,5,6,7,8,10), Dissociation (2,3,4,5,6,7,8,9,10), and Amnesia (not utilized).

TABLE 6.17 Case D – Discovering of the essential self

Client's comments	Session	Self in Dissonance	Essential self
• Subconscious advice is given to the self – internal strength is established	8 and 9	Insecure attachment	Secure attachment
• Grandmother-introject is integrated and client securely attached to himself ('therapy… is working')	9		
• Case D states that he can control his breathing within a meeting	7	Lack of self-awareness	Self-awareness
• 'I have been wrong for a long time – forget about the past and look to the future' (comment after trauma of the past is integrated)	8		
• SC identifies parts of the self that can be calm and creative	9		
• Client states that his fear is reduced	9 and 10		
• Internal safety and security are created by the SC providing the child-ego-state with inner-strengths	8	Lack of safety and security	Safety and security
• The client's fear to speak and communicate are reduced and the client states that the meeting that he attended went well	6		
• Client states that the meeting went relatively well	6		
• Client says that he could control his voice and the	6		

pitch of his voice tone • 'I could control my speech'.	9		
• Grandmother-introject – experiences are reframed and the client says that he is not so afraid anymore	9	Lack of connectedness	Connectedness
• The client states that he felt in control when he went for a job interview – 'I was taking my time… at my pace' • The client went for a job interview. He is not in fear of meetings anymore – 'I am not worried about meetings' • The client is promoted (at the same institution where he was previously demoted)	9 9 10	Distortion of perception	Restored perception

6.2.4.3 CASE D SUMMARY

Self-actualization appeared to be taking place within Case D from the information gained within the initial history-taking, but it became clear that self-actualization was not taking place with regards to Case D's work-identity and concept of himself at work. The Word Association Test confirmed that Case D presented with a PDL, WZS and DES as most prominent causes for him not being able to talk in a meeting without feeling overwhelmed by fear. Case D presented with catalepsy and negative hallucination as hypnotic phenomena when he had to address a meeting, this seemed to be due to his unfair demotion in the previous year. The demotion activated an introject which was formed due to the trauma he experienced as a child (his grandmother being very aggressive), which aggravated his own performance anxiety. During therapy the researcher utilized his positive feelings, as well as, ego-states that could resolve the problem. Trauma experienced during childhood was resolved, reframed and integrated into the self as energy system. During the interaction with the child ego-state from the past, Case D's subconscious mind presented the child from the past with a wealth of inner (subconscious) resources and inner-strengths.

FIGURE 6.5 Subconscious resources - Case D

SELF AS ENERGY SYSTEM

MHA SC Diagnosis

Feelings (causing dissonance)
Alone, rejection, afraid, fear, anxiety, anxious, demoralizing, tension, guilt, confusion, anger, lack of confidence, shy

The Order of Importance

Positive feelings
Happiness, freedom, love, relaxed, desire

Bedroom at home with wife and kids

SC safe place

Take the fear away, Self-trust Self-confidence Communication (et cetera)

SC-advice / solutions

Introject
(Grandmother)

Positive Ego-states
Calm, Creative, Wise part

Inner-strength

Energy of the self

Ego-states enhancing the problem
Fear, Child ego-state

Species survival — Strength

Socio-economic survival — Strength / threatened

Mind survival (strength / threatened)

Spiritual survival (strength)

Hypnotic phenomena

Age regression
Negative hallucination
Amnesia
Time distortion
Hyper-amnesia
Catalepsy
Dissociation

Phenomena most prominent

Self in dissonance (Table 6.14. 6.15)

- Insecure attachment (poor self-confidence and self-efficacy)
- Lack of self-awareness (ego-state in lack of awareness)
- Lack of safety and security
- Lack of connectedness
- Distortion of perception

6.3   SUMMARY

In the discussion of the four Cases presented the researcher used both the Medical Hypnoanalysis Model's history-taking and the Word Association Test to form a hypothesis regarding the self being in dissonance of each case presented. The researcher then indicated what the subconscious resources with regards to the self being in dissonance were as gathered from the Medical Hypnoanalysis Model's Word Association Test. The subconscious resources and the therapeutic intervention processes were augmented by the researcher indicating the resources utilized in the different therapeutic sessions. The researcher indicated that the subconscious resources could be grouped in one of the following, namely: The Medical Hypnoanalysis Model Subconscious Diagnosis, the Safe place, Inner-strengths, Medical Hypnoanalysis Model's Order of Importance, Emotions / feelings aggravating the problem, positive emotions / feelings, ego-states aggravating the problem, ego-states assisting in resolving the problem, Introject(s), Subconscious advice / solutions and the Hypnotic phenomena.

It was also indicated that the subconscious resources form part of the energy system of the self. The researcher then indicated the movement from the self being in dissonance to the essential self and self-actualization being activated in different areas within each individual case. With the use of different age groups, different races and different sexes the researcher indicated that subconscious resources are available for utilization by therapists, regardless of the age, sex, race or problem(s) that clients presented with. The researcher also indicated that the essential self can be discovered by means of subconscious resources, by integrating unresolved trauma and the creation of an internal awareness and harmony within the self as energy system.

 The researcher concludes the case studies with the following:

- The self is not static, but dynamic as it was found in all the cases that the energy of the self could be changed from being in dissonance to the energy of the self being in harmony (essential self);
- the self-concept energy of the different cases could be enhanced through the integration of trauma (as seen in Case B and Case D);

- the growing awareness and knowledge of the self and its subconscious resources enables both children (Case A) and adults (Case B, Case C, Case D) to answer the question '*Who am I?*' by being assisted to find a self-identity with regards to different aspects within themselves;

- the hypnotic phenomena do not only present itself in formal hypnotic inductions, but are valuable resources in identifying the way in which a client is experiencing problems;

- clients present with different problems causing them not to be their essential selves;

- because the problems presented by different clients are unique, different hypnotic phenomena should be utilized to access their subconscious minds and its resources and in the assistance of clients to become the essential self;

- when the self is in dissonance self-actualization will also be impaired;

- the utilization of subconscious resources in assisting the client to become the essential self, leads to self-actualization being activated; and

- self-concept will be impaired when the self is in dissonance and is enhanced when the client is assisted to become the essential self.

CHAPTER 7

7   CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

FIGURE 7.1 Conclusions and recommendations of the study

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│           │        • Empirical study         │              │
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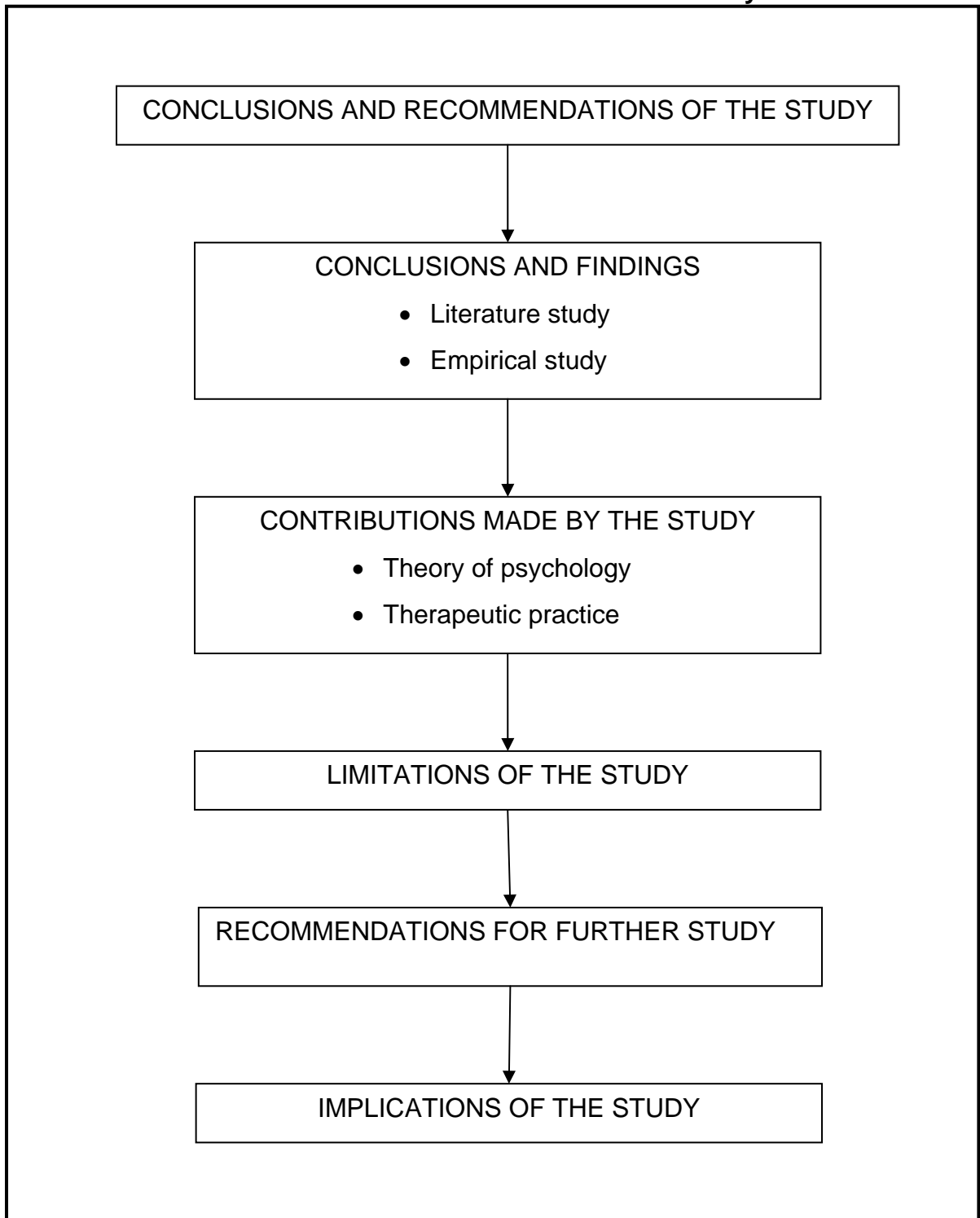
7.1   INTRODUCTION

In Chapter 1 of this study the researcher highlighted the process of her becoming aware of the problem of clients complaining that they do not feel themselves. The research problem was posed and different theoretical perspectives applicable to this study were indicated. The aim of the study was also stated and the different concepts used within this study were clarified.

Chapter 2 consisted of a literature survey of the subject of the self. The concept of the self was also augmented by the use of the Ego-state model constructed by John and Helen Watkins (Watkins & Watkins, 1997:xii).

Chapter 3 defined and discussed the subconscious mind, as well as, its relation to the conscious mind. The reasons why hypnotherapeutic techniques were used in accessing the subconscious mind were also indicated.

Chapter 4 elaborated on the different methods used to access the subconscious mind. The researcher indicated that the Medical Hypnoanalysis Model was used for diagnostic purposes in the initial stages of therapy and explained how Ego-state therapy (inclusive of the SARI-model) and hypnotherapeutic techniques utilizing Ericksonian psychotherapeutic techniques would be applied to access the subconscious mind.

Chapter 5 outlined the research design and methods applied in this study. The methods utilized by the researcher to collect data, the demarcation of the study, as well as, the procedures and techniques followed during this study were explained. The research methodologies used, were also discussed.

Chapter 6 reported on four case studies and described how the information gained from the subconscious mind in both the diagnostic and therapeutic stages of therapy can be utilized as resources to assist the client in the discovery of the essential self.

In this chapter the results of the research are considered. The findings, conclusions and recommendations of this study, will be outlined in this chapter. The implications of the research for psychology in general, the field of hypnosis and the Medical

Hypnoanalysis Model will be considered; thereafter the contributions and the shortcomings of the study will be contemplated and reflected upon.

7.2   CONCLUSIONS FROM THE LITERATURE STUDY

In the literature study (Chapter 2) a number of definitions of the self (2.2.1, Table 2.1), were investigated and neither of these theories availed themselves fully to the concept of the self as the researcher attempted to gain an understanding of it. Explorations of the self brought the researcher to theories of ego (2.2.2, Table 2.2), person (2.2.3, Table 2.3) and personality (2.2.4, Table 2.4, Figure 2.4) which also did not give a satisfactory definition of the self. The researcher discovered that there were many views on the self, person, personality and ego, but neither of them satisfactorily explained the self, which resulted in the researcher combining them with the theory on Ego-states (2.3.3, 2.3.4, Figures 2.7, 2.11, 2.12). This resulted in the researcher concluding that the self can be seen as an energy system, containing sub-selves (2.3).

In Chapter 3 the researcher discovered different aspects of subconscious memories that can be addressed within therapy and discovered that Matez (1992:4-16) in his discussion of the Hypnotherapeutic Model, was the only person to give a satisfactory description of the interrelationship between the conscious mind and the subconscious mind (3.2, Figures 3.2, 3.3, 3.4). The researcher decided to use this model as means of describing the subconscious mind. It was also indicated why the use of hypnotherapeutic techniques seemed viable as a means to access the subconscious mind and its resources (3.3).

In Chapter 4 the researcher investigated the means by which the subconscious mind and its resources could be accessed. In searching for a diagnostic model that will identify the causes for the presenting problem, rather than diagnosing pathology, the researcher discovered that the Medical Hypnoanalysis Model (4.2) provided a framework within which a Subconscious Diagnosis could be made. In search of a therapeutic method to access the subconscious mind and its resources in assisting clients to become their essential selves, the Medical Hypnoanalysis Model was too direct in its approach to therapy. Although Ego-state therapy (inclusive of the SARI-model of intervention) and Ericksonian psychotherapeutic techniques did not give a diagnostic framework for uncovering subconscious resources, it provided the

hypnotherapeutic techniques needed to access the subconscious mind and to utilize its resources. The researcher therefore decided to facilitate an eclectic approach using facets from the Medical Hypnoanalysis Model, Ego-state therapy (4.3) and Ericksonian psychotherapeutic techniques (4.4). The Ego-state model proved to give a valuable framework in the form of the SARI-model (4.3.4) for therapeutic intervention, whereas the Ericksonian psychotherapeutic techniques provided the researcher with methods of accessing the subconscious mind and its subconscious resources.

7.3 FINDINGS EMANATING FROM THE EMPIRICAL STUDY

In the study it was indicated (as illustrated in Figure 7.2) that:

- Clients presenting with different reasons for attending therapy, complaining that they do not feel themselves present with a dissonance within the self as energy system;

- the aspects regarding the self that is in dissonance can be found within the Medical Hypnoanalysis Model's history-taking and Word Association Test;

- the researcher also established a marriage between different hypnotherapeutic approaches (Medical Hypnoanalysis Model, Ego-state therapy and Ericksonian psychotherapeutic techniques) and the utilization thereof in the process of accessing the subconscious resources as a new design for assisting clients to progress from being the self in dissonance to discovering the essential self;

- subconscious resources regarding the self in dissonance can be identified by means of the Medical Hypnoanalysis Model Subconscious Diagnosis and within the process of utilizing both Ego-state and Ericksonian psychotherapeutic techniques;

- the subconscious contains resources regarding the following: Medical Hypnoanalysis Subconscious Diagnosis, the Subconscious safe place, the Order of Importance, Inner-strengths, Emotions / feelings (aggravating the problem / positive), Ego-states, Introjects and the Hypnotic phenomena;

- aspects regarding the Medical Hypnoanalysis Model's Order of Importance that indicates levels of survival being threatened, as well as, the areas of survival that is in tact, can be attained from the subconscious resources;

- the subconscious is a resource that can be utilized to identify the hypnotic phenomena presented by the client;

- different clients present with different hypnotic phenomena causing the problem of not being the essential self;

- the subconscious mind is also a resource that can be used for advice with regards to the solution of the client's problem;

- the subconscious mind can be used as Inner Advisor and used for advice;

- the subconscious resources can be used to assist the client in becoming / discovering the essential self;

- the SARI-model provides a framework within which therapy (assisting clients to become their essential selves) can be done; and

- through the awareness of subconscious resources (Medical Hypnoanalysis Model Subconscious Diagnosis, Subconscious safe place, et cetera) clients can be lead to self-actualization when the resources are integrated into the self as energy system.
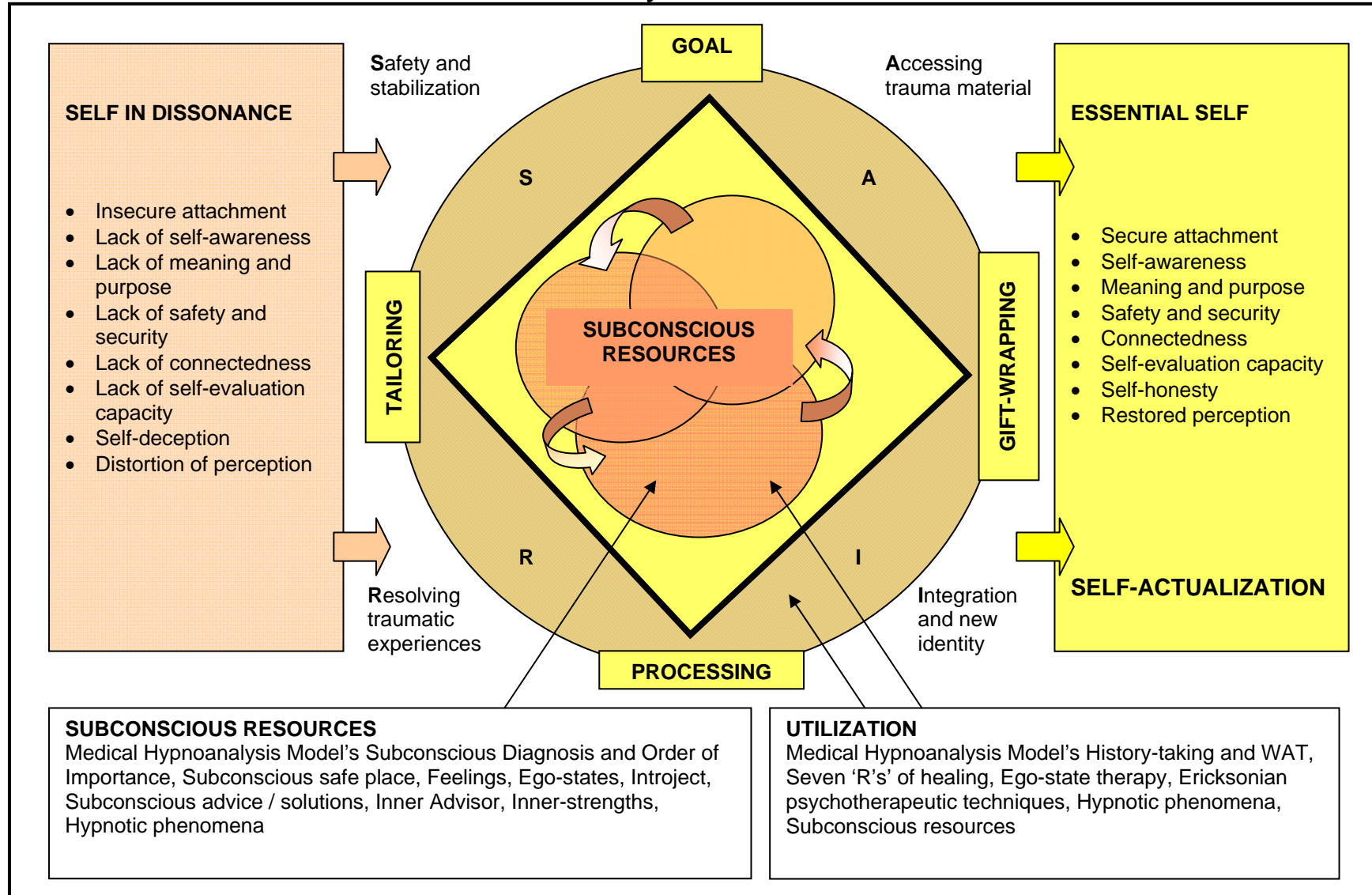
The following findings can also be derived from the study:

- The client becoming the essential self and self-actualization are two peas in a pod (interrelated) as self-actualization is impaired when the self is in dissonance;

- in the approach to different clients' problems dissimilar hypnotic phenomena must be used in assisting them to discover the essential self;

- subconscious resources can be utilized in assisting clients to discover the essential self;

- not all clients coming to therapy present with an introject (causing dissonance within the self);

- an ego-state(s) can be identified within a client without it (them) presenting with a specific name (for example child ego-state(s));

- the self (inclusive of the self-concept as discussed in Chapter 1) is dynamic (the energy within the self can change);

- the energy of the self shows a positive change when trauma is integrated; and

- growing awareness of the subconscious resources within themselves assists clients to change their self-identity.

FIGURE 7.2 Subconscious resources in the discovery of the essential self

SELF IN DISSONANCE

- Insecure attachment
- Lack of self-awareness
- Lack of meaning and purpose
- Lack of safety and security
- Lack of connectedness
- Lack of self-evaluation capacity
- Self-deception
- Distortion of perception

Safety and stabilization

Accessing trauma material

GOAL

S

A

TAILORING

GIFT-WRAPPING

SUBCONSCIOUS RESOURCES

R

I

Resolving traumatic experiences

Integration and new identity

PROCESSING

ESSENTIAL SELF

- Secure attachment
- Self-awareness
- Meaning and purpose
- Safety and security
- Connectedness
- Self-evaluation capacity
- Self-honesty
- Restored perception

SELF-ACTUALIZATION

SUBCONSCIOUS RESOURCES
Medical Hypnoanalysis Model's Subconscious Diagnosis and Order of Importance, Subconscious safe place, Feelings, Ego-states, Introject, Subconscious advice / solutions, Inner Advisor, Inner-strengths, Hypnotic phenomena

UTILIZATION
Medical Hypnoanalysis Model's History-taking and WAT, Seven 'R's' of healing, Ego-state therapy, Ericksonian psychotherapeutic techniques, Hypnotic phenomena, Subconscious resources

7.4   CONTRIBUTIONS MADE BY THE STUDY

7.4.1   CONTRIBUTIONS TO THE THEORY OF PSYCHOLOGY

This study made multiple contributions to the field of psychology, hypnosis and the Medical Hypnoanalysis Model, on both a theoretical and a practical therapeutic application level.

Contributions made on the theoretical level in three different fields will be discussed first.   The contributions can be categorized as contributions to the theory of psychology in general, hypnosis in general and the Medical Hypnoanalysis Model.

In the field of psychology a contribution was made in Chapter 2 by giving a different view of the self and by conceptualizing the self as an object in order to make it more concrete. The researcher did not come across any other studies where the self was conceptualized in the same manner.

Secondly, the contribution can be seen in the field of therapeutic hypnosis in general, where the eclectic use of different models of hypnotherapeutic intervention, namely the Medical Hypnoanalysis Model (as diagnostic model), Ego-state therapy and Ericksonian psychotherapeutic intervention and the feasibility of using this approach were broadly discussed as used within this study (as illustrated in Figure 7.2). Through the study the researcher highlighted the different approaches within the field of hypnosis that can be used to access the subconscious mind.   The study furthermore augmented the necessity for therapists to utilize as many as possible subconscious resources within their therapeutic framework.   The researcher also contributed to the field of hypnosis by indicating that the hypnotic phenomena identified within the subconscious mind can be utilized as a resource in therapy.

Thirdly, a contribution was made within the field of Medical Hypnoanalysis. Although it was not the intention of the researcher to contribute to the Medical Hypnoanalysis Model Subconscious Diagnosis, it contributed in terms of extending the diagnosis made by the Medical Hypnoanalysis Model to that of including Inner-strengths found within the subconscious mind that can be utilized in therapy. In the field of hypnosis a process identifying the inner-strengths and resources within the subconscious

mind seems to be lacking. The Medical Hypnoanalysis Model, which provides for a framework of the subconscious diagnosis, seems to focus only on causes for the client's presenting problem, which does not include inner-strengths. According to the researcher the diagnostic phase using the Medical Hypnoanalysis Model's history-taking, as well as, the Word Association Test, is an essential part of the therapeutic process, as it is therapeutic in itself to discover internal (subconscious) resources. This model can be expanded by including inner-strengths in its diagnosis.

7.4.2 CONTRIBUTIONS TO THERAPEUTIC PRACTICE

Contributions made by the study on a practical therapeutic level include the following:

- Although it was not the intention of the researcher to prove the usefulness of the SARI-model as framework for using both the Medical Hypnoanalysis Model and Ericksonian psychotherapeutic techniques, it was found to be a useful model in guiding the researcher's own subjective involvement with the client in the therapeutic relationship;

- the SARI-model gives a structure within which the therapeutic process can be paced, in the activation of subconscious resources and the bringing of trauma into conscious awareness. This provides a framework for the integration of trauma in assisting the client in the process of discovering the essential self;

- the research also emphasized the necessity to utilize both the conscious and subconscious minds in the therapeutic process. Although the cause for the problem of not being the essential self lies within the subconscious mind, people lack awareness or consciousness of the origin of their problem. The strengths to deal with the problem, as well as, the resolution to the problem also reside within the subconscious mind of a person. An internal energy balance needs to be reached within a person to resolve the problem;

- the study further emphasized the necessity of reframing emotional experiences and the fact that an emotion can have both a positive and negative effect on a person;

- the study also indicated how the Order of Importance within the Medical Hypnoanalysis Model can be used to identify and classify resources available to the client;

- clients who have resources in the Order of Importance on a spiritual level can easily be assisted in discovering the essential self;

- it becomes clear from the information given in the case studies (Chapter 6) that the subconscious mind contains a wealth of information which is inclusive of both the problem and the solution to the problem;

- although the focus and aim of the study were not to indicate the use of different models within the field of hypnosis simultaneously, it proved not only to be valuable in attaining the therapeutic goal of discovering the essential self, but also in assisting the client maximally in discovering the essential self. An eclectic approach seems to be necessary as not all clients reacts positively to a formal therapeutic hypnotic trance;

- it was indicated that formal trance is not always necessary to have therapeutic effect and to access subconscious resources. The use of hypnotherapeutic principles and the hypnotic phenomena proved to be effective and efficient in assisting clients to become their essential selves;

- the research also indicated that the subconscious mind is a resource that can give internal advice and can be utilized by the client even after therapy has been terminated; and

- it was proven that it is not always necessary to age-regress a client to all the specific incidents causing the presenting problem, as the subconscious mind utilizes suggestions given by applying it to other areas within the subconscious mind (as also indicated in chapter 3 on the discussion of hypnosis).

7.5   LIMITATIONS OF THE STUDY

During the evaluation of the study certain limitations were identified by the researcher:

1) Firstly, only four subjects were chosen from a much larger sample. The size of the test sample was limited and the ideal would have been to use a larger test sample, where more clients of different age groups as well as different cultures could be shown. But although the case studies were limited due to the magnitude of the study – it reinforced the researcher's findings as the cases selected were of different age groups, sex and cultural backgrounds.

2) There are many other views of the self and what the essential self might be and in this study only the researcher's view was taken into account in the discussion of the essential self. The concepts such as self, essential self, subconscious resources, Ericksonian psychotherapeutic techniques used within the study are very abstract and subjective in nature and could have been influenced by the researcher. The researcher has dual roles as counselling psychologist and researcher, which may influence the researcher's subjectivity to the effect of therapy. Qualitative research is a subjective process, which could have been limited by focusing only on responses from the Word Association Test in identifying subconscious resources. The researcher felt that this would limit the identification of subconscious resources as other subconscious resources may also be recognized during the therapeutic process, which can assist clients to discover the essential self.

7.6   RECOMMENDATIONS FOR FURTHER STUDY

Against the background of the study and the results obtained, the researcher is proposing the following recommendations:

- Field of psychology: Psychology is a specialized field, but psychologists should be introduced to the field of hypnosis on a Masters degree-level. South Africa is a country with people from different cultures and socio-economic backgrounds, therefore their needs are very diverse. Therapists must be able to assist clients in different ways enabling them to discover their essential selves in obtaining and sustaining mental health. As only one case study was done with a person of the Zulu-culture, it may be needed to also

investigate the resources available in people of different cultural and socio-economical backgrounds;

- it is also suggested to investigate the subconscious resources within individuals and their relation to the resources within the collective subconscious or unconscious (Jung) of the community that they live in;

- the integration of the diagnosis of subconscious inner-strengths into the Medical Hypnoanalysis Model can be investigated;

- it would be interesting to study the subconscious resources found only within the Medical Hypnoanalysis Model Word Association Test and compare them to the historical background of each research case;

- the influence of the internal world of the client on his external world can be compared to investigate the internal reality (subconscious reality) in comparison to the external reality (conscious reality) of clients;

- the utilization of deceased significant others (family members / friends) as internal advisors and as subconscious resource can also be further investigated; and

- a study comparing the hypnotic phenomena identified within cases presenting with specific problems may provide valuable information to the field of hypnosis.

7.7 IMPLICATIONS OF THE STUDY

In this study it was clearly indicated that the subconscious mind is a resource with regards to the cause of the problem and it contains aspects that can be utilized in therapy to assist the client to discover the essential self by the creation of harmony within the self as an energy system. The researcher has come to the conclusion that the subconscious mind does not only have resources in terms of the causes of the problem, but also in terms of inner-strengths and the solution to the problem. A person will always act externally in relation to his subconscious reality without being

aware of it. The image of the self is also contained within the subconscious mind and it is the internal lens through which the person lives his external reality.

A person's history has an impact on his subconscious mind. This study indicated that it is not a necessity to regress a person to the earliest time when a problem presented itself; the therapist can rather enhance inner-resources that can bring about internal change, leading to the discovery of the essential self. The results of the research also imply that a formal hypnotic induction is not necessary to access the subconscious mind, as the use of hypnotherapeutic principles (hypnotic phenomena) proved to be equally effective. Although the reality of a person's history cannot be changed, his subconscious belief system can be changed and influenced through the awareness of the impact of this on his experience of the present.

This study also implicated that clients in general are not aware of the reasons for experiencing certain feelings and behaving in certain ways and that awareness of internal feelings, as well as, the reframing of these feelings lead to change. The study indicated that clients do have the subconscious resources needed for change. It is almost impossible for a person not to live according to the subconscious thoughts or perceptions that they have about themselves or life. Subconscious thoughts and perceptions can also be contradictory in nature and therefore a person can be experiencing two seemingly contradictory feelings at the same time. It is clear that both (that which seems to be negative and positive) are subconscious resources that can be utilized by the therapist in assisting and leading the client to discover and become the essential self. The study also implicated that when there is internal harmony within the energy system of a person, the person feels more integrated and can be more of his essential self.

7.8   CONCLUSION

Clients, who are referred for therapy by a general practitioner, family members, or themselves, suffer from different pathologies and it is therefore necessary to identify the pathology that each client presents with. But it is the researcher's opinion that the reason why the client is presenting with a certain problem (the reason for attending therapy), and the real problem that is causing the problem of the referral, is not always the same. The subconscious mind not only contains the reason for the real problem, but also consists of subconscious strengths and solutions to the

problem that the client is not necessarily consciously aware of. The researcher is concluding this study with the thought that discovering the essential self is a process that for many clients start in therapy, where subconscious resources available to the client is elicited in the process of creating internal change within the client, leading to self-actualization.

The utilization of subconscious resources in assisting the client to discover the essential self is a rewarding experience to both the client and the therapist. If therapists using a psycho-educational approach have a better understanding of the self as energy system and the way it influences every action of the individual, and if they are equipped to access this energy system and its subconscious resources, then behavioural change can take place and clients can be assisted to not only find solutions to their problems, but more importantly, work on the integration of that which prevents them from being themselves by utilizing subconscious resources in discovering the essential self.

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APPENDIX – SCRIPTS

APPENDIX A   **How to build a fire** (by Daniel A Zelling (1987b:173-174))

Now as you sink deeper and deeper relaxed, deeper and deeper asleep. Sleep deeply, deeper and deeper, deeper and deeper, deeper and deeper…I want you to imagine that you have just awaken on a vacation trip, after a restful night's sleep… You come out of your room or tent or camper, and step outside into nature… You have slept close to the edge of a large forest, but there is a clearing and a small brook running close to the edge of the woods… It is a pleasant cool summer morning. The air smells fresh and clean as you take a deep breath in… you feel the invigorating effect of fresh, clean air in your lungs… Take another deep breath now… and expand your lungs to the fullest… you feel alive in every cell of your body! You feel refreshed and full of energy as you start walking towards the woods… The sound of running water catches your ear as you get closer to the crystal clear stream. It is a peaceful and relaxing sound that washes away your worries and your fears and guilt feelings… It cleanses your mind and refreshes your spirit – as you hold still for a moment…Everyone needs to relax and so do you… You… maybe even more than most…. Just sit yourself down in the grass and watch the water pass and ripple over a few rocks… Listen to that peaceful sound of slow-moving water as it is so relaxing and so peaceful… Let yourself go… give in to this free floating of your mind… as it brings your spirit into better balance, better balance with you and nature, or if you will, between you and God. Don't think of God as an old man in the sky, but think of Him as one that forms all things and all beings… This is proven in Einstein's work. This great mathematician did not invent the atomic bomb, but he proved that a miniscule amount of mass equals a tremendous amount of energy. And so all mass: the brook, the trees, the ground, the whole world and all the stars equate with an infinite amount of energy… created by God! We are all part of this creation of God. Listen to the water as it moves and cascades over a few rocks… Listen to it and feel yourself come to peace, as all your anxieties and worries, fears and guilt feelings wash away with the water that passes by… This peaceful and relaxing sound washes away all of your worries, all of your fears, all of your anxieties, and all of your guilt feelings. It cleanses your mind and refreshes your spirit… Just watch the water passing by…

APPENDIX B   **Hole in the soul** (by Daniel A Zelling (1989:94-99))

I want you to relax and let go… Relax and let go… I want you to as the adult you are now look back to that little child that had all those problems. I want you to be there for that little child. As a matter of fact, in your mind's eye, I want you to take that little girl on your lap and hug her… Hold her. And reassure that little child. Reassure that little girl from the past that you are there for her… And that you will never abandon yourself again because you have a problem... You have a problem and the problem is that of re-parenting… You have to re-parent yourself... You have to be a loving parent to yourself. Because of the confusion that was there for that little girl… you tried to do everything right. But it never was. What worked on Monday wouldn't work on Friday. What worked in the morning wouldn't work in the afternoon and all you got was yelling and screaming and you developed a problem of shame.

There is a great deal of difference between shame and guilt. If you do something wrong – you break a glass or a vase or you spill something, you may feel guilty about what you did. That's guilt. You maybe did some things wrong and we all do things wrong. But if there is never anything that makes sense; if the messages are so mixed up and so messed up, and that no matter how hard you try, it never works – then you develop shame and shame is not like guilt… 'I did something wrong', shame is, 'I am wrong'… 'I'm wrong… There is something wrong with me. I am bad'… And it breaks the connection between humanity and divinity. It breaks the connection between humanity and divinity.   It breaks the connection between humanity – your humanity – and your divinity… It creates a hole in the soul… And we are going to fill that hole.

For whatever reason your parent wasn't able to express love… the love that a normal parent gives to his or her child. The normal love that even if you did something wrong, I'll still hug you and I'll still love you because you are loveable… We need four hugs a day to survive, especially when we are children. We need to be told that we're okay. A child that isn't told that he or she is okay comes to the conclusion that there is something wrong with me. And that's the problem. You see, even a bitch dog loves its young and you had problems. You had problems when you were growing up that weren't even your own problems. They were those big

people problems that surrounded you – it wasn't you…. A child that is loved says: 'I'm okay… I'm loveable'…

A child that does not feel loved says: 'There is something wrong with me' and there is nothing wrong with you… And I want you to hold her. Now, what happens frequently with a person that is raised this way is that they can only feel good if somebody else makes them feel good because inside they never feel good. They say… 'I'm rotten... I'm bad'… Well, you're not... Who created you? Who created you? That's right. God created you … Your parents did not create you and God creates only quality products. You are a creation of God, God created you and only used your parents to bring you on this planet. But it was God who created you. And you're going to let go of all those negative feelings from childhood. You're going to let them go. You're going to let all those negative feelings of childhood go – you let them go so that you can feel good about yourself no matter where you are. No matter who is with you; whether you're alone or with others. No matter what's happening to you. Whether things don't quite go right or whether things are bothering you, you can still stay good inside…

There is something very, very important that you have to do right now… There is something that you're going to have to do and it's not easy. But then again, nobody said that therapy was going to be easy. I want you to say out loud: I… Love… me. Say it. It's not easy. Yeah. Say it again. I love me. I love me. I love me. I love me and that's not egotism. That's not egotism at all… you're just following God's command. It's in the Old Testament in Leviticus. It's in the New Testament. When Christ breaks the Ten Commandments – he works on the Sabbath – and they come running to him and they say: "Hey, wait a minute, how about three and five? Should we keep nine? Throw ten out? Which one to keep? Which one to throw out? And he told them there's only one commandment: 'Love your God with all your heart, with all your mind, with all your soul'… And the second is like unto it and that means it's exactly the same thing. Love your neighbour as yourself. And everybody forgets that little word… 'as' You have to love yourself first. I love me… I love me… I love me… I love me… and then the confusion stops. And there is peace.

You don't have to try to please because this has been the pattern of your life. You tried to please that parent and it never worked. And so you kept on this pattern, trying to please. Trying to please and trying to make somebody make you feel good

by what you do or what they do with you… You can feel good – inside. Once you realize these three important words: I love me. I'm okay. I'm all right... My parents had a problem; maybe they solved their problem and maybe they didn't and most of those people who have that kind of behaviour do not solve their problem because they believe that they are right and the whole world is wrong. The whole world is wrong. We see this in alcoholics; we see this in tyrants; we see this in self-centered people that the children are just play things for them. They own their children. And when the child doesn't do exactly what that person wants and that child doesn't figure out what the person thinks that he or she wants, then that child is in trouble. And it never works; it's never all right. Whatever you try to do to appease or please that big person – it's never right. And so you begin to doubt yourself; that you basically are loveable and I want you to hold that little girl on your lap right now. Hug her. In your mind's eye hold that little child there and say…'I'll never leave you… I'll always be there for you'… And 'I love me'... Because it's what the little child needs to hear. That little child inside of you needs to know that she is loveable.

I want you to let go. Let go of the past: And those words 'I love me' will reverberate in your mind. You may be hearing them while you take a shower; you may be saying it to yourself out loud when you're truly by yourself, maybe driving the car or out in the woods. You will be saying these words to yourself – either out loud or unconsciously, but they will reverberate in your mind 'I love me'… 'I love me'… And then you can be at peace. You can be calm; you can be comfortable.

Now we live on a random planet and things will go wrong from time to time. There may be situations with a boss; there may be situations financially; there may be situations economically; there may be all kinds of situations – but no matter what happens around you… 'I love me' is the center and the core. It's almost like an M&M – that confectionery candy with the hard shell on the outside and that soft sweetness on the inside. 'I love me' is the center of you: 'I love me'… And then you can handle things; you can work with things and you can overcome things and see negatives in your life as challenges. 'I love me'… I love me and life is worthwhile… And things bounce off you; no longer do you have to try to have somebody else give you the happiness you seek; for the happiness is within. It is the saving grace of Alcoholics Anonymous where they say: 'I have a problem'… But they break the idea: 'I am a problem'… And children of alcoholics and children of tyrants all develop a codependency situation where they try to please everyone else and never please

themselves, because they know in their hearts that they are rotten to the core. Rotten to the core – Oh, come on – you can't be. You cannot be because there was a tyrant or a confused message in front of you from an alcoholic or an ill person. You let go… you're good to the core. You're a quality person; you're a creation of God. And then the peace that passes all understanding is with you… always… Always with you no matter where you are; no matter what's going on around you. I love me. I …… love …… me. Now relax as you feel that hole in your soul being filled. And see that dark cloud of childhood turning white and fleecy and fluffy and see it floating away; floating away so far – so far away that you can hardly see it at all… Keep that little girl on your lap; the little you that needs reassurance – you the adult person, hug the child that didn't get it…

APPENDIX C **Life the purpose is you** (by T. Ritzman in SASCH (2000:12-14))

Now relax going deeper and deeper and deeper relaxed and as you relax, you find yourself totally within your mother's womb. You find yourself lying in the darkness where you seem to have lain all eternity... in the emptiness and the darkness. All negative thoughts have been removed from your mind. Your mind is open but there's nothing there - you have no real awareness of yourself for all is dull... and dark... and uncertain. And yet you feel no anxiety... only a waiting, a waiting for information and a waiting for information about you. You're beginning a journey... you don't know where you're going but you feel you must be going somewhere and that there is a purpose to this journey, though you have no idea about it whatsoever. Let me tell you. Some months ago, an egg, lying in your mother's ovary began to mature. There were a hundred million other eggs but that particular egg began to mature. For each month this happens within a woman's ovary. Once that egg began to mature, all the other ova or eggs within the ovary began to pour out hormones to support this maturing egg. All her brothers and sisters within the ovary began to pour out hormones to help this egg mature and so the egg grew and rose to the surface of the ovary. Now we know the reason why and how the egg matures. We know how it rises to the surface of the ovary, we know the bio-chemistry involve, we know the intricate interplay of the pituitary and the endocrine glands which cause this. But there's one thing we don't know. Why out of a hundred million ova was this one egg with all its characteristics and attributes, why was this egg chosen? Was it chance? The universe was not built on chance. Was it just accident? The universe was not built on accident. There is a purpose to everything that happens. There is a purpose to every speck of dust that flies. And there was a purpose for this egg to be chosen at this time and the purpose was YOU! The purpose was so that you could exist, so that your life could begin and this purpose was infinite and immutable and it was the purpose of GOD. And so see that egg now in full maturity and see the egg passing from the ovary, passing into your mother's fallopian tube. And at the same time, through an act of love, from your father, three hundred and fifty million spermatozoa were released into your mother's vagina, millions and multitudes of sperm, vigorously swarming through the cervix into the uterus,

up into the fallopian tube in tremendous multitudes surrounding that egg and *one* sperm pierced the capsule of that egg and fertilized it and the moment it was pierced it froze over and no other sperm could get in. Three hundred and fifty million sperms and one sperm was chosen; one sperm pierced that egg. Accident? The mind behind the universe does not function with accident. Chance? God's intelligence does not leave things to chance. There is a purpose to every tiniest incident that happens. And there was a purpose for that sperm with its attributes and its characteristics; there was a purpose for that sperm to penetrate that ovum, to plunge deeply inside the ovum, fertilize it to create a new individual and that purpose was YOU! The purpose of your life and your existence and now as you look back at the magnificent interplay of events which were arranged for the single purpose of starting your earthly existence, you begin to sense deep within you, in every part of your mind, you begin so sense the magnificent purpose behind you and your existence.

God says in the first chapter of the Book of Jeremiah, 'Before I formed you in the womb, I knew you'… 'And before you were born forth out of the womb I had dedicated to you a task for your life'… Purpose... The purpose for you and your existence and though you may not know that purpose… God knows it. For he goes on to say this: 'Don't ever be afraid for I will show you what to do and I will tell you what to say and I will always be with you to help you out'... So you see… you don't need to worry about your purpose for it will be shown to you. And you don't need to worry about your ability to carry it through because God will carry it through with you. That is a magnificent statement. And now as you feel that statement in every cell of your being, as you feel it, you begin to sense more and more

The magnificent purpose for your existence... Now as you lie, as you lie there curled in the darkness of the womb, there enters into your mind a vast and beautiful concept: I am alive. I have a purpose. I am here for a reason. I don't need to worry about what that reason is because it will be shown to me in time. I need only take care of myself to do from moment to moment those things which are best at that moment, and my purpose will unfold before *me.* I feel that in every part of *me.* In all of *me,* I feel the life and the tingle and the anticipation of the purpose of my existence. And now

it is as if a window had opened in the womb ... a window out into the influence of infinity whence you came. And there in the darkness of infinity there is a light. A brilliant, blazing orb and as you look this light grows and becomes radiant and begins to seem to fill infinity itself; brighter and brighter it becomes and warmer and warmer. And now you feel the light flowing into the uterus. You feel the radiance of light, flowing into the uterus, flowing around you and as you look out into infinity there is a joyousness, a joyousness and a happiness, an infinite joyousness and happiness and you feel that penetrating every part of you, for now the light is filling the uterus no longer is it dark... it is filled with light and radiance and it's as if the angels are singing and you can feel the radiance and feel the light and feel the warmth and happiness and the warmth and the joyous promise of life filling every cell in your body. Now for a while feel, feel the radiant warmth and the light filling the universe, filling the uterus, brilliantly lighting you and soaking into every cell in your body.

Now you begin to feel the promise of the life ahead... the living promise of the life ahead. All doubt has gone. You feel filled with radiance and happiness and life itself. And more and more the uterus is filled with light. It is filled with light and warmth and comfort, comfort and peace and infinite happiness. Happiness of a life to be lived… Happiness of a wonder to experience and perform... Knowing that God has planned all this and is with you for that light in the uterus is that portion of God which will always be with you. In the Book of Genesis it says: 'And God created mankind and into their nostrils he breathed the breath of life and they became living souls'… And so you feel God's breath of life breathed into every cell in your body… for every cell in your body now is part of your living soul. And you feel the presence of God in every cell. Never to be removed. Always to be there. For where God is, is joy. There is joy and love and purpose; all doubt is burned out now and vanished; all fears have burned out and vanished. Never again do you feel that you have to tackle life yourself and without help ... that is all gone. Your life was created for a purpose and the purpose will be fulfilled, and deep in the deepest part of you, you understand this now and not only do you understand it but you feel it in every cell in your body, you feel your purpose even now being fulfilled in the womb as with each day there are changes and new changes and you break through one brain barrier to the

next change and you change from not having to having life; to being a human; to being a perfect little child; a perfect little child waiting to come out into a world that is waiting for you... just for you. For out there is a world which will not be completed without you. A world waiting for you and you feel the glorious radiance of God filling every part of you... the light and energy of God and the radiance of God and the promises of God filling every cell in your body and a deep unearthly happiness comes over you… A happiness so deep… you have never felt anything like it before. And as you lie there in the womb looking out to the world to come, this happiness becomes so profound and so deep that all of your life becomes to you a wonderful adventure. Whatever it holds in store, whatever disappointments, whatever frustrations... you will overcome them and you'll rise above them. Whatever work you have to do, you will do it and use it until you finally mature and become into the mature and wonderful person that you were intended to be... to give that maturity and that love to others... not just one but to everybody whom your life crosses and the many multitudes of people that God has chosen you to take care of. Loving and living. Loving and living. Living life and feeling life and feeling the infinite happiness that will always flow through you now; for God is love and God is within you and you feel him in the womb.

Now for a while as you relax deeper and deeper and deeper all senses leave you. You sink into a deep and profound sleep in which you only feel filled with the energy and the warmth of God's love, filling every part of your body. From now on every other memory of that time is totally gone out of your mind. The memory of the experience which you have just had is locked and sealed into the deepest part of your subconscious mind and it will always be there as a guide for the rest of your life. Upon this memory, which is now in your mind, and which will never leave; the memory of the wonder of God's love and God's life for your purpose... this memory is forever sealed in every part of your subconscious mind and there is no longer room for any doubt or wonder or fear... for those things are gone... irretrievably. Upon this memory now will the rest of your life and your feelings about your birth experience be built. And so in these moments of silence, you lock this experience forever into your subconscious mind to be the total memory of your prenatal months. Relax now and for a few moments of silence this memory will lock and seal

itself into the deepest parts of your subconscious mind. Your prenatal experience… Radiance and warmth and light and love and beauty. The angels singing and the world ahead... the wonderful world out there... And your subconscious mind now locks and seals every part of this experience into every part of your mind to have a permanent effect upon you from now on… body and mind and soul. And the moment of silence begins now... and now as you have completely accepted this experience and it is now a permanent part of you ... you will gradually bring yourself back to the real world. You'll gradually bring yourself back to the here and now... to this time and this place being in my office… in deep relaxation… beautiful and wonderful beyond anything you've ever felt. A deep sense of inner relaxation and joy such as you have never felt before. And as all of this is a permanent part of you... you relax in the here and now carrying this peaceful feeling with you. Now relax and sleep...

APPENDIX D   **Living thru hope – Visualization for letting go** (by Emmett Miller in Modlin (2004:154-159)

The following experience provides a way for the deeper levels of your mind to release behaviours, feelings, people, thoughts and beliefs that no longer serve to enrich your life.

Take a deep breath in and as you let it out, become aware that you are giving yourself permission to be here and now. To let go of any concern with the past or future, to let go of any other place than right here. Letting go of any other task or focus of attention and allow your awareness to rest gently on this next, slow, deep breath that comes in. And with each breath out, counting silently to yourself, letting breath out relax you even more deeply. Counting to twenty… Imagining beneath your feet, that globe of light, breathing the light in – feeling it flow up through the soles of your feet, through your ankles and calves – warm, loving, healing light – through your knees and thighs – into your buttocks, pelvis and genitals – all your internal organs being surrounded by this light. Letting it flow up into your lower back and your upper back and into your chest as it rises and falls with each breath as it enters, leaves.

Feel it flowing through your shoulders and your upper arms. Feel it flow all the way down through your forearms and wrists all the way down to the palms of your hands. And as it fills all your body, feel it rising up and filling your neck and your head and flowing out through the top of your head, like a fountain, flowing down over your body, surrounding your body in a loving cocoon; a crystal bubble of pure peace, security and love. Deep within, you are opening yourself to love and the positive healing energy… And now, imagine yourself looking and feeling as healthy and, as well as, you can imagine yourself being. Bring to mind your positive image ideal. Imagine your muscles – strong. Your mind is clear. Your emotions are balanced. You feel very whole and complete. How wonderful you feel. Step into this image; become this person you have imagined – now. You feel yourself moving and talking really enjoying yourself… Letting yourself identify completely with this person, for this is the person you really are – down deep inside. Your entire body is relaxed and calm now. You are gently being protected by the soft, tender light – here and now. Just enjoying this feeling for a while. A feeling as if your body is resting in the palm

of a loving hand as soft and as relaxed as the body of a centered baby – secure and peaceful… It feels as though you have been resting here for a long, long time. You feel so light – almost weightless, and easy feeling – so light it feels almost as if you are gently beginning to float upwards. You are surrounded by your sparkling, crystal bubble - a cocoon of soft loving light – floating and enjoying that feeling of floating. A glowing cocoon of loving light carefully supports and protects you.

Gradually, you are being lifted up and floating through spaces and time all the while remaining relaxed and peaceful – and as you enjoy this floating feeling, imagine that there resting before you is a container, perhaps a large box or any kind of container you would like – a container in which you would be able to place all those things that you know it is time for you to let go. If you like, it can be a beautifully decorated chest, perhaps skillfully crafted of stone or fine wood, inlaid with ivory or silver or previous stones. Or, perhaps, colourfully painted. Or, it may be a simple wooden box or cardboard box or even a chest or a sack or trashcan or a sack or bag made of some other material. Any kind of container you choose; it's yours available to you and only you. Any time you choose to let go of someone or something it is always here for you. Picture it clearly – now… Good. Now imagine that your container, which I'll refer to as a box, is floating right here next to you or in front of you and that you can take it with you as you gently begin to travel through time to collect those things from your recent or distant past which it's time to let go of.

Gradually now, as you continue to relax, suspended in your cocoon of light, drifting gently, back into the past – a pleasant, comfortable trip. You and your box, surrounded by the glow of light, are gently floating back in time. And now as you continue breathing, without trying, you'll begin to notice ideas and images beginning to come to you. Certain things it is time to let go of; certain things you've carried with you for some time now. Things you've picked up along the journey of life; things you have no further need for. You've finished dealing with them; completed your relationship with them and you know that your healing and wholeness are best served by you're letting go of them. Feeling your willingness to let them go – right now; a willingness to let go – safe and protected here – floating in the palm of a loving hand, knowing deep within that it is truly OK to let go now, filled and surrounded by healing, loving light. Your higher power is with you. It's OK to just let go. Perhaps you are at the stage of letting go of old ways of thinking or doing, perhaps ways of responding that you developed long ago and now have no further

need for. Those ways may or may not have been valuable or positive in the past, but now it is time to let them go – here and now. You are more aware than ever before and you want to let go of those old ways of thinking and doing and responding.

You are choosing to let go; to be different; to be more whole, more honest, more healthy. When a negative or outmoded way of thinking occurs to you, hold it in mind for a moment, and as you breathe out, let it flow out into your box – letting go… Or, perhaps you now need to be releasing patterns in your life that no longer serve you, habits or behaviours that you've allowed yourself to become identified with, rather than the truth of who you really are. If so, if the thoughts and images occur, seeing them briefly in your mind's eye, holding them for a moment in your mind and in your thoughts, and then gently – letting go. And as each of these images occur to you, picture each one briefly in your mind's eye, as though you're searching through a drawer, finding socks and worn out clothes you no longer need; holding those images in your mind for only as long as you need in order to identify them. And imagine with your next breath out – breathing them out into your special box. And as the image vanishes into the box, imagine it vanishes from your mind and from your life for good … With each breath out, emptying, breathing everything you wish to release into that special box. And as you do, it vanishes from your thoughts, your mind, your emotions, and your spirit… Good.

At a later stage, you may be focusing on letting of people, relationships; people who are no longer in your life: bless them and send them your love. And if you need to, send them your forgiveness. Perhaps letting go of people you know you would be better off without. Breathe them into the box, too. Or, letting go of people who are no longer alive; cherishing their memory and their spirit and releasing them. And as these thoughts of different people pass through your mind, be willing to let go; let go of any older or damaged relationships that no longer serve you and your higher purpose; willing to let go of memories that have bound you to the past – whether you think of that relationship as positive or negative – it doesn't matter. It's time to let it go: with love and acceptance or who you are now. Perhaps letting go of the person or letting go of an old useless form that the relationship has taken. These old ways of relating are no longer you; letting go; breathing them into the box… Good. And perhaps there are physical problems or diseases you are ready to let go of now, breathing them into your special box, too… You will find that this box is infinitely

expandable. It can hold everything. There is no person, no place, no thing, no memory, no image or idea that is too large to fit into your special box when you are truly ready to let go of it. If there is something very large that you would like to put in the box, simply picture it growing smaller until it is small enough and then, breathing it out, watch as it floats away and slip easily and securely into your special box, letting go of all those things you are ready to release now…

Now, visualize closing the lid on your special box, you're fastening it securely in any way that you wish. You may use nails, glue a padlock or tie it up with strong rope or chains so that you know it is securely closed. And standing in front of your box, your container… you are aware of how wise and valuable it will be for you to set yourself free forever from the contents of this container. And if you like, you can surround it with flowers, perhaps picturing it in a grove of trees or in some other very beautiful place of your own choosing. For you know, that some of the things it contains are things that were once important to you – invaluable learning experiences that helped you discover your true essence; things that were stepping stones, leading you to this precious moment – here and now, honouring them this last brief moment before letting them go… You might even feel some sadness at this letting go, for sometimes sadness is part of the cleansing process of fully releasing. Yet, you know that in order to grow, to be more free to become more of who you really are – it's time to let go. You know that if you were to open the lid and look inside you might see a replica of yourself as you have been in the past. In many ways, what is in this box is part of the image of who you thought you were. Yet, deep within, you know it is not the real you. It is not your essence. It is not your authentic higher self. For you can feel yourself even more whole without these things; feeling your true nature within yourself, now – relieved of the burden and responsibilities the past may have held for you.

If you'd like, before finally releasing the box and all that is in it, you may wish to bid them goodbye or have a ceremony of some kind, perhaps a solemn ceremony or a celebration with music and streamers and balloons; a celebration for the rebirth of your true nature; a party of the first order – whatever you choose. And you may do this alone, with loved ones or a teacher or a guide – with as many or as few people as you wish in this scene – now… Now, it is time to take leave of this box with all your reflections and memories of you as you have been in the past. If you wish, you may take a moment and surround the box with white light. Let the white light flow

from within you; from the endless source within you, flowing out and surrounding the container with a white glow. Now take a deep breath in and as you let it out, picture your container floating away from you; floating away with each breath out – gently or strongly pushing it away if you wish – releasing it into the swiftly moving river of time. And watch it as it leaves – moving away from you slowly at first then faster and faster as the current begins to take it. It is safe to let it go. And as it becomes more and more distant, it begins to look smaller and smaller as distant things do. And as it becomes smaller and smaller, it is beginning to glow brighter and brighter as if on fire in the distance. And in the distance, where it appears very tiny, you can see the pure white light radiating from it as if it were a star or a small sun. Imagine you can feel the warmth of that light as it reaches you and flows over you – warming you as you might be warmed by the sun. It has now become one of a myriad other points of light in the distance. And the light from all these twinkling points shines down upon you and the space around you and upon the entire planet. And imagine that these points represent guides, teachers. Some that you have experienced in the past. Perhaps some that you have yet to meet as you continue on your journey, feeling the light shining down from all those glowing points, flowing down and enveloping the earth in a luminous iridescent, shimmering chrysalis, this cocoon, and sensing within that quiet knowing; a oneness, a feeling of peace, sustained by the loving energy around you.

Now, focusing upon this essence, upon the essence of your awareness, this quiet centre... imagine it like a seed planted at the very centre of your being, experiencing light from above, surrounding this seed and the seed surrounded by light, growing warmer, expanding, feeling the love, the softness and the warmth of your hearty flowing gently like soft rain to water that seed. And imagine it germinating now, beginning to send out its first roots, roots flowing downward, downward towards the earth. Flowing downward through your pelvis, genitals, thighs, and down through your knees and legs and feet; through your toes and the soles of your feet: strong vigorous roots growing from this seed – deep into the good earth. And as the light from above continues to bathe this seed… a stem, reaching upward, soft tender green stem stretching upward and branches and leaves spreading to receive the light, reaching upward, sending branches higher and higher, branches spreading like arms with leaves, green leaves, drinking in the light. And blossoms of light – soft pink, their delicate petals fluttering down with each little breeze; fluttering down like a fragrant snowstorm to fall softly to the earth beneath. And above, nestled among the

leaves and blossoms, a most beautiful bird – it's song fills the air with sweet music. And the melody seems to come from within you; a symphony composed of all the melodies and all the voices within and as these sounds flow down over you, they bring a new kind of life; awakening movement and purpose within you; a movement that is more free, more joyful, more in harmony with your higher self and more in harmony with your higher power's will for you. You are new, being reborn every minute of every day. And any time any concern or worry should come along, you will remember this experience and as you breathe the light through your body, you can choose to breathe those concerns or worries out – to let them go – exactly as you have just done – simply by willing it to be so… Good. And now, gently, becoming ready to return, to reorient yourself to your physical body and the space around it, knowing that you have your special box always available for you to use. Knowing that you can use this container any time you wish to release any daily concerns or problems.