

**GUIDE LINES FOR EDUCATIONAL PSYCHOLOGISTS IN THE
THERAPEUTICAL APPLICATION OF THE MEDICAL
HYPNOANALYSIS WITH ANXIETY CLIENTS**

by

SUSANNA ROETS

submitted in accordance with the requirements

for the degree of

DOCTOR OF EDUCATION

in the subject

PSYCHOLOGY OF EDUCATION

at the

UNIVERSITY OF SOUTH AFRICA

PROMOTER: PROFESSOR HE ROETS

JUNE 2001

DECLARATION

STUDENT NUMBER : 3307-744-4

I declare the **GUIDE LINES FOR EDUCATIONAL PSYCHOLOGISTS IN THE THERAPEUTICAL APPLICATION OF THE MEDICAL HYPNOANALYSIS WITH ANXIETY CLIENTS** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

.....
SUSAN ROETS.....
DATE

GUIDE LINES FOR EDUCATIONAL PSYCHOLOGISTS IN THE THERAPEUTICAL APPLICATION OF THE MEDICAL HYPNOANALYSIS WITH ANXIETY CLIENTS

SUMMARY

People's inability to cope with the demands of modern life, has led to a significant increase in the incidence of anxiety being experienced by people from all walks of life. People are suffering from anxiety without knowing the root cause of it and it was found from the anxiety cases studied that its origin can in many cases be traced to the birth experience where specific negative suggestions were imprinted on the subconscious.

In this study the influence of the birth experience as the underlying cause of anxiety and the effect of it on the formation of the self-concept and self-actualisation have been explored. The research shows that a subconscious origin exists in the development of anxiety.

In the research for this study, Medical Hypnoanalysis, which is based on a process of diagnosis and therapy, was used as therapeutic method with several clients suffering from anxiety symptoms.

In this research the perceptions formed in the subconscious during the birth experience were examined and related to the anxiety experienced during childhood and later life. The case studies, their diagnoses and the follow-up therapeutic sessions relating to the birth experience were investigated and discussed.

Educational Psychologists show a specific interest in and a tendency to get involved with, or implement Medical Hypnoanalysis in therapy. It became obvious from this study that Medical Hypnoanalysis supplements the needs of the Educational Psychologist as a tool in therapy.

In this study guide lines have been presented to the Educational Psychologist for the treatment of anxiety originating from the birth trauma by regressing the client back to this traumatic experience. Suggestions on how to conduct the birth regression sessions have also been presented and clarified.

Through the case studies the identification and removal of the highly charged emotional and negative beliefs that were responsible for the anxiety symptom have been demonstrated. The case studies have furthermore demonstrated the successful utilisation of positive and healing suggestions to achieve the therapeutic goals.

The results of this study show that Medical Hypnoanalysis can be used effectively in the treatment of the root causes of anxiety.

KEY TERMS:

Anxiety; Birth experience; Birth trauma; Medical Hypnoanalysis; Perceptions formed in subconscious; Guidelines presented to the Educational Psychologist; Root cause of anxiety; Initial Sensitising Event; Symptom Producing Event; Symptom Intensifying Event.

ACKNOWLEDGEMENTS

My life has been blessed with people that shower me with unconditional love, acceptance, support, assistance, understanding and forgiveness. I wish to express my gratitude to all who assisted me in completing this study. However, I have to specially mention the following people:

My promoter, Professor HE Roets, for her brilliant and insightful suggestions and guidance throughout the study. Without you this would never have been possible.

My husband Gawie who act as my mentor and adviser, for his endless love, patience and encouragement. You have been my support and unselfish friend without whom I would never have been able to achieve my goals. You made it possible for me to grow and become what I would never have been able to do on my own. You are the reason I could fly!

My children, Sanmari, Gawie and Antoi, whose unconditional love gave me joy and light in abundance. You are very special and dear to me - you are the sunshine of my life! I am so proud of your willingness to sacrifice many hours to allow me to complete this study.

My late father, Gerhard Kruger, who believed in me when I did not believe in myself and from whom I learned never to give up. My mother, Susan Kruger, for always being there to listen and understand. I appreciate all the opportunities and love my parents provided me with to become the person I am today.

My friend, Elmarie Gregan, for her assistance in helping with the children. You have always been a phone call away and was ready to help whenever a crisis arose. Your support, friendship and patience made life so much easier.

My friend, Caroline de Wet, for her friendship and for all the hours she has spent in supporting me with making the computer do what I want to. You were so helpful and endlessly available to assist at any hour of the day or night.

My friend, Elsie Meyer, whose friendship and encouragement helped me through many dark hours. Many times you were the vehicle between me, the library and the photocopy machines.

My friend, Albé Fourie, for her friendship and all the years of faithfully helping me in my practice. You made it possible for me to spend more time with my family by working long hours when it was not possible for me to deliver a service to my clients.

My secretary, Salome Fogwill, for helping me with the typing and administration. I appreciate all the hours you have spent helping me to put the text together. Your enthusiasm and precision have been of great value.

My clients, who have chosen me as their therapist, so that I could learn from them and they from me. I am your humble servant who feels honoured to be trusted with your sorrows and deepest secrets.

My Heavenly Father, who have blessed me with this life and the abundance of love, joy and light.

In light and joy

Susan Roets

DEDICATED TO
The four most wonderful spirits that assist me in being

MY HUSBAND - GAWIE
AND
MY CHILDREN - SANMARI, GAWIE AND ANTOI

For choosing me to share our earthly existence,
their special spirits came with me to teach,
to love, to forgive, to accept,
to grow together,
in unity.

TABLE OF CONTENTS**CHAPTER 1****AN INTRODUCTION TO THE RESEARCH STUDY**

1.1	AWARENESS OF THE PROBLEM AND MOTIVATION FOR THE RESEARCH	1
1.1.1	INTRODUCTION	1
1.1.2	AWARENESS OF THE PROBLEM	2
1.1.3	MOTIVATION FOR THE RESEARCH	2
1.1.4	RELATED QUESTIONS	3
1.2	THE EDUCATIONAL PSYCHOLOGIST'S PERSPECTIVE	4
1.2.1	INTRODUCTION	4
1.2.2	PERSONALITY CHARACTERISTICS	5
1.2.3	ANXIETY	7
1.3	THE MEDICAL HYPNOANALYST'S PERSPECTIVE	10
1.3.1	INTRODUCTION	10
1.3.2	THE MEDICAL HYPNOANALYSIS MODEL	10
1.3.3	THE BIRTH EXPERIENCE	11
1.4	RESEMBLANCE BETWEEN THE VIEWPOINT OF THE EDUCATIONAL PSYCHOLOGIST AND THE MEDICAL HYPNOANALYST	13
1.5	LITERATURE SURVEY	15
1.6	STATEMENT OF THE PROBLEM	20
1.7	HYPOTHESES	21
1.8	AIM OF THE STUDY	22

1.9	CLARIFICATION OF THE CONCEPTS	22
1.10	DIVISION OF CHAPTERS IN THE RESEARCH	27
1.11	SUMMARY	28

CHAPTER 2**A LITERATURE REVIEW OF ANXIETY AND THE BIRTH EXPERIENCE**

2.1	INTRODUCTION	30
2.2	DEFINITION OF ANXIETY	32
2.3	CONTRIBUTORS TO ANXIETY	36
2.3.1	BIOLOGICAL CONTRIBUTORS TO ANXIETY	36
2.3.2	PSYCHOLOGICAL CONTRIBUTORS TO ANXIETY	39
2.3.3	SUBCONSCIOUS CONTRIBUTORS TO ANXIETY	41
2.4	THE FRAMEWORK OF EMOTIONAL DISORDERS	42
2.5	MEMORY	43
2.6	FIRST RECOGNITION OF THE BIRTH TRAUMA	46
2.7	THE BIRTH EXPERIENCE	48
2.7.1	THE THREE CLINICAL STAGES OF THE BIOLOGICAL BIRTH PROCESS	51
2.7.2	STAGES OF DELIVERY	52
2.8	THE PATHOGENIC IMPACT OF THE BIRTH EXPERIENCE	53
2.9	THE POST-BIRTH EXPERIENCE	57
2.10	CONVENTIONAL TREATMENT OF ANXIETY	58
2.10.1	MEDICATION	58
2.10.2	COGNITIVE AND BEHAVIOUR THERAPY AND OTHER INTERVENTIONS	59
2.10.3	HYPNOTHERAPY IN THE TREATMENT OF ANXIETY	59
2.11	SUMMARY	60

CHAPTER 3
A LITERATURE REVIEW OF MEDICAL HYPNOANALYSIS

3.1	INTRODUCTION	62
3.2	DEFINITION OF MEDICAL HYPNOANALYSIS	63
3.2.1	HYPNOSIS – A DEFINITION	64
3.3	HYPNOANALYSIS	65
3.4	THE SUBCONSCIOUS AND CONSCIOUS MIND	65
3.5	THE TRIPLE ALLERGENIC THEORY	70
3.5.1	INITIAL SENSITISING EVENT	72
3.5.2	SYMPTOM PRODUCING EVENT	74
3.5.3	SYMPTOM INTENSIFYING EVENT	74
3.6	THE ORDER OF IMPORTANCE FOR SURVIVAL	75
3.6.1	THE FIRST ORDER – SPIRITUAL SURVIVAL	77
3.6.2	THE SECOND ORDER – EGO SURVIVAL	79
3.6.3	THE THIRD ORDER – PHYSICAL SURVIVAL	79
3.6.4	THE FOURTH ORDER – SOCIO- ECONOMIC SURVIVAL	80
3.6.5	THE FIFTH ORDER – SPECIES SURVIVAL	80
3.6.6	THE SIXTH ORDER – MISCELLANEOUS BEHAVIOUR	80
3.6.7	THE APPLICATION OF THE ORDER OF IMPORTANCE FOR SURVIVAL	80
3.7	THE SUBCONSCIOUS DIAGNOSIS (UNDERLYING DIAGNOSIS)	81
3.7.1	THE PRENATAL EXPERIENCE	81
3.7.2	THE IDENTITY PROBLEM	82
3.7.3	THE DEATH EXPECTANCY SYNDROME	83
3.7.4	THE WALKING ZOMBIE SYNDROME	85
3.7.5	THE JURISDICTIONAL PROBLEM	86
3.7.6	THE PONCE DE LEON SYNDROME	87
3.8	PROCEDURE –THE SEVEN “R’s”	91

3.8.1	RAPPORT	91
3.8.2	RELAXATION	91
3.8.3	REGRESSION	92
3.8.4	REALISATION	92
3.8.5	REMOVAL OF FAULTY BELIEFS	92
3.8.6	REPLACEMENT WITH A POSITIVE BELIEF	93
3.8.7	REINFORCEMENT	93
3.9	METHODOLOGY OF MEDICAL HYPNOANALYSIS	93
3.10	SUMMARY	93

CHAPTER 4

RESEARCH DESIGN

4.1	INTRODUCTION	94
4.2	AIM OF THE STUDY	95
4.3	RESEARCH DESIGN	95
4.3.1	QUALITATIVE RESEARCH METHOD	97
4.3.2	EXPLORATIVE METHOD	98
4.3.3	DESCRIPTIVE RESEARCH METHOD	98
4.3.4	CONTEXTUAL RESEARCH METHOD	99
4.3.5	INDUCTIVE AND DEDUCTIVE RESEARCH METHODS	100
4.3.6	HEURISTIC RESEARCH METHOD	100
4.3.7	PARTICULARISTIC RESEARCH METHOD	101
4.4	RESEARCH AND REASONING STRATEGIES	101
4.5	METHODS OF RESEARCH AND THEORY DEVELOPMENT	101
4.5.1	MULTIPLE CASE STUDY	102
4.5.2	COLLECTIVE CASE STUDY	102
4.5.3	METHODS OF COLLECTING DATA	102
4.5.3.1	THEORETICAL FRAMEWORK FOR DATA COLLECTION	103
4.5.3.2	MEDICAL HYPNOANALYSIS AS A SOURCE FOR DATA COLLECTION	104
4.5.3.2.1	MEDICAL HYPNOANALYSIS CASE HISTORY	104
4.5.3.2.2	THE WORD ASSOCIATION TEST	109
4.5.3.3	DEMARCATION	110
4.6	PROCEDURES AND TECHNIQUES	110
4.6.1	THE CLINICAL PROCEDURES OF THE THERAPY	110
4.6.2	THE PROCEDURE FOLLOWED IN DISCUSSING THE CASES	111
4.6.3	ROLE OF THE RESEARCHER IN THIS RESEARCH	111
4.6.4	FIELD NOTES	112
4.7	GOALS FOR THERAPY	113

4.8	DATA ANALYSIS	113
4.9	CREDIBILITY, RELIABILITY, VALIDITY OF THE RESEARCH	115
4.10	GUIDE LINES FOR THE EDUCATIONAL PSYCHOLOGIST	117
4.11	SUMMARY	117

CHAPTER 5
REPORT OF THE CASE STUDIES

5.1	INTRODUCTION	119
5.2	CASE DISCUSSIONS	121
5.2.1	CASE A	121
5.2.1.1	ASSESSMENT	121
5.2.1.2	THE BIRTH EXPERIENCE	128
5.2.1.3	CONCLUSION OF THE BIRTH EXPERIENCE SESSION	129
5.2.2	CASE B	129
5.2.2.1	ASSESSMENT	130
5.2.2.2	THE BIRTH EXPERIENCE	137
5.2.2.3	CONCLUSION OF THE BIRTH EXPERIENCE SESSION	138
5.2.3	CASE C	138
5.2.3.1	ASSESSMENT	139
5.2.3.2	THE BIRTH EXPERIENCE	145
5.2.3.3	CONCLUSION OF THE BIRTH EXPERIENCE SESSION	146
5.2.4	CASE D	146
5.2.4.1	ASSESSMENT	147
5.2.4.2	THE BIRTH EXPERIENCE	154
5.2.4.3	CONCLUSION OF THE BIRTH EXPERIENCE SESSION	155
5.2.5	CASE E	155
5.2.5.1	ASSESSMENT	156
5.2.5.2	THE BIRTH EXPERIENCE	163
5.2.5.3	CONCLUSION OF THE BIRTH EXPERIENCE SESSION	164
5.3	CONCLUSION FROM THE CASE STUDIES	164
5.4	SUMMARY	166

CHAPTER 6
GUIDELINES FOR THE EDUCATIONAL PSYCHOLOGIST
IN THE TREATMENT OF ANXIETY

6.1	INTRODUCTION	168
6.2	ORIENTATION TO BIRTH REGRESSIONS	170
6.3	PRE-WORK TO AGE REGRESSION	171
6.3.1	THE THERAPIST	171
6.3.2	THE CLIENT	174
6.3.3	INDUCTION	174
6.3.4	DEEPENING PROCEDURE	174
6.4	AGE REGRESSION TO THE BIRTH EXPERIENCE	176
6.5	THE BIRTH EXPERIENCE	176
6.6	GUIDE LINES FOR THE THERAPIST	178
6.6.1	THERAPEUTIC PROCEDURE - THE PRE-BIRTH PERIOD	178
6.6.2	THERAPEUTIC PROCEDURE - THE BIRTH PROCESS	178
6.6.3	THERAPEUTIC PROCEDURE - THE POST-BIRTH EXPERIENCE	180
6.6.4	THERAPEUTIC PROCEDURE - DEVIATIONS FROM STANDARD THERAPY	182
6.7	SUMMARY	183

CHAPTER 7
FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF THIS STUDY

1.7	INTRODUCTION	185
7.2	CONCLUSIONS FROM THE LITERATURE	187
7.2.1	ANXIETY	187
7.2.2	BIRTH EXPERIENCE	188
7.2.3	MEDICAL HYPNOANALYSIS	189
7.3	FINDINGS EMANATING FROM THE EMPIRICAL INVESTIGATION	190
7.4	CONTRIBUTIONS MADE BY THE STUDY	191
7.5	LIMITATIONS OF THE STUDY	193
7.6	RECOMMENDATIONS FOR FURTHER RESEARCH	193
7.7	IMPLICATIONS OF THIS STUDY	194
7.8	CONCLUSION	194

LIST OF FIGURES

FIGURE 1.1	PERSONALITY COMPONENTS FOR REACHING FULL POTENTIAL AS A PERSON	6
FIGURE 1.2	A MODEL OF THE INFLUENCE OF A POTENTIAL THREAT ON THE SUBCONSCIOUS	8
FIGURE 1.3	INFLUENCES ON THE FORMATION OF THE SELF- CONCEPT	12
FIGURE 1.4	THE RESEMBLANCE BETWEEN THE VIEWPOINTS OF THE EDUCATIONAL PSYCHOLOGIST AND MEDICAL HYPNOANALYST	14
FIGURE 2.1	THE RELATIONSHIP BETWEEN ANXIETY, FEAR AND A PANIC ATTACK	35
FIGURE 2.2	AN INTEGRATIVE MODEL OF GENERALIZED ANXIETY DISORDER	38
FIGURE 2.3	TYPICAL ANXIETY PATTERN	40
FIGURE 2.4	POWER OF MEMORY	45
FIGURE 2.5	INFLUENCE OF THE BIRTH EXPERIENCE ON THE FETUS	50
FIGURE 2.6	THE THREE CLINICAL STAGES OF THE BIOLOGICAL BIRTH PROCESS	51
FIGURE 2.7	STAGES OF DELIVERY	53
FIGURE 2.8	FIRST STAGE IN DELIVERY	54
FIGURE 2.9	THE INFLUENCE OF THE BIRTH EXPERIENCE ON THE BABY	56
FIGURE 3.1	THE DIFFERENCE BETWEEN THE CONSCIOUS AND SUBCONSCIOUS	66
FIGURE 3.2	SCHEMATIC DIAGRAM OF INPUT OF INFORMATION OF SUBCONSCIOUS PROBLEMS	67
FIGURE 3.3	SCHEMATIC DIAGRAM OF THE PSYCHODYNAMICS OF MEDICAL HYPNOANALYSIS AND HYPNOTHERAPY	70
FIGURE 3.4	ANALOGY OF THE TRIPLE ALLERGENIC THEORY	71
FIGURE 3.5	ANALOGY OF THE TRIPLE ALLERGENIC THEORY	72
FIGURE 3.6	GRAPHICAL PRESENTATION OF THE ORDER OF IMPORTANCE FOR SURVIVAL	77

FIGURE 6.1	FOCUS AREA OF THIS STUDY (THE INFLUENCE OF THE BIRTH EXPERIENCE ON THE BABY)	169
FIGURE 6.2	THIRD TRIMESTER OF PREGNANCY	173

LIST OF TABLES

TABLE 1.1	CHARACTERISTICS OF THE “I” AND “SELF” PERSONALITIES	5
TABLE 1.2	LITERATURE SURVEY SUMMARY	15
TABLE 2.1	DSM IV (1994:199) CLASSIFICATION OF ANXIETY	32
TABLE 2.2	SIMILARITIES BETWEEN FEAR AND ANXIETY	33
TABLE 2.3	DIFFERENCES BETWEEN FEAR AND ANXIETY	34
TABLE 2.4	DIFFERENT TYPES OF ANXIETY DISORDERS	35
TABLE 2.5	ASSOCIATED MEMORIES FROM POSTNATAL LIFE	44
TABLE 2.6	LIST OF OTHER PSYCHOANALYSIS RESEARCHERS WHO RECOGNISED THE SIGNIFICANCE OF VARIOUS ASPECTS OF THE BIRTH TRAUMA	47
TABLE 2.7	DIFFERENCES AND CORRELATION BETWEEN A NORMAL AND CEASAREAN BIRTH PROCESS	49
TABLE 2.8	THE DIFFERENT BIRTH PROCESSES AND THE DEVELOPMENT OF POTENTIAL CHARACTERISTICS	55
TABLE 3.1	CHARACTERISTICS OF THE INITIAL SENSITISING EVENT	73
TABLE 3.2	CHARACTERISTICS OF THE SYMPTOM PRODUCING EVENT	74
TABLE 3.3	CHARACTERISTICS OF THE SYMPTOM INTENSIFYING EVENT	75
TABLE 3.4	ORDER OF IMPORTANCE FOR SURVIVAL	76
TABLE 3.5	RANK ORDER OF LIFE’S PRIORITIES	88
TABLE 5.1	ABBREVIATIONS USED IN THIS CHAPTER	120
TABLE 5.2	ANALYSIS OF THE FIRST FEW SENTENCES OF CASE A	121
TABLE 5.3	SCALE FROM ONE TO TEN	123
TABLE 5.4	ANALYSIS OF THE WORD ASSOCIATION TEST	124
TABLE 5.5	DISCUSSION OF THE WORD ASSOCIATION TEST	126
TABLE 5.6	THE DIAGNOSIS ACCORDING TO THE TRIPLE ALLERGENIC THEORY	127
TABLE 5.7	ANALYSIS OF THE FIRST FEW SENTENCES OF	

	CASE B	130
TABLE 5.8	SCALE FROM ONE TO TEN	132
TABLE 5.9	ANALYSIS OF THE WORD ASSOCIATION TEST	132
TABLE 5.10	DISCUSSION OF THE WORD ASSOCIATION TEST	136
TABLE 5.11	THE DIAGNOSIS ACCORDING TO THE TRIPLE ALLERGENIC THEORY	137
TABLE 5.12	ANALYSIS OF THE FIRST FEW SENTENCES OF CASE C	139
TABLE 5.13	SCALE FROM ONE TO TEN	141
TABLE 5.14	ANALYSIS OF THE WORD ASSOCIATION TEST	142
TABLE 5.15	DISCUSSION OF THE WORD ASSOCIATION TEST	144
TABLE 5.16	THE DIAGNOSIS ACCORDING TO THE TRIPLE ALLERGENIC THEORY	145
TABLE 5.17	ANALYSIS OF THE FIRST FEW SENTENCES OF CASE D	147
TABLE 5.18	ANALYSIS OF THE WORD ASSOCIATION TEST	149
TABLE 5.19	DISCUSSION OF THE WORD ASSOCIATION TEST	152
TABLE 5.20	THE DIAGNOSIS ACCORDING TO THE TRIPLE ALLERGENIC THEORY	154
TABLE 5.21	ANALYSIS OF THE FIRST FEW SENTENCES OF CASE E	156
TABLE 5.22	SCALE FROM ONE TO TEN	158
TABLE 5.23	ANALYSIS OF THE WORD ASSOCIATION TEST	159
TABLE 5.24	DISCUSSION OF THE WORD ASSOCIATION TEST	162
TABLE 5.25	THE DIAGNOSIS ACCORDING TO THE TRIPLE ALLERGENIC THEORY	163
	LIST OF REFERENCES	196

APPENDIX: MEDICAL HYPNOANALYSIS SCRIPTS

APPENDIX A:	LIFE, THE PURPOSE IS YOU	210
APPENDIX B:	INNER INFANT MEDITATION	216
APPENDIX C:	THE UNKNOWN FEAR FROM BIRTH REMOVED	217
APPENDIX D:	BORN ALIVE AND FREE	225
APPENDIX E:	GET RID OF BIRTH EXPERIENCE BABY	227
APPENDIX F:	BIRTH FEAR GONE, GOD IS HELPING YOU	232
APPENDIX G:	BORN UNLOVED	242
APPENDIX H:	REMOVAL OF NEGATIVE SUGGESTIONS	244
APPENDIX I:	FORGIVE THE DEAD BABY THAT WAS INSIDE YOU	250
APPENDIX J:	OVERCOME ANXIETY	254
APPENDIX K:	BREATH OF LIFE	259
APPENDIX L:	THE WALKING ZOMBIE SYNDROME - REVISED TAPE SCRIPT	261
APPENDIX M:	FAVOURITE PLACE IMAGERY	266

GUIDE LINES FOR EDUCATIONAL PSYCHOLOGISTS IN THE THERAPEUTICAL APPLICATION OF THE MEDICAL HYPNOANALYSIS WITH ANXIETY CLIENTS

CHAPTER 1 AN INTRODUCTION TO THE RESEARCH STUDY

One thing is certain, that the problem of anxiety is a nodal point, linking up all kinds of the most important questions; a riddle, of which the solution must cast a flood of light upon our whole mental life.

Sigmund Freud

1.1 AWARENESS OF THE PROBLEM AND MOTIVATION FOR THE RESEARCH

1.1.1 INTRODUCTION

In the first chapter the awareness of the problem is described and the motivation for the research is explained. This is presented by means of a background to the study from which the research is approached. An overview of the motivation for the research will be presented as well as the foundation and theoretical viewpoint of the Educational Psychologist. A literature survey will be conducted, followed by the statement of the problem, hypotheses involved and aim of the research. The

chapter will be concluded with clarification of the concepts and a summary of the division of chapters in the research.

1.1.2 AWARENESS OF THE PROBLEM

People's inability to cope with the demands of modern life, has led to a significant increase in the appearance of anxiety related incidents. In South Africa today many people are diagnosed with anxiety. According to Modlin (1999:166) patients suffer for years before the correct diagnosis is made. Anxiety can start at any time in life, at any age, with any race, without there being any logic involved to the patient. According to the newspaper "Rapport", 10 October 1999:19, anxiety disorders among people are costing South Africa millions of Rands per year.

New discoveries about how the body works appear daily in the medical journals and the media, giving hope to a multitude of sufferers. The major amount of this information remains only a hope for clients and continues to lie buried in the files of the medical journals, because modern medical science believes only in what it can see, hear, feel, smell and taste. The researcher believes that human physiology is far more than sensory perceptions, because there is a spirit that provides the power and a mind that directs it. The traditional medical approach is to cure disease and related disorders with drugs and appropriate medicines, while the spirit is an aspect best ignored. Since it can't be seen, it must be unimportant. From the above there appears to be a vast potential in the area of human health, which remains unexplored (Ritzman, 1997:10; Siegel, 1986:66; Cousins, 1989:73).

1.1.3 MOTIVATION FOR THE RESEARCH

The researcher, being an Educational Psychologist with a private practice, realised that an increasing number of referrals presented anxiety as the prevailing symptom. Experience gained with treatment of the referred clients has shown that the origin of

the anxiety has manifested itself very early in the lives of the majority of cases. It is important to notice that “*very early*” goes back to the birth process and beyond.

Clients referred to the researcher present physical symptoms that manifest in headaches, migraine headaches, palpitations and other cardiac complaints, a subjective sense of lack of oxygen and breathing difficulties under emotional stress, muscular pains, tensions, tremors, cramps, seizurelike activity, nausea and vomiting, spastic constipation or diarrhea and profuse sweating and hot flushes, which are all anxiety related (Grof, 1985:250).

In the treatment of the symptoms of anxiety the researcher conducted hypnotherapy as the method to unveil the root cause of the problem. The reason being that the actual event or incident that created the anxiety is in most cases unknown to the client, mainly because it can not be recalled by the conscious mind. Very few of the clients do understand their behaviour and emotions. They try to find solutions for their emotional problems by means of counselling and medication. The clients referred are normally those that the general practitioner is at a loss how to treat and therefore hypnotherapy is recommended as a last resort.

The purpose of this study is a) to understand the train of thought in the subconscious during the birth experience and the influence it has on the development of anxiety as well as b) the underlying treatment by means of hypnotherapy. The study excludes any analyses of stress factors in daily life or to prove the conscious dynamics of anxiety.

1.1.4 RELATED QUESTIONS

In order to be able to address the research question, the following related questions need to be explored:

- What is the relationship between the origin or root cause of anxiety and the birth experience?

- What happens to the baby during the birth experience and what is the effect of that experience in later life?
- What is the correlation between the subconscious train of thought during the birth experience and its influence on the development of anxiety in self-actualisation?
- Is there a link between the suggestions during the birth experience and any other traumatic incidents in later life that plays a role in the occurrence of anxiety?
- Why are people all of a sudden diagnosed with anxiety or panic attacks after an accident, traumatic loss, traumatic experience or stressful incident?
- Can hypnotherapy (specifically Medical Hypnoanalysis) be of assistance as a tool or therapy for the Educational Psychologist in the treatment of anxiety?

1.2 THE EDUCATIONAL PSYCHOLOGIST'S PERSPECTIVE

1.2.1 INTRODUCTION

The Educational Psychologist is a person with a directed masters degree, who is registered at the Profession of Psychology as well as at the Board of Health Professions. In view of the educational psychological background of the researcher, the study will be conducted from an educational psychological perspective.

The Educational Psychologist views the child from the educational essences. Nieuwoudt (in Roets 1989:95) states that although educational psychology refers to the child, *"the same theory is applicable to adults since personality is not static, but develops constantly"*. Every human is a unique person. Therefore the adult and the child are both viewed as a person, but the child is a person still developing its own personality.

1.2.2 PERSONALITY CHARACTERISTICS

TABLE 1.1: CHARACTERISTICS OF THE “I” AND “SELF” PERSONALITIES

PERSONALITY	CHARACTERISTICS
The “I”	<ul style="list-style-type: none"> • The spiritual side of the person • Looked upon as the subconscious mind • Protect, guide and support the person in thought and action • Stores all memories, emotions, and monitors and controls the body
The “Self”	<ul style="list-style-type: none"> • Looked upon as the conscious mind • Includes everything the child “is” and can call “his own” • Includes logical thinking, reasoning, understanding and decision making • Changes continuously with self-growth and self-realisation

(Extracted from Modlin, 1999:67; Nieuwoudt (in Roets, 1989:95-96)

Since his earliest existence man has experienced confrontation by people, God, circumstances, different ideas, and the environment. From the moment the baby is born it becomes a person, involved in relating to something. The “I” or the **subconscious mind** is the spiritual core of the person. The “self” changes continuously in self-growth and self-realisation. According to Nieuwoudt (in Roets, 1989:100) *“The individual’s self is therefore the Gestalt of who and what he is and of what he can call his own. The self includes his **system of ideas, attitudes, values and the things to which he commits himself**”* (Modlin, 1999:61; Nieuwoudt, in Roets, 1989:100).

As Viktor E. Frankl (1959:105) stated: *“Man’s search for meaning is the primary motivation in his life and not a ‘secondary rationalisation’ of instinctual drives. This meaning is unique and specific in that it must and can be fulfilled by him alone; only then does it achieve a significance which will satisfy his own will to meaning”.*

The aim of the Educational Psychologist is to help the child (person or in this research the adult) in the **self-actualisation** of itself as an individual to reach his/her full potential as a person. For self-actualisation to take place the child's (person's) **basic needs** like the physiological requirements, the need to feel loved, safe and accepted, must be fulfilled. To be accepted the child (person) needs to be "someone". The **self-concept** includes the identity, action and self-esteem of the person, the way the person knows him or herself (Nieuwoudt in Roets, 1989:107). According to Verny (1981:49) "*Self-identity is the congruence into an integrated unit of (1) the person's conceptions of himself, (2) the stability and continuity of the attributes by which the person knows himself and (3) the commonality of a person's self-conceptions and the conceptions of him by people who are important to him*".

FIGURE 1. 1: PERSONALITY COMPONENTS FOR REACHING FULL POTENTIAL AS A PERSON



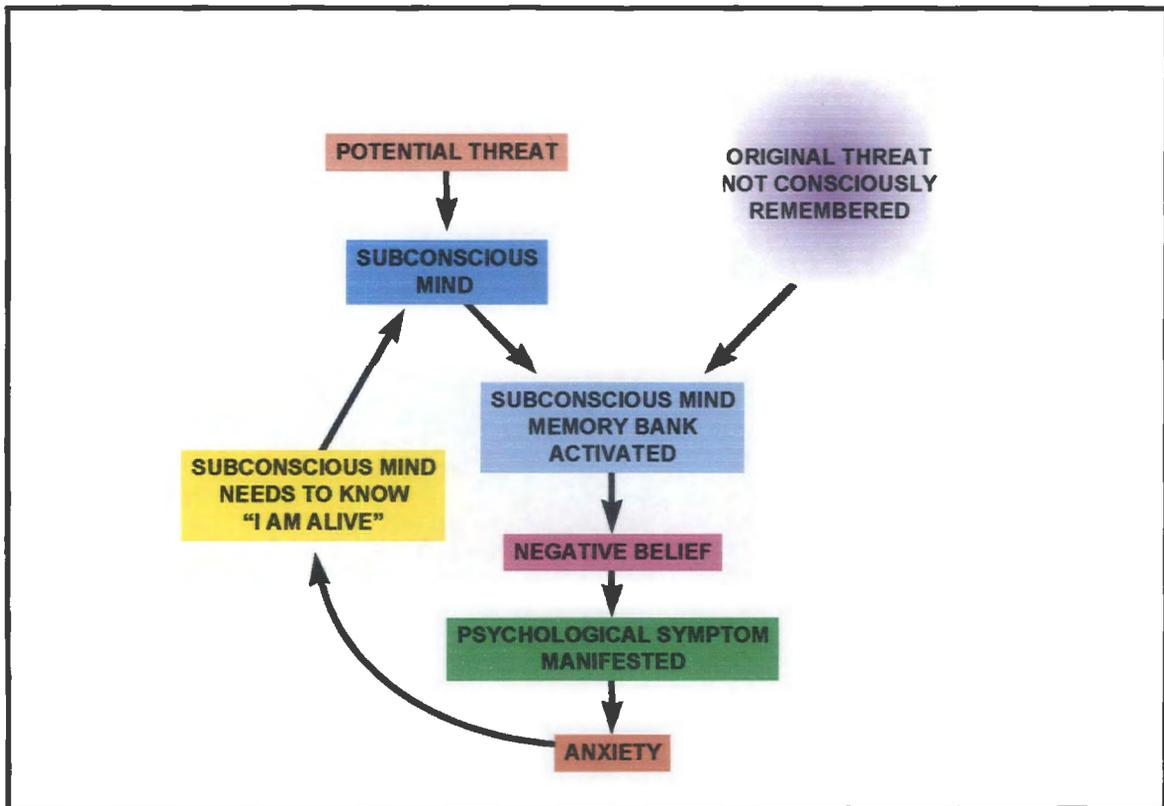
The child (person) develops its own identity by forming relationships with parents, friends and teachers. These intrapsychic structures sometimes have a very negative influence on the identity. If the child (person) feels safe, accepted and loved in the relationships which he or she is involved in, it will benefit a positive formation of the identity. If not, the child's (person's) concepts about itself will be negative and can result in other psychosomatically related problems (Ritzman, 1997:9; Nieuwoudt in Roets, 1989:108; Siegel, 1986:85).

1.2.3 ANXIETY

In this research the researcher views anxiety from the Educational Psychologist's perspective, where a perception, conception, influence or incident can have a direct effect on the individual. In this study the influence of the birth experience as the underlying cause of anxiety and the effect of it on the formation of the self-concept and self-actualisation will be explored.

Anxiety may originate from a person's genes or it may all of a sudden appear as a result of worry or from a stress-related incident; but there may be more to it than that. Working with the subconscious mind we realise its ability to perceive suggestions even before birth and its power of healing. When a person perceives being **threatened**, the subconscious chooses a symptom, in this case **anxiety**. There appears to be a reason why the subconscious **needs** the symptom of anxiety and when this is understood and dealt with, the subconscious mind can also heal or remove the symptom. To survive the subconscious immediately "**protects**" or warns the person about the threat and then the symptom of anxiety is needed as a "**reminder**" that the person is alive. When the suggestions are removed from the subconscious the symptom (anxiety) disappears (Ritzman, 1997:19; Modlin, 1999:61; Scott, 1993:73).

FIGURE 1.2: A MODEL OF THE INFLUENCE OF A POTENTIAL THREAT ON THE SUBCONSCIOUS



Many people suffer from anxiety and need medication, which prohibits a full and meaningful life for them. Healing is a total process, involving, **body, mind and spirit**, but in today's medicine a part of the mind and spirit in the healing process is ignored. In the past the medical profession relied mainly on medicine to heal any illness, ignoring the power of healing through the spirit and mind. Most significant is the change of viewpoint lately in South Africa where even some Medical Insurance Institutions pay for traditional doctors. This power of healing has been known throughout history, without any logical explanations for it (Ritzman, 1997:3).

One of these unknown areas is the influence of the birth process on the baby. If a "holistic" approach is taken, the mind-body-soul connection is used to understand the subconscious train of thought during the birth experience and its influence on the development of anxiety disorders in adult life. Once the body, mind and spirit are recognised as being interactive, it changes the whole concept of healing, which offers hope to many desperate clients.

The spirit is an essential component of the healing process, because it is the healing energy itself. **Love** is the energy of creation and healing (Ritzman, 1997:8; Modlin, 1999:52; Borysenko & Borysenko, 1994:17-21, 1987:166; Siegel, 1989:9-14; 1986:70; Jampolsky, 1979:17). Working with cancer patients, Siegel (1989:9-14) experienced the power of love in the healing process.

In today's medicine there is an increasing awareness of the power of the mind in the healing process. Throughout history the power of healing through the mind became known and has been used in cultures around the world (Siegel, 1986:147; Borysenko, 1987:9-27; Cousins, 1989:70-77).

The pathology of emotional problems goes deeper than just the body. The mind is recording every feeling, gesture and movement from very early in the womb. Thomas Verny (1981:19) states "*There is speculation that in the very first weeks - perhaps even hours - after conception, the fertilised ovum possesses enough self-awareness to sense rejection and enough will to act on it.*" In utero studies have proved that the fetus/baby can already remember, hear and even learn from sixth months. The baby can be influenced emotionally by many stimuli from its local and external environment.

Modlin (1999:67-69) states that "*To the fertilised egg, there are no problems. To the developing fetus, there are no problems.*" He regressed patients to the time before maternal awareness of the pregnancy and found that some of them were aware of light and a serenity words can not explain. This phenomenon he called "*...pure spiritual existence, a blissful state which is what the good Lord intended.*" However as soon as the fetus detects some stress, anxiety or fear, either from the mother or outside, it changes the picture (Northrup, 1995:430).

Research has shown that a subconscious origin exists in the development of anxiety. According to Matez (1986:68) the "*root of fear is in the person's subconscious mind*". The **fight** or **flight** response occurs naturally after exposure to danger, where adrenalin and noradrenaline are produced in the body (Modlin, 1999:166; Borysenko, 1987:14; Siegel, 1986:66). Borysenko (1987:14) states that

“through the fight-or-flight response, anxiety still has access to the pathway that elevates blood pressure, and stress still activates pathways that lead to muscle tension and thereby to numerous aches, pains, and bodily disorders.” It is therefore essential to uncover the origin of anxiety and to change the “wrong” perceptions in the subconscious mind through therapy to allow the symptoms to disappear.

1.3 THE MEDICAL HYPNOANALYSIS PERSPECTIVE

1.3.1 INTRODUCTION

The research in this study is aimed at the therapeutic application of hypnotherapy, and specifically Medical Hypnoanalysis, with several anxiety clients. In this chapter a brief introduction and summary of Medical Hypnoanalysis is presented. A detailed description of Medical Hypnoanalysis will follow in Chapter 3.

1.3.2 THE MEDICAL HYPNOANALYSIS MODEL

The Medical Hypnoanalysis model is based on a process of diagnosis and therapy. The diagnosis focuses mainly on root causes and presents explanations instead of descriptions. As the therapy is conducted in a relatively short time span (less than 30 sessions), underlying subconscious problems can be resolved rapidly (Matez, 1989:155).

Medical Hypnoanalysis is a structured process that starts with the client’s perceived problem statement and completion of a detailed case history, observing verbal and non-verbal communication, while seeking unconscious clues to the ultimate causes of the symptoms in order to make a psychodynamic diagnosis. After the client is introduced to hypnosis, the majority of the therapeutic sessions are conducted with the client in the hypnotised state (Scott, 1993:xiii).

Medical Hypnoanalysis uses an analogy called *“The Triple Allergenic Theory”* to help therapists understand past incidents and traumas better. The Triple Allergenic

Theory, referring to the developing of a “*psychological allergy*”, is viewed to be equivalent to the development of a visible medical allergy (Modlin, 1999:59; Scott, 1993:72). The theory is based on the elements of the Initial Sensitising Event (past incident(s) or trauma(s) of which the conscious mind has no memory), the Symptom Producing Event (a subsequent similar incident triggering the previous experience with all its emotional consequences), and the Symptom Intensifying Event (intensification of the symptoms that have occurred previously). (Modlin, 1999:60; Scott, 1993:73; Matez, 1989:155; Scott, 1995:356; Zelling 1995:55).

Most clients in need of help suffer from the Symptom Intensifying Event. The Medical Hypnoanalysis Model provides relief to the suffering and discomfort of the client by correcting the negative emotions and unwanted behaviour.

1.3.3 THE BIRTH EXPERIENCE

According to the Medical Hypnoanalysis model the inner self is already influenced by **perceptions** formed in the womb, the **birth experience** and **the first one to six years** of the person's life. For the Educational Psychologist this is important, because the first six years are the most crucial years in the formation of the **self-concept** of the child. An instinctual principle of life is to **survive**, therefore any threat to some aspect of the child, proceeds into some kind of defence (fight or flight) response, which in turn influences the self-concept (Scott, 1993:5; Modlin, 1999:58; Crous in Roets, 1989:22).

FIGURE 1.3: INFLUENCES ON THE FORMATION OF THE SELF-CONCEPT



Crous (in Roets, 1989:22) states that “ a person should acquire self-knowledge about his self-identity by answering the following question: “Who am I in my own judgement and that of others”. When this question can not be answered, this is a threat to the mind, or ego survival, that leads to the Identity Problem in Medical Hypnoanalysis terms.

The “action” in forming the identity that Crous (in Roets,1989:22) refers to, is influenced by the “threat to survival” for the inner self or subconscious mind (Scott, 1993:5; Modlin, 1999:59). In forming the identity, personal worth, personality and self-actualisation the Educational Psychologist should not ignore the fact that the prenatal- and birth experiences can play an important role.

According to Ritzman (1997:14) the birth experience can be very traumatic to the unborn infant. This can be the first anxious experience, locked in the subconscious of the unborn baby (Verny,1981:20; Scott,1975:179; Hull, 1984:7; Ritzman, 1984:51; Chamberlin, 1986:89).

Modern science makes the birth process easier and safer than ever before. In the past death of the baby during birth was not uncommon. During birth either the mother or the baby or both go through severe pain, stress and difficulty. Consciously a human might not recall any awareness of the birth process, but the body recorded everything that ever happened to it, both in the subconscious as well in every tissue cell of the body (Cousins, 1989:73; Borysenko, 1987:17).

In this respect the fetus is no different and has a life and dynamic of its own (Verny, 1981:19). The brain-pituitary-adrenal gland axis is active early in fetal development. The mother carries the fetus and they share a common blood supply via the placenta, with the fetus able to respond to changes in the mother's hormonal milieu. Therefore the fetus is exposed to maternal stress hormones which in their turn cause stress in the fetus (Mathew, 1982:53).

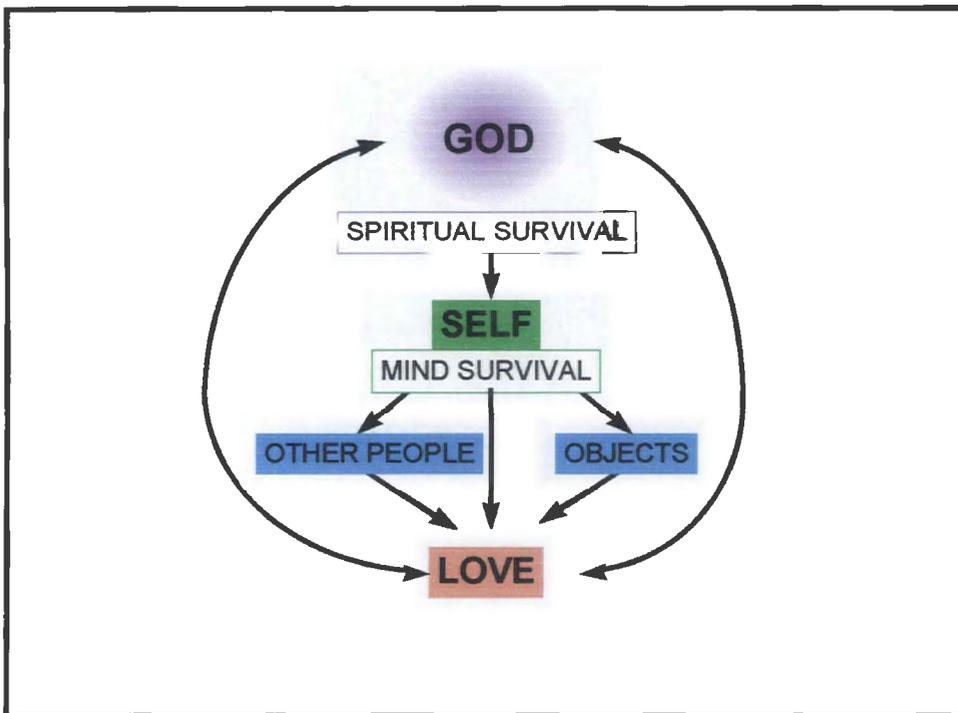
There are several studies that indicate a relationship between **prenatal stress** and **fetal reactivity** that are carried over into infancy or later behaviour in adult life (Grof, 1985:256; Modlin, 1999:72; Ritzman, 1984:54; Rossi & Cheek, 1988:412). Based on this relationship, there must be an enormous influence on the baby during the **birth process**, where the baby is exposed to an unfamiliar, **life-threatening** experience.

1.4 RESEMBLANCE BETWEEN THE VIEWPOINT OF THE EDUCATIONAL PSYCHOLOGIST AND THE MEDICAL HYPNOANALYST

The researcher became aware that there seems to be a tendency in Educational Psychologists to show a specific interest or get involved in or implement Medical Hypnoanalysis. After realising this tendency, it became obvious that Medical Hypnoanalysis supplements the needs of the Educational Psychology as a tool in therapy to help the client. Both see the person as an individual, who is a unique human being, in a constant process of development of its personality. Circumstances, experiences and incidents cause the individual to develop specific perceptions that is applicable only to him-/herself (Nieuwoudt in Roets, 1989:95).

The Educational Psychologist views the child in relation to the **self**, **other people**, **objects** and **God** (Crous in Roets, 1989:13). Medical Hypnoanalysis supports this principle as it firstly views **spiritual survival** (God, love, soul) as the most important, and secondly **mind survival** (the self, self-esteem and other people) on the survival hierarchy (Modlin, 1999:59; Scott, 1993:72).

FIGURE 1.4: THE RESEMBLANCE BETWEEN THE VIEWPOINTS OF THE EDUCATIONAL PSYCHOLOGIST AND MEDICAL HYPNOANALYST



Crous (in Roets, 1989:13) states that *“because the person is an open possibility from birth, he has a wealth of potential capabilities which he tries to actualise”*. The adult creates his/her own identity in a world influenced by many factors, such as primary educational system, secondary educational system, society and different experiences in life. The person has to accept him- or herself in this variety of relationships to God, themselves and other people. This approach is shared by the Medical Hypnoanalyst as perceptions are formed in the subconscious mind from the

1.5 LITERATURE SURVEY

Extensive research has been done on the topic of anxiety, but today the question still remains why one person gets anxious and another does not. There must be something activating these symptoms. The trauma of the birth process has also been widely researched by numerous people and some findings show that it definitely can have an influence on the development of various problems, either emotional or psychosomataical. A summary of the literature that has been surveyed in this regard follows below.

TABLE 1.2: LITERATURE SURVEY SUMMARY

REFERENCE	LITERATURE SUMMARY
Boswell, (1961:13).	Says in searching for an event which produced a threat to the client's survival resulting in anxiety that was established in the client's mind. <i>"Later threats to the patient's survival produce greater anxiety in the patient's mind and repetition of the emotional discomfort associated with the initial sensitizing event. As the feeling of reality about these events arises in the patient's mind, actual fear for survival is born"</i>
Lorraine Roth Herrenkohl (in Mathew,1982: 51)	Finds that stress and anxiety <i>"may affect the developing organism at any stage of the life cycle"</i> . Her argument is threefold, namely: 1) <i>"Stress has a particular impact on the developing organism during perinatal development,</i> 2) <i>when the nervous system is differentiating and the neural circuitry underlying biochemical-behavioural events is laid down:</i> <i>and</i> 3) <i>prenatal stress therefore may have a permanent effect on behaviour later in life."</i>
Ritzman,	says: <i>"...we must accept the fact that the first and probably the</i>

(1984:54)	<p><i>most ultimately frightening stressful event that any person encounters is the experience of birth itself</i>". Experiencing anxiety the client must have been exposed to fear at a time when it could not be removed. It then continues as anxiety and surfaces as panic when circumstances remind the subconscious of the original event.</p>
William R. Hull (1984:15)	<p>Refers to the dropping of the oxygen level during the birth process as "<i>prenatal oxygen deprivation</i>". He states that it is the "<i>most terrifying of reactions to stress in all mankind</i>". He also believes that the prenatal suffocation syndrome "<i>represents the most important trauma that can ever exist, in an emotional sense</i>".</p>
Koelling (1984 Jan; Vol 5(1): 34-41)	<p>Presents clinical case material demonstrating that events occurring early in life may have lasting effects on the individual. Birth trauma is seen as the initial event in the development of many psychological problems, including asthma, anorexia nervosa, childhood pain, problems in school, enuresis and childhood obesity. He explains the success of Hypnoanalysis in treating these problems and provides case history examples.</p>
Grof (1985:97-99)	<p>In his observations from deep experiential work, he found that memories of physical traumas appear to be very important and states that "<i>the residual emotions and physical sensations from situations that threatened survival or the integrity of the organism appear to have a significant role in the development of various forms of psychopathology</i>". Traumas which are threatening to the survival of the human being leave permanent traces in the system and contribute to the development of emotional and psychosomatic disorders, such as depressions, anxiety states, phobias and other problems. Serious physical traumatization brings a person close to death and cause extreme discomfort, which relates to the birth trauma.</p> <p>When a person is confronted with death in later life there is a correlation with "<i>a variety of phenomena related to the birth process</i>". He also found that the physiological changes that take place in the body once confronted with death, "<i>make sense as</i></p>

	<i>typical concomitants of birth</i> ". The birth trauma represents an important core in the occurrence of anxiety related to a death confrontation.
Jacobson, Eklund, Hamberger, Linnarsson, et- al; (1987:364- 371)	In a quantitative research done in Sweden, it is proved that the trauma experienced during the birth process has an influence on the self-destructive behaviour in adults, like suicides, drug- and alcohol addiction
Barnett (1987 Spr; Vol 1(3): 191-207)	Proves that the statistics in the research presented indicate that almost 20% of all patients undergoing psychotherapy suffer from symptoms due, in part, to prenatal trauma. It is believed that they will remain inaccessible to psychotherapeutic approaches if the role of prenatal trauma continues to be ignored. In this research it is concluded that prenatal influences can markedly shape destiny but that these influences can, by hypnotic techniques, be modified.
Slotkin and Seidler (1988; Vol 245:283- 294)	Prove that birth and its attendant hypoxia, represent the first major stress to which all mammals are exposed. Even normal, uneventful vaginal delivery is accompanied by a surge of stress hormones.
Landsman (1989 Fal; Vol 4(1): 33-41)	Discusses verbal metaphors and their behavioural counterparts in the context of pre- and perinatal issues. The major developmental stages are illustrated by the patient's use of language: Phrases such as " <i>no way out</i> " may express the energy bound in prolonged labour, and " <i>being pulled in all directions</i> " may be related to a forceps-assisted delivery. The evidence of pre- and/or perinatal trauma will manifest itself at a neurotic level. Language and behavioural patterns can serve as diagnostic cues to assist in identifying trauma.
Young and Gagnon (1990; Vol 6(2): 127-150)	Demonstrate the influence the birth stress of the infant has on congenital left-brain specialisation for receptive language and concomitant inhibitory skills.

<p>Roedding (1991 Win; Vol 6(2): 145-169)</p>	<p>Investigates the relationship between near-death experiences at birth and suicidal behaviour later on in life and states that the most serious expression of the trauma of birth is in the suicidal tendencies and the desire to die. The deepest part of the self remembers the feelings of the near-death experience of birth by experiencing them in the present without a conscious connection to their source. The person's life patterns and behaviour are interwoven with feelings of self-defeat and self-destruction. Roedding used regressive therapy to produce a reversal of the present feelings that manifest in self-destructive behaviour. The researcher's goal was to isolate the specific early trauma and relive the emotional sequence to absolve the trauma by catharsis while new skills and coping strategies are fostered. There is a correlation between Roedding's work and the work of Stanislav Grof (1985) in his book <i>Beyond The Brain</i>.</p>
<p>Gray and Dean (1991:240)</p>	<p>Stress the importance between the neuro-psychological effects of the complications during pregnancy and the birth process and the influence this has on the individual's cognitive, educational and behavioural development.</p>
<p>Liz Standish (1992 Win; Vol 9(2):207-214)</p>	<p>Describes the treatment of a man who complained of fear of death and experienced panic attacks. The man's difficult birth had been preceded by three weeks by the death of his two-year-old sister. In this study Standish addresses the effect of the chemical environment in his mother's uterine environment before his birth, and the effect of his difficult birth on the pain and tension-related symptoms in his head and neck as well as his panic emotions.</p>
<p>Bakan and Peterson (1994 Win; Vol 8(4): 299-306)</p>	<p>Find in multiple regression analysis, the individual pregnancy and birth complications most predictive of schizotypy were breathing problems or need for oxygen, artificial induction of labour and breech birth.</p>
<p>Gabrielle Stutman (1995;Vol</p>	<p>Reviews the literature in areas of female Oedipal development and the Death Instinct. She then elaborates a gynecocentrically based formulation of the dynamics of a female Oedipal Complex, utilising</p>

10(4): 117-125)	the concept of unconscious death anxiety. In this study the female Oedipal anxiety, parturition dread, is defined as a developmental vicissitude of death anxiety: anxiety about dying in childbirth.
Jim Matto-Shepard (1995 Jan; Vol 55(7-B): 3052)	This investigation correlates a birth-trauma score with aspects of infant temperament for the purpose of exploring, through a prospective and quantitative design, the relationship between a difficult birth process and personality development. Data was gathered regarding birth difficulty just prior to, and immediately following, the birth of infants. The results do suggest a relationship between mother's perinatal anxiety and the temperament of the child.
Ritzman (1997:12)	Finds the subconscious mind will choose the symptom " <i>anxiety</i> " to " <i>know</i> " that it's still alive. " <i>By using the knowledge and skills of Medical Hypnoanalysis we may be opening the door to the ultimate understanding of anxiety disorders in adult life.</i> "
Cathy Urwin (1998 April; Vol 24(1):61-84)	Illustrates a relationship between the containment of anxiety and the capacity to work through and recover from traumatic events as it emerged in psychotherapy with an 8-year old boy, born three months prematurely.
Modlin, (1999:67)	Concludes that when a human being is traumatised (physically or psychologically) it leads to the release of stress hormones from the adrenal glands. Knowing then today that the birth process can be very traumatic for a baby, specific suggestions can get fixed in the subconscious that can manifest later in life.
Modlin (1999:129)	Describes the whole procedure that the baby is subjected to during the birth process in his discussion on panic disorders. Most of the anxiety symptoms are the " <i>result of adrenaline and noradrenaline being released in the Flight or Fight Response</i> ".

1.6 STATEMENT OF THE PROBLEM

A research problem is a matter involving doubt, uncertainty or difficulty and where a solution, some clarification or a decision is looked for (Merriam, 1991:41). In related literature and current social issues specific problems can come to light. To identify a research problem there is a movement from general interest, curiosity, or doubt about a situation to a specific statement of the research problem. (Merriam, 1991:43)

In the preceding section the researcher became aware of the phenomenon of anxiety that can herald back to the experiencing of the birth process. The researcher looked into the literature to explore this phenomenon. It became clear that Medical Hypnoanalysis as a therapeutic technique has a close linkage with the Educational Psychologist's perspective. In the research question the study is confronted with the following:

Can Educational Psychologists, by using Medical Hypnoanalysis as a therapeutic technique, help clients with anxiety?

This study problem implicates the following research aspects:

1. Research (literature) on anxiety, the birth experience and Medical Hypnoanalysis.
2. Empirical research on how the true cause of some anxiety problems can be found by using the subconscious perceptions of the birth experience by using Medical Hypnoanalysis?
3. Can the Educational Psychologist make use of Medical Hypnoanalysis as a therapeutic technique to solve some of the client's anxiety-related problems?

1.7 HYPOTHESES

To support tentative hypotheses, the researcher needs to remain open to the emergence of new hypotheses. "*The object is to achieve a perfect fit between the hypothesis and the data*" (Merriam, 1991:142). According to Taylor and Bogdan (in Merriam, 1991:143) specific steps need to be followed. A hypothesis provides a specific restatement and clarification of the purpose statement.

In this research the perceptions during the birth experience formed in the subconscious will be examined and linked to the anxiety experienced in childhood and in later life.

The first hypothesis of this study is that when the subconscious train of thought during the birth experience is understood, wrong perceptions can be removed and/or changed to let the symptom of anxiety disappear.

The second hypothesis is that the true cause of some anxiety related problems lie buried in the files of the subconscious perceptions of the birth experience, the time of onset which can differ:

- The time just before the birth experience.
- The time during the birth experience.
- The time just after the birth experience.

The researcher needs to consider the fact that one subject could have had a bad birth experience and later in life be confronted by an unpleasant incident like a hi-jacking, where the same emotion occurred. The experienced emotion triggers the anxiety and the symptom emerges to the surface. In a similar hi-jacking, another subject who did not have a bad birth experience, will not react with anxiety. When the same emotion is experienced later in life, the subconscious ("memory bank") recalls the emotion and the subject then reacts to that memory.

1.8 AIM OF THE STUDY

The study aims to explore, explain and describe the birth experience and its influence on the onset of anxiety when a traumatic incident (hi-jacking, pressure at work etc.) happens. The main method of therapeutic intervention is by means of hypnosis, however, the intention is not to provide a detailed analysis of the Medical Hypnoanalysis Model. In this regard various in depth studies have been completed. (Modlin 1999; Scott 1993; Zelling 1988; Ritzman 1990).

The aim of the study is as follows:

- a) To do a literature survey on generalised anxiety, the birth experience and Medical Hypnoanalysis.
- b) To undertake an empirical study where the researcher investigates the application of Medical Hypnoanalysis as a therapeutic technique from the Educational Psychologist's perspective to resolve some anxiety related problems.
- c) To write guide lines for the Educational Psychologist in the therapeutic application of Medical Hypnoanalysis with anxiety clients. Please note for the purpose of this study "*guidelines*" will be spelled as two separate words.

1.9 CLARIFICATION OF THE CONCEPTS

All the concepts used in the research are presented briefly in this chapter, and will be discussed in depth in further chapters.

a) HYPNOSIS

Bruyn (quoted from Post Graduate Course in Practical Hypnosis, Zelling, 1995) defines hypnosis as follows:

Hypnosis is a normal physiological, altered state of consciousness, similar to, but not the same as being asleep, and is produced by the presence of two conditions: (1) A central focus of attention, and (2) surrounding areas of inhibition. The state of hypnosis, in turn, produces three things:

- a) An increased concentration of the mind.*
- b) An increased relaxation of the body.*
- c) An increased susceptibility to suggestion”.*

Honiotes (in Zelling, 1995:3) defines hypnosis as “a stage of direct concentration, with or without relaxation, in which a person can either accept or reject suggestion(s)”. Zelling (1995:3) defines hypnosis more as “expectancy and acceptance” (Quoted from Post Graduate Course In Practical Hypnosis, Zelling).

Wolberg (1977:93) sees Hypnoanalysis as a means to accommodate the psychotherapeutic process instead of replacing the psycho-therapeutic process.

Scott (1993:57) defines hypnosis as follows: “*The state of hypnosis is that condition wherein the right brain is dominating the thought processes, the mind is concentrated, the critical factor is minimal and by some unknown neurological correlates, there is an emotional sensitivity which goes beyond just right brain functioning.*”

In this research hypnosis is viewed as a state of relaxation, enabling the client to understand his/her own problem and to find his/her own solutions to it.

b) HYPNOTHERAPY

The purpose of hypnotherapy is at all times to learn to believe that there is a possibility of hope. The client learns how to participate actively and in/when focusing on creating solutions to his/her problems instead of handling the (ongoing) problem, as well as discovering how to use aids for inner control.

With hypnotherapy the right-hand side of the brain is more dominant. This enables the therapist to communicate to a lesser or greater degree with the client's subconscious mind (Scott, 1993:49)

For the purpose of this research, hypnotherapy is seen as a division of psychotherapy used in order to arrive at the cause of the psychological and physiological symptoms and to change the perceptions. Therapeutic changes of perceptions are accomplished by means of perceptual changes which are established by means of positive suggestions and solutions worked out by the client him- or herself (Alman & Lambrou, 1983:6; Thurman, 1982:24).

In this research the term **hypnotherapy** is replaced by **Hypnoanalysis** since the use of the term/concept hypnotherapy could be confusing or ambiguous (Scott 1993:34).

c) HYPNOANALYSIS

In the past the term **Hypnoanalysis** was used to refer to the general implementation of hypnosis as a therapeutic method whereby direct suggestion was used for symptom removing on the one hand and on the other as an aid to psychoanalysis (Scott, 1993:3).

The aim of using **Hypnoanalysis** is not only to determine the client's total personality attributes by applying psychoanalytic techniques but also to establish the present symptoms and to eliminate them. The analytical phase is completed when this is achieved. Thereafter a summary of the analysis is made (Scott 1993:42).

Hypnoanalysis can be described as a method based on psychoanalysis, which covers a short term therapy and is of a directive nature (Scott; 1993:43).

In this study the above definition of Hypnoanalysis is used as a directive with a therapeutic aim.

d) MEDICAL HYPNOANALYSIS

A clarification of the concept of Medical Hypnoanalysis is presented in paragraph 1.3.2.

e) PSYCHOLOGICAL SYMPTOMS (EMOTIONAL)

Psychological symptoms are related to the psyche, namely the spiritual, psychological or intellectual component of man or animal. It is applied as a diagnostic category in cases where psychical factors contribute to the initiation or exacerbation of a physical condition (Plug, Meyer, Louw & Gouws, 1986:291).

For the purpose of this research, the terminology psychological symptoms include the concept: anxiety.

f) PHYSICAL SYMPTOMS

Physical symptoms can be seen as bodily signs in cases where a physical relationship with the body is maintained and symptoms are subjective perceptions which indicate a symptom.

In this study physical symptoms encompass the following: shortness of breath with a feeling of suffocation, palpitations, shakiness, nausea, hot flushes, decline of concentration, sweating, and insomnia.

g) PERCEPTIONS

Every person experiences reality in his/her own unique way. Therefore people can not be compared. A human being consists of body, mind and soul in a holistic manner.

In this study, reference will be made to the client's perception as his/her own unique experience. It is stressed that each person, because of his/her own unique development and experience, does not have the same experiences as other people.

h) CASE STUDY

Merriam (1991:3) defines a case study seen from the perspective of a qualitative or naturalistic research paradigm, as follows: *"..... the methods and techniques most suitable for collecting and analysing data"*. This type of research focuses on discovery, obtaining insight and understanding the perspectives of the persons who are studied. Most case studies in education are qualitative and generate hypotheses.

i) ANXIETY

"Anxiety is the sensation of accumulation of another endogenous stimulus, the stimulus to breathing" (Freud in Westenberg, Den Boer & Murphy, 1996:9).

Looking back at the last 150 years of research done on anxiety, there is a tendency to favour the biological approach (Westenberg, Den Boer & Murphy, 1996:16).

Today anxiety disorders are fragmented from the original concept of a single generalised type of anxiety disorder into several discrete subtypes of anxiety disorder (DSM-IV).

j) REGRESSION

Regression is the process used under hypnosis, which enables the therapist to retrace things that happened earlier in the life of the subject. In this study regression will extend to the period before the birth process starts, during the birth process and

the period after the birth experience. Various themes and experiences will subsequently be identified.

1.10 DIVISIONS OF CHAPTERS IN THE RESEARCH

CHAPTER 2 - A LITERATURE REVIEW OF ANXIETY AND THE BIRTH EXPERIENCE

A literature study will be conducted on anxiety and the birth experience. The contributions to anxiety and the role memory plays.

CHAPTER 3 - A LITERATURE REVIEW OF MEDICAL HYPNO-ANALYSIS

A literature study will be conducted on Medical Hypnoanalysis and the reasons why it is applied. It will be a descriptive retrospective study.

CHAPTER 4 - RESEARCH DESIGN

In this chapter the methodology used in this study is discussed in full.

- Medical Hypnoanalysis questionnaire.
- Analysis derived at as based on the above mentioned questionnaire.

CHAPTER 5 - REPORT OF THE CASE STUDIES

Clients will be used and their history and diagnosis will be discussed. Different clients' birth experiences will be discussed.

CHAPTER 6 - GUIDELINES FOR THE EDUCATIONAL PSYCHOLOGIST IN THE TREATMENT OF ANXIETY

The Initial Sensitising Event, namely the Birth Experience will be discussed and guidelines to handle the session will be given. In this chapter all the themes identified during therapy will be summarised and conclusions drawn.

CHAPTER 7 - FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF THIS STUDY

Recommendations arrived at during the study will be expounded. The researcher endeavours to expand on the rationale, setting out the problem and aim/goals as well as the research design and method.

1.11 SUMMARY

The goal of this study is to examine and understand the stress or anxiety experienced during the birth process and the influence it has on development of the inner self or **self-actualisation** in childhood and adult life. In therapy the unsuitable suggestions that occurred during the birth experience will be addressed through the Medical Hypnoanalysis Model in order to deal with the symptom of anxiety. Guidelines will be presented to the Educational Psychologist in the usage of Medical Hypnoanalysis as a tool to assist in therapy.

By using the knowledge and skills of Medical Hypnoanalysis, this study may bring new understanding and hope to clients with anxiety as a psychosomatic illness. The aim is also to discover the secret life of the baby during the birth experience and the anxiety that has been experienced.

The "*child*" is all that is abandoned and exposed and at the same time divinely powerful; the insignificantly dubious beginning, and the triumphal end. The "*eternal child*" in man is an indescribable experience, an incongruity, a handicap, and a divine prerogative; an imponderable that determines the ultimate worth or worthlessness of a personality.

Carl Jung

CHAPTER 2

A LITERATURE REVIEW OF ANXIETY AND THE BIRTH EXPERIENCE

Living is the process of continuous rebirth. The goal of life is to be born entirely. The tragedy in the life of most of us is that we die before we are fully born. To live means to be born every minute. Death begins when birth stops.

Erich Fromm

2.1 INTRODUCTION

Barlow & Durand (1999:112) emphasise that it is difficult to study anxiety in humans because it can be a *“subjective sense of unease, a set of behaviours or a physiological response originating in the brain”*. This chapter will focus on a literature study review of anxiety and the birth experience. It will evaluate the contributors to anxiety, the framework of emotional disorders, the role of memory, and the impact of the birth experience.

Looking into the history of anxiety, Glas (Westenberg, 1996:16) became aware of three different interpretations of pathological anxiety. Firstly, the medical profession tends to favour the biological approach, secondly the concept of anxiety is recognised as an inner threat by psychoanalysts and cognitive psychologists and lastly we find the existential concept of anxiety. Over the years the same controversy about anxiety seems to exist. In Glas (Westenberg, 1996:16), research done on the history of anxiety, shows that there is a repeated *“recurrence of forgotten ideas”* about anxiety. Glas (Westenberg, 1996:17) further states that...*“The gap between scientific and clinical reality, rather than being a barrier to our understanding, offers a space for creative insight and heuristic probing.”*

In modern society, anxiety and stress are common features of everyday life. The daily demands of work, career, home and the socio-economical position of the post-apartheid South Africa, have a strenuous impact on male and female. The rapid social and political changes which have taken place in South Africa recently contributed to an increased appearance of anxiety related issues and incidents in the medical and psychological fields (Traut & Hawkrige, 1998:131; Nel & Burgers, 1998:17; Van Jaarsveld, 1996:20; Bukurura, 1999:15; Grobler & Hiemstra, 1998:19; Calitz & Weyers, 1998:33).

To date much research has been done on anxiety, the phenomena that we know and that can be observed, but also a part of which stays concealed. The part of the concealed phenomena stays in the heart of the person's own experience, where no-one can ever reach as Karel Schoeman describes it.....*"Daar is eilande wat deur geen mens bereik is nie, wit strande wat deur geen voet betree is nie; daar is fonteine van helder water waarvan niemand ooit gedrink het nie. Daar is gebiede wat op geen kaart vasgelê is nie en kuste waaraan daar nooit 'n naam gegee is nie, geen oor hoor daar die geroep van die voëls of die slag van die branders nie, die afstande ongemeet en die dieptes ongepeil - o ja daar is eilande."* (Schoeman, 1971:132).

This study through Medical Hypnoanalysis intends to explore these grounds. The researcher wants to understand what an individual experienced and remembers about their birth experience and the impact of this experience on them. As all humans are unique, they would have experienced the birth process differently, and would have recorded it differently in the subconscious mind. Nieuwoudt (in Roets 1989:87) views personality as an *"inaccessible black box"* and believes that all behaviour is learnt. This *"inaccessible black box"* can refer to the subconscious mind and the imprints made can have an influence on behaviour later in life.

"ONLY THE DEAD ARE NEVER ANXIOUS"

Elke Zuercher-White

2.2 DEFINITION OF ANXIETY

Freud (in Westenberg, Den Boer & Murphy, 1996:9) already stated in those early years that anxiety is:

“..... the sensation of the accumulation of another endogenous stimulus, the stimulus to breathing.”

In the DSM IV (1994:199) classification of anxiety disorders, anxiety is seen as *“a period of intense fear or discomfort, in which four (or more) of the following symptoms developed abruptly and reached a peak within ten minutes”*:

According to Barlow & Durand (1999:112) anxiety is *“a mood-state characterised by marked negative affect, bodily symptoms of tension, and apprehension about the future.”*

TABLE 2.1: DSM IV (1994:199) CLASSIFICATION OF ANXIETY

- | |
|--|
| <ol style="list-style-type: none"> 1. Palpitations, pounding heart, or accelerated heart rate 2. Sweating 3. Trembling or shaking 4. Sensations of shortness of breath or smothering 5. Feeling of choking 6. Chest pain or discomfort 7. Nausea or abdominal distress 8. Feeling dizzy, unsteady, light headed, or faint 9. Derealization (feelings of unreality) or depersonalization
(being detached from oneself) 10. Fear of losing control or going crazy 11. Fear of dying 12. Paresthesias (numbness or tingling sensations) 13. Chills or hot flushes. |
|--|

(DSM IV 1994:199; Zuercher-White, 1998:8)

Zuercher-White (1998:8) states that there are three components of anxiety, namely:

- increased heartbeat, perspiration, and stomach nervousness as physical manifestations of anxiety;
- questions and worries as mental manifestations or thoughts involved in anxiety;
- pacing and fidgeting as examples of the behavioural manifestations of anxiety.

Rachman (1998:2) defines anxiety as: *“the tense anticipation of a threatening but vague event; a feeling of uneasy suspense. It is a negative influence so closely related to fear that in many circumstances the two terms are used interchangeably.”*

Most of the times the person has difficulty in identifying the cause of the anxiety or the nature of the anticipated event or disaster. Looking at anxiety we realise that there are physical sensations, cognition (or thoughts), and behaviours, that need to be recognised when dealing with anxiety. According to Rachman (1998:3) anxiety is diffuse, without object, unpleasant, and persistent (Nutt, Argyropoulos & Forshall, 1998:6; Montgomery, 1993: 9-11).

It is difficult to distinguish between fear and anxiety in practice, because anxiety often follows fear and fear can in turn generate anxiety. Rachman (1998:5) lists the similarities and differences between fear and anxiety as follows:

TABLE 2.2: SIMILARITIES BETWEEN FEAR AND ANXIETY

- | |
|--|
| <ul style="list-style-type: none"> • Anticipation of danger or discomfort • Tense apprehensiveness • Elevated arousal • Negative affect • Uneasiness • Future-oriented • Accompanied by bodily sensations |
|--|

Rachman (1998:5)

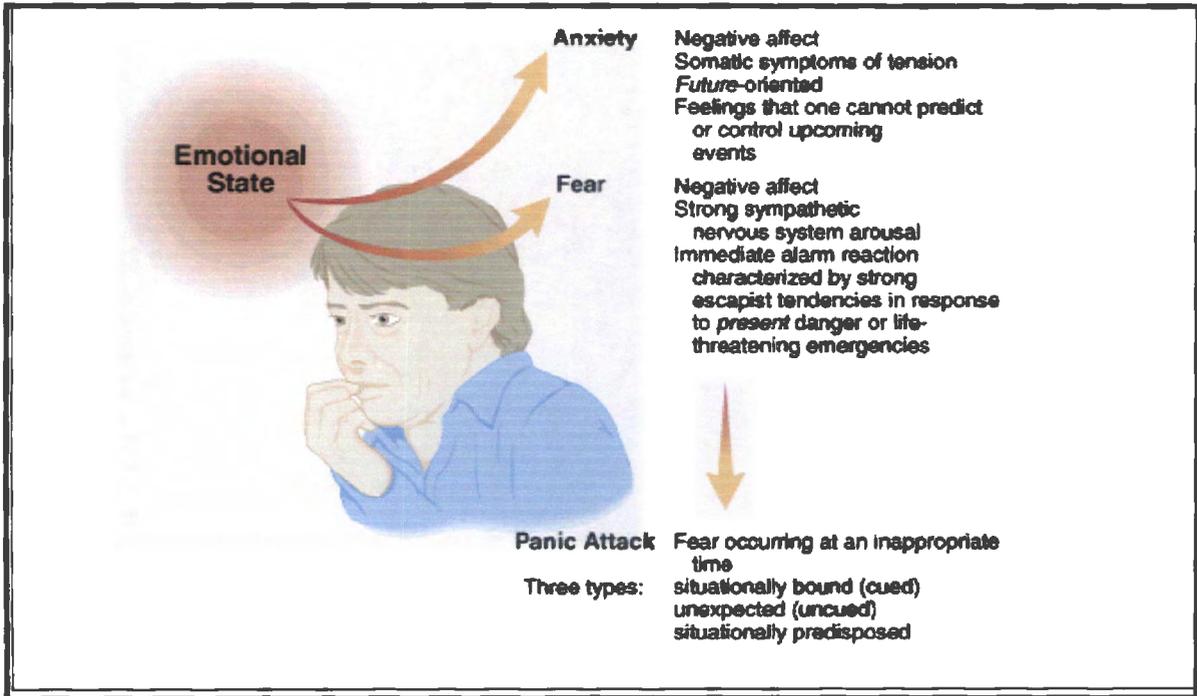
TABLE 2.3: DIFFERENCES BETWEEN FEAR AND ANXIETY

FEAR	ANXIETY
• Specific focus of threat	• Source of threat is elusive
• Understandable connection between threat and fear	• Uncertain connection between anxiety and threat
• Usually episodic	• Prolonged
• Circumscribed tension	• Pervasive uneasiness
• Identifiable threat	• Can be objectless
• Provoked by threat cues	• Uncertain onset
• Declines with removal of threat	• Persistent
• Offset is detectable	• Uncertain offset
• Circumscribed area of threat	• Without clear borders
• Imminent threat	• Threat seldom imminent
• Quality of an emergency	• Heightened vigilance
• Bodily sensations of an emergency	• Bodily sensations of vigilance
• Rational quality	• Puzzling quality

Rachman (1998:5)

The following diagram of Barlow & Durand (1999:114) illustrates the relation between anxiety, fear and a panic attack.

FIGURE 2.1: THE RELATIONSHIP BETWEEN ANXIETY, FEAR AND A PANIC ATTACK



(Barlow & Durand, 1999:114)

According to the DSM IV (1994:199) classification of anxiety disorders seven types of anxiety disorders are recognised:

TABLE 2.4: DIFFERENT TYPES OF ANXIETY DISORDERS

- Panic disorder, with or without agoraphobia
- Agoraphobia without a history of panics
- Social phobia
- Specific phobia
- Generalised anxiety disorder
- Obsessive-compulsive disorder
- Post-traumatic stress disorder

2.3 CONTRIBUTORS TO ANXIETY

There are different schools of thought relating to the causes of anxiety. Speculations in physiological research suspects a chemical imbalance. Some believe that it is due to learned behaviour that can be unlearned. The psychoanalytic theory is of the opinion that anxiety stems from subconscious unresolved trauma during childhood (Fox, 1996:11; Modlin, 1999:47; Scott, 1993:114). All of the above-mentioned viewpoints may be correct in one way or the other, but the real causes are still unknown.

As a symptom, anxiety is a final common pathway for many conditions, physical as well as psychological. As the development of anxiety can destroy people's lives, the biological, psychological and subconscious contributors to it will be reviewed in the following paragraphs (Lamb, 1985:24; Last, 1988:76; Miller, 1986:33).

2.3.1 BIOLOGICAL CONTRIBUTORS TO ANXIETY

Barlow & Durand (1999:114) found that *"no single gene seems to cause anxiety"*, but *"weak contributions from many genes in several different areas on chromosomes, collectively make us vulnerable to anxiety"*. Anxiety can be connected to specific brain circuits, the so-called GABA-benzodiazepine system. The limbic system in the brain acts as a mediator between the brain stem and the cortex, and this area of the brain is most often associated with anxiety. The research in the neurobiology of anxiety is still very new, but a lot of progress has been made and will perhaps reveal more information in the future (Barlow & Durand, 1999:115; Nutt, Argyropoulos & Forshall, 1998:8; Westenberg, Den Boer and Murphy, 1996:41).

In research done by Last & Hersen (1988:538) it is found that a strong correlation exists between mothers and their children in anxiety disorders. Borysenko (1987:14; 1994:24) calls the *"fight-or-flight"* response nature's *"passing gear"* in research conducted in the Mind/Body Clinic. In a human being's life all kinds of fears, like a

near-drowning, hi-jacking, car accident and other traumas can be experienced. Immediately the fight-or-flight response is activated and physical symptoms appear randomly.

Anxiety has access to the pathway that elevates blood pressure. When anxiety is experienced hormones are released that provide quick energy, the most important ones being adrenalin and cortisol, which are also potent inhibitors of the immune system (Borysenko, 1987:14). All the research on anxiety seems to show that a number of different biological and psychological conditions may produce anxiety (Zuercher-White, 1998:4; Sexton & Maddock, 1983:35).

The biological conditions include the evidence that a person can inherit a tendency to be tense or uptight, as well as depleted levels of the neuro-transmitter in specific brain circuits (Barlow & Durand, 1999:114). There is still a great deal to learn about the mind-body interactions to enable us understand the psychological causes (Zuercher-White, 1998:4). Therefore the origin of anxiety needs to be uncovered in order to change the “*wrong*” perceptions in the subconscious mind through therapy so that the symptoms disappear.

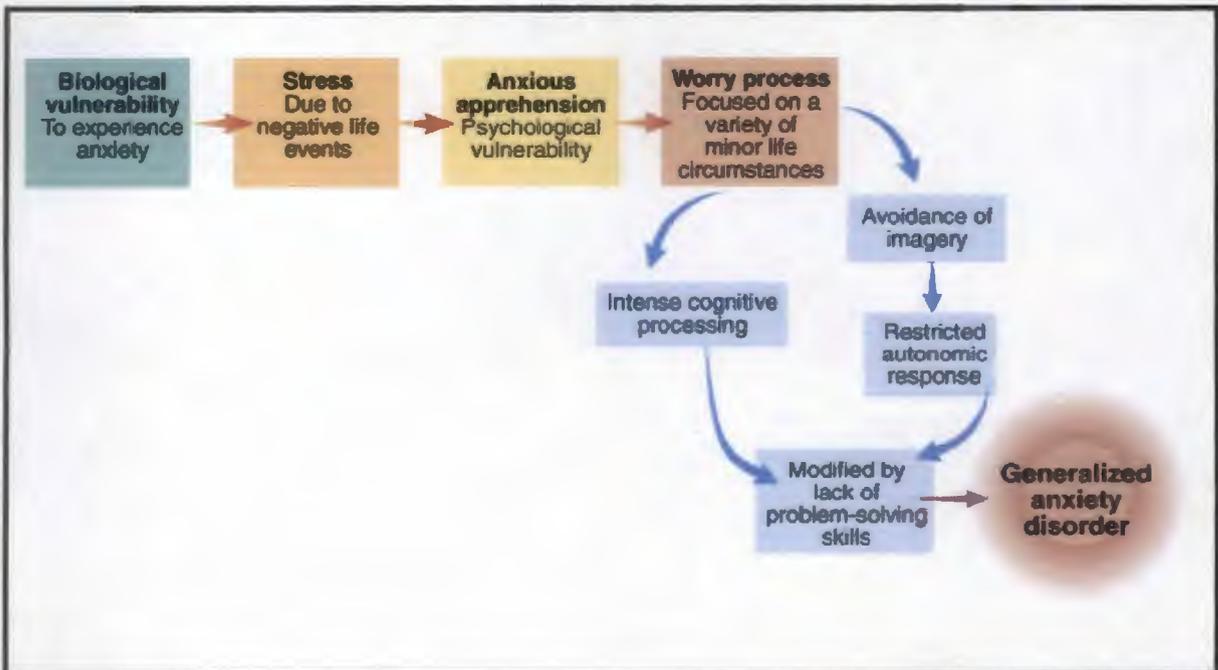
In psychology the external and internal symptoms of anxiety are well known. With regard to brain events and patterns, Hutchison (1994:335) concludes that there is a decrease in the alpha and theta brainwaves, an increase into high beta activity, a rapid shift in brain waves and an absence of brain-wave synchrony. There are also elevated levels of stressful and excitatory bio-chemicals, including high amounts of epinephrine (adrenaline), adrenocorticotrophic hormones (ACTH), and cortisol present. The perceived threat activates the sympathetic nervous system and results in the “flight-or-fight” response. In the case of anxiety, the threat is **internally** created, and as there is no way to fight or flight this, the person is left in this suggestive arousal. The feeling remains that there is no way to escape, although there is no external threat present.

In experiments done (Connon in Verny, 1981:44) it has been proved that fear and anxiety can be biochemically induced by the injection of catecholamines (these

include epinephrine, norepinephrine and dopamine). These chemicals appear naturally in the blood of fearful animals and humans and when they are extracted from already frightened animals and injected into relaxed animals, they immediately become frightened. In the bloodstream they produce all the physiological reactions associated with anxiety. If this happens in the bloodstream of an animal we can assume, it can also happen in the bloodstream of a human.

This **physiological process** happens in the body of the unborn fetus and causes fear and anxiety (Verny, 1981:44). In research done (Verny, 1981:91) on the physiological communication from mother to the unborn baby, it is stressed that only **intense or long-term** maternal anxiety can be harmful to the fetus. Verny (1981:98) states further that the first emotional and physical shock the baby experiences is the birth process, and it remains in the baby's memory. Researchers (Barlow & Durand, 1999:118; Mathew, 1982:38) believe that some people inherit a tendency to be anxious as illustrated in Figure 2.2.

FIGURE 2.2: AN INTEGRATIVE MODEL OF GENERALIZED ANXIETY DISORDER



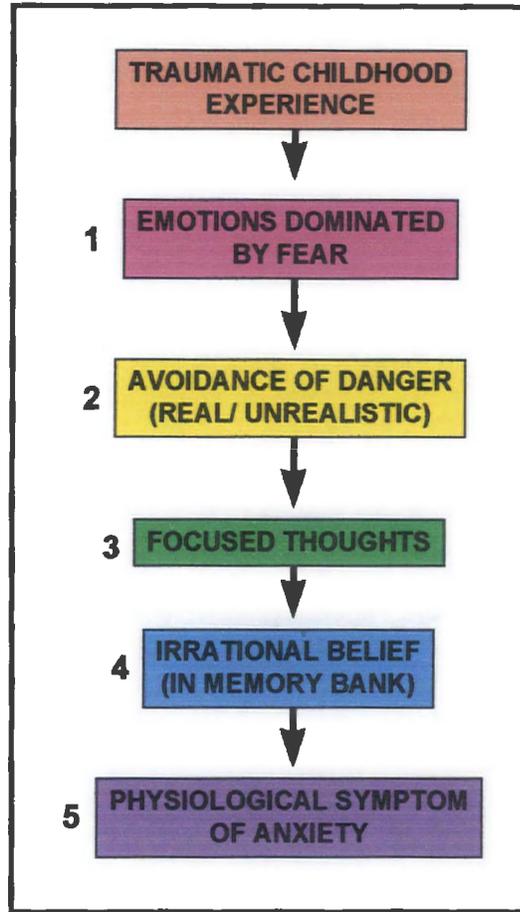
(Barlow & Durand, 1999:119)

2.3.2 PSYCHOLOGICAL CONTRIBUTORS TO ANXIETY

According to Karle & Boys (1991:116) anxiety is a manifestation of an underlying “*disturbance*”. They state that the symptom of anxiety frequently has its roots in traumatic experiences which mostly occur during childhood. Grof (1985:155) states that experiential therapies have proved that childhood traumas do not represent the primary pathogenic causes, “*but create conditions for the manifestation of energies and contents from deeper levels of the psyche*”. The origin of most problems can in the majority of cases be found in the prenatal and “*transpersonal levels*” (Grof, 1985:155).

According to Weeke (1997:2) there are three pitfalls that can lead to anxiety, namely: ***sensitisation, bewilderment and fear***. Any type of person can become sensitised, when the nerves are conditioned to react to a stressful event in an exaggerated way. A severe physical shock to the nerves, like an accident, a surgical operation, near drowning experience and many more, may result in anxiety (Nutt, Argyropoulos & Forshall, 1998:8; Fox, 1996:48; Modlin, 1999:59; Grof, 1985:151; Scott, 1993:88; Weeke, 1997:2).

Positive and negative attitudes and beliefs contribute to the healing process. If a person believes that “*something bad is going to happen*”, the belief triggers biochemical responses in the body (McKay in Hadley & Staudacher, 1989:207). According to Orloff (2000:9) “*No organ system stands apart from our thoughts. What you believe - what you really believe - programs your neurochemicals*”. Anxiety follows a specific pattern: (1) emotions are dominated by fear, (2) motivations are limited by the desire to avoid everything that seems dangerous, (3) thoughts focus on danger and all the catastrophic things that could happen, (4) behaviour is confined to a very circumscribed routine in order to avoid everything that causes the anxiety and (5) physiological symptoms are experienced (Fanning, 1994:183; McKay in Hadley & Staudacher, 1989:207).

FIGURE 2.3: TYPICAL ANXIETY PATTERN

The unborn baby's main source of emotional life in utero, is the mother, and her attitude has the greatest effect on the baby's perceptions. The child's first world - the womb - can be influenced by an unhappy marital relationship as well as other stresses, like an unwanted pregnancy. How the unborn baby experiences it, creates personality and character predispositions. The womb establishes the child's expectations. What it experiences on the inside, it will expect on the outside. If it is a warm, loving and safe environment inside it will produce a predisposition towards trust, openness and self-confidence. If inside is hostile, cold and unsafe, it will be predisposed towards suspiciousness, distrust and being on guard (Verny, 1981:49; Rossi & Cheek, 1988:414; Grof, 1985:99; Modlin, 1999:72; Ritzman, 1997:31).

2.3.3 SUBCONSCIOUS CONTRIBUTORS TO ANXIETY

A subconscious origin exists in the development of anxiety. According to Matez (1986:68) the *“root of fear is in the person’s subconscious mind”*. The **fight** or **flight** response occurs naturally after exposure to danger, where adrenalin and noradrenaline are produced in the body (Modlin, 1999:166; Borysenko, 1987:14; Siegel, 1986:66; Grof, 1985:98 and 249; Ritzman, 1997:55; Scott, 1993:117).

Being confronted with a traumatic event a person (child or adult) dissociates himself, in order to seek protection from the overwhelming pain or fear of the situation. The memory, however, still remains in the subconscious mind, with the result that trauma produces a spontaneous trance reaction (Phillips and Frederick, 1995:7).

During the birth experience powerful emotional stimuli are locked and sealed in the subconscious mind. Fear of death is only partly present at the conscious level, with the subconscious mind containing the frightening part. No normal, healthy person really wants to die. There is a part of the individual that feels helpless, that can’t avoid feeling fearful of death. This fear may also be revealed in a person’s dreams (Worden and Proctor, 1976:51; Gabriel, 1995:21). Many people become scared of death because they become concerned about the events that lead to death. When this fear is denied on a conscious level, it is suppressed to the subconscious level, and will result in anxiety or psychosomatic manifestations. Looking at this fear, we realise that there are many types of fear connected with death: fear of pain, fear of loss of control, fear of physical disability, fear of loneliness, fear of feelings, fear of the unknown, and fear of being buried alive (Worden and Proctor, 1976:51-65).

According to Grof (1985:98) *“Experiential work makes it obvious that traumas involving vital threat leave permanent traces in the system and contribute significantly to the development of emotional and psychosomatic disorders, such as depressions, anxiety states and phobias, sadomasochistic tendencies, sexual problems, migraine headaches, or asthma”*. Memories of physical danger where the person is close to death, like severe pneumonia, whooping cough or near drowning, relates back to the origin, for example the birth experience (Grof, 1985:98; Ritzman,

1997:14; Leistikow,1987:30, Scott, 1995:361; Matez, 1986:85; Modlin, 1999:166). When this connection is made on the subconscious level, physiological manifestations appear, such as *“various degrees of suffocation, accelerated pulse rate and palpitations, nausea and vomiting, changes in the colour of the complexion, oscillations of body temperature, spontaneous skin eruptions or bruises, twitches, tremors, and contortions or other striking motor phenomena”* (Grof, 1985:99).

One of these unknown areas is the influence of anxiety on the baby during the birthing process. In taking a “holistic” approach, the mind-body-soul connection is used to understand the subconscious train of thought during the birth experience and its influence on the development of anxiety disorders in adult life. Once the body, mind and spirit are recognised, it changes the whole concept of healing, offering hope to many desperate clients.

2.4 THE FRAMEWORK OF EMOTIONAL DISORDERS

Most emotional disorders are accompanied by specific psychosomatic manifestations. The physical symptoms of emotional disorders can be explained by their connection to the birth experience. According to Grof (1985:249) emotional and biological phenomena can be reduced to a single denominator, namely the birth process. The physical symptoms experienced in specific emotional disorders make sense when they are analysed with reference to the birth process.

Grof (1985:251) is of the opinion that *“It seems as if the experience of birth determines one’s basic feelings about existence, image of the world, attitudes towards other people, the ratio of optimism to pessimism, the entire strategy of life, and even such specific elements as self-confidence and the capacity to handle problems and projects”*. In this experiential work and research with individuals who relived their birth, there was a similarity between the pattern and circumstances of their delivery and the overall quality of their life.

Boswell (1961:13) states that a sufficient threat (the initial sensitising event) to a patient's survival establishes an area of anxiety in the patient's mind. Later threats to the person's survival produce greater anxiety in the person's mind and a repetition of the emotional discomfort associated with the initial sensitising event. When the feeling of reality about these events arises in the person's mind, fear for survival starts. The more real the fearful feeling becomes, the more frightened the person will become by thoughts related to these feelings. Instead of exposing these feelings to a rational mental review, the person buries the thoughts in the subconscious mind (Ritzman, 1994:150; Matez, 1986:68; Scott, 1993:158; Modlin, 1999:61; Weeke, 1997:53).

The most common fear is that the client thinks he is going to have a heart attack and experiences all the symptoms relating to that. After this experience and in view that death did not follow, the client starts to think he is becoming insane. This is followed by thoughts of losing control, and so the cycle continues (Fox, 1996:48). Looking at the starting point of anxiety that can cause emotional and psychosomatic disorders, we have to look into where memory starts.

2.5 MEMORY

Neurological studies done by Purpura (in Verny 1981:103), indicate that consciousness starts between the twenty-eighth and thirty-second week of conception. He notes that the brain's neural circuits at twenty-eight weeks are just as advanced as a newborn's. Through these circuits, messages are relayed to various parts of the body. During this time the cerebral cortex (the highest, most complex part of the brain - used for thinking, feeling and remembering) matures enough to support consciousness (Verny, 1981:41).

Memories are stored in the memory banks of the central nervous system. Memories need a specific material substratum to be recorded in, either the cells of the central nervous system or the physiochemical code of genes. These memories can consciously be retrieved and in some cases even relived (Grof, 1985:22).

TABLE 2.5: ASSOCIATED MEMORIES FROM POSTNATAL LIFE

I
Situations from life in which important needs are satisfied, such as happy moments from infancy and childhood (good mothering, play with peers, harmonious periods in the family, etc.), fulfilling love, romances; trips or vacations in beautiful natural settings; exposure to artistic creations of high aesthetic value; swimming in the ocean and clear lakes, etc.
II
Situations endangering survival and body integrity (war experiences, accidents, injuries, operations, imprisonment, brainwashing, and illegal interrogation, physical abuse, etc.); severe psychological traumatizations (emotional deprivation, rejection, threatening situations, oppressive family atmosphere, ridicule and humiliation, etc.)
III
Struggles, fights, and adventurous activities (activate attacks in battles and revolutions, experiences in military service, rough aeroplane flights, cruises on stormy ocean, hazardous car driving, boxing); highly sensual memories (carnivals, amusement parks and night-clubs, wild parties, sexual orgies, etc.); childhood observations of adult sexual activities; experiences of seduction and rape; in females, delivering of their own children.
IV
Fortuitous escape from dangerous situations (end of war of revolution, survival of an accident or operation); overcoming of severe obstacles by active effort; episodes of strain and hard struggle resulting in a marked success; natural scenes (beginning of spring, end of an ocean storm, sunrise, etc.).

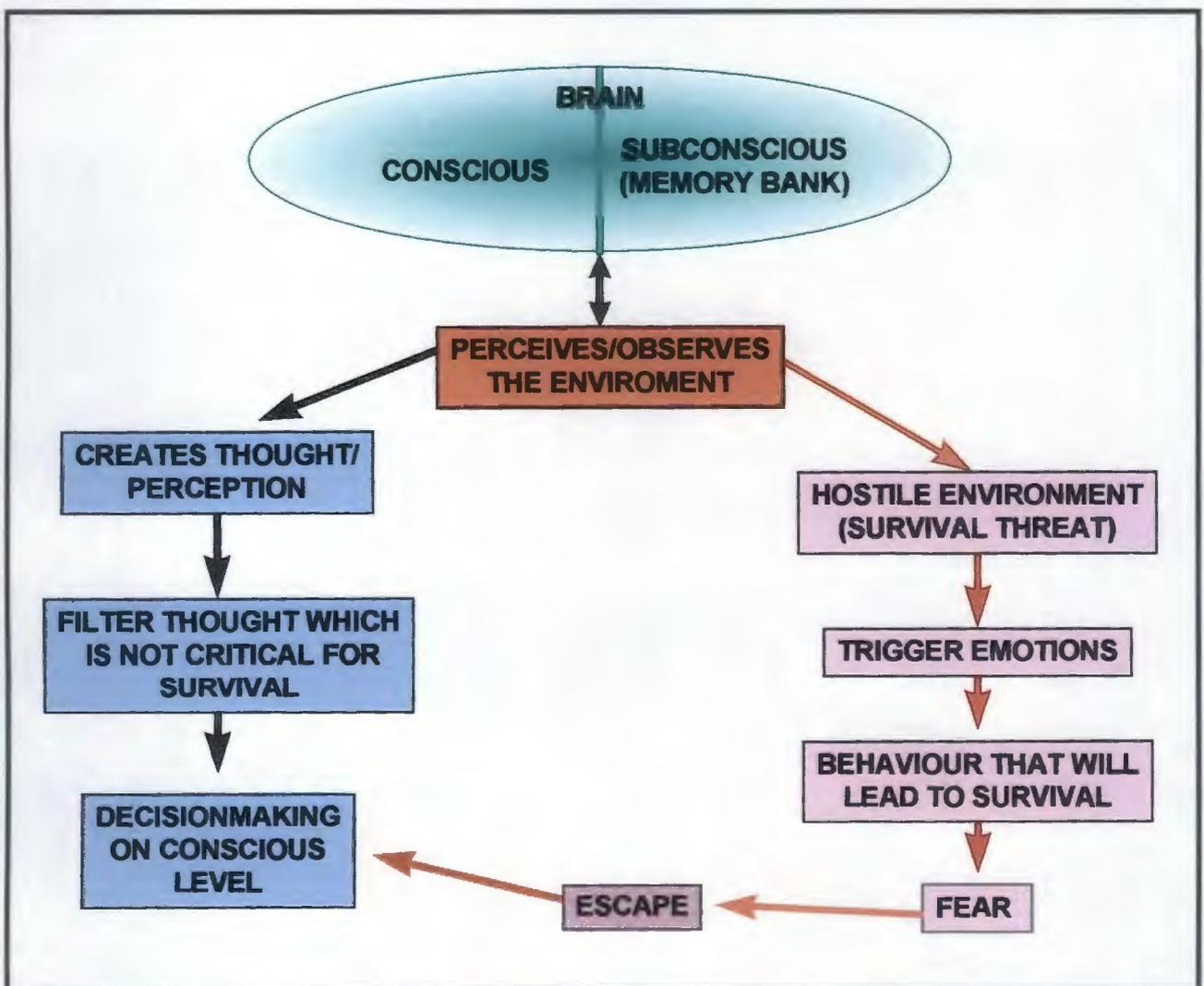
(Grof, 1985:104-105).

Modlin (1999:41) states that memory starts before birth in that ... *“the baby can think ... but its ability to think with logic is very limited, and is mostly related to survival”*. The fetus is aware of maternal feelings and may be influenced by the mother’s responses or by other outside events. Barlow & Durand (1999:52) define **implicit memory** when a person acts on the basis of things that have happened in the past, but can not remember the events. They also state that psychologists can now uncover particular patterns of emotional significance, even if the subject cannot verbalise them or is not even aware of them through new methods to reveal *“the black box”* (unconscious mind).

Figure 2.4 illustrates the mind functions on a conscious and subconscious level. The conscious part of the mind perceives the environment and, by using memories, creates thought or perceptions about it. The human brain is able to filter out thought

which is not critical for survival and in the process allowing the person to make decisions on a conscious level. If the conscious mind perceives the environment to be hostile, the subconscious acts by triggering emotions and has the power of compulsion to demonstrate behaviour which will lead to survival. When an insurmountable survival threat is perceived, fear is the relevant emotion and the compulsion action is to escape. If the threat has vanished, the conscious and subconscious automatically remove the emotions and the compulsions (Ritzman, 1984:54).

FIGURE 2.4: POWER OF MEMORY



2.6 FIRST RECOGNITION OF BIRTH TRAUMA

Freud was the first to mention the resemblance between the birth trauma and anxiety (Grof, 1985:171). He pointed out that the extreme physiological difficulties experienced during the birth process can be a source of anxiety. Otto Rank (1929:11) already pointed out in his book *"The Trauma Of Birth"* that a resemblance exists between *"infantile anxiety"*, where a child is left alone in a dark room, and *"separation anxiety"* just after birth, when the baby is still so close to the *"primal trauma"* of the birth experience (Rank, 1929:11; Janus, 1997:34). The unconscious mind in the occurrence of phobias (claustrophobia, fear of tunnels, elevators, etc.) reproduces the anxiety experienced during birth. For many babies the actual birth seems more like dying and this can result in lifelong feelings of claustrophobia and hypochondria (Gabriel, 1995:111; Grof, 1990:45)

Rank (1929:12) made the following statement: *"If one ventures to accept literally and seriously the origin of the anxiety-affect which Freud recognised as arising in the process of birth - and one is forced to do so by a number of experiences - then anxiety or fear is really a partial disposal of the birth anxiety."* Freud (Rank, 1929:24) said *"to be dead has the same meaning for the child as to be away"* and this confirms to the child when it is separated from the source (mother) that it can not survive. If a baby can not survive on its own, it means death to the subconscious of the baby, and he *"remembers"* back to the *"primal trauma"* (the birth). By accepting the thought *"I am not going to make it"* or *"I am going to die"* or *"I just give up"* in the subconscious the child/adult identifies it with the primal trauma (birth). Emerson (in Linn, Emerson & Linn, 1999:137) in his research estimates that only five percent of births produce little or no lasting trauma.

According to Rank (1929:213) it is essential that the client relives in therapy the trauma of birth. Without working through it the anxiety will not be removed. While Freud emphasised the extreme physiological difficulties involved in the birth process as being the source of anxiety, Rank (1929:77; Grof, 1985:171) saw the trauma of birth as the ultimate cause responsible for the fact that separation is the most painful and frightening human experience. Rank (1929:78) states that all anxieties later in

life relate to the primal trauma of birth. Rank differs from Freud in his interpretation of dreams and sleep. According to Rank sleep resembles the time spent in the womb and dreams can be the unconscious attempts to *"relive the birth trauma and return to the prenatal state"* (Grof, 1985:172; Rank, 1929:77).

In Grof's (1985:171) work with LSD (Lysergic Acid Diethylamide) psychotherapy he brought strong support for Rank's (1929:211) beliefs about the paramount psychological significance of the birth trauma. On clinical observations Grof however, had to modify the theory to be compatible to Rank's theory. Grof (1985:173) states that birth is not just traumatic because the baby is transferred from the safety of the womb to the uncertain, frightening external world, but *"the passage through the birth canal itself entails enormous emotional and physical stress and pain."* Therefore Grof's findings are that a broad spectrum of human behaviours stem from the tendency to externalise and discharge the build up of feelings and energies generated during the birth struggle. Several other psychoanalytic researchers (Modlin, 1999:167; Ritzman, 1984:55; Hull, 1984:11; Scott, 1975:181; Matez, 1997:3; Elliott, 1991:133; Zelling, 1995:30) also recognise the influence of the birth trauma (refer to Table 2.6)

TABLE 2.6 LIST OF OTHER PSYCHOANALYSIS RESEARCHERS WHO RECOGNISED THE SIGNIFICANCE OF VARIOUS ASPECTS OF THE BIRTH TRAUMA

<u>Author</u>	<u>Theme</u>
Francis Mott (1948; 1959)	Speculations on the experience in the womb and birth process.
Nandor Fodor (1949)	Describes the relationship between various facets of the birth process and many important psychopathological symptoms.
Carl Gustav Jung (1961)	Memories, dreams and reflections
Lietaert Peerbolte (1975)	Insights into the psychological relevance of prenatal existence and the birth experience.

Being an obstetrician Rossi & Cheek (1988:415) became aware that the postural changes in his patients might reflect a conforming of the head and shoulders to the pelvic. To him it also seemed possible that the unborn baby might be reacting to maternal epinephrine crossing the placenta to give the baby a chemical fear response. Northrup (1995:431) states that anxiety about pregnancy and birth is partly the result of the mother's own unresolved birth trauma. Arhtur Janov (2000:34) also recognises the role of pain rooted in the memory of traumatic birth. Those memories are disconnected from consciousness to avoid the unbearable suffering. The inner build up of unbearable feelings drive people to drink, smoking, taking drugs, or acting in a compulsive or irrational way.

2.7 THE BIRTH EXPERIENCE

Over the years humanity has viewed birth delivery as a normal and natural process, where the work is all being done by the mother while the baby stays in a passive mode. A widely accepted belief is that the baby is not conscious of the environment and does not experience pain during this process. Neurophysiology believes that there is no possibility of birth memory, because the cerebral cortex of the new-born is not mature enough and lacks the myelin sheaths on neurones. Modern consciousness research has shown this not to be true, because the amnesia is the result of psychological repression. Grof (1985:251) states that neurophysiology *"significantly contradicts other experiments and observations that have demonstrated a remarkable sensitivity of the fetus during prenatal existence and others that suggest the presence of primitive forms of memory in unicellular organisms"*.

There is an interplay between the mother's body and the fetus she bears, and the mother under stress is exposed to an interplay of brain, pituitary and adrenal hormones that regulate the amount of stress hormones produced. According to Mathew (1982:53) the fetus has a life and dynamic of its own and the *"brain-pituitary-adrenal gland axis is active early in fetal development"*. The fetus and the mother can respond to each other, because they share a common blood supply via

the placenta. If the mother experiences anxiety during labour, the baby will experience the same.

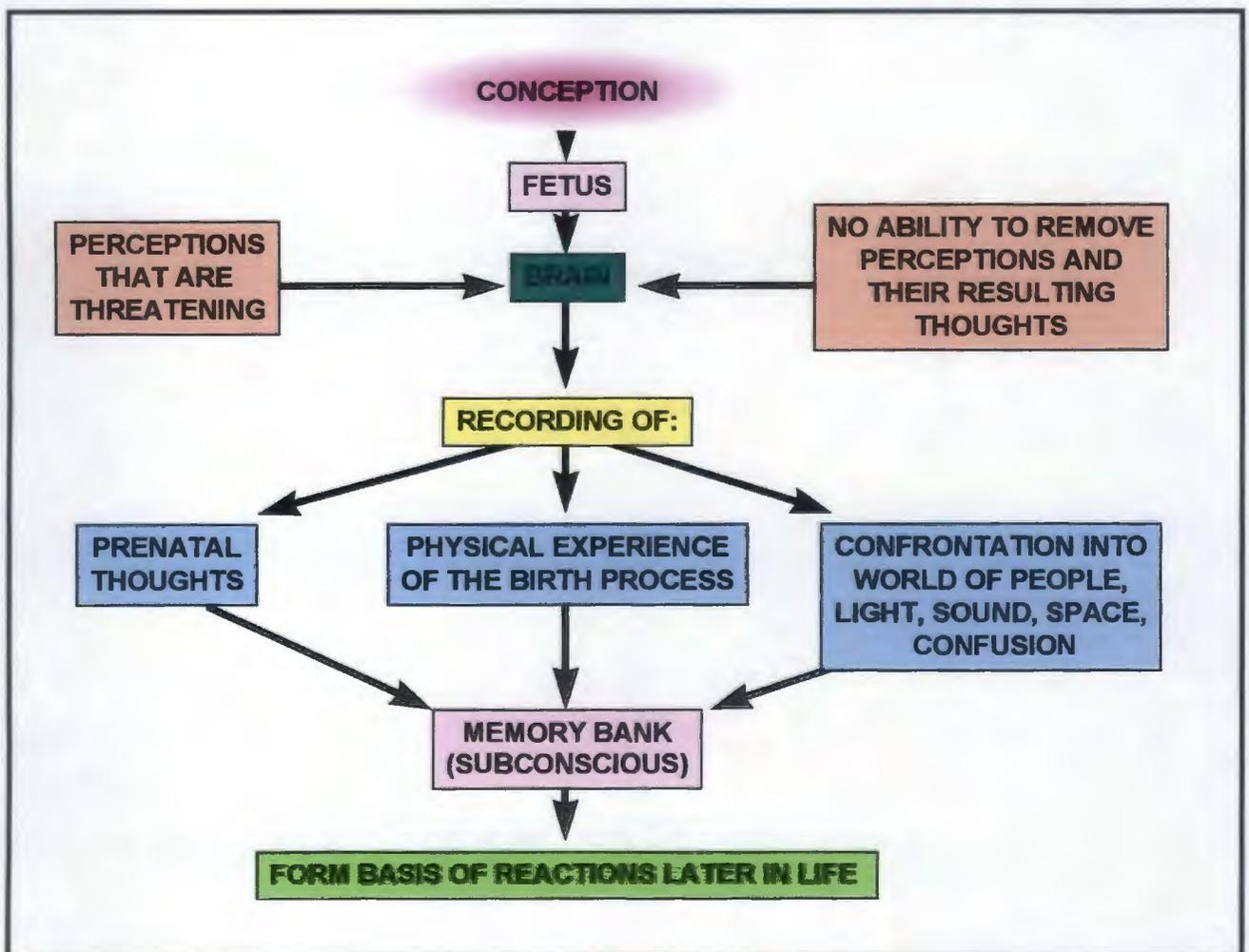
There is a big difference between a normal birth and a Caesarean birth. The conditions in the womb just prior to normal birth deteriorate and become unbearable for the baby. When the birth process starts, it is an improvement on the preceding situation. Yet, severe pressure is then experienced in the birth canal, followed by a feeling of relief when the birth process is over. In cases of Caesarean birth the baby moves suddenly from the safety of the womb, directly into the external world, where it must face separation, hunger, cold, the need to breathe and other difficulties. In this case it is worse than it has been in the womb during late pregnancy for normal birth (Grof, 1985:254).

TABLE 2.7: DIFFERENCES AND CORRELATION BETWEEN A NORMAL AND CAESAREAN BIRTH PROCESS

NORMAL BIRTH	CAESAREAN BIRTH
<ul style="list-style-type: none"> • Conditions in womb deteriorates over time 	<ul style="list-style-type: none"> • Birth takes place before conditions in the womb deteriorates too far (when the caesarean is planned in advance)
<ul style="list-style-type: none"> • The pressure on the baby's body becomes unbearable just before birth 	<ul style="list-style-type: none"> • Baby directly from safety/security of womb into "hostile" environment
<ul style="list-style-type: none"> • Severe pressure in the birth canal is experienced 	<ul style="list-style-type: none"> • Sudden change of environment worse than late stages of normal birth
<ul style="list-style-type: none"> • Feeling of relief when birth process is completed "I made it" or total exhaustion and feeling of "I did not make it" 	<ul style="list-style-type: none"> • Feelings of "I did not achieve what I was supposed to achieve"
<p>New-born baby experiences delivery room as cold, unfamiliar and unknown. Separation from mother when baby is cleaned leads to discomfort and stress. Feelings experienced like: "I am unwanted", "I can not survive on my own", "They do not want me"</p>	

Knowing what happens in the delivery room of a hospital, may not be a wonderful arrival for the baby into this world. Hospitals care about hygiene, it needs to be functional and efficient for the medical procedures to take place. Therefore the delivery room is cold, brightly lit, with doctors and nurses dressed in masks. For the new-born baby it is a rather unfriendly and unknown environment. Most often the baby is taken away from the mother to be cleaned and examined. This causes separation between mother and baby, which can be very stressful to the baby.

FIGURE 2.5: INFLUENCE OF THE BIRTH EXPERIENCE ON THE FETUS



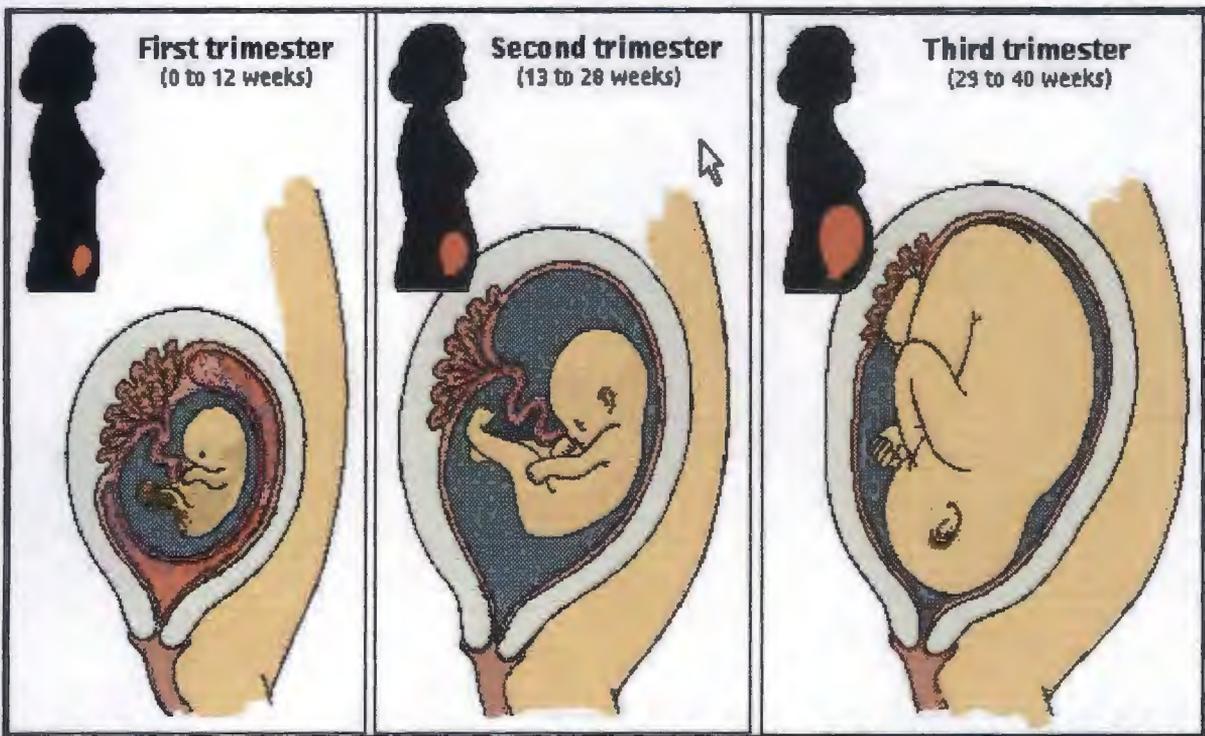
From the Educational Psychologist's point of view the birth process will be briefly discussed (Figure 2.6) to understand the emotions, feelings and experiences that can be absorbed in the subconscious mind. The period of life beginning with conception through childhood into the time of conscious awareness, is a vulnerable

period with regard to threatening perceptions. The mind is unable to remove the threatening perceptions and thoughts during this period. Those events together with the birth experience and the subsequent exposure to the environment (light, sound and motion, etc.) have a major influence on a person's reactions later on in life. During birth a rule book is created from thought and experience for responses and emotions in future incidents and circumstances (Ritzman, 1984:54).

2.7.1 THE THREE CLINICAL STAGES OF THE BIOLOGICAL BIRTH PROCESS

The three clinical stages of the biological birth process are illustrated in Figure 2.6.

FIGURE 2.6: THE THREE CLINICAL STAGES OF THE BIOLOGICAL BIRTH PROCESS



(Encarta 98, Encyclopedia)

- **FIRST STAGE**

This stage of labour can be divided into a relatively quiet first phase (the latent phase where contractions occur that are, not distressing to the patient) and an active second phase. However, towards the end of the first phase the contractions become distressing to mother and baby, when the membranes usually rupture. The first stage of labour can on average last for 12 hours (Llewellyn-Jones, 1977:120).

- **SECOND STAGE**

During this stage the fetus is forced through the curved birth canal. Contractions follow quickly (60 to 90 seconds apart), extreme pressure from outside is experienced by the baby. The impact on the baby's body at this stage is enormous and with each contraction the head advances outwards and a large segment of the presenting part becomes visible. The average duration of labour in this stage is one and a half hours (Llewellyn-Jones, 1977:122).

In this second phase the baby is exposed to physical stress, when it is "*pushed from behind and enters a narrow stifling, suffocating, painful, tortuous canal with no end in sight*" (Ritzman, 1984:55).

- **THIRD STAGE**

The third stage extends from the birth of the child until the complete expulsion of the placenta and membranes (Llewellyn-Jones, 1977:124).

2.7.2 STAGES OF DELIVERY

Figure 2.7 schematically represents the safe environment in the womb, then when the first stage starts with pressure as the contractions start, the second stage where the baby is in process of being born and extreme physical stress is experienced, and

the last (third) stage is where the baby is finally born and freed from the stresses in the birth canal.

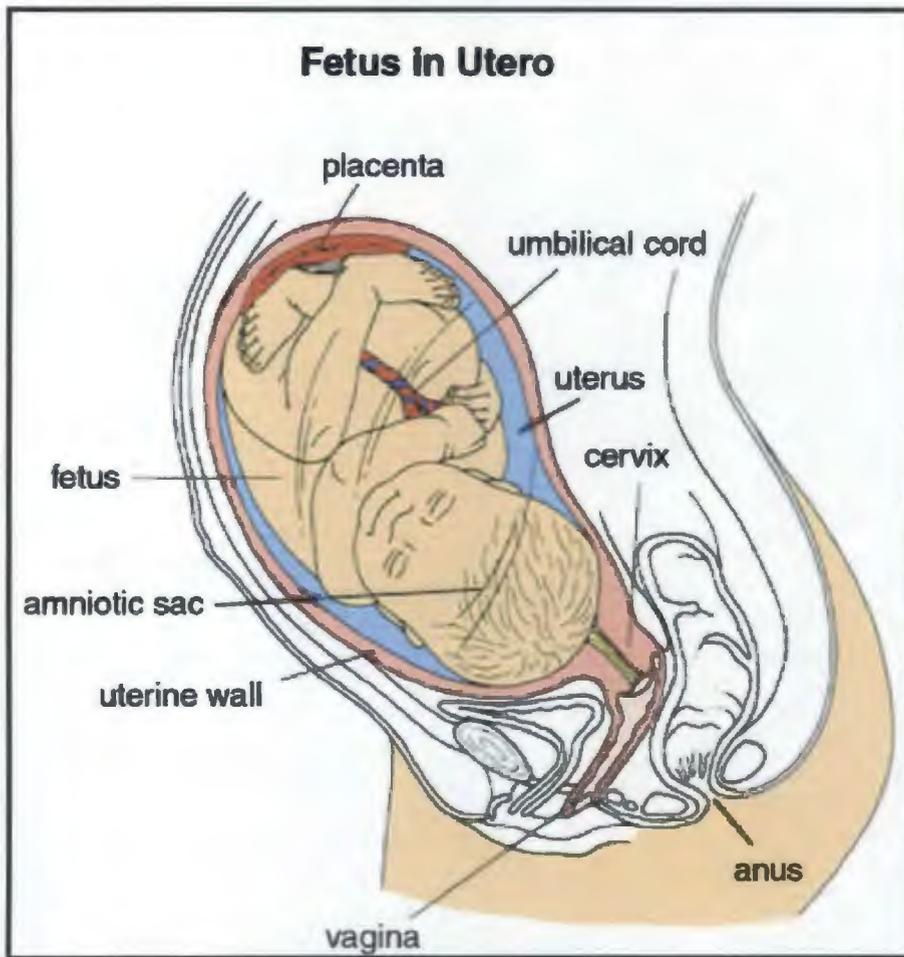
FIGURE 2.7: STAGES OF DELIVERY



(Grof, 1985:105)

2.8 THE PATHOGENIC IMPACT OF THE BIRTH EXPERIENCE

In experiential clinical work, the reliving of the birth proves that this process is perceived and interpreted as a test that requires extreme active struggle and effort. According to Grof (1985:252) it can be looked on as a *“true hero’s journey”*, that can be associated with images of victory in revolutions, wars, or the killing of a wild and dangerous animal. The birth experience can have an influence on a person’s later position in life: *“The experience of birth thus functions psychologically as the prototype of all future situations that represent a serious challenge for the individual”* (Grof, 1985:252).

FIGURE 2.8: FIRST STAGE IN DELIVERY

(Encarta 98, Encyclopedia)

In the above Figure 2.8 it is clear that there is not enough space for the baby. When the baby is born under the influence of heavy general anaesthesia, it associates this with later difficulties experienced at school or in the completion of projects later in life. The subjects in Grof's (1985:252) experiential work indicate that people with the above background can start any major task with enthusiasm, but later lose their focus and energy to complete the task. The same pattern can occur when forceps were used. In the early stages of a project the individual works with energy, but loses confidence before the project is finished and needs some external help to complete the task.

Induced births may lead to a dislike in being pushed into projects, before the person feels ready. Grof (1985:253) stated that the overall trauma is far greater than

normal delivery with babies who were born by emergency caesarean after many hours of traumatic delivery. When a caesarean section is planned, the baby can bond with the mother. Such an individual seems to be more open and accepts new phenomena easily, although they miss the challenge and stimulation the normal birth process provides as well as the confrontation with obstacles. They lack the stamina to struggle and may not see any excitement in life. Table 2.8 illustrates the possible effect the birth experience can have on the baby.

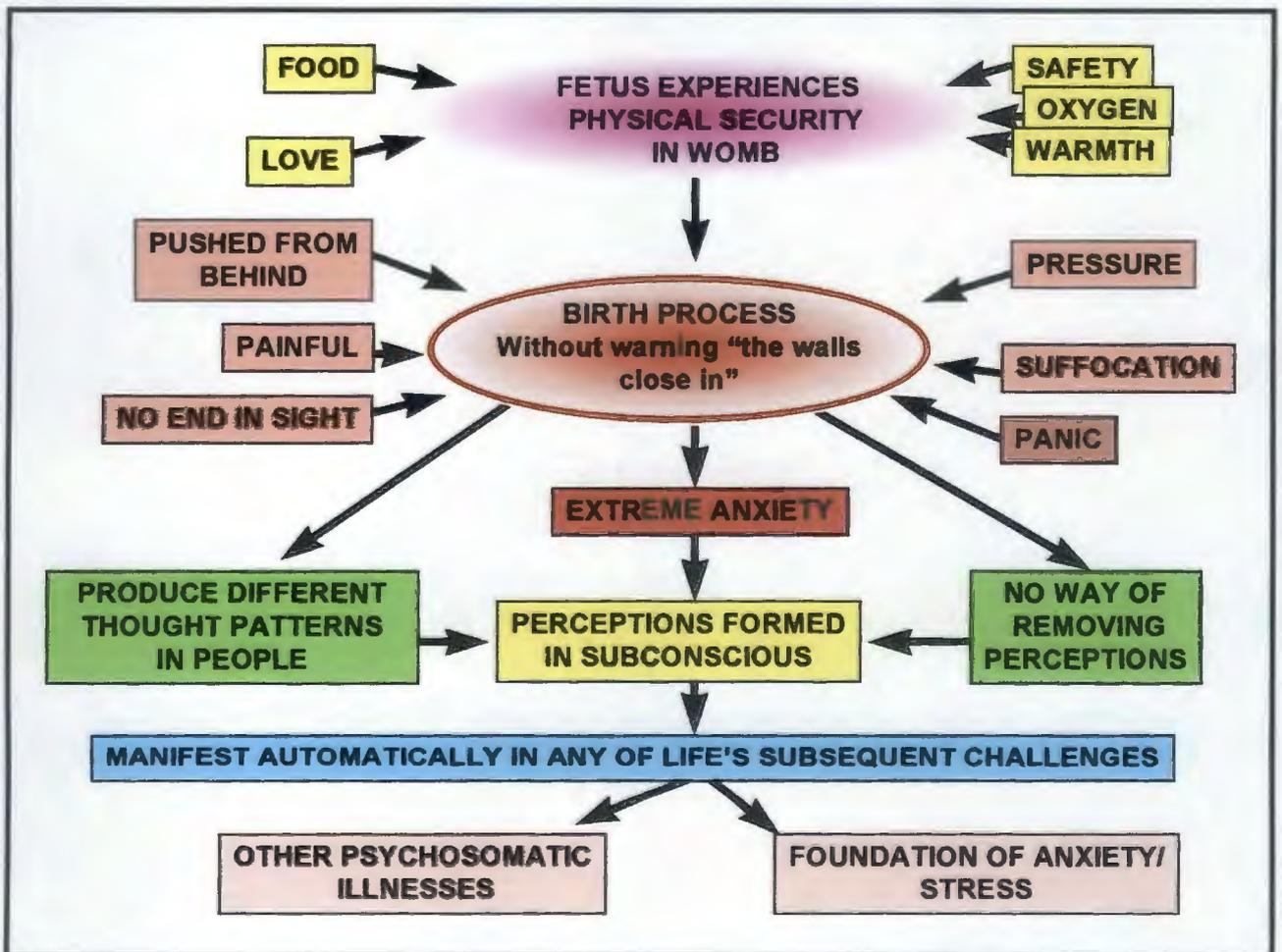
TABLE 2.8: THE DIFFERENT BIRTH PROCESSES AND THE DEVELOPMENT OF POTENTIAL CHARACTERISTICS

MECHANISM OF BIRTH	POTENTIAL CHARACTERISTICS
With heavy anaesthesia	Starts tasks with enthusiasm Loses focus and energy easily at end of task Never feels completion of a project
With forceps	Energy in early phase of project Later loses confidence Rely on external help
Reasonable birth situation and post-natal period sensitively handled	Self-confidence in confronting difficulties and overcoming them
Induced birth	Dislikes being pushed into projects before they feel ready
Emergency caesarean	Lack stamina for struggle Do not get excited about anything in life Give up easily on tasks Lack sense of their place in the world Withdraws into self when hurt
Caesarean (not in emergency)	Open to spiritual dimension Accept quite naturally many phenomena Sometimes lack the stamina for struggle Often do not get excited about life

(Grof, 1985:253)

During pregnancy (Figure 2.9), the fetus experiences a period of physical security inside the mother's womb as everything it needs are provided for (love, food, oxygen, warmth and safety). When pregnancy ends with the birth process, *"the walls close in"* without warning and without the baby understanding anything. All of a sudden the baby has to cope with a series of unexpected, unpleasant and painful conditions.

FIGURE 2.9 THE INFLUENCE OF THE BIRTH EXPERIENCE ON THE BABY



It experiences extreme anxiety by being pushed from behind, and pressure being exercised on the head and the body (the chest). This potential suffocation is perceived as a never ending process with resultant feelings of panic.

Although not all people experience the birth process the same, certain perceptions stay in the subconscious mind. The individual itself is unable to remove those perceptions and later on in life it can again manifest automatically as psychosomatic illnesses or as a foundation for stress or anxiety.

2.9 THE POST-BIRTH EXPERIENCE

The way the infant is handled directly after it is born, determines the reinforcement of suggestions during the birth process. If sufficient time is allowed for bonding with mother and the new-born is handled with love and sensitivity, it can reduce the impact of the trauma experienced during the birth process. It is Grof's (1985:254) belief that the birth will always be traumatic to some degree and therefore the baby should be returned to the mother's belly or breast to re-establish the close pre-birth relationship with her.

If the Leboyer Approach is used (a technique of underwater birth introduced by Igor Charkovsky), where the new-born is put into lukewarm water symbolising the conditions in the womb, it reassures the baby through a soothing and positive suggestion (Grof, 1985:255) and it is as if the baby is told *"Nothing horrible and irreversible happened; things were difficult for awhile, but now, by and large, you are where you were before. And this is the way life is; it can get rough, but if one persists it will be good again"*. He believes further that if this approach is used, it imprints almost on a cellular level in the child an optimism or realism towards life, a healthy self-confidence, and an ability to face future challenges will be established.

In most cases the normal medical procedures are followed where the umbilical cord is usually immediately cut, the respiratory pathways are cleaned, and the new-born gets slapped on the buttocks to stimulate breathing. Hurriedly the baby is washed, examined and a drop of silver nitrate put in the eyes to prevent possible infection. All this happens just after the most traumatic experience of human life - birth!

The baby is then taken away to the nursery and only returned to the mother for scheduled feeding. Grof (1985:255) states a child treated in this way *“emerges with a deeply ingrained message that the intrauterine paradise was lost once and forever, and things will never be good again. A sense of psychological defeat and lack of confidence in confronting difficulties are engraved on the very core of his or her being.”*

At the 13th Australian Kinesiology conference in Sydney 1996, it was stated that more time and energy should be spent around the birthing time and shortly after the birth (Carson, 1996:15).

2.10 CONVENTIONAL TREATMENT OF ANXIETY

2.10.1 MEDICATION

The reason why people choose to seek medical help instead of psychotherapy, is because they need quick relief for the somatic symptoms which become too severe (Nutt, Argyropoulos & Forshall, 1998:9). In the past anxiety has mostly been treated by the medical profession through the prescription of medicine to help the patient to cope. In most cases the problem would be solved as long as the client stayed on the tablets. As soon as the client stops taking the medicine, the symptom reappears.

This method deals with the symptom and not the origin of the problem. Psychotherapy also helps in numerous ways, but very little research has been done on the root cause of anxiety.

Zuercher-White (1998:5) states that if a person wants to stop the anxiety symptoms with medication, the symptoms will probably continue. When the person stops the medication, there will still be an uncertainty about the ability to cope with higher levels of anxiety. Some clients' anxiety is so overwhelming that they definitely need medication for periods of time.

Montgomery (1993:139) states that although some patients need medication in certain circumstances, the client should have a choice of treatment when other resources, like therapy, are available. The advantages and disadvantages of both the psychopharmacological and psychotherapy treatments should be explained to the client.

2.10.2 COGNITIVE AND BEHAVIOUR THERAPY AND OTHER INTERVENTIONS

According to Zuercher-White (1998:5) cognitive-behavioural methods have proven to be effective for treatment of panic disorder. Zuercher-White (1998:122) states that the best way to change the anxiety is through a process called **interoceptive exposure**, meaning *“to expose oneself directly to one’s internal sensations”*. In practising this technique **deconditioning** occurs, as the conditioned (learned) anxiety becomes weaker.

Montgomery (1993:137) states that anxiety may be related to the perception of an environmental threat and therefore cognitive methods could be helpful. According to him, training in relaxation might be beneficial. McGuinness’s (1984:261) research reveals that there is an overlap between the use of hypnosis and general behaviour therapy techniques (Hall, 1986:109).

Most psychotherapy processes consist of re-working through earlier, traumatic events. Hypnosis proves to be a successful technique to do this.

2.10.3 HYPNOTHERAPY IN THE TREATMENT OF ANXIETY

Hypnosis is a facilitator in a number of different treatment methods. Mott (1959:242) states that *“the generic term hypnosis is usually used with little or no specification of the various factors in hypnosis which are of particular significance.”*

Hypnosis already assumes generalised relaxation, that makes it easier to work with the client. According to Spiegel & Spiegel (1978:401) hypnosis is relevant to the treatment of anxiety because of its efficacy in offering access to control of the relationship between psyche and soma.

There are a variety of strategies for treating anxiety with hypnosis. In Chapter 3 Medical Hypnoanalysis will be discussed as the strategy that has been followed in this research. By using Medical Hypnoanalysis, we are able to go back to the origin of the problem. About 95% of all clients, regressed back to their birth experience where they experienced extreme fear and/or trauma when the suggestions during the birth process are imprinted in the subconscious. As already mentioned when the person experiences a lot of pressure due to work stress or emotional problems later in life, the subconscious links the current emotions to the emotions experienced during birth.

Medical Hypnoanalysis specifically looks at the train of thought and development of anxiety on a subconscious level (Ritzman, 1997:14). There has been a lot of research done on anxiety, but it can still not be explained why one gets anxious and someone else doesn't. Something must be activating these emotions.

The pathology of emotional problems is called the Triple Allergenic Theory, which is equivalent to the development of a physical allergy (for a detailed description of the Triple Allergenic Theory refer to Table 3.5).

2.11 SUMMARY

This chapter dealt with anxiety and the birth experience. The birth experience can have an influence on the occurrence of anxiety, and can also be the root cause of the anxiety. As there is much to learn about the cause of anxiety, the birth experience needs to be considered. There are common factors which account for the therapeutic success of both hypnotherapy and behaviour therapy in the

treatment of anxiety. Hypnosis may be woven into most behavioural techniques. In Chapter 3 Medical Hypnoanalysis as a model will be discussed.

The person ... in the grip of an old distress says things that are not pertinent, does things that don't work, fails to cope with the situation, and endures terrible feelings that have nothing to do with the present.

Harvey Jackins

CHAPTER 3

**A LITERATURE REVIEW OF
THE MEDICAL HYPNOANALYSIS**

**The fact that the mind rules the body is,
in spite of its neglect by biology
and medicine, the most fundamental
fact which we know about the process of life.**

Franz Alexander 1965

3.1 INTRODUCTION

**"LISTEN TO THE PATIENT
HE IS TELLING YOU HIS DIAGNOSIS."**

Sir William Osler, M.D.
Professor Emeritus of Harvard
University Medical School

The Medical Hypnoanalysis Model will be investigated as a therapeutic modality in this chapter. Hypnosis as therapeutic tool will also be described.

In 1975 a group of physicians formed the Society of Medical Hypnoanalysts now called the American Academy of Medical Hypnoanalysts. The term "*medical*" is based on a Latin root meaning "*to heal*" (Scott, 1993:xiv).

In recent studies it is more widely accepted that the most important seat of health is the brain. Cousins (1989:73) states that "*Brain researchers now believe that what*

happens in the body can affect the brain, and what happens in the brain can affect the body". Medical Hypnoanalysis uses the term "*healing within the self*", because the mind tends to heal itself as well as protect itself with numerous defence mechanisms. In this therapy the therapist acts as facilitator and helper to the mind, just as the physician facilitates and helps the body to heal (Scott, 1993:xv).

The Medical Hypnoanalyst uses a specific structured model in therapy, that is similar to a physician's procedures. The client expresses the symptoms and the therapist looks for the diagnosis of the problem. A tentative diagnosis is made using the client's full history, then a projective test is used to verify the tentative diagnosis. Then the treatment proceeds, by means of Medical Hypnoanalysis.

3.2 DEFINITION OF MEDICAL HYPNOANALYSIS

According to Scott (1993:xiii) "*Medical Hypnoanalysis is dynamic, short term and directed.*" It is dynamic in that the treatment approach emphasises causes rather than symptoms, explanations rather than conscious forces, as being the ultimate origin of the psychopathology. It is short term in that in most cases thirty or less sessions are needed to complete the therapy. It is directed therapy in that the therapist after making a diagnosis, uses a medical model of therapy to alleviate the symptoms by means of resolving underlying unconscious causes (Scott, 1993:xiii; Matez, 1992:12; Modlin,1999:27).

Medical Hypnoanalysis examines the symptoms the patient presents by means of a case history, observing verbal and non-verbal communication, while seeking for subconscious clues to the ultimate causes of the symptoms, in order to make a psychodynamic diagnosis. After the client has been introduced to hypnosis, the majority of the therapeutic sessions are conducted with the patient in the hypnotised state (Scott, 1993:xiii; Matez, 1992:12; Modlin,1999:27).

In discussing the concept Medical Hypnoanalysis it is necessary to differentiate between Hypnosis and Medical Hypnoanalysis. Hypnotherapy is the tool that is used in this research.

3.2.1 HYPNOSIS - A DEFINITION

Van Pelt (1953:6) defines hypnosis as follows: *"Hypnosis is a concentration of the mind. Anything which can capture and concentrate a subject's attention sufficiently, can put the mind into a state of hypnosis."*

Bryan (1974, lecture #5, Course 101 & 107, The American Institute of Hypnosis), being one of the founders of the Society of Medical Hypnoanalysts in 1975 defines hypnosis as follows:

"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.*
- (3) An increased susceptibility to suggestion."*

Honiotes (in Zelling 1995) sees hypnosis: *"Broadly defined as a state of direct and indirect concentration with or without relaxation in which a person may accept or reject suggestions good and bad."*

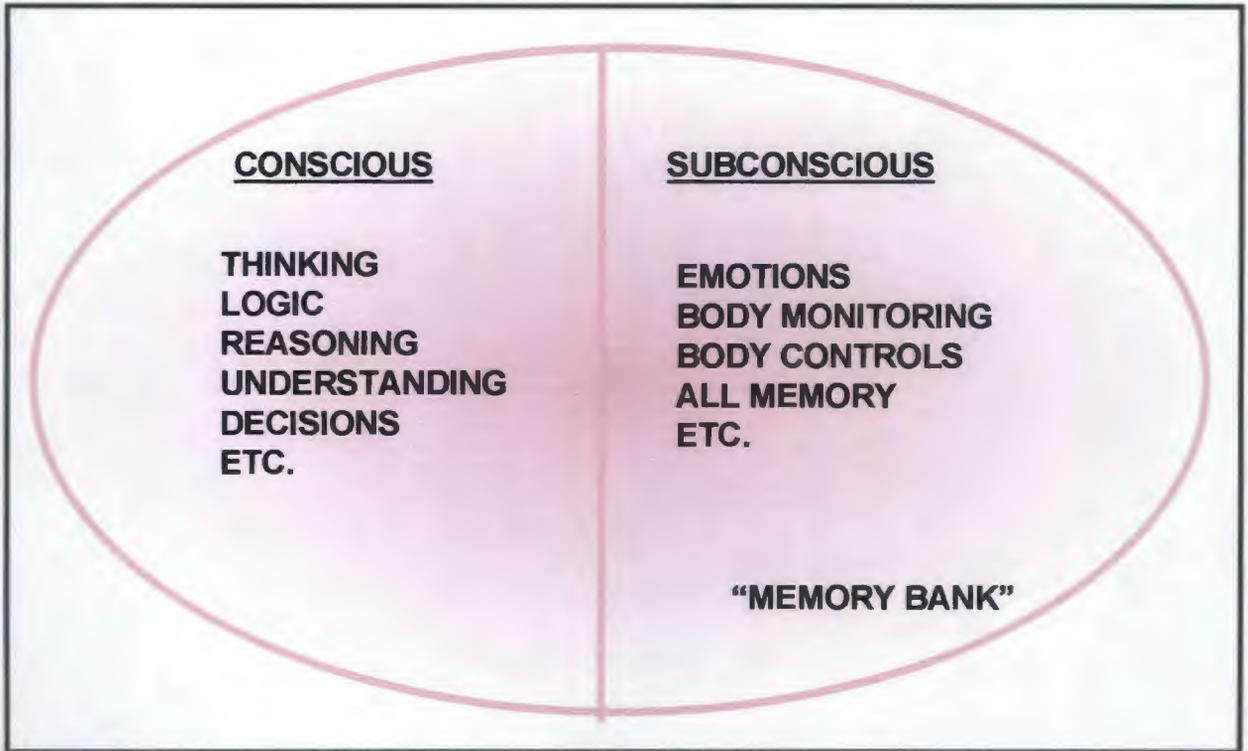
Zelling (1987:3, and 1995) defines hypnosis as: *"Expectancy and acceptance."* He states that a client who comes for hypnotherapy expects to go into a trance-like state. Due to the fact that all hypnosis is self-hypnosis, the client is already hypnotised when entering the consulting rooms and will accept most suggestions. Hypnotherapy supplies the client with insight into the underlying cause of his problem and having this insight is able to heal or cure the symptom (Zelling, 1987:3).

3.3 HYPNOANALYSIS

Hypnoanalysis deals only with those events which contributed directly to the client's problem. Those events are the ones which had the most voltage or emotional impact on the person and thus produced alterations in emotions and subsequent behaviour (Scott, 1993:63; Matez, 1992:11; Modlin, 1999:59). Scott (1993:63) states further that Hypnoanalysis differs from psychoanalysis, because psychoanalysis analyses all decisions and behaviour, which can be very time consuming.

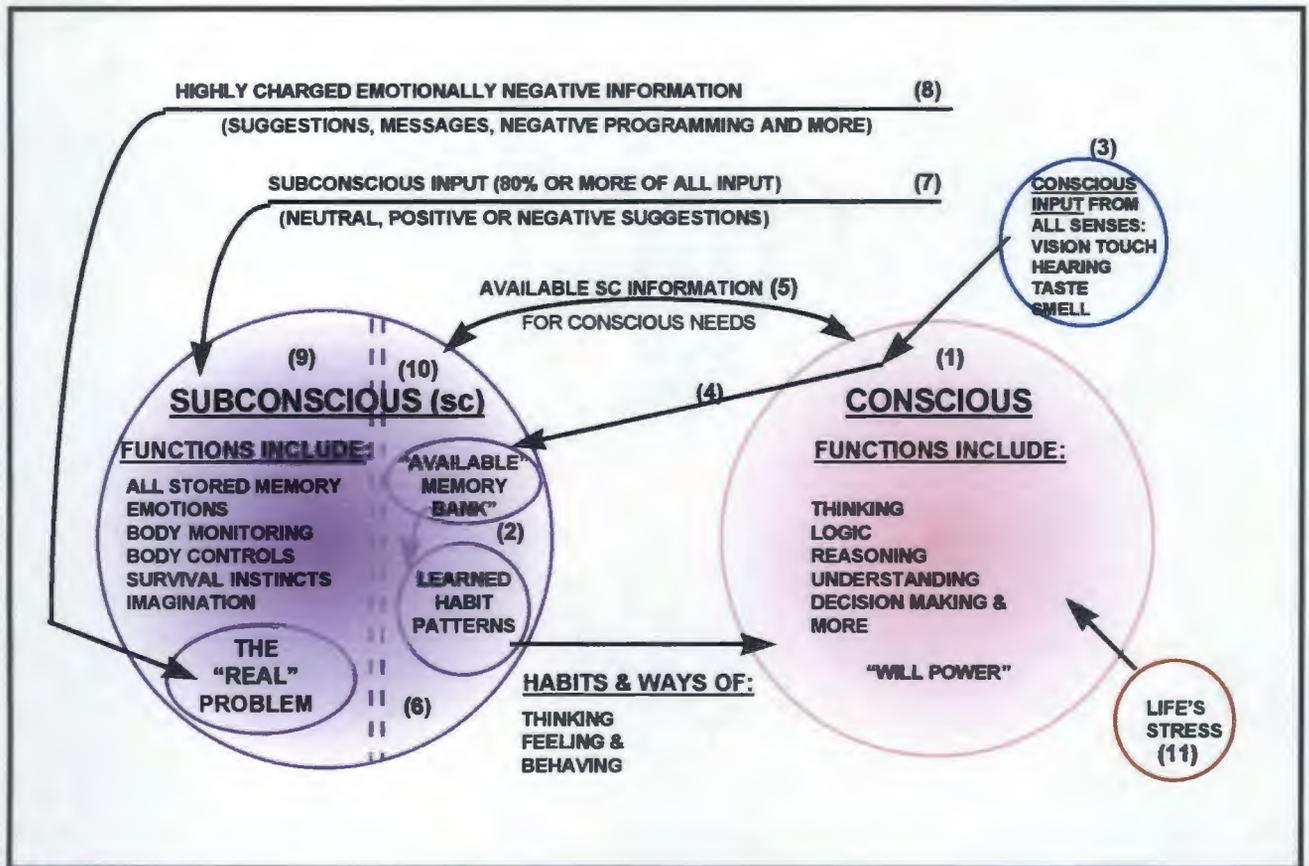
3.4 THE SUBCONSCIOUS AND THE CONSCIOUS MIND

The brain is divided into two parts namely, the conscious and the subconscious. The conscious mind is the logical, thinking, reasoning and decision-making part of the mind. On the other hand the subconscious mind is the "memory bank" and it records everything that happens to a person during his life. It records everything from before birth till the present (Scott, 1993:52; Modlin, 1999:44; Ritzman, 1984:54). According to Matez (1992:4) the subconscious mind *"...monitors and controls virtually everything that goes on in your mind, body and in your life"*.

FIGURE 3.1: DIFFERENCE BETWEEN THE CONSCIOUS AND SUBCONSCIOUS

The conscious is the logical part of the mind and the subconscious is the creative part of the mind. The subconscious includes all the emotions, body monitoring, body controls, survival instincts, imagination and much more. Matez (1992:5) explains the working of the conscious and the subconscious in the following diagram:

FIGURE 3.2: SCHEMATIC DIAGRAM OF INPUT OF INFORMATION OF SUBCONSCIOUS PROBLEMS



(Matez, 1992:5)

Information gathered through the senses (3) enters the conscious mind, where it is processed. All this information is then stored in the subconscious mind and becomes part of the available memory bank (4). This information is then available to the person (5). This then results in all the habit patterns (6) that humans develop in their lives. Humans are in the habit of thinking, feeling and behaving in certain ways. The destructive symptoms are the "habit patterns" that the person wants to change (Matez, 1992:6; Scott, 1993:50; Modlin, 1999:62).

"Habit patterns" can be unlearned and relearned, in other words can be changed. It is important to realise that information also bypasses the conscious mind and goes directly into the subconscious mind (7). The conscious mind can be totally unaware of this happening. According to Matez (1992:6) 80% to 90% of everything experienced throughout life enters the mind in this way. He states that "...this can

happen at least when the developing and differentiating embryonic nervous tissue begins to function in receiving information”.

The subconscious mind records everything, even in the sleeping state, or when the person is unconscious, day-dreaming or under anaesthesia. This happens from before birth, through childhood till the present and in children who are in a hypnotic trance most of the time. Their conscious, logical, thinking mind has not developed well enough and anything can enter the subconscious, without the conscious realising it. The information that enters the subconscious can be neutral or can have, positive or negative suggestions. This information is not **screened or rejected** when it is not a suitable suggestion. The subconscious accepts all the information, **without questioning** it, whereas the conscious can reject information it does not want.

Negative suggestions (fear, panic, anxiety, grief, depression, sadness, intense pain, etc.) are loaded with emotional energy (8), that goes directly to the subconscious. According to Matez (1992:7) *“this highly charged emotionally negative information”* accumulates in the subconscious and becomes the *“underlying problem or real problem”* (9). This *“real problem”* is the origin of the manifesting symptoms.

Between the two parts of the mind is a “brain barrier” (10), preventing the conscious mind to access information stored in the subconscious mind. This prevents one from seeing or understanding the information in the subconscious that causes the problem or symptom. The lack of knowledge in the conscious about the information stored in the subconscious, causes the inability to change these wrong perceptions formed there. The subconscious just accepts information, without thinking, reasoning or understanding it and then responds to it (Scott, 1993:73; Modlin, 1999:60; Ritzman, 1997:7). Matez (1992:7) states that the subconscious mind does not have the ability *“to erase thought, and that’s why we have problems”*.

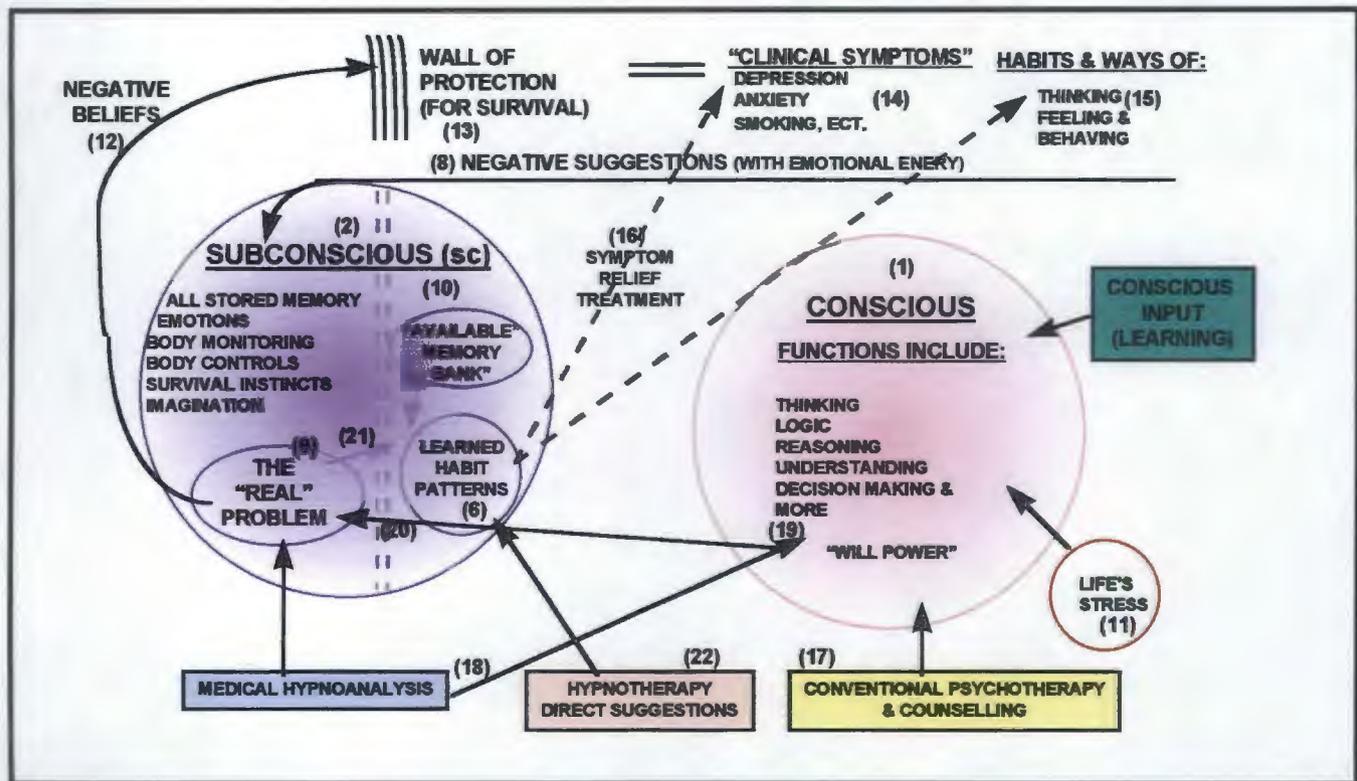
The greatest need of the subconscious is to protect and therefore it tries to deal with the stress (11) experienced. According to Matez (1992:9) the subconscious *“is designed for survival and will do whatever is necessary to insure survival, no matter*

how unacceptable or undesirable it may be to the logical and thinking mind". To the subconscious it is preferable to have the symptom rather than to have to deal with something that could be worse.

As people experience all kinds of stress daily, they deal with these stressors with all the information, knowledge and experience available from the mind (5). When something suddenly happens that causes more stress (11) than a person can handle, the subconscious mind provides information to help or protect, which can be positive, neutral or negative. The stress activates the "*real problem*", and because it is loaded with a lot of negative emotional energy, it can not be used (12) (Figure 3.3, Matez, 1992:8).

To protect the person, the mind puts "*a wall of protection*" (13) up as a barrier and this then becomes the "*symptoms*" (14). Matez (1992:8) states that the symptoms experienced are not the "*problem*", but the "*symptoms*" of the "*underlying problem*". Humans are in the habit of producing the symptoms in specific ways of behaving, feeling and thinking (15). The symptoms are far "*better*" to have than dealing with the "*real problem*", or dealing with something that could be worse than the symptoms. To take medicine may help to relieve the symptom (16), but the "*real problem*" is not addressed (Matez, 1992:10). The true cause of the problem is hiding in the subconscious and the symptoms are just clinical symptoms the client is suffering from.

FIGURE 3.3: SCHEMATIC DIAGRAM OF THE PSYCHODYNAMICS OF MEDICAL HYPNOANALYSIS AND HYPNOTHERAPY



(Matez, 1992:5)

3.5 THE TRIPLE ALLERGENIC THEORY

The pathology of emotional problems, identified by the Triple Allergenic Theory, describes that the development of an emotional disorder is like the development of a physical allergy (Scott, 1993:68; Modlin, 1999:51). Modlin (1999:14) states that "a disorder is determined by an individual's learned emotional reaction to a specific event". Most of the time the emotions that cause the disorder are **ANXIETY, FEAR** and **GUILT** (Modlin, 1999:14). Modlin (1991:71; 1999:14), Scott (1993:68-69), Zelling (1995:54; 1988:60) and Matez (1992:7) explain this theory as follows:

When a person is exposed for the first time to something that he is allergic to like food or a bee's sting, no signs of any allergic reaction will appear. However, the production of antibodies starts to develop in the blood stream, as result of the antigen (the foreign substance). The antibodies stay in the bloodstream, to defend and protect. The next time the person is exposed to the same antigen, the

antibodies react immediately to protect and cause the “*allergic reaction*”. In the Medical Hypnoanalysis this allergic reaction is applicable to the “*emotional allergy*” that a client is experiencing. According to Modlin (1991:71) the Triple Allergenic Theory describes “*a cascade of perceived life-threatening events which have a highly charged emotional impact and which **INITIATE** the learned negative emotional response, **PRODUCE** the symptom with the second event, and **INTENSIFY** the response with subsequent events*”.

FIGURE 3.4: ANALOGY OF THE TRIPLE ALLERGENIC THEORY



Figure 3.4 shows the seed (Initial Sensitising Event - in this study the birth experience) and the watering event (Symptom Producing Event - in the study different life experiences), that allowed the seed to grow and become the weed (Symptom Intensifying Event).

FIGURE 3.5: ANALOGY OF THE TRIPLE ALLERGENIC THEORY



Figure 3.5 indicates the weed (in this study anxiety) and Medical Hypnoanalysis removes the weed root and all. If the root is not removed, the weed will start to grow again. Medical Hypnoanalysis removes all the suggestions that have been stored in the subconscious as a memory.

The above principle is the subconscious's dynamics and is applied in the Medical Hypnoanalysis. The three events are described as follows:

3.5.1 INITIAL SENSITIZING EVENT (ISE)

The Initial Sensitising Event (the weed's seed) is that event *"which produced a sufficient threat to the patient's survival that an area of anxiety was established in the patient's mind"* (Ritzman, 1992:100; Scott, 1993:69; Modlin, 1999:63; Matez, 1992:5). Confronted with later threats to his survival, these threats will produce greater anxiety in the client's mind and a repetition of the emotional discomfort associated with the Initial Sensitising Event. Actual fear for survival is created, as

soon as a feeling of reality about these threats arises. When this fear becomes more real, the client becomes more frightened by thoughts related to these feelings. These thoughts are then buried in the subconscious mind. The fear can only be removed by going back to the Initial Sensitising Event and restructuring of the perceptions (Ritzman, 1992:100).

According to Ritzman (1992:101), who delivered over five thousand infants during his career as gynaecologist, a new-born infant experiences fear as soon as it becomes aware of leaving the *“shelter of mother’s body”*. He also states that the infant starts to cry as soon as it can breathe, as the experience of birth as well as the separation from mother creates fear. Ritzman (1992:101) emphasises that the *“exploration of birth should be a standard part of the treatment in any case where anxiety is involved”*. The birth experience creates a *“latent death expectancy”*, that can remain in the subconscious mind and can give voltage to a subsequent experience (Ritzman, 1989:28). The aspects in Table 3.1 are characteristics of the Initial Sensitising Event.

TABLE 3.1: CHARACTERISTICS OF THE INITIAL SENSITISING EVENT

- It is not recallable by the conscious mind.
- The individual is sensitised by an emotional powerful past incident. Psychological antibodies build up to the Initial Sensitising Event, but no symptoms appear.
- It is the **underlying** or **real** problem, and is subconsciously referred to through semantics and body language.
- Not always easy to find and not always necessary, but subject to recurrence of symptoms if not dealt with.
- Etiology of the problem which initiates a learned emotional response and potential future problems.

(Scott, 1993:69; Modlin, 1999:14; Zelling, 1995:54; Ritzman, 1992:99; Course in San Antonio:1994).

3.5.2 SYMPTOM PRODUCING EVENT (SPE)

The Symptom Producing Event (watering of the weed's seed) is that event where the client is exposed for the second time to the same kind of threat. The client can usually remember the event and can make a direct association between the symptom and the event (Scott, 1993:69; Modlin, 1999:63; Matez, 1992:6). The following aspects are characteristics of the Symptom Producing Event:

TABLE 3.2: CHARACTERISTICS OF THE SYMPTOM PRODUCING EVENT

Second emotionally powerful event triggers the provided symptom, by recalling the ISE.

- It acts as an antigen to build up antibodies to the previous sensitisation, tries to protect the person in surviving and is a **"PROOF OF LIFE"** (Modlin, 1999:14).
- It is not always apparently related or recallable by the conscious mind.

(Scott, 1993:69; Modlin, 1999:14; Zelling, 1995:54; Ritzman, 1992:98; Course in San Antonio:1994).

3.5.3 SYMPTOM INTENSIFYING EVENT (SIE)

The Symptom Intensifying Event (the growing weed) is that event where the client has come into successive contact with a *"threat"* to his survival. The symptoms may become worse over a period of time and may sometimes be linked to other symptoms (Scott, 1993:69). The following aspects are characteristics of the Symptom Intensifying Event:

TABLE 3.3: CHARACTERISTICS OF THE SYMPTOM INTENSIFYING EVENT

- Symptoms are reproduced every time there is contact with the learned emotional response (the “real problem”) and the symptoms may become worse. This will strengthen the survival response.
- The SIE happens over a period of time and creates a threat to the survival of the client. It is recallable to the conscious mind.
- The SIE is recallable.
- There may be many different events.
- The patient often seeks help here: This is when the symptoms have worsened and prompts the need for help
- Other related events may be connected and become more life threatening.

(Scott, 1993:69; Modlin, 1999:14; Zelling, 1995:54; Ritzman, 1992:99; Course in San Antonio:1994).

The above theory supports the viewpoint that the anxiety, as the symptom (SIE) originates from an earlier non-recallable traumatic experience (ISE).

3.6 THE ORDER OF IMPORTANCE FOR SURVIVAL

From the viewpoint of Medical Hypnoanalysis, a person is never prejudged before or during treatment. According to Modlin (1999:58): *“It does not presuppose some failure or inadequacy in a patient. Rather it suggests that some illness is determined by the person’s learned response to his perceptions of an event, or events”*.

Survival is the essence of life. The subconscious chooses the symptom or emotional disorder as a defence mechanism against a threat, because of the constant struggle to survive. Scott (1989:45-49; 1993:73) states that ... *“The unconscious mind has a way of picking the lesser of the evils as the outward expression (i.e., the symptom), of the inner threat or conflict which originates at a more basic priority level of life”*. The subconscious is influenced by many factors, for example people, books and the environment. Still it is up to the subconscious to

choose or select the symptom that expresses the inner problem, or serves as a defence against something that could be a worse threat to the subconscious (Scott, 1993: 72; Modlin, 1999: 59; Matez, 1992:7; Hull, 1984:10).

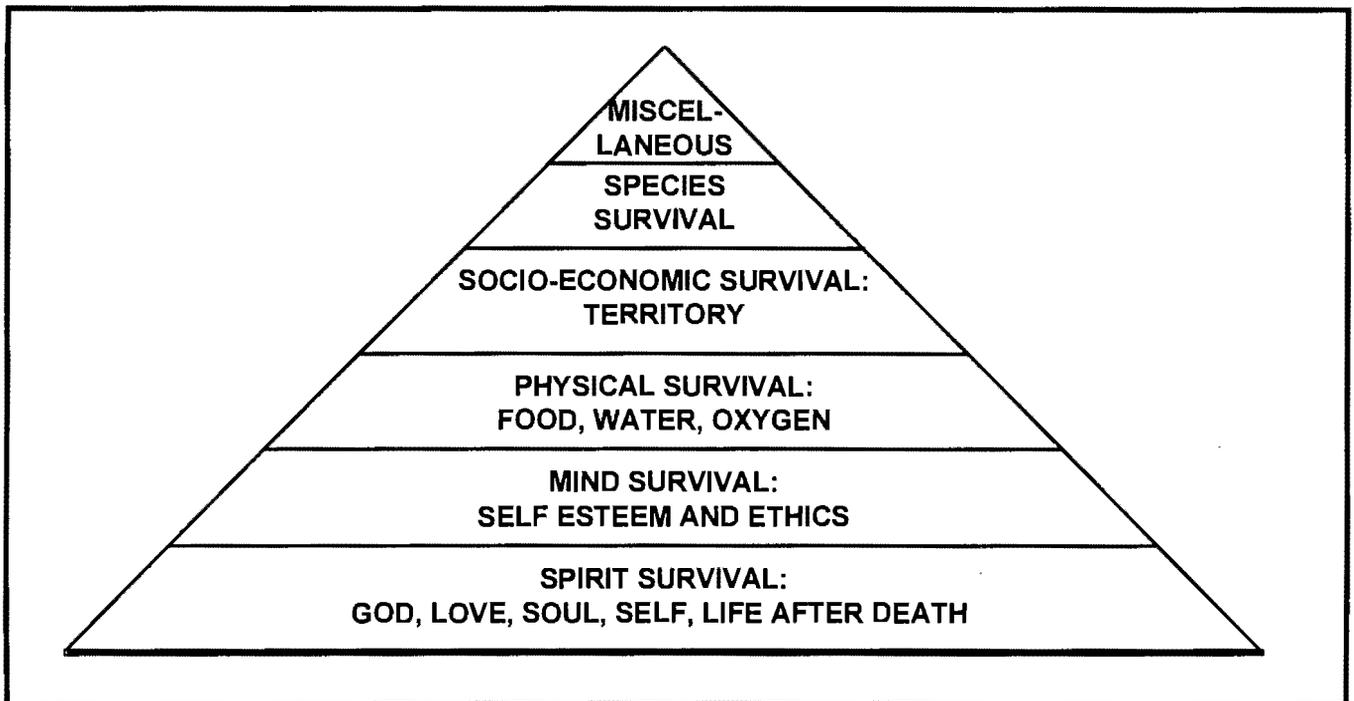
Therefore the following rank order of survival factors is important in order to understand this theory. Modlin (1993:1) describes the order of importance as “a *fundamental scale which represents the relative importance of factors by which the subconscious mind seeks to maintain the integrity of “self” - that is, survival.*” Table 3.4 illustrates the priority rating of all human needs or values starting from level one up to level six. Level one is the most basic, important or fundamental need for survival. From level four it illustrates the least important or lowest priority of human needs for survival. Modlin (1999:14; 1999:59) and Scott (1993:74-83) describe it as follows:

TABLE 3.4: ORDER OF IMPORTANCE FOR SURVIVAL

LEVEL	NEEDS/VALUES	TYPE OF SURVIVAL
6	Drives/desires/impulses	Miscellaneous
5	Sex	Species survival
4	Territory	Socio-economic survival
3	Food Water Oxygen	Physical survival
2	Self esteem/ethics	Mind survival
1	Self/love/soul/God	Spirit survival

The above order of priorities for survival can also be represented by a pyramid where the most important survival need forms the foundation of all human beings (Figure 3.5).

FIGURE 3.6: GRAPHICAL PRESENTATION OF THE ORDER OF IMPORTANCE FOR SURVIVAL



As anxiety is the symptom to be discussed in this study, the following example will explain the application of this order of importance. When a client presents a symptom of anxiety, the subconscious mind *"has a way of picking the area of symptomatic expression at a higher level of priority than the level of the real underlying problem"* (Scott, 1993:82). According to Scott (1993:81) and Modlin (1999:61) the subconscious mind chooses anxiety as an *"outward expression of the underlying unresolved conflict"*. In the context of Table 3.4 this anxiety could be from sexual frustration (Level 6), retrenchment (Level 4), a near drowning experience (Level 3), poor self image (Level 2), or unresolved guilt (Level 1).

In order to understand the importance of life's intuitive priorities the orders of survival will be discussed in greater depth.

3.6.1 THE FIRST ORDER: SPIRITUAL SURVIVAL

The highest priority of a human's needs is the need for spiritual survival; that instinctual need for some kind of relationship with a higher power - God, relationship

with others through love and the survival of the soul after death (Modlin, 1999:59; Scott, 1993:74; Zelling, 1995:24). According to Myss (1996:84) "*love is Divine Power*" and our physical bodies, minds and spirits need love to survive. Humans need "*a power greater than oneself*" to survive.

In 1 John 4:16 in the Bible it is emphasised that God is Love: "*God is Love. Whoever lives in love lives in God, and God in Him*". Research showed that love is essential to stay healthy and happy (Borysenko & Borysenko, 1994:18; Myss, 1996:112; Siegel, 1989:28-32). Spiritual survival has to do with one's sense of Love, one's sense of Soul, one's sense of a Higher Power and of God. Anything that prevents a human to achieve this connection with God causes a meaningless existence. This feeling of being separated from God threatens the sense of purpose and causes anxiety that results in a Guilt Complex (Scott, 1993:75; Modlin, 1999:60; Zelling, 1995:24; Ritzman, 1997:16, 1982:129).

People in different cultures all have the need for some kind of relationship with a Higher Power, or Presence in the universe, or God. True to human nature, that is "*built into our systems*", is the concept of right and wrong behaviour. When this fundamental law is violated, it forms the foundation for the development of feelings of guilt. Culture also plays a role in how God or a Higher Power is looked upon and can cause the Guilt Complex, that appears instinctive to all humankind (Scott, 1993:74; Ritzman, 1982:131; Modlin, 1999:85). Ritzman (1982:139) states that there must be an awareness of God as the basic necessity for the cure of emotional and physical illness. This is a primary fact in the holistic approach to healing.

Scott (1993:76) summarises it as: "*Love is an expression of God's presence*". The love from God and the love for the self keep the love battery full. When the love battery is low it jeopardises the healing process (Siegel, 1986:70). "*Love is the energy of healing*" (Ritzman, 1997:17).

3.6.2 THE SECOND ORDER - EGO SURVIVAL

Ego survival is linked with spiritual survival, and involves the relationship of the self to reality, one's purpose in life, one's identity and individuality. The question most often asked by a client is, "*Who am I?*" (Nieuwoudt in Roets, 1989:96) According to Scott (1993:77) a person's "*individuality of thinking, of tastes, choice of friends, companions, career, family relationships, religious views, philosophy of life - all are related to the person-hood, or ego, or the self*".

To have a purpose in life is a basic need for every human being. When the identity or ego is threatened, by rejection or hurt or insecurity or denial of love, life becomes meaningless. If the individual is confronted with these kinds of experiences, especially in childhood, it starts to defend itself and symptoms appear on another level that is not that important as the ego - or spiritual level. These symptoms are more to protect and to defend the self and manifest in destructive tendencies, psychosomatic disturbances, confusion in relationships, sexual malfunctioning, phobias, anxieties or others similar to this (Scott, 1993:78; Modlin, 1999:64; Ritzman, 1997:4, 1982:133).

3.6.3 THE THIRD ORDER - PHYSICAL SURVIVAL

Oxygen, water and food are the most important necessities for physical survival. When the availability of any of these needs is threatened, it leads to anxiety and specific ways of behaviour are incorporated to deal with the threat. If the means of coping with the threat are not successful, panic occurs (Scott, 1993:78; Modlin, 1999:64; Ritzman, 1997:4, 1982:133).

A threat to physical survival activates defences and these defences are to prove to the subconscious mind that the person is still alive. Here the physical symptoms of anxiety as seen in Table 2.1 manifest themselves.

3.6.4 THE FOURTH ORDER: SOCIO-ECONOMIC SURVIVAL

As males and females do not have the same instincts, and culture also requires different behaviour from them, Scott (1993:78-79) separates males from females. For males he calls it "*territorial imperative*" as the male has the need to work, to provide for the female and children and build the "*nest*" or home. For females he calls it "*maternal instinct*" as the female has the impulse to bear children and thus "*fill the nest*".

3.6.5 THE FIFTH ORDER: SPECIES SURVIVAL (SEX INSTINCT)

The species survival is also called the sex libido. This includes everything that has an influence on sexual relationships. The cause of sexual dysfunction can be found at one of the higher orders of importance. The subconscious mind chooses a symptom which is not as important to a person as the real source of the problem (Scott, 1993:80; Course San Antonio, 1994).

3.6.6 THE SIXTH ORDER: MISCELLANEOUS BEHAVIOUR

All the other behaviour problems not fitting into any of the higher orders of the priority list, are put together in the sixth order. Scott (1993:80) names it a "*catch all*" for behaviour problems.

3.6.7 THE APPLICATION OF THE ORDER OF IMPORTANCE FOR SURVIVAL

As this study is concerned with the treatment of anxiety, the following example will be used. When a client suffers from anxiety, the origin of that anxiety should be sought in a conflict or trauma related to the first order up to the fifth order. The subconscious mind chooses anxiety as an outward expression of underlying unresolved conflict.

This happens when the real problem is too **painful** to face and then a symptom of lesser intensity is selected as an **expression**. This creates the **wall of protection** that is necessary for survival (Matez, 1992:9; Modlin, 1999:65; Scott, 1993:87; Ritzman, 1982:130).

3.7 THE SUBCONSCIOUS DIAGNOSIS (UNDERLYING DIAGNOSIS)

The underlying diagnosis differs from the "*waking diagnosis*" (Scott, 1993:86) where the waking diagnosis is listed in the DSM-IV, like anxiety, depression, obsession, phobia, etc. The underlying diagnosis is the root cause of the symptom and is on the subconscious level. The subconscious diagnosis is descriptive and enables the therapist to help the client to understand how his faulty belief system arose and enables him to make the necessary positive changes.

The following syndromes are an integral part of the techniques used by Medical Hypnoanalysis. These syndromes describe emotions and behaviour arising from possible earlier experiences in the sub-conscious.

3.7.1 THE PRENATAL EXPERIENCE (PNE)

The prenatal experience consists of the perceptions of the fetus in the womb. The fetus has the ability to hear, touch and sense differences in light and colour. Modlin (1999:66) states that the fetus has the ability to experience emotion from very early on in the womb. There is a telepathic bond between mother and fetus, and the fetus forms perceptions on the emotions it perceives from the mother. The initial thought pattern about the self-created in the mind of the unborn infant from its perception of its mother's emotions and thoughts during her pregnancy has an influence on the fetus. The flow of thought from mother to child is strong and clear (Verny, 1981:42; Ritzman, 1984:54; Hull, 1984:9; Scott, 1975:179, 1993:221; Modlin, 1999:67; Herrenkohl in Mathew, 1982:51; Rossi & Cheek, 1988:413; Grof, 1985:250).

The foundations of a strong personality are based on perceptions of unconditional love and acceptance on the outside of the womb. When this is not the case, the infant enters a world in a state of confusion and guilt about its existence. This determines, not only the new born infant's concept of self worth, but the amount of love he or she is capable of storing and expressing, and since love is the healing energy, a low love battery can lead to numerous psychosomatic symptoms. The ISE or real problem often occurs in the PNE (Modlin,1999:66-68; 1997:15; Ritzman, 1997:12-13; 1984:51; Scott,1975:179; Hull,.1984:7)

Modlin (1999:67) states that: *"To the fertilised egg, there are no problems. To the developing fetus, there are no problems"*.

3.7.2 THE IDENTITY PROBLEM (IDP)

The Identity concerns the initial thought pattern about the self created in the mind of the person (Ritzman, 1997:13). Love is a universal need in all humans, the desire to love and to be loved by others (Modlin, 1999:68; 1997:15; Siegel, 1989:70; Bradshaw, 1990:8; Orloff, 2000:13; Borysenko, 1987:166; Myss, 1997:112).

According to Modlin (1997:15) the Identity Problem is a sense of loss of love, of belonging and of purpose. Life becomes meaningless especially if there is nothing after death (Modlin, 1999:69). Ritzman (1982:5) states that *"the confusion about self is perhaps the greatest cause of depression in today's living."*

A lack of personal worth, no self assurance, a sense of helplessness and no self love all reflect back to the Identity Problem. This problem can start in the womb, or the birth experience or where there is rejection in infancy (Scott,1993:89; Ritzman, 1982:8, 1984:55; Grof, 1985:155; Modlin, 1999:67).

The basic law of Medical Hypnoanalysis states that ... *"We are what we think we are, and we behave as we think we should."* The subconscious thought responsible for the Identity Problem, according to Ritzman (1982:6), is *"I am unwanted, unplanned, have no purpose, am unloved, and therefore am some kind of mistake."* **"Thought"**

is an independent and powerful energy form, that influences an individual's life tremendously. The individual does not create the thought for himself and the infant is not conceived with such thoughts or emotions in its mind. The thoughts are then created by other people and presented to the infant at a vulnerable time in its development. When the individual's reasoning process is not yet developed, the "thought" entered the subconscious mind (Modlin, 1999:41; Grof, 1985:155; Scott, 1993:158).

In the womb the infant's mind is very receptive to thought created mostly by the parents (Ritzman, 1982:8). After birth the baby becomes aware of the outside world, where it can use all its senses and begin to reason. In the womb however, the infant is exposed to emotions such as fear or serenity, which cross the placental barrier chemically (Ritzman, 1982:8). The baby can not reason about these emotions and if they are strong emotions they remain as subconscious memories (Modlin, 1999:66; Grof, 1985:152; Hull, 1984:9; Ritzman, 1984:56; Herrenkohl, (in Mathew) 1982:53; Elliott, 1991:35).

The telepathic communication between mother and infant plays an important role. The mother's thoughts about the pregnancy are not directed at the baby, but at her own discomfort at being pregnant. If the pregnancy is not wanted, planned or is a mistake and her emotions are bitterness, resentment and anger, the infant perceives just that about itself (Verny, 1981:53-73; Ritzman, 1984:52; Hull, 1984:7; Modlin, 1999:64; Grof, 1985:281). The infant is "enmeshed" with the mothering person, therefore the baby feels what the mother feels (Bradshaw, 1990:85). Ritzman (1982:8) states that "the prenatal experience, is the **"bottom line"** in the formation of the personality."

3.7.3 THE DEATH EXPECTANCY SYNDROME (DES)

The threat to physical survival causes fear, the fear of death. All fear and anxiety come from this expectation of death. The individual has suffered a physically or emotionally death-like or near death experience and the subconscious mind has

accepted this idea or the shock of death, to some extent (Scott, 1993:90; Hull, 1984:7-15). This can happen in the womb, where the perception of the infant is *"I'm not welcome on the outside"*, or where the mother experiences any kind of trauma while pregnant. Most of the time it occurs during the birth experience with physical and emotional confrontation with death (Modlin, 1999:72; 1997:15; Grof, 1985:286; Scott, 1993:90; Elliott, 1991:222; Hull, 1984:10).

The infant does not have the ability or reasoning mind to know it will survive. Less blood and oxygen (oxygen deprivation) reaches the infant through the umbilical cord during contraction and adrenaline (from the mother being scared or in pain) pours into its blood stream, threatening survival. In Medical Hypnoanalysis this is called the Birth Anoxia Syndrome (BAS). This activates the flight or fight response (Modlin, 1999:72; Hull, 1984:11). According to Modlin (1999:72) *"this is the essence of fear - a survival response in the face of an actual threat, the same response a baby experiences in the birth canal"*. Leistikow (1994:94) divides the birth experience into two types: *"strugglers and victims"*. The baby either struggles (fights) and is born or gives up (flight) and is born. He also states that birth is the first encounter with control or lack of control.

Hull (1984:15) states that *"prenatal oxygen deprivation is the cause of most terrifying of reactions to stress in all mankind"*. The most important trauma that can ever exist is the prenatal suffocation syndrome (Verny, 1981:119; Ritzman, 1984:54; Modlin, 1999:73; Grof, 1985:171). Ritzman (1984:54) confirms this in his statement that the *"first and probably the most ultimately frightening stressful event that any person encounters, is the experience of birth itself"*.

New born babies do not have the ability to know that they survived the birth process, thus can not remove the suggestions accepted during the birth experience. After the birth process the fear and anxiety stay in the subconscious mind as a memory and now the baby is exposed to other new experiences. As soon as the life support system (umbilical cord) is cut, the baby is removed from the mother. This leads to extreme anxiety, because it is another threat to survival as the baby cannot survive on its own (Modlin, 1999:73; Verny, 1981:112; Ritzman, 1984:55; Grof, 1985:203).

This separation from the mother leads to a sense of removal from LOVE, that is frightening to the baby. The Separation Anxiety Syndrome occurs as it is again a survival threat to the baby (Modlin, 1999:74; Verny, 1981:113; Ritzman, 1984:55).

In a study made by Chamberlin (1986:89) taking ten people (between 9 and 23 years of age), the birth memories appear to be real memories. This study reveals valuable information about the birth experience from the baby's point of view and raises new questions about the true mental status of new-borns. Through hypnosis Rossi & Cheek (1986:89) have traced numerous physical and psychological problems back to the birth experience. Chamberlin (1986:90) states that if the birth memories are real and reliable it is important to look at the birth experience and the influence it has on every human being and their behaviour later in life. In his study Chamberlin (1986:93) came to the conclusion that the *"birth memories obtained in hypnosis appear to be real memories and not fantasies"*. All this is from the baby's point of view. Chamberlin also states that like all human memories, the birth memories in some cases contain errors and misconceptions and this needs to be kept in mind.

3.7.4 THE WALKING ZOMBIE SYNDROME (WZS)

Bryan (1969:10) states that the psychopathology of the WZS condition is that the *"patient has already accepted the fact that he is dead"*. Therefore there is no fear of death since it has already happened. When an individual accepts this perception on an emotional and subconscious level, he or she will change their behaviour pattern to conform accordingly (Bryan, 1961:10; Scott, 1993:91; Modlin, 1999:77; Elliott, 1991:109). The client does not recognise consciously the fact that he or she has accepted death on a subconscious level. Modlin (1999:76) states *"a person who has accepted his own death in some life-threatening situation, or has concluded that life is no longer worth living, becomes a 'walking zombie'"*.

According to Bryan (1961:10) people with the WZS present the psychologist with the following: *"I feel dull and listless all the time. I'm completely emotionless. Nothing*

means anything to me anymore. I really have no vitality. I just don't take any interest in things anymore. I feel like I have lost my personality. I am just existing, I don't get a thrill out of anything. Life has been a problem; I'm very depressed."

The WZS may appear at different levels in the order of importance and sometimes on more than one level (Modlin, 1999:77; 1997:15). When a client presents a symptom like anxiety resulting from retrenchment, which is on the socio-economic level, it can be accepted that he or she has already died on spiritual levels. The symptom can also manifest on the physical level as a life threatening experience similar to the experience of the infant during the birth process.

3.7.5 THE JURISDICTIONAL PROBLEM (JDP)

Guilt is a very destructive emotion, causing a lot of psychosomatic symptoms. Unresolved guilt destroys people's lives, creates anxiety, depression, incurable pain and chronic illnesses. In that regard, according to Ritzman (1993:10) *"...to the subconscious mind, it is better to suffer temporary misery in this life than to burn for eternity in the next; and it is the subconscious mind that has the power"*. The subconscious mind is trained from very early in childhood with the concept: *"if you do something wrong, you are going to be punished"*, or *"it is very bad to do something wrong, you are a bad person"*. Children are actually conditioned into feeling guilty for what they did wrong. This guilt feeling is always accompanied by the need to punish oneself (Scott, 1993:87). Ritzman (1993:10) states that *"atonement"* can be in the form of anxiety symptoms or any other *"self-inflicted"* problem, as this is the only way for the subconscious to experience forgiveness (Scott, 1993:87; Modlin, 1999:80; Ritzman, 1982:131).

Ritzman (1993:11) defines guilt as being... *" created by the awareness of having done something wrong and the expectation of being punished for it. The fear of the punishment is the voltage of the guilt"*.

3.7.6 THE PONCE DE LEON SYNDROME (PDL)

The PDL is a phenomenon where the emotions have failed to keep pace with the chronological age of the person. Ponce de Leon did not want to get old, and he was told that there is this "*fountain of youth*" and when you drink the water you stay forever young. This syndrome describes then the problem of emotional immaturity (Modlin, 1999:90; 1997:16; Scott, 1993:91).

TABLE 3.5: RANK ORDER OF LIFE'S PRIORITIES
(i.e. INNATE, INSTINCTUAL NEEDS)

ORDER OF IMPORTANCE	NORMAL ways of MANIFESTATION of the NEED	SYMPTOMS (Waking diagnosis (WD))	ROOT CAUSE (Underlying or unconscious diagnosis (UD))
6) MISCELLANEOUS	<ul style="list-style-type: none"> • Behavior due to drives, desires and impulses related to culture and conditioning. 	<ul style="list-style-type: none"> • Anxiety • Depression • Compulsions • Jealousy • Guilt 	
5) The Need For SPECIES SURVIVAL	<ul style="list-style-type: none"> • Sex instinct • Sexual libido 	<ul style="list-style-type: none"> • Flasher • Peeping Tom • Some homosexuals • Impotence 	<ul style="list-style-type: none"> • Sexual arrest • (Aspect of PDL) • Sexual problems due to : Relationship disorders, IDP, JDP, WZS (Physical/Spiritual)

**RANK ORDER OF LIFE'S PRIORITIES
(i.e. INNATE, INSTINCTUAL NEEDS)**

ORDER OF IMPORTANCE	NORMAL ways of MANIFESTATION of the NEED	SYMPTOMS (Waking diagnosis (WD))	ROOT CAUSE (Underlying or unconscious diagnosis (UD))
4) The Need For : SOCIO-ECONOMIC SURVIVAL	<ul style="list-style-type: none"> • (Male/Female relationships in the family unit). • <u>Male</u> : Territorial imperative • <u>Female</u> : Maternal instinct 	<ul style="list-style-type: none"> • Marital problems • Concerns over : <ul style="list-style-type: none"> * Job * Finances * Children 	<ul style="list-style-type: none"> • Marital Maladjustment • Marital Neurosis • Neurotic Spouses (PDL, WZS, etc.)
3) The Need For : PHYSICAL SURVIVAL	<ul style="list-style-type: none"> • Requirements : <ul style="list-style-type: none"> * Food * Water * Oxygen 	<ul style="list-style-type: none"> • Pain • Suicide (Smoking /OD) • Eating disorders • Asthma 	<ul style="list-style-type: none"> • BAS (DES) • PDL • WZS (Physical) (Also known as life-death Syndrome or Death Complex)

**RANK ORDER OF LIFE'S PRIORITIES
(i.e. INNATE, INSTINCTUAL NEEDS)**

ORDER OF IMPORTANCE	NORMAL ways of MANIFESTATION of the NEED	SYMPTOMS (Waking diagnosis (WD))	ROOT CAUSE (Underlying or unconscious diagnosis (UD))
2) The Need For : EGO SURVIVAL <ul style="list-style-type: none"> • Freedom of will • (Mind/Emotional survival) 	<ul style="list-style-type: none"> • Individual personhood (Who am I?) • Self-esteem (Ego Strength) • Esteem of others 	<ul style="list-style-type: none"> • Feeling Worthless • Low self-esteem • Non-assertive • Gender confusion 	<ul style="list-style-type: none"> • IDP • PDL
1) The Need For : SPIRITUAL SURVIVAL <ul style="list-style-type: none"> • Will to meaning • The need for survival of the soul after death 	<ul style="list-style-type: none"> • Relationships with God. (To be at peace with God) • Desire for life after death • Love relationships GOD/SOUL/LOVE 	<ul style="list-style-type: none"> • Guilt • Depression • Separation anxiety • Alienation from God 	<ul style="list-style-type: none"> • JDP • SAS (DES) • WZS (Spiritual) Also known as : Existential meaninglessness/Exist. Vacuum.

(Roos, 1998, Workshop, South African Society of Clinical Hypnosis)

3.8 PROCEDURE THE SEVEN “R’S”

The hypnoanalytic process of Medical Hypnoanalysis is best discussed by the explanation of the “*Seven R’s*”.

3.8.1 RAPPORT

This is the first “*R*” and means “*connection*” or “*relation*” or “*harmonious or sympathetic relation*”. The kind of rapport depends on the therapist’s background. The goal of Medical Hypnoanalysis is to assist the patient in identifying the original experiences and relationships which caused the problem in the beginning. As soon as the client can get in touch with the origin of the problem and by means of therapy release unresolved emotions, the healing process can start. The rapport between the Medical Hypnoanalyst and the client should be of the type which enables the therapist to lead the client to a sensitive awareness of the inner self and past experiences which were crucial to the developing personality (Scott, 1989:52; 1993:98; Matez, 1992:13).

The therapist should be kind, understanding and non-judgemental toward any problem or behaviour the client has or experiences (Scott, 1989:52; 1993:99; Modlin, 1997:14; 1999:58; Matez, 1992:15). The therapist should project a total openness towards the client, where a loving, supportive assistance can be felt.

3.8.2 RELAXATION

For the purpose of this research hypnosis is equated with relaxation. For the analysis to take place it is essential for the client to be in a relaxed or hypnotic state, where the mind can be focused. The relaxed, concentrated mind helps the change of the perceptions for the healing process to take place (Scott, 1993:100; 1989:53; Modlin, 1997:16; 1999:93).

3.8.3 REGRESSION

In order to accomplish treatment, the client will have to regress back to the past. The tool to accomplish this is through hypnosis, and this is to identify the ISE, SPE and SIE's. This can be very frightening to clients, as they are confronted with the hurtful emotions again (Scott, 1993:100; 1989:53; Modlin, 1997:16; 1999:93).

3.8.4 REALISATION

In therapy the client relives the event, its emotional impact and the erroneous ideas which started as a result. The client is then able to realise what the perceptions and beliefs were and how these influenced the way of thinking, feeling and behaving. For example, in a car accident the client lost consciousness and accepted he was dying in the subconscious mind (Scott, 1993:100; 1989:53; Modlin, 1997:16; 1999:93).

3.8.5 REMOVAL OF FAULTY BELIEFS

The first step to change unwanted behaviour or emotions is to remove the unwanted or undesirable behaviour patterns or symptoms. To achieve this it is necessary to identify the root of the problem. This is like a thread connecting the presenting symptom to the original source of that problem. Most of the time this can be found in childhood or infancy, and recognising that connection at the emotional level is the key to change. To remove the faulty beliefs, the source must be identified at the emotional level. According to Scott (1989: 55) emotions are linked with body and mind, therefore effect each and "they serve as a bridge from present mind-body symptoms back to the impact of the experience which started the symptom" (Scott, 1989:55; 1993:101; Modlin, 1997:16; 1999:94).

3.8.6 REPLACEMENT WITH A POSITIVE BELIEF

When the faulty beliefs have been identified and corrected or removed, they must be replaced by correct ideas or interpretations. It is necessary to bring this insight into the present and the future. Clients need to know they can take charge of their lives and change the future (Scott, 1989:55; 1993:101; Modlin, 1997:16; 1999:94).

3.8.7 REINFORCEMENT

Reinforcement in therapy means to strengthen the positive suggestions to obtain the emotional health required. Some patients are still unsure of themselves at the completion of therapy, therefore need more reinforcement. For a time the old feelings and attitudes have a way of persisting in the patient and must be constantly repulsed over a period of time. The new insights and positive beliefs are applied to present day and future situations (Scott, 1993:100; 1989:56; Modlin, 1997:16; 1999:94).

3.9 METHODOLOGY OF MEDICAL HYPNOANALYSIS

The methodology of Medical Hypnoanalysis will be discussed in Chapter 4.

3.10 SUMMARY

Medical Hypnoanalysis is used in this research to enable the therapist to understand the subconscious train of thought and in the healing of the symptom of anxiety. In the discussion on the case studies the procedures and techniques of the Medical Hypnoanalysis will be understood.

Neurosis is always a substitute for legitimate suffering.

Carl Jung

CHAPTER 4

RESEARCH DESIGN

**Our life is an apprenticeship to the truth,
that around every circle another can be
drawn; that there is no end in nature, but
every end is a beginning; that there is
always another dawn risen on mid-noon,
and under every deep a lower deep opens.**

Ralph Waldo Emerson

4.1 INTRODUCTION

Chapter 1 dealt with the introduction to the awareness of the problem and the motivation for the research. In the second chapter an overview of the birth experience and anxiety have been presented. Medical Hypnoanalysis as the therapeutic tool used in this research has been discussed in Chapter 3.

This chapter deals with the research design and methods to be applied during the course of this research. Qualitative, contextual and descriptive research methods have been applied with regard to the multiple case studies in the research. The multiple cases and the questionnaire used in therapy will be described. Furthermore, the method of gaining the information will be discussed in this chapter.

4.2 AIM OF THE STUDY

The primary aim of this study is to explore, explain and describe the birth experience and its influence on the onset of anxiety (as discussed in Chapter 2), and to find answers to the related questions. This empirical study aims to analyse and describe birth related experiences and the influence they could have when anxiety is experienced later in life. By understanding what happens during the birth experience, the Educational Psychologist will be better equipped to help clients suffering from anxiety.

The empirical study undertaken in this chapter will investigate the following interventions:

- To define the Initial Sensitising Event, the Symptom Producing Event and the Symptom Intensifying Event of a multiple case study group.
- To discuss and explore the birth experiences of the clients used in this study.
- To link the birth experience with anxiety related incidents experienced later in life.
- To give guide lines to the Educational Psychologist in helping clients suffering from anxiety.

4.3 RESEARCH DESIGN

In this research design a multiple case study is used to gain an overview of the cause of the occurrence of certain incidents of anxiety. (Miles & Huberman, 1994:6). Clients from the researcher's practice who suffer from anxiety will be used in a study of their subconscious train of thought during the birth experience and its influence on the occurrence of anxiety.

The clients used in the study are referred to the practice by General Practitioners in the geographical region, who have already diagnosed the symptoms of anxiety in these clients. Medical Hypnoanalysis as an approach is used as a therapeutic

technique and forms the basis of the study as a source for data collection (explained in Chapter 3).

A relationship between theory and literature will be found in the study. In this regard theory and an overview of literature are cardinal building blocks in the presentation of case studies.

Merriam (1991:59) maintains that qualitative case studies are used when establishing theory compilation. When existing theory is not conclusive or does not provide applicable explanation with regard to a specific phenomenon, it is necessary to build up theory. Eckstein (in Merriam, 1991:59) calls the building of theory for case studies heuristic since case studies are aimed to “*discover*”.

An overview of existing literature enables the researcher to determine which theories for a specific subject already exists and how well these theories have been verified by tests. Previous research and theories regarding a certain research area provide useful guidance when designing/planning a new research study. An overview of literature also ensures that the researcher does not duplicate research previously done.

Methodological triangulation combines divergent research methods to be used in one research subject, for example, interviews, observation and physical proof (Merriam 1991:69) “*The rationale for this strategy is that the flaws of one method are often the strengths of another, and by combining methods, observers can achieve the best of each, while overcoming their unique deficiencies*” (Denzin, in Merriam, 1991:69).

4.3.1 QUALITATIVE RESEARCH METHOD

Qualitative research is used as an approach in which procedures are not strictly formalised, where the scope is more likely to be undefined, and a more philosophical mode of operation is adopted (Mouton & Marais, 1989:155-156). The qualitative case study strives to understand the underlying dynamics of the birth experience and the influence on anxiety. The aim of the research is to investigate each client's experiences and perceptions just before, during and just after the birth experience (Steinar, 1983:12).

Qualitative research is a systematic, subjective approach used to describe life experiences and giving them meaning. Denzin & Lincoln (1994:10) define qualitative research as descriptive in that the researcher is interested in the process, meaning and understanding gained through words or pictures. According to Denzin & Lincoln (1994:13) *"All research is interpretative, guided by a set of beliefs and feelings about the world and how it should be understood and studied."*

Miles and Huberman (1994:9) say that *"in some sense all data are qualitative; they refer to essences of people, objects and situations."* Data are collected in the form of words (language) based on observation and interviews, which then need some processing.

The researcher decided to use qualitative case studies because of a preference to insight, exposure and interpretation rather than testing a hypothesis (Merriam, 1991:11). In this research, data will be collected by means of the field research method. Data will be collected from clients' own words, perceptions and experiences in order to obtain adequate and holistic information by using the Medical Hypnoanalysis Questionnaire and Word Association Test.

4.3.2 EXPLORATIVE RESEARCH METHOD

According to Mouton & Marais (1989:45) the Explorative Research Method studies new ideas and possibilities and excludes predetermined ideas and hypotheses to direct the research. The purpose of exploration is to explore a relatively unknown territory. According to Mouton and Marais (1989:45) the aim of explanatory research is to indicate the causality between the variables and the occurrences. The aim is to explain specific phenomenon in terms of specific causes. Seen in this context, explanatory research is directly related to predictive and evaluative studies. An explanatory study will be applied to generate information regarding the birth experience and anxiety. In explaining what happened during the birth experience the origin of some manifestations of anxiety may be understood and removed through therapy.

The design used in this study aims to gain insight into the experiences of clients during the birth process and the occurrence of anxiety later in life.

4.3.3 DESCRIPTIVE RESEARCH METHOD

The basis of this research is to present an accurate description of what has been studied (Mouton & Marais, 1989:46). Thus, it is a description of the results of the exploration that was done by means of in-depth interviews. According to Parse, Coyne and Smith (1985:90), the descriptive research method presents a description model which yields findings based on conversations and observations. Merriam (1991:27) states that the purpose of a descriptive case study is to give a "*detailed account of the phenomenon*" under investigation.

According to Merriam (1989:7) descriptive research is done in cases where description and explanation are preferred to forecasting based on cause and result.

Descriptive research focuses on in-depth descriptions of a specific individual, situation, group, organisation, clan, sub-culture, interaction or social subject. The

description of the phenomena is done by means of a historical analysis (Mouton & Marais 1989:44).

Qualitative case studies focus on understanding and interpretation. Denzin & Lincoln, (1989:108) states that if it is descriptive it is also interpretative. The end product of the case study is a “rich” description of the phenomenon. The clients’ symptoms as well as the underlying dynamics and causes of anxiety in these particular cases will be described. “*Case studies use prose and literary techniques to describe, elicit images and analyse situations.*” (Merriam, 1991:13)

In this study an accurate description of the experiences in the birth process will be sought through interviews and regressions.

4.3.4 CONTEXTUAL RESEARCH METHOD

The findings from a qualitative study are unique to that study and it is not the intent of the researcher to generalise the findings to a larger population. The contextual approach describes uniqueness, differences and distinguishes characteristics (Mouton & Marais, 1989:52).

Mouton and Marais (1989:50-51) explain that contextual design (or internal validity) is used to point out that a particular study generates accurate and realistic verdicts concerning the specific domain phenomenon which has been studied. A project produces internally valid results if the data collected is accurate and reliable, if the analysis remains reliable with regard to the data and if the data upholds final conclusions.

This research is about the experiences during the birth process and all observations and analyses are viewed within the context of Medical Hypnoanalysis. Medical Hypnoanalysis will be used as a therapeutic intervention technique.

4.3.5 INDUCTIVE AND DEDUCTIVE RESEARCH METHODS

According to Thibodeau (1983:21) observations of specific instances are used in the inductive technique to formulate general ideas about their nature. In this study an inductive strategy will be utilised to obtain and analyse data from the interviews and therapy sessions.

LeCompte (1993:42) states that the inductive researchers “*hope to find a theory that explains their data.*” In this research guidelines for the Educational Psychologist will be developed regarding the treatment of anxiety.

Using Medical Hypnoanalysis as an intervention technique, the researcher is sensitive and trained to listen to subconscious dynamics, needs and perceptions of the client. Miles and Huberman (1994:6) explain that the researcher attempts to “*gain and capture data from the inside, through a process of deep attentiveness, of empathetic understanding and of suspending or bracketing preconceptions under discussion.*”

This is also a deductive research, because it selects variables from a theory or conceptual model before the inquiry. Data collected in this research are from a viewpoint of Medical Hypnoanalysis, where specific methods are used to determine the underlying cause of anxiety.

4.3.6 HEURISTIC RESEARCH METHOD

The research done in this study is of a heuristic nature. It brings about new understanding, new meanings or conformation and an extension of what is known. The researcher is therefore able to bring about new understanding of the perceptions formed during the birth experience, the underlying dynamics of anxiety and new understanding in the treatment of such cases (Merriam, 1991:11).

4.3.7 PARTICULARISTIC RESEARCH METHOD

This case study is particular - the focus of the study is on a particular problem (anxiety and the birth experience) and a particular therapeutic approach (Medical Hypnoanalysis). According to Merriam (1991:11) particularistic case studies "*take a holistic view, are problem centred and small scale endeavours.*" Clients diagnosed with anxiety will be used in this research.

The qualitative case study will be viewed as a holistic description, interpretation and analysis of clients who suffer from anxiety, using Medical Hypnoanalysis as therapeutic technique.

4.4 RESEARCH AND REASONING STRATEGIES

The research strategy in this study is based on a multiple case study. Using Medical Hypnoanalysis as therapeutic method this research is a qualitative inquiry, investigating the underlying dynamics of the birth experience and its influence on anxiety.

4.5 METHODS OF RESEARCH AND THEORY DEVELOPMENT

The research strategy is an inductive, descriptive method, with the purpose of describing the experience of the clients in order to interpret and get insight into the meaning of the described phenomena (Morse, 1992:2; Kerlinger, 1986:124). The phenomenological method of interviewing is one of direct enquiry in which constant questioning provides further insight into the actual experiences.

The research is structured around three areas. Firstly, explanatory multiple case studies will be evaluated. Secondly, an analysis of the data (focusing on the results of the case studies) and the processing of data will be provided. Lastly, the guide lines for the therapeutic approach with anxiety clients based on the case studies will

be described. In this study adult clients with anxiety symptoms will be regressed to the birth experience for the multiple case studies by means of Medical Hypnoanalysis.

4.5.1 MULTIPLE CASE STUDY

“A case study is an examination of a specific phenomenon such as a program (therapy), event, process or social group” (Merriam 1991:9).

A number of clients are selected who were referred by medical practitioners for Hypnotherapy, due to the fact that they are suffering from anxiety. Multiple cases serve as *“comparison groups”* leading to more powerful explanations.

Medical Hypnoanalysis follows a structured process and by comparing different cases the validity of the research will be strengthened (Miles & Huberman, 1994:29).

4.5.2 COLLECTIVE CASE STUDY

To inquire into the general condition of anxiety and the birth experience, a number of cases will be studied. Selection of the clients is based on the approach that understanding them will lead to better understanding of the birth experience and the role it has played in the occurrence of anxiety (Denzin & Lincoln, 1994:237).

4.5.3 METHODS OF COLLECTING DATA

Data will be gathered by means of the phenomenological method of in-depth structured interviewing, observation and fieldnotes, as well as follow-up regression therapy sessions. The aim of these methods is to investigate and describe all phenomena, including the way these phenomena appear in their fullest width and depth according to human experience. To ensure that a phenomenon is being

investigated as it truly appears or is being experienced, a necessary criterion is that the researcher must approach the phenomenon without preconceived expectations or categories (Jaeger, 1988:66).

The subjects to be studied are approached naively and all data are accepted as given. This includes all variable phenomena, including the subjective meanings that these phenomena or experiences have had for the participants (Omery, 1983:50).

Qualitative researchers sometimes use a combination of data collection sources, like participant observation, a theoretical framework (in this study Medical Hypnoanalysis), interviews and document analysis.

The interviews will be transcribed verbatim, after which the data will be analysed and interpreted.

4.5.3.1 THEORETICAL FRAMEWORK FOR DATA COLLECTION

As a Medical Hypnoanalysis therapist the researcher has a solid knowledge of this model as a therapeutic technique. The therapist trained with the South African Society of Clinical Hypnosis and has completed Phase Three. The researcher has also completed a course in *"The treatment of psychoneurosis and depression"* in September 1994 with the American Academy of Medical Hypnoanalysts in the United States of America. The research in this study is not to evaluate or describe the therapy itself, but to expand on the theory. The researcher's frame of reference influences the entire process, from conceptualising a problem, to collecting and analysing data (Merriam, 1991:53).

The American Academy of Medical Hypnoanalysts states that: *"The practitioner of Medical Hypnoanalysis requires a training background in the basics of psychology, developmental psychology, psychopathology, and psychotherapy as well as in hypnosis."* The South African Academy of Medical Hypnoanalysis was founded in

1995 as a special interest group of the South African Society of Clinical Hypnosis (Modlin, 1996:141).

Medical Hypnoanalysis is dynamic in that it emphasises the root causes rather than the symptoms. It is directed because it follows a medical model of psychotherapy aimed to remove the symptom by means of resolving the underlying causes (Scott, 1993:xiii).

4.5.3.2 MEDICAL HYPNOANALYSIS AS A SOURCE FOR DATA COLLECTION

Zelling (1994:4) states that to examine the presenting symptoms of a person you need to take a full case history, observing verbal and non-verbal communication while seeking unconscious clues to the ultimate cause of the symptoms in order to make a psychodynamic diagnosis (Ayers, 1994:57). Qualitative research has several methods for data collection (Denzin & Lincoln, 1994:14).

The researcher investigates the client's subconscious by using the specifically designed questionnaire and Word Association Test used only by Medical Hypnoanalysis therapists. The questionnaire and Word Association Test are only available through the South African Academy of Medical Hypnoanalysis as copy rights apply. On re-ordering reference of qualifications regarding hypnosis training is required.

4.5.3.2.1 MEDICAL HYPNOANALYSIS CASE HISTORY

Medical Hypnoanalysis makes use of a specifically designed questionnaire together with a fully detailed and in-depth historical review, which is developed to learn as much as possible about the patient immediately (available on request only).

Effective treatment depends largely on the information gathered during the first interview. Scott (1993:107) states that it is necessary to determine the waking diagnosis as well as the underlying diagnosis as soon as possible. The therapist should, with the first interview, be able to determine what the diagnosis is. According to Scott (1993:107) *“to get to the heart of the problem quickly and to move towards the desired goal, it is necessary for the therapist to take charge of the interview as soon as possible”*.

Scott (1993:108) emphasises the importance of the initial contact. The therapist should look out for detail like *“body language, off-hand remarks, jests, turned phrases, metaphors, ‘Freudian slips’, hesitations, and even sighs and coughs”*.

One of the founders of the Medical Hypnoanalysis Model, Bryan (in Ayers, 1994:57) states that *“the patient will tell you the real problem in the first three sentences of the history”*. Therefore the therapist needs to record everything the patient says, both verbally and non-verbally. The client’s exact words need to be recorded to help in establishing an underlying diagnosis (Scott, 1993:109; Ayers, 1994:57). Questions are also asked in a specific way and therapists using Medical Hypnoanalysis are trained in asking the questions correctly.

The History form (available on request only) consists of the following sub-sections:

Section I: Present symptoms

It is of vital importance that the therapist should make observations of the appearance and body language of the client before any verbal communication commences. Most of the time the underlying problem can be determined by the observations of the client’s dress, appearance and body language (Scott, 1993:110; Ayers, 1994:57).

The therapist then asks the question *“Tell me what the problem is?”* Every word, just as the client says it, every sigh, every pause, is recorded. The first three sentences are important in order to understand the train of thought of the subconscious mind

and can save a lot of time during later therapy. According to Bryan (in Ayers, 1994:57) the patient's subconscious mind will reveal the real problem in the first three sentences of the history review.

Following the *"tell me what the problem is"* question, it is very important to know when the problem has started, the *"duration of the problem"*. This information helps to identify the Symptom Producing Event. *"What conditions make the symptoms worse and what conditions make it better"*, should then be asked to help to determine the cause and cure. The next question helps to determine whether or not there is a possible secondary gain from having the symptoms: *"What would you do if cured from your symptom that you cannot do now"*. The last question in this section is about the client's occupation, to determine whether a person is satisfied, frustrated or anxious about the occupation (Scott, 1993:112).

Section II: Past history

The medical history of the client reveals important information about negative experiences concerning the prevailing symptom. In this regard a near-death-experience or a threat of death is considered to be extremely negative experiences. According to Scott (1993:113) frequently in childhood *"trauma and/or fright become Initial Sensitising Event(s) which set the child up for future problems. It is not so much the fact of the event as the impression or interpretation of that event to the mind of the child which makes it traumatic enough to have after effects severe enough to contribute to the present symptoms"*. The medical history forms the integration of the client's body, mind and soul (Scott, 1993:113).

Section III: Family History

Questions about any critical illnesses of family members and the influence it had on the client should be asked here. The next question is about the client's childhood, whether the childhood was happy or unhappy and where it was spent. Following this, everything about the father and mother needs to be asked: their names, age,

health, status, occupation, personality, the client's relationship with the parents and how the child experienced the relationship between the father and mother? (Scott, 1993:116).

The next step is to gather information about other siblings and the client's place in rank order with regard to other siblings. Hoopes and Harper (1987:6) stress the "*evaluation of birth order roles and sibling patterns*". The age and sex differences of the siblings also play a role. The last question in this section is about the mother's pregnancy and the birth of the client. Most frequently the Initial Sensitising Event can be found here (Scott, 1993:117; Modlin, 1999:67; Hull, 1984:7; Ritzman, 1984:51).

Section IV -Sexual History

Every aspect of the person's sexual history and experiences need to be investigated, such as the earliest sexual incidents, at what age puberty was reached and the sources of initial sexual information. After the birth experience the adolescent period is the most important time in a person's life, according to Scott (1993:118), and it should be treated as significant and properly evaluated.

Section V - Psychological History

To gather accurate information about the first five years of the client's life is difficult, nevertheless, it can help to understand more about this period by asking questions about sleepwalking, nightmares or repeated dreams. In this way clues can be gathered about childhood anxieties. Questions should be asked about the age when sent to nursery school, primary school and high school as well as the happiness or unhappiness experienced. Information about teachers, failures, friends and any problems during this period should be investigated. Very important in this section is the question concerning earlier traumatic incidents (Scott, 1993:120).

Section VI - Habits

Questions about the consumption of alcohol, drugs and the amount of cigarettes smoked need to be asked to determine any addictive natures. All nervous behaviour like nail biting, thumb sucking, stuttering, hives and nervous tic should be investigated (Scott, 1993:121).

Section VII - Social History

The interpersonal relationship of the client with the environment directs the therapist to sensitive areas. Suicide attempts or thoughts about suicide should be asked about. The way the therapist asks these questions, may help to determine the client's potentially suicidal tendencies. Facts about military service and whether the client has been arrested before are important information, because traces of guilt, trauma or anxiety should be determined (Scott, 1993:124).

Section VIII - Religion

Questions about the very important aspect of religion help the therapist to know what the client's religious beliefs are and how the client feels about this subject. Do they believe in a God, a Higher power or something else and how much power does their God have. The client is also asked if there is anything they feel guilty about (Scott, 1993:125).

Section IX - Marital History

Scott (1993:126-129) explains the specific questions about marital history that should be asked in this section. By asking specific questions about sexual habits and behaviour the therapist gains important information in making the complete diagnosis (Scott, 1993:129).

4.5.3.2.2 THE WORD ASSOCIATION TEST

The Word Association Test used in this research was developed by Dr. William Bryan in 1955 (Scott, 1993:137) and is a projective technique designed to reveal the client's subconscious train of thought. It was first called the "*Bryan Word Association Test*", but the American Academy of Medical Hypnoanalysts changed it to the '*The Word Association Test*'. According to Scott (1993:162) it is difficult to establish what is measured because there are no scores involved. This test is given to the client to access the client's subconscious in a short period of time on a number of sensitive subjects. The client is unaware of the psychological interpretation of the answers, and important unconscious aspects of the personality are revealed.

In the past projective testing like the Thematic Apperception Test and the Rorschach have been used which became very popular. Rotter (in Scott, 1993:164) emphasises the person's freedom of responding to the word or sentence, with the condition that the answers given are not evaluated as "*right*" or "*wrong*".

This Word Association Test is performed when the client is in a hypnotic state. There are 202 words or partially finished sentences, with blank lines where the client has to add words or complete sentences to allow the therapist to probe deeper in formulating a diagnosis. In the discussion of the case studies analysis of the Word Association Test this will be illustrated (Scott, 1993:140).

According to Scott (1993:157) the Word Association Test gives the therapist "*an indication of the overall, general personality type of the subject. General impressions of the degree of depression, anxiety, sexual orientation, confidence or lack of it, maturity level, attitudes towards significant others in one's life and expectations of the future will be indicated on this test.*"

4.5.3.3 DEMARCATION

In this research a number of case studies will be used to study the influence of the birth experience on the appearance of anxiety and the treatment of the symptoms with Medical Hypnoanalysis.

Five clients diagnosed with anxiety and referred by general practitioners will be evaluated in this study. Knowledge of the clients' age, sex, culture, language or profession was not considered to be a prerequisite for the study. The age of the clients range from 20 to 48 years. In all the cases medication was prescribed but without lasting success (Hammel, 1993:46).

4.6 PROCEDURES AND TECHNIQUES

In this study the therapist makes a tentative diagnosis after completion of the case history. The Word Association Test helps the therapist to determine the underlying diagnosis. Following that, therapy starts to remove the underlying root cause.

4.6.1 THE CLINICAL PROCEDURE OF THE THERAPY

- The first session: Completion of the case history (available only during examination)
- The second session: Explanation and provision of protective suggestions of hypnosis followed by the introduction to the process of hypnosis, with the recording of an audio tape which the client has to use to practise self-hypnosis.
- The third session: Completion of the Word Association Test which assists the diagnosis (See Appendix for examiners.)

- The fourth and succeeding sessions: Age regressions to events of earlier life which contributed to the prevailing symptoms. The root causes are then uncovered and perceptions changed by means of carefully selected suggestions which will allow the symptoms to disappear.
- The last few sessions: A summary of the underlying diagnosis and the events adding to the presenting symptoms are explained. The principle of the Seven R's are used to reinforce the changes in feelings and behaviour (Scott, 1993:186) (Refer to 3.8).

4.6.2 THE PROCEDURE FOLLOWED IN DISCUSSING THE CASES

- The first three sentences of each client's own words after the question "*Tell me what the problem is?*" will be presented (Ayers, 1994:57).
- A condensed personal history of each client will be given.
- The birth experiences (Initial Sensitising Event) of each client's regression, in the survey, will be taken and discussed. However, to understand the Triple Allergenic Theory, the other two events (Symptom Producing Event and Symptom Intensifying Event) will be mentioned briefly (Refer to 3.5). The regressions are directed to the birth experience and reveal the client's subconscious perceptions and interpretations of these events.
- The diagnosis will be discussed.

4.6.3 ROLE OF THE RESEARCHER IN THIS RESEARCH

The researcher's observations serve as a method of data collection. The therapeutic techniques of watching, listening, asking questions and collecting information are all combined into collecting data (LeCompte, 1993:196).

According to Marshall and Rossman (1989:59-66) researchers that plan to undertake qualitative research, should play such a role in order to enhance the field

for research, facilitate acceptability and provide total acceptance and recognition for the clients as human beings. The researcher is also the therapist who will be using the knowledge and expertise of Medical Hypnoanalysis to interpret observations and to understand their context and psychological process.

4.6.4 FIELD NOTES

The data in this research have been recorded as field notes through an intensive history collection process where each word and any non-verbal communication of the client have been recorded. In this research two types of field notes are used, namely transcriptions and inscriptions (LeCompte, 1993:224-225).

With transcriptions the researcher writes down everything as it occurs, as accurately and precisely as possible. During therapy sessions inscriptions are made to assist the diagnosis and to remember relevant thoughts about the client.

Schatzman and Strauss (in Wilson, 1989:381) offer the following strategy for recording field notes:

- **Observational notes** which are descriptions of events experienced through watching and listening. They include the who, what, where and how of a situation.
- **Theoretical notes** are purposeful attempts to derive meaning from the observational notes. Here the therapist interprets, infers, conjectures, and hypothesises in order to ultimately build an analytical scheme.
- **Methodological notes** are instructions to oneself, critiques of one's tactics and reminders about methodological approaches that might be useful.

- **Personal notes** are notes about ones own reactions, reflections and experiences. Field work relies on the investigators ability to “*take the role of the respondent and be introspective*” (Wilson, 1989:381).

The above approach will be utilised in this research as it is appropriate to this study.

4.7 GOALS FOR THERAPY

The goal for therapy is to find and eliminate the root cause of prevailing symptoms. The therapy should then assist in rehabilitating the client to be free from the specific symptom. By working through the analytical procedure of the therapy, the habit pattern of the symptom should be broken. The client's secondary gain in having the symptom, should be understood and removed as part of the therapeutic goals. Lastly the client is helped in his/her own healing process, ego strengthening and personal development according to “*The Seven “R’s*” (refer to 3.8).

4.8 DATA ANALYSIS

Data analysis is conducted to reduce and organise the data to produce findings that must then be interpreted by the researcher (Tesch in Cresswell, 1994:155). The researcher will read through all transcriptions carefully to obtain a perspective of the whole picture. The data in this study will be continuously analysed during the therapy (Denzin, 1994:432). When going through it, the researcher will keep in mind the underlying (subconscious) meaning of anxiety. A full diagnosis according to the Medical Hypnoanalysis will be made and all related answers will be clustered together. The data will then be clarified (Silverman, 1993:55).

Miles and Huberman's (1994:10) methods of data analysis are used in this research. Data analysis is divided into three components of activities: a) data reduction, b) data display and c) conclusion drawing. Each case is a study on its own and forms replicas of each other (Yin, 1989:53). The subject's problem is determined by using

the preferential ranking order. It is then dealt with in accordance with Medical Hypnoanalysis principles. The Triple Allergenic Theory (refer to 3.5) is applied to be able to discover the Initial Sensitising Event, Symptom Producing Event and Symptom Intensifying Event in regression.

a) Data reduction

Data reduction is the process of selecting, focussing and transforming the data from transcribed notes and field notes (Miles & Huberman, 1994:10). Data collected in the Medical Hypnoanalysis questionnaire, Word Association Test and age regressions will be reduced in the form of summaries, coding and clustering.

b) Data display

According to Miles and Huberman (1994:10) a display originates from extensive information that allows the researcher to draw conclusions and take action.

c) Drawing conclusions

In this research the aim will be to draw conclusions from the patterns, explanations, casual flows and configurations (Miles & Huberman, 1994:11). All the case studies will follow the same analysing process (Yin, 1989:57). Mouton and Marais (1989:45) make use of the following model:

- S1 A person is ignorant regarding the psychical changes which take place during the birth experience. The conscious mind can not recall this event.
- S2 Certain psychological and physical changes take place during the birth experience.
- S3 Emotions or perceptions experienced by the fetus during the birth experience are related to the emotions experienced during an anxiety attack.

S4 The birth experience has an emotional component or perception locked in the subconscious and can be re-experienced as a post-traumatic stress disturbance in adult life.

CONCLUSION:

Going through the birth experience has an effect upon the presence and intensity of anxiety in adult life.

4.9 CREDIBILITY, RELIABILITY, VALIDITY OF THE RESEARCH

Guba and Lincoln (1985:84) use the following fundamental principles with regard to credibility. Credibility is the core essence and requires to establish whether the research generates accurate and reality based verdicts with regard to a specific domain phenomenon. It is suggested that reliability can be determined as follows:

- Continuous extended and varied presence in the field of research.
- Purposeful metacognitive control.
- Triangulation whereby multiple methods are used to collect and analyse data.
- Checking with respondents.
- Seeking purposefully for contradicting patterns.
- Recurring proof (the golden thread)
- A research report which is *“reliable and holistic”*

According to Mouton and Marais (1989:79) the credibility regarding collection of data depends upon it's reliability and is determined by the four variables, namely, the researcher, the individual who is the object of the research, the equipment/methods used to establish measurements and the research technique (the environment of the research) (Krefting, 1991:216).

In this research the collection of data will be as follows:

Interviews

Focus interviews are used in this study with the purpose to explore the perceptions of a defined interest group. The interviews are written in full detail by the researcher so that they can be interpreted word by word and simultaneously to study and report the subject's non-verbal behaviour. The researcher is the instrument of the research study. It is required that the researcher be empathetic, accepts the subject unconditionally, be sincere, congruent and has non-directive communication skills (Poggenpoel, 1993:8-10)

Observation

The observation techniques to be used in this research study to collect data are field notes (refer to history questionnaire and the Word Association Test) as well as regression sessions.

The collection of data

The collection of data makes use of the results derived from the two-fold diagnosis (the conscious and subconscious diagnosis), the history questionnaire, Word Association Test and dream analysis. Discussions with local specialists in the medical and psychology disciplines are also used as well as the exposure and contact which the researcher had with specialists from other countries during a visit and attending a course in "*The treatment of psychoneurosis and depression*" presented by The American Academy Of Medical Hypnoanalysts in the United States of America.

Processing data

According to Miles and Huberman (1994:56) the processing of data includes the manner in which data is differentiated, combined and deductions arrived at. The processing of data is derived from the Medical Hypnoanalysis for symptoms, disturbances and distinctions.

Evaluation of diagnosis and therapy

During an interview it can be determined whether the diagnosis was correct and the therapy successful.

Therapy

Medical Hypnoanalysis is applied as a therapeutic technique to change the client's negative perceptions to positive ones. The client is guided into arriving at his own solutions for his problems and obtaining insight into various aspects of his life. Positive suggestions are also provided during therapy.

Drawing up the record of the case study

According to Merriam (1991:126) the development of the case study's record is achieved by means of an elementary sorting of the data with the purpose of finding specific information while doing intensive analysis. Within Medical Hypnoanalysis the core, initial and confirming incidents (Triple Allergenic Theory) are used to sort data. Diagnoses are made according to Medical Hypnoanalysis.

4.10 GUIDE LINES FOR THE EDUCATIONAL PSYCHOLOGIST.

In Chapter 6 guidelines will be given to assist the Educational Psychologist in therapy with anxiety clients.

4.11 SUMMARY

The aim of this chapter has been to put the research design together, so that the birth experience and its influence on the onset of anxiety can be investigated. The multiple case study has been identified as an intervention and explained. The size

of the multiple case study was presented and the way the clients have been referred was given. This chapter explained the application of the qualitative, explorative, descriptive and contextual research methods. The use of the inductive, deductive, heuristic and particularistic research methods, as well as the methods of data collection was also discussed.

The Medical Hypnoanalysis Case History, the Word Association Test, and related procedures and techniques have been introduced.

The case studies for treatment of anxiety will be discussed in the following chapter.

Problems cannot be solved with words, but only through experience, not merely corrective experience but through a reliving of early fear (sadness, anger).

Alice Miller

CHAPTER 5

REPORT OF THE CASE STUDIES

**Mind is the Master Power that moulds and makes,
And Man is Mind;
And ever more he takes the tool of thought
and, shaping what he wills,
Brings forth a thousand joys, a thousand ills.**

James Joyce

5.1 INTRODUCTION

This chapter reports on the results of five case studies suffering from anxiety. In this study the researcher tried to uncover the underlying characteristics and dynamics of anxiety. In this chapter the researcher will provide the reader with an overview of the process of the empirical study and discuss the results of each case study.

A summary of each case study will be presented individually, in the form of a “*story*”. The subconscious train of thought will be described by the subconscious diagnosis made of each case. The purpose of this chapter is to present each client’s diagnosis from the case history, the Word Association Test and the therapeutic sessions on the birth experience.

This chapter does not portray any of the other therapy sessions that the client dealt with during the therapy. As explained before, Medical Hypnoanalysis utilises the Triple Allergenic Theory which consists of the Initial Sensitising Event, the Symptom Producing Event and the Symptom Intensifying Event. It must be emphasised that

for the Initial Sensitising Event (the prenatal or birth experience in the cases discussed) to be successful, it is important to work through the Symptom Producing Event and Symptom Intensifying Events. The following table shows the abbreviations used in this chapter.

TABLE 5.1: ABBREVIATIONS USED IN THIS CHAPTER

ABBREVIATION	DESCRIPTION	REFERENCE
ISE	Initial Sensitising Event	3.5.1
SPE	Symptom Producing Event	3.5.2
SIE	Symptom Intensifying Event	3.5.3
PNE	Prenatal Experience	3.7.1
BE	Birth Experience	3.7.1 & 3.7.3
IDP	Identity Problem	3.7.2
DES	Death Expectancy Syndrome	3.7.3
WZS	Walking Zombie Syndrome	3.7.4
JDP	Jurisdictional Problem	3.7.5
PDL	Ponce De Leon Syndrome	3.7.6
TAT	Triple Allergenic Theory	3.5

The respondents used in this study will be referred to as Case A, Case B, etc. to keep their identities anonymous. Medical Hypnoanalysis uses the formula that if $A=B$ and $B=C$, then $A=C$, in the interpretation of the Word Association Test. This equation will be used in understanding the subconscious train of thought.

5.2 CASE DISCUSSIONS

5.2.1 CASE A

Case A is a 48 year old woman, divorced for 13 years and suffering from depression and anxiety. She was the elder of two children (sister of 45) and grew up in a very dysfunctional family. Her father abused her mother and when asking her about her father she said: *"He was the only man I have ever been scared of"*. For two years prior she has been seeing a therapist, without any improvement. She has two children of her own. She was never friends with her sister, and felt that her sister was the favourite in the family. According to her, her parents always made her feel guilty about everything.

Client's reply on the question *"What is the problem?"*:

"I um...look I was - to make a long story short, I never had a good relationship with a man. I am always sad - that feeling.....I am longing for somebody I do not know. I can't get to the root of the problem, it's something in me I think. I am depressed and anxious."

5.2.1.1 ASSESSMENT

TABLE 5.2: ANALYSIS OF THE FIRST FEW SENTENCES OF CASE A

CLIENT'S REMARKS	SUBCONSCIOUS DIAGNOSIS	WHERE TO FIND	TAT
<i>I um...look I was</i>	Identity Problem	Prenatal experience	ISE
<i>to make a long story short</i>	Identity Problem	Prenatal and birth experience	ISE
<i>I never had a good relationship with a man</i>	Identity Problem	Prenatal experience "never" refers back to the beginning, where perceptions developed regarding her father	ISE

CLIENT'S REMARKS	SUBCONSCIOUS DIAGNOSIS	WHERE TO FIND	TAT
<i>I am always sad</i>	Walking Zombie Syndrome	Prenatal and birth experience - "always" refers back to the beginning, started to be sad in the womb	ISE
<i>I can't get to the root of the problem</i>	Death Expectancy Syndrome	Prenatal and birth experience - "root of the problem" refers back to the beginning in the womb and birth experience	ISE
<i>it's something in me, I think</i>	Jurisdictional Problem	Childhood experiences	SPE
<i>I am depressed and anxious</i>	Death Expectancy Syndrome	Prenatal and birth experience - "depressed" refers to being sad about one's own death	ISE

Case A stated in the first few sentences that her problem is to be found in "***I can't get to the root of the problem***" - which means that her Initial Sensitising Event lies in the Prenatal and Birth experience. She has an Identity Problem as well as a Walking Zombie Syndrome ("as I'm always sad"), the Death Expectancy Syndrome and a Jurisdictional Problem. Her problem lies with the Ego Survival and thus with reference to Figure 3.4, her underlying problem is Spiritual Survival.

On the question "*When did the symptoms start?*" she replied:

"Always been there. I don't think my life has ever been right"

Case A suggests that she suffers from an Identity problem, as well as the Walking Zombie Syndrome and that it started with the Prenatal experience (the Initial Sensitising Event). The Birth experience has been the Symptom Producing Event and the dysfunctional family, her marriage and divorce the Symptom Intensifying Events.

On asking what she knows about her mother's pregnancy and her own birth she replied:

"Nothing, normal. Before me she had twins - born premature and dead."

This confirms her waking diagnosis that reflects back to the Prenatal - and Birth experience, indicating that her mother could have suffered from anxiety about this pregnancy. Subconsciously she may have felt that ***"I need to replace the other babies"***.

When asked on a scale of one to ten, where one is really bad and ten the best, where she would place herself:

TABLE 5.3: SCALE FROM ONE TO TEN

<u>At the worst</u>	<u>Today</u>	<u>At the best</u>
<i>"Below one"</i>	<i>"One"</i>	<i>"Ten"</i>

With her answer Case A confirms that the root cause of her problem must be looked for in the Prenatal and the Birth experience. Her conscious heard the therapist ask *"on a scale of one to ten"*, but her subconscious answered *"below one"*. This confirmed to the therapist that her subconscious answered and to the Medical Hypnoanalyst it means one has to go back to the prenatal or birth experience. In her Word Association Test the following was established:

TABLE 5.4: ANALYSIS OF THE WORD ASSOCIATION TEST

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
A1	My problem	Love	I am the problem and I am unlovable	IDP
A2	Love	Me	I am love, and my problem is love, then I am the problem	IDP
A3	Fear	Unidentified (Big Sigh)	It was before I can remember	BE
A4	Anxiety	(Big Sigh) Um That's me	It is wrong to be me or to be here	BE
A5	Death	Dark	I was confronted by death in the womb	DES
A6	Cave	Dark	I was confronted by death in the womb	PNE
A7	Tunnel	(Big Sigh) That's dark	I was confronted with death in the birth canal	BE
A8	Down in this dark hole	(Big Sigh) Feels as if I'm drowning (Big Sigh)	In the womb it felt as if I were going to die	PNE
A9	Alone	That's me	When I'm alone I am anxious	PNE
A10	Rejection	That's me	When I'm anxious and alone I feel rejected	IDP
A11	Without love	That's me	When I'm anxious, alone and rejected I feel unloved	IDP
A12	When walls close in	I'm underneath	I am not going to survive	BE
A13	Suffocate	Choking	If I can not breathe I am	BAS

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
			choking	
A14	I felt I was without love when	Always	From the very beginning I was not loved	PNE
A15	I'm stuck at age	... nearly all my life	From the very beginning I did not make it	PNE & BE
A16	It all started when	... I can't remember	Before I can remember	BE & PNE
A17	Who	... am I?	I don't know who I am	IDP
A19	I could never do anything right for	... my parents	I was not what they wanted	IDP
A20	Guilt	I always feel guilty	I should not be here	PNE & IDP
A21	If only	... I could change myself	I am not good enough	IDP
A22	My greatest need is	... to be loved	I am unloved	IDP
A23	I'm afraid when	... I don't When it comes from inside from the unknown	Before I can remember	BE
A24	When I was born	... I can't remember	Before I can remember	BE
A25	I am angry at	Myself	I am not good enough	
A26	God never	... maybe listened to my pleas or hurting	Even God did not want me	SWZS
A27	The real problem is that	... always tried to be good, to be	Need to prove I am a worthwhile person	IDP

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
	I	helpful		
A28	The one thing I need most	... to find peace in myself	To know it is OK to be here	SWZS
A29	I always felt	...unloved and unwanted	I should not be here	SWZS
A30	When fire breaks out	... (Big sigh) I'll run	I take the flight response	WZS
A31	I am just tired of	... hurting inside	Starting in the womb and then the birth canal	PNE & BE
A32	My greatest need is	... to be loved	I do not love myself	IDP

The Word Association Test (WAT) revealed the underlying thoughts and emotions of Case A as follows:

TABLE 5.5: DISCUSSION OF THE WORD ASSOCIATION TEST

WAT REFERENCE	COMMON EMOTION	ANALYSIS
A1=A2=A11	Love	I = love = problem
A3=A4=A9=A10=A11	Fear, anxiety, alone, rejection, without love	Without love = alone = fear = rejection = anxiety
A5=A6=A7=A8=A12=A13 =A23=A24	Fear	Dark = cave (womb) = tunnel = death = drowning = choking
A7= A12=A13	Fear	I am underneath when walls close in, can suffocate
A14=A11=A29=A32	Love	I am not worthy of love
A15=A14=A16	Unloved	I got stuck without love since I can remember

WAT REFERENCE	COMMON EMOTION	ANALYSIS
A17=A19=A20=A21=A22= A25=A29	Self hate	I do not know myself, I hate myself and was never good enough
A20=A26=A27=A28	Guilt	Not even God loves and approves of me

In Table 5.5 above the subconscious tells the therapist where to look for the root cause of anxiety. It all reverts back to the prenatal- and birth experiences, where the fetus felt unloved, rejected, scared and guilty.

Case A's goals for the therapy are:

"I would really want to look back and say it has helped me and what had to be healed is healed"

She refers back to the womb and the birth experience where it has all started and where the healing is needed - the changing of perceptions from that time. The Jurisdiction Problem (guilt complex) is evident, as Case A blames herself for being on earth. The emotion that nobody loves her originated in her subconscious to the very beginning in the womb and with the birth experience. The above confirms her Identity Problem and the Spiritual Walking Zombie Syndrome.

TABLE 5.6: THE DIAGNOSIS ACCORDING TO THE TRIPLE ALLERGENIC THEORY:

INITIAL SENSITISING EVENT	SYMPTOM PRODUCING EVENT	SYMPTOM INTENSIFYING EVENT
Prenatal Experience: Feelings of being unwanted and a decision made in the subconscious	Birth Experience: Feelings experienced were that of fear, helplessness, struggling,	<ul style="list-style-type: none"> • Dysfunctional family • Abusive father • Marriage problems

INITIAL SENSITISING EVENT	SYMPTOM PRODUCING EVENT	SYMPTOM INTENSIFYING EVENT
to die.	anxiousness, can't do anything for herself, give up - to die.	<ul style="list-style-type: none"> • Divorce • Not able to have any relationship with men

As this study deals only with anxiety and the birth experience, this case will deal with the Symptom Producing Event. The reader should be aware that the Initial Sensitising Event in this case is very important and it was dealt with during therapy. To understand the Symptom Producing Event, a short summary of the prenatal experience will be given in the discussion of the birth experience.

5.2.1.2 THE BIRTH EXPERIENCE (in this case the Symptom Producing Event)

In the womb the baby decided to die because of unwanted and unloved feelings, it failed to die, felt very unsuccessful and ended up with feelings of being a failure. During the birth experience the emotions of fear, helplessness, struggling and tremendous anxiety to the extent that it was now eventually going to die were experienced (A3, A4, A5, A6, A7, A8, A9, A12, A13, A14, A15, A16, A23, A24, A29, A31). The baby wanted to die and just “gave up”. The subconscious accepted the death suggestion there.

After the birth experience all babies have three basic needs to survive namely, food, warmth and love. In Case A's situation she could not see her mother, which meant to the subconscious that she was alone and without love, which meant the baby could not survive and confirmed death.

Therapy and ego strengthening which were then incorporated to remove the suggestions will be discussed further in Chapter 6.

5.2.1.3 CONCLUSION OF THE BIRTH EXPERIENCE SESSION

After the removal and changing of perceptions from the birth experience Case A, still being in the state of hypnosis, provided the solution of the therapy session with her statement:

“Something is being lifted off me. It feels as if something has cracked open. I can love and free myself”.

5.2.2 CASE B

Case B is a 20 year old black male student, suffering from anxiety, obsessive compulsive disorder and conversion disorder (according to the DSM IV). For the past six years he has been going to different doctors and specialists, without any improvement in his condition. He stated that his stomach is ***“a little bit abnormal”*** because he can not go to the toilet and have a normal evacuation of the bowel. He is the middle child of an above-middle-class black family. His older sister is two years older than him and he is fourteen years older than his younger sister. His relationship with his father was better than with his mother. He stated that his mother was strict. He described his childhood as wonderful until going to high school. From standard six he struggled and said that the adjustment in this year was the most traumatic experience that he has had. The stomach problem started during this year. He also started to be malodorous and was unable to control the gas that went along with it. This caused terrible embarrassment for the school boy.

He started contemplating suicide as a result of despair because no medical practitioners were able to help him with his condition. Hypnotherapy was his last option. On the question *“if you could change one thing about yourself what would it be?”*, he replied ***“I would like to have a regular bowel movement. The elementary things in life. Maybe I feel guilty about everything I've got”*** He said that he sometimes lies to his peers because they do not have the same advantages he has.

Client's reply on the question "What is the problem?":

"It is a state of mind. I can't stand to be near people. I have an obsessive compulsive disorder according to the doctors. It's anxiety, but there is no pressure, but you feel that there is. I went to a lot of doctors the past six to eight years, without getting better. I suffer from anxiety and depression, I hate to get up in the mornings. I hate myself, if I look in the mirror I see somebody I don't want to be. There is a problem with my stomach; I can not have a normal stool; I hate going to the toilet and this causes swelling, bad smelling and noises."

5.2.2.1 ASSESSMENT:

TABLE 5.7: ANALYSIS OF THE FIRST FEW SENTENCES OF CASE B

CLIENT'S REMARKS	SUBCONSCIOUS DIAGNOSIS	WHERE TO FIND	TAT
<i>It is a state of mind</i>	Identity Problem	Birth of his little sister	SIE
<i>I can't stand to be near people</i>	Identity Problem	Prenatal and birth experience	ISE
<i>I have an obsessive compulsive disorder according to the doctors</i>	Identity Problem	Started in standard six	SIE
<i>It's anxiety, but there is no pressure, but you feel that there is.</i>	Walking Zombie Syndrome	Prenatal and birth experience - "anxiety" refers back to the beginning	ISE
<i>I went to a lot of doctors the past six to eight years, without</i>	Death Expectancy Syndrome, Walking Zombie Syndrome	The birth of his sister and going to High School	SIE

CLIENT'S REMARKS	SUBCONSCIOUS DIAGNOSIS	WHERE TO FIND	TAT
<i>getting better.</i>			
<i>I suffer from anxiety and depression</i>	Death Expectancy Syndrome, Walking Zombie Syndrome	Prenatal and birth experience - I did not make it	ISE
<i>I hate to get up in the mornings</i>	Death Expectancy Syndrome; Walking Zombie Syndrome	Birth experience	ISE
<i>I hate myself, if I look in the mirror I see somebody I don't want to be</i>	Identity Problem	Childhood	SPE
<i>There is a problem with my stomach, I can not have a normal stool,</i>	Death Expectancy Syndrome; Walking Zombie Syndrome	Birth experience	ISE
<i>I hate going to the toilet and this causes swelling, bad smelling and noises.</i>	Death Expectancy Syndrome; Walking Zombie Syndrome	Birth experience	ISE

Case B stated in the first few sentences that his problem is to be found at ***"It's anxiety, but there is no pressure, but you feel that there is"*** - which means that his Initial Sensitising Event lies in the Prenatal or Birth experience. He has an Identity Problem as well as a Walking Zombie Syndrome (I hate myself and I hate to get up in the mornings), the Death Expectancy Syndrome and a Jurisdictional Problem. His problem lies with Physical Survival and thus with reference to Figure 3.4, his underlying problem is Ego- and Spiritual Survival.

On the question *"When did the symptoms start?"* he replied:

"At the beginning of high school, standard six."

On asking what he knows about his mother's pregnancy and his own birth he replied:

"Nothing."

When asked, on a scale from one to ten, where one is really bad and ten the best, where could he rate himself, his response was:

TABLE 5.8: SCALE FROM ONE TO TEN

<u>At the worst</u>	<u>Today</u>	<u>At the best</u>
<i>"Minus one"</i>	<i>"Four"</i>	<i>"Eight"</i>

With his answer Case B confirmed that the root cause of his problem must be looked for in the Prenatal - or the Birth experience. In his Word Association Test the following information emerged:

TABLE 5.9: ANALYSIS OF THE WORD ASSOCIATION TEST

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
B1	His name	<i>Sad</i>	I am already dead	DES
B2	His surname	<i>I don't know, not me</i>	I am not part of my family	IDP
B3	My problem	<i>Big</i>	Too small to handle this	BE
B4	Fear	<i>Anxiety</i>	I did not make it	BE
B5	Anxiety	<i>Not free</i>	I did not make it	BE
B6	Life	<i>Death</i>	I did not make it	BE
B7	Darkness	<i>Alone</i>	I did not make it	BE
B8	Walls	<i>Closed</i>	I did not make it	BE
B9	Love	<i>Complicated</i>	Confusion regarding love	IDP

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
B10	My mother always	<i>Misunderstands (big sigh)</i>	Confusion regarding love	IDP
B11	I am just like	<i>nobody I know</i>	I am a freak	IDP
B12	Cave	<i>Heaven</i>	Safety	PNE
B13	Tunnel	<i>Closed</i>	I can't get through	BE
B14	When walls close in	<i>I panic</i>	I can't get through	BE
B15	At the end of the tunnel	<i>(Big Sigh) I'll be free</i>	I will know I've made it	BE
B16	Without love	<i>Alone</i>	I am without love	IDP
B17	Rejection	<i>Fear</i>	I can not live when rejected	IDP
B18	If I describe my problem in colour	<i>Black</i>	I am already dead	DES
B19	Alone	<i>Me</i>	I am without love	IDP
B20	Doctor	<i>Can't help me for...</i>	If the doctors can not help me I am worthless	IDP
B21	It felt I was without love when	<i>Most of the time</i>	Unloved	BE & IDP
B22	God always	<i>deserts me</i>	Unloved and worthless	IDP & SWZS
B23	It felt I died when	<i>A long time ago (Big Sigh)</i>	At the birth experience	BE
B24	Depressed	<i>Often</i>	I am already dead	DES
B25	Life is like	<i>A process of obstacles</i>	Starting in the birth process	BE
B26	Why	<i>do I always feel inadequate?</i>	I am not good enough	IDP
B27	Who	<i>made me like this</i>	I am unacceptable to	IDP

REF.	WORD ASSOCIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAGNOSIS
			human kind	
B28	Basically	<i>I'm always anxious</i>	It started at the beginning	BE
B29	It all started when	<i>I went to high school</i>	I was exposed to the outside world	BE & IDP
B30	I could never do anything right for	<i>my mother</i>	I was just not good enough for her	IDP
B31	The real problem is	<i>my emotions</i>	Starting when I did not understand	BE
B32	Abortion	<i>Don't!</i>	It means death	DES
B33	If only	<i>I was different to who I am</i>	I do not like myself	IDP
B34	There must be	<i>A way out</i>	This opening is blocked	BE
B35	To go to the toilet means	<i>Despair</i>	I can not let go	DES & IDP
B36	My greatest fear is	<i>to die</i>	I have experienced it	DES
B37	My greatest need is	<i>To be without fear and anxiety</i>	It is stuck in the subconscious	BE
B38	My greatest fault is	<i>Too much anxiety</i>	It is stuck in the subconscious	BE
B39	I'm afraid when	<i>There are people around me</i>	I was exposed to strange people when coming into this world	BE
B40	My stomach problem	<i>never ceases</i>	It feel like the birth experience never ends	BE
B41	At the end of the road	<i>I will die</i>	Have experienced it	BE
B42	When I was born	<i>(Big Sigh) I didn't know</i>	I did not know I have made it	BE

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
B43	My biggest failure	<i>Me!</i>	I failed	IDP & BE
B44	My greatest obstacle to my happiness	<i>Fear</i>	I have experienced it	BE
B45	20 Years from now	<i>I might be free</i>	Free from the limitations in the subconscious	BE
B46	Toilet	<i>Enclosed</i>	The birth canal	BE
B47	My mother never	<i>understands</i>	I am not worthy	IDP
B48	I'm stuck at age	<i>Twelve</i>	I was confronted with my mother's pregnancy and moving out of my comfort zone to high school	IDP & DES
B49	My real age	<i>Fifteen</i>	Can not get older, needs my mother's attention	IDP
B50	Black	<i>Fear</i>	I did not make it	BE & DES
B51	High School	<i>Pain (whisper)</i>	I did not make it	IDP & DES
B52	Food	<i>Hate</i>	I do not love myself	IDP
B53	Please don't	<i>come near me</i>	I am unworthy	IDP
B54	At the very bottom of it all	<i>there's a child</i>	I am only a little boy	IDP
B55	I'm just tired of	<i>trying</i>	To prove I am dead	DES
B56	I'll be well when	<i>the anxiety stops</i>	I know I've made it	DES & WZS
B57	The colour black to me means	<i>death</i>	I did not make it	DES & WZS
B58	My deepest	<i>To fear</i>	I know I did not make it	BE

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
	thoughts tell me			

The Word Association Test (WAT) revealed the underlying thoughts and emotions of Case B as follows:

TABLE 5.10: DISCUSSION OF THE WORD ASSOCIATION TEST (WAT)

WAT REFERENCE	COMMON EMOTION	ANALYSIS
B9=B10=B16=B19=B21= B22=B30=B31	Love	Love = complicated = God = Mother
B3=B4=B5=B7=B8=B13= B17=B28=B34=B36=B37= B38=B39=B44=B50=B56= B58	Fear, anxiety, alone, rejection	Tunnel = closed in = panic = fear = rejection = anxiety = people
B1=B6=B7=B18=B20=B2 3=B24=B36=B41=B42=B5 5=B57	Death	Sad = alone = black = death = depressed = fear = tired
B9=B11=B16=B19=B21= B26=B29=B30=B33=B39= B43=B47=B47=B48=B49	Insecurity	I am not worthy of love and acceptance
B9=B16=B22	Unloved	Alone = me

In Table 5.10 above the subconscious tells the therapist where to look for the root cause of the patient's anxiety. Case B's anxiety can be found in the birth experience. There were feelings of insecurity, being unloved, rejection, fear and loneliness as well as feelings that he did not succeed.

Case B's goals for the therapy are:

"This is my last hope. My parents give me love and money, but why don't they take control and help me? I want to be happy".

Case B refers back to the birth experience where he felt nobody helped him. He did not have control in the birth process and felt that he did not make it. The therapy was his last hope to help him survive. He has lost control over his life and body (stomach problems) and because ***“there is a child at the very bottom of it all”*** (B54) he is unable to help himself.

TABLE 5.11: THE DIAGNOSIS ACCORDING TO THE TRIPLE ALLERGENIC THEORY

INITIAL SENSITISING EVENT	SYMPTOM PRODUCING EVENT	SYMPTOM INTENSIFYING EVENT
Birth Experience: Insecure feelings, not strong enough, gave up, suggestion in the subconscious to die.	Birth of his younger sister and going to High School: Feelings experienced were that <i>“I am not good enough”</i> and anxiousness.	<ul style="list-style-type: none"> • Claustrophobia when among people (even in family) • Relationship problems • Depression • Anxiety • Stomach problems • Self hate

In this case the Initial Sensitising Event is the birth experience. Although there were indications found during the prenatal phase, the Death Expectancy Syndrome started during the birth process and is the key to his anxiety. A short summary of the Prenatal Experience will be given.

5.2.2.2 THE BIRTH EXPERIENCE (in this case the Initial Sensitising Event)

Feelings of isolation and confusion were experienced in the womb. He sensed conflict on the outside and felt helpless because he could not correct the situation. From his mother he experienced resentment and distance. As the birth process

started he wanted to escape, but could not. This confused him and he felt helpless, he could not do anything about the situation which caused more anxiety. The baby then decided that he was not strong enough, he could not confront issues, he tried to hide and eventually gave up. This meant to the subconscious that it was the end - death. He explained that it was like climbing a mountain, falling down time and again. You are not there long enough to experience it fully.

When the baby was born, he said the baby could breathe. The therapist asked what that meant and he replied "***I am alive***".

After the baby had been born, it was removed from it's mother. To Case B's subconscious it meant that his mother didn't want him. This affirmed his emotions of loneliness and isolation. The subconscious decided that it was better to be dead as there were no food, warmth and love. He confirmed this by saying that perhaps he does not deserve food and that he can not overcome certain things in his life.

5.2.2.3 CONCLUSION OF THE BIRTH EXPERIENCE SESSION

These undesirable suggestions were removed during therapy and ego strengthening was done. At the end of the session, still in hypnosis, Case B reported:

"I am free. I can be happy and alive".

5.2.3 CASE C

Case C is a 47 year old man, married for 20 years, with two children and suffering from insecurity, struggling to speak in front of people. He used to stutter as a child. When he wakes up in the morning he gets an anxious feeling, as well as when he is under pressure. He completed his studies at a university and worked for many years in his profession, but got bored with it and is now in a fast moving franchise business. He was the younger of two children the elder being a sister. On asking him about his childhood he started to cry and said "***I think I made it happy***". He

told me that his father was a very reticent person, and that they never talked to each other (he became extremely sad saying it, so that it took him quite a few minutes to recover to be able to continue). Asking about his mother he said: ***“My mother is the difficult person in my life. Strict and full of crap. Only close to her if she could dominate me”***. The relationship between the father and mother was never good.

In standard nine he suffered from a head concussion as a result of a rugby injury and was unconscious for a long time. He has suffered from hypertension from the age of 35. He had a near drowning experience at the age of nine years. He hated school because of the stuttering. Before their marriage his wife fell pregnant and as a result of their panicking he took her for an abortion. He feels very guilty about this action. He was involved in extra-marital relationships, which he said just happened and was not planned. He also feels very guilty about his misbehaviour toward his wife which he said was selfish and could have hurt her. There is confusion regarding his religion.

Client’s reply on the question *“What is the problem?”*:

“Weakness - insecurity, needs more confidence. Needs to speak in front of a group of people. I used to stutter as a child. When I get stressed, I’m too sensitive to things. I stuttered as a child. I block at certain words, usually the vowels. At school it was very bad. After the concussion (in standard nine playing rugby) I get this anxious feeling, as well as when I’m under pressure”.

5.2.3.1 ASSESSMENT:

TABLE 5.12: ANALYSIS OF THE FIRST FEW SENTENCES OF CASE C

CLIENT’S REMARKS	SUBCONSCIOUS DIAGNOSIS	WHERE TO FIND	TAT
<i>Weakness, insecurity, needs more confi-</i>	Identity Problem	The birth experience and	ISE & SPE

CLIENT'S REMARKS	SUBCONSCIOUS DIAGNOSIS	WHERE TO FIND	TAT
<i>dence</i>		childhood	
<i>Needs to speak in front of a group of people</i>	Identity Problem and Walking Zombie Syndrome	Scared of strange people when entering into this world	ISE
<i>I used to stutter as a child</i>	Identity Problem	Can not handle self in relation to others	SPE
<i>I get stressed, I'm too sensitive to things</i>	Birth Experience and Identity Problem	"Stressed" refers back to the birth process	ISE
<i>I block at certain words, usually the vowels - at school it was very bad</i>	Birth experience and Identity Problem	Got stuck in the birth canal	ISE
<i>After the concussion (in standard nine playing rugby) I get this anxious feeling</i>	Death Expectancy Syndrome	Birth experience and the rugby incident	ISE & SPE
<i>As well as when I'm under pressure</i>	Death Expectancy Syndrome	Birth experience	ISE

Case C stated in the first three sentences that the problem started in the birth experience, where he got "blocked". In his case the birth experience was the Initial Sensitising Event. He also has an Identity Problem, Walking Zombie Syndrome, Death Expectancy Syndrome and a Jurisdictional Problem. With reference to Figure 3.4 his problem lies on the Ego Survival level with Spiritual Survival as the underlying problem.

On the question "When did the symptom start?" he replied:

(Put his finger in the mouth) "When I was small - I've grown out of it to a certain extent, but not completely out of it".

This confirmed that Case C is still stuck in the birth canal, that he feels himself not completely free from the birth experience and that he shows signs of also being stuck in childhood (finger in mouth). The Ponce De Leon Syndrome, Identity Syndrome, Walking Zombie Syndrome and the Death Expectancy Syndrome are all diagnosed. The Initial Sensitising Event can be found in the Birth Experience as the cause of the anxiety. However for the Identity Problem the Initial Sensitising Event can be traced back to the Prenatal Experience. The Symptom Producing Event for the anxiety can be linked to when he was a little boy, very lonely, no communication between him and his parents, and his fear at school for his teacher. The Symptom Intensifying Event was his guilt about the abortion and his fear of divine punishment.

On asking him what he knows about his mother's pregnancy with him and his birth, he replied:

"Nothing".

TABLE 5.13: SCALE FROM ONE TO TEN

<u>At the worst</u>	<u>Today</u>	<u>At the best</u>
<i>"Zero"</i>	<i>"Five to eight"</i>	<i>"If I allow myself - Ten"</i>

With his answer of zero for the worst case Case C confirms that the root cause of his problem must be looked for in the Prenatal - and the Birth experience. He said that he ***"always inclined to put myself down"*** and with this he confirmed that the subconscious feels he did not pass the *"test"* he was to go through (in this case the birth experience). In his Word Association Test the following came to light:

TABLE 5.14: ANALYSIS OF THE WORD ASSOCIATION TEST (WAT)

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
C1	Mother	Pressure	Coming from mother	BE
C2	Life	Breathing	To breathe means life	BE
C3	Tunnel	Claustrophobic	It was too small	BE
C4	Reading to people	... um (Wait long) difficult - I don't know	Just as difficult as the birth - first encounter with difficulties	BE
C5	Feel stuck at age	I don't know - young	Can not remember the birth canal	BE
C6	Pressure	Anxiety	Not going to make it	BE
C7	It all started when	... I was young	Birth process and childhood	BE & IDP
C8	Dark	Warm, cold, scary	From the warm womb to the cold scary world	PNE & Be
C9	My problem	Anxious	Did not make it in the birth process	BE
C10	Fear	Fight	No control, had to fight	BE
C11	Stuttering	Pressure	Remind of anxiety	BE
C12	I could never do things right for	... parents	I am a failure	BE & IDP
C13	Speech	Pressure	Remind of anxiety	BE & IDP
C14	Escape	Freedom	Out of birth canal	BE
C15	My biggest failure	Not have the confidence to do what I should	I should have made the birth process	BE
C16	When my father died	I was very anxious	Reminder of not making it	BE & DES
C17	Freedom	Pressure	The birth process	BE

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
C18	If only	I can get out of the rut	Birth canal where I am stuck	BE
C19	Every single time	I get frustrated	I am helpless	BE
C20	My greatest fear is	That I won't achieve what I'm suppose to achieve	I feel I did not make it through the birth canal	BE
C21	When I was born	I don't really know but....noisy	Can not remember, only the noise	BE
C22	Death	Dark	Cold and scary	BE
C23	When everything went dark	I go cold	I die	BE
C24	Abortion	Sad	I also died	DES
C25	I feel guilty about	... the abortion	I committed a sin	JDP & DES
C26	My greatest fault is	... I don't listen properly to myself	If I am dead I can not hear myself	DES & WZS
C27	I stopped listening to myself when	... I close off	If I am dead I can not hear myself	DES & WZS

The Word Association Test (WAT) reveals the underlying thoughts and emotions of Case B as follows:

TABLE 5.15: DISCUSSION OF THE WORD ASSOCIATION TEST (WAT)

WAT REFERENCE	COMMON EMOTION	ANALYSIS
C1=C3=C4=C5=C6=C9=C11=C13=C17=C18	Pressure	Claustrophobic = reading = stuck = mother = anxiety = stuttering
C3=C4=C6=C8=C9=C10=C20	Fear	Tunnel = difficult = people = dark = flight
C8=C16=C22=C23=C24=C26=C27	Death	Cold = sad = dark = death = closed
C9=C12=C14=C20=C24=C25	Guilt	I am not worthy of love and acceptance

Table 5.15 above illustrates that the root cause of Case C's anxiety can be found in the birth experience as it causes the anxiety and the stuttering. He experiences feelings of insecurity, fear and loneliness as well as feelings that he did not achieve what he was supposed to achieve.

Case C's goals for the therapy are:

"To be more confident, more positive, there are a whole lot of things that I didn't come to terms with. I am blocking things that are bad. I was very lonely when I was small. I would like to be happy."

With the above goals Case C explains his Identity Problem, Walking Zombie Syndrome and Death Expectancy Syndrome. The Jurisdictional Problem (guilt complex) is evident, as Case C blames himself for the abortion. He felt that he could neither please his parents, nor his teachers or himself and therefore he was just not good enough. The stuttering was the subconscious reminder that he did not achieve in the birth experience and that he got stuck there.

TABLE 5.16: THE DIAGNOSIS ACCORDING TO THE TRIPLE ALLERGENIC THEORY

INITIAL SENSITISING EVENT	SYMPTOM PRODUCING EVENT	SYMPTOM INTENSIFYING EVENT
Birth Experience: No control, could not do anything about it and a decision was made in the subconscious to give up, to die.	Childhood Experience: Very lonely - parents absent. Traumatic experience in standard five with a teacher - emphasised the insecurity and stuttering.	<ul style="list-style-type: none"> • Abortion • Father's death • Extra marital involvement • Mixed feelings about religion

All other areas were treated during the therapy sessions, but for the purpose of this study only the Birth Experience will be explained.

5.2.3.2 THE BIRTH EXPERIENCE (in this case the Symptom Producing Event)

At seven months in the womb there were feelings of fear, anxiety and wanting to escape. Once the birth process had started, there was no control and the baby could not do anything for relief. He gave up because he could not get out. Asking the subconscious what that meant, he replied with "*It died*" (refer C23 in Table 5.15). On asking his subconscious how that influenced, him, he said that he had always been stuck in himself, that he was never able to communicate properly.

With the birth of the baby people were rushing around as they were concerned that the baby might die. His mother and father were not present and a feeling of loneliness was experienced. On asking his subconscious what that meant to him, he said that they did not want him. From thereon he did not trust people and felt very insecure about them. His subconscious told the therapist that the stuttering is there to remind him of isolation and blocking, because it protects him from further hurt and pain.

In therapy the undesirable perceptions were removed and changed to positive ones.

5.2.3.3 CONCLUSION OF THE BIRTH EXPERIENCE SESSION

At the end of the session while still in hypnosis his subconscious gave the solution:

“It is like a new beginning. I do not need to stutter anymore”.

5.2.4 CASE D

Case B is a 27 year old single woman, suffering from depression and anxiety. Six months before she came for therapy she and her father were hi-jacked. She was the middle child of two children (older sister aged 28 and a younger sister of 22 years) As a child she was exposed to conflict and physical abuse between her parents. Her parents divorced when she was 14 years old and to Case D it was very traumatic. When asking her about her father she said: *“He was very hard on me, he always wanted me to achieve”*. She experienced her father’s drinking problem as very traumatic. Her relationship with her mother was not good and she was unable to talk to her comfortably. Her mother was very strict, mostly angry and a hard person. Her mother remarried when Case D was 18 years old and she then stayed with her father.

The most disturbing emotional experience in her life was waking up at night and hearing her father hitting her mother. She has always been too scared to stop them and just stayed in bed. After her parents’ divorce she was involved with a boyfriend who ***“supported me through their divorce”***. She strongly believed that she was going to marry him and had intercourse with him. Five years after her parents’ divorce the relationship ended which caused a lot of guilt in her. Thereafter she had several sexual relationships with various men, leading to more guilt feelings. Two years ago she consulted a therapist, without any improvement.

Client's reply on the question "What is the problem?".

"In August 1999 my dad and I were hi-jacked. It didn't affect me then but now it affects me. It's affecting my relationships. I need to work through certain issues. I struggle with confidence in a relationship. I seem to block my feelings. There must be something blocking my feelings. I suffer from depression and panic attacks. All of a sudden I feel down, sad or anxious. It happens at least once a week and I can't explain it."

5.2.4.1 ASSESSMENT:

TABLE 5.17: ANALYSIS OF THE FIRST FEW SENTENCES OF CASE D

CLIENT'S REMARKS	SUBCONSCIOUS DIAGNOSIS	WHERE TO FIND	TAT
<i>In August 1999 my dad and I were hi-jacked</i>	Walking Zombie Syndrome	Regression to the event	SIE
<i>It didn't affect me then but now it affects me</i>	Identity Problem and Walking Zombie Syndrome	Subconsciously the "it" refers perhaps to a sexual incident, consciously to the hi-jacking incident mentioned	SPE and SIE
<i>It's affecting my relationships</i>	Identity Problem and Jurisdictional Problem	Can not handle self in relation to others	SPE
<i>I need to work through certain issues</i>	Walking Zombie Syndrome and Jurisdictional Problem	Birth experience - "work through" refers back to the "struggle" experienced during the birth process	ISE

CLIENT'S REMARKS	SUBCONSCIOUS DIAGNOSIS	WHERE TO FIND	TAT
<i>I struggle with confidence in a relationship</i>	Death Expectancy Syndrome and Jurisdictional Problem	Birth experience - "struggle with confidence" refers back to the birth process	ISE
<i>I seem to block my feelings</i>	Walking Zombie Syndrome	Birth experience	ISE
<i>There must be something blocking my feelings</i>	Walking Zombie Syndrome	Birth experience	ISE
<i>I suffer from depression and panic attacks,</i>	Death Expectancy and Walking Zombie Syndromes	Birth experience	ISE
<i>I can just feel suddenly very down, sad or anxious</i>	Death Expectancy and Walking Zombie Syndromes	Birth experience	ISE
<i>It happens at least once a week and I can't explain it</i>	Death Expectancy Syndrome and Walking Zombie Syndrome	Birth experience	ISE

Case D stated that her problem started during the birth experience, by using the word "**struggle**". The hi-jacking did not effect her when it happened, but six months later it suddenly started to affect her. Blocking her feelings shows that somewhere she became the Walking Zombie, which was confirmed with the sudden feelings of depression and panic. She also has an Identity Problem, Jurisdictional Problem and the Death Expectancy Syndrome. Case D's problem lies on the Ego Survival level (refer to Figure 3.4), her underlying problem being on the Spiritual Survival.

On the question "*When did the symptoms start?*" she replied:

“My parents fought from when I was little. I didn’t have a stable childhood, there was lots of violence.”

Case D’s reply shows an Identity problem starting in childhood, as well as the Walking Zombie Syndrome. Her unhappy childhood was the Symptom Producing Event and the hi-jacking and dysfunctional relationships the Symptom Intensifying Events.

On asking her what she knows about her mother’s pregnancy with her and her birth she replied:

“I was big, it was a natural birth. The doctor was not there, only my mother and a nurse.”

This confirms the therapist’s diagnosis that her problem reverts back to the birth experience, indicating that the mother suffered anxiety and pain during the labour.

In her Word Association Test the following was discovered:

TABLE 5.18: ANALYSIS OF THE WORD ASSOCIATION TEST

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
D1	Fear	Failure	I did not make the birth experience	BE
D2	Anxiety	Palpitations	I am scared	BE
D3	Death	Inevitable	I know that feeling	DES
D4	Cave	Dark	The womb was dark	PNE
D5	Hate	Anger	Scared of anger	IDP
D6	Sex	Confusing	I feel guilty	JDP
D7	Alone	Death	I can not survive when I am alone	WZS

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
D8	Rejection	Fear	I can not survive when I am alone	BE, SAS
D9	Tunnel	Dark	In the birth canal it was dark and lonely	BE
D10	Without love	Nothing	Can not survive without love	IDP & WZS
D11	When I die I'm scared I really go to	...no where - just stuck	I got stuck anyway in the birth process	BE & SWZS
D12	If I don't get out	...I think I'll explode	I will die	BE & DES
D13	Down in this dark hole	...there's no-one there	I am alone	PNE
D14	Suffocate	Uncontrollable	I have no control over breathing	BE
D15	When walls close in	...I'm afraid I won't see over the wall	I will not make it	BE
D16	My father never	(Big sigh) meant to be the way he was	He could not help himself	IDP & JDP
D17	Please	...can I accept myself for who I am?	I can not accept myself	IDP
D18	Climax	Guilt	I can not enjoy	JDP
D19	Loneliness	Rejection	I fear to be alone	IDP
D20	Hi-jacked	Fear	It reminded me of something I know well	DES & WZS
D21	I feel out of control when	.. I'm disappointed	I could not make it in the birth experience	BE
D22	Who	... am I sometimes	I do not know myself	IDP
D23	As a child I	... was very	I did not believe in	IDP

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
		insecure	myself	
D24	Basically	... all I want is inner peace	I feel guilty about everything and being me	IDP & JDP
D25	It all started when	... not here, not here	In the womb	PNE
D26	The real problem is	... not clear	In the womb	PNE
D27	My punishment	...guilt	I need to be punished	JDP
D28	I felt like I died when	... my parents got divorced	There it all went wrong	DES &SPE
D29	My greatest fear is	... failure	I experienced it in the birth process	BE
D30	My greatest fault is	... not believing in myself	I experienced failure before	IDP & BE
D31	My greatest sin	(Big sigh) sexually	I am guilty	JDP
D32	I'm afraid when	... I think of failure	I experienced failure before	IDP & BE
D33	Underneath it all	... I want acceptance and understanding	From the womb and birth experience I wanted acceptance	PNE & BE
D34	When I was born	... my mother loved me	Father did not love me	IDP
D35	My biggest failure	... not believing in myself and others	I am unworthy	IDP
D36	The greatest obstacle to my happiness is	not understanding myself and others and acceptance	I do not know who I am and can not accept myself, therefore other people too will not	IDP
D37	The one thing I	... love	Without love I am	IDP

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
	need most is		nothing	
D38	I regret	... having so many sexual partners	I am guilty	SWZS
D39	My parents' divorce	... made me afraid to trust	If I can not trust my parents, whom can I trust	IDP & SWZS
D40	When my dad hit my mother I	... felt helpless	I could not help her, I feel guilty	JDP & WZS
D41	When we got hi-jacked I	... felt helpless	I could not do anything	WZS
D42	Violence	Anger	I was angry when my dad hit my mom	WZS
D43	My fear of failure started when	... my parents got divorced	It was again my failure	IPD & WZS
D44	When fire breaks out	... I run	The flight response	WZS
D45	I'll be well when	... I break the pattern	I need to change my perceptions	IDP
D46	This time I will be successful because	... I will understand myself	I do not know myself	IDP

The Word Association Test (WAT) discloses the underlying thoughts and emotions of Case D as follows:

TABLE 5.19: DISCUSSION OF THE WORD ASSOCIATION TEST (WAT)

WAT REFERENCE	COMMON EMOTION	ANALYSIS
D10=D34=D37	Love	Need = love = without love

WAT REFERENCE	COMMON EMOTION	ANALYSIS
		= nothing
D1=D2=D3=D4=D7=D8=D9=D11=D12=D13=D14=D15=D19=D20=D21=D25=D29=D32=D39=D40=D43=D44	Fear	Failure = anxiety = alone = death = rejection = dark = stuck = explode = suffocate = hi-jack = out of control = divorce = helpless
D6=D8=D11=D16=D17=D18=D22=D24=D27=D29=D31=D33=D36=D38	Guilt	Sex = rejection = sin = punishment = failure
D17=D19=D22=D23=D28=D30=D33=D35=D36=D37=D39=D40=D43=D44	Insecure	Need acceptance = loneliness = who am I? = child = parents divorce = helpless = flight response
D5=D12=D21=D42	Anger	Hate = explode = out of control = violence

Table 5.19 shows fear as the main issue and the cause for the anxiety. It all goes back to the birth experience, where the subconscious was confronted with death.

Case D's goals for the therapy are:

“To work through things and being able to be the best I can be and find my purpose of being here. To grow.”

Once again she referred back to where it all started and where she needed the healing - the womb (where she lost her purpose) and birth experience (being stuck there).

The Spiritual Walking Zombie Syndrome is evident, as Case D wants to find her purpose of being here on earth. She sees herself as a failure and this was to her subconscious similar to a feeling she experienced during the birth process. Her

Identity Problem is confronted here and the sexual guilt is added to the Jurisdictional Problem.

TABLE 5.20: THE DIAGNOSIS ACCORDING TO THE TRIPLE ALLERGENIC THEORY

INITIAL SENSITISING EVENT	SYMPTOM PRODUCING EVENT	SYMPTOM INTENSIFYING EVENT
Prenatal Experience: A feeling of not being the right sex, parents wanted a boy and disappointment was experienced in that " <i>I failed them</i> ". Fear of rejection and then taking the flight response - to die.	Birth Experience: Feelings experienced were of claustrophobia, can't breathe, need to get out, pressure, fear, helplessness, anxiety, can't do anything for herself, give up - going to die = failure.	<ul style="list-style-type: none"> • Unstable childhood • Abusive father • Divorce of parents • Break-up of relationship • Many sexual partners • Hi-jacking

This case will deal with the Birth Experience as the Symptom Producing event. The Initial Sensitising Event in this case (Prenatal Experience where the first acceptance of death took place) is very important and it was dealt with during therapy. A short summary of the Prenatal Experience will be given.

5.2.4.2 THE BIRTH EXPERIENCE **(in this case the Symptom Producing Event)**

In the womb the baby felt safe until it became clear that she was not the boy her parents wanted. The baby felt disappointed, out of control and unable to do anything about it. She felt she had failed her parents. This caused feelings of apprehension that they would reject her, that she would not survive and this lead to

the flight response (in this case death). Every time when she was confronted with rejection it meant “*death*” to her subconscious.

During the birth experience the feelings of claustrophobia, can't breathe, pressure, anxiety, out of control and potential death were experienced. All of this confirmed that she did not survive the birth experience and failed again. The subconscious accepted the failure here as a death suggestion.

After the birth experience her mother held her and she felt loved. This confirmed that she had survived, but the baby did not have the thinking ability to remove the negative suggestions of failure of the birth experience in the subconscious. Therapy and ego strengthening was then incorporated to remove the suggestions.

5.2.4.3 CONCLUSION OF THE BIRTH EXPERIENCE SESSION

Still in hypnosis Case D provides the solution in her statement:

“I'm born free, no-one can take it from me”.

5.2.5 CASE E

Case E is an engineer, 30 years old and single. He suffers from anxiety and depression. According to him there were happy and unhappy times in his childhood. He describes himself as a quiet child and felt that he was different from other people. His parents got divorced when he was eleven years old and it was his responsibility to look after his mother and sister, two years his junior. His father worked very hard and materially gave him what he needed, but was not part of his life. As a child the relationship between himself and his mother was very distant and he said that what he actually needed she did not give him.

As an adult he got on very well with both parents. He and his sister used to fight and he felt that his parents always blamed him as the guilty party.

At the age of three years he suffered from encephalitis twice and his parents thought that he would die. When the doctors did the tests his parents were not there and he can remember how scared and lonely he was. At the age of seven he fell from a high wall, resulting in him not being able to breathe. He can today still remember the panic experienced by not being able to breathe. After his parents' divorce, when his father was supposed to fetch him and then did not come, was very traumatic for him. As a child he wanted to be close to his father, but his father stayed distant. His only romantic relationship lasted for two years. It was broken off by the girl who got married soon after that. When the relationship broke up he considered suicide. It took a long time to get over that.

Client's reply on the question *"What is the problem?"*

"Um...(big sigh)... Well, I'vesince I was a child I always felt different from other people. I seemed to have a fear, coming from somewhere, it made me act in certain ways, it rules me. I'm not in control of my life, it made me feel down. I recently realised it is fear and it made me feel helpless and then I get depressed. I get very anxious and then I don't see things as they are. It gets me into a bad place. I don't know what causes the fear, it's as far back as I can remember. I want to get to the bottom of it"

5.2.5.1 ASSESSMENT:

TABLE 5.21: ANALYSIS OF THE FIRST FEW SENTENCES OF CASE E

CLIENT'S REMARKS	SUBCONSCIOUS DIAGNOSIS	WHERE TO FIND	TAT
<i>"Um...(big sigh)... Well, I've...</i>	Birth Anoxia Syndrome	Birth experience	ISE
<i>since I was a child I always felt different from other people</i>	Identity Problem	Birth experience and childhood	ISE & SPE

CLIENT'S REMARKS	SUBCONSCIOUS DIAGNOSIS	WHERE TO FIND	TAT
<i>I seemed to have a fear, coming from somewhere</i>	Death Expectancy and Walking Zombie Syndromes	Birth experience - "fear" refers back to coming from inside	ISE
<i>it made me act in certain ways, it rules me</i>	Walking Zombie Syndrome	Birth experience - "act and rules" refer to stuck emotions	ISE
<i>I'm not in control of my life</i>	Death Expectancy Syndrome and Walking Zombie Syndrome	Birth experience - "not in control" refers back to the beginning	ISE
<i>It made me feel down</i>	Death Expectancy Syndrome and Jurisdictional Problem	Birth Experience and childhood experiences	ISE & SPE
<i>I recently realised it is fear and it made me feel helpless and then I get depressed</i>	Death Expectancy Syndrome and Walking Zombie Syndrome	Birth Experience - helplessness and fear	ISE
<i>I get very anxious and then I don't see things as they are</i>	Death Expectancy Syndrome and Walking Zombie Syndrome	Birth Experience - helplessness and fear	ISE
<i>It gets me into a bad place</i>	Death Expectancy Syndrome and Walking Zombie Syndrome	Birth Experience - helplessness and fear	ISE
<i>I don't know what causes the fear, it's as far back as I can remember</i>	Death Expectancy Syndrome and Walking Zombie Syndrome	Birth Experience - helplessness and fear	ISE

CLIENT'S REMARKS	SUBCONSCIOUS DIAGNOSIS	WHERE TO FIND	TAT
<i>I want to get to the bottom of it</i>	Walking Zombie Syndrome	Birth Experience	ISE

Case E implies in the first few sentences that his problem is to be found in the Birth Experience - which means that it is his Initial Sensitising Event. He wants to get to the bottom of it, refers back to the birth process. He has an Identity Problem as well as a Walking Zombie Syndrome (*"made me feel very down"*), the Death Expectancy Syndrome (including the Birth Anoxia Syndrome) and a Jurisdictional Problem. His problem lies on the Ego Survival level (refer to Figure 3.4), with his underlying problem being Spiritual Survival.

On the question *"When did the symptoms start?"* he replied:

"As far back as I can remember. I am not dealing with situations very well."

This statement proves that it all started with the birth process where he could not deal with the problem.

On asking him what he knows about his mother's pregnancy with him and his birth he replied:

"It was difficult and took long."

The therapist's diagnosis was then confirmed by his implied answer that it all referred back to the Birth Experience.

TABLE 5.22: SCALE FROM ONE TO TEN

<u>At the worst</u>	<u>Today</u>	<u>At the best</u>
<i>"Zero or one"</i>	<i>"(big sigh) seven"</i>	<i>"Never felt a ten"</i>

On asking Case E where he could be when he feels at the best, he supplemented his response by adding that this is what he is doing for a living - "**holding back**". He then confirmed the diagnosis of the Walking Zombie Syndrome. In the Word Association Test the following knowledge was gleaned:

TABLE 5.23: ANALYSIS OF THE WORD ASSOCIATION TEST

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
E1	My problem	<i>Everything</i>	As a helpless baby this is just too much	BE
E2	Fear	<i>Everything</i>	Over powering emotion	BE
E3	Anxiety	<i>Problem</i>	This is my problem	BE
E4	Helplessness	<i>Empty</i>	Can not survive	BE
E5	Without love	<i>Fear</i>	Can not survive	BE
E6	Down in this dark hole	<i>there is no light</i>	There is no life	PNE
E7	If I describe my problem in colour	<i>Black</i>	Death	BE
E8	When walls close in	<i>I loose touch with the answers</i>	There is no life	BE & DES
E9	Suffocate	<i>Drown</i>	Can not survive	BE
E10	Tunnel	<i>Long</i>	Unending	BE
E11	Darkness	<i>Black</i>	Death	BE & DES
E12	Cave	<i>Deep</i>	Dark	PNE
E13	God	<i>Everything</i>	Over powering	SWZS
E14	It felt I was without love when	<i>something takes me away from who I am</i>	Over powering emotion	BE & IDP

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
E15	Why	<i>am I struggling so much</i>	Can not survive under this pressure	BE
E16	I felt out of control when	<i>I feel out of control of my life</i>	Felt out of control in the birth process	Be
E17	It all started	<i>when I was born</i>	Where it started	BE
E18	Escape	<i>My fear</i>	Out of birth canal	BE
E19	Dominate	<i>Fear</i>	Overpowering emotion	BE
E20	Guilt	<i>Fear</i>	Fear punishment	JDP
E21	My punishment	<i>I give to myself</i>	I am unworthy	JDP
E22	Dark	<i>constrictive</i>	The birth canal	BE
E23	The real problem is	<i>I don't know how to get in touch with myself</i>	I am dead	DES & IDP
E24	Every single time	<i>I feel as if it's getting worse, but I know it's getting better</i>	I thought I did not make it, but somehow I did, but can not believe it	BE
E25	Why can I	<i>see and accept things that are obvious</i>	Know I am alive	BE
E26	There must be	<i>a way out</i>	To get away from the pressure and the darkness	BE
E27	I'm afraid when	<i>I get where I'm supposed to get going</i>	It is not familiar	BE
E28	When I was born	<i>(big sigh) that was the beginning of my journey</i>	Where it all started	BE

REF.	WORD ASSO- CIATION TEST	SUBCONSCIOUS RESPONSE	UNDERLYING THOUGHT	DIAG- NOSIS
E29	I was near death when	<i>I was born</i>	A traumatic experience	BE
E30	I resent	<i>when life puts me in difficult situations</i>	Birth was traumatic	BE
E31	I feel angry when	<i>I don't feel in control of my life</i>	I lost control in the birth process	BE
E32	Anger protects me from	<i>dealing with my fear</i>	Helped me to survive	BE
E33	I can not deal with situations because I	<i>I'm afraid of my feelings</i>	Over powering emotion	BE
E34	When my parents divorced I	<i>was very afraid</i>	It reminds me of my first trauma	BE & WZS
E35	When my father broke his promise to fetch me as a child I	<i>felt incredibly scared</i>	I can not survive as a child alone	DES & WZS
E36	Confinement	<i>Panic</i>	Pressure and death	BE
E37	At the end of the road	<i>I don't know</i>	I did not know I have made it	BE
E38	The fear started when	<i>I was very young</i>	Confronted with death	DES
E39	I'll be well when	<i>I can let go of my fear</i>	When I know I have survived and the fear is gone	DES
E40	Please don't	<i>Leave me</i>	I felt alone and helpless	BE

The Word Association Test (WAT) showed the underlying thoughts and emotions of Case E as follows:

TABLE 5.24: DISCUSSION OF THE WORD ASSOCIATION TEST (WAT)

WAT REFERENCE	COMMON EMOTION	ANALYSIS
E5=E14=E39=E40	Love	Fear
E1=E2=E3=E4=E5=E6=E7=E8=E9=E10=E11=E12=E15=E16=E17=E18=E19=E20=E22=E24=E25=E26=E27=E28=E29=E30=E31=E32=E33=E34=E35=E36=E37=E38=E39	Fear	Anxiety = alone = death = dark = stuck = suffocate = out of control = divorce = helpless = struggling = black = birth
E1=E2=E13=E20=E21=E23=E35=E40	Guilt	God is my problem = rejection = punishment = fear
E5=E14=E23=E25=E30=E33=E34=E35=E40	Insecure	Need acceptance = loneliness = parents' divorce = helpless
E31=E32=E33	Anger	Out of control = protects = feelings

Table 5.24 shows that fear is the main issue in the diagnosis of Case E. It all reflects back to the birth experience, where the subconscious was confronted with death.

Case E's goals for the therapy are:

"To find whatever is holding me back and deal with it in a more constructive way."

With this Case E referred back to the birth experience (being stuck there) where it all started and where the healing is needed - the changing of the perceptions formed at that time.

The Spiritual Walking Zombie Syndrome is evident, as per Table 5.23 (E1, E2 and E13). He feels that there is a darkness that drains him and that he wants to get out. This refers to the subconscious feelings during the birth process. With this his Identity Problem, the Death Expectancy Syndrome, Birth Anoxia Syndrome and Walking Zombie Syndrome are confirmed.

TABLE 5.25: THE DIAGNOSIS ACCORDING TO THE TRIPLE ALLERGENIC THEORY

INITIAL SENSITISING EVENT	SYMPTOM PRODUCING EVENT	SYMPTOM INTENSIFYING EVENT
Birth Experience: Fear, no control and death	Childhood: <ul style="list-style-type: none"> • Illness at three years • Falling incident at seven years • Parents' divorce 	<ul style="list-style-type: none"> • Ending of the relationship • Fear

In this case the Initial Sensitising Event can be found in the Birth Experience. This caused the major blockage in Case E's life and acts as a reminder of anxiety in the subconscious. A short summary of the Prenatal Experience will be given next.

5.2.5.2 THE BIRTH EXPERIENCE (in this case the Symptom Producing Event)

The experience in the womb was in order as the baby felt wanted. As the birth process started, uncomfortable feelings were experienced. The baby felt restricted and could not do anything about it which meant he had no control. He realised that

he could not rely on himself, that there was no-one else and that he was not going to survive. The baby did not like to be there, could not move, was trapped, helpless and out of control. The overwhelming feeling was that he was not going to survive and he accepted death.

His subconscious's approach is to give up in difficult situations (flight response) and to feel "dead" as there is no hope anyway. After the birth experience the baby was separated from the mother and to the subconscious this meant it could not survive, confirming death.

5.2.5.3 CONCLUSION OF THE BIRTH EXPERIENCE SESSION

During therapy the suggestions were removed from the subconscious mind. Still in the state of hypnosis, the subconscious gave the outcome of the session:

"I don't need to feel the fear. I don't need to feel that constricted feeling. I am alive."

5.3 CONCLUSION FROM THE CASE STUDIES

In all five cases the birth experience played a major role in anxiety experienced in later life. In three of the case studies the Initial Sensitising Event occurred during the birth process. In the two other case studies the Symptom Producing Event occurred during the prenatal phase.

In all the cases the Birth Experience proved to be the cause of the Death Expectancy Syndrome that was imprinted on the subconscious. As a result of the Death Expectancy Syndrome the clients started to experience anxiety when they were exposed to incidents where they experienced the same "feelings" later in life. During the Birth Experiences all the clients experienced feelings of fear, helplessness, struggling, anxiety, no control and helplessness. The only solution was to give up and "die".

In all the cases the Symptom Producing Event or Symptom Intensifying Events can be found in the childhood experiences. In Case A the dysfunctional family, with an abusive father in her childhood caused major problems in her marriage where her husband also abused her, ending in divorce and the ongoing relationship problems with men she has experienced since then. All this Symptom Intensifying Events caused her subconscious to take the easy way out "*to give up and die*" as she already believed this in her subconscious. The anxiety symptom became her '*proof of life*'. In therapy all those events were dealt with where she forgave her father, her husband and healed the hurt inner child.

Case B's Symptom Producing Event was the birth of his younger sister when he was 14 years old and at the same his enrolment for the first time at a white high school. Since his sister's birth he experienced his mother finding fault with him and he felt unloved most of the time. He subconsciously expressed his anger towards his mother by keeping everything he ate inside and not discharging it. Every day at high school he felt anxious, as he never felt accepted by his peers. In adult life his stomach problem caused anxiety in the presence of other people, because of his bad smell. This caused depression, anxiety and self hate. In therapy he was helped through his anger towards his mother and his peers at school. Once his subconscious accepted to let go of the past and that he was a worth while person, his alimentary system started to work normally and the anxiety disappeared.

Childhood experiences caused the Symptom Producing Event in Case C. Being five years younger than his only sister, he grew up being very lonely due to absent parents. In the church primary school he attended, he was very unhappy and scared of the very strict teachers. An incident in standard five with a teacher reinforced his insecurity and stuttering. All this was reinforced with the Symptom Intensifying Events like the abortion, his father's death, extra marital involvement and his confusion regarding religion. In therapy he was helped to heal his hurt inner child and work through his guilt. As a result of letting go of the past his anxiety and his stuttering disappeared.

The Symptom Producing Event in Case D, was the birth experience. The "*giving up*" suggestion was reinforced in the Symptom Intensifying Event where she was

exposed to her abusive father and the divorce of her parents. The Death Expectancy Syndrome was reinforced with the hi-jacking incident. During therapy the hurt inner child was healed and the death suggestions removed, resulting in the disappearance of the anxiety symptom.

In Case E the Symptom Producing Event was caused when he got encephalitis, when he fell from a high baby-chair and when his father took him to hospital and left him there. This was intensified with his parents divorce and when his father did not keep his promises to fetch him for weekends (Symptom Intensifying Events). The ending of a relationship confirmed the rejection and anxiety became his proof of life. During therapy the Death Expectancy Syndrome was removed and the hurt inner child healed. The fear and anxiety have disappeared.

5.4 SUMMARY

In this chapter the underlying dynamics of five case studies have been described. The subconscious root cause of anxiety needs to be identified, in order to understand the dynamics of each client. It is necessary to understand a client's "*complete psychodynamics*" and "*subconscious train of thought*" in order to succeed with the treatment (Bryan, 1962:60).

The study, as verified by the literature survey, shows that the birth experience can have an influence on the occurrence of anxiety. As seen in all the cases the Death Expectancy Syndrome experienced in the birth process, causes major blockages in the client's later life. The birth process is such a traumatic experience that the subconscious registers it as a near-death experience.

This chapter provides the answer to the research question asked in Chapter 1 (refer to 1.6) that the Educational Psychologist, by using Medical Hypnoanalysis as a therapeutic technique, can help clients with anxiety. The cause of some anxiety problems can be found in the birth experiences as proven by the case studies.

The value of this study is illustrated by the possibility of removing anxiety by regressing to the birth experience. The successful treatment of clients suffering from anxiety should include the treatment of the root cause of the problem by means of regression therapy. The way the subconscious experiences the birth process determines how the individual reacts on issues and incidents later in life.

It is necessary to point out that all the events playing a role in the anxiety needs to be dealt with in therapy. If the birth experience is the Initial Sensitising Event, the Symptom Producing Events as well as Symptom Intensifying Events need to be treated during therapy. In this study only the birth experiences of each client were discussed as either the Initial Sensitising Event or the Symptom Producing Event. Chapter Six proposes guidelines for the Educational Psychologist trained in the field of Medical Hypnoanalysis, in the treatment of clients suffering from anxiety.

Woman in the person of our mother, is the first being with whom we are in contact It all begins with a true fusion of being ... the child is an extension of the mother without clearly perceptible borders. There exists a *participation mystique*, a psychic flow from mother to child and from child to mother.

.....Karl Stern

CHAPTER 6

GUIDE LINES FOR THE EDUCATIONAL PSYCHOLOGIST IN THE TREATMENT OF ANXIETY

**There are just six words in this universe which
are of real importance.**

**Six words which can alter one's self from
conflict to peace.**

The words are:

I AM ALIVE and I LOVE ME.

Trevor Modlin (1999:5)

6.1 INTRODUCTION

Even though Freud stressed the importance of the birth trauma, most therapists paid little attention to this fact in their therapeutic procedures. Scott (1993:219) states that the reason may be because of scepticism, lack of training or limited experience in analysing the prenatal and birth process. However, in recent years there has been an increased interest in both the clinical and experimental, the physical and emotional, aspects of the birth experience.

FIGURE 6.1: FOCUS AREA OF THIS STUDY (THE INFLUENCE OF THE BIRTH EXPERIENCE ON THE BABY)

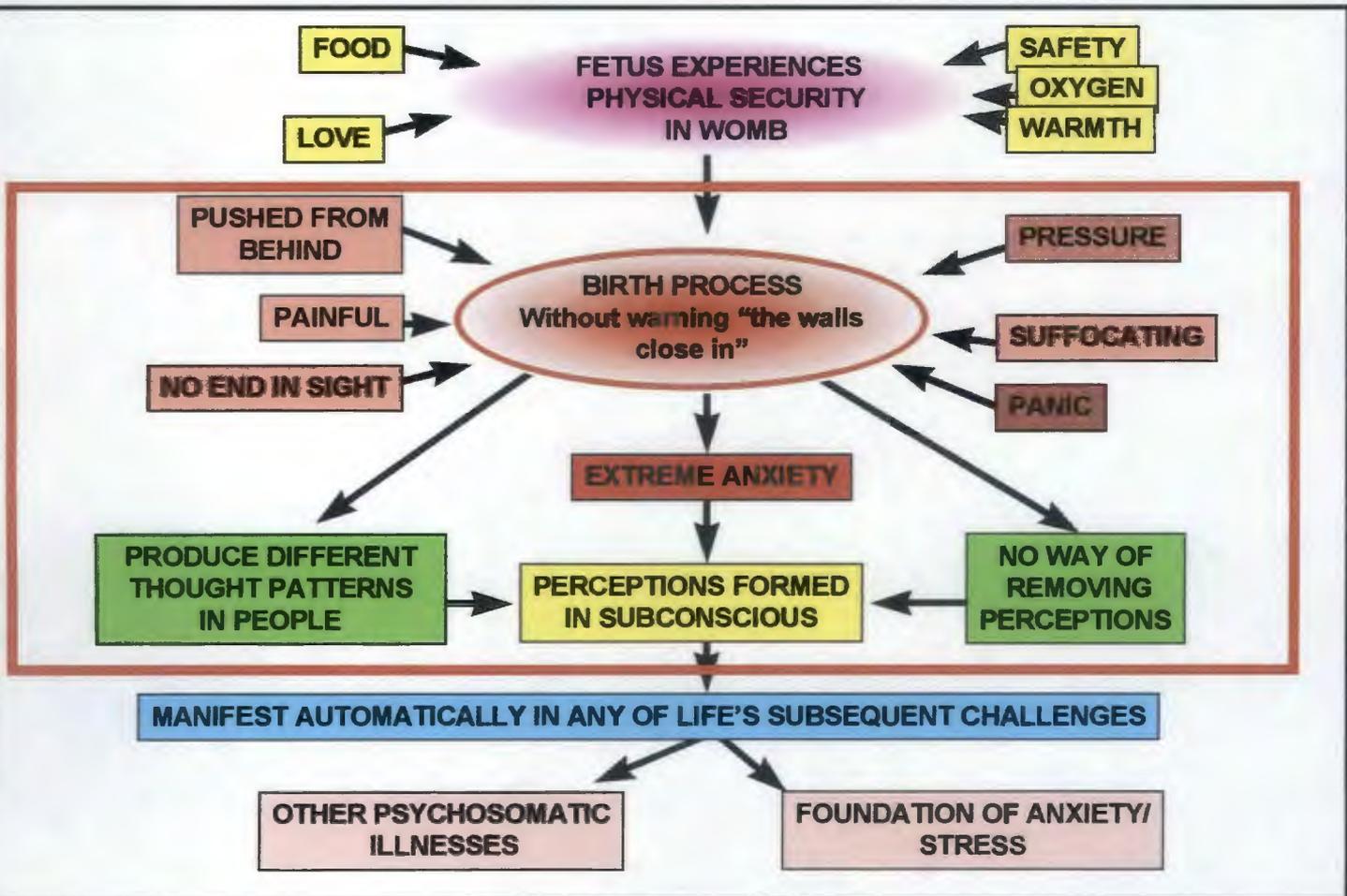


Figure 6.1 shows the section that will be discussed in this chapter. As a human being that is a person in totality, who is always connected in all situations, it needs to be emphasised that the birth experience and its influence (area inside red block) is but a small part of the totality of the person that will be discussed (Crous in Roets, 1989:27).

The purpose of this chapter is to present a practical procedure for the Educational Psychologist to regress the client back to the birth experience. It needs to be emphasised again that the therapist needs to be trained in hypnotherapy, in this study more specifically Medical Hypnoanalysis. As the case studies indicate in Chapter 5 certain birth memories stay in the client's subconscious (Chamberlin,

1986:93). If they were experienced as traumatic, it can result in a physical death threat and emotional identity confusion, causing various psychosomatic illnesses.

6.2 ORIENTATION TO BIRTH REGRESSIONS

There are three levels of relationships that involve the subconscious which can have a deep or permanent impact on the fetus. The first level of relationship is the blending of auditory and sensory stimuli, where sound - and shock waves pass through the amniotic fluid and register on the body and on the ears of the fetus. The skin is extremely sensitive to the environment and environmental stimuli are registered as emotional impressions. This means that impressions are somehow "*recorded*" on the body as well as in the mind.

The second level of relationship is the symbiotic relationship of the mother and the fetus. It bears some similarity to the relationship between the client and the therapist. The therapist must therefore be very sensitive to the emotional experience that the client is going through.

The third level represents an unbalanced relationship between the power and influential element of God and the weaker and more receptive element of man. The mystical union of man and the Spirit of God results not just in a modification of behaviour, but also in a change in the heart (mind, soul and emotions) of man. On this level it is important to establish an identity with God. In the neonate relationship with the mother, the fetus is the weaker of the two and therefore greatly influenced by the mother. In the therapeutic sessions the client is the more receptive element who agrees to the therapeutic relationship and expects to benefit from it (Scott, 1993:233).

The therapist has to keep the above in mind and needs to act as facilitator between the subconscious and the client.

6.3 PRE-WORK TO AGE REGRESSION

6.3.1 THE THERAPIST

It is of utmost importance that the therapist acts confidently and believes in the model. If the client senses any doubt from the therapist, the client will not respond to therapy. The therapist must be in touch with her/his own sense of who they are to let the client feel relaxed and secure in the company of the therapist (Bradshaw, 1990:85). Care should be taken not to ask direct questions leading the client to obvious answers. To create an emotional experience the therapist should involve the use of metaphors, visualisation and sound effects (audio tape with womb sounds mixed with appropriate music) that will separate the client from the here and now. Inexperience in taking down the client's history and interpreting of the Word Association Test can often lead to the missing of crucial perceptions.

The therapist should always keep the objectives of the therapy in mind which are to assist the patient in identifying faulty beliefs, understanding their impact, removing and replacing them. It is necessary for the therapist to know that the Prenatal Experience is the origin of the Identity Problem and thus the Initial Sensitising Event. The Identity Problem is a loss of a sense of belonging, an absence of purpose or meaning and corresponds to the first level on the Order of Importance (Figure 3.4 and Table 3.4). Here an individual experiences a **loss** of the sense of **love, self, soul and God**. The origin may be found in a feeling of rejection by the mother or father resulting in a low Love Battery and consequential self-rejection.

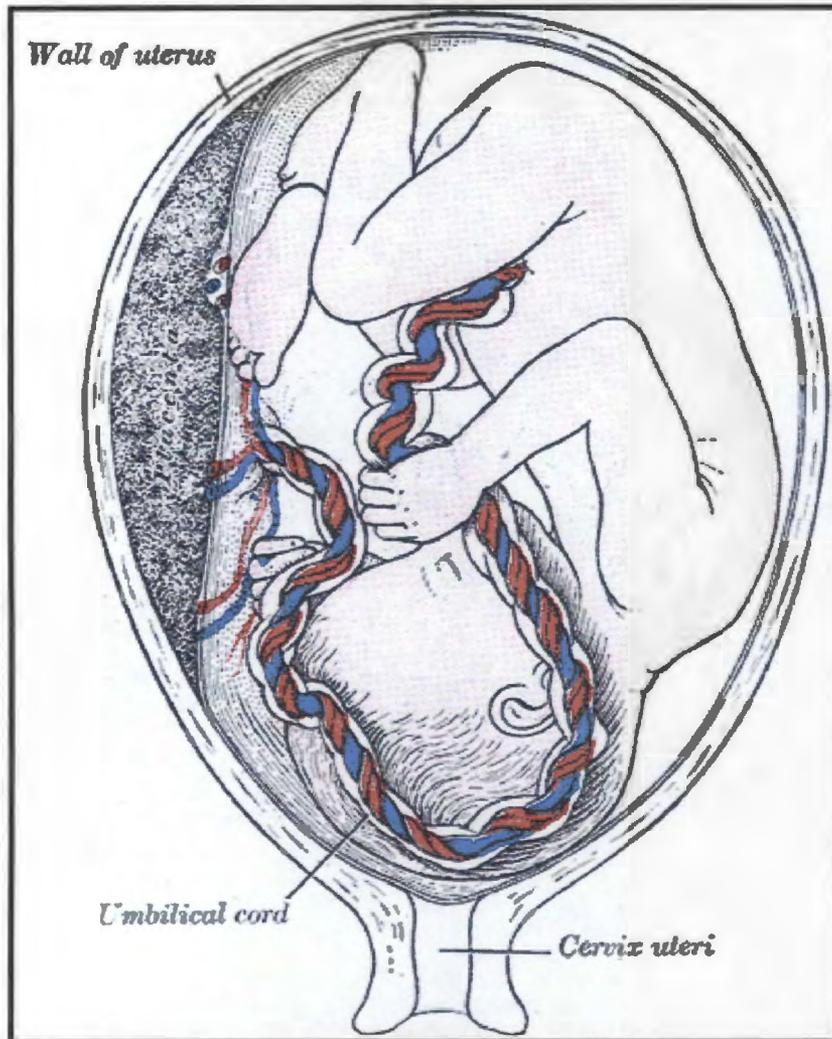
The Jurisdictional Problem and the Ponce de Leon Syndrome can also start during the Prenatal Experience, where the client (baby) feels responsible for the mother's predicament and is not comfortable with the prospect of the outside world. This can often be recognised in the client's history report: of post-date delivery, breech births, agoraphobia and claustrophobia. In cases of attempted abortion, illness or trauma suffered by the mother, this phenomenon can result in the Initial Sensitising Event of the Death Expectancy Syndrome to begin in the Prenatal Experience and often

result in the Walking Zombie Syndrome at Spiritual and Emotional levels (Hands out by Modlin, 1997).

The therapist should be aware of the fact that at least two regressions to the Prenatal Experience may be required to resolve issues and faulty beliefs. The aim to strive for is to help the client to achieve the goal of self acceptance and self-love as well as establishing a relationship with God.

Although this chapter does not deal with the Prenatal Experience and its therapy, the therapist needs to know that dealing with the Prenatal Experience forms the foundation of successful therapy. In this phase the therapist not only needs to establish realisation of physical life for the client, but also emotional and spiritual aliveness. All faulty beliefs should be identified, removed and replaced with positive beliefs (The seven "R's" refer 3.8).

Neither the post-natal, nor the birth process or the after-birth phase should be considered in isolation from each other or from the Prenatal Experience.. During the third trimester the fetus becomes increasingly uncomfortable, inside the crowded womb. The placenta becomes less efficient in its functions of nourishment, respiration and disposal of waste. The following illustration demonstrates the lack of space in the third trimester of pregnancy.

FIGURE 6.2: THIRD TRIMESTER OF PREGNANCY

(Encarta 98, Encyclopedia)

During normal labour and delivery the fetus suffers from extreme and perhaps prolonged hypoxia or inadequate oxygen supply levels. To the fetus this is traumatic as normal fetal breathing becomes difficult, fetal heart rate accelerates, then decelerates, extreme pain of the contractions is experienced and a life-and-death struggle starts to liberate itself from this terrifying condition. The above reality of what happens to the fetus just before, during and just after birth will be examined in the section about the Birth Experience later in this chapter.

6.3.2 THE CLIENT

Before the therapist starts with the hypnosis session the client is informed that the work in this session is only going to deal with the subconscious and that there may be no logic to the conscious. The client needs to be assured that everything will be in order whatever he/she experiences, that the therapist will provide guidance and that the client must allow the thoughts to flow. The client is informed to get in touch with their inner feelings, impressions and emotions.

6.3.3 INDUCTION

The hypno-therapist has different induction techniques and deepening methods at his disposal. The therapist can choose to use direct suggestions, guided imagery or dissociation in therapy. In this study the therapist used relaxation of the body as the induction part to allow the client to reach a level of deep comfort in body and mind. During the introduction session to hypnosis a private, special place is created in the mind's eye of the client (Refer to Appendix M for an example of induction).

The ideomotor signals as taught by the Elementary, Intermediate and Advanced Courses of the South African Society of Clinical Hypnosis (the "yes"- and "no" fingers) are introduced to ease communication between client and therapist. Insecure and scared clients may initially prefer this type of communication and as they get more in touch with their feelings, they eventually start to speak and express their experiences (Phillips & Fredrick, 1995:70).

6.3.4 DEEPENING PROCEDURE

The fact that the birth experience follows on the prenatal experience, makes it necessary to first go to the prenatal experience (where in most cases the Initial Sensitising Event can be found), In this study the therapist used the following dissociation technique as a deepening procedure:

"In your own special and private place, you see a building at the one side. You follow an easy footpath to that building, covered on both sides with beautiful flowers. And then you are there at the building, in front of the door. You open it and you feel safe, at ease and comfortable. Inside you see that there is only one chair in this room, just like the one you're sitting in right now. There is nothing that needs your attention, nothing you need to do now and therefore you just go and make yourself comfortable in this chair.

Then, to your amazement, you note a remote control, just like the one you use at home when watching a video. You look up, and there on the other side of this room you see a movie screen. You are amazed and excited. You suddenly realise that your subconscious is going to provide a movie today, that will enable you to understand things a lot better.

You still feel safe and at ease, totally in control. You take the remote control and you press the "play" button. On the movie screen enters this large, round spot just like a circle. It appears dark at first, but there is movement you can not see what it is and as you concentrate on it, it becomes clearer and clearer. While you concentrate on the movie screen I want you to give me the first number between one and nine that enters your mind."

The therapist then waits for the client to respond. The subconscious will usually choose a number after conception when uncomfortable feelings in the womb started or in some cases when there was still serenity. The therapist should concentrate now to refer and confirm all the answers given in the Word Association Test with the experiences revealed by the subconscious during this period. It depends on the number the client presents where the therapist is going to start, and it differs from client to client. The most common number that comes up is the number "seven". The prenatal experience is then explored and dealt with.

6.4 AGE REGRESSION TO THE BIRTH EXPERIENCE

Events that made an impression on the subconscious are triggered by using the sound effect of the intra-utero heart beat, through association and recall of incidents that took place at that time. If the birth process has been traumatic an impression will be made on the subconscious. The therapist encourages the client constantly to get in touch with and describe their intuition and their inner feelings, no matter how vague it may be. Once the client gets in touch with the feelings and the process is started, a flow of feelings tie in with events and answers presented in the Word Association Test. Abreaction often occurs during this session and the therapist should handle it with the greatest care and empathy to facilitate this most fundamentally important event.

As every client is a unique human being, no two will have experienced their birth process the same. The therapist has to ask permission from the subconscious to obtain full knowledge of all events and allow emotions to surface that would help the client in overcoming the problem.

6.5 THE BIRTH EXPERIENCE

As the therapist is familiar with the fact that the time before the birth process starts is not very favourable, the feelings at that time should be explored. When the emotions are sufficiently stimulated in a similar fashion to what they were at birth, the memories of that occasion are brought back. The total physical condition peculiar to the birth process provokes a replay of impressions made on the subconscious and body at that time.

The emotion of fear is necessary for our existence, and it is the stimulus which removes us from actual danger. The very first time the baby is confronted with extreme fear is during the birth process. Looking at anxiety, it is known that the client sometimes gets fearful when no danger has been present. None of those situations where anxiety has been experienced ever represented an actual threat at

that time. The conclusion can only be that the client must be afraid because of a memory. The memory of the feelings and the fears and the physical danger that the baby went through during birth has been deeply implanted in the subconscious. This memory could not be remembered or removed consciously because the baby does not have the mental capacity to eliminate the fear (Scott, 1993:237; Ritzman, 1988:96; Jarmon, 1992:160; Matez, 1986:85; Chamberlin, 1986:89).

To the baby birth is a traumatic procedure over a period of time with a lot of squeezing, pressure and tightness. During the birth process the umbilical cord may be severely squeezed resulting in the baby being temporarily deprived of enough oxygen. Oxygen deprivation is the cause of the most terrifying of reactions to stress in all mankind (Hull, 1984:15). All the above can result in physical deterioration, an increasing sense of fear and terrible panic in the baby causing an awareness of potential death. The subconscious can be compared with a computer as it can neither create thought, nor change or remove it. The conscious needs to change and remove the "*inappropriate thoughts*" recorded in the subconscious because of the inability of the subconscious to remove it. All events or thoughts are recorded in the conscious as either important or unimportant information. With a survival threatening thought the subconscious immediately creates the appropriate emotion and compels the client to respond in accordance to ensure survival. This compulsion is so powerful that the client is mostly unable to resist it.

The way the mother experiences the birth process also has an influence on the baby. If it is the mother's first labour, she will be uncertain of what to expect and she may be frightened. To a young and inexperienced mother's subconscious her negative frame of mind causes fear of the forthcoming labour. When the labour starts and the mother is in pain, she will be generating adrenaline which is shared with the baby by means of the umbilical cord. The baby experiences the adrenaline as life threatening, resulting in fear, being locked in the subconscious (Ritzman, 1988:100; 1984:55; Scott, 1993:236; Modlin, 1999:74).

With birth the baby does not have the thinking ability to remove the fear from the subconscious. It will remain there until the perceptions are changed in therapy.

6.6 GUIDE LINES FOR THE THERAPIST

The subconscious is not able to provide information if not asked correctly. Modlin (Workshop 1997) suggests that the therapist ask the following questions in helping the client to recall the memories stored in the subconscious.

6.6.1 THERAPEUTIC PROCEDURE - THE PRE-BIRTH PERIOD

This is the period just before the baby is born. The space for the baby to move is very limited. The therapist needs to establish the subconscious train of thought during this period in the following way:

- Establish awareness of the environment: Space? Pressure? Anxiousness? Fear of something? Is there anything the baby can do about it? Control?
- Establish the emotional responses: How does the baby feel about all this?
- Establish cognitive responses: What does the baby think about this pressure, the fact that there is not enough space?
- Establish behavioural responses: What can the baby do about this?

Specific thought patterns start to develop that may have an influence in later life on the handling of similar situations.

6.6.2 THERAPEUTIC PROCEDURE -THE BIRTH PROCESS

This period begins when contractions start, the womb is ruptured and the amniotic fluid leaves the womb. Next the baby is pushed towards the birth canal with its head being battered and warped. During this critical period things can go completely wrong. The little infant's head may be in the wrong position, the

umbilical cord may be around the neck, the baby may be in the breech position and refuse to turn around and there may be oxygen deprivation during this period, just to name a few of the many things that can go wrong.

It is of the utmost importance for the therapist to establish the exact experience the baby had during the birth process. Direct questioning should be avoided when dealing with the birth experience. Most of the time clients stop talking about "*the baby*" and starts talking about "*me*". Without their realising it, they connect with the experiences on the subconscious level. The therapist should then just keep it simple and ask them to relate what is happening. More often than not answers to questions from the suggested list below are presented naturally from their subconscious without the intervention of the therapist.

The therapist needs to:

- establish awareness of the environment: Visual, auditory and kinesthetic (Robbins, 1988:124).
- establish which part is going through the birth canal first;
- establish awareness of emotional responses: How does the baby feel?

Questions with regard to the following emotions can provide valuable information:

- a) Anxious?
 - b) Alone?
 - c) Frightened?
 - d) Guilty?
 - e) Angry?
 - f) Hopeful?
- Establish awareness of cognitive responses: What does the baby think about this procedure, the fact that there has been no choice? The following framework can be used to gather information:

- a) What does the baby think is happening?
 - b) Can the baby survive this?
 - c) Does the baby want to be born?
 - d) Does the baby want to go out to the world?
 - e) Are there emotions of fear, frustration, anger, fatigue?
 - f) What is the baby afraid of?
- Establish behavioural responses: What can the baby do about it being born?
- a) Is the baby in control?
 - b) Can the baby do anything about the discomfort?
 - c) Can the baby help itself?
 - d) Is there anybody helping the baby?
 - e) Can the baby breathe?
 - f) Is the baby stuck or can it move?
 - g) What does the baby do when it is so tired?
 - h) Are there feelings of giving up?

6.6.3 THERAPEUTIC PROCEDURE -THE POST-BIRTH EXPERIENCE

Once the therapist realises that the baby is through the birth experience, the client is asked to indicate it with the "yes finger". The client is then asked if the baby can breathe. If the baby can not breathe, it must be investigated further and the baby must be helped to the moment of the first breath. The therapist should ask the client to breathe with him/her hold it for a few seconds and then slowly breathe out. Next the therapist asks the client what that breath means to him/her. The client then needs to be assisted in answering: **"I AM ALIVE, I AM OKAY"**

Following it, the script "*Breath of life*" (refer Appendix K, Zelling) is given to the client. The therapist then gives the client the suggestion that he/she has successfully passed the most traumatic experience that he/she can ever

experience. They have made it and can feel good about it as this means they have survived. The subconscious needs to know that it was a courageous victory and must be praised for successfully passing that terrifying experience (Hammond, 1990:34).

Subsequently the client is asked to look back at the movie screen and to tell the therapist what is happening to the baby. The following should be established:

- a) Where is the mother?
- b) As babies are born with three basic needs - food, love and warmth, it is necessary to investigate whether those needs are fulfilled?
- c) If not, how does this make the baby feel?
- d) What does this confirm to the baby?
- e) Is the father there?
- f) Where do they take the baby to?
- g) How does that make the baby feel?
- h) Is there signs of separation anxiety?
- i) How is the first feed experienced?

The therapist removes all the faulty suggestions and perceptions and then asks the "*subconscious of today*" to hold the little baby. Sometimes the client does not want to do this and the therapist needs to reason with the subconscious until the client is willing to hold the infant. In some cases it is necessary for the therapist to hold the baby until the client is ready to take the baby. When the infant is safe in the arms of the client, the therapist does reframing with Bradshaw's Inner Infant Affirmations (1990:93, refer Appendix B)

The client has to repeat the meditation sentence by sentence aloud. The client is asked to visualise the baby's Love Battery and to see it fully charged, energised with love, light and energy. If the client lost its purpose during the prenatal phase, the script "*Life the purpose is you*" (refer Appendix A, Ritzman) should be given. In the case study where anxiety starts in the birth experience, the script "*Unknown fear of the birth experience*" (refer Appendix C, Ritzman) is given and then followed by

the song *Born Free* (sung by Andy Williams). At the end of the song, the script "*Born alive and free*" (refer Appendix D) is given, with the music still in the background.

Once all the unwanted and defective perceptions are removed, the therapist asks the client: "*How does the baby feel?*" If the response is positive, the client is asked to visualise the baby getting smaller and smaller until it can fit into the clients heart. There the baby can forever be loved and cared for. Once the client has done this, the therapist asks the client what he/she realises today. At this point the client should understand the origin of the anxiety and should realise that there is no need to have the symptom any more. The therapist should only lead the client in resolving his/her problem or symptom.

6.6.4 THERAPEUTIC PROCEDURE - DEVIATIONS FROM STANDARD THERAPY

In some cases where the symptom is still present something may have been missed in the prenatal or birth experience. The therapist then needs to regress back to those experiences and investigate for any other clues. It may be an insignificant perception stuck in the subconscious that causes the blockage. Once it is removed the Symptom Producing Event and the Symptom Intensifying Event can be dealt with. Not one birth therapy session is the same. However, the following framework can be used as a guide line.

- If there is a perception of being unloved once the baby is born the script "*Born unloved*" (refer Appendix G) should be used.
- If there is depression together with anxiety the following scripts can be used to remove the wrong perception:
 - a) "*The Walking Zombie Syndrome*" - Revised Tape Script (Scott Jr., 1995:209, refer Appendix L)
 - b) "*Get rid of the birth experience baby*" (Ritzman, 1997:122, refer Appendix E)

- c) *"Forgive the dead baby that was inside of you"* (Ritzman, 1997:127, refer Appendix I)
 - d) *"Birth fear gone God is helping you"* (Ritzman, 1997:131, refer Appendix F)
- Finally the therapist needs to make sure that all the negative perceptions and suggestions accepted by the subconscious are removed, and the following scripts are recommended:
 - a) *"Removal of negative suggestions"* (Zelling, 1994 - handsout, refer Appendix H)
 - b) *"Overcome anxiety"* (Zelling, 1994 - handout, refer Appendix J)

6.7 SUMMARY

The therapeutic significance of the birth experience becomes clear in the case studies. The symptom of anxiety disappears when the Symptom Producing Event is identified and the Symptom Intensifying Events are worked through. It is however important to emphasise that one has to be cautious not to jump to unwarranted conclusions regarding cause and effect (Scott, 1993:236). Because of the uniqueness of the human being and the many variables present, traumatic events may have an effect on the fetus in some cases and not in others.

Scott (1993:237) emphasises that the therapist should ask the following question to assist in what to do to relieve and help the client: *"What will it take to get this client relieved or cured?"* The many cases treated successfully in this practice involving the birth experience are an indication that many forms of trauma impacting indirectly and directly on the fetus account for extensive psychopathology.

In the cases of the birth trauma, the threat to the life of the infant may occur again in later life with another emotional threat like a hi-jacking, car accident or death of a close relative or friend. According to Scott (1993:241) *.."it was as if the part of the body which felt the deep impressions at birth was now reactivated to have the same feelings again, like playing an identical record over again."*

In Chapter 7 the conclusions, recommendations and summary of this study will be outlined.

Each person's map of the world is unique as their thumbprint. There are no two people *alike*. No two people who understand the same sentence the same way.... So in dealing with people you try not to fit them to your concept of what they should be.....

Milton Erickson

CHAPTER 7**FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF THIS STUDY**

Love is the law of God.

You live that you may learn to love.

And you love, that you may learn to live.

No other lesson is required of man.

MIRDAD

7.1 INTRODUCTION

The first chapter of this study deals with becoming aware of the problem and the motivation for the study. In private practice there has been an awareness of increased referrals of anxiety cases by general practitioners. Most clients are not able to understand or explain the reason or origin of the suddenly experienced anxiety symptom. In Chapter 1 the researcher discusses her increased awareness of the correlation between the birth experience and symptoms of anxiety later in life. The similarities between the viewpoint of the Educational Psychologist and the Medical Hypnoanalyst have been discussed. The chapter furthermore describes the aim of the study and clarifies of the concepts.

Chapter 2 starts with a short introduction to anxiety without researching the subject further. It continues with a literature survey on the birth experience. The different contributions to anxiety, especially the subconscious contributions, have been

reviewed. The first recognition of birth trauma, the birth experience and the impact of it on the baby have been discussed in detail.

Chapter 3 provides an outline of Medical Hypnoanalysis regarding the therapeutic intervention used in this study by focusing on the conscious and the subconscious minds. The Triple Allergenic Theory has been explained to understand the Initial Sensitising Event, the Symptom Producing Event and the Symptom Intensifying Event. The human need to survive is shown in terms of the Order of Importance for Survival and the subconscious diagnosis used in Medical Hypnoanalysis, has been discussed.

The research design and methods applied for this study are outlined in Chapter 4. The methods used to collect data, the demarcation, the procedures and techniques followed during the study have been explained.

Chapter 5 reports on the case studies, their diagnoses and the therapeutic sessions relating to the birth experience.

In Chapter 6, guidelines for the Educational Psychologist in regressing the client back to the birth trauma and in treating the anxiety originating from there, are given.

The findings, conclusions and recommendations of this study will be outlined in this chapter. The aim of the study as recorded in Chapter 4, will be used in evaluating the subsequent investigations and findings. In this chapter the implications for Educational Psychologists, the contributions of Medical Hypnoanalysis as a technique and shortcomings of this study will be mentioned. This last chapter will also evaluate the efficacy of Medical Hypnoanalysis in the treatment of anxiety.

7.2 CONCLUSIONS FROM THE LITERATURE

7.2.1 ANXIETY

It appears that anxiety as an underlying symptom is more frequently reported in psychology practice today. There are different modalities in the treatment of anxiety, but one such an approach would be hypnotherapy; in this research the application of Medical Hypnoanalysis is discussed. Anxiety has been regarded as a symptom originating from a specific state of mind in the past, but through this study it becomes clear that the root cause lies deeper than the *"here and now"* of the conscious.

It is shown in this study that when the root cause of the anxiety symptom is found and psychologically treated, it disappears. Treating only the anxiety symptom through behavioural therapy, medicinal treatment and other traditional types of treatment, are rarely efficacious. The purpose of this study is to identify the origin of anxiety through proper diagnosis, and the treatment of the symptom. Once the origin of the anxiety has been removed, the symptom will disappear and will not surface again during a stressful experience later in life.

As anxiety is an unacceptable emotion, the client will do anything to ease the discomfort. Anxiety follows when the client is exposed to a survival threat which, from the client's viewpoint, can not be overcome. To escape from the anxiety and to remove it, is to maintain the urge for survival. Consciously, when the client does not perceive any survival threat but anxiety is still experienced, it hardly makes any sense to the client. Since the client is unable to find anything from which to escape, the memory of the fear lingers in the subconscious as a reminder that something unpleasant may happen at any time. When an unpleasant event occurs the subconscious seizes it, immediately creates that appropriate emotion which compels the client to do whatever it has been programmed to believe will lead to survival. This compulsion is spontaneous and so powerful that the client is unable to resist it.

Fear is a normal and necessary emotion for survival. In most cases the anxious feelings about a particular object, activity or situation can not be explained logically by the client. The real problem is that the client's subconscious remembers a specific memory. This memory is similar to a seed planted in the subconscious and in later life it gets water by other traumatic incidents like a near-drowning experience, the divorce of parents and a hi-jacking or the death of a child. The seed (original traumatic incident - in this study the birth experience) then starts to grow when watered (for example the near-drowning experience) and soon the germinating seed becomes the weed (anxiety).

From the literature survey of anxiety it appears that there can be an origin for the symptom that the client is unable to remember consciously.

7.2.2 BIRTH EXPERIENCE

The physical process of birth creates thought and experience which becomes "*a rule book for responses and emotions in later circumstances*" (Ritzman, 1984:54). Birth is the first most frightening and stressful event that any human being goes through. During the birth process the baby is subjected to enormous physical and psychological stress and pressure.

The baby does not have the ability to remove the thought pattern that developed during the birth process. The birth experience remains as an ongoing frame of thought subject to recall whenever any other stressful event occurs later in life. During the birth process the baby experiences powerful physiological trauma, such as blood chemistry changes, anoxia or unconsciousness that causes the subconscious to believe that death is inevitable. This suggestion then gets fixed in the subconscious.

The thought pattern during the birth experience differs from person to person, as no two birth experiences are alike. Powerful perceptions may be formed in the baby's subconscious which have no way of being removed or erased. A traumatic birth

results in extreme anxiety and this state of anxiety can be automatically repeated in some way during any of life's subsequent challenges. As seen in the case studies, the same event (birth) can produce different thought patterns with different clients. Throughout the literature survey the birth experience remains the obvious source of most anxiety cases.

As the case studies have shown, the birth experience always creates fear. The amount of fear that remains in the subconscious depends upon the quality of maternal reassurance after birth. It will be assumed in this study (as the case studies indicate in Chapter 5) that anxiety originates during the birth experience. The exploration of the birth process should therefore be a standard part of the treatment where anxiety is present.

7.2.3 MEDICAL HYPNOANALYSIS

Medical Hypnoanalysis as a modality refers to the Triple Allergenic Theory, that includes the Initial Sensitising Event, the Symptom Producing Event and the Symptom Intensifying Event. The importance of the Initial Sensitising Event, being the "seed" implanted in the subconscious, is identified in the case studies (refer to Chapter 5). Later threats to the client's survival produce anxiety in the client's subconscious because of the repetition of the emotional discomfort associated with the Initial Sensitising Event.

Medical Hypnoanalysis demonstrates itself as a flexible technique. Once the diagnosis has been made it is discussed and explained to the client. This understanding and insight into their own problem give the client reassurance and hope that a solution for the problem is available. In this atmosphere the client and therapist can build a relationship of mutual trust and respect. Medical Hypnoanalysis offers a more comprehensive system to explore subconscious causes in a shorter time frame than traditional therapy. With this therapy the origin of the problem can be uncovered and removed to enable the symptom to disappear.

Medical Hypnoanalysis presupposes that dysfunctional thoughts, feelings and behaviours have an identifiable point of origin in the client's life. On many occasions therapists using Medical Hypnoanalysis have found the birth experience to be the origin of the presented problem. With this therapy the client is able to relive the birth experience and to remove unwanted suggestions.

7.3 FINDINGS EMANATING FROM THE EMPIRICAL INVESTIGATION

The case studies have demonstrated the identification and removal of the highly charged emotional and negative beliefs that were responsible for the anxiety symptom. The case studies have furthermore demonstrated the successful utilisation of positive and healing suggestions to achieve the therapeutic goals. Making the correct diagnosis with regard to the subconscious is vitally important to get to the root cause of anxiety.

The aim of the study in defining the Initial Sensitising Event, the Symptom Producing Event and Symptom Intensifying Event have been illustrated in the case studies. The birth experiences have been explored and have been related back to the anxiety symptoms experienced, by means of the cases studied. Guidelines in conducting the birth regression sessions have been presented.

The birth experience has to be explored in every case of anxiety. There may be other causes of anxiety, but mostly a latent death expectancy created during the birth process is present. It may be possible to remove it later with loving care. If not, it remains and gives voltage to a subsequent and similar experience.

The related questions of the researcher have been addressed in this study. The case studies prove that a link does exist between the birth experience and the root cause of anxiety. Sufficient evidence has been found to prove that the trauma and stress experienced by the baby during the birth process have an effect on the person later in life. The suggestions accepted during the birth process have an influence on the person's ability to cope with stressful events. A hi-jacking

experience, a divorce or other traumatic event may remind the subconscious of that same emotion stored in its memory resulting in anxiety.

As the case studies proved in this research, the Educational Psychologist may use Medical Hypnoanalysis as a tool in therapy for the treatment of anxiety. The first hypothesis of this study, that the subconscious accepts suggestions that can influence the client and when this is changed or removed the anxiety symptom may disappear has been shown. The second hypothesis that some anxiety related problems lie buried in the files of the subconscious with perceptions that started during the time of birth has also been confirmed.

In this study Medical Hypnoanalysis was found to be a successful means of eliminating anxiety symptoms.

7.4 CONTRIBUTIONS MADE BY THE STUDY

As stated in Chapter 1 (refer to section 1.4) a strong resemblance is present between the viewpoints of the Educational Psychologist and the field of Medical Hypnoanalysis. In this regard the study confirms the amazing number of tangent planes that exist between the Educational Psychologist's perspective about the development of the self-concept and the Medical Hypnoanalyst's approach to mind/spiritual survival where the **self**, **other people**, **love** and **God** are common denominators.

From the literature study the researcher has synthesised various figures and tables that support the goals with regard to the aim of the study. Applicable figures and tables are Figures 1.1, 1.2, 1.3, 1.4, 2.3, 2.4, 2.5, 2.9, 3.1, 3.4, 3.5, 6.1 and Tables 2.7, 2.8, 5.2, 5.4, 5.5, 5.7, 5.9, 5.10, 5.12, 5.14, 5.15, 5.17, 5.18, 5.19, 5.21, 5.23, 5.24.

The positive results obtained from the treatment of anxiety contribute to the effectiveness of the Medical Hypnoanalysis model. The simplicity and logic of

Medical Hypnoanalysis allows any well-trained therapist to achieve success with the application of this model.

The utilisation of Medical Hypnoanalysis as a technique can result in a rapid identification and resolution of the underlying cause of anxiety. In the cases presented, the presenting symptom may be similar but the underlying subconscious root cause is uniquely different and individual for each person.

This study has shown that anxiety provoked by situations or objects causing intense fear are reverberations of emotions from forgotten events (in this study the birth experience). These frightening events experienced in the past have been forgotten or suppressed by the client. It is the memory of the original fear that produces the anxiety. In hypnosis the client can let go of the fear emanating from that memory when it is realised what causes the anxiety. By neutralising the original emotional trauma and removing the negative suggestions associated with it, the client does not need to react to any stimulus that is not really a survival threat. Through Medical Hypnoanalysis the memory and the associated conditioned reflex become inactive.

The positive results obtained from the treatment of anxiety are contributed to the effectiveness of the Medical Hypnoanalysis model. The simplicity and logic of Medical Hypnoanalysis allow any well-trained therapist to achieve success with this model.

In therapy it sometimes appears almost too simple in treating the anxiety by regressing back to the birth experience. However, it must be remembered that the subconscious functions with simplicity and it deals with ideas which must be concisely and simply expressed.

As Ritzman (1992:101) pointed out ... *“there is a law of averages, and our purpose is to get the patient well”*. In this regard the clients used in this study all improved which demonstrates that anxiety can be treated successfully by using Medical Hypnoanalysis.

Cognisance should be taken of the following requirements in the guide lines of this therapy:

- In order to really understand the birth experience, the therapist should have the relevant knowledge of the prenatal experience.
- In most cases the experience of the client during the birth process can not be tested as being the truth, and should be accepted as their personal perception.
- As each individual is unique and experiences life differently, cases can not be compared with each other. Therefore each and every client's experiences differ and can not be used as an exact recipe to conduct therapy.
- Open-mindedness in the psychology field seems to be too limited to accept the possibility that the origin of fear may be found in the birth experience.

7.5 LIMITATIONS OF THE STUDY

The researcher encounters two main limitations in the study. Firstly, the in-depth study requirements when using Medical Hypnoanalysis lead to detailed and lengthy analysis which limits the research to only five case studies. Secondly, due to the extent of the study, the scope of the research excludes the prenatal phase where potential applicable Initial Sensitising Events could have presented.

7.6 RECOMMENDATIONS FOR FURTHER RESEARCH

Medical Hypnoanalysis as a therapeutic tool has proved to offer benefits for both the client and the Educational Psychologist. In this regard the researcher has the following recommendations for further research:

- More in-depth research in using Medical Hypnoanalysis as a therapeutic tool to help clients.
- Further study on the influence of the prenatal and birth experience later in life to support this study as well as testing of the reliability of the research.
- The influence of the prenatal experience and the period immediately after the delivery are very important. Separation anxiety starts during this time and needs to be investigated.
- More information on the physiology and brain chemistry changes that occur during traumatic experiences may lead to a more complete understanding of anxiety.
- The psychological effect of the physiological experience of the baby during the birth process should be further investigated.

7.7 IMPLICATIONS OF THIS STUDY

This study has shown that the Educational Psychologist can use Medical Hypnoanalysis for the benefit of the client. For the Educational Psychologist it can be a rewarding therapy experience as the client's progress into well-being is witnessed. By implication this study proves that the Educational Psychologist needs to consider training in the application of Medical Hypnoanalysis.

7.8 CONCLUSION

Anxiety may be one of the most prevalent of psychological disorders and has shown an increase in recent years. There is also evidence that a large number of the population suffer from anxiety in different forms and that medicinal treatment

seems to be the easy way out. This results in only dealing with the symptom and not with the origin of the problem.

Effective treatment of anxiety can be achieved by using Medical Hypnoanalysis in order to go back to the root cause of the problem. In this study the birth experience proves to be the origin of anxiety experienced later in life. Hypnosis still seems to be a controversial subject where inaccurate presentations about it are made most of the time. It was shown in Chapter 3 that Medical Hypnoanalysis is a firmly based model that can only benefit the client suffering from anxiety.

Psychologists need the vision to be open-minded to the validity of other therapy techniques in striving to improve the client's well being. The way the fetus, the baby in the birth process and the new-born are viewed by Educational Psychologists will and can have a major influence in the treatment of clients.

In conclusion Verny (1981:216) puts it that ... *"The paramount concern - for parents, for physicians, for educators, for all of us - should be the raising of a healthy child. Our collective hopes, dreams and wisdom resides with him; he is our future, and if it is to be a future free of ugly turmoil and needless suffering that have so often marred our past, that child must be treated with the love and respect a human being deserves."*

**And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.**

T.S. Eliot

LIST OF REFERENCES

- ALMAN, B.M. & LAMBROU, P. 1983/1992.
Self Hypnosis. The Complete Manual for Health and Self-change. Second Edition.
 Souvenir Press.
- AYERS, F. June 1994.
 The First Three Sentences.
Medical Hypnoanalysis Journal. Vol IX No 2.
- BAKAN, P. & PETERSON, K. 1994.
 Pregnancy and Birth Complications : A Risk Factor for Schizotypy.
Journal of Personality Disorders. Win, Vol 8.
- BARLOW, DAVID H. & DURAND, MARK V. 1999.
Abnormal Psychology : An Integrative Approach.
 Brooks/Cole Publishing Company.
 Pacific Grove, USA.
- BARNETT, E.A. 1987.
 The Role of Prenatal Trauma in the Development of the Negative Birth Experience.
Pre and Peri Natal Psychology Journal. Spr; Vol 1.
- BORYSENKO, J. 1987.
Minding the Body, Mending the Mind.
 Addition-Wesley Publishing Inc.
- BORYSENKO, J. & BORYSENKO, M. October 1994.
The Power of the Mind to Heal.
Renewing Body, Mind, and Spirit.
 Hay House Inc. Carson, CA.
- BOSWELL, L.K. January 1961.
 The Initial Sensitizing Event of Emotional Disorders.
 Emotion Regression and Emotion Development Techniques.
The Journal - Medical Hypnoanalysis.
- BRADSHAW, J. March 1990.
Home Coming. Reclaiming and Championing Your Inner Child.
 A Bantam Trade Paperback Book.
- BRYAN, W.J. JR., F.A.I.H. July 1961.
 The Walking Zombie Syndrome.
Medical Hypnoanalysis Journal.

- BRYAN, W.J. JR. F.A.I.H. 1969.
Treatment of Alcoholism.
Medical Hypnoanalysis Journal.
- BRYAN, W.J. JR. October 1962.
More about Zombies.
Medical Hypnoanalysis Journal.
- BRYAN, W.J. JR. 1974.
Lecture No 5, Course 101 & 107.
The American Institute of Hypnosis.
- BUKURURA, S. 1999.
Crime and Criminal Justice in South Africa: Some Thoughts on the
Challenges ahead.
Acta Criminologica. Vol 12 No 3.
- CALITZ, F.J.W. & WEYERS, C.F. 1998.
Stress and Anxiety Management Training.
CME: SouthAfrica's Continuing Medical Education Monthly.
Vol 16 No 1.
- CARSON. 1996.
13th Australian Kinesiology Conference in Sydney.
- CHAMBERLIN, D.B. December 1986.
Reliability of Birth Memory : Observations from Mother and Child pairs in
Hypnosis.
Medical Hypnoanalysis Journal. Vol 1 No 2.
- COURSE : The Treatment of Psychoneurosis and Depression. 1994.
The American Academy of Medical Hypnoanalysis.
San Antonio.
- COUSINS, N. 1989.
Head First.
Penguin Group Publishers.
- CRESWELL, J.W. 1994.
Research Design. Qualitative & Quantitative Approaches.
Sage Publications.
- DENZIN, N.K. & LINCOLN, Y.S. 1994.
Handbook of Qualitative Research.
Sage Publications.
- DIAGNOSTIC CRITERIA FROM DSM-IV. 1994.
American Psychiatric Association, Washington, DC.

- ELLIOT, RYAN, M.S.W., B.C.D. 1991.
Wide Awake, Clear Headed & Refreshed.
 Relaxed Books.
- ENCARTA 98. 1993-1997.
 Encyclopedia. The World Standard in Multimedia encyclopedias.
 Microsoft Corporation.
- FODOR, N. 1949.
The Search for the Beloved. A Clinical Investigation of the Trauma of Birth and Prenatal Condition.
 New Hyde Park, N.Y. University Books.
- FOX, B. 1996.
Power over Panic : Freedom from Panic/Anxiety related Disorders.
 Addison Wesley Longman.
- FRANKL, V.E. 1959, 1962, 1984
Man's Search for Meaning. An Introduction to Logotherapy. "One of the Outstanding Contributions to Psychological Thought in the Last Fifty Years"
 Simon & Schuster.
- GABRIEL, M. 1995.
Remembering your Life before Birth : How your Womb Memories have shaped your Life and how to Heal them.
 Asian Publishing Santa Rosa, CA.
- GRAY, J.W., & DEAN, R.S. 1991.
Neuropsychology of Perinatal Complications.
 New York, USA Springer Publishing Co, Inc.
- GROBLER, G. & HIEMSTRA, L.A. 1998.
 Stress in the Workplace.
CME: South Africa's Continuing Medical Education Monthly.
 Vol 6 No 1.
- GROF, S. 1985.
Beyond the Brain : Birth, Death and Transcendence in Psychotherapy.
 State University of New York Press.
- GROF, CHRISTINA & STANISLAV. 1990.
The Stormy Search for the Self.
 Jeremy P. Tarcher, Inc, Los Angeles.
- GUBA, E.G. & LINCOLN Y.S. 1985.
Naturalistic Inquiry.
 Sage Publications.

- HADLEY, J. & STRAUDACHER, C. 1989.
Hypnosis for Change: A Practical Manual of Proven Hypnotic Techniques.
 New Harbinger Publications. Oakland, CA, US.
- HALL, J.A. October 1986.
 Toward a Jungian Theory of Hypnosis.
American Journal of Clinical Hypnosis. Vol 29 No 2.
- HAMMEL, J. 1993.
Case Study Methods. Qualitative Research Methods, Series 32.
 Sage Publications.
- HAMMOND, D.C. 1990.
Handbook of Hypnotic Suggestions and Metaphors.
 W.W. Norton & Company.
- HENNING, E. 1993.
 Ethnography as Classroom Research Methodology.
 Faculty of Education RAU.
- HOOPEs, MARGARET H. & HARPER, JAMES M. 1987.
Birth Order Roles and Sibling Patterns in Individual and Family Therapy.
 Rockville, Md : Aspen Publishers.
- HULL, W.F. January 1984.
 Prenatal Oxygen Deprivation, the Source of Birth Trauma.
Medical Hypnoanalysis Journal.
- HUTCHISON, M. 1994.
Mega Brain Power.
 New York, Hyperion.
- JACOBSON, B., EKLUND, G., HAMBERGER, L., LINNARSSON, D.
 October 1987.
Perinatal Origin of Adult Self-Destructive Behavior.
Acta-Psychiatrica Scandinavia. Vol 76(4).
- JAEGER, R.M. 1988.
Complementary Methods for Research in Education.
 American Educational Research Ass. Washington DC.
- JAMPOLSKY, G.G. 1979.
Love is Letting Go of Fear.
 Published Mini Course.
- JANUS, L. 1997.
The Enduring Effects of Prenatal Experience.
 M.D. Jason Aronson, Inc, Northvale, New Jersey.

- JANOV, A. 2000.
The Biology of Love.
 New York, Prometheus Books.
- JARMON, ROBERG, G. December 1992.
 Birth Trauma Revisited.
Medical Hypnoanalysis Journal. Vol VII No 4.
- JUNG, C.G. 1961.
Memories, Dreams, Reflections.
 New York: Pantheon Books.
- KARLE, H.W.A. & BOYS, J.H. 1991.
Hypnotherapy.
 Free Association Books.
- KERLINGER, F.N. 1986.
Foundations of Behavioral Research.
 Holt, Rinehart and Winston, Inc.
- KOELLING, L.H. January 1984.
 Birth Trauma and Psychosomatic Illness in Children and Adolescents.
Medical Hypnoanalysis Journal. Vol 5(1).
- KREFTING, L. 1991.
 Rigor in Qualitative Research : The Assessment of Trustworthiness.
American Journal of Occupational Therapy. Vol 45 No 3.
- LAMB, C.S. October 1985.
 Hypnotically-Induced Deconditioning: Reconstruction of Memories in the
 Treatment of Phobias.
American Journal of Clinical Hypnosis. Vol 28 No 2.
- LANDSMAN, S.G. 1989.
 Metaphors : The Language of Pre and Perinatal Trauma.
Pre and Peri natal Psychology Journal. Vol 4(1).
- LAST, C.G. & HERSEN, M. 1988.
Handbook of Anxiety Disorders.
 Pergamon Press, Inc. New York.
- LECOMPTE, MARGARET, DIANE. 1993.
Ethnography and Qualitative Design in Educational Research.
 San Diego : Academic Press.
- LEISTIKOW, D. March 1987.
 "Panic Disorder" - An In Utero Problem.
Medical Hypnoanalysis Journal. Volume II No 1.

- LEISTIKOW, D. September 1994.
Control : The Birth Experience Decision.
Medical Hypnoanalysis Journal. Vol IX No 3.
- LINN, SHEILA & DENNIS, EMERSON, W. & LINN, M. 1999.
Remembering our Home.
Paulist Press, Mahwah, N.J.
- LLEWELLYN-JONES, D. 1977.
Fundamentals of Obstetrics & Gynaecology.
Faber and Faber Limited, London WC1.
- MARSHALL, C. & ROSSMAN, G.B. 1989.
Designing Qualitative Research.
Sage Publications. England.
- MATEZ, A. December 1986.
The Rapid Treatment of Fear, Panic, and Phobia Disorders using
Hypnoanalysis... with illustrative Case History Summaries.
Medical Hypnoanalysis Journal. Vol 1 No 2.
- MATEZ, A. December 1989.
Medical Hypnoanalysis in Action.
Medical Hypnoanalysis Journal. Vol 4 No 4.
- MATEZ, A. March 1992.
Hypnoanalysis as Explained to a Patient.
Medical Hypnoanalysis Journal. Volume VII No 1.
- MATEZ, A. November 1997.
The South African Society of Clinical Hypnosis.
SA Academy of Medical Hypnoanalysis Workshop.
South African Society of Clinical Hypnosis.
- MATHEW, R.J. 1982.
The Biology of Anxiety.
Brunner/Mazel Publishers.
- MATTO-SHEPARD, J. January 1995.
The Relationship between Birth Trauma and Infant Temperament.
Dissertation Abstracts International: Section B: The Sciences and
Engineering. Vol 55(7-B).
- MCGUINNESS, T.P. April 1984.
Hypnosis in the Treatment of Phobias: A Review of the Literature.
American Journal of Clinical Hypnosis. Vol 26 No 4.

- MERRIAM, S.B. 1989, 1991.
Case Study Research in Education. A Qualitative Approach.
 Jossey-Bass Publishers.
- MILES, M.B. & HUBERMAN, A.M. 1994.
Qualitative Data Analysis (Second Edition).
 SAGE Publications.
- MILLER, A. January 1986.
 Brief Reconstructive Hypnotherapy for Anxiety Reactions: Three Case Reports.
American Journal of Clinical Hypnosis. Vol. 28 No 3.
- MODLIN, T. March 1991.
 The Origin and Treatment of Conduct and Antisocial Personality Disorder.
Medical Hypnoanalysis Journal. Vol VI No 2.
- MODLIN, T. March 1992.
 Conduct and Antisocial Personality Disorder Part Two - Treatment.
Medical Hypnoanalysis Journal. Vol VII No 1.
- MODLIN, T. June 1993.
 The Origin and Treatment of Conduct and Antisocial Personality Disorder:
 The Perspective of Medical Hypnoanalysis.
HYPNOS SA Journal. Vol 3 No 2.
- MODLIN, T. September 1996.
 A Brief History of Medical Hypnoanalysis in South Africa.
Medical Hypnoanalysis Journal. Vol XI No 3.
- MODLIN, T. November, December 1997.
 Clinical Hypnosis in the Management of Anorexia Nervosa and Bulimia.
Victus : Nutrition a Way of Life Journal. Vol 3 Issue 1.
- MODLIN, T. 1997.
 Workshop by South African Academy of Medical Hypnoanalysis.
 South African Clinical Hypnosis Society.
- MODLIN, T. 1999.
Prisoners of our Perceptions.
 Printed by Creda Communications.
- MONTGOMERY, S.A. 1993.
Psychopharmacology of Panic.
 Oxford University Press.
- MORSE, J.M. 1992.
Qualitative Health Research.
 Sage. Newbury Park, California.

- MOTT, F.J. 1948.
The Universal Design of Birth.
Philadelphia David McKay.
- MOTT, F.J. 1959.
The Nature of the Self.
London, Allen Wingate.
- MOUTON, J. & MARAIS, H.C. 1989.
Metodologie van die Geesteswetenskappe : Basiese begrippe.
Raad vir Geesteswetenskaplike Navorsing.
- MYSS, C. 1996.
Anatomy of the Spirit. The Seven Stages of Power healing.
Harmony Books of Crown Publishers.
- MYSS, C. 1997.
*Why People don't Heal and How they Can. A practical Programme for Healing
Body, Mind and Spirit.*
Bantam Books.
- NAPARSTEK, B. 1995.
Staying Well with Guided Imagery.
Harper Collins Manufacturing, Glasgow.
- NEL, J. & BURGERS, T. 1998.
Stress and Trauma in the Work Environment: The South African Police
Service.
Unisa Psychologia. Vol 25 No 2.
- NORTHRUP, CHRISTIANE. 1995.
Women's Bodies Women's Wisdom.
Judy Piatkus (Publishers) Ltd.
- NUTT, D. ARGYROPOULOS, S. & FORSHALL, S. 1998.
*Generalized Anxiety Disorder. Diagnosis, Treatment and its Relationship to
other Anxiety Disorders.*
Martin Dunitz Ltd.
- OMERY, A. 1983.
Phenomenology : A Method for Nursing Research.
Boston University School of Nursing..
- ORLOFF, J. 2000.
Intuitive Healing.
Times Books Random House, Inc. London.

- PARSE, R.R., COYNE, A.B. & SMITH, M.J. 1985.
Nursing Research: Qualitative Methods.
 Bowie, Md.: Brady Communications C.O.
- PHILLIPS, M. & FREDERICK, C. 1995.
Healing the Divided Self. Clinical and Ericksonian Hypnotherapy for Post-traumatic and Dissociative Conditions.
 W.W. Norton & Company.
- PIZZI, S.E. December 1995.
 The Necessity of the Age Regression of Birth in Treating Artists.
Medical Hypnoanalysis Journal. Vol X No 4. Special Edition.
- PIZZI, S.E. December 1997.
 American Academy of Medical Hypnoanalysis Chicargo Conference Report.
Medical Hypnoanalysis Journal. Vol XII No 4..
- PLUG, MEYER, LOUW & GOUWS. 1986.
Psigologiewoordeboek.
 Johannesburg : McGraw-Hill.
- POGGENPOEL. 1993.
 Lectures RAU.
- RACHMAN, S. 1998.
Anxiety.
 Psychology Press.
- RANK, O. 1929.
The Trauma of Birth.
 Kegan, Paul, Trench, Trubner & Co, Ltd, London.
- RITZMAN, T.A. November 1982.
 Depression and the Nature of God.
Medical Hypnoanalysis Journal.
- RITZMAN, T.A. January 1983.
 Pain as an Assurance of Life.
Medical Hypnoanalysis Journal.
- RITZMAN, T.A. 1984.
 Stress and the Birth Experience.
Medical Hypnoanalysis Journal.
- RITZMAN, T.A. March 1988.
 The Cause and Treatment of Anxiety.
Medical Hypnoanalysis Journal. Volume III No 3.

- RITZMAN, T.A. 1989.
Schizophrenia, Its Cause and Cure.
Medical Hypnoanalysis Journal. Vol IV No 1.
- RITZMAN, T.A. 1990.
Thoughts about Healing.
Medical Hypnoanalysis Journal. Vol V No 4.
- RITZMAN, T.A. September 1992.
Importance of Identifying the Initial Sensitizing Event.
Medical Hypnoanalysis Journal. Volume VII No 3.
- RITZMAN, T.A. March 1993.
The Treatment of Psychoneurosis and Depression.
Medical Hypnoanalysis Journal. Volume VIII No1.
- RITZMAN, T.A. December 1994.
Accident Hypnosis in Scholastic Achievement.
Medical Hypnoanalysis Journal. Volume IX No 4.
- RITZMAN, T.A. 1994.
Course : The Treatment of Psychoneurosis and Depression.
The American Academy of Medical Hypnoanalysis.
San Antonio.
- RITZMAN, T.A. & MATEZ, A. November 1997.
The South African Society of Clinical Hypnosis.
SA Academy of Medical Hypnoanalysis Workshop.
South African Society of Clinical Hypnosis.
- ROBBINS, A. 1988.
Unlimited Power.
Simon & Schuster Ltd.
- ROEDDING, J. 1991.
Birth Trauma and Suicide : A Study of the Relationship between Near-Death
Experiences at Birth and later Suicidal Behaviour.
Pre and Peri Natal Psychology Journal. Win, Vol 6.
- ROETS, H.E. REVISED BY. 1989.
COMPILERS: CROUS, S.F.M., VAN RENSBURG, J.J.J., NIEWOUDT, W.C.,
MELLET, S.M., LESSING, A.C., VAN DER MERWE, E.A., VISSER, P.S.
Psychology of Andragogics.
University of South Africa.
- ROOS, SIMON. 1998.
Workshop, South African Society of Clinical Hypnosis.

- ROSSI, L.R., & DAVID B. CHEEK. 1988.
Mind-Body Therapy. Methods of Ideodynamic Healing in Hypnosis.
 New York W.W. Norton & Company.
- RUDESAM, K.E., & NEWTON, R.R. 1992.
Surviving Your Dissertation.
 Sage Publications.
- SCHOEMAN, K. 1971.
Op 'n Eiland.
 Human & Rossouw.
- SCOTT, J.A. July 1975.
 Early Mechanical Memory.
Medical Hypnoanalysis Journal.
- SCOTT, J.A. March 1989.
Hypnoanalysis for Individual and Marital Psychotherapy.
 Gardner Press, Inc.
- SCOTT, SR J.A. March 1989.
 Two Foundation Principals of Medical Hypnoanalysis.
Medical Hypnoanalysis Journal. Volume IV No1.
- SCOTT, SR J.A. June 1989.
 Diagnostic Terminology in Medical Hypnoanalysis.
Medical Hypnoanalysis Journal. Volume IV No 2.
- SCOTT, SR J.A. 1993.
Hypnoanalysis for Individual and Marital Psychotherapy.
 Gardner Press, Inc. New York.
- SCOTT, J.A. JR. 1995.
 A Comparison of Medical Hypnoanalysis and Cognitive Hypnotherapy for the
 Treatment of Anxiety Disorders.
Medical Hypnoanalysis Journal. Volume X No 4.
- SCOTT, J.A. JR. 1995.
 The Walking Zombie Syndrome - Revised.
Medical Hypnoanalysis Journal. Volume X No 1.
- SEXTON, R.O. & RICHARD C. MADDOCK. January 1983.
 When Headache Pain Strikes.
Medical Hypnoanalysis Journal.
- SIEGEL, B.S. 1986.
Love, Medicine and Miracles.
 Harper & Row Publishers, New York.

- SIEGEL, B.S. 1989.
Peace, Love and Healing.
 Harper & Row Publishers, New York.
- SIEGEL, B.S. 1989.
Bodymind Communication and the Path to Self-Healing: An Exploration.
 Harper & Row, Publishers.
- SILVERMAN, D. 1993.
Interpreting Qualitative Data. Methods for Analysing Talk, Text and Interaction.
 SAGE Publications, London.
- SLOTKIN, T.A., SEIDLER, F., CHROUSOS, GEORGE P., LORIAUX, D. LYNN, ET-AL. 1988.
Stress in the Fetus and Newborn. Mechanisms of physical and emotional stress. Advances in experimental medicine and biology, Vol 245.
 New York, NY, USA: Plenum Press.
- SPIEGEL, HERBERT & SPIEGEL, DAVID. 1978.
Trance and Treatment : Clinical uses of Hypnosis.
 New York : Basic Books.
- STANDISH, L. 1992.
 British Journal of Psychotherapy. Vol 9(2).
- STEINAR, K. 1983.
 The Qualitative Research Interview. A Phenomenological and a Hermeneutical Mode of Understanding.
Journal of Phenomenological Psychology. No 14.
- STUTMAN, G. 1995.
 Parturition Dread : A Key to Female Oedipal Repression.
International Journal of Communicative Psychoanalysis and Psychotherapy. Vol 10(4).
13th Australian Kinesiology Conference Journal 1996 Sydney 11-13 October 1996.
- THIBODEAU, JANICE A. 1983.
Nursing Models : Analysis and Evaluation.
 Monterey, California : Wadsworth Health Science Division.
- THURMAN MOTT, J.R. 1982.
 The Role of Hypnosis in Psychotherapy.
American Journal of Clinical Hypnosis. Vol 24 No 4.

- TRAUT, A. & HAWKRIDGE, S. 1998.
Post-Traumatic Stress Disorder in Children.
CME: South Africa's Continuing Medical Education Monthly.
Vol 16 No 2.
- URWIN, C. April 1998.
Psychic Links and Traumatic Events : Some Implications of Premature Birth.
Journal of Child Psychotherapy. Vol 24(1).
- VAN JAARSVELD, I. Januarie 1996.
Nuwe SA, Nuwe Stres: Gesondheid.
Insig.
- VAN PELT, S.J., AMBROSE, G., NEWBOLD, G. 1953.
Medical Hypnosis : New Hope for Mankind.
London : Gollancz.
- VERNY, T.M.D. WITH KELLY, J. 1981.
The Secret Life of the Unborn Child.
Dell Publishing. Broadway, New York.
- WEEKE, C. 1997.
Peace from Nervous Suffering.
Harper Collins Publishers.
- WESTENBERG. H.G.M. & DEN BOER, J.A. & MURPHY, D.L. 1996.
Advances in the Neuobiology of Anxiety Disorders.
John Wiley & Sons Ltd.
- WILSON, BARBARA. 1989.
Everyday Cognition in Adulthood and Late Life.
New York : Cambridge University Press.
- WOLBERG, LEWIS R. 1977.
The Technique of Psychotherapy Part 1.
New York : Basic Books.
- WOLCOTT, H.F.
Writing up Qualitative Research.
University of Oregon.
- WORDEN, WILLIAM J. & PROCTOR, WILLIAM. 1976.
Personal Death Awareness.
Prentice-Hall, Inc, Englewood Cliffs, New Jersey.
- YIN, R.K. 1989.
Case Study Research, Design & Methods.
Applied Social Research Methods Series. Vol. 5.
SAGE Publications, London.

- YOUNG, G., & GAGNON, M. 1990.
Neonatal Laterality, Birth Stress, Familial Sinistrality, and Left-Brain Inhibition.
Development Neuropsychology. Vol 6(2).
- ZELLING, D.A. 1987.
Expectancy and Acceptance.
Medical Hypnoanalysis Journal. Vol 2 No 1.
- ZELLING, D.A. 1987.
Breath of Life.
Medical Hypnoanalysis Journal. Vol 2 No 1.
- ZELLING, D.A. 1988.
The Triple Allergenic Theory.
Medical Hypnoanalysis. Volume III No 2.
- ZELLING, D.A. 1994.
Practical Individual Course in Medical Hypnoanalysis.
Akron, Ohio.
- ZELLING, D.A. 1995.
Medical Hypnoanalysis Course.
South African Clinical Hypnosis Society.
Pretoria.
- ZUERCHER WHITE, E. 1998.
An end to Panic. Breakthrough Techniques for Overcoming Panic Disorder.
Second Edition.
New Harbinger Publications, Inc.

Where there had only been fearful emptiness ... there is now unfolding a wealth of vitality. This is not a home-coming since this home had never before existed. It is the discovery of home.

Alice Miller

APPENDIX: MEDICAL HYPNOANALYSIS SCRIPTS

APPENDIX A: LIFE THE PURPOSE IS YOU

Thomas Ritzman (Course 1994 handout)

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 and 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. 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 his 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 involved, we know the intricate interplay of the pituitary and 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. For 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 to 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 you for your task in 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 inference 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. (Short Pause ... Music).

And 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 ... for just you. For out there, 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 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 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 ... ahead. And your subconscious mind now locks and seals every part of this experience into every part of your mind to be 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 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 my chair in deep hypnosis feeling beautiful and wonderful beyond anything you've ever felt. A deep sense of inner relaxation and joyousness 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 B: INNER INFANT MEDITATION

John Bradshaw (1990:93)

Welcome to the world, I've been waiting for you.

I'm so glad you're here.

I've prepared a special place for you to live.

I like you just the way you are.

I will not leave you, no matter what.

Your needs are okay with me.

I'll give you all the time you need to get your needs met.

I'm so glad you're a boy (or a girl).

I want to take care of you, and I'm, prepared to do that.

I like feeding you, bathing you, changing you, and spending time with you.

In all the world, there has never been another like you.

God smiled when you were born.

APPENDIX C: THE UNKNOWN FEAR FROM BIRTH REMOVED

Thomas Ritzman (Course 1994 handout)

Now, relax - going deeper and deeper and deeper relaxed - way down deep relaxed, relaxing in every part of you and as you feel your muscles relax - all the muscles in your body relaxing more and more and more. A deep sense of peacefulness - peaceful quiet comes over you as you feel yourself slipping easily and quietly into a deep, comfortable, healthy, restful, sleep. Relax and sleep. Relax and sleep. Relax and sleep. Deeper and deeper and deeper asleep. Now, as you sleep, I'm going to explain to you what your trouble has been and why your trouble is gone and why you never have to have that trouble again. I'm going to explain this to you very clearly and as I do your subconscious mind will understand totally and completely why you were afraid, why you used to be afraid at certain times, in certain places, and under certain circumstances and didn't know you were afraid and why you never have to be afraid like that again.

You never have to be afraid like that again. And as I explain this, then your subconscious mind will, with all its power and its strength, positively remove from your mind all such fear and will never allow you to be afraid of anything of that sort again. Now, fear is necessary to our existence. Fear is the stimulus which removes us from an actual danger. And remember I said the word: "actual", a danger in existence, a danger which is there. That is what you need to be afraid of, if you have to be afraid, is of something which is actually there.

If you didn't have this fear, if you weren't able to be afraid of actual threats then you probably wouldn't survive very long, because you would succumb to the first thing that came your way that might be a danger. That's exactly why you have fear and it is very appropriate for you to be afraid in the presence of an actual danger. But your problem was that you were afraid when there wasn't any danger. You were afraid at all kind of odd times and places. You

may have been afraid when you were shut in at home; you may have been afraid when you tried to go out shopping or went to a supermarket; you may have been afraid to get into an airplane or afraid to get into an elevator; or afraid to get into any type of dark place; afraid to drive; afraid to cross a bridge; afraid to make a passage; afraid of all kinds of things. And none of them ever represented an actual threat.

So, you see, your problem, your problem of being afraid and not knowing what it was you were afraid of was because you were not afraid of something actual - you were afraid of a memory. And, the worst part of all that was, that you didn't have to be afraid at all. There was no reason to be afraid because the memory was so old, and so far gone, and so harmless that there really was nothing to be afraid of at all. And yet, you couldn't control it. And when you got into one of those situations which I have described or any particular situation, something clicked off deep in your subconscious and you were reminded of something that happened long, long ago; reminded of something that happened long, long ago which was frightening. And then, because you haven't ever been able to remove that memory out of your mind, it revived all that fear and you became afraid all over again - for no reason at all - and your life was bothered by fears and unhappiness and everything else. Now you never have to be afraid again - not of that. It's good to be afraid of something you ought to be afraid of - something actual but unless something actual comes along you don't have to be just afraid anymore. Why? Because you have faced your fear - you have faced your real fear - faced it directly and found it was not actual - there was no substance - it was only an old, old memory. And in so doing you removed the memory out of your subconscious mind and it is now gone. Totally and completely gone.

You shall know the truth and truth shall make you free. You discovered the truth and now you are free. You see, the memory that caused your fear, was the memory, deeply implanted in your subconscious mind, of the feelings and the fears and the physical danger that you actually did go through during the time that you were being born. Now, birth is a very traumatic procedure and it

can be very frightening. First of all, it takes quite a while and there is a lot of squeezing and pressure and tightness - the umbilical cord may be cut off and may not be enough air supply. All of this can cause physical deterioration, increasing sense of fear and panic, awareness of approaching death in the baby.

At the same time, if the mother is afraid because she's in labor and she may be in pain and in labor and she may be pouring out adrenaline, every bit of mother's adrenaline is pouring into that poor little baby too, and I want you for a moment to look back and think of that poor little baby, soaked with that frightening adrenaline pouring in from mother, manufactured by itself, panicking, thinking it was going to die, stuck, couldn't move, couldn't do anything for itself, locked in that frightening place and not able to get out until she was born and no wonder she was afraid. And it was a terrible fear because the poor baby couldn't think and couldn't know that somebody was going to come along and help her out. It was to her or him an endless situation. And the baby was terrified. Now, you see, when that baby got born, the baby was not able to know that he or she was born and thus could not remove the fear. Your mind has the magnificent capacity to remove any fear when it knows what the fear is and knows the thing that caused the fear is over with and gone and done and that you don't have to be afraid of it - your mind removes the fear memory and removes the fear. And your mind couldn't do that at the time because you had no thought capacity with which to do it.

Now, finally you've done what needed to be done. You have returned to the fear with all the thought capacity that you need to remove the fear - you've returned to it, you've experienced it, you've remembered it - you've brought it up out of hiding in the subconscious - up to the light of knowledge - you've faced it, you've felt it and you have removed it. It is gone. And it can never return. You see, it can never return because your birth can never return. And because your birth can never return, the fear that went with it cannot return either. You are free - totally and completely free and you never need

be afraid like that again. You have removed the fear and you never need to be afraid like you were again. You not only have removed the fear, and you not only need never be afraid like that again, but now, you are able to do the things that you couldn't possibly do before. All of the things that used to remind you of the fear, no longer have the power to remind you of anything except themselves. If you were afraid when you were alone at home, then being alone at home from now on will be a peaceful quiet, happy time in which you can do what you want to do - you can rest or take a nap or do your housework or do whatever you need to do. If you were afraid when you went out and went shopping in a supermarket, from now on a supermarket is only a supermarket - it's a place where people buy food and that's all - and you don't have to be afraid of anything in the supermarket except perhaps, the prices. From now on you never have to be afraid to make a passage, to drive to go through a tunnel, for example. A tunnel is a tunnel is tunnel. It isn't a birth canal any longer - it's only a railway tunnel, or a covered bridge, or a bridge, or whatever.

So you never have to be afraid again and you never will be afraid again. Not of those things and not of those memories. They are totally and completely removed from your mind and you are free. Now, many times people do things to themselves because of that fear and because of the thoughts that went with it.

For example, if you are very much under weight and have never been able to put on weight, it could very possibly be that your subconscious mind received a thought during that birth and the thought was: If I put on another ounce, I'll be stuck and I can't get out - it's dangerous to be too big, because then I'd really be stuck - it's tight enough as it is and if I were any bigger, I'd never get out of that fix again. So, if your subconscious mind promoted that thought in you, it may have kept you skinny, undernourished with no appetite because it didn't want you to get stuck, well now it doesn't have to do that any longer. It realizes that there's plenty of room outside - oh, you don't have to get fat, but if you are underweight, you now can be normal, can't you? Think about it -

you can almost feel your appetite increasing, you can almost feel your body becoming strong and healthy and vigorous and beautiful and handsome in every way.

Because you never have to be afraid again, you can now face everything in life that you need to face, exactly as it is. And most of the things you face you don't have to be afraid of, do you? So you just don't have to be afraid. Not only that, but you don't have to be nervous or anxious, looking over your shoulder to see if there's some danger around. You can forget all the dangers and realize that the good Lord protects you. Now, for a moment, begin to think of feeling peaceful, peaceful and happy and relaxed. So peaceful now. How pleasant it is to just let those waves of peaceful happiness flow through you. You don't have to worry about a thing. You don't have to be afraid of anything at all. Just be peaceful and happy. So peaceful and so happy. Think how you can begin to enjoy life. To enjoy life again - to see the wonders of the world and feel that everything in the world is your friend, your good, dear friend - that everybody in the world is your friend, too. How peaceful you feel now. How peaceful and relaxed. All the old fears have gone like a black nightmare cloud that hung over you for a while and now had disappeared. The nightmare is over. The cloud is gone, the sun is shining and shining brightly. Imagine, just imagine that your life is a beautiful, vast beautiful garden - a great beautiful park-like garden. Imagine now that you're lying in a meadow on a hillside - lying perhaps on a soft bed of moss. The sun is shining with the brightness of early summer - the air is clear and the sky is blue - white fleecy clouds drift across it. The warmth of the sun seems to soak into you - healing you, soothing you, calming you - filling you full of good health and happiness and comfort and warmth.

At the same time, a soft, cool breeze blows across your skin, cooling and refreshing you. How cool and warm you feel at the same time - so comfortable and so refreshed. There's a bird singing - a few birds - and high in the air - so high a lark sings bravely. The wild flowers all about are heavy - heavy with the sweetness of their rich scent and the colours and the sweeps

of the flowers across the hillside is rich with summer beauty. Beauteous sight in every side as the hillside slopes away toward a valley and on one side deep in the valley a purple river runs - flashing silver overtones on its way to the pounding ocean in the far distance where the white-capped waves roll up upon the shore and there the white-winged ships are sailing - sailing off to strange, foreign places. Beyond the valley, the white-capped mountains rise to the sky. And all is beauty and quiet and peace - an infinite peace. Below you on the other side, the hill slopes, slopes to a little valley, a little hollow, and there's a pool - a crystal clear pool - the water so blue and so clear - so transparent that it almost isn't water at all, but a silver-blue mist - a healing pool and you know that you can - at any time - simply walk down and wade into that healing pool on soft, clean, white sand - deeper and deeper and allow your body to sink - glide deep into that crystal clear water - and feel the water, healing and washing away every care, feel it washing the cares away from every part of your body - from inside and outside - washing all ailments, all anxiety, all disease - everything that's bad - cleaned and washed until you are pure and crystal clear.

All fears washed out, all guilt, all fears, all worries, all tensions, all anxieties - simply washed out of you - as you float - floating deeply, deeply, in crystal-clear water so clear you can breathe it and absorb the oxygen from it - clear, clean ... healing ... healing. And as you wade back, wade back, feeling the soft water rippling around your legs and thighs and knees and feet as you wade out - stretch out again on your soft bed of moss and overhead the sun shines, warm, soothing. Restoring and you feel the sun's rays deep in your body and mind, comforting, healing and repairing, repairing, healing, comforting - a deep languor overcomes you - and infinite peace - the singing of the birds becomes fainter and fainter and fainter and the smell of the wildflowers seems to envelop you in a deep, heavy odor as you seem to sink deeper and deeper into a beautiful springtime sleep - a summer sleep so deep and so refreshing that you will in time emerge a totally new person. And now relax, healed, feeling the warmth of the sun and the freshness of the breeze - as you sink deeper and deeper and deeper into that beautiful, life-

giving, healing ... sleep ... Now, for a few moments of silent sleep - sleep deeper and deeper with the awareness that you will never need to be afraid again - you never need to be afraid again. You never need to be afraid again.

Your mind now is filled with that thought: I never need to be afraid again. Now, I can be myself, now I can love the world I live in - I can be happy, I can love the world I live in. I can be happy. I can love myself. I can love the world and I can be happy. I will never be afraid again. I will never be afraid again. Peace surrounds me. Peace and infinite trust in the Lord who holds me in his hand and loves me and protects me on every side. And now, for a few moments of silence, let these new thoughts sink into the deepest part of your subconscious mind to have complete and total effect upon you from now on - that you never have to be afraid again. You are peaceful and happy and your moment of silence begins ... now ... (MUSIC)

Now you had a severe problem in the past, and I say in the past, and I say in the past because that's exactly where your severe problem is. Your problem was fear, fear and anxiety, anxiety and nervousness; looking over your shoulder for some threat that you always thought that was there, trying to prove to yourself that you were in good health by over-activity, by worrying, by perhaps, over-eating, maybe even by smoking, whatever it was, that problem is in the past and the past does not exist, and so your problem no longer exists. As St Paul said: "Look no more to the past, look only to the future". And so from now on - the past is gone - your problem is gone and your fear of that problem is totally and completely gone.

A deep, inner, delightful sense of relaxation comes over you, and this relaxation now is something that you haven't experienced in a long time, but you are experiencing more and more all the time as you recover from your anxieties and your nervousness and your fears and indeed, your problems. You are learning to be a relaxed person and that is wonderful. More and more you're learning to be a relaxed, competent, happy, healthy person and

that is wonderful and so now as you come back to the real world, carry these thoughts with you: Your fears are in the past which no longer exists and so your fears do not exist.

One, beginning to wake up, with it removing the fears. Two, beginning to relax as you wake up - feeling deeply relaxed and pleasant and happy in every way. Three, coming up, feeling wonderful, clear-headed and alert - in charge - on top of things - at peace with the world. Four, and at peace with yourself. Five as your eyes open now - Six completely awake - you may take off your mask and earphones and simply come out to the desk.

APPENDIX D: BORN ALIVE AND FREE

Daniel A Zelling (Course 1994 handout)

Go deeper and deeper down now, for you are born free, you are born free and alive. You are born alive and free. Born alive and free. A wonderful, beautiful feeling, a wonderful and beautiful thing in itself. Born alive and free. For that is the way God made you. Born alive and free. Alive in body and free in spirit. Alive in body and free in spirit. This is God's gift to you. Allow no one to take it from you. Allow no incident to take it from you. Allow no one and no incident to take this feeling from you. It belongs to you, it is yours. It is yours and it is beautiful. It is wonderful and it is only the beginning. Just the beginning.

Allow it to grow. Allow it to grow and become more beautiful and more wonderful with every passing day. Do this for yourself. Be born free. Yes, be born free. Allow it to well up in you. Allow it to well up in you stronger and stronger and stronger now. Allow nothing to take it from you. Allow nothing to take it from you, it belongs to you. Let it grow and grow with every passing day for it is yours and it is beautiful. It is wonderful. Let it grow. Find the excitement of living. Find the tenderness of being free. Find the love, the beautiful, true love known only by those who put all mankind's values aside and arise above man's needs, rise above man's needs. Be not of man's world, but be of God's. Find the true meaning of love and it's glory and beauty.

The love of God, the love of oneself, the love of one's neighbor. Everyone around you. Everything around you. Allow no one, allow no thing, no incident, no happening, no problem to take this from you. It is yours. It is beautiful and wonderful. It is yours. Allow nothing to take this from you. Hold onto it. Use your invisible shield. Use it and enjoy it. It's yours, let no one take it from you. It belongs to you. Allow no one to take it. Hold tight. Don't let anyone have it, it's yours. Keep it. Let it grow. Let it grow.

Stronger and stronger and stronger let it grow, becoming more beautiful and wonderful with every passing day. You are unable to work at making love grow. You must work at allowing it to grow. Now relax. Relax completely now. Relax completely as all these suggestions become a part of you to help you in every way, continue to be free and alive. Beautifully free and alive. For this belongs to you, allow no one to take it from you. It is yours. Keep it, use it, honor it, work at allowing it to grow. Allow it to grow more wonderful and beautiful with every passing day. Practice your kindness lessons. Practice your lessons in love, understanding and insight. Grow to know God and that beautiful love that grows and comes from Him. Now relax, as all these suggestions become a part of you in body, mind and spirit to always grow stronger and stronger and stronger and stronger. Relax now as you go all the way down

APPENDIX E APPENDIX E: GET RID OF BIRTH EXPERIENCE BABY

Thomas Ritzman (1997:122)

Now relax - going deeper and deeper and deeper relaxed - feeling yourself sink into that deeply, deeply relaxed and peaceful state - receiving state in which you hear and feel and receive the thoughts which I'm giving you. My voice carries energy and it carries power and the energy and the power in my voice energizes the thoughts to be your thoughts from now on. First of all, let me remind you of what your problem was and as I remind you of what your problem was then your inner subconscious mind will identify with everything I say - will realize and accept that the things I am saying have been absolutely true of you and that these are the things which have created the problem in the first place. Now you've been anxious.

You've been nervous and anxious as if somebody were looking over your shoulder - as if, perhaps, there were a threat out there somewhere and you didn't know what the threat was but you simply felt that there was something out there threatening you. At times and in certain circumstances, in crowded places, stores, supermarkets, tight places, uh - pressure situations and so forth and so on - you may have felt actually panicky - heart pounding, perhaps, a little perspiration and sweating and actually feeling shaky and panicky. And you may even have had trouble drifting off to sleep - afraid of drifting into unconsciousness - a little insomnia - this may have been so and there may have been other symptoms of tension in your body and your mind.

You may have had severe attacks of anxiety in which you literally felt that you were going to die and had to rush from one place to another frantically trying to combat it. Whatever your symptoms were, let me remind you of one thing throughout all of these feelings and fears you have remained abundantly healthy and alive. You have not fainted, you have not hurt, lost consciousness or have a thing go wrong with your body at all. All of the nervousness and the fears that you have been feeling have been totally groundless - unnecessary because nothing bad has happened. Let that

thought enter your mind now and let the great clarity of understanding come to you. Why is this so? It's so simple because there isn't anything to be afraid of - there is no danger. You're a healthy young person, as healthy and alive as can be. And all of these fears have been entirely without any cause whatsoever. They simply existed as fears. Well now what caused them? You've got to be afraid of something if you're going to be afraid. Well, you were afraid of something but it wasn't real. What you were really afraid of was a memory and that's all. An old, memory of something that did make you afraid - many, many years ago. Now, we've been back to that memory - we've looked at it - we've re-experienced it - we've understood it - we have sensed the thought that that memory created and we have taken that memory of what was happening and progressed it on until what was happening was no longer so - and trouble was over with.

We've done that. Now, ... the problem was that your mind simply hasn't done yet what it really has to do and that is remove the fears, remove the thoughts, remove the feelings that that memory caused. As an adult person your mind has that power and with voice and with my help you are now getting that power. The power of removal. Complete - deep removal. Let me remind you again of what that memory was; it was your birth and your birth experience. After nine months of security - physical security - laying comfortably and quiet within your mother's womb you were subjected - suddenly - to a rejecting experience of profoundest importance. The walls closed in and the walls began to squeeze and pressure - that fearful word pressure began to build up and you could feel the pressure around you.

You could feel yourself being pushed against your will and you couldn't help being pushed inexorably into a tight - ever tightening, dark, squeezing tight passage way getting tighter and tighter. You felt the tightness, you felt the pressure - your head was pounded on and you felt yourself getting dizzy. You felt the sense of a terrible threat somewhere - you didn't know where it was and your heart was pounding a little faster and you were shaky and nervous and isn't this the same shakiness and nervousness that you still

experience when you get into situations of pressure - you don't know what the threat is - but it's there somewhere and it seems sort of awful to you - dreadful, in fact.

Well, the fact is of course that it was at that time the threat that if that kind of pressure and tightening kept on indefinitely you'd die. It was the fear of impending death. You didn't know that you were going to get born. You simply sensed a situation and you could sense no end - you may have glimpsed a little light at the end of the tunnel but you didn't know that that situation wasn't going to keep on until you died. You had a deep, inner panic. You may have had shortness of breath - indeed you probably felt that you couldn't get any air and you simply had to get out - out of there - out of the squeezing, the tightness, to get out and get a deep breath and you may have felt that very, very profoundly and if so it was absolutely true - you did have to.

You didn't know at that point you were going to get out. You were just desperate, desperately casting about for some way to escape from that place. And isn't that what you've been feeling in your anxiety attacks - a sort of desperate, dreadful fear that you had to get out of that place - you had to escape from it and go somewhere else or get out in the open and get a breath - or get away? Of course it is. And it's all because of that, isn't it? Now, ... with that came a deep, deep anger - a need to struggle. Nobody seemed to be helping you. You did the only thing you could under the circumstances - you tried to get yourself out - you may have struggled - feeling angry and struggled and then you may very well have felt a deep sense of fatigue - a giving up - a sinking into unconsciousness - an awareness that nothing was going to do any good - that you were still there and that you were dying and that you were sinking into unconsciousness and that you were very, very anxious and terribly afraid.

Afraid to let yourself go - afraid to sink into unconsciousness. A deep fear and a sort of giving up and isn't that, that same kind of fear that you've had at times - a deep inner fear that just nothing was going to work? Well, of course

it is. And all of these things you experienced and you experienced them in such a way that you created an image of that baby which was you, in that place, experiencing those things. Now the fact of the matter is you've been back - you've re-experienced them - you understand exactly what caused them and you also understand that the episode that caused them was over with because we progressed you on through your birth until you were born and you took a deep breath and you felt yourself alive and you felt yourself living and alive - but you couldn't do what your adult mind can do now and that is to remove the entire experience out of your mind.

Now you can do it. Through the wonderful medium of hypnosis, you're able both to sense the entire experience as it was, to remember it, to realize that you're out and to use this realization to remove the experience out of your memory - to remove the thought that you're still panicky and dying every time you get in a tight place - to remove them all - to see stores for what they are - not as a reminder of something that's still frightening you - that was over years ago - you see, you see, and so you're able to do that. Now your mind can do that and it's going to take perhaps a powerful catalyst to do that. That baby is still there, or was, in that compartment of your mind. It's time now that you said goodbye to that baby - that baby doesn't exist. That baby exists only as a memory of something that once was. It's not still there to frighten you.

Say goodbye to that baby and forgive that baby. You see, forgiveness is conducted in the divine light of God's love forgive that unborn infant and see that baby disappear out of your mind, out of your life, and out of your experience forever. For you never can be that baby again. That baby is in the past and the past does not exist except as that memory - so let it go and become alive - truly alive - and feel life flowing into you and with the feeling of in flowing life then you never need to be afraid unnecessarily again. You simply learn to relax and the fears that you've had will disappear. And the next time that you go into a store or a theatre or church or into a crowded place, or into a narrow place, or feel yourself under pressure - a deep inner

awareness will come to you that it's only a store - it's only a theatre and the store is life and theatre is fun - it's only people and they're great and you don't ever need to have those fears ever again and with that child as it leaves your life the fears will disappear as you relax deeper and deeper.

Forgive and then feel yourself truly come to life. Truly and deeply come to life. And now relax for a moment of silence as you prepare to forgive and come to life. Relax and sleep. Relax and sleep and your moment of silence begins now (Music)

APPENDIX F: BIRTH FEAR GONE GOD IS HELPING YOU

Thomas Ritzman (1997:131)

Now make yourself comfortable. Get into the most comfortable position possible. Relax. Let your eyes close. Relax some more. Let your eyes close. Prepare to drift off into a very pleasant dreamy sleep-like state. Now relax your feet, feeling all the small muscles let go as your feet relax and as your feet relax the messages from your feet back to your brain are cut off. Your feet are at rest and your brain is free and thus your brain can relax to that extent, also. And you feel drowsy, pleasant, sleepy and peaceful. Now relax your legs - feeling the muscles of your legs become limp and loose and totally relaxed. And as you do so note how peaceful you feel now - deep, inner soothing flow of peacefulness seems to fill you as you relax more and more - relaxing deeper and deeper.

Relax your thighs, letting your thighs become limp and loose and completely relaxed. And now a deep drowsiness comes over you feel drowsier and drowsier drifting off - drifting off to sleep - so pleasantly and so comfortably as you relax. Your pelvis relaxes, your bottom, your hips and your lower abdomen let go. And your whole lower body becomes peaceful and comfortable and heavy. Relaxation spreads upward. You feel it in the big muscles of your shoulders and your chest and your back and all the way down and all the way up again. Your shoulders relax - your arms - your elbows, forearms, wrists, hands - to the tips of your fingers. And your arms are like two lead weights - so comfortable - so heavy - so peaceful as you sink deeper and deeper into a deep, quiet, safe, peaceful, comfort heavenly relaxation. Your face relaxes now and your scalp and you are entirely relaxed. Now, in this state of relaxation your conscious mind drifts off into a deep refreshing - sleep. While your unconscious mind now can hear and understand and put into order the things I'm going to tell you. And so relax now and sleep. Now for a long time you had a problem. And the problem came from an experience and your reaction to this experience. Usually,

when we have an experience and the experience is over we can stop reacting to it.

But since your experience happened when you were a small infant you had no way of knowing that it was over and this dreadful experience went on and on in your subconscious mind because nobody had ever bothered to tell your subconscious that it was over. And so your reactions to this experience became the pattern of your reactions to any of life's challenges and stressful events. The experience I'm talking about is your own birth. Now, as we think about your birth, each time we talk about it it gets farther and farther and farther away until finally that birth experience is so far away it simply seems, perhaps like an old story, once told about somebody else that had nothing to do with you whatsoever. And this is true.

The more we talk about your birth the more you realize deeply and powerfully in every part of your inner subconscious mind that your birth experience now, has nothing to do with you whatsoever. It is all gone. Nevertheless, at that time, you went through a very dreadful experience. Pushed out into an ever-tightening canal, from which you could see no escape, you felt increasingly beat upon, traumatized to the extent where you perceived death if it didn't stop. You couldn't breathe. You were terrified. You were panicked. You became angry. You struggled in a vain effort to escape - fought against it and struggled - there was a deep sense of anger and then finally there was a sort of giving up. And then ... there was birth.

Now this pattern of events affected you from then on. When there were stressful events you were apt to become confused, panicky and then you would become very angry since you were simply repeating the pattern of action which you had gone through before. And, since you did get born, which your subconscious assumed was the way to get past stressful events. This you can see prevented you from truly living. It prevented you from being able to be yourself to expand to enjoy life and to deal with every stressful event as a challenge with a joyous inner feeling that it could be overcome.

Now all that is over and you have been learning new ways of acting - healthy ways of acting - indeed ways of acting which are so healthy and so good that they will be with you more and more all the time. They will make life better than you ever imagined life could be. And as I describe this new pattern of action you will find that more and more with every challenge you have, you learn more and more about your new way of acting and your new way of living and it becomes better and better for you all the time. Now, first of all, you eliminate fear. You used to be afraid all the time - whatever happened - because that was the way you were, when you were born - and rightly so at that time. You had a right to be afraid then. But that is all long gone.

Look at so many of the things that confront you today. Are they threatening - are they dangerous? Do you need to be afraid? Not really. There's a way out of all of them if you simply stop to find out what it was. But, above all, there is no real threat, therefore there is no need to be afraid. Therefore, step one, from now on you will be approaching your challenges in life without fear - with an open mind - yes - with an ability to see what you're doing - yes - to understand - yes - but fear - no. You don't need to be afraid. Save fear for the real dangers - not for the imaginary ones. Now, the second reason that you're not going to be afraid is that you're going to stop imagining the bad side of things. The more you imagine something the more true it gets. And when you imagine bad things they're very apt to come true. It's just as easy to imagine the good ones.

Like the old story about the optimist and the pessimist. The pessimist says : "My glass is half-empty" And the optimist says : "My glass is half-full" The pessimist looks at the empty half. The optimist looks at the full half. You've been looking at the empty half so long that you've been making yourself afraid and angry - and confused and unable to accomplish things. From now on you're through doing that. From now on you're going to look at the full half and no matter what the experience is there's something good somewhere and you're going to find it. And you'll be better and better at finding it all the time.

And when you find the good things about any experience you're going to fill your mind with those so full that you'll be unable to think about the bad things. And ... what does that mean? It means no worry. For worry is only the creation of an unfortunate, frightening experience that doesn't exist and then reacting to it and how foolish that is. So there's no worry and therefore there's no fear. From now on every challenge, every venture whether small or large becomes an exciting challenge - something that you want to get into and get through and do. And why do you want to? Because you're not afraid any longer and because you're able to see so clearly everything ... that you can see all the ways in which this challenge can be overcome - this goal can be accomplished.

You see, you used to be so full of worries and fears that you couldn't see anything except disaster. Now, you're going to see the good side. And that means that you're always going to see the ways to get past any obstacle - to see the goal - and to see how that goal can be reached. So there's no fear. There's only an exciting feeling of challenge and success. And when you know you can succeed you usually do. Now, the third reason there is no fear, is that you are totally aware now that you've got a friend. You've got a friend so powerful that to this friend everything is possible. And this friend is totally devoted to you.

The problem with you was that you didn't stop to realize that, and you never asked this friend for help and you never used it. We usually refer to this friend as God and by God we mean that unseen, creative energy which formed us, planned us, designed us, maintains us and loves us - always with us even when you don't know it. How do you think you got to be where you are now? And, all that, without even asking for his help. Now, there is an implicit asking for God's help with whatever you do. It's alright to pray. In fact, it's a very good thing to pray because that is putting that in words. It is making the request formal and positive. And praying will help. It always does.

For whether you pray or whether you don't the simple fact that from a deep, subconscious level you are aware that God is there - that God loves you - is always with you - knows the answer to everything and as you simply ask for his help the help is immediately given. And with that help who can be afraid? Certainly not you. So the inner, constant reliance on God's help fills you with a sense of power, a sense of joyousness, of happiness, of liveliness and of absolute success - far beyond everything you've ever felt before. So you see, you're through being afraid - completely through. You're not creating images to be afraid of.

You're not imagining that you can't succeed and on the positive you're knowing that with God's help you can succeed. Now, what do we call that? We call that faith. Now there are many things that you do anyway in which you use faith and whenever you use faith then you don't have to be afraid of anything. It simply gets done. Furthermore, when you have faith you don't have to spend a lot of time looking over your shoulder to see if something bad is after you or if you better check up on this or check up on that. It's pure waste of time. Because of most of the time you can't check up on it anyway. Supposing you had to sit up all night to make sure the sun rose in the morning and if you went to sleep then you might worry that it wouldn't rise.

Well that would be a terrible situation. But you don't do that - why? - you have faith. You have faith - absolute complete faith - that the sun is going to rise, therefore you have no fear that it won't and you free yourself completely from any worries about the matter at all. You simply have faith. Now, consider - when you eat your breakfast; you pick up a fork - you look at the breakfast - you look at the scrambled eggs or whatever it is - you put the food into your mouth. Do you worry that the food is going to go on the floor? Do you try to monitor every single one of fifty different muscle movements that it takes to get food there? Do you have anxieties about it? Do you have doubts? Of course not. You have absolute faith that that breakfast is going to go into your mouth and so you don't worry about it. There's no fear and the breakfast goes where it's supposed to.

You have faith. You have absolute faith. Now, you may think that's silly, but think back to when you were a year and a half old and your mother put a fork in your fingers. It certainly wasn't that easy and you didn't have the faith and the fork and the food went on the floor and you may have banged the table with it and cried and so forth. It had to be learned. But so many things that you learned become so much a part of you that you stop worrying about them because you have faith. The inner acceptance that the goal will be reached and that is faith. From now on - more and more - you will, with the inner knowledge of God's help, have faith that whatever your goal is you're going to reach it. From now on you will more and more know that whatever your goal is, with God's help, you can reach it. Think about it.

With enough faith, it was once said, you can move mountains. The more faith you have - the more things can be done. Faith. And you have a lot of faith in many things already. So from now on you are going to have more and more faith in everything you do. From now on whatever your challenge is, you will put out of your mind all fears, all evil imaginings, all confusions, all worries, all doubts. You will accept - the availability of the limitless power of God's love - which is always available to you. You will see your goal and have total confidence that you're going to reach it. And that's faith. And faith is the single, most powerful energy you can have. Now there's another thing that you're going to have and that's vision: Vision is your ability to see the goal.

Now this is very, very important because when you have a goal you must see it very clearly. If it's a bad goal then it should be abandoned and there's no use thinking about it anymore. If it's a good goal - something that's necessary and something that's good for you and for others - and you want to do it - then, instead of thinking as you used to so often: "Oh, I can never do that". From now on your faith will say to you if that's a good goal and necessary you can accomplish it. You have help. You can do it. So you must visualize the goal. Now, visualizing is very, very important because

what you visualize will come about. Now imagining and visualizing are all the same thing - they're creating a picture of something.

Before you used to create pictures of danger and things to be afraid of - of stresses - of goals which were difficult to reach or couldn't be reached and therefore what you did was to fill yourself with anxieties and most of the time you probably didn't get to your goal or if you did it was at the expense of a tremendous amount of confusion and upsets and everything else. That's because what you were imagining were all the difficulties along the way. But, when you eat your breakfast you're not imagining any difficulties along the way because you have faith you're going to get there.

From now on whatever goals you have you will completely ignore the things you have to do to get there. You see that's already known anyway in the depths of your subconscious mind. Your subconscious mind knows everything you need to do to get everywhere. Let it work for you. Don't try to take over something that you consciously can't do when your subconscious can do everything. So from now on when there's a goal you will stop seeing the difficulty along the way whatsoever. And what will you see. You'll see where you want to go and you'll see this clearly as if you had already accomplished it. From now on, whatever venture, whatever challenge, whatever goal you need to reach - the only thing that you will see is the goal reached.

You will see that goal as clearly as if you are already there. You will feel as you would feel if you had accomplished your goal. You'll see what you would see if you had accomplished your goal. You'll hear what you would hear if you had accomplished your goal. Smell and taste - sense - everything. You will in fact have already reached your goal in your own mind before you even start reaching it physically. From now on, when you have a goal to reach, the only thing that you will be able to see and imagine is that goal - reached. As if you are already there.

The steps along the way you will not even think of for your subconscious mind will take care of that for you. And what will happen when you do that? You'll find yourself doing exactly the very first thing you need to do to get there and you won't know why you want to do it - you'll just know that that's what you've got to do and you'll do it and then the next step will appear to you and you'll do that and your inner subconscious mind will guide you to that goal just as surely as can be. After all, that's what you do when you eat breakfast, isn't it! So from now on apply it to other things - all things. And when you have something to do - whether it is a new job - whether it's something to be purchased or bought - whether it is a trip - whether it is studying a degree to be obtained - whatever it is - from now on all fears simply disappear - all bad imaginings disappear. All worrying about the things that have to be done to get there will disappear. You will simply in your mind be there.

You have traversed this jump in your mind instantaneously in the twinkling of an eye and you will have achieved your goal in your mind and having so done you have telegraphed your subconscious to get going. And you will find yourself inexorably and powerfully and successfully doing those things one after another which need to be done to reach that goal and you won't have to sit down and make a whole lot of worries and plans and this, that and the other to do it. Success. And that is what success is: the absence of fear; the presence of faith and the vision of the goal. It has been said: When you pray, pray believing that that for which you pray has already been given to you and it will be granted. And that's the same thing - exactly.

Now, there are many achievements in life, and, of these achievements you can achieve more than you ever dreamed that you could achieve. It has been said that we don't use 5% of the potential that we have and even if you begin to use 6% or even 10% you will have done more than almost anybody else you know. And so begin to use some of that - tap on the powers inside that you're becoming more and more aware of all the time. Your old actions, reflexes - everything else have completely gone - totally gone and you don't

need to worry about them or think about them any longer. Now, relax - going deeper and deeper relaxed. This new you is a you which is joyous. You see, accomplishment brings happiness.

Accomplishment of something good brings happiness and the inner awareness which you now have that you can accomplish anything you want as long as it's good will bring you the deepest happiness you've ever known. It's a feeling of being alive. It's a feeling of power beyond imagination. It's a wonderful feeling. A feeling that you can do anything. A feeling of that power within you that's so strong that it just gives you a joyousness - a joyousness that makes you want to shout - a wonderful feeling of power and happiness and joyousness and the amazing thing is that when you set to power to work - that's just what will happen. You will succeed and your goals will be reached. And you will be joyous. So now, anxiety disappears out of your life. Stress disappears out of your life.

The old, old reactions to an experience so long ago it seems a different place, a different time, a different life - are all gone and you now are reborn. You're a new person and a different person and that person is learning - learning every day and more and more these things which have told you will be you - will be you and your new life and your new actions from now on. You will get better and better as time goes on. You'll be doing more and more and doing it better and better. You'll be feeling more and more happy and more and more relaxed. For relaxation is the wiping out of fear. Relaxation is the wiping out of worry. Relaxation is the inviting in of the tremendous energy and power of your loving friend - your Creator. And relaxation allows your inner subconscious mind to apply its vast, computer-like knowledge to the problems which you face. And so relax and whether your problem or your accomplishment is your work - whether it is your family life - whether it is improving yourself physically - whether it is engaging an exercise program - building your body - throwing out of your life the things that could be harmful: smoking, excessive drinking and so forth. Whether it

is the accomplishment of scholastic achievement - whatever it is - relaxation is the key to success.

And, if you should for example, want to achieve scholastically, then you'll find that from now on studying will become a joy. You simply relax and in that relaxation comes intense concentration upon the matter at hand and information flows from the printed page into your mind like a powerful torrent to be registered there for use. You'll find that in examinations, relaxation unleashes the power of your subconscious mind to put everything in order - to bring its vast store of information up to your awareness so that it can be put down on your examination paper and used as needed. Relaxation is the key to achievement. The key to writing - to experiencing thoughts.

Relaxation allows that channel of information between your inner subconscious storehouse and your awareness and consciousness to open and be used as needed. So whatever your achievement relaxation is the key to the achievement. The moment you relax all anxieties and fear disappear. The moment you relax you feel that deep inner flooding of faith - of power of energy and of faith. The moment you relax you see your goal clearly as if you were already there and indeed you are. The name of this creative energy is love. And as you come more and more acquainted with its use - you become more and more a loving person. It's hard to be loving when you're afraid all the time. But you're no longer afraid and thus every time you do a loving thing you strengthen your own supply of love and love is God and God is creative energy. And so you become a happy, relaxed and loving person.

More and more understanding other people and their problems rather than reacting to them yourself. All of these suggestions now, are you, they are within you and they will always be there for you to use and grow - to use and grow from now on. And so now as you go to sleep and sleep the night through let these suggestions become more and more powerful

in the deepest part of your subconscious mind to always be from now on of total and complete and permanent effect upon your mind and body and soul. And now relax and sleep.

APPENDIX G: BORN UNLOVED

Daniel A Zelling (Course 1994 handout)

When you were born when you began when you came out of your mother's womb ... Right around the time of birth you had an emotion ... You had a very important emotion ... Emotions don't start at a certain magical age of 2 or 3 or five ... Emotions go through your mind even BEFORE birth.

Now when you were born there was a very important negative emotion ... a very negative emotion that went through your mind ... You ... felt unloved ... Now a child is born with three basic needs ... Food ... Warmth ...and LOVE. A baby is born totally helpless and without food the baby will die ... and without warmth a baby cannot survive ... and being unloved or feeling unloved to a newborn baby is a death-like situation ... When you were born the feeling of being unloved was a threat to your very survival ...

Now there is one thing that you overlooked ... There is one thing that you didn't realize ... one thing that you could not realize as a newborn infant and that one thing is : ...That you were loved ... Inside the womb there was first one cell division, two, ten a hundred, a thousand, a million; trillions of cell division took place ... Now if only one percent of those cell divisions had gone wrong it would have been DISASTER!

But they didn't go wrong and why? ... because they were supervised ... you were

loved then as you are now loved by God ... loved by God 24 hours a day 7 days a week, year in and year out ... You are a child of God ... loved by God 24 hours a day ... year in and out.

(START MUSIC BORN FREE)

Now realizing that you are reborn ... You are born free ... Free and relaxed ... You are reborn free from the past ... Relaxing with faith in your heart.

Relaxing ... Free and relaxed free from the tension of all the cares ... Born
free from the past ...

(FINISH VOCAL MUSIC)

APPENDIX H: REMOVAL OF NEGATIVE SUGGESTIONS

Daniel A Zelling (Course 1994 handout)

Now, relax completely, for a few moments you will be going into a very nice, comfortable, deep relaxing, hypnotic sleep. Sleep deeply. Deeper and deeper and deeper. Deeper and deeper relaxed. Deeper and deeper on down. Let your arms feel limp and limber like a rag doll. Let your legs feel limp and limber like a rag doll. Let your body feel limp and limber like a rag doll. Feel all your muscles completely give way and give in. Feel yourself go into a deep, deep hypnotic trance. Farther and farther down you go with every breath you take, breathing deeply as all your muscles relax and you let go. Your body lets go. Your mind lets go.

All your defenses let go and you sink down, down, down, deeper and deeper and deeper and deeper relaxed with every breath you take, farther and farther down as though all extraneous thoughts leave your mind. For from this moment on nothing disturbs you, nothing bothers you for you continue to go into a deeper and deeper sleep, always going into a deeper and deeper sleep, always sleeping deeper and deeper as you're going farther and farther down, way down deeper and deeper relaxed, fully relaxed, deeply relaxed, completely relaxed, completely altogether relaxed. Your body is relaxed, your mind is concentrated and you imagine what I suggest to you. Your body is relaxed and absolutely still. Your mind is concentrated and you listen expectantly.

The sense of the imagination is heightened and you imagine whatever I suggest to you. Now, as you continue to go deeper and deeper down, deeper and deeper relaxed with every breath you take, your mind concentrates solely on the sound of my voice and you go deeper and deeper relaxed. Your body is relaxed. Your mind is concentrated and you imagine what I suggest to you. First, you imagine yourself to be a success just as you did last time. Only this time you can imagine it even better because you already believe. We know that you want to be a success already. You're

already well motivated. You want to be a success, believe yourself to be a success. It is necessary to concentrate your entire mind on being a success.

When Rubenstein plays the piano, he concentrates his entire mind on playing the piano. He's not wondering if maybe he'll hit a wrong note or what's going on in the audience. He concentrates his entire mind on playing the piano. An excellent pilot is piloting a plane, he is concentrating his entire mind on piloting the plane. He is not concentrating just part of it on piloting the plane and part of it on the fear that he may not do it right. He's concentrating his entire mind on piloting the plane. In the not too distant past a fourteen year old girl from San Francisco swam the English Channel, the youngest woman ever to swim the English Channel. She did it under self-hypnosis. She concentrated her entire mind on swimming the English Channel. In fact so much so that she had already swam the Channel in advance in her mind before she ever got into the water.

Swimming the Channel was an accomplished fact before it ever happened. It was an accomplished fact in her mind. The French have a word for this "Fait Accompli". You will remember it. Your success is already "Fait Accompli", an accomplished fact. Swimming the English Channel was already an accomplished fact in her mind before she ever began. Being a success is an accomplished fact in her mind before she ever began. Now, if part of her mind had been concentrated on the fear of what might happen if she didn't make it, then she would have been sapping her own strength. She would have been reducing her own power and ability. For the truth of the matter is that every one of us saps our own strength to a certain extent, to that extent depending upon the amount of fear that we allow to creep into our minds.

Sometimes we even get afraid to let go of the fear. We think maybe fear is a good thing, maybe it motivates us. Maybe if I'm afraid I'm going to be poor, then I'll have to strive to be rich. Nothing could be further from the truth. When can you accomplish what you want to do? The answer is when you get rid of the fear that you might not accomplish it. There are three emotions,

three emotions that we must eliminate from your mind from the very beginning before we even get started on self-improvement, before we even get started on getting you better on your job. These three emotions are fear, anxiety, and guilt. Even the Bible has alluded to the fact that these emotions do not come from God. "For fear is not of the spirit of God, but power, love and a sound mind" say the Scriptures. Certainly the last thing in the world you want are these three negative emotions of fear, anxiety, and guilt. In fact, you are now so anxious to get rid of them we're going to remove them for you from your mind. But, before we remove them, we're going to show you how to recognize them so you will never allow them to creep back in. The first emotion and the biggest one is fear. I'm afraid. It usually creeps back into the form of motivation. You say to yourself, "Oh, it's good for me to be afraid. It motivates me". That's ridiculous. Fear only motivates people to panic. You know that is true. The only limitation on free speech that Justice Black would admit is the classic by Oliver Wendell Holmes, "One shouldn't allow a man to yell fire in a crowded theater". Of course, we should not. Why?

Because it makes people afraid and what do they do when they are afraid. They panic. They lose their reason. They rush for the exit even though it's blocked. And, they may pile up against the door and die as they did in the famous Coconut Grove fire in Boston. The Coconut Grove nightclub in Boston burned to the ground and cost many lives for this very reason - fear caused people to panic. In their panic they rushed for the exit even though it was blocked and piled up one after another against the closed door. Fear does not motivate people. It paralyses people. For when fear comes in the door, reason flies out the window. Therefore, all fear must go. I don't care what you're afraid of, fear must go. It doesn't do you one bit of good, not one bit. Deuteronomy 31, verse 6 of the Bible says, "fear not" a direct commandment. "Fear not, for the Lord thy God is with Thee. He shall not fail thee or forsake thee". Regardless of your beliefs, fear must go. Now, anxiety. Anxiety means worry. This is easy to recognize for a business man. As a business man I have to worry, you say. Worry gives me ulcers and all successful people have ulcers. Far from it. The really successful people

conduct their business successfully, enjoy it, and do so without ulcers. They are healthy people.

The amount of energy you're using to worry or to make the ulcers, to force your stomach to secrete the acid, that energy is working against you, not for you. That means you are trying to eliminate other drives, such as hostility and anger, by injuring yourself. It could be better worked out in furthering other goals in your life. Channel the hostility into the business itself. Fear and anxiety are emotions that interfere in your life and you can't afford them any longer. We are going to remove them. But the most insidious of all these emotions are guilt. Guilt comes later. It's an after the fact emotion. You say, "I feel guilty because I made a wrong decision. Therefore, I should punish myself".

Guilt calls for punishment. "I feel guilty because of something that happened a long time ago in my childhood. I didn't do the best for my mother, or my father, or my brother or my sister, or I could have done this and I didn't. I shouldn't have done that and I did. Or, I did do this, but I shouldn't have done that". Guilt is an argument you have within yourself internally. Now, what will we do about all that guilt? This guilt makes me certain that I don't deserve to be a success. And, if I don't deserve to be a success, I must prevent it. See how defeating guilt is. It comes later, after the fact. It gives you the, "I don't deserve complex". That's what guilt tells you and then guilt calls for punishment. I must punish myself. Yes, and how can I do that? By never achieving the goal for which I am striving.

Clearly, three emotions you can well do without are fear, anxiety and guilt. How can we start your car on the road to success if you've got three feet on the brakes. I'm going to count to ten and as I count to ten I'm going to remove those three negative emotions from your mind never to return. You know how to recognize them. You know how to recognize them right now and you're not going to let them return once I remove them. You're not going to allow them to return. I am going to count to ten and at the count of ten those

three emotions are removed completely from your mind. You don't really need them at all. You don't really need them. You never did and you certainly don't now, and for whatever reason you thought you needed them you don't. And, even if you ever did, that reason is now gone.

That's in the past. Maybe you thought you had to be afraid of something in the past. Maybe you thought you had to be anxious. Maybe you thought you had to feel guilty. Those emotions may have been useful then but whatever it is they are not useful now. You used to worry but you will never worry again. Maybe you felt guilty about something. Whatever it is you don't need to feel guilty about it now. That was yesterday and these emotions are now going to be removed from your mind. You will never let them creep back. One, get rid of them. Who needs them? Two, they've been doing nothing but holding you back. Three, because you were afraid to recognize them. Four, you've allowed them to darn near ruin your life, but, five, once you get the brakes off, you will be able to really move down the road to success. Six, you're going to be surprised and amazed at how quickly this will work on you. Seven, never before have you removed all your blocks in such a hurry. But, eight, now, that you realize how easy it is to do you will be amazed at how rapidly it is going to work on you. Nine, you can feel them going already and you are letting go of them. Let go, let go. Let go for we are going to rid you of every single one of these negative emotions right now. Ten, they are gone. Now relax.

Relax deeply, deeper and deeper relax. You will be surprised and amazed in this next week at how wonderfully efficiently you operate now that all three negative emotions are completely removed from your mind. At your next session we will give you suggestions which will completely prevent the reoccurrence or re-acceptance of any negative suggestions and now allow yourself to take a few moments of silence to let all of these suggestions seal themselves in every single cell of your subconscious mind. This period of silence begins now. And now as you sink deeper and deeper down I'm going to wake you up.

When I wake you up you will be wide awake, clear-headed and refreshed and I will give you time to contemplate looking forward to your next session of hypnotherapy and to enjoy the feeling of being completely free of all negative emotions. Now I wake you up at the count of three. At the count of three you are wide awake, clear-headed and refreshed - alert and feeling wonderful in every way. One, coming up now, Two, almost awake, Three, remove your earphones and eye shades, and relax and wait patiently for a few moments.

APPENDIX I: FORGIVE THE DEAD BABY THAT WAS INSIDE OF YOU

Thomas Ritzman (1997:127)

Now you are about to have a profound emotional experience. This experience is so profound that you will be a different person when it is over. And in order to experience it to the utmost, I'm going to let yourself sink into the deepest stage of hypnosis that is possible for you to relax and sleep. To enter a deep, relaxed sleep in which your subconscious mind is completely open and in this relaxed sleep, this experience will appear to you as a profound and affecting vision and you will see yourself, hear yourself and feel yourself in all respects. Now, you have been confused.

Deep in your mind you perceived part of you as living, having been brought forth onto the earth as living and in another part of yourself and your mind you perceived yourself as dying in the process of being born. Which one are you? Your subconscious mind never really knew until now. But now you've gone back to that area - you've faced the child who died - and having faced that child - you realize that that child did not die - was only your perception of dying which was never fulfilled. That child was born and emerged onto the earth as alive. So now, the time has come to say goodbye to the dead child who never really existed and when you have done so and when you have seen that child disappear out of your life - out of your mind - forever - then, indeed, you will be completely and truthfully alive.

So now, as you relax and sleep, you begin to see yourself and hear yourself as if you were standing in the midst of a vast plain. All around you the grass stretches in every direction - a long - empty landscape. You feel confused. Part of you wants to give up - part of you is craving food to remind you that perhaps part of you is alive - but inside, there is still that confusion. And now, in the midst of that confusion, there is a light. A light from the heavens and you feel this light becoming stronger and stronger. A deep, penetrating white light - scintillating, sparkling with silver overtones of energy. And now, that light is thickening and becoming more profuse (MUSIC STARTS) and as the light becomes more and more profuse, it seems to bathe you in heavenly radiance and you feel deep inside a tingling of energy in every cell in your body.

Now, the light has completely filled the landscape and the landscape is one great area of pure, white, intense, radiating light - heavenly energy from above filled with life and happiness and it is filling you and now you feel for the first time, you feel truthfully at peace as if something were being washed out of you - scrubbed out of you - burnt out of you and in just a moment you're going to confront that which is leaving you forever. Now, as you stare through the white light, you see a shadow a shadow approaching. It has a form and it has a figure and as you that shadow approaching it becomes clearer and clearer and then it becomes a vision - a vision of an infant - a tiny infant and you realize that that infant was once you and this vision has been drawn out of your mind to create the vision which you now see approaching you and you are standing in front of this vision and this vision is an unborn child - tired, weak, blue in the lips, pale faced, half conscious, half unconscious.

The marks of squeezing through the birth experience are still there and around his leg it wears a chain and that chain seems to bind that infant to the birth experience. This is that part of you which, until now, you perceived as dead - as the death that you constantly had to save yourself from. Look at this child, understand, if you will, what this child has gone through. Understand the thoughts that this child is really a composite of awful, remembered thoughts - all of which had life in your mind until now So now this infant is before you and as you look at the child see clearly, in your mind, what this child is going through. Understand how reasonable and how necessary it was for this child to feel the death feeling which, of course, you have felt.

Understand, sympathize, and forgive that child for affecting you so long. Feel the forgiveness and the understanding of the child welling up in you. Listen to the infant whispering for he may be too weak to talk. Touch the infant. Feel the coldness of the skin and the death-like clamminess of his hands. Sense this child completely and realize this child was once part of you but has now left. This was the child you thought had died in the uterus - trying to be born. And, the child that you would return to always died - in your time of panic and death-like feelings and unhappiness. In your times of frantically having to eat to prove that weren't this child, but that child kept coming back, as it were, to haunt you. Now this child is about to leave you forever.

Feel the forgiveness the powerful forgiveness - energized by the divine energy from above - for forgiveness is divine. Feel it welling up in you and feel yourself forgiving this child - forgiving yourself for every bit of grief that he or she may have caused. Forgiveness becomes powerful now and complete as you feel your total forgiveness emotionally, deeply, penetrating - welling out of you - welling out of you as water gushes from a spring and tears burst forth from sadness - welling out of you - complete forgiveness. Now, feel the child forgiving you - forgiving you completely and thus setting you free. Forgiveness is accomplished and that child is now turning and walking away - slowly - dragging his chain with him walking away - he walks away and becomes hazy now as it walks into the divine streaming of white light from above until it's only a figure and then a form - then only a shadow - the shadow getting dimmer and dimmer and now that shadow is gone - gone forever and the child can never return and as the child disappears through the pure white light - feel the energy from above - telling you now you are living now in a song of light - in a song of praise - in a song of life - in a song of energy.

Feel the liveliness now in every compartment as the white light from above seems to become more intense - seems to vibrate with intense radiation and energy and filling you with life and good health and joyousness and happiness as if everything were a song and everything were happy and everything joyous. And, in the midst of this energy, feel yourself finally truly alive - alive in every way and as you feel yourself alive now - all doubts and fears have totally disappeared. (MUSIC) You feel alive and realize you never have to feel the old way again. You never have to do the things you used to do - you are alive and never have to have the old symptoms again for you are now completely alive. So now the light begins to fade - fading - fading - back up to the heavens.

The landscape around you reappears (MUSIC STOPS) You are standing on grass of the deepest and greenest colour and through the grass wildflowers are blooming with a radiance and a scent deeper and more pungent than anything you've ever sensed before. Trees in abundance - trees filled with leaves - filled with fruit - birds flying - and the noise of the birds - sounds of the birdsong, the noise of the insects in the trees - the constant hum of life everywhere - bursting life - life in the grass - the flowers - yes - there's a brook - tumbling in the meadow - splashing over the rapids - forming into still pools of laughing blue water and so sweeping on through the meadow and on out to unknown places in distant seas beyond. And all around

you. And you feel this life with you and you are part of this life and you are part of life and part of this world and part of everything in it and part of every person - every animal - every tree - every bush, stick and stone. You are a living part of all that you experience and so now relax and feel - feel deeply, intensely the new and growing life which fills every cell in your body as you relax and sleep.

APPENDIX J: OVERCOME ANXIETY

Daniel A Zelling (Course 1994 handout)

You are relaxing, letting go completely. Feel your whole body responding to the idea of relaxation, so much that all tension is leaving; all stress and strain are slipping away.

Feel the peace and love of God moving through every fiber of your body.

As I continue talking to you, you will keep relaxing even more, just as though your body is going sound asleep, but your mind will still be aware of the words I say to you. And your awareness is narrowing down so you are concentrating only on the words I'm saying, as you experience and enjoy the peaceful, calming sensations that relaxation brings.

You are able now to ignore all other noises and sounds as you direct your attention to my voice and feel yourself responding to the suggestions I give you.

You are becoming drowsier and more relaxed as you respond to the suggestions I give you. As you hear my voice, you will automatically be able to respond to the suggestions I give you.

You are feeling calm and at ease as you follow my directions. In just a moment I'm going to count to three, and when I reach the count of three, you will recall one of the happiest experiences of your life.

Don't try to think about what it might be. Just wait, and when I reach the count of three, the unconscious level of your mind will permit you to remember clearly and vividly one of the happiest occasions of your life; no matter how brief, no matter how long ago it might have been, no matter how intimate or personal, because this is going to be very helpful to you.

It may be some occasion that was very important to you; a time when you felt confident, needed, loved, accepted, appreciated, healthy and happy, or it may be a time when you felt so happy that it didn't make any difference to you what other people might have thought or said.

You will recall that happy memory when I reach the count of three, and as soon as you begin recalling that experience I want you to close your right hand into a fist as a symbol of confidence and determination.

You can trust your right hand, and you will keep that confident feeling of trust as you keep your hand closed while you enjoy remembering that happy experience mentally, emotionally, spiritually, and perhaps even physically, in the complete privacy of this room. You will enjoy remembering that happy occasion as soon as I count to three.

After you finish remembering and reliving that happy memory, you will tell me, and we will then be ready to continue with additional suggestions.

One, you will remember a happy experience as soon as I reach the count of three.

Two, Three. (Pause)

(AFTER CLIENT HAS INFORMED OF COMPLETION OF THE MEMORY, PROCEED.)

Would you like to tell me about the memory you recalled? Okay, we will proceed with additional suggestions now.

The next time I count to three, you will recall an unhappy experience. Don't try to think about what it might be. The unconscious level of your mind will permit you to recall a very unhappy experience when I reach to the count of three.

Even though it will be an unhappy experience, it will not make you feel uncomfortable. You will remain calm and relaxed, and you will recall enough of that experience to help you understand what part of your mind, head, body, or limbs were caused to be upset by that unhappy experience.

You will allow the stress, strain, tension, or anxiety, of whatever nature it might be, physical or emotional, to develop long enough for you to recognize it and the connection with the problem you are now experiencing.

As soon as you begin recalling the unhappy experience, I want you to clench

your left fist, and keep recalling that experience until you understand the causes and effects, and feel you have stood all the distress you need.

When you feel you have stood all the distress you need, you will open your fist and let it go. As soon as you open your fist, you will be released from all stress strain, anxiety or tension caused by that unhappy experience.

As you are recalling the unhappy experience, you will bring all the tension caused by that experience down through your left shoulder, arm, and forearm into your left fist.

You will lock them tightly into your left fist; and will keep them there until you are sure they are all in that fist where you put them.

You could not keep those tensions or discomforts from happening in your body when that unhappy experience originally took place, but you will be able to release them now. You will bring them into your left fist where you can control them, and get rid of them forever when you open your fist.

When I count from one to three, you will recall an unhappy experience. As you are recalling it, all of the tension, anxiety, stress, or strain from that experience will funnel down through your left shoulder, arm and forearm into your left fist.

When it is all locked up in your left fist, you will realize that you can remove it; all you have to do is open your fist.

When you open your left fist and let it all go, you will then squeeze your right fist. Your right fist is your strong, capable, confident, determined, and happy fist. As soon as you squeeze your right fist, your left fist will relax. You will be releasing all the tension, all the anxiety, stress, strain, and all discomfort or pain that has been caused by that unhappy experience, because you won't need it any more. It will have served its purpose, and you will not need it any more.

The unhappy memory and all problems it has been causing you, will disappear, and you will keep improving physically, mentally, emotionally and spiritually.

I'm going to count from one to three now and you will recall the unhappy experience. After this is over you will be completely relaxed, and I will give you some additional suggestions. One, two and three ...

The true fact of God's healing power is that it is always present. It doesn't require a special time, place, or condition to make it work.

I have learned through research and experience that God's healing power is with you in all circumstances and regardless of where you are, or what you are doing.

God's power is always present, and is always capable of operating.

To become conscious of God's healing power, it is helpful if you gain some understanding about how it operates.

It operates through your inner mind, which controls all the processes and functions of your physical body.

The Bible tells us that the thoughts or ideas which go into our mind cause us to become what we are, and it also says, "You can be transformed by the renewing of your mind".

As your mind is renewed with good thoughts and ideas, it brings harmony into your life, and causes your physical body to respond accordingly. If you are suffering from physical or emotional problems, you begin experiencing healing in your mind and body as your mind becomes programmed with good, uplifting thoughts and ideas.

Right now your inner mind is accepting the suggestions I'm giving you, and you will begin noticing improvement in all areas of your life, physically, mentally, emotionally, and spiritually. Each day you will keep living more and more in the consciousness of the presence of God in your life.

You are releasing yourself completely to the love and care of God, and you are beginning to feel a pure stream of God's healing power flowing through your body, cleansing, purifying, rejuvenating, and restoring your mind and body. You will continue feeling the response in your body as you are being strengthened and

renewed. Your mind is open and receptive to all the good that is flowing into your life.

APPENDIX K: BREATH OF LIFE

Daniel A. Zelling (1987:32)

Just floating ... and drifting ... dreaming ... more and more relaxed with each easy breath you take. Peaceful ... tranquil ... calm and comfortable ... just floating along.

Breathing easy and relaxed. And now I want you to take a deep, deep breath in ... all the way in ... deep, deep, deep in ... and hold it. And just hold it for a few moments ... just hold it for a few moments. And now let it out slowly ... slowly and feel the relaxation that a deep breath affords. Just taking a deep breath and breathing it out slowly gives you a natural relaxation ... natural relaxation. And each breath that you take reassures you that you are alive. You are alive. You are very much alive. And each breath that you take will give a conscious signal to your mind. "I'm alive ... I'm alive ... I'm alive ... I'm relaxed and I am alive" ...

Now should there be any tension situation in your life; should any situation pop up where you feel tense, where you feel threatened, where you feel threatened in your survival, whatever form of survival that is: the survival; the physical survival when you're in a near accident or when something threatens you ... that is called physical survival. Or in a situation where you may be threatened socio-economically, where there's pressures on your job, where there's pressure on your income, where there's pressure on your ability to provide for yourself and your family ... that is socio-economic survival. Or if there is pressure of the survival of the self ... the survival of the person that you are and how you view yourself to be; in your profession, in your standing in your self-worth. Or even in your spiritual survival.

You know that when love is taken away from us we feel dead ... a spiritual death-like feeling. So there are different levels of survival ... Now the past is gone and can no longer bother you ... You are through looking to the past., Remember what God told Lot's wife: "Don't look back". And now you are

through looking to situations in the past that were threatening to you. And should there be any pressure in your life, all you will have to do is take a nice deep breath ... just one or two ... nice deep breaths. And as you breathe out you feel the relaxation in your body ... in your mind ... and in your spirit. Now breathe slowly ... breathe evenly ... and relax. Relax ... Relax ... Relax ... Relax ...

APPENDIX L: THE WALKING ZOMBIE SYNDROME - REVISED TAPE SCRIPT

John A. Scott, Jr (1995:209)

Now, as you are continuing to relax, I want you to realize that in hypnoanalysis we have found over and over again that most emotional problems and psychosomatic problems stem from the same cause ... Whether due to accident, injury, surgery, illness or powerful loss, an individual has often been known to accept an overwhelming negative suggestion ... These tragic circumstances establish a natural hypnotic environment ... Because of the perceived threat, our mind becomes very focused ... And in this very focused state any belief that we accept has lasting ramifications ... The belief that is most often accepted is a very harmful suggestion that involves some question about our ability to keep on living ...

We often do not notice such a suggestion occurring because the threat to our life may not be perceived by our conscious, reasoning mind ... For example, if we go into the hospital to have an operation we are not surprised at being anaesthetized ... Our logic mind knows that we must be placed into a state of unconsciousness to avoid being aware of the work of the surgeon ... Our emotional sensory mind focused on our current awareness of comfort and the hope of increased comfort as a result of the surgery. But, there is another kind of thinking that we have ... it is our life support thinking ... This occurs in a very simple part of our brain that has little ability to reason ... It thinks more in black and white, dead or alive terms ... To this part of our thinking all events fall into one of two categories: those which support life and those which lead to death ... Further, this part of our thinking is very distant from our logic and our emotions, though either can influence it ... Therefore, even though our logic understands anesthesia and our feelings feel good about it, our life support system feels that death is imminent, especially if a mask is placed over one's nose and mouth inhibiting breathing ... It records the event as dying, and responds accordingly ...

Several different conclusions can be reached when this part of your thinking believes that you are dying; and each has powerful ramifications ... If we believe that we were about to die and then we lose consciousness by any means, that part of our thinking will believe that we have died ... When this belief is accepted, it will change us to some degree ... You have faced one of those situations ... Maybe you felt that you had to die as in a head on car collision, or drowning, or some other tragic incident ... Maybe you felt that it would be better if you would be dead to prevent some other consequence that you thought to be even worse ... Or, maybe you even thought that you deserved to die because of some terrible infraction that you had committed or weakness in you ...

Regardless of why you came to this conclusion, the point is the same ... You believed that you were going to die ... And then you believed that you did die ... And for some time you believed that you were dead ... We will understand the reasons for your reaching this conclusion but right now I want you to realize once and for always, you did not die! No, you are still alive! I don't care how certain you were that you were to believe that it was the end ... It didn't happen ... Even so, when one dies resulting from an image in their mind, they believe they are dead ... Once we accept this belief, we work to conform the rest of our understandings, even our very being or lack of being, to it ... If you believe that you are dead, you tend to act dead ... You may act listless and tired, lack energy, or be completely emotionless ... You may require some regular proof that you are alive, some part of pain, difficulty or stimulation that confirms that you are still here ... In any case you would not be able to simply live and breathe and have your being enjoying the challenges, conquering the difficulties in life ...

You stop living as you have known it ... You do not take the interest in things that you did before ... You may not complete your task, lack enjoyment in anything that you do ... We often feel that we are just existing; because we don't get any thrill or satisfaction or sense of accomplishment out of life anymore ... So even life itself becomes a problem and depression may enter

the picture ... You don't feel that you are getting better or that your pain is going away ...

Now for want of better name, we in hypnoanalysis have called this kind of experience The Walking Zombie Syndrome ... And this is very appropriate as a name, because that is what you have been, a walking zombie ... But you are a zombie, no more ... From this day forward you are stepping back into the warm sunshine, the bright light of life ... You are returning to healthy activity, and healthy feelings ... You are full of life, pep and vitality and its time to start showing it ... Even though you wanted to believe that you died, you are now born again ... Even if you believe that you should die, we can find the answer for that disordered thinking ... You can find the forgiveness that you deserve are now that you are going to live ... That you should live, you need to live ... You have every reason to live ...

So all of those tired feelings, the depression, the listlessness, the pain and the withdrawal from life, the fear and the anxiety, in short, all of those dead feelings now fade away ... To be replaced by life ... These feelings of life have always been there ... But they have been suppressed ... Your ability to live has been crippled with death-like suggestions ... But now you are going to live, to really live, to have the fullness of life ... You will take an interest in everything around you, and feel vital and vibrant in every way ... You are going to get a real kick out of life ... You are going to get busy about the business of living ... You will now be a "doer" because you are alive! ... Indeed life is the solution for the walking zombie syndrome ...

You are becoming physically fit, energized, vibrant, alive in every way ... Involving yourself with others, for this is what life is about: creating and sharing ... Now this is you, a doer, one who cares and shares, sound in body, sound in mind and sound in health and no matter how many times you may have thought you died in the past, you are now completely through with that ... That is over with, you are alive ... See it ... Feel it ... Believe it ... Know it ... Live it ... you are alive! ...

Now to help this new life sink in completely, I am going to count to 10 ... And these new thoughts and beliefs of life will become a permanent part of you! ...

1. You may have thought these suggestions were good for you at some time ...
2. There may have been a time when they were, they may have even saved your life
3. But now they are no longer any good for you at all, so draw them up
4. Summon them all off the surface, bring them together
5. Yes, bring all of those old tapes together, now to be destroyed forever
6. Summon them all together, pull them up, pull them all together
7. We are going to destroy them, we are going to let go of them
8. Get them all together, now it's time to begin to let go
9. Let them go and
10. Let them all go, let them all be gone, all of those negative suggestions are thrown away ... See them as old cassette tapes and you have thrown them all away ... May be you have set them on fire and they all burned up, shoveling them out the window, throwing them in the ocean, they are destroyed ... You are now free ... Free to be happy ... Free to take the direction that you want in life ... Free from pain, full of life ... To really live once again ... So now, relax so that this new freedom can take root in

every part of you ... Feel this new freedom all over you, feel it in every part of your body ...

Relax now ... and let your new freedom sink in ...

APPENDIX M: FAVORITE PLACE IMAGERY

Belleruth Naparstek (1995:76)

To begin with, see if you can position yourself as comfortably as you can, shifting your weight so that you're allowing your body to be fully supported by your chair or couch or whatever is supporting you. Try to arrange it so that your head, neck, spine are straight.

And taking a deep, full, cleansing breath ... inhaling as fully as you can ... breathing deep into the belly if you can ... and breathing all the way out ...

And again ... breathing in ... and this time, seeing if you can send the warm energy of the breath to any part of your body that's tense or sore or tight ... and releasing the tension with the exhale ... and breathing it out ...

So you can feel your breath going to all the tight, tense places, loosening and warming and softening them ... and then gathering up all the tension and breathing it out ... so that more and more, you can feel safe and comfortable, relaxed and easy, watching the cleansing action of the breath ... with friendly but detached awareness ...

And any unwelcome thoughts that come to mind, those too can be sent out with the breath ... released with the exhale ... so that for just a moment, the mind is empty ... for just a split second, it is free and clear space, and you are blessed with stillness ...

And any emotions that are rocking around in there ... those, too, can be noted, and acknowledged, and sent out with the breath ... so your emotional self can be still and quiet ... like a lake with no ripples ...

And now, imagining a place where you feel safe and peaceful and easy ... a place either make-believe or real ... a place from your past ... or somewhere

you've always wanted to go ... it doesn't matter ... just so it's a place that feels good and safe and peaceful to you ...

And allowing the place to become real to you ... looking around you ... taking the place in with your eyes ... enjoying the colors ... the scenery ... looking over to your right ... and over to your left ...

And listening to the sound of the place ... whatever they might be ... wind or water ... birds or crickets or a whole multi-layered texture of sounds ... just so your ears can become familiar with all the beautiful music that your special, safe place offers up to you ...

And feeling whatever you're sitting against or lying upon ... or perhaps feeling the texture of the ground beneath your feet ... whether it's sand or pine needles or grass ... or you might be a cozy armchair ... or sitting on a nice, warm rock in the sun ...

And feeling the air on your skin ... crisp and dry ... or balmy and wet ... perhaps you are inside, feeling the warmth of a cozy fire on your face and hands ... or maybe you are outdoors, and there's just the subtlest caress of a fragrant, gentle breeze ... so just enjoying the feel of the place on your skin ...

And smelling its rich fragrance ... whether it's the soft, full scent of flowers ... or sharp, salt sea air ... sweet meadow grass ... or maybe the pungent smell of peat moss in the forest ...

So just taking it all in, all the richness of it ... with all of your senses ... becoming more and more attuned to your safe and beautiful special place ... just feeling thankful and happy to be there ...

And letting your body soak in the vibrancy of the place ... letting its richness penetrate all the way into you ...

So just letting the beauty of the place nourish you ... taking it with every full, deep breath ... all the way down into your belly ... all the way down to the tips of your toes ... feeling the penetrating warmth and power of the place ... soaking into your skin ... down through muscle and bone ... all the way to each and every cell ... reaching down to the peaceful stillness at your very center ...

(longer pause)

And so ... knowing that you can call forth this place ... whenever you wish ... once again, feeling yourself sitting in your chair or lying down ... just breathing in and out, very rhythmically and easily ... and very gently and with soft eyes, letting yourself come back into the room whenever you are ready ... knowing in a deep place that you are better for this ...

And so you are ...