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Hypnosis and Patients' Belief Systems: Working with Psychics Past-Life Regression, and Magic Healing Stones



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ABSTRACT

Hypnotherapists working with patients who believe in the paranormal often face several important challenges. They must first handle the strong emotional responses which often arise when talking with a believer in paranormal phenomenon, in order to maintain the emotional balance essential to a successful psychotherapy. They must then decide whether a response of acceptance, utilization or challenge to the belief would best help their patient. Furthermore, each therapist's challenge may vary according to the degree of congruence or incongruence between the patient's belief system and that of the therapist. The author presents clinical examples from her own and other clinicians' work of counter transference problems that may arise when the therapist is either a believer, a skeptic, or like herself, a "partial believer" in the paranormal.

ZUSAMMENFASSUNG

Hypnotherapeuten, die mit Patienten arbeiten, die an paranormale Phänomene glauben, begegnen häufig grossen Herausforderungen. Zunächst müssen sie in Gesprächen häufig mit starken Emotionen umgehen, um das für eine Psychotherapie wichtige Gleichgewicht aufrechtzuerhalten. Dann müssen sie entscheiden, ob entweder Akzeptanz, Utilisation oder Hinterfragung der Glaubenssätze des Patienten die hilfreichste Methode darstellt. Die Anforderungen werden in dem Grade schwieriger wie die Kongruenz zwischen Glaubenssystem des Therapeuten und des Patienten abnimmt. Die Autorin stellt Fallbeispiele von Gegenübertragungsproblemen aus ihrer eigenen Praxis vor, die auftreten können wenn der Therapeut entweder "gläubig", skeptisch oder wie sie selbst - teilweise von den vorgetragenen Dingen überzeugt ist.

SAMMANFATTNING

Hypnoterapeuter som arbetar med patienter som tror på paranormala fenomen konfronteras ofta med ett antal svåra utmaningar. De måste i första hand hantera starka emotionella respons som uppkommer under samtalet med den som tror på paranormala fenomen för att vidmakthålla den känslomässiga balansen som är grundläggande för en framgångsrik psykoterapi. De måste vidare bestämma om den bästa hjälpen för

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patienten är ett accepterande, ett utnyttjande eller ett ifrågasättande av föreställningen. Dessutom kan terapeutens ifrågasättande variera i enlighet med den grad av kongruens eller inkongruens som råder mellan patientens och terapeutens trosföreställningar. Författaren presenterar kliniska exempel ur sin egen och andras arbete med motöverföringsproblem som uppkommer när terapeuten antingen är troende, skeptisk eller, som hon själv, en "halvtroende" vad gäller det paranormala.

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The possibility of a world beyond the senses has intrigued and captured the human imagination throughout history. Does it exist? The question is not yet, and perhaps never will be settled scientifically. Nonetheless, many people believe that various paranormal phenomena, which seem unbelievable to others, are actually true.

Many persons who believe in aspects of the paranormal seek psychological assistance from lay practitioners who believe and specialize in those areas. However, some may seek help from professional therapists trained in hypnosis, perhaps because of the close association sometimes made between hypnosis and the paranormal or perhaps because of the fact that, according to recent research, high hypnotizables appear more apt to report greater belief in paranormal phenomenon than low hypnotizables. (Pekela, Kumar & Cummings, 1992; Atkinson, 1994)

Psychotherapists working with such patients often face an important challenge i.e. to handle the strong feelings that frequently arise in persons when talking with a believer in the paranormal, in order to maintain the sense of emotional balance and personal boundaries essential to a successful psychotherapy. The challenge may vary according to the therapist's own belief system. The therapist who is skeptical about the validity of the patient's beliefs, for example, may become angry or frightened at the challenge to his/her world view and respond abruptly to the patient, forgetting the importance of the belief to the client and losing the connection between them. The therapist who is a believer

may experience a warm sense of camaraderie and overlook important areas of exploration. A "partial believer", like myself, who feels that some, but probably not all of the paranormal beliefs may be true, may become confused or anxious when confronted with the patient's belief system and transfer these feelings to the work with the client.

In this paper I will present clinical examples from both my own and other clinicians' work of some of the problem areas that can arise when working with patients believing in the paranormal. The particular beliefs include energy healing, psychic capacities, reincarnation, UFO abductions and the power of healing stones and range from ideas that the therapist may find fairly believable, to those that seem highly improbable.

No matter what the belief system is, however, there seem to be certain tasks the therapist must fulfill to help assure a successful outcome. First, to respect the importance of the belief to the patient, while handling within him or herself the ambiguity of not knowing whether the phenomenon the patient believes in is "true" (i.e. scientifically verifiable). Second, to then decide whether it seems in the patient's best interest to support the patient's belief, challenge the patient's belief, utilize the patient's belief (as Milton Erickson did when he told a patient who believed he was Jesus Christ that the hospital needed his carpentry skills) or, sometimes, partially merge with the patient's belief system.

It is my general tendency to utilize the pa-

tient's belief system, though I will sometimes challenge it, and occasionally even merge with it, as I will illustrate below. Other therapists may choose different responses to the clinical situations I present and it is my hope that this paper can stimulate useful discussion. Though little has been written on this topic, I believe it is important for several reasons. Interest in the paranormal seems strong in the United States and in Europe nowadays, as evidenced by the many books, magazine articles, television shows, and seminars on "New Age" topics directed to the general public. Therefore we can expect patients believing in these ideas to seek us out for treatment, especially if they find professionals who are respectful of their belief system, even if they do not hold the same beliefs themselves.

In addition, it appears that many therapists also share a strong interest in exploring these phenomenon, as indicated by a growing numbers of talks and workshops on such topics as energy healing, spirituality, the intuitive/psychic aspects of psychotherapy and by the formation within the American Society of Clinical Hypnosis (ASCH) in 1995 of a Transpersonal Therapies Committee with a membership already approaching two hundred. However, as mentioned, strong emotions can arise in dealing with these situations. Handled poorly they can cause the therapist to lose the clear boundaries essential for a successful psychotherapy and possibly harm the patient. Handled well, however, they create powerful opportunities for healing.

Clinical Examples

I am presenting my clinical examples according to my own personal hierarchy of beliefs ranging from those that I find fairly easy to accept, to those that I consider more "far out."

My patient, a busy young executive, was under great stress. Nightmares disturbed his sleep and interfered with his efficiency during a busy work day. He told me he prayed daily, believing God answered his prayers. I encouraged his belief system, suggesting he be more specific, asking God to help him overcome feelings of inadequacy, shame about childhood sexual abuse and other problems we were discussing. He agreed, and later said he had found it helpful.

A young woman who believed in energy healing needed an operation to open up her vaginal walls which had been closed by radiation burns during cancer treatment. She was so afraid of the pain that she was ready to forgo sex for life in order to avoid the procedure.

I believe in the likelihood of energy healing and I combined standard methods of pain and anxiety control with stress on a balanced energy flow. I suggested to her that her energy was lopsided. Her vagina was closed and her mind was closed to an important operation and she was open to the fear of pain. Disregarding scientific certainty, I told her that hypnosis balances energy in the body, and this balance would enable her to close herself to pain, and open her vagina to the operation. My patient later said that the anxiety and pain of the operation were not nearly as bad as she had expected.

My belief in psychics is almost as strong as my belief in energy healing and I usually support my patients when they visit one. One of my patients, for example, saw a psychic who told him that his deceased wife said that she cares about him and wants him to get on with his life. Though I do not know if she was truly able to communicate with the deceased, as she claimed, I did not question this, but rather incorporated her thoughts into my hypnotic suggestions. My patient benefited, he said, both from the visit to the psychic and to me.

I was less supportive, however, when another patient began seeing a psychic who claims God channels information through her. She told him that God knows he is a good and talented person. She urged him to improve his eating and exercise habits, find an enjoyable hobby, work less, play more and search for peace within, rather than try and fill his loneliness through girlfriends. My patient believed strongly in someone who communicates directly with God and her comments greatly facilitated our therapeutic work. I became concerned, however, when she instructed him to write to an ex-girlfriend saying that she was wrong to break off with him and disregard his superior spiritual power. (He followed her instructions, even though he felt this was an arrogant thing to do, because these were God's wishes.) I became enraged when she told him the date of his death. My patient was in shock

at hearing this, but the psychic discounted his feelings, saying that by the time he dies he will be so spiritually evolved that death will not bother him. Furthermore, God wants him to know, she said, to push him to get on with his life.

When my patient began his spiritual search and started consulting the psychic once every month or two, I felt it important he sense my support and our commonalities. Therefore I told him of my spiritual beliefs and said I had also seen a psychic who had impressed me with her detailed knowledge of me and my family. However, I simultaneously challenged his belief system by telling him psychics are human and make mistakes, as my psychic did, and that my initial unquestioning belief in her caused harm when I followed her suggestions in an area where she was mistaken. My patient discounted this, however, insisting that his psychic is infallible because she communicates with God.

When the psychic predicted his time of death, I was very angry, repeated my comments about psychic-error and stressed the possibility of creating his own reality. Again, he insisted she was infallible.

As time went on, however, my patient began to experience moments of doubt, as when he said he felt in a bind. He feared that if his psychic was wrong about the date of his death, she would be wrong about everything else. He said he sometimes wondered if she were a fake, but also said that was too frightening for him to consider, for then he would lose his belief in God necessary to counteract his overwhelming feelings of despair. Gradually, however, he began to interpret many of her responses rather than accept them at face value. When she condoned his uncontrolled rages to his staff because his is the "just voice of God," he said that she really meant that God recognizes he is a just person who knows he needs to understand and control his rages and not take out his problems on others.

With additional time, my own responses to the psychic began to change. At first, I felt angry with her – not only when she told him the date of his death, but also when my patient called her, not me, in times of crisis and acted upon her comments, ignoring my similar statements. (My ideas come from a human being. Hers come directly from God, he says.) However, as I learned to

control my anger and competition to her, I have been grateful for the advice and comfort that she often provides and that he seems to accept only from her. (My patient was devastated when a girlfriend left him. The psychic told him it was not his fault she left. God is very pleased with him for his work and growth in the relationship and this will lead to positive times in the near future.) Now, I try to respond as I would with any patient involved in what I consider a problematic relationship – to accept the relationship, valuing the good parts of it and to control my competitive feelings, while trying to help my patient reach his own conclusions both about the existence of God and the validity of the psychic.

In addition to patients who consult psychics, a few of my patients claim that they themselves possess psychic abilities. This belief fascinates me and this fascination can cause me to lose boundaries and make mistakes. I worked effectively with a woman who claimed to be psychic, never questioning the validity of her gifts, but, rather, exploring its meaning to her – i.e. she only saw negative events, never happy ones. However, another patient intrigued me so much with her presumed abilities that when she asked me in the first session "Am I crazy?", I said "No" without exploring her fears and also without contacting my own anxiety. We worked for several weeks about marital problems and then she stopped coming. A year later she phoned in desperation saying a relative had died, and the ghost was following her. I felt dismayed with my prior mistake and told her to see a psychiatrist before our appointment. She agreed, but later phoned and said she was back to normal and no longer needed my help.

I lost my boundaries several times with this patient. If perhaps I had handled my initial fascinated anxiety and helped my patient explore her fears of craziness she might have felt understood and remained with me. Similarly, if I had controlled my anxiety over my prior error and asked about the meaning of the ghost to her, I might have calmed her and then perhaps refereed her, as appropriate, to a psychiatrist and/or a spiritual healer who specialized in ghosts.

Unidentified Flying Objects (UFOs)

Now I will move to beliefs regarding UFO abductions, looking at three very different ways of responding to patients' beliefs in them.

Some therapists working with patients reporting UFO abductions tell the patient they believe the memory of the abduction symbolizes some other event, as Michael Nash reported he did. (Nash 1994) The patient was very angry with Nash, but he remained in treatment and successfully resolved various problems. He left treatment healed of symptoms, appreciative of the therapy, and fully convinced of the truth of his abduction.

In contrast, I combined challenge with acceptance with my patient who claimed alien abduction, saying I felt it highly probable his experiences were hallucinatory – but that I could be wrong. Either way I said, he had the problem of handling either a hallucination or an actual traumatic experience. My patient agreed with this formulation. It was he who suggested that since we can't know for sure, we should focus on areas where I could help him, i.e. his shoe fetish and his conflict with his father. He progressed considerably and then transferred to a phobia clinic for help with his agoraphobia. At termination he said he no longer believed in the abduction and couldn't imagine why he ever had. At follow-up, nine months later, he reported continued improvement and said he still disbelieved in an abduction.

In speculating about this patient, I wonder if my willingness to concede the possibility of his belief may have enabled him to relinquish it. However, although he eventually disavowed it, his earlier insistence challenged me to consider the possibility of a phenomenon I had never given credence to. By the end of his treatment I was considering the remote possibility that my patient was now repressing an actual event.

At a seminar on regression at the 1995 ASCH conference in San Diego California, Steve Gurgovich presented another aspect of this situation. His ideas are particularly interesting since he believes more strongly than either Nash or myself that this phenomenon might exist. Gurgovich's patient, a successful well-respected businessman, had suddenly remembered a UFO abduction that presumably occurred twenty years ago.

He wanted hypnosis to facilitate recall and to decide whether or not it had actually occurred. Before agreeing to start treatment, Gurgovich established with the patient certain conditions to help assure boundaries so that he not influence the patient with his own belief, but rather let him come to his own decisions. They included video-taping all sessions and frequent consultations with another professional. Gurgovich used hypnosis to help his patient relax, to overcome troublesome symptoms (whether caused by alien abduction or some other event), and to stop his obsessive talking about the presumed abduction in inappropriate social situations. He refused to use hypnosis for age regression to recall the event. Similar to Nash's case, the patient benefited from therapy, continued to believe in the abduction, and was angry with his therapist for not confirming his viewpoint.

Reincarnation

Patients who believe in reincarnation and want a past-life regression present the therapist with a different challenge in maintaining their boundaries. Rather than simply listen to the patient's ideas, the therapist conducting this regression takes a more active role in the patient's belief system. Some hypnotherapists refuse past-life work because they do not believe in it and want to discourage false beliefs. When patients ask me for past-life work, I usually tell them I am unsure if reincarnation is true, but that a past-life regression can be a highly valuable experience, whether it represents the "truth" or a metaphor. If the patient needs a true believer I will refer him or her out.

On this basis I have worked well with several persons. One client, for example, learned his profession in an earlier life and used the information to start a successful new career.

Eleanor Fields at the 1995 ASCH seminar on regression in San Diego reported her work with a patient who shares her scepticism about reincarnation. Unexpectedly to both of them, in the midst of an affect bridge intended to regress him to childhood he slipped into a past life of several hundred years ago. The exploration of past-life experiences gave the patient metaphoric (if not real) explanations for his current problems. As

he resolved so-called "past-life" difficulties, she said, he achieved far more personal growth than he had accomplished in all his prior therapeutic work.

Fields stressed the importance of imagination and metaphor in helping patients heal, and she cited Ian Stevenson's comments (Stevenson, 1994) that the important issue in past-life work is not the "truthfulness" of the regression, but its clinical utility. She also noted a change in herself due to her work with her patient, somewhat similar to what I experienced with my UFO patient. Whereas in the past she has refused to conduct past-life regression so as not to encourage false beliefs, she feels she might now agree to do so if requested, if it would benefit the patient.

Field's reactions to past-life work, raise an interesting question. How can the non- or partially-believing therapist best do past-life regression effectively, if he/she chooses to do so. In the past, I always told patients my ambivalence about reincarnation, a contrast to my usual tendency not to discuss my personal beliefs, unless asked. I probably did this both because of the active involvement past-life work entails, as well as the fact that, as a moderate hypnotic subject on the SSHS, I have never achieved an age regression in this or to a past life, and thus have no personal experience to back me up, as I do with other belief systems I have comfortably utilized. Since hearing Field's talk, however, I have conducted several past life regressions with patients, partially merging with them by keeping my uncertainties firmly in mind – but to myself.

Magic Healing Stones

My work with "magic healing stones" illustrates another example of what I call a partial merging with patient's beliefs. Several years ago I was part of a ceremony lead by an American Indian Shaman who guided participants to pray for an ancestor's healing spirit to enter a stone. Although I considered it metaphoric, it was a powerful experience for me that I re-created for two of my patients who strongly believe in spiritual healing. In both instances I told the patient I had been trained by the shaman.

My first patient was moving to another part of the country and wanted to say goodbye to her

deceased father. I created a ceremony involving music, candles, incense, a stone, and a hypnotic induction telling her that she was strong and able to move on in her life. I said her father's spirit was entering the stone and her heart and would be with her wherever she went.

During trance, my patient talked to her father, expressing her love and appreciation and asking for his strength. She also prayed to God asking for strength and love and healing for me in my own life and in my work. My patient later reported to me that the ceremony was the most meaningful thing we had done together.

I created a second ceremony for a patient who believed in the healing power of crystals and was trying to leave an abusive marriage. I told her the shaman had trained me to make healing stones even more powerful and again created a ceremony. As part of it I placed a stone that I owned next to hers, saying that when two stones are placed together, they strengthen each other.

My patient asked me what part of her body to place her stones on to enhance healing. Her question startled me. I saw how easily people confer power on others (like my other patient did with his psychic) and I set limits on my own power, saying I was trained only to strengthen the stone's vibration. She should ask someone else that question. (In retro-spect, I might have suggested she trust the wisdom of her unconscious mind to tell her where to place the stone, thus giving the power back to her.)

In the ceremony my patient remembered her grandmother who had provided her only nurturing during childhood. The grandmother became senile when my patient was 9, and the patient had physically abused her as a teenager. She was deeply ashamed of this and had never told anyone. However, she said that her grandmother who had taught her about healing crystals would forgive her if she apologized. During hypnosis I reminded her of her grandmother's love and forgiveness and suggested that the spirit of her grandmother enter the crystal to give her further strength.

My patient experienced mixed results from the ceremony. She stopped overeating and curtailed her drinking. When her husband attempted to abuse her again she left him and obtained their

family doctor's help to have him hospitalized. However, after my vacation she did not return to therapy, and would not respond to my follow-up phone calls. Although this was a partial success,

I would like to feel that the healing work we did has eased her guilt about her grandmother and given her some comfort in her life.

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