

Michaela Baron

## Interview with Peter Blythe

I prefer to be called a consultant hypnotist instead of hypnotherapist because I try to break through the barriers many people have about hypnosis. In 1971 I wrote a book called *Hypnotism, its power and practice*. Then in 1973 I wrote a follow up dealing with stress, what creates stress, why we appear to be more prone to psychosomatic or psychological aberrations which affect our mental health in our everyday life. Then I went a step further and became interested in trying to find alternatives to kinotherapy. Was it possible that people who were in shock or having problems did not need their valium, their antidepressants, their sleeping pills? Was it possible to find a non toxic alternative? This I have dealt in a book called *Drugless Medicine* published in April this year.

What I would like to talk about particularly is the new advances in hypnosis. Because since the 19th century hypnosis has virtually stood still. There may have been some, new techniques, possibly further insights, but hypnosis has still been suffering from the past. The behavioural scientists in the psychological field all appear to ignore this. Even though they are non-Freudians, they have come up with the same problems that Freud found, i.e., that it is not always successful, that many people are found to be resistant to hypnosis. Very few of the behavioural scientists or even the psychodynamic psychologists have bothered to undertake the analysis of failure. Why has hypnosis failed? We know now that some hypnotists use hypnosis to boost their own Egos and not for the benefit of their clients. And therefore hypnosis still smacks of being a submissive state, that people are hypnotised. This is incorrect: hypnosis is a consent state; patients can enter the state only if they wish to do so. Freud dismissed hypnosis because he believed, as many hypnotists still do, that people are hypnotised. And I can assure everybody that if I say *I am going to hypnotize you*, a large percentage of the population would say *I am not going to be hypnotized* and that would be the end of the session. Another myth is that people have to be in very deep state of hypnosis before hypnosis could be usable. We have now found - and this is not a personal finding but an international finding - that we can work in any altered state of relaxation whether it be a light state of hypnosis or a medium state of hypnosis, or the deepest stage.

Even so, there are still failures. We may use hypnoanalysis, if this is necessary for the client. It is not always necessary. Frequently when you complete a hypnoanalysis, you will find out all the historical factors in their prevailing symptomatology you may find out the actual event which brought about the emergence of the symptoms and yet despite all the intellectual insight these people have not lost their symptomatology. They are still unable to cope and enjoy life. And that is where I was possibly 3 or 4 years ago. And it annoyed me, possibly this is my own inadequacy that I felt each time I failed that this was reflection upon me and I could not take it. But this might have sent me into a new path and so I can be extremely thankful for my own inadequacies. I am not necessarily a Freudian, but Freud himself said that it is the release of energy and emotion which brings about the reduction of symptomatology. Now hypnosis

may give an intellectual insight but it did not give the release of energy, the energy still showed bound in the body, encapsulated within the body. And therefore, despite the intellectual insight the persons still felt their bodily symptoms. In fact they might have become more aware of them. This has led me to emotional release therapy where the person not only releases emotion but that emotion is directed specifically back to the instant in the past which blocked off the emotion. This is a continuation of two new therapies, one is the intensification of emotion under hypnosis which has been known for some time. But I have now combined hypnosis with physical release which means that the person is able to release physical tension far more quickly and more important still specifically. I call this *psychomuscular release therapy*, I am finding that this therapy is considerably shorter. So people who have been in Reichian therapy have noticed the difference. Whereas before the released emotional energy, was not necessarily related to specific events in the past, whereas under the psychomuscular release therapy, this is directly related to the events in the past.

*Some Reichian therapists would say that it is not necessary to regress, to recall and relate this bound-up emotion to a certain specific time and to specific events in the past. It is just enough to release it and integrate it into one's everyday life. If regression is necessary, it happens spontaneously.*

That's true for some people. But I can say from personal experience that in other cases the release of energy without being related back to the originating event does not solve the problem because it is still being generated by something in the past which has not been resolved. Some people, to use the Gordon Allport term, have got *functionally autonomous tension*, tension which is no longer related to a specific event in the past: then release of that tension does bring about a remission, a sense of freedom, a sense of living in the body. But whether we like it or not there are a large number of people whose tension is still being generated by events in the past. A combination of psychomuscular release therapy with a very modified form of hypnosis produces a therapeutic routine through which we are able to ascertain from the outset whether the tension in the body just needs to be released because it is no longer bound up to an instant in the past or if it is still linked to a tension in the past. With psychomuscular release therapy (PMRT) we are able to find out from our first session are we dealing with just an energy blockage because the person has poor emotional outlets or is this tension, this bound-up energy linked to unsolved conflicts in the past! If due to poor emotional outlets, then one could use the straight form of Reichian therapy. But using PMRT means that the subject can in fact select the moment and let the therapist know when they have released as much as they can release at that particular time, therefore we do not drive them beyond the limit.

*You were saying that in hypnosis it is very easy to decide how much the client can take. This is done through using the ideomotor signal (the uncounscious mind is responding to suggestions and let's them happen). But this is possible even in other forms of therapy e.g. Reichian therapy. A good Reichian therapist knows this through having worked with his own body feeling, his own energy and blockages and relating it to the client. Through his personal experience, having had therapy before, he can say when the client has had enough. Moreover, the client is encouraged to indicate and express directly how he feels during the session.*

I would agree. I am not knocking the Reichian therapist who relies upon intuition. But by using the ideomotor signal, the persons themselves can let the therapist know. And I think this takes it out of the realm of intuitiveness into more of a science. Therapy whether we like it or not is becoming a science in itself. Having seen Alexander Lowen work in New York City I'd say that was intuitive working and he was right. But this does not mean to say that every therapist who worked with him or John Pierrakos, had the same intuitiveness.

*Is it really just intuition a Reichian therapist needs? In fact you can go through the body and quite objectively see in its structure what is the character structure of the person. So that is not just intuition, is it?*

No, I would agree. I'm not denying that you can still see the character amouring in the body, things like that. But what I'm putting forward is an amalgamation of the best of the Reichian with the best of what we used to call hypnosis.

*If a person wanting to grow and have a more enjoyable and more fulfilling life would ask you what therapy should he use would you recommend him hypnotherapy?*

The answer is no I would not. The hypnotherapist is, to use a blunt Americanism, a buncce merchant. In other words he works just with the head and the body is just something to carry around the head. Most hypnotherapists have not reached the point of knowing that the body affects the mind just as much as the mind affects the body and therefore if someone came along to me and said *I feel I have poor emotional outlets, I would like to develop my potential to be more alive, I feel blocked off. Shall I go to a hypnotherapist?* My answer would be *run a bloody mile, for the majority of them are still locked in the mind.* And remember that Freud himself said that a time would come where his own psychoanalysis would be incorporated into a physical approach to neurosis at the same time. There are few Reichian therapists that I know of personally whom I would suggest that the person went to. What I am saying is that I think that we should start bridging the gap between our disciplines. That is the reason why I have been training people in body-mind medicine utilising the best part of hypnosis and also utilising what I consider to be the best parts of Reichian therapy - not for the benefit of Reich, not for the benefit of Mesmer - but for the benefit of the client. And there are a growing number of hypnotists who are pissed off (to use the psychological term) with the failures of hypnosis and are beginning to realise that we've got to have a new approach. This does not mean to say that we have to discard everything and start again. You take the best from what is and the best from all other disciplines and that's the future the mind-body, body-mind therapist who is not frightened to work with the body. You know from your own experience, the number of people who are apprehensive about working with their body because they are so used to thinking of hypnosis as being a mind thing. You do not touch your client; you have no real contact with them; you stay in a beautiful armoured position either sitting behind them or sitting behind your desk. You do not approach them, you are not a real person and this has got to go. The old hypnotist is dying and the quicker he is dead, the bloody better.

*In your book about stress disease, you show that physical illness particularly*

*cancer is a stress-disease, a psychosomatic illness, which attacks those who feel that they have failed life or that life has failed them.*

Psychosomatic illness has been known for a long time. If we go back into psychosomatic history, even before Alexander to functional paralysis or in Freudian terms hysterical paralysis we saw there the beginnings of an understanding of psychosomatic illness. If we look at the work of Groddeck, we know that certain people who went to Groddeck were incurably ill. His establishment, his clinic at Baden Baden was for people who were physically ill with organic diseases and he analysed what lay behind the organic diseases. And these people, many of them - not all, because he was not God either, - did remit. Since then the knowledge of psychosomatic medicine has had a very up and down career. But more and more data has been gathered. The late David Kissen in Glasgow established that those people who had a lung cancer - not necessarily smokers - had poor emotional outlets and he found that there was a high correlation between poor emotional outlets and lung cancer. The work of Dr. Goddard Buhmer of U.S. again has shown a high correlation between emotional problems and cancer. I in fact came into this by looking into this from another angle, again from my own background and I asked *why did some people who were dying of cancer have spontaneous remissions?* Now there must be something happening internally to fight the cancer, to free the body of a malignancy which has already metastasized, spread throughout the body, and was killing them. The medical profession says that this just happens. And this is not to me a scientific approach. Think of it this way, that if you have a piece of metal which you keep under tension for so long it then becomes stress infiltrated and breaks down. And if you keep a certain part of your body under stress, you prevent the free flow of oxygen or energy to that part of the body. It is only common sense as far as I am concerned that that part of the body will cease functioning properly, it will begin to malfunction and break down. Reich himself quoted Walberg on this - that lack of oxygenation will produce cancer. When you gave oxygenation back to that area, the cancer can remit. Verkooff towards the end of his life said that if he had his life to live again, he would present an entirely new theory on viruses. He quoted the story of the mosquito. He said that mosquitos did not make the swamp dirty, that the mosquito could only live in a dirty swamp. He correlated this to a body and said when the body is weakened through stress or through any other factor, then the virus will develop. Animals too - particularly suprising is that penguins and kangaroos if they get under stress they develop illnesses which kill them. But these viruses are always there in the body, they are not external. Stress activates them. Inside our own body we have germs, viruses which are quite lethal but they are kept in control. To use an acupuncture term yin and yang, as long as there is this even flow of energy, these viruses are kept under control, but let the yang or yin get out of control and they start to multiply. And then we have illness. The reason why psychosomatic medicine has never been popular is because it means that you and I have to accept the fact that we kill ourselves. People would much rather be killed by external virus than their own illness and be responsible for their own death. But if you keep anything under tension, - elastic, a pair of ladies pants or man's underpants - stretch it for too long and it is going to stop functioning and is going to start falling down. The body is exactly the same. You keep a part of the body under tension for too long and stress will develop and stress diseases will manifest themselves and they can be just as lethal as a damn good car accident.

*What is the future of psychosomatic medicine? Do you see people accepting more responsibility for themselves even in their health?*

I think that the future is in your very magazine. The third force in psychology is coming up which is no longer tied to the past. The humanistic psychological development is a typical example of what is happening. But I think where we are running into problems is that the old ideas are deeply entrenched. And this has happened throughout the history of medicine. The interesting thing is now it is the people who are changing and not the establishment. 20 years ago people were just accepting the establishment, they were accepting death, they were accepting neurosis, they were accepting their lunatic asylums, their mad-houses and hiding people away and imprisoning them. Whereas now the people are moving again. So as far as I am concerned with the new developments in all forms of therapy with the public looking for new methods of treatment, the future thank goodness is very bright.

*Could you say something about your view of life and morality which would be somehow connected to the way you see your therapy and the way you work as a therapist.*

There is one short answer, *no*, I think that morality is an individual thing, I think that our society has gone way out of control, has become sick. We are living in a sick society. This does not mean that I support any other form of alternative society because these are reactions against, they are not a positive development of a new healthy society. Revolutionaries, most revolutionaries are spending so much of their time fighting against what is and are not really contributing anything new. The only thing I could say, is that I see my job and the job of other therapists as helping people to enjoy life, to enjoy living. And if this means that they have to have the strength to go outside of what every one else considers to be the norm, then they have to go outside. This is for the individual. My job is not to create robots who can function well in society, I work with people so that people can be happy. And that's the only philosophy that I have. If happiness means conforming I help them to conform. This is where they want to go. If they want to be happy outside their society, let's help them to be outside.

*You seem to be putting yourself very much out of the picture. But even if this is what you truly believe in you are bound to affect the people who come and see you. Your philosophy of morality, even if it is no morality, does have a specific effect on your clients.*

Oh yes, that's why I try to negate myself as much as possible. I do not think you can work with anyone without part of this rubbing off and therefore I am neither moral nor immoral, I am amoral. What is right for the individual is right. People say *you must think I am awful* and I ask them to examine why they feel they are awful. I think that a therapist does have his own personality, this personality is bound to come over but the job of the therapist is to be a human being. I like the Carl Rogers' idea I think most, the client centred therapy, two human beings working together. What is right and what is wrong. We are two human beings and therefore, yes I do tend to put myself back into the background. I find that my job is to be one human being working with another human being to resolve problems and of course as the clients resolve their

problems, I am certain that I am resolving a hell of a lot of mine as well.

*Yes, you once said that clients can help the therapist to solve his problems.*

That's right. I believe that the client has all the answers. My job is to help to find the answers. I get paid for the client doing the work. If we paraphrase Shakespeare and say that if we can be ourselves as much as possible then other people will recognise us for what we are and they are more apt to become themselves. I think this is what the therapist should do in a therapeutic relationship, he should be himself, not be the therapist. He should be a human being and as free as he can be in that situation, giving positive, unconditional regard.

*What about a political action? What do you think about the view that an individual cannot really be free unless other individuals surrounding him are also free?*

I think - and that is a hell of a question to ask someone - that I am more an evolutionist than a revolutionist. I dislike the society in which we live because of what it has done to people. In the same way that I have been forced to believe that Russia will evolve from the Stalin repressive state into a state where people inside Russia will alter the present system. You cannot in fact create a political structure and enslave people who cannot accept it. It is like saying *I am going to make you free and you bloody well do what you are told because I know what freedom is* which is exactly what happened with Communism under Stalin. There has been a slow evolution in Russia; it has been a painful one; it is not by no means completed. There are millions of people of this type who need this armoured bloody society, who need the sick society. And are we to deny their rights as individuals? If we are going to bring about change it will be an evolutionary process because people change the system, not political structures. Political structures have become fascist; power corrupts; you know the answer for all people, all people must follow your lead. And there are many roads to Damascus.

*Back to hypnotherapy: could you say what problems you meet with most in your therapy?.*

I must qualify the answer. Hopefully I have not ceased to be hypnotherapist in many people's eyes. But instead, I have become more of an emotional release therapist because I realise that emotion-energy release is very important. My work as an emotional release therapist combines my function as a hypnotherapist or consultant hypnotist, and includes all anxiety states, and various ways they manifest themselves. This could be a very simple thing: a person feeling that he is not alive, the so called schizoid personality described so well by Alexander Lowen in his work *Betrayal of the Body*. I meet human beings with their problems: they are not sick. I do not have any patients. I have clients. They know for some reason they are not functioning; they are not themselves. This may be anything: frigidity, insomnia, obesity, anxiety, psychosomatic blindness, school phobia, or skin diseases. I work with skin diseases as a psychological problem because I think our skin shows how we feel inside. This is why I have been able to work with acne so successfully. So as an emotional release therapist, I work with people and with all the problems that people have.

*You mentioned that you were going to set up a clinic, could you say something about it?*

I have been doing training courses for therapists in the mind-body, body-mind therapy which combines hypnosis and I'm also opening a drugless medicine clinic. It will combine psychomuscular release therapy where people need something to carry them over. We are lucky to have found drugless alternatives. We shall employ more and more drugless alternatives. However, I am not anti-drug; drugs are vital. If I had pneumonia and I could have a drug which would save my life, let me tell you I am the first person to take it. What I am worried about is the tremendous amount of tranquilisers being swallowed by people continually and the rise of drug induced illnesses. Many of the clients we see have been on kinotherapeutic drugs for long periods of time. I want them off those drugs. Drugs dampen down; they prevent the release of emotions, they do not solve problems, they just hide them. Yet, the clients need them, they cannot cope with out some form of sedation. The whole objective is to look for non toxic ways. We are not depriving people of the chance to function while we are solving their problems. Looking for alternative methods we shall not demand everyone to give up their kinotherapeutic drug. Who are we to make that decision? We offer people an alternative, not because they are sick but because they need help.

*Will the clinic be residential or a day clinic?*

It will be a day clinic where people will come in and see the particular consultant who they feel meets their particular need at that particular time. We also realise that groups play a large part and we should use group therapy because many people will need to learn to interact again, to trust other human beings. We live in a society of distrust and isolation. The whole idea is not to take them out their life to function in an artificial situation, but to make our clinic a part of life. When they leave the front door, there is the same life outside as there is inside. We are not trying to give them a euphoric, protected state.

*Will you be coming and working in London at all?*

Possibly later this year I will do a training programme for therapists on psychomuscular release therapy, energy release and this sort of thing.

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