
HYPNOPRIMARY THERAPY, TRANSFERENCE, AND THE POT OF GOLD

by

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In this paper I want to do three things: first of all to say a little about hypnoprimary therapy, which is one of my foremost approaches as a practitioner, and then to say something about two issues which affect all forms of therapy, however they may be conducted.

Hypnoprimary Therapy

The term 'Hypnoprimary Therapy' refers to the use of deep relaxation to connect with primary feelings. Primary feelings are pure, simple, early feelings, such as fear, rage, grief, sense of loss, sense of longing, joy, delight, exuberance, playfulness - all the feelings which are quite clearly displayed and expressed by a very small child.

Deep relaxation facilitates body-mind connection with these primary feelings because conscious activity is helping the process of repression. It is keeping the deeper layers of the unconscious out of sight - completely banished.

That is why one of the addictions which is extremely common in advanced cultures, technological cultures, such as northern Europe, North America and Japan, is to

keeping working, to keeping occupied day after day, hour after hour, chopping up time: even chopping up leisure time and making leisure into work through social engagements, entertainments, going to shows, and so forth.

This constant activity, this conscious preoccupation with time and events, is a way of banishing the feelings which are felt to be threatening - coming from a deep level of the unconscious. Deep relaxation interferes with this technique of persistent activity and facilitates the emergence of primary feelings.

Deep relaxation can be achieved in many ways. The most obvious way is through hypnotic techniques which cause the client to go into an altered state of consciousness. This altered state is not sleep. It is not a drugged state. The conscious mind can be awake and alert.

But the attention of the conscious mind is diverted from 'busyness' - external activity, distractions, entertainments, work, - diverted from external stimuli to the inner world and the voice of the hypnotist.

The conscious mind is in a state of extended awareness. It has access to feelings and body memories which are usually unconscious. Many techniques, such as hypnosis, energy directing and massage have become suspect, and are avoided or neglected by many therapists, for two main reasons. First, they are often so quickly learned that they can be practised by people who are not trained and experienced psychotherapists,

It is easy to take a short course in hypnosis and to practise symptom removal or symptom change, without being prepared for any dramatic occurrence or any major relieving of traumatic events which may occur spontaneously within the treatment. It is easy to learn very powerful massage techniques without knowing how to handle material which is released by those techniques.

The second reason is that they involve direct participation by the therapist, who may, if they are maladroit or inexperienced, impose a strategy which does not fit the deeper needs of the client.

For these reasons it is important that the therapist should have a wide range of skills, which give both the therapist and client the confidence that whatever comes up can be handled calmly, without panicking or interrupting, and brought to a resolution.

Focussing inwards rather than outwards is a state of exploration. It is an exploration of a world which is unfamiliar to most of us. The more the person keeps the

conscious mind occupied with goal-orientated activity the less acquaintance that person has with that very rich inner world.

As with all unexplored territory, the less we know about it from maps or from aerial views or from travellers' tales or from previous explorers, the more frightening it is. It is frightening both because we can imagine the most horrible wild creatures in that territory, whether human or non-human, and because we are not prepared to cope with whatever turns up.

The person who has little or no experience of exploring the inner world tends on the whole to be frightened by it. Most 'travellers' tales' about the unconscious give the impression that this is a dangerous area where something can suddenly emerge and wreck a person's life.

A murderous impulse may emerge, for example, or an impulse to commit some forbidden sexual act, or an impulse to steal or to go berserk. These impulses are what are usually associated with the unconscious, because it is these impulses which everyone is concerned to keep under control, either consciously or by some automatic inhibition.

The person who has the patience and courage to explore this territory discovers, little by little, that there are not only these dangerous-seeming impulses in the unconscious, but there is a remarkably ingenious activity within the organism which is both protecting the organism and enabl-

ing it to grow: to grow stronger, to grow in wisdom, to grow in emotional freedom, to grow in spontaneity and expressiveness. When the explorer has reached the point of discovering what is beneficent in the unconscious, then the fear of self-knowledge and self-understanding gradually diminishes. We find that if we can look very clearly and directly at our impulses they become less and less disturbing because we can allow them to rise to full consciousness and say to ourselves, 'This is my impulse and I do not have to act on it'.

It's like the ex-alcoholic saying, 'there is a bottle of whisky & I do not have to open it', or the ex drug-addict saying, 'There is the fix - I do not have to get the hypodermic syringe'. Gradually, we find that impulses are merely impulses and then they become harmless. They are ideas and feelings that we allow to enter consciousness.

We recognise them and we allow them to change into something else. The person who is afraid that they will automatically act upon dangerous impulses is the person who has been repressing them and is quite unfamiliar with the territory of the unconscious.

If we put these ideas together, we find that the aim of Hypnoprimary Therapy, and of the Recipropt (reciprocal support) partnership, is the systematic reduction of fear - conscious and unconscious. It is the development of rapport between client and Recipropt partner or therapist, which means

a trusting relationship, where both are, on the whole, comfortable, although they can tolerate moments of discomfort and grief and even despair.

It is also a teaching process in which the Recipropt partner or therapist acts as a guide and has a better knowledge of the territory than the newly arriving explorer, but is ready to play a less and less predominant role as the client becomes more and more expert and understands the territory they are exploring.

(The leader in a Recipropt session is the one who expresses; the supporter is the one who supports and offers suggestions. After one hour, the partners change roles. The leader becomes the supporter and vice versa. The partners have a contract to meet regularly, preferably once a week.

The Transference

One of Freud's most important and permanent discoveries was 'the transference', that is the effect on this present relationship here and now of my past relationships with important figures: parents, brothers, sisters, grandparents, teachers, coaches, guides, professors, driving instructors - all people who have something to offer that makes them very important temporarily or permanently.

My past experience will subtly influence my current relationship, and normally I am not fully aware how my present relationship is being influenced, just as I am not always aware of how I am adjusting

to the the 5-year-old, to the person with a small vocabulary, to the person who doesn't speak my language, and so forth.

What is important is that Freud's discovery enabled us to become conscious, to become aware that a lot of our reactions were invented to deal with past situations and that they're inappropriate to the present relationship. They're interfering with it. They're not allowing it to be open and to grow.

But they are also making it extremely significant, because if I'm transferring my feelings - my past feelings for my mother, for example, - to a current therapist or Reciport partner, then that person is temporarily going to become the first or second most important person in my life.

This is both an enormous advantage and a serious risk. The risk is the risk of excessively prolonged dependence - emotional dependence which prevents me from running my life independently.

The opportunity is that I can revise - relive and revise - past emotional attitudes which have now become inappropriate and a handicap. So transference is a very valuable transitional phase, and it only becomes dangerous when it is excessively prolonged or prolonged without any constructive result.

Now the danger of anything which is extremely valuable and important in our lives is the danger of addiction. Addiction is a habit which has a serious destructive element in it.

We do not say that people are addicted to classical music, if they see no harm in it, do not suffer from it, can do their work and enjoy their life. They have a very powerful urge to listen to and play classical music. This is not an addiction. It is a beneficial habit.

But imagine the man who knows that over each year he loses an enormous amount of money on horses and yet he cannot give up gambling, trying every time to fool himself that 'Next time I'm going to make the big winning, the big kill'. This is an addiction.

We measure the addictive element in a habit according to the damage to the person or to people who are important to the person.

From the point of view of Hypnoprimary Therapy, the transference is extremely important. It provides an opportunity for the therapist to understand what reactions which are derived from the past are harmful to the client and what habits, beliefs and attitudes are valuable to the client.

It also provides an opportunity for clients to discover their own addictions, to distinguish between attitudes and beliefs and states of mind which strengthen the organism and those which weaken the organism.

As this distinction becomes clearer and clearer, clients can begin to take over the strategy of their life and to change course. As this changing course becomes more and more something which the client understands and can control, so

the transference element in the relationship gradually becomes weaker, so that the client becomes less and less dependent and can take over with the intermittent help of the therapist. This is the phasing-out period. Phasing-out may be complete, or it may reach a point where there is still some intermittent support, but that support is now no longer causing any emotional dependency.

This process is rather like someone attempting to climb Mount Everest and preparing an expedition with experienced mountaineers, having the right kind of equipment - oxygen apparatus, ropes and so forth. In the early stages of the work the local Sherpa guides are absolutely indispensable, because they know the territory so very much better than the mountaineers, who come from various parts of the world.

Gradually, the Sherpas play a less important part in the expedition because the climbers are beginning to learn the terrain, to understand the climate, to understand the snow-slides, the avalanches, the various dangers which they have to face. The Sherpas may never become totally indispensable but they begin to play a less important role as the mountaineers understand the territory better.

The Pot of Gold

In theory, all therapists accept the principle that the client should be helped towards independence as rapidly as possible. Yet the danger of collusion is very great indeed. What is the ending?

When is the person 'clear' or 'post-primal' or 'free' or 'normal' or 'integrated' or whatever the aim may be? I would guess that there are very few clients who say at the end of any therapeutic process or any spiritual teaching process, 'I am now clear'; 'I am enlightened'; 'I am now all together'; 'I am now in a state of total bodymind harmony' - whatever phrase you choose.

The 'cure' should be exposed as a myth. It is something which people are waiting for. And people can be kept waiting for this for years and years and years. They have some vision: 'This is at the other end of the rainbow'. 'I haven't finished until I have got there.' 'I still have headaches' 'I'm still a workaholic' 'I still get pains in my lower back.' 'I still have nightmares from time to time.' 'I'm not clear. I've got to go on. I've got to go on.'

This means, 'I've got to remain dependent. I've got to remain emotionally dependent, because here is the only person who will help me to get to the other end of the rainbow'; and this is the point which people never reach.

So it is better if the myth could be exposed totally and dismissed - as a myth. It doesn't happen! Freud was never fully analysed. Nor was Jung, nor Reich, nor any of their followers. Why pretend that there is something there at the end of the rainbow?

Well, if there isn't that pot of gold at the end of the rainbow, what is the point of therapy? What is its purpose?

Some therapists take the point of view of existentialism and are concerned only with the here-and-now process and not with any aim or goal. What is happening now is valid and there is no aim to change it into something better.

But it is possible to be addicted to an existential therapist just as it is to any other therapist. There is still a sense, spoken or unspoken, that I can continue this existential process with the help of my therapist. And when that comes to an end I have a sense of loss. There has been someone helping me to remain in the here-and-now and I have lost them.

So it is very difficult to eliminate the notion of a pot of gold at the end of the rainbow. Even if the approach actually says, 'We're not looking for one'; people still behave as if they were.

Many people who are addicted, perhaps not with full awareness, to this concept of the pot of gold, the final wonderful result when you get to the end of the rainbow, may think that they will be completely open and spontaneous. They will have full expressiveness. If they feel fear they will be able to express it, and rid the body of the fear. If they feel anger they will be able to express it, and free themselves of anger. If they feel grief they will mourn and recover from the grief. If they feel longing they will move realistically towards what they want. If the

longing is unrealistic they'll abandon it.

This is not an absurd belief, because as the exploration continues we are moving closer and closer to this total freedom of expression and total recognition and attempted satisfaction of our basic needs and wants - becoming a healthy organism, a healthy animal **plus**. instead of a healthy animal **minus**

So this is not unrealistic, but it is a **relative** freedom which we will achieve. We will not completely eliminate all the effects of the birth trauma, the infantile traumas, the childhood traumas, and all the things that have terrified us in the past. But this **relative** freedom (and the word 'relative' sounds like a dampener), this relative freedom feels so enormously different from the imprisonment of the neurotic state that it is itself a pot of gold. The fact that it is not complete, that it is not according to the ideal, matters much less than the fact that it is an infinitely greater freedom than we ever enjoyed during the neurotic phase.

When we regain our expressiveness, when we begin to open up, to share our feelings with those we can trust, to feel, express and accept gestures of warmth and affection, to be a good parent to our inner child, to enjoy being alive . . . **that** is the pot of gold.