

# *Regressing Nicely*

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**I**t took a bout of cancer to arouse my interest in psychology. That was sixteen years ago. I became very aware of the emotional forces involved in this illness. At the time my research team was struggling to achieve a technical miracle and in danger of failing. Cancer was the only inviolable way I could envisage of escaping from the resulting overwhelming stress. But I only craved a temporary respite to think objectively and to come to the solutions (which I did). I never for one moment doubted that I would recover, although my medic was forecasting my imminent demise. I had asked him to be frank!

This episode so intrigued me that I made a decision to transfer my research interests from the world of electronics to that of psychology. The intention was that, after the necessary studies, I would use a psychotherapy practice as a vehicle for research. With my family's generous agreement, I retired from the old career and set out on the new.

Formal studies plus a lengthy dialectical consideration of the possibly ultimate origins of neurosis, eventually decided me to test out three propositions; first, that if clients did not know the causes of their problems, these causes must reside in the unconscious mind; secondly, that the

causes must have occurred before the symptoms (perhaps quite significant when we remember that no adult client presenting for therapy can truthfully claim a contented childhood) and thirdly, that if these unconscious causes could be entirely resolved, this might be to the client's benefit.

Here, I must bypass a whole chunk of experimentation in saying that I eventually found hypnosis to be, demonstrably, the quickest and most advantageous means of addressing the unconscious mind. With appropriate question and answer techniques one can, in effect, ask clients, 'When and what were the causes of your present discontent?' The result is remarkable. In all cases of emotional and behavioural problems as well as some physical diseases, a whole string of previously buried psychological trauma is declared.

The first trauma has always occurred in mother's womb or during birth, arising from the infant's perception that mother has rejected it. A baby is hypersensitive to such a situation because of its absolute naivety and its utter dependence on mother. Quite common practices can cause severe trauma. One such, is cutting the umbilical cord immediately after birth and removing baby from mother, even for

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a few minutes, before an emotional bond has been established to replace the physical one. How does baby know, when first separated from mother like this, that it will ever be returned? It does not: hence the depth of the resulting anxiety.

Although baby is returned, the memory is not erased and all initial trauma causes several universal results. At the instinctual level baby hates mother for having ceased to love it; it learns to fear women and also it feels it caused the situation by not being good enough for mother. Thus, its self-esteem is also damaged. Various individual outcomes depend on the exact detail of the trauma. The psychological component of asthma, in my case, arose from real or perceived breathing difficulties during birth.

Further traumas then occur during infancy and childhood. Birth of a sibling ('This proves you don't love me mummy. You need another baby to love'), starting school ('Will mummy ever come to take me home again?') or even being put in the garden to snooze, as books advise, can unconsciously confirm the original perception of maternal rejection and so produce the secondary traumas. These result in various childhood problems but at some time in life one, or more, last-straw events or 'trigger traumas' can occur and these cause the onset of more significant symptoms.

When clients can re-experience these events from the maturity and objectivity of adulthood they can understand them for what they really were. There are other essential requirements before symptoms will be finally resolved. The self-esteem, damaged by the primary trauma, must be boosted, and present need has to be ad-

ressed. This latter is a vital partner with prior trauma in producing a current symptom.

Happily, it was not too long before I realised I had rediscovered the wheel. Proposing that current problems are outcomes of infantile trauma not only evokes thoughts of Freud but also of Janov, Lake and Swartley, of Orr's rebirthing therapy, and many others. However, I also seemed to have arrived at some differences.

Psychological trauma does not seem to be basically associated with actual or fantasised seduction or with any Oedipus complex but, more generally, with an instinct for personal survival of both the ego and the physical self. The initial apparent threat to survival is that perception of maternal rejection.

Many regression therapies concentrate on birth but birth can already be secondary trauma. The primary trauma can be caused by an accident, anxiety, or illness of the mother or by energetic activities such as tennis playing or horse-riding during pregnancy. It is vital to resolve this and in fact all trauma must be cleared. I first found this when some of the early cases relapsed and returned for further treatment; some remaining trauma was unearthed. With all trauma resolved, clients have enjoyed complete remission of all symptoms for up to five years now.

Most regression therapies do not use hypnosis but its efficacy in achieving access to unconscious trauma really is unsurpassed. Hypno-regression therapy has been practised in this century by, for example, Erickson, Hartland, Waxman and Blythe. Mostly though, only one or a few traumas are addressed.

Hypnosis is a large and much misunderstood subject and I cannot go into it here. Suffice it to say that after conducting some 6,000 sessions I realise that what is achieved by or in hypnosis depends entirely on the individual's expectations. It is only in this sense that hypnosis has any 'power' over the 'subject'.

The use of hypno-regression enables therapy to be completed in an average of some 13 sessions which is, of itself, beneficial to clients' self-esteem. An incidental bonus for the research is that it has been possible to treat over 500 clients during the last six years. This has enabled the connections between traumas and outcomes, and between treatment and results, to acquire some statistical significance.

Regression, as with any therapy, is not for everyone. My own statistics show a very clear peak of success rate for the 21-30 age group. At about ages 17 and 45 it has fallen to 50% and continues to reduce below and above those ages. There seems to be, though, an innate awareness of chains holding us back to past anchors, whatever our age. Many therapists, including the behaviourists, occasionally find clients regressing spontaneously and they also note the apparently beneficial effects of this. Even osteopaths sometimes have patients displaying outbursts of emotion during manipulation, especially of

the head, neck or shoulders. These reactions turn out to be partial regressions to the original pain of birth or pre-birth experiences.

Using appropriate techniques in hypnosis one can achieve a high degree of communication with a client's unconscious mind. One result is that clients learn that their unwanted responses to certain situations have been partially those of a younger self at the age at which any evoked trauma occurred. This casts a fascinating light on the matter of sub-personalities. One client who exhibited a dual (not schizophrenic) personality became aware that his other self consisted of a very severely traumatised neonate attempting to vent his anger at mother. He was 29 years old.

Some neonatal trauma is particularly severe and not only leads to extreme forms of aggression to women but it can be exceedingly difficult to resolve. When one also considers the other individual and societal results of unconscious trauma, the most important message is to seek to avoid it in the first place. Much of this trauma is caused by mothers' ignorance of what is traumatic to the foetus during pregnancy and by common medical practices surrounding birth. Every trauma avoided or even reduced in severity at this stage of life would pay handsome dividends.