

# Hypnosis and Bodywork – Part II: Trancework in the Body

by Asaf Rolef Ben-Shahar

*“Touch remains the most trusted connection between people.  
I will believe your touch before I believe your words.”*  
...Virginia Satir (1)

## 1. Introduction

This article forms the second part of ‘Hypnosis and Bodywork.’ Part I set the theoretical background, definitions and presuppositions for applications of hypnosis in bodywork. In Part II, I shall describe some of the ways hypnosis may be used in bodywork and body-hypnotherapy.

## 2. Spontaneous trance in touch therapies

In Part I, trance was defined as our natural creative mode, a prerequisite for change and adjustment—it is a state we experience daily. The times when we mostly need to change, when we are required to question our reality and allow extreme flexibility are when our surrounding changes. When our ‘automatic pilot’ of fixative–reality identifies an unknown territory, it calls upon trances: it brings forth possibilities of change. When we read a well-written novel, we create a parallel reality and drift into the book—we get into trance,

losing track of time or space, we change. So many people testify that some book, movie or a play ‘changed their lives’. Well, they have indeed entered a change mode. Their reality map altered. A totally different example is traumatic events, where the traumatised person nearly always enters a trance, expanding time (to allow a better reaction?) and altering perception (see (2)); an external change calls upon an internal shift. But it is not only when we are blasted by multiple new stimuli that we enter trances; when our consciousness gets ‘bored,’ we also enter a change mode and drift into trance.

When a baby is being safely and consistently touched he is secure and confident; he is capable of exploring the world and gradually expanding his boundaries. Safe touch is a reminder of support and presence; he doesn’t need to fight for his survival—so he is free to move forward. When touched, the baby is held in so he can have freedom, so he can form himself. **This benign infantile curiosity**, when combined with safety of touch is the most important mode of studying and experimenting with

realities. **It is the basic trance of change and learning.**

Later in our life touch becomes an ambiguous and highly charged issue. We seldom experience the ultimate firm support of our baby–touch. The element that is missing from most of our tactile experiences later in life is safe holding (or unconditional positive regard or unconditional love). When touch is conditional, when love is conditional, everything we do is aimed at achieving reassurance rather than exploring life for our own sake. For many, the support, which is a postulate in healthy infancy, becomes a target later on in life.

And after all, therapy is support. Most of the work in therapy is done by the client, while the therapist’s role is supplying the conditions for changework. The therapist is re-establishing the long-forgotten infantile support (in some cases there was no infantile support at all, in which cases the therapist’s can become primal), while the client re-discovers and asserts the powers of learning and changing—the powers of trance.

It is amazing to realise that touch therapies induce spontaneous trance in most people. Should the therapist succeed in conveying unconditional positive regard (her love) in her touch—many a time will the client automatically drift into trance, often a deep somnambulistic trance or a very early regressive state. Even when a person has long forgotten this creative space, what it feels like to experience ultimate support and love, his body remembers it well. Once this supportive environment is created, the client can choose to follow his natural instincts and the therapist will witness the shift of a metamorphic reincarnation. Very rarely is it needed to formally induce or deepen trance in body-hypnotherapy, the client's pace is usually truer to his own rhythms, more profound and much more effective than the therapist's alleged agenda.

Body-hypnotherapy, like other body-mind approaches, is a natural facilitation of this powerful trance, and the changes that clients can experience are of the deepest, most profound kind. In this trance they rewrite their infantile support, reclaim their right to explore and to change—their right to trancework. Even more so; they reconnect with the wisdom of their tissues, of their bodies, of themselves as bodies.

### 3. Naturalistic inductions in touch therapies

Sometimes, for various reasons, clients need to be aware of being in trance. Some people prefer to gradually bridge the gap between the

normal functioning mode and the change-mode (trance). It is mainly true when working with traumas, where the traumatic-trance could be associated with any deep trance, and the useful changework may therefore be inhibited by fear. At times like this, a trance induction might be useful.

There are infinite ways to induce trance. Since trance is our change mode, and we constantly make changes in our lives, the difference between the therapeutic trance and normal functioning state is a matter of degree. **All behaviours have a trance component in them, all our living equations have some variables in them (trance states). Every trance, too, has a constant, reality-fixated aspect in it.** This

is what binds us to the shared reality (and why people are afraid of using hypnotherapy with psychotics, who have different 'shared reality'/maps to ours). **Every naturalistic induction is a slow movement from an equation with many constants and few variables—to an equation with many variables and fewer constants** (for a more thorough discussion see (3)).

The philosopher Heraclitus said: "you cannot step twice into the same river," and his student, Zeno added: "not even once" (4), and indeed one of the easiest ways to create the movement of trance is to observe it (see (5)). When you suffer from pain, concentrating on the pain will reveal an amazing fact: it is changing, it never

stays the same. However, in order to grasp this change, we need to invest energy in focusing on it. Throughout our normal life, our attention is mostly outwardly focused—and as a consequence, we perceive ourselves as relatively static and/or constant accordingly.

When shifting our attention from the changing world inwards, a whole new wealth of changes is unveiled inside. Body-awareness is the beginning point of many changes.

I take advantage of the information I get from my clients' bodies, to invite them to flow through changes. Matter (body) carries a strong illusion of a static consistency, and most of us abide to a certain 'physical' map.

By noticing what is, we dissolve the illusion of stillness and invite change. In the act of noticing what is, we awaken from fixation and enter a trance, the easiest way to begin changework.

## 4. Following the Autonomic Nervous System signals

In the 'minimal cue' hypnotic process, physical cues such as blinking, breathing, twitching or anything that happens naturally are being fed back to the client, either verbally or non verbally, facilitating a profound inner focus, a trance. The elements that are usually being fed back are physiological responses, mostly somatic or

semiconscious. In fact, most of these responses are mediated by the Autonomic-Nervous-System (ANS). The ANS is responsible for most of the homeostatic forces in our body, and therefore plays a major role both in arousal, tension and stress (the sympathetic branch of the ANS) and in relaxation, energy reservoir and maintenance (the parasympathetic branch of the ANS).

Due to the reciprocal relationship between the ANS and emotional and psychological states, as expressed in happiness, stress, anxiety and many other psychological and somato-psychic phenomena (where ANS reactions at least contribute to their occurrence), working with and changing ANS functions is a powerful approach in hypnotherapy. Research has shown that the Autonomic Nervous System, previously thought of as totally independent of conscious control, is not exclusively autonomic (For example, see (6).) Through meditation, visualisation and other methods of hypnosis or trancework, a person can exercise some control over ANS's functions. Yogis, as well as shamans and trained self-hypnotists can modify their heart rate, temperature, pulse, and nerving of internal organs and systems. Thus, the healing potential of controlling ANS functions is immense.

When a client relaxes into a downtime trance, the parasympathetic branch of the ANS becomes predominant, and physiological signals of relaxation become evident (correlating with alpha brain wave rhythms).

All the information above supplies the practitioner with a vast amount

of options to create changework as well as for inducing trance. By encouraging parasympathetic activities (for instance—pacing and leading breathing towards relaxation), the client is guided into a creative and curative space, where communication with somatic processes is directly and readily done. Since touch invites attention and awareness, merely placing a safe hand over the client's stomach can encourage parasympathetic activity, and induce trance. Being able to experience trance in a creative way is for me the strongest anchor for effective change. Once one's inner space becomes available and accessible, the person can achieve balance, health and growth easier than before.

When beginning to relax after a stressful period (an hour, a day, thirteen years), the ANS alters the blood-flow prioritising in the body. The digestive system becomes more active (when in danger there is no time for digestion, only quick energy resources—mainly sugars—are required). One plain expression of it is digestion—noises, and indeed when clients begin to relax these can often be heard. In the contexts of body—hypnotherapy, one of the frequent consequences is that my stomach is making noises too, so that an ANS conversation is taking place between the two of us, guiding each other further into relaxation...

When this kind of communication happens, although I lack the words to describe its methodology and characteristics, there is a definite self-validating evidence of healing. You know that it IS even when you cannot say more about it.

## 5. Spontaneous and initiated Ideodynamic responses

Ideodynamic Responses (IDR) are a hybrid of languages: they are the physiological manifestations of somatic processes. When we process any information, our body takes part in it too. In utilising IDR's, the therapist establishes a multi-faceted communication channel with these inner processes. The physiological changes (from twitches and tics, through blushing and pulse change to virtually any physiological observable change) not only manifest the process but also supply a channel of communication, interfering with it and creating change.

When bodywork is the substrata of changework, it is rarely required to initiate IDR's. When something is physiologically changing (e.g., stomach reacts, face blushes, tension builds up in the jaw), I take it as a communication signal and work with it: and the body is usually kind enough to respond. This way, methods such as affect—bridge and regression can easily be negotiated directly through somatic channels without a need of conscious acknowledgment. In the few cases where it doesn't work, the client doesn't feel responsible for 'failure', since it wasn't his ego communicating.

When I feel that changework will be more effective without conscious intervention, I can use more subtle and natural languages and work with Ideodynamic signalling without the

client's awareness, or even mine. Many times a client will look at me amused when I thank his leg for an answer it has given me, without realising that his leg was participating in this conversation. Because when a leg talks to me, I see it as my responsibility to converse with it, while still respecting the person and attending him as well.

The biggest advantage to using Ideodynamic signalling is the direct, non-mediated work with deep-structure processes. When the responsibility for change shifts from the ego to the entire organism, not only is there no place for blame or inhibition, but also the role of the therapist is put into perspective: a guide, not a change-maker. Many problems are solved by the very act of this shift.

## 6. Metaphor therapy and parts therapy

Parts therapy is a dissociation process of attributing emotions, symptoms or problems and solutions to several body/psyche parts and negotiating amongst those parts to bring about change. We use the metaphor of different parts naturally—e.g. broken heart, butterflies in the stomach, and more. The Chakra system is another effective metaphor for parts therapy (e.g. working on grounding in the feet area, as well as at the base of the spine; working on communication with voice and around the vocal cords).

When a person is in need of growth, of changing a reality into a better, more useful map, she will willingly accept any efficient metaphor that would assist her in doing so. Since

our basic needs, pains and aspirations are so similar and simple, our body is a trustworthy reflector of imbalances and cries for change. When there is imbalance in the body, I know that it reflects something. There are indeed some common themes in the body—chronic tension in the jaw is associated with blocked anger, crouched shoulders are often times a result of fear. However, as with any metaphor—each and every person perceives it slightly differently, so there are no strict rules regarding the body parts. Flexibility and openness are necessary when working with metaphors and with body parts.

Helping the client to create a metaphor, or using the therapist's own reality (e.g., language, belief system) for parts therapy can be very effective, but it is never as powerful as using the client's own metaphoric (or symbolic) manifestation of his pains and growing factors. All you have to do (at times it can indeed be a tedious task) is to recognise this communication, and use it. For a thorough discussion and clinical application of the subject, I recommend looking at Penny Tompkins and James Lawley's model. They presented an intriguing model for working with clients' metaphors (7).

In the context of body-hypnotherapy, any existing theoretical framework (e.g., Chakra system, Reichian armouring, 'holding' patterns, myofascial bands etc.) can serve as a metaphor for change. When loosening the lower back can be associated with releasing pent-up guilt, why not use it when appropriate? We all have some beliefs regarding the body-mind connections, and pacing these

maps helps facilitate the development of a healthier, more balanced map, and sometimes even encourages expansion into wider maps.

## 7. Regression and corrective regression (recharging)

*"For in every adult there lurks a child—an eternal child... calls for unceasing care, attention, and education. That is the part of the human personality which wants to develop and become a whole."*

...Carl Gustav Jung (8)

Regression in bodywork and body-hypnotherapy deserves special attention. It is a fascinating phenomenon and therapeutic tool. Therefore, I will only refer to two aspects of regression in bodywork: its spontaneous occurrence, and energy recharging and correction.

Most touch-therapies evoke spontaneous regression regularly. I have mentioned earlier the frequent occurrence of trance in bodywork. One of the distinctive characters of deep trance work is its somewhat childish quality. Every hypnotherapist or NLP therapist notices that very often clients regress spontaneously, especially when deeper levels of trance are achieved. Considering that our main learning mode and change mode was in infancy (Our brains continue to develop for over 12 months after birth!), it is only natural that regression to childhood or even to infancy will be such a readily occurring phenomenon. In the context of bodywork,

regression is expressed in posture, voice, logic-formedness and cognitive processes and even in tactile responsiveness: the skin may 'feel' infantile to both the client and the therapist. Touching someone with an intention of making contact with a child has an extremely powerful regressive effect.

When changework requires energy charging and access to deeper resources, such as in working with traumas (but not only)—it may be beneficial to encourage regression and to work with it. However, when regression happens spontaneously I would always try to work with it: when a person is opening a door for communication, it is the therapist's obligation to use it.

One of the most common uses for regression is corrective regression (or recharging). Corrective regression is what Ericksonian hypnosis refers to as 'changing the client's history' (for example, see (9)). Since events and memories are registered and perceived through brain mechanisms—they are constantly changing and reframing themselves. Memory is a dynamic process, not a static still shot of an absolute reality, and we alter our recollections time and again. Corrective regression is a method of rewriting our past, in a way that would create a freer, more creative present and future. Milton Erickson 'inserted' himself into his clients' histories, supporting them throughout their lives and supplying them with needed resources (for example, see (10)). In body-hypnotherapy, corrective regression is usually facilitated non-verbally. **When unconditional positive regard is given to a client in a regressive state, it is my**

belief that the love is registered in the past—memory, rather than in the present, reformulating the personality and altering networks of state-dependent memory. We take touch to the place where it is most needed.

Some people, amongst them therapists, feel uncomfortable with the idea of 'changing memories' and 'messing with people's minds.' The debate around whether what we do everyday is different to what happens during changework in trance is indeed interesting. I believe there is no difference at all—we are constantly altering memories and our past never really stays the same. And yet, this fear is understandable: our past is perceived as something safe, certain and unchangeable, and alterations of these beliefs might be threatening. The concept of changing the past also carries many ethical debates, and when bound with amnesia it can be a really sensitive area to work with—as dangers of False-Memory-Syndrome and other complications may arouse.

When done non-verbally, when all the recharged energy of support, love and positive regard are given directly to the tissues, the correction is not only deeply implanted in the somatic-self, but also doesn't contradict any former reality. Painful memories, for example, can still be there, but they are looked at differently, from a stronger perspective (without even knowing why).

It is a relief to know that no one is doomed to suffer because of his past. It is possible to supply infantile positive regard and unconditional love even to an adult. Indeed, sometimes

it might be an on-going process, but it is a worthwhile investment. Corrective regression is the re-initiation of the most powerful trance, the infantile primal trance.

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