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Research Paper

Hypnotherapy for Young Students with an Abusive Past

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ABSTRACT

Even though we may be aware of how children relate to us, consciously or unconsciously we enforce our thoughts and actions and sometimes even show our power by physically hurting them. There are severe forms of ramifications in the impressionable minds of the child exposed to abuse, especially that in relation to sexual abuse. As a counsellor, paying attention to an adolescent narrating their painful memories of abuse is an excruciating journey for both the student and the counsellor. The empathy that emanates from intent listening is so powerful that it is impossible not to feel their pain as they recount their memories of trauma. Sometimes, as parents or teachers it makes us recollect our own repressed traumas too. In this document, based on years of experience as a counsellor and a hypnotherapist, the primary author lists issues relating to abuse are explained for the benefit of parents, teachers and fellow therapists. Hypnotherapy, or therapy through the use of hypnosis, has been very effective in treating young impressionable mind to deal with various forms of unreconciled abuse in the past. Special emphasis is provided on the use of memory and the challenges it poses on both the therapist and the victim. Finally, emphasis is put on the efficacy of hypnotherapy and the relevance of this being recognised and included in the curriculum of universities for psychologists and medical students. In this document, children, young students, adolescents are interchangeably used.

Keywords: *CBT, Confabulation, Dissociation, Hypnosis, Hypnotherapy Memory, NLP, OCD, PTSD, Repression, Trauma*

"Your children are not your children…they come through you but not from you and though they are with you yet they belong not to you".

-Kahil Gibran

The most widely experienced and the least discussed subject is the topic of child abuse. Abuse come in various forms and the ramifications of a traumatic experience has severe effect in the life of an individual. In the Indian environment, there are challenges in handling abuse because culturally there is no associated guilt in beating a child. It often appears to be the right way to handle disobedience and inculcate discipline, especially among parents and even teachers. Also, various forms of sexual abuse are not reported as the relation of a child and a parent is not one of a shared trust. Often the child is afraid of the perpetrator as he happens to be a close relative and may fear repercussions.

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In this document, the principle author who also is a practising counsellor and hypnotherapist, discusses the sensitive topic mainly aimed for parents, teachers and counsellors handling issues related to past abuse. Special red alerts for parents and teachers are identified and emphasis is also given for counsellors and therapists in the identification and treatment of abuse.

Basic issues in treatment through hypnosis has been found to be very effective as hypnotherapy aims at treating young children by approaching the unconscious part of the human mind. Additional discussions with respect to various aspects of memory, such as repression, confabulation and dissociation are discussed as memory is very pertinent to the treatment of past traumatic abuse. A separate section is dedicated to caution on the over reliance of memory as they can be unconsciously fabricated due to various reasons. The neuropsychology of such behaviour has also been explained briefly.

Hypnotherapy has been found to be very effective amongst children and hence the need for practice of hypnosis as a medium has been emphasised in the last section. There is a growing need of spreading awareness on hypnosis and hypnotherapy in the curriculum of medical practitioners and students of psychology so that the efficacy of this wonderful subject can reach out to a vast majority of people. Although, hypnotherapy has been recognised as an effective mode of treatment, awareness of this is yet to be reached even among medical practitioners and psychologists.

Childhood Trauma and Abuse

Let us begin the discussion around the word Trauma. It is used to describe events that are overwhelmingly stressful, life threatening, and emotionally painful, which leave the individual unable to cope with day to day life. Likewise, a traumatic experience is an event that threaten or violate one's safety, health and integrity and as such can have a profound impact on emotional and psychological wellbeing and everyday functioning. Trauma can be acute or chronic.

Experiencing abuse or neglect as a child can have a severe and long-lasting effect on the individual's emotional, physical and mental health. When childhood trauma is not resolved, a sense of fear and helplessness carries over into adulthood. Childhood trauma results from anything that disrupts a child's sense of safety and includes any unstable, unsafe or threatening environment. Abuse can take many forms: Physical, emotional, sexual, psychological, etc.

Whatever the form, the experience of childhood abuse is trauma. Young students who are exposed to abuse and trauma may develop what is called a heightened stress response which then impact their ability to regulate their emotions. Research shows that a combination of any traumatic childhood experiences can increase the risk of future trauma, later in adult life, as a result of increased emotional vulnerability and distress. Surviving abuse or trauma as a child has been linked with higher rates of depression, self-harm, anxiety, eating disorders, suicide, abuse of alcohol and drugs, relationship difficulties (e.g. problems with intimacy and trust) as well as with Post Traumatic Stress Disorder (PTSD) (e.g. the emotional effects and/or memories of abuse/trauma resurfacing years later).

As each trauma is unique to each individual, the triggers, responses and symptoms are significantly varied and subjective. However, there are some common emotional, psychological and physical symptoms of trauma. Bullying, another type of trauma including

physical, psychological and mental stress, comes from various sources and forms, including cyber bullying. In our discussion we will not be covering this topic as the origination of this problem is generally from fellow students and friends.

Types of abuse exposed by a young person

Generally, there are broadly 4 types of abuse experienced by a young person**.** They are Emotional, Physical, Neglect, Physical and Sexual abuse. We will study the impact on physical and sexual abuse.

- **Emotional Abuse** - This can be the most difficult to identify because there are usually no outward signs and is often as painful and damaging as physical abuse. Emotional abuse constitutes actions such as being criticised constantly, threatened, bullied, dismissed, or being yelled at.
- **Neglect** - Neglect can occur when basic amenities, like adequate food, clothing, warmth, housing, and medical care are not provided in childhood. Additionally, emotional neglect happens when support, love and attention are withheld or not provided.
- **Physical abuse** – This constitutes acts of physical violence such as hitting, shaking, burning, choking and other actions that can cause physical injury to the body. As a part of Indian culture, there is minimal guilt in parents and teachers when it comes to beating children. The nasty effect of this is that children learn to accept that this form of behaviour is simply a 'way of life' and are 'just the way things are'. Ironically, it is the parents that lose out, for it slowly detaches a child from them. Although in earlier generations believed that spare the rod and spoil the child, in modern times, the experience of children prove that it is counterproductive. As parents and teachers, we need to understand that our actions today can set the template of how our children will treat their own children tomorrow.

Impact of Physical abuse on Young students:

Children intuitively know that while certain values must be respected, physical punishment is an infringement of their dignity. It lowers the dignity of the child, especially if the child is already weak (academic or self-esteem). It turns them into more submissive and broken human beings. No child is born abusive bad or naughty. If they are, it is because of the unfortunate environment around them. It is important to reflect when a child verbally abuses, ignores, lies or defies the parent that something is wrong between the parent-child relationship. Any further adverse rection from the parent's end will further fuel the child's indifference.

Many abused young students show impaired cognitive ability and memory. They are more likely to show problems in social adjustments and are likely to feel that the outcomes of events are determined by external factors beyond their own control. They are likely to experience depressive symptoms.

Sexual abuse – It covers all acts that are of a sexual nature including rape, assault, child molestation, and any form of non-consensual sexual contact. Even non-tactile interactions, where the victim is exposed to pornography or the molester is looking at them in a suggestive way, is a sexual abuse and will make the child feel uneasy. Incest is the worst form of sexual abuse.

Sexual abuse is the worst form of physical abuse affecting most teen psyches. Unfortunately, this occurs in both rural and urban areas and in all socio-economic and educational levels and across all racial and cultural groups throughout the world and is the worst form of dominance. Most sexual abuse experts agree that sexual abuse is never about lust, but more an attempt to gain power over 'victims.

The line between sexual abuse and normal loving behaviour is a fine one and any behaviour by an adult, which stimulates either the child or the adult sexually, especially when the victim is younger than the age of the consent constitutes child abuse. Though consensual instances of sexual exploration between adolescents' boys and girls or between the same gender are considered to be normal and healthy sexual development, there is a definite difference between sexual abuse and sexual molestation.

In a counselling process, the therapist's role is to move a child from a 'victim of trauma' to a 'trauma survivor'; from a sense of worthlessness and powerlessness to valuing oneself and feeling self-empowered.

Impact of sexual abuse:

The premature catalysis of the child into the sexual world is an irreversible process. Often the child is trapped, sworn to secrecy, threatened with dire consequences. Abusers come in various type of avatars but they have all one thing in common – the game of manipulative seduction, as they slowly invade those precious inches of personal space surrounding us, step by step and in a way that becomes increasingly uncomfortable.

Most often young students don't admit to have been a victim of sexual abuse. It is dark and secret part of their lives locked away in the recesses of the mind. The child feels dirty and somehow feels responsible for it. Behavioural traits like increased aggression, antisocial behaviour, mental health problems, violation of her human rights, feelings of low self-esteem, powerlessness, fearful and unable to stretch her in new fields and situations are very common.

The only way to stop the abuser is to teach young people to judge behaviour as an indicator of potential abuse and not appearance or relation. It is imperative that our young students recognise warning signals that may not always be so apparent. It is crucial that we teach the child the difference between good touch and bad touch and it is good to respect a child's wishes he if or she does not want to hug or kiss another adult member in the family.

Every time one feels negative emotions, she is quick to resort to this form of self-abuse.

Individuals who are sexually abused are more likely to develop substance abuse problem. Childhood sexual abuse can affect one's sexual self-image. Jackson and colleagues (1990) found that women who had experienced intra-family sexual abuse had significant poorer social adjustment, especially in dating relationships. The women also reportedly significantly lower sexual satisfaction, more sexual dysfunction and lower self-esteem than control women. Among the most common problems following childhood sexual abuse are promiscuity, hypoactive sexual desires, female orgasmic disorder and risky sexual behaviour.

Negative sexual self-schemas are frequent among survivors of childhood sexual abuse and may be critical components of physical and sexual interferences. Residual symptoms of

sexual abuse are a type of Post-Traumatic Stress Disorder (PTSD) because the symptoms such as nightmares, flashbacks, sleep problems and feelings of estrangement experienced are similar.

Counselling helps to affirm to the child that they are not at fault. Cutting is not usually a sign of suicidal tendencies but more a cry for help for understanding and helplessness and the therapist should be equipped to understand such tendency. Cognitive mechanisms are involved in the development of sexual dysfunction following childhood abuse.

Alarm bell for Parents and teachers

Any kind of abuse will have some psychological manifestation, though they may vary in intensity amongst young students. Parents and teachers need to note that although the presence of a single mark does not necessarily prove physical abuse is taking place, they need to be mindful of some of the following symptoms, some of which may be overlapping. There are some physical, behavioural, emotional, cognitive and psychological symptoms one need to be observant about.

Physical symptoms: They consist of presence of unexplained burns, bites, bruises, broken bones, black eyes which happen repeatedly or in combination of self-injury. Often, there is a fear of physical intimacy or closeness, even with loving family members noted along with a marked excitement of palpitations, body pain, agitation, fatigue, difficulty in concentration, being started suddenly, nausea and dizziness, etc.

Behavioural symptoms: Features such as changes in sleeping pattern (oversleeping, insomnia, nightmares) without any apparent reason, sudden changes in eating habits (refusing to eat, increased or decreased appetite, trouble swallowing), drug or alcohol abuse are easily noted. There is often reliance on addictive substances like nicotine, alcohol, drugs, etc to manage feelings.

Parents need to be mindful of the child suddenly being showered with money or gifts, without a reason. Sometimes, the child displays withdrawal behaviour and difficulty in trusting family members, especially male members. Attempts for running away from home are often a manifest of displaying pattern of unstable and violent relationships, lack of assertiveness, lack of boundaries, etc.

Another significant feature noted, especially among some girls is the seductive and sexualised manner of dress and other forms of sexual promiscuity. Conversely, less attractive dress sense, like wearing unattractive clothing, avoiding cosmetics is also noted. In order to deflect abuse, some people cross dress. Sometimes the children leave suggestive clues to parents and elders that seem to provoke a discussion on sexual issues. She may write, draw or dream of sexually explicit or frightening images and often exhibits adult like sexual behaviour.

Emotional, Cognitive and Psychological symptom: They often include a range of feelings of shock, denial, disbelief, anger, mood swings, confusion, being unstable, fear of abandonment, guilt, shame, characteristics of Obsessive Compulsive Disorder (OCD), obvious discomfort when talking about a certain person or acts lovingly to the abuser to "protect" the secret.

There are continuous nagging feelings of anxiety and fear and a heightened sense of vigilance, vulnerability and fearfulness, possibly combined with new sensitivity. They start believing and thinking of their self or body as repulsive, bad or dirty. They get easily startled. without any apparent provocation. Although they wish they would share about stories of their new older friends but they would refuse to divulge secrets shared between them. The worst nightmare amongst parents is that they often have suicidal ideation, self-harm and self-destructive behaviour.

Pre-emptive measures at home and school:

Research shows that having someone to talk with and confide in plays a key role in how well an adolescent will bounce back from stressful events. However, there are certain pre-emptive steps to be done as a normal process, discussed here.

It is necessary to instil a relaxed atmosphere at home, where boundaries and privacy are respected and is worthwhile to discuss with your child about the possibility of abuse occurring at home or outside; the earlier the better. This is to be done by at least one of the parents and cannot be delegated to others. The parents and teachers need to educate about areas of touch, especially to private parts without their consent and explain how a good touch feels. However, this is not to be emphasized too much, else children would be suspicious about genuine acts of kindness from genuine relatives and people.

The topic of sexual abuse to children is to be introduced in a comfortable environment as this is an area of maximum discomfort for the Indian parent. Once a basic level of comfort is established it is necessary to gradually elevate discussions to other advanced topics, such as masturbation, fantasies, homosexuality, contraception, teenage sex, pornography, etc.

A counsellor's job is to educate the parents or teachers when it the known that a child is abused. In such case it is advisable never be overwhelmed with personal emotions. The child should be made to feel supported and relieved that they have communicated to their parents and teachers on the ordeal. In turn, parents and teachers should keep reassuring to them that they are not to be blamed at all as the best predictor of recovery from child/ten sexual abuse is support, love and protection from their main caregiver and professionals in sexual abuse victims. It is essential thus, to keep reassuring that they can trust you and will not do anything that could backfire onto them. Reassurance is necessary as it will instil confidence that they are in safer hands and that from now on the parents and teachers can take charge of their wellbeing.

Sometimes, adults tend to downplay the abuse in an attempt to make the young students feel better. Also, it is essential to be mindful about the unconscious, unintentional physical responses (like, grimaces, raised eyebrows, tutting, etc) as the sensitive child will be trying to interpret them as blaming or shaming the child. It is also not necessary to ask for specific details at this initial stage, unless he/she is waiting to tell you on his/her own. For oversensitive parents and who are overwhelmed by the reactions, it is advisable to seek professional advice on the best way to tackle the situation and work together.

Challenges in Counselling young students

Let us now turn our attention to some of the obvious challenges in counselling as the nature of abuse is very sensitive.

Quite often there is confusion in the mind of victims to report an abuse. It is known from adult therapy that victims sometimes say, that despite all logic, they have the terrifying experience of feeling partly to blame (Murgatroyd and Woolf, 1982). The student's self-analysis may be unclear. Knowing in her head that she was not to blame, there is often a deep feeling inside that she was. Also, abused children may misinterpret innocent gestures from well-meaning adults, like 'giving money' or 'keeping secrets' as "grooming" and "complicity" (McGuiness, 1998) from past experiences of trickery, but it is best for them to be wary nevertheless.

Finally, often, through conversations it is revealed that one may unconsciously seek a father figure attachment or one who is regarded as very special.

Some parents and teachers who were themselves victim of childhood trauma are scared stuck children themselves. They often are left undecided how to handle violence in their children. McGuiness (1998) recognises that counselling young victims of sexual abuse is 'deep work', 'powerful and scary', and this makes demands on counsellors to connect with their own sexuality. The confusion of loving the perpetrator and hating the experience makes counselling a challenge. Also, principals and teachers in schools may find that there are children who are seriously affected and need referring to outside specialists because therapy may not be always be appropriate in a school setting where containment is problematic.

Finally, the prevalence of reported incidents of child sexual abuse is difficult to ascertain due to its variations in classification of what constitutes unwanted sexual behaviour as "abuse", variations in assessment methods and inconsistent methodological sampling (Fergusson and Mullen, 1999). This is one of the chief issues faced by counsellors.

Some Counselling approaches

The most common approaches for young students suffering for sexual abuse are the preventive (Eliott, 1990) and the responsive (Courtois, 1988; Maher, 1990) the former being criticised (Adams, 1990) for assuming that victims have more control than they often have.

O'Hanlon, W.H. (1992)'s Collaborative solution-oriented therapy recognises the limitations of traditional approaches that work through recollection and catharsis and focuses on the constructed goals that are solvable by utilising the client's resources, strengths and capabilities. The aim is twofold: reduction of the flashback of experience and put an end to self-castigation.

Anxiety management techniques like stress inoculation training and program of psychoeducation, relaxation skills, thought stopping and self-talk are effective.

The goal of correcting maladaptive appraisals is undertaken by implementing Cognitive Behaviour Therapy (CBT). Cognitive models of Post-Traumatic Stress Disorder (PTSD) posit that resolution of PTSD requires the integration of corrective information. CBT works most effectively when the individual can contrast their maladaptive appraisals when compelling experiences that are reality base and underline their unhelpful thoughts. It involves teaching students to identify and evaluate the evidence for negative automatic thoughts as well as helping them to evaluate their beliefs about the trauma, the self, the world and the future (Ehlers and Clark, 2000). Targeting appraisals is particularly important following sexual assault because issues of guilt, shame and vulnerability commonly contribute to ongoing PTSD and depression.

Other approaches include engagement in positive and social experiences to reduce depressive and socially withdrawal state through positive event scheduling and exposure to social activities.

Some Pointers for Counsellors and therapists

One of the reasons why people come to therapy is because one unknowingly become a part of the problem and are not able to see the problem from a third person's point of view – objectively. The counsellor or the therapists lends objectivity to the experience.

Providing rapport through good counselling skills is key to develop confidence to the client that he has got to the right person. The trust in the therapist has to be paramount. Most therapy attempts simply to suppress the problem by telling the adolescent that it happened in the past and is best forgotten. In therapy it is important to remember that the patient's reality is that the emotion is happening now. Once that is acknowledged, a good rapport is developed.

As a counsellor or a therapist, it is worthwhile to notice the words, imagery, metaphors and other clues the young student is using to describe the feeling. One should develop skills in identifying conflicting emotions like love and fear, guilt and hate, both for the perpetrator and herself. Words and labels give solidity to concepts these concepts can be manipulated with hypnosis by changing the word or label to conceptualise them in the therapeutic process. This feature is borrowed from Neuro Linguistic Programming (NLP) and Ericksonian Psychotherapy.

Often the patient is afraid to leave the past behind because of a fear of a void. It also gives one an identity of sorts. One does not know what one would do if one would let the past go away. But would do anything so that the past does not come back to haunt their daily lives. If a person narrates a past abuse incident in a non-emotional way, it does not mean that she dealt with the problem. It only means that she knows how to communicate externally to others. The therapist should be equipped to identify the subtle difference. The act of talking about a trauma or fear can often trigger associated feelings. If the person gets too strong abreaction, the therapist should ensure that they are not so overwhelming that it impacts the therapeutic process of healing.

Sometimes the perpetrator of the crime is no more or is not in a condition to cause any more harm at the present, but the perception of the person represented through the memory keeps the incident alive in the victim. In case the perpetrators are present and alive, they may need to be a part of therapy for effective reconciliation. Else, the therapist needs to work on the victim's perception of reality. Normally the victim has a dysfunctional life. The most effective form of transition arises when the victim is asked what would be like if you were reborn without the experiences?

It is very true that love heals. It is wrong to assume that once a client experiences love it may induce happiness. There may be instances where the fear and anxiety of the lack of love can be accentuated. The development of a compassionate approach to therapy ensures quicker healing. Research into the field of psycho-neuro-immunology confirms that unconditional love heals. Loving words, action and commitment to others in a caring way triggers the body's immune system. Even the passive act of observing someone else's unconditional love can trigger the observer's immune system, even if the observer is not liking the person giving the love.

Hypnotherapy

Let us now focus briefly to the most effective form of therapy – Hypnotherapy. Hypnosis has become a standard tool in clinical psychotherapy to help foster relaxation, communication and reflection. Through the process of induction, a hypnotherapist induces a trance state which helps one to access one's subconscious mind. The trance state is a state of awareness between the waking and the sleeping state where one has focused internal absorption and diminished peripheral awareness.

In hypnosis, the therapist uses suggestions in the form of direct and indirect imagery, metaphors and suggestions which enable one to delve deep into the realms of the subconscious mind to find solutions beyond the realm of conscious awareness. In this connection, we will briefly deal with two broad areas in hypnotherapy: the impact in neuropsychology and study in consciousness.

Hypnosis and Neuropsychology: There is still some controversy in the neuropsychological fields about why and how hypnosis works. However, what is known for sure is that it changes the way our brain process information. Hypnosis modifies the way the brain sorts through our perceptions, recognizes conflicts, and deals with errors. Suggestions received during hypnosis are not subjected to the same rigor of conscious activity in the frontal lobe of the brain. Rather, it changes the pattern of activity in the anterior cingulate cortex. Hypnosis may modulate the activity in the anterior cingulate cortex, but it does not shut down the frontal lobe.

Attention research demonstrates that our unconscious has the ability to select which facets of the sensory bombardment in the brain are relevant and to synthesize a singular, consistent narrative that becomes our conscious experience. Research also shows that when external, subconscious influences affect a person's behaviour, the brain creates a story that attributes that new behaviour to his or her own reasons and motivation. Unaware of the true cause an individual come up with an explanation that fits. This becomes central to a therapeutic relationship.

Hypnosis and consciousness: Hypnosis does not avoid consciousness. Hypnosis changes the way we use consciousness. Subjects are so focused on the imagery being narrated by the therapist that they become more vulnerable to look within.

Rather than circumventing conscious awareness, hypnosis lulls subjects into being less scrutinizing, less analytic and more intuitive. It encourages them to use their minds for the purpose of imagination and creativity to allow them to absorb the experience passively, rather than for the purpose of monitoring their behaviour.

Some tools and techniques used by a Hypnotherapist

For a student in psychotherapy, it is essential to be aware of some of the prominent tools and techniques used by therapists, especially a hypnotherapist. A hypnotherapist uses both the conscious part and the unconscious parts of the mind to communicate. By trance induction, the therapist aids one to access the unconscious realms of the mind in finding solutions.

Most therapist utilises the **principle of observation and utilisation** of what the young student brings along with him at the therapist' office without dwelling too much on the repressed mind. However, there are some therapist who are keen in discovering the roots and use psychoanalytic techniques in hypnosis to dwell deeper. Generally, there are emotions

repressed within the human mind and sometimes it is like a volcano waiting to erupt. The therapist controls the abreaction and work with people by the principle of observation and utilisation.

There are various methods of trace induction in both direct and indirect hypnosis. However, the principle of **imagined visualisation** of wonderful peaceful experiences is most effective for young people to go into deep trance state.

In most cases of child abuse, **verbalisation of feelings and emotions** is encouraged about the present feeling – abusing, beating – directly to the perpetrator of the crime with the therapists' help. Often this is required in close relationships as the trust and love is lost and is replaced with fear. Verbalisation enables the therapist to understand the depth of trauma.

Graded exposure therapy in hypnosis is also used in extreme cases of emotional vulnerability so that the child is able to overcome the negative emotions in a slow and steady manner.

Regression therapy is a very effective means of bringing to the point of time of the abuse. This is followed by reconciliation and integration. The student is made to reconcile while the abuse has happened in the past, it is no longer effective as the perpetrator is either no more or neutralised. The therapist works on the perception of the reality of the abused as she is not able to let it go. In the integration phase, the therapist helps one to use words to relabel feeling and emotions about the perpetrator.

Other techniques, commonly used as a part of **Ericksonian psychotherapy,** like the use of metaphors, stories, analogies help one to orient the client in a non-threatening way. **NLP techniques** like anchoring, mirroring, truisms, use of double binds are used to signify comfort and confidence. Anchoring has been very effective in young students and is used to initiate an imagined dialogue with the perpetrator, especially if it is a close relationship. The **sub modality technique** utilises role playing between the abused and the abuser. Here, reframing is used basically to rewrite the memories and to replay in the way the subject wants the relation and the behaviour to be (irrespective of what could have happened in real life).

The most commonly used and effective is the which helps **Dissociation technique** to think from the head and not from the heart by dissociating with the feelings and emotions and help one to look as a third party. The therapist tries to understand the changed impression and the logic the subject justifies the behaviour of the perpetrator as a form of **Role Play**. One form of dissociation technique is the **Split screen technique** – described by D Spiegel in his work *Hypnosis in the Treatment of victims of sexual abuse* – where the therapist uses visual imagery of two comparative incidents of the child in a giant TV screen, one of the type of violence that happened in the past and what a harmonious reconciliation the child would have ideally wanted.

As a follow through in therapy, hypnotherapists assign tasks during a therapy. Also, post hypnotic suggestions help one to follow through actions by a person reacting through subconsciously on suggestions implanted during a trance state.

Memory and Hypnotherapy

Let us now begin to understand various relevant concepts of Memory and the role of Hypnosis, especially in context of neuropsychology.

Behind every seemingly inexplicable act, mannerism, statement, and belief, there is an obvious psychosocial and neurobiological context and an underlying logic to the way the brain interprets our experience, encodes our memories and writes our history.

The unconscious system creates connections between various snapshots in our lives, it monitors our emotional each moment to decide what to emphasize, and it organises those snapshots in such a way to tell a story that it is unified, straightforward, and most of all, personal and intimate. That story becomes a part of our conscious life.

In a way, memory does not work like a video camera as a record of previous events. It is more like a scrap book, where they are created by combining pieces of sensory experience with interpretations and fantasy. Studies using fMRI reveal that while in a dissociative state the brain exhibits heightened activity in the anterior cingulate cortex – the same region that we found to be hyperactive in hypnosis.

In psychiatry, there is a spectrum of dissociative disorders in which people to varying degrees feel separated from the world around them or experience what feels like a loss of their own identity and thus, it is necessary to understand repression, confabulation and dissociation with relation to hypnosis and memory.

Memory repression: Children who are victims of physical or sexual abuse, sometimes don't remember what happened to them until many years later when something triggers those memories to flood back. The predominant theory of memory repression is that it is the brain's safety valve to protect our fragile sense of self from recollections that are just too difficult to bear. Just as a surgeon uses anaesthesia to prevent operative pain the unconscious brain can use repression to numb the agony of relieving a traumatic experience. The debate over false memory syndrome of sexual abuse in childhood has largely become frozen, with some taking an affirmative stance on the validity of recovered memories of suppressed material (Sanderson, 1995) and others taking a critical position (Pendergrast, 1996).

Confabulation: It is the phenomenon in which the brain creates false memories apparently to compensate for gaps in person's recollection, most often for autobiographical information. People with confabulation tend to unconsciously borrow irrelevant thoughts or memories and blend them with ideas they are currently considering. They usually don't invent things out of thin air and are not consciously tying to deceive anyone. They may not be even aware that what they are saying is not true. Confabulation can be spontaneous (without being probed with specific questions) or it can be provoked by direct question that forces the person to confront a gap in the memory. Provoked confabulations can happen to anyone, while spontaneous confabulations are almost exclusively the result of brain damage. Confabulation usually results from the damage to the media temporal lobe – the region responsible for self-centred thinking.

Dissociation: Dissociation protects oneself during the abuse. It also protects in future to let go of the past altogether. However, this can last longer. Most people who endured these experiences still find themselves somewhat estranged from their own bodies and emotions years or decades later, even though the abused ended long time ago. Thus, the protective

mechanism can unintentionally become the problem. The feelings of dissociation are a side effect of the brain's self-defence mechanism. In dissociative identity disorder, there is a tendency to switch back and forth between formerly disconnected aspects of personality. The goal is to protect the sense of self from psychological destruction wreaked upon the mind by years of abuse. People experiencing dissociation are in a state of hypnotic trance that protects them from traumatic memories.

The role of Hypnosis in accessing the memory of the abuse

Hypnotherapy is particularly useful in helping survivors to **restructure their actual memories** of abuse in order to give them a greater sense of control and address painful feelings such as self-blame. It allows one to access information and 'data' that is stored in their physical bodies, their subconscious mind, and their energetic fields and is the most powerful when focused on creating positive changes to thoughts, feelings, and behaviours for the future and helps in the reconciliation of the feelings of blame, especially if the perpetrator is someone to be naturally trusted.

Hypnotherapy helps one to absolve the child from responsibility and guilt. In a technique called the **strange child technique**, the therapist suggests to the client that some other small child, not the client, is being molested. Immediately the client's adult self sees the absurdity of holding this other child responsible for the crime of molestation, and can then apply this insight to their own childhood situation. Some hypnotherapists use the technique of **creating allies for the inner child** for people who were subjected to recurring nightmares. The violent and repulsive face of the perpetrator is allowed to be transformed by the hypnotherapist to someone friendly and acceptable.

The hypnotherapist helps in the **inner child healing**.by helping one to reconstruct the relationship with the now adult with the inner child in order to form a new inner family and give the child a new sense of security. Hypnosis helps one to integrate the feelings of dissociation.

Hypnosis helps in the expression of anger, fear, disgust and other negative feelings by **allowing abreactions during trance** state. Tasks are assigned both consciously as well as a part of post hypnotic suggestions to compliment the therapeutic development. It is not essential to express an emotion directly with the abuser. The therapist allows the emotional release and empowerment resulting from the confrontation without endangering the survivor.

The most effective purpose of hypnotherapy is one of **integration and reconciliation**. It helps one to integrate with the perpetrator by visually imagining to have punished him. It also helps one to integrate different parts of one self; the good side of the person who was kind and supportive as well as the violent behaviour. It allows for the preservation of some feelings and support, especially if the perpetrator is a close family member. It helps in Reconciliation with the negative feelings and emotions related to the trauma. It can help people leave anger, anxiety, depression, guilt, fear, confusion, etc., once and for all and learn the art of dealing with emotions on the 'hear and now' basis.

Some hypnotherapists use vivid visual imagery for people who have strong belief in **inner guides** who are there to assure and protect the victim. Thus, it helps in reassociation and reorientation with the past. It emphasizes on the learning of forgiveness.

Dangers of digging too much into repressed memories:

While, hypnosis is very effective in working with memory, one should be aware of the hidden dangers practised by a lay hypnotist. At the onset, it is important to understand the difference between repression and forgetting.

Repression is simply not thinking about an event or experience for a period of time and then having the ability to recall the memory without any difficulty. Repression is the conscious and active banishment to the unconscious of traumatic events so that they cannot be retrieved.

All symptoms in adult psychopathology like anxiety, panic attacks, depression, sexual dysfunction, relationship, abusive behaviour, eating disorder, loneliness, feeling suicidal, etc. may or may not be related to long term reactions to childhood sexual abuse. Hence, therapist needs to be very careful in their diagnosis.

Sometimes unintentional suggestions or questions of a hypnotherapist can induce false memories to a vulnerable and suggestible person. Hence, it is to be practised very mindfully. Thus, while hypnosis helps in retrieving memory, it may not be a reliable method in determining whether or not one was abused in childhood and does not remember now. Also, aggressive techniques like guided visualisation and imagery, age regression, body-memory interpretation, dream analysis, art therapy, rage and grief work, etc. can induce false memory.

Hypnosis and dissociation exhibit similar neurological activity. While hypnosis can obviously cure a disorder by reuniting the disparate identities and reconstructing the self, it can also unwittingly induce dissociative identity disorder by accentuating the divide between the alter egos. A trained therapist should be conversant with the nuances of real memory, false memory, dissociation, confabulation, etc. and be mindful of how they are used in therapy.

How is Hypnosis so effective in young students

Hypnosis research proves that hypnosis has been very effective with young people. Children can enter the hypnotic state easily and rapidly and while in this state of deep concentration, are highly responsive to therapeutic suggestions/goals (“hypnotherapy”). In children, as part of trance induction, visual imagery/**progressive muscle relaxation (PMR)** is often used to get into this altered state of awareness. In this state, perceptions and sensations can be enhanced, modified or changed to inhibit and control reflexive actions, delay gratification, use problem-solving strategies, increase self-esteem, and decrease anxiety, stress or discomfort. These come naturally to a young student.

Hypnosis to a child is more permissive and less directive than in adults, as it utilizes the natural hypnotic abilities that bring to the clinical encounter. They move in and out of spontaneous hypnotic-like states as they focus their concentration on their usual activities.

It allows the children to gain a sense of control, increase self-esteem and competence, and reduce stress. The hypnotherapist continually emphasizes that he is always in control. He offers choices and options and teaches them that they can use the skill (clinical hypnosis) whenever he/she chooses. He simply offers to be the guide or coach, emphasizing their ability for control and mastery and utilize their language and imagery by utilising the children s imagination and perception of the symptom and how it affects them. He also

probes into the children's interests, strengths and goals. Through clinical hypnosis, the hypnotherapist teaches coping skills that most children (except those with moderate to severe mental retardation) can learn with minimal effort. It is safe, effective, and has no adverse side effects in trained hands.

Sometimes children don't want to keep their eyes closed (possibly because they may have been blind folded during the abuse). Standard eye fixation induction followed by deepeners and PMR help to dispel fear of keeping eyes closed.

CONCLUSION

All forms of abuse are the exercise of power. The impact on young minds of abuse is too deep, especially if they are directed by people who are supposed to be the closest of relation and trust. Sexual abuse is the worst form of dominion and sometimes a young mind is confused about the ramifications, especially when she recounts the experience in the lens of new insight as she grows up.

Hypnotherapy is a wonderful mechanism for access of the subconscious mind. There are various tools and techniques used in Hypnosis which helps one to come out of the trauma by reorienting and reconciliation of the experience. It also helps one to access real memories of events which have actually happened in the past. However, a therapist should also be skilful to handle false and induced memory although to the child, the perception of the reality may be distorted.

The wonderful science of hypnotherapy is unfortunately not given the status it should have enjoyed and are not included in the curriculum of doctors and psychologists although it is officially recognised everywhere. There is an urgent need to spread the efficacy of the treatment and some believe that hypnosis had its origin in our very Indian – Yog Nidra. The primary author of this document has helped countless young people come out of the trauma of early child abuse which has possibility of various traumatic episodes like PTSD and Dissociated Identity disorders. Also, is the need for a lot of research work in Neuro psychology to bridge the gap in our understanding of how the mind and the brain works.

REFERENCES

Agarwala, L. (2013) A School Counsellor's Diary. Westland Ltd: India.

Courtois, C. A. (1988) Healing the Incest Wound: Adult Survivors in Therapy. W. W. Norton, New York.

Elliott, M. (1990) A response to Steve Adams. A Pastoral Care in Education, 8(3):7-9.

Elkins, G R. (Ed.) (2017) Handbook of medical and Psychological Hypnosis: Foundations, Applications, and Professional Issues. Springer Publication Company: New York.

Fergusson, D.E. and Mullen, P.E. (1999) Childhood Sexual Abuse: An evidence-based perspective. London: Sage Publications.

Maher, P. (1990) Child Protection: another view. Pastoral care in Education, 8(3): 9-12.

McGuiness, J. (1998) Counselling in Schools: New Perspectives. London: Casell.

Murgatroyd, S. and Woolf, R. (1982) Coping with Crisis. London: Harper and Row.

Nash, R. N and Barnier, A.J. (eds) (2008) The Oxford Handbook of Hypnosis: Theory, Research and Practice. Oxford University Press: London.

O'Hanlon, W.H. (1992) History becomes her story: Collaborative Solution Oriented Therapy of the after effects of sexual abuse. In S. McNamee K J Gergen (Eds.), Therapy as Social Construction (pp 136-148). Newbury Park, CA: Sage.

Pendergrast, M. (1996) Victims of Memory. London: Harper-Collings.

Sanderson, C. (1995) Counselling Adult Survivors of Child Sexual Abuse. London: Jessica Kingsley.

Vyas, B and Vyas, R (2009) Indian Handbook of Hypnotherapy: Foundation and Strategies. Concept Publishing Company: New Delhi.

Sternberg, E.J. (2015) Neurologic: The Brain's Hidden Rationale Behind our Irrational Behaviour. Vintage Books: New York

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