

EMI- is a Neuro Trance Psychotherapy. A New Wave in Cost Effective Mental Health treatment Yildiz Sethi

I present a case for a new approach to hypnotherapy that is a fusion of counselling, psychotherapy and hypnotherapy for a wide range of issues including depression, anxiety, panic attack, recovery from sexual abuse and trauma related issues in 3-5 sessions for more than 90% clients (excluding serious DSM5 conditions)

As a counsellor, psychotherapist, clinical hypnotherapist and Family Constellation facilitator and trainer I have developed a way of working with clients over the last seventeen years that incorporates essential elements of a range of psychotherapies with hypnotherapy embedded in a constellation based philosophy that I have called EMI (Emotional Mind Integration).

The pioneer Freud saw the value of hypnotherapy in his exploration of the mind and behaviour in uncovering repressed materials as a means to recovery. However, lack of hypnosis skill and knowledge led him to abandon this in favour of talk therapy, hence hypnotherapy took the back stage as talk therapies grew. This is explored in my book *Rapid Core Healing Pathways to growth and emotional healing*. Sethi Y. (2016).

We now have more knowledge and skills in hypnotherapy and are supported by research that shows that it can significantly reduce treatment time compared to counselling and psychotherapy approaches.

In dealing with trauma safety and duty of care is a major consideration that hypnotherapists take seriously in wanting 'to do no harm'. With this in mind I have developed a deep respect for the ability of the human mind to protect itself from painful, disturbing and traumatising feelings, thoughts and visions. I know that encouraging such materials to arise can be highly disturbing for the client if we don't have a way of assisting them in processing it quickly and efficiently.

Counsellors and psychotherapists are only now becoming aware of the problems of exposing trauma through talk-therapies. This is explored in my book *Rapid Core Healing* (2016). However it remains the case, that if the source of many issues is painful or traumatic, we are left with the problem of how to deal with it.

Is it better to leave it there, stay in the present and try to instil new ways of thinking or feeling, or simply deal with the symptoms?

Or is it better to locate and engage the core pain or trauma and assist clients in resolving them internally so they may recover; and if so how?

The traditional medical model of mental health continues to hold the belief that poor mental health and dysfunction is hard-wired and largely cant be changed. This is why the predominant treatment for most mental health conditions remains managing symptoms with medication and cognitive

behavioural therapy. More recently these beliefs have been challenged by the advent of neuroscience developments that show that far from being hard wired the brain has the capacity for growth, regeneration and recovery in many cases. The American psychiatrist N. Doidge in *The Brains Way of Healing* (2015) gives detailed accounts with case studies from his own experiences with patients and references to neuroscience in his book. He shows many instances of recovery and growth that were thought to be impossible according to the medical model.

The problem remains that talk therapies have a limited access to unconscious material and even when such materials are uncovered it is likely to re-traumatise. This is untherapeutic. I am not referring to cathartic releases of emotion here.

In crossing the field I move to hypnotherapy. In hypnotherapy training, students are normally instructed to take a client out of trance quickly if a hypnotherapy process inadvertently opens up a traumatic situation as a *duty of care*. The trauma is known as an abreaction and is to be avoided.

Here we have a problem because if the source of the issue is trauma, but hypnotherapists are told to avoid it and counsellors and psychotherapists are not equipped to locate or deal with it adequately, the client has no way of resolving or recovering from the root of their disturbance. This is the dilemma.

Now I will discuss some hypnotherapy matters.

Hypnosis does not have the capacity to heal in itself, as it is simply a trance state that is relatively easy to induce. In a hypnotic state it is possible for repressed materials to arise with the guidance of a skilled hypnotherapist.

Generally, clinical hypnotherapy approaches fall into three basic categories. Direct, Indirect and Ericksonian (metaphorical).

The direct approach involves inducing a deep trance and giving very strong direct messages with the intention of imprinting new feelings, thinking and behaviour and overlaying or displacing that which is problematic or dysfunctional.

The indirect method often involves a lighter trance and a psychotherapeutic interaction and communication with the client so as to allow resolutions and new possibilities to arise through the therapeutic collaboration.

The Ericksonian method involves the use of metaphors that weave the client's experiences, dilemma's, feelings and choices into narrative in a way that encourages them to discover and utilise resources and find new perspectives and possibilities.

As a hypnotherapist I strongly favour the indirect approach and also often use Ericksonian approaches as I find these more sensitive and respectful of the client's world in utilising their inner resources towards self-healing and growth.

This enhances empowerment and does not encourage dependency or rely on the therapist having to put aside or put down, a client's lived experiences in favour of their view of how it 'should' be.

Hypnotherapy training involves an understanding of how to induce hypnotic trance with often a specific focus on inducing a deep trance. For most hypnotherapy schools it is important to be able to test the effectiveness of the induction often with involuntary responses from the client such as hand levitation on command. It is thought that such deep trances are more conducive to being able to receive the suggestions given by the hypnotherapist. This is particularly so in the case of the direct hypnosis method.

In terms of the indirect hypnotherapy approach, this is much less understood and often involves a fairly eclectic presentation of a wide range of therapeutic techniques with neuro-linguistic programming (NLP) frequently tagged on for good measure. This frequently forms a 'bag of tools' for clinical hypnotherapists that forms an often a 'hit and miss' approach to client needs. A range of techniques each picked out of specific modalities without consideration of the context of their original philosophy and background. This is often an incongruent mixture of conflicting approaches that can be confusing for both the therapist and client alike. as there is a lack of clarity in pursuing a coherent therapeutic pathways for resolution and healing.

Overall there remains a lack of understanding of how disturbances to the psyche occur and what is required to provide pathways to resolution for most hypnotherapists.

It is perhaps for this reason that many hypnotherapists favour the direct method of hypnosis as this is less confusing and what many clients expect according to what they have heard of hypnosis and hypnotists.

Most indirect hypnotherapy training does not provide reliable and structured training in psychotherapeutic methods that are replicable, affective and therapeutic for a wide range of specific issues. As a psychotherapist primarily, I was and remain more interested in assisting people resolve dysfunctions or disturbances in the most effective ways possible in a client-centred rather than a didactic or haphazard and eclectic manner. For me the depth of the trance is not as important as positive client outcomes.

At present we have many modalities that range from general counselling involving talk-therapies, to emotionally-focused, solution-focused, cognitive-behavioural focus, expressive and art therapies to hypnotherapies and many more. While each modality is of value in its own right, they generally focus primarily on one or a couple of human areas of experience only at a time, such as emotions, thoughts or behaviour. The problem is that human beings are multi faceted and complex rather than simple, so I believe we need to use approaches that address this complexity.

In my own practice I found that when I include several areas of focus that form congruence in relation to the person and the issue in one process, each of the components form a larger collective outcome that is more beneficial to the clients recovery. This makes sense to me in light of the N Dorridge (2015) claim that 'What fires together wires together' when discussing neural pathways firing simultaneously in promoting the ability of the brain to repair, adapt and grow. For example this may include thoughts, emotions and body senses being activated together in one process.

The latest developments in neuroscience, confirm that the brain is a complex organ that is highly adaptive and has the potential to grow, recover and heal. Further it is deeply integrated into the body through the nervous system, body tissues, physical senses and emotions. It is not all about brain function or body chemistry, but also about senses, emotions, memories and what we make of our experiences that contribute to a much larger entity, the mind. Here we come to another question. What is the mind?

'the element or complex of elements in an individual that feels, perceives, thinks, wills, and especially reasons.' Medical Definition of mind. Webster. M. Cited 2017

This leads to the development of Emotional Mind Integration (EMI). EMI is a complete neuro-trance-psychotherapy modality with its own philosophy, theory, processes and techniques. It focuses on the presenting issue, locates the source and guides a resolution and integration within one 60-minute session for each neural pathway.

This is a fusion of phenomenology, counselling, psychotherapy, hypnotherapy, ego state therapy and aspects of Family Constellation theory and practice and neuroscience and takes place in a client centred manner.

EMI views the mind and body as a collection of emotional mind states. These states form, die and reform constantly in a continuous process from birth. New Emotional Mind States form to look after areas of the personality in response to lived experiences and are superseded when they are no longer relevant. This is the normal growth and maturation process. However through more difficult situations disturbed emotional mind states are formed that can become problematic triggers in daily life. These do not go through the life and death process of normal emotional mind states but become stuck or frozen unless they are processed appropriately into the personality. The purpose of EMI is to resolve disturbed Emotional Mind states.

In developing EMI there has been a fusion of complimentary and coherent philosophies and practices to form a largely humanistic, phenomenological philosophy that is emotion, body sense and solution-focused. EMI philosophy takes into account the human requirements for love, connection, safety, justice, dignity and autonomy as a foundation for resolution and wellbeing.

The modality facilitates the resolution of depression, anxiety, panic attacks, recovery of sexual abuse the underlying dynamics of addiction and trauma in 3-5 sessions.

It is

- Psychodynamic in locating root causes
- Phenomenological concentrates on consciousness and the objects of direct experience
- Solution focused in allowing resolutions to be guided in the unconscious mind through EMI Healing pathways,
- Client-centred in engaging body senses and neural pathways to locate and guide the process.
- A brief psychotherapy in completing the resolution of one neural pathway within each session and completing the process with an integration technique, so that a complex issue requires only a few sessions for most clients.

The process is highly structured to provide safety and is composed of several EMI techniques. Some portions of the process are firmly guided for structure and safety by the therapist, while others are client centred in facilitating the processing of emotions, thoughts and solutions. The aim of the EMI process is to facilitate self-healing within its structure.

The process is particularly useful and effective in working with disturbed or traumatised emotional mind states and covers a wide range of issues.

This means that repressed material is opened, resolved and integrated within one session at a time, thereby allowing the client to leave each session in a settled and composed state.

In 2017 we have a vast amount of psychotherapy and neuroscience knowledge at our disposal. I believe it is time to utilise the best of this tapestry of resources in formulating more efficient and effective ways to work in assisting people to utilise their innate abilities for recovery, self-healing and wellbeing. EMI spans the psychotherapy and hypnotherapy fields in bring together relevant philosophy, knowledge and techniques in a way that provides a new way of dealing with trauma, mental health and human suffering in a cost effective way for a large proportion of the population. EMI is a 6 day training course.

For details of EMI Training see www.emotionalmindintegration.com

More information of EMI may be found in *Rapid Core Healing Pathways to growth and emotional healing: Using the unique Dual approach of Family Constellations and Emotional Mind Integration for personal and systemic health.* (2016) Yildiz Sethi. It is available from Amazon or from her at yildiz@yildizsethi.com

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Bio

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