Hypnotic Exile Integration

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Introduction

Hypnotic Exile Integration (HEI) is a hypnotic technique in ego state therapy that uses visual metaphors to manipulate implicit memory. It differs from most trauma therapies that use a desensitization strategy. Instead, HEI is strategized to integrate subconscious contexts. It can be used to de-traumatize single childhood traumas. However, it is most helpful for patients who have had repeated neuroticizing experiences during childhood. These experiences may encompass acute traumatic events but also recurrent low intensity events that often result in schemas. HEI is not appropriate for patients whose traumas or schemas were obtained before the age of five.

In HEI, two implicit contextual networks are somatically associated to integrate. In the nomenclature of IFS (Internal Family Systems, Richard Schwartz, 2021) an exile (a traumatized and dissociated self-part) is guided to interact with the patient's adult personality. However, while Schwartz refers to an elemental "core self" in IFS, HEI hypnotically builds a "resourced self" (RS) which is an enhanced and empowered adult self-state. Although the IFS core self and HEI's resourced self are different, much of the IFS framework for accessing the exile part can be used.

Similar to IFS, HEI entails an interaction between the exile and the RS. This interaction uses a hypnotic suggestion for the exile to merge with the imagined RS's adult body while remaining in contact with RS. The fused pair then dialogues while co-experiencing a series of adult memories. Subsequently, the pair encounters an RS memory that has been primed and is positively charged. The purpose of the latter is to create an emotional mismatch between the RS's high functioning memory and the exile's original neuroticizing experience. To encourage even more mismatch, the exile is then invited to share different adult bodily sensations provided through the RS's movements and touch. It can be emotionally significant for an exile to experience the safety of a larger body with bigger muscles.

In HEI, there are assumed to be four central mechanisms of action:

Broad Scope Priming

Ahsen's (1973) Eidetic Psychotherapy and Francine Shapiro's (1989) EMDR therapy both prime the targeted trauma memory in three dimensions: sensation, meaning and somatic. HEI primes all three of these but adds the dimensions of color and temperature. While color and temperature were not encoded in the original trauma, the patient must process subconscious material when deriving these additional associations. It is assumed that this additional processing can further broaden the scope of memory potentiation.

HEI departs from traditional Internal Family Systems (IFS) by imbuing the adult self-part with an enhanced meta-motivational state. This is in line with Reversal Theory (Smith & Apter, 1975) about changing meta-motivational states. It is also in line with C. Robert Cloninger's (2002) findings that level of consciousness can vary over time. In HEI, the broad scope priming of the RS is designed to ensure that the RS is maximally "resourced" with wisdom and empowerment.

Hypnotic Visual Metaphor

HEI starts with visual recall of both trauma and resource imagery. Later, the images are suggested to interact. Because the images are associated with underlying memory networks they can be used to manipulate the networks in specific ways.

Novelty/Mismatch Effect

Novelty/Mismatch is a phenomenon long known to catalyze new learning. Sokolov (1963) established how it provokes alerting in the orienting response via the hippocampus. Johnson (1984,1986) established how novelty/mismatch (expectancy violation) increases metabolism in the P300 ERP. The latter is often involved in context updating (Donchin & Coles, 1988). Schiller et al. (2010) demonstrated how mismatching information can be used to strip fear from a conditioned stimulus in humans. In HEI, the exile and RS are guided to bring together mismatching meaning embedded in the two memory systems. The strategy is to use such a mismatch to stimulate contextual memory reorganization and integration.

Sensory Integration

In the final stage of HEI, the exile is asked to experience various tactile sensations in the RS's adult body. It is assumed that such embodied experience supplies a different form of novelty/mismatch. This is particularly true with self-soothing pats and strokes applied on the chest over the heart. The latter supplies an emotional mismatch in addition to a sensory one.

Procedure Outline

The following list outlines the essential steps of HEI:

1) The traumatized self-part (exile) is first primed with multiple memory associations.
2) The resource adult self-part (RS) is primed with multiple memory associations.
3) The RS is brought back in time to a first-person view of the exile and his situation (now in third person).
4) The RS is guided to interact with the exile and establish rapport.
5) The RS invites the exile to "time travel" to a safe place by using the RS's adult body as a "time capsule."
6) The exile is guided to merge into the RS's large body.
7) The merged RS and exile travel forward in time with the RS showing the exile memory clips from current adult life. RS explains each scene and answers exile's questions.
8) The RS shows the exile the original adult resource memory and answers exile's questions.
9) The RS is asked to repeatedly clench fists. The exile is asked to find and feel the sensations in the adult body.

10) The RS is asked to repeatedly scrunch toes. The exile is asked to find and feel the sensations.
11) The RS is asked to start rubbing his arms. The exile is asked to find and feel the sensations.
12) The RS is asked to start patting and rubbing the center of his chest. The exile is asked to find and feel the sensations.
13) The exile is asked what emotions he is feeling. Associations are evoked to color and temperature.
14) The exile is given 3 choices: To be brought back to his original circumstance in the past; to be brought to a pleasant safe place in the RS's current time; or to sit safely in the background in RS's mind and observe RS's weekly activities.

There are a few points to remember when performing HEI:

1) The self-part being addressed should always be asked for choice and never commanded. Reactance is greater to commands than invitations put in the form of a question.

2) It is important to activate both the interpersonal and physical aspects of the exile. For example, seeing details of the room where the exile's trauma was strongest will trigger more of the subconscious memory network. The memory of any criticism that occurred before the exile was traumatized or abandoned should also be primed.

3) A critical step is to invoke the exile to merge into the imagined RS's body. This requires trust. The therapist's creativity is crucial. Without a merger, the technique cannot continue and trust-building must be revisited.

Detailed Example of an HEI Session

The Traumatized Self-Part (Exile) is Primed

The patient is given an overview of the procedure and asked for permission to proceed.

The patient is asked to close his/her eyes. (We will use male gender hereafter)

The patient is asked to imagine going to the physical location where he experienced his most intense traumatic feelings as a child.

The patient is asked to imagine standing in the middle of the location or room. Then he is asked to very slowly turn in a circle and notice as much of the visual details as he can. This can take about a minute.

The patient is asked to recall what happened just before his most intense felt trauma.

The patient is then asked to locate the very moment of his greatest traumatic disturbance.

The patient is asked what emotion he is feeling.

The patient is asked to rate the degree of his emotional disturbance from zero to 10. Zero is no disturbance at all and 10 would be the greatest degree of disturbance he can imagine. (SUD rating)

The patient is asked “If your emotion were to resonate to some part of your body, where would it resonate the most? Go with your first association.”

The patient is asked “If your emotion were to have some negative meaning, what would the meaning or phrase be?”

The patient is asked “If your emotion were to have a color, what would that color be? Go with your first association.”

The patient is asked “If your emotion were to have a temperature, would it be hot, warm, cool or cold? Go with your first association.”

The patient is then asked to “freeze” everything and everyone in the scene so that no motion is occurring. Explain that he will be coming back to the scene in a few minutes.

The Resource Adult Part (RS) is Primed

The patient is helped to define what positive meaning would be the opposite of the meaning he experienced in his young traumatic memory. “e.g. I’m strong, I’m safe, I’m lovable, etc.”

The patient is asked to find which adult memory strongly embodies the positive meaning. (This might take a minute or two because he is transitioning from his earlier negative feelings.)

The patient is asked to use his imagination to make a “memory clip” like a small movie clip. He is asked to act like he’s a movie producer and to decide where he will start experiencing the positive adult memory and where he will end it. He is told that details are important and that he should experience it in first person “as if it’s happening now.” It should be in Technicolor and Surround Sound. If there’s any scent or smell, he should include that too. Then he is asked to close his eyes to make it more vivid and tell the therapist when he’s ready to start. The patient recalls the experience until he says he has finished.

The patient is asked to “roll the clip backwards” until he’s found the “sweet spot” where he feels that the positive meaning feels strongest.

The therapist asks: “Would you be willing to step into this moment on the count of three……to make it more vivid as if it’s happening now?” (Get agreement) “Good, ready?….Stepping into it……..One….Two…..Three……Are you there?” (Get agreement) “Good. And what do you feel right now?”

The therapist asks: “Now would you let that feeling grow stronger while you notice how you’re handling this situation?” (Get agreement) “OK. Let it strengthen and let me know when the feeling has strengthened as much as it’s willing….” (Wait until the patient indicates that it has)

The therapist asks: “What emotion are you feeling right now?” (Wait for answer) “And if that feeling were to resonate to some part of your body, where would it resonate the most? Go with your first association.” (Wait for answer). “And if that (feeling) were to have a color, what color would it have? Go with your first association.” (Wait for answer) “And if that (feeling) were to have a temperature, would it be hot, warm, cool or cold? Go with your first association.” (Wait for answer) “Now would you be willing to let your (body location) act like a conduit to drink in more of that (temperature)(color)(feeling) and take it in to associate it more strongly to your body? You can do this with dual attention and being aware of how you’re handling

this situation while you feel more of the (temperature)(color)(feeling) coming in through your (body location). (Get agreement)

Therapist says: "Good…now just notice that (temperature)(color) and see what it wants to do. It might want to flow or vibrate, expand, contract, or stay the same. We don't know what it wants to do but just follow it."

(From here, the therapist keeps encouraging the patient to keep noticing the colorful emotion in the body until it stops moving and settles)

Therapist asks: "OK. Now I have an important question to ask…..If it were possible that this (temperature)(color)(emotion) in your body could act like a healing medicine to help with your other challenging experience when you were young…..would you be willing to let that happen? (Get affirmation) "And for that to happen, would you be willing to let it stay in your body while you visit your younger self in his challenging situation?" (Get agreement)

Both Self-Parts Are Positioned in Close Psychological Proximity

The resourced patient (now the RS) is then asked to take his adult body and go back and see the image of the exile in the original trauma scene.

The RS is asked to "freeze" all motion in the trauma scene except for the exile who can move. The RS is told that he can do this with his imagination.

The RS is asked to describe in detail how the exile appears.

The RS is asked to go up to the exile and ask if the exile knows who he (the RS) is. If the exile does not know, then the RS is guided to explain that he comes from the exile's future….that he is the adult version of the exile.

Somatic Integration of Parts

The RS is instructed to ask the exile: "If it were possible that you could go to a safer and more enjoyable place would you want to go? …..Knowing that you can come back here any time you want? Would you want to go to a safer place?" ….(Check to see how the exile responds to the RS. If there is no agreement, then the therapist may focus the rest of the session on facilitating a friendly rapport between the RS and the exile. The RS may be asked to give a present to the exile that he thinks the exile might like.)

The therapist suggests for the RS to then further explain to the exile : "You see it's really possible for us to go to a more comfortable safe place. It would be a special kind of time-travel. It involves using this large body as a kind of time capsule. All you have to do is press in close and merge into my large body until you are on the inside. We could still talk and you could see out as well. And you can come back here anytime you want. Do you want to try it?" (Get the child exile's affirmation.)

The therapist explains "OK, the way we do this is that you can tell your younger part to press in and just merge into the big body on the count of three, kind of like a reverse amoeba. OK?" (The therapist gets consent and waits a few seconds) "Did he agree?….. OK, …..one…..two….three…..Bloop! ….Are you

together?" (The therapist gets affirmation) "Now will you check and use your internal voice to see if he can hear and talk with you?"..... (therapist gets affirmation) "Good")

Memory Recontextualization of Parts

The therapist explains: "Now you can both travel forward in time to the present. I'll wait while you do that and then you can tell me when you've arrived." (therapist gets affirmation) "Good. Let's see if he can still hear you. Can he still hear you?" (therapist gets affirmation)

"Now will you ask your younger part if he would like to see a slide show of what life is like in the present world?" (Get affirmation)

The therapist says: "OK. Now you can show him slides and movie clips of your recent and current life to show him what it's like. As you show this to him, you can explain what's going on in each episode and he can ask questions. Both of you can discuss each episode. Please take your time for this. The conversation between you both is important. You can let me know when you're done."

(The therapist waits until the RS nods or indicates he's finished)

The therapist asks: "What happened? How did he react?....." (The therapist listens to what RS says.)

The therapist asks RS: "Will you both now share the experience of your positive resource memory.....the one you associated into your body before?" (Get agreement) "You can spend some time here to really take in the feeling again." (Therapist allows a minute or two). "Will you ask your younger self if he can find and feel the (color, temperature, emotion) in your shared body from this experience? ..... (Allow a minute if necessary).....What does he say?" (Discuss the experience)

Sensory Integration of Parts

The therapist says: "Now can we show him something else that's interesting?.....Will you take your physical hands and rub them together for a while so you can feel the friction?.....Now will you ask your younger self if he can find the sensory part of the brain so that he can feel the friction in the adult hands?.....This may take a while.....Let me know if and when he can feel the hands."

The therapist says: "OK. Now will you start scrunching your toes in your shoes? Your toes have a lot of nerves like your hands. Are your toes scrunching? .....Good, now will you ask your younger part if he can find the feelings in the toes? (Get affirmation) Good."

The therapist says: "OK. Now will you start rubbing your arms with both of your hands?..... Will you ask your younger part if he can find the feelings in the arms? (Get affirmation) Good."

The therapist asks: "Now will you take your hand and put it on the center of your chest?...Good.....Now will you make a gentle nurturing rubbing and patting motion with your hand.....as if you have a small child under the skin and you're soothing it with reassuring touch?".....Good, you can keep doing it for a while."

The therapist asks: "Will you ask him if he can feel that touch in the body from the inside?" (Wait for affirmation) "Good. Now will you ask him if he likes it? Does it feel positive, neutral or negative?" (Wait for answer)

Contract for Nurturance and Agency

The therapist asks: “Do you want to tell him that whenever he’s upset and wants to calm down that he can come and ask you for this touch .....and that you guarantee that you’ll do that for him whenever he wants? This would be a solemn promise. Do you want to do that for him?” (Wait for affirmation)

The therapist asks: “Now will you ask him if he has any questions that he wants to ask of you? If he does, then you can answer them as best you can. Why don’t you both chat for a while?”

(The therapist waits until the RS indicates he’s finished. This dialogue can last a long time which would be a good sign)

The therapist says “Now you can explain that you’re going to have to turn your attention to the outside world but he has a choice: Does he want to go back to the original scene where you met up with him? .....Or does he want you to take him to some safe place in your current world? ..... Or does he prefer to remain in the big body and experience what it's like to live your week in the current world? (Wait for answer)

Therapist: (Facilitate the parting of attention consistent with what the exile has chosen)

“OK. Counting backwards from five.....Five.....Four.....Three.....Two.....One. You can open your eyes. ..... What are you feeling right now?“

Some patients experience emotional interference during resource consolidation. This interference might appear as a negative feeling, physical discomfort, or even a judgmental inner voice. An IFS therapist can identify this occurrence as an exile "protector." However, this protected exile differs from the original one. The new exile involves a conditioned meta-emotional schema that defensively reacts to pleasure itself. For patients who were tasked by abusive parents to care for their younger siblings, their play is often punished. Self-indulgent enjoyment becomes a negative conditioned stimulus signaling future punishment. This creates an inhibitory schema to avoid self-focused pleasure. Positive emotions can trigger other inhibitory schemas as well. If any of these arise during resource memory work the therapist should use IFS methods to address the protector. Such an interfering schema can be flagged for future HEI work as it certainly degrades the patient’s life.

Post Procedure

At the end of the procedure and particularly when the patient self-strokes on their chest, the patient often feels ambivalent. Relief is mixed with grief. The therapist can label this ambivalence “relief/grief” and explain that it’s a natural reaction to good therapeutic work. Grief can be understood as a subtle recognition of missed opportunities experienced throughout an individual's life. Naming this emotion can help patients normalize their experience. The therapist may clarify that the acute intensity being experienced is transient and that the residual grief will contribute constructively to the patient’s developing insight and understanding. It is common for patients to have a felt sense that they carry their previous exiled part in their body even weeks after their HEI session. This is especially true when the exile has chosen to stay in the adult body. An opportunity then exists to enlist its aid when doing future trance work. The alliance itself can be a resource when dealing with other self-parts.

Following the HEI procedure, it is best to prepare the patient for daily journaling for several weeks. It can be explained that there may still be some of the exile still "trapped in the past." After all, the exile's visual image is really a self-hypnotic metaphor for a neural network. All the networks will not fully integrate in one session.

The following instructions can be offered for journaling:

1) The patient should pick a time in his day when he can routinely spend about ten minutes writing in a journal. It is best to schedule journaling paired with an already established routine.
2) Instruct the patient to use internal speech to talk to his exile immediately before journaling. The patient should ask the exile to help him bring more of the exile's essence over to the present. Explain that it's enough to request without having to hear an auditory answer.
3) The patient is asked to view the original painful memory from an adult perspective for 30 seconds. In other words, he views his younger self in the situation.
4) The patient should then come back to the present and document his current SUD level in the journal. After that he can ask for his internal exile to help him compose and write down whatever comes to mind. It's especially beneficial to write down feelings, wonders and questions.

Discussion

The unusual aspect of HEI is that it does not make the original trauma memory the primary focus of attention. This is because after an initial priming exposure to the disturbing memory, the strategy relies on implicit recontextualization of the exile. It does not rely on exposure desensitization. Most fear reduction strategies can be classified into one of several categories. One category is simple exposure that relies on the exposure/extinction effect (Groves and Thompson, 1970). Prolonged Exposure Therapy (Foa, Hembree, & Rothbaum, 2007) would be a good example. Narrative Exposure Therapy (Schaer, Neuner & Elbert, 2011) would be another example but with more cognitive interaction with memory. Another category of strategy would be the "top down" cognitive approaches such as Cognitive Processing Therapy (Resick, Monson & Chard, 2017).

Probably the most common strategy for fear extinction involves coactivation of a contradictory positive resource memory or experience alongside the fear memory. These methods are in line with Hebb's (1949) maxim "Neurons that fire together will wire together." Such coactivation therapies would be systematic desensitization (Wolpe & Lazarus, 1966), re-enactment therapies (Foa & Kozak, 1986), Resource Development and Installation (Korn & Leeds, 2002) used in conjunction with EMDR (Shapiro, 1989), Somatic Experiencing (Levine, 2008), counting therapies (Ochberg, 1996; Greenwald, 2013), Rossi's (2002a, 2002b) technique of therapeutic dissociation, the Havening Technique (Ruden, 2011), and Manfield's et al.'s (2017) Flash titration technique. Another example of coactivation would be the therapeutic relationship itself as in most talk therapy. According to Norcross and Lambert (2018), the quality of the therapeutic relationship is a stronger prediction of outcome than the utilized therapeutic technique. Hence, the therapeutic relationship can be categorized as a subtle but effective coactivation strategy.

Coherence Therapy (Ecker, Ticic, & Hulley, 2012) and RTM therapy (Gray & Bourke, 2015) take coactivation a step further by eliciting a more direct novelty/mismatch of information between the fear

and resource memories. The HEI strategy is similar in this regard and can be considered one form of Coherence Therapy. However, one difference is that in HEI the mismatch effect involves more somatic context. It is assumed that implicit somatic context can be manipulated and induced to relate to other associations. A strong association is first created between the exile self-part image and its somatic context. The exile later brings its somatic context to implicitly interact with the AP's contradictory somatic information. This action is designed to stimulate an update to the exile's implicit world model. The result is fear reduction and schema resolution.

Although HEI closely resembles unburdening and retrieval in IFS, it also has distinct differences. IFS unburdening does not involve somatic fusion between exile and core self. The two self-part images remain separate. In HEI, there is an intentional blurring of somatic boundaries. This also includes the opportunity for the exile to experience sensations within the present adult body. Thus, HEI stresses the somatic/contextual mismatch effect more than corrective experience, unlike IFS.

Another important difference between HEI and IFS pertains to the difference between the concepts of core self and resourced self. Consistent with Coherence Therapy, HEI endeavors to tailor a resourced self-state with characteristics that strongly contrast with the exile's state. This state tailoring process can be highly specific. Unlike the core self, the resourced self is not a fixed state of heightened consciousness. Instead, the resourced self incorporates specific meta-motivational dimensions that are hypnotically enhanced via somatic associations. Thus, it can more precisely target and update inhibitory schemas linked to the exile.

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