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An interdisciplinary
journal dedicated to
advancing the art,
science and practice
of hypnosis



Australian Society of Clinical
Hypnotherapists
Change.Grow.Succeed.



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There NEADS to Be Another Way:
Treating Non-Epileptic Attack Disorder
Using Hypnotherapy

Jerry Knight



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EDITOR

Julie Ditrich
BA, Dip CH, CR-PSH
Sydney, NSW, Australia

ASSISTANT EDITOR

Margit Zsigmond
BA (Hons) Psych, Dip CH, Cert NLP
Geneva, NSW, Australia

ASSOCIATE EDITORS

Lyndall Briggs
Dip CH, Dip Nutrition
Kingsgrove, NSW, Australia

Lindsay J Duncan
BA (Psych), MCA, DCA
Katoomba, NSW, Australia

Gordon Emmerson
PhD, Honorary Fellow, Victoria University
Melbourne, Vic, Australia

Peter Richard-Herbert
Doctoral Candidate (Central Queensland University),
MA (Psych) (Western Sydney University), DHP,
Dip CH, Dip (Psych) (UK)
Sydney, NSW, Australia

Barry Shirley
Dip CH, Dip Counselling, DRM
West Ryde, NSW, Australia

Mary Sutton
BA, CC, M Counselling
Parramatta, NSW, Australia

Barry Pierce
BA, DD, Dip Hyp, Dip CH, Prac NLP
Mudgeeraba, Qld, Australia

EDITORIAL CONSULTANTS

Dr. Edgar A Barnett,
MD, MBBS
Kingston, Ontario, Canada

Michael M DelMonte,
PhD
Trinity College, Dublin, Ireland

Assoc. Prof. Jagdish Maharaj,
DSM, DCH, MPH, MMed, FAFRM (RACP) Hon, PhD
Sydney Medical School, University of Sydney,
NSW, Australia

Marty Sapp,
EdD
Milwaukee, USA

Dr. Anthony V Wood,
BCom, MEd, EdD, FAIM, MACE, MACEA
Epping, NSW, Australia

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PO Box A127, Sydney South NSW 1235 Australia
Phone: 1300 851 176
Email: admin@asch.com.au
Website: www.asch.com.au

Editorial enquiries: journaleditor@asch.com.au
Subscription enquiries: admin@asch.com.au
Designer: www.marcelobaez.com

Editorial

I've always loved learning new things, and this particular issue of the journal has been enlightening to me in that respect. Each of the articles fascinated me for different reasons, and some sent me on a journey through the Google wilderness to learn more about a particular subject or angle. I thought I would pass some of that value-add learning onto you.

After reviewing Richard Hill's wonderful article on enactments, I began to wonder: *Is enactment the same as transference, and is transference the same as projection?* I soon discovered the subtle differences between them, and offer up simple definitions below.

Projection is a defence mechanism, and the act of attributing one's own unacceptable feelings, impulses, qualities, behaviours or thoughts onto another person or persons. For example, an individual may say about another, "She's so selfish".

Transference, however, is the act of directing feelings, impulses, qualities, behaviours, or thoughts about or in relation to a second person onto a third person (usually the therapist) in the therapeutic setting. *Countertransference* is the redirection of the therapist's feelings (often unresolved issues) toward the client. If for example, the client transfers to the therapist the feelings they harbour about an authoritarian figure such as a father or teacher by being unreasonably reactive and aggressive then that is an example of transference. If then the therapist acts defensively or aggressively in response because they were bullied as a child then that is an example of countertransference.

Enactment is a pattern of non-verbal behaviour that emerges between two people as they interact within a therapeutic context. There is often unconscious meaning for both parties. It actually involves subtle, but mutual projection between the therapist and the client.

Richard's article probes the subject of enactments, draws our attention to the idea that this is a natural human process, but one we need to be aware of and manage within the therapeutic setting. In grasping this notion, therapists can become both conscious

of the ‘stuff’ they bring into the therapeutic alliance and also remain vigilant so they can avoid corrupting the interaction.

On another note, I welcomed reading Sonia Barbara Czernik’s article, as it took me back to my management studies when I was just out of high school. While studying managerial psychology I discovered transactional analysis for the first time. I became fascinated with the idea that as humans we are not just one big personality or character, but are made up of a number of ego states or parts. Later on, when I was studying to be a hypnotherapist, I learned that for wholeness and / or healing to occur, these parts need to be in alignment and at peace with each other. Sonia expands on this with her analysis of parts therapy in conjunction with timeline therapy in treating anxiety disorders, amongst the most prevalent neuroses of this modern age, and in the process, demonstrates the potential for permanent relief of these conditions in all their embodiments.

Nick Ramondo’s moving article examines the famous book *Man’s Search for Meaning* by Dr Viktor E Frankl—the story of how the author and other inmates survived the death camps of World War II. Nick began reading it from an ‘everyperson’s’ perspective, but his training in psychology and hypnotherapy came to the forefront, and he discovered a hidden layer in the book that perhaps was not even Frankl’s intent. Nick had a eureka moment and made the connection that the coping strategies the survivors used – some of which are also characterised as defence mechanisms – were akin to self hypnosis techniques. You will undoubtedly find this article fascinating, and I predict it will drive you to order Frankl’s book so you can read it alongside Nick’s article.

Finally, Jerry Knight presents a case study on treating non-epileptic attack disorder using hypnotherapy, wherein he demonstrates the effectiveness of hypnotherapy in accessing and utilising subconscious resources such as relaxation to aid a serious condition that the majority of medical practitioners would classify as falling into the realm of being untreatable or unmanageable except with medication. Case studies such as this suggest to me that it might be in the best interest of future patients for universities to integrate hypnosis training into medical courses for both doctors and nurses.

Julie Ditrich

Journal Editor
journaleditor@asch.com.au

EDITOR’S NOTE: The terms “subconscious”, “unconscious” and “unconscious processes” are interchangeable, and will vary from article to article. Individual authors will determine what terminology they prefer to use, as this is predicated on the models of psychology, hypnotherapy, psychotherapy and other modalities in which they trained. Similarly, usage of the words “client” and “patient” will also vary from author to author, depending on their background and qualifications.