

Hypnopraxie

Healing the Affect

**A Hypnotherapeutic Approach
for the 21st Century**

Barbara Fontaine

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Forward

From May 2013 until January 2016, the author undertook a course in Hypnopraxie, a hypno-therapeutic approach devised by Dr Guy Chedeau. This comprehension training programme includes 14 direct and four indirect supervised sessions, an exam and a thesis.

Since the training programme is exclusively in French, taught by a French doctor at the psychiatric hospital in Geneva, Switzerland, this student chose to write about her understanding of Hypnopraxie in English, drawing essentially on course notes and the course book, and incorporating as well the knowledge and understanding she has gleaned from life as filtered through her 'praxies'. Thus, the written work that follows is solely the expression of the author.

The original French spelling of this hypnotherapy has been retained.

Introduction

In one form or another, hypnosis has existed since the dawn of time. Ancient Greeks, Hindus and Egyptians, *inter alia*, had healing approaches that involved an altered state of consciousness such as that achieved through hypnosis. Modern hypnosis evolved from the work of the 18th century Austrian physician Franz Messner. In the 19th century, many contributed to the growing use and understanding of hypnosis. The long list of those individuals includes the Indo-Portuguese Abbé Faria who understood the power of suggestion, the Scottish doctors James Braid who coined the word ‘hypnotism’ and James Esdaile who performed operations with hypnotized patients, the French neurologist Jean-Martin Charcot who used hypnosis to treat hysteria, and physicians Ambroise-Auguste Liébeault and Hippolyte Bernheim of the Nancy School where the term ‘hypnosis’ came into existence, derived from the word ‘hypnotism’. The French psychiatrist Pierre Janet, a practicing hypnotherapist, explored the links between feelings, one’s action and the context. This led him to discover the notion of dissociation, that is, the disconnection between one’s action, the linked feeling/emotion and the context in which this occurs. He also coined the term ‘subconsciousness’. At the end of the century, the Viennese Dr Breuer realized that in the case of one hysteric patient, each of her symptoms had an emotional link. When this patient relived, while under hypnosis, the event that generated the specific emotion, her symptoms were gradually alleviated. As a result, Sigmund Freud, the Viennese psychoanalyst, was convinced that the patient had the means to heal himself. One simply needed to allow what was buried deep down to come up to the surface to be re-experienced. To the growing body of hypnotic experiences and theory, Carl Jung contributed, *inter alia*, the notion of the collective unconsciousness, a universal ‘knowing’ shared at the subconscious level.

In the 20th century, hypnotic experimental research and clinical application expanded to America where numerous advancements in the field were made. In this regard, the American psychiatrist Milton Erickson is considered to be the most influential hypnotherapist of the century, transforming hypnosis from the traditional form of an authoritarian, directive induction with a passive patient to a more indirect style based on language subtleties and an active patient. By now, the use of hypnosis had become more accepted and prevalent in the fields of medicine and dentistry, and was authorized by both the British and American Medical Associations.

Following on from this ancient therapeutic art as it transcended the ages, Dr Guy Chedeau has brought forth a hypnotic approach that addresses the Affect. Dr Chedeau initially trained as a gerontologist, interning at the Paris hospital La Pitié-Salpêtrière known for its medical excellence. By a quirk of fate, he took up general medicine. Early on, he sought to broaden his academic medical training by exploring other therapeutic means in order to better serve his patients. This led him to discover Caycedo sophrology in the late 70’s, clinical hypnosis in the early 80’s, and Ericksonian hypnosis in the mid 80’s, all of which he integrated certain aspects into his practice.

His encounter with sophrology brought him in touch with Eastern approaches such as yoga and meditation and the notion of dynamic relaxation, or relaxation in movement. It also renewed his interest in the philosophy of Phenomenology. During that time, he discovered a means to body consciousness, this awareness of corporal schemata, as well as that a slow induction confers a deepening state apt for hypnotic work. These aforementioned aspects were to influence his clinical work and the hypnotic approach that he was to elaborate. In effect, what he sought was a simple methodology which procures a relaxed, deepened state of being during which the patient, accompanied by an attentive therapist, undertakes therapeutic work.

Overtime, Dr Chedeau evolved a therapeutic approach which he named 'Hypnopraxie'. Its main underpinnings are Ericksonian hypnosis and Phenomenology.

This study will firstly address the two main underpinnings of the Hypnopraxic approach, namely, Ericksonian hypnosis and Phenomenology. It will then endeavour to describe Hypropraxie and its various aspects.

Ericksonian Hypnosis

Milton Erickson's work has been studied in depth and breadth, spawning clinics and research centres and giving impetus to professional gatherings and much academic and non-academic literature. Indeed, Ericksonian hypnosis has become a permanent feature of the hypnotherapeutic community and beyond. It goes without saying therefore that to summarize Erickson's work or to contribute to its knowledge bank is not one of the objectives of this paper. Rather, this section will address those aspects of Ericksonian hypnosis that have influenced the essence of what has become 'Hypnopraxie'.

For Erickson, the unconsciousness is simply all that is not conscious. It is a reservoir of active resources that are constantly working to assimilate and sort through what we experience throughout our lives, that is, our life experiences and how they affect us. Its mechanisms are what constitute our individuality. It forms the basis of who we are. It is the synthesis of the individual person, a synthesis however that is not cast in granite but rather is in a constant state of flux as the individual personality evolves through the life-long maturation and self-actualization processes. As well, this reservoir protects us, particularly, our psychological fragilities, through the construction of defence mechanisms.

Psychological troubles or psychosomatic symptoms give rise when the unconscious mechanisms have not properly carried out their work for one reason or another. Some associations end up causing trouble in the individual's life. More often than not, this is brought about by an underlying defence mechanism, or the residue of a limitation imposed, particularly in early childhood, such as a strict or restrictive upbringing, or the lack of emotional support. The therapeutic process thus involves tapping into the reservoir of active resources located in the unconsciousness to work through previous life experiences that have left troubling residue.

Erickson believed that there is no need for the therapist to undertake an approach imposing change to psychological schemata. On the contrary, he felt it best to leave things up to Nature, to harness, as it were, the reservoir of active resources deep inside the individual at the unconscious level. It is therein that the wherewithal to heal oneself exists, for these active resources work incessantly to bring harmony and balance to one's inner world. Erickson felt that being in the hypnotic state, which for him is a state of trance, allows the liberation of these undesirable former associations so that new associations are created leading to a more integrated way of being. The therapist's role thus is to create a therapeutic environment whereby the patient under hypnosis reworks and reformats troublesome associations in the unconsciousness. The therapy comes thus from within the patient. Erickson's belief in the patient's ability to self-heal underscores his humanistic approach and his is an active patient, active in the healing process.

According to Jay Haley, Erickson considered the therapeutic (hypnotic) trance to be a specific way of communicating between two people, and not just one person's state of being. The trance state under the skillful guidance of the therapist facilitates the relationship between consciousness and sub-consciousness, helping the patient to activate unconscious resources by turning the focus inwards as opposed to the external environment. As such, language plays an important role. Erickson used simple, clear language with his patients. The words used tended to be the patients' own words for these, rather than those of the therapist, resonate more readily at the unconscious level. He believed that the unconscious mind was always aware of what is going on, always listening, whether or not the patient was in trance. He also

carried out sessions that were just conversational but felt that being in trance state facilitated the 'listening process,' the subconscious resonance of the words spoken by the therapist.

He made use of indirect suggestions during the hypnotic session rather than the directive, authoritative approach of old-style hypnosis which he felt tends to strengthen the patient's resistance and defence mechanisms. On the other hand, the use of indirect suggestions used in a normal conversational style that Erickson favoured helps the patient to let go of the ego-hold on consciousness so that the inner work can start to take place, this psychological restructuring of troublesome associations in the unconsciousness.

Through a particular choice of words, a particular language style, Erickson often sought to create confusion as a means to occupy the conscious brain so that the unconsciousness can be more readily accessed. He did this by using, for example, ambiguous words, negation, and contradiction.

His choice of words gives the patient the feeling of being in charge of the process. He would ask the person, for example, if they want to go into trance now or later. So, by way of indirect suggestion, the person would choose whether he wanted to go into trance sooner or later. Erickson's objective was to achieve a trance state with full consent of and participation by the patient. Thus, the patient feels in control of the process and does not feel rushed, choosing as it were when he will go into trance and so seemingly controlling the session pace.

He respected the patient's resistance to the hypnotherapeutic process and worked with it. He advocated harnessing this resistance to help the patient develop a more appropriate behaviour. An example of how he carried this out is described by Jay Hayley in his book 'Uncommon Therapy'. Erickson would tell resistant patients to withhold information and only tell him what they were willing to discuss. The patient then would start to talk and eventually, through the monologue, would reveal everything. But the patient remains in charge of what is revealed and when it is revealed. Thus, by using patient resistance, Erickson felt it wrought change more effectively than trying to address the resistance by changing or correcting it. The later he surmised was counterproductive for the hypnotic process.

He was not interested in exploring or analyzing a patient's psychological development from a classical psychotherapeutic perspective. Rather he focused on the present moment, what needed addressing at that moment that was causing problems for the patient.

He understood that what is important is not what the therapist says or does but rather what happens inside the patient. This led him to adapt on an individual level his way of interacting with each patient, instead of using a standardized protocol.

In short, Erickson hypnosis is a mode of psychological functioning during which the patient detaches from his normal conscious state of mind in order to engage actively at an unconscious level. This type of therapeutic working is a highly individual experience, differing from one person to another. There is no ritualized induction, nor repetition of phrases but rather a simple conversation during which the therapist speaks, listens and observes. The patient's response to the therapist's words occurs in the unconscious and involves subconscious workings and re-workings. Here what is important is the relationship between consciousness and the unconsciousness. The therapy is not based on analysis in the classic psychoanalytic sense but rather is undertaken by the patient himself, and not the therapist. In reality, the therapist just provides the patient with the possibility and context in which to undertake the therapeutic process. This process tends to be short and effective. Erickson hypnosis is humanistic with its emphasis on the individual's ability to heal oneself, given the right therapeu-

tic environment. Its overarching objective is to help the patient work towards a healthier psychological integration. Thus, the patient is active in the process, in contrast to the passive, receptive patient of other therapeutic approaches.

Phenomenology

Phenomenology being a vast area of study and intellectual interest, this section shall be limited to a short introduction of the subject and those aspects germane to the hypnopraxic approach. The overarching objective of Phenomenology is to come in touch with the underlying essence of one's being as manifested in consciousness. What is important is the meaning that things have for us and this requires looking and seeking within at the core of our being.

Its roots go back to Medieval Scholasticism and the monks' contemplation of what is 'consciousness'. Indeed, its etymology depicts just that, derived as it is from two Greek words: φαίνόμενον 'that which appears' and λόγος 'the study of'. Thus it is the study of consciousness and what it experiences, i.e., that which appears in consciousness.

Edmund Husserl

The founding father was Edmund Husserl, a mathematician who, at one point, studied under philosophy professor Frantz Brentano. Brentano, Sigmund Freud's professor as well, greatly influenced Husserl's reflections on *consciousness* and the emergence of the phenomenological philosophy. Of note, he introduced Husserl to the concept, *inter alia*, of 'intentionality', or 'aboutness', the notion that *consciousness* is always conscious of something. In other words, consciousness is always *about* something.

It was while working on his doctoral thesis in mathematics that Husserl became intrigued with the notion of 'consciousness', that is, how and under what conditions does the concept of a 'number' present itself to one's conscious mind. Such cogitating led him to reflect on the structures of consciousness and the phenomena that manifest in consciousness. Coining the term 'phenomenology' in early 1900's, Husserl evolved a phenomenology of *consciousness*, a consciousness that is constantly directed to, or occupied by, a thought, a memory, a body sensation, a feeling, an emotion, or a perception of something or someone, in short, the world around us. He also sought to bring to science a philosophical basis, something to which Descartes had aspired as well. However, Descartes' legacy of the Cartesian method of analysis considered everything in the world as objects and focused on the inter-reaction of these objects whereas Phenomenology emphasizes the objective study of topics that are considered to be subjective, e.g., affect, emotions, perceptions. In other words, Phenomenology shifts the focus of enquiry from the rational bias dominating Western thought since the ancient Greek philosophers to a reflective attentiveness that unveils the individual's 'lived experiences'.

As Husserl conceived it, the phenomenological approach does not draw on neuroscience or psychology but rather pure observation, an observing eye unimpeded by a rational bias such that all judgment, preconceived notions and intellectualizing are suspended in the present moment, the moment of the observing. This suspension, called *epoché* and also referred to as 'bracketing', is an essential element of Phenomenology. It involves setting aside all biases and assumptions about a phenomenon so that the phenomenon presents itself within the individual's inherent system of meaning and understanding, such that the essential aspects of an individual's experience become unveiled. Epoché affords the observer, as well as the individual being observed, the opportunity to take note of emanating aspects of one's inner being normally glossed over by the logical, rational mind. The state of *epoché* thus allows the logical, rational mind to be by-passed in favor of the subconscious mind, the seat of feelings and memories that are an integral, albeit not so apparent, part of the individual. It draws on an intuitive grasp of knowledge, free as it is of rationalization, thus giving rein to the 'intuitive' mind, that which senses or feels and gives us a sense of 'knowing', but that which cannot be explained through logic and reason. What is observed is the manifestation in the present moment. It is what appears *immediately*. Further, to continue to observe unhampered by the

rational mind, one must return constantly to the state of *epoché*. The challenge therein is to stay detached from cognitive interference and experience the situation continuously in a naive, primordial way.

The concept of *intentionality*, originating with the Medieval Scholastics and resurrected by Brentano who influenced Husserl's elaboration of the concept, became the keystone to Husserl's theory of consciousness which broadly states *consciousness* is always conscious of something, i.e., *intentionality*, and that *something* is called the *intentional object*. The different "structures" of consciousness, i.e., a thought, a memory, a feeling, a perception, influence *intentionality*. Although an intentionality can manifest through these various structures, e.g., a 'memory' compared to a 'feeling', and different ways of being "about" the object, e.g., *remembering* what one's own childhood dog looks like compared to *feeling* joy at the thought of that very dog, an object is still considered to be the same object. Thus, consciousness is directed at the same intentional object, whatever the form of intentionality, and is oriented by *intentional objectives*. The word 'intentionality' or the adjective form 'intentional' is not be confused with the usual understanding of the word 'intention', that is, the determination to carry out an act.

To better understand the subconsciousness, Husserl proposed a reductionist approach. It involves three successive steps towards the transcendental state, the place where all forms of experience are possible. First there is bracketing by the observer(s), using *epoché*, of acquired knowledge, concepts and opinions to receive the phenomenon in its manifestation as if it were the first time ever. This is a break with the usual way of perceiving and understanding people, objects and situations. The phenomenon is thus observed in its essence, virgin and untainted by judgment, categorization or comparison. This allows one to become aware that one's perceptions and understanding result from the past interactions of one's consciousness with the environment, including people and things, surrounding the individual. Each perception is thus highly individualized since each person sees and perceives reality through his or her own filters. These filters are shaped by the whole gamut of one's past experiences, including family, social and cultural upbringings.

The second step is Eidetic Reduction. This involves a reflexive conversion, that is, getting in touch with one's core, one's innermost being, so that the intentionality structure of one's consciousness (this active movement of consciousness towards people and things) and one's manner of connecting (*praxie*) to the external environment (both people and things) become unveiled and apparent. When a phenomenon becomes apparent in consciousness, this is the result of an intentional objective. Something inside the person has been activated to bring to light a phenomenon. Another person in the same situation may not see the thing or person in the same way, or maybe even not at all. Thus, praxies and intentional objectives are highly individualized, forged by a person's lived experiences as they are perceived, felt and remembered through the lens of personality. For example, a man walking down the street sees a small white dog which, seeking attention, approaches the man. His reaction is to ignore the dog because when he was a small child, dirty street dogs aggressively chased after him. Since that incident, he is not comfortable around dogs, particularly street dogs. His memory trace of the incident was formulated with the emotion of fear. So, he ignores the little dog and continues to walk down the street, having crossed over to the other side of the road. Another person walking down the same street takes note of the little white dog, stops to talk to it and reaches down to pat its head because this little white dog reminds this person of her poodle whom she adored. Both perceive the dog (intentional object) but how they perceive the dog and how they relate and react (their *praxies*) differ, drawing upon previous life experiences which have been formulated into memory traces accompanied by a particular emotion.

The last step is the Transcendental Reduction stage. It is here that possibilities are activated and that one can acquire a new awareness of the intentional object, a new vision. Through reduction, the pure and transcendental self is unveiled.

In essence, the phenomenological reductionist approach is a way of explaining the meaning that the world has for the individual, a tool to help understand and describe the workings of consciousness by observing how different aspects of a thing (object, event or person) are experienced by the individual. And, so, one comes to an understanding of what the world means for that person in particular.

Husserl considered that consciousness is not about being in the mind but rather it is the *perception* of the intentional object, something other than consciousness itself, be that an object or a figment of imagination. It is the observing and describing of these phenomena as they appear in consciousness in the present moment. *Consciousness* thus is deemed as the simultaneity of a conscious act and its object. In other words, whatever consciousness is directed at through its intentional objectives, *that* is what consciousness is *conscious* about.

Husserl's Phenomenological thought describes more than one level of reality. There is the **apparent reality** and the hidden, **underlying reality**. This translates into *apparent reality* being what is experienced by the logical, rational mind and the **underlying** reality is the world of, e.g., affects, feelings and sensitivity. In fact, the different levels of reality are another way of referring to the different levels of consciousness, including the subconsciousness.

The objective of phenomenology is thus to delve into the essence of one's being camouflaged by apparent reality, this hidden world of feelings and the affect which constitutes the essence of one's being. It draws on the individual's unconsciousness. *If something attracts our attention, that means that this something echoes inside us.* It is an objective study, e.g, devoid of judgments and preconceived ideas, of topics usually regarded as subjective: consciousness and the content of conscious experiences. It is a reflective study of the essence of what is *consciousness* as experienced by the individual, and so it is an individual perspective. Phenomenology takes the intuitive experience of *phenomena* (what presents itself to us in phenomenological reflection) as its starting point and tries to extract from it the essential features of that experience in its immediacy. It boils down to the *essence* of what we experience, stripped of socio-cultural influences.

Husserl's views were developed further by subsequent phenomenologists, of whom some contributed as well to the underpinnings of Hypnopraxie.

Martin Heidegger

Whereas Husserl focused on *consciousness* as the essence of being, Heidegger focused on *existence* as the essence of being with consciousness playing a secondary role, that is, consciousness results from one's existence, rather than being a determinant of one's existence. For him, thus, the true essence of an individual is manifested via one's existence. It is not the Husserlian reductionist approach of peeling away socio-culturally induced judgments, opinions and beliefs to reveal the underlying structural mechanisms and the content therein, but rather the Being in its existence. This is the **Dasein**, the meaning of what it is to BE within one's existence, in the world, the Being in being, in charge of oneself and one's choices, living out one's existence by projecting towards various possibilities of being. The choices one makes at every moment determine one's existence, one's mode of existence, a way of existing and being, and therefore one's experience of the world. Thus, knowing oneself is a possibil-

ity within the concept of Dasein in that to exist is to be engaged with the connection to oneself, to Self. There are aspects of existence, how one experiences the world, of which one is not aware. Thus, one is confronted by oneself and the way that one experiences the world. The way one *is* in the world is determined by one's attitude (existentials). So, to exist is not simply about being in this world but it is also about developing the ability to come to terms with one's typical attitudes.

Time for Heidegger is not linear clock time but rather the Temporality of Being and all of its possibilities, which are but a succession of the present moment. Heidegger's temporality is composed of three time-frames. The first is Being ahead of oneself whereby the Dasein is preoccupied by the future and the possible attitudes of being. The second is the Being in a world of worries. Here the individual cannot project into the future without reflecting on his past experiences. And the third time-frame is that of the Being post-worries, that is, Being in the present.

Dasein has a continuous link to death as the ultimate possibility. A human being thus lives his life with regards to his way of perceiving this ultimate possibility, his own death. This is a fundamental Praxie, a driving force to be reckoned with, for the outlook one has about death will determine how one lives life. And so time flows from the Future towards the Present since the ultimate possibility influences the choices one makes and how one lives in the present. Our way of experiencing in the present how we perceive the future will give impetus to our actions and perceptions in the present moment, the NOW. For Heidegger, moreover, the fundamental relationship of the human being is one's relationship with death, whether this is acknowledged consciously, or not, by the individual concerned.

Maurice Merleau-Ponty

Merleau-Ponty, like Husserl, subscribed to bracketing, *epoché*, the experiencing of things, people, and events as if it were the very first time, denude of judgments, opinions and preconceived notions.

One of his main premises was that *perception* is an active, not a passive, reception. For him, the physical being is the instinctive foundation of our perceptions of the world around us. It is important to note that Merleau-Ponty considered the body in a non-dualistic sense, i.e., the total body-mind concept, for everything is linked. Further, he thought of the 'body' as the realm of senses, a sensitive, affective body, and not just of flesh, bone and blood matter.

What is perceived is not what is there by chance but results rather from the orientation of our being to the world, to objects (or people or events) through intentional objectives. *I attract that which I am*. Underlying this orientation therefore is the affect that, through lived (past) experiences, has been registered in the flesh. Thus, the feeling-body gives meaning to the space around us, a sort of *affective consciousness* of the flesh before actual (mental) conscious awareness becomes apparent. What draws the body (the human being) in a particular direction is the *intentional movement, driven by an affect*, towards something or someone or some event. Thus, through corporal intentionality, our eyes and ears are intentionally oriented to perceive and the body to feel the experience, leading to further registering in the flesh of the affect linked to a particular experience.

In short, Merleau-Ponty theorized that our perceptions are not based on intellectual mechanisms. So, to unveil the essence of the individual requires bracketing, in a sense, peeling away all judgments, opinions and preconceived notions to describe the perception in its pri-

mordial state, as it manifests in the NOW, rather than explaining, interpreting or analyzing the perception. As such, the phenomenological description, the pure essence, informs about the experience. Hence the body influences how we perceive the world and our *praxies* underlie how we connect and react. The body is positioned thus in the center of *existence* just as the heart is in the middle of the body.

Another premise that Merleau-Ponty bequeathed to Hypnopraxie is the notion that language implies an intentional activity that passes through the feeling-body. He makes a distinction between the *word* as *logos* which gives shape to the meaning of our discourse, and the *word spoken*, the *word* we choose to deploy, which draws on the socio-linguistic-cultural heritage of the listener.

Emmanuel Levinas

For Husserl, Heidegger and Merleau-Ponty, the internal world - one's inner workings or the deep Self - influences how one perceives and reacts to the outer world. *Intentionality* is the individualized way by which one connects to things and people and this stems from one's essence. It is by virtue of our consciousness of *what a thing is* that it exists. This is the underlying subjectivity of phenomenology. In other words, basically the focus is on the Self, with solitude being an existentialist theme.

Levinas, however, draws attention to the Other, shifting the focus from Self to the reactions we have with others. For him, it is not a question of escaping solitude but rather going beyond oneself. And it is the Other who allows one to go beyond Self, to go beyond this solitary confinement to oneself as a means to explore both inner and outer worlds. What takes us out of this inward confinement are the feelings that the other generates in us, what we feel in the other's presence. It is the affect that propels us outward. These feelings are linked to and modified by the other's unpredictability, the unforeseeable nature of another human being. However, when we assume to know in advance how another will react, we have formulated, e.g., a preconception, an opinion or a judgment of the other person. A mental representation of that person is constructed. In doing so, we have objectified the Other, turning him/her into an 'object'. Preconceptions, moreover, quell affectivity for affectivity is linked to the other's unpredictability.

We need the links with others in order to go beyond ourselves, who we are, in order to grow. Otherwise, we stay within ourselves, confined to the relationship with Self, between our thoughts and that which we think about. There is no movement towards another, beyond who we are and what we think.

Likewise, the Other exists through the connections formulated with Other, the relationship created with Other. This relationship belongs to me. I am responsible for how I create the links between us. Thus, to change the relationship dynamics requires changing myself, for Levinas informs that we can only change ourselves and not the other person.

With the existence of the Other comes the responsibility towards the Other. That I feel for the Other calls for one to reciprocate. It is an obligation towards Other. Thus is formed an intersubjective relation built upon lived experiences which have an emotional basis, i.e., stemming from love, suffering, enjoyment, anxiety, etc. The relationship becomes ethical because, for Levinas, the feelings one has for the Other provide the basis for how one acts towards the Other, thus the ethics regarding one's relational behaviour towards Other.

Time is the Other. Time is represented by the movement within the relationship formed with the Other. Depending on the quality of the emotion underlying the relationship, time may seem to fly by or advance at a snail's pace. Someone who is alone and isolated without contacts to anOther will not have the same notion of time. In essence, time is the continuum of NOW moments and how one feels the passing of time is none other than a reflection of the underlying emotion engendered by the Other's presence or absence.

It is feelings that create the link with Other. For Levinas, what causes the shift in meaning and feelings is the sight of Other's face. To see it makes me confront my own ethics, my values and morals, and the way I interact with Other. For when a person connects to his/her inner wellspring - the intimate authentic sensitive Self - what manifests on the Face and Body are true unadulterated feelings, the embodiment of what is felt. The true reality within is revealed because one cannot lie to oneself.

Levinas' premise was not to move out of solitude but rather to go beyond the confinements of Self by virtue of the Other. Without the Other, we would stay the same. No movement, no growth, particularly, emotional growth, for the presence of the Other mobilizes affect within us. It is his/her Otherness that mobilizes feelings within Self. This is not on a psychological but rather an ontological level, a dimension beyond Being. The movement it generates is transcendent in nature.

Michel Henry

Michel Henry, building on Merleau-Ponty's premise of body-inhabited affect underwriting our perceptions of the world around us, went on to describe the body inhabited by feeling. He considered the flesh to house the affect registered in the flesh from lived experiences. This affective corporeity becomes a sort of *modus-operandi*: the affect registered in the flesh becomes the source of all we do, giving rise to our actions, intentions and perceptions.

Life is essentially lived through the *affect* as well as guided by the *affect*. Henry considers suffering and joy to be the two principal manifestations of the affect. One's life experience oscillates between the two and is revealed as a moving, feeling experience. The flesh is sensitive and living, a *subjective body*, the body *feeling*. A simple illustration of this concept is the lovers' embrace. The lover's embrace sets in motion sensations in the flesh that are extremely agreeable, even ecstatic. When he is not present, the memory of his embrace can convey that same sensual experience in the flesh. But if he is gone too long, then the memory of his embrace may weaken and his absence may invoke sadness, which will then motivate the one embraced to seek out her lover.

Michel Henry's phenomenology is thus a phenomenology of the flesh and the incarnation of feelings which reveals how we experience life. It is the living flesh, as opposed to the material body. His thinking is in direct opposition to the objectivity of modern science which rejects subjectivity, that which we feel, that which we sense, that which we experience in our highly individual ways.

Hynopraxie

Introduction

The overarching objective of any therapy is the maturation of the individual which leads to healing. It is about 'becoming whole', that is, integrated. This involves learning about life and who we are, including our character strengths and weaknesses, innate skills and abilities, and the relationship dynamics experienced with Other and with Self. It involves aligning the heart and the head, the intellect with intuition. Life has a way of leading us again and again to the same problematic situation, albeit not always presented in the same way, until it is resolved. As Erickson said, 'Your symptom will disappear when your body will be ready to abandon it.' That is the moment healing occurs, when we become more integrated, when we become more ourselves.

Hypnosis, coming from the Greek word *ύπνος* meaning 'sleep', is, contrary to popular belief, not a state of sleep, or amnesia, or an artificial state. Hypnosis is not a form of control of one person over another, nor does a hypnotized person say or do things that he or she does not wish to do or say. Rather hypnosis is a relaxed state of being, a psycho-corporal mode of functioning. There are many forms of hypnosis, various ways of entering into a relaxed state of being which is, none other than, a form of trance. There is auto-hypnosis such as meditation or visualization. There are those forms exercised both individually as well as in group settings such as sophrology, qi gong, tai chi or yoga. Sometimes the hypnotic, or trance, state is experienced while performing mundane, routine tasks such as driving to work every morning or while listening to music or watching television. The popular language refers to such hypnotic states as being on 'automatic pilot' or 'zoning out'. And then there is the hypnotic instance whereby a hypnotist brings the client into a relaxed state. In this regard, hypnosis is a relationship mode, a way of communicating one person with another, be it for theatrical or therapeutic purposes, in a particular socio-cultural context within a certain time-period.

Hypnotherapy, like all therapeutic approaches, is a way of creating a working relationship for people whose suffering, be it emotional, psychological or physical, keeps them from enjoying a happy, productive life and meaningful relationships with the self and with others. It is a special type of interaction between two people, such that the accompanied person (the client-patient), relaxed into a modified state of consciousness, can access new physiological or psychological possibilities, evolving new ways of thinking about and acting towards self and the world at large and new ways of feeling what is experienced. It is a highly individual process in that one connects to one's deep self as a means to search who one is, to explore and to discover more of one's hidden aspects. And to do so, imagination plays an important role, the ability to imagine and be absorbed, focusing on one's imagination, or a body sensation, or the voice of the hypnotist. It goes without saying that this requires confidence in the hypnotherapist and confidence in oneself. However, hypnotherapy is not for everyone; 20% of the population is untouched by this type of therapy whereas 20% easily are with the remaining 60 % somewhere in the middle.

The use of suggestion is prominent in any communication and so it is in hypnosis with classical hypnosis and hypnotherapy drawing heavily on this technique, but at varying levels. In traditional hypnosis, for example, the hypnotist dictates to the patient what to feel, imagine or think, whereas in Ericksonian hypnosis, the suggestion is more subtle. There is no danger with hypnosis but rather with the way it is used, particularly with regards how the technique of suggestion is deployed by the hypnotist or therapist. One's ability to imagine and visualize is linked to one's susceptibility to the hypnotic art, the stronger one's imagination, the easier

it is to be hypnotized and the more one is susceptible to suggestion. Conversely, defense mechanisms impede the hypnotic process. It is as if an invisible wall has been erected and the suggestion is kept at bay, not able to traverse this invisible barrier to enter into the client's consciousness or subconsciousness. Nonetheless, defense mechanisms merit respect because these help the individual to cope with life, providing, as if it were, an invisible protection around the person until that person is ready and able to defuse the mechanism.

The work of the hypnotherapist is to create an environment in which the client feels safe to explore his/her ways of functioning - be it behavioral, emotional or psychological - that hampers the client's wellness. The therapist offers the opportunity to transcend that which impoverishes the client's state of being, by encouraging the client to take charge of his or her own healing and enter into a process of transformation. In doing so, the therapist recognizes and respects the individual: one's humanity and personality, strengths and weaknesses of character, and particularly, defense mechanisms. The mark of a true therapist is one whose humanity is apparent and visible, and who manifests genuine concern and interest in helping the other become well and whole. Thus, hypnotherapy affords a safe space for client-patients to explore their own being, how they function and who they are.

A potential undesirable outcome of hypnosis is that some people create false memories while hypnotized. This could have comprising results, for example, in a judicial situation in which crime details are sought from a witness under hypnosis. However, in a therapeutic context, what interests the therapist is what the patient experienced, the patient's lived experience, as he or she remembers it. It is the patient's subjectivity that is of therapeutic interest, and not whether the memory is true or false. So, false memories are of no consequence.

Hypnopraxie, a hypnotherapeutic approach, encompasses all of the above and more so. In addition to being a patient-centered, spiritual, integrative, structural, transcendent therapy that focuses on the affect as manifested in the present, the here and now, it represents as well a shift in attitude, from evidence-based medicine and classic psychotherapy underpinned by scientific objectivism, the standard evolving from the 17th century Age of Reason philosophical approach, Rationalism, that is, *the belief that reason and experience and not emotions* (author's emphasis) *or religious beliefs should be the basis for your actions, opinions, etc.* (Merriam-Webster Dictionary). Rational scientific objectivism has permeated many facets of modern life, Western in particular, influencing, e.g., how children are schooled, how people think and act, and how society functions. It is often frowned upon to exhibit sensitivity and feelings, to express one's emotions, or to be intuitive as these do not emanate from **reason and experience**. This has led to belittling the sensitive, intuitive nature of human beings, the 'feeling' being, one able to connect comfortably to affect and the emotional well-spring, and listen to intuition's voice, both of which for this student are none other than manifestations of the soul. As such, troubling emotional residue tends to be glossed over by the rational mind, left unattended to fester into a state of ill-being. This learnt behavior to distrust emotions and intuition, to disregard them, bearing in mind socio-cultural contexts, could explain why some people have a tendency to disconnect from their inner voice, their emotions and the affect, by throwing themselves into incessant activity, an effect of Western socialization, and, to some extent, hyperactivity, building up ever greater stress levels and burying even deeper troubling emotions. The result is increased levels of ill-being as opposed to well-being. People are wont to make space in their busy lives to spend a physically inactive, quiet, peaceful moment during which they connect to their inner being, listening to the inner voice, the whisperings within, and their emotional well-spring. It is during these moments of peaceful quiet that we rejuvenate ourselves, and learn more about and take comfort in *who* we are. A healthy being needs these nourishing inactive moments to reconnect to the essence of being human, the feel-

ing being. Otherwise, one incurs the risk of disconnecting from oneself and attaining a quasi-permanent state of ill-being.

So, working from a scientific objective stance runs the risk of reducing an individual to that of an object. In doing so, behaviour becomes objectivized, including the healing process, and these are considered in light of the dictates of scientific research. This deprives one of a sense of humanity and individual humanness, the therapist as well as those seeking therapy. Today, this is often the case in medicine, including psychiatry and psychotherapy. Diagnostics, prognostics and treatments too readily follow the quantified lines of research and epidemiological statistics, what science has to say about the matter, while ignoring the individual concerned, the emotional, social, physiological and psychological aspects that form the make-up of that individual, as well as how that individual will respond to a scientifically-based therapeutic process. Western scientific objectivism has led modern medicine to compartmentalize the human body like an object, a thing, with myriad specialists dealing with that body part for which they are specialized. Thus, the brain is disconnected from the body, the heart from the stomach. Is ill-health located in just one part of the body? Or does ill-health manifest in a more generalized way, such that the symptom is the tip of the ice-berg with the rest of the problem hidden from view? An adept of qi gong and a student of Traditional Chinese Medicine philosophy, this author is of the opinion that ill-health is a manifestation of disharmony within the body-mind entity and to bring the body-mind entity back to well-being requires regaining a certain equilibrium, a homeostasis so to speak, that involves the whole being, emotional, physical, spiritual, intellectual, as well as social. The objective, science-based medicalized process too often ignores the whole being and how everything is connected, in particular, the sensitive part of that individual, i.e., the feeling being.

Modern psychology describes the mind as having three parts: the cognitive, the conative, and the affective. Hypnopraxie breaks from psycho- and hypnotherapeutic traditions with their focus on the cognitive and conative, in that it is a therapy focusing on **affect**, what the patient is feeling, particularly the feelings, or emotions, that hinder well-being.

The following sections will address varying aspect of the Hypnopraxic approach.

Consciousness and Unconsciousness in Hypnopraxie

To better understand hypnosis and hypnopraxie, one needs to consider human consciousness.

Although there is as yet no universal agreement on what exactly is consciousness and where it is found, neuroscientists in particular tend to relegate consciousness to the brain, perceiving it as a manifestation of electro-chemical neuronal activity. So, in a sense, consciousness is energy. As Einstein once said there is no matter, only energy. Others believe consciousness encompasses the whole being and beyond, while yet others consider it to be the conduit of the voice of the soul. Consciousness is often described using the iceberg metaphor, with consciousness being the visible tip and subconsciousness, or unconsciousness, being the part hidden in the water. The Swiss psychiatrist Carl Jung extended the concept of unconsciousness beyond the confines of one individual to a shared knowing which he termed the ‘collective unconsciousness’.

Consciousness is awareness of oneself and one’s socio-cultural and physical environments. It is thought, inter alia, to be the seat of cognitive abilities such as memory and perception, and non-cognitive behaviours such as emotions, and to house the individual’s acquired knowledge, and learned and innate skills and talents. Others consider consciousness to in-

clude intuition, a non-rational, non-experiential way of knowing, or in other words, a non-cognitive awareness.

It could be said that consciousness is constructed with the building blocks of one's lived experiences within a particular socio-cultural environment of a given time period. For our awareness of ourselves and our environment, how and what we become aware of, takes its roots in past experiences. Each experience becomes a building block to a new experience and our awareness evolves accordingly.

Dr Chedeau posits that the human infant comes into life with a pre-consciousness which, for the author, is none other than the soul or an aspect of the soul, manifesting through affect. The baby's consciousness is then under construction, so to speak, with emotions dominating at the beginning of human life. These emotions, with time become structured, as analytical and other cognitive forces strengthen and the baby cum child, then adolescent and adult, acquires knowledge and skills. And so develops the more structured consciousness of the rational mind. However, the rational, analytical mind is a force to be reckoned as it often subjugates the affect and this is the gist of ill-being. Conversely, certain illnesses such as Alzheimer and cerebral vascular attacks weaken the structure and emotions once again predominate.

This state of the affect, this soul state, pre-existing the conscious state, continues throughout one's life as the 'unconsciousness'. It is this pre-consciousness, or the unconsciousness, i.e., the soul, that orients each of us in life. For the soul has a memory and seeks life experiences according to its unique needs. The human being, through hunches and intuition, will make certain choices that determine how his or her life will be. Often totally unaware of being guided and oriented by the soul manifesting through the unconsciousness, we then try to rationalize the choice. It is, in effect, the affect that gives rise to the rational thought, an important tenet of the hypnopraxic approach.

Consciousness is not only constructed but it is also selective, retaining those elements that have meaning for the observer. It filters what the individual experiences, and as such, presents an 'object' in a subjective manner. So, consciousness focuses attention on certain environmental aspects. It orients perception and filters out other aspects, while adding non-existent aspects, influenced as it is by one's state of mind and how one has experienced the same or similar situations in the past. The individual perceives and reacts to the environment based on individually constructed consciousness. In short, we remember certain things and events, forget some aspects and, sometimes, add to memory non-existent aspects. Therefore, consciousness is subjective, built up by individual experience, and can be modified by other experiences. Our reality is thus of our own making, highly individualized, and not necessarily the same reality as another's. Our lived experiences are constructed from our reality as we perceive it.

Dr Chedeau refers to 'natural consciousness' as a state where you and I are separated. It is analytical. Others, things, situations and the universe are observed as they present and appear. There is no questioning or enquiry about that which is not visible. On the other hand, phenomenological consciousness is linked to others, the you and I are connected. The other, thing or situation is perceived through one's intentional objectives, what Dr Chedeau calls *les visées intentionnelles*. It is a subjective view of the object, the thing perceived.

The Hypnopraxic understanding of consciousness is also nourished by Husserl's reflections on consciousness, in that consciousness is always conscious about something, referred to as 'aboutness'. What surfaces in consciousness are phenomena for which consciousness is conscious. In other words, whatever consciousness is directed at through its intentional objectives, *that* is what consciousness is *conscious* about. Consciousness occurs in the present moment and what one is aware of changes from moment to moment.

Consciousness can turn inwards or outwards. There is the reflexive consciousness that considers the self and how one functions and there is the projective consciousness that is preoccupied with what goes on around us. Hypnopraxie works through the reflexive consciousness that turns its focus inwards, to the depths of one's being, to observe how one reacts towards life. It is the means by which one connects to the unconsciousness which houses the reservoir of feelings. In the unconsciousness is, as well as, the resources to heal and protect ourselves. It is the act of becoming conscious of oneself and one's way of functioning, that is, reacting to life as it presents, given that the affect orients one's consciousness incessantly. To become conscious thus is the basis of being human.

In short, from the Hypnopraxic perspective, consciousness is temporal, spatial, relational and constructed. Its orientation is intentional, oriented incessantly by the affect housed in the unconsciousness. The symptom could be considered as an unconscious pathos and the essence of the therapeutic work is for the patient to become aware, to become conscious of this pathos, because awareness leads to transformation.

Praxies

What is a 'praxie'? To grasp adequately its use in Hypnopraxie behoves an etymological understanding. Its origin is the Greek word *πράξις* meaning 'act, action'. The imminent French dictionary, Larousse, defines *praxie* as the 'coordinated movements, which together, are directed towards a goal' (author's translation). The English word with the same etymology is 'praxis' which, according to the Merriam-Webster dictionary, means *act, practice* and, in the medical field, *a therapeutic treatment usually by a (specified) system or agency*, example: *chiropraxis*. But these modern derivations do not adequately define the 'praxie' of Hypnopraxie. Dr Chedeau has taken the original Greek word and amplified it to denote how we act, what action we take or reaction we have, towards our world, including ourselves, or in other words, the way we relate to and make connections with the world, the links we have with others, with things, the world at large and with ourselves. Praxies are the person's unique way of experiencing interactions within and outside of self. Since the Hypnopraxic meaning of the word 'praxie' is specific and that it does not portray the usual French connotation, nor is there a direct translation into English, the original French spelling, *praxie*, has been retained for this study.

A praxie comes into being when a particular experience touches us inside at the level of the affect. This praxie, which then becomes a structure in the subconscious or unconsciousness, conditions our rapport with others and everything that goes on in our lives. So, the affect, what we feel inside, will influence how we react to the world at large and ourselves, that is, our behaviour and way of functioning, and, ultimately, how we will lead our lives. This is the basis for repetitive behavioural patterns, both in thought and in action. Praxies thus are the source of our thoughts and actions as well as our suffering or happiness.

A praxie is not the same as the psychological concept of schemata or repetitive behaviours, but in a sense combines aspects of both. Nor is it the same as mental representations in con-

consciousness for it resides in the unconsciousness. Dr Chedeau considers praxies to be the ontological basis for all actions taken by any given individual. Consequently, the reality of one's being resides in his praxies.

Since praxies occur in the unconsciousness, beyond the ken of conscious awareness, to become aware of them usually entails reflexive moments under the guidance of a therapist. From a therapeutic perspective, what is important is not what happens: it is not the experience itself nor the meaning or understanding we attribute to it but rather how we live that experience, how we *react*, albeit not in a conscious way, and how we are *affected* by the experience. As an example, let us consider the notion of praxie with regards paranoia. Someone who is paranoid readily perceives threats in the external environment, whereas another person (who is not paranoid) does not perceive the same factors in the external environment as threats. The individual perception of what is a threat is based on the individual praxie.

Our praxies are apt to transform as our emotions evolve and we mature throughout the lifetime. So, with transformed praxies, we change how we perceive the world and therefore how we react to and interact with it. This is the underlying goal for Hypnopraxic therapy, in that, by providing the wherewithal, the patient acquires a progressive awareness of his inner reality and his mode of functioning, particularly those links established with others, things, the world at large and oneself, which brings enhanced meaning to his life as he becomes more integrated and whole.

In short, a praxie is the subjective motor that orients us towards or away from situations, a subconscious affective orientation and reaction to a conscious world. It is the person's unique way of experiencing and feeling these connections with the world and oneself. It is the essence of a human being and influences one's approach to life in general and one's and behaviour. And so, the way we make connections with the world is the basis for all possibilities.

Intentionality

The phenomenological concept of *intentionality* underlies the hypnopraxic understanding of how consciousness functions. It stems directly from Husserl's theory of consciousness which broadly states *consciousness* is always conscious of something and that *something* is called the *intentional object*. The main characteristic of consciousness is that it is always intentional, conscious of the intentional object. The phenomena that appear in consciousness are *directed* at the intentional object and these same phenomena are the *result* of intentionality. It is a mutually influencing interaction.

Consciousness is an ensemble of acts, without which one could not be present in the world. These include acts such as to perceive, to know, to imagine, to sense, to remember, to anticipate, to think, to feel, etc. For example, a tree can be imagined, remembered, thought about, felt, or loved. The conscious act (think, perceive, feel, imagine, etc.) precedes the *contents* in consciousness, one's reaction to the *tree* in the previous example. These acts are universal in nature: they are universal structures. Everyone thinks, feels, remembers, etc. However, contents are personal.

So intentionality can manifest through different structures, e.g., remembering compared to a 'feeling', and different ways of being "about" the object, e.g., *remembering* what one's own childhood dog looks like compared to *feeling* joy at the thought of that very dog, an object is still considered to be the same object. Consciousness is directed at and, concomitantly, oriented by the same intentional object, whatever the intentionality. Consciousness is the structural functioning of successive acts, such that, for example, from a *memory* act one can then

pass on to the act of *perceiving*, then on to the act of *sensing* or *feeling* and so on. The successive acts of consciousness are constantly changing, what is commonly referred to as 'stream of consciousness'.

Intentionality is what underlies praxies, or one's way of being and acting in the world. It is what orients the consciousness towards intentional objects. The way one understands the world, both inner and outer, is through one's intentionality. The intentional movement, or orientation, is involuntary, occurring at the subconscious or unconscious level. Thus, one observes the world and oneself in a highly individualized way. In other words, one perceives the world through one's own filters: the praxies. To that extent one does not truly see reality as it presents but rather as it is filtered. Hence one's view of life and the world are limited by intentionality and praxies, one's habitual ways of viewing, perceiving and (re)acting towards the world. Given the mutually influencing interaction of intentional objects and the movement between the observer and that which is observed, the observer influences the observed. So, the rapport an individual has with the environment will influence his perception of the environment. We see or perceive the world in light of who we are (deep down inside). One's consciousness is attracted to something out in the world that echoes as well within one's being. The human being tends to function by association - seeing a thing or another person for the first time in light of something or someone already known. However, because intentionality occurs in the unconsciousness and is involuntary, that is, not consciously controlled by the cognitive mind, one is usually not aware of it. *Intentionality* is not to be confused with *intention* which is voluntary and conscious.

The source of intentional movement is intense feelings that emanate from the soul. Affectivity orients intentionality. So, intentional objects could be said to reflect one's state of being, the soul state and the state of one's feelings.

The circumstances of life, life events and situations, reveal one's intentionality. One's essence becomes revealed through experience and one's way of life. At the same time, one's history is built up through intentional objects and movement. It is from one's internal world that one acquires a sense of the external world. To become conscious of something means that something has been brought to light. This is the result of intentionality and the intentional movement. It is not by chance, but rather the inner-working of the unconscious, without one's knowing, without conscious awareness, that something in the outer world has touched and set in motion something in the inner world and vice versa. This mechanism is the basis for how over time the individual functions.

Consciousness is a prisoner of its habits, that is, the praxie-intentional object mechanism. A praxie-intentional object interaction can underlie a repetitive behaviour, be it an act or a way of thinking, that impoverishes one's existence. Such an occurrence is what drives people to seek therapy in order to gain awareness of what is undermining their well-being. Thus, it is during a Hypnopraxic session with the use of epoché that the patient-client connects to the deepest part of his being, to the unconscious, where these mechanisms reside. The relaxed, hypnotic state provides the setting for one's praxies and intentionality to be unveiled and revealed. Just as one's way of understanding reality, the world, is derived from one's praxies, so it is that a person under hypnosis will come to understand his inner reality via his praxies. What is sought is the revealing of the manner a patient-client has constructed his rapport to reality. Therapy addresses the feelings the patient has about a past reality, of which the memory is a personal construct, filled as it were with content filtered through the patient's praxies and intentional movement.

Each time we engage with life, be it with a place, a person, or an activity, it is a manifestation of our emotional state of being at that moment. Indeed, the state of being of the moment engages us in a certain way with the world, often unbeknown to our conscious mind. Emotional states however are not constant. They wax and wane. It is these shifting states of being that one seeks to address during the therapeutic relationship for they house the problem and the solution to the problem. It is through reflexive conversion during the hypnopraxic encounter that the fundamental attitudes of the patient and his way of connecting to things, places and people will be explored, that is, that which influences his encounters with the world, as well as his attitude towards such choices in life and how these organize his existence.

Dr Chedeau uses the term **diachrony** to denote the flux of one's sensitivity throughout one's life and the term **synchro**ny to denote forces of attraction and repulsion. For it is our sensitive states in which we find ourselves that attract or repulse places, people, things and/or activities. Our way of connecting and relating to a person, thing or activity, our praxie, is influenced by our state of being. One's praxies and intentionality underlie one's rapport with the world. In Hypnopraxie, one attempts to mobilize the emotional possibilities (*diachrony*) so that they can be transformed in order for *synchro*ny to bring about different attractions.

In essence, the Hypnopraxic approach addresses the intentional object and the work of the therapist is, using epoché, to assist unobtrusively the client-patient in gaining awareness to what does not function well. Too direct an approach can lead to defence mechanisms; hence an unobtrusive manner on the therapist's part is crucial for patient improvement. During a reflexive therapeutic session, it is important for the therapist to observe how the patient reacts to his intentionality as reflected in his narrative. For example, how does the patient react to surprise, to danger, to confrontation or to difficulty? Does he flee? Is he paralysed by fear? Is he anxious or aggressive? Intentionality is not mental but resides in the incarnated unconsciousness in the body, the embodied feelings. It is the affective sphere. For Dr Chedeau, praxies are the essence of the manifestation of one's being and these provide the substance of any therapy, beyond intellectual knowledge, for emotional integration of Self.

The dynamic hypnopraxic praxie-intentional object interaction echoes, to some extent, the Buddhist concept of karmic forces which this author perceives as a type of affect-based energy registered in the soul. Karmic forces provide the motor for all one does as a human being, unbeknown to ego consciousness. These orient our lives and influence choices we make. Whether non-serving or problem inducing behavioural patterns continue or are transformed is determined by one's conscious awareness of what works and does not work for that person. And until conscious awareness of the problem causing behavioural patterns is attained, we continue to repeat these same mistakes which, for this author, relate to all our relationships – with ourselves, with others, with things, and with the environment. And this from one life to the next.

Affect and Emotions

At every moment, one's consciousness is spontaneously drawn to something in the environment. This attraction occurs at the subconscious level, triggered by something deep inside one's being and manifested as a praxie which influences the quality of that connection. The observed thing brought into conscious view is filtered through one's perception and ends up as a mixture of true aspects, false aspects and added aspects that are non-existent. So *reality* is of one's making, a construction of what it observed, based on one's praxie and intentionality, crafted over time through lived experiences and one's personality. It is a *subjective* reality, for no two people experience reality in the exact same way. Underlying this process is the affect. We experience life, drawn to or repulsed by things, people and situations, through the

affect expressed as emotions and feelings. The memory of that which we experience, indeed all that we experience, is registered in the memory mind along with the accompanying emotion(s) of that moment.

For this author, the affect is the manifested essence of the human being, emanating from the soul, and forms part of the ‘karmic baggage’ that a soul carries from one life to the next. Nonetheless, however one considers the affect, whether there are linkages to the soul or not, whether it is the essence of the human being or not, it is, in any event, subjective and timeless, always present at the core in the sacred dimension of one’s being. These are those feelings that continue over time, such as love, joy or suffering. Emotions are a particular expression of the affect and are of a shorter duration. They tend to be more targeted and precise. For example, love can manifest as compassion for someone. Love is constant whereas the feeling of compassion is brought on by the situation. Pathos – affect – feelings are one and the same. They form the affective magma bubbling deep down inside our inner world.

Affect pre-exists consciousness. A baby initially communicates through emotions, e.g., crying for mother’s attention or expressing contentment through smiles and cooing. Then little by little, the baby’s awareness of the world is constructed into consciousness. And so, it is throughout our lives: the affect functions as a catalyser for consciousness, underlying how we perceive the world through our emotionally tinted glasses as well as giving impetus to who we are. Just as individual consciousness is built upon the foundation of one’s soul nature as it interacts and reacts to the human environment, e.g., events, situations and people, so is one’s psychology elaborated from this initial soul nature and its interactions with the environment. Our identity is thus forged, shaped and reshaped through the interchange between reality, perception and affect. Emotions occur first before reflection sets in; embodied feelings occur before thoughts. This is what Dr Chedeau refers to as the *Logos Pathos*, ‘logos’ being the meaning of things, the articulated thought, and Pathos the affect, what one feels. In essence, it is feeling that gives form to the discourse and the way one experiences life. Truly, the essence of one’s nature manifests through the prism of affect.

Feelings represent messages from the soul to the body/mind and constitute the guiding thread throughout one’s life. The affect orients our existence in the world. Everything we do and say is based on affect, whether we are conscious of this or not. We think based on what we feel and not the opposite. A thought is the expression of an affect. We are attracted to that which reflects happiness in our being and steer clear as much as possible from situations, events and people that engender ire and other unpleasant feelings within us. Affect underlies choices we make in life, such as the choice of dress to wear, which man or woman to marry, where to live and which profession to take up. Furthermore, these feelings that guide our choices are projected onto others. This is the basis for transference and counter transference, projecting on to others what we feel inside.

Rationality and intellectualism prevailing in modern Western society go against the grain of the affect. As a result, there is a general tendency for people to subscribe to the superiority of the intellect and often thus disconnect from their emotions. Typically, these are people who are not comfortable being in touch with their emotions. They are averse to ‘feelings’. And if at some point in time, they experience painful emotions, they are then more wont to seek refuge in the intellect which gives them a sense of control. Emotions, on the other hand, are difficult to control. However, trying to suppress an affect that causes discomfort will not cause it to disappear. Individuals who suppress what they feel become cut-off from the deep part of their being, in essence their soul. As such, the meaning of what life is all about becomes lost in the overriding rational intellect. The rational, analytical mind is a force to be reckoned as it often subjugates the affect and this has become the bane of modern society. People with

forceful intellects overriding the affect tend to develop somatic illness or an addiction, *inter alia*, to alcohol, drugs, food, gambling, the internet or even sex. For this student, an addiction is none other than an unbalanced affect. The healing process involves allowing feelings to come forth by letting go of the intellect hold. Healing occurs when the soul sensitivity and intellectual consciousness are integrated and brought into balance. With children, the opposite is true. Children are much more in touch with the affect and their emotions than adults, although at times, they need help in making sense of their emotions, particular when an emotional overload occurs. When children start school, the overriding connection to the affect gradually wanes as the rational intellect is constructed and fortified. However, in old age, when consciousness structures start to disintegrate, what is left is the affect.

At the other end of the spectrum are individuals who are hypersensitive and overwhelmed with emotion. They tend to develop psychiatric illness rather than somatic ones. For example, a depressed person ill remembers the past which receives too much of his focus. There is an overload of negative thoughts brought on by remembering past events and situations that are hurtful. To become well, this type of person needs to focus more on the future with a firmer stance in the present. On the other hand, a high-anxiety person projects too much into the future, constantly anticipating and building up oft imaginary fears or problems. This type of person needs to remember how past events occurred with successful outcomes and to learn to focus more on the present. And someone suffering from anxiety-depression syndrome needs to learn to focus, as well, on the present moment.

We are captive of our emotions, what we feel, the uplifting as well as the depressing. Let us examine a few of them. One could say that Love is the invisible force of human life for it gives impetus to the continuation of the species. It is the catalyst for creating links with others and influences choices that determine, for example, the people and objects one attracts into one's life, the places one lives and the profession one chooses. Happiness is another emotion of importance. Many people focus on finding happiness and being happy, interacting and reacting as such to what life offers. Here it is important to note that happiness cannot be actively sought as an outcome for it manifests when mind and soul are in harmony. This is no mean feat. It entails the willingness to get in touch with the most inner part of self and accept who we truly are which then can lead to changes in one's life, e.g., switching careers mid-life to something more aligned with one's essence instead of continuing on as a lawyer to please the parents. Fear, particularly of death, is another prevalent emotion greatly influencing how people live, even though many do not realize they have a non-conscious fear. It gives meaning to one's life by invisibly guiding which of myriad choices to select on how to live. For example, one may choose to be constantly busy. It is a challenge to sit still and reflect, to connect to the soul, the most intimate part of one's being and thus the affect. Therefore, by occupying themselves incessantly is a means for such individuals, subconsciously, to avoid feeling fear. Anxiety is another emotion surfacing frequently in individuals in therapy. Anxiety differs from fear in that fear is of something, whereas anxiety is without an object. Dr Chedeau perceives anxiety as the underlying driving force of human existence, underwriting the uncertainty of our choices and how we situate ourselves spatially as well as within relationships. His view is Heideggerian in essence for Heidegger considered anxiety to be the primitive affect that opens one up to the world. The first aspect of Dasein, therefore, is to be affected. Thus, Heidegger envisaged that the affect provides the foundation for all understanding of what activates and sets in motion one's interactions with the world, people as well as things. Fear and anxiety lead to suffering and suffering leads us to seek a means to a state of non-suffering. Pathos, in the end, is what sets us in motion towards life and living. This, in a nutshell, is the hypnopraxic basis for focusing on the affect or emotion, e.g., fear, during therapeutic work. As such, with time and understanding, fear is transformed into, e.g., love,

happiness, compassion or forgiveness, this being the transcendent act. It could be said that life is a continuum of waxing and waning instances of suffering and non-suffering.

Extreme life situations such as losing a loved one, a divorce, financial problems, a debilitating or life-threatening illness, give cause for self-reflection. When our emotions are churned wildly by such an event, it is important to set aside time for quiet reflection, to connect to our inner being and to re-evaluate our lives, what is working for us and what is not, and to bring about necessary changes. It is also an opportunity to forgive others and ourselves. One must take time to assimilate the emotional charge brought on by such life changing events and to become aware through self-reflection. Healing occurs when our feelings are rebalanced and integrated. We begin to feel better. We feel lighter as if a heavy, invisible, weight has lifted from our shoulders. We begin to see once again the joy in living and tend to radiate more inner peace, happiness and contentment than before.

Just as affect and emotions underlie how we interact with life, so are our memories permeated by affect and emotions. Memories are laid down through filtered perceptions, constructed and forged by life experiences within the mould of personality, along with attending affect or emotion. Remembering the past conjures up not only images but also the relevant emotion accompanying the vicariously relived experience. For the author, seeing a frozen creek brings back heart-warming childhood memories of winter moments shared with mother and brother gleefully slipping and sliding on the frozen creek out back.

The resurfacing of an emotional memory can be triggered by experiencing a similar event or by a simple thought related to the original event. This is fine when the attending affect or emotion, such as love and happiness, are nourishing to the being. However, when the accompany affect or emotion takes a belittling, unpleasant form, such as fear, anger, anxiety or hate, the human tendency is to 'bury' the memory of the experience in order to avoid re-feeling the unpleasant emotion each time a similar difficult or unpleasant situation presents itself. It is a form of self-preservation. But in doing so, the person cuts himself off from his emotions and feelings. Disassociation occurs. These buried emotions become frozen in time. With the passing of the years, these can fester, leading to a generalized uneasiness and an unhappiness that is challenging to pinpoint. This in turn can affect one's behaviour towards oneself and others, and manifest as an inappropriate behaviour for the present context. It can hinder one's ability to enjoy life, and possibly lead to depression or extreme unhappiness, or physically manifest as an illness.

The hypnopraxic art is to provide the patient with a non-judgmental safe haven in which an emotion surfaces during the hypnotic session allowing the patient to re-experience the past event coupled with unpleasant emotions as registered in memory. The therapeutic work thus taps into the emotion that accompanies a particular memory. However, memory is subjective and selective. What is recalled during the session will include things that were true, exclude things that happened and include aspects that were added to the memory but that did not actually occur. It is of no significance that the memory does not recall exactly the events as they actually transpired. What is important during therapy is *how* the patient experienced the past event. Thus, the patient, via his memory, connects to his inner being, coming into touch with core affect. The emotional side of his being is brought to light. However, re-experiencing the past event occurs in the present through the eyes and understanding of an older self which, in the meantime, has accumulated other life experiences and therefore is more able to bring a different understanding to the past experience. As one's perspective shifts with time and maturity, so can the original emotion underlying the uneasiness. The original memory is not transformed but rather the attending emotion is. In the end, catharsis is achieved, notwithstanding the frequent shedding of tears. The patient is active throughout the process.

The most important thing during a therapeutic session is for the patient to connect at the deep level of pathos. The affect, from the Hypnopraxic perspective, is none other than the driving force behind one's intentionality and therefore the basis of one's consciousness. So, in therapy, what is addressed is the affect related to an event experienced by the patient, the feelings attached to that event that resurface in the present, and not the event itself. For reality is perceived by the individual, filtered through his praxies and intentionality under the influence of the affective magna. One sees the world as one becomes conscious of it but with a consciousness that is constructed through one's interactions with the world. No two people perceive a person, an event or a situation in the exact same way. Our feelings are what orient our conscious mind. Thus, our affectivity orients our choices in life and our life in general. Positive affect orients us differently towards life in general than does negative affect.

During therapy, one should take into consideration the quality of the affect. The therapeutic objective is to help the patient become more integrated, body, mind and soul, through a maturation of the affect. Reality itself is not changed but rather the way one perceives the past event or situation. In Hypnopraxie, the therapeutic work is not directed at one's consciousness. However, the changes in the affect taking place in the depth of one's being, where the soul connection is, are likely to have bearing on one's consciousness. Hypnopraxie thus could be considered as an interactive therapy between Soul and Consciousness.

The notion of *letting go* is important in therapeutic work. It is not a question of being relaxed, or a modified state of consciousness. It is a question of letting go of the ego-hold on consciousness in order to dive deep within to transform outdated ways of perceiving past situations and the connecting emotions which create problems in our present lives when similar situations arise. More prosaically, how one perceives one's parents changes with time and maturation. If an earlier unhappy relationship with one parent led to difficult relationships later in life, then therapy can help the person shift how he or she feels toward that parent and, consequently, the attending emotion to that memory transforms. And, as such, a foundation for future, more wholesome, relationships, even with the parent, is laid. Changing something in ourselves leads to changes in our relational environment. Being in a hypnotic state is conducive to letting go. Working with the emotions is a slow process that cannot be rushed. The transformation is of the emotion, the intentional constituent of our reality, which then evolves.

During the course of the training programme, the author witnessed a profound hypnopraxic example of how a client comes about transforming emotional baggage transported within her being for many years. One of the students, through various hypnopraxic sessions, often relived in her mind scenes from childhood and youth, and the difficult relationship with parents, particularly the mother. As Hypnopraxie deals with a fused temporality where past, present and future become one at the level of affect, the student, having become a mature woman, wife and mother, started to perceive, initially at an unconscious, emotional level, then later with more conscious awareness, the difficulties her parents underwent and how this coloured the earlier parent-child relationship. So, with a more mature understanding of mother-child relationships as a mother herself, her perceptions started to shift causing a shift in attending emotions. Catharsis came about with a profound release of tears and emotional upheaval, even though the intellect may have yet to grasp what has transpired.

In short, Hypnopraxie is foremost a therapy dealing with the affect and the hypnotic trance creates the environment to readjust the affect, always present but not stagnant. These evolve with time through life experiences and maturation of the individual. The affect is felt in the present moment, the 'here and now'. What is felt, or sensed, needs to be respected and not silenced because to do so goes against the grain of one's essence and could lead to disturb-

ances or worse, illness. When we are in touch with the affect, the body and soul start to become one. What counts is the reorientation of the affect, which reorients consciousness and one's way of seeing life and making choices. Then changes start to happen in one's life and with one's relationship with others and oneself. Healing is thus achieved when the affect is transformed.

Flesh and Embodiment

The Phenomenologist Michel Henry postulated that we experience life through the physical body. Life is lived subjectively through what we feel. Life in essence is affective. The soul incarnates in the body; the affect is embodied. What we feel oscillates between suffering and joy or happiness, the main feelings that influence how we live our lives. Through intentionality underwritten by the affect, our consciousness is orientated towards an object outside. Along these same lines, one of Merleau-Ponty's main premises was that *perception* is an active, not a passive, reception. He considered the physical being, body and mind combined, to be the instinctive foundation of our perceptions of the world around us. It is a sensitive, affective body, the realm of the senses, and not just of flesh, bone and blood matter.

Nourished by Merleau-Ponty's and Michel Henry's thinking, Dr Chedeau posits that what is perceived is not what is there by chance but rather what results from the orientation of our being to the world, to objects (or people or events) through intentional objectives. *I attract that which I am* and what I am is what I feel. We connect to the outside world through our sensitivity which reveals our life history and that which kindles our emotions. Underlying this orientation therefore is the affect registered in the flesh as cellular memory resulting from how we lived past experiences. Thus, the feeling body gives meaning to the space around us, a sort of *affective consciousness* of the flesh before actual (mental) conscious awareness becomes apparent. What draws the body (the human being) in a particular direction is the *intentional movement, driven by an affect*, towards something or someone or some event. Intentionality is not mental but unconsciously incarnated in the body. It is the feeling body, *pathétique* as Dr Chedeau calls it. Thus, through corporal intentionality, we construct our lives. The body influences how we perceive the world and our *praxies*, underlain by the affect, influence how we react, for example, to surprise, to danger, to confrontation. The choice is multiple: flee or be paralysed by fear, or become anxious, aggressive, combative, joyful or loving.

The soul incarnated in the body, unbeknownst to the conscious self, guides us in life. It is as if the soul is the unseen pilot and consciousness the co-pilot of our lives. The soul orients consciousness. This chanel intentionality guides us towards certain individuals, places, and situations that together constitute our reality. There is no such thing as chance. All that happens is the expression of the soul that propels us towards certain types of experiences and turns us away from others. This function of attracting and repelling provides the experiences that, woven together, become the invisible web of life. The embodied soul sensitivity creates our destiny for that which we feel in the flesh influences our decisions. It is the basis for individual authenticity. At times, these experiences are unpleasant but this is, as the author has come to understand, so the human spirit can grow and evolve.

Body consciousness is a primitive consciousness made of feelings and impressions, a primitive place of affect, pain as well as happiness. Deep inside is where we feel; we are touched by something or someone. It is visceral. We sense life through the body. Flesh becomes the reservoir of feelings experienced, registered in every single body cell, for everything we experience leaves traces in the flesh as well as in cerebral memory. Suffering and pain are embodied. The memory of an unpleasant situation manifests physically. The resurfaced anger, frustration or emotional pain temporarily transforms the face. The body becomes tense, the

breathing more agitated. Long-term suffering can leave traces in the flesh that take on a more permanent appearance. Continual pain, emotional or physical, weighs down on the person. The head and shoulders droop. Moving becomes an effort. So, the person avoids moving which means the skeletal muscles become unused and start to atrophy. The physical appearance undergoes changes. Pain is etched on the face, the eyes are darkened and the body becomes a shell. One tends to withdrawal from contact with others. At the other end of the spectrum, joy brings another aspect to the flesh. The face is lit up by a smile. The eyes shine. The mouth turns up and the wrinkles etched on the face are different than those left by suffering. One moves the body with ease. The writer, after a qi gong workout, feels her cells dancing with joy, twinkling like Christmas tree lights. The affect is embodied, as *pathos* of the flesh, and leaves its traces on the body. Events are only the revelation of what we are in the depths of our being. Happiness is not outside but rather inside, as is fear, anxiety, sorrow or any other emotion. And the memory of the incident, possibly occurring in the distant past but resurfacing as a praxie, guides our present and future behaviour, more often than not, subconsciously. The body thus expresses affect before consciousness becomes aware.

Our bodies are different because no two soul states are the same. The body is sculpted by our lived experiences as expressed by the soul. Emotional suffering can lead to physical suffering, pain or other symptoms. The body pathos is none other than embodied soul pathos. Body informs consciousness and the conscious state informs the mood. Consciousness comes from the flesh, the place of registered experiences. Praxie is in the flesh. Flesh is the sum of all the feelings we have experienced our whole life. When affect does not stagnate, there is an evolution towards integration. However, when emotions become blocked, therapeutic work focuses on unblocking these emotions.

Our body is our own as we experience it. It manifests the many possibilities of how we act in and react to the world. It is a subjective experience: our own subjectivity. Through apperception, we recognize the Other's subjectivity, what the Other is experiencing. This is the basis for empathy and the phenomenological understanding of inter-subjectivity. Human beings have non-learned knowledge, including this ability to perceive what another human being is feeling. Even a baby is able to feel what his mother feels. The ability to feel is the fundamental structure of the human being (according to Dr Chedeau). Symbolism with language comes later. The sensitive, living flesh is the foundation. The flesh is the place where we experience life. Even so, many patients and therapists create a therapeutic relationship based on mental representations. Hypnopraxie however does not, with its focus on the affect and observing the physical manifestation of the affect.

And so it is that the embodied soul state produces attraction and repulsion unbeknownst to the conscious mind. Through intentionality, we are drawn to an object or will turn away from the object. Life becomes of our own making and is revealed by synchronicity, this movement of attraction and repulsion. Soul state as manifested through corporeity creates an unconscious tendency to attract or to push away/repel things, people and perhaps situations. Consciousness is linked to language (words) whereas the soul is linked to the state of being and what one experiences in the present moment. The flesh is animated by the soul state and the affect exhibited in the present moment.

When a person connects to his/her inner wellspring - the intimate, authentic, sensitive Self - what manifests on the Face and Body are true, unadulterated feelings as the embodiment of what is felt. The true reality within is revealed because one cannot lie to oneself. What is felt, or sensed, needs to be respected. One should not try to silence the messages emanating from the body for this goes against the grain of one's essence and could lead to a disturbance, an unbalanced state or worse, i.e., illness, in the body-mind entity,

During a therapeutic session, it is important to observe the patient as his physical being expresses the affect emanating from the soul. For the patient's face and body, writ with affect, divulge the feelings within, sometimes going from a smile to a frown to laughing facial expression. Is the body stiff or without expression? Deep abdominal breathing indicates that the person is in contact with the deeper part of his being. Short breathing on the contrary indicates that the person has remained in the cognitive, rational mind. The defensive self will have difficulties in letting go in order to enter into a hypnotic-trance state. This will manifest as a tense body, tense breathing, or speaking in third person rather than 'I'. The mood of the person is the state of the person's being at that given moment in time as experienced in the NOW, what the patient is reliving in the body-mind at the precise moment when recalling a past situation.

Hypnopraxie, with its underlying belief that human beings are not consciousness alone but also a physical body, is a global, psycho-somatic approach. The body reflects messages from the soul, what the person is feeling, which orients consciousness. It is a pre-conscious process guided by the affect. This invisible sensitivity manifests through the choices we make and the actions we take. The therapeutic aim is to go from an overwhelming state of negative emotion, particularly fear or anger, to a state of multifaceted unconditional love, e.g., compassion, joy or respect. We become better integrated and balanced within ourselves as we go through life, evolving a stronger connection to the inner being and advancing to more evolved state of being. For when there is a link between soul and consciousness, consciousness expands.

Language

Language and how it is used are important in Hypnopraxie. There is the language of the patient and the language of the therapist. In fact, language has various functions, various ways through which expression is conveyed. One is the cognitive function which gives meaning, facilitates understanding, and gives rise to mental representation in the field of consciousness. Language has an aesthetic function, bringing the beautiful into awareness as, for example, in poetry or a beautiful descriptive passage in a novel. There is the function of tonality, the musicality of language, giving rhythm, for example, to poetry. Language's phatic function creates links and contact between people. It provides an expressive conduit for the affect and emotions. It has a conative function appearing as instinct, a drive, a wish or craving, etc. which fosters activity. Its temporal function relates the passage of time. And language can be silent, those moments of silence when the non-verbal communication transmits a message. Many of these aspects of language appear or are harnessed in Hypnopraxie.

By definition, language provides the means for intercourse, the sharing of thoughts and feelings between individuals, and for the interaction between the speaker and the listener. Through individual choice of words guided by praxies and subconscious-based intentional movement, we convey our ideas, thoughts and emotions. Depending on the choice of words reflecting our inner world and who we are at the core, we create either a bond or a separation gap with the Other. That is the phatic aspect of language. According to Levinas, we cannot truly feel and understand who we are without the relationship with the Other. Further, we become *who we are* through the links established with the Other. We experience our emotions, the love as well as sorrow and anger, through others. Language is thus both a means of communication and a means for bringing people together or keeping them apart.

Consciousness is an ensemble of acts, without which one could not be present in the world. These include acts such as to perceive, to know, to imagine, to sense, to remember, to antici-

pate, to think or to feel. It is *intentionality* that determines which act shall be mobilized. For example, one can imagine, remember, think about or touch a tree. The conscious act (imagine, remember, think or touch) precedes the *contents* in consciousness. These acts have a universal character (everyone thinks, everyone perceives) whereas contents are personal. So, consciousness then could be thought of as the structural functioning of successive acts. We become conscious of something by, for example, thinking, feeling or understanding. The action is linked to a verb. This verb/action gives rise to a content, that is the reaction one has to a particular verb, underwritten by one's intentional aim and object. A highly personal affair, no two persons will respond to the same verb in the same way. To continue with the example of *thinking* (structure) about a tree, one person may *think* about the big maple tree in her grandmother's back garden while another person may *think* about the oak tree felled by the last storm. This is the individualized *content* generated by the universal act of thinking. Language thus depicts people's lives. Through verbs, we access our own subjectivity, our way of aiming at and perceiving life and the others. The verb provides the structure and the person fills that structure with contents based on previously lived experiences filtered by intentionality and praxie, this highly personal way of focusing on the varying aspects that life presents to each of us. It is through these successive acts that we experience life and the world.

Language thus has a *universal structural* aspect represented by *verbs* and a personal aspect that is the *content* manifesting within the universal structure. In Hypnopraxie, the therapist is interested in the language structures giving rise to the *content* of the patient. What emerges during the patient's narrative reflects scenarios in his life. They are the global aspects of his life, for life is a continuation, a blending of past, present and future. The patient's choice of words gives rise to something from within. Each time the patient uses a verb he orients his consciousness, and the structures and content indicate the patient's intentionality. It is a window to the affective magma bubbling deep inside. The subjective aspect of language choice and usage unveils how we connect to life, to others and to ourselves, how we situate ourselves within the wider world, and how we conceptualize the world. The therapist needs to be attentive to the patient's discourse to hear these acts of consciousness, in order to observe the structures and content, and the elements that could be a link with various aspects of his life. Slips of the tongue are important to capture as well for they intimate what is hidden: the manifestation of the affect trying to surface.

When we speak, we say things that we are aware of as well as things that we are not aware of. There will also be things left unsaid. And so, it is for the patient and his narrative which is the recounting of a pleasant memory. What causes that particular memory to surface in the patient's mind is *intentionality*, that is, how things appear in his field of consciousness and what he does with it. This is communicated through language. Through careful listening, the therapist takes note of several aspects of the patient's discourse for these will become the tools used during the hypnotic session. One aspect is the patient's use of verbs, the universal structures, which the therapist will, in turn, feed back to the hypnotized patient to move the patient to work on the content which is unique to that person. Another aspect are the non-specific words such as *that, this, things, those* and the non-specific phrases such as 'I was looking for', 'to do (something) is difficult for me', or, 'I'm not made out for that' because these link to the unconsciousness and the affect. It is vital to hear these non-specific words and phrases, and to perceive what is hidden by them for these hidden aspects link to the patient's praxies, that is, his way of functioning and experiencing a given situation in life. The therapist thus must learn to intuit things that are not conscious in the patient and to discern the scenarios or things that are repeated. Of importance as well is to detect items that are timeless in the patient's life, usually reflected by non-specific phrases, that is, an underlying praxie that existed in the past, exists in the present and will continue to exist until transformed through awareness and maturation.

Each instant is an instant of choice, for the therapist as well as for the patient, that will influence the therapeutic process. For the patient, it is the choice of which memory to narrate, the choice of letting go, and the choice of how to receive the therapist's words. For the therapist, there is the choice of which words and vocal nuances to use to set the therapeutic scene, and the speed of vocal delivery that will confer the time needed for the patient to make contact with his affective basis in the depth of his being and the feelings therein, apparent and non-apparent. The patient's act of getting in touch with the deep self is dependent, to some extent, on the therapist's attitude and language usage, including the tonal aspect. It requires the utmost presence of the therapist who speaks softly, close to the ear, as if he were whispering in the ear. This is influenced by one's way of breathing, e.g., slow calm breathing engenders a soft, calm voice. The therapist's state of mind also influences voice quality. So it is vital that the therapist be composed and calm before speaking to the hypnotized patient in order to produce the desired voice quality that gives support to the session. Additionally, the therapist must learn not to project his own emotions, e.g., anxiety, on to the patient. In short, the therapist seeks the best for the patient and not for himself, which demands working on being generous and non-egocentric during the therapeutic session. His choice of words and delivery are vital.

Consciousness is informed by words. To speak is to orientate one's own consciousness as well as that of the other. The therapist thus, by his attitude, his discourse and his words, guides the patient's consciousness. A Hypnopraxic therapist, well-intentioned *de rigueur* for he speaks for the Other, becomes mindful of his own language usage, learning to speak in a manner that will mobilize the patient at the level of the inner being and engage the patient's subconsciousness to act. This is achieved by the use of open-ended discourse incorporating the verbs appearing in the patient's narrative and avoiding words that are too precise and restrictive. The therapist speaks in generalities, using words that are congruent to the patient's situation, both the patient's narrative and what the hypnotized patient experiences moment to moment. So instead of naming an object or situation, the therapist will resort to non-descript words such as 'this', 'that', 'things', 'that's it', 'see things', 'hear things' etc., that are not restrictive. Hence the patient's inner being will be mobilized through intentionality and praxies, the driving forces of the way the individual relates to life. Such an approach compels us, the therapist, to take note of how we engage with the other and how we say things, not only in a therapeutic environment but in general as well.

There is no need for the therapist to talk continually. Moments of silence are needed and much desired. For it is during moments of silence that things happen. This is when the patient's gaze turns inwards for self-reflection, when the individual comes into contact with the inner being and the messages surge up from within. These moments of self-reflection allow the patient to explore and to discover how one functions. When consciousness becomes aware, it is carried out by acts, that is, to become conscious of something is to engage in an act, e.g., think, feel, understand or imagine. The act/verb engenders an act in the Other, the interlocutor, who then fills in a content. This content, in alluding to intentional objects and movement, slowly brings awareness of one's praxies, one's way of being attracted to and attracted by aspects of life, how these are perceived and the emotions thereby engendered. Moments of silence facilitate this awareness building process. On the other hand, if the therapist talks incessantly, then the patient's analytical mind is activated to receive and comprehend the communication and the channel to the inner being shuts down. The cognitive function of language impedes accessing the subconsciousness and connecting to the realm within.

In Hypnopraxie, the focus thus is on the verbs, in addition to non-specific words and phrases, used by the patient and not the meaning of the words (the content). There are various types of

structures, such as perception with verbs like *see, taste, touch, feel, discern* or *foresee*. Another is visual with words like *imagine, detect* or *see*. Another is auditory with words like *listen, hear, perceive* or *discern the sound*. There is the kinesiologic structure with verbs like *explore, feel, touch* or *do*. The olfactory structure includes verbs like *inhale, breathing, smell* or *sniff*. The mental acts structure includes verbs such as *think, imagine, say, talk, understand appreciate, know, discover* or *recognize*. The more the therapist goes from one category to the other, the more one works on the integration of the person, for behind each act is an intentionality unveiling the rapport that person has with the world.

During a hypnopraxic session, the patient indicates the meaning he gives to the words spoken by the therapist. Therefore, it is important to evoke the patient's own structures and not those of the therapist. The therapist brings about and facilitates this experience but does not direct, manipulate or dictate. Phenomenological psychotherapy is about listening to the person describe his or her subconscious aims, the praxies, by discerning through the patient's choice of verbs and non-specific words and phrases. As such, the therapist attempts to create and keep a connection with the patient: the phatic aspect of language. In the end, what is important is not what the therapist says but what the patient does with what the therapist says.

The Affect manifests through the body in the present moment and the therapist supports its manifestation by being attentive to the patient. This includes the observation of the silent, non-verbal language. Thus, the quality of the presence of the therapist is vital at each instant while accompanying the patient to capture the least fleeting expression crossing the patient's face as well as the patient's overall body language and breathing patterns. A reading of these signs guides the therapist on how long to be silent so the patient can get and stay in touch with his inner being. Being mindful of words used since these orientate the patient's consciousness, the therapist uses words that will enhance the patient's inner experience. Words that encourage the connection to the deep Self such as 'feel', 'be in touch with that', 'it's good to be in contact with that', 'it's good to feel that', as opposed to, e.g., 'you know' which is intellectual, help the patient to stay in touch with emotions and feelings. Accentuating certain words and seeking congruence with the patient's narrative and the moment-to-moment physical expressions by speaking in generalisations and using non-specific words and phrases help the patient become absorbed in inner exploration. There are intense moments and other moments that are less intense during the session. It is therefore important to reinforce the moments of expressed emotion, the intense moments, with phrases such as 'that's good', 'that's it' and leave adequate space between words. Verbs are used mainly in the present tense since the affect, always with links to a past event, is manifested in the present moment. The therapist speaks when the patient exhales. Allocentric, the therapist talks for the other and not for himself, exercising generosity by saying what the other needs to hear and not what he the therapist wants to say.

We connect to the other through verbal and non-verbal communication not only in therapeutic encounters but also in all situations. These links are set in place from the first contact with the patient, in the introduction to the session with routine instructions as well as the initial words used for relaxation. Hypnopraxie makes use of language subtleties, particularly, simple, clear, indirect suggestions, so famously employed by Milton Erickson during hypnotherapy sessions. These not only put the patient at ease but also empower him to become active in his own therapeutic process. To this end, the therapist uses phrases such as 'When you are ready to start, you can close your eyes.', 'You are sitting comfortably in the chair and you're going to relax and find a solution to your problem.', 'You are breathing comfortably and a pleasant memory comes into your mind.', 'You remember a moment in your life and you understand it differently.', 'You can make your way in your own fashion, at your own pace.', 'There are things you could change.', 'You can see or think again about things that you don't

like to talk about.’, ‘There are surely things that you like.’, ‘Don’t think about a solution. Things will surely improve this week-end.’, ‘As soon as your subconscious has reached the source of your problem, it will find a solution.’ Such phraseology, exhibiting the conative function of language, gives the patient the sense of being in charge and encourages him to participate actively. The therapist also makes use of temporality with phrases such as ‘You can be here and elsewhere at the same time’, drawing on the temporal language function. Phraseology thus tends to focus on things that are evident as a means to orient the patient’s mind.

Hypnopraxie the name itself relates to the *affect* through the term *praxie*. In essence it is a hypnotic approach that focuses on connecting to the affect and emotions. The point is to kindle the patient’s awareness of the affect hidden deep down and to help the patient reconnect to the emotions accompanying the story based on a memory. The patient knows his own story better than the therapist. The therapist is there to help the patient to recall his own story, to dive into it, and, ultimately, to change his attitude on how he perceives the past situation. This is achieved through language usage and its various functions. That is the therapist’s real task.

The Other, Me and Otherness

Inherent in each of us is the ability to connect to others. This is the basis of our humanness for we are social beings. There is reciprocity in these connections. Who we become is shaped by the bonds we have with the Other. As well, I am constructing myself at the same time that the Other is constructing himself. We are both evolving, constantly evolving, for the only constant in life is change, change within ourselves and change within our environments. We evolve through our emotions, what we feel for the Other. This is true for all relationships, including the therapeutic relationship between Patient and Therapist. From one instant to the other, there is an opening and a revealing. With time, all becomes revealed. Moreover, time is represented by the Other, for his continual presence helps us to access our inner being by which hidden aspects, the pleasant as well as unpleasant, come to light. It is through the interactions with Other over a time span that we change and transcend who we were.

Consider the young, inexperienced first-time mother as she interacts with her new born. In needing mother’s attention, the new born draws on hidden abilities inside the young mother, bringing to light aspects of the young woman, hitherto unknown to herself, in order to attend to the infant’s needs. The more the young mother interacts with her baby, the more she gains confidence in her abilities to mother and blossoms into a loving, reassuring mother. The young infant discovers that when he is hungry, or has become soiled, someone is there to attend to his needs and to help him feel better. He finds reassurance that he will be taken care of. And so, the mother-infant relationship grows through the love bond that strengthens with each interaction. Our lives and our Selves are constructed via the links we put in place with the Other.

We connect to the Other through our intentionality and intentional movement which are a reflection of the deep self. We learn about the Other, we come to know the Other via our own way of comprehending the world. All is revealed through our intentionality and praxies and the Other’s intentionality and praxies. No two people will view the same person in the same way, nor will they feel the same things. It is our subjectivity that comes into play, based on our previous life experiences and the emotions thereby generated. Life is essentially affective, constructed out of the emotional links that we establish with ourselves and with Others.

Love is the ultimate emotional goal for all human beings, universal love, this unconditional love, the 'love thy neighbour' of the Christian texts.

The presence of the Other creates the opportunity for us to come in contact with our inner being, the most intimate part - the sacred part, the divine dimension - to discover that which is hidden inside. These hidden aspects eventually become revealed and brought to light. As such, we experience transcendence. Without the links to Others, transcendence is not possible. Often contacts with Other, (e.g., our child, a friend, a spouse or a patient) can disturb our psychological entrenchment and disrupt our comfort zone. In doing so, this forces me to go beyond myself, my comfort zone, to evolve beyond that which I am at present time, and to transcend. We evolve through the revelation of our capacities and our possibilities to move forward and progress, just like the young mother with her new born.

No matter how hard we try to fathom the Other, we can never completely know this Other. The Other is forever Other. Part of him will always be inaccessible. Since we cannot truly know all aspects of Other because the Other is infinitely Other, this opens us up to the infinite dimension of Other as well as within ourselves.

One's way of connecting to the Other reflects one's way of experiencing life. For example, we want the Other to be and to act in such a manner in order to be happy. As if happiness comes from the outside. In reality happiness comes from the inside. It depends rather on our praxies, our ways of connecting and interacting with ourselves and with others. Conditional love, *I will love you if you do as I want*, is controlled love. *I will not love you if you don't do as I say, if you don't conform to what I want*. This type of attitude often leads to frustration and suffering. I suffer because of my own expectations. It is not Other that causes the suffering but one's own praxie, one's way of connecting to Other that brings on the suffering.

The connection to Other is via the affect and the emotions, whether suffering as described in the previous paragraph or happiness. And it is the affect (manifesting via the praxie) that will draw me to the Other. It is through the affect that the Other takes form inside of me. The Other, even if he is not present, I feel him, he is active inside of me. His memory causes certain feelings to manifest. The thought of my dearest brings a smile to my face and a tingling sense of well-being and happiness.

In the hypnopraxic encounter, the therapeutic connection is a link based on the affect. Because we are touched by something (or someone), in the sense of being hurt, that we put in place defence mechanisms. As well, it is because we are touched by something (or someone), in the sense of being given support, that we will lower our defence mechanisms. The encounter is established through the affective link, the patient feeling supported by the therapist as he comes in touch with his own life story. The affect is the centre of this link and the connection with other is always based on the affect manifesting as emotions and feelings. This is truly the essence of being human. We exist through our links with the Other. It is these links with Other that help us to become who we are, to transcend and evolve from who we were, and to get in touch with all our possibilities of who we can become.

There are varying types of links that one establishes with Other. These could be socio-personal or with animals or in a professional environment with colleagues and clients. Mapped out, this would constitute one's affective constellation. It is important for the patient to map out affective links as it gives insight to how the person lives and how he thinks of himself as we tend to describe ourselves with spoken or unspoken reference to the Other. All links should be included, the important ones, including the problematic ones. By knowing the patient's important links, including those that have been cut, twisted, or garbled, helps the

therapist to guide the patient on his inner journey to healing. It is through a socially-woven web that the individual is constructed and that one's possibilities are revealed.

The therapeutic work involves our intentionality and praxies, how we connect and interact with the Other. It is an approach that transcends time as the patient connects to a past situation through the eyes of his present self, for example, maybe 30 years later, with scope for future evolution. The therapeutic objective is to help the patient come in touch with the various possibilities of seeing and understanding a (past) situation, particularly those involving others. Usually the vision one has of a situation is a targeted view. To heal involves opening up this vision to see other ways of understanding, in short, to broaden one's perspective of a given situation. The therapist's work is to help the patient access these other ways of seeing, thereby discerning new possibilities of understanding a given situation as well as understanding oneself.

The Hypnopraxic approach is allocentric versus egocentric with its focus on the patient. The therapist stays in the flow of the moment through the use of *époché*. Priority is given to listening to what the patient says and observing the body language. This is far more important than note taking. For the patient's expressed embodiment informs the therapist of what the patient is experiencing. Truth is not found in mental representations but in feelings and the way one experiences those feelings. The approach is humanistic with its engrained respect for the patient, for the Other.

By seeing the embodiment of what the Other feels deep down inside opens one up to a wider world outside of Self. This provides the opportunity to evaluate oneself and the importance one places on the link with the Other. It is the patient's expressed embodiment that informs the therapist of what the patient is experiencing, just as in any other (non-therapeutic) relationship with Other. Truth is found not in mental representations but in feelings and the way one experiences those feelings relating to Other, even if the Other is not present. Physical proximity is not required since the relationship is nourished as well by feelings engraved in memory.

We cannot truly feel who we are without the relationship with Other. It is through the connection to the Other that our possibilities of *being* are revealed, sometimes through joy, sometimes through suffering. It is also through our relationship with the Other that we understand what meaning the Other gives to our presence and discourse. But the Other is totally Otherness. Hypnopraxie helps us to overcome the confinement to Self to open up to Other who is different than us but, yet, helps us to evolve.

Defence Mechanisms

Human beings are feeling beings. When feelings are activated, our fragile side becomes apparent. To a certain extent at one time or another, we all have had need to protect this fragile side. Defence mechanisms carry out this task. These are subconscious mechanisms elaborated over time to protect the individual from an overload of anxiety by setting limits to what the individual can tolerate physically, emotionally or psychologically. Beyond these limits, the individual suffers. Defence mechanisms are thus engendered when we suffer too much, when the emotional pain is unbearable, and therefore play a protective role.

There are various types of defence mechanisms. Some are more subtle than others. Manifesting physically or psychologically, they hamper the connection to one's deep self. For example, anorexia is a way of disconnecting from the body and one's feelings. Denial is the refusal to admit to what I feel. Intellectualisation, manifested by, for example, judgements and

rationalization or constant chatter which keeps the mind engaged, creates an invisible wall to one's feelings. Generalization, speaking in the 3rd person rather than saying 'I feel this', etc., disconnects one from feelings as does hyperactivity, being constantly busy, which provides no quiet time to connect to one's inner self. A face without expression as if wearing a mask can also be a defence mechanism for it hides feelings, hindering them from being expressed. Debilitating phobias could also be considered a form of defence mechanism for the person will avoid, physically or emotionally, the thing or situation which forms the root of the phobia. And then there are the defence mechanisms that desensitize the being, such as indulgence in, for example, alcohol or recreational drugs to an addiction level. In both cases, this author perceives such habits as a means of 'self-medication' to dull the pain of living, those feelings and emotions that cause unease.

Some defence mechanisms separate the individual from the Other. This is the individual who subconsciously seeks to keep the other at bay since being in the presence of the other can cause feelings to surface, hurtful feelings. For example, aggressivity pushes the other away as does forcefully expressing an opinion, an ego-based cognitive mechanism which can lead to others taking a distance and thus separating people. Retiring from the world, isolating oneself, creates a duality: 'me against them', 'it's not me, it's the others'. These are a reflection of difficulties in facing up and accepting one's way of seeing and interacting with the world.

In short, there are two ways of generating defence mechanisms. If it is within oneself, that is, between body and soul, the mechanism is somatisation. This person has a tendency to say that they are well but their body does not portray the same message. It may exhibit tension, nervousness or general uneasiness. On the other hand, if the mechanism is between one's consciousness and life, that is, the outside world, then one turns to victimisation. In both cases, the affect is involved and the overarching purpose of the mechanism is to impede connecting to the affect.

Pain has an important affective dimension in group settings as well, e.g, the family. A defence mechanism can thus be elaborated in such an environment, like an unspoken contract between members of a same group, with the protection it affords one of the individuals. For example, the little girl who, when her father wants to leave the mother for another woman, starts having epileptic fits. Or the person who suddenly becomes ill which makes them dependant on the other person who had started to take a distance. In both situations, the person's symptom works towards keeping the group intact.

On a societal level, objectivity in the modern western world is a widely-spread defence mechanism. People hide behind objectivity instead of embracing their feelings or validating intuition.

There are personality quirks and behaviours that give rise to defence mechanisms. One example is egocentrism, an aspect of which is to hold tightly to one's prejudices and preconceptions, the way one thinks and believes without due respect to other people's ways of perceiving. This would create an invisible wall with time and lead to separation and isolation. Another is the inability to let go in order to accept and welcome feelings. This reveals a certain duality, as does the differentiation between what a person feels and how that person sees things. Such duality can lead to suffering, just as would the separation from others. The heart and the mind are not in harmony; the soul and consciousness are not connected. We are not authentic to who we really are deep down inside. On the other hand, for some people, suffering defines their existence and they cannot conceive living without it.

Often daily life reinforces defence mechanisms. This is because through our praxies and intentionality, we place ourselves repeatedly in same or similar situations. If these are situations that make us suffer, defence mechanisms will come to the rescue to keep the pain at bay. For this author, this aspect would constitute an underlying mechanism for addiction, particularly, as engaging in an addiction activates the dopamine system which floods endorphins into the body/mind thereby relieving emotional pain.

Life is a constant evaluation. The affect attracts us to certain experiences, or pushes us away, and evaluates what we experience, manifested as the attending emotion. Some experiences are more pleasant than others. It is however the encounter throughout life with various experiences generating an array of emotions that provides us the opportunity to mature and become more integrated. The more the person becomes integrated within, feeling less duality between soul and consciousness, the more the defence mechanism will diminish. The more one is disassociated, cut off from the soul and the affect, the more one has defence mechanisms. Repressed emotions lead to illness and the pain then becomes incarnated, beyond that of constant worry lines etched on the face.

When defence mechanisms are active, they take up energy to the extent that the person cannot do anything else. They keep the person from getting in touch with the inner self and one's feelings. And if addiction, or a debilitating phobia, is present, the chances of leading a normal life are diminished.

Hypnopraxie, a form of psychotherapy that helps the client get in touch with his inner being in order to modify troublesome behaviours, takes its cue from Milton Erickson's way of working with defence mechanisms. Already during the in-take and initial conversation before hypnosis, an astute therapist will discern defence or resistance mechanisms ensconced in the patient's discourse and body language. The therapist, throughout the session, will continue to observe the patient's defence mechanisms, particularly, the ability to let go and relax. Constant contact is maintained with the patient as the therapist takes note of the patient's usage of non-specific words and phrases, in addition to what is left unsaid and the body language, as these will intimate what is hidden inside, providing subtle clues to the defence mechanism. These will enlighten the therapist to the patient's praxies, how he relates to himself and the world. In helping patients to connect to their feelings, even just through conversation, the therapist respects and works with the patient's defence mechanisms, integrating them into the session. It is important to recognize the patient's ability to advance at his or her own pace given a particular defence mechanism.

In the hypnopraxic setting, the session itself can be diagnostic. Someone who does not easily relax exhibits a defence mechanism. They are not comfortable going deep inside to encounter what is stored there and to talk about it for the emotional memories are too painful or they fear what they may discover. They are resistant, resistant to change. They may be afraid of being controlled by another. Yet, they may seek a therapist while, at the same time, exhibit resistance to the therapy. It is as if the subconscious part of the person wants to be hypnotized but the person has lots of defence mechanisms with the ego-brain staying firmly in control. It is not impossible to work with such patients. But time is needed to gain their trust so that they can eventually relax to allow a deep connection with self. Resistant patients tend to have controlled breathing, or they may literally fall asleep during the session. When working with resistance, it is important from the beginning of the hypnotic session to prepare the person by saying something to the effect 'when you are ready, you can close your eyes and return to the situation that you had talked about...'. As difficult as it may be for resistant patients to relax and connect to the deep self, it is necessary to allow that which has been repressed to

come to the light as a means for the patient to become a more integrated and mature human being.

There are other ways to address patient resistance. For example, when the patient says hypnosis doesn't work for them, avoid using the word *hypnosis* but invite them to relax. Eventually, they will relax into a hypnotic state. Or do a normal session and ask them to verify that everything said by the therapist has a rapport with their life. Or displace the resistance to an object or another person by saying, for example, 'it doesn't work with me but it might work with my colleague'. Or, 'in this armchair, it doesn't work but maybe it will work in that chair over there'. People who resist the therapist's efforts to relax them often are very negative. In that case, tell them, 'you don't need to do what I say'. If the resistant patient says 'I'm suffering, I'm suffering', 'things are bad, things are bad', ask him, 'when things are better will this not be a problem? What will you do when you are not suffering any longer, when things are better?' In any event, the therapist's role is to accompany the patient as he or she awakens to the inner self and gets in touch with the depths of their being. When one feels the emotions, one becomes more integrated. To have the patient talk about his or her parents, spouse or children will generate a lot of feelings. This is good in a therapeutic setting and should be encouraged by the therapist who remains gentle, kind and altruistic throughout the session, allowing the patient to advance at his own pace.

A defence mechanism is the symptom of a problem but not the problem itself and the patient will move past the defence mechanism when he trusts the therapist and feels understood and supported. Therefore, the therapeutic objective is not to make the patient aware of the defence mechanism but rather facilitate the patient's getting in touch with blocked feelings in order to create a shift inside. In reality, there is no resistance on the part of the patient. There are only therapists who resist the patient's resistance. The defence mechanisms will disappear when the person no longer needs it. This will happen when the client has better integrated that which was causing problems in his or her psychological makeup.

Jay Haley, in his book 'Uncommon Therapy, The Psychiatric Techniques of Milton H. Erickson', relates the story of a calf which Erickson's father tried to pull into the barn. The calf stubbornly resisted. When asked by his father to lend a hand and help pull the calf into the barn, young Milton, recognising the calf's unyielding resistance, pulled on the calf's tail as his father pulled on the halter. Being pulled in opposite directions, the calf resisted the weaker of the two forces, giving in to the father's stronger pull and entered the barn. And so it is in a therapeutic setting when working with resistance. The therapist will put in place a second constraint whereby the patient, like the calf, will resist the weaker of the two resistances/constraints and overcome the initial resistance. Then the therapeutic work starts to take place.

Temporality

Time is a mental representation, a convention, measured by the clock. A clock however measures space in the sense that the clock hand moves in space across the clock face. So, it is only the concept of time that is measured. Our experience of time is not measured time. It is that of advancing years and old-age. It is the body that shows the passage of time, with the appearance of wrinkles, white hair and other time-transforming physical changes, inside and out. Time is also felt, e.g., 'I hope to see my children grow up.' Interestingly, human beings find their bearings spatially, e.g., forward, backwards, left, right, but not through time.

Phenomenologists have differing views of temporality, albeit similar to some extent. For Husserl, it is time related to consciousness, that is, phenomena (things) appearing constantly

in consciousness. Consciousness is conscious in the present moment. The past and the future appear only in the present moment. Memories occur in the present moment. Projecting into the future occurs in the present moment. The past, present and future are thus not linear but rather entwined. For Heidegger, it is time related to one's existence, the Temporality of Being and all of its possibilities, which are but a succession of the present moment. It is not linear clock time. Heidegger's temporality is composed of three time-frames. The first is Being ahead of oneself whereby the Dasein is preoccupied by the future and the possible attitudes of being. The second is the Being in a world of worries. Here the individual cannot project into the future without reflecting on his past experiences. And the third time-frame is that of the Being post-worries, that is, Being in the present. According to Heidegger, how we live the present moment is determined by our understanding of our finitude, or in other words, how we perceive death. The emotions we carry within on the subject of death become the driving force of how we choose to live our lives. Thus, we live life in relation to our feelings about death. For Michel Henry, it is time with regards the affect and what one feels. The affect is always there all the time. It is an ecstatic temporality, time wrapped into one with no division between past, present and future. For Levinas, time is in relation to the Other. We need the Other in order to advance and mature. It is the tension between individuals that leads to advancement. The Other opens us up to the infinite in the Other, and humanity's limits and humility. Hypnopraxie draws on all of the above in its understanding of temporality, a temporality of entwined past, present and future reflected by interactions with the Other.

The cognitive mind considers time as linear, flowing from the past to the present and on to the future. Affect however is timeless. An emotion is felt, experienced in the flesh, in the present moment but based on the memory of a past event or situation. Given the underlying premise that things appear constantly in consciousness in the present moment, a memory of the past and a projection into the future both occur in the present. For example, the thought of seeing my beloved next week fills my being with much love. When I relive a moment we spent together 10 years ago, my whole being is inundated with loving feelings. Here the emotion, the loving feeling, is experienced in the present moment through a projection into the future in the first example and through the memory of a past event in the second example. The more difficult emotions are also timeless. This, for example, is the underlying structure for post-traumatic stress, the fear and emotional pain generated in response to a traumatic past experience that comes back to haunt the victim in the present. Such is the timelessness of Pathos. At any given moment, we have a feeling, a reference to a lived experience manifesting in the present which influences how we will anticipate the future.

Hence, when we recall a memory, we enter into the sphere of the affect given that all memories have an accompanying emotion registered with that particular experience. A memory thus is none other than a reconstruction in the present of a past situation and the accompanying affect. These memories of the past can and do influence decisions taken in the present. Do we want to experience the situation as before or change how we shall live that experience? How we relive the past and foresee the future is based on how we feel at the present moment when our thoughts are focused on another time-frame. So, it is my (present) feeling of the future that will form my future and it is the feeling of today that will reconstruct a lived experience now reappearing as a memory.

Projecting possible future outcomes, which will then guide the present decision-making process, influences our future as well as the presently lived moment. The accumulation of new lived experiences will modify how we perceive a previously lived event when we recall the memory at some future point in time. So, we are in touch with the past and the future from our present stance and the three positions of time influence each other. Time thus is global

and connected, flowing not only from the past to the future, but also from the future to the past.

In Hypnopraxie, temporality become a therapeutic tool. The patient is guided to work with the affect as it transcends all aspects of time, this global temporality with past, present and future entwined. With the particular hypnopraxic focus on verbs and the non-specific words such as *that*, *this*, etc., structural linguistic aspects of the speaker (i.e., patient) are revealed. Structures orient the consciousness to a memory of something that happened in the past. The memory carries the accompanying encoded affect. What is felt is in the present, based on the recollection of a past event. The feeling can then mobilize a structure of consciousness filled with (highly individualized) content. As the memory becomes conscious, the connection to the soul brings forth the accompanying affect. The hidden part of our being comes to light. Transformation occurs. We transcend ourselves, going beyond consciousness and our way of functioning to a new way of being. We build our lives through intentionality, the intentional movement towards the object. What is apparent in the here and now, what appears, what manifests, is a reflection of the whole of one's life.

With the focus on structural aspects, the therapist helps the patient work towards integration. In this regard, the therapist will scramble past – present – future to weave a tapestry of the patient's feelings that accompany him throughout his life. 'You can remember (taking him into the past) how you used to imagine your future' (projection into future). 'You can understand something about that.' 'When you were a child, you had aspirations for the future.' 'You can imagine (future) just as later you could remember your life at the moment.' Structure (verbs) influences content. What appears in consciousness is in the present. The content manifests now. How the past event is experienced in the present moment (i.e., recalled and remembered) is in relation to the past and the person's praxies. Thus, the patient's intentionality underlying his praxies flows through time; his feelings traverse time. People with anxiety repeatedly project a disastrous future and people with depression tend to recall unhappy memories. The affect is always present but how it is experienced, what emotion will carry the charge, varies with time. The feelings can intensify or abate. All that is needed is to shift the content (individual perceptions) generated by the structure (verbs) and the underlying affect is transformed.

For if there is one constant in life, it is change. Things are always in a state of flux. And human beings are no exception. Our tastes changes, our circumstances change. How we feel about or perceive things and people can change. And so, it is with our emotions. With time, these evolve as well. The affect is timeless, transcending time as it does, and brings together all moments of time as evinced through feelings and emotions. In hypnopraxie, we work with all aspects of time, but not in a linear fashion, to help the patient transform troubling emotions.

Hypnopraxic therapy provides the support for exiting the confinement within oneself. This stems from the use of language structures that helps the patient to grasp the meaning he or she gives to things, people, or events and the emotional evaluation of this meaning. This intimate encounter with oneself allows for a renewing of the meaning and the evaluation of feelings one has towards that thing, person or event. Then one can start to understand the diversity of possibilities that exist for one's lived experiences (the Past). They can be understood from different angles, leading to a renewal of the meaning and feelings attached thereto. This takes place when a feeling, that is part of the patient's existence, is reactivated through the focus on a memory in order to transform the feeling. It is a therapy of the future, that is, the feeling will be different in the future with regards how it is today. It is going beyond the

original links as they were initially established, a *trans-formation* of meanings that one carries deep inside.

The basis of the therapy is to make things happen by drawing on all states of time, past, present and future, which are activated when focusing on the emotion or a feeling. The patient will go beyond the feelings of his experiences towards something else. This is the transcendent aspect, that is, a re-evaluation of one's feelings *vis à vis* a certain person or situation. So, in a sense, feelings are related to a slice of time. Time is the constant re-evaluation of one's feelings *vis à vis* oneself and the other. This is the advancement, the evolution, the embodied soul makes. Conversely, when we repeat the same things over and over again, time stops, there is no advancement since we keep feeling the same things. Hypnopraxie helps to being about a personal transformation, transforming suffering or unease to a state of improved well-being. The work takes place while the patient is in a relaxed (*transe*) state of suspended time which facilitates the *trans-formation* of how one perceives past events or relationships that will have bearing on future events and relationships.

Epoché, Being in the 'Here and Now'

The Phenomenological tenet of *epoché* has greatly influenced the Hypnopraxic approach. The hypnopraxic therapist strives towards phenomenological reduction, by suspending beliefs systems, judgments, opinions, pre-conceived notions, previous knowledge, etc., relating to the patient in order to observe with an unshackled, freed mind what the patient is experiencing at the present moment. This involves the suspension of one's critical, analytical mind and all judgements in order to concentrate on what is happening from moment to moment, in the present, the *here and now*. It is a new way of capturing what is happening, without drawing upon one's analytical and judgmental faculties, and so to receive the impressions untainted.

The instance of *epoché* allows, as well, the patient to freely experience the moment without subtle restrictions emanating from the therapist. For it is truly the *HERE* and *NOW* where the therapeutic encounter occurs when the patient connects to his/her inner self in a communion with self where forgotten memories can resurface unimpeded, where a buried affect reveals itself as it manifests from a previous life-experience. This involves going beyond objectivism, the objectivization of a patient's past experiences, behaviour, thought patterns and psychological profile in order to see and observe the patient with fresh eyes and let the patient's experience of the present moment reveal itself as a memory of the past resurfaced.

To achieve an instance of *epoché*, or bracketing as it is also called, to put aside all pre-conceived notions, opinions and judgments, is no mean feat. For one, the human mind is trained from infancy to objectivize and categorize. Our world is full of categories and the mind thrives on categorization. This is how we bring order to our lives and our environment. Language is the categorizing tool. We perceive, think and speak in terms of good and bad, big and small, hot and cold, beautiful and ugly, etc. Categorizing, however, is a double-edged sword. Yes, it is the means by which we human beings bring order to our lives. On the other hand, it is also the means by which judgments and opinions are formulated since to categorize requires a judgment call, e.g., *he is a tall man and he is a good manager*, which leads to opinions, e.g. *in my opinion, tall men make better managers*. In formulating judgments and opinions, we incur the risk of closing ourselves off to the fundamental aspect, the universal truth and the underlying meaning of the experience. As well, we may end up slipping down a path of error and misunderstandings.

Bracketing requires a disciplined and conscious effort both by the therapist and the patient to put aside the usual way of perceiving and understanding others to allow the therapeutic *épo-*

ché to be in place. It is carried out in three steps. The first is the suspension of the normal attitude one has. The next is to commune with self, paying particular attention to how one is in that very moment, connected to oneself. And the last step is to be open to the quality of one's feelings in the present moment. The therapist needs to be present in body and mind to observe the patient as well as to listen to intuition and make no references to theories.

In fact, a double *epoché* exists in Hypnopraxie. There is that of the therapist while working with the patient. Then there is the *epoché* of the patient who closes his eyes to the environment around him and the world at large, a reduction of the world so to speak. And like the therapist, the patient as well needs to put in place the total suspension of convictions, judgments, beliefs, conceptions and feelings so that he receives the impressions of the memory as if it were the very first time, before attending emotions and feelings became registered along with that memory. Just as it is possible to lift the cover to see what was already there but has remained hidden and thus invisible until the cover is removed, so it is for an erroneous vision of a relationship with a loved one, a relationship that is concealed by an emotional charge, feelings, preferences, values or expectations. To come back to the matter, to look at it again, is to reveal the meaning that things have for us and how we subjectively relive the experience. With judgments and opinions suspended, the patient has the opportunity to relive in memory the event or situation without attending emotions, to view it with virgin mind and eyes, as if it were the very first time, that split second before the emotion takes form. Husserl's idea of 'returning to things as if it were the very first time' is a leitmotiv that resonates soundly with Dr Chedeau in regards to the client-therapist relationship. It became a guiding principle for Hypnopraxie in that the therapist should continually observe the patient as 'if it were the first time', without judgement, pre-conceived ideas or opinions but observe and view the client with a cleared mind. The same is true for the patient while reviewing previous life experiences that have left hampering or troubling memory residue. It is the possibility of revisiting the situation with fresh eyes that can lead to a transformation of the attending emotion.

Staying in the present moment is a demanding task and difficult to achieve for our mind is easily distracted by some invading thought or insidious judgment. In this regard, meditation, particularly vipassana and zen, has also influenced the Hypnopraxic way. Its legacy is the awareness of the relationship between the state of mind and the state of body, and the difference between presentation (what happens in the present moment) and representation (constructs of the mind). Its emphasis on being in the present moment concerns both therapist and patient as it is the affect manifested in the present moment that is therapeutically addressed. Additionally, in order to meditate, one needs to let go, to have the mind at ease and temporarily relieved of its monkey chatter, those constant thoughts that turn and churn in our minds. This letting go helps the patient to enter the hypnotic state as well as to feel and observe the feelings that manifest in the NOW. Letting go also helps the individual to open up and accept that which he or she is experiencing in the moment, even if it is painful and unpleasant.

To be in the state of *epoché* one has to change one's attitude. A patient has to change how he perceives things, e.g., regarding the relationship with his father or mother. The reason being is that the way he perceives things (in the present) is a carry-over from how he perceived, for example, the relationship with a parent through the eyes of a young child without the life experiences that he has now accumulated. So, when we work with a patient, it is his subjectivity, and not an objective stance, that is brought to light for therapeutic attention.

In short, Hypnopraxie is a therapeutic form that takes place in the immediate instant, in the *here and now*. Therefore, one must be present at every second. Otherwise, one can miss something. As Husserl said: 'Come back to things as if it were the very first time'. This phenomenological attitude is crucial. Suspending all judgement allows a fresh, uncompromising

look at the matter as if for the first time without any preconceived notions and emotional charge. It is to see with an open mind the essence of the matter, of life, of the world. This constantly bracket of everything, to be in a continual state of *époché*, is the basis for Hypnopraxie.

Interactive looping and microdynamic transe

Consciousness orientates our attention. We feel the experience in the flesh and this is what underwrites our existence. Consciousness is drawn to and reacts to people, things and situations through intentionality. At the base of intentionality is affect and the praxie orientating consciousness. A constant interactive loop is formed by the interaction of the praxie with the content it has aroused, which then recycles back to influence the praxie.

Affectivity guides us, orientates us in life and brings us to where we are. We are attracted to that which touches us in the present moment. We go from experiencing one feeling to another, generated by the situations in which we find ourselves. The multifaceted affect manifesting as a more targeted emotion becomes the guiding thread of life, our life. The affective magna gives meaning to our lives, individually and collectively.

A transe (i.e., relaxed) state brings about an expanded state of awareness, one that is not constant, but rather transitory and fluctuating, occurring typically during the alpha and theta brain wave frequencies. Hypnopraxie is a form of transe in that the patient experiences a certain letting go, a liberation from imposed restrictions of the analytical brain, brought upon by the hypnotic state which facilitates the inner journey to explore past experiences and to relive attending emotions. There are times when we do not want to relive these emotions. They become blocked for whatever reason but usually as a protective measure (until we are able to revisit them). We don't want to feel them. We don't want to think about them and they become buried within. The transe state is the passage from the everyday natural consciousness to the threshold leading to that which is hidden from conscious awareness. Indeed, this notion of passage is contained in the etymology of transe, with its roots to the Latin 'transpire', or to 'cross over', going from one state, or level of consciousness, to another. It is in this state of altered consciousness that the individual connects to the inner being, a very deeply hidden part of Self, or the soul as it could also be called. So, in a sense, it is a moment of communion with one's soul. This is when deep-set troublesome emotions are unveiled and revealed as a means to be transformed and integrated in a healthier manner. In doing so, the hypnopraxic transe affords an opportunity for the patient to develop the ability to enhance well-being and increase one's *joie de vivre*. This, with time, is what brings about the therapeutic effect.

During a session while in hypnotic transe, the patient's state of consciousness fluctuates greatly. The level of self-absorption varies along with the state of consciousness and the ability to connect within, overriding the analytical brain hold on consciousness. One cannot rush the patient in this regard. It takes time and the therapist must align himself to the patient's timescale and speed, staying mentally in contact with the patient at every second. Otherwise, the therapist-patient link is weakened, often resulting in difficulty for the patient to become self-absorbed. The therapist uses verbs and non-specific words and phrases to guide the patient in connecting to the inner self. The patient will indicate via embodied affect how he receives and reacts to the therapist's words which in essence are none other than his own words, fed back to him. With a waxing and waning transe state, the micro-dynamics of transe, there are moments when the patient is more absorbed than others. It is during the strong moments of self-absorption that the connection to the affective magna takes place, bringing to light that which is hidden from sight.

The therapist follows the patient as he goes through this loop. At every second, something is happening. This is evidenced by the quality of self-absorption and the embodied emotions that fleetingly traverse the flesh for often the manifestation of the affect is physical, particularly on the face, e.g., a frown, some tension, a tear rolling down the cheek, or outright crying or sobbing. One is mindful of the patient's reactions to what is happening inside. If, during the micro-dynamic phase, the patient loses connection to the inner being, it is important to help the patient re-fix his attention by feeding back his own words (verbs and non-specific phrases) to facilitate the plunge once again deep within. Throughout a session, it behoves the therapist to manifest kindness towards the patient and vitally so during moments of deep connection. Feelings are expressed in the present moment. So, it is essential that the therapist be with the patient in body, mind and spirit when he experiences the affect and reacts to what surfaces from the unconsciousness. In light of the micro-dynamics of the transe state and the interactive looping of the intentionality-praxie mechanism, the therapist will constantly adapt language usage to accompany the patient as a means to encourage, and maintain, the connection to the deep for self-exploration.

Hypnopraxie is thus a therapeutic transe under the guidance and vigilance of an attentive practitioner who exercises *epoché*, the bracketing of all judgments and preconceived notions relating to the patient, while the patient's consciousness is in a continual state of flux between general reality orientation, that is, full consciousness linked to alertness, and the micro-dynamic transe and the interactive looping. It is during the self-absorbed phase, the modified state of consciousness, that the patient taps into the affective magna and revelations occur which can then lead to a modified state of affect. For it is the affect that underlies our orientation to the world and our state of being, whether ill or well.

Integrative

We live with dualities. Modern Western science has separated the body and mind. Thinking is separated from sensing and feeling. The notion of integration is to go beyond this duality, to the integration of body, mind and soul into one seamless entity and to align feelings and thoughts in a more harmonious way.

Hypnopraxie, taking its cue from Phenomenology and its shift from objectivity to subjectivity, focuses on the sphere of sensitivity, the affect. Only the person experiencing the affect knows what it is. This is a highly subjective experience which cannot be quantified in a scientifically objective way. Moreover, taking a scientific perspective during a therapeutic session incurs the risk of rendering the person to a *thing*, devoid of sensitivity, devoid of emotions. In doing so, one ignores the individuality of that person as manifested through his emotional composition. It is this sensitive, emotional basis that constitutes the individual and will determine how that person interacts with others and life experiences in general. The therapeutic process involves getting the patient to connect to a feeling, particularly, a troubling emotion related to a lived experience, and to transform one's perception which will transform the troubling emotion. For it is through a connecting, or reconnecting, to oneself deep down that a human being is able to feel and comprehend others, the world at large and oneself. In Hypnopraxie, one strives to help the patient better integrate the affect, his feelings and emotions. Thus, the approach is *integrative*, connecting the outer being, the analytical, often ego driven, consciousness to one's inner being wherein are housed the emotions, intuition and the soul. As integration takes place, this is when we can evolve towards a more balanced state of being and, better in tune to deep self, advance more harmoniously along our individual life paths.

Spiritual

In traditional societies, healing and spirituality have been and continue to be intricately linked. In the event of an affliction, be it an ill state of being or the result of a deleterious event in one's life, the suffering person would consult a healer. A traditional healer understands afflictions, including unfortunate circumstances, to be something from the invisible world manifesting in that person's life. It is as if a hidden aspect becomes unveiled and is brought to light in the visible world. Ill states of being include what the West defines as a psychiatric illness but the traditional healer will comprehend as an expression of the invisible world. This could be a derangement caused by a lost soul, or by the co-habitation of a soul squatter with a lower energy signature than the originally incarnated soul, or the result of an ill-intended act leaving a sort of undesirable residue on the embodied soul. Such soul disturbances are addressed through transe, as is any affliction. More than likely, the healer will go into transe to make contact with the spirit world to discern what has caused the illness or deleterious event and to invoke healing. Such is the occupation of modern Amazonian or Mongolian shamans carrying on with ancient healing traditions. The shaman may discover that it could be payback time for a past wrong committed by the person suffering. It could involve making amends to another or to oneself, which would entail a shift in perspective. Sometimes, the seeming derangement is none other than highly developed extrasensory perceptions and abilities, e.g., communicating with animals, seeing visions, hearing voices. Modern medicine treats these as a psychiatric illness, while in the traditional society, such individuals are revered healers and shamans. The perception is culturally defined and bound. In any event, healing in the traditional society is linked to the spirit world and, in particular, to the individual's soul.

The soul is the true engine driving existence, the pilot of one's existence, whereas mind-based consciousness is the co-pilot. The soul is the sensitive part of one's being, home of the affect. We live our lives guided by embodied affect, our feelings that draw us towards or away from something or someone, these being the mechanisms that Dr Chedeau has designated *intentionality* and *praxies*. Thus, the soul, via the affect, orientates the mind-based consciousness at every instant. It guides our lives through the affect, e.g., our choice of friends and livelihoods, our preferences for everything. Who we are and who we become is our soul manifesting through embodiment.

The global consciousness of an individual includes the hidden part, i.e., the unconsciousness, and the more apparent mind-based consciousness. The unconsciousness houses symbols, dreams and archetypes, and is the seat of intuition. The other part contains cognitive abilities, such as reasoning and analysis, along with the perceptions of the five senses. The alert conscious state is the visible part of consciousness, the tip of the iceberg that one sees on the water surface. On the other hand, the unconsciousness, which for this student is none other than the soul, is the hidden part of the iceberg. It is expressed through emotions, dreams and intuition, all three of which manifest in the present moment. This is the sensitive, hidden part of one's being, hidden from conscious awareness. To get in touch with one's soul is to penetrate one's secret, sacred space.

The soul knows more than the mind. Its knowledge is not word-based but communicated through intuition, symbols and the affect. Soul functioning is governed by the law of attraction/repulsion and is the basis for the Hypnopraxic tenet of intentionality and praxie functionality. It all depends on our ability to attract, to repulse and to respond to what is out there in the world. For example, one may harbour a feeling of being unloved but without conscious

awareness of what exactly it is. This feeling may stem from an event experienced in the distant past since then forgotten but with the feeling still intact. It may then underlie how we bond with others and the quality of relationships thereby formed. True healing occurs when transformation of this feeling occurs. As well, life events can affect how we feel. For example, we lose a loved one to divorce or death and our optic changes. We may not feel loved anymore since the person who loved us most is no longer there by our side. And this feeling of being unloved will discolour how we view life and interact with others.

The soul thus is the deep self, the most sacred part of our being, the invisible part, the part connected to the universal consciousness and unconsciousness. It is original and unique, as well as dynamic in that it evolves. It is transcendent in that it goes beyond ego and time constraints. The soul has its own memory traces and objectives that are unknown to the mind-based, ego-driven consciousness.

Often our soul and mental consciousness, the mind, are not integrated. They are not in touch with each other and do not function in harmony. To bring the two into harmonious interaction can be a life-long effort and if and when this is achieved, we obtain a greater sense of well-being and fulfilment with what we do and who we are.

From the hypnopraxie perspective, the attraction of the desirable or undesirable is none other than the chain of events unleashed by the mechanism of intentionality and praxies, the basis of attraction and repulsion of things, people and events which have bearing on our lives. There is no such thing as a gratuitous act. Behind each act, each action, is a feeling. Feelings and emotion are the *modi operandi* of our actions, as well as the basis for inhibitions, that is, something that keeps us from taking action. The healing art is to guide the patient to come in contact with the deep self, the soul, to experience the affect manifested as emotions. With time, an awakening can occur if one is able to reach a calm, immobile state, such as that facilitated by hypnosis. At such times, one is in touch with one's soul, the core of one's being, and so with one's spirituality. Hypnopraxie is an approach for getting in touch and working with the soul as opposed to the mind-based consciousness, the working domain of many psychotherapeutic approaches, which in effect blocks the access to the soul, or unconsciousness. Hypnopraxie provides the wherewithal for the patient to get in touch with the invisible part of his or her being and engage in apperception, this act of introspective consciousness, the introspection of our deep self, what we sense deep inside. It is useful as well to develop this capacity as a life-long tool.

Hypnopraxie, in short, is an approach that addresses the sensitive unconsciousness and helps the patient to engage with the soul to unearth hidden, troubling affect. This brings us closer to our essence, our soul dimension, to become more aware of this hidden dimension in order to integrate better our conscious being. This involves putting the ego co-pilot in its place and bringing the sacred part of ourselves more into view. We return to our essence through a stronger connection to our soul. When we get in touch with our soul, we touch upon our spirituality. Hypnopraxie therefore is a spiritual approach. It enhances our ability to become aware of and to understand better our spiritual dimension. When we are in tune with our innermost part, we become more integrated and coherent within ourselves. As Dr Chedeau perceives it, the 20th century was a period of great intellect, the intellectual man who swept feelings aside. Or, in other words, the thinking man has disconnected from the soul. On the other contrary, the 21st century is seeing the return of feelings and the affect, the sensitive man, and a reconnection to the soul as witnessed by the growing popularity of activities such as meditation, yoga, qi gong and taichi, all practices enhancing the greater connection to the inner being.

To some respect, Hypnopraxic thought reflects Buddhism and its philosophical approach to reducing suffering. This involves reducing ignorance which, by that, means reducing the duality within self and between self and the outer world. This is a process of liberation. By aligning ourselves to who we are, by harmonizing consciousness and soul and by bringing coherence to our being, we come in contact with our most sacred part. And thus we liberate ourselves from suffering.

Transcendental and Transformational

Since birth, we are constantly exposed to ways of thinking and behaving, and to opinions, beliefs and knowledge through family upbringing, academic and religious schooling, and from the respective society at large through its cultural charge. During our childhood and youth, we integrate these behavioural patterns, opinions, beliefs and knowledge. We are taught to subscribe to certain ways of acting and thinking, taking the belief systems as gospel truth without questioning the underlying premises. These form our knowledge bank and become our truths. We are trained to think and to perceive the world and others in one way and not another, to behave in certain ways and not others. How we perceive others and the world, however, will shape our future behaviour and influence how we will live our lives. For example, the American work day typically affords a short lunch break allowing enough time to gobble down a sandwich, often while doing something else, 'eating at one's desk' so to speak, or running errands. One eats to stop the hunger pains and carries on with business as quickly as possible. On the other hand, in other parts of the world, for example, in France, the lunch break is often long enough to enjoy a relaxed, table-set warm meal away from the office and often in the company of colleagues, friends or family. In the second scenario, not only is the body nourished during a convivial moment but so is one's spirit through the sharing of a meal and table conversation. In the first scenario, however, most days one lunches alone with time being of the essence because attending to business is of utmost importance. The body is fed but the soul is not. One does not enjoy the company of others and to share an inter-relational moment. In short, in France compared to some other socio-cultural environments, time is set aside to nourish the body and relationships with others, these invisible links that make us human and speak to the soul. Yet both the Frenchman and the American believe that their way is best. This is how they have been trained to think and behave within a socio-cultural context. Both hold their beliefs to be true.

The above is an example of cultural differences coloring the way we lead our daily lives. The following portrays an intra-cultural difference. An astrophysicist, for example, trained in the language of mathematics, will explain the cosmos through mathematical calculations whereas a theologian, trained in the language of theology, will explain life and the cosmos with reference to the divine. They both may be of the same socio-cultural-linguistic background. Yet when they reflect on the wonders of life and the cosmos, using differing professional jargons of the same linguistic source, their understanding of the cosmos and its functionality, including the meaning of life, are not the same. However, they are both adamant about being right. Their beliefs and belief systems they hold as truths. Indeed, both are right, given respective perspectives. And so it is for all of us. Our world is composed of varying and often conflicting belief systems, stemming from different socio-cultural environments that make up the human population. This is the stuff that can lead to conflict, within a given ethnic or national group as well as between ethnic and national groups and sovereign countries. Everyone believes he or she holds the truth, even though the different sets of truth may be at odds. Truth in short is relative, depending on perspective and a culturally-laden mindset.

On a personal level, the holding of truths for which the premises are at odds with the individual's innate way of functioning, their well-being or who that person is deep down inside, can

engender as well internal conflict and uneasiness. Unattended, this may lead to ill-health. Imagine the three-year old witnessing recurring moments of conflict between his parents. There is tension and verbal violence. The parents decide to keep the family intact but the underlying disharmony prevails and the little boy grows up in a household environment full of tension where love does not prevail between the parents, although he himself receives much love from his mother. And so, subconsciously and consciously, a strong connection develops between him and his mother. Subconsciously, he takes issue with his father. This manifests during adolescence as a strong rebellion, primarily against the father, for which neither father nor son understands the underlying mechanism. A whole array of unpleasant emotions sets in, compromising the father-son relationship. Or, the parents, both of whom he adores, may divorce. The little boy is heartbroken by the uprooting of the family home and consequently, being deprived of the daily loving presence of one of his parents. Additionally, one parent, or maybe both, may subject him to a constant negative triad about the other parent in the venting of personal frustrations. The little boy becomes confused and unhappy. He loves both of his parents. His parents' mean-spirited remarks about each other create great sorrow for the little boy. His memory of those moments of tension, perceived through the eyes of an innocent three-year old who had not yet acquired experience in relationship dynamics, particularly intimate relationships, is laid down as a memory trace with unhappy emotions. As he grows older, these emotions, because of their painfulness, become buried deep down inside, away from the growing boy's conscious awareness. Then as he, the young adult, starts to experience intimate relationships, he wonders why the loving feeling sooner or later morphs into other less pleasant emotions. He is ill-prepared to deal in a healthy way with differences of opinion within the couple, or indeed with any relationship, that are a fact of life. Not surprisingly, he starts to feel uneasy about intimate relationships and will end the relationship as soon as tension rears its head. He does not understand why this is so, unaware that there are healthier ways to deal with differences of opinion so that the relationship can evolve instead of disintegrate. The unpleasant emotions laid down in memory when he was three are now haunting his adult life, without his conscious awareness. His praxie is that intimate relationships ultimately lead to tension and unpleasantness. This is his truth. And this is the type of relationship he attracts and reacts to in the dynamic interactive looping of praxie and intentionality, resulting in unhappiness permeating his being.

What is *truth* is derived from a composite of personal originality and the constant dynamics of the interaction between intentionality and praxie and one's environment. So, a personally based *truth* could have a socio-cultural basis or evolve from inter-relational dynamics of a lived experience. But that does not necessarily mean that it is good for us. In other words, a life-style of the 30-minute sandwich break with the emphasis on taking care of business and little time for conviviality and the nurturing of relationships with others could be at odds with who we are at the very core. And so we live with an underlying uneasiness, and maybe anxiety, without understanding why. Or being trained to perceive the world through the objective scientific lens could distance one from the soul, that intimate part of our being. This disconnect, the conscious awareness disconnected from the soul essence, can undermine one's happiness. In any event, whatever impedes attaining a happier state of being, the way to healing is the same. It involves connecting to the soul and creating a more harmonious state between soul and consciousness, which in turn, will influence future choices and bring change to one's life through gradual adjustments that enhance one's well-being. In other words, the approach is one of transcendence, that is, going beyond the confines of the alert, analytical cognitive consciousness, or the residue of a painful memory and its biases to perceive things through another angle.

In Hypnopraxie, the therapeutic objective is to go beyond that which is blocked, the frozen emotion or the staunch intellect overriding the emotional connection, to bring about move-

ment and go beyond one's usual way of perceiving and understanding a lived experience and the attending emotion. It requires a reflexive conversion of the mind in a relaxed, e.g., hypnotic, state of being. The hypnopraxic state allows the deeply hidden, and often forgotten, to rise to conscious awareness. When such unveiling occurs during a state of *époché* with no interference from preconceived notions, opinions or judgments, when the patient is able to undo his habitual way of looking at and understanding his life story, then the patient can relive the experience with a fresh perspective, as if for the very first time. Revisiting a particular painful memory and unveiling the buried, frozen emotion, or overcoming the strong intellectual hold, is not an easy task. It is painful to relive unpleasant moments which often cause debilitating emotions to resurface. When these resurface, it is as if we were experiencing the difficult moment once again. Thus, the grown man, in hypnopraxic therapy, relives in mind and body his parents' quarrels. The memory and attending emotions stored in the young child's mind are revisited by the adult who has, in the meantime, acquired varying life experiences. He may have become a parent with a supportive wife and yet still harbors, unconsciously, resentment towards one or both of his parents. So, revisiting these events within the *époché* framing allows the grown man to revisit past events. The emotions of the three-year old, powerful as they were at the time, become transformed by subsequent life experiences of the grown man. The emotional charge is lessened and the adult starts to see and understand his parents' situation from a different perspective, a more mature perspective. He has new insight. Eventually, he will become more at peace with his parents' story, and may even start to feel some compassion, having come to understand better his parents' challenges at that time and how these affected their relationship. In essence, the hypnopraxic approach provides the wherewithal for the patient to stop the usual thought patterns, the usual way of thinking and perceiving that creates uneasiness in his being and, by extension, in his life, particularly concerning relationships with others, in order to reframe how he perceives a lived experience. The eye of the adult will perceive things differently and so the way of seeing is transformed as is the initial emotion experienced by the three-year old.

It is the rigidity in thought and behavioural patterns that leads to suffering. It behoves each individual to discover one's own truth and find one's own way or path, and not according to parental and/or societal dictates. It is very human to seek within oneself at one time or another, searching and questioning one's ways as a means to increased inner peace which, in essence as this student of life has come to understand, is an enhanced connection to one's soul. This continual surpassing of oneself occurs throughout the lifespan. The transcendental aspect is the ability to go beyond oneself, one's comfort zone, to rebuild self within self. Some people are able to transcend habitual ways of perceiving on their own. The American who having started to grasp that 30-minute lunch breaks alone and continual work have contributed to some extent to his or her unhappiness, thus makes a decision to spend more time savouring a proper lunch-time meal shared with others. Or the highly-trained scientist who, having reached a state of inexplicable existential uneasiness, starts to perceive that something is missing from his life, and that possibly the scientific paradigm no longer provides him with sufficient explications about life. And so, begins a quest for different ways of understanding life, bringing him eventually more in touch with his soul and enhanced inner peace. Not everyone can make the inner voyage alone. Many individuals require the benevolent presence of a therapist. The therapist's task thus is to help the other to transcend habitual ways of thinking, behaving and being, to reformat the underlying troubling structure engrained deep down inside. Transcendence occurs when things change inside at the deepest level in one's essence. To be able to connect to the intimate nature, one must be totally in the present. For it is in the present moment that transformation can take place.

Truth is made, unmade and remade every second that the individual unveils hidden aspects of his inner being, revealing them to himself and transforming his perceptions and understand-

ing. Transcendence occurs as the patient goes beyond his comfort zone in the therapeutic environment, to rebuild a hidden structure within himself and acquire a new awareness of an experience. We cannot change our mind however without changing our feelings because feelings are first, ideas second. Hence the hypnopraxic focus on working with the emotions.

Hypnopraxie activates a spontaneous metanoia by helping the person connect to the inner being, the soul, as a means to reframe emotions first, then perspectives. This is not a choice of our consciousness but rather the inexorable movement of the embodied soul. *Transcendence*, the re-evaluation of one's feelings viz à viz a certain person or situation, leads to *transformation* of these feelings. Transformation of what is felt, how one feels about something or someone, can give impetus to changing one's life so that one has greater inner peace. This is what underlies the transcendent experience leading to the transformation of how one sees, perceives and understands one's life story.

Conclusions

In the latter part of the 20th century and into the 21st century, society, particularly in the West, has become predominantly materialistic in nature, wrought with ever increasing social norms to do more and be more productive. People, on the other hand, are becoming increasingly aware of the stress to which they are subjected and the ill-being they endure as a result. Perhaps, as a corollary, seeking means to feel better has become an integral part of many people's lives, not only to alleviate stress but also to explore and redress psychological ill being. In today's world there is little stigma attached to engaging actively in a meditative art, such as yoga, qi gong, tai chi or mindfulness, or one of the countless psychological or psychocorporal therapeutic approaches as a means to gain well-being, physically and psychologically. Further, there would appear to be a growing awareness in the West of the benefits of a regular meditative practice, as if 21st century men and women are embracing the art of inner journeying. It is in this context that Hypnopraxie has evolved.

Hypnopraxie is a therapeutic approach focusing on the **affect** manifesting as **emotions** and **feelings** that surface through memories formed from the layers of experience and encounters with the world. Certain memory traces, particularly of relationships with others, often blocked and hidden from cognitive awareness, lying dormant or semi-dormant, can impoverish our lives. The aim of Hypnopraxie is therefore a reconstruction of a layered interiority characterized by sensitivity and affectivity. The way there is essentially the same for all of us but what one discovers is personal and relates to individually lived experiences. The starting point is a well-structured, well-elaborated in-take to gather meaningful information on the patient-client's background to perceive his way of experiencing the world and life in general. Of particular importance are the relationships that animate one's life and the significance these have for us. For it is relationships, the way we relate to others, things, animals and with ourselves, that give rise to the emotions that become the gist of the hypnopraxic session. Given that *fear* is a wide-spread affect, therapeutic work often will help the patient to go beyond fear, transforming this affect into something less constricting which facilitates moving on in life.

The Hypnopraxic encounter is about getting in touch with self. It occurs when the patient meets up with that hidden part deep down in one's being, unknown to the conscious mind, that inner self that protects and helps us get on with our lives. In meeting up with oneself, we encounter the Other for the threads of our lives are intricately woven with those of the Other. How we live our lives are based on the links created with others, the relationships we experience with parents, siblings, spouses, extended family, friends, colleagues, strangers and our four-legged companions. It is the Other who mirrors who we are and it is the interactions with Other that we become who are. Hypnopraxie helps us become progressively aware of our inner reality and enhances our discernment in examining attentively the ties that we weave and establish with the world at large and with oneself. How we perceive the world is linked to our 'praxies', that is, a person's unique way of experiencing and feeling these connections. Thus, suffering and unhappiness stem from one's particular awareness of the events and circumstances constituting one's life. The cause of suffering is linked to this sensitive evaluation that is made in the depths of one's being. Diving into our inner being, coming in contact with our core essence, is the hypnopraxic way. Hypnopraxie, in other words, focuses on the **unconscious**, the **soul state**, as opposed to other psychotherapies which tend to focus on the conscious state.

The patient, not the therapist, carries out the work as he comes in contact with the affective magna during the moments of reliving a happy memory. The basis for focusing on memories

is that these are constructed by the person while experiencing events or situations. These reflect what and how the person experienced at some past moment and to relive the memory garners up the emotions encapsulated at that past moment. No two people will have the exact same memory of the same event, for a memory is a reflection of who we are deep inside as evolved from the life-long construction of who we become based on the dynamic interactions of the affective links we build with others, with ourselves and with all that is a part of our lives. Reliving a memory provides the opportunity for one to explore the various facets of self that are hidden from conscious awareness, allowing them to surface from the sub-conscious strata to consciousness in order to become aware of them. Of importance is that all memories are registered with the affect. If the memory is a happy one, inevitably a tinge of sadden, anger or regret will creep in through the mechanism of stream of consciousness and that is what comes under the hypnopraxic lens.

In Hypnopraxie, time is global, a **global temporality**, with the past, present and future entwined. This is because the affect transcends time. Until undesirable emotions or feeling are transformed, these will surface time and again whenever a situation arises similar to the original incident for which that affect became an accompanying memory trace.

It is **structural**. During the hypnotic session, the therapist invites the client/patient to revisit the place or time that is meaningful to him and accompanies him in his recollection of past moments. In doing so, the therapist uses the patient's own words, particularly the verbs for these provide the universal structure which the patient will fill-in with personal content, the content that is reflective of his lived experiences.

The hypnopraxic **use of language** is different than that typically used in psychotherapy. The therapist uses very open-ended words and phrases and the verbs used by the patient during the initial conversation for these will resonate stronger within the client/patient. He chooses, albeit often unconsciously, those words because they have meaning for him. And because these verbs have meaning for him, they are more likely to facilitate reliving a memory with the attending emotions. If the therapist had spoken with her own words during the session, these are unlikely to have the same meaning for the client/patient because they relate to the therapist's lived experiences and not those of the client.

It is **altruistic**. When we speak, we orient the consciousness of the other, the receiver of our words. The therapist's attitude is one of attentively accompanying the patient. She speaks softly and slowly close to the client's ear. It is as if her close proximity to the patient gives invisible support to the patient as he embarks on his inner journey. She uses the patient's own words and is mindful to leave much space between speaking periods to facilitate the patient's inner voyage. For anytime she speaks, the patient's analytical brain ramps up to capture the words which temporarily brings the patient back to the present reality instead of him diving deeper into his being. In short, the therapist is focused on and attentive to the patient, his breathing patterns and body language, for these are the sign-posts to the descent within, this inner journey, which, for many, is not easy to undertake for it unveils parts that one may not readily wish to encounter, parts that one prefers stay hidden from awareness, from the conscious mind. The work is carried out by and for the patient when in touch with his inner being for he, and not the therapist, has the solution to the problem. He controls the process. In short, Hypnopraxie brings one in touch with one's humanity and humanness for it is carried out in a relational mode with the client/patient at the center.

It is an **existential, phenomenological** psychotherapy with its focus on what is happening in the **present moment** without preconceived notions, opinions, judgements or analysis as the

patient revisits a pleasant memory. This memory is like a biopsy of his life, unveiling praxies and emotions that are integrated in the person's make-up and have manifested in the past, manifest in the present and will continue to appear in the future until there is a transformation of the way one feels about something, an event or someone.

It is **corporal** in that the body language is the embodied affect. The therapist is mindful at all times of embodied affect for this constitutes signs to guide the session, e.g., a glow emanating from effervescent joy or a frown from sadness. Thus, Hypnopraxie is a **psycho-corporal** approach.

It is **integrative**. This is a therapy dealing with the maturation of the person through the various experiences that constitute his life. The therapist accompanies the patient as he comes in contact with the most intimate part of his being and the maturation process towards a more balanced way of being and feeling. There is better integration between the consciousness and the soul, and equilibrium in the emotions, which brings forth a transformation of the initial problem and a different way of seeing and understanding that which had caused problems in the past. It is also integrative because of its focus on the mind/body as one, thus going beyond the duality of mind and body prevalent in modern medicine in general.

It is **spiritual**. Through the hypnotic journey into one's inner being, Hypnopraxie involves connecting to one's soul, seat of the affect. The affect manifests through the prism of human essence as various emotions, such as unconditional love, fear, anger or joy, and reflects lived experiences through the kaleidoscope of human personality.

It is **transformational**. It is by re-experiencing the memory and adjoining emotion that the intensity of the undesirable emotion lessens. In other words, in order to heal, to feel more at peace within, these troubling aspects need to be revisited and re-experienced vicariously. We need to be unconditionally present when we re-experience unpleasant memories and the discomfort in order to grow beyond them, through a transformational process that is the cornerstone of Hypnopraxie. Through the patient-therapist inter-subjectivity, the patient comes in contact with the emotional foundation of his world. It is this coming in contact with the emotional foundation by which transformation of the affect can commence. To be in touch with one's affective magma is a means to know oneself better and to heal. The objective is to change, not intellectually but rather through maturation, the way we feel about certain things, situations or people. It is the maturation of the affect, and thereby, a maturation of the soul. However, the facts relating to the event or situation are not changed. Just one's way of perceiving and feeling about them. When a feeling has been transformed, then one starts to see and understand life differently. And it is only then that healing can start.

In sum, Hypnopraxie in essence is a therapeutic approach that works with the **soul**, so **spiritual**, that works with the **affect**, so **affective**. It works with the intertwining past, present and future as a concept of time, to unveil the emotions causing uneasiness which could lead to a state of ill-being, or illness if left unattended over time, in order to transform these feelings relating to a past event. So, it is unbound by time. It is an approach where we become aware of how we connect to others, how we relate to them, as well as how we relate to ourselves. And how the relationships with other and ourselves are formulated. It is a therapy thus that draws on human interconnectivity. It addresses those aspects that make us the individual that we are, through our intentionality and praxies. So, it is a therapeutic approach geared to the individual. It is practiced in the present moment, the *here and now*, where all preconceived ideas, notions and judgements are cast aside so that the therapist as well as the patient/client can focus on what surfaces in the immediacy.

For all these reasons, it is a very humanistic and human approach with high regard for the individual, his quicks, his weaknesses and his strengths. And it is an approach for the 21th century with its focus on the soul connection and spirituality, as manifested through the emotions with an emphasis on working in the present moment for the soul manifests in the present, not in the past. Hypnopraxie, in short, is a therapeutic act taking place between human consciousness and soul consciousness, through interactive looping and microdynamic transe, the remembering of a moment in time and the reliving of the emotions connected to that moment.

Epilogue

Learning about Hypnopraxie has afforded the opportunity to learn more about myself and human nature in general. It has made me aware that we see others not as they are but rather as we are, driven by our *praxies* and the mechanism of intentionality. We perceive the Other according to our own abilities. It has also made me aware that when one is too egocentric, one repeats the same patterns in living out life and does not evolve towards a more integrated state of being.

On a more personal note, I have discovered four of my *praxies*. These are listed as follows in no order of consequence. For one, I have the tendency to change circumstances by moving on from a situation that is no longer suitable towards a situation that will allow me to learn more about life through other experiences. I tend to bond with others on a soul level to share life experiences and the attending emotions, particularly joy. I tend to push the limits, going beyond what is considered usual and normal. And I tend to connect to my whole being and the environment which readily takes me to a transcendent state. The other thing I learned about myself during the supervised sessions is that I easily go into trance, i.e., shift from the analytical beta brain state to the alpha wave zone.

But the most profound message I took away from the hypnopraxic training experience is that the most important thing in life for all of us is to learn to love *unconditionally*, ourselves and others. If loving is not possible, then we must change things, i.e., something inside of us, in order to progress towards the ability to love unconditionally. For the human being is unique, dynamic and transcendent. And the quality of one's emotions underly the quality of one's life.

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Bibliography

Chedeau, Dr. Guy, De l'hypnose à l'Hypnopraxie: Entre âme et conscience, Hypsos, 2011

Dictionnaire Larousse <http://www.larousse.fr/>

Haley, Jay, Uncommon Therapy, The Psychiatric Techniques of Milton H. Erickson, M.D., W.W. Norton & Company, 1989

Merriam-Webster Dictionary <http://www.merriam-webster.com/dictionary/rationalism>

Online Etymology Dictionary <http://www.etymonline.com/>

Stanford Encyclopedia of Philosophy <http://plato.stanford.edu/contents.html>

About the author

Barbara has always been interested in health and what it takes to maintain good health - physical, emotional and mental. Her interest in healthy living, with the passing of the years, evolved as well into a keen fascination with people's psychology, the inner workings of the human being. In her later years, she fulfilled a life-long dream of studying psychology and obtained a Bachelor of Science in Psychology. This led to a growing interest into delving deeper into the human psyche and the soul. It was thus a natural progression to become intrigued by therapeutic hypnosis and to learn a hypnotherapeutic art.