

Therapeutic Utilization of Spontaneous Out-of-Body Experiences in Hypnotherapy

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An out-of-body experience (OBE) is a unique dissociative event in which the person feels separated from his/her body. Studies and anecdotal reports have observed that this experience tends to appear spontaneously in stressful and hypnogogic situations. It often contributes to the person's later having a new perspective of himself and his conception of the world, and may influence his functioning and behavior. Despite its potential as a powerful therapeutic lever in hypnotherapy, little has been written about applying OBE in this milieu. The current article describes three individuals who were contending with different therapeutic issues (i.e., symbiotic involvement, somatization, and cessation of therapy) for whom spontaneous OBE was used therapeutically during hypnotherapy and proved to significantly advance the therapeutic processes. In accordance with the literature, and as observed in the presented cases, we have found that the OBE experience tends to appear in dissociative and highly suggestible subjects. Furthermore OBE may help those patients to cope with strongly anxiety-loaded issues that arise in therapy and may function, through the "body-self" detachment experience, as a therapeutic metaphor for promoting complex separational processes. In view of the cases described, a spontaneous OBE appearing in hypnotherapy is proposed as an effective therapeutic resource.

INTRODUCTION

An out-of-body experience (OBE) is usually marked by one's feeling that one's "self" is separated from and outside the physical body. This account is usually accompanied by descriptions of a sensation of floating, a visit to distant places, and viewing the physical body from afar (1-2). Tart (3), who studied this phenomenon for several decades, wrote:

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This is the experience where the subject perceives himself as experientially located at some other location than where he knows his physical body to be. In addition, he generally feels that he's in his ordinary state of consciousness, so that the concepts space, time, and location make sense to him. Further, there is a feeling of no contact with the physical body, a feeling of temporary semi-total disconnection from it. (2, p. 117)

Robert Monroe, an American businessman who achieved fame in the 1970s and 1980s with his books about journeys outside his body, described his initial spontaneous OBE experience in his first book, *Journey Out of the Body* (4):

My senses fully alert, I tried to see in the dim light. It was a wall, and I was lying against it with my shoulder. I immediately reasoned that I had gone to sleep and fallen out of bed. (I had never done so before, but all sorts of strange things were happening, and falling out of bed was quite possible.) Then I looked again. Something was wrong. This wall had no windows, no furniture against it, and no doors. It was not a wall in my bedroom. Yet somehow it was familiar. Identification came instantly. It wasn't a wall, it was the ceiling. I was floating against the ceiling, bouncing gently with any movement I made. I rolled in the air, startled, and looked down. There, in the dim light below me, was the bed. There were two figures lying in the bed. To the right was my wife. Beside her was someone else. Both seemed asleep. This was a strange dream, I thought. I was curious. Whom would I dream to be in bed with my wife? I looked more closely, and the shock was intense. I was the someone on the bed! (4, pp. 27, 28)

Dramatic and detailed descriptions of this type are rare. Despite OBEs usually being defined as anomalous or uncommon phenomena and as events often mistakenly associated exclusively with a near-death experience (5), their occurrence is actually relatively common. A review of 64 studies involving an examination of the appearance of spontaneous OBEs estimated that the frequency of the phenomenon appearing at least once varied from 10% to 48% among different populations (1). An OBE can appear either spontaneously or as a result of suggestion administered by an outside entity, it can be enhanced by various substances, and it can even be willed by the subject. Although most of the reported appearances of OBEs, are spontaneous and emerge mainly in hypnogogic or stressful situations (1, 6) a number of authors have also suggested the interesting possibility of hypnotists intentionally creating OBE experiences during a hypnotic trance (7, 8). In most of the published cases of hypnotically induced OBE a direct approach was implicated. This approach was

successfully demonstrated by Nash et al. (8) in nine of 14 previously selected and highly suggestible subjects who reported leaving their body after an OBE induction. The OBE induction protocol (7), administered after the standard induction and deepening instructions, is presented in appendix 1.

In studies focusing on a potential relationship between hypnosis and the appearance of an OBE, the frequency of OBEs was found to be higher among subjects who received higher scores on various hypnotability tests (9, 10). Furthermore, in his study on deep trance conditions ("deep hypnosis"), Cardena (11) found that OBE-like conditions are more common in hypnotic states rated as being "deep" by their participants.

Several studies noted that people who had experienced OBEs were free of distinct psychopathological signs (12–15). Most of the correlative studies that examined the aftereffects of spontaneous OBEs recorded positive attitudinal changes involving beliefs, quality of life, as well as the daily activities and functioning on the part of people who went through this experience (8, 16). Alvarado (1) summarized published studies dealing with aftereffects of OBE and concluded that positive attitudes towards the acceptance of death, improvement in self-rated mental health, changes in attitudes toward spirituality, and positive attitudes towards goal seeking are characteristic consequences of OBEs.

Despite this consensus among psychotherapists that creating a new and different perspective of the patient's values of self, of others, and of reality constitutes one of the major keys to positive therapeutic change (17), little attention has been paid to OBE in the context of its utilization in psychotherapy (6, 18–20). This is probably due to the insufficient familiarity of clinicians with OBEs and a reluctance to contend with this phenomenon because of its common association with paranormal experiences, usually avoided by most therapists (21, 22). A further aspect that has not yet been addressed in the literature, as related to the OBE experience, is the conceivable metaphoric meaning of the separation of "self" and "body" as a possible contributor to the therapeutic processing of dynamic issues related to separation.

We present here three cases of therapeutic applications of spontaneous OBEs that appeared during hypnotherapy.

CASE ILLUSTRATIONS

OBEs occurred while the three described patients were participating in "client-focused permissive hypnotherapy," a therapeutic approach devel-

oped by Ernst Rossi (23). In this approach, the therapist encourages the patient who is in a hypnotic trance to elicit and express thoughts, emotions, images and associative sensations related to the topic that is being addressed during a session. This approach allows the patient to take advantage of his/her imagination and apply his/her creative resources for dealing with problems within a supportive and encouraging setting (23, 24). This approach is particularly suitable for a hypnotherapist with a dynamic and humanistic therapeutic orientation, in view of its explorative and undirected structure, which provides the patient a protected and containing therapeutic space (18, 23).

In line with hypnotherapeutic literature which suggests using dissociative symptoms of a patient as a healing resource (22, 25–28), the appearance of an OBE in this therapeutic framework was interpreted and used by the therapist (J.M.) as a therapy facilitator. Therapeutic use of an OBE was shown to enhance the therapeutic processes in each of the cases described below.

CASE A: “CUTTING THE UMBILICAL CORD OF SYMBIOTIC RELATIONS”

Ilana, a 27-year-old student and only child, sought hypnotherapy following her difficulties in establishing and nurturing satisfying and customary relations with men. The past relationships she described were characterized by her utterly subordinating herself and her own needs to those of her partner. Ilana's relations with each partner would eventually terminate, in no small part due to her severe feelings of exploitation, rejection or frustration, combined with the absence of proximity and intimacy. During therapeutic sessions, while under hypnosis, she described her father as a selfish, self-centered, nonsupportive, and neglectful man who reacted aggressively whenever she attempted to approach him. She was confused about her feelings towards her mother and felt rather exploited by her. Yet she regarded her mother as being weak and victimized. This difficulty in understanding the nature of her relations with her mother was also expressed by her difficulties in illustrating the ways in which she felt she had been exploited.

Throughout the therapeutic sessions Ilana expressed a strong wish to discover the essence of her relationship with her mother. She then had a hypnotic session in which she described her relations with her father and identified the difficulties he had caused her. No new insights emerged from these accounts, which she related in a monotonous tone. Ilana appeared to be somewhat bored. Without any discernible external trigger for what

followed, she reported that she was undergoing a spontaneous OBE. Describing herself looking down and seeing herself sitting in the armchair, she stated that she was feeling a pleasant floating sensation. The therapist's impression was that she was elated and seemed to be undergoing a certain feeling of relief.

At this stage, the therapist (J.M.) encouraged her "to concentrate while she looked at herself and to describe what she saw from above." Ilana enthusiastically and animatedly described herself "... like a girl whose mother used her for satisfying her needs, ignoring her (the child's) own adversities and desires." In the same excited tones she elaborated on the parental "trap" she was caught in within the family triad, a situation that was particularly vivid during adolescence when she strained to develop symbiotic relations with her mother in order not to feel so intensely the rejection and lack of acceptance and love from her father. The clarity and power of this newfound insight into her relations with her mother was markedly in contrast to her inability to focus upon these issues at the beginning of the session. At the end of the hypnotic part of the session, she commented that it was amazing for her to relive past situations with her mother so authentically and be able to perceive and analyze them during the state of hypnosis, something she was incapable of doing in any of the past sessions. After the OBE, she felt that "a door to resolving her problematic relations with her mother had been opened" and she started to "see light at the end of the tunnel" in the issue of her relations with men due to her improved understanding of her father's role in relation to her.

CASE B: "BRIDGING SOMA AND PSYCHE"

Jack, a 30-year-old mechanic, married, and the father of one child, was referred for hypnotherapy due to a problem of chronic claudicating of his right leg. Comprehensive medical examinations conducted over the previous four years failed to find any physiological etiology for his limp. According to the patient's account, the claudicating exacerbated in stressful situations and during social interactions, and the physical manifestation was accompanied by disturbing thoughts about the future of his health. His physician suspected a possible psychogenic etiology for his condition and referred him to a hypnotherapist. In the intake interview, Jack reported that his wife no longer wanted to hear him complain and changed the subject every time he started to talk about his health and anxieties.

The course of the hypnotherapeutic session was aimed towards identifying psychogenic causes of the limp and the exacerbation of the problem

in emotionally charged states. Initially the therapy focused on physical sensations of “currents” in the problematic leg. Then Jack described his fears concerning his health deteriorating to the point of severe and limiting disability. Still under hypnosis, he imagined himself sitting helpless in a wheelchair with his wife having to care for him, whereupon he underwent a spontaneous OBE.

During the OBE, he sounded very surprised and slightly confused and he stated that he “felt very strange,” “as though he was departing from his body . . . and looking at his body sitting in the armchair, from above.” The therapist (J.M.) encouraged him by saying that he was “undergoing a very special experience which could help him to identify his problem . . .” and called upon him to continue looking at his body from above. The patient reported that he commanded his seated body to “Get up and start walking.” After these words the patient became quiet and seemed to be deeply immersed in the experiences he was undergoing. Later, he described that despite his not noticing any response from his body, he felt a strange sensation of relief. At the end of the hypnotic session, he considered that the experience he had undergone caused a “complete revolution” in his thinking. Jack also reported that it surprised him to feel lighter at heart when this session was over, in contrast to being plagued with vexatious and frightening thoughts that invariably accompanied him home each time he had visited a specialist before. In his words, his experiences during the session made him understand that total control over his body and focusing on it are not absolutely essential for him. Furthermore he could now see his limp problem in broader perspective. In the subsequent sessions, he reported some improvement in his limp, which he credited to the insight he gained in the OBE session. He also became more receptive to the therapeutic focus suggested by the therapist, encompassing his relations with his wife and the fear that he would not be able to receive support from her when he needed it.

CASE C: “SECURING THERAPEUTIC RESULTS”

Mary, a 34-year-old architect, was about to finish an 18-month-long course of hypnotherapy that focused on the consequences of abusive parental practices in her family. She had achieved greater flexibility and openness, and had developed the ability to manage intimate relationships, to stabilize her moods, and to better fulfill her vocational potential. She requested that her follow-up session be moved up because she had recently been involved in a road accident: she hadn’t been paying attention and

drove into an intersection without having the right of way and her car was hit by another vehicle. She suffered no physical injuries but she was shaken and agitated for a number of days until she reported for therapy. In the session, Mary said that this was her first car accident in the 18 years she had been driving. She stated that her feelings of self-assurance and the positive changes that she had undergone during therapy had suffered and that she felt distraught and vulnerable. Before the accident, she had felt herself to be protected "as though there were a power looking over her, but the accident shattered her sense of confidence . . ." and left her feeling disjointed and insecure.

The aim of the therapeutic session now was to restore her feeling of security about the changes that had occurred in her life and personality throughout therapy. At the beginning of the hypnotic part of the session, Mary spontaneously concentrated on a mental image of the two cars after the collision and of herself feeling sad and helpless. She then reported that she sensed herself "floating outside her own body" and moving away and rising above it. All through this spontaneous "distancing" she thought about the accident and continued to "float" above the roads full of automobiles, feeling a "lightness" and inspecting her life from a broader "cosmic" perspective. At some point, she suddenly remembered that due to the accident, she did not drive later that day to a factory situated on the border with the Palestinian Autonomy—a place currently fraught with the danger of being harmed by terrorists. After this recollection, she stated that she had become calm and that she understood that the accident, in which only her vehicle was damaged, had served to remove her from a source of greater danger. When she was no longer in a hypnotic state, she reported that her earlier sense of stability and confidence had returned to her, and that she felt she could continue her life again with greater self-assurance.

DISCUSSION

Anomalous phenomena have recently been paid renewed attention by the psychological scientific community (5), with OBEs receiving serious attention as an interesting and unique phenomenon. Despite the tendency of OBEs to appear in hypnogenic and stressful situations, and being experienced by at least a 10% of the general population, they, like many other anomalous phenomena, have received only minor attention as an experience that can bestow therapeutic gain during hypnotherapy (19, 20, 22).

The three cases described above portray several ways in which an OBE can be beneficial in hypnotherapy and may significantly advance therapeutic processes. In these cases, OBEs appeared spontaneously at critical stages of the therapy, in the presence of complex therapeutic dilemmas, often connected to anxiety-evoking separation issues.

In the first case, the OBE occurred in the middle of a therapeutic process that focused on the difficulties of a woman in developing meaningful and intimate partnerships. The OBE allowed her to obtain a new perspective on her early relations with her parents, especially the complex relationship with her narcissistic mother and the formation of symbiotic relations with her, particularly given the painful distancing and rejecting nature of her father (29). Before undergoing the OBE she was unable to gain this perspective during her therapy, probably as a result of the symbiotic relationship she had developed with her mother. It can be assumed, based on object relations theory, that her difficulty in raising contents associated with her relations with her mother was fueled by her anxieties of engulfment and abandonment that arose every time she started to examine these relations (30). The OBE afforded her an acute and critically important look at her early significant relationships without arousing these anxieties, thus significantly advancing the therapeutic process while allowing her to take the first steps in her journey to separation from her symbiotic relationship with her mother. Thus she created an openness and willingness for building satisfying relations with others. This process may hint at the possible therapeutic impact of the metaphorical meaning of the “body-self” separation—during the OBE experience—on the intrapsychic process of separation. In other words, we may presume that during the OBE experience she underwent a lively occurrence of a “body-self” separation that served as a metaphor for her “mother-daughter” separation. This metaphorical separation that had seemed to her “almost impossible,” before, not only didn’t damage her as she was unconsciously expected, but gave her insights into her past and provided hope for the future.

The second case was a patient with a chronic claudicating problem that intensified with social interaction. During hypnosis, he externalized disturbing thoughts about becoming disabled due to his worsening health condition. He also expressed concern over future dependence upon his wife when reaching a condition in which he would no longer be able to care for himself. Like most somatizers, this patient also demonstrated low awareness of psychosocial conflicts and had a tendency to convert them

into somatic complaints (31). It can be hypothesized that the appearance of an OBE during hypnosis allowed him to develop a dissociative stand in relation to his body. As a result of this dissociation he was able to consider his leg problem without being overwhelmed by anxieties associated with his health and disturbing thoughts concerning the possibility of chronic disability. This new perspective may also have presented him an opportunity to take into consideration his emotional state and difficulties with relationships as such. This therapeutic development contributed to his readiness to consider the psychogenic roots of his presenting physical symptoms, while reducing his excessive need to control his body. These changes in perspective allowed him during the rest of the therapy to focus mainly on his couple and social interactions.

In the third case, a random event of a road accident threatened therapeutic achievements and the feeling of confidence and sense of direction in the life of a patient who was about to successfully terminate her therapy. Such random events may lead to severe and unexpected developments in a person's life (32), particularly when the feeling of stabilization at a higher level of functioning than before the beginning of the therapy is so fresh (21). Here, the patient's OBE provided a special perspective that led to the reframing of a stressogenic life event into an experience that reinforced her confidence in the changes that she had undergone. This allowed her to carry on with greater hope and existential confidence. The dynamic issue in this episode that arose during the final stages of therapy may be related to the pending separation from the therapist and was exacerbated by the patient's road accident. It seems to us that the symbolic aspects of the "self-body" separation during the OBE experience helped the patient relate to the separation from the therapist as a "growth" experience. The separation of "self" from the body permitted her to see her life from a wider perspective and to experience separation as an empowering experience.

OBE constitutes a special kind of dissociation. In dissociation, there is a disconnection between a certain aspect of the "self" from the center of attention (33). During OBEs, a disconnection occurs from a previous perspective that had been held by the subject, with the self-experience now being situated outside the physical body. This experience of "departing from the body," which seems impossible from a linear and logical viewpoint, leads to confusion and encourages creativity (23), and inspires imaginative and unexpected solutions to patients' problems. In addition

the metaphorical meaning of the “self-body” separation during OBE may help in the therapeutic processing of separation issues.

In the three cases presented, an OBE appeared at a stage in therapy in which heightened anxiety had prevented insight and openness to change, thus barring therapeutic progress. The OBE helped to remove the threat stemming from anxiety by creating a “distance” from it and allowing an “out-of-problem experience,” an experience in which the patients could observe themselves and their difficulties in a remote and objective manner and thereby advance the therapeutic process (6).

An important question emerges as to why certain individuals seem to be more available to experience such states? Research evidence indicates that persons who tend to experience and to report OBEs and other anomalous experiences are highly hypnotizable and highly dissociative (25, 26). In two of the cases presented here (A, C), parental abuse was probably one of the major factors in the genesis of patients' problems. It is widely known that abuse may lead to the development of dissociative tendencies in the victims (20, 27). In case B, conversive reaction to psychosocial stressors was the main complaint. Supreme suggestibility of patients who suffer from a conversion disorder has been sufficiently portrayed in the literature (26, 28). It is thus important to be aware when working with dissociative and highly suggestible patients that they may spontaneously produce OBE or other kinds of anomalous experiences.

In addition to the neutralization of anxiety and the facilitation of creativity that are afforded by OBEs, it is reasonable to assume that their uniqueness as a therapeutic lever during hypnotherapy also stems from the exceptional phenomenology of this experience. It should be borne in mind that an OBE is an overwhelming experience that allows individuals to frame a fresh perspective of themselves, their beliefs and values, their relations with the people surrounding them, and their interaction with the world (1, 8, 16). Experiences of this type are powerful influences in emotional growth and development and allow individuals to form a new conception of self and perception of reality (34). Undergoing an OBE experience during hypnosis and processing this experience in therapy led to important insights concerning a patient's past (Case A), spouse relationship (Case B) and *weltanschauung* (Case C). In all three cases it helped to advance a therapeutic process.

The therapist's role in these occurrences was to recognize the appearance of OBE during the hypnotherapeutic session and supportively orient patients to utilize this unique experience for their therapeutic gain (19, 20).

Based upon our encouraging experience, we recommend that hypnotherapists be open to the possibility of taking advantage of a spontaneously arising OBE during hypnotherapy for advancing therapeutic goals. The exploitation of this opportunity can be particularly effective in cases in which the progress in therapy demands the raising of personal contents that harbor great anxiety and can be specially expected to emerge in highly suggestible patients with dissociative tendencies. OBE may help those patients to cope with highly anxiety-loaded issues and may function, through the "body-self" detachment experience, as a therapeutic metaphor for promoting complex separation processes.

APPENDIX 1.

OBE induction protocol: "Now we're going to do something that I think you'll find very relaxing and interesting. When I stop talking in a little while, I'd like you to move your awareness out of your body. You might feel this as a pleasant floating up and out of your body. You will move out of your body because you'll be able to see me talking; and you'll see your own body comfortably relaxing in its chair. You'll see all the objects in the room as you move out of your body, leaving your body behind From this point on, if you feel uncomfortable for some reason, raise your left forefinger, and you'll be right back in your body again Soon I'm going to stop talking for awhile. As you sink deeper . . . you'll find your awareness can easily float from where your body is sitting, over to You're going to let yourself comfortably and lazily float out of your body O.K., now you can start gradually, lazily, and pleasantly floating out of your body

Now we're done. I'm going to count to five, and as I do, you'll gradually and pleasantly move back to your body again. When I reach five, you'll be completely and comfortably returned to your body. There won't be any feelings of being separated any more. You'll find yourself remarkably refreshed, enjoying a light, relaxing hypnotic trance. This refreshed, nice feeling will last throughout the remainder of the day. Even after you are out of hypnosis. O.K. . . . let's start to bring you back to your body again: one, you're starting to move closer to your body . . . two . . . three, closer and closer . . . four, almost there, once again inside your own body . . . five. ONCE AGAIN, INSIDE YOUR BODY." (from: Nash, M.R., Lynn, S.J., & Stanley, S.M. (1984). The direct hypnotic suggestion of altered mind/body perception. *American Journal of Clinical Hypnosis*, 27, 95-102; 7, 97-98.)

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