

INCLUSIVE THERAPY



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INHIBITION AND INTRUSION:

Polarities of Troublesome Aftereffects of Trauma, Intrusion and Shame

The aftereffects of trauma, intrusion and shame often come in one of two polarities: 1.) Inhibited experience, sensations, perceptions or activities; or, 2.) Intrusive experience, sensations, perceptions or activities. These aftereffects may occur occasionally or with regularity. A person might only experience one side of the polarity or may experience both sequentially or simultaneously.

Inhibited aspects are missing or lacking from the person's life or experience. The person has no room for or space for the aspect.

Intrusive aspects dominate the person's experience at times. The person also might feel compelled to experience or do something.

In the table below are some examples of commonly reported aftereffects of both varieties.

Inhibited/lacking	Intrusive/compulsive
No sexual response/sensations	Compulsive/"addictive" sexuality
No anger	Rage
No memories (Might be lacking only visual, auditory, gustatory, olfactory, or kinesthetic or some combination)	Flashbacks (Might be visual, auditory, gustatory, olfactory, or kinesthetic or some combination)
No body awareness; lack of connection with certain body parts (e.g., the arms)	Somatic/medical symptoms; eating disorders; self-mutilation

Inhibited aspects of a person may be dealt with by having the person approach rather than avoid the aspect in whatever way makes sense to them and is acceptable. For example, a person might look through family scrapbooks or talk to family members to begin to approach missing memories. Or a person who rarely experiences anger may be given the suggestion to think of something that angers him or her and just let the anger be there without having to get rid of it, justify it or do anything about it. A person who lacks body awareness may get a massage.

Intrusive aspects can be dealt with in (at least) three ways: 1.) Time delays—putting a delay between the impulse to act and the action (e.g., having the person walk around the block five times before bingeing); 2.) Externalizing—putting the experience out into the world so the person can get some distance from it and some perspective on it (e.g., having them draw their flashbacks or cut a doll instead of themselves, naming the problem and coaching them to stand up and fight against its domination in their life).; and, 3.) Agreements to limits—having the person agree to experience the impulse but not act on it (e.g., have them feel like cutting themselves but not act on that compulsion).

USING INCLUSION IN TREATING DEVALUED ASPECTS OF SELF

Injunctions

Determine the injunctions that may have dominated the person. These are conclusions that the person has made about himself or herself or ideas that other people have suggested to them or told them are true. They can usually be thought of in two forms:

Have to/Should/Must (as in, “You must always be perfect,” or “I have to hurt myself.”)
or

Can’t/Shouldn’t/Don’t (as in, “You shouldn’t feel sexual feelings,” or “I can’t be angry.”)

Binds

Sometimes the person is stuck with dueling or seemingly opposite injunctions operating simultaneously. For example, “You must be perfect,” paired with “You never do anything right!”

Self-Devaluing

Sometimes the person has come to the conclusion, consciously or unconsciously, that he or she is bad or that parts of him/her is bad. He might say, “If you only knew what I am like inside, you would see that I am evil.” She might have the sense that anger is bad and she shouldn’t feel it or show that she is angry. If she does she thinks she is very bad or anger is very bad.

Valuing, permission and inclusion as antidotes

1. Give the person permission to and permission not to have to experience or be something. For example, “You can feel angry and you don’t have to feel angry.” Or, “It’s okay to be sexual and you don’t have to be sexual.” Be careful when giving permission about actions.
2. Suggest the possibility of having seeming opposites or contradictions coexist without conflict. For example, “You can tell me and not tell me about the abuse.” “You can forgive and not forgive at the same time.”
3. Allowing for the opposite possibility when speaking about the way it was, is or will be. “You’ll either get better or you won’t.” “That was either a terrible thing or it wasn’t.” “I’m shy except when I’m not.”

Inclusive Therapy Bibliography

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