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# The Issues Involved in using a Gong in Psychotherapy and Hypnotherapy

*Shaul Livnay*

*The introduction of a gong, an exotic instrument with very potent effects upon both the listener and player, into the process of psychotherapy or hypnotherapy brings in many opportunities for change, intensification, breaking of impasses, as well as dangers and complications. The unique and multiple properties of the gong are described as they are related to their effect upon the listener in therapy. The indications for the gong's introduction are discussed, as well as the many issues involved in its introduction and use within the context of the psychotherapeutic relationship and process*

The introduction of a gong, an exotic instrument with very potent effects upon both the listener and player, into the process of psychotherapy or hypnotherapy brings in many opportunities for change, intensification, breaking of impasses, as well as dangers and complications. The unique and multiple properties of the gong are described as they are related to their effect upon the listener in therapy. The indications for the gong's introduction are discussed, as well as the many issues involved in its introduction and use within the context of the psychotherapeutic relationship and process. Though the gong has been widely used in various Asian countries (Indonesia, China, Korea) for at least 2000 years (Simbringer, 1939), only during the last decade has it begun to be applied to psychological and medical practice in Western Europe and in the U.S (Oehlmann, 1990a). Since its incorporation and exposure in the West, the gong has had a dramatic and almost magical impact, because of its special qualities (to be described below), and led to a tendency to rapidly reaching depth, loosening of boundaries, overenthusiasm and fascination (Oehlmann, 1990a). This paper is designed to relate to the various issues, complications, complexities, as well as opportunities which are created in the psychotherapeutic process upon the introduction of the gong.

## Music in Psychotherapy

One may ask why further complicate a complicated situation (psychotherapy) by introducing yet another variable (music)? Music in general has a very powerful and positive effect upon people. What characteristics does it have which are beneficial in therapy:

1. It increases the level of arousal, as it has arousal-influencing properties which can influence the state of readiness to perceive (Berlyne, 1971; Madsen, Greer & Madsen, 1975).
2. It arouses curiosity and promotes exploratory behavior (Berlyne & Borsa, 1968).
3. Selective attention and abstraction are achieved as there is inhibition of sensory information from other modalities (Hernandez-Peon, 1961; Marteniuk, 1976).
4. Positive emotional experience is promoted, as the perception process has emotional accompaniments which lead to experiencing of pleasure, reward and positive feedback (Berlyne, 1971).
5. Foremost, it leads to affective arousal. The effect seems to be complex and lead to different types of emotional arousal, whether more immediate emotional experiences leading to mood/feeling changes, or affective aspects of associative, more cognitive based experiences (Thaut, 1990).

The use of music in psychotherapy can have a facilitating effect upon perception, attending, motivation and especially in the emotional sphere, both intensifying the emotional experiencing here and now, as well as providing access to associational processes and emotionally meaningful memories. Music, through the use of rhythm, introduces facets into the therapeutic process which enable the reproduction of the initial mother child relationship. Benezon (1981), contends that music reedits the lost mother-child relationship, and provides a means to act out the transference. Moreno (1988) describes different rhythmic practices which lead to „phase locking", „when two or more objects are pulsing at nearly the same time tend to lock in and begin pulsing at the same rate ... the rhythm can bring the two (therapist and client) together on a level which is distinct from verbal communication ... even more basic and significant." (Moreno, 1988). This is as well an apt description of the Ericksonian principle of pacing and leading which is an inherent part of modern hypnotherapeutic practice.

Needham (1967) contends that the impact of different instruments derives from percussion, having neural and organic effects which provide the foundations of aurally generated emotions. Neher (1961, 1962) in his experiments demonstrated that drum beating could induce symptoms of trance-like behavior. He described three effects:





1. A single beat of an untuned drum transmits different overtones over different pathways in the brain. The resonant sound can stimulate larger areas of the brain than can a less complex frequency sound.
2. A drum beat contains many low frequencies. The receptors for low frequencies are stronger than the high frequency receptors, enabling the listener to tolerate them for a longer time before experiencing pain. Thus, more energy can be transmitted to the brain.
3. EEG measurements of his subjects indicated that the typical tempo of tribal drumming was close to the basic rhythm of alpha wave production, while the drumming produced an auditory driving leading to a trance-like state in the subjects (Moreno, 1988).

We are thereby led to the topic which provides the most natural bridge between music, psychotherapy and hypnotherapy, which is that of the Shaman.

## The Shaman

It is quite apt, in these times of attempts at integration between the various schools of psychotherapy (Norcross, 1986), to relate to the shaman in various other cultures around the world, as the shaman tended to practice as a bone fide integrative therapist: „the prototypical healing figure ... a multidisciplinary practitioner - a holistic healer ... he or she naturally integrates all of the elements into practice." (Moreno, 1988). The shaman has been defined as a specialized figure with more visionary abilities, and has been defined as a person who enters an altered state of consciousness at will, to contact and utilize an ordinarily hidden reality in order to acquire knowledge and power, and to help other persons (Harner, 1982). A glance through the anthropological and ethnographical literature as to the practices of shamans around the world is surprisingly repetitive (see Kiev. 1964; Bourguignon, 1973; & Rouget, 1985 for extensive reviews). A certain pattern emerges, which is repeated across diverse cultures over the globe:

1. The shaman enters a state of trance, very often by having an assistant play a monotonous rhythm on the drums. Often the drumming is accompanied by dancing. The movement and rhythm leads to a frenzy of emotion. (i.e. Stoll, 1904; Murphy, 1964; Fuchs, 1964).
2. Once in trance, or in the shaman's terms, having entered the „spirit world", he or she performs „tricks" of magic which have strong hypnotic dimensions (Murphy, 1964)
3. The shaman integrates music, art, drama, dance into practice. A holistic model of treatment is used to achieve a patient's total life adjustment (Moreno, 1988), while this is done in terms of the adjustment or undoing of either soul loss, object or spirit intrusion, or breach of taboo (Murphy, 1964).

4. In order to reach the spirit world, the shaman must be internally focused and able to be fully concentrated at the task at hand. Music by assistants supports the alpha state (see Neher, 1962 above), and also blocks out distracting stimuli. The hypnotically repetitive rhythmic music has a sedating effect upon the left hemisphere, freeing the right hemisphere to travel to the spirit world (Eliade, 1974). The rhythmic music also allows the patient to enter a receptive, semi-hypnotic state that reinforces the belief in the power of the shaman as well as of the healing ritual (Moreno, 1988).

The comparison to modern hypnotherapy and psychotherapy is very striking (for an elaborate analysis and comparison, see Bongartz, 1990).

## The gong in other societies

As was mentioned at the outset, the gong has been used in Asian societies for over 2000 years. Most prevalent has been its use in Bali, Indonesia, as well as South-East Asia. In these areas, the gong is used by the shaman to call the Gods or spirits, to banish demons, and as a defense against ghosts, this going beyond the drumming previously described. Here, the gong is used as one of the prime tools in the healing ritual (Simbringer, 1939). Actually, the gong pervades almost all areas of life, being used in most ceremonies, for baptisms, for communication, hunting, signalling, as well as for music, as a talisman, and as a sign of prosperity. It is even used for drinking and bathing (as a vessel) (Blades, 1970).

## Properties and effects of the gong

The gong is a circular body of a special mixture of bronze alloy of sonorous metals, hand made with hammer blows, into different shapes, each gong being individual, unlike another. Most are flat surfaced, with some having a protrusion around the center, and are bent inwards around the edges. If the focus is brought back to the psychotherapeutic situation, then the properties and effects from the viewpoint of the patient's experience can be examined. Though one thinks of the gong as a sort of musical instrument (one of the members of the Javanese Gamelan (Blades, 1970)), it is characterized by a variety of properties:

## Visual stimulus

First off, as one sits facing the gong, one is struck by its visual qualities.

*Fixation:* It comprises of a series of concentric circles of varying shades of gold, bronze and copper, which tend to lead the eye towards the center, as a kind of fixation point of hypnotic effect. The areas between the circles in the rear resemble a rainbow, thus eliciting very positive, relaxing associations.

*Pendulum:* Depending upon the lighting in the room, as soon as the gong is hit, it begins





to move and throw off different visual effects of light and shade, and depending upon the way it is hung, at times to move like a pendulum, again with all of the consequential hypnotic effects.

## Auditory stimulus

Rhythm: As one strikes it, one tends to fall into a certain rhythm and beat. Within the treatment situation, this often tends to follow a pattern of pacing and leading, where the player at times falls into congruence with body rhythms, breathing patterns of the listener (pacing) and then move to other variations (leading). The rhythms lead to the arousal of primitive, basic temperamental characteristics and approximate a reaccessing to a kind of mothering resonance (see Benezon, 1981 above). Feldman (1991) has described the rhythmic aspects in music therapy along a continuum of stability and variation, as reflecting the capacity of the mother to transform the biological rhythms to emotional differentiation. She contends that a sense of self is promoted through the organization of the experiencing on the continuum of time, as the dialogue develops between mother and child, player and listener.

*Resonance:* Most striking is the tremendous depth and resonance of the tones which emerge from the gong. The resultant overtones have a very hypnotic effect, as was described in Neher's (1961,1962) research above.

*Flow:* The tones emerging from the gong tend to be continuous, flowing, and eventually fading far off. The various tonal qualities elicit associations which are suggestive of water, flow, parting and separation, death and war. Strobel (1992) found most patients to provide images of either birth (or its symbolic equivalents) or of death. Oehlmann (1990b) attempted to systematically study the emotional effects of varying loudness of playing of the gong. He found that increasing the loudness led to a polarization of responses (across 9 scales: joy, sadness, aggression, balance, lethargy, stimulation, drama, anxiety, and transcendence) especially for anxiety and aggression, which he interpreted as related in part to personal dispositions. The fading off is suggestive of far away, which elicits far off memories and induces partial age regression. (see elaboration below).

*Enveloping:* The tones have qualities of wrapping, enveloping contour, which elicits experiences of the mothering functions of being held, covered, protected, and rocked. These again elicit associations of basic and primal origins.

## Kinesthetic stimulus

Lastly, one is basically touched and moved by the vibrations which emerge from the playing.

*Arousal:* The vibrations have a tremendous arousal effect, which elicits energy, excite-

ment, emotions, aggression, sexuality.

One rather constricted and schizoid patient was complaining of feeling drained, exhausted, and somewhat depressed after having intercourse with his wife. We began to use the gong, along with the verbal suggestion about the arousal of energies. The following week, he denied any effect from the experience with the gong, but subsequently revealed that he had had intercourse with his wife every night, without any of the usual aftereffects.

A 12-year-old boy seething with aggressive fantasies which were partly related to frustrations because of serious learning disabilities began to slowly increase both tempo and intensity of his hitting the gong. He began to reach deafening levels. I asked him to imagine whom he was relating to, which increased his hitting all the more, while reporting that he was beating his school principals. This dramatic interlude enabled him to openly express his aggression, and led to a dramatic shift in his behavior in school, as for the first time, he began to channel his energies in constructive directions.

*Relaxation:* Alternatively, as Oehlmann emphasized, there is a polar effect where the vibrations bring the deepest sense of relaxation.

## Cultural Stimulus

When we exhaust all of the other properties, yet another emerges. Experiencing the gong gives the impression of something from another world, and in a way that is so. It is a stimulus from the Orient. One must then ask what does this impression add to the experience? Rouget (1985) contends that much of the effect of music in possession states in the different societies which he investigated was more cultural than anything else. He disputed Neher's findings (reviewed above) about the physiological effects of drumming. So how can we explain the dramatic impact of the gong in Western society? Does its exotic sound and appearance arouse associations of meditation, mountain retreats in the Himalayas? If we don't have the cultural supports and expectations of how to react to a gong (most of my patients had no previous contact with one, other than the association of being called to dinner!), then it would seem to indicate that the cultural element does not have the primacy that Rouget indicates. This element certainly deserves investigating.

## Introduction of the gong into psychotherapy.

The gong is very applicable for group work, and has great popularity in the workshop format, where it can prove to be very useful as a cataliser for the group process. The aim of this paper, however, is to focus upon the uniqueness of introducing the gong into the process of individual psychotherapy, and to shed light upon the very basic and concrete ef-





fects it has upon the process. What do I mean here by using the gong during psychotherapy? At crucial junctions during the therapy process, when I feel that the timing is right, and the introduction of the gong would be beneficial, I will then propose and explain my reasons to the patient. In some cases, just the discussion of the possibility has a dramatic effect (see the case described below). At times the suggestion is discussed over several sessions, while at others, it is extremely brief, and we turn to using the gong. The gong may be played by me, by the patient or by both of us (see section on activity and passivity). In the majority of cases, the gong will be utilized only once or twice, at a crucial junction in the therapy. So what is being described here is a very strategic and potent, but highly judicious and selective use of an instrument, within the course of ongoing and standard technique of psychotherapy. The questions then emerge, with whom, when, and how does it affect the therapy?

## Indications

Strobel (1992) listed two main indications: Where the symptomatology indicates perinatal involvement (whether expressed in self-destructive behavior, sadistic and or masochistic tendencies, and perversions), or in instances of therapeutic stalemate. Petzold (1989) finds the gong most useful for work with neurotics, especially around constriction. Canacakis (1989) has used the gong in grief work. In addition, I have found it applicable in the following constellations:

*Deep relaxation:* Whenever deep relaxation is useful or necessary, the gong can be utilized and can be extremely efficient. This includes anxiety states, and disorders with psychosomatic components.

*Age regression:* When I find that age regression is_ indicated, one of the possible means is with the gong. This is most relevant in cases involving traumas, as the strong tones and vibrations effect a dramatic return to the original source of the trauma. Furthermore, in working with patients suffering from personality disorders, where primal themes have to be reexperienced in the context of the therapeutic relationship and be worked through, the gong can be very useful during key points, though of course extreme caution and delicate timing are required. (For elaboration of the gong's usefulness in work with severe personality disturbances; see Moser, 1989).

*Intellectual control:* In cases where there is too much emphasis upon intellectualization, overideation, rigidity and isolation, the gong can be a helpful means to connect to the underlying emotions.

*Psychosomatics:* In cases where the body is used to express emotional stress or conflict, the gong is useful, as it is experienced first and foremost physiologically. The gong tends

to induce imagery very naturally. It is therefore quite simple to channel the direction towards the body parts or functions which are disfunctional, and to begin to increase the control over the latter.

*Reservations:* Though the applications seem far-reaching, it is vital to emphasize the extreme caution necessary when the use of the gong is contemplated especially with severe disturbances, with predisposition to regression, splitting, fragmentation, and decompensation. The therapist must have established excellent rapport and trust, must know the patient thoroughly before contemplating the use of the gong. Furthermore, the therapist must have extensive personal and professional experience in the use of the gong, before applying it with difficult and sensitive cases. Moser (1989) describes several safeguards which reduce the dangers with personality disturbances.

## Issues

The gong's introduction raises a series of issues, and introduces many new variables into the process which have not yet been fully addressed in the literature. Oehlmann (1990a) touched briefly upon some of the dangers, as have Petzold (1989) and Moser (1989).

*Introduction of movement:* First and most basically, even raising the possibility of using the gong in the process of therapy, no less than actually using it, constitutes the breaking of a rigid and static set on different levels. Concretely, there is a departure from the usual seating arrangement, where one or both of the participants gets up to play. This opens up new angles of vision, regard, interaction, closeness or distance, which in turn enables the raising of issues which may have previously been unspoken, about field, body image, perception of the therapist. This factor is especially relevant with rigid and obsessive patients, and has potent effects for those with hysterical traits as well. During the course of exploring a certain dramatic reaction of a patient to a supportive compliment that I had made in a previous session, I invited him to try to express his feelings by playing with the gong. He hit it lightly and was immediately overwhelmed by the deep tones. Upon further encouragement he continued, and suddenly took the mallet in both hands and gave a tremendous swing, releasing a tremendous beat of the gong (It seemed like an out of the park home run!). As we subsequently discussed the whole process, it turned out that he was momentarily struck by the fact that I was standing close to him, but at his side instead of opposite him. This aroused a momentary spurt of emotions which he channeled to the gong. This interaction, which lasted all of three minutes provided very meaningful material for several sessions, and led to considerable progress. Petzold (1989) has described combining movement, dancing and playing the gong as useful adjuncts.

*Therapist activity:* Upon introduction of the gong, once the therapist begins to play, he





moves into the mode of active „giving, supplying". There is thereby a breaking the set of usual pattern of therapist passivity. This subsequently opens up issues of the ability to receive, to be nurtured, to allow passivity. This becomes especially meaningful with patients using activity as defense against losing control, and/or becoming dependent. At times, it also leads to the emergence of who wants to give, and whom is it for. Nurturing is especially relevant and salient with the gong, as the experience is often perceived as inducing regression to infantile or even intrauterine state. As previously noted Strobel (1992) finds the use of the gong to be especially indicated in cases where the symptomatology expresses perinatal themes. He contends that the therapist, in playing the gong, takes on the role of a midwife. Here we can see that Feldman's (1991) aforementioned contentions about music and rhythm being especially helpful in reentering the early mother-child relationship.

*Introduction of novelty:* The moving from the ordinary talking mode to one of playing, alternating playing for and letting the patient play brings with it an element of surprise, novelty and something of the unconventional. Again, it breaks rigid sets of expectations, especially when there is a stalemate in the therapeutic process. Inherent is the suggestion that change is possible, that the unexpected can be a legitimate part of a respectable inventory. At times, it can bring a patient in touch with his limits as well as fears of the unknown. One rather rigid and driven man was feeling comfortable with himself, but blocked about what he really wanted to do subsequently with a lot of free time. When I proposed that we might be able to examine his question in an unconventional way, through the gong, he became perturbed and aware of how threatened he was with novelty and with „shaking things up". He was able to get in touch with stability, and with the realization that he had gone far enough in therapy for now. This enabled us to begin negotiating the terms for meaningful termination, and subsequently to a successful conclusion of therapy. The mere possibility of using the gong here was utilized to come to grips with inner reality, including limitations.

*Non-verbal:* There is a subtle shift in the therapy towards the primacy of non-verbal interaction. Much of the therapist's modeling in his playing expresses subtle suggestions. The fact that therapist and patient move into predominantly non-verbal interaction again induces regression to early issues of mother-infant interactions. As the therapist plays the gong, he himself enters a light state of trance, the kind that Erickson (1977) called the externally oriented interpersonal trance state. This is to be likened to what Moreno (1988) described above as the role of the accompanying music in the work of the shaman. The playing sharpens the therapist's being in tune to subtle non-verbal cues of the patient (breathing patterns, relaxing, excitement, etc.), which he can then begin to match in the

rhythm and tonal quality of the play, in the form of first pacing, and subsequently leading.

*The therapist's spontaneous playing:* A closely connected issue is the role of the therapist allowing himself to begin to play spontaneously. This playing has aspects of reflecting unconscious communication and unconscious themes at work in the therapeutic process (dynamics of the patient's personality, transference, countertransference). In a previous paper (Livnay, 1992), I described using spontaneous verbal productions to express the same themes. I have discovered that my playing the gong serves a similar purpose. As the therapist allows himself to enter the externally oriented interpersonal trance state, he also enables himself to let his unconscious guide him.

*„Playing" with the gong and patient:* Shapiro (1988) has proposed that entering into play interaction with a patient can be a very useful means of providing a corrective emotional experience. Music is only one such mode. It is clear that the introduction of the gong into the treatment process brings both a playful yet at the same time very serious influence. As both therapist and patient play together, new areas of interaction are opened up.

*Therapist as model:* The activity, spontaneity, novelty which were described above, as they denote a certain departure from the therapist's usual behavior and role, carry an implicit message with suggestive connotation: It is possible to depart from the usual habits and modes of behavior to express unconventional behavior (it certainly is not usual for a therapist to play a gong in the middle of a session!), to be forceful and aggressive (louder tones) as well as tender and sensitive (soft tones), to be playful, surprising, encouraging. These and many more messages can have a powerful impact upon the patient in the long run. The question arises especially as to how the the therapist's activity and behavior affects the transference? My experience has been that it opens up new channels of interaction and generates more material for discussion. Here it is important to emphasize that especially as there is a departure from the conventional, that it is vital that the therapist be extremely sensitive to both explicit as well as implicit expressions of transferential reactions to the new interactions which have occured. Gill (1988), in relating to instances of therapist disclosure of countertransferential feelings to the patient, emphasized the necessity to carefully elicit and discern what the patient's reaction is, how he or she experiences the therapist's disclosure, the personal meaning it has? We can substitute behavior for disclosure in the present case. What I am emphasizing here is that beyond the specific effects and reactions which are elicited as a result of the playing of the gong which have been described by others (ie Oehlman, Strobel), there is a whole gamut of very personal and interpersonal feelings elicited about the therapeutic relationship, which provides the therapist with the opportunity for deepening the relationship, for making it both more real (give and take) as well as more archaic (play as developed by Shapiro above; midwife, mother etc.).





*Dealing with rapidity and intensity:* The use of the gong in psychotherapy very often enables the patient to enter very rapidly into states of age regression, intense emotionality and abreaction. It is a very powerful tool which provides the therapist with the opportunity to reach depth and relevant emotions. This brings with it the vital necessity of therapeutic responsibility and professionalism. It must be clear that, as with any techniques which are integrated into the therapeutic process, the timing of their introduction, depends upon the level of rapport, trust, stability in the relationship. In that context, the rapidity is buffered by preparation towards the entering into regressive states. The depth of regression thereby opens new facets in the relationship. The therapist has to be prepared to expect beforehand, and must know to handle the phenomena. It must be noted that the experienced hypnotherapist and hypnoanalyst is used to similar phenomena in the course of hypnotic work. The gong only highlights the dramatic potential.

*Access without verbal mediation:* During the course of working with the gong, as the patient enters deep levels of trance, the therapist has both to be able to read and to deal with what is going on within the patient, often without verbal mediation. Strobel (1992) contends that the therapist must demand verbal reports from the patient during the course of the work. This is, however, also a matter of approach, as the experienced hypnotherapist knows how to read ideo-motor signalling (see for instance Cheek & LeCron, 1968), whether it be explicitly elicited from the patient, or whether he interprets the body language and movements so as to gauge matters of depth, discomfort, anxiety etc. Here again, the therapist has an added mode with which to respond, and that is through his playing of the gong, whereby he can reflect as well as answer the body cues which the patient is broadcasting, through changes in rhythm, loudness, intensity, and tonal patterns. I personally find myself reluctant to speak while I play the gong. My initial experiences with patients taught me that my accompanying verbalizations were at best secondary, and often superfluous as well as distracting to the main stimulus of the gong. It may be argued that the verbal message affects the left hemisphere of the brain, while the tones are being processed by the right-hemisphere. Presenting the two simultaneously produces a kind of dissociation which facilitates as well as deepens trance. (See for instance Lankton & Lankton's (1983) double-induction).

## Is this hypnosis?

Methodologically, the question may be raised whether hypnotic induction is involved in the playing of the gong? The hypnotic qualities and effects of music were described above. It is clear that music is an apt adjunct. If there are formal suggestions, most of them are made before the actual playing, as I raise the possibility of using the gong. These may be

called pre-hypnotic suggestions, and can be very potent, even when proposed during the conversation part of a session. Oehlmann (1990a) specified trance phenomena alongside the meditative and body effects of the gong experience. Strobel (1992) contends that the use of instruments in therapy enables the patient to enter the deepest levels of trance along the five stages specified by Erickson and Rossi (1989). He even adds a sixth stage, contending that through playing, the therapist can also ease the patient back out of trance, without verbal suggestions. Petzold (1989) has described various trance-phenomena which are very strongly elicited in the use of the gong. Heimrath (1989) finds the boundaries between hypnosis and the experiental state of being when listening to the gong very fluid.

## Psychotherapist or music therapist?

Does the fact that a psychotherapist uses a musical instrument in the process of therapy make him a music therapist? Certainly not. I have been asked if I play an instrument. My answer is that I play with the gong. One of the reasons which I was so taken by the gong, was that I immediately felt that I could express myself with it, through it, and easily share it with my patients, without having to train them. Am I making music? I am using facets of music such as tones and rhythms, but ever remain within the pure domain of psychotherapy. Oehlmann (1991) emphasized the continued learning to play the gong, and being true to the gong. He is a musician. I emphasize that my only concern is helping my patients, and introducing techniques which can further my understanding of them, and can facilitate my extending that help. This I have found true of the use of the gong.

## Conclusion

The introduction of music into the psychotherapeutic process in the form of a gong can bring many benefits, can open new opportunities for working through, can intensify and break a stalemate. On the other hand, it can introduce complexities as well as dangers which require the therapist to proceed with caution, care, and sensitivity in order to reap the full benefits of the opportunities provided by its introduction. This paper has focused primarily upon the issues in the process. A subsequent paper will relate to the direct effects.

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# Hypnosis and Psychotherapy with HIV, ARC and AIDS Patients

*Burkhard Peter*

*Between the time of having become infected by the human immunodeficiency virus (HIV) and dying from AIDS patients pass through different physical and psychological stages. A simplified distinction reveals three types of patients: Seropositive, AIDS -related complex (ARC), and AIDS patients. Each of these groups need different psychotherapeutic treatment and support. The necessary coping strategies of these patient groups differ from the usual population in need of psychotherapy. Hypnotherapy is useful at all stages. The therapeutic implications are supported by relevant findings in psychoneuroimmunology, AIDS research and coping research. Two patient protocols and one case description are included for illustrative purposes.*

## 1. Medical and psychological stages in the course of HIV infections and AIDS

From the time of having become infected with HIV to the time of developing AIDS, HIV patients pass several medical and psychological stages. The medical field has attempted to classify disease development with different staging systems (e.g., CDC 1987; Redfield et al., 1986; WHO, 1991). Stage I, for the sake of simplicity, would include all those patients who are HIV positive or seropositive and are asymptomatic. Stage II characterizes ARC patients who are suffering from AIDS related symptoms which are not yet lifethreatening, whereas Stage III includes all those patients with progressive disease leading to death (for a differentiated description cf. Peter, 1994). The clinical course of infection can vary tremendously among patients. Munoz et al. (1988) estimate that some HIV patients are asymptomatic for more than 10 years. This can be verified by long-term survivors.

Von Forstein (1984) advocates a psychological staging based on the stages on death and dying by Kübler-Ross (1971):

1. Denial, paralyzing fear.
2. Denial of the diagnosis and attempts to maintain and hold on to existing life styles.