

The psyche of an allergy sufferer and its unfolding: a psychotherapeutic case study

The case of John from 2005 based on three years of catamnesis

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For the 70th birthday of Dr. Béla Buda, from whom I learned systematic and operational psychotherapy and who started me on the path of NLP.

Introduction

In my case study, I report on the psychotherapeutic treatment of a 32-year-old man with pollen allergy symptoms with one year of catamnestic outcome.

The treatment of allergic symptoms (never just symptomatic treatment) must involve profound changes in the patient's emotional state, which alter the immune system's response ("phobia of the immune system") in such a way that it is not only "symptomatic" but also "immune-phobic". "dangerous" substances, such as pollen, as truly harmless.

During psychotherapy, the patient has to undergo intrapsychic *emotional operational steps* that change the emotional structure associated with the allergic mechanism and as a result, the patient does not have to *shift* repressed emotions and emotions to allergens as a defence.

These action steps are largely performed in a hypnotherapeutic trance experience, which offers access to early and deep emotional experiences in concrete or symbolic form.

In this process, the patient partly processes repressed emotions and partly puts them to other creative uses. In our case, the repressed emotions also become largely conscious and contribute to the patient's efforts to become independent and to plan his or her life as a release of energy.

John has come to *get to the bottom of* this strange allergic phenomenon, which he believes must have a psychological background. Behind it, in fact, lies his struggle against his own maternal dependency, to find his independence after his second major attempt - the first was around the age of 21.

History

Last year, in mid-May, János, a 32-year-old salesman, calls from the countryside, apologises for the disturbance and is on his way. He has a kind, very respectful and already somewhat humble voice. He explains that he has pollen allergy symptoms. She has heard from a psychologist colleague (she mentions a specific name) that I deal with allergies and could I see her in the near future. She would really need this as it is already allergy season. I will tell her that I can only help with allergies that are psychological and not hereditary. He tells me that he is sure that his allergies are psychological. I ask how do you know this for sure? Because it is not every year, sometimes it is related to the weather, but not always. I ask him what he is allergic to? Primarily to spring flowers and plants.

We can agree on an evening time of 18 hours when you can be free, and also that you can come from far away, I am available for double the hours (90 minutes).

First interview

He arrived exactly on time. Medium height, slightly built, brown hair, glasses, eyes a little red. Nice voice, well articulated, modest man. Well dressed, tie, as a salesman should look. A slight, slightly obliging, childish smile on his face. My first impression is that he's Mama's boy. His movements are a little feminine, small steps. She looks around the room, but *always looks back at me*, as if I'm saying something to her when she looks here and there.

I offer you a place. As he sits down he *keeps eye contact, blinking only rarely*. We are almost in a mirror pose I smile too, recalling the phone conversation well. I quote a sentence or two from it. He is obviously pleased that I remember it so well. I'm glad you came and let's continue the conversation in person. Like a *schoolboy*, he asks if he can go to the toilet, because he's been driving a lot on the way here and, well, of course he can. What *manners*, he's almost humble, I think to myself. A minute later, as he returns, he *apologises*.

He explains that he and Mehred run an advertising company and he is *responsible for orders*, travels a lot, and gets the work for the company. I feel sorry for him, because I know how difficult it is for job creators. How many rejections, unfulfilled promises he must be part of and his kind unassuming style that does not give the impression of a "persuasion machine". *I almost feared for him*, how bad he might feel after a *rejection*.

Then he moves on to allergies. Allergies are a big problem for him, as he gets red eyes, runny nose, coughing and itchy palate. These symptoms are extremely disturbing in his meetings. (This is the hardest part for me, because it always depends on the person's internal perceptions of whether they can react differently to the pollen that irritates them). I will tell you that I try very hard, but it also depends on his or her experiences and inner experiences. She blinks at that, and then adds that she knows exactly that, even from the colleague who went to the psychologist who gave her my phone number. But he takes it for granted. That was an interesting moment. I shifted some of the responsibility to him, and he blinked at the fact that I didn't assume that he was aware of it. *I would like to get to the bottom of this and see this matter clearly*," he says.

I repeat what I said on the phone, that I can deal with allergies that are very likely to be psychological in nature, so it's mainly emotions, difficult situations. She leans forward, smiles and says that she is convinced that she is like that, that's why she doesn't like taking the medication and she reacts very badly to it: she gets sleepy and hungry. He is not taking any medication now and has no plans to take any. I can feel that he has confidence in me and is very compliant.

He explains that he is allergic to spring flowers, but also to ragweed. So from spring to autumn. I ask, how long has he been allergic? A little shocked, he says that he has been allergic since he was 13, maybe even earlier, but not every year, and when he is, it fluctuates. Officially, he has only been allergic since he was 13. How is this official to be understood? - I ask.

- This is a longer story.
- "I'd love to hear it," I say.

He has and his former parents have a plot of land in a village near Budapest. "I went to school from Monday to Friday, in my own little community, with whom we didn't go out when I was 8 or 10, but still the weekend was an opportunity to relax a bit or meet each other. In comparison, on Friday, when my mum and dad came home, we'd pack the car and head for the winter, and be down there until Sunday. A break from TV, weeding, planting, fruit picking, gardening. And *learning as an excuse*, when I didn't feel like gardening anymore, I said I had to learn! It was a sacred and inviolable thing. This is where I had my first allergy, only we didn't know it at the time. On paper it wasn't diagnosed until I was 13, but I know from my mum's telling me before that she had a guilty conscience about always "*freezing*" the child because he was always snotty in the summer. And where did this child get cold in the summer? Only then, this allergy, hay fever, was not so well known. It took an ear, nose and throat specialist who had just come out of university to say: "Mum, let's send the child for an allergy test".

His voice changes here, as he tells it I sense a suppressed anger and bitterness. As if he feels some shame.

- Now, what memories do you have of your father, your mother, can you list some of them? I find out that his parents are retired and he is a *late bloomer*.

They were former civil servants, and he remembers that *they always got on well together*. "You probably can't imagine it better than the way they live. They can argue about *whether there's too little jam in the cake or too much*." Another idealisation and orality I think to myself

I ask, how old were your parents when you were born? His father is 37 and his mother is 34. I don't understand why he is a late child, I suppose there will be some explanation later. But I have no comment.

He has no siblings, "only a half-brother", from his father's first marriage. *"There's a big age difference, seven years between us,"* but there's virtually no connection between them. He's been on secondment for a long time and is now abroad. They'll be back for Easter and Christmas. Then the family gets together, but the only contact they have is "Hi! How are you? How are you?" I don't understand how the seven-year age difference can explain the indifference. I am not commenting here either.

What is your relationship with your father like?

"My father is *an absolutely* friendly man. He can put things in an absolutely direct, but never hurtful way, so that I always know what he thinks about something, how he feels about it. I always feel that he is really him, he has adopted me as I have grown. He'll tell you what he would do in his own position or what similar experiences he's had, but he's never pushed me to go in a direction that he's sympathetic to." That's an idealised father - I suppose or a very different mother in comparison. *For me, this is his expectation: to never be hurtful and accept it as it is, and never force what he should do. I should just let her ideas and feelings unfold as they develop. That will be an important guideline for me, so the utilization of feelings, thoughts, memories.*

Did you always get on so well with your father?

He tells me that his father never beat him. However, he remembers that he often asked him for help at home and on the property, for example to hold the end of a tree while he cut it down. Take this or that here or there. John often claimed to be tired. This made his father angry and he reprimanded him: "How can you be tired? Come and help me." So he sometimes withdrew from the relationship.

How did you live your childhood years? You mentioned that you had friends at school, but other than that you didn't have much contact with them because of the winter?

"Actually, I don't remember it bothering me, I just remember that we're going to the winter again. The first time I was allowed to stay at home, when I was about 15, it felt like such a redemption. That I was finally not and finally doing what I wanted to do. I didn't do anything at home, I remember that specifically. But that nothing was something I could decide to do."

Maybe it wasn't the winter that bothered him, but rather the closeness with his parents?

Yes, you could say so, and rightly so. He's blushing a little. After a short pause, I continue.

And your mother? Is she a little different?

"He's a little different /sneering/, *I was his one-eyed little son to protect and defend.*"

What is his experience of being the one-eyed little boy?

"There are experiences that I can't put a precise time frame on. For example, this *lovemaking, from which the child would go out like this, would escape. But I hold his hand and I love him. He can still do that almost to this day.* It's really stuck with me."

Hm.yes

"Then, we went down for a bike ride. It was a place where we lived so we didn't have to cross the road. Even so, I *had to check in every 15 minutes* or so. All I had to do was go over there and whistle that I was OK, alive and well, and then I could go, so it was just a moment. *It looked good, bye, that was it.*"

"But I was playing football and it was strange to say, 'Sorry guys, I'll be back in two minutes because I have to sign off. Or when I was riding my bike, I was like, "Let's go this way because I have to sign in," it was a pain."

Hm...and when could it have gone further?

"What just popped into my head was camp. This was the first one, but it was such a special camp because it was organised by their own company in their own resort. Certain people from the company were taking children on holiday. I was under the supervision of my mum's colleague. It was the first away trip I could go on because at least she knew the child was in good hands."

At what age were you here?

"12 years old. I was having a great time when *it suddenly dawned on me that I had forgotten to write a letter to my mother. Then I rushed to write so she wouldn't beat me to it.*"

: "Mum, if she didn't like something, sometimes *she wouldn't talk to me for hours.* We would walk down the street, if I was doing something, we would walk down the street without her holding my hand, she would just stiffly hold her hand and *I would have to hold her hand, for a long time.* So he didn't snap his fingers back. And he didn't say anything." Withdrawal of love I guess.

"They offered me a cake in the restaurant, I thanked them, but before I reached for it *I had to look to my mother for permission. She indicated with her eyes whether I could have it or not.* It was one thing for you to agree to the guest house, but she had to agree too".

"If I was bad, so to speak, then came the *eye-rolling, blinking his eyes, that's a lot.* Don't be naughty, my boy. He didn't even have to say a word. It was from a very early age until I was 14. It was my godmother who later put it into words: of course, buy more cake and don't look at your mother!! My father, when he was there, didn't interfere. He let it happen between us." Terrible control I think and I understand why he keeps eye contact with me and barely blinks. I notice that during these stories he does not make a single negative comment or qualification about his mother, he just describes what happened.

I am asking about the family background of the parents. What are the family stories that have come down to him?

I learn that John's mother is a religious woman. His family has a sad fate. There were three brothers and sisters. Their father (his maternal grandfather) left them. His mother was about 5 or 6 years old when she *died of heart disease.* The three children went to live with their aunt. Their father (John's grandfather) went back for them and forcibly took them from the aunt to his new home where he lived with his new wife. There, the three brothers and sisters had a "ridgetar". They didn't stay long, because after a month or two they were moved back to their aunt's house. Then, within a year or two, both brothers of John's mother died. He was left alone. His brother had *a heart condition*, and no one knows what his brother died of. When his brother died, John's

mother must have been 11 or 12 years old... Her mother had a previous marriage, which lasted from the age of 23 until the age of 30, when her husband died *of heart disease*. Exactly what the nature of the many fatal heart conditions was, John does not know. I ask him, was there heart disease in his father's family? Not there, but again he mentions that his father had a previous marriage, from which he has a half-brother who is seven years older.

This paints for me a picture of a mother who had a very big loss in childhood, but also her first husband died of heart disease, so how could she not be afraid of her "one-eyed little boy"?

"I understand," says John, "but I experienced it not as caring, not as fear, but as self-exaltation. On the other hand, János's father and mother are both healthy, neither of them has a heart condition. Neither does John.

Here he mentions that his paternal grandmother lived with them until she was 12. It was she who enjoyed his closeness, listened to his stories, dressed him. Then she and her mother had a falling out and she moved back to her own flat. She died aged 83. I think she was the one who compensated for her mother's control.

However, János has episodic but severe stomach aches in addition to his allergies. He also had asthma symptoms when he was 16-17 years old. John does not recall his mother being particularly worried about him, as if she was afraid of some disease (mainly heart disease, of course)

I am asking about John's partnerships. He tells me that he started dating a girl when he was 15, had his first sexual relationship with her a year later and moved in together at 21. That was when *he moved away from home*. I wonder where she gets the strength to come out of a tight maternal bond like that, and I ask:

When this relationship started, how did your mother feel about it?

"He was not very happy about it. /she speaks in hushed tones/. You have to know that the Ági's parents died and she was brought up by her aunt. *Her parents had heart disease*. Her father died when Ági was 5-6 years old. And her mother died when Ági was 13. She was raised by her aunt." Good God - I think to myself and feel goosebumps on both my hands. *She finds her mother's pattern in another girl who has suffered a similar fate*. John continues. 'Meet more girls, because see what girls are like, so to speak! Since her parents are not alive, Aggie will be very attached to you. And it's *not going to end well*."

And how did that affect you?

He said something to his mother like, "Leave me alone, I'm fine. I can't tell her that we're not going out now! When I'm having fun with her. Did she always say you're seeing Aggie again? You've got to meet someone else. Where? I asked him back."

Defiant, but not rebellious - I think to myself. His mother, of course, tried to control this relationship. "When we were living together, my mother was retired and on her way home from the market, she would come in and do the washing up. I didn't see this as a problem, but Ági did. She was really pissed off about it. This is her household, she can do it. This relationship lasted until I was 26. Practically from the age of 15 until I was 26." *In Ági, she found her mother, an orphan whose parents died early of heart disease and was also raised by an aunt*.

Why did the relationship have to break down?

"He was first in everything. It was such a student love and *we grew* so close. I still wanted to live. I had the male blood in me. He was thinking more about children and marriage. And as time went on, our sex life converged to zero.

So over the years we have come to the point where we are not a couple, a man and a woman, but a pair of brothers. "A cute, cute, cute, cute, I brought you some chocolate" kind of thing. It was like brother and sister, or mummy's tiny son, or daddy's tiny daughter. You don't sleep with your child! Or your brother!" The early pattern of mother-child relationships is repeated.

How did you feel at the time?

"There was a feeling of home, a feeling of warmth, but there was also at times a terrible anger and desire to know why we couldn't have, excuse me, a normal sex life. Why do I have to feel at the first moment that he's cuddling up to me, but there's no sexual charge to the situation.

And I felt it at that moment". He defies his mother, but he can rebel against Aghi. This is where anger and desire come in!

"The interesting thing is that despite this, Ági did not orientate herself out of the relationship, but kept me to the extreme. When I said that I couldn't take it any longer, to say */there she gets stuck in her speech, asks for a glass of water and then continues/*. I got external help from another girl, so to speak. Now I didn't save myself, but there was no cheating, I simply stopped one relationship and then started another. So when I said it, I was literally afraid that Aggi would commit suicide."

(Scenic scene: speechless.)

Was there any sign of this?

"Not really, just those conversations with a crying mood. Sentences left out, that I don't know what I'm doing."

And then they moved apart?

"Yes. We practically split up in a week, but it took us six months to work through that, the common threads: selling the flat, selling the furniture, sharing. And then later he approached me again. It was very difficult for me, because I was so sure that I *had ruined* his life once and that I was only allowed to open up to him if I was absolutely sure. And from then on, I can never in my life say it's over."

What did you mean by ruining his life?

"Well here you are at 26 and you've built a vision for yourself. With me in it, and kids and so on, and then out of the blue I say, "Thanks, it's over. Years later he once said he could have taken the signs *that I never said at the time. So we never had a fight.*" It is clear here that John has a strict superior self, is very honest and wants to live up to it to the maximum. In his relationships he follows the pattern of his parents, who could only argue about whether there was enough jam in the cake.

What did your mother say about the break in the relationship?

"Well, my boy, I've been dreaming about the grandchild. What was the matter? You had a car, you had an apartment. What are you going to do with yourselves *at your age?*"

Is nothing John does good for his poor mother? Here I was already rebelling inside. The adjective "poor" was an expression of my anger.

This girl, who "helped" Aghi to end his relationship, was his partner for about half a year.

Their current relationship has lasted about a year and a half. His partner has an older 12-year-old son from his first marriage, with whom he is on very good terms. They study together, he takes her to the cinema on weekends.

He considers this relationship to be very good. The good thing about their relationship is that "I can say anything to him. It's something I never dared to do before". For example, after the first three months of their relationship, he told his partner that it was a good relationship, but that he didn't love her yet. She felt the confidence and acceptance that she could say that.

How did you take it?

"Well, he wasn't happy about it. He also expressed that he was comfortable with me. And the fact that I'm not in love and I can give him so much, he thanks me and he feels very comfortable with me."

When did you fall in love with him?

"There is no specific timeframe for this, it is gradual. I realised that I could be with him on weekdays without any hypocrisy. And he accepts it that way. In the meantime, of course, I got to know him and this directness and kindness came together."

Why did he think he didn't dare to fall in love with her in the beginning?

"It's interesting, maybe there's an effect of the fact that when we first met he was pulling my leg, joking, he absolutely didn't see me as a partner. The very first time we met he was like, "who's this little boy here?", he was quite patronising. Maybe that gave me a clue that this woman was a woman to be careful with. Then it turned around, because she bonded with me first." Here I noticed that "who is this little boy" rhymes with "my one-eyed little boy".

It is clear to me that John is a very strong, introspective person, in his soul.

We were well attuned to each other. If he's so open, I now feel I have something to give. It's my turn. I'll tell her that I can help her to feel the same way about flowers and plants as other people who are not allergic.

He nods and reiterates that he is "very keen to be clear on this issue". It's as if he has guessed my inner thoughts. I tell him that we will talk a lot about the events of the past and his feelings, and in the process he will experience a wide range of experiences, using his imagination and feelings to change his reactions to flowers and plants.

I can see on his face that he is calmer now than when he came. It calms me down too, I feel I can work with him. (I recite the allergy treatment metaphor to plant in his mind the steps of the operation to come). They say the relationship between allergic reaction and the immune system is like sentries in a castle. If someone approaches, they must recognize whether they are a good friend or foe. If for some reason they are mistaken, they will sound the alarm even if a good friend is coming. This alert would be an allergic reaction on the part of the immune system, i.e. it reacts to harmless pollen as if it were a dangerous substance. We would like to change this in your senses during the treatments so that you do not see harmless pollen as dangerous.

While telling the metaphor, I could see that he was really thinking.

He asks when he can come next. I'm glad, because I feel he trusts me.

Analysis of the first interview and the therapeutic contract

Based on the objective information from the first interview, the development of John's illness can be interpreted in terms of his dependent relationship with his mother. He basically represses his emotions towards his mother, as well as his current frustrations, and shifts them to an external object (pollen).

Thus, the psycho-immunological symptom is based on the desire for independence from dependency, which forms a specific emotional structure. However, the independence strivings are forbidden by certain norms of the superego, so that the person experiences them as emotional frustration and shows a violent defensive reaction to even mild external stimuli (e.g. dusts). This is the allergic symptom. John formulates this mechanism at the beginning of the first interview as follows:

"There are experiences that I can't put a precise time frame on. For example, this *lovemaking, from which the child would go out like this, would escape. But I hold his hand and I love him. He can still do that almost to this day. It's really stuck with me.*"

A mother who has suffered multiple losses gives birth to her first "one-eyed baby boy" in her new marriage. She protects him, but she cannot give him healthy love and warmth, because she is most likely unconsciously afraid of another unexpected loss of property, i.e. the loss of John. She is tightly controlling and questioning almost all his aspirations for competence (except one - learning!) and obliging him to care for her, to meet her expectations. He is held in a kind of "dual-union captivity". It is not the child John who "glitters in his mother's eyes, but the mother who glitters in her child's eyes". He must always live up to his mother's expectations, otherwise he will be subjected to severe deprivation of love and guilt.

She grows up in a social situation of four people: father - mother - paternal grandmother and herself. She mentions grandmother briefly, but with great emphasis. The influence and interactions of the father and grandmother may have been, in my opinion, what protected him from a possible borderline personality disorder. In the first interview, of course, she mentioned the maternal interactions as particularly damaging, as they were the mappings of the emotional background to her allergic symptoms. Her mother's unconsciously controlling and destructive attitudes may have disrupted her early personality development and her aspirations for competence, but they did not damage her. Because of his strict, socially normative superior self, he does not rebel against his mother, but shifts his pent-up emotions to "dangerous" flowers, plants, their parts, their pollen. He starts having sexual relations at a very early age, against all his mother's objections, and has regular sexual relations by the age of 16. Ági is also an orphan of parents with heart disease, like John's mother. Alongside and through her, János learns to cope with and endure a strong addiction. When Ági begins to resemble her mother's patterns, she moves on. Her relationship with her father is also ambivalent. He does not protect her. It is likely that her father's situation as a husband is not much better. Still, with her father's permissive support, she is able to develop her own masculine identity. He graduates from two colleges. His undergraduate degree is in engineering.

He is a good verbal communicator and a person with deep feelings. I follow John's stories and experiences with compassion and admire his personality for having such accurate observations and phrasing (e.g. "*Ag and I have grown apart*"). He has a strong sense of self-awareness and an assumption of emotion. Perhaps it is due to her flexible abilities and the paternal and grandmotherly role model that she has been able to emerge from this very destructive dual-bonded mother-child relationship. She has come now because '*I want to get to the bottom of this and see it clearly*'. He is asking me to help him do this in the same way as his father: by being *an absolute friend to him. Absolutely straightforward, but never hurtful, I should be me and he should be him, and accept him as he grew up* (that is, as he grew up and as a grown man). "*Just unfold his ideas and feelings as they develop. This will be an important guideline for me in the future, that is, the utilization of feelings, thoughts, memories.*"

We contract for ten double hours, he comes twice the following week and then once a week in the evening. This is necessary to get rid of your unpleasant allergy symptoms as soon as possible. We agree that she will now have an interconnected experience over several sessions, during which we

will always discuss her experiences. The important thing is that he expresses his feelings, fantasies, inner physical sensations and emotions well.

Operations to treat the allergic symptom

However, I would like to point out here that in the case of certain life-threatening allergies, such as Penicillin allergy, I consider psychotherapy experimentation to be prohibited and life-threatening. After all, relapse can occur in many cases if the person decompensates for some reason. However, for most allergic complaints, if symptoms return, they can be unpleasant but not life-threatening.

In the following, we will describe in detail, step by step, the operational process that helps János to change the deep, multi-layered emotional structure responsible for the allergic mechanism.

1. At this stage, just observe and register the thought and vegetative patterns of the patient. We do not know what deep emotions the allergic symptom is associated with in the patient. This is why it is useful to work with symbols.

2. The "dangerous substance" symbol

After indirect induction, when the signs of the trance experience are clearly visible, the patient is asked to imagine, as he or she subjectively experiences it, what the small particle looks like in his or her imagination and feelings, if he or she imagines it by enlarging it to about 10-20 centimetres. So we are not imagining the pollen picture in the lexicon, but the subjective experience of it.

John sees it as follows : *" well, it's like a furry ball that spins and puffs and dust comes out of it. They come like thistles up my nose and when a tentacle or a hair touches me, it can grab me. It doesn't sting, it tickles."*

How does the unpleasant feeling happen here, how does it work? How does this hairy ball make your eyes red, your nose run?

John: *"it tickles and turns red. It makes my eyes water to wash these hairy globes out of them. For me, red eyes remind me of crying. My nose gets stuffed up so that I don't get it any further....Like a gate, my nose closes, protects me from getting these hairy orbs into my brain. If it got in, it would almost destroy me. Then I'd be unable to resist it. It's like a parasite trying to take over."*

These reports of subjective mechanisms implicitly refer to peer conflicts, helpless resentment, and self-worth insecurity. John's sentences above also reveal a struggle against something that, if it were to take hold, would be lost. In the light of what we know so far, we know of course that this is a symbolic representation of a total, essentially maternal protest against control.

3. What makes the subjective mechanism work?

According to the systemic approach, we may legitimately ask which conscious or unconscious representation of the allergic person is the one that makes him or her aware of the harmless substance such as pollen as dangerous? We could also say which part of the personality is responsible for shifting the patient's emotions and annoyance - suppressed within himself - to the harmless substance, thus presenting it as dangerous. We have to look for this in some superior self-content, which is not currently available to the patient.

This symbolic mode of operation, however, allows us to make the patient associate in a trance experience with *the image that appears in front of or inside him or her when he or she asks*

himself or herself what could make him or her perceive the pollen as, for example, hairy balls? What could be the reason why he or she works in this way? Or what makes him act this way?

This is perhaps the most difficult part of working in trance. For we are not asking the cause of the problem, but the superior self-representative that is running the subjective system of the patient. This process requires patience and perseverance, I believe, because the patient is not conscious of this superego content. However, the negative feeling of allergic symptomatology (the subjective mechanism mentioned above) is related to this representation of the superego (a value, a norm). In most cases, an image or picture of a previous experience appears as a surprise, which the patient subjectively perceives as closely related to the allergic mechanism. The therapist's task here is to test whether the spontaneously appearing image is actually fulfilling a function of the superego. The representative image of the superior self is almost always a symbolic image and is commanding, demanding, abusive, threatening.

John: *"A strange picture appears. I think it's a zygote...suddenly I don't know what it is? But I feel it's what makes this system work".*

What does this zygote look like?

John: *"It's like I have a yellow sun in my chest that has this very jelly-like consistency and a very fragile shell. It fills me up inside."*

The fertilized egg is the zygote, the paternal and maternal parts together. John localizes it in the sensation in the chest. He puts it where he feels his anxiety most. Let's test if this is a symbol with a superself content.

This is where statements such as "late child", "mother's only child"

4. Internal dialogue with the representative above me

When the patient, through his experience of evidence, finds a link between the image of this superego content and the subjective mechanism caused by the "dangerous" substance, it is possible to ask about the function of the image:

Does John feel that this zygote is cultivating or cultivating it to defend itself in such a way that it closes its nose like a gate?

John: Yes.

What is the purpose of this zygote?

John: *"I feel that's what's behind it, that's what's making it all work. It's a feeling that I have inside of me to protect him with my burcom. I have to be good so that I don't get hurt, so that my hurt doesn't hurt his sensitive burka. I am some kind of external protective "china doll" protecting her. So she forces me to do things that are not good for the outer shell, but good for her."*

Is there a message for you?

John: *"To protect me. John: "Protect me. "*

How do you feel this zygote has some original or educative intent?

John: *"That I may strengthen this shell of mine, that I may be strong, that I may not be vulnerable, that if I am strengthened, it will just be there in peace". "And also to be always ready to start, to be able to be alert".*

To get stronger and ready to go. These two things alone can be very useful.

/ The symbolic image of the superior self-representative is almost always obnoxious, demanding or threatening. But if we ask further what the original intention is, or what it is trying to educate the patient to do by being demanding or threatening, it turns out to represent a norm or value. The first associations always refer to the fact that the purpose of the superior-self symbol is to punish, humiliate, obstruct or threaten. This moment, however, is a moment of insight and reassurance, because it is here that the patient understands that the symbol of the superior self is not persecuting him, but protecting him! The meaning and the positive intention of the symbol, spontaneously and involuntarily created from unconscious, symptomatic feelings, becomes conscious and comprehensible to the patient!

Separating the original, positive intention from the punitive function is not always easy. It is also useful and helpful to use metaphor here. For example:..." a young child is playing with a wet head, running around in the winter yard, one of the parents, say his father, sees him and with great severity shoves him into the heated room. In the midst of loud shouting, he wipes his hair quite aggressively, leaving a lot of hair in the father's hands and in the towel. The child feels his toys have been ruined and is aggressive with his father. But the father's original intention is to save the child from more serious harm, such as meningitis! So the father's original intention is protection, not punishment...".

5. Boosting and leveraging positive intentions /description of a session/

In this phase, the patient is helped to experience the positive message or messages that are important to him or her, as he or she has already fulfilled them at some time, in some form. It is a process of gathering, combining and experiencing together experiences and emotions of different time and content:

"Now just dive into yourself, let your feelings and memories go, and in doing so, live through how much you have experienced in your life so far, to strengthen *yourself and be ready to go...* You can have that feeling today in certain situations, you could have had it before, even a few years ago, even before. Some of these experiences come to him quite consciously, but others come to him spontaneously, involuntarily, perhaps not fully understood by himself, as an unexpected guest. Just live through them and gather them all together..."

When we see the vegetative signs (relaxation pattern) of the experience unfolding on the face, relaxed muscles, we ask the patient to tell us why it is important for them *to strengthen themselves and be ready to go?* What is the deep and overarching value behind this?

What he says he will experience. What's behind this, something deeper, something more profound? It is a broader capacity, some deep conviction, in which the series of experiences can be summarised. This is continued until this rich positive experiential material is complete, integrated, until the patient has formulated his own identity. For example, "*because this is who I am*" etc. This is how John experienced it.

"Now that you're thinking about it so much, how have you ever been strengthened and you've been in a start-ready state, you can even relax here, just stay in the moment and look for experiences, maybe they come up quite involuntarily, how many times have you had this start-ready experience and you've had it and you've felt strong? /pause/

John: *"When the starting skill has brought you success.....I often get feedback from colleagues that it's good that you thought of that! And that we probably wouldn't have thought of it. This is what makes us so focused. This means an above-average performance on the outside."*

How does it make you feel physically when you hear that, how nice that you thought of that?

John: *"In the same place in my stomach, there is not a tremor, but a soft feeling of relaxation that caresses me. A very pleasant warmth, like being caressed with feathers."*

And the feeling of concentration?

John: *"Yes, it's a uniform. I have rarely felt that."*

Just relive this experience of concentration in different situations, how does it affect even unexpected situations?

John: *"I also get this warmth and this soft caressing feeling when it's a weekend and I'm just free to exist. I can almost literally feel it when my stomach relaxes from the tightness."*

Do you just live it here in this armchair? And think, what is the important thing behind why this is so good?

John: *"It's a feeling of calm happiness when I'm recharged. Everything is so clear. I feel that I myself am very well. I am well. I am me."*

I ask you to create a symbolic image from the many feelings you have dreamed about, which contains all these feelings and conveys them to yourself.

John: *A face appears, a face full of good feelings, looking at a rainbow in front of it.*

This comprehensive and physically and spiritually pervasive experience of identity is further intensified by "now for a while let flow within you all that you are experiencing both physically and spiritually... further intensify within you *this here and now experience* and just let this complex experience flow within you".

This is the flow-experience itself (Csikszentmihályi Mihály, 1997). The image created from feelings is a symbolic image (for example, in the case of János: *"a face full of emotion with a rainbow"*, which condenses the many self-experiences, and therefore represents a powerful source of emotional power. We will take the process further:

Just let it affect you, to amplify these feelings even more.

.....and let those feelings flow through you, as your colleagues say: we probably wouldn't have thought of that, and it's good that you thought of that, and just experience that feeling of focus, and as you get charged up and everything becomes clear and you're very well, because as you say "I am me".

.....just let this overall feeling flow through your body, like the circulation of blood flows everywhere.....and let this overall feeling flow towards things you want to believe in more, trust in yourself more.....and let this deep feeling of confidence in your own strength, your own abilities, your own skills and potential flow through you and let it flow through you.....so keep letting that deep overarching feeling flow into every situation you've ever been in, whatever you've done, whether it felt good or bad at the time or afterwards...when you had to report every quarter hour...or when your mother waved her eyes at you to buy a cake...or when you didn't speak and just held her hand stiffly....or when she was playing happily at the children's camp and it dawned on her that she hadn't written a letter yet.... let almost all of her life's situations so far be accompanied by this deep feeling she has found, this feeling of "I am me" with this face full of good feelings and rainbows.....and carry this feeling and the picture that goes with it in her mind into tomorrow, the day after tomorrow and on into events that are likely to happen, like an unexpected phone call.... Observe what happens to you when these feelings are there and accompany you everywhere...for it is your own deep feeling, your "I am me feeling", with this face and rainbow of feelings....that makes you feel united and together.....experience how this deep feeling permeates you both physically and spiritually.....

/ The process is to give new emotional meaning to different situations./

6. Updating and settling the claims of the representative of the superior in a new way

At this stage of the operation, help the patient to re-experience the flow experience and its symbol, which for him or her is a peak emotional experience with great emotional energy. In this state, the person's abilities, creativity, early learning, problem-solving patterns are readily available, the "wisdom of the unconscious" is present in this state, so to speak (Erickson, M.H., 1979). Then

have the patient imagine the symbolic image of the superself representation ("zygote") that the therapist refers to by its concrete name, as John called it earlier. Then mention the positive messages of the superior-self representative, i.e., *to empower oneself and be ready to start*. Then we deepen the trance experience and create emotional communication in the patient between the symbol of the flow experience ("a face full of good feelings with a rainbow") and the symbol of the superior self representative (zygote) as follows:

"And let your imagination wonder how this face full of emotion with this rainbow would help you to deal with this start-ready state in a new way, with new feelings?

Just let your imagination run wild and maybe you will find ways, inner paths, feelings to empower yourself in a different way.... how many new ways and new ways are possible? This face with this rainbow may find a way to offer many ideas, thoughts on how else to "empower yourself and get ready to go.. ...

Observe that out of all these ideas, feelings and possibilities, there will be those that this "zygote" idea will sow and those that it will accept. Perhaps you are wondering what it will accept? It may be an image, or a feeling, or both, that this zygote is telling me to accept, that I can try this out in real situations ... how many images, all that is flowing through you now and more possibilities that this "zygote" welcomes...,but they may only become conscious in you later....let this inner process flow on and on....then when you feel that it feels good to come back here, to this room, at your own pace...,then your eyes will open and you will come back here.

How are you feeling?

John: *My face was so relaxed that I was almost drooling.*

What did you experience?

John: *I had some feelings, some thoughts, it's interesting that it occurred to me that it's good to sleep enthusiastically, because it's another activity that makes me better, it gives me freshness.*

John: *It's a shame to start long before the starting gun, because it doesn't help, it just freezes the muscle and me. It's enough to get there when you need to. A lot of things work, but as soon as I start to say them orally, I fall behind.*

It has worked out that in many cases it is a pity to worry. I can get confidence much better if I take responsibility for myself. I don't have to lobby with a wound, but if I act more calmly, you can see from the way I move that I am more confident. Well, that sounds very trivial.

I had the feeling that just because I did or didn't write a letter at the camp, I could still be a good person, that I couldn't live up to the other person. It doesn't mean I can't be a good person to my

partner or someone else. That was actually my biggest realization. It's not that interesting when you put it like that, but I've never felt like I feel like I take it for granted. I know that even if I'm not right for someone, there are other people who can count on me for a thousand times more important things. I'll still be who I am, even if something doesn't work out. I am so clear and clear in my feelings and images.

There was this face and this rainbow. What effect did that have?

John: Actually, the rainbow was the important thing, because whatever problem came up in me, that rainbow was so big, so infinitely big, that for the given problem you could pull a thread out of the colours of the rainbow, and here was the solution. And it was so big that you could pull a thread from it as a solution for an infinite number of cases, and there would be no less. So it's like a solution-key.

And has the zygote accepted many of these options?

John: "Hajajajaj... from the zygote" always came these kinds of excuses... "yes, but", "nana", but so rich were the possibilities of this rainbow...it contained the full spectrum of answers, from which one could always draw a flexible, flexible attitude. Towards the end, this zygote was transformed into a stern but human face.

How are you feeling now?

János: Very well, thank you.

7. Exploring the emotional history of the allergic symptom

The powerful flow experience helps the patient to be recharged with psychic energy and emotionally open for the next exploration. The patient is asked to experience only slight traces of the physical sensations of the last allergy symptom (e.g. itching, nasal congestion, etc.) as a reminder and this is combined with indirect age-regression suggestion, where the thread of age-regression is formed by so-called *emotional bridges*.

As follows, "With this feeling (as this furry ball stimulates you), you slowly start to go back to the events of the past, this feeling leads you somewhere completely involuntarily, perhaps wondering very much where and into what situation you will arrive, following the thread of this feeling. Meanwhile we observe the change in the patient's vegetative signs, when the so-called problem pattern appears, especially on his face, we address him again. "Where is it? What are you feeling? What is happening around him? How old is he here?". This is always a negative experience and the feelings in the patient are feelings of frustration.

John: " I'm breaking up with Agia, I'm bad, I've destroyed her vision. It's a Tuesday night and we're talking, we've gone from a day-to-day argument to the point where I can't live my life with her.

After the questioning, I ask János to continue from here on the thread of the feeling he feels here, in this situation!

John: I'm about five years old, I'm very lonely and I'm reaching out my hands, but no one is picking me up!

This is a different kind of negative feeling, but it is essentially related to the feeling of an allergic symptom.

Emotional bridges usually take us back to the age of 4-6. From the content of the experiences, it is easy to reconstruct how the experiences that culminate in an allergic symptom are telescopically built up from preschool onwards.

In the course of evaluating these experiences, the author became convinced that repressed, suppressed emotions and annoyances lie behind the allergic symptoms. Frustration never triggers behavioural aggression, because allergic persons do not allow their strict, norm-conforming superiors.

8. Creating corrective emotional experiences through intrapersonal communication

"Take that feeling and put it where you need it" (Milton H. Erickson, 1979.)

a/ I then ask John to relive the fulfilling experience he has just had (i.e. the self he lived in the flow experience) and as a "mature adult with almost all his faculties as a self, return to that time and to the youngest self (usually a 4-6 year old story) whose difficulties are about to begin. And accompany or guide him through this situation (stage of life) again, giving him all the feelings, advice and convictions he needs to be able to experience differently what is really happening there. You know this little child (this little John who holds out his hand) and he knows you well. If you are with him in this difficult situation, if you hold his hand or stroke his head, hug him, then this little child will feel his hand being *held*, his head being *stroked*, his head being *hugged*. You can also convey to him the feelings that you as an adult feel and experience in yourself, as this little child takes them in there, in that difficult situation. As you guide him in this situation, you can see the little child on her face as she takes in these feelings. I'm sure you'll find a way to help him well."

We say all this flexibly, with breaks in time, in tune with each other. Then, when John's face shows signs of reassurance, we continue, "Look at how this little child is getting out of this situation with this help, and what lessons are you learning?"

John: I pick him up and he calms down /while a few tears roll down his cheeks/, I can see that he can survive this.

We do not ask for a more detailed verbal description here, as it is a very complex process of experience. This intrapersonal process in a hypnotic trance is often a cathartic, profound experience. It brings a whole range of emotional understanding and insight experiences, often in ways that are difficult to verbalise.

If the child-self experiences the same event with different feelings through this intrapersonal process, it will also give the situation a different meaning in retrospect. Experienced as a child, the original situation could then indeed be literally *hopeless*. In the bodily-spiritual interaction of the adult self and the child self (in fact, in the intrapersonal communicative experience), it is already in perspective, since it has long since transcended that situation. Thus, the series of experiences

itself takes on a *new emotional meaning*, and this change in *the functioning of the autonomic and neuroendocrine systems creates a new reactive pattern!*

b/ Then, moving from the past to the present, we take the process further by having the childish self of John, who is experiencing himself with different feelings (here we repeat his expression, *"the little John he has taken up and can survive"*) and the adult John go to the next problematic situation when he breaks up with Aggie, on the Tuesday when the event is about to begin.

John: /He doesn't speak, he just takes a long deep breath, his face shows signs of inner conflict, inner struggle, and after a few minutes the visible tension on his face starts to ease./

As before, you will be asked about the changes you have experienced.

John: *It was hard to start, but then I got the feeling that I am human even if I don't meet everyone.*

c/ When a corrective emotional experience of the situation closest to the present is also made, the patient is asked to "read" the other "helpers" and thus "what would the other self - experiencing these changes - be like if it had had so much help when it was the same age as you are now"? This is a difficult suggestion, give the patient time to create a visually well-structured image, which is also a kind of self-ideal. Ask the patient about the qualities of this other self and how they see them in the image of the self, in posture, in speech, in movements. At this stage, a lot of repressed feelings, desires, aspirations come to the surface and formulation, which naturally stem from the personality of the patient and are now beginning to be integrated in him.

John: *My speech is so fluent, the air comes out of my lungs easily, I'm braver this other me.*

9. Investing in the future

It is useful to project this ideal into the future:

"well, what would this other person be like in a few years' time, if he or she continued to live with these qualities?"

Here too, let the patient develop a well-structured self-image of the future. If it has worked well so far, this future image is bound to be positive.

John: *He has plans, he's taking more responsibility for himself and he takes it for granted.*

Let's take the dialogue further by asking "would you accept this future self as your advisor"? If the answer is yes, 'would you like to be like or similar to him? Would you accept him as an advisor'? If the answer is yes, continue with "take a good look at this counsellor and he will indicate to you in some way what you need to be like or similar to him in the time to come. He may be telling you something important, or signalling you with his gestures or facial expressions, or perhaps saying something that only you can really understand. It could be a hidden message, a feeling that you may not consciously understand until later, or it could be now"!

This message is rarely verbal, but more often metacommunicative and/or the patient finds a state of equilibrium that we confirm they can now experience, even for a longer period of time. It is important that in the process the patient creates a variety of fantasies about the future: about his/her own development, overcoming difficulties, dealing with frustrations, etc..

10. Integration and identity

Then come back to the present and let the client experience themselves in this new way. Experience the subjectively changed past and future together, *here and now* in the present.

Experience the person of the counsellor, now placed within yourself. The image of the counsellor is an external, dissociated image (ideal image) charged with strong "liberated" emotions, feelings, qualities of this other self. He came into being by helping so much of his former self, taking away the feelings of his former selves that they needed at the time. So this other self, this image, qualities and feelings of this counsellor is also his confidence in himself and his future. That is why it only takes in the feelings, body feelings and qualities of this other self. He also feels his usual feelings, his body-feelings, his inner well-being and the security of his body boundaries being complemented as he takes in the whole being of this counsellor". In experiencing the latter, certain feelings of bodily anxiety that are already familiar dissolve, for example, inhibited inhalation due to allergies becomes deep, even and liberated breathing. Muscle tensions in the chest and abdomen that were previously "habitual" are released. A strong sense of self-identity is re-experienced, associated with the characteristics and symbolism of the flow experience previously experienced.

Allow this strong identity experience to unfold in the patient, followed by a slow, gradual hypnosis. "Live yourself and let these feelings flow within you, while you feel the exact limits of your body. The boundaries of our bodies are mostly our skin. Feel how this flowing body heat sensation is also flowing through your skin. What's outside our skin is the outside world. What's inside is yourself both physically and spiritually, the person you care about well, giving them the feelings, self-belief, confidence they need....most slowly you will be able to come back here, but only at your own inner pace, the rhythm of your feelings. When he comes back and then his eyes open, his found feelings will remain within himself and with himself and accompany him everywhere".

11. Discussing the experience

After the recall, we will discuss the patient's experience, what and how did they feel? What do you now add to the stories you have experienced? How do you now see your problematic experiences, your problematic relationships?

In this discussion, we follow the following main line: *we actualize the patient's intrapersonal events, transferring them into a translational analysis of his past and current interpersonal relationships*. Here there is room for rehearsal and even interpretation. In most cases, however, it is the patient himself who interprets his allergic mechanism, the transference of his emotions to other persons and his emotional transference to the "dangerous" substance, its symbol.

John: *The end was very good. The hardest part was when we had to go back to the break-up with Aghi. It was a terrible feeling at first. It's horrible to say it, almost everything inside me hurts as it burst out of me. Everything was constricted, shrinking, my lungs were constricted, my stomach was constricted, I had a stomach problem, now that it's come out like this, stomach pain, stomach cramp. And then I got the feeling that I'm good even if I'm not good enough for somebody. That helped. Of course, not everything got better, but it did reduce the bad feeling significantly. I would say it became bearable.*

So when it really happened, it was a very bad experience. I experienced the kind of tremor that appeared as fear. Shaking from the words that left my mouth. To say what we hadn't talked about before. That I didn't want to live with him anymore. That shudder, it went down to the stomach, that was caused by saying the words..

What else do you remember?

John: *I had a lot of experiences in the meantime, but this was the most important. As I picked up little John, I felt a great relief inside. I cried because of that. It's as if from the depths, say under*

water, I suddenly rise to the surface and it feels so good to take a deep breath. Because down there, the air was really gone.

12. Analogy symbol search and desensitisation

a/ Finding a counter-example by analogy

Such an analogy might be a handful of shotgun pellets on a small plate, or a handful of cherries. Imagine again a subjectively magnified piece of the "dangerous" substance (for example, in our case, "hairy balls"), then deepen the trance experience and ask him to "almost spontaneously look for another substance that is very similar to this "hairy ball", but if he comes into contact with this other substance, it is not only unpleasant, but tolerable, and even pleasant to come into contact with".

This is where the ingenuity of the patients always surprises me. This search for and finding of analogical counter-examples is much easier than one might think. For John, the counterexample to the "hairy orbs" became the "water vapour" that is produced in nature by, say, a waterfall.

b/ Dissociate the patients.

"Imagine yourself hermetically protected from all outside influences by a sheet of Plexiglas or glass. At the same time, imagine another you, outside this protective glass is". Let's give the patient suggestions that his "other self on the other side of the glass table has the same abilities that you have here in this sheltered place in this armchair".

c/ Gradually introduce the "dangerous" substance.

MiaThe patient sees himself dissociated behind the protective glass panel. Ask him to imagine the external self slowly coming into contact with the perceived 'dangerous' substance more and more, but perceiving it as, for example, approaching the 'water vapour' and feeling it refresh him. Even at low levels, the vegetative pattern of the patient is monitored to see if the allergic pattern appears. If not, then more exposure to the "dangerous" substance and more exposure, while emphasising that both individuals have the same abilities. "You are in this protected area and that other you is out there".

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d/ Re-associate the patient's situation.

If the dissociated self does not show an allergic pattern, then we ask the patient to let this imaginary glass wall go up and embrace this other self, to feel whole and unified again.

After desensitisation, the patients should preferably be tested. We did not have the opportunity to do this directly. John called two days later to say he was feeling fine and had no allergic symptoms.

Catamnesis

A few weeks ago I called John and asked about his health. He was happy to oblige, and a few days later he 'popped in' for a half-hour chat. He was more confident now. Much more free-eyed. He didn't even start talking about the allergy, but that a lot had happened in the last year. He and his partner have decided to pursue their common goals of having a child together and building a family home. She has already sold her flat, got the money for it, and taken out a bank loan. They bought a plot of land near Pest to build there. Believe me, he wouldn't be doing this if he didn't trust his partner. Her partner lets her live and be independent. She continues to get on well with her son, he is the taller one for a few more months, but then he leaves her.

His mother sees him differently now, she just realises he's grown up. Although sometimes she sends a text to say they are well. But she can take it as a joke.

He had no allergies except in one or two extreme cases. Even if it was rare, only 40-50% of the time it was gone in a few hours. His work is still difficult, it is a lot of stress. Last summer there was little work, and from late autumn onwards there was a lot. We are happy to see each other, we stay in touch, if something is needed, he will contact us. It was good for me to see János again.

Summary of the psychotherapy process, referral and re-referral relationships, detachment.

The emotional structure behind the allergic symptom - which operates and maintains it - was changed by intrapsychic operations in the 12 steps above. Utilisation is an essential part of the process, i.e. we always help the patient's projective processes to unfold.

Working with János was a great experience for me. I was a little afraid that he would transfer his dependency on his mother to me as a kind of saviour. But I didn't feel that. I tried to be a good father all the time, always putting the decision in his hands and reinforcing it. I feel like the "porcelain doll" of a mother has grown into a serious adult over the past year (family, children, building a house). Since the first interview, I have felt that he trusted me and I trusted him. I was able to convey to him with a real inner belief in his feelings, his experiences, that they were leading him in the right direction, and my own belief in his ability to change.

With the zygote symbol, I was a little unsure about the progress of the process. I perceived this as a very early imprinting of a superscript that is so double-bound that we can't move beyond it. If there were to be a relapse with it, it would certainly have to be reached back here.

John's experiences and his words about separation (moving away with Aghi), i.e. how the words affected and induced psychosomatic symptoms in him. It will remain a lasting experience and lesson for me for a long time. Now, as I write these lines, I can feel a little bit again John's struggles, from the 'family myth of the heart patient' to the withdrawal of maternal love to self-reliance. Once at the end of a session, just starting out, he complained that he couldn't tell his clients anything but the truth, couldn't miss a beat. I replied that if I had to choose, I would choose such a colleague. The last time we parted, we said that if anything happened, we could always meet again.

I met him again a few weeks ago. Since then she has had a baby and has no allergies.