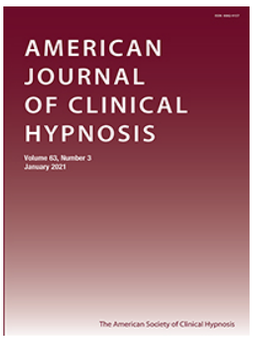

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Ideomotor hypnoanalysis -value in uncovering significant subconscious memories in some psychiatric disorders

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ABSTRACT

Some patients with psychiatric disorders respond poorly to treatment. Case reports are presented to show the value of ideomotor hypnoanalysis as an augmentation assessment technique in psychiatric disorders like Depressive Disorders, Panic Disorders, Illness Anxiety Disorders, Post Traumatic Stress Disorders and Somatic Symptom Disorders. The use of ideomotor hypnoanalysis may be of great clinical value in uncovering subconscious imprints, past traumas, sensitizing, and precipitating memories.

KEYWORDS

Anxiety disorders; depression; ideomotor hypnoanalysis; somatic symptom disorder

In psychiatry, the standard psychiatric history, medical workup and psychiatric diagnosis is routinely done before planning a proper treatment plan. Psychiatric diagnosis is formulated in accordance with the American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders. (5th ed.) criteria. A significant number of patients with psychiatric disorders still respond poorly after receiving standard psychiatric assessments and treatments.

Subconscious repression of some sensitizing or precipitating emotional memories or traumas is some of the reasons why patients and clinicians are often not aware of the primary causes of some psychiatric conditions. According to Gaynes (2016), many people diagnosed with depression fail to achieve remission after following the recommended treatment. Psychiatric and medical comorbidity were identified as risk factors for the development of treatment-resistant depression. A history of physical, sexual, or emotional abuse can also be associated with a co-occurring Post Traumatic Stress Disorder (PTSD) that can increase the likelihood of poor response to treatment.

Souery, Papakostas, and Trivedi (2006) indicated that many patients considered treatment-resistant to depression are actually misdiagnosed or inadequately treated. Subsequently, this proposes that clinicians need to accurately diagnose treatment-resistant depression by examining primary and secondary causes of depression. Well-published literature is referenced in this paper regarding the efficacy of ideomotor hypnoanalysis in uncovering repressed unconscious traumatic memories. Richie et al. (2009) reported that exposure to traumatic events in childhood doubled the risk of late-life depression. Not all events were found to be pathogenic. The significant risk was associated with excessive sharing of parental problems and physical punishment, verbal abuse from parents, and humiliation. Wiersma et al. (2009) concluded that multiple childhood traumas can be seen as an independent determinant of chronicity of depression.

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Etain et al. (2013) reported that childhood trauma is associated with severe clinical characteristics of Bipolar Disorder whiles Hovens, Giltay, Spinhoven, Van Hemert, and Penninx (2015) found that childhood maltreatment is a key environmental risk factor to developing depressive and anxiety disorders. Yehuda et al. (2016) reported on David Spiegel's comments that some aspects of traumatic stress and Post Traumatic Stress Disorder are just not fixable and that clinicians can improve the quality of life for many patients. He concluded that trauma, like cancer, changes us forever.

Rossi and Cheek (1988, p. 3) described the recognized four stages in the history of hypnosis in the evolution of ideomotor communication and healing as (i) the ancient medieval periods of prophecy, divination, and magic, (ii) the beginning of hypnosis and the early theories of the Chevreul pendulum and ideomotor movements in the 1800s, (iii) behaviorism and the clinical rediscovery of ideomotor movements and signaling in the 1900s, and (iv) the psychobiology of ideomotor healing in hypnosis.

Some major players in the history, science, and use of ideomotor signals include Anton Mesmer, Michael Eugene Chevreul, Leslie LeCron, Ernest Rossi, David Cheek, Corydon Hammond, Bruce Eimer, and Dabney Ewin. According to Shenefelt (2011), Michael Eugene Chevreul (1786–1889), a French natural scientist and chemist, discovered and reported that when a string of a small pendulum was held by a person's fingers, the pendulum would move without apparent conscious control in the direction that the individual expected. The pendulum was found to amplify minute ideomotor movements of the fingers that are now understood to occur in reaction to a thought or image at a subconscious or involuntary level.

The hypnoanalytic ideomotor search for psychosomatic sensitizing and precipitating events were organized under the categories of the seven keys with the mnemonic COMPISS, namely Conflict, Organ language, Motivation, Past experience, Identification, Self-punishment or masochism, and Suggestion or imprints. Ewin and Eimer (2006, p. xix) expanded on LeCron's seven keys of psychosomatic disorders and reported that nothing happens for no reason at all. They concluded that there is a reason why somebody has a headache and for whatever happens. They believe that in psychosomatic problems the reason is usually subconscious, and the patient cannot verbalize it. These include headaches, itching, stomach aches, irritable bowels, chronic coughs, and asthma. They observed that the patient does not know what the reason is and concluded that all behavior and all symptoms have a reason.

In their book titled *Ideomotor Signals For Rapid Hypnoanalysis: A How-To Manual* (2006), Ewin and Eimer noted the following:

> The symptom is a solution (Erickson, 1961), but it is a solution to something that happened a long time ago, and it is inappropriate for the stress at hand. In other words, the symptom has outlived its usefulness as a solution. As clinicians, when we get ready to diagnose and treat the symptom, we have to find out what problem this symptom would solve, and under what circumstances it originated. Symptoms occur when something in the internal or external environment triggers a memory. This invokes the original state in which the symptom was imprinted, and the symptom is triggered as a conditioned response. We assume that when the original or sensitizing event occurred, the patient experienced a powerful emotion (e.g. fear, guilt, sadness) that was appropriate at the time. This powerful emotion was imprinted in the patient's subconscious. Subsequent events that the patient perceived and experienced as similar to the originating event activated similar emotions which were further imprinted in the patient's subconscious by repetition. Even though the originating circumstances are no longer happening, similar emotions continue to occur along with similar attempts to cope with the

> anxiety. The patient's original choice of coping may have been appropriate at the time or may have been the only choice available then. However, at the time the patient seeks our help, this form of coping has become dysfunctional, and a problem for the patient (pp. 9-10).

Ewin and Eimer (2006, pp. 71–107) further described the seven common causes of psychosomatic disorders as follows:

- *Conflict*: A conflict occurs when you feel like you want to do one thing, but you ought to do the opposite. Consequently, you are pulled in two different directions.
- *Organ language*: There are many phrases in everyday conversation that include the mention of a body part in a negative way. For example, "I feel like I've been stabbed in the back" or "my boss is a pain in the neck" or "I'm itching to get out of this relationship".
- *Motivation*: In psychological terms, we often refer to this as "secondary gain". Sometimes a symptom solves a problem for a patient.
- *Past experience*: Every symptom started at some point in the past. Ordinarily, this is a time of being emotionally focused. Sometimes, the experience is so powerful that the symptom starts immediately and continues to manifest itself.
- *Identification*: Identification occurs when there is a strong emotional attachment to another person who had or has the same symptom.
- *Self-Punishment*: We may hurt someone's feelings, do something else we are not proud of, or fail to keep a promise without punishment. Subsequently, the subconscious mind can produce a symptom as a form of self-punishment.
- *Suggestion*: A suggestion is the imprint of a fixed idea that may be self-generated or a remark by someone at a time of emotional vulnerability.

Ewin (1974, 1983, 1992, 2008) described the value and successful use of hypnosis in the treatment of condyloma acuminata, warts, and its use in the emergency room in the treatment of burn patients. However, Erwin cautions against the use of hypnosis by lay hypnotists as that may result in the unintended harm and even death of patients. The author believes that registered medical practitioners who practice hypnotherapy should be competent in both their clinical discipline and hypnotherapy. Also, they should observe professional ethical guidelines within their professional discipline. Eimer (2012) advises that clinicians should limit their practice of hypnosis within their area of competence and be aware of the relevant laws within the jurisdiction in which they practice.

Cheek (1962a) observed that the combination of ideomotor questioning methods with rapid scanning of subconscious experiences enables some tentative explorations into areas of disturbed adaptation which are closed to all except the most superficial of surveys. The combination of hypnosis with ideomotor means of communication permits more rapid and complete access to associations of imagery and physiologic response to stress than any other current available means. Hypnosis can be used quickly and safely for analysis and psychotherapy in a very high percentage of human beings who recognize their need for help.

Cheek (1962b, 1969) also reported that surgical and critically ill patients behave as though hypnotized. He further observed that hypnosis appears spontaneously in humans when they are frightened, disorientated, or in situations of severe violent stress, mental, or

physical distress. Cheek (1962c) further reported that ideomotor techniques with hypnosis constitute a valuable means of searching into the nature and character of medical aspects of patient's attitudes and adaptations. He believed that by utilizing a combined ideomotor activity and hypnosis, it becomes possible to accurately and safely scan large areas of life experience within the brief periods available to the clinician in the practice of medicine. Cheek (1962c) concluded that this combination permits access to zones of ideation and experience not easily reached by orthopsychiatric means of investigation.

Cheek (1965, 1975, 1976) also observed that ideomotor signals have been used to reveal guilt associated with genitourinary disorders confronting urologists and gynecologists. He used ideomotor signals to show that women with sexual problems show the importance of early life feelings of acceptance and love in the development of healthy responsiveness. He also observed that permanent behavior characteristics could be related to imprinting at birth. and these could be reviewed by using ideomotor hypnoanalysis.

Cheek (1989) also reported that the unconscious mind can localize the true site of pain using ideomotor signaling, even when the patient is consciously sure the pain is localized elsewhere. The author believes that this observation is further motivation to use ideomotor hypnoanalysis as an augmentation assessment technique when assessing psychiatric disorders, especially Depressive disorders, Post Traumatic Stress Disorders and Somatic Symptom Disorders.

LeCron (1963) recorded the value of uncovering early memories by ideomotor responses to questioning. He proposed that the recall of events surrounding the patient's birth appeared to be particularly significant. These events were portrayed as causative factors in the patient's illness and were relieved with great affect. He recorded six chronic headache patients and one with migraine. Having regressed to birth, LeCron (1963) described forceps delivery as one of the main causes of headaches. Two patient's validation was obtained where forceps were used.

Hammond (1997) studied 247 consecutive patients, of whom 78% were able to achieve ideomotor finger signals that were considered involuntary. Slow ratcheting ideomotor finger signals appear to be more purely subconscious and have less conscious overlay than other nonverbal signals like head nodding "yes" and head shaking "no." Quick brisk finger responses generally represent a conscious rather than a subconscious response. Rossi and Cheek (1988, p. 21) described true unconscious ideomotor signals as being always repetitive and often barely visible.

Hammond (1997) cautions about not forcing confabulated false memories or using leading questions or accepting subconscious responses as being more true than conscious responses without some form of external verifications. Rossi and Cheek (1988, pp. 21–22) described the three stages for assessing the validity of ideomotor signaling as (i) emotional and physiological memory seen first by changes in respiration, pulse rate and emotional reactions, (ii) the appearance of ideomotor signals (finger lifting), indicating the accessing of memory at an unconscious level, and (iii) verbal reporting of the experience.

Alladin (2013) believes that many hypotheses or vulnerability factors have been proposed to explain the interaction between life events and the onset of depression. Some of these factors include non-conscious information processing, cognitions, self-schemas, cognitive specificity, early experience, trauma, and personality. Alladin (2013) furthermore stipulates that self-wounds are painful self-views that represent organized structures of painful self-related experiences or generalizations of these experiences that

are stored in memories. Self-wounds are mainly outside the person's immediate awareness but are often very close to the preconscious surface. Nevertheless, they influence one's decisions, choices, feelings, and actions. Alladin (2013) also proposes that the cognitive triad originates from the self-wounds. Although not all traumatized people develop symptoms of psychopathology, all individuals who present with psychological symptoms have been traumatized or adversely affected at some point in their lives, particularly in childhood.

Ewin and Eimer (2006, pp. xvi-xvii) opined that one of the major shortcomings of the cognitive-behavioral approach is its almost exclusive focus on the conscious part of the mind. They indicated that the problem with cognitive therapy is that it is too cognitive. It largely emphasizes "left brain" thinking and behavioral strategies and believes that quite to the contrary, most psychological problems are difficult to change because they are imprinted in the "right-brain". To access and change these "imprints," a way is needed to access state-dependent memories stored in the brain's right hemisphere, release the attendant effect, and then change or reframe these memories. Consequently, creating new memories at the cellular level.

The writer hopes that the reported cases in this paper will further illustrate the value of accessing subconscious memories through ideomotor hypnoanalysis. Psychiatric diagnosis in the case reports reported in this paper has been formulated following the American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders*. (5th ed.). Arlington, VA, American Psychiatric Association. (DSM-5)

Case report 1: major depression

A 21-year-old female university student with chronic depression and several episodes of suicide attempts. Her first suicide attempt was at the age of seven years for no apparent reason. She reported being sad and depressed for as long as she could remember with no stressors and was happy with her family. She further revealed that both her parents were supportive and loving. However, she was hesitant when the researcher requested to call her parents to obtain a collateral history. The parents reported that she was a quiet, lovely girl who did not share her feelings. They gave a history of an unhappy marriage with regular emotional and physical fights and that they were still married "just for the sake of their daughter."

During ideomotor hypnoanalysis, she answered "yes" when asked if her depression is related to something in the past. She was regressed to a memory when she was six years old and her parents had a huge fight in their room next to her bedroom. She could hear loud noises and banging. These fights continued for years. She never talked to her parents about their fights, fearing they may blame each other, fight more, and possibly murder each other. She kept this *conflict* for many years and wished she could tell her parents that their fights made her sad and depressed.

It is significant to note that the patient indeed had no personal stressors or emotional trauma perpetuated on herself. All the emotional distress she experienced was as a result of her witnessing the toxic and emotional abuse between her parents. Both her parents are loving and supportive of her but unloving toward each other. Her *conflict* was addressed in subsequent therapy sessions and she continues to make good progress.

Case report 2: post traumatic stress disorder, major depression

A 39-year old female with Post Traumatic Stress Disorder (PTSD) and Major Depression. She is single with no children and had no interest in dating for the past 17 years. She reported that her deceased father sexually molested her for years from the age of 11 years. She reported having "blocked" those memories for years. Her father died seven years before she started with therapy. During her ideomotor hypnoanalysis, she answered "yes" to whether her problem of depression is related to something in her past.

During regression, she relived memories of her father sexually molesting her and telling her not to tell anyone and threatening her that if she did, he will kill her, himself, and the rest of the family. Until now, this *suggestion* "don't tell anyone, if you do, I will kill you and myself" was imprinted, fixed, and accepted by her subconscious mind. Her father was a respected man in the community and her mother was a pastor. She kept this secret and the *conflict* of wanting to tell someone, but she could not because she believed that her father would kill her and himself. It is significant to note that she still had not shared her trauma with anyone although her father had died seven years ago.

A diagnosis of Post Traumatic Stress Disorder, according to the American Psychiatric Association (2013, p. 271) criteria, could not have been made for the past 28 years. Subsequently, though she knew of her sexual abuse, she did not reveal it to anyone until during her consultation with the author – seven years after her father had died. It is the writer's view that the death of her father made it easier for her to reveal her childhood history of sexual abuse, 28 years later after the abuse incident. The powerful imprinted *suggestion* "don't tell anyone, if you do, I will kill you and myself" and subsequent *conflict* revealed in her regression hypnotherapy session were addressed and reframed in further therapy sessions and she continues to make a steady recovery.

Case report 3: panic disorder, major depression

A 47-year-old female teacher referred to the researcher by a psychiatrist colleague with Panic Disorder resistant to treatment. She had been away from work for several weeks due to her persistent panic attacks whenever she leaves her house. She had been receiving psychiatric treatment for the past six years without success. She reported having anxiety for as long as she could remember. She further revealed that her parents used to fight and were physically abusive to her as a child. She had no other significant stressors.

During ideomotor hypnoanalysis, she answered "yes" to whether she felt that her anxiety was related to something in her past. She was regressed to the age of six years and relived a memory where while playing outside the house, she saw a "weird animal that looked like a cat, but bigger than a dog". She got scared, fearful, and ran into the house and told her mother. Her mother shouted at her and told her to "never talk about it to anyone". She refrained from telling this to anyone and became scared of playing outside, opting to stay in the house. She wondered whether she would die or whether something bad would happen if she defied her mother and talked about what she saw.

She never told anyone but grew up with the *conflict* of wanting to talk and get answers. However, she could not due to her fear and belief that something bad might happen to her. It is the writer's opinion that she convinced herself that she will die or something bad will

happen to her if she told someone. She grew up with anger toward her mother, blaming her for denying her a normal childhood to play outside like other children. Therapy aimed at reframing the *suggestion* to "never talk about it to anyone" and resolving her *conflict* was started during her hypnotherapy session and continued in further therapy sessions thereafter. She responded very well and was able to resume her work with no further debilitating panic attacks.

Case report 4: somatic symptom disorder, major depression

A 34-year-old female was referred to the researcher by a psychiatrist colleague with Somatic Symptom Disorder (Psychosomatic Headache) and Depression. A medical workup, including an MRI-scan, was done and no medical explanation could be found for her chronic persistent headache. She gave a history of her father physically abusing her mother throughout their marriage and constantly chasing her mother away from the house.

She witnessed many occasions where her father assaulted her mother. She would try to intervene even as a child, resulting in her father assaulting her too. Her father chased her mother away. She remained and stayed with her father. She became very sad, stopped eating, had a great deal of anger toward her father, and missed her mother terribly during the period when her mother was away. She later wrote her mother a letter asking her to return home, told her she was sick, and promised to protect her from her father's abuse. Her mother returned and the beatings continued. Sadly, she died in a car accident about ten years ago.

During ideomotor hypnoanalysis, she answered "yes" to whether her headaches were a form of *self-punishment* to her. She blamed herself for her mother's death. She believed that she "killed her mother" by asking her to return to the house and that she "failed to protect her." It is significant to note that her father was abusive to her mother, not her.

Her emotional problems, psychosomatic headache, and depression as an adult are as a result of her witnessing and being exposed to her father abusing her mother during her childhood years. In subsequent therapy sessions, she accepted that she is not to blame for her mother's death and that she does not need to punish herself for her death. She accepted that the *punishment* she submitted herself to over the past years was enough. Her psychosomatic headache has since stopped.

Case report 5: illness anxiety disorder

A 46-year-old female teacher divorced five years earlier. She was referred to the researcher by her treating psychiatrist with a persistent belief that she was infected with Human Immunodeficiency Virus (HIV) despite many tests by various doctors showing that she is not infected. Her brother had died of HIV ten years ago.

She divorced her husband after enduring many years of emotional abuse and him persistently accusing her of infidelity. She had a boyfriend after the divorce and reports an incident during sex with him when a condom burst. That incident made her more anxious about the possibility that he may have infected her with HIV. She did more HIV tests after that incident and the results came back negative. Nevertheless, she continued to believe that she was infected with HIV. She agreed to ideomotor hypnoanalysis to do a subconscious review of her belief.

During ideomotor hypnoanalysis, she answered "yes" to a question of whether her problem was related to something in her past. She was regressed to a memory wherein, while still married, her husband verbally abused her immediately after having sex with her. He told her that she has HIV and she will die as a result of it, just like her brother.

This was explored in therapy after hypnosis and the author concluded that she accepted her husband's *suggestion* that "she will die of HIV just like her brother." Consequently, she was so fearful of death that her belief that she has HIV served a subconscious purpose for her to remind herself that "as long as she has HIV, then she is not dead yet." Her Illness Anxiety Disorder is gradually improving as the imprinted *suggestion* revealed during her regression hypnotherapy continues to be reframed.

Conclusion

The author proposes the use of ideomotor hypnoanalysis technique, where clinically indicated, as having value in uncovering clinically significant subconscious causes of some Psychiatric disorders like Depressive Disorders, Somatic Symptom Disorders, Panic Disorder, Illness Anxiety Disorder and Post Traumatic Stress Disorder. Poor response to treatment or "treatment-resistant" patients is a good indication where ideomotor hypnoanalysis should be considered within the psychiatric setting. The poor response to treatment may sometimes be due to clinicians not exploring the possible presence of subconscious negative imprints, past traumas, sensitizing, and precipitating memories. Our failure as clinicians to elicit significant sensitizing or precipitating memories in our patients does not mean they are not present.

When patients with "treatment-resistant psychiatric disorders" faithfully and honestly report that they have no recollection of abuse or emotionally distressing memories, that too does not mean that such memories are not present in their lives. Clinicians often make the correct psychiatric diagnosis but may miss the primary causative factors, which may be repressed subconsciously. All these may be an indication to review their subconscious mind through ideomotor hypnoanalysis.

Care and caution should be exercised when dealing with memories revealed during ideomotor hypnoanalysis as some may be false memories or as a result of confabulation. Verification of memories, where possible, should be attempted. Further rigorous studies with larger sample sizes should be done to further enhance our understanding of the value of ideomotor hypnoanalysis as an augmentation assessment technique in psychiatric disorders. Not all patients with a history of abuse present with psychiatric disorders. It is the writer's opinion that the client-centered use of ideomotor hypnoanalysis where clinically indicated, is of value in uncovering significant subconscious memories which may be sensitizing or precipitating events to the patient's current psychiatric disorders. The uncovering of these significant subconscious memories may potentially enhance treatment modalities and facilitate recovery.

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