ABSTRACT

Title of Paper: TREATING PSYCHOSOMATIC DISORDERS:
NEGOTIATING WITH THE UNCONSCIOUS IN TRANCE

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A hypnotherapeutic approach using ideomotor signaling is presented as a way of treating psychosomatic disorders. The approach underscores respect for the integrity and autonomy of unconscious processes and takes into account the degree to which the symptomotology is acceptable and/or considered necessary by an individual's total personality. The assumption is that if there is a willingness on the part of the personality to have the symptoms, there can also be a willingness to control the symptoms in order to avoid handicapping the personality. The reader is provided with a conceptual orientation which emphasizes rapport building with the unconscious, leading to strategies for symptom reduction and/or resolution via ideomotor signaling.

Negotiating with the Unconscious mind in Trance

INTRODUCTION

The unconscious mind and the conscious mind have been biologically separate since the beginning of the human race.
These two separate personalities ideally function together for the good of the whole person and are capable of translating psychological experience into physiological functioning as well as physiological malfunctioning. Psychosomatic disorders can be viewed as the translation of an individual's psychological experience into a physiological malfunctioning.

When dealing with a somatization problem in particular, the degree to which the symptomotology is demanded by the total personality is basic to an understanding of what the patient is defining as the area of his problem open to negotiation and change. In other words, the purposes being served by the

symptomotology can be very complex. The unconscious may consider the symptoms necessary for the functioning of the personality in everyday living. Thus, the writer is assuming that the patient's unconscious understandings of the psychosomatic problem, including its importance to overall functioning, need to be respected (if not understood) since any significant change or modification in the symptom is mediated at the unconscious level.

A psychotherapeutic approach which respects the autonomy of the unconscious mind lends itself well to negotiating the resolution of mind-body problems without the necessity of making the unconscious conscious. The writer will describe a ideodynamic-hypnotherapeutic orientation to symptom reduction which underscores respect and rapport building with the unconscious as a separate personality via ideomotor signaling. By working separately with the unconscious, the hypnotherapeutic operator is provided with a means of negotiating a strategy for symptom reduction which allows the maximum of unconscious autonomy and, when necessary, secrecy in problem solving.

THE PSYCHOSOMATIC DILEMMA

It has been the writer's experience that the psychosomatic patient presents himself for psychotherapy in a rather difficult dilemma. First of all, his symptoms are for him, the problem-a problem dissociated from his conscious understanding and control(Hilgard, 1977).This process has been described elsewhere by Rossi and Cheek(1988)and referred to as "state dependent learning"(Rossi,1986; Rossi & Ryan,1986).

Not only are the psychosomatic patient's symptoms dissociated from his conscious control, but they also represent a unique way of behaving. At the same time, this uniqueness functions neurotically in relation to the personality. Furthermore, given the tendency for the neurotic to unknowingly protect his neurosis, he most often times feels diminished and behaves defensively about his symptomotology. As a result he usually has great difficulty in articulating it's probable function, if any, in his life. Overall, these symptoms are usually the only focus for his understandings regarding his problem and are the reason he seeks help.

By the time the psychosomatic patient reaches the psychotherapist's office, he most often reports feeling frustrated and demeaned by his situation. He is usually frustrated by an unsuccessful attempt to control his symptomotology via a psychopharmacological regime administrated by his physician-the same physician, who out of frustration and/or concern over pharmacological dependence and lack of progress, may have referred him to

psychotherapy. Thus, he approaches the psychotherapy process feeling defeated and often times believing that his referring physician thinks he's "crazy". To make things even worse, he discovers that, unlike the pharmacological approach he's been trained to observe, traditional psychotherapy requires a completely different kind of involvement and participation.

Hypnotherapy: advantages in dissociation

It is precisely because of the psychosomatic dilemma(the dissociated, "state-bound" nature of the mind/body problem)that hypnotherapy provides such a viable alternative to traditional psychopharmacological and psychotherapeutic treatment approaches. However, not all hypnotherapist's share the same assumptions about how to approach resolving the psychosomatics' dilemma.

Rapport building with the Unconscious

In a conversation with Norman Cousins, Albert Sweitzer once stated: "Patients carry their own doctor inside. They come to us not knowing the truth. We are at our best when we give the doctor that resides within each patient a chance to go to work." (Cousins,1979)

While most psychotherapy approaches accept the existence of the unconscious mind, few teach an orientation towards the unconscious as a separate personality, much less teach a method of directly working with the unconscious. When, however, the therapist acknowledges the separateness and autonomy of the unconscious mind by directly addressing it, many avenues of change emerge. First of all, the therapist will discover that the unconscious mind has its own set of understandings regarding the problem-understandings undistorted by the presence of any conscious neurotic overlays. Secondly, he will discover that the unconscious can bring about constructive changes if allowed and encouraged to work out solutions in a way "it" thinks is best. This may require conscious involvement for certain steps and stages of the solution while other aspects of the solution are worked out unconsciously and never need to be made conscious. In other words, the therapist using this approach presupposes that the unconscious knows more about the problem than does the patient's conscious and therefore, communicates with that part of the mind which is best informed about the problem and its role in the overall functioning for the individual. In this approach, the patient's conscious mind and the therapist assume a similar posture in relation to the unconscious: they both can learn from the unconscious about the

problem. The therapist takes on the role of negotiator/consultant for the conscious and unconscious.

When the hypnotic operator assumes a "consultative" posture relative to the unconscious, the unconscious, which has here-to-fore been functioning indirectly, (primarily in the service of protecting the integrity of consciousness),is in a more direct position to effect those changes in personality functioning it knows would work best. Thus, consciousness can be encouraged to temporarily allow the unconscious and the "operator" to "work out" a new bases for a better adjustment, without evoking the usual defensiveness (and corresponding unconscious protection) which has prevented previous work on the problem.

In the writer's experience, the psychosomatic patient, like any other psychotherapy patient, enters therapy not knowing what his problem really is. The author assumes that if he did, he would have already corrected his life situation and wouldn't be seeking professional help. Consequently, he enters the therapy struggling with one of two conscious dilemmas: He either doesn't know that he doesn't know what his problem is; or, he knows that he doesn't know what his problem is.

At the unconscious level, he's dealing with a dilemma of a different order. Unconsciously he either knows that he doesn't know or knows that he does know one of following situations: (1)He either knows that the symptoms are serving some purpose or purposes; or (2) he's aware that there is a physiological malfunctioning but doesn't know if any purposes are being served by the malfunction and it's resulting symptoms.

If in the second case, where the unconscious doesn't understand if any purposes are being served by the symptoms, the operator needs to recognize that the process of change will involve engaging the unconscious and motivating it to look into the problem and take some degree of control over the resulting symptomotology. In the experience of the writer, this is not the usual unconscious dilemma. However, when this situation is encountered, it's not unusual for the unconscious not to know it can do anything about the situation. In other words, the unconscious may need to be informed that it can learn to take control of the problem. It may not understand what is happening but with a certain general input of ideas from the hypnotherapist, it can develop a good understanding of the problem, while, at the same time, keeping that understanding secret.

If, on the other hand the unconscious indicates that it does know that certain purposes are being served by the symptomotology, then the operator is confronted with a different kind of problem. First of all, the operator needs to

take into account the attitude the unconscious mind may have developed regarding the problem. Both kinds of situations will be discussed in this paper.

ASSESSMENT

The first job of the hypnotherapist (operator) is to assess the patient's understanding and motivation at both the conscious and unconscious level. An initial assessment of the patient's understanding of his problem at both the conscious and unconscious level begins while the patient is in a waking state. When interviewing the patient out of trance, attention should be given to the overall demeanor of his initial presentation. If he fearfully declares he doesn't understand what's happening to him, this is a cue to the operator to reflect back to the patient his own words, while watching closely for unconscious ideomotor head movements (nodding or shaking). If, there is a slight nodding of the head while they describe the problem, then there is a good possibility that the unconscious is aware, to some degree or another, of the nature of the problem and may be willing to manifest it's understandings, given an opportunity. If, on the other hand, the patient calmly presents his situation in the waking state as: "I think it's stress related" ,and when the operator reflects this statement back and there is unconscious head nodding, then there is a good possibility that the symptoms are serving a purpose consented to by the whole personality. Given this situation, there may be a greater degree of resistance to any change. In either case the operator must confirm in the trance state his assumptions.

Assessing the motivation, in the experience of the writer, is an ongoing process. Often times the unconscious mind is far more motivated for change than the conscious. In general, as it is with any patient, the degree of motivation is the critical variable the hypnotherapist is evaluating here. To what degree is the patient unwilling to be controlled by their symptoms? How sick are they of having their symptoms?? Just how much of their problem are they willing to keep and how much are they willing to learn to live without?? The therapist must always keep in mind how long the patient has been experiencing the problem and what precipitated their seeking help. For example, one migraine sufferer sought the author's help after her two year pattern of six migraines a week had increased to seven. The author's initial mistake was in not understanding that the patient was seeking help with only the seventh. In other words, six were acceptable and not negotiable. Excellent results were experienced on only the seventh.

UNCONSCIOUS ATTITUDE TOWARDS THE PERSONALITY

While it is commonsense for the therapist to assume that the individual at the conscious level has developed an overall attitude towards themselves as a personality(however limited),it is likewise important to wonder what attitude the unconscious has taken. Of particular importance is the attitude the unconscious has taken, particularly towards the conscious mind and the problem. If that attitude is negative, is the problem then the result of the unconscious punishing the conscious mind for knowingly doing something that is in direct contradiction to a strongly held value?

IDEOMOTOR-SIGNALING AND TRANCE

Rossi and Cheek(1988) describe two basic ideodynamic approaches to psychobiological and psychosomatic problems. Elsewhere, Erickson and Rossi(1981) and Cheek and LeCron(1968) have described paradigms for the use of ideomotor signaling. These pioneering clinicians, led by their colleague and teacher Milton Erickson, have opened up new, more permissive hypnotherapeutic approaches to treating psychosomatic problems.

The approach described herein is a relative of this "permissive approach" with an added emphasis on the separateness of conscious and unconscious processes. More specifically, this approach assumes the locus of control and change regarding mind/body processes more nearly residing at the unconscious level of personality functioning and thereby focuses on providing the most favorable conditions possible for unconscious dominance in the therapy process.

Preparing the Conscious for Unconscious Dominance

With formally educated individuals mention can be made of the fact that "we have two minds: the conscious and the unconscious mind." With others one can say:"there is the front of your mind and the back of your mind-the waking mind and the dreaming mind." Mention can be made of how the unconscious mind functions to protect the conscious mind and understands a lot more about us than we do ourselves. Over all the writer's approach involves emphasizing to the patient that since conscious approaches to the problem have failed, the problem is going to be altered or corrected successfully only in a manner or a fashion that the unconscious thinks is best. By presenting it in this manner, the operator emphasizes that the locus of control and change resides within the unconscious mind.

PROTECTION

Early in the writer's hypnotherapeutic experiences with psychosomatic patients many cases were mishandled by unknowingly asking for the admission of a strong emotion which the patient reluctantly experienced. It was in those early years that the author learned the importance of protecting the client. Basic to the approach being described here is the creation of a climate of protection for the personality. In other words, remember that when you touch on emotions be thoughtful and careful. Underneath that headache maybe a lot of heartache. Heartache that the personality for its own reasons just can't bear have known and, as experience has shown, doesn't need to be re-experienced in order for significant results to be realized by the patient.

The author attempts to set up a climate of trust and protection by emphasizing that he is most interested in working with unconscious mind so that possible solutions of an acceptable and lasting nature can be explored which may lead to satisfactory results. Note the emphasis is on providing protection for the personality, especially the conscious mind. In other words, The writer has found that an overall effective attitude for the hypnotherapist to take is that his intention is not to expose the conflict, but rather help the unconscious to modify the troublesome aspects of the conflict and to help facilitate an overall situation more acceptable to the whole personality.

The patient is then told to sit quietly, with both feet flat on the floor (not touching) and both arms resting on the arms of the chair. Permission is then gotten to lift the left hand and arm. The patient is told to pay particular attention to the sensations in their arm that tell them when they are no longer sure who is doing the lifting. While lifting slowly and pausing, the writer provides a general orientation to ideomotor signals. For example, he might say: "Before we learn to use words to communicate our likes and dislikes, we learn to nod our heads for yes and shake our heads for no. We learn non-verbal communication before with learn verbal communication. We also learn to signal come here with our fingers and go away with our hands and wave bye bye with our hands and arms. We also learn to lift our shoulders and simultaneously turn our palms outward to signal I don't know. The writer further explains that with repeated use these non-verbal signals become automatic. We don't have to think about them in order to use them along side of our verbal communications.

Once the writer senses the development of catalepsy in the arm, the patient is asked whom he thinks is lifting the hand and arm now. Next, the writer slowly removes his hand leaving the pt.'s hand and arm cataleptic. He then explains that he is going to direct a series of questions to the unconscious mind

and even through the conscious mind hears the questions and may have an idea of how to answer them, the patient is told to wait patiently and let the unconscious mind answer the questions by itself using the non-verbal learnings referred to earlier.

After this slow, yet continuous build up, the writer states: Now this is the first question I would like to ask your unconscious mind: How does (patient's name) think it will signal a yes signal? By lifting or moving a finger on one of the hands, or by lifting one of the hands or arms, or by nodding or shaking the head? The writer then restates the question: How does (name) unconscious mind think it will signal a yes signal? Will it use a finger, a hand, an arm, or the head??Next, the patient is told: Now let's both wait patiently so that your unconscious mind can answer the question for itself.

If after a few minutes, during which the patient is reminded of the importance of being patient, and no responses are forth coming, then the writer will state: that there were some very slight movements in the index finger on the non-dominant hand. But I don't know if that's the way your unconscious would like to signal a yes signal.

It is in this situation that the operator should realize that the unconscious mind has not had many opportunities to express its understanding and ideas and may need to be encouraged to signal. Also, in the experience of the author, a great deal of freedom should be provided in the manner in which the unconscious "signals".

Once any kind of "unconscious" muscle movement is perceived, the operator needs to praise and show appreciation for that movement-for that effort. For example, the author might respond to a ideomotor signal by saying: "...now there's a beautiful example of an unconscious muscle movement. Now a little more movement...and still more...great...beautiful.. and still more. Very good!! Now that signal can relax completely now.

The same procedure can be used to establish "no" signals and an "I don't know or care to say" signal. In the experience of the author, these three basic ideomotor signals are important and with them, most negotiations can proceed. Generally speaking, the more articulate the unconscious can be encouraged to be, the more likely an outcome can be negotiated that will result in a improved level of physiological functioning.

NEGIOTIATIONS

Once a viable signaling system has been tested and established as reliable, the operator can begin to negotiate symptom reduction.

Unless there are unusual circumstances in the case, the author will usually begin by asking the unconscious questions aimed at assessing the degree of unconscious understanding. Questions regarding whether any purposes are served by the symptoms are important to ask as well as questions regarding what, if any, understandings need to be made conscious. It is also very important to assess the attitude the unconscious has towards the problem and the conscious mind and the problem. For example, the author might ask: "Is John's unconscious mind angry at him for something that may give him this problem??" This conscious/unconscious conflict may be present in situations in which the individual is clashing with an emotionally loaded value established before the age of twelve(a promise they made to themselves). Finally, a line of questioning needs to be initiated that assesses to what degree the symptom(s) can be altered without interfering with the purposes being served by those symptoms. In those situations in which the unconscious indicates that some understanding(s) need to be made conscious, the hypnotic operator should consider individual differences. For example, one piece at a time is preferred by some individuals, while with others, a symbolic image such as that produced within a dream can be very acceptable. The operator should be experimental in his attitude and not afraid to approach it from a number of different angles.

Numerous avenues of change can now be negotiated including changes in intensity and frequency. For example: the operator can ask if the unconscious thinks that there can be a 10% reduction in the symptomotology without an interference with the purposes being served by the symptoms. If "yes" is signaled in response to this question then a reduction of 15% and then 20% can be attempted and so on at increasingly smaller intervals until a "no" signal is signaled by the unconscious. Once this happens the author usually summarizes: John's unconscious thinks that he can experience 35% less of his symptom without jeopardizing the important purposes being served by these symptoms. However, instead of suggesting a 35% reduction to begin with, the author has found that smaller increments of change, leading to 35%, tend to give the best results. Thus, over three weeks the 35% can be "safely" achieved.

Time frames can be negotiated, such as:"can John learn to reduce his symptoms by another 5% by the end of October? Will there be a need for the symptom by the first of Nov. or, this time next year? It has been the writer's experience that it is easier to back time up, then to advance it. One can ask if

there will be a need for 10% or less of the symptoms in a year's time, and if "yes" is signaled, then one can ask if it could be accomplished in six months time. If a "No" is returned, then ask about the possibilities of 9 months.

The general approach here is to keep adjusting the time frame, frequency and intensity of the symptomotology until a negotiated contract can be agreed upon. The author has found it useful to think of the symptomotology as a situation which has reached a super saturation level. In other words, there has been a steady, almost indiscernible increase in the symptoms over time. In almost all cases, the operator may be surprised to discover, with patience, how "little symptomotology" is needed to maintain the "homeostasis" of the personality. The rule of thumb remains: to get a change process going (like the first crack in the egg shell) and keep that process going over time.

HOW MUCH CONSCIOUSNESS?

In some cases a plateau will develop. At this point some degree of hypnoanalysis may be used to gain even better results. The operator may want to explore whether certain specific changes need to be made in order for more progress to be made. In some cases certain material needs to be made conscious in order for change to proceed. What those insights are and how they should be handled should be negotiated with the unconscious in trance before working with the conscious mind.

In those cases in which some degree of conscious awareness is indicated, the author has found certain expectations in operation. These may be personalities that strongly and "rigidly adhere" to a belief that one must understand something before they can change. They may also be situations in which the causes of the symptom have ceased to function but the conscious conditioning, or patterns of adaptation (the symptom),persist none-the-less. Even given these therapy conditions, the reader may be surprised at how often, very little conscious understanding is required to satisfy the conscious appetite. Too much emphasis is often placed on getting the "whole thing out" to fast.

In subsequent sessions particular attention should be paid to "automatic" changes in the subject's life. In other words, the subject might not think to tell you that he's taking a different route to work, or is planning a vacation some place new, or has changed his eating habits or sex life. Anything that might not seem important to the therapy process should be considered. This is an important consideration especially given the fact that the operator and the

conscious mind are most often not privileged to the information about the core issue. In all events, encouragement for new changes seems to facilitate the process. If one considers, as Erickson had suggested, that individuals seek help because of their limitations (or self-limiting mind sets), (Erickson & Rossi, 1979)then any change in routine "rigid" behavior, should be praised and encouraged..

There are those cases where ideomotor responses indicate that the unconscious is not aware of the underlying conflict nor is it aware of any purposes being served by the symptoms. Overall it may not have had much opportunity to manifest its own understandings of things and may need to practice in areas far removed from the problem area. In these types of situations the author has found that the unconscious personality is very appreciative of the recognition and will work very hard to maintain a good working rapport. There may be a need to inspire the unconscious to take more control over the problem and to show appreciation for any changes or productions that can be attributed to the unconscious. In other words, the unconscious may a first be timid and need time to "come alive". Patience is the password in these situations.

In these situations a good line of questioning to facilitate unconscious involvement and thinking might be: "Does the unconscious remember the first time the symptom arose in John's life?? Does it recall the feeling or experience that was going on the first time the symptom surfaced in John's life?? If this line of questioning proves successful, then the operator can encourage the unconscious to expand its awareness of the situation. For example: Does the unconscious think that the first time John felt that feeling associated with the problem he was younger than five years of age?? Did it resurface again between ages five and ten? This line of questioning is often effective in stimulating unconscious learnings and making certain understandings available.

Finally, there are those situations where the unconscious is very reluctant to dialogue no matter which approach the operator takes. Given these conditions, the author may offer will merely offer the suggestion:"Just let the conscious keep enough of the problem for its own needs, whatever those needs may be, but don't let it keep one bit more than is absolutely necessary, since it really doesn't understand the problem very well at all and may be using more than necessary. In all cases, respect for the unconscious mind's ideas regarding the methodology of symptom reduction should be communicated to the unconscious and verification received that it heard the operator. How fast and what kind of results depends upon each individual. Operator imposed expectations often result in unnecessary subject resistance.

In conclusion, the writer has come to view the dialogue between the operator and the subject's unconscious mind as the "vehicle" for change. Within a climate of trust and protection, that dialogue can lead to a restructuring of the subject's experiential world. Thru a series of steps and stages the psychosomatic "status quo" of the subject's mind/body disequilibrium can be altered in a fashion more acceptable to the whole personality resulting in improved physiological as well as psychological functioning.

References:

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