Effective Management of Chronic Anxiety and Depression with Essential Neurobiological Communication

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CONSIDER:

MATERIALS THAT ARE INCLUDED IN THIS COURSE MAY INCLUDE INTERVENTIONS AND MODALITIES THAT ARE BEYOND THE AUTHORIZED PRACTICE OF MENTAL HEALTH PROFESSIONALS. AS A LICENSED PROFESSIONAL, YOU ARE RESPONSIBLE FOR REVIEWING THE SCOPE OF PRACTICE, INCLUDING ACTIVITIES THAT ARE DEFINED IN LAW AS BEYOND THE BOUNDARIES OF PRACTICE IN ACCORDANCE WITH AND IN COMPLIANCE WITH YOUR PROFESSIONAL STANDARDS.

EVIDENCE SUPPORTING THE METHOD PRESENTED HERE COMES FROM HUNDREDS OF SINGLE CASE STUDIES ACCUMULATED OVER THE PAST 30 YEARS. THE SINGLE BIGGEST LIMITATION TO RESEARCH IS FUNDING. "Bart Walsh has written an excellent primer on modern therapeutic hyp nosis that can inform the general public as well as professional psychotherapists, counselors and coaches of all schools oriented to facilitating creative consciousness and cognition. His case histories and practical approaches to optimizing human performance and stress symptoms resolution are down to earth and free of clinical jargon. He has a clear, compassionate, empathetic way of being and believing in the best of human potentials consistent with the best of current neuroscience research."

Ernest Rossi, PhD Author of *The Psychobiology of Gene Expression, The February Man* and much more.

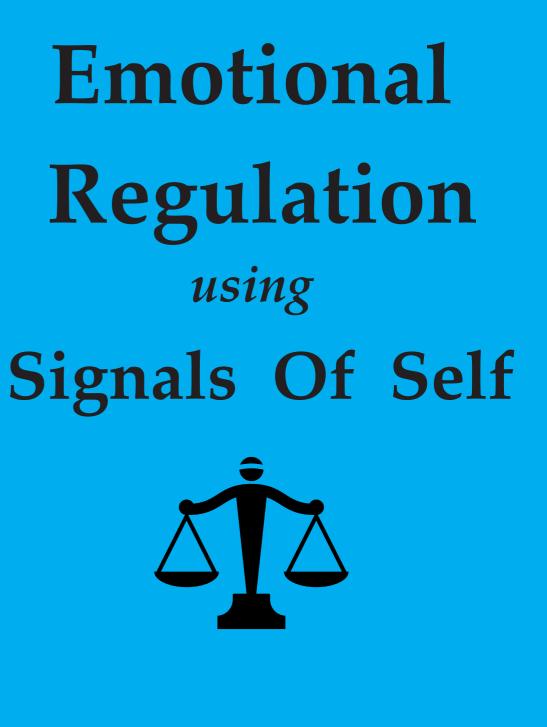
"Within this text lies a simple means of navigating and managing emotional experience. The interventions present a systemic approach derived from hypnotic protocols and the burgeoning field of epigenetics. The author recognizes that the inner mechanics and the theory supporting his methods are complex and subject to further scientific scrutiny. Yet, they clearly outline a methodology which will be easily assimilated by intermediate and advanced therapist and, especially, those with training and expertise in hypnosis. Health care professionals wanting to expand an individualized and brief approach to helping clients manage their emotional experience should study this book."

Stephen Lankton, LCSW, DAHB, FASCH

Editor-in-Chief – American Journal of Clinical Hypnosis



Bart Walsh, MSW **Emotional Regulation using Signals of Self Peaceful Pilgrim Press**



Bart Walsh, M.S.W.

Chronic Anxiety and Depression

What constitutes chronicity?

What is "normal" for those with this condition?

Is it inherited? Genes involved?

Are episodic extremes independent of the continuous, low level experience of this condition?

What is happening when someone reports "It was like something took over and I couldn't stop it"?

How can identity be separated from the chronic condition? Does this condition serve some useful function or purpose? Will resolution of condition be experienced as a loss?

COMMUNICATION

Communication is always taking place in some form when two or more people are together. Information is being transmitted and received consistently. Only one portion of that communication is happening with conscious volition. Physical movement, posturing, affectation, eye position, vocal tone, choice of words and much more reflect other forms of expression, which may or may not be congruent with conscious intent. Consider various means of delivering and receiving information outside conscious awareness that can expand therapeutic effectiveness and precision. The unconscious, or body-unconscious, has access to information and process ranging from the molecular to psychological. Communication with the unconscious can at times provide what is needed to resolve a multitude of psychobiological problems. Some basic operating principles derived from the work of Milton H. Erickson can greatly enhance rapport and depth of communication.

Communication and the Psycho-neuro-somato-sensory Network

Information Substances

- Peptides including neuropeptides, immunopeptides, neurotransmitters and hormones.
- Ligands (keys) and receptor sites (locks).
- Emotional receptor site concentration in the brain.
- Emotional receptor sites and the immune system.

Brain Filters

- Limbic system: amygdala, hippocampus, and limbic cortex.
- Amygdala charges sensory experience with emotional cues.
- Hippocampus is responsible for registering and retrieving emotionally important memories, comparing them to incoming information. It facilitates new learning.
- Amygdala and hippocampus have connections with the hypothalamus through which they influence the functioning of the autonomic nervous system and hormonal secretion to regulate physical states and level of arousal.
- Insula: sense of self/ownership of body, perception of pain, body image, integration of thoughts and feelings, awareness of illness, motor control, autonomic nervous system
- Hypothalamus: negotiates emotions as it coordinates endocrine system with autonomic nervous system and regulates internal bodily states.
- Hypothalamus with the suprachiasmatic nuclei (intersection of optic nerves) calibrates the biological clock. Ego States

Regulating Brain Structures

- <u>Insula</u>: sense of self/ownership of body, perception of pain, body image, integration of thoughts and feelings, awareness of illness, motor control, autonomic nervous system
- <u>Hypothalamus</u>: autonomic nervous system- pituitary function,body temperature, blood pressure, metabolism, hunger,thirst, feeding reflexes, pulse, body temperature, sleep cycle, energy levels, integration of all senses, gonad function, wakefulness, mood functions

Networking

- Interactive hardware and software- CNS and information substances responding to input and history.
- Ego states interacting with CNS re. information exchange/storage, expression, movement and more.
- Psychoneuroimmunology, psychoneuroendocrinology
- Psychopharmacology and behavioral medicine
- Looping sensory input, experiential emotional memory, contextual cues, cognition, somatic expression and behavior.
- Somatic expression of emotion or emotional memory.
- Fight / flight / freeze response.
- Ideomotor and ideosensory expression.
- •State dependent learning, memory and behavior.
- Gene expression, epigenetics and neurogenesis.

Accessing Deep Levels of Functioning with Unconscious Communication

- psychobiological dimensions of cognition, mood, behavior, imagery & more
- catalepsy
- hallucination: altered sensory perception
- altered perception of self
- time distortion
- memory functions: amnesia, hypermnesia
- autonomic nervous system fluctuations (insula, hypothalamus)

ESSENTIAL NEUROBIOLOGICAL COMMUNICATION (ENBC)

ENBC: Interactive communication with the body-unconscious or the unconscious mind to access various levels of functioning, from the physiological to the psychological. ENBC can be facilitated through ideomotor questioning.

BODY LANGUAGE: Non-verbal physical expression indicative of a physiological, emotional or psychological state or position. Ways the body expresses itself or functions as an expressive vehicle. The unconscious seems to be a master of body language.

IDEOMOTOR SIGNALS: Mutually agreed upon specific body movement which allows interactive communication with the body-unconscious. Head nods and shakes are enculturated ideomotor signals.

A parts model

To understand ego-state theory and therapy, consider how an individual's inner reality, that navigating fund of learning, experience, knowledge, perception, belief and inclination, is being constructed piece by piece as the body develops from infancy to adulthood. Through the growing up years, each new experience becomes a piece of the inner reality foundation. Some pieces of foundation are held by particular resources created for this purpose. John and Helen Watkins (1997) call these resources "ego-states", or parts of the greater self. These ego-states contribute to a fluid, responsive interplay of resources useful in navigating through life in the world. Helen Watkins (1993) summarizes ego-state therapy as a psychodynamic approach in which techniques of family or group therapy are employed to resolve conflicts between various "ego-states" that constitute a "family of self" within the individual. The foundation of inner reality is thus seen not only as a network of perception, emotion, thought and behavior tied to experience, but also as ego-states that hold, connect or express experience. The experiential functional flow and communication between these ego-states and their respective purpose determines much about how a person functions.

FACILITATING IDEOMOTOR FINGER SIGNALS

(ADAPTED FROM ROSSI & CHEEK, 1988, MIND-BODY THERAPY)

1. Introduction to ideomotor expression

"The part of you known as the unconscious mind (or the subconscious or inner mind) expresses itself all the time without any conscious thought or intention. The nodding or shaking of the head during conversation is just one example. The unconscious mind is able to help you in many ways and often knows things you have never known consciously. You can let your fingers do the talking for you as you allow the unconscious mind to help you."

2. Experiencing finger signals

a. "Please let yourself think and feel, *yes-yes-yes*, and allow a very positive image or thought to come to mind (i.e.: an enjoyable activity, place, situation, food etc.). Wonder which finger your unconscious mind will select as a *yes* signal. That finger will float up all by itself to give a clear, visible *yes* signal." [If no movement is detected after a few minutes, continue with "Some people notice a very distinct sensation in a finger even before it lifts up and others feel nothing at all as a finger floats up as if a helium balloon was attached to it." or "As you notice a distinct sensation in a finger, just allow it to lift up."]

b. "Now lets find out which finger on that same hand is going to be a *no* signal as you let yourself think and feel, *no-no-no*, and focus on something that represents *no*."

c. "Sometimes the unconscious mind is just not ready to let you know something consciously. So let yourself wonder for a moment which finger on that same hand is going to lift up to signal *I'm not ready to know consciously yet."*

3. Ratification of ideomotor finger signals

"As you let those fingers respond to my question, I'll ask, is it alright to call up a very deep experience of comfort and calm at this time for your benefit?"

FACILITATING IDEOSENSORY SIGNALS

1. For the very visual person: The b-u can create an image of a black board or white eraser board and put **yes** or **no** responses to your questions on the board. Close your eyes, develop a picture of the board and tell (aloud) the b-u you would like it to respond to your questions on the board. The yes and no responses could be written on the board or may be different colors representing yes and no, seen on the board.

2. While seeing the board, ask the b-u a question about yourself that has a clear yes answer and await a response on the board. The response may be a color, a symbol or "yes" written out. This is your yes response from the b-u.

3. While seeing the board, ask the b-u a question about yourself that has a clear no answer and await a response on the board. This will be your no response from the b-u.

Yes and no signals can also be developed as a felt sensation, with an increase or decrease in the sensation reflecting yes and no. Or it may be a sensation in one location as a yes and a different location as a no.

IDEOMOTOR QUESTIONING: GUIDELINES AND PRECAUTIONS

1. Be permissive and non-invasive (i.e. "keep anything you want very private as you feel free to share whatever you think will help me to help you.")

2. Be patient awaiting a response and note any other physiological expression. Skin flush, tears, stomach sounds etc. reflect autonomic nervous system activity likely related to emotional content.

3. Use client language and utilize client process affirmatively.

4. Assuming some degree of trance may develop, be aware of both concrete interpretation (trance logic) and metaphorical influence of therapist's words.

5. Avoid contaminating client consciousness with interpretation, therapeutic language, labeling or implication that may create artifacts.

6. Inform client about the imperfection of memory, the difference between image and memory, and emotional healing being a higher priority than the accuracy of specific details related to historical events. Accept client's recalled internal experience compassionately without making assumptions about facts or the meaning of the material to the client. Various dynamics or themes from the past may unfold without absolute certainty regarding the veracity of the specific content.

7. Validate all client experience (movement, expressed thought, emotion, imagery, sensation, trance phenomena etc.) and allow client experience to unfold on its own.

8. Be prepared for abreaction and the opportunity to update, integrate and reframe from a strengths perspective. Always allow client to provide <u>all</u> the content of any imagery or perceived memory.

9. Repeat resolution questioning when client appears to be in a very different state (i.e. "Is there any <u>other</u> fear from the past that has not been resolved at this time").

10. Reorient client to fully alert state at conclusion of procedure.

GOLDFINGER:

<u>A FRAMEWORK FOR RESOLVING AFFECT USING</u> ESSENTIAL NEURO-BIOLOGICAL COMMUNICATION

Consider a non-invasive, structured protocol for resolving repressed, suppressed or otherwise dated emotion. Essential to this model is a progressive ratification series that addresses affect, cognition and behavior. A questioning tree illustrates a Socratic means of affect inquiry. This brief procedure is a useful adjunct to other treatment modalities and instrumental in clarifying the focus of treatment. A form of body-mind communication known as ideomotor questioning is employed to enact essential neurobiological communication.

Goldfinger Procedure

- **1.** Develop rapport with client.
- 2. Develop ideomotor finger signals.
- 3. Establish comfort.
- 4. Question the body-unconscious about emotional content.
- 5. Ratify immediate affective experience.
- 6. Ratify cognition.
- 7. Ratify imagery with future orientation.
- 8. Ratify behavior.

Goldfinger Procedure

1. Rapport: Join with the client. Establishing a positive interaction acceptable to the client that is based upon the client's frame of reference provides a foundation for collaborative endeavor.

Explore client expectations and provide information about unconscious investigation.

2. Develop ideomotor finger signals for yes and no.

3. **Comfort request**: Ask the unconscious mind (inner mind, expert within, part able to do this, etc.) if its alright to call up a deeply felt sense of comfort (calm, peace, etc.) at this time.

4. Affect Questioning: Select one affective experience or emotional state at a time and progress through the questioning tree.

5. Ratification of immediate experience: Support client awareness of current perceptual alterations and reflect observations of client.

6. **Ratification of cognition**: Make specific requests regarding adjustment in attitude, belief, learning, perceptual filter, cognitive construct, etc. or more general requests for freedom from cognitions tied to those emotions which have now been resolved.

7. **Ratification of imagery**: May involve suggesting that client let a picture develop "to see how experience can be now that you're free of so much from the past", or "what is the first realistic step you see yourself taking to mark this change?"

8. Ratification of behavior: Client follows through with plan of action.

Naming an Emotion

For most people the use of common emotional language with words like anger, fear, guilt, shame, emotional pain or sadness will work fine. When in doubt or with evidence from a client's presentation, use more inclusive groupings of emotional terms. An inquiry about anger then becomes "Is there any anger, resentment, irritation or rage from the past that you continue to carry with you at this time?" An inquiry about emotional pain could become "Is there any emotional pain, sadness, hurt or heart break from the past that you continue to carry at this time?"

Goldfinger Questioning Tree

Develop yes and no ideomotor finger signals.

1. Is there any __(name an emotion) from the past that you continue to carry with you? Yes- 2. Since you have been No-Question another emotional through all the experience state. of the past and you have all the learning from experience that can serve you well in the present, will that __(name emotion) now be released and resolved in whatever way is truly best for you at this time? Yes- When every part of you No-Is there some other emotion really is free of __(emotion), needing resolution before the yes finger can lift up at that time. the (emotion) can (Thank the unconscious be resolved? for being so responsive after receiving signal.) Yes- Is __(name emotion) No-Is there some important information needing to be this other emotion? clearly understood before (Go to #2 if "yes".) (emotion) can be resolved? Yes- Will that important No-Will you be prepared information become emotionally and intellectually for resolution of (emotion) very clear as the _ (emotion) is resolved? between now and our next visit? No- Will that important Yes-The yes finger can lift up when every information be clearly part of you is understood over the free of __(emotion). next hour (day, week, etc.)?

ABREACTION PROCEDURE

Ideally, a safety anchor has been established and client has given permission to proceed before the abreaction begins. As the abreaction takes place and throughout, consider the following:

- •Remind clients that the present context is safe and safety will be maintained as they revisit this past experience.
- •Solicit frequent verbal accounts of client's experience (i.e. "What's happening now?"... "What are you experiencing now?") Encourage vocal expression of emotions.
- Validate client's emotional response to past circumstances and reflect the creative, adaptive or resourceful coping strategies employed by the client.
- Reflect the locus of responsibility for what happened if another party is responsible.
- Move all the way through the experience.
- •Secure support from adult resources and encourage client to say everything and anything that could not be said before. Set up a context that is safe for the client to do this.
- •Help client identify any learning, skill, strength or understanding of inner resources derived from the past event.
- •With client's new awareness, ask client to move forward in time to the secure context of the present.
- •Normalize and reinforce the connection with or integration of any ego states that may have surfaced.
- •Imply in some fashion experiential improvement "now that this has been released."

NOTE: In cases where more than one emotionally charged event demands attention, a secure holding site (chest, trunk, vault, file etc.) can be employed to safely store the remaining material until the client is ready to deal with it.

A fractionated abreaction involves dissociating intellect, emotion and sensation from each other in order to process independently.

SOURCE OF CHRONIC CONDITION

AFTER QUESTIONING THE UNCONSCIOUS TO DETERMINE WHETHER THE SOURCE OF CONDITION IS A BELIEF, AN EVENT OR SERIES OF EVENTS, OR A DEEP FORCE, PURSUE THE SOURCE.

+ GENE EXPRESSION, HARD WIRING, A FORCE

+ EVENT OR SERIES OF EVENTS

BELIEF OR PERCEPTION

+ ISOLATED PARTS APPLYING ANY COMBINATION OF THE ABOVE

Managing Source Force- Method (X= anxiety, depression, rage or other chronic state)

1. Assess/inspire motivation: Given adequate motivation, provide information about the unconscious.

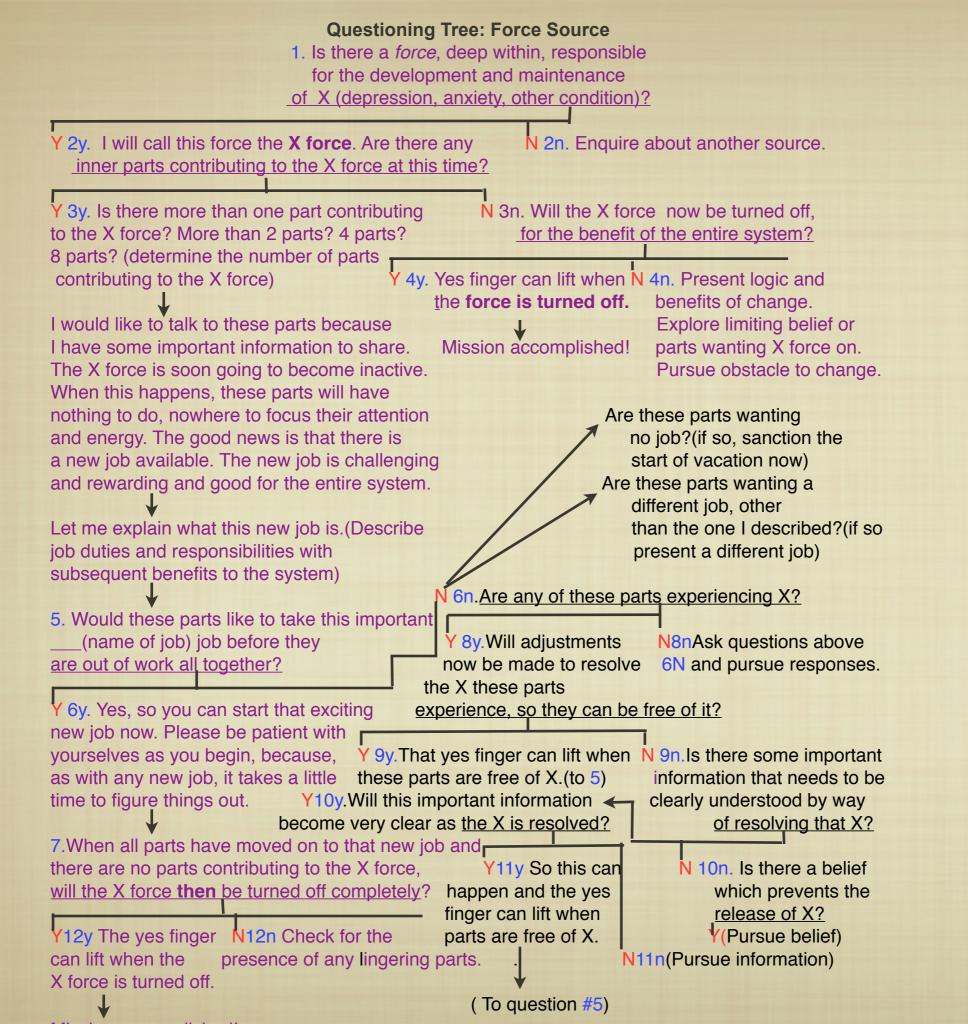
2. Develop ideomotor signals and comfort tool.

3. Emotional stabilization to whatever degree is possible.

- 4. Determine the presence of an X force.
- 4. Determine the number of inner parts contributing to the X force.
- 5. Present ruse and alternate jobs to parts and resolve X that parts carry.
- 6. Position all X force parts in new jobs.

7. Ask that the X force be turned off and secure confirmation of this.

8. Prophylactic measures: trigger inoculation, ratification of cognition and sensation, resolution of habit, emergency responders and self-treatment instructions.



New Jobs For Parts

Assertiveness job

I elaborate about people sometimes not expressing their thoughts or feelings or opinions because they fear someone's judgment or criticism. Sometimes the position a single individual presents can make a significant difference or even launch a social movement. The assertiveness job advocates expression of ideas, opinions or feelings. Parts doing the assertiveness job will do everything they can to externalize particular information, really letting someone else know what their personal position is. I inform parts that this job requires them to exercise their full authority to make things happen and that this job comes with tremendous satisfaction as parts see the results of their work. *Calming job*

A calming job can be especially helpful to those suffering from anxiety. This job attempts to keep the entire system calm, because everything in the system functions best when the system is calm. All the organ systems function best when the system is calm. I explain how this new job is a great benefit to health and vitality. I explain how the parts doing this job have complete creative freedom. These parts can be as creative as they like finding ways to calm the system. For instance, parts may inspire some deep breathing to calm the system. Parts may introduce calming thoughts or images to calm the system. Parts may automatically apply the comfort tool. If the system is anxious, parts may change that negative outcome future picture to a positive outcome future picture and thus resolve the anxiety.

Information processing job

The information processing job can be beneficial for almost any person. I explain that this job is all about processing new information that comes into the system. Parts doing this information processing job organize and categorize new information in a way that makes it easily accessible and easily available. This is a bit like having an extra memory and is a great help to the whole system. This is a very challenging but very rewarding job. Parts will see the results of their work very quickly. This is a job that can be a great help to a student or someone learning new skills starting a new job, or anything that requires learning new information. *Emotional release job*

The emotional release job is one that mimics the Goldfinger procedure internally. Once emotions have been released and resolved relative to the Goldfinger method, this approach can be referenced to parts needing a job. I explain to parts that while the body is asleep, they will inventory the entire system to find and gather up any undesirable accumulated emotions like anger, fear, emotional pain and sadness, guilt, shame, anxiety or depression. Once these emotions have been gathered up, parts will solicit help from the greater unconscious to release and resolve these emotions in whatever way is best. If there is any important information that needs to be clearly understood by way of releasing any of these emotions, the unconscious could present this information in a dream, a dream which would be remembered after waking. This emotional release job allows the body to wake from sleep refreshed and free of those undesirable emotions, able to start the day comfortably.

Personal history review job: ego strengthening

The personal history review job is really about ego strengthening and improvement of self-esteem. I suggest to the parts previously involved with the force that this job is about reviewing personal history as far back as desired. The parts doing this job find experience that reflects achievement, empowerment, success, learning, overcoming difficulties or anything that this person can feel good about or proud of. For instance, a very early and very great achievement was learning how to walk. Parts doing this job will scan personal history to find the things that merit pride and feeling good. And then, once a day these parts will share one of these important items with the rest of the system so that the rest of the system can feel good about that very thing.

Motivational action job

This job is about helping a person follow through with intentions. Parts will first keep track of daily practices, routines and any plans or goals that are established. Sometimes this may involve developing a habit. The second part of this important job involves doing whatever is necessary to follow through with the original plan or intention. Parts doing this job exercise their full authority to make appreciate parts and any plans or goals that are established.

New Jobs For Parts

Focus job

The focus job could be especially helpful for those suffering from attention deficit disorder or any other condition that may interfere with concentration or focus. I explain to parts that this job is about helping the system maintain total focus on whatever is declared important to focus on, free of any distractions. This focus job is orchestrated around a specific timeframe. When a person announces out loud they would like to focus all their attention on a particular theme for the next half-hour, hour, two hours or whatever the time frame is, this becomes the queue for the focus team to begin eliminating any distractions to this focus and help the individual maintain the best focus possible on the desired theme.

Check once job

The check once job is geared for anyone suffering from a obsessive compulsive disorder. The parts doing this job will first keep track, in a somewhat obsessive fashion, of what has been checked. These parts will then remind the individual in whatever fashion is most effective, that a particular item has already been checked and there is no reason to check again. The check once team offers a recognizable reminder that checking has already taken place and there is no reason for further checking. This check once team may also offer reminders of security and safety in situations where doors and stoves or other devices need to be locked or turned off. So it may be helpful to coach the parts doing this job on the best ways to deliver information and also make sure the information is received by the individual.

Social curiosity job

The social curiosity job is especially intended for those managing a social anxiety force. This job is also helpful for the shy or those wanting to improve social skills. Imagine I am talking to a group of parts working for a social anxiety force. After clearing the anxiety these parts carry and informing them about the imminent inactive status of the social anxiety force, I tell parts about a new job that will make social situations easier for the system. The new job focuses totally on curiosity about other people. Parts doing this job raise questions about any person in a social situation and make no assumptions about what the other person is thinking or feeling. The questions can cover a broad range of topics and categories like work, family, residence or living situation, recreation, interests, occupational focus, current events and much more. Most people enjoy talking about themselves. Asking questions is a way to initiate social interactions and learn a bit about another.

Specific focus job

A specific focus job can be tailored for any particular need or desire an individual has. For instance, when working with students there may be particular subjects or classes which are quite challenging. If mathematics is particularly challenging, then a math team can be put together by parts needing a job. In this case I explain to the parts that their job is to absorb all information related to mathematics so that it can be recalled and applied as needed. Parts doing this job will be very busy during the math class and whenever math is being studied. This math team will also be quite busy when being tested on math. I suggest that this will be a great help to this individual because it addresses an important need. This job comes with great satisfaction because the parts doing this job will see the results of their work very quickly.

Sensory focus job

The sensory focus job has great benefit for anyone experiencing chronic anxiety or other emotional distress. This job is a great complement to mindfulness as it helps the individual to be more present and tuned in to experience. I first explain to parts that most people can be easily distracted from their very real, very present, sensory experience. I explain how all of the senses, including taste, touch, smell, vision and hearing, are functioning fully in the present tense. Yet, we tend to ignore much of what is happening with the senses. When we are anxious, we tend to be in the future, out of touch with our current experience. If we are depressed, we may be ruminating more on past experience. The sensory focus job is all about tuning in to the current sensory experience. Focusing on two or more sensory experiences will certainly create a beneficial change.

RATIFICATION OF COGNITION AND SENSATION

Present some variation of the following to the unconscious. "The X Force can influence and develop its own line of thought, perception or even belief. It can also associate with various sensory experience. Now that the X Force is turned off, is there a place in the past to put those thoughts, perceptions, beliefs and sensory experience that are no longer appropriate in the present, out of the way of the present?"

With an affirmative response, reply "So that adjustment can now take place, taking all the time necessary. The yes finger can lift up when this adjustment is complete."
With a negative response, move on to the next item.

HABIT

"Sometimes habits evolve from the X Force. Habits are very automatic, requiring little or no thought. And sometimes automatic thoughts and emotional responses are the habit. Now that the X Force is turned off, are there any habits of thought, perception, emotion or behavior that developed from this force?"

An affirmative response prompts "Will adjustments now be made to resolve whatever habits developed from this force so the entire system will be free of those habits?"

- •With a yes response, say "So that can happen. When the entire system is free of those habits the yes finger can lift up."
- •With a no response, acknowledge "So perhaps this is not the best time to resolve those habits" and then move on.

TRIGGER INOCULATION

"Since the unconscious knows far more than I about the various experiences and circumstances that could possibly trigger the X force to activate or turn on, I'ld like to ask the unconscious for some additional help. Since repeated exposure to provocative stimuli seems to weaken the effect of that stimuli, will you now be exposed to all the known triggering experiences that could activate the X force as many times as it takes to protect you from the effect of those triggers?"

•With a yes response, say " So that can happen. The yes finger can lift up when you have completed that series of experience."

•With a no response, say "Perhaps this is not the right time to secure that extra level of insulation" and move on to something else.

EMERGENCY RESPONSE PARTS

- Ask the unconscious if there are any parts that know how to turn off the X force on their own.
- With a yes response determine how many parts have this skill.
- Suggest that this skill can be used to help the entire system.
- Ask these parts if they are willing to become an emergency response team with the responsibility of keeping the X force turned off.
- With a yes response ask the unconscious to develop an alarm signal which will alert the emergency response team whenever the X force turns on.
- Test the alarm signal and secure confirmation from the ER team that they recognize the signal.

Depressive Force- Turning Off (*Self-Treatment*)

If you are experiencing Depressive Force indicators or inclinations to any degree, do the following:

1. Verify your yes and no finger signals if you are not already clear what they are. Position the hands so the fingers are all free to move and visible to you. Ask the unconscious to lift the yes finger as you focus on something positive. Then ask the unconscious to lift the no finger as you think of something negative. Patiently await finger movements which may be a lifting or a slow, jerky movement or a vibration.

2. Tell the unconscious you want to ask it some questions and have it respond through those fingers.

3. Ask "Is the Depressive Force currently turned on?" A "yes" response then raises the question "Are there any parts of me currently contributing to the Depressive Force?"

-If there are no parts contributing, go to #4.

-A"yes" response prompts "Did any of the parts contributing to the Depressive Force previously have a new job?" If so, then say "That new job is good for the entire system and the Depressive Force is a problem for the system. So, will these parts now return to that important new job and take with them any other parts, if they exist, that never had a new job because those parts will certainly need a new job once the Depressive Force becomes inactive? Will these parts now return to that new job?" (All parts need and want a purpose of function) If necessary, create a new job for this part(s) that assists you in some way. Get confirmation that the part(s) is engaged in the non-Depressive Force job through a finger signal.

4. Ask "Will the Depressive Force now be completely turned off?" or "As these parts move on to that other job, will the Depressive Force be completely turned off?" With a yes response, ask for the yes or no finger to lift up when the Depressive Force is completely off.

-If you get a no response, ask "Is there some other adjustment needing to happen before Depressive Force can be turned off?" With a yes response, ask "Will that adjustment now be made?" With a yes response, ask for a finger signal when the adjustment is complete and then start at the beginning of #4.

-Another possibility with a no response involves asking "Is there something important I need to understand before Depressive Force can be turned off?" With a yes response, ask "Will that information now come to conscious awareness so I can benefit from understanding it?" With a yes response, simply await that awareness and then go to the beginning of #4.

5. Once the Depressive Force is turned off, ask if any lingering depression will be resolved, thank the unconscious and ask if it will help insulate you in the future from whatever trigger(s) was responsible for turning Depressive Force back on recently.

Operational Premise

The premise guiding this work assumes that ego-states are functioning at the expressive level of the X disorder and that the functional force directing these egostates can be muted once all X disorder ego-states assume a different function. Extracting ego-states from the X disorder role and muting the X disorder force then results in remission of the X disorder symptom complex. The treatment intervention targets the entire symptom complex, as opposed to focusing on single symptoms or presumed underlying causal factors.

The most common risk factor is abreaction. If this happens, it typically happens during the initial clearing of accumulated emotion, the Goldfinger approach. In the therapeutic context, abreaction provides an avenue for healing and must be pursued as such (see "abreaction procedure" in this presentation).

SOURCE EVENT

1. Get confirmation, via ideomotor signals, that an event or series of events from the past are related to source of X.

2. Determine approximate chronology of first event. How old was client when this first happened?

3. Help client time travel to just before source event happens and solicit client's awareness of circumstances.

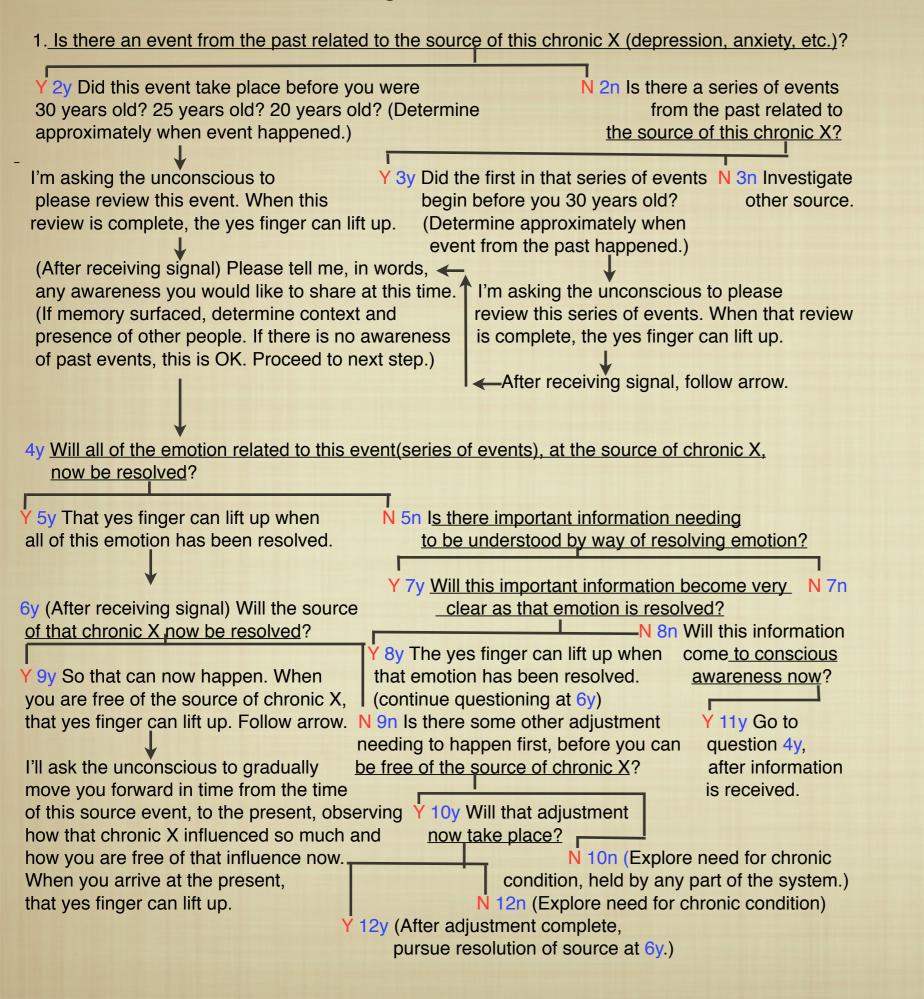
4. Client moves through event(s) and reports experience. Validate client's emotional response.

5. Resolve affect associated with event(s).

6. Solicit resolution of chronic X source.

7. With all the resources of the present and freedom from chronic X, client moves through time from source event to present.

Questioning Tree: Event Source



SOURCE BELIEF

1. Get confirmation that a belief is related to source of X.

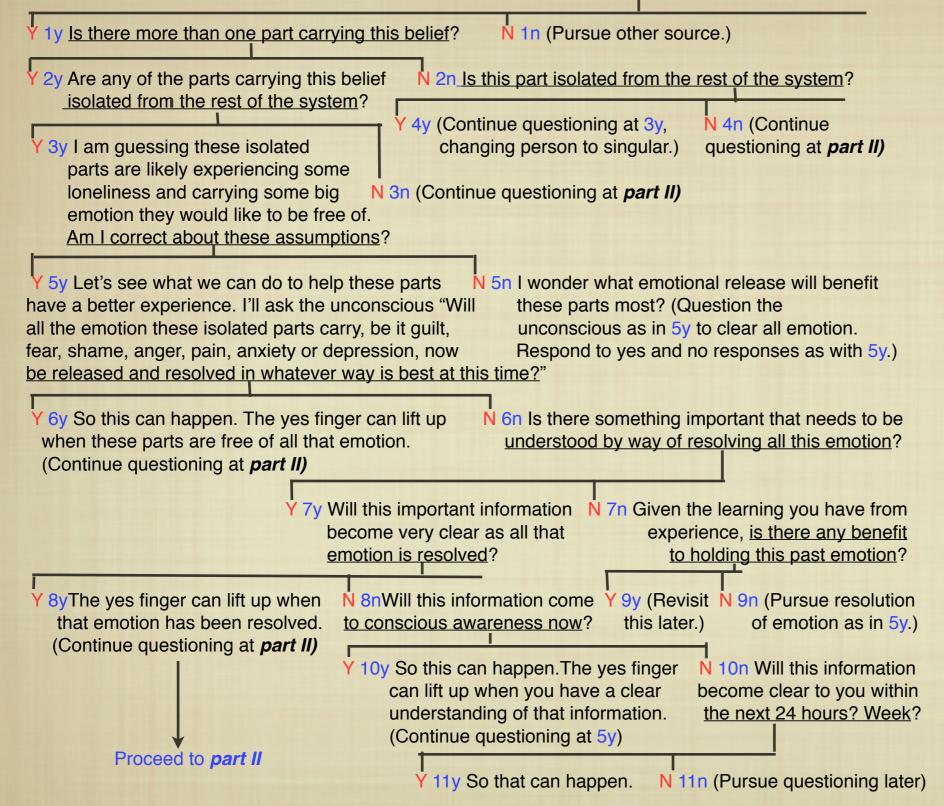
2. Review the global implications of a belief, learn what age the belief developed and question the validity or appropriateness of belief in today's reality.

3. Ask that belief be retired to the past, with no influence on present or future experience.

4. Ratify cognition associated with belief.

Questioning Tree: Belief Source- part I

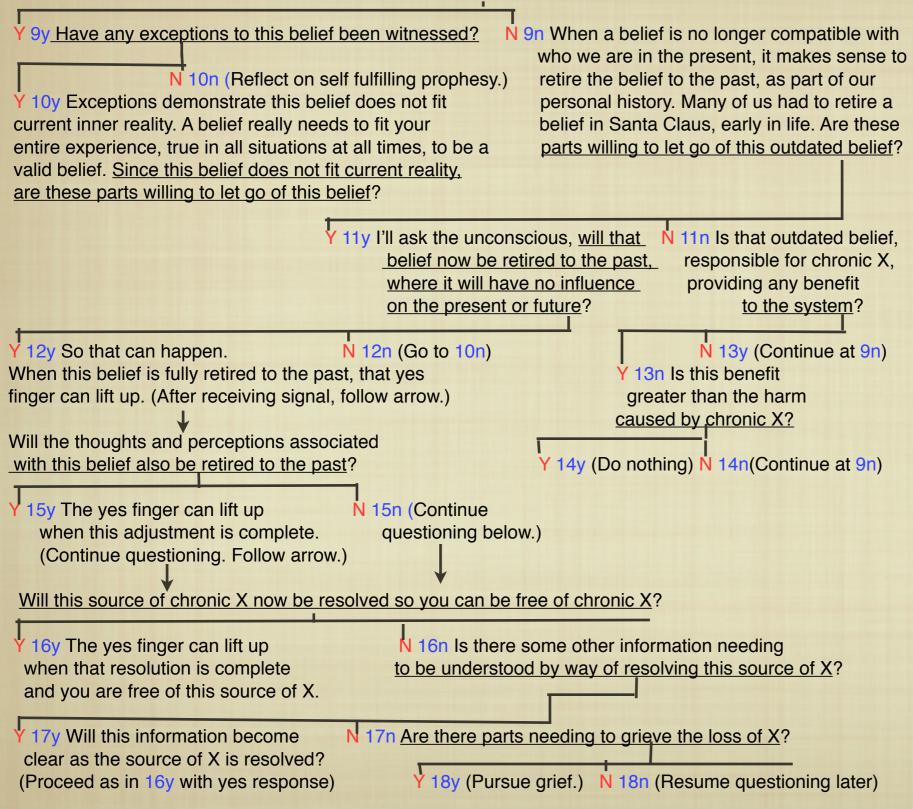
Is there a belief, held by any part of the system, responsible for the production and maintenance of this chronic X?



Questioning Tree: Belief Source- part II

These parts hold a belief which is at the source of chronic _X_ (depression, anxiety etc.).

Given who you are today, with all the learning, experience, coping strategies and skills you possess, is this belief really compatible with the present you? Does this belief really fit the inner reality of the present you?

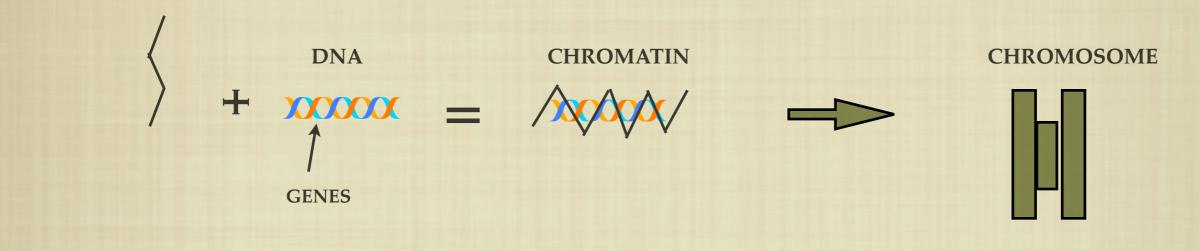


Epigenetic mechanisms

- DNA Methylation
- Histone Acetylation
- RNA interference
- Phosphorylation
- Ubiqitylation
- Sumolyation



HISTONE "THE CHROMATIN BACKBONE"



METHYLATION

CONSTRICTING, SILENCING

ACETYLATION

LOOSENING, EXPRESSIVE

XXXXX

Behavioral Epigenetics Observed

ALTERATIONS IN GENES INFLUENCING HYPOTHALAMIC-PITUITARY-ADRENAL RESPONSE

MATERNAL BEHAVIOR INFLUENCING GENE EXPRESSION

MUSIC, RELAXATION & POSITIVE EXPECTATION INFLUENCING GENE EXPRESSION

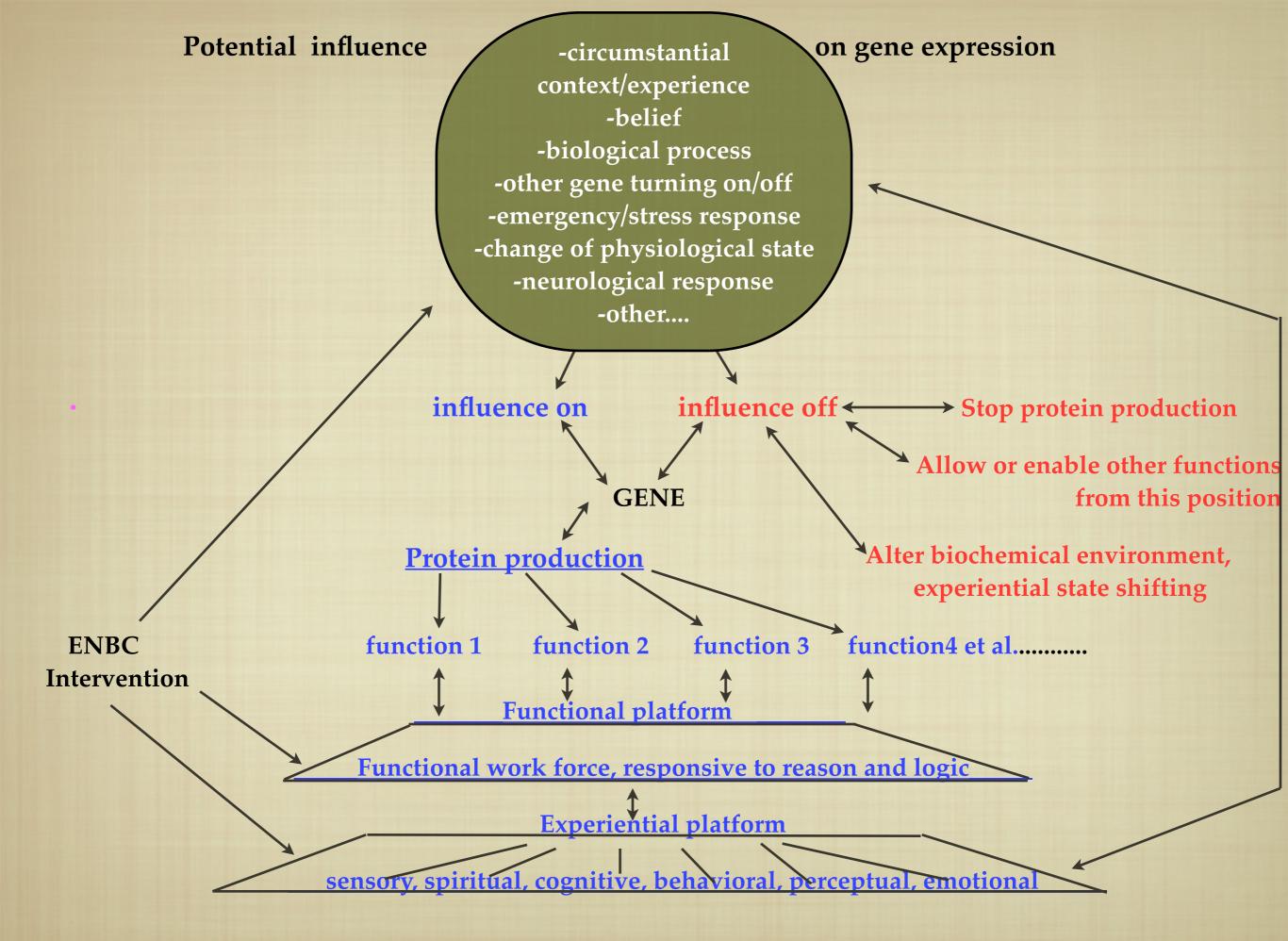
Nature Neuroscience **7**, 847 - 854 (2004) Published online: 27 June 2004; Corrected online: 27 July 2004 | doi:10.1038/nn1276 **Epigenetic programming by maternal behavior** Ian C G Weaver^{1, 2}, Nadia Cervoni³, Frances A Champagne^{1, 2}, Ana C D'Alessio³, Shakti Sharma¹, Jonathan R Seckl⁴, Sergiy Dymov³, Moshe Szyf^{2, 3} & Michael J Meaney^{1, 2}

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Here we report that increased pup licking and grooming (LG) and arched-back nursing (ABN) by rat mothers altered the offspring epigenome at a glucocorticoid receptor (GR) gene promoter in the hippocampus. Offspring of mothers that showed high levels of LG and ABN were found to have differences in DNA methylation, as compared to offspring of 'low-LG-ABN' mothers. These differences emerged over the first week of life, were reversed with cross-fostering, persisted into adulthood and were associated with altered histone acetylation and transcription factor (NGFI-A) binding to the GR promoter. Central infusion of a histone deacetylase inhibitor removed the group differences in histone acetylation, DNA methylation, NGFI-A binding, GR expression and hypothalamic-pituitary-adrenal (HPA) responses to stress, suggesting a causal relation among epigenomic state, GR expression and the maternal effect on stress responses in the offspring. Thus we show that an epigenomic state of a gene can be established through behavioral programming, and it is potentially reversible.

Majdan, M., & Shatz, C. J. (2006). Effects of visual experience on activity-dependent gene regulation in cortex. *Nat Neurosci*, 9(5), 650-659. doi: nn1674 [pii] 10.1038/nn1674

There are critical periods in development when sensory experience directs the maturation of synapses and circuits within neocortex. We report that the critical period in mouse visual cortex has a specific molecular logic of gene regulation. Four days of visual deprivation regulated one set of genes during the critical period, and different sets before or after. Dark rearing perturbed the regulation of these age-specific gene sets. In addition, a 'common gene set', comprised of target genes belonging to a mitogen-activated protein (MAP) kinase signaling pathway, was regulated by vision at all ages but was impervious to prior history of sensory experience. Together, our results demonstrate that vision has dual effects on gene regulation in visual cortex and that sensory experience is needed for the sequential acquisition of age-specific, but not common, gene sets. Thus, a dynamic interplay between experience and gene expression drives activity-dependent circuit maturation.



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