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Hypnotism and the Eternal Return: The Case of Ideomotor Signaling

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Forty years ago the American psychologist and hypnotherapist Leslie M. LeCron introduced an exploratory psychotherapeutic technique that became known as ideomotor signaling. For some years it was widely used, then for reasons none too clear it fell in disfavor. It appears, however, to be making a comeback, bringing with it the same kinds of poorly recognized conceptual and practical problems it initially had. After reviewing what the concept of ideodynamic, and especially, ideomotor action entails, this paper presents arguments that raise questions regarding the applicability of the adjective "ideomotor" to LeCron's procedures. The expression "nonconscious signaling" would appear to be more appropriate than that of "ideomotor signaling." Further examination of the process in question also raises doubts regarding its capacity for establishing a communication line between the therapist and the patient's "unconscious." It is proposed that it more likely creates an artificial psychic structure more like a conscious mind coexisting with the patient's actual conscious mind. The label "L-C unconscious" is suggested for it so as to allow one to distinguish it from other psychic structures also referred to as an "unconscious." The technique is shown to be particularly open to the therapist influencing the patient's responses. In spite of its weaknesses nonconscious signaling does appear to have some clinical utility and can probably be used effectively if proper care is taken in applying it.

1. Introductory remarks

If I am not mistaken, it was Ibsen who wrote about the "eternal return," whereby it would seem that what has happened once, good or bad, will essentially inevitably happen again and again. This certainly appears to have been true for hypnotism in more than one instance. Ideomotor signaling is one of these recurrences. In itself this would not necesarily be a bad thing were it not for the fact that the first time around ideomotor signaling quickly became associated with serious conceptual as well as practical

issues (Weitzenhoffer, 1960a. 1960b, 1989) and, as I see it, not only have these never been attended to, even less resolved, but they too are now recurring.

I would make it clear from the start that I am using the expression "ideomotor signaling" in a definitely special, technical sense, as originally used by Leslie M. LeCron and by David B. Cheek (Cheek & LeCron, 1968). Briefly, for those among you who are not familiar with it, ideomotor signaling denotes a psychotherapeutic exploratory technique that first came into use among American hypnotherapists in the late fifties to early sixties. It presumes the existence of a so-called "unconscious mind" or, more simply, "unconscious," and involves giving a patient, who may or may not be hypnotized, certain fairly direct and explicit instructions aimed at eliciting from him/her what are presumed to be nonvoluntary movements originating from his/her unconscious. These are usually movements of the hands or fingers, or as transmitted to a pendulum consisting of a small bob hanging at the end of a string held by the patient. These movements, they are explictly told, will be initiated and controlled by their unconscious mind. It is also prearranged, by direct verbal communication, presumably with the patient's unconscious, which of these movements will be understood as being "yes" and "no" answers to questions. More complex codes can and have been used. Clinicians using this form of communication believe that they can thus communicate with a patient's unconscious and explore the nature of a patient's problem, uncover its roots and, from there, go on to effect "cures." Once a very popular method with so-called "traditional" hypnotherapists, it eventually felt into disuse, but now there appears to be a resurgence of interest in its use, particularly among Ericksonians and other non-traditional hypnotherapists. Ideomotor signaling, however, may not be all that it seems to be as we shall see. But first, let us see how ideomotor signaling came about.

2. A brief history of ideomotor signaling

Milton H. Erickson claims to have used and researched ideomotor signals in 1923, while an undergraduate student at the University of Wisconsin, and to have reported some of his results at a postgraduate seminar at the request of Clark L. Hull (Erickson, 1964, 1967). Unfortunately this work was never disseminated beyond the seminar room in which it was presented and no mention was made of ideomotor signaling by Erickson in subsequent years, that is, not until the sixties. I think it is therefore proper to say that the essential details of ideomotor signaling were first made public by the American psychologist/hypnotherapist Leslie M. LeCron in 1953 at a meeting of the American Psychiatric Society and then published a year later (LeCron, 1954). LeCron may also have started teaching the method as early as 1953 in the seminars that he had then begun to lead with the aid of others, among whom was David B. Cheek, an obstetrician and hypnotherapist. Cheek became a very strong advocate of the method and did much on his own to promote its use. Today he is probably the main exponent of the method. Initially LeCron did not make use of the expression "ideomotor signaling." This designation appeared in the latter part of 1960 in response, I believe to two rather

critical articles I had published (Weitzenhoffer, 1960a,1960b) regarding the way the technique was being used. Prior to that time, as I seem to remember, the method was frequently referred to as "finger signaling." It may have been LeCron who finally called it "ideomotor signaling" although my impression is that it was Cheek who made that contribution. In any event he and LeCron went on, in 1968, to publish a major work on hypnotherapy in which they gave considerable space to the use of ideomotor signaling (now officially thus named) primarily, but not exclusively as an uncovering tool. Ideomotor signaling (or, "questioning," as it was also refered to) gained considerable popularity among American hypnotherapist during the sixties. However, perhaps because it did not come up quite to expectations, but more likely because of a growing interest in Milton H. Erickson's overall approach to psychotherapy and especially hypnotherapy, interest in and use of the technique began to wane in the seventies until by 1980 it appears to have become almost forgotten. Its recent resurgence appears to be related to the publication in 1988 of a work on mind body therapy (Rossi & Cheek, 1988). This renewed interest in the method appears to have been responsible for Cheek very recently publishing a major revision of the old Cheek/LeCron work in which ideomotor signaling is now given a central position (Cheek, 1994).

I would add one further note regarding Erickson's understanding and use of ideomotor signals. This is that he probably made far more use of spontaneously occuring movements than of movements produced on demand. He believed that many, perhaps all, spontaneous movements patients made were expressions of unvoiced thoughts, mostly unconscious ones. Although he rarely, if ever, used the term "ideodynamic" he recognized that sensations could arise spontaneously in the same way movements did and he therefore would also talk about making use of "ideosensory signals."

3. A brief history of of ideodynamic action

If ideomotor signaling is merely the use of a type of sign language to communicate with a person's unconscious, why this qualification of being "ideomotoric?" Have you ever wondered about that? What are the implications of this qualifier? Deaf-mute individuals also use hand and finger signals to communicate but no one has ever referred to them as being ideomotoric! Why not? Maybe they also are ideomotoric but, if so, as against being what other kinds of signals? As we shall shortly see the terms "ideomotor" and "ideomotoric" had been in existence for some time before LeCron and Cheek used them in the present context, so it is reasonable to assume that they borrowed the terms from the literature feeling they were applicable to the situations with which they were concerned.

In his early uses of the technique LeCron first hypnotized his patients, but subsequently came to recognize that one could often use the method without a prior induction, that is, with a person in his/her normal, waking, state. In doing this last, he seemingly was making use of an information gathering technique that, according to Michel-Eugene Chevreul (1854), had been in use for divinatory purposes as early as the midd-

le of the fourth century, the seer using for this a pendulum much like the one I described above. One major difference, of course, was that no attempt was being directly made here by a second party to enter into a conversation with the seer's unconscious. Questions were simply put to the seer and, thereupon, the pendulum would move in accordance with the answers. Chevreul's explanation was that the seer's thinking of the answering movement immediately gave rise to the corresponding pendulum motion.

It is rather unlikely that LeCron was familiar with Chevreul's account, but he may have had knowledge through other sources of these early uses of the pendulum. He may also have had some cognizance of their use by contemporary dowsers (water-witches, radiesthesists, etc.). And then, possibly he simply rediscovered the fact that a pendulum held by an individual can provide answers to questions asked of it or of the individual. In fact this strange behavior of a pendulum held by a person was probably rediscovered a number of times between the fourth and the nineteenth century and several serious attempts were made to study it during the nineteenth century. An early brief review of these investigations can be found in Chevreul's 1854 work. As it happens during this same period of time physical scientist had found the mechanical properties of pendulums of all kinds to be of considerable interest, their focus being on a quite different class of effects. Aware that a source of confusion existed here, Gerboin, a French researcher, proposed in 1808 that the expression "explorer pendulum" be used to designate pendulums of the kinds we have been discussing. Those studied and used by physical scientists he proposed should be called "ordinary" pendulums. Subsequently Chevreul himself adopted and recommended (Chevreul, 1854) using the expression explorer pendulum which, to this day, continues to be used in at least the French literature on radiesthesia. On the other hand, for reasons unknown, the American and European modern hypnotism literature referred to this kind of pendulum as the "Chevreul pendulum." This is somewhat puzzling because not only did Chevreul have no interest in hypnotic phenomena, but he made no mention of these in his writings.

Past investigators and users of explorer pendulums have had various theories regarding the motive power involved and have considered various forms of subtle "energies," even spirit power as possibilities. To my knowledge, Chevreul was the first to propose in 1833 that the motive power was and had always been the thoughts of the person holding the pendulum, these thoughts being converted and translated into insensible muscular movements that were then converted into the motion of the pendulum (Chevreul, 1833, 1854). On the basis of subsequent experimental studies done by him, Chevreul felt by 1854 that he could now assert this was a demonstrated fact and that the "principle of the explorer pendulum" as he called it, could be extended to such other situation as the tilting and "turning" tables of spirit seances and the moving forked branches of the dowser.

Chevreul did not use the term "ideomotor action." It is to William Carpenter, a British physician, that we owe this expression as well as a further elaboration of Chevreul's pendulum principle. Carpenter, a physician, hence more physiologically orien-

ted than Chevreul, who was an industrial chemist, went a step further and offered a physiological explanation based on some earlier work of another British physician, Laycock, who had proposed the existence of cortical reflexes. (Carpenter, 1852, 1880; Laycock, 1845). Additionally, Carpenter clearly made the point, specifically using the term "suggestion" here, that ideomotor action was the processes upon which certain suggestions rested. He did not go so far as to use the more general expression "ideodynamic action" which extends the explorer pendulum principle to the domain of sensations and of feelings. According to James Braid (1855) this expression was first proposed in 1853 as being more appropriate by another British physician named Noble. On the other hand, Carpenter (1880, p. 515 ff) developed at length a model of "unconscious cerebration" which has considerable bearing upon our topic and which can be seen as one of the forerunners of modern conceptions of the unconscious.

It was left to Bernheim, in 1884, to make full use of the expression "ideodynamic action" in the context of hypnotism and to give it the central position of being the essential mechanism behind the effects of suggestion and the production of hypnotic phenomena. More specifically, Bernheim postulated the existence of a mental structure, the "inferior psychism," capable of carrying out complex behavior at a nonconscious level, using preexisting innate and learned activities. Some of these activities could, in particular, be elicited by nothing more than an idea and thus become an ideodynamic manifestation. While many will see in Berheim's notion of an inferior psychism an intimation of modern notions of an "unconscious," it is to be noted that Bernheim did not make use of the terms "unconscious" or "subconscious" in this connection. Carpenter seems to have been the only one of the earlier writers I have mentioned that did. There is, incidentally, a great deal of similarity between Carpenter's unconscious cerebration and the activities of Bernheim's inferior psychism.

LeCron and Cheek have never given their rationale for having used the term "ideomotor" in connection with the exploratory technique LeCron had introduced. LeCron, however, had long been familiar with the use of the exploratory pendulum to ideomotorically test for suggestibility (LeCron & Bordeaux, 1947) and may have summarily assumed ideomotor action was equally the principal agent involved in the movements he used. In any case, by the time the expression "ideomotor signaling," was coined, ideomotor action was a popular term fairly widely, if not always correctly, used in the existing hypnotism literature, and one can reasonably assume that when LeCron and Cheek employed it they were borrowing an already in use term and not creating it anew. As we shall next see it may not have been the most appropriate choice.

4. Enters the unconscious

When LeCron published his paper in 1954, much of hypnopsychotherapy centered around discovering what unconscious motives lay behind a patient's pathological behavior. Orthodox psychoanalysis was on its way out, but many of Freud's psychodynamic principles were still in force. Erickson himself had earlier very effectively used hyp-

notism to experimentally demonstrate the generally accepted Freudian dynamisms and to manipulate them for therapeutic ends. Most professionals, at least those engaged in providing health care, saw individuals as possessing an "unconscious" but varied greatly in how they viewed the latter. Freud was still seen as the main authority on the unconscious, but many practitioners showed only a limited knowledge and understanding of Freud's writings and their conception of the unconscious was often a strange mixture of Freudian and non-Freudian, often personal concepts.

LeCron originally proposed ideomotor signaling as a substitute for the use of automatic writing which at the time was employed as an uncovering tool. In fact, he felt that the use of finger movements and variations thereof were but variations of automatic writing. He recognized that automatic writing was probably overall better in certain important regards, but the new method was much easier to use, required at most a light trance and could even be used at times in the absence of one. So he said. In any case, at the time it was generally agreed that automatic writing was the production of a person's "unconscious" and LeCron's method became immediately widely accepted as another, easier, way of accessing this unconscious even though no direct solid evidence was ever provided that it actually did this. Nor was evidence ever provided that the equivalence proposed by LeCron existed. The fact that LeCron's technique very quickly evolved into one in which, from its very initiation, the therapist directly addresses the patient's unconscious probably helped to consolidate these beliefs.

LeCron and Cheek not only spoke of the unconscious mind but they made about equal references to a "subconscious" mind. As far as I can tell they used these two terms synonymously. I shall continue using the term "unconscious" only.

Typically, the use of ideomotor signaling begins with an explanation to the patient, who may or may not be hypnotized, that he has an unconscious mind in addition to his conscious mind and that this unconscious knows things about the patient that are unknown to his conscious mind. The patient is also told that he can carry out activities independently of what his conscious mind may be doing and even unknown to it. With patients that can be assumed to have some familiarity with the conscious/unconscious dichotomy the therapist may go directly to the next step which is the proposal of contacting the patient's unconscious. An authoritarian hypnotherapist may then explicitly tell the patient that his/her unconscious will answer questions with, for instance, a "yes" or a "no," raising such and such a finger for "yes" and such and such a finger for a "no." A permissive therapist usually asks the patient's unconscious to select the "yes" and the "no" fingers. In the initial use of the method, these were the only two allowed answers. Eventually it became evident that the presumably all-knowing unconscious did not always know what to answer. This led to the introduction of a third finger movement to indicate "I do not know." Still further down the line patients were encountered whose unconscious refused to answer certain questions, with the result that a fourth finger movement was introduced for "I do not want to answer." Fingers have not been the only signaling tools used but, by far and large, because of the flexibility they offer for this

sort of communication they have been preferred. LeCron's primary aim seems to have been at first to have a tool for exploring the dynamics of a patients' problems, but he soon found he could also use finger and other signals to access other kinds of information. This might be the depth of hypnosis attained by the patient, ascertaining whether the answers were "truly" from the unconscious, ascertaining the moment when the patient had reached in memory a certain period in his/her life, or for even getting an indication of the unconscious' willingness to let the patient become symptom free. As a matter of fact as the technique evolved it was found that other finger movements and movements of the total hand could be brought into the picture to provide additional signals. An intriguing and more mundane application was the use of a pendulum held by pregnant patients in an effort to determine the sex of their yet unborn child. Unfortunately such data as have been reported regarding the effectiveness of this last application have not ben able to show the results were better than chance.

The investigation of the causes of a patient's problem with finger signals has at times been extremely simple and direct. Typically a patient, whose name shall be, say, John, might be told "I am now talking to your unconscious. Do you know why John has this obesity problem?" Let us say the "yes" finger moved. The next step might then consist of the therapist saying "Good ... Is it alright for John's conscious mind to know what it is?" With a further "yes" the instruction might next be "Fine ... now let John know why he is obese." LeCron and Cheek, and other therapists came early to the conclusion that it was not even essential that the patient's unconscious publicly or otherwise divulge what the reasons were, and in later years often proceeded directly to the next step, which was to ask the unconscious if it was willing to allow the patient to become symptom free. But equally often, if not more, the practice has been to go on and have the patient recall the traumatic event that presumably was at the root of the problem and even have the patient develop an abreactive age regression. Matters frequently became more complicated, particularly when the unconscious stated it did not know what lay behind a symptom or was not willing for the patient to be free of it. Since my goal today is not to teach you how to work with ideomotor signaling, a task I would much rather leave to those who are the experts in it, I will not go into further procedural details.

If I have understood LeCron's, Cheek's and Erickson's thoughts here, a finger that is raised to say "yes" is deliberately moved by this unconscious. That is, it is not just a reflex response to the idea of moving this finger as it would be if it were truly ideomotoric. It is instead a deliberate, albeit nonconscious movement, resulting from careful decision making by the patient's unconscious, as can be seen from the following quote where Erickson says to a patient (Erickson, Rossi & Rossi, 1976): "your unconscious mind will have to think through that question and to decide, after it has formulated its own answer, just how it will answer..."

This is one reason why I am led to question the validity of speaking here of "ideomotor" signals. The finger movements are probably no more ideomotoric than they would be if the conscious mind of the patient had been similarly addressed and had pro-

ceded to cooperatively answer with finger movement.

But there is another reason for my thinking the above. This is that LeCron, Cheek and Erickson, among others, have made the point that the movements produced by the unconscious are slow, hesitant, weak and often abbreviated as contrasted to conscious movements that, they say, are just the opposite. And indeed these movements said to be characteristic of motoric control by the unconscious often dominate exploratory signal sessions. Such movements, however, are not consistent with the fact that ideomotor action is considered to be a reflex. There is nothing slow or indecisive about reflex action. Furthermore, as Bernheim pointed out over a hundred years ago, our normal everyday behavior is made up of a high percentage of automatisms, the very same automatisms specifically elicited ideomotorically when conditions, such as the presence of a hypnotic state, favor it. But let us note that, when they are part of everyday behavior, these automatisms do not show these so- called characteristics of movements said to be produced by the unconscious that LeCron, Cheek and Erickson talk about. I am by no means convinced that this kind of movement is sine qua non evidence of motoric control by the unconscious, but if it is, it speaks against the notion we are dealing here with purely ideomotor acts.

In brief, I take the position that the expression "ideomotor signal" is inappropriate, implying as it does something which is not demonstrated to be the case. At least until LeCron and Cheek came along and spoke about ideomotor signaling, ideomotor action was an expression specifically refering to the immediate, reflex elicitation of muscle movements by the occurence of the idea of these movements in a person's mind. I see no value in attempting to generalize the term so as to allow it to be applied to the production of motoric signals using the method employed by LeCron and Cheek. To get away from this most likely inappropriate use of the qualification "ideomotor" I would propose that, instead, one speak here of "nonconscious exploratory signals," or more simply of "nonconscious signals," as I will from here on.

I mentioned earlier that Ericksdon viewed spontaneous movements and sensations as being potential ideodynamic representations of a patient's unspoken thoughts. To the extent that they are, it is justifiable to refer to them as being "ideomotor" and "ideosensory" signals.

5. Issues, problems and pitfalls of nonconscious exploratory signaling

Have you ever wondered what it means to the patient when you or some other therapist says to him/her "I am now going to talk to your unconscious," "Your unconscious will raise your right hand," "Let the deepest part of your unconscious answer the question," "Let your inner mind go to a still deeper level of awareness," or "Your unconscious will pick a number between 0 and 10 to let me know how deeply hypnotized you are." Even more so, what can such expressions as "unconscious" and "inner mind" mean to a nine-year-old boy going through a session of nonconscious signaling? What goes through the mind of the patient? And equally important how does the patient go

about satisfying these requests? To my knowledge no one has ever looked into these matters. We blithely go along assuming that the patient knows exactly what we are talking about and does exactly what we have in mind for him/her to do. Do they even all have the same understanding and respond to it using the same response mechanisms? This is unlikely considering that among well-trained professionals the term "unconscious" brings forth quite different pictures. Can you be sure that the patient's unconscious is that same mental entity that you call the "unconscious?" And, more important, when you use nonconscious signals, can you even be sure that you are dealing with any kind of "unconscious?" I do not think anyone knows the answers to these questions. I certainly do not, but I can point to a few things that ought to make you wary when you next plan to use nonconscious signaling.

As you will have noticed with the few examples I have given, the language used in communicating with the patient's unconscious is very straightforward and the very same as one would use in communicating with his conscious mind. This is quite generally true (Cheek &vLeCron, 1968; Cheek, 1994). Now this consideration raises a question regarding just what this "unconscious" of the patient is because the fact I have just reviewed runs counter to the rather widely held opinion that the unconscious has a language all of its own. Freud and his followers have had much to say about this, so has Jung and even so has Erickson! Even LeCron and Cheek (1968) warn us that the unconscious is very literal, hence we must be careful how we word our communications to it. But when we look at the examples of communication that they and their students, like Rossi, have used, there is little evidence that the conversation that ensues is any different than it would be if it were with the conscious mind, using like signs for communication. Is it possible that, after all, the unconscious never has had a special language? On the other hand, if this is not the case, then is this an indication that nonconscious signaling does not deal with the unconscious as it has been generally described to do? Is this an indication we must revise our overall concept of the unconscious or is this an indication that there is something amiss in our understanding of how nonconscious signals work and what they do?

Let me next call your attention to the fact that, for LeCron, Cheek and Erickson, as well as their students and followers, the unconscious to which they address themselves is clearly a complex psychic entity which seems to have all of the attributes the conscious mind has and then some. This unconscious mind paradoxically even has "awareness." It also appears to have some sort of "volition." Not only can it refuse to cooperate, but it can make various decisions and implement them as the quote from Erickson, Rossi and Rossi, I gave you earlier shows. On the whole it is a friendly cooperative entity. There are also numerous indications to be found in the communications that LeCron, Cheek and others make when using nonconscious signaling that this unconscious to which they address themselves has, in fact, a number of "levels" of awareness or functioning. For instance we find Cheek and LeCron (1968, p. 149) saying to a patient, whose unconscious has already given historical data regarding the pa-

tient's problem, "Let's check the history you have already given by using a deeper level of awareness..." and on page 115, "Does the deep part of your [unconscious?] mind feel you have a serious or dangerous disease?" They occasionally also refer to a "preconscious" which would seem to be one of the levels they have in mind, this one being very close to the level of the conscious mind as it is in the Freudian model. It is this level which they apparently have in mind when they say (p. 150) "Please bring those memories to a level where you can tell about them," although they may actually be referring to the conscious mind. This whole concept of levels of the unconscious is quite vague and ambiguous, with some practitioners treating these levels as if they were a group of distinct unconsciouses.

Once more we find here important divergences from other past conceptions of the unconscious. Again this may mean that these past concepts have been wrong, the one we are talking about is wrong, they may all be wrong or, as is likely, there is some truth in each of them and it remains for us to distill it out.

In brief, the therapeutic uses of nonconscious motor signals are founded upon the notion that they are produced by an intelligent psychic structure whose functioning lies outside of the functioning of the conscious mind. The expression "unconscious mind" would seem appropriate enough to designate it except for the fact that this expression has already been used in the literature to denote psychic structures that may or may not be at all the same as the one LeCron and Cheek have in mind or even the same as each other. To wit, Freud's concept of the unconscious, Jung's version, and so on down to Erickson. For this reason, if we are going to talk here of an unconscious, I think it would be best, for some time to come, to be more specific and speak of the "LeCron-Cheek unconscious," or "L-C unconscious" for short, and not just of an unconscious mind without qualification when we speak of the use of exploratory signals. Actually, as I pointed out over thirty years ago, speaking here of a "co-conscious," as Morton Prince did (Prince, 1929), might be much more appropriate than using the term "unconscious," when dealing with nonconscious signals, for the L-C unconscious seems to act much more like another co-existing conscious mind.

The L-C unconscious is presumed to be already in existence at the time one instigates nonconscious signals. But can we be sure of this? Could it be partly or wholly created by the interventions that are involved? Is it possible that the therapist telling the patient he has an unconscious that will move one of his fingers is merely giving a suggestion that brings into existence the observed behavior, even brings into existence an artificial secondary personality that functions as the L-C unconscious? Support for this interpretation comes from several directions. First there is experimental work going back to at least the early twenties that shows hypnotic suggestions can easily produce reasonable simulacra of automatic writing and multiple personality (Weitzenhoffer, 1953, 1989). I would also remind you of the many nineteenth century cases involving entranced mediums through whose mouth spirits spoke. It seems to me there is a strong similarity between these spirits and the L-C unconscious, the main difference being

who the elicitor of the communications was and what kinds of communications were called for. Let me put it this way, if through selfhypnosis and autosuggestion, which is the accepted scientific explanation, a medium can readily bring into existence a multitude of spirit personalities within herself (mediums were usually women) how unlikely is it that an L-C unconscious is likewise brought into being? Then there are the similarities I have noticed to exist between the exorcising of demons by members of various Charismatic groups that was quite popular during the seventies in some parts of America and the evocation of an L-C unconscious. The similarity is particularly striking because of the manner in which the exorcist prepares the exorcee and also because effectively these exorcisms often have an intended therapeutic effect. In most cases the exorcism does not call for a conversation between exorcist and demon but occasionally this does occur. At such times the resemblance with nonconscious signaling sessions becomes even more striking. Not being a believer in demon possession but also knowing one can produce secondary personalities by suggestion I am inclined to believe the demons in question are creations of this kind. But if one can so readily create spirits and demons that in so many ways are like an L-C unconscious, how unlikely would it be that the latter is similarly created? Finally I would remind those of you who have a familiarity with NLP how Bandler and Grinder (1982) evolved a therapy technique which called for the therapist to make contact not only with the patient's unconscious, but with all sorts of other psychic structures or "parts" as they called them, as many as fifteen, such as their "creative part," their "worry part," their "punishing part," etc. Although they stated (p. 46) that the term "part" was merely a "useful way of organizing experience" and meant nothing more, the fact is that in the actual practice of their reframing techniques I have watched being done, the patient's behavior did not differ appreciably from the patients that LeCron and Cheek have dealt with using nonconscious signals. The ease with which these parts could be contacted and set into action and the fact that, as Bandler and Grinder explain (p. 57 ff), one can create parts as needed in the patient, this, more than anything else, cannot help but lead us to suspect the potential artificial and artifactual nature of the L-C unconscious.

To this point let me tell you about a very limited small experiment I did some years ago with a woman in her mid-thirties who had blue eyes and auburn hair, I asked of her L-C unconscious what it looked like. The description was that it was a 10-year-old, blue-eyed, red-haired girl! There are a number of answers one might expect to be given to this question in these circumstances, but not this one. But even more interesting is the fact that subsequently the identification with the 10-year-old girl was found to be indicative of the likely existence of another "unconscious" more like that of Freudian psychoanalysis! What kind of psychic structure was then the L-C unconscious?

Another time one of my patients, a good hypnotic subject, asked me if I could help her find a set of keys to her car which she felt she had misplaced. The usual hypnotic recovery techniques having been unsuccessful, I decided to use nonconscious signals in the form of finger movement. The information was readily obtained that the keys

were in the drawer of a desk in her living room. On returning home my patient went to the drawer and sure enough found a set of car keys - but they were the set to a former car that she had forgotten having placed in the drawer. The other keys, as it turned out, were presently returned to her by someone who had found them lying in a street. A tag bearing her phone number attached to the key ring had allowed the finder to contact her. There was a possibility my patient might unconsciously have registered their falling to the ground, but more likely this would not have happpened and her unconscious could not have known about it anymore than her conscious. Curious about what had gone on during the first inquiry session I had another finger signaling session with the patient. I asked her L-C unconscious why it had chosen to reveal where the old keys were, this being the wrong set of keys? Her unconscious recognized it had no knowledge of where and when the keys had been lost. It also made the point that the way I had put the question to it had been sufficiently unspecific as to allow it to correctly answer in term of the old keys. And indeed I have to agree that this was true. Still, I felt (and still feel) that the patient's unconscious must have known what keys I really had in mind even if my question was equivocal. I tried to pursue the issue further but with no success, the patient's unconscious sticking to its position. Effectively, it insisted, both set of keys were "lost" and my question had merely been a general one about some lost keys, not about the specific keys. For me two things stand out here. One is the potential unreliability of the answers the L-C unconscous may give for one reason or another. The other is the fact that my conversation with it took on more and more the quality of one I might have had with a conscious mind, thus once more forcing us to ask just "whom" are we conversing with when we employ nonconscious signaling.

It seems to me, and in this I may be wrong, that those persons who use nonconscious signaling do so with the faith that whatever a patient's unconscious tells us must be the absolute truth and that whatever it agrees to do can be counted upon. I am by no means sure this would be the case even with the patient's "true" unconscious, but I am definitely very wary of the results of working with a pseudo-unconscious should this be the case.

Because of its seeming simplicity and directness nonconscious exploratory signaling is very appealing. It has the further appeal of presumably and seemingly allowing for direct conversational communication with the patient's unconscious. It appears as potentially being a powerful uncovering and therapeutic tool. But, beside the issue I have just been discussing, it has other pitfalls. LeCron was aware of some of the problems that could arise with the method and I must give him credit for warning potential users of the dangers of unwittingly influencing the answers and also against accepting all answers at face value (LeCron, 1954). Unfortunately these messages do not seem to have gotten through very well. One problem of concern here is that most therapists sooner or later develop theories about what is wrong with the patient and what should be done about it. Now there is nothing wrong with that in most approaches to therapy, but it definitely can be a source of trouble in the case of nonconscious signaling. I have seen some quite blatant attempts by therapist to force the answers they

wanted or thought they should get out of the mouth, so to speak, of the patient's L-C unconscious. I will give you only a few examples of what I mean that I witnessed at seminars I attended. You can find others in my 1960 paper (Weitzenhoffer, 1960a).

Case I

Therapist: "Let your unconscious answer this question. Are you hypnotized?"

Finger: "I do not know."

Therapist: "But the deeper part of your mind knows. Let the deepest part of your inner mind answer ... Are you hypnotized?"

Finger: "Yes."

What does this tells us. The therapist clearly is not happy with the answer and lets the L-C unconscious know this, or is it the hypnotized mind of the patient? Whatever, having placed emphasis upon the word "hypnotized" there can be little question what answer is desired. With a modicum of suggestibility present we can expect the answer will be affirmative even if the patient is not in a hypnotic state, particularly since most people have no good idea what to look for in order to assert they are hypnotized.

Case II

Therapist (to unconscious):"I want you to think back to your childhood. Something happened then that is related to your present problem. You can remember ... What was it?

Finger: "I don't know."

Therapist: "Was that really your unconscious answering just now?

Finger:"No."

Therapist: That's all right ... But now let your unconscious answer the question this time. You can go back to a time in your childhood when you experienced something which is related to your present problem. Do your remember now?

Finger: "No."

Therapist: But there is a still deeper part of your mind that really knows the answer...let that deepest part of your mind answer. Did something happen?"

Finger: "Yes."

Here we have the therapist starting out by giving the patient the suggestion some childhood trauma is at the root of his problem. The next interchange essentially tells the patient the answer that was returned is not the right answer and that, therefore, it was not given by the L-C unconscious. Indirectly this also tells the patient the unconscious would give a different answer. The "no" that follows may or may not have been a suggested response. The therapist next pushes for a new and different answer to no avail. In the final interchange the patient is more forcibly told that a "yes" answer is desired. There may also be an indirect deepening of the hypnotic state by the use of the words "deeper" and "deepest" which would, theoretically, at least, render the patient more suggestible. Possibly the final answer is veridical and possibly the problem was

that the patient's conscious mind was momentarily in control of the finger. But with as much pushing for the obviously desired answer one cannot help but have doubts regarding the nature of the outcome and view the patient as initially refusing to accept the suggestion that an event had taken place that actually never had.

This last is quite pertinent these days, at least in the United States, because nonconscious signaling has been one of the methods employed in the recovery of childhood memories of molestation and I am sure you aware of some of the horendous consequences this sort of work has had.

Nonconscious signaling is open to the kind of influence I have discussed in other ways. When I asked my patient's unconscious to describe itself, what really happened? In asking it to describe itself I could not help but indirectly give my hypnotised patient a number of suggestions. One, your unconscious has a body. Two, it does not look like the one you now have. Possibly I was also saying it is a person. The situation here is really not different than the one that exists in the case of past-life regressions or that of Hilgard's Hidden Observer where one of the more reasonable explanations is that these manifestations are brought about by direct and indirect suggestions that are given to the subjects (Weitzenhoffer, 1989a).

6. In conclusion

My questioning the veridicality of the L-C unconscious as being that preexisting, innate, natural psychic structure that has been postulated to exist in each of us and that has been widely spoken of as THE UNCONSCIOUS is not necessarily a denial of its clinical usefulness. But how effective it really is, is far from clear. To read LeCron and Cheek's 1968 work and Cheek's 1994 revision, nonconscious signaling provides us with a powerful and remarkably simple but effective therapeutic tool. These books are full of remarkable anecdotes but unfortunately are sorely lacking in hard supporting data. Seminar demonstrations are often dramatically impressive but not exactly the best place to check things out. Nonconscious signaling does appear to work, at least at times, but just how well is something else. The fact of the matter is that the therapeutic effectiveness of this approach is largely unknown. When it does work, the how and why is largely a matter up for speculation, but reasonable explanations can be found. For instance, in those frequent cases where the therapist goes on to bring about an abreactive age regression, the preliminary work done with nonconscious signals may only serve to prepare the patient for the regression without having any other therapeutic effects, and it is the abreaction that is the main therapeutic event. We can also reasonable expect that the L-C unconscious can act as a mediator between the patient's "true" unconscious and the rest of the world. Possible nonconscious signaling simply provides the therapist with both a medium in which he/she can project his/her intuitions regarding the patient's problems and through which these intuitions can be effectively used. And then, perhaps as good an explanation as any is that the therapy is done by the combination of the use of a rather exotic ritual and the suggestion "This will cure

you" inherent in it. Unfortunately, or perhaps fortunately for you, space and time limitations will not allow me to go any further in this direction. But I would add one more remark. Commenting of my two 1960 papers, Cheek once remarked "Weitzenhoffer (1960) has wondered if it is justifiable to think of material released during hypnosis with the aid of ideomotor questioning methods as representing true unconscious thought. This is beside the point. Let us keep a clear eye on the goal. The goal is health" (Cheek, 1961, p. 257). On the contrary I think it is to the point. Which is better, producing health with an good understanding of what is going on, or doing so without a clear understanding of what is being done or not done? I believe the history of medicine is decidely in favor of the first alternative. To those of you who would do so, I say, by all means use nonconscious signaling, but do so at least with some understanding of what it may not be and what it may not do and hope for the best.

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The Creative Process in Naturalistic Ultradian Hypnotherapy

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This paper explores the view that Erickson's naturalistic approach to creative problem solving and mindbody healing can be conceptualized as the utilization of the normally occurring healing processes that take place periodically throughout the day. These include circadian rhythms that take place once every twenty-four hours (such as our sleep-wake cycle) and ultradian rhythms that take place many times a day (such as our 90 minute Basic Rest-Activity cycle, our dream rhythm and our hunger cycle). In this paper we first review the background for understanding the chronobiological aspects of mindbody communication and healing. We then focus on how the classical four stages of the creative process may be facilitated with a series of "accessing questions" as a new ultradian approach to naturalistic hypnotherapy.

How does hypnosis heal? That is the basic question that has mystified us since the origins of hypnosis in Mesmerism more than two hundred years ago. The first modern effort to integrate Milton H. Erickson's views of hypnosis with the psychophysiology of healing was undertaken by his early colleague, Bernard Gorton, who was one of the original associate editors of The American Journal of Clinical Hypnosis. The main focus of Gorton's two initial papers on "The Physiology of Hypnosis" (1957, 1958) was on how the autonomic nervous system with its two main branches, the sympathetic system (emotional arousal) and the parasympathetic system (relaxation) may be the major avenue through which therapeutic suggestion achieved its psychophysiological healing effects on the body. These two review papers that emphasized how hypnosis could be used to optimize peak performance associated with an arousal of the sympathetic branch autonomic system as well as the lows associated with the parasympathetic branch was a challenge to the then dominating but erroneous view of behaviorism that hypnosis was nothing more than relaxation. More recent research supports the essential view that there is "a positive correlation between hypnotic susceptibility and autonomic responsiveness during hypnosis..." (DeBenedittis et al., 1994, p 140) and the