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EFFECTIVE MANAGEMENT OF CHRONIC ANXIETY AND DEPRESSION USING ESSENTIAL NEUROBIOLOGICAL COMMUNICATION

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Chronic Anxiety and Depression

What is “normal” for those with this condition?

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?
Accessing Deep Levels of Functioning with Unconscious Communication

- catalepsy
- hallucination: altered sensory perception
- altered perception of self
- time distortion
- memory functions: amnesia, hypermnesia, posthypnotic suggestion
- autonomic nervous system fluctuations (insula, hypothalamus)
Regulating Brain Structures

- **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**: 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
ESSENTIAL NEUROBIOLOGICAL COMMUNICATION (ENBC)

ENBC: INTERACTIVE COMMUNICATION WITH THE UNCONSCIOUS MIND OR THE BODY-UNCONSCIOUS 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, 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 SIGNALING: MUTUALLY AGREED UPON SPECIFIC BODY MOVEMENT WHICH ALLOWS INTERACTIVE COMMUNICATION WITH THE BODY-UNCONSCIOUS. HEAD NODS AND SHAKES ARE ENCULTURATED IDEOMOTOR SIGNALS.
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?”
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 all 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 other fear from the past that has not been resolved at this time").

10. Reorient client to fully alert state at conclusion of procedure.
GOLDFINGER:
A FRAMEWORK FOR RESOLVING AFFECT USING 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.

Bart Walsh
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 with you at this time?”
Ideomotor Questioning Tree

Develop ideomotor signals (Yes-No)

1. Is there any (emotion) from the past that you continue to carry with you?
   - Yes
   - No

2. Since you have been through all the experience of the past and you have whatever learning from experience can serve you well in the present, will that (emotion) from the past be released and resolved in whatever way is most appropriate for you at this time?
   - Yes
   - No

When you are really free of that (emotion) from the past so that it does not interfere with your present or future experience, the (yes, no) finger can lift up as a signal at that time.

   - Yes
   - No

Thank the unconscious for being so responsive.

   - Yes

   - No

Is (emotion) this other emotion?

   - Yes

   - No

Go to #2 if "yes."

Is there some other emotion that needs to be addressed before (emotion) can be resolved?

   - Yes

   - No

Is there some information needing to come to conscious awareness before (emotion) can be resolved?

   - Yes

   - No

Will that important information come to conscious awareness at this time?

   - Yes

   - No

As you access this information in a way that allows you to talk about it, the (yes, no) finger can lift up as a signal. Explore whatever thoughts, images, sensations, etc. surface. Discuss. Go to #2.

Will you be prepared emotionally and intellectually for the resolution of (emotion) between now our next visit?

   - Yes

   - No

Will that important information be understood consciously over the next hour (day, week, etc.)?
ABREATION 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.*
A parts model

Ego-state therapy (Watkins & Watkins, 1997): 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. Inquiries of the unconscious typically reveal how one or more ego-states are invested in a genetic disorder. Ask “Are there parts of you currently involved in the functions of the X disorder?” A yes finger lifting would then prompt “Is there more than one part involved with the X?” Continue questioning until determining the number of ego-states functioning for the X.
Source of Chronic Condition

- Gene expression, hard wiring, a force
- Event or series of events
- Belief or perception
Managing Source Force- Method

(X= anxiety, depression 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.

6. Position all X force parts in new jobs.

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

8. Trigger inoculation, ratification of cognition, X habit resolution and self-treatment instructions.
COGNITION

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. Now that the X Force is turned off, is there a place in the past where those thoughts, perceptions and beliefs that are no longer appropriate in the present can rest, 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, is there any habit(s) which would be best for you to be free of?”

An affirmative response prompts “Will adjustments now be made to resolve that habit so the entire system will be free of it?”

  • With a yes, say “So that can happen. When you are free of that habit, the yes finger can lift up.”
  • Any negative responses are acknowledged as you 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’d like to ask the unconscious for some additional help. 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.
Depressive Force- Turning Off

If you are experiencing Depressive Force thoughts, perceptions, behaviors 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. Patience 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.
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.

7. With all the resources of the present and freedom from chronic X, client moves through time from source event to present.
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.
DEPRESSION: SOME CONSIDERATIONS FOR TREATMENT

Function of depression?

After assessing the client’s current experience, benefits and detriments of depression, life map, skill level and suicide risk, consider the following approaches:

- Goldfinger approach.
- Depressive force resolution
- Source resolution: force, event, belief or combination
- Metaphor construction.
- Future progression to identify curative factors.
- Disrupt the depressive pattern.
- Paradoxical assignments.
- Self-reflection x2.
- Self-care basics.
- What skill or learning needs to be called up or developed?
- What change is being called for?
- Externalize the depression while integrating or connecting aspects of the self which carry the depression.
A Few Anxiety Management Skills

1. Sensory focus: With eyes focused on a spot, identify four things you see, four things you hear and four things you feel physically. Then identify three of each, two of each and one of each. (4,3,2,1 seeing, hearing, feeling)

2. Sensory conversation: Engage someone in a dialogue that involves language of any of the five senses. Reference taste, touch, smell, sound or what is seen.

3. Picture change: Close eyes and go inside to identify picture at the source of anxiety (future fear). Compress anxiety picture very small and fill space with favorable picture of something that realistically could happen.

4. Deep breathing: Exhale fully, take deep breath and count to three before exhaling. Count to three before inhaling next breath. Repeat sequence five or six times, counting to three between inhale and exhale.

5. Special place: Get comfortable, close eyes and go to personal, special place (some kids like to call this their happy place).
ANXIETY: FUTURE E-MOTION PICTURE
TREATMENT OPTIONS

• Develop a safety anchor first.

• Source Resolution: Identify the dynamic source of anxiety as it may be derived from an event(s) of the past, a belief, learning or a current circumstance. Learnings and beliefs can be negotiated directly (usually in regressed state) or via metaphor. If the source of anxiety is related to an event or series of events from the past, affirm client’s present resources and security. Then adjust temporal position to just before event took place and have client describe circumstances. The experience can be once or twice removed by having client view the event on a TV or in a movie theater. Move through the event reinforcing strengths, useful learning and encouraging the client to say everything he or she couldn’t say at the time of the event. Resolve affect from source event. Validate the client’s experience and carry the adjusted perspective through time into the present. Develop future picture free of anxiety.

• Goldfinger Approach: Use Socratic questioning to resolve emotions of the past and allow any information needed for anxiety resolution to surface. Resolve the source experience and progress to present time.

• Anxiety force resolution.

• Ego State Identification and Reconnection

• Anxiety or Excitement?
ANXIETY TREATMENT OPTIONS

- **Metaphor Construction**: A story dynamically follows the client experience, draws out client emotion and presents a novel outcome.

- **Terminating a Detrimental Waking Trance**: Assure client of present safety as client is asked to maintain eye contact with you and to focus on breathing. Ask client to review a trigger for anxiety. Solicit any awareness related to the source of anxiety that needs to be reviewed before client can be free of anxiety. As imagery, sensation or emotion surfaces remind client of safety and importance of continuing to breathe and maintain eye contact. Broaden the context as client moves all the way through the source event. As client brings a new perspective into the present, encourage the development of a future perspective.