Psychocutaneous Hypnoanalysis: Detection and Deactivation of Emotional and Mental Root Factors in Psychosomatic Skin Disorders

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Abstract
Many skin disorders have a significant psychosomatic component. Focused history-taking coupled with hypnoanalysis using ideomotor finger signals to detect positive responses to one or more of 7 common triggering or exacerbating factors permits systematic diagnosis of the presence or absence of a significant psychosomatic component. If no factor is positive, a psychosomatic component to the skin disorder can likely be excluded. If one or two of the 7 factors are positive and it is possible to identify the initiating event, treatment by reframing with suggestions in hypnosis may succeed in defusing the associated negative emotional impact associated with the psychosomatic component of the skin disorder. This may be sufficient to uproot and weed out the problem. However, if a multiple of the 7 factors are positive as in the included case report, referral to an appropriate psychotherapist is recommended.

Keywords: Skin, psychosomatic, hypnoanalysis, dermatology.

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The skin and the nervous system are intimately connected from their side-by-side developmental beginnings in the early embryo, and this connection persists throughout life. Psychosomatic modulation occurs in many types of skin disorders. Mechanisms include alterations in blood flow, biochemical signaling via neurons, immune response, scratching, and other factors.

Skin disorders include abnormal formation from genetic or congenital defects, inflammatory conditions in response to trauma, exposure, infection, allergy, autoimmune, or other processes, and tumors benign and malignant. It is the inflammatory disorders that are most affected by negative emotional impacts, imprints or conditioning of past events (Griesemer, 1978). Nervous system disorders that are “felt” in the skin include itching, burning, formication (feels like bugs crawling on the skin), and pain. Weeding the psychocutaneous garden becomes necessary when pruning the issues with direct suggestion in hypnosis and posthypnotic suggestion is not enough. Locating the weeds through psychosomatic hypnoanalysis and uprooting the negative emotional impact component can permit healing of skin disorders that had been resistant or unresponsive to standard dermatological care.

Scott in his book, *Hypnosis in Skin and Allergic Diseases*, used mainly direct suggestion in hypnosis and posthypnotic suggestion for symptomatic relief of cutaneous itching, burning, pain, compulsive habits affecting the skin, anxiety related to skin disorders, and insomnia (Scott, 1960, p. 80-85). The author more recently reviewed the use of hypnosis for skin disorders (Shenefelt, 2000). Scott did discuss hypnoanalysis for skin disorders (Scott, 1960, p. 88-93) and described its use in cases of herpes simplex reactivation (Scott, 1960, p. 118-119), rosacea (Scott, 1960, p. 121-123), and neurotic excoriations (Scott, 1960, p. 132-134). Elman (1964, p. 220-221) used hypnoanalysis to uncover the root factor for a patient with urticaria (hives). He described the application of hypnoanalysis for psychosomatic problems (Elman, 1964, p. 238-273) and talked about pin-pointing the sensitizing event and the precipitating events. Schneck also wrote about hypnoanalysis and mentioned ideomotor hand levitation (Schneck, 1965, p. 36) as had been discussed by Erickson (1961). Schneck (1965) did not however mention ideomotor signaling or psychosomatic skin disorders. Brown and Fromm (1986) also wrote about hypnoanalysis, but not about psychosomatic skin disorders.


Cheek illustrated ideomotor questioning and subconscious review with a number of case examples (Cheek, 1962a, 1962b). Cheek and LeCron (Cheek & LeCron, 1968, p. 85-88) expanded the use of the pendulum and ideomotor finger signals. They felt that these nonverbal techniques permitted accessing preverbal and nonverbal memories. Cheek and LeCron also elaborated on the Seven Keys to detecting causative factors for psychosomatic problems (Cheek & LeCron, 1968, p. 93-105): (1) Conflict was described as “I want” colliding with “you can’t”. (2) Motivation dealt with the symptom or problem serving some purpose or secondary gain. (3) Identification related to a similar problem that a parent, sibling, or other significant person had had. (4) Masochism or Self-Punishment was unconsciously self-damaging behavior due to strong guilt feelings. (5) Imprints or Suggestion were single high-impact
events, engrams, or fixed ideas similar to Pavlovian conditioning. (6) Organ Language made a figure of speech into a literal psychosomatic problem, such as “I felt stabbed in the back” becoming a chronic backache. (7) Past Experiences could be emotionally charged imprints or traumatic events. Cheek and LeCron mentioned skin diseases associated with sexual difficulties (Cheek & LeCron, 1968, p. 117-118). For women they included acne, psoriasis, neurodermatitis, recurrent genital herpes, and pruritus vulvae while for men they listed psoriasis, neurodermatitis, and recurrent genital herpes.

Cheek wrote a revised expanded edition (Cheek, 1994) in which he added considerable clinical case material. He also expressed the law that Pessimism Overrides Optimism during times of distress or threat (Cheek, 1994, p. 49). He used the pendulum only for pre-hypnosis demonstration of ideomotor activity to skeptical patients, preferring the “yes”, “no”, and “I don’t want to answer” finger signals in clinical work (Cheek, 1994, p.33). He eliminated the “I don’t know” finger signal because too many of his patients used it to avoid answering. The “I don’t know” finger signal is important to retain in hypnotic legal work where leading questions must be carefully avoided. Cheek noted that animal research on imprints showed that epinephrine both imprinted the memory and produced amnesia for it, correlating with and explaining the findings in humans of amnesia on the conscious level for traumatically imprinted memories.

Barnett discussed some problems in performance and interpretation of ideomotor finger responses (Barnett, 1980). While the finger technique is easily established and interpreted in the majority of patients, resistance may produce slight or no finger response, or more than one finger may lift. He discussed this further in his book (Barnett, 1989, p. 118-133). He also used transactional analysis and related the conscious state to the conscious part of the adult ego state and the subconscious ideomotor finger signals to the parent ego state, where resistance usually resides, or to the even deeper subconscious child ego state. He mentioned self-excoriating skin disorders with no organic cause as an example of self-punishment for guilt, reflecting a parent/child ego state conflict (Barnett, 1989, p. 104).

Ewin reported a series of 41 cases of warts resistant to standard wart therapies including hypnotic suggestion, with 33 cures using hypnoanalysis with ideomotor signaling (Ewin, 1992). Ewin and Eimer expanded and standardized the process of ideomotor signaling for psychosomatic hypnoanalysis (Ewin & Eimer, 2006). A standardized intake questionnaire is included along with hypnosis scripts in Appendix 2 and instructions to the patient for specific finger ideomotor signaling in Appendix 3. They use the mnemonic C.O.M.P.I.S.S. (p. 71) for LeCron’s seven keys to detecting causative factors: Conflict, Organ language, Motivation, Past experiences, Identification, Self-punishment, and Suggestion outlined in the ideomotor analysis worksheet in Appendix 4. Detection of significant initiating, sensitizing, and/or precipitating factors are indicated by ideomotor signaling and brought to consciousness by imaging the memories and verbalizing them. With ideomotor signals, preverbal memories can be detected and subsequently brought to conscious memory. Each of the seven C.O.M.P.I.S.S. factors should be checked to assure diagnostic completeness, as more than one factor can be involved. If one or two categories are involved and one initiating event can be recalled and emotionally neutralized, ameliorization or cure of the problem can usually occur in one to three treatment sessions. Therapeutic reframing options are mentioned for uprooting or neutralizing emotionally charged factors uncovered by the ideomotor signals. They give case examples of resolution of a plantar wart (p. 73-74), neurodermitis (p. 77-79), penile warts (p. 81-82), recurrent herpes simplex labialis (p. 86-89), urticaria (p. 89-92), and a one visit cure of hypersensitivity to touch in a scar (p.186-201). Dr.
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Ewin has stated that almost anything you can treat with cortisone or antihistamine will probably respond to hypnosis (personal communication).

Case Report

A 44-year-old, obese Caucasian female who was a patient of the author was a demonstration subject, with Dabney Ewin, M.D. illustrating his ideomotor signals for rapid hypnoanalysis technique. She had a 9 year history of biopsy proven erythema nodosum, tender red subcutaneous nodules on her arms and legs, predominantly on the left side, with no associated physical conditions. She had seen the author periodically for about 8 years and had experienced only partial responses to several anti-inflammatory therapies. About 2 months prior to participating in the demonstration she had experienced another flare of her inflammatory erythema nodosum nodules. At that time she had expressed frustration that the conventional medical treatments had not successfully suppressed and resolved the painful and tender inflammatory nodules. She agreed when questioned that there might be an emotional component involved in triggering the flares of the inflammatory nodules, and she expressed a willingness to explore the emotional factors.

She had a past medical history of a cholecystectomy at age 28 and a hysterectomy at age 29. At the onset of the erythema nodosum, at age 35, she was caretaking for her mother who had emphysema and her father who had Alzheimer’s dementia. Both parents are now deceased. She was not on supplemental estrogen or other medications that could trigger the erythema nodosum. Isoniazid treatment for a positive tuberculin test during the first year of her erythema nodosum failed to improve the erythema nodosum and precipitated a peripheral neuropathy with some residual permanent neuropathy post isoniazid treatment.

In response to questioning during the intake interview at the demonstration she said that the most frightened she had ever been was at age 6 when her mother told her that her 21 year old sister had been carjacked and raped. The worst thing that had ever happened to the patient was finding out at age 30 that her father had sexually abused her 12 year old daughter. The most embarrassed the patient had ever been was with her overweight problem in grammar school.

During the C.O.M.P.I.S.S. ideomotor review in trance, her fingers answered “no” to Conflict; “yes” each to Organ language, Motivation (excused from caretaking when so many people in her family got sick), Past experiences (her sister’s rape), Identification (mother had a skin rash) and Self-punishment; and “I’m not ready to answer that yet” to Suggestion. When asked if she sensed that she could let her skin come to normal like 10 years ago, she signaled “I’m not ready to answer that yet”. Dr. Ewin gave her positive reframing suggestions for each of the five positive and the one “I’m not ready to answer that yet” factors. She was seen by the author in clinic 5 days later and had improved, with only one tiny fading erythema nodosum lesion remaining on her left upper arm. However, 2 weeks later a few new lesions appeared. Since it was apparent from her history and ideomotor signaling that she was on chronic emotional overload and that some of it pertained to the history of her sister’s and daughter’s sexual abuse, she was referred to a psychotherapist who specializes in that area and is well trained in hypnosis. However, she did not follow through to call for an appointment and was not seen by the psychotherapist. A month later she still had a few fading lesions, and at 2 months she still had a few minimally active lesions. By 10 weeks after the demonstration her erythema nodosum lesions had fully resolved, and she has since remained clear of these lesions. This clearing likely was a result of the hypnoanalysis, since it followed temporally in a patient where other treatment measures had failed.
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**Discussion**

This case illustrates the diagnostic value of using hypnoanalysis with ideomotor signaling to screen for psychosomatic factors related to skin disorder triggering or exacerbation. It is possible to rule out a psychosomatic component to the skin disorder if the focused history and C.O.M.P.I.S.S. ideomotor questioning for all seven factors are all negative. If only one or two factors are positive and are related to only one or two initiating events that can be identified, treatment with positive reframing suggestions may be sufficient to neutralize the negative associated emotions and alleviate or resolve the psychosomatic component of the skin disorder. This may result in a permanent uprooting and weeding out of the problem. On the other hand, if the focused history is extensively positive and many of the seven factors are positive as in this case, this degree of complexity is an indicator for referral to an appropriate psychotherapist for treatment. In this case, the patient experienced clearing of her lesions despite noncompliance with the recommended further psychotherapy.

**References**


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