

## Non-Hypnotic Regression Therapy of Psychosomatic Symptoms, Including Symptoms Not Typically Considered to be Psychosomatic

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### Abstract

Psychosomatic diseases have been treated mostly by somatic medicine so far. There are good indications that psychosomatic symptoms can be treated with non-hypnotic regression therapy. Psychotherapy was successful in treating patients with physical symptoms using regression therapy, for example nausea, muscular tension, tics, teeth grinding, symptoms of allergy and pain in various body parts. During the regression patients were asked to go back to the triggering moment of the main symptom, then the symptoms present during that triggering moment were deleted like emotions, physical sensations etc. The severity of symptoms was scored during the regression between 0 and 10 and then reduced to 0/10 in an hour in most cases. Even symptoms that may normally considered to be purely physical may in fact be psychosomatic or influenced by psychological factors.

**Keywords:** *Psychosomatic Symptoms; Psychotherapy; Regression Therapy; Teeth Grinding; Muscle Tension; Pain; Tic Disorder*

### Introduction

Symptoms that cannot be verified with clinical tests (laboratory, radiology etc.) may be considered to be psychosomatic, they typically persist in spite of the absence of findings [1,2]. Hypnotic regression therapy has been shown previously to be efficient in psychosomatic diseases [3], but is typically not used very often in psychotherapy, maybe because of some reluctance to use regression therapy. Patients with psychosomatic diseases are frequently being treated not by psychiatrists or psychotherapists in Switzerland, but by general practitioners with some knowledge in psychotherapy who typically employ several psychologists. Psychiatrists are rarely involved in the treatment of psychosomatic patients in Switzerland nor do physicians of other specialties send their psychosomatic clients to them for treatment.

### Non-hypnotic regression therapy of psychosomatic symptoms

A non-hypnotic regression method was used to treat psychosomatic symptoms to lead the client back to a triggering moment that initially caused various emotional, cognitive, physical and behavioral symptoms. The same complex symptoms are thought to be triggered by exposition to an event that re-evokes at least some of the symptoms present during the initial event. With repeated exposition the complex of symptoms is being reinforced and the probability of more severe and more frequent symptoms is increasing over time. At the start of the regression a search term is chosen that will lead the client to the triggering moment. The regression method used was a non-hypnotic regression. The client is being led to the triggering event in a few minutes without hypnotic induction and may even leave the room during the regression. The regression is being targeted at the correct triggering moment by asking the client to regress to the moment related to the problematic symptom. If the targeting question isn't formulated well the client may not see anything special, in other words the question must be reformulated.

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The advantage of the non-hypnotic regression is that it can be used even in severely dissociated and traumatized clients because it isn't emotionally threatening or difficult for the client. It may be preferable to treat subconscious conflicts before doing a non-hypnotic regression to reduce the impact of conflicts of the client with people involved in the trauma. This type of regression may be terminated in minutes if required.

### Case Presentation

#### Case 1: Psychotherapy of severe teeth grinding

A 32 years old male client with severely damaged upper front teeth due to teeth grinding was treated with non-hypnotic regression therapy and therapy of subconscious conflicts. Teeth grinding could not be stopped with conflict therapy alone. He was being treated for alcohol dependency, recurrent severe depression and personality disorder. In this case one targeted session of 60 minutes was sufficient to stop his teeth-grinding. In a later session, teeth pressing was successfully treated.

During the non-hypnotic regression, he reported various emotions, physical sensations and other symptoms at the triggering moment. The search term for this regression was 'teeth grinding'.

Clients may report seeing objects in their body during the regression, that need to be removed by the therapist as well. In this case the client reported seeing an object in his jaw muscles during the regression that reminded him of metal braces. Those objects may be considered a condensate of unprocessed emotions and are more frequent in emotionally incompetent clients typically with equally emotionally incompetent families. They may have a need to objectify or turn emotions into objects, since emotions are almost irrelevant to them compared to the body and real objects, certainly they have not learned to deal with them or even to name them, and therefore they are quite lost when dealing with emotions.

They may have a habit of distorting emotions into cognitions, physical sensations and other symptoms.

#### Case 2: Psychotherapy of intermittent muscular tension of the back and feet

This 38 years old male client was suffering of intermittent severe tension of his spinal muscles, accompanied by tension in his feet. He was being treated for a dissociative disorder, ADHD, personality disorder and anger issues. Physiotherapy was unable to remove muscular tension of his back and feet permanently, but improved symptoms for a short time.

He had been treated successfully for back pain in a previous session, but was still complaining of muscular tension of his back and feet. In other words, the 2 symptoms of back pain and muscular tension of the back were related to different triggering event.

During the non-hypnotic regression, he regressed to a time when he was 22 years old, he reported various symptoms that were reduced to 0/10 in a session of 60 minutes. The muscular tension of his back and feet did not reappear after this session. The search term for this regression was 'tension of the back and feet'.

Later on, regression therapy was equally successful in treating severe symptoms of allergy, only a minimum of symptoms remained after psychotherapy. His allergy was more severe during rainy weather, hearing droplets fall was a triggering item during the regression.

**Case 3: Psychotherapy of severe nausea and various physical symptoms of a client with a double tumor diagnosis with liver metastases**

This 40 years old female client was being treated by oncologists with chemotherapy for 2 tumors with liver metastases. Her psychiatric diagnoses were depression and acute dissociative disorder due to the trauma of receiving a double tumor diagnosis.

During her non-hypnotic regression session various emotional, physical, cognitive and other symptoms were found and removed. The search term for this regression was 'fear of dying' at her request, not nausea or pain of the chest.

At the end of the session the client was not nauseous and the pain of her chest was not present anymore, she felt 70% improved compared to before the session.

**Case 4: Psychotherapy of a tic disorder of the right eye**

This 37 years old female client has been treated for a depression and personality disorder, as well as a tic of her right eyelid with involuntary contractions of the eyelids of the right eye.

The non-hypnotic regression led to a triggering moment with various symptoms that were removed during the session. The search term for this regression was 'tic of the right eye'. The tic was removed in one session of 60 minutes and did not manifest until the next session 2 weeks later.

**Discussion and Conclusion**

Various physical symptoms that would not be classified typically as psychosomatic have been shown to be psychosomatic, since they could be removed with psychotherapy using a non-hypnotic regression.

Physical symptoms that do not usually suggest the involvement of the psyche may be psychosomatic, therefore treatment with a medication should not be applied automatically, for example in nausea. If somatic treatment methods fail, for example physiotherapy or medications, psychotherapy may be a viable option.

Non-hypnotic regressions may be advantageous compared to hypnotic regression because they can be used even in difficult clients with diagnoses where a regression would usually not be recommended, e.g. dissociative disorder, trauma, even in chronically psychotic patients. The regression can be interrupted and stopped in a very short time if needed (1 - 2 minutes), whereas in the hypnotic regression it takes more time to stop the hypnosis.

Clients sometimes mention that this type of regression is making them tired or that it is demanding, because of the attention to their own symptoms it requires, but it reduces their symptoms and they are trained to feel and speak about their symptoms and that's why they continue to participate in psychotherapy.

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