Goldfinger: A Framework for Resolving Affect Using Ideomotor Questioning

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The author presents a structured protocol for resolving repressed, suppressed or otherwise dated affect using ideomotor questioning. Essential to this model is a progressive ratification series which addresses affect, cognition and behavior. A questioning tree illustrates the method of affect inquiry and case examples demonstrate its application. This non-invasive, brief procedure is a useful adjunct to other treatment modalities and instrumental in clarifying the focus of treatment.

A common challenge to both therapist and client either initially or later in the therapeutic process involves navigating the often complex web of behaviors and cognitions woven around affectively laden experience of the past. Freud (1950) described the tremendous influence repressed affect can have on present experience and perception. Acknowledging the essentially protective function of repression, Laughlin (1983, p.380) suggested "symptom development is a likely consequence of partial and incomplete repression and threatened derepression." Many diverse methods have been developed to integrate or alter affective residue which has been preserved in a timeless state.

I present here one format for reducing the adverse influence of unresolved affect on present experience using ideomotor questioning. This technique can influence both affect and emotions as those terms are strictly defined. Thus the terms affect and emotion are interchangeable for the purpose of this writing. The affect resolution portion of this procedure is a variation on methods developed by Cheek and LeCron (1968). Following the resolution is a ratification sequence intended to ground emotional adjustments in thought and behavior. The model requires no prior trance induction for most subjects.

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Method

This procedure involves eight basic steps that include: 1.) developing rapport, 2.) developing ideomotor signals, 3.) establishing comfort, 4.) affect questioning, 5.) ratifying immediate affective experience, 6.) ratifying cognition, 7.) ratifying imagery, and 8.) ratifying behavior.

Developing Rapport

Within the context of this paper, rapport is distinct from the analytically derived concept of therapeutic alliance. Blanck, Rubin and Gertrude (1986) posited the therapeutic alliance as a joining together (therapist and client) in a common cause against the pathology while the therapist maintains a mood and atti-

tude of neutrality. Rapport requires no mutual focus on or identification of pathology, and may go beyond the limits of neutrality as the therapist joins the client's expressive and perceptual scheme.

Establishing a positive interaction acceptable to the client which is based upon the client's frame of reference provides a foundation for collaborative endeavor. As part of developing rapport, client expectations are explored and information is given to the client about the unconscious and the investigation process that will take place. The unconscious is presented as a helping expert who knows more about the client's situation than anyone else (Lankton & Lankton, 1983; Yapko, 1990; Ivey, 1983; Bandler & Grinder, 1979).

Developing Ideomotor Signals

Ideomotor finger signals are developed in a manner similar to that described by Cheek (Rossi & Cheek, 1988). I have found a binary — "yes," "no" — response set sufficient for this application. The client is asked to focus on imagery congruent with the signal being developed, and discouraged from trying to consciously move fingers.

When finger signals are not appropriate because of paralysis, amputation or various complications, other ideomotor signals (i.e. head nod or facial movement, etc.), or ideosensory signals (Cheek & Rossi, 1988) are utilized. Ideosensory signals will of course require the subject to respond verbally regarding which signal they are sensing.

Establishing Comfort

Once an ideomotor or ideosensory channel is open to the unconscious, steps are taken to enhance conscious receptivity. I ask the client if a deep sense of comfort (peace, calm, serenity, etc.) can be called up and experienced at the present time, and then wait for the ideomotor response. If there is a "yes" response, another signal is requested which will indicate the beginning of that process. This is an opportunity to couple sensory alterations with ego-strengthening suggestions (Watkins, H., 1980) by commenting on the good feeling coming from within ... a reflection of the goodness deep within all the time, always present, etc. Various hypnotic ego-strengthening techniques have been credited with reducing the duration of therapy and beneficially altering client self perception (Dimond, 1981; Gardner, 1976; Hartland, 1965; McNeal & Frederick, 1993; Stanton, 1979). Although trance often develops at this point or earlier, the delivery of ego-enhancing comments is not dependent on the manifestation of trance.

If there is a "no" response to the comfort request, I suggest to the client, "perhaps something else needs to be addressed first," and affect questioning begins.

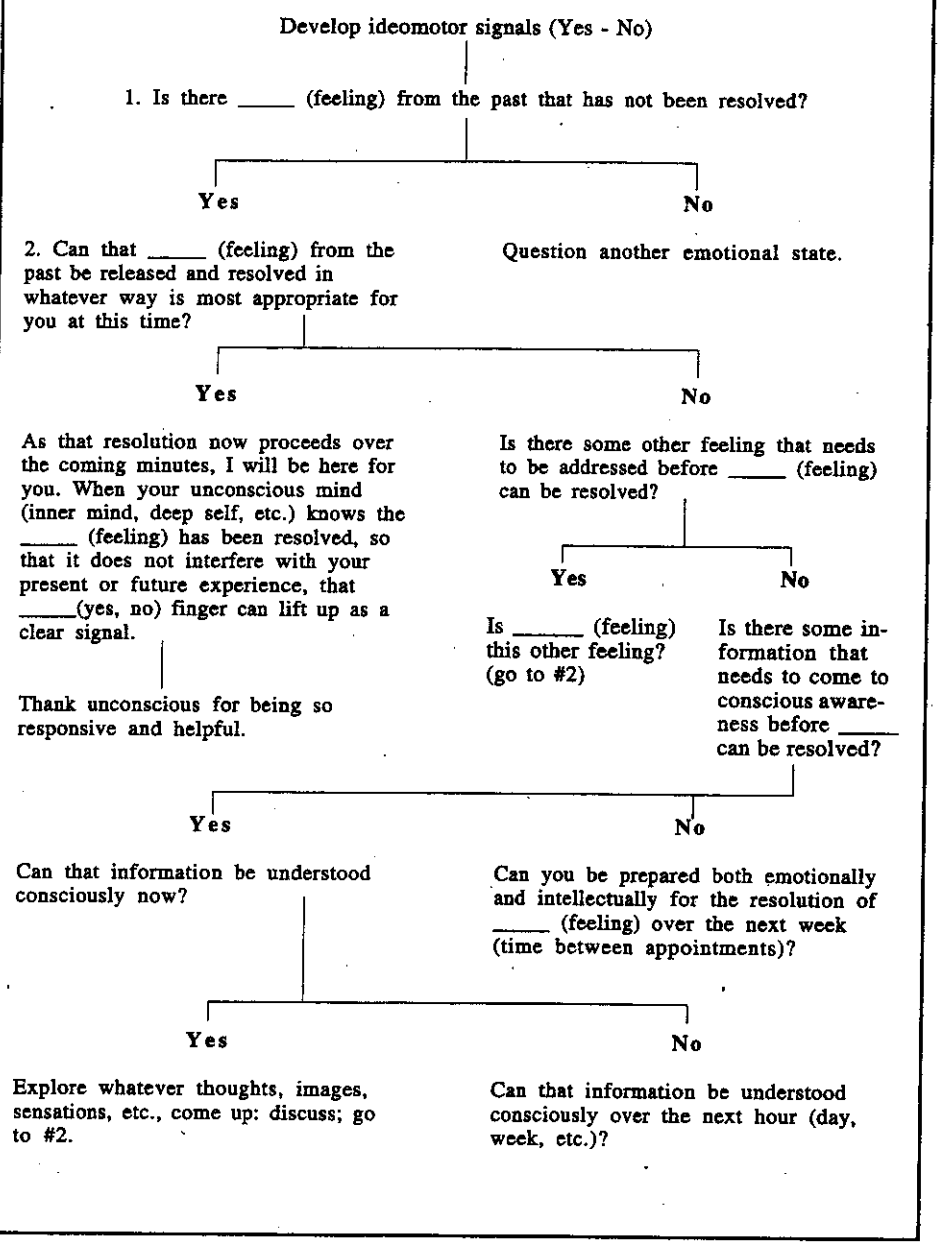
A "no" response may reflect 1.) language incongruity, i.e., comfort may not register as an experience or possibility, 2.) an affective or experiential hierarchy, i.e., comfort cannot be experienced until anger is addressed, 3.) a reluctance to surrender conscious control, or 4.) a breech in rapport or something else.

Affect Questioning

At the beginning of this phase I inform the client that as unconscious work unfolds, he/she may experience alterations in thought, feeling, sensation, imagery, or nothing at all. The unconscious is now questioned (see Figure 1) in a concise and respectful manner about possibilities regarding specific emotional states. Ques-

Figure 1

Ideomotor Questioning Tree



tions are geared for a "yes" or "no" response as ideomotor finger signals confirm any changes and secure answers. I remind the client periodically that the unconscious has all the time it needs to develop the most appropriate response.

During this questioning phase, the client may define an affective hierarchy (perhaps anger cannot be resolved until guilt is addressed); allow specific information such as memories, themes, or associations to surface consciously; transmit specific information verbally to the therapist, presumably for validation; or abreact (discharge emotion) in some fashion. Abreaction is usually silent with noticeable physiological alterations and movement. Less often the abreaction involves a verbal discharge (Watkins, H., 1980).

Varying depths of trance often occur while the therapist maintains focus and sparsely validates all client responses. The resolution interval before ideomotor confirmation of each emotional state may be less than a minute, or as long as 20 minutes. Sometimes a longer interval (a day, a week) is needed to prepare for resolution. During a subsequent session (following the session in which resolution took place) I ask the client, "Is there any other emotional pain (or other emotional state in question) from the past that has not been resolved?" This is an attempt to be thorough and possibly access any ego-states (Watkins, J., 1992) not responsive to prior questioning and resolution. Figure 1 illustrates the questioning process and various contingencies.

Ratifying Immediate Experience

The remainder of this procedure concerns forms of ratification. There are many possible approaches to ratifying the immediate affective experience. One is to suggest during the questioning process that, "perhaps the unconscious may provide additional confirming signals the conscious mind can appreciate, which reflect the changes taking place." Another approach is to ask, after resolution, if the unconscious will provide some sensory experience within the next hour, (day, or two days, etc.), that will clarify these changes to the conscious mind. Asking the client if there is a picture developing of how things can now be — free of that burden from the past — provides another reinforcing option. I confirm all ideomotor responses.

Cognitive Ratification

Steps are taken to align cognitive process with affective change. This cognitive shift may occur automatically. The following can either confirm or prompt that movement.

The therapist asks questions designed to reinforce a boundary between previously limiting cognitive constructs and contemporary adaptive operational options. For example: if guilt was addressed, I may ask: "Given the change that has just taken place...and all the basic **goodness** you can **now appreciate** in yourself,...can you now forgive yourself?" Couple this with some temporal shift questioning like: "Given what has just happened, is there a place in **history** for all those messages, thoughts, and beliefs which **in the past** supported the **guilt** (or other feeling) you have **now resolved**?" Or, "Now that the guilt (or other feeling) has been resolved, can those thoughts, beliefs, and messages which supported that guilt be left in the past where they will not interfere with present or future experience?" Responses to these questions guide my subsequent questioning and direction. A negative

response to above questions leads to inquiries about other possibilities for cognitive adjustment, and informs me about conditions possibly impeding therapeutic progress.

Future Perspective-Imagery Ratification

If ideomotor responses reflect cognitive adjustment to the emotional resolution, another shift occurs to generate a behavioral ratification of change. Carl Jung, (1973) who has commented on the principles of personal growth, wrote "The opus consists of three parts: insight, endurance and action. Psychology is needed only in the first part, but in the second and third parts moral strength plays the predominant role." How can emotional relief endure without some degree of cognitive congruence and grounding in the external world? Johnson (1986) hypothesized, "Rituals provide us a way of taking principles from the unconscious and impressing them vividly on the conscious mind."

As a call for action, I ask: "What are you going to do to mark this change in your life?" Or, "What is the first realistic step you see yourself taking to celebrate this change?" The client is encouraged to take all the time needed to conceive a specific action plan. An action plan may initiate a new behavior, alter an old pattern or involve a complex ritual. Anything that idiosyncratically represents meaningful change to the client is desirable. The client is asked, "Who might appreciate this expression most?" or, "Who would you like to witness this celebration?" Supportively incorporating meaningful change into one's interpersonal experience, even in imagination, potentiates great reinforcement of that change.

Behavioral Ratification

The final piece of ratification assumes the inevitability of client action. I tell the client the next session will take place without my physical presence at the time the client chooses to enact his/her plan (celebration, ritual, change, etc.). An appointment is scheduled after the client has his/her solo session. This step was inspired by Erickson (in Rosen, S.,1982) and Whitaker (1991).

The client may actively recruit others to participate in or witness the planned enactment or ritual.

I may say to the client, "Although some part of me will be with you, your next session will take place without my physical presence as you take the steps you discussed to embrace this important change. I'll look forward to hearing about your experience."

Although this final step intends to foster client autonomy, some circumstances invite the therapist to witness the client's celebration in a manner that is supportive and ratifying. An individual may sincerely desire and benefit from an interpersonal grounding of his/her experience, but have no one available for that context except the therapist.

Case Example 1

Pam is a 35-year-old woman who sought help soon after she discovered her ex-husband was involved in litigation concerning his abusive behavior. Pam had experienced abuse of a sexual nature by her ex-husband over the course of her marriage. She saw her ex-husbands court involvement as an opportunity to "tell the truth," as she had not disclosed her marital trauma to anyone prior to our first therapy session. Tearfully, Pam expressed

a desire to remedy the intense anger and pain that had plagued her over the past 10 years.

The first session was cathartic for Pam as she told her story, cried and secured validation for her thoughts and feelings regarding her experience with ex-husband. A hopeful prognosis was offered by myself.

During the second session, Pam agreed to seek help from that "expert" within her. She was given information about unconscious function and how we could communicate with the unconscious. We developed ideomotor finger signals (Yes and No) and called up comfort. Pam reported a noticeable calming shift just before a finger signal confirmed the development of comfort.

Because of Pam's presentation, I inquired about fear, guilt, anger, and emotional pain. Fear was identified first via finger signal. Resolution was agreed upon and after about three minutes, a confirmation signal occurred. Some mild grimacing and movement of the "no" finger took place during that three minutes.

I then asked if guilt was present and the "no" finger lifted. The "yes" finger next indicated the presence of anger, which took five minutes to resolve. Pam's "yes" finger then identified the "emotional pain and sadness" she carried. Her tears flowed during the 8-minute interval of resolution. A finger response assured me that, over the next week, the unconscious would demonstrate another signal indicative of these changes which the conscious mind could appreciate.

At the start of the third session, Pam reported feeling nauseous and glum for two days following our last meeting. In describing treatment of repressed material, Laughlin (1983, p.377) purported "depression is undoubtedly a requirement for, as well as a consequence of successful therapy in varying measure." The discomfort was gone on the third day after treatment as she recognized her "fear was gone," and contacted the District Attorney to disclose the abuse her ex-husband performed. Pam reported enhanced clarity, decisiveness and a sense of calm relief.

I began affect questioning again, asking, "is there any **other** fear from the past that has not been resolved?" No "other" fear, guilt or anger was indicated, but "other" emotional pain and sadness was present. The pain was resolved over a 2-minute interval without tears and Pam developed a moderate trance.

I asked Pam, "now that these important changes have taken place and you can have a different experience..., what do you see yourself really doing to mark this change in your life?... to celebrate leaving a burden behind and exploring something else?" Pam began to make reference to her interaction with the District Attorney, but slowly stopped her utterance, dropped her eyebrows and moved her head slowly from side to side. I assumed she probably realized how she was already capable of asserting herself and a battle with her ex-husband wasn't anything new. Pam fell silent and I spoke generally about ways various important changes are highlighted (graduations, retirements, bar mitzvahs, etc.) After about fifteen minutes, a smile came over Pam's face and she said, "I've got it...I'm going to take piano lessons...I'm going to spread beauty through music." Pam had wanted to learn piano for many years.

After clarifying the specifics of Pam's action plan, I said her next session would cost her something but less than today's session. I announced, "Although a part of me will be with you, the next session

will be without my physical presence. It will be your first piano lesson. I will be eager to hear how you experience that celebration." Pam received this with a smile.

Three months later, Pam reported sustained clarity and relief from her presenting symptoms.

Case Example 2

Todd is a single, 25-year-old man who presented unhappiness, low self-esteem, difficulty making decisions, and a lack of career goals as prominent themes he wanted to address. During this initiation to therapy, Todd expressed discontent with his current work situation, which underutilized his skills and college education. Todd was not actively seeking other employment.

The first session involved clarification of Todd's concerns, assessing his current experience (social, familial, recreational, spiritual, occupational) and gathering some history.

We explored several dreams Todd presented during the second session which helped him to identify his fear of confrontation. I briefly elaborated on dreams, and other ways the unconscious communicates. Todd then developed ideomotor finger signals as his arm levitated spontaneously. A request for comfort seemed to deepen his altered state, and a finger signal confirmed this. He described "a real high" after terminating trance.

Todd said he didn't feel passion for anything except his girlfriend during the third visit. I asked Todd to call up the comfort he experienced last session and he quickly developed a trance. Questioning then began regarding affect. Finger signals identified no guilt, anger or emotional pain from the past. A "yes" signal identified fear and the resolution of fear occurred over a five minute interval. I then asked, "Can adjustments now be made which allow you greater clarity and freedom to direct passion in meaningful ways?" A "yes" response concluded this exploration.

I encouraged Todd to practice his ability to call up comfort (and trance) on his own. During the next eight visits, no other ideomotor questioning occurred. Todd found writing under his umbrella of passion, developed insight and actively engaged a vocational search.

Then Todd reported an "unproductive week" coupled with "lack of clarity and direction." After reviewing all our previous work (unconsciously) I asked Todd's unconscious, "Is this lack of clarity and direction related to an experience of the past?" "Yes." I asked, "Can information about that experience come to conscious awareness now?" "No." I asked, "Does something else need to be addressed first?" "Yes." I inquired, "Does this involve feelings, emotions?" "Yes." Fear and guilt were both identified and resolved separately. No anger or emotional pain was identified. After noting a clear physiological shift (muscle tone, coloration), I asked, "Is there a place in history for all the thoughts, beliefs, and perceptions which in the past supported those feelings that are now resolved?" "Yes." Confirmation of this adjustment came after five minutes. I then asked, "What do you see yourself doing to mark this important change that has just occurred?" Todd came out of the trance he had developed as I encouraged him to verbalize his plan when he was ready.

Todd said he felt the words "you're not good enough" crystallize into the past. With an understanding of where that message came from and how it has

interfered with his life, he said, "I can grow up now." He announced his plan to prepare a written "rites of passage" to be shared with his girlfriend concurrent with proposing marriage to her at a particular location. This would mark his change. I told Todd our next session would be at the time and place he chose to execute his plan, without my physical presence. He happily agreed to contact me after enacting his plan.

A visit from Todd three months later, indicated follow through with the above plans, sustained emotional gains, and enthusiastic movement in a new occupational pursuit.

Discussion

The full sequence of resolution and ratification usually takes place over a series of visits. As an attempt to reinforce prior gains, a session begins by asking the client to thoroughly review our previous work at an unconscious level and provide a finger signal when the review is complete.

The eight steps outlined here are rarely carried out sequentially with a single affective state in my practice. Most often two, three or four states are identified and resolved before the ratification series is fully explored. Double checking resolution in a later session by politely inquiring about the presence of "any other _____ (emotion in question)" indirectly appeals to any ego-state involved with that emotion and clarifies the appropriateness of further ratification.

The ratification process is central to the model. Beneficial change may be realized in many clients without elaborating ratification procedures. Some are so entrenched in thought and behavioral patterns that affective alteration is imperceptible or only minimally noticed. For others unconscious adjustments are quickly vetoed by familiar associational networks and environmental responses. After assuming the unconscious could overcome more than was reasonable, I now recognize how client progress can be arrested easily without proper reinforcement. Much care stabilizing an affective shift is quite worthwhile.

The last ratifying step presented here requires modification for particularly fragile, unstable, or isolated clients to avoid the possible perception of abandonment. For some, ample preparation time and focus in session regarding the change enactment is enough to counter misconceptions. For others, the therapist witnessing of the enactment is an appropriate supportive step.

Suggestive language, employed particularly in the ratification sequence, may cue a client how to respond to the therapist verbally and thus potentially divert attention from deeply insulated affects or other important dynamics. It may set up unrealistic expectations or create confusion. While these possibilities exist, further ideomotor questioning about "other" emotions previously explored can counter the undesirable effect and likely clarify treatment priorities with no harm done. This suggestive language is derived from a resiliency perspective which assumes healing potentials and even inclinations are present. The potential iatrogenic effect of this verbiage during ratification is intended to either complement real affective resolution, generate a new perspective, infuse hope or add uncertainty to an entrenched detrimental belief system. Because ideomotor signals honestly reflect **something** happening at some level, suggestion of beneficial adjustments, large or small, can favorably influence

what follows.

Initial ideomotor confirmation of resolution or ratification may or may not be comprehensive or complete. Follow-up inquiries about "other" affects provides useful information regarding the thoroughness of treatment and any issues needing attention.

Affective containment may develop as a result of automatic unconscious forgetting (Laughlin, 1983) or, conscious attempts to bury undesirable emotion (suppression). Ideomotor questioning without inducing a deep trance facilitates search and adjustment potential at both conscious and unconscious levels simultaneously. Development of deeper trance states is then at the discretion of the unconscious based on the idiosyncratic needs of the individual.

Questioning emotional themes, as opposed to content laden information, leaves the option of releasing or continuing to conceal historical information to the unconscious. This avoids any unnecessary retraumatization. Erickson (Erickson & Rossi 1979) demonstrated techniques for dissociating intellect from emotion when dealing with repressed trauma, and emphasized the importance of respecting the protective mechanisms of the unconscious (Erickson & Rossi, 1989). The Goldfinger approach supports Erickson's premise, and requires far less skill than Erickson displayed. The uncovering option is left completely to the unconscious.

When traumatic material surfaces as part of a resolution, steps are taken to ground a client in the present via elicitation of their verbal account, reflection of the account, reference to the safety of the present, and validation of their emotional responses and thoughts as divulged. As is important in dealing with any abreaction, the individual's coping strategies, resources and strengths are acknowledged and put in historical perspective.

Sometimes no resolution is surrendered by the unconscious because information needed to allow resolution will not surface to conscious awareness. When this occurs, I often employ ideomotor questioning approaches developed by LeCron and Cheek (Rossi & Cheek, 1988, pp. 27-33) that safely targets the causal event from which affect is derived. In these situations the Goldfinger method alone is limited. Goldfinger only elicits repressed historical content as a bi-product of resolving affective states when this is presented as a condition by the unconscious.

Other limitations exist for the Goldfinger approach. Ideomotor or ideosensory signals won't develop easily or at all for certain clients. Cheek (Rossi & Cheek, 1988) defined this phenomenon as diagnostic of a client's need for another form of assistance. The validity of ideomotor responses can only be confirmed by outcome results witnessed by the therapist (or others) and reports by the client. Both Rossi (1986) and Cheek (1988) have outlined methods for distinguishing unconscious signaling from conscious manipulation. The bottom line, as with any hypnotic procedure, is the client's experience.

Another complication is that some clients will expect appropriate contemporary unpleasant emotional response to disappear after going through this procedure. Preparation can offset this fantasy.

For individuals with particularly rigid ego-state boundaries (dissociative disorders, D.I.D., P.T.S.D.) much caution regarding timing, support systems, evasive ego-states and abreactive procedures are

necessary. Watkins (1992) has much to offer regarding these conditions using ego-state therapy. Dolan's (1991) approach to working with sexual abuse survivors incorporates useful prophylactic strategies to stabilize and facilitate the healing process.

The Goldfinger method can be a useful adjunct to other treatment processes. It is non-invasive, allowing the therapist to maintain a position of ignorance as a curious, concerned investigator. Goldfinger does not challenge client defenses as obstacles are simply met with further inquiries. Ratification steps foster improved ego strength and autonomy as affect, cognition and behavior are incorporated into the change process. For some, bringing the affective experience up to date has allowed other movement in their lives and marked a conclusion to treatment. For others, this procedure has helped map the course of further treatment.

Note: *The term "Goldfinger" alludes only to the value of employing ideomotor finger signals for affect resolution as illustrated here.*

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Advantages and Safeguards in Using the Ideomotor Signaling Technique: A Commentary of Walsh and Clinical Practice

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Research and some of the valuable applications of ideomotor signaling are discussed. Then in a commentary on the uses and misuses of ideomotor signaling, and on Walsh's (1997) variant of this technique, safeguards are discussed, particularly concerning asking questions regarding the exploring of events from the past.

Walsh (this issue) describes his structured adaptation of the ideomotor signaling technique, originally developed by Milton Erickson and Leslie LeCron in the 1930s, which was refined by LeCron and David Cheek. Excellent clinically oriented books (Cheek & LeCron, 1968; Rossi & Cheek, 1988) have elaborated on its therapeutic applications and described many anecdotal case reports of its successful use. Although ideomotor phenomena are some of the easiest hypnotic phenomena to experience, no one ever reported the percent of people in whom *involuntary* ideomotor finger signals could be obtained. Therefore, I determined that in initial inductions with 247 consecutive patients, 78% were able to develop signals that they perceived as occurring involuntarily and which could be seen sufficiently to permit reliable identification. In research, ideomotor signaling has been documented to be capable of successfully identifying amnestic, implicit memories for chemically dissociated events that occurred under anesthesia (two studies in Bennett, 1988; Levinson, 1969, 1990; Rath, 1982). I have thoroughly reviewed this literature on hearing under anesthesia elsewhere (Brown, Scheflin & Hammond, 1997), but, as an example, Levinson (1969) staged a "mock crisis" under an adequate plane of surgical anesthesia. One month later, four out of ten patients recalled "everything the anesthetist had said" with the assistance of ideomotor signaling. Still four other patients displayed an "alarm reaction" during ideomotor review, with partial recall and the ability to distinguish who had been talking.

Walsh's variant of ideomotor signaling, used with only informal induction, was designed for resolving feelings about past events. I am enthusiastic about the ideomotor signaling technique in general, having found it invaluable in clinical practice. However, I believe that it is a technique that must also be used with care. Thus, I want to recommend several precautions in using this technique, which are probably more of a commentary on the role and manner in which we explore and ask questions in therapy than a commentary on Walsh's procedure.

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