

Nikolay Linde

Emotion-Image Therapy

(Analysis and Implementation)



New Approach to Psychotherapy

Nikolay Linde

**Emotion-Image Therapy.
Analysis and Implementation**

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Emotion-Image therapy (EIT) is a new method of psychotherapy, which addresses any chronic negative emotional state of the individual. EIT allows to solve many psychological and psychosomatic problems (such as phobias, anxieties, allergies, asthma, and much more). This book provides a theoretical basis of EIT, practical approaches and cases, imaginative exercises, and a dictionary of images interpretations.

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Nikolay Linde

Preface

Therapy through emotions and images, or emotional image therapy (EIT), is a new and original method of psychodynamic direction in psychotherapy, which makes it possible to achieve quick and significant results in the field of psychosomatics and while dealing with emotional problems. The basic idea of this method is that any emotional state can be expressed through visual, audial or kinesthetic image and further inner work with this image which transforms negative emotional state into positive.

But for this transformation to be successful it is necessary to analyze psychological reasons of this undesirable emotional state. This method of therapy is oriented at discovering the primary reason of emerging psychological problems. On the basis of images, it is possible not only to analyze psychological problem but to correct it. Thus, we can combine analysis and impact. But we cannot correct undesirable emotional state by just mechanical influence on the image. Emotional and meaningful intersubjective [interpersonal] impact is aimed at changing chronically negative emotional state; the image is just a “leverage” for this work. That is why at present I use another name for therapy through emotions and images: analytically effective therapy. The state is changed by resolving the initial psychodynamic conflict.

From theoretical point of view emotions are the expression of psychical energy of an individual aimed at some action, for example fear makes a person contract and anger – attack. “Trapped” or “stuck” emotions don’t express themselves in actions but generate many negative consequences including psychosomatic symptoms and other chronic problems. We have created and systematized many methods of working with images including those that reveal the structure of psychological problem and those that help resolve it with the help of inner work.

This direction doesn’t contradict other directions of psychotherapy, but makes it possible to use theoretical and practical discoveries of various schools. Seemingly simple work with images is no more than the visible part of the ‘iceberg’ but the efficiency of this method is ensured by its “underwater part”. So, to properly use this method one must know the basics of psychoanalysis; transactional analysis of Eric Berne, gestalt therapy, body therapy of Wilhelm Reich, neurolinguistic programming (NLP) and other methods. But due to some new ideas our method proves to be more effective while dealing with some problems than previous methods.

An important part of our therapy is also life philosophy that we believe in and develop for many years and constantly verify in practice. This philosophy is partly reflected in philosophical – psychological essays, which I call sutras. They are published in a separate book “Psychological sutras. Psychology for real life” [1].

The method of therapy through emotions and images emerged from my first attempts to find psychological impact on psychosomatic state by working with images. Such methods as relaxation, autogenic training, meditation, autosuggestion, affirmation existed in the past, and still exist. What I didn’t like about them was that the impact program was given a priori. I wanted to proceed from the actual state of the body, I wanted to find a way to understand why it felt that way. I invented meditations aimed at calling forth images reflecting different somatic or psychological state. For example, I asked to imagine how organs of our body look if you travel inside them as a tiny man; what light they radiate if you can imagine this light; what sound they produce if they could produce some sound; in what “mood” they are... Some abstract psychological ideas emerged to: how you can imagine your own “self”; how “meaning of life” looks; how to recover “lost” parts of your personality, etc. Doing these exercises, I got a pleasant feeling. Sometimes I felt that I am overfilled with energy. I felt like sharing my observations with other people.

It turned out that it was possible to correct some symptoms just by focusing one’s thoughts on the created image of this symptom. For instance, it was possible to listen to the imagined sound corresponding to the headache – and the sound changed for the better and the headache disappeared

without any analysis of what caused it! One could mentally stretch or loosen the badly sounding string – the sound became better and the pain went away! It was possible to smell the imaginative smell of one's heart pain – the smell disappeared and so did the pain! It was very interesting, it was like the old method “biofeedback’ [biological feedback], when the patient was taught to mentally control his or her physiological indications shown to him or her on the monitor's screen. In our case, no computer was needed and the choice of states and images was unlimited, the correction could take place “in the field’. The correction came within just a few minutes, but the result stayed forever. That was wonderful!

I gave seminars, set up a study group. In the course of these studies, the main model of therapeutic work acquired its form. It turned out that it was not always possible to act in a simple way, especially, when we didn't have a psychosomatic symptom but a psychological problem. I realized that the selection of a method of mental impact on the image is determined by the psychological cause of the problem. The image itself contains a lot of information about the problem, and can be a clue to discovering true reasons of suffering. The client often does not realize that he or she is telling about himself or herself through the image, but the doctor does realize it. Thus, it was necessary to complete our approach by adding to it the procedure of analysis of the problem. This resulted in the development of the primary problems models, see below.

In 1994 I published a small textbook in which I pointed out main ideas, methods and stages of work. It was called in the old way “Meditation psychotherapy” [2]. Soon after that, I changed the title because the words therapy through emotions and images corresponded more adequately to the actual therapy process. I constantly worked with study groups this time including students, developed my theory, means and philosophy of the method.

The field of applying the method gradually broadened, I could easily rid a person from pain, allergy of phobia... Success turned my head a little, though at the beginning I most of my colleagues failed to adequately understand and accept my method. Some of my friends made use of my ideas, which I readily shared, for their own benefit, but I don't take any offence as the main direction of the development of this method was still with me, and what they did just confirmed that I was right. Besides, in psychotherapy it is impossible to avoid borrowing. On my own part, I gained a lot by studying yoga, having lessons of gestalt therapy and body therapy by psychotherapists from Germany and Switzerland, seminars on NLP [neurolinguistics programming] by different professors, seminars on procedural therapy of Arnold Mindell. I also studied literature on psychoanalysis, symbol drama and other directions of psychotherapy.

I sought to teach students so that they could later use and develop this method and prove that it works not only when I use it. Now I have dozens of followers, and some experienced practical psychologists after having training prefer to use this method, though they know gestalt therapy, NLP, Ericksonian hypnotherapy, etc.

There appeared additional details to the method, but not all of them can be found in publications. The most detailed of them is the book “Emotional Image Therapy. Theory and Practice”. It was published in 2004 in The Moscow University for Humanities, its circulation was rather small [3]. But even in that book much was left out, for example the analytical aspect of the EIT was not fully explained. Various aspects of EIT have been covered in my other books [4,5], and in many of my articles, but only part of them are available in English [6—19]. Therefore, it was necessary to enlarge the book filling in the gaps and expanding the theoretical part, which is the goal of this new book. The method is still being developed; there will be many new things in the book.

This method is new and some of its parts are often misinterpreted. Some people think it enough to create an image and then manipulate it in any way, and everything will become fine. They think that this is my method, but this is not the case. It is necessary to master not only the method itself, but the way to use it.

Once a student I didn't know came to me and said: "I treated my boyfriend using your method, he had a stomach-ache. His stomach-ache passed but his back started aching. How could it happen?"

– Tell me – I asked – what were the images?

– I don't remember...

– And what methods of impact did you use?

– I don't know...

– What problem did you reveal?

– [the look of not understanding] None...

– How can I tell you what you have done and why it happened? You should study first and only after that use the method...

It is not sufficient just to know EIT, our therapeutic work corresponds to all the requirements of any psychotherapeutic work. We face the same difficulties that all others face – resistance, transferring, projection, lack of trust, mental rigidity, prejudices etc. To be able to work in the line of EIT one must have at least basic knowledge of psychoanalysis, analytical psychology of Carl Jung, individual psychology of Alfred Adler, transactional analysis of Eric Berne, body therapy theory of Wilhelm Reich, gestalt therapy of Fritz Perls, etc.

It is impossible to apply the method mechanically, as a set of technical tools. It is necessary to treat a client with empathy, model his problem on yourself, solve it as if it were yours, and only after that solve it for the client. It is necessary to get the client's experience, solve your own problems in this way. It is necessary to have well thought over life philosophy, to have an open heart and to be able to clearly formulate moral principles.

Any form of psychotherapy is a subtle intellectual, emotional and spiritual activity. It is an elitist profession, but the demand for such professionals is great. The number and quality of such specialists should grow. I hope that my experience and many tangible successes in EIT may help to reach this goal.

Introduction

Psychotherapy is treatment of soul and treatment by soul. This is what the famous Carl Jung said. But this brilliant definition is not sufficient to understand what a psychotherapist does. In our country, a psychotherapist is perceived either as a doctor writing out prescriptions or as a hypnotist filling his patients with what is necessary.

In contemporary terms psychology is a scientific and practical branch of psychology meant to help a suffering person solve his or her psychological problems in the course of specially organized professional communication. Some forms of psychotherapy, for instance, art therapy or body therapy don't fully match this definition, but the basis of psychotherapy is invariably a conversation, a dialogue. Psychotherapy is conducted either individually or in a group. Most of the clients of a psychotherapist are mentally healthy.

Psychotherapeutic conversation is professional not just because it is conducted according to definite rules, but also because in the course of the conversation the doctor uses the great volume of his professional knowledge and methods aimed at helping the individual to solve his or her own problem. Those are analytical methods meant to discover true reasons of psychological problems. Or they may be teaching methods, meant to work out skills and abilities that could help deal with a problem situation. Or they may be methods encouraging the client to work on himself or herself. Or creating model methods which helps create a, so to speak, "laboratory" model of the problem in order to solve it. Or development methods, helping develop the client's personality, to uplift it, if we may say so, so that as a result he or she could easily solve the problem himself. Or transformation methods, helping change emotions, behavior or way of thinking of the individual. And other methods...

Somehow or other, psychology can fulfill only two interconnected tasks – to help a client in self-knowledge and to help him in self-change. It cannot and must not fulfill any other tasks. A psychologist or a psychotherapist are only conductors or "stalkers" helping the individual travel around his/her own inner world. The main work is done by the one who came to get some help, and without his work on himself nothing can be done. Rare exceptions only prove the rule.

From that come important consequences. If the client thinks that his problem is caused not by himself but some outside forces, then we can't help him. In other words, if a client thinks that he can't control himself, can't cognize himself and change his behavior, way of thinking, emotions and character then psychological therapy can't be provided to him. In this case, he considers himself to be a victim of some independent from him outer forces so he can't change anything.

If he believes that his problem is connected with malfunctioning of his brain, he should turn to psychoneurologists or psychiatrists. If he thinks that his problem is connected with some telepathic influence on him by aliens, the use against him of some psychotropic weapon, influence on him of an inner voice, which orders him to this or that, the influence of his neighbors who pull out his thoughts from his head, he should turn to above mentioned professionals. If he thinks that an evil curse was put on him, that he was bewitched or that an evil spirit got into him, he should go to a person with extrasensory perception, to church or to psychiatrists. If he believes that his problem is connected with some wrong or illegal actions of some people, he should go to the police, to a lower or city administration etc. If he thinks that his problem is caused by the lack of money, he must learn to earn it. And if he thinks that to resolve all his problems he must become the president, change all men [or all women], better the country, all people, the world, morality, in this case he should go to Father Frost, Gold Fish, God or well-known Pike.

If the client doesn't understand that his problem is rooted in his own self, psychotherapist can't help him. Psychotherapist will, anyway, try to patiently explain to the client what the problem is, but if the client doesn't agree to take the responsibility for his problems, the work will fail.

Therapy through emotions and images is not outside the specter of psychotherapeutic directions, it is not magic or panacea from all diseases, it addresses inner forces of the person himself seeking to remove all barriers on the way of harmonization of inner psychic forces and programs. These aims are reached by impacting emotional states of the client through the work with inner that is imaginative images of those very states. The main methods are models, analysis and transformation. Transformation is made by the client himself, in the same way as he himself creates images of his states. The doctor helps him do it, revealing those emotional states which are clue elements for resolving the problems. He also helps produce images, analyze them, he gives his interpretation of the images, offers some ways how to influence them. He helps continue the process of transformation to ultimate completion, controls ecological purity of the result and fixing it in real life.

Different therapy directions work with images; they are first and foremost gestalt therapy and symbol drama. But it was Sigmund Freud who interpreted images in dreams [20], and Carl Jung applied the method of active imagination [21,22]. NLP, art-therapy and many other directions up to behavior therapy also use images [23,24]. Nevertheless, we claim that we have invented something new in this field. There is something similar in all directions of psychotherapy. They have more in common than different. But it is little things, small “details” that make up the style of each method, and the style determines how effective the method is for certain tasks, how easy it is for the doctor, and how simple and understandable it is for the client.

Therapy through emotions and defined as a new our country’s method [modality] of psychodynamic direction in psychotherapy.

We should recognize balanced combination of analytical research and corrective impact in one process of working with images of emotional states [“two in one”, so to speak] as a specific trait of EIT. Another characteristic trait of EIT is that the result is most often achieved there and now, at the same second when an adequate means curing the inner emotional conflict is used. It is determined by the fact that EIT is a causal psychotherapy that is it as aimed at finding the primary cause of the person’s problem and its correction by a pointed, ecologically pure and humane influence. This influence is executed by the client himself, but though it is the work with an image [or images], in actual fact it is his influence on his own emotions or parts of his personality.

Another characteristic feature of EIT is that all problems without any exceptions are considered through their psychosomatic expression. It means that we believe that all problems are rooted in emotional states, but these states can be understood only through bodily feelings. It is the body that expresses emotions; they don’t fly in the air. Our view is that the body is the center of identification, where chronic emotional states are fixed. Transformation of an emotion, regarded as psychosomatic state leads not only to obvious psychosomatic effect but to actual change of the personality which settles the problem at a deeper level than just behavior or intellect. Behavior and mentality change as if by themselves but in fact as a result of the change of deep emotional basis. The transformed emotion is also fixed in the body and then “by passing over in silence” determines new behavior, mentality, psychosomatic states, energy level and traits or character.

We will further describe characteristic features of EIT in greater detail. We will tell about theoretical background of EIT, methodological basis and techniques explaining their meaning in detail. We will explain how EIT differs from other psychotherapy modalities. We will also analyze imaginative exercises, which are used in EIT. There are a lot of examples from practice and they are very important. Many conclusions logically come from examples, but they must be made by the reader himself. Examples may give the impression that the therapy is executed during one session, but it is not true. The examples are given in such a way as to clearly show the possibilities of this or that methodology and causes of typical problems. It is necessary to study prolonged individual therapy; it has its own particulars, which are not covered in this book. Though even in this case every session is aimed at resolving some local problem, and all stages of problem solving make one line, which is determined by theoretical views of the doctor.

At the end of the book we give the list of most typical images, described in the book and their interpretation.

Chapter 1. Emotions and their importance

1. Emotion – criterion of correctness and successfulness

Whatever a man does he does it for some emotional state. He connects the result with the desirable emotion. It is this emotion that is the criterion of success. But we can ask: “And what if he does it for clear conscience? What does it have to do with emotion?”

Then tell me, what the state of clear conscience gives to a person? This state provides the feeling of wellbeing and dignity, calmness and being of one self. These emotions are very dear to a person, and the one who feels that way will not want to lose them. These emotions are extremely significant and the one who feels that way, will not want to lose them for some temporary benefit. If on the other hand a man feels that his conscience is not clear, he has unpleasant emotions of shame and guilt. He wouldn't want to be feeling that way, so [normally] he would try to behave accordingly.

The same is true of any business. Whatever business you would try to consider, the ultimate goal for which you would do it, is emotion or emotional state. Certain emotional state is a final “bonus”. Though a person may think that he does it for some actual result, and not for some emotion. But if not for emotions, then the man doesn't really want the result, he will not even try to achieve it. Let me give an example.

Example 1. “An unhappy rich man”

A successful rich man once asked me, why, though everything is all right with him, he doesn't feel happy.

– I have – he says – everything. I have a family, children. I have an apartment – a usual one – 130 square meters. I don't need much. Well, a nice car “Jaguar”. And I don't need anything else. But for some reason I don't feel happy. I am thinking all the time how to increase my wealth. I go jogging to keep fit, but my mind is always busy, thinking over something all the time. I am a member of five boards of directors, I have a boat in joint ownership, I have some land... I have to manage it all properly... My friend and I made a very big deal costing hundreds of millions of dollars. We did everything correctly and in keeping with the law, but as a result we both have the feeling of emptiness.

– And why are you trying so hard? You can live with no worry and enjoy life...

– No. I want to be the first!

– And for what?

– I don't know. Just want and that's all!

– Well, imagine that you have achieved everything and are standing on the first step of the pedestal. What have you got out of it?

– I don't know. I think people must love me...

– Well, and who will love you for that?

– Indeed. People will envy me will even hate me...

– Then for what? Do you think somebody may give you a medal? Make up an image of the one who will give you a medal. Just the first thing that comes to your mind...

– [After thinking a little and then looking at me slyly] What? I can't believe it, is it really my mother?

– Of course, mother! She used to tell you: “Be patient, sonny. Try hard, sonny.” She herself was a workaholic, a foremost person in industry. It turns out that you are working not for yourself but for your mother. Though she loves you in any case... But she didn't teach you to be happy, she taught you to be hardworking and persistent!

Commentary. The businessman wanted to feel happy getting his mother's approval, but he didn't realize that. His mother's approval, when he followed her advice, gave him the feeling of wellbeing, self-accepting and "clear conscience". But if he got some pleasure for himself, his personal happiness, it was as if he was idle and became "bad" at once. He tortured himself seeking values of hard labor and achievements that his mother approved, though his real mother would in every case have approved of him. He was guided by the desire to get the approval and the fear to get disapproval. But from his own point of view he didn't apply enough efforts, so he exhausted himself by hard work but failed to get the desirable happiness.

Thus, people are guided by feelings, even though they don't notice that.

However, few people would agree to get "pure" positive emotion, not supported by actual results, as, for example, drug addicts. Most people try to achieve real results, the result that would give the feeling of profound satisfaction and even, as many people hope, the feeling of happiness. It is the real result and not an illusion of it, that gives the feeling of solidity and confidence, that gives fool value to other emotions, connected with this result. Unfortunately, people often deceive themselves, and when they achieve their real goals, they don't feel happy, sometimes they don't even feel delighted. Why it happens is a long story. But the fact is that personal emotional reaction determines the significance of the result for this person. For example, when a child cries bitterly because his balloon has flown away, the adult may not be very upset, but somewhat disturbed because he is not sure how to console the child, how to explain to him that what happened is a trifle.

2. Emotion as the main goal

But some things that people deal with are meant in fact for the only purpose to feel certain emotion; in this case emotions are both the goal and the result of some kind of activities. It is for this that fans come to the stadium, people listen to music, some people gamble, go in for extreme kinds of sports, meet with friends, mark holidays, let off fireworks, dance and sing and, why not, make love. Some psychologists think that orgasm is not an emotion, but what is it then? Emotions themselves are important, they give us something, and it is also important. And it is clear that positive emotions give us health, fill us with energy. Negative emotions tell badly on how we feel, on our health, deprive us of our strength.

When a person is incapable of feeling pleased, of feeling positive emotions, we call it apathy, nothing matters for him. If he not only wants nothing, but is constantly in low spirits, feels dysphoria, then we can speak of depression. In other cases, a person is worried all the time. He feels guilty, sorrowful. Then the goal is to get rid of those unpleasant feelings.

There is always room for improvement. Everybody seeks to have good feelings, positive emotions which make the basis for adequate reactions, clear thinking, ability to be creative. In soviet culture this optimal emotional state is Called happiness, in Hinduism – Samadhi, in Buddhism – enlightening [purity in spirit], in Christian tradition it is divine grace. Happiness is the feeling of absolute psychological freedom which can be defined as the feeling of limitless opportunities. In this state a person gets so much energy that he feels as if he were overfilled with it and, because of that, with good feelings. Whatever he does, it is easy and not tiring. The surrounding reality is perceived as comfortable and safe, other people don't arouse the feeling of threat, he thinks about them with warm and friendly feelings. This is how a person in love feels, when he knows that he is loved too, and then love and joy overfill him.

Happiness is a man's natural state. He can get to this state when all the obstacles to feeling happy are removed. These obstacles are numerous negative emotions, taboos and tensions. Taboos and tensions in their turn can be fixed as chronic emotions, and a part of them can be positive. The paradox is that to be happy it is necessary just to get back to you true self, to stop suppressing and distorting your nature.

3. The way you feel is also an emotion

People care a lot about how they feel, but they don't consider it to be an emotion, they consider it to be the consequence of the state of their health. But even when feeling well or feeling bad is the result of good health or illness, a person feels it as any other emotion. This emotion actually expresses or reflects good or bad state of the body, and it can cause some changes in the body, for example, the secretion of adrenalin or other hormones. It is the so called autonomous nervous system that runs the whole inner "chemistry" of the body. It is not subjected to conscious management, but is by emotions that it is governed by. If a person chronically has certain emotional states, the impact of these emotions can lead to some psychosomatic disease.

It is true, all emotions are in fact felt physically, bodily. In what other way can we know about our feelings? They are not flying in the air, after all... That is why the word "emotion" has two meanings: one is emotion such as love or joy and the other – the state of our body such as cheerfulness, wholeness, liveliness vigor etc. What we call how a person feels in terms of his health is bodily feeling. "How are you feeling?" – we ask someone meaning how he himself feels the state of his health. "Well", he complains, "my heart aches a little." Pain – is also an emotion, suffering – is emotion, happiness – is emotion. In NLP it is called kinesthetic representation of reality that is representation connected with the body. For us emotion is the subjective expression of the state of a person and his body as one whole, in its unity, and not just information. These are both the reactions of the body, inner changes in the body and also feelings which occur in the inner world.

4. Emotion as energy

Emotion is a motive pushing a person to some action. It is a kind of “gasoline” or “electric power” getting to some parts of the body to stimulate some activity. The emotion of fear makes the body shrink or run away and stop any contact with the frightening situation. The emotion of anger stimulates the repulse to the aggressor and even to attack the object putting obstacles on the way to some aims. In this sense emotions are the embodiment of inner energy which expresses itself in various forms and fulfils different functions. In fact, no action can be made unless it is motivated by emotion. A need, a motive are scientific notions, but in actual behavior they are felt as emotions which push to action. We can say, for example, that sexual attraction is determined by the need to continue your family, but this need is felt as love and sexual desire. This feeling makes a person look for a suitable match and then find means to gain his or her sympathy etc.

Negative emotions also have a very important function in regulating a person’s behavior. They restrict possible ways of behavior which, as a rule, are dangerous, harmful or socially unacceptable. Trying to avoid such feelings as shame, guilt, fear or anger at oneself, the person doesn’t make actions which can arouse such feelings. But once they arise such feelings have a destructive effect on a person’s health and psyche. But sometimes a person can have such chronic feelings not because he did something that deserves punishment but for no reason at all. These and similar emotions may be destructive for the person himself and for the people surrounding him.

5. How people deal with emotions

Let's remember that emotion is energy directed at performing some action. If there are no emotions there will be no actions which is exactly what happens to a person who suffers from apathy. However, if there are no emotions it means that they are fixed somewhere where there is no hope that they will be realized. Apathetic person ousted all his emotions because he was disillusioned about reaching his main goal, and without achieving it all other things of no importance to him.

If some emotions are not desirable are in a way dangerous for a person, he starts to resist them. For instance, he controls them, ousts them, suppresses, freezes, sublimates, projects, isolates etc. People worked out many ways to deal with emotions but essentially they are the same, in the sense that what you can mainly achieve by them is not a solution of the problem but escaping from it, not their remaking [treatment] but their withdrawal from consciousness. However, realization of these emotions in actions which may be dangerous is avoided. Though this final point is not so evident, as in some cases these emotions break out indirectly. Anger, for instance, may be directed not at the one who caused it, but at a different person. Besides, suppressed and ousted emotions sometimes distort psychic activity itself and lead to inadequate behavior.

The main characteristic feature of EIT is just that it offers quite different ways of working with emotions, primarily with chronic negative emotional states as it is chronic negative states that lead to psychic and psychosomatic distortions. The treatment is made on the basis images of emotional states, which make it possible to remake the very emotion and resolve the problem. But images are not the aim in itself. They are only a means of affecting emotional states. An emotion is a kind of energy, so negative, destructive energy can be transformed into positive, creative form. In another case, negative energy can be simply "let go, then it disappears and positive energy comes to its place. In this case, much energy which was spent on controlling "bad" energy is saved. Opposing forces can be reconciled and joined... More details will follow.

6. Emotion as the basis of choosing a decision

To understand the logic of EIT it is necessary to keep in mind that emotions are not just the immediate energy source for actions but the basis for a particular form of behavior and thinking too. Emotional states constitute the basis of behavioral reactions, thoughts and feelings. Every emotional state determines the selections of actions and circumstances which a person faces. Being in a certain state people don't notice any delightful events around them, in another state they don't notice difficulties, in a third they invariably find some reasons for fear and worries and in fourth – find some pretext to enjoy oneself and so on.

Every emotional state makes it possible to pull to the fore some forms of behavior which are potentially possible but cannot be elicited if a person is in a different state. In other words, earlier existing emotional states determine a possible choice of actions and thoughts which can be realized by a person proceeding from these states. Thus, if a person is in the state of fear, this state will not let appear the reaction of joyful laughter or thoughts about your successes. Anger lets attack, behave aggressively. Joy lets laugh and have fun, socialize in a friendly way. Sadness lets complain, cry, avoid socializing, pity oneself and so on. It is difficult to imagine a situation when a person in anger would express joyful and kind reactions. Such behavior would be insincere, and everybody will see it, even if he manages to successfully imitate another state. But in case a positive emotional state comes the needed reactions will come by themselves, without any additional instruction. Though sometimes additional instruction is necessary.

One of the most frequent complaints that makes a client turn to a psychologist for help is about poignant, irrational and uncontrollable negative emotions, which they would like to get rid of. Just take obsessive fears which are absolutely groundless, and yet they may sometimes destroy a person's life. For example, the fear of closed up spaces [claustrophobia] may lead to the situation when a person can't not only go up and down in a lift but even enter a toilet in the office and working becomes impossible.

Phobias and worries, depressions and sorrows, anger and guilt, grief and a psychological trauma, emotional dependence or “absence” of any emotions, inability to understand emotions [alexithymia] – all this may be the reason to go to a psychologist. Emotional disorders [the last word reminds of a hospital, of diseases diagnoses and medicines for that reason in future I'll avoid such terms] are numerous and various. They cause many additional life problems. But therapy through emotions and images deals not only with such problems.

From our point of view all psychological and psychosomatic problems are caused by some chronic fixed negative emotions which at present may be quite groundless. As soon as you remove this fixed pathogenic emotion, all problems that have grown like shells on the initial ground will disappear. It is this that can explain such “miracles” made with the help of EIT as immediate cure if the right method is applied. The best illustration is the correction of psychosomatic problems. When fixation is removed, the pain goes away, breathing becomes free, complete relaxation comes, and the client feels an unusual surge of energy. But in order to apply the method correctly it is necessary to find the right point for applying it first that means the initial fixation point. You will read about it later. Now, however, we will give one example of such quick cure, though there will be many such examples ahead.

Example 2. “A spider on the back”

At one of the seminars I asked my students to show their work. One student asked to solve her psychosomatic problem. For two months, she has been suffering from constant pain in the back, which didn't let her sleep well, the back hurt in any position of her body. She went to doctors but they failed to help her.

I asked her to make an image of this pain. She saw it as a very big spider sitting on her back. As a spider is usually the symbol of a man, I supposed that she had a serious problem with a man. It turned out that her friend is a drug addict and she keeps trying to save him from this addiction, but in vain. She tries to break up their relations but for some reason can't get rid of him. We tried different methods to free her from the presence of the spider on her back but nothing helped to save her from the harmful emotional dependence.

She realized that she would not be able to save him that she sacrifices her health and her life, but for some reason she couldn't let him go. Then I offered her to imagine that the spider is sitting on a chair, sit on this chair and become this spider in her mind after that on his behalf answer the question: "Does he want to be saved and brought on the back to some place where he doesn't intend to go?"

"I don't want to get where she is dragging me, what has she taken into her head?" – replied the girl with somewhat rough male intonations. Replying as the spider the girl understood that in actual fact he didn't want to be saved that's why he resisted. At this very moment she could let the spider do to be more exact it disappeared from her back by itself, and the pain in the back went away too. That evening she broke up with this narcomaniac. In some time, she met another man married him a child was born she is happy. Since that time, her back didn't hurt [at least during four following years]. But she still remembers the main question that I asked her. She told me this story four years after the séance which I had forgotten already. The séance lasted not more than 20 minutes.

COMMENTARY. It is clear that the student couldn't cut agonizing relationship because of the wrongly understood feeling of responsibility toward the young man, she hoped for a miracle didn't want to be accountable for his further degradation. That is why she sincerely didn't make use of the methods offered her earlier. After speaking on behalf of the spider she understood that he didn't want to be saved and his further degradation is determined by his own will and she is not responsible. She realized that she was carrying him on her back against his will.

This direct realization which couldn't be achieved before by any arguments of a physician, made it possible for her to let this man go and stop straining her back to save him. That's why the pain in the back passed at once and never came back. She could part with this man, get rid of emotional dependence, truly refuse from the wrong feeling of duty which fixed the problem situation and caused the pain in the back to be more exact in the shoulder girdle. We can refer this problem both to the area of psychosomatics and to the area of emotional dependence. Both problems are difficult tasks for traditional therapy.

If we can change the state with the help of EIT the needed reactions come by themselves. This is such a great surprise for some clients that they begin to suspect that they were hypnotized. After a week of successful séance one of my clients started to ask me with some prejudice why in a relevant critical situation he behaved not in his usual way but in a new way, which surprised him and troubled. I explained that his initial state had changed, so he himself produces new reactions and if he was pleased with them. Yes, these reactions pleased him, but he was surprised that they were produced as if by themselves, not by his deliberate choice and not after some thinking but just by themselves. I explained again that sincere reactions meant that he had really changed, and that was good, but I am afraid he didn't understand this logic and wasn't pleased.

So you can and should work with the emotional state itself helping not only understand what caused it but transforming it into a positive form.

7. Emotional states

Some emotional states are kept in one's psyche for years and even decades. It was Sigmund Freud who pointed out that all events and feelings are preserved in one's subconscious part of our memory in the present tense irrespective of how long ago something happened. Emerged once emotional states continue determining the perception of reality, thoughts and behavioral reactions of a person independently from his consciousness. Because of that a person says that he can't do anything with himself, even though he realizes that he acts inadequately and has feelings which cannot be explained rationally. Our theoretical premise is that it is negative emotions that cause any psychic and psychosomatic disturbance.

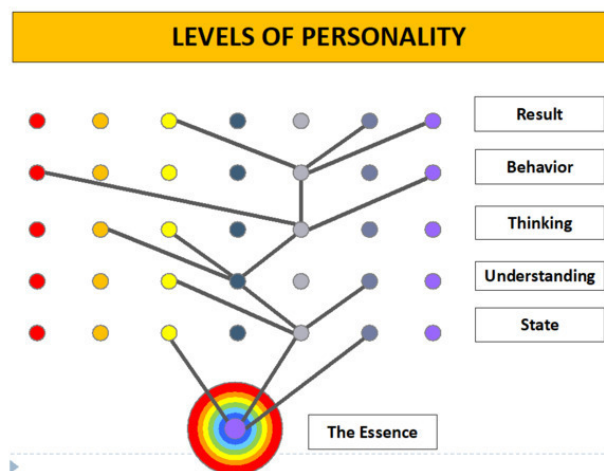


Figure 1 shows the scheme explaining these ideas

The basis of human psychological world is his essence.

This notion is difficult to define, but this is what we really are, our essence. Carl Jung called it selfhood, you may call it your soul or your deep Ego, but we prefer the term essence. The essence predetermines main capabilities of a person is the initial point that unrolls into his potential. The essence has its layers, levels and parts, but normally is a whole, well-integrated formation. Any damage of the essence can lead to serious psychic disturbances even to psychic disorders. In such cases the essence seems to break up and its parts start fighting with each other. There is a supposition that in case of schizophrenia a person rejects himself fully, totally which is the reason of wrong perception of reality [delirium, hallucinations].

When disturbances are not too bad depressions, panic attacks, neurosis of obtrusiveness, psychosomatic diseases may occur. For example, a person may reject his Inner Child or some "bad" part of himself. He rejects this part but it comes back to him again and again and he lives in constant fight with himself. Different problems of personal identity, for instance, sexual identity also refer to essence disturbances. See some examples further.

The essence can give rise to [or maintain] a certain set of emotional states. According to circumstances these states are more or less probably switched on. A well-wishing essence will hardly produce angry and aggressive states. A depressed essence can't produce tender, playful and joyful states.

But even if the essence is intact and undamaged the psyche can keep some negative emotional states, which then may act as self-sufficient inner causes that bring about neurotic or psychosomatic disturbances. The theory explaining the appearance of chronic negative emotional states as a result of a psychodynamic conflict will be given later. These same conflicts may damage a person's essence,

when for some reason a person revolts against himself, separates from himself, refuses from himself and even loses himself.

We draw your attention to the fact that the offered model presupposes active behavior coming from deep psyche to the outside reality, and not just reactive behavior only reflecting reality reacting to outer events.

8. Levels of an individual and the tasks of eit

Both clients and doctors may approach treatment tasks from different premises and at different levels, which depends on theories that the doctor believes in consciously or subconsciously as well as on his aims. A personality can reveal itself at different levels: the level of behavior, of thinking, of insight [understanding] of states and of essence. Everything starts from the deeper level of essence and gradually unrolls to the level of behavior. Behavior leads to some results according to which a person makes some conclusions. So we proceed from the model of active behavior developing from deep inside outward, and not reactive behavior when behavior is just a response to outer impact.

1. The level of behavior. The most evident task is to find such way of behavior that can resolve some conflict, reach an agreement, protect oneself, defeat one's opponent and so on. In this case the doctor is expected to give a recommendation about how to behave in this or that situation, what to say, what to answer, what strategy to stick to, how to learn to behave properly so as to get the desirable result.

To work out the right way of behavior psychologists make use of various trainings, give detailed individual instruction, play role games, give advice and recommendations and so on. For such psychologists, behavior is nothing more but just behavior. If a person behaves himself as if he had no fear that means that he really has no fear. Such trainings can really be effective. Some people should be taught proper manners and right ways of expressing their ideas, others should be taught how to socialize and how to be self-confident and so on.

But this way of dealing with psychological problems reminds me a fable about a devil who wanted to become a saint and he implored a priest famous for his sainthood to teach him how to become a saint. Naturally the priest refused for a long time but seeing how sincerely the devil pleaded with him, he finally agreed. He said: "As you are begging so hard here is the first commandment: Whoever slaps you on your right cheek, turn to him the other also. Strictly follow this commandment!" The devil was pleased and he left. But he reappeared in the evening bruised all over. "What's happened?" – the priest was surprised – "I have told you: Whoever slaps you on your right cheek, turn to him the other one!" "Yes, – answered the devil, – but I was slapped on the left cheek!"

The priest had to explain to the devil how and in what circumstances one should follow this commandment correctly. It turned out that in some situations one should really let be hit another time whatever part of the body was hit first. In another situation one should run away as soon as possible, in still other situation it is worth to rebuff but by peaceful means, and sometimes it is necessary to bravely defend oneself. In still other cases it is sensible not to go to an unsuitable place and not to have anything to do with bad people and in the fifth case – to evade a blow time! And so on. A detailed instruction was needed for every case; it became a whole book.

But the devil always got into a mess, as there was usually a variant of behavior that wasn't taken into account in the instruction book, besides he didn't always have time to take out the book, to find the needed page and to read the right advice! And there were other commandments and they also needed numerous commentaries and explanations, exceptions and variants of behavior.

Many years passed, the book became huge the priest died and the devil failed to learn how to be a saint! Why? What was the mistake? How would you answer this question? Our answer you will read a little later.

2. The level of thinking. The second way to resolve the problem is to influence the client's thoughts. Potentially thoughts contain a whole set of possible ways of behavior. The right thoughts allow to behave correctly without working out certain ways of behavior, modifying them according to circumstances and tasks.

Thoughts are integrated in a logical system. By logic rules we can combine different thoughts, make conclusions, in doing so influence various areas of a person's life, following logical ties

between phenomena of his psychic life and different situations and ways of behavior. People are used to subordinating their behavior to logic and if a doctor could prove some idea to a client, this idea begins to transform the client's behavior, effect his decisions and emotions. This is the basis of cognitive-behavioral therapy.

3. The level of understanding. Deeper and more generalized is the level of understanding and meaning. When a person understands something that he couldn't understand before, he has the feeling of insight, of discovery. Through the process of understanding a person discovers a new meaning of phenomena which opens up for him new opportunities. The meaning can be expressed by different thoughts both verbally and not verbally, for instance, by images.

This is how a teacher can make sure that his student understands properly what has been explained, asking the student to say the same thing but in his own words or to do some unusual task on the ground of what he understood. One and the same meaning can be expressed by different phrases, in different languages, for example, in Russian, in Finnish, in German, in Chinese or it can be expressed by gestures or images. The meaning itself doesn't have its own universal language, it doesn't have its own form of expression and yet it can find various forms of expression.

A Chinese fable says about it in the following way: "Words are only traps for the meaning. When a beast is captured the trap is forgotten. Where can I find a man who forgot about words in order to talk to him?"

Our psyche prefers to talk to us in the language of images. Almost all discoveries were made when a person became relaxed and switched off his familiar fussing around thoughts, then his psyche sleeping or meditating gave rise to images whose meaning solved the task. This is how Archimedes relaxed in the bath and discovered his famous law. He was so excited that he jumped out of the bath and was running about Syracuse crying: "Eureka!" [which means "I've found!"]. Mendeleev saw his periodic table in his dream as a solitaire. And Bach saw his fugues in his dream as Gothic cathedrals.

They say that the inventor of sewing machine Elias Howe spent two years on his research, got broke but failed to achieve the desirable result. And once nearly in a complete despair he fell asleep in his laboratory on his drawings. He had a dream that he was somewhere in Africa, he was caught by cannibal savages who tied up his hands and legs, pushed him into a tub of water, put a lid on and began to boil it. Hot water made the ropes get loose, he freed his hands and legs pulled away the lid and began to get out of the tub. But the cannibals came running at once and started to push him back into the tub with spears, he screamed with terror and woke up. "Their spears were kind of unusual, – he thought in surprise, – they had holes in the spikes!" And he invented a needle for sewing machines! The subconscious coded the solution in images but he was lucky to decode it. We also ask the subconscious in terms of images and then interpret its answer!

Insight is an ecstatic reaction to the opened truth. In place of a dead-end there appeared unusual opportunities! Everything became clear, understandable and... nice, even beautiful! The discovery of new ways arouses the feeling of liberation and joy. The tension that chains you eases and much energy comes instead which overfills you. Now you can act, now you will gain success, victory and new discoveries. There will be no end to new space and miracles! Understanding easily gives rise to new ideas, they come in a free flow, because the dam is broken and what follows are numerous consequences of the discovery or the whole chain of liberating discoveries.

That's why we say:

There are people who can at once understand a hint.

There are people who can understand when you explain to them.

There are people who can understand only from their own experience.

There are people who can understand only when everybody around them has understood.

And there are people who can never understand.

Psychoanalyses, humanistic psychotherapy, gestalt therapy and all trends of psychotherapy oriented towards awareness and self-knowledge work at the level of insight.

4. The level of states. However, there is a deeper level than that of understanding. Understanding may be blocked or on the contrary stimulated by emotional states. In the state of anger, it is not possible to open up for yourself tenderness, in the state of constrain and fear you cannot understand trust and calmness. Stiffness, depression, anxiety, bitterness and other similar states aren't conducive to self-knowledge and creativeness. And on the contrary, different negative feelings give rise to numerous ways of self-deceit called protections. To see yourself as you really are may be very difficult and painful, but avoiding the truth you will not find the truth. So many clients prefer to slide on the surface trying to avoid the consequences, but not to touch on the true reasons of their suffering. So they prefer to learn the skills of outer behavior or just take some medicine. Then there is no need to work on yourself. So if creativeness and insight are blocked by negative emotional states, they must be stimulated by positive states, when a person is full of joy, happiness when he is relaxed... Why then we speak about throes of creation! Indeed, there really are throes of creation, but there is no creation. Creation really starts when a person is relaxed and is getting into a state liberating his spirit. Throes or torments result from violating your nature, but creation is the result of the activity of your subconscious when it is free.

5. The level of essence. A deeper level in regard to emotional states is the level of essence. Essence is deeper than character. Character is a whole set [cluster] of typical and customary emotional states which a person identified with himself but there is always a key state that gives rise to the whole set. These customary states are rigidly tied to the complex of inner philosophy, to the worldview, with chronic muscle clamps [muscle shell], with a complex of customary reactions to different situations. For that reason, it is very difficult for person to get beyond his character and take a detached view at himself. But his essence is outside his character. And only getting beyond the character it is possible to feel your true essence which is broader and deeper than character. However, with the help of character people protect themselves from real life and feel very uneasy when they lose their habitual protective shell. Character performs only stereotype behavior, and prevents more flexible adaptation, deprives of energy and paralyzes...

Essence can also be damaged. For instance, a person may be at war with himself, may reject a part of his essence, "may be at odds with himself" so to speak. We think that in cases of serious psychic diseases it is the essence that is damaged. But many not so bad psychological problems may be connected to the problems at this level. For example, when you reject your Inner Child [see further] many psychological disturbances can take place, and this is a frequent case of a splitting of essence.

So, essence maintains a certain [quite big] set of possible states, a certain state may lead to a certain set of understandings [insights], understanding may give rise to a certain set of thoughts [cognitive constructs], a thought may give rise to a certain set of actions, and an action leads to a certain result. Poor results, as a rule, make a person come to the conclusion that his essence is good, states are correct, understanding is adequate, thoughts are exact and actions are right those which should have been taken, and but reality is somehow "bad" and should be changed. The psychologist on his part helps the person himself to change.

Now, coming back to the story about the devil... What was he wrong about? Why did he fail?

Earlier I thought that the secret was that the devil simply didn't understand the meaning of the commandments, acted according to the pattern, at the level of behavior, never getting to the level of insight. Later I understood the problem deeper. A student from Costa-Rica [once I had such student] helped me do it. She gave me a fantastically simple answer to my provocative question! The devil's mistake was that he remained a devil! That is he didn't change his essence! And was not going to do so!

Indeed, one can behave properly for a very long time, one can understand why and for what he does so, but if one remains his old self, with old emotional stereotypes, then in actual fact one's false behavior is worth nothing. "Didn't do any good, but in his soul, he was really a kind man" – said Pushkin about himself. And this is much better than to do some good remaining a wicked man.

What can do EIT in this sense? On the basis of the scheme of levels expressing the personality we can point out that therapy through emotions and images works for changing emotional states, which are the roots of psychological problems, as well as for rehabilitating the wholeness and harmony of a person's essence. That means we work at a deeper level than thinking, behavior and even understanding. Rehabilitating the damaged essence makes it possible for a person to open up for himself the whole lot of new positive states which guarantee more effective and healthy life.

We help a person understand himself, do nothing "behind his back" which actually is impossible. Our method has nothing to do with hypnosis, rather it helps remove hypnotic-emotional states which emerged in the course of his life.

We do try to change the client's behavior and thinking. We do indeed, but we always seek the underlying reason of his behavior and thinking, which appears to a problem for the client. We talk about and bodily expression of these feelings, about images of these feelings and at times it's very surprising for the client. It is this that helps to achieve real, sincere and not imagined changes of behavior. We don't teach the client how to behave but ask him what reactions occur involuntarily, when his emotional state has changed. If these reactions correspond to his desires as well as to laws of ecology and ethics, it is the best result in EIT. Sometimes the client is surprised that his reactions became quite different, though he doesn't have time to think how to react properly. And this is the criterion of real changes!

In EIT realization and understanding for the client is secondary, primary is the changing of states, though the physician must understand what kind of changes he is trying to achieve, how some impact on the image can change the emotional state and personality. Everything is done for the good of the client, in compliance with psychological ecology, on condition of the client's own agreement and using his own efforts. In the framework of EIT analyzing process is very quick, and the client's insight is not forbidden, but it is more important for the physician. The physician's insight is followed by a delightful "a-ha reaction" and the insight of the client is sometimes followed by the feeling of horror or remorse and by the rain of tears. He understands at last what terrible for him events and feelings brought him to this life, how he spoiled his life. But everything can be improved. It is never too late.

Summary

1. Emotions are the criterion of the success of a person's activity, the criterion of success.
2. Emotions may be the main goal of some activity; it is performed in order to get emotions.
3. The way you feel is also an emotional phenomenon, expressing the state of your organism.

Chronic emotions effect health.

4. Emotions provide energy for any actions of a person.
5. Emotional states make the basis for a person's choice of thoughts and ways of behavior.
6. Negative emotions sometimes serve as social barriers for undesirable forms of thinking and behavior. But often they restrict positive capabilities of an individual.
7. Chronic negative emotions are the reason of disturbed psychological and psychosomatic health of a person, his inadequate behavior. They may remain unchanged in the person's psyche all his life.
8. Psyche is active. Activity is being developed from within the personality. It proceeds from the essence and expresses itself through states, understanding, thinking and acts.
9. The task of EIT is to change chronic negative emotional states and work for integration and harmonization of a person's essence.

Chapter 2. Emotions and body

Emotion is “a bridge” connecting psyche and body.

Emotion connects psyche and body; it exists both in psyche and in body at the same time. But emotion is also energy, which becomes revealed in actions. Emotion is felt subjectively but it is expressed in very strong bodily manifestations. They are more frequent or more slow heartbeat and breathing, tension or relaxation of muscles, more intensive or less intensive blood flow in some parts of the body, more intensive or less intensive sweating, discharging into blood some mediators [like adrenalin] and so on. Emotions affect the functioning of autonomous nervous system, which controls inner organism and does not follow the orders of the mind. That is why emotions strongly affect the states of the body and cause psychosomatic diseases.

Wilhelm Reich stated that undesirable emotions are blocked in the body by chronic muscle clamps [25, 26]. The system of these clamps makes up the so-called muscle shell. This shell not only restricts the expression of sincere feelings but also creates a barrier for spontaneous and flexible behavioral reactions. It blocks free flow of energy in the body, the amount of energy becomes smaller, feelings and behavior become limited, their repertory becomes much smaller. A person feels constant discomfort because of too much tension in his body, at times pain, sometimes the feeling of heaviness and limited mobility. Muscle clamp fully corresponds to adapting activity. It expresses the character of a person, that is of typical for him emotional and behavioral repertory with its limitations and stereotypes.

If the muscle clamp relaxes, the person gets back to his initial nature, becomes sincere and natural, flexible and creative. The heaviness of the body as if goes away, it becomes light, as if fresh wind were blowing inside the body. Energy and joy fill the person. He becomes capable of getting real pleasure from living, and his behavior is adequate, it corresponds to the situation, he doesn't go crazy, on the contrary, he thinks clearly and fully realizes what is going on. We called this state of a person uncharacteristic, this is a new and unusual term requiring an explanation.

The matter is that character becomes revealed in customary and stereotypical ways of behavior, which repeat themselves in various situations, sometimes quite adequately and sometimes not. For example, a touchy person takes offence very often and as a rule when there is no reason to take offence. Touchiness is a trait of character. An anxious person is worrying for no reason; anxiety is his trait of character. A hot-tempered man is often outraged and feels insulted because of some trifle. Hot-temperedness is his trait of character. Any characteristic manifestations of a person are typical reactions excluding flexibility and creativity. A person lives within his character as a turtle in its shell. With the help of his character, he protects himself from his own shortcomings which he faces if he is open to the world. To do it he has to suppress some feelings and limit the repertory of possible actions straining the corresponding muscles of his body in fear of his own unlimited freedom. He is afraid if freedom and doesn't know what to do with it.

But if he casts off the yoke of his character displayed in the muscle shell, not only his body relaxes but he no longer needs stereotype protective reactions. New spontaneous adequate to the current situation reactions become accessible to him. As he reacts creatively and not in a stereotype way you can't say what kind of character he has. He is not touchy though but he may take offence if this is adequate to the situation as he really was insulted. But even feelings of offence don't last long, he easily forgives them and goes on communicating normally. He is not anxious but may worry if future may have in store some unpredictable dangers. For example, if he has to take an important and difficult examination. But his worrying doesn't last very long and is not pathological, doesn't prevent from focusing on preparing for the examination.

You can't say about such person that he lacks in character because a weak-willed person displays weak unstable and dependable character. A non-character person can easily stand up for justice

and can't be easily bent to someone's will because he has an independent character. He doesn't live inside his character, his character doesn't command how he should live, he rules over his character if he still has some stereotype reactions. So he is always different and you can't say what stable features of character he has. The only suitable term to describe him is "non-character" that is not corresponding to traditional classifications of characters, flowing like water he reacts not in keeping with the character but freely as it is necessary here and now.

Character is stiff and stuck emotions turned to stone in the forms of muscle clamps or ousted and materialized in the forms of emptiness and muscle impotence. Very often current problems of a personality are the result of deeper defects of character. As we have already said people face the problems which reflect our character. The world gives us back our own reflection exactly like it did for the famous donkey Eeyore. As we know he looked at his reflection on one side of the lake, then went to the other side looked again... "Yes, -he said, -I knew, on this aide it is no better than on that. Harrowing sight..." For some reason, people don't think that it is necessary to change themselves, thinking that it is the world that is wrong and must be changed. But changing the world they face themselves again, fatally facing the consequences of their character, to which they try to adjust the world. The same thing happens when social revolutions take place.

The problem is that when we speak about changing the character practically any client demonstrates strong resistance. The matter is that he views himself as his character, he identifies himself with his character and is afraid of losing himself as a result therapeutic changes. Character is also connected with main life values and scenarios, supported by some inner philosophy, profound convictions, individual life experience. At the background of character there is some basic emotional fixation from early childhood, but the client is reluctant to change it in justified fear that he can lose the whole customary system relying on which he lived all his life. He fears to be unprotected in the face of unpredictable life.

If we manage to change some basic emotional fixation, the client may feel disoriented, as if he got into absolutely different unusual world and doesn't know how to behave.

Example 3. "A new world"

Once I succeeded to help one student to get rid of bitterness that overfilled him. He had every reason to feel bitter he had to go through very much, but bitterness interfered in his life and studies, made all he was doing more difficult. I recommended him to go to the forest and shout there letting his anger go out. To my surprise he followed my advice he was shouting for two hours and kicking something in the air. And after this process he came somewhat soft and light.

– How is life? – I asked him.

– Excellent. Very calm. So many problems went away! I have enough time for everything, it is easier for me to study, have far less conflicts. But I just don't know how to live this way?

– Why, isn't it better?

– It is, but I don't know how, I can't live this way, it is sort of unusual...

– And what is wrong, give an example?

– My dad yelled at me and I don't know what to tell him. Just sitting saying nothing... But actually he also got silent...

– Well, that's fine, isn't it?

– Yes, it is. But I don't know how to live this way! These days on my way home I see two men fighting. In the past I would interfere in the fight, and now I think: What are they fighting for, fools and fools... I just passed them by. But I don't know how to live this way!

I had to explain to him for a long time how to adapt to the new reality. He really began to study well, later entered a postgraduate course, though he had been a very poor student before. But I still had to work with him a lot.

Now let's get back to the Wilhelm Reich theory. He discovered relatively independent segments of the muscle armor. Each one blocks some emotions. We use this information in EIT to diagnose what caused different psychological problems.

1. Eyes. Protective armor in eyes area reveals itself in brow immobility and “empty” expression of the eyes. They look as if from behind a motionless mask. You can achieve relaxation by opening your eyes as wide as possible [like you do in great fear] to move eyelids and brow to an enforced emotional state, as well as by rolling your eyes and looking from side to side fixing your look on either wall.

2. Mouth. Oral segment includes muscles of the chin, throat and the back of the head. The jaw can be both greatly compressed and unnaturally relaxed. This segment keeps the emotional expression of weeping, yelling, anger, biting, sucking, grimacing. Protective tensions can be relaxed by imitating weeping, making sounds engaging lips, making biting movements, throwing up movements and directly working on muscles.

3. Neck. This segment includes deep muscles of the neck and tongue. It controls mostly anger, yelling and weeping. It is not possible to directly affect deep muscles in the neck, so important means to achieve relaxation are yelling, screaming, vomiting movements and so on.

4. Breast. Breast segment includes broad muscles of shoulders, shoulder blades, thorax, arms and hands. This segment holds back laughter, anger, sorrow, passion. Holding back breathing, which is an important way of suppressing any emotion, is mostly realized in the breast. The armor can relax if you work on your breathing, especially by full breathing in. Arms and hands are used for hitting a target, for tearing, suffocating, beating and passionately achieving something.

5. Diaphragm. This segment includes the diaphragm, solar plexus, muscles of the middle part of the back. Protective tension reveals itself in the bent of the vertebral to the front, when a client is lying there is a big space between the lower part of his back and the couch. Breathing out is more difficult than breathing in. The armor mainly holds back anger. It necessary to first relax the first four segments before you begin to relax this one. You do it by working with breathing and vomiting reflex [people with strong blocks in this segment are practically unable to throw up].

6. Abdomen. The segment of abdomen includes broad abdomen muscles and back muscles. The tension of the waist muscles is connected with the fear of falling down. The protective armor on the sides of the body arouses the fear of tickling and is connected with suppression of bitterness and enmity that is strong dislike. Relaxation occurs easily if upper segments are already open.

7. Pelvis. The last segment includes all pelvis muscles and lower limbs. The stronger the protective shell is the more the pelvis is pulled back and sticks out. The pelvis muscles are tense and painful. The pelvis is rigid, it is “dead” and non-sexual. The pelvis armor serves to suppress excitement, anger and pleasure. Excitement [or anxiety] emerges out of suppressing feelings of sexual pleasure. It is impossible to feel pleasure in this area before you release anger in the pelvis muscles. The armor can be undone by straining the pelvis then kicking and pushing the couch by your pelvis.

This classification is brief but with all its limits it helps to see the links between feelings, images and body. For example, practice confirms many times that strong anger including anger at yourself is kept in the diaphragm area and when you touch on this subject a person may feel acute pain in this area. A spasm of the diaphragm blocks natural breathing by “the abdomen” which is characteristic of the newly born. It can also block the normal function of letting out gall.

It is also important for correct diagnosing to know that the feeling of duty is mostly located in the shoulders area and that containing your breathing leads to controlling any feelings. So when feelings are released clients feel something like additional breathing, they say that they have never breathed like this before [see examples].

What is amazing is that when you help the client to get rid of the oppressive feeling of duty, not only shoulder muscles relax but many clients have the feeling as if they had big white wings on their backs like angels in pictures. Instead of oppression they feel an increase of energy and inspiration. It

turns out that images can express not only emotional problems, but character and even the old and the new approach to life.

The theory of Wilhelm Reich and his practice are aimed at releasing held down emotions, relaxing muscle armor, and his techniques are meant to work with tense muscles. To achieve this the doctor presses on the tense muscles of the body, making the client breathe deeply and express in sounds the pain he feels. The success is achieved when the whole muscle shell is fully and steady relaxed which requires a long and hard work. Similar effects may be achieved by working with images of emotional states and it may be quicker and easier.

In EIT the task of relaxing muscles is done by working with images, and the task is not only to free the stuck emotions but to remove psychodynamic conflict that generates chronic negative emotional state. The initial negative state disappears. Alongside with this sometimes you may get the result similar to full relaxation of the muscle shell in some areas of the body for instance in the back [see example 2] or even in the whole body [see example 4]. But you achieve this by different means than in body therapy and without painful influence on body muscles [see further].

Example 4. “Live mercury”

A young girl turned to me and complained that at some moment in her life she lost the ability to express her feelings [alexithimia]. She prohibited herself to do it and couldn't overcome her own prohibition. Feelings overflowed her breast and tortured her from within. She lost contact with her mother and her boyfriend whom she loved very much. She lost her ability to express her feelings a year before when her father whom she loved dearly died. She was afraid to express her feelings because she didn't want to hurt her mother. In their family, they declared the rule that you must not express your feelings you must restrain them. The father particularly insisted on that and was an example of restraint himself.

I asked her to create an image of these feelings. They were like a moving clot of mercury changing its form. It tried to get away from the breast but some armor like a knight's cuirass didn't let it go. Then I asked her to give a permission to this steel cuirass to express all its feelings. This paradoxical method worked and the cuirass melted at once, and feelings started flowing from the girl's mouth [the client's subjective perception] so intensively that she could hardly breathe, she choked.

To make sure that the process of liberating will not fail because of her fear, I began to calm her down saying that gradually everything will be back to normal. It is just what happened, little by little her breathing became even, she felt that her feelings go on flowing, but the flow is quiet. But she started shaking all over, she felt cold, her hands and feet were shaking but at the same time she was feeling unusually fine. Her body seemed to be very light and disappeared, and the air while breathing is freely moving through her body from the crown of her head to her heels and back. Such sensations are typical of those who had an intensive course of bodily therapy together with rebirthing [the séance of deep breathing].

In about twenty minutes the process ended by itself, the sensation of cold and shaking went away. Imagining her meeting with her boyfriend the girl confirmed that she no longer had problems with expressing her feelings, the shell disappeared. Her body seemed to have lost some weight, and the air seemed to freely flow within her body. Her eyes shone with happiness, she thanked me and left.

Ways of working with images are numerous. Sometimes it is necessary to let emotions in and not out, sometimes to transform them, to solve an inner conflict, generating them, sometimes it is necessary to refuse wrong convictions, promoting a ban on natural feelings and so on. The story about different ways of influence is still ahead but the connection between emotions and body is the “red line” of our therapeutic logic. It is this connection that guarantees important results in solving psychosomatic problems.

Summary

1. Emotions is energy which becomes revealed in muscles movements.
2. With the help of chronic muscle tension a person suppresses undesirable emotions, so emotions get chronically stuck in some muscle clamps.
3. The system of muscle clamps creates a muscle shell which blocks the free flow of energy about the body and deprives the person of spontaneous and flexible behavior.
4. The muscle shell corresponds to a person's character. The character is "stuck in and ossified" emotions, which are stereotypes of a person's behavior.
5. In different parts of the body various feelings and corresponding impulses to actions can be blocked.
6. When the muscle shell is relaxed the person becomes flexible and spontaneous, as though he had no character, but greater energy and freely flowing feelings.
7. Solving basic psychodynamic conflict leads to the relaxation of chronic muscle tensions, removing the chronic block of some emotional state, solving psychological and psychosomatic problems and to the change of character.

Chapter 3. Psychological problem

1. The problem's inner structure

The novelty and effectiveness of the EIT is to a great extent connected with a new perception of how people's problems are arranged and how they can be solved. The essence of our approach is that any problem is rooted in some chronic fixation of emotional energy onto some aim, and you can free this energy working with the image of this emotion. Even Buddha called such fixation an attachment and offered a long way of moral development, that helped to get rid of attachments making people suffer. This is correct but psychotherapy cannot and should not make monks out of people, it just helps them to get rid of agonizing and restricting life fixation.

Sigmund Freud [27—29] offered the way of realization deep fixations that by itself leads to liberation. In this sense, what we are saying is not quite new. The new thing is that with the help of images we quickly find the point of fixation, understand the reason and the means of fixation. The new thing is that after diagnosis we ask the client to apply to the image, and in fact to himself [which the client doesn't understand and so doesn't resist] some method, liberating him from the initial attachment. This leads to destroying the whole pathological system that had grown on this basis nearly in one instance. If psychoanalyses considered the main element to be awareness, gestalt therapy – emotional experience, the EIT – emotional and meaningful intersubjective [within personal] action.

Let us make it clear, we don't object to friendly, loving and other normal attachments, which make a person happy. A person frees himself only from such attachments that make him suffer, and are the reason of a chronic negative emotional state, making the basis of pathology. They prevent him from living a normal life, from being healthy, from building satisfying relations with other people. We use original methods allowing to quickly discover the causes of sufferings and to free the suffering individual rather quickly too. As we say: "The irons are removed right here or they are worn forever". The fixation can melt only at some moment, here and now, at once, if the client is ready to give it up. Everything else is only the preparation of this moment. We will speak about it later.

So, a psychological problem that a person faces may be described as fixation of the person on some unachievable aim. This fixation is felt by the individual as an emotion or some emotional state. The problem becomes a problem when a desire can't be satisfied and can't disappear. If there is no desire, there is no problem. If the desire can be satisfied there is no problem either. If the desire can be easily given up, there is no problem either. A child may weep inconsolably when his balloon flew away. If something like that happens to an adult, his desire easily flies away together with the balloon. A grown-up person stops producing emotional energy aimed at keeping the balloon. The energy gets back into his body and he calms down. However, adults have their own desires and they don't disappear because the "balloon" flew away.

As we have already said a desire always presents itself as emotion or feeling prompting some action. When a person says: "I love you", -this is a feeling but it is the manifestation of desire. The feeling gives energy; action is not produced without a feeling or emotion. When this energy doesn't materialize in reaching the aim a person suffers in other words he suffers a kind of damage because the energy was being wasted, and this energy starts disturbing his inner ecology. If he doesn't stop producing the feeling aimed at achieving the unachievable the suffering becomes chronic.

We should adapt to this situation. A person creates some mechanisms to adapt to suffering the causes of which he forgets. For example, an elderly alcoholic drinks and at the same time cries: "My main problem is that no one wants me..." Some time ago he was a handsome young man, talented, skillful, with higher education. Now he is a ruin of his old self with broken rotten teeth, who drank himself to the position of a loading workman, full of anger because life was unfair to him. He has

a good wife and wonderful daughters who love him and take care of him, in spite of his constant drinking and biting character. He comes from a very nice family; his mother and father are Doctors of Sciences but they divorced when he was a little boy and divided their sons. He stayed with his mother but she had no time for him. She was working all the time, often went to great construction sites, dammed the Yenisei river... He realized that no one wants him.

Most of all he wanted to reunite his family and be loved by his parents, but it was impossible, his greatest desire was blocked. He had to adapt to his suffering, he pitied himself all the time thinking that his fate was unfair to him. He envied other young men. When he pitied himself, the best consolation was vodka, it let him forget his suffering, get disconnected and acquire a warm and sweet feeling of a beloved child sleeping on the mother's chest. If someone saved him from troubles, took him home, undressed, washed, scolded him he felt that somebody wants him. In a hidden way, he considered his parents responsible for his troubles and in his soul, he punished them by his acts of moral lapses. At the same time, he hoped that they will come and prove that they love him. But they didn't do it and couldn't...

Alcoholism gave rise to new problems... He began to be downgraded at work, conflicts emerged in the family. And he had to adapt to it too. He had to say that everything around him was wrong, unfair, particularly as perestroika was under way... It was necessary to lower his ambitions, to consider himself to be a victim of injustice [and he did already think himself to be a victim]. And to raise his self-esteem he had to criticize all people and lecture to them. There was little money it was necessary to be economical and suspicious. He had to hide his inner world from everybody, cover up his shame, so his body was always tense, his chest sank in. He could be frank only when he was drunk, then his true feeling got out, but only strangers or his friends-alcoholics could hear them.

If only he could see that little unhappy child [that is himself] suffering from the lack of love! If only he could generously give love to that child, so that he could forgive his mother and father, then a miracle could happen and the gigantic thing of his sufferings and adaptations would break down in a moment and there would be no need of alcohol any longer, it would even become disgusting. If only...

If we can get to the initial cause of the tangle of problems and in some way remove the deep conflict, then the whole system of psychological incrustations can be removed. All pathogenic adaptations will scatter like a house of cards.

You can struggle with the outer layers of a problem for a long time but to the doctor's surprise all achievements will disappear not leaving any trace, and the old symptoms, which are the expression of adaptations will occur again and again. This will go on till the key change takes place, when the needle is broken, after that all symptoms will become pointless.

There may be a lot of dysfunctional adaptations, practically as many as different psychological and psychical distortions are described. Our view is that even so called diseases can be considered as forms of adaptation to the initial emotional problem. The disease is just the problem that has reached a certain pathological development! Since there are a great number of adaptation forms we will not look at all of them in detail but some variants will be presented. Here we will analyze the structure of the initial problem which leads to emerging the whole system of defenses, oustings and suppressions, secondary defenses and so on. In every case the work with EIT is aimed at getting the person back to being natural, delivering him from all unnecessary adaptations and defenses. Only after getting freedom and naturalness can a person solve the problems to which he surrendered before and because of that created psychological adaptation.

The problem is always a contradiction between an individual's desire materialized in the energy of a feeling and a barrier on the way to its gratification. If the barrier is something from the outside of the person and can in principle be overcome and the desire is not pathological, then the problem is objective. The problem can be social, economic, scientific, political and so on. It can be solved by an external objective way, that is by overcoming the obstacle and gratifying the desire. For this

aim it is necessary sometimes to earn money, sometimes to invent something, sometimes to resort to diplomacy or to turn for help and so on...

The problem becomes psychological only when the reasons of failure are in the psyche of the individual himself. In other words, either the desire is “wrong” or the obstacle on the way to reach the aim is an illusion. For instance, sometimes the obstacle can be impossible to overcome as in the case when you want “to return last year’s snow”. This may be the situation of emotional dependence when love is lost or when a very close person dies. Then obviously, it is necessary to help the individual to get rid of his irrational desire however difficult the task could seem.

When the obstacles are inadequate moral prohibitions, prejudices, complexes, fears and so on, the solution may require not only overcoming the initial impulse but liberating from the obstacle. Since the psychological obstacle can hold back the initial impulse because it is also supported by certain chronic emotions, the essence of the work doesn’t change – the doctor works at overcoming the emotional fixation state.

The problem state in every case may be called a deadlock state. If the actual feelings are strong and there is no way out, some undesirable consequences take place. The initial reaction is most often aggression. The person who got into such situation tries to destroy the barrier but can be aggressive to himself, to his own desire, to the object of his desire, even to strangers. Most people restrain their aggression but constant restraint [control] leads to new difficulties and problems. Another form of reaction is to suppress or oust [suppressing, ousting] one’s own feelings, one’s own desire, grief, anger... The third form is when people transfer their feelings over to other safer objects [transfer]. In the fourth case, people start to avoid any situations in which they may express their feelings [escapism]. In the fifth case, they behave as helpless little children [regression]. In the sixth case, they ascribe to other people their own feelings and desires [projection]. In the seventh case, they quit active life altogether [autism]. In the eighth case, they create symptoms of some illness to justify their failure and not to do something prohibited [forming a symptom]. And so on...

Defenses used by a person help him to adapt but don’t solve the problem. They only preserve the problem and create new problems distorting his interaction with surrounding reality. The key factor determining the degree and the character of the distortions is the energy power of the locked-up feelings and the method of adaptation chosen by the individual. In some cases, this method may become a permanent trait of character or a form of emotional disturbances. The same reason generates chronic muscle tensions [blocks] and various psychosomatic symptoms.

To describe our conception of a psychological problem structure more brightly we can use the following metaphor. In India, they catch monkeys in the following way: hollow out a pumpkin, put some bait inside and leave a small hole, the monkey puts its paw through the hole, grabs the bait, but can’t pull its little fist out because it is bigger than the hole. The hunter comes and catches it easily because it can’t guess to unclench its fist.

People do the same. In their imagination, they have already got the bait and sometimes with the other hand they hold the barrier, and, well, they are caught! Every time you should think what “paw” the client must unclench. At times, there may be quite many such “paws”, but the initial problem is still only one. When it is solved all the rest happens by itself, because “the monkey” is free. The conclusion is: the basis of psychological health is inner freedom. A young man liberated from the unrequited or unfortunate love may say the words of a merry song: “If you bride goes to another man, we don’t know who will be happy in the end!” It means that he unclenched his “paw”. And the one who failed to do it may fall into depression or aggression as in that drama: “Then no one will have you!”

But this is not the only model, there are five main initial problem situations [see further], at present no other variants have been discovered. All complicated problems which seem to have many symptoms and causes in fact go back to one initial conflict, one of five possible cases.

So the initial psychological problem can be presented in one of the five schemes given below [see Fig. 2]. On all schemes the circle means some object desired or rejected by the individual, vertical

rectangle is the barrier and the arrow – either the desire of the individual or negative pressure from the object on the subject [which may be called a negative desire of the subject].

The schemes given in Figure 2 show the possible types of the initial problem structure:

A. the feeling is aimed at reaching the aim, the aim and the barrier may be real or imagined, the aim may be really or illusively unreachable, or it may be forbidden;

B. the feeling is aimed at saving from undesirable object, the object may be both real and imagined, it may also be external in relation to the object [for example, an aggressor] or internal [for example, some unpleasant memories; simultaneously with repulsion the object be attracted by an unconscious feeling [“an invisible paw”];

C. the subject has ambivalent feelings about the same object, here is no barrier but the subject has contradictory feelings of repulsion and attraction;

D. two feelings of the same strength are experienced towards incompatible objects [the problem of choice];

E. the subject seeks to get rid of an undesirable object, but he can do it only in contact with another undesirable object [the choice between the two evils].

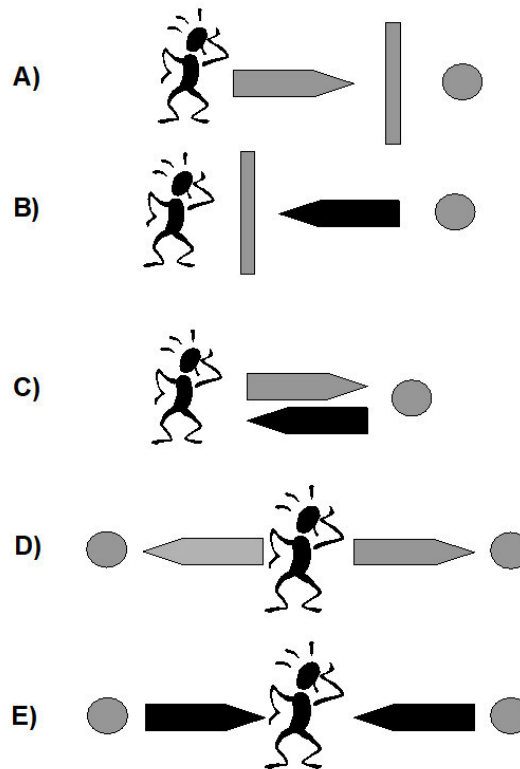


Fig.2

In all the above given cases we used the word “object” and the object can be not only some thing or another person but some activity, situation, moral assessment, emotional state and so on, which are desirable or on the contrary unacceptable to the subject.

These schemes reflect only initial [primary] problem structure. Further on the problem develops and grows, generating numerous symptoms, creating new difficulties, revealing themselves in different spheres of the person’s life.

Let us give some examples of frequently occurring [but not all possible] problems that we will classify according to their inner structure.

The following psychological problems have type one structure [Fig. 2a]

2. grief, bereavement, unfortunate love and so on.;
3. the desire to change the past, to correct what is impossible to correct, to return “last year’s snow”;
4. morally prohibited sexual, aggressive and other desires;
5. the desire to change other people according to your own standards which is impossible;
6. idealistic, fantastic, exaggerated desires.

Other variants are possible.

The following psychological problems have the structure of the second type:

1. the desire to get rid of the undesirable influence of the environment or other people, who are impossible to get rid of or there is a psychological prohibition to do it;
2. obsessive fears, fixed ideas, obsessive actions and the struggle with them;
3. guilt feelings for something done, suicidal tendencies, anxiety about some past shame, disgrace etcetera;
4. post-tress experience [as a result of an attack, catastrophe, terrorist act, rape etcetera];
5. the desire to get rid of some shortcomings in accordance with some unrealized principles or standards;
6. the struggle with one’s own dependence of various types [emotional, alcohol, narcotic and so on] In other words the second type problem may be based on the first type problem formed before;
7. the denial of oneself.

Other variants are also possible.

In a particular case the second type problem may lead to a vicious circle when the struggle with a symptom or persistent desire strengthens the symptom which gives rise to another round of struggle, etcetera. This circle model was described by L [68] before. This is how some phobias or obtrusiveness, panic attacks can be formed.

Scheme three [Fig. 2c] reflects the problem of ambivalence [that is the simultaneous attraction to the object and its rejection]:

1. love to the hated, despised and repulsive object;
2. the desire to get success, to reach the aim and the fear of success;
3. gratitude and humiliation, admiration and envy, joy and grief, pleasure and fear at the same time and so on;
4. the desire to do and not to do something, to say and not to say, to express feelings and to hide them etcetera;
5. the desire to win over the opponent and the fear of him;
6. the desire for some risk, for suicide, and at the same time unwillingness.

And others...

Scheme four [Fig. 2d] corresponds to the problem of choice:

1. the desire to have two incompatible variants at the same time not to lose either;
 2. the choice between the two equally desirable variants;
 3. the person’s immaturity his inability to make a choice and take the responsibility, the fear to make a mistake, indecisiveness;
 4. a risky choice, determining the fate, winning or losing;
 5. constant rushing from one variant to another, hesitation between hope and despair etcetera;
- And others...

Scheme five [Fig. 2e] corresponds to the situation when there is no choice, when all variants are bad. For example, life situation is unbearable, so unbearable that you want to escape from it, but if you do it the situation will be still worse. This corresponds to Joe Biden’s model of double clamp [26]:

1. the subject lives with an unbearable person, for example, with a home tyrant, a psychopath, or a criminal but is dependent on him;

2. social disadaptation that leads to autism or a bum's way of life;
3. moral choice between crime and death and so on;
4. the loss of prestige, bankruptcy, another event that has led to subjectively an unbearable situation, but any way out threatens even greater losses;
5. the choice between suicide and disgrace, giving way to violence and deathly risk and so on;
6. the choice between the husband who is not loved and a beloved person with whom it is impossible to live together for financial reasons etcetera.

And others...

In every case the task of psychotherapy is to help the client to change himself and not to help him change the surrounding reality, to solve the problem resorting to subjective, inner but not outer changes. Certainly, in every individual case it will be necessary to decide what kind of change will be most adequate, will mostly correspond to ecology of the person's life, what emotional fixation must be removed. For example, if a person is suffering because he takes his loss too hard, then it is necessary to help him say "farewell", to his loss however difficult it may be. But if he is suffering because he can't get happiness because he is convinced in his alleged inferiority [and in this case, it is a barrier], then it is necessary to deliver him from the feeling of inferiority. Fear that prevents a young man to tell his girlfriend about his feelings or pass an exam may also be a barrier. In this case, it is obviously necessary to remove not love to the girl or the wish to study but fear that makes a person a psychological slave.

Let me underline one more time that a subjective barrier is also usually the result of an inadequate emotional fixation. So the aim, no doubt, is not to completely deliver from all desires but from suffering. As a result of correct work the person always gets the feeling of liberation and getting back to the open world of new opportunities, his ability to satisfy his reasonable demands increases.

Let us repeat, in any case the essence of psychological work is to deliver the individual from some dependence on an object or on an inadequate barrier that makes him suffer. In different schools and traditions of psychotherapy this aim is reached by different means. But in all cases a person must become more free than he was before, he must to a greater extent become the subject of his own life than before.

We'd like to emphasize that the above given schemes reflect only the primary [initial] problem structure. Further on, as we have said before, the problem is developing and growing, giving rise to numerous symptoms and new difficulties.

The subject of the inner structure of psychological problems has already been analyzed in different publications several times, so here we will dwell on it briefly.

The first two variants of psychological problems structure are mentioned as far back as in the Buddhist philosophy. As Buddha said there are two reasons for suffering: when a person can't get what he wants and when he can't get rid of what he doesn't want. The general Buddhist recipe is also known: you will not suffer if you don't have any attachment.

You can think that the EIT method is aimed at complete liberating of an individual from any desires, but that is not so. Every person has a lot of natural and quite normal desires and attachments, satisfying which is necessary for a healthy and happy life. The simplest example – the need to breathe. Most people satisfy this need easily and simply without any difficulties, so they even don't notice it. However, when breathing becomes difficult because of a cold or asthma every person starts to understand how important this need is. The task certainly is not to make a person stop wishing to breathe freely but to deliver him from the barrier that prevents free breathing. This barrier may be based on some hidden or suppressed emotions, and if these emotions are freed or adequately transformed breathing will get free by itself, as often happened during our séances [see examples given further on]. We seek to free an individual only from such attachments which make him suffer, restrict his life activity and personal growth. Buddha offered the middle way: "If you don't pull the string it will not sound, if you pull it too hard it will break".

We gave the example with an alcoholic that shows how a big cluster of problems grows from only one initial cause. Here is another example illustrating how system problems appear on the basis of some initial conflict. A girl was dreaming of making a family of having a beloved man, she thought that life without this is not worth living. But she was convinced that no one will ever love her because she was ugly. That was not true but she thought so because when she was born he father said that:

“this fat-legged ugly creature can’t be given his favorite name Nastja”. The girl was given another quite nice name, but she was told the story for some strange reason. The father criticized her figure later and never embraced her... Unfortunate love added to this and she it was a final proof that she would never obtain happiness. Her father’s directive became an absolute prohibition for her, an obstacle to reach her desire.

The method of adaptation that she accepted was to struggle with herself. The meaning of life for her disappeared, sometimes she had suicidal thoughts. From the age of ten she deliberately suppressed her feelings. A powerful muscle shell held back her feelings, all her body was tense, the girl stooped, her neck got into her shoulders, the brow became immovable like the brow of a marble statue, the countenance became gloomy and hopeless. She isolated herself from people, had only one friend and thought that everybody hates her. She stopped taking care about her looking attractive, stopped looking after her hair, her clothes etcetera. She suffered from insomnia and attacks of hatred towards herself. Sometimes she made little cuts on her wrists with a blade in order to ease the strain... At the same time she successfully studied at a higher educational college and still considered herself a looser.

The client asked the doctor to completely deliver her from sexual desires so that she could live calmly. Naturally this demand was impossible to meet. She has already been in the state of deep depression, suppressing her natural feelings. So the doctor refused to sign such a contract and focused his efforts on discrediting her father’s claims which served a psychological barrier in her problem structure. It was difficult because she lived him. The work lasted about two years, little by little the girl was getting back to being natural and womanly, she started sleeping normally and stopped cutting her hands and so on. She began taking care about herself, it turned out that she had a long fine neck, big eyes, nice hair... But only after disappointment about her father’s criteria her depression practically passed. “I still have a lot of problems, – she said, – but I remember what I was two years ago. It was terrible, I don’t want to be like that anymore”. She met her boyfriend and got married.

Why are these models describing how problems appeared important for the EIT method? First, because they show how to look for the initial conflict properly, using for this purpose images, expressing problem emotional state. Second, because these models prompt how you can remove the initial conflict, when its origin is discovered, if you use an adequate mode of impact. Modes of impact are oriented at a particular origin of emotional fixation, and they always have the same aim which is to help liberate from some emotional fixation. The main methods of working with initial conflicts will be described further on.

Buddha long ago spoke about the role of attachment, and Sigmund Freud long ago spoke about the role of libido fixation on some object. But why does an attachment or a fixation on this particular object occur? Psychology actually doesn’t answer this question. However, a more detailed analysis of scheme one may clearly show how it happens at, so to speak, micropsychological level. Let us remember the metaphor about the monkey that grabbed the bait in in a hollowed up pumpkin and could not pull out its fist, see Fig. 3.

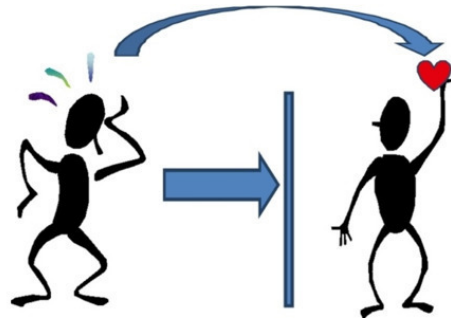


Figure 3a

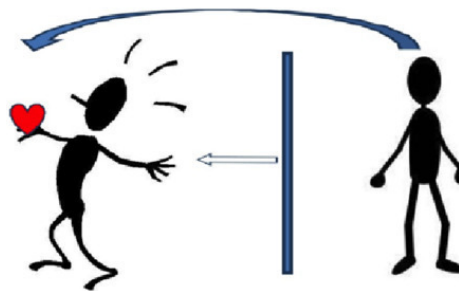


Figure 3b

On Figure 3 [a, b] we analyze psychological problem of type one and its possible solution in greater detail. Besides the aim, the desire and the barrier it shows a “phantom paw” [an arrow above the barrier] by which a person is holding his aim or his barrier. A small heart shows the feelings that the person has for the desirable object. It is this “phantom paw” that a person cannot or does not want to unclench to let go the aim or the barrier determines his dependence and chronic negative emotions he feels. It determines further painful forms of adaptation to this unnatural situation. And he can’t unclench “the phantom paw” because he put into the object some very important feelings, hopes or even a part of his own personality. When the small heart returns the attraction disappears, which is symbolized by a light arrow directed from the former aim and barrier [pic. 3b]. To resolve other problems different techniques may be used, picture 3 is given as an example.

If a person wants somebody or something he already owns the desirable object in his imagination or is in contact with it. For example, while sitting at the table during some celebration guests look at various dishes put on the table by the hosts they taste these dishes in their mind. You can say that their “virtual mouths” are already eating different dishes, and if some guest likes the imagined taste of food he says: “Would you give me a little of this, please...” That’s why it is so important that food be not only tasty but look nice and appetizing. It means that a person radiates some psychological part of himself which establishes an imagined contact with the desirable object and if this imagined contact is pleasant then the person tries to establish a closer contact with the desirable object, to possess it in some form. It doesn’t always mean physical contact, nor does it always mean absorbing the object, but the subject seeks a desirable actual interaction.

Suppose that one of the guests failed to have the dish which he wanted to taste very much. He may leave disappointed and in his mind leave his “phantom mouth” in this dish, tasting the food when he could still have it. Until this process continues in his mind, he will suffer even if he suffers just a little, feeling sorry about the missed pleasure. After some time he will take his “mouth” out of the imagined dish, will let the dish go and his suffering will stop and he will recover his good health. If he doesn’t do so, he will remember his unrealized desire from time to time and feel disappointed again. He can forbid himself even to think about his loss push his feelings into the area of subconscious, but they will go on influencing his state even from there, and can become a chronic unconscious suffering.

The solution of the problem will be returning your feelings and parts of your personality connected with the desired object. During this process the subject integrates again with lost emotions and parts of his personality and only then he really lets go the object of his desires. In other case a person may let go the barrier, if he put into it important feelings, but in fact it was an illusion though it prevented achieving normal goals. In the first case the person stops suffering as he doesn't have conflicting feelings any longer he becomes indifferent to the object. In the second case the subject can achieve the desirable aim, the question is whether it is good.

In other kinds of psychological problems, the task of a psychologist may be, for example, to help the client accept this or that aim or barrier, return the rejected parts of his personality and recover his personal integrity. As a result, the pathogenic emotional state, that causes undesirable or neurotic behavior and/or negative psychosomatic state disappears. When a client complains about a domineering negative state, the image of this state will show the doctor the essence of the emotional fixation which makes the basis of his problems. The doctor's task is to understand the reasons of the fixation, to help the client realize what these reasons are and get rid of the fixation by, for example, integrating with lost earlier positive feelings and/or parts of his personality. There may be other methods but I'd like to point out one more time that we choose the method which will deliver from ecologically wrong attachment or fixation. You can achieve this by mentally influencing images, but as images are the embodiment of the emotional state of the person, as a result, these states change and the fixation disappears.

Let's repeat actions may be different. Sometimes it is necessary to let go some offence or forgive yourself some mistakes of the past, sometimes it is necessary "to unclench the paw" to stop holding the image of the sweetheart who was unfaithful, or to say farewell to the dead. Sometimes it is necessary to accept yourself as a loser, to forgive your father who abandoned you, to refuse some inadequate prohibitions imposed by your parents in your childhood, to stop identifying yourself with some pain that you experienced in the past, with shame or any other psychological trauma. The EIT helps the client fulfil these tasks. Chapter six describes various methods of overcoming emotional fixations.

Summary

1. The structure of a psychological problem is determined by fixed energy of desire which can't be realized because there exists some barrier.
2. Fixed energy of desire is subjectively experienced as agonizing unrealizable feeling which causes suffering becoming a chronic negative emotional state.
3. The reasons which don't let solve the psychological problem are in the psyche of the person himself.
4. The solution of the problem always presupposes liberation of the person from this or another fixation.
5. The initial problem may be one of the five indicated earlier [see above]. On the basis of the initial problem a person forms six methods of adaptation, which create symptoms and new problems.
6. Problems can be of different levels and types. The level is determined by the degree of the damage of the personality and is a function of the strength of the emotional fixation.
7. The type of the problem is determined by peculiarities of adaptation mechanisms, created by the person to adapt to the existence of the initial fixation.
8. The initial fixation [model one] is determined by the fact that the subject connected in his mind some feelings and/or parts of his personality to have a contact with some object.
9. Liberation from the fixation and the end to suffering may often be achieved when feelings or parts of the personality "invested" before are returned.

Chapter 4. Images and analytical work with them

It is clear from the previous chapter that our aim is to transform “pathogenic” emotional states and images are the means to do it. Images are just a leverage letting to apply an effort for the necessary transformation of emotion. But besides images are an effective means to analyze psychological problems of a person. Because images are the language of the subconscious. It was yet in Sigmund Freud’s psychoanalyses that they were used as material for analyses, first of all for interpreting dreams [20]. Sigmund Freud’s interpretation of dreams is still important. But when you use spontaneous images expressing the emotional state, which the client is complaining about, diagnosing usually comes very quickly.

At first when I started to develop this approach I simply wanted to use images in order to influence the actual negative emotional state thanks to psychological link between image and state. But I was at once disappointed about mechanistic methods of influence on the image in order to change the state. Removing a negative image from the body, its destruction by any means, like burning or burying, changes nothing in the actual state of the client. It may even do some harm if the real problem which made him come, remained undiscovered and is not being solved in the course of working with the image. All such forcible and mechanistic methods are from the point of view of psychoanalyses nothing but psychological defenses, covering up emotional conflict and not resolving it.

Sometimes the client’s accepting a negative image, expressing good feelings toward it and turning it into a positive image leads to curing the initial problem. For that reason the EIT attaches the key meaning to the analyses of that inner conflict and that initial fixation which lead to emergence of undesirable symptoms. The method of influence is chosen depending on “psychological diagnosis” which becomes revealed by “a solidified” in the person’s psyche unresolved emotional conflict, which makes the basis of a pathogenic attachment [fixation].

Images are the primary language of the psyche, the language of the subconscious, they are more closely connected with emotional world than verbal expressions. Verbal influence doesn’t have a very strong connection with emotional world, even if it does influence emotions it does so mainly because of imaginative expressions that are used by writers and poets in their works. Speech is a secondary language of the psyche and relates more to consciousness and social interaction.

The main function of images is to bring information about outside world, to be more exact to model inside yourself some properties of objects, outer space, other living beings. You can “play” with these models of the outside world forecasting future events, rehearsing your actions and assessing other people’s reactions. But this part of images only partly relates to psychotherapeutic work. In fact realistic images are used by psychotherapists too. Arnold Lazarus, for example, reports how imagined trainings [a real game was imagined] helped a tennis-player who had broken his arm to prepare for the would be match [24]. Imagining real situations helps to arouse real feelings in the client, can help work pour skills in your mind. In the EIT the psychotherapist is interested in the images modelling tin inner world of a person, telling something about him, that means images of his fantasies, reflecting feelings and features of the personality that creates fantasies. These fantasies are not accidental they reveal the essence of his inner conflict.

All psychologists are aware of projective methods of studying a person. An individual is offered to demonstrate his imagination by different means: to draw a man, to draw a family, to draw an animal that doesn’t exist, to make up a story about a picture, to finish a sentence, to tell what images he can see in some senseless colored stains and so on. As is known in these creations a person involuntarily expresses his personality, his character and his problems what is necessary is to be able to interpret these creations. These interpretations are not a final proof, but they are based on the experience accumulated by many generations of doctors, as well as on the personal experience of a certain doctor

and his intuition. These interpretations should be confirmed by other information, for example, if you share your hypotheses with the person you test and he will willingly confirm them then the possibility of a mistake becomes much smaller. However, in practice not always you can share your interpretations [for instance for ethical reasons] and this makes your work harder.

The doctor who was the first to use projective methods in psychotherapy was again Sigmund Freud. He created the method of free associations when a client was lying on a couch looking at the ceiling and saying everything that was coming into his mind not hiding anything from the doctor. Not for nothing they say: “He who has pain is speaking about it”.

The doctor made up a picture from the free associations and interpreted this set of seemingly disconnected fragments of consciousness as the result of past events and related to them emotions. Amazed by the insight of the psychoanalyst the patient confirmed that those events and feelings really took place in his life, but he forgot them. He was surprised that those events and feelings in fact were the reason of his neurotic symptoms! After such realization [insight] the undesirable symptoms could disappear. At that time it was a real revolution!

As was mentioned, Sigmund Freud created a method of interpreting dreams [27,28]. He understood that some unrealized desires of a person were projected in dreams. He showed that all images and the plot of a dream are not accidental, they have some hidden meaning which could be deciphered. So a dream provides to the psychoanalyst some very important information about his patient. This information comes out of the patient’s subconscious and in a symbolic way expresses his hidden problems, something that he doesn’t know and even doesn’t want to know about himself. Sigmund Freud considered the analyses of dreams to be “a tsar’s way” to the subconscious, because when a person is asleep his inner censorship weakens and his desires move around defenses and penetrate into the consciousness in an allegorical form which makes the work of a doctor easier.

The meaning of many images of different people’s dreams proves to be the same. It became a truism that the image of a snake corresponds to phallus and the image of a sink corresponds to women’s genitals. But it would be wrong to interpret all dreams only as sex symbols. Even the image of a snake may mean just a snake, if a client was really frightened having met a snake and then having such a dream. Putting questions to the dreamer the doctor specifies the subjective meaning of images and of the whole collision expressed in the dream. Let me explain these points by one example from the book by R. Osborn “Freud for beginners” [29].

A woman asks her psychoanalyst why in her dream she was suffocating a small white dog.

– And didn’t have a conflict with somebody the previous day?

– Oh, no. Just my sister-in-law came. She is so mean; she always says nasty things. I told her: “Go away, I don’t want such a mean biting dog here!”

– And incidentally, isn’t she small and white?

– Yes, she is... And how do you know?

Those interpretations of images which are true of dreams are also true of fantasies, projective pictures, the creations of art-therapy, symbol drama and of the images which you get working with the EIT method. But a doctor must always take into consideration the individual character of the client and what is special about his life situation, not to make a mistake in his interpretations. It is better to put questions to the client which will allow to confirm your hypothesis or will lead you to some new ideas because it is the subjective meaning that the client attaches to his images that is the most important. Standard interpretations can be road-signs, but you shouldn’t fully rely on them. At the end of the book we give a brief dictionary of images, which may be often met in the EIT, and their standard meaning. But it is more important to master the methodology of getting the meaning of any image, because in our practice we constantly face unexpected images or unexpected meanings of familiar images.

But... resorting to dreams while analyzing a certain problem is somewhat difficult for a few reasons. If a client comes to you he seldom has in his mind a ready dream that could be a clue to solving

his problem. Even if he remembers some dream then not all dreams are related to the problem he told you about. They may be of a special local nature. For instance, some conflict could take place at work on the previous day and it was reflected in a dream but it doesn't relate to a phobia that the client complains about. Usually either the interpretation of dreams is specially dealt with or when a client comes to a regular séance under a strong impression of a new dream. During my practice, I interpreted hundreds of dreams and I will give an example of an unexpected and revealing case.

Example 5. "Cut off head"

I was taking an exam in a private institute of higher education. A student, a grown-up woman answered the first question and then hurrying and worrying asked me to explain her dream, that had been torturing her for the past two months. I understood that the problem was very important for her and agreed.

It was a repeatedly coming nightmare. In her dream, she is in some room and wants to get out of it but some people don't let her do it. She can't leave and has to watch how some man is being executed. She sees his neck covered with blood when his head is being cut off. It was horrible... and it repeats every night.

I said that I couldn't be sure but there was no time for a more detailed analysis, but one thing is obvious in her real life she was in a very unpleasant situation, that she wanted to escape from, but failed. It was also clear that she had a very serious conflict with some man.

She confirmed my thoughts but explained herself very carefully.

– Yes, I want now to divorce, but can't do it because I have a baby. It is a year and two months. The main thing is that I don't understand why I want a divorce. But after the baby was born I began to hate him more and more. Though before that everything had been all right with us, we loved each other very much. We had a wonderful sex-life... He has some shortcomings, he is somewhat difficult, but I don't have any serious complaints.

– Maybe he was unfaithful, or beat you or did something else...

– No, no! He treated me very well, but I can't do anything with myself. Why can it happen so?

– It's difficult to say... But often after a baby is born in the mother's psyche the conflicts that happened in her parents' family may come to the surface, because involuntarily she sees herself in her baby. Do you have a girl?

– Yes... My father abandoned the family when I was a year and a half.

– May be a program lives within you that when a baby is a year and a half you must divorce your husband... But I am not sure.

– True, I divorced my first husband when my baby was a year and four months.

– If it is so we can say with confidence that you are following this program.

– And why I hate him more and more?

– You simply want to have an emotional basis for the ready-made decision.

– Goodness gracious! [She grips her head], What a horrible woman I am! What should I do?

Is it possible to correct the situation?

– Come to my séance. We don't have any time now.

Commentary. She didn't come to the séance, and I am not aware of the distant results of this short analyses. I hope she was sensible enough not to spoil her own and another person's life, proceeding from scenarios acquired in her childhood. I am sorry I didn't ask her about what her mother told her about her father and I didn't interpret the execution of a man in her dream as realization of her hatred of her father because he left her... Then it could be clear that her hatred toward her husband is a typical example of a transfer, and it would help her to overcome these feelings. But had very little time...

The reason why it is difficult to use dreams is that not everybody remembers his dreams or remembers only a part of them. Dreams have lots of details, many different images, sometimes even

a number of stories. To decipher content of dreams takes a lot of time and ends in realization, but not every time it leads to cure or to taking the right decision. In the EIT the interpretation of an image is just the beginning of the way to the solution of the problem and the change of the state of the client.

Consciousness is a part of the mental area of psyche, but the problem lies in feelings rooted in subconsciousness. Consciousness can't be permeated by feelings but this is necessary for real changes. It is specially created this way to be a dispassionate observer. The realization must be accompanied by some remorse that is by the desire to change, to remake everything. This is the understanding of your mistakes filled with sincere feelings. But this is not all, you must really do something with your feeling which don't obey your reason. The heart is still loving or hating, you still want something forbidden, you are still feeling pain because someone hurt you... What can be done with it? Psychoanalyses relies only on new insights, on a thorough work on the whole life history from the viewpoint of the basic conflict, on ever more profound realization.

In this sense the EIT has some analytical and corrective advantages over the psychological method of dreams interpretations. We ask the client to create a spontaneously emerging image the one that expresses the emotion which is the clue to his problem [more details are below]. So the created image, as a rule, fully corresponds to the essence of the problem, its interpretation is not really difficult and proves "to hit the aim". Naturally this a bit of a simplification. Not infrequently the work with the EIT turns into a long analytical work with all the "intricacies" of the traditional analyses. Besides, the created image makes it possible to do the corrective work at once guided by the same image. As the image is associatively connected with emotion adequate influence on it will automatically tell on the emotion fixing the problem. As soon as the emotion disappears the problem stops existing any longer. The client thinks that he works with his image but in actual fact he works on himself. Let me give the examples of such quick work in two claustrophobic cases.

Example 6. "A little hedgehog and a drum"

At an instructing seminar a woman psychologist asked me to help her get rid of claustrophobia: "It is not so bad, but all doors in my home are taken off", -she said. The problem emerged after her baby was born, and the baby was seriously ill during a year.

I asked her to imagine that she was in some closed up space, a room, for instance, and to tell me about her feelings. She replied that even just imagining the situation she is very nervous; her hands are shaking and her heart is throbbing. It is difficult to bear this state. Then I asked her to imagine the image of this feeling right in front of her. Without a long consideration, she said that for some reason it was like a small hedgehog who was beating a drum with wooden sticks. At first sight it is nonsense, how can claustrophobia look like a small hedgehog with a drum? However, a hedgehog is always a man, and a small hedgehog – a boy. I asked: "Have you got a boy?" and the answer was affirmative. Then it became clear that the mother's worrying about her sickly son brought about the fear of closed up spaces where she couldn't control what was happening to him. And the drum is the mother's heart that is worrying about the hedgehog.

And how can this problem be solved? Obviously, the fear about the baby is connected with the customary feeling that he is helpless and needs her control. So I proposed: "Obey me, and later I will explain everything to you. In your mind tell the hedgehog that you allow him to be healthy and independent and not to need you support and constant control". She repeated this in her mind several times, feeling better and better. Soon she saw that the hedgehog dropped drum sticks went to another room and played with some toys, he didn't need her control anymore... Her heart calmed down, her hands stopped shaking. The test by imagining her in a closed-up space showed that she was quite calm, claustrophobia passed. Then I offered her my explanations. All the work took ten minutes. On the following day she confirmed the result.

Example 7. "Claustrophobia"

At the international congress that took place in Ekaterenburg under the auspices of the Professional Psychotherapeutic League I managed to remove claustrophobia during just five minutes. This is how it happened... Before the final meeting after which I had to immediately go to the airport, a colleague of mine came up to me and asked if I could receive her friend who very much hoped to get my help... Only ten minutes were left before the beginning of the meeting...

– Aren't you staying for two more days? What a pity, and we hoped...

– Invite your friend at once, sometimes you can say something important during ten minutes only...

She ran... and found her friend at another seminar. We took our seats on the center of a large hall, where different lessons were taking place in different parts of the hall.

It turned out that the young woman has been suffering from claustrophobia since her childhood. She is afraid to be in a lift, in a closed room, when there is no one near her. I asked her to imagine herself to be in the lift and to describe the symptoms of her fear. Being in an imagined situation she felt rapid heartbeat and breathing, fear bordering panic, and the coming fainting. I asked her to imagine these symptoms as an image sitting on the chair in front of her. The image was surprisingly calm, not aggressive and fear was not revealed in it. It was some furry creature looking like Winnie the Pooh that was looking at the client with some expectation. It became clear at once that it was a part of the client's personality that evidently felt a kind of emotional dependence and was waiting for something. And if so it could be the childhood state of the client [the Inner Child], it means that in her childhood the client had some emotional problems, connected, no doubt, with one of the parents, most probably with the mother. If this image is connected with the state of fear, then it is the child's fear. And what can be the fear of a child who is looking expectantly? Most likely this is the fear of being alone, the fear of being rejected! I pondered a little, and then the client offered:

– Maybe I should send it away? [She didn't understand that it was the image of herself in her childhood]

– By no means! [The experience shows that such offers express the hidden conflict attitude to the Inner Child]. On the contrary, tell it that you will never leave it never reject it. That you accept it totally as it is. This is for experiment. I will later explain.

– It is getting smaller.

– Repeat the same words one more time... How are you feeling?

– I am feeling better, the fear diminishes. Now it has turned into a wooden doll lying on the chair. [The image of a doll means regression to the age of a suckling baby.]

– Keep on repeating the same...

– Oh! [She looked surprised.] For some reason it got into my breast and dissolved there! [It means that she accepted the Inner Child as a part of her personality and by doing so removed the conflict with her childhood part. If this conflict was really the phobia's cause, then the feeling of fear must stop.]

– That's fine, I will explain it to you later. Imagine again that you are in the lift... What are you feeling?

– ... [She looks surprised even amazed, as she couldn't say a word]

– Is there no fear?

– No, there is the expectation of fear...

– This is just the habit, but there is no fear. Your problem has been solved. Your claustrophobia is your childhood fear of being alone. A closed-up space provokes your fears of being alone. Some time ago you probably had some injury. Did your mother do anything in the wrong way? If you wish you can tell me but it is not necessary.

– Yes, I was always afraid to stay alone. If there is somebody near me I am not afraid. In my childhood I was always waiting for my mother's return from work... [She was crying.]

– Don't ever send away you Inner Child, he wouldn't feel alone anymore! Do you like this result?

– Yes, I do! [She rushed to embrace me still crying.]

I wished her all the best in her life, hoping for a future meeting. Still a few minutes were left before the beginning of the meeting, I was not late...

On the next day her friend called me by cell phone, she confirmed that everything was all right.

These two examples are given to show how quickly and easily the analyses of a psychological problem and its correction can go on with the help of the EIT. As doctors say: "The one who diagnoses well, treats well". These cases also illustrate the principle, that when you work with the EIT "the cure" happens here and now, if the correcting influence is used adequately. But to be able to get such results one must know a lot, quickly analyze problems and train one's intuition. The work of the doctor that we can see is only "the above-water part of the iceberg", its effectiveness is determined by having and correct using of "the under-water part". So not always things happen so easily and quickly, often the image analysis is long and hard. Not everything depends on the doctor, 80% of success is provided by honest and concerned work of the client.

1. Spontaneous images

The EIT method is based on the certainty that something accidental doesn't really happen by accident, and spontaneous images created by the client, that express his feelings and his psychosomatic state, demonstrate exactly the problem which gave rise to this undesirable emotional and psychosomatic state. Every séance confirms this principle as well as all other projective psychological methods.

But the first question that is posed to me during seminars is: "Are all people able to easily produce images?"

Yes, certainly. All people are able to do it. If a person wasn't able to operate imagined images, he wouldn't have finished the primary school. There they asked him: "If you have two apples and you give one to Vasja, how many apples are left?" Visually imaginative and visually active thinking is more simple and easier to understand than abstract-verbal. We have already said that images are primary language of our psyche, created by nature itself.

All people have dreams, our psyche creates absolutely ingenious stories, makes "movies" about ourselves, and we must use these abilities. We try to use spontaneous images which are created by the subconsciousness, they are most truthful. For that reason we ask the client to tell us about the very first image that comes to his mind, proceeding from the principle what occurred will do.

Another thing is that not all people want to use the language of images. There are a few categories of inconvenient clients.

1. A highly intellectual man with a technical mindset. This type of people usually tries to speak at an abstract-logical level treating himself as a mechanism. He doesn't trust freely emerging images, he wants to logically substantiate everything, to work consciously, to discuss versions, to control the process. He is careful not to plunge in the world of emotions, his technical mindset made a comfortable niche where he can avoid any contact with the irrational part of his personality. The problem is that his problems are in the irrational world of emotions, and it's right there that he doesn't want to go. According to Sigmund Freud, he is disposed to psychological defense called "intellectualization". People with obtrusiveness are also disposed to such defense.

Sometimes it helps if you tell such an English anecdote and it is to the point:

A drunk man is looking for something in the park under a street lamp. A policeman comes up to him.

– Sir, what are you looking for here?

– Well, I've lost my keys over there, in the park, I can't get into my house!

– But sir, why are you looking for them here if you lost them there?

– But it is dark there!

You can say that the EIT method gives to the patient a hand flashlight so that he could look for something where it is dark.

2. Any other clients who are suspicious about psychotherapy. They are afraid to trust the doctor, want to expose his incompetence, to contradict him. They perceive therapy like struggle. They realize that creating an image they reveal themselves and it is just this that they are afraid of. You have to spend some time to win his trust and create the atmosphere of cooperation.

3. Clients who create images but don't associate emotions with them. They discuss and dream up but they don't feel. They work but as if from the outside towards themselves, which means that nothing happens to their feelings. You must switch over to discussing the reasons why they avoid having real feelings.

In every case when images are difficult for the client to create it is the sign of some worry [the ways to facilitate creating images are discussed below], or some defense mechanisms. So as psychoanalysts realized before, if you face a defense or resistance you should focus on this defense or

resistance. This can be discussed verbally but it is better to ask the client to create the image of the defense preventing the creation of images, to find out how it works and for what purpose and so on.

But in the final analysis, if this method doesn't suit somebody it only means that he is deprived of the opportunity to use its advantages. If he wants to get the result he must try and if he wants to find a more suitable method then let him try. The choice is very big today, and every person can find what he likes more, what will prove more effective in solving his problem. We don't claim that we have created a panacea. In medicine in

general a lot of people look for their method and their doctor, even the right diagnosing may be a very complicated task.

The second question that is usually asked is where you can find a full list of images and their interpretation. I have already mentioned that there are special reference books on this matter, there is a brief dictionary of images in this book too, but it is not enough. The question should be asked in a different way: how to analyze images? In our method there are no mechanical ways of analysis, the work is always creative, but there are main principles and methods of image analysis.

The following methods may help:

1. The study of sensory qualities of an image. At first the doctor asks the client to describe the image in detail. If it is a tree then what kind of tree it is, trees may be different... If it is a stone then what its form is, its color, its weight. If it is a dwarf then how tall it is, how it is dressed, how his face looks. For example: You said it was a stain. What kind of stain? Stains can be different. Is it big? What about its form, color, consistence?

In determining the character of an image its color is very important. According to the color definitely positive colors are shining, silver, gray, sparkling, transparent, blue, light-blue, golden, rainbow, white, pink and so on. But color alone doesn't reveal the meaning. Sparkling colors definitely have the emotional tone of joy. All nature images are positive: trees, grass, soil, flowers and so on. Intuitively all people think that black colors are by all means "bad". This is not true. Black soil, for instance, is quite a positive image. But other black images may simply hide their real meaning. For example, a black imp is the image of a mischievous, naughty child. But doesn't mean he is bad. "Bad" colors have the tone of poison, they are rotten, annoying, oppressive and so on. The same is true of disharmonious sounds. So are all stinking smells, like that of burning rubber. Kinesthetic feelings – pressing, causing pain, prickly, tearing feelings, that of something alien. The feeling of emptiness, of being drained, of lacking something.

The main thing is the emotional meaning of an image.

2. The interpretation of the meaning of an image according to past experience. We mean the experience registered in some reliable enough dictionary of images or the experience of the doctor himself, gained during his work with other clients. Often such knowledge helps to solve "a riddle" at once, but as we say – "trust, but check"!

3. The subjective meaning of an image. When an image is quite clear in his mind the doctor starts "to try it on" the symptoms that the client is complaining about. He tries to understand the hidden meaning of the image and the emotional conflict it holds. For example, if you speak of fear, Does the image embody the part of the personality that feels this fear or the dangerous object? What is he afraid of? How does it embody the frustrated demand? And so on. The doctor has already got a primary hypothesis explaining the meaning of the image and its place as a visually expressed emotion. Other information that he got from the client during the preliminary conversation contribute to that.

The qualities of the image can prompt the doctor what kind of problem is expressed in it. For example, if the client imagines Pinocchio, we know that it is a wooden boy, it is an image of the Inner Child. "woodenness" means lack of flexibility, tension in the body, suppression of feelings, mechanical quality of life, stubbornness. Comparing these qualities with the appearance of the client, his life history the doctor may suppose that in his childhood the child was exposed to physical or

moral violence, he was intimidated, he was stubborn he was repeatedly punished, but he kept on defending his independence. He didn't want to study and was inclined to running away from home, to adventurism and demonstrativeness.

You can make these ideas more precise asking the client about his childhood, some of these ideas may be confirmed some – not.

4. Questions to the image. Following the hypothesis if it hasn't become the certainty, the doctor asks questions that allow to know the hidden meaning of the image. The client is asked to tell anything that comes to his mind even if it seems a complete nonsense. The most frequent questions are:

- What would the image tell you if it could talk?
- What is it feeling, what is it thinking about?
- What is it doing to you, how does it influence you?
- Why is it doing it, for what purpose? Why is this purpose necessary? And so on.
- What would like to do with it, what would you like to tell it?
- Did you have a man in your life who behaved as this image?

5. Identifying with the image. If the hypothesis doesn't become clearer, you can ask the client to sit down on the chair on which the image was projected and to imagine himself to be this image. Then you put questions directly to the client who identified himself with the image. Client aren't always willing to do it; their reluctance means that the image is connected with some very strong negative emotions. But this method of actor-like reincarnation makes it possible to reveal profound subconscious meaning of images. Sometimes the doctor does it to help the client understand something that is already clear to the doctor.

6. The doctor identifies himself with the image or with the client's role. Sometimes the doctor can sit down on that chair acting as the image or as the client. Becoming the image created by the client the doctor can realize more deeply what its real meaning is, and what the feelings it expresses are. Becoming the client, the doctor can perform true relationships between the client and the image, expose the real conflict. "I will be you and you press on my shoulders as this image does. What are you feeling doing it? Why are you doing it?"

7. Research experiment. In some cases, you can ask the client to tell something to the image, to impact it in some way, in order to see how it will influence the image. If the hypothesis is correct the image will change in the way the doctor expected, otherwise the hypothesis will be specified. Some emotional reactions of the client can be expressed; they will reveal the meaning of the problem. We call it a therapeutic experiment.

Example 8. "Depression from love"

Once a young girl suffering from depression came to me for a consultation. She had been taking medicine for some time already but was getting worse. I found out that before the depression started she had broken up with her boyfriend who was from her point of view "too much of a child" [they both were 18 years old]. She tried to reform his character but failed... I suspected that the problem was the break up with the one she loved, but the girl refused to believe it.

Then I advised her to imagine that the young man was sitting in front of her, and then to tell him that she would love him as he was and wouldn't reform him. She felt better at once... I asked to repeat those words again and again. The depression passed right before our eyes, but she still refused to believe it. "Tell me honestly, – I asked, -you love him very much, don't you?" "I do, very much!" – she confessed. When she was leaving she said: "Thank you so much!" The depression disappeared, she stopped taking medicine, the result remained a year later.

Commentary. This case shows that you can use images of real people, not only of emotional states, if this is determined by the hypothesis and the supposed solution of the problem.

8. Creating additional image. You often have to create additional images. If, discussing his fear the client created the image of shaking jelly, it easy to understand that this image is a symbol of just

his fear. Then the question arises: who is frightening him? That image becomes more important. For instance, it may be the image of a gorilla and the gorilla is beating a child. Then you have to establish who of the parents [or other people] beat the client in his childhood. The doctor gets back to discussing the client's childhood and looks for ways to remove the held-up emotions.

9. Analytical “mosaic”. The doctor always keeps in his mind three realities: image reality, the reality of those feelings and relationships, that are partly expressed in images, and real events in the client's past that gave rise to sustained pathogenic feelings.

He asks the client to work with images, but understands that the real task is to change feelings, convictions, conflicts and so on, which exist in the inner world of the client. He watches psychosomatic manifestations of the client and compares all this with the client's personal history and his demand. So image analysis is a complicated intellectual work, carried out here and now, so to speak, “on-line”. The analysis is conducted according to the psychological hypothesis of the doctor.

10. Dialogue a la Socrates. When the doctor understood [or not quite understood] the essence of the main inner conflict of the client, he asks questions the aim of which is to lead the client to the exact understanding of the source of his problems. For this purpose, the method of the dialogue a la Socrates is used. As is known, Socrates could put questions to even an illiterate person in such a way that he was bound to come to the right conclusion and discovered a great truth. No doubt, Socrates knew this truth before but he helped it to appear in the mind of his opponent. In actual fact these questions presuppose a forced, evident answer. A chain of such questions leads to insight! That is why we say that truth is born in argument [but it's more correct to say in dialogue]! Applying Socratic method the doctor may lead the client to self-knowledge and self-change, naturally if the client accepts this process.

11. Impacts and interpretations. At the moment when the doctor is sure that he understood the real cause giving rise to suffering, and the image of this cause is clearly manifested here and now, he can give his explanation [interpretation] of the problem. After that he offers the client to use one or another means of impacting [see below] the image of the cause to adequately resolve the initial dynamic conflict.

At this point the pace of the work and current feelings are very important, if you lose the moment the vital feelings will go away, the image will lose touch with emotions and the impact on it will be useless. For that reason, sometimes you shouldn't spend time on interpretations. But it is quite necessary that the client agree to some actions with the image and take these actions himself in his inner world, informing about the results. The doctor assesses these results as confirming his hypothesis or disproving it. The work with the image goes on in the real-time, the doctor follows the dynamics of the client's feelings and his psychosomatic reactions in the course of the impact. If the dynamics of the changes are positive, he offers to repeat the impact several times, until the full positive change of the image and the state is achieved. If the result is negative the doctor interprets it too, then this impact can be canceled and a new impact of a completely opposite meaning may be applied. But the reasons of the initial failure are analyzed and sometimes it turns out that in spite of the explanations and clear instruction, the client did everything in the opposite way. For example, the doctor asked him to accept the Inner Child but the client rejected it again. The reasons of such actions are again analyzed together with the client.

The interpretations are often given later when the correction is successfully completed. Though, when the individual work lasts long and consists of a number of séances, numerous interpretations and explanations are given, many impacts are made which let remove layers of psychological defenses and delusions one after another.

Different technics, which will be described below, may be used to correct the problem revealed. A special chapter will be devoted to these technics. They are used not automatically but according to the meaning of the problem. The methods of correction themselves are essentially emotional impacts, not just “technical” changes of images.

12. Working with resistance. A client is often resistant to realizing something about himself and changing it, even though he says he seeks self-knowledge and recovery. We have said already that in keeping with the principles used in psychoanalysis, we analyze the resistance itself. Usually we ask the client to create the image of what prevents him from understanding and changing himself. Then this image is studied as all others.

For example, a woman participating in the work of a therapeutic group, who usually answered my questions promptly and without thinking, suddenly started “to brake”. The reasons of that were not clear and I asked her to present an image of her “braking”. For some reason, it was the image of a three-year-old girl. Then I asked her to sit down on the chair where the image of the girl was projected and identify with it. When she did so her “braking” became even stronger, she stopped answering my questions altogether: why? what for? I guessed and asked: “Who are you braking for?” She answered at once: “For my grandmother!” Then I found out that at the age of three the girl was brought up by her authoritarian grandmother and resisted her by passive stubbornness. It turned out that her resistance to me as a doctor was the transfer of her resistance to her grandmother! In psychoanalysis, it is considered that the realization of the fact is sufficient for removing the resistance, but in actual fact it is not true, because the initial conflict is not resolved. Because of that we went another way, we offered this woman to tell her grandmother on behalf of the girl that she is clever enough and doesn’t want her grandmother’s lectures and pressure. After some repetitions the girl [and the client in the same person] felt full liberation from the grandmother’s influence and “the braking” stopped.

My student Irina Tabolina offered her original method of working with resistance. When the client, having identified himself with the image, doesn’t answer questions, doesn’t see the image and doesn’t feel anything, she asks him to stand up from the chair, move behind the back of the chair and tell who he is and who doesn’t let the client speak. If the client is still silent, he is asked to make another step back and stand behind the back of the previous imagined character. He is asked once again who he is and why he doesn’t let the client speak. This process sometimes continues as far as seven steps back. But sooner or later after one more step the client begins to speak, and then it becomes clear which parts of his personality or images of other people stopped him from moving forward. After that the resistance stops.

Other methods of work with resistance are also possible, for instance those which are traditional in psychoanalysis and in other therapeutic modalities. For example, you can praise the client for fortitude and resourcefulness that he displayed showing his resistance. You can say that he is awarded the honorary medal “Hero of Resistance”. You can conclude an additional agreement with him: “I will gain success in therapy even if my mother [my father] and my doctor don’t like it”. After that the resistance diminishes or completely disappears.

2. Creating the hypothesis

We have already said that the whole study of images is conducted proceeding from a hypothesis, that in some way emerges in the mind of the doctor. It is necessary to pay special attention to this process as everything depends on it. How does a hypothesis appear? This is a creative process and it can't be fully discovered. But we can explain what a hypothesis is and define some important prerequisites for it to emerge as well as the procedures of its verification.

A hypothesis is a well-grounded supposition of the consultant about mechanisms and the psychological reason, that gives rise to the client's problem. In the course of the work the hypothesis turns into a sure knowledge.

In literature, there is practically no information about how a therapeutic hypothesis is created. It is connected with the fact that, as it was said before, it is nearly impossible to describe the creative process that leads the doctor to his guesses. Besides a hypothesis is created on the basis of this or another theory, that's why hypotheses may be different and the process of creating them differs in different schools. However, we will try to fill this gap as much as possible, despite differences in schools.

A well-formed hypothesis contains the answers to the following questions:

– What unrealized [frustrated] desire [or attraction] of the client gives rise to the problem under study?

– What is the nature of the barrier that doesn't let achieve the desired?

– Which conditions or events of the client's past were conducive to the origin of the conflict?

For example, a client has the fear of water. The imagined gradual plunging into the water showed that the fear comes when the water touches her throat. It seems to the girl that the water can strangle her. To the question if anyone ever strangled her in the past she answered in the affirmative: "A man attacked me in the dark park, tried to strangle me. But some people were passing by, so he got frightened and ran away". She is afraid of dark alleys too.

The hypothesis is obvious:

a) the frustrating need of security;

b) the barrier to feeling safe and secure is her past experience, when the client couldn't defend herself, felt helpless and frightened. The fear materializes in the situations which, by association, make her remember the trauma [water touching her throat or dark alleys];

c) the event that caused the fixed state of fear – the attack of the maniac who tried to strangle the girl. The memories don't come by themselves probably because they were ousted, the emotions are experienced without the realization of their connection with the initial situation.

The final check of the hypothesis happened after using the method of restructuring of the past experience. For this purpose, the client was asked to imagine herself to be strong, invincible and doing with this scoundrel all she wants. She beat him till felt fully satisfied, and he [in her imagination] didn't run away. She felt that she was not afraid of him any longer, the imagined plunging into the water didn't frighten her either. In her mind, she could plunge into the water not only to her throat but even with her head underwater and she didn't have any fear. This confirms that the hypothesis and curing actions were correct.

This case is quite simple to analyze, that's why it is given here as an example. But even here you can notice that there appear some new aspects of the hypothesis. For example, the idea is raised in what way the past experience gives rise to fear and why the client remembers only emotions and not the traumatic situation.

A hypothesis can have many additional ideas explaining:

1] in what way inner psychological conflict originates symptoms;

2] what the meaning of every symptom from the viewpoint of its place in the structure of the problem as a whole is;

3] why the client doesn't understand some psychic phenomena;

4] in what other way the inner problem can tell on the client's life;

5] what forms of adaptation the client uses to avoid facing the problem;

6] what he gains from the existence of the problem;

7] how the problem is connected with the character of the client of some particular features of his parents' family and so on.

For example, if you answer points 1—4 about the previous story, you may suppose;

1] that the client has distorted relationships with men;

2] that she doesn't only refuse to go into the water but develops a pseudo theory that something is "happening with her head";

3] that she has a closed character, that's why she didn't tell anybody about the attack;

4] that she displays a helplessness complex in other situations and so on.

You can verify these suppositions asking the client additional questions, but they may be unnecessary because the main reason is clear and the treatment has taken place.

The given example, however, doesn't reveal the process of creating the hypothesis, you may say that it just "fell" in the hands of the doctor practically in the form of clear knowledge. So, we should reveal not only what the ideal form of a hypothesis should be but also how it is created and checked.

1. First and foremost, the basis of creating a hypothesis is a certain psychotherapeutic theory. It may be psychoanalysis, Alfred Adler's theory [30—32], transactional analysis of Eric Berne [33—36], gestalt therapy [37—39], Victor Frankl's logotherapy [40], and so on. Usually a doctor naturally advocates one definite concept and creates a hypothesis in the frameworks of concepts used in it. But he may use another theory most suitable to explain the given case. Such eclectic approach seems to be most sensible at present.

2. The awareness of the so called particular models facilitates the search for an adequate hypothesis. These models readymade theoretical constructions which exist in scientific psychotherapeutic world. They explain the origin of different symptoms. The doctor tries the patterns known to him to explain the phenomena he faces and chooses the one that is most suitable, checking it by asking test questions. A lot of such models are described in my book "Psychological counseling. Theory and practice" [5].

3. The knowledge of different therapeutic cases also helps the doctor. New cases may be somewhat similar to those he had in his practice before. Or it may remind those he read about in literature. Or those he watched in the work of other professionals, for example when he studied in a group.

4. His own practice of being a client in the course of the so-called learning therapy. He solves many problems by analogy with problems he solved before, using the whole arsenal of methods of the professional instructing him. Gestalt therapists joke that "the client always brings us our problem". For that reason psychotherapy cures the psycho-therapist himself, and curing the client is a by-result. But there is more truth than humor in this joke. The doctor always applies the client's problem to himself, if he can solve it for himself he will solve it for the client too.

5. The doctor is also helped by broad erudition, the knowledge of philosophy and religion, just great life experience, being familiar with various life collisions and people's characters.

6. The doctor is led by intuition, his ability to empathy, using the feeling of emotional resonance with the current state of the client, his ability to put himself in the situation of the client, being attentive to details, meditations leading to insight.

7. Finally the doctor must be very shrewd and have a great intellect. His work at the stage of creating a hypothesis is like the work of an investigator. Among detectives you can meet a Sherlock

Holmes and a useless Lestrade, the same may be true of doctors. You should train your professional and psychological thinking.

8. But probably the most important thing that helps a doctor is the skill of looking for “evidence”. In psychoanalysis this is the method of free associations and dream analysis, in A. Adler’s therapy it is the analysis of early memories, in therapy through emotions and images it is the work with the images of emotional states, in cognitive therapy this is registration and analysis of automatic thoughts and so on.

A ready hypothesis originates very seldom. At first it is very vague, then is verified and checked. They are collected as parts of a mosaic from very different sources. To collect them you use various methods allowing to extract the necessary information out of the subconscious world of the client and from the anamnesis. But you should remember that you can get part of the information by asking simple questions about the life story of the person. A client may deliberately hide some information, he may distort some information, and he may simply not know something about himself. We gain some information watching his non-verbal behavior, and some we “calculate” analyzing the facts given by the client.

We have already mentioned that in the EIT the main source of “evidence” are images produced by the client, when he is asked to imagine how feelings and emotions look. For example, a girl complains about the pain the whole left part of her body. She is asked to create the image of what causes this pain. In surprise, she said that she saw her father who is shouting something in her ear and she didn’t want to hear it. The reason of her psychosomatic state becomes quite clear, though you can still ask her many questions clearing up her relations with her father and they will probably take us to her distant childhood. To correct her state, I asked her to offer her to tell the image of her father: “Shout, shout louder, I want to hear you better!” In surprise, she confirmed that “the father” calmed down and the pain she felt passed. Because the pain originated from virtual struggle with the opinion or her father whom she was afraid of. When the struggle stopped, the pain disappeared.

But whatever method a doctor uses he collects the necessary and sufficient information about how the problem reveals itself at present and in the life story of the client and tries to make one whole of it from the point of view of cause and effect. If the picture he created lacks some parts, he asks additional questions to fill these gaps. All methods like those of free associations or creating images are just ways to ask the right question. The task is to get answers to key points of the hypothesis, enumerated above, which must be revealed.

Let me give an example that will show clearly the stages of creating a hypothesis and its verification, besides it illustrates our principles of working with the problems of “the Inner Child” [see below].

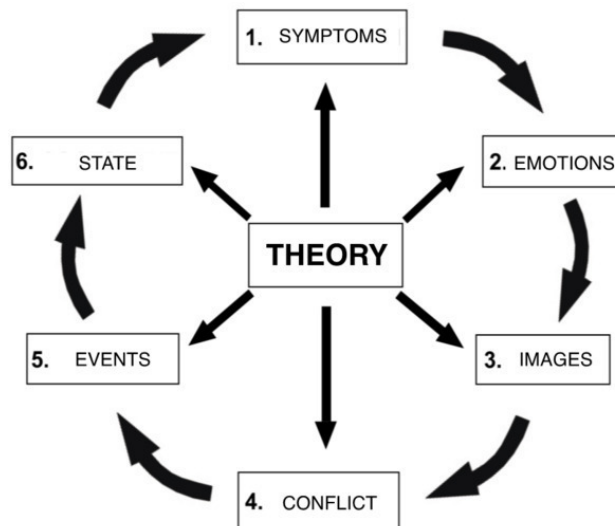


Fig. 4. Creating a hypothesis with the help of theoretical structures unites in one system: symptoms – emotions – images – inner conflict – past events – chronic negative state.

Example 9. “A nasty rat”

At a seminar a student asked me to help her solve her problem. She dealt with gestalt therapy, asked the gestalt therapist to help her, but he failed and she was disappointed. She agreed to solve her problem in the presence of all her student groupmates. She complained about feeling inner weakness, apathy, but her main symptom as she thought was “the fear of her stomach”. In other words, there were some unpleasant feelings hidden in her stomach, like some tension, some fear and these feelings became stronger when somebody touched her stomach, even if tis somebody was a friend. She struggled with this feeling she even made a hole in the area of her navel for a ring, but nothing helped. She was also tortured by the thoughts whether or not she would be able to have children in future [she was 20 years old and not married yet]. Let’s call her Kate.

I asked her to create the image of this “fear of the stomach” on the chair in front of her. She said at once that it was a nasty dirty rat with a long tail. The rat wanted to eat something in her stomach, some black spot. It was this spot that was afraid! So the symptom [it was fear] turned into an image.

- Ask her why she is doing it?
- For me not to exist...
- Why is it necessary that you not exit?
- It simply wants me not to exist...
- Why?
- Because I am unnecessary, not wanted...

Commentary. Evidently, “the rat” expressed the hidden desire of the girl to die [the hidden suicide]. Most often it appears under the influence of something the parents say or do, which have the meaning “don’t live”. The feeling that that you are not wanted is the result of those words or actions. What was left was to learn how it happened...

- Tell me since what time and why you feel not wanted?

– Always. Because my parents didn’t want to have me, I was not planned, my mother wanted to make an abortion. I was the last born, extra, they had had children already, they didn’t want any more children. The more so because when I was born they had a very hard time, they had very little money. Later, though, they all loved me and they love me now, love me very much both father and mother. Nevertheless, I am always trying to oblige them, to make them like me, to justify, somehow, my existence. [The hypothesis is confirmed].

– [Addressing the students] In theory we call it “the myth of birth”, I told you about it in my lectures. The child takes on himself the guilt for his being born “at the wrong time” or for “the wrong birth”. As a result, depression and hidden desire of suicide emerges. In fact, you have already said about your desire not to exist...

– I am ashamed to admit that it is true. At the same time I understand that it is not right. [The hypothesis is confirmed]

– Do you understand that the rat is doing in your stomach exactly what your mother didn't do? I mean the abortion – the rat is biting out the ovule that is frightened?

– Yes, I understand... [The hypothesis is confirmed]

– Do you want to get rid of autoaggression, embodied in the image of a rat?

– Yes, certainly! But I don't know how...

– In this case I recommend you to tell this rat, that you will not destroy it or send it away or reject it. Tell it that it is good, and you accept it as it is, that you need it. Tell: “You are a very necessary for me rat”.

Commentary. By that time everything had become clear and the hypothesis became certainty. The symptom turned into the image of a black spot and a rat showed the conflict, the reason of the conflict was confirmed by memories about the corresponding events in the client's childhood, which generated the chronic feeling of being not wanted. This feeling pushed the client to the hidden desire of the suicide and “the fear of the stomach”. The recommended impact must remove the chronic feeling of being not wanted and then all other consequences. The rat is the image of a rejected child who makes a symbolic abortion for the beloved parents. The whole of this scheme corresponds to the theory of Mary and Robert Goulding [34], students of Eric Berne, about the emergence of depression and a hidden suicidal desire.

– Shall I tell it aloud or to myself?

– Better to yourself... But tell me what is happening to the rat while you are telling it this.

– [She is working for some time in a concentrated way.] The rat is getting smaller.

– And are you feeling better or worse? In the stomach?

– Better...

– Then keep on telling it the same words...

– [She is working for some time.] Now there is a puppet instead of the rat.

– Do you like it?

– It is very nice.

– Oh! Your eyes started shining! How are you feeling?

– [Confused, but smiling happily.] Very well. I don't know why, but I feel hot, as if something warm entered me.

Commentary. A warm attitude to yourself which tells even on the physiological level returns.

– Do you like this puppet? Do you agree to accept him for good, as a part of your personality?

– Yes, of course!

– What are you feeling in the stomach area?

– Excellent! No tension. The feelings are fine.

– Imagine that somebody touches your stomach, young man, for instance...

Commentary. This is the verification of how actual the changes are with the help of an imagined situation. The hypothesis was confirmed once and for all.

– [Looking confused.] Everything is fine. No bad feelings.

– Do you want these changes to remain with you forever?

– Certainly, I want it very much.

Commentary. The sincere consent of the client is sufficient for a final fixing of the results. Now explanations may be given, they will not cause resistance.

– Now I'll explain to you what happened, if you don't mind... There happened the rejection of the Inner Child as the result of your feeling yourself not wanted and not needed. The Inner Child began realizing the subconscious desire of self-destruction, that is abortion. So the Inner Child turned into a repulsive aggressive rat, attacking your stomach, and the stomach instinctively became tense. That is why you started to doubt if you will be able to have children. Now that you accepted your Inner Child it became your friend, autoaggression stopped, the tension disappeared. This is actually all...

If you have questions or doubts about the results, we can continue...

– No, everything is clear. I feel fine and I know that I will like that in future... I turned to another doctor and was very disappointed. Thank you so much, I didn't believe it was possible.

– Well, wonderful, then the séance is over.

In about two weeks I asked her how she was feeling and got another confirmation that everything was all right.

Commentary. The séance took 15—20 minutes, we solved the problem that was a most important problem for all the further life of Kate. A year later Kate gave birth to her first baby and came to her classes with a pram.

3. Verification of a hypothesis

The verification turns the hypothesis into a certainty. When the hypothesis is fully formed, it may be explained [but you shouldn't do it every time] to the client. The confirmation of the hypothesis by the client is an important proof that it is correct. But the doctor can find some confirming arguments by other means too. It may be particularly important when your hypothesis may antagonize the client or elicit his strong resistance, in this case you shouldn't share it with him

The doctor can "calculate" the consequences of the problem in different areas of the client's life and make sure that he is right by asking questions. For example, if you suspect that the client suffers from some obtrusiveness, you can ask him if he does some senseless rituals to protect himself from some accident or if he suppresses his sexual thoughts. The client may confirm he is surprised by you being so shrewd.

Example. One day a woman called me about her teenage daughter's hysterical behavior. Still on the telephone I told her: "But you don't love your daughter because she is like her father whom you divorced". She was shocked by my shrewdness, as she didn't tell me anything about her former husband, and about his likeness with the daughter. I diagnosed this psychological case by some little indications: the way she spoke about her daughter, as she didn't mention her father, by the style of the hysterical behavior of her daughter.

As we have already said when working with images the verification of the meaning of images and the confirmation of the hypothesis may be a kind of mental experiment, when a client influences the image in some way, and the result of this impact which you control, is the answer to the question whether the hypothesis is correct or not.

The criterion of the rightness of the hypothesis is the successful solution of the problem on the background of this hypothesis. This is its final confirmation. Though in case the solution was not achieved, it's wrong to make a conclusion that the hypothesis was wrong. The correct psychological diagnosis paves the way to success but doesn't guarantee it.

Summary

1. Different trends in psychotherapy work with images.
2. Most interesting are dreams, pictures and fantasies which involuntarily reflect the personality and its problems.
3. The images created by the client are interpreted on the background of the experience of many generations of psychologists, images speak about the things which the client doesn't notice in himself.
4. To deeper understand the meaning of images the doctor makes a special research analyzing images together with the client.
5. While analyzing images the doctor is guided by a hypothesis, which takes into account symptoms, the client's life history and special features of images.
6. In the EIT the client is requested to ask the image about something as it was a living thing, to assume its role and on its behalf to answer questions of the doctor.
7. You may often use not one but many images which become revealed during the analysis.
8. When the meaning of the image is clear and it reflects the emotional state most important for this problem, the doctor asks the client to influence the image in some way and it is the means of solving the problem.
9. If the influence is effective it is repeated till the clear therapeutic result [100%] is achieved.
10. Images and symptoms are the basis for creating a therapeutic hypothesis. The hypothesis makes it possible to analyze the problem more exactly and adequately.
11. The hypothesis is created on the basis of different theories and private therapeutic models as well as the doctor's experience.
12. A well-formed hypothesis contains answers to the main questions:
 - What unrealized [frustrated] desire [or attraction] of the client generates the analyzed problem?
 - What is the nature of the barrier not allowing the client to realize the desire?
 - What conditions or events of the past promoted the conflict?
13. On the basis of some theory the hypothesis unites symptoms, feelings, images, the supposed psychodynamic conflict, past events, chronic negative state, generating symptoms. It is verified by additional questions and watching non-verbal behavior of the client.

Chapter 5. Main stages of the process of the therapy through emotions and images

In general, the EIT method may be described in the formula: a negative feeling – an image of the feeling – the analysis – an emotional transformation of the image – a positive feeling. But this description is not sufficient. In a more precise way the therapeutic process in the EIT method may be presented as a succession consisting of ten steps.

The first five steps [or stages] may be defined as an analytical phase of the work, when the main psychological conflict becomes revealed. The following five phases are devoted to the transformation of the emotional state, which generates the existing problem, verifying and fixing the result achieved.

At times, certain transformational actions with an image may be just a stage in the analytical work. Or with the help of these actions some intermediate results are achieved, and they are steps to achieve the final liberation. A chain of images connected with the problem may be made and a whole series of actions may be performed. Everything depends on the “entanglement” of the problem and the sincerity of the client. But the final solution is always simple in meaning and in implementation, it always stops pathogenic fixation and at the same time constant production of pathogenic emotions. Only emotional in their content actions with images can lead to effective transformation of the image and solution of the initial problem. The process goes on in real time that is here and now.

The EIT may be conducted both individually and in a group. What is typical of group work is that therapeutic work is conducted with one member of the group, on his request but in the presence of the group. Watching the therapeutic session other members of the group often resolve their own problems by analogy with the case discussed. They learn to understand other people and themselves better. The EIT has the advantage of being visual, the whole structure of the client's psychological problem becomes absolutely evident for the observers due to its image expression. This is a good way of teaching students and practicing psychologists.

1. General scheme of therapeutic work [10 steps]

1. Preliminary conversation

As in all therapy trends before you start changing the state of the client you get to know him, clear up the problem, gather information about his life history, conclude the contract. All these therapeutic work principles are well described on literature so will not specially dwell on them here. The result of the initial talk in the EIT must be clear identification of the important feeling or state which the client feels as undesirable, causing suffering and being the “center” of the problem discussed. You also discover the problem situation [critical situation] in which this symptom appears. In the course of further work you may come back to the initial conversation, if some circumstances of the client’s life or his intentions are not quite clear.

Even at this stage some hypothesis of the client’s problem structure must appear, the hypothesis about the main impulses requiring realization and about the barriers on its way. In every case the hypothesis must include the idea of the chronic emotional fixation on the basis of which the system of adaptations and corresponding functional disorders is based [see above].

2. The symptom’s manifestation in an imagined critical situation.

For further work the symptom must be clearly demonstrated here and now. That is why if the symptom doesn’t show itself at the moment the client is asked to imagine himself in the situation when he has this feeling. For example, if he suffers from claustrophobia he must imagine himself to be in a closed-up room. The situation in which the symptom reveals itself is called critical or problem. After the successful completion of the work the same situation helps to verify the result achieved. This point wasn’t included in the work scheme before, though practically it was always done that way. Now we correct this in accuracy.

In some cases, which are quite rare the critical situation may cause such a strong emotional response of the client that he will feel bad and the work will be impossible. If there is such a risk or strong emotions begin to reveal themselves, you may resort to the method of double dissociation. It is essentially analogous to the so called triple visual-kinesthetic dissociation in the NLP [41—43], but easier to perform. It means that we ask the client to imagine himself sitting right in front of him, and then imagine that this second is telling about his feelings and creating images. This method works well with children: “Tell me about the boy who is afraid, imagine that he is sitting on that chair... And how will that boy imagine his fear if this fear is on that chair?” Double dissociation lets the client view his feelings as if from the outside, not being involved in the emotional process with his “whole body”.

3. Clarifying psychosomatic manifestations of the problem

At this stage the symptom must be clearly revealed and its psychosomatic manifestations must be found. In this context, what we mean by psychosomatic manifestations is not psychosomatic diseases but certain feelings in the body, bodily expressions of emotions.

At first, if the feeling is not clearly realized by the client, the doctor tries to make it stronger, to reveal it here and now, to clarify all its nuances. Second, it is necessary to find out how this feeling or state is expressed bodily. To achieve it you ask such questions:

– How would you call this feeling?

– Where in your body do you feel it? [To those who are looking at the doctor in surprise: “It isn’t flying in the air, is it?”]

– Describe in detail how you are feeling it? What is the quality of this feeling? [For those who do not understand: “Do you feel some pressure or pain, maybe you are worried or shaking and so on...”]

This stage is based on the theoretical concept that every feeling exists in the body not just in space, that psychosomatic expression of the feeling reflects its meaning better than verbal

description. For example, a person may say that he has the feeling of fear, and the psychosomatic expression may reveal that in actual fact it is anger, because it is felt in the area of diaphragm and is felt as strong tension. From this point of view it is useful to know Wilhelm Reich's concept of feelings location [see above].

The need to find psychosomatic correlation of feelings has some more reasons. When a client describes where in his body and in what way he experiences some feeling, he himself realizes it better. He begins to understand that the feeling is rooted in him only. To explain feelings he uses figures of speech: "temples are pressed" "as if a red-hot nail got stuck", "being cut with a sharp knife", "a lump doesn't let breathe", "fog is before my eyes", "I feel so nauseous as if I was heap of dirt", "there is an insurmountable wall in front of me" and so on. In fact, he creates images, which you can use at once." Very well. Would you describe how this wall looks?"

4. Creating an image.

At this stage the client is asked to present a feeling or a symptom in the form of some image, situated in front of him on a chair [it is preferable], in his own body or in space. This method creates initial dissociation between the client and his problem feeling. Then you can work with the feeling as a separate object, to examine it and to study it from all sides. In some cases, the image can be situated in the body or around the body, it depends on the specific character of the problem, and on particular features of the client.

It may be good to begin this way: "Imagine that by some miracle the feelings that you have just described appeared here on this chair. You are sure to see how they look... Think of any image that can express your feelings... whatever comes into your mind will do... Speak, even if the image seems to you absurd... Say the first thing that crosses your mind..."

As a rule, a visual image is used, but you can add an audial and a kinesthetical channels too. It is difficult for some clients to create an image of their state. This testifies either about the resistance to realize their problems, or about initial tension and a lack of trust to the doctor, or about the conviction that we can think only in a formally logical way [see above].

With such clients, you may have a relaxation training beforehand, you may ask them to draw their feeling, sometimes, it is easier than to imagine it. With some clients, it is worth discussing their worry or their mistrust to the doctor, to others it is necessary to clearly describe their resistance, as in psychoanalysis.

It is useful to repeat to the client: "Don't try. The first thing that occurred to you will do". It is desirable that an image appeared spontaneously, the very first image is the most correct, though it may seem absurd to the client. If a client is thinking too long, you may suspect that he suppresses the image that appeared initially and tries to think of something "better". Then the image may be fake and express the resistance of the client to the therapy. But can also be used to establish the truth. For example, you can ask the client to tell that "forced" image to reveal its true potential. You can ask the client what he tries to hide with the help of this image.

If a client assures you that "he is not able to see anything", a simple means practically always helps. Ask him to stretch his hands in front of him to imagine that the image is on the chair and to tell what it is like to the touch: big or small, hot or cold, soft or hard and so on. Then a visual image emerges easily. If a client definitely prefers audial system you may ask him at the beginning to hear the sound of his feeling.

I am often asked: "Do you get the client into the trance to make him see images?" No, we deliberately don't get the client into the trance, do not hypnotize him, we even don't tune to his representative system as they do in the NLP. We don't want a person to lose his self-control, to plunge into some unknown depths of the psyche, to submit to us, to refuse his own will... On the contrary, we want the client to be able to reason sensibly, to take decisions, to understand logical conclusions, and to interact with images created by himself independently.

If a client starts to pay attention to his inner state, turns his eyes, so to speak, “with pupils looking into his soul”, creates spontaneous images, he himself involuntarily enters the necessary for him trance or remains in his usual state. The state of trance [or the changed state] is the state when the client is extremely attentive to his inner world, to his own emotions, thoughts and feelings. You should be careful about the client’s trust to the doctor and to himself, you should make sure that the client act spontaneously, I mean sincerely and be to some extent relaxed. Even after the first few successful therapeutic methods the trust will increase, spontaneity and the degree of relaxation will grow.

However, a student of mine brings her clients into a meditative state with the help of a special device of audio-visual stimulation. It is not prohibited. It helps to create images even to those clients who are very distant from the subject of emotions and images and are incapable of spontaneity.

5. Image study and problem analysis

Further on an image is studied from the view-point of its sensory characteristics [size, form color and so on], functions [what it does for the subject], attitude [what the subject’s attitude to the image is and what attitude to himself he feels from the image]. For example, the client says: “Well, it is a stone.” I ask: “What kind of stone? Stones are different. Describe in detail.” Then: “And what this stone is doing for you? How it influences you? For what?”

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