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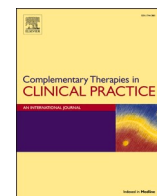
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The E2R (Emotion, regression, repair) method: A case study of this new pragmatic hypnotherapy technique

Eric Mener^{a,b,*}, Anne-Claude Mener^{c,d}

^a University of Rennes, Department of General Practice, F-35000, Rennes, France

^b University of Rennes, CHU Rennes, INSERM, CIC 1414 (Clinical Investigation Center), F-35000, Rennes, France

^c Hypnose et Sante Formation, 16 avenue René Cassin, F-56380, Guer, France

^d Espace Santé ACORE, 4 rue Joseph Coudray, F-56380, Guer, France

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ABSTRACT

The E2R (**Emotion, Regression, Repair**) method is a pragmatic and innovative technique for treating psychological complaints. It is the result of the professional experience of two caregivers who have been training medical and paramedical colleagues since 2016 in this method.

There is always an **Emotion** in the symptom that a patient presents. During the trance, the hypnotherapist uses it as a thread for age **Regressions**, often up to 3 years old. The patient can then identify a situation that triggered an identical experience. They self-reorganizes their emotional experience according to their needs, accompanied step by step by the therapist who follows the protocol of the repair loop. This new emotional reality experienced in trance replaces the factual reality of the previous trauma and reduces or even eliminates the present complaint through an adapted **Repair**.

The E2R method works without taking a prior hypnotizability test. The need for change and the desire to engage in hypnotherapy are the only predispositions required, regardless of the complaint.

A case study of a patient with chronic severe insomnia who received four sessions of hypnotherapy using the E2R protocol illustrates this approach and its benefits.

"I reinvented the past to see the beauty of the future"

Louis Aragon, *Le fou d'Elsa* (1963)

1. Introduction

Many hypnotic approaches to treat psychological disorders have already been described and researched in insomnia [1–3]. Classic hypnotic techniques of relaxation suggestions [4–6] and sleep suggestions [7–9] are frequently used. Suggestions of pleasant experiences [10], thermal sensation arousal [11,12], visualization of a safe place [13,14], and number-counting focus [6,15] are also offered to insomniac patients. These hypnotic techniques sometimes incorporate cognitive behavioral therapy (CBT) techniques [10,16] or may combine hypnosis and CBT [17,18]. Age regression techniques such as the affect bridge [19], as well as that around age progression [20] use the flexibility of hypnosis to cross time lines more quickly. They have inspired work

where patients mobilize resources from the past to integrate them into the present [21] and others that allow patients to identify deep emotional and experiential disturbances in sleep [22]. A meta-analysis in 2015 [1] and a systematic review of the literature of randomized trials of hypnosis to manage insomnia [2] reported positive results in more than half of the studies analyzed. Other approaches such as Ego-State Therapy [23] and Healing the Inner Child [24] have also been inspiring in the development of hypno-psychotherapeutic approaches for the management of generalized anxiety disorder.

All these approaches aim to improve the patients' experience by allowing them to distance themselves from their complaint, to integrate the suffering generating situation as a life experience, to develop new behaviors and even to resolve the psychological dysfunction.

However, for some patients, these techniques do not seem to allow a sufficient engram in their subconscious. The confrontation with new life situations always seems to echo previous traumas. The patient, once again emotionally impacted, then sees symptoms and complaints

* Corresponding author. University of Rennes, Department of General Practice, F-35000, Rennes, France.

E-mail addresses: eric.mener@univ-rennes1.fr (E. Mener), anne-claude.mener@hypnose-sante-formation.fr (A.-C. Mener).

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reappear.

Any psychological suffering such as depression or sleep disorders, or organic diseases such as a thyroid disorder, high blood pressure or arthritis has an emotional side. The found emotion most often belongs to the emotional spectrum of fear, sadness, or anger [25].

In this context, the authors have developed an innovative technique in which the emotion present in the psychological or organic complaint is mobilized in trance and used as a common thread for age regression. For greater efficiency, age regression is directed towards an age younger than three years.

This technique does not require the therapist to know the patient's repair scenario. Instead, the therapist puts their creativity at the disposal of their patient, thus allowing the patient to amplify their emotional and sensory perceptions and activate their own inventiveness with their change objective, or even healing [26]. This allows anything to become possible for the patient. They can reach the enlightenment phase [27] and thus are free to modify their experience.

More than 200 primary care workers have been fully trained in the E2R method and approximately 500 have been educated about it. Caregivers using this reproducible method report that it is applicable to all types of complaints, ages, and social conditions, and their patients report that the clinical benefits persist over time [28].

A recent literature review highlighted the low methodological quality of research on therapeutic hypnosis, from case studies to randomized trials [3]. Clearly described methods are essential for future clinical research into hypnosis techniques. Some recent work suggests that the IDEAL (Idea, Development, Exploration, Assessment, Long-term follow-up) framework [29,30] be used for studies into complex therapies, such as hypnosis. To develop strong methodology and ensure feasibility, tolerance and acceptability, this framework recommends publishing a method illustrated by a case study first, followed by a prospective or retrospective, non-randomized study, and finally a larger randomized trial.

In highlighting the diversity of methods used in hypnotherapy, this international reading has also shown that the method presented below has no published equivalent.

This description of the E2R method is the first step (Idea) in the IDEAL framework for research on this technique.

2. The E2R method: emotion, regression, repair

The E2R creators are a general practitioner and a psychomotor therapist who were trained in the 2000s in Ericksonian hypnosis. Their clinical experience led them to develop this method, which they have been teaching since 2016. Over 200 caregivers have been fully trained in the E2R method and approximately 500 have been educated on it.

The method is intended for adults 18 years and older, seeking help for their psychological symptoms and willing to engage in hypnotherapy.

The non-inclusion criteria are patients with DSM-5 psychotic disorders [31].

The E2R method is based on the mobilization and use of the emotions present in the current symptom. In regression, the patient will modify a previous context tinged with a similar emotion that continues to resonate in their present life.

The treatment consists of three to five 30-min sessions over a period of four to six weeks.

There are three stages (see Fig. 1):

- (1) Connection in trance to the Emotion present in the current symptom or complaint.
- (2) Regression to the first experience of this emotion.
- (3) Repair and self-reorganization of this emotional experience.

Security, availability and commitment of the therapist and the patient are the essential conditions for therapeutic work. These conditions

facilitate the therapeutic link and the co-construction of a healing objective. The therapist accompanies the patient in the co-construction of a new therapeutic objective to overcome an often binary way of thinking "I sleep badly/I sleep well". The two reasons for changing their objective are to defocus the patient from their initial complaint and to allow them to project themselves into the benefits of their therapy. To do this, the therapist invites the patient to find their objective for recovery, which must correspond to the acronym SUPER: Specific, Unique, Positive, Enthusiastic and Realistic [32]. The objective can thus become "I am free", "I am dynamic", "I find myself"... beyond the initial complaint. The formulation of the objective is written by the patient in the first person of the present tense on a Visual Analog Scale (VAS) which allows the evolution of the patient's experience to be measured. This step validates the patient's commitment to the therapy.

The E2R method does not require any hypnotizability test. The therapist approaches the complaint via the emotion, without reference to the anamnesis, which risks directing the patient's attention towards a limiting intellectual process.

During the trance, the therapist needs to obtain some short verbal or non-verbal responses (abreactions, signaling) in order to follow the patient's journey as closely as possible. Questions are asked in a dissociative language to avoid coming out of trance. This allows the therapist to ensure that each step of the repair loop is completed (Fig. 2).

From the beginning of the trance, the patient is encouraged to connect to the emotion they feel in their complaint, their symptom today. The therapist then suggests an age regression on this emotion. The therapist must address the child of yesterday and not the adult of today. In order to do so, the therapist must apply themselves to see and represent the child patient and thus find the posture, the tone and the adapted words that facilitate the regression in age. This regression, sometimes up to birth or even *in utero*, enables the patient to reach their younger self who is confronted with a situation tinged with an emotion of the same register. Some patients first connect to the sensation present in the symptom before being able to access the emotion in a second step.

For more efficiency, the patient will be encouraged to first come and find their youngest self who comes to the session and needs help "at that moment". The therapist then unfolds the steps of the E2R repair loop (Fig. 2). The patient's younger self will then be able to identify the origin of the emotional experience, and then question the person(s) responsible for this emotion experienced in the past to express its painful experience to them. The therapist may offer some suggestions for repair but does not impose anything on the patient. It is thanks to their life experience and their creativity stimulated by the therapist that patients create the solution they would have needed and obtain an adapted repair. This new version of the event, by modifying the initial emotional charge, makes the complaint evolve today. Several traumatic events can be treated according to this model in each session.

In the E2R method, the discovery of self-hypnosis gives the patient the opportunity to identify their skills to enter into a state of modified consciousness. The practice of self-hypnosis between therapeutic sessions allows patients to appropriate this state and to become actors of their health [33]. The repetition of this autonomous practice outside of the session is not therapeutic in itself, it facilitates the therapeutic effectiveness of the E2R method. Concretely, the patient is invited to take 3-5 min daily to practice self-hypnosis, using the following induction phrase "take me to where it's good for me, now" and to take full advantage of what presents itself with all their creativity and a hyper-awakening of the five senses: Visual, Auditory, Kinesthetic, Olfactory, Gustatory (VAKOG).

Audio recordings¹ are offered online as a springboard for the practice of self-hypnosis to patients who feel the need for support. The daily practice of this self-hypnosis protocol associated with the anchors proposed by the therapist during the therapeutic work and the tasks

¹ <https://hypnose-sante-formation.fr/voyages/>

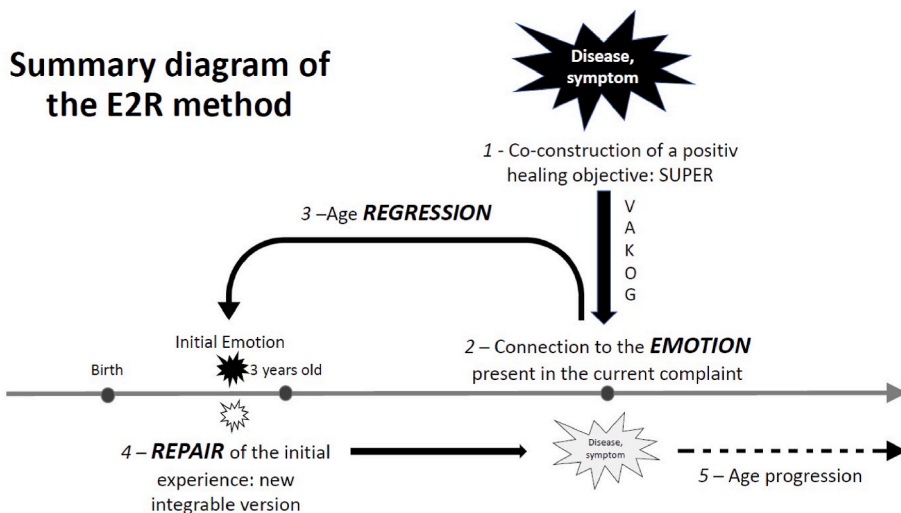


Fig. 1. Summary of the E2R method.

The E2R repair loop

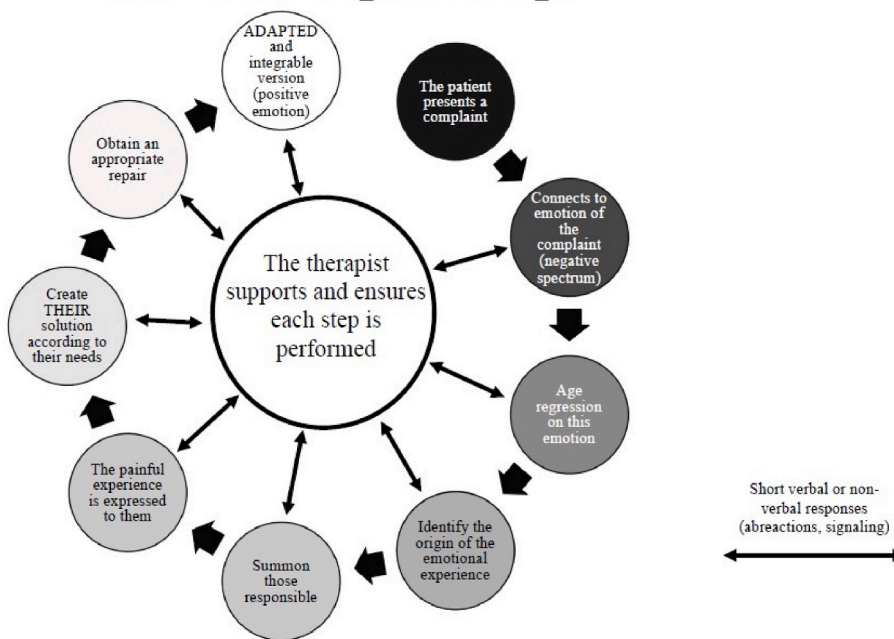


Fig. 2. The E2R repair loop.

sometimes given to the patient between sessions facilitate the emotional stabilization of the patient.

At the beginning of each session, the therapist asks about the patient’s self-hypnosis practice, whether it is daily, autonomous or not. This allows the therapist to value the patient’s therapeutic commitment or to remotivate the interest of this practice if necessary.

During the last hypnosis session, the therapist proposes age progression so the patient can validate that they have reached their healing objective.

The E2R method is effective in treating painful experiences that have not been assimilated by the subconscious mind and in helping them evolve towards an adapted version that can be integrated. The depth of healing depends on the efficiency of the repair loop.

3. Case study

This particularly illustrative case study presents a detailed account of a patient’s therapy to illuminate the process described in the E2R method. The patient’s complaint is only a gateway to emotional work. The authors chose to present a situation of chronic severe insomnia, but any other complaint could have been treated using the same protocol. The patient has given her consent for the publication of her therapy.

3.1. The patient

The patient, Marie A. (not her real name), is a married mother. She consulted her general practitioner for sleep problems that had been evolving for 2 months. He suggested that she take the Insomnia Severity Index (ISI) self-test to assess her insomnia [34]. Her score of 24

corresponded to severe insomnia. Her doctor then prescribed 1 mg of loperazolam at bedtime. She fell asleep faster during the first few nights, but her sleep quality was poor, and she woke up during the night. Despite the medication, she described daytime exhaustion and mood disorders affecting her family and professional life: *"I want to be active, but I lack energy with my children, I can no longer concentrate at work"*. Three months later, her general practitioner noted good treatment adherence, but the insomnia had become chronic according to DSM-5 criteria [31] and insomnia still severe according to the ISI self-test results (score 22). He then advised her to consult a hypnotherapist.

3.2. The therapist

The therapist is a practicing general practitioner with 24 years' experience and is also professor of general medicine in the Faculty of Medicine at Rennes 1 University, France. He has been practicing hypnosis for more than 10 years after having been trained at the Milton Erickson Institute in Rhone - France. From this experience, he co-developed an original approach, the E2R method, which he uses daily with his patients. He teaches this method at the University of Rennes 1 and at the "hypnose-sante-formation.fr" training center that he co-founded.

3.3. Different stages of the therapy

3.3.1. Day 1- first consultation

The E2R method requires the therapist to have a great ability to listen and observe, renew creativity, and have absolute confidence in the patient's potential to activate their capacity to repair and heal. The therapist accepts to leave their position as an expert and follow the patient who unknowingly has their own solution. The therapist makes himself entirely available [35] so that he can openly observe each patient. This is truly a work of the therapist's commitment. He mobilizes his sensorial perception and his sensitivity as soon as the patient enters the consultation room to let himself be touched by what is alive and positive in Marie. This allows the patient to feel personally welcomed.

For efficient management, he ensures that the patient meets the inclusion and non-inclusion criteria of the E2R method.

Mrs. A. immediately tells the therapist the reason for her consultation: *"I want to sleep well"* and presents her current medication. Mrs. A.'s words, attitude and emotional experience are essential information for the therapist to synchronize with the patient. By addressing the patient by her first name or in the third person singular, the therapist leads her to distance herself from her initial complaint and projects her toward her recovery: *"What will it be like for Marie when she sleeps well?"* Marie can identify future benefits: *"She will enjoy spending time with her children, she will start playing sports again, she will be more energetic at work ..."*. Mary's response in the third person is a sign of hypnotic dissociation. It shows her ability to be in the present and see herself in the future at the same time [36]. Using the patient's first name facilitates the regression during the therapy because Mrs. A. did not call herself "Mrs. A." during her childhood. The therapist applies conversational hypnosis dialogue [37] by speaking during the patient's expiration (pacing), and by reflecting her vocabulary, postures, and emotional state (mirroring).

Together, they build a healing objective beyond improved sleep that must be SUPER [32]: Specific, Unique, Positive, Enthusiastic and Realistic. This objective formulated by the patient in the first-person present tense commits her to the healing process. The initial request *"I want to sleep well"* becomes *"I am alive!"* The therapist invites her to write this reformulated and more promising objective at the top of a blank sheet of paper. Then, on this same sheet of paper, the therapist draws a vertical Visual Analog Scale (VAS) oriented towards this sentence. He asks her *"How far along are you in your ability to feel alive right now?"* She rates her condition as 2/10. She then notes on the same VAS the level of recovery she wishes to achieve following the hypnosis sessions: 8/10.

The therapist positions himself next to Marie so he can observe her in

her entirety. He then proposes discovering the hypnotic state over three successive periods lasting one, then two, then 3 min with the following hypnotic induction: *ask your subconscious mind "take me to where it is good for me now" and enjoy it for a few minutes*. He asks the patient not to consciously choose an idea of travel but to simply let herself be carried away by the situation or sensation proposed by her subconscious. To facilitate the trance, the therapist uses hypnotic communication with indirect, open, and positive language (sprinkling): *"And that part of Marie that knows her better than anyone else, can discover, glimpse, recognize, create what is best for her. And it's interesting there ... to be able to get close or to be able to get away a little bit. Just how good it is, how easy it is ..."* He suggests that *"in hypnosis, anything is possible"*, facilitating access to real, imaginary and even extraordinary situations. He proposes opening all her sensory channels: Visual, Auditory, Kinesthetic, Olfactory and Gustatory. It is the quality of the therapist's presence that facilitates the patient's adherence to the suggestions offered.

These 6 min allow the therapist to confirm to Marie her abilities to experience a hypnotic trance. Then, he encourages the patient to do daily self-hypnosis using the same induction phrase and gives her the link to a website [38] offering several audio tracks to use as a springboard to self-hypnosis if needed.

3.3.2. Day 9: second consultation

The therapist ensures that the patient has been practicing self-hypnosis. She has used the audio recordings and has enjoyed taking this time for herself. From the beginning of the trance, the therapist invites Marie to connect to her moments of insomnia by mobilizing the VAKOG. Reliving this situation allows her to feel and identify the emotion experienced and to name it at the therapist's request. In trance, Marie answers *"she is sad"*.

The therapist proposes an age regression on this emotion by going back in time to childhood, infancy or even *in utero*. The vocabulary and tone are adapted (mirroring) to the different ages he suggests: *"Marie's unconscious has already encountered this emotion a long time ago, [silence] because all little girls can feel sadness at home, at school, or elsewhere [silence], can't they?"* This expression allows the patient to position herself before this statement, and feedback through signaling. *"And when this little Marie, who finds this sadness there, in her body [silence], in her heart [silence], in her head [silence], is here, a finger can be used to signal"*. Following this signal, the therapist has the age verbalized: *"I wonder how old this little Marie is, who discovers sadness?"* Marie answers *"9 years old"*.

To go back to the origin of this emotion, the therapist suggests going back to a much younger Marie. *"That's good, but it's not at 9 years old that one discovers sadness for the first time [silence], is it? There is certainly a much younger Marie who has already felt an emotion, a sensation that is a bit similar, of the same color [silence], at 5 years old [silence], 3 years old [silence], 6 months old [silence], or even in her mother's womb ..."*

During the therapy, the therapist constantly checks for unconscious and involuntary reactions. Any changes in tone, small tremors, changes in posture, changes in breathing, neurovegetative manifestations are abreactions [39]. They reveal at the emotional and bodily level that the patient is connected to a known or repressed situation that awakens an emotion. A tear runs down Marie's cheek. The therapist confirms the normality of this abreaction: *"And as this tear finds its way on Marie's face, I am sure that the grown-up Marie is finding her younger self who needs help there"*.

The posture, the words and the tone chosen by the therapist help him to approach this little girl in the best possible way: *"The mouth of this very little Marie can just tell me how old she is, roughly"*. It is a 3-year-old Marie who presents herself. The therapist invites her to announce the emotion she feels there, and Marie murmurs *"sadness"*.

By mentally representing this sad little girl, the therapist lets himself be touched by her emotion and thus addresses her accurately. *"Sadness is not a pleasant emotion for a three-year-old girl [silence], is it?"* Marie's head nods in confirmation. The therapist then asks her to identify what

is generating this sadness: *"I wonder where this little girl's sadness is coming from: a person? [silence] From an animal? [silence] or from somewhere else? [silence] And her mouth can name it loudly here to better take care of it there".* Marie answers *"Daddy is not here"*. The therapist then suggests to Marie *"to bring her daddy there, to tell him what she feels and what bothers her"*. After a short silence, an abreaction comes to confirm the meeting. The therapist then asks Marie to call him: *"As in hypnosis everything is possible, this little 3-year-old girl will now finally be able to say what she has not been able to say, to show, to shout, to give back ... and to discover what she needs most [silence]. And I wonder if her daddy hears what is needed for his little girl, and if he can now give it to her, to repair, to transform this sadness into something much more beautiful? [silence] And when she has changed this scene and obtained what was important for her, the finger will give me a little sign"*. Following this time of reparation, the therapist asks, *"What does that little girl over there feel in her heart now?"* And Marie answers, *"Joy"*. The therapist suggests that she discover the color of this joy and let it spread throughout her body *"like cordial in a glass of water"*.

The 3-year-old Marie found an acceptable way out of this traumatic situation. The transformation of this experience will now allow her to join the 9-year-old Marie who also needs help.

- (Therapist): *"This 9-year-old is lucky to have the grown-up Marie of today and the little 3-year-old with her ... Because the three of them are stronger [silence], aren't they?"*

A signal confirms this truism.

- (Therapist): *"And I wonder what's going on there for her? And the mouth can whisper it [silence]"*.
- (Marie): *"The teacher scolds me because I can't do it"*.
- (Therapist): *"But at school, we have the right to make mistakes, we're here to learn ... So, the little 9-year-old Marie, with all the Maries she needs, is now going to bring the teacher into this work. Because in her life, the teacher also sometimes makes mistakes [silence], doesn't she?"*

The therapist observes a smile appearing (abreaction) validating for him that a change is taking place. He suggests to Marie that she rewrite this chapter of her life so that it suits her and makes sure that it is fully implemented.

- (Therapist): *"And the more she repairs there, the more in the days, minutes, nights to come, she will feel alive, to achieve her beautiful goal of healing"* (post-hypnotic suggestion).

Marie's signaling confirms the repair. The therapist gradually closes the session by re-associating the patient, without debriefing to allow the therapeutic process to continue.

3.3.3. Day 16: third consultation

The patient comes to the consultation wearing make-up and jewelry for the first time. The therapist welcomes her and asks her to specify the moment when she felt most alive since the last session. She easily relates a situation she has experienced. But in the same breath she describes a conflict at work with a changing tone of voice, an elusive gaze, and obvious emotion. Faced with this emotion, the therapist interrupts her and invites her to start the session directly on the present emotion, in the office, without waiting to move to the chair, contrary to previous sessions. This provokes a surprise which reinforces the dissociation and prevents the consciousness from anticipating the therapist's words.

- (Therapist): *"And Marie's subconscious knows very well in which part of the body this emotion is lodged [silence], right? In the head? [silence] the heart? [silence] the limbs? [silence], or somewhere else?"*

The therapist goes beyond words and begins contact with a progressive, specific touch on the forearm to mobilize her in another way.

Marie's head tilts to the side and small twitches appear. The therapist ratifies these abreactions:

- (Therapist): *"And while the body is involved in this work, the lips can now name this emotion in order to deal with it properly."*

After a while of searching for the word, Marie finally says *"fear"*.

As in the previous session, the therapist accompanies her in a regression work on fear according to the E2R method. The age regression allows her to find an adolescent Marie in a situation of isolation in college. He suggests to the older Marie of today that she *"take this teenager by the hand"* to accompany her in this situation. To support his suggestion, he gently lifts Marie's hand and positions it vertically. This movement stimulates the action in the trance. He then tells her that *"beforehand, together, they will go and find a much younger Marie who met fear the first time, a very long time ago"*. She quickly found a very young Marie, *"a baby, she has just been born"*.

- (Therapist): *"And the grown-up Marie can take her in her arms to reassure her [silence]"*.

Marie's arm moves closer to her heart and the therapist ratifies this by saying *"that's good"* drawing the word out to match Marie's exhalation, to wrap his voice around the reunion with the baby.

- (Therapist): *"And I am convinced that this baby, in her environment there, can spot very easily what scares her so much ... And when with her little eyes, her little ears, or her whole body this little girl will have discovered what scares her, then her lips here will be able to say it"*.
- (Marie): *"She is all alone"*.

Following the repair loop, the therapist accompanies her in her work of healing her fear to obtain a repair *"as she needs it"*. By changing the setting, the characters, the experience, and the emotion of this scene, a new version that suits her perfectly will be able to be imprinted in her subconscious.

Once the work is done, the therapist suggests to Marie to anchor this new version *"by taking a picture of what she likes best there"*. He invites her *"to keep this picture in her healing album, which she will be able to leaf through to find this same feeling of satisfaction later on"*.

Enriched by this healing experience, Baby Marie then joins Teenage Marie and invites her to repair her fear as well. This second repair loop is much faster because the subconscious now has the experience of what it is capable of modifying to heal.

The therapist makes sure to re-engage the patient and prescribes a task to be completed by the next appointment so that the hypnotic process can continue. She has to plan a moment that will allow her to feel alive like dancing to music she likes, preparing her favorite recipe, playing with her children.

3.3.4. Day 31: fourth consultation

Marie has been continuing her self-hypnosis sessions regularly, now without audio support. By going back to the objective sheet from the first consultation, she evaluates without hesitation her objective *"I am alive!"* at 7/10 and expresses her satisfaction. She also spontaneously reports that she is now sleeping satisfactorily with rare night-time awakenings and is considering reducing her loperazolam dose. The therapist valued her progress and suggested a final hypnosis journey to continue moving forward. To use a new induction, he suggests that she descend inside her body using a somatic bridge [40] to reach *"that place in the body that Marie wishes to explore"*. She finds herself in her heart with a feeling of anger that she visualizes as a red burn. The therapist suggests reification to deal with this feeling. As Marie transforms her red burn into an image that suits her better. The therapist places her upper limb into catalepsy to move her into a repair loop for this anger. This bodily activation allows Marie to engage more strongly in her healing

process. Regressions on anger lead Marie to 34 years old (conflict at work) and then to 2 years old (anger at the birth of a little sister). The therapeutic work allows Marie to repair, to transform the recovered impacts into an acceptable version. At the end of the session, the therapist invites her to observe the state of her heart again: she verbalizes that it is now “pink and calm”.

The session continues with a projection: the therapist proposes a progression in age to meet a “Marie of tomorrow”. VAKOG facilitates the discovery of her future.

- (Therapist): “I wonder how that older Marie is doing over there?”
- (Marie): “She is with her grandchildren!”

The therapist then suggests that Marie listen to the advice of the Marie of tomorrow and express it aloud “so that all her cells hear it and register it”. Marie then says, “Enjoy life!” The therapist repeats this sentence several times out loud, moving around her to amplify and make this advice resonate in a different way.

He ends the therapy by anchoring this advice inside the heart and invites her to continue making journeys using self-hypnosis as needed.

After the session, Mrs. A. shares her satisfaction and confidence in the future. By mutual agreement they end the therapy.

3.3.5. Epilogue

One month later, Mrs. A. consulted her general practitioner. She told him that she had stopped her medication because she had been sleeping well since her hypnotherapeutic work. Her sleep is again evaluated by the ISI self-test, the score of 4 now confirms the absence of insomnia. 6 months after hypnotherapy, Mrs. A. reports to her general practitioner that she still has a good sleep without medication, which is confirmed by her new ISI score of 2.

4. Discussion

Since Erickson, many hypnotherapists have developed methods to facilitate therapeutic work in hypnosis. We can highlight JG Watkins and the affect bridge [19], Rossi with the four stages of the creative process in therapeutic hypnosis and the hand technique [27], Bonshtein and Torem with the forward affect bridge [20], Corydon Hammond with fractionation in self-hypnosis [41] Aaroz and the New Hypnosis [40], Abramowitz and the Roots and Evolution of Ego State Theory and Therapy [42], Moshe with “Back to the Future”: A Powerful Age Regression Technique [43]. They have evaluated and diffused their concepts to the scientific community, advancing practices. A new generation of researchers and therapists continues this movement [44]. The E2R method is a pragmatic and innovative method in several aspects which is in line with the concepts already developed.

Every symptom generates an emotion. For this reason, the E2R method is applicable to any complaint in primary care. Inclusion and non-inclusion criteria ensure that the level and type of psychological disturbance of the patient allows the therapeutic work.

The healing objective, co-constructed in consciousness, frequently reveals a discrepancy between the initial complaint and the patient’s deepest expectations. Measuring the patient’s therapeutic progress by means of the VAS objectifies their skills for change, stimulates their commitment and leads them into a virtuous healing circle.

Hypnotizability tests are not used in the E2R method. The discovery of self-hypnosis during the first session highlights the patient’s dissociative skills. Whatever the complaint, the only prerequisites are the patient’s need to change and their willingness to engage in hypnotherapy.

In contrast to many approaches, the anamnesis of the complaint is not necessary in this method because it mobilizes the cognition which risks directing the attention of the patient towards a limiting intellectual process. Induction by a preliminary time of relaxation or rest in a pleasant place is not useful in this approach. In the E2R method, the

priority objective is not to identify and modify thoughts as in cognitive-behavioral approaches. Acceptance of an impacting situation to reduce reactivity and facilitate self-regulation as in mindfulness meditation is not sought. Finally, the avoidance of a painful emotional feeling by setting up defense mechanisms is not solicited.

The preferential path of the E2R method is the collection of the emotion found in the complaint in trance and the use of this emotion. Like a thread, this emotion is used to lead regressions in age towards a past event tinged with the same emotional nuance. What is important here is not the factual reality of previous traumas but the emotional reality experienced. The patient goes beyond the simple mobilization of past resources to use them in the present. The patient freely modifies their scenarios according to their needs, without any directive suggestion from the hypnotherapist but with their support in the repair loop. There is therefore no place for the use of scripts in the E2R method.

This approach is a brief therapy of only four to five 30-min sessions. It is of major interest to people who wish to take charge of their health without having to commit to long-term care or therapy for reasons of availability or finances. The practice of self-hypnosis accelerates the therapeutic process. The positive and open induction phrase “take me to where it’s good for me now” invites the patient to have a renewed hypnotic experience each time because it is not consciously chosen. This avoids the impoverishment of a repeated identical experience.

The limits of this method join those classically encountered in hypnosis [45]. Beyond the lack of commitment of the therapist as well as the patient on the emotional path, any physical or psychic incapacity compromising the exchange and the comprehension of the information puts in failure the therapy. In the same way, the difficulty of elaboration and psychic implementation by the patient of an adapted solution to integrate differently the experienced trauma are also limiting. However, in certain situations, if the therapist is creative, he or she can use other ways of communication in order to evolve the patient’s complaint.

The hypnotherapist’s ethics and caring lead them to follow the patient without suggestion or proposition that could lead to false memories. As described by HH Watkins in Ego State Therapy, if despite these precautions any artifact were to be initiated, practice shows that this fiction tends to be transient and disappear as it does not represent any significant experience necessary for the patient’s evolution [23].

For this first article describing the E2R method, we have chosen to limit the illustration to a psychological disorder with a 6-month evaluation. No large-scale and long-term study of this method has yet been conducted. Following promising preliminary work [28], a research protocol validating the method at one year as well as work on organic pathologies is underway at the University of Rennes 1 - France.

In France, medical and paramedical studies do not deal much with emotions. Medical students are often encouraged to protect themselves from their own feelings. Similarly, patients’ emotional experiences are rarely explored during the history-taking process, and many caregivers are embarrassed or even feel helpless, not knowing how to use them. The aptitude of a healthcare professional to enrichen their usual cognitive approach by this emotional approach may allow them to approach patient care from a more holistic point of view.

This method has been taught to many therapists in France who use it daily [38]. Following an interest in the technique, several research projects using the E2R method are underway at the University of Rennes 1, France, following the IDEAL methodological framework [29,30]. This article is the first step of this framework (Idea) describing the innovative technique.

5. Conclusion

The E2R method clearly detailed in this article is a pragmatic and innovative technique used in primary care in France. It uses hypnotic regression from the emotion present in the symptom by following the E2R repair loop protocol. Each symptom always reveals an emotion in trance which serves as a thread in the hypnotherapeutic work. The E2R

method can therefore be used as a standard hypnotic treatment protocol for any complaint. This case study presents the unique case of a patient suffering from severe chronic insomnia despite being on loperazolam medication. Four hypnotherapy sessions using the E2R protocol were sufficient to make her symptom evolve until it disappeared. In the age regressions on past situations impregnated with the emotion found in the symptom, the patient self-organized her emotional experience. This reproducible method with measurable outcomes is the subject of research, qualitative and quantitative studies, following the IDEAL framework [29,30].

Author contributions

Eric Mener: Conceptualization, Methodology, Validation, Formal analysis, Investigation, Resources, Data Curation, Writing-original draft preparation, Writing-Reviewing and Editing, Visualization, Supervision, Project Administration.

Anne-Claude Mener: Methodology, Validation, Formal analysis, Investigation, Writing-original draft preparation, Writing-Review and Editing.

All authors have read and agreed to the published version of the manuscript.

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Data availability statement

The data that support the findings of this study are available from the corresponding author Eric Mener, upon reasonable request.

Declaration of competing interest

The authors declare no conflicts of interest.

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