

Psychological Program

On Causes for Psychological and Mental Diseases

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ABSTRACT

By referring to case study, this dissertation is in attempt to lay bare that people's psychological activities are a set of programs and psychological and mental disease is accrued to procedural operation's going awry or set-up of erroneous programs. By amending or learning correct use of these psychological programs can we precisely or thoroughly treat psychological and mental diseases. An integrated psychological treatment process contains psychological analysis plus amended psychological programs. A string of psychological reaction initiated in a human body to initiate a specific assignment is called psychological program. Such 'initiation' is both 'conscious' and 'unconscious'. Lookout for psychological program hinges on psychological analysis and scientific hypnosis.

Key words: psychological program, hypnosis, procedural compatibility, the principle of use and disuse, reference method

1. Introduction

Commencing from psychological analysis by Freud, mankind inaugurated the gateway to treatment of psychological and mental disease. Notwithstanding he went to extremes by ascribing all to sexual instinct and other inner impulses, his effort to push open the gate of psychological analysis is the entrance to psychological and mental treatment and marks the correct orientation for psychological treatment. But intro psychological analysis from psychological analysis can be deemed as the first half section of treatment by digging into methods of psychological program, but it is a far cry of locating the psychological programs, remedy can only be made possible by revising the wrong psychological program.

In *Hypnotherapy*, a book authored by Erickson, an American psychologist, he indicated hints of psychological program as below: 'we will eventually come to know that remedial hypnosis is a time frame (experience) when patients can break through their restrictive framework and faith system. In this way, he can experience other operational model inside.' [1] Restrictive framework and faith system in here actually accounts for the original psychological program system while 'other operational models' refer to other psychological programs.

This paper compares "psychological procedures" with "computer programs," so that "psychological procedures" do not use "Psychological Procedures" and use the "Psychological Program."

2. Neurosis psychological programs

The following case is on obsessive compulsive disorder. Consultant's questions and analysis are omitted.

Visitor: I dropped out of school when I was 13 for I did bad in mathematics. I was home with my mom. She was in a short temper back then. She was testy. Maybe it was because of my grandma who was always finding fault with her. I would help her with some housework, but she always said I was goofy. Sometimes she would curse me. I was quite depressed and unhappy, but I was not mad.

Visitor: Once, I failed to ignite the enamelware pot, and she hit me. She asked me to jump to the river. I was taking a stroll by the river but dared not to jump. Then I went to my neighbor's home. My mother was yelling for me in the street. When I went out, she said she thought I was dead by jumping to the river and she was there for my body.

Visitor: One day after dinner, we were watching TV. I was sitting by the door. I remember it was an advert on drugs aired on TV. My mom asked dad whether being anger would lead to hepatopathy or stomach illness and my dad said yes. I got that in mind. I learned how to be mad from then on. I was mad even when I was asleep.

Visitor: I was mad during daytime as well. I was living in self-abasement. Everyday I was muddleheaded. My mother told me that she should claim my life when I was little. I just could not get from there. I would be mad when it came to my mind.

Visitor: She was often yelling at me and I was always mad, even during my sleep. I didn't know how to fight back. I was shy. And eventually that becomes part of me. I can't even have a sound sleep. It lasted for a year.

Visitor: When I was ten, I went to another place for working. I felt lonely there. When I was 16, I raised chicken in the chicken farm. People were always picking on me. Then when I worked for a factory, a team head envied me for our wage were almost the same. She would throw hard work to me and mock at me with other team members. I didn't know how to fight back. I worked in there for a year and got mad. In 2011, I got physical pain. I got pain in the right bone. It hurts every year. It got severe since last year. And I knew I was dying.

Visitor: You are so right. It is self-protection. I thought when I was mad, people wouldn't pick on me and I didn't have to fight back. But it doesn't work. My body on the right is rigid.

Visitor: It's something of an outlet. I thought once I learned how to be mad, it's a way of venting. I thought I got the vent. The reality is depressing.

Visitor: That's it. I can't get recovered.

Visitor: I am in great pain. I can't even work. I got the pain all day time. I can't fall sleep. I was helpless. It hurts.

Visitor: When I communicate with others, I will be in pain when strangers say something bad. I don't fight back, but I am mad. I am mad all day long. There's going back.

Visitor: I am ill. I am mad all day. If it goes, I will suffer cancer in the liver. But I can't step

out.

Visitor: It has affected my physical health. I can't sleep at night. I feel unwell. I can't go to work. I thought I could stand it, but now I was scared. I felt unwell on my left bone. My chest and precordium are burning as well.

Visitor: I always have conjured it up. If one day I fall ill, where should I go? Will I feel cold? It is pathetic. If it is raining or cold, where should I go? Will I feel lonely?

Visitor: Observation? How to do that?

Visitor: Yesterday, I observed it that my right body was stiff. I got vigor in my arm when I was intense. When I am mad, I feel unwell in my esophagus. If it goes on, I will have lots of diseases all at once. I will die in a hard way.

Visitor: Yeah, it gets serious these days. Another thing is sleep. I could observe it in the first couple of seconds. I would be confused whether I would do it or not. It feels pain at the beginning. When I got rigid in my left body. It's depressing. I get mad. Then my back turns stiff. It is like a knife being stabbed on my back. It was pain. I told myself that no one would pick on me. I don't have to fight back. But it doesn't work. I can't get out.

Visitor: First, I got that fleeting in my mind. Then I got a stiff body. Then it turns stiff in my back, waist and arms. I got a terrible breath. I am mad.

Visitor: Morita therapy? Does that work on me?

In the aforesaid case, the psychological program of a patient can be analyzed below (see figure 1).

Each sentence in the box (separated by ';') depicts a program. The patient initiates the psychological program and the arrow refers to operational sequence of the psychological program. If program depicted in each sentence is taken as the matrix program, then the matrix program contains sub-programs and lower-level programs under that. These programs are linked following a certain pattern. In figure 4, it signifies that the program of 'polypnea' has some sub-programs. The morbid program of anger of the patient mentioned above is affiliated to a bigger program namely the program of her interpersonal exchange with her mother (see figure 5).

The most obvious problem with the lady is compulsory madness. It is a psychological program (the physiological feeling of pain in the chest is part of the program of madness. Being mad will let the chest burn in a mild way that we normally overlook. As she takes heed of that feeling, it is to enhance the physical reaction with hint).

Her disease is based on the psychopathological program (see figure 1). When she heard about the dialogue between her parents, she initiated her self-made program as she was always on the hunt for a vent but she dared not to lose temper (see figure 1). She was doing that for relieving pressure.

That she used the compulsory madness program was ascribed to her depression pent-up inside. Her madness called for instinct release. She also wanted to fight back in order to protect herself, but her mother was too aggressive. She winced at being mad at her, so she would be mad with herself as a disguise.

A normal program of madness has its induction: she can get mad because her mother hit her and picked on her. But she didn't initiate the natural program of madness (see figure 2), and instead, she depressed it. Then she would consciously lose temper to herself (madness inside

her body without giving expression to it). She referred to compulsory madness program (see figure 1), for this type of madness would relieve her anger, sorrow and other emotions. She thought she got the vent out.

After she got the abnormal program established, she knew it was wrong, so she went to great lengths to remove it, to no avail. She just tried to instinctively drive it away, but it gets more consolidated in this way, and then she suffered OCD.

The compulsory program of madness is clearly different from madness program in a normal way. In normal cases, venting to the outside can break the evil circulation that people got picked on in interpersonal exchange, but she would still get picked on. The program is useless and even detrimental.

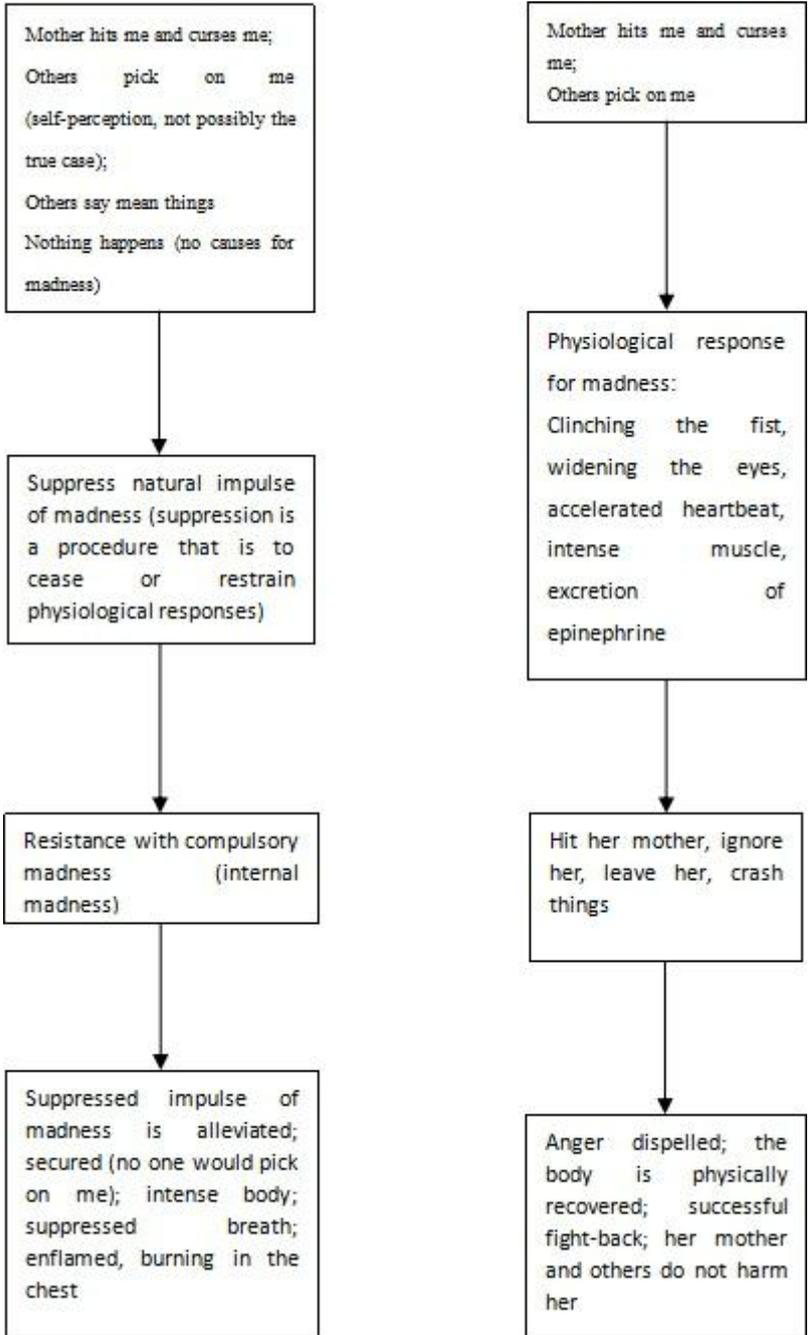


Figure1

About the lady in the case, her problem was not just her wrongful wielding of madness program. Her model of interpersonal relations is also defective. When she got picked on, she should fight back rather than choosing tactic madness. She needed to fight back and be mad at people who pick on her. Alternatively put, in her interpersonal relationship, a higher program (see figure 5), her program on interpersonal relationship goes wrong.

For psychological treatment on her, we should start by telling her that she should fight back to protect herself when others pick on her. We should tell her that the external environment has changed and she is no longer with her mother and the people out there are different from her mother. She can choose not to interact with people who share the same personality with her mother so that she can purposefully change her external environment. In other words, she should change her abnormal program in the first place (see figure 1). Then in terms of interpersonal relations, she needs to initiatively hunt for wholesome interpersonal relationship by not engaging with people like her mother (in actuality, people like her mother don't exist in great numbers). It calls for alteration of her program of interpersonal relationship. In this way, her issue can be truly redressed.

In summation, the external environment allows it that she can fight back and that she can initiate the psychological programs mentioned above (see figure 2). The program can be compatible with psychological programs at a higher level.

It intends to help her let go of a wrong program of madness carrying compulsory nature (see figure 1) before switching to correct program of madness (figure 2). The two sets of psychological programs are two different psychological activities. With efforts, she can purposefully change her psychological activities and give up on the morbid psychological activities before referring to healthy psychological activities (see figure 2).

Figure2

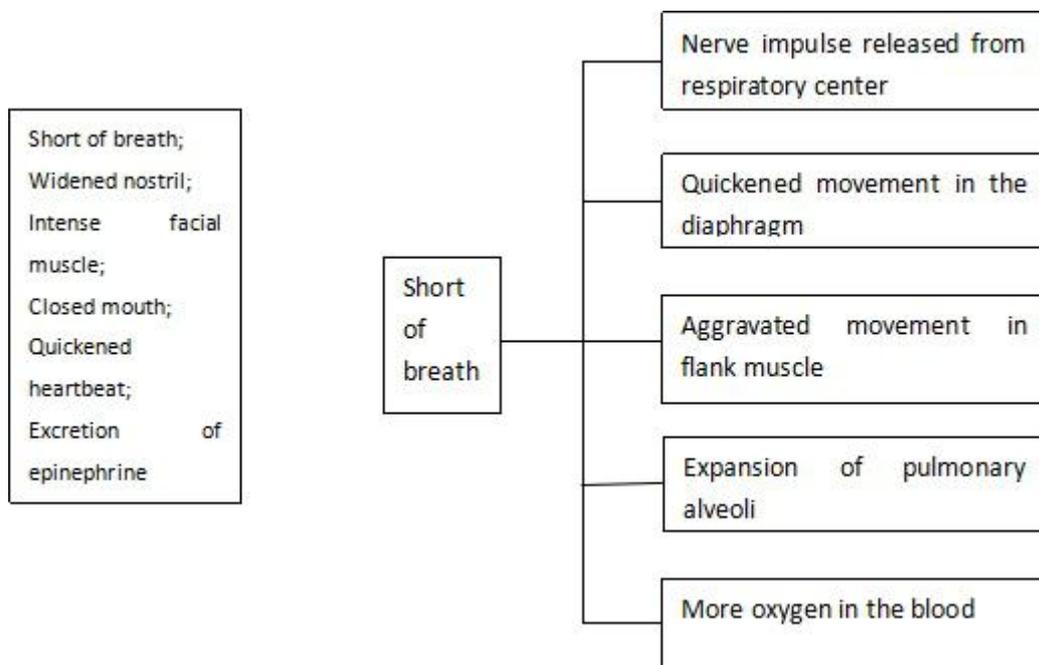


Figure3

Figure4

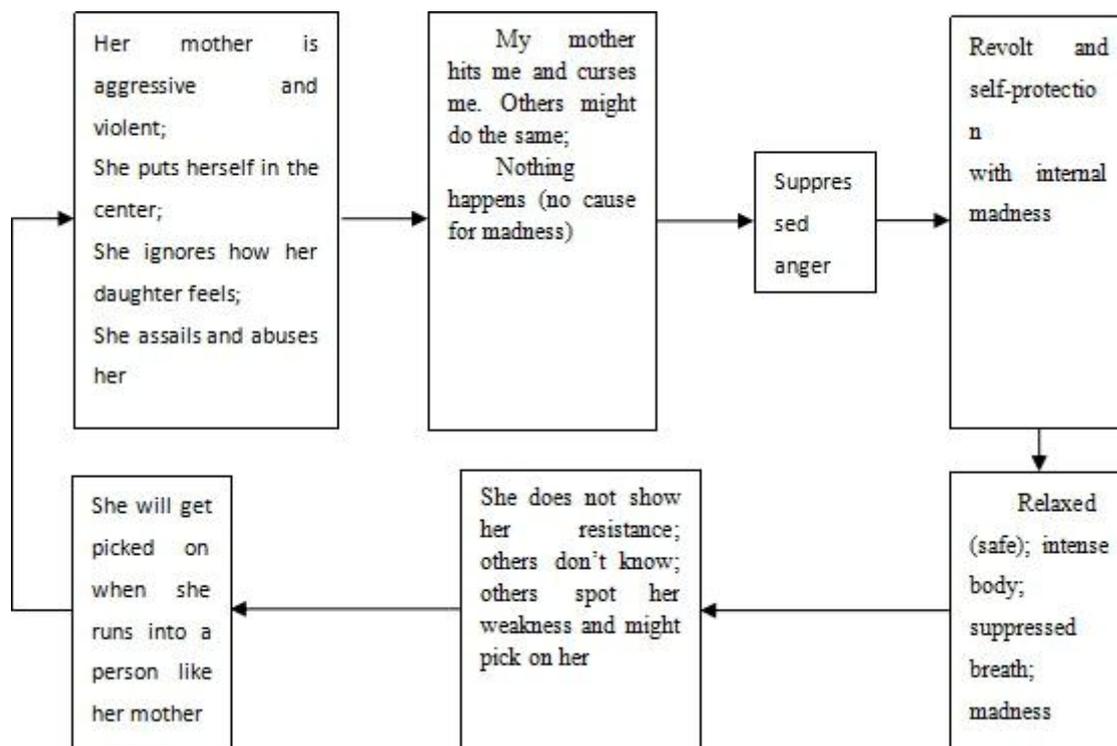


Figure 5

Despite diversity and complication of these wrong and correct programs, the patient herself could instinctively tell what correct and wrong program are. She knew that it was not good to be mad.

Blair, a friend of Freud, discovered that once patient suffering mental disease got hypnotherapy, his symptoms can be alleviated, for after the patient gets hypnotherapy, he would recall these programs and would instinctively and speedily revise or realize where go wrong and how to do that before her worries can get lessened. As the revision and consciousness takes place in a speedy way, neither patients nor Freud would take notice of it. They wrongfully reckoned that free association or hypnosis per se in psychological analysis took effect.

In *Hypnotherapy: Collection of Exploratory Cases* authored by Erickson, Ernest L Roes, the second author, also mentioned 'creative moment'. 'But what is creative moment? The moment has been deemed as heart-throbbing forecast by scientist performers and hence was known as aspiration by people performed in art (Barron, 1969). When a habitual link model is put to shelf, a creative moment will pop up. People's habitual link model can spontaneously become invalid or loose and they might have spiritual shock aroused in them...When habitual contents are suspended, pure consciousness or the aspiration of innocent void would find way to show up within fractions of a second (Eva, 1960). ' [2] 'Habitual content' is part of psychological program. When it is suspended, 'aspiration' will find a way to show up. It is why patients would momentarily observe and recall the previous programs and make instinctive amendment to that when they go through hypnosis. The so-called state of 'sudden enlightenment' or changeable awareness is attributed to patients' knowing of where goes awry

and their reminiscence of the correct ways.

The so-called 'creative moment' arises when procedural errors are far from severe and people can hinge on instinct or experience to capture what to do in the next step. Erickson held that hypnosis motivated potential, but instead, it should be people's lifetime experience, for many patients with minor problems in psychological programs can tell the right from the wrong. But in most cases, patients can't tell them apart, nor can we recall the operational program of the programs. The hypnotic techniques prove important and valuable then and separation and alteration of psychological program can't do without hypnosis.

But in most cases, patients can't tell the difference between right or wrong psychological programs. And a psychologist is thus needed.

3. psychological program of Characters

The following is on a case of an introvert (B):

Visitor: Others all claim my mother as extravert and outgoing, but I think she doesn't care much about how others feel. She gives an impression that I do not exist. Not that I do not exist in real life. But, well, it feels odd. She treats me as if my soul does not exist.

Visitor: She does whatever she wants and she is so dominating. She makes the final say on everything, like which kindergarten I went, which school I attended and which major I should take part in. She is nice with outsiders, but you know what? In my intellectual family, we got serious domestic violence. She would often hit me. She hit me when I don't listen to her, when I disturb her job. She would hit me with whatever she can grab. She doesn't even care about your life. She doesn't let me weep. I had nowhere to escape. I was there and she hit me.

Visitor: My dad. He's afraid of her. She got some scars on the back. It was chopped by my mom. She chased after him with a knife.

Visitor: But she has her advantages. A couple of years ago, she quitted her job as a teacher and went to a factory to be its administrative manager. She is awesome. I hear that from her colleague that she ran her factory well. They all respect her for that and claim that she is like Wang Xifeng.

Consultant: Wang Xifeng.

Visitor: Yeah, Aunt Zhao, her colleague, used to drop by at my house. She adores her. According to her, my mother is like Wang Xifeng who is talented in her job and knows how to curry favor with the boss. Our boss has full trust on her. In her students' graduation ceremony, she would deliver speech impromptu.

Consultant: Do you like social networking?

Visitor: I am nervous, something like phobia. In other words, I don't know how to contact with people. I don't know what to do or what expression I should put to make them happy. If they are not happy, I would be scared. Is that called social anxiety disorder?

Visitor: I am always observing others and trying to figure out what it is in her mind. I feel happy when others are delighted. When she is mad, I try to claim her up as I am

afraid that she might be unhappy.

Visitor: How many siblings does she have? Five. In her generation, people have siblings. She has an elder sister. She is the second child. She got two younger brothers and a younger sister.

Consultant: She is the second child of her family? I got it. I kind of know what kind of person your mother is.

Visitor: What are the characters of the second child of a family?

Consultant: Not that absolute, but close. By combining with how you portray her in life, she shows more obvious characters. She is selfish, stiff, bold, has guts and charm. She is dominating, but a second child is normally selfish and has a lot of ego. They only care about themselves.

Visitor: You are totally right. Then what should I do? You know she is creepy. Can I go back during spring festival?

Consultant: You are willing to change your characters, right? Then start from the spring festival.

Visitor: Yeah, what should I do?

Consultant: She's gonna take you to your grandparents' home on the second day of January, the lunar year, right? Then tell her straight there. You mentioned your grandpa used to be a senior cadre, so I think he could be dominating her. You will be in a safe environment. Your mother won't have a meltdown and won't attack you.

Visitor: That is quite possible. My grandpa and uncle are both serious. She is afraid to lose temper. What should I do? I am 29 years old. I am not even married. Though my grandpa always claims myself as a kid, but I don't know how to come up with it when I see her face. I would ramble when I get nervous. I so fear speaking in public. When others fix their eyes on me, I would grow stupefied.

Consultant: When you are at your grandpa's home, you can look at her in the eye. Take a deep breath. Focus your attention to your inner side, I mean your feeling. You will turn down the man your mother arranges you. Fine, focus on your feeling towards him. You are not into him. Then come up with why you don't like him, how much you love your boyfriend and how you love him. Use your true feelings. Pay attention to your true feelings. You don't have to look at your mother in the eye. You can do that of course, but do not pay attention to her mind. Don't guess what she is thinking or how she will react. Focus on your feeling. Don't worry that she would attack you. I bet she will hold it since so many people are around. Do what you want to do or say. Do not suppress it.

Visitor: It's kind of difficult, but it can work. Thank you, I'll make it slow.

Visitor: I have another question. I think I feel intense. I am reserved when so many relatives or contemporaries are around, notably when it comes to the dining table. I don't know what to do.

Consultant: About what I taught you with your mother, you can do that with others. Your problem is that you always put others as the centerpiece. When you get along with others, you will focus on how others think. You would cater to others. But you have to learn to express yourself. You should put yourself in the center. Well, you should manage to find balance. When you dine, do yourself. Eat whatever you want. Do

not run too far though. Do not pay too much attention to other people's eyesight or attitudes, say your grandpa or others. Do whatever you want.

Visitor: Really? I'll make it slow. You mean I should not care about others, right?

Consultant: No, if you do that, you are just like your mother. You'll learn it in real-time life.

Visitor: Okay, thank you so much. I'll try to learn it in the future.

The program of characters is a required psychological program that is a set of programs individuals initiatively or passively establish in their past life. The establishment of psychological program is realized through mind's manipulation of physical and physiological responses. Since the psychological program of character is set up by purposeful manipulation of physiological response of the body, then its revision is realized by set-up a new psychological program with different physical manipulation. In Case B, the consultant advice that she stops taking heed at her mothers' expressions or reflecting over her mind. They are all illustration of new manipulation of her own body.

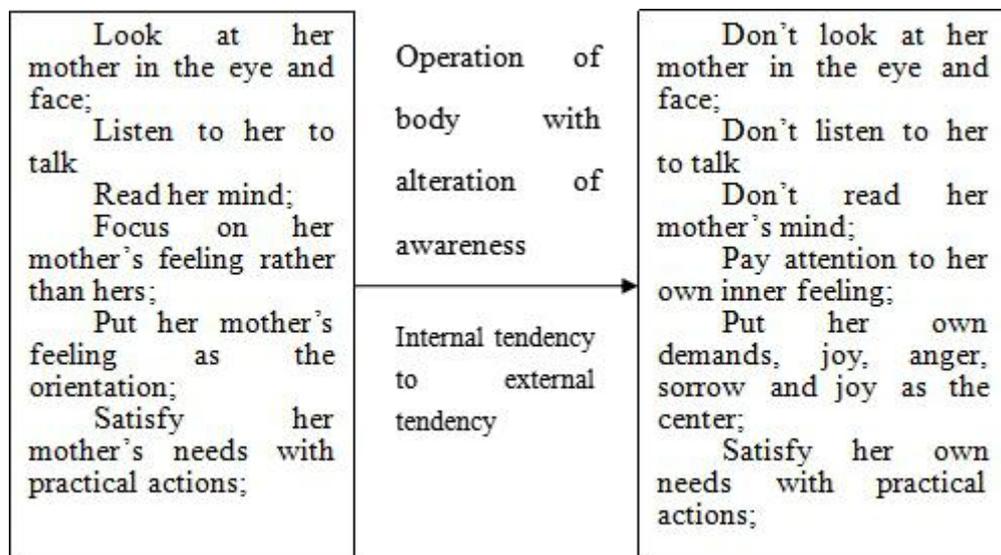


Figure6

This lady is besieged with bad programs of characters and she needs to work on that. People's program of characters is established through families in their families and social setting. It is acquired and hence is easy to be revised.

In the case, we can collect two programs:

- (1) She would observe her mother in the eye (for the purpose of reading her mind).
- (2) She would not observe her mother in the eye.

In program (1), she needs to activate her physiological reaction and looks at her mother with 'her eyes'. She has to wield her subjective willpower to control movement of her eyes. When program (2) is under operation, she would refer to another operation with her eyes. She might need to turn around her head and look at elsewhere. Switch of her physical operation from program (1) to program (2) is revision of her psychological program or change of her characters.

Changes of program (1) and program (2) are evident when seen from external observation.

The case has two other programs:

(3) She would guess her mother's mind.

(4) She would not guess her mother's mind and instead turn to her own feelings, desire and psychological needs;

These two programs are obscure. When she switches to program (4) from program (3), her change on her physical operation is difficult to be observed, but she would indeed run her physical physiology from her subjective willpower in a way hard to be perceived from the outside.

Though program (3) and program (4) are concealed for outsiders, yet the client might not feel that way. These two programs might be more intense than program (1) and program (2).

Precise instrument can be used to measure variations on people's physiological responses resulted from program (3) and program (4). A setting is hypothesized below:

When her mother is dining with the girl, her mother would always reel off her work, but she remains silent today. The girl would feel disquieted, so she activates program (3) by trying to read her mother's mind. Her brain activity would be enhanced and blood supply pumped to her head would be amplified while that to the stomach shrinks. If she can activate program (4) and her favorite dish of tofu happens to on the dining table, she would pay attention to the joy of eating tofu. Blood pumped to her stomach will be enhanced when compared with the case when she activates program (3). As she does not try to read her mother's mind, blood flown to her brain will shrink when compared with that when activating program (3). So by observing blood flown to the brain and stomach in the two cases, the two different programs can be observed. Through when the girl activates the two different programs, her outward operations do not look much of a difference by both sitting quietly and dining. But her physiological responses differ.

4. Causes for Psychological and Mental Diseases

4.1 Definition of psychological program

psychological program is a linkage of man and other living creatures in terms of psychological mentality and physical mentality. It also bonds an individual's psychological mind to the outside things. We would consciously or subconsciously activate a string of physical and psychological reactions to pull off some tasks and the process is called psychological program. A living creature would consciously or subconsciously have some physiological reactions aroused in order to execute some tasks. For example, when we dine, our oral cavity will enhance salivation and gastric acid, both being physiological evocation. Sure enough, 'physiological evocation' itself is not a program but manifestation of programs. 'psychological program' is abstract. As is with the physical conception of 'time', it is an abstract concept set up to better acknowledge the world.

Alternatively put, the psychological program is a string of 'physiological evocation' and many of them combined following certain structure would be called 'psychological programs'. The same 'psychological reaction' might fall to different 'psychological programs'. For instance, the physiological reaction of 'accelerated excretion of epinephrine' might be ascribed to 'anger' or excitement out of 'hunting'.

When we walk, we would activate the psychological program of 'walking'. The muscle in our legs will grow intense so that we can raise our legs. The order to signify intense muscle in the legs is a program. psychological program would not just refer to our conscious operation of physical action. Our behaviors like participations of a meeting, dining in a restaurant or exchange with a friend would be psychological programs as well. Our physiological reaction, nerve cell electrification in the brain, induction of nerve impulse, release of chemical transmitter in the consciousness receptors all fall to the sphere of psychological program.

Our reflection behavior is also a psychological program. Reflection calls for bioelectricity in the brain as well as operation of other physiological parts such as eyeball or blood pumped to the brain to bring down blood delivered to other organs. That we order our eyeball to roll to the right, left or upwards is a psychological program.

psychological program is divided into conscious operation and unconscious operation. Examples of the former case involve our decision to meet someone or to mull over a specific issue. Examples of the later cover secretion of gastric acid to digest food or madness when bad things occur.

psychological program might be divided into inborn program and required program. Inborn program is an inherent program of our body such as mydriasis when danger approaches, salivation when we catch sight of food and so on. Implementation of 'mental mechanism' and 'adaptor' in evolutionary psychology all falls to inborn program. Required program is initiatively or passively established program of living creatures such as program of nature and mentality. Thanks to evolution of living creatures, inborn program would not go awry with repetitive amendment, but it might be wrongfully wielded and hence psychological or mental disorder might be caused. Required program tends to go awry but is easier to be amended.

People would activate all kinds of psychological programs all the time. These programs are interlinked and are distinguished by levels, sequence, sequence of priority, consciousness or unconsciousness. They collaborate with one another and are under operation following a certain rule. Destruction of these rules will lead to psychological hindrance.

4.2 Operational Rules of psychological program

4.2.1 Spontaneousness

Operation of a program should be activated by corresponding events for stimulation that would initiate a person's physiological reaction. As is seen in Case A mentioned above, her program of madness is a spontaneous reaction of a simulation and her program of compulsory madness is one she purposefully wields.

4.2.2 Integrity

After a spontaneous program is activated, the program should be naturally terminated. Discontinuation by artificial or accidental event will lead to psychological hindrance. A case in point is 'posttraumatic stress disorder'. When a patient is in face of intense stimulation event, he would initiate a string of instinctive programs such as horror, tenseness, excretion of epinephrine, mydriasis and the like. As emotions arousing these programs are too intense to the point he can't timely tackle. If too many stimulation factors occur, he would not handle with everything and can't timely operate all programs to be initiated. And hence he would get stuck in some programs and forget how to run some programs. Posttraumatic stress disorder thus arises.

4.2.3 Dynamic entirety

A living creature has subjective will and consciousness. When we consciously run a set of programs (short as intentional program), it's called consciousness. As an individual can only focus on one thing at a time. Alternatively put, an individual can synchronously run an intentional program and can't synchronously run two or above intentional programs. He can't get distracted.

When we intentionally run the psychological program, as the whole characteristic is run in our whole body, his operation of an intentional program and another program will lead to physiological and mental clash and disturbance. For instance, when we have job-hunting and dining synchronously mulled over in our mind, it is to synchronously run two programs that will lead to split of characters.

4.3 Causes for Disease of psychological program

A living creature's use of psychological programs is to control his physical and physiological reaction to attain some assignments. When a man runs into dangerous animals in the wilderness, he will activate his psychological program on his body with rising adrenal gland and tense muscle in order to flee or combat.

As all our psychological activities are accomplished by manipulating physiology after running the psychological program, use of wrongful programs, erroneous program or improper use will lead to derangement or improper reactions physiologically such as tension headache, convulsion, mania, illusion and so on. These physiologically deranged reactions will bring about pain to our bodies and constitute the root for pain for patients suffering mental and psychological diseases.

4.3.1 Set-up of Erroneous program

As is the case on compulsory madness in Case A (figure 1), the patient purposefully sets up the abnormality program.

4.3.2 Wrongful Use

Thanks to revolution of living creatures, some basic psychological programs are less prone to go awry as they go through repetitive revisions and hence they are less prone to cause diseases. Our psychological or mental illness is ascribed to improper utilization of psychological program, as can be seen in the 'program of reflection' in Case C below.

Man's operation of psychological programs contains overall and dynamic characters. Pain caused by phantom limb by patients going through amputation might be accrued to the original integrated psychological program. For example, when he runs the program of 'walking', his psychological program incorporates the amputated limb. But as it is amputated and the program is yet to be altered, pain might be caused as blood still flows to the amputated limb. Some odd behaviors of patients with mental and psychological diseases are ascribed to wrongful psychological programs inside that are demonstrated on the outside. Behaviors demonstrated due to wrongful psychological programs of mental patients might relieve their physiologic pain resulted from mental disturbance. To force the patient to cease the behaviors will aggregate her psychological pain rather than helping her cure her disease.

Case (C) is listed below:

It's a report on a patient suffering compulsory reflections. He suffers numbness on the left body and body odor under his armpit. But he functions normally on the right side. He feels numb on the left head, notably the area above the temple. He got intestine and stomach

problems such as constipation. All can be ascribed to his reflection in the brain during his compulsory reflection and his corresponding physical and physiologic movement as well. In actuality, symptoms and pain of mental and psychological diseases are more physical such as anxiety, agitation or pain than about the brain. Other than reflection, all activities including dreaming, interpersonal interaction and reading call for physical and physiologic response. For treatment of non-organic mental and psychological diseases, it carries more heft to pay attention to physical and physiologic responses, for the psychological program would mostly be run in the body and pain from psychological and mental disease mostly stems from the body. The procedural program is demonstrated by manipulation of physiological responses.

But when he is engaged in reflection, he has to roll his eyeball to the upper right and linger for a while when he tries to figure an issue out. With his eyeball rolled upwards, he got white eye under the eyeball, a move similar to eye-rolling, which is part of his program of reflection. But for a normal person, he would not linger in terms of eye-rolling, nor would he have exaggerated expression. However, when he tries to unshackle a specific issue, he would outnumber normal people in time and range of eye-rolling to the upper right. It leaps out that his program of reflection is contracting that of normal people. His numbness on the left side and pain on the left head are all caused by his running of program of reflections different from others.

When a healthy man is engaged in reflection, he would reserve some attention to other physical reactions such as intention for defecation, thirst, coldness and heat, but when the patient is obsessed with reflection, he would overlook or suppress these physiological responses. For the matrix program, the upper level of the reflection program, he should retain some attention to other physiological feelings (such as intention for defecation) before timely handling with the feeling. But his ignorance of it and failure to execute the physiological feeling leads to his constipation.

That the patient is wrong is because he fails to correctly run the program of reflection. Rather, he splits his action from physiological operations of other parts without taking heed at intention for defecation or lung breath. He was reported to be snapped of his phone once due to his obsession with reflections. He got stumbled as he tried to run after his phone but it was a slight trip-over. According to his analysis, he would not have acted so incongruously if it were not because he was too obsessed with his reflection. It is indicative of his compulsory running of this reflection program that is fractured from other psychological tasks.

People's psychological and mental diseases of all sorts are caused by these wrongful psychological programs. Neurosis, personality disorder, non-hereditary schizophrenia and depression are all caused by people's wrongful mental activities. They can be artificially made, as is the case with the program of compulsory madness seen in the lady mentioned above (figure 1). The program is wrong in itself, but if she alters the program by way of suppressing the physiological feeling when she suffers intense back or temper, it is a new set of wrongful program namely suppression of temper. Rather than working out her problem, it will bring her second harm.

Since people's psychological and mental disturbance is ascribed to wrongful running of psychological program, mental and psychological treatment should aim at correct running of operation and revision of wrongful program. Psychological therapist can also take excavation of these psychological program and hunt for methods to change these program as the

objective.

Another case is demonstrated to prove that improper use of psychological program would cause psychological and mental disease.

A report on a schizophrenic girl portrays a girl who could always hear that others are talking about her. Despite her check that no one is around, she would find her phonism verisimilar. Based on psychological analysis, she suffered poor interpersonal relationship and got lots of learning pressure back in her senior high school. Once, she could not resist losing temper to her classmates during class, which further isolated her. When her teacher went to her classmate and talked about her, it was not phonism as the consultant put it. The patient also acknowledged that she heard it that others and her teacher were talking about her.

Because of her poor interpersonal relations, others indeed talked about her. She grew increasingly sensitive. When two students were whispering, she tended to assume that they were talking about her. One day when she was alone at home, she suddenly heard a distinct voice that someone was talking about her in the corner. She was taken aback, but there was no one out here. She suffered phonism.

In Case (E), the patient cocked up her own phonism. A man's psychology and mentality are in close connection to his body. Her repetitive hints that others were talking about her led to qualitative change from quantitative change. Affected by her own psychology, her brain suffers phonism that 'others are talking about her'.

She cocks up the symptom of phonism as she improperly runs the program of 'attention going to discussion of herself'.

4.3.4 Wrongful program

In Case B, the girl's psychological issue is ascribed to her error in the program of interpersonal relationship.

5. Search and Detection of psychological program

5.1 Method to hunt for psychological programs

5.1.2 Psychological Analysis

Psychological analysis by Freud stops short of curing psychological diseases. Its purpose is, in actuality, to hunt for a psychological program. As is mentioned above, since some psychological issues are far from complexed in their programs and most of the time, man could instinctively know that some programs are wrong. So with psychological analysis, man would observe these programs and would thus instinctively make timely amendment. It leads to the false impression that psychological analysis is medicative.

5.1.3 Scientific hypnosis

The majority of psychological and mental diseases can't get their psychological programs spotted by sole use of psychological analysis, nor would it prove easy that patients observe programs for their disease. In the case of posttraumatic stress disorder, a patient's psychological program is wrong in an instant with intense torment. Psychological analysis under normal state proves it difficult to get these programs dissected. William S Kroger used to put it that hypnosis is a state with mounting observatory force. [3] To dissect psychological program of patients suffering psychological disturbance, use of hypnosis to awaken his

memory and enhance his perception seems to be the best way, which could be analogous to surgical operation in significance.

The aforesaid cases all tell that visitors would find it difficult to learn about the methods applied by consultant, for visitors are not familiar with the psychological programs that disturb them. It calls for excavation of hypnosis so that visitors can get hold of it.

Measured from the known cases of clinical hypnosis, hypnosis can contribute to sound excavation of memory. In normal state, patients suffering psychological disorder would find it difficult to recall the detailed feeling of their psychological symptoms. Only when a patient tenderly and sufficiently recalls detailed psychological activities during his psychological disturbance can he alter it. In actuality, work experience of many performers of hypnosis indicates that though hypnosis itself falls short of truthfully curing patients, yet it could alleviate issues within a short time to a certain degree. It is tantamount to what was mentioned earlier: when a patient is in reminiscence of his psychological activities back then, he would instinctively know how to make adjustment. It can be explained that minor wrongful programs could not be sensed by a person without going through professional psychological psychotherapy. The key is that he cannot remember it.

So hypnosis is an acute weapon at this time. Reminiscence of what transpires back then before making timely improvement is misinterpreted as the result of hypnosis and psychological analysis, but in actuality, it is ascribed to patients' automatic revision of the programs in a way too swift to be captured. Hypnosis itself can't be independently treated as a therapy, but it can serve as a major instrumental role in the integrated curative program of 'psychological analysis + amendment of psychological program' as to excavate and dig out the program.

With help of hypnosis, patients would eventually observe and get familiar with these programs before being assisted by therapists to revise and adjust these programs.

In *Hypnotherapy: Collection of Exploratory Cases*, Milton H. Erickson put it, 'it's our belief that induction and maintenance of curative hypnosis provides a special psychological state so that patients can re-unify and re-organize their inner experience so that therapy will arise from re-integration of their own reactions.' [4] It not just manifests existence of psychological program, it also proposes that hypnosis can take effect on and revise psychological programs. 'Re-unification' and 're-organization' are psychological programs.

5.2 Physiological Measurement of psychological program

psychological programs refer to an array of physiological responses consciously or unconsciously initiated by living creatures to execute some assignments, so people's physical and physiological responses are procedural demonstrations. So though psychological programs are abstract and invisible, their existence can be verified through systematic and entire measurement of dynamic and static data of people's physical and physiological indexes as they are manifested by physiological changes.

As can be learned from the definition of psychological program, 'physiological arousing' or 'physiological reaction' are manifestations of psychological programs. So to measure a specific psychological program, we should gauge its 'physiological arousing' or 'physiological reaction'. Accurately put, we should gauge its 'combination of physiological arousing' or 'combination of physiological reaction', for the same 'physiological arousing' might belong to different psychological programs' and only measurement of their

combination can be significant.

As psychological program is run on the whole body and is a 'combination' of 'physiological arousing', measurement should be done from two dimensions namely 'space' and 'time'.

Measurement of 'space' is to gauge an individual's 'physiological responses' that might belong to this program including different organs, varying parts, body, body surface, blood flow volume, bioelectricity and so forth. Dimensional and overall measurement is needed.

The measurement of 'time' is to gauge sequence of priority of 'physiological response', response time of each physiological response, time interval and other data.

Measurement should be done from two fronts namely 'time' and 'space', intensity of each 'physiological responses' and other variables also need to be measured.

Only stereoscopic measurement from 'entire' and 'dynamic' perspective can we verify existence of these 'programs'. Deceased individuals can't detect these programs.

The running of psychological programs can't do without a human body and its control of physical responses show dynamic and entire characteristics. As can be seen in the case of compulsory reflection above, her engagement in reflection involves participation of the whole body such as tense muscle at her back of the collar and her fear of coldness (signifying less blood supplied to the skin). The dynamic characteristics refer to changes of these physiological responses along with operation of the programs. For instance, she would fear coldness all the more when she is engaged in compulsory reflections, but if she is not involved in coerced reflections, she would not feel that cold. An indicator of changes of blood contain in her skin. It illustrates that when a man runs the program of reflection, his other parts of the body including skin, feet, arms, intestines and stomach will see their blood volume sap so that more blood can be pumped to the blood. These physiological changes are easy to be gauged. The behavior of bringing down blood flow to other parts of the body is part of the program of reflection. Existence of psychological programs can be verified by gauging these physiological indicators.

7. Revision of psychological programs

7.1 psychological programs Can Be Revised

Revision or alteration of psychological programs happens in the later phase of psychotherapy. The first phase of psychotherapy is aimed at dining out programs for causing the disease. Revision or elimination of wrongful programs can we cure the disease. When compared with analysis on the psychological program, revision of it is more difficult.

Man or other living creatures can and have the competence to revise their own psychological programs, as is determined by their essence. Life is intelligent. He has free will and has subjective initiatives.

As the psychological program involves a string of actions of mental and physical activities. Our awareness not just facilitates our mental activities, it can conduct conscious manipulation on our body physiologically. So we can consciously alter our psychological programs. As is with a computer that can do programming, man can do programming himself.

Many previous classical psychotherapies take effect by affecting or altering the psychological programs. A case in point is cognitive behavior therapy that makes alteration from the source

of programs covering faith, concepts and the like.

Biofeedback therapy is to make treatment by consciously and intelligently controlling our physical reactions, which is also tantamount to alteration of the psychological programs;

Humanistic therapy is to encourage patients to run their own psychological programs, as many patients suffer pain out of their bungled efforts to get adjusted to life and the society in terms of their psychological programs. Humanistic therapy that puts patients in the centerpiece would, for one, help them to run programs they can't run in other environment so that their torment can be alleviated, and for another, help patients run previous psychological programs in a free and lax manner, which conforms to Freud's free association or hypnosis and consciousness under the category of psychological technologies. Visitors can attain the curative effects by observing and recalling wrongful operation of their psychological programs in free and relaxed operation.

Behaviorism therapy is to control and alter outside behavior, one of the manifestations of psychological programs.

Even drugs for psychological diseases would take effect on physiological responses and physical actions, terminal for operation of psychological programs.

7.2 Rules for Revision of psychological programs

7.2.1 Seamless Connection program

It is to revise a specific section of program that causes the disease. The newly-implemented program is requested to be naturally continuous in the original healthy program, for a simple reason that the newly-implemented program should comply with the operational rule of 'being spontaneous', or else it is difficult to be automatically run.

7.2.3 Compatibility of psychological program

As is with computer programming, psychological program also suffers compatible problems. For example, a patient suffering phobia would grow intense and sweat when he sees a ball pen. He can't run the program of getting relaxed or taking a deep breath. In this case, we should analyze causes for his intenseness and sweat. It can be attributed to an incident happening a couple of years ago when he took care of his little girl who accidentally fell down and got a ball pen stabbed in her neck and narrowly escaped death. His wife castigated him for that and he took regret of delivering the ball pen to her in the first place. He would suffer conscious phobia whenever he sees a ball pen. We should dig out changes of psychological program when he took fright after seeing a ball pen that got stabbed into her daughter's neck and locating the wrongful psychological program he ran before making revision rather than applying an unrelated program or program that is not affiliated to the original program (relax or deep breath), so the later can't be automated. He can't get relaxed or take deep breath every single time he sees a ball pen.

The characteristic of psychological program bears some semblance to organ transplantation. Higher similitude to genes of the organ to be transplanted leads to more probability of survival, or else rejection reaction would be caused.

7.3 Methods of Setting Up or Revising psychological program

psychological program of a living body is partially stemmed from inborn inheritance and partially required, an example of which is the psychological program of characters. In actuality, we would abolish or revise psychological programs all the time and establish new ones. The set-up of psychological programs is attained by awareness' operation of physical

and psychological responses that can be divided into 'consciousness' and 'unconsciousness'. For instance, the program of characters is, for most of the time, unconsciously established through interaction with others back in the childhood. As it is unconsciously established, such means as psychological analysis and hypnosis should be wielded to dig into memory for psychotherapy so that these programs can be elevated to the level of consciousness so that we can easily observe and revise them.

Erickson used to put it, '...But this remedy is none but a response to implication that does not possibly contain re-unification and organization of will, cognition and memory indispensable for the genuine remedy. Reunification and reorganization of his living experience would lead to remedy rather than clinical demonstrations of the responsive reactions. The later can gratify observers at most.' [5] It leaps out that patients can get truly recovered after their psychological programs can be revised. In traditional treatment of mental disease, doctors tend to alter patients' responsive reactions. Much though it can console some doctors that their therapy takes effect, yet it is of no avail to patients. Quite the contrary, it will aggravate their pain as they have to coordinate with doctors to show up external behaviors running counter to their true selves.

As people's psychological and mental disease is ascribed to wrongful programs, the objective of psychotherapy is to forgo the outdated, wrongful or unhealthy program, establish new psychological programs or revise the original disease-causing programs.

7.3.1 Reverse Traceability

It is to make use of psychological analysis and hypnosis to locate distortion of the program or to locate the wrong track of the original program. Patients are led to return to the original programs, run their original programs and let go of the wrongful orientation.

In the case of the girl suffering compulsory madness in Case (A) mentioned above, the consultant would ask her to recall why she got mad in the first place. It was because of her mother who used to hit her. She should throw tantrums at her mother. It should be the correct program to do, but she would suppress it. That we run a wrongful program is ascribed to our tendency to let go of ways for concrete operation. Operation of the psychological program triggers many minor physical reactions including the brain. Though these physical physiological actions and responses are minor to a degree that we seldom observe and believe its existence, yet they carry equal heft. Ignorance of a link would cause psychological hindrance. For a common person, it would be impossible to forge about operation of a specific program. In the case of anorexia, she might forget about how to arouse her appetite and how stomach should react in times of starvation rather than how to take chopsticks or spoon.

In effect, people tend to forget about concrete operation of psychological programs. In normal cases, when operation of a program is not disturbed, it might be soundly run and would not go awry, but once it is irritated or is overwhelmed by overt emotions aroused in himself (overt arousing of emotions might plunge himself to it when letting of the fact that a program is not yet done. He would forget about how to put an end to it. He would forget about a part of the program). Then it might lead us to erase some of its parts and hence we can't run it.

The man whose daughter got stabbed by a ball pen would confront other anxious events in his daily life, but he knows how to handle with them out of instinct. He can manage to wipe out anxiety when he is challenged by an anxious event he could possibly stand (in other words, he

could soundly run it and know how to attain that). But the event that her daughter got stabbed by a ball pen suspends his reaction program towards anxiety. His action of help his daughter handle with the pain (by calling for a doctor or notifying his wife) forced him to forge about his program of anxiety or how to erase anxiety (after we successfully handle with stressful event, we can bring emotion back to the normal state. Failure to recover emotion takes the claim for patients suffering posttraumatic stress disorder) He might get stuck to the anxious emotions without knowing how to wipe it out. In this case, we can use hypnosis to help him recall how to run the program of erasing anxiety. The bulk of therapists themselves don't know how to run the program. Restrained by human communication and exchange, it's difficult to give voice to it. So it's best that patients use intuition and experience to hunt for it themselves.

We might forget about how to run a specific program when our awareness is disturbed. When a specific issue is defective or when we are anxious and thus consciously observe, mull over or analyze a specific program, we would get a muddled mind and forget about what we should do in the first place. We would call for rest before using intuition to recall the experience.

7.3.2 The Theory of Use or Disuse

'During its revolution process, a living creature would see part of its organs dwindle, its structure simplified and its functions decline to the brink of entire distinction. It is called degeneration.' If a person does not use hands for a long time, hands will be generated or vanished altogether after a long course of time such as several generations. The same can be said of psychological program. Scanty use of it or decreased usage frequency will see its intensity gradually dwindle till it is entirely wiped out. It is called the theory of use or disuse.

When we attempt to weaken a bad or harmful psychological program such as the program of compulsory madness mentioned above, we can use the method. Its key is not to use it. Rather than abruptly ceasing to use it, we would decrease frequency of using it, for things evolve in a corrugated or meandering way and the same can be said of erasing these programs. We can allow its relapse but overall, its frequency and intensity is on the decline.

Following the theory of behaviorism, the compulsory behavior might suddenly show up after it is suppressed for a while. During removal of psychological programs, various complicated cases might also occur. All these fall to natural phenomenon during the process and we should cater to natural tendency.

7.3.3 Expansion of Perception

The concept of procedural boundary (sensory boundary) is to be defined.

Perception boundary or procedural boundary is defined as sensory contour brought to the body psychologically by a certain section of psychological program. The woman suffering compulsory madness goes through the program of mass with intense body on the right, which can be vividly sensed by her. In her subjective experience, intense body on the right seems to become an entity that has contour and edge or what we call perception boundary. When a patient feels the contour and boundary, she can get it distinguished from other physical feelings (or separate the disease-inflicting program from others) so that she can use the technique of use or disuse to handle with the feeling (a part of psychological program). It bears some semblance to surgical operation. We should locate the edge of the tumor to be incised before starting with the surgery, or else the surgeon has no idea where to get started.

Expansion of perception helps us locate the boundary of psychological feeling brought by

psychological program. We can locate its boundary by not restraining to physiological feeling brought by a certain section of program but widening our range. 'You can't get sight of the whole picture of Mountain Lushan for you are in it.' People in Mountain Lushan can view the contour of Mt. Lushan by stepping out of it or by scanning its ambience using a radar in a helicopter. It is called expansion of perception.

Expansion of perception is to look for the parent procedural system of the diseased program by liberating ourselves from the program that controls us so that we would know that the diseased program is part of the bigger parent program. In this way, we can seek out the fountainhead of the program, learn about how it transpires and where it starts before relinquishing or revising it.

7.3.4 Reference Method

For example, confidence is a program. If a visitor is not confidence on one aspect such as drawing, he would feel self-abased. We can foster his confidence on drawing by starting out to seek for his confidence on other perspectives. For example, he is confident in drawing bicycle. The psychological program of bike-riding bears semblance to that of drawing. We can teach him how to acquire the confidence he obtains from bike-riding. As he has the program of confidence for bike-riding, he would find it easier to learn the confidence program instilled by you.

References

- [1] Milton H.Erickson, Ernest L. Rossi Of *Hypnotherapy: Collection of Exploratory Cases* [M] (2016, February) (Yu Shou, Trans.). Beijing: China Light Industry Publishing House,
- [2] Milton H.Erickson, Ernest L. Rossi Of *Hypnotherapy: Collection of Exploratory Cases* [M] (2016, June) (Yu Shou, Trans.). Beijing: China Light Industry Publishing House,
- [3] Michael D.Yapko Of *Practical Course on Clinical Hypnosis*. [M] (2017) (Gao Juan, Trans.). Beijing: China Light Industry Publishing House.
- [4] Milton H.Erickson, Ernest L.Rossi Of *Hypnotherapy: Collection of Exploratory Cases* [M] (2015) (Yu Shou, Trans.). Beijing: China Light Industry Publishing House, 15-16.
- [5] Milton H.Erickson, Ernest L.Rossi Of *Hypnotherapy: Collection of Exploratory Cases* [M] (2016, September) (Yu Shou, Trans.). Beijing: China Light Industry Publishing House.