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*Perceptual and Motor Skills*, Vol. 43, No. 3 (December 1, 1978): 994. [DOI](#). This article is © SAGE Publications and permission has been granted for this version to appear in [e-Publications@Marquette](#). SAGE Publications does not grant permission for this article to be further copied/distributed or hosted elsewhere without the express permission from SAGE Publications.

# Treatment of Insomnia through Eidetic Imagery: A New Technique

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This technique for the cure of insomnia has been developed by me within the general theoretical framework of Eidetic Psychotherapy which was originated by Akhter Ahsen and is based upon the elicitation and manipulation of eidetic images (Ahsen, 1968; Sheikh & Panagiotou, 1975). More specifically, Ahsen has demonstrated that eidetic images reenact symbolic as well as memory elements from conflictual situations in the past; and their mere enactment is not enough to overcome the recurring tendency in the original traumatic events. Ahsen indicates that often it is necessary to "redirect the individual from traumatic fixation to release and expression." This eidetic phenomenon underlies the following technique.

During the first stage of this treatment for insomnia the subject is asked to recall occasions from his past when he was extremely tired and sleepy but had to ward off sleep due to external demands. For example, he may have had to force himself to remain awake in order to study for an important examination, to prepare a lecture, or to supervise a machine during the night shift. In all of these situations, the organism's need for sleep is pitted against a rational and often success-oriented demand, and it is always the latter which wins.

As the subject imagines himself to be in one of these situations and concentrates on this image, he becomes drowsy. He is instructed that at this point he should disregard the rational demand and thus reverse the results of the conflict between this demand and the bodily need for sleep. For instance, he could tell himself, "May the devil take the exam (or supervise the machine), I am going to sleep." Thereupon, it has been observed, the subject does in effect fall asleep.

All images of the above type will be effective in eliciting sleepiness, but some may be more potent than others. The subject can best find the one which is most suitable through initial exploration. My use of this technique hitherto has yielded excellent results. Currently I am gathering more data on the subject and hope to present a more detailed report before long. Perhaps other clinicians would be interested in trying this technique. I would be most interested in learning about their experiences.'

## REFERENCES

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