

## Are Telepathy, Clairvoyance and "Hearing" Possible in Utero? Suggestive Evidence as Revealed During Hypnotic Age-Regression Studies of Prenatal Memory

**Author:** Cheek, David B, MD

**Publication info:** Pre- and Peri-natal Psychology Journal 7. 2 (Winter 1992): 125-137.

[ProQuest document link](#)

**Abstract:** None available.

**Full Text:** Headnote ABSTRACT: Evidence supplied through age-regression studies of adults based on a combination of ideomotor techniques and hypnosis suggests that telepathy, clairvoyance and some form of hearing are perceptions available to the human fetus from the emotional moment its mother knows she is pregnant onward. Fetal interpretation of maternal communications may be mistaken as rejection. Telepathic commands between mother and immature young probably have survival value for lower mammals. The mechanism for silent warning and absolute obedience needs completion before birth. Search methods and ways of reframing negative imprints are presented. The evidence to be presented in these case reports has been accumulating since 1956 when the late Leslie M. LeCron invited me to join him on the faculty of his Hypnosis Symposiums. His methods of using ideomotor techniques (pairing gesture and memory) to discover the origins of physical and emotional problems were unique and proved valuable in my practice of obstetrics and gynecology. The combination of unconscious gestures with very light hypnosis has permitted my patients to discover events which they believed had caused the problem that I was attempting to treat (Cheek 1961, 1964, 1965a, 1965b, 1969, 1976, 1989, Rossi & Cheek 1988). Reports by hypnotized patients were revealing significant birth memories (that have been validated by Chamberlain 1980, 1988) and physiologically damaging dreams (Cheek 1963). Women who had suffered continuing failure with treatments for infertility were able to become pregnant. Women who had miscarried six or more pregnancies were able to discover and eliminate causal dreams and deliver one or more term babies (Cheek 1965b). The results were good; it did not seem necessary to differentiate between facts and helpful fantasy as long as the patient believed in her discoveries. Milton Erickson accepted my first paper on the ability of anesthetized patients to hear and be troubled by careless conversation (Cheek 1959). Ideomotor search methods were consistently cutting through the amnesia of general anesthesia. My findings were immediately challenged by anesthesiologists and surgeons. The importance of fact versus helpful but possibly fabricated memory became very important to me. Criteria for acceptance of patient reports proved trustworthy when checked against my operatingroom records and the memory of my surgical colleagues. The criteria were: (1) physiological signs of stress must be visible and appear before (2) an ideomotor signal reveals that the experience is being recognized subconsciously; and (3) both physiological and ideomotor signals must occur before the information can be consciously recognized and reported verbally. Finally, the hypnotized subject is asked for an ideomotor answer to the question "Does your inner mind agree with what you have told me?" The details of establishing finger signals have been discussed at length elsewhere (LeCron 1961, Rossi & Cheek 1988) and are not pertinent to the report to be given here. In 1961, I quite accidentally found that a young lady was able to report her significant experience during her fifth month of intrauterine life. Here is her report, to be followed by three others demonstrating what I believe to be extraordinary perceptions of the human fetus. I suggest, from evidence offered by well over 1000 patients and students in demonstrations, that knowledge of maternal thoughts may have survival value for young mammals before they can struggle for themselves without protection. It seems logical also that the communication system is complete prior to birth. CASE I. CLAIRVOYANT AND AUDITORY PERCEPTIONS OF AN 18-WEEK FETUS I have discussed this case in lectures many times to stress the apparent significance of imprinting that can be stored in fetal memory during the first half of pregnancy. I include this case here to emphasize the way in which the fetus sensed the information. In 1961 a 13-year-old child I had delivered was sitting in during an interview

with her anxiety-ridden mother. I was using hypnosis with the mother when I noticed that her daughter was also in an altered state. I felt it would be helpful for this bright and popular daughter to enlighten her mother about the good job she had done in raising her. I was hoping to diminish the mother's feeling of unworthiness as a mother and wife. Finger signals were set up with the daughter. I asked her if her inner mind knew what had made it possible for her to be president of her highschool class and a straight "A" student. Her "yes" finger lifted. Q: Let a thought come to you about this. Just say what comes into your mind as that "yes" finger lifts again. A: (After a 15-second pause) It's when I know I'm supposed to be a girl. Q: Understand what is happening and where you are. When you know that, your "yes" finger will lift. (Her finger lifted. She did not speak but I could see her eyes moving from side to side beneath her closed eyelids.) Where are you? A: (After a 10-second pause) I guess I'm inside. Q: Tell me what is happening. A: My mother is saying, "It's a girl. I know it's a girl. It has to be a girl!" (She is mimicking her mother's voice and emphasizing the highlighted words.) Q: (Because I had seen her eyes moving as though looking at something, I asked:) Tell me what you are seeing at this time. When you know, just say whatever comes to your mind. A: Mother is sitting on a couch knitting something. My dad comes into the room and asks, "Why are you knitting something for a girl?" (From the tone of voice this child was using, it seemed clear that the idea of a girl was not pleasing her father. This probably was what made this a meaningful experience. The fetus was relieved to know her mother's feelings after a preceding impression that her father wanted a boy.) Q: What is your mother wearing? A: She has on a green plaid dress. I can't see any other color. I think it is dark. (As is usual, she was using mature terminology, known at the age of 13, to describe a feeling impression of the fetus. She was not reliving the experience in a total age-regression or "revivification". She was viewing it from the time horizon of the interview. This is comparable to hearing a lecture in a foreign language and being able to understand its meaning 10 years later after studying the language.)

Mother's Validation of Daughter's Revelation The mother came out of hypnosis at this point. She exclaimed, "I had a green and black plaid dress on and I can remember when that was!" I had just begun feeling Debbie kicking. It was in April. (Fetal movements are usually noticed by the mother soon after 18 weeks of gestation.) I gave that dress away right after my pregnancy. I would have been almost five months along. That's incredible!" Comment This was my first exposure to the possibility that there could be clairvoyant knowledge available to a fetus. Of course, there is always a chance the mother may have been mistaken in her memory and that the daughter could have seen this or a similar dress at a later time. It is also possible that her hypnotized mother across the room was recalling the event and projecting her recollection of the dress telepathically to her daughter. The facts as described, however, were enough to open my mind to this interesting form of fetal awareness of its mother's world. My motivation to keep searching prenatal impressions stemmed from having patients teach me that traumatic experiences prior to the dawning of conscious memory may set the stage for subsequent experiences that seem to be the cause of trouble. I was learning about some of the reasons why we fail to help our patients suffering from consciously recognized feelings of rejection, guilt, negative identifications and passive acceptance of bad luck and disease. Is it time now for a rebirth of the trauma theory?

CASE II: TELEPATHIC FETAL AWARENESS OF ATTEMPTED ABORTION This patient was reported in the Australian Journal of Clinical and Experimental Hypnosis in order to demonstrate the damaging results of fetal imprinting apparently caused by a single, life-threatening experience (Cheek 1980). I am presenting the case here as an example of maternal telepathic communication in utero. This terrifying experience for the mother intensified the perceptions of her fetus and may have led to some, if not all, of the child's subsequent problems. In this case, a drunken and violent husband threatened to kill her mother if she did not get rid of her unborn child. Her mother got out a button hook for the action but could not go on with it. The subsequent feeling of being smothered by her mother's large breasts was a secondary, peripheral, "trauma" that might have screened out the source trauma under ordinary circumstances of exploration with conversational hypnosis. This patient I will call "Dee" was seen for the first time in 1958. Her history was a long and painful one. Her father was the vicious alcoholic. Her mother divorced him when Dee was two years old. She was repeatedly molested by her grandfather. Dee had

undergone 11 operations, was suffering from bouts of depression, was overweight and was in almost constant back pain. These problems had started after a pregnancy that ended in premature labor and stillbirth of her baby. Dee was in the sixth month of pregnancy when a large myoma twisted on its pedicle and required immediate surgery. It was a curious coincidence that this occurred at the same stage of pregnancy as the experience to be discussed here. She stated that her marriage was a good one and she was very happy with the child she now had. She loved her mother whom she had taken into her home after her stepfather died. After a number of office visits without much progress, she sent me a letter in the spring of 1962 saying that she had been having a recurring dream that her mother was trying to abort her with a button hook. I wrote back that it would be an almost impossible task to get a button hook through the cervix since this was her mother's first pregnancy. Dee was not satisfied with my response. A year later, on May 29, 1963 she hobbled into my office without an appointment to ask if I could use hypnosis to help her turn off the crippling pain in her back. She was able to enter a deep trance state during which she revealed two critical moments when she felt her life had been threatened. The first was awakening as a baby with the impression that her mother was trying to smother her with her breasts. I explained that mothers frequently fall asleep while they are nursing. I wanted to know what made her vulnerable to the belief that her mother could have tried to smother her. I felt there must have been an important earlier experience that had sensitized her in some way. Dee was a good hypnotic subject and was knowledgeable about using unconscious gestures in locating information that was consciously unknown. Q: Let your inner mind go back to an earlier experience that might have made you believe your mother was trying to kill you with her breasts. When you are there, your "yes" finger will lift. As it lifts, please say the first thing that comes to your mind. (I was not prepared for the abreaction that followed. Her finger lifted to indicate something important.) A: Appearing very agitated and breathing rapidly, she said, It's before I'm born. My father is shouting, "I'm going to kill you." (A few seconds later, Dee began screaming. She pulled her legs up to her chest as though trying to get away from something very frightening.) (I put my hand on her shoulder to connect her with the present moment in my office and asked her to look at the experience using her knowledge and common sense as a nurse. She became more relaxed again and was able to talk.) "I saw that button hook coming up at me. I knew my mother was trying to get me out." Q: Then what happened? A: Nothing happened—only a little bleeding. A: How do you know this? A: I know it the same way I have known other things about real people and what is going to happen to them. The panic that Dee had shown while recalling the button hook experience, was I believe, a telepathic reflection of her mother's combined fear for her life and her anguish over the idea of destroying her child. Dee's mother intended to insert the button hook but was blocked either by her own need for a child or her inability to insert the instrument through her closed cervix. The "little bleeding" could have come from injured capillaries on the surface of the cervix after tentative efforts to insert the button hook. Several days after the interview, I received a handwritten note from Dee's mother. This is what her mother said. Dear Dr. Cheek: This is to verify that the statements made by Dee are true. There is one exception. When she was smothered under my breast, I was not trying to kill her. I had fallen asleep while nursing her. The statement made about her father screaming "I'll kill you" is true and happened in the early stage of my pregnancy. Dee had no way of knowing about these incidents: 1. Trying to abort with button hook, 2. Smothering under breast, 3. Her father saying he would kill me. Knowing this information will be handled with discretion, I will do my utmost (sic) to assist Dee in any way possible." Dee reported later that her mother had never told her about her effort with the button hook. She said that her mother told of taking the button hook in her hand but could not bring herself to the act of inserting it into her uterus. At six months of gestation time, Dee could have heard her father's angry shouting but she was telepathically sensing her mother's feelings and thoughts. The feelings of fear might be explained as a primordial memory association triggered by maternal epinephrine crossing the placenta but this is, for me, a less viable speculation. Dee's mother remembered that this incident took place about two months after she first felt fetal movements, that is, at an estimated 6 months into the pregnancy. At this stage of gestation, the fetus would have been in a breech position, sitting up in her mother's abdomen.

What mental activity prompted this fetus to pull her legs up? An effort to avoid the image of a threatening thought? How did that fetus know that her mother was considering pulling her out with a button hook? What constructed the image of a button hook? Dee came to a lecture that I was giving at a local hospital a year after this last interview. Her relationship with her mother had become closer than before; back pain was gone. CASE III: A PRENATAL CLAIRVOYANT AND TELEPATHIC EXPERIENCE This case has been reported in part as an example of prenatal imprinting of memory in Pre- and Perinatal Psychology Journal (Cheek 1986). I am presenting it again here, but from a different standpoint. This 34-year-old biologist wanted me at a conference to help him learn about what happened to cause the deep scar on his forehead. His mother had told him that her labor was painful and that it was necessary for the doctor to deliver him by forceps as an emergency measure. His life apparently had been at risk. It seemed clear from the placement of the scar that this had been a "high forceps" delivery and that the instruments had been applied incorrectly, with one blade pressing into his forehead. From evidence that arose during my interview, it was apparent that the injury may not have been entirely the fault of the obstetrician. Time must have been of the essence in order to justify the risky procedure of delivery by forceps when the baby's head was not deep within the pelvis of the mother. Finger signals for "yes," "no" and "I-don't-want-to-answer" were selected. I began the questioning after a brief induction into hypnosis. This is the verbatim account. Q: Would it be all right for you to look back on your birth experience from today? You need not be the baby, just look at him. A: (Finger signal "Yes.") Q: Please orient your memory back to a time when you were comfortable, some time before your mother goes into labor. When you are there, your "yes" finger will lift. As it lifts, please tell me what is going on and how you feel. (Commonly when a request is made for a "pleasant experience" a hypnotized subject will go to a stressful one in that time frame. The biologist's finger lifted but he had selected a moment that was meaningful to him. His respirations accelerated. With a frown appearing on his face, he began to speak haltingly.) A: (His finger lifted and then he began to speak.) Mother is at my grandmother's house. Her father has just died suddenly of a heart attack. That's funny, I thought my grandfather had died a long time before I was born (He had recognized that this was about a week before his mother went into labor.). My grandmother is crying. She is sitting down on a sofa. Q: Can you see what she is wearing? A: She is wearing a dress with a flower sort of pattern. Q: Can you see your mother? A: (Finger signal "Yes.") Q: How does she look? A: She is pregnant. Q: What is she wearing? When you can see, your "yes" finger will lift and, when it lifts, please tell me. A: (His "yes" finger lifts.) It's a gray and white striped maternity dress. There's a round collar with a pink bow around her neck. (After a 10second pause for reevaluation:) Yes, it's a white and gray dress. Q: Where are you? A: Inside. (Now, he begins moving his head from side to side, moving his arms and legs in an alternating, coordinated way as would an older child in walking and avoiding something.) Q: What is happening now? A: My mother is in labor. (The movements continue. He is partially reliving the scene but at the same time is able to comment as though he is a bystander. His walking and head movements continued during a silent twenty seconds.) Q: What is happening now? A: My mother is afraid of dying, like her father. They were very close. Her labor stops. I'm stuck and they are trying to put forceps on my head. My head is trying to get away from the forceps. This was a remarkable observation. He did not consciously know the fact that uterine contractions will stop being expulsive and the cervix will stop dilating when a mother is in great pain or is frightened. Apparently her fear had activated the same feeling in him. The effect of her epinephrine, or more likely his own epinephrine, would have accelerated his metabolism and increased his need for oxygen. The slowing of his heart rate after a contraction would reflect oxygen deprivation to his brain and would have alarmed the obstetrician and prompted him to try immediate delivery of the baby. Q: (I wanted to shift his attention away from this frightening moment.) Notice how your head moves as you come out into the world. Let your muscles tell you what is happening. Notice which arm is out first. Pay careful attention to the sounds around you. When you are just coming out, your "yes" finger will lift. A: (The movement of his head, turning his face to the right, suggests that his delivery mechanism would have been "left occiput anterior" ("LOA"), or possibly "right occiput posterior." His shifting head position would have made any

such determination speculative. There is a long pause before there is a "no" finger signal in response to my repeated question about whether or not his mother is awake and able to talk.) Q: How does the baby feel? A: I feel guilty. I feel I have caused my mother a lot of pain, a lot of trouble. Q: Does the baby feel in any way responsible for the death of his grandfather? A: (Finger signal "Yes.") (Experience has shown that babies have a tendency to assume responsibility for any distress that their mother suffered during labor. His smile showed me that he had already realized that his grandfather's death was not his responsibility. But I wanted to be sure that his guilt feelings about his mother were being reprocessed.) Q: Would you agree that a baby should not be made to feel guilty about the problems his mother is having?" A: (Finger signal "Yes.") At the end of the conference the biologist called his mother and reported in a letter to me that his mother remembered the scene he had described and verified his memory of her clothing as well as her fear of dying during the labor. She could not remember what her mother was wearing at that time. The observation verbalized by this fetus at term, that maternal fear could stop the progress of labor, was a fascinating one. The doctor of biology did not know of this obstetrical relationship between fear and altered responsiveness of uterine musculature to oxytocin. Oxytocin will normally stimulate contractions of the uterus. It is secreted by the pituitary gland after activation by releasing substances from the hypothalamus. The adrenal hormone epinephrine will cause abortion in early pregnancy but will make the uterus stop expulsive labor near to term. How did this subject know what was happening physiologically and how did he know the reason for her thinking she would die in labor? CASE IV: PARADOXICAL RESPONSE TO MOTHER'S JOYFUL WELCOME AT BIRTH In 1985 I learned that permanent unconscious memory could occur for an embryo at the time its mother is told she is pregnant. A woman may believe that she is pregnant but it is an emotional moment when the diagnosis is made definite. Maternal fear or anger at this time will profoundly influence the embryo. First it will feel confused because it seems to expect its mother to be happy. The next reaction seems always to be: "She does not want me." At six to eight weeks the embryo is less than 10 millimeters in length. Its nervous system is very primitive and the hearing mechanisms are not anatomically present. Feelings of confusion and rejection will continue in spite of subsequent maternal demonstrations of love and acceptance, as is shown by this case. A German psychologist, participating in my workshop for the Erickson hypnotherapy group in Hamburg, volunteered for a demonstration. She wanted to find out why she had never been able to get along with her mother. She said that she loved her mother but there never seemed to be a sympathetic understanding between them. She wondered if something could have happened at the time of her birth to cause the ongoing misunderstandings. Before we started the hypnosis part of the interview, she said that she was her mother's only child and that she had been born in Berlin in 1944 while bombs were exploding. She entered hypnosis easily while she was wondering which finger would represent a subconscious "yes," "no" and "I-don't-want-to-answer." I asked her to shift her memory to the beginning of her mother's labor. She gave the indicated signal and reported that her mother was looking forward to the birth. As she recalled feeling that her head was emerging, the muscles of her neck rotated her head to face toward her right shoulder to suggest that her back had been on her mother's left side, a left occiput anterior position or "LOA." I proceeded to question her: Q: Is your mother awake? A: (Finger signal "Yes.") Q: See her face. Hear what she says when she sees you. When you can hear her voice, your "yes" finger will lift. When it lifts, please tell us what she is saying. A: (Her finger lifts.) In a very flat voice the doctor said, "The baby is very beautiful." The mother looks very happy. She is smiling. Q: How does the baby feel? A: (The psychologist gave a shrug of her shoulders and uttered a banalsounding "m-mh" indicating to us that this did not make much difference to her, a surprising reaction in view of the description she had given of her mother's welcome.) Q: Please go back in time to the moment your mother is being told she is pregnant. When you are there your "yes" finger will lift. As it lifts, tell me how she feels. A: (verbal) She is scared. Q: How does the little embryo feel? A: Scared. (After a 15-second pause,) She doesn't want me. Q: (I tried to soften her unpleasant conclusion by asking the psychologist to go to the moment her mother tells her father that she is pregnant. I hoped that he would have been happy.) A: (Her facial expression became even more troubled as her finger lifted.) My father is

not there. (After a few moments, the psychologist, using later knowledge, told us that her father was fighting on the Eastern Front against the Russian Army. Now we had what appeared to be a double rejection. I tried to put this picture into a more comfortable light.) Q: In 1943 there is a world war going on. Your mother was naturally concerned about the future. She did not know if your father would live to come home. Your mother's distress was because of what was going on outside of you and her. It was a terrible time in the world. It had nothing to do with her feelings about you. Please think about that and give your mother fair treatment. I would like your fingers to answer this question: "At the time she learned that she was pregnant, was there a part of her mind that was happy to be pregnant with you?" A: (Finger signal "Yes.") Q: Let me ask you a sort of crazy question. A lot of people seem to believe they choose their parents. Did you choose your mother before you had a physical body? see what your fingers think about that. A: (Finger signal "Yes.") Q: What sort of qualities did your mother have that made you decide to be with her? Let a thought come to you. Tell me what you find. A: She is strong, loving, beautiful. (Each quality statement spoken after a 10-second pause.) Q: That's interesting. Had you ever known your mother before this lifetime? That knowledge must have come from somewhere. A: (Finger signal "Yes.") Q: (I did not feel that the class was ready for a discussion of past-life impressions. I did not pursue that topic but said: If you chose your mother for these good qualities, do you think you have been fair to her in this life? Let your fingers answer that question, please. A: (Finger signal "No.") (I asked her to review, subconsciously, later times when her mother showed that she was happy to be pregnant with her little baby girl. I asked her "yes" finger to lift each time she came to a proof of this fact. Her finger lifted 14 times unconsciously before her "no" finger lifted to indicate that she was hearing her mother greet her in the delivery room.) Q: How does the baby feel now? A: She's very happy. A big smile preceded her saying that she felt happy to know that her mother wanted a little girl. Comment This type of reframing works very rapidly. The psychologist reported the next day that she had called her mother and had a very pleasant conversation during which her mother verified the delivery-room welcome and her worry at the time she learned that she was pregnant. The reason was her fear about the future. SUMMARY AND CONCLUSIONS 1. The human conceptus is a feeling and interpreting organism from the moment its mother is told she is pregnant until the time of delivery. 2. Fetal channels for information are psychic (telepathic and/or clairvoyant) and possibly hormonal (Pert 1985). 3. What the mother perceives and responds to in her environment seems to be mirrored by the conceptus throughout pregnancy. The hypnotized subject regressed to this period will use the same word for subjective feelings that has been used to describe the mother's feeling. 4. The embryo or fetus will usually recognize that its mother is subconsciously happy to be pregnant if her environment is a happy one, but this engram is outweighed by messages of distress from the mother. It is important in therapy to bring this repressed information into conscious awareness in a reframing process. 5. The conceptus is alarmed by maternal distress. It registers her feelings as signs of rejection, even abandonment. The damage of such interpretation will not fade and can be greatly augmented by later traumas. References REFERENCES Chamberlain, D.B. (1980). Reliability of birth memories. Evidence from mother and child pairs in hypnosis. Presented 1980 at American Society of Clinical Hypnosis Convention. Published (1986). *Journal of the American Academy of Hypnoanalysis* 1 (2), 88-98. Chamberlain, D.B. (1988). *Babies remember birth*. Los Angeles, Jeremy Tarcher. (1990), New York, Ballantine Books. Cheek, D.B. (1959). Unconscious perception of meaningful sounds during surgical anesthesia as revealed under hypnosis. *American Journal of Clinical Hypnosis* 1, 101-113. Cheek, D.B. (1961). LeCron technique of prenatal sex determination for uncovering subconscious fear in obstetrical patients. *International Journal of Clinical and Experimental Hypnosis* 9, 249-258. Cheek, D.B. (1962). Areas of research into psychosomatic aspects of surgical tragedies now open through use of hypnosis and ideomotor questioning. *Western Journal of Surgery, Obstetrics and Gynecology* 70, 137-142. Cheek, D.B. (1963). Physiological impact of fear in dreams: Post-operative hemorrhage case report. *American Journal of Clinical Hypnosis* 5, 206-208. Cheek, D.B. (1964). Further evidence of persistence of hearing under chemoanesthesia. Detailed case report. *American Journal of Clinical Hypnosis* 7, 55-59. Cheek, D.B. (1965a). Emotional factors in persistent pain

states. American Journal of Clinical Hypnosis 8, 100-110. Cheek, D.B. (1965b). Some newer understandings of dreams in relation to threatened abortion and premature labor. Pacific Medicine and Surgery 73, 379-384. Cheek, D.B. (1969). Significance of dreams in initiating premature labor. American Journal of Clinical Hypnosis 12, 5-15. Cheek, D.B. (1974). Sequential head and shoulder movements appearing with age regression to birth. American Journal Clinical Hypnosis 16, 261-266. Cheek, D.B. (1975). Maladjustment patterns apparently related to imprinting at birth. American Journal of Clinical Hypnosis 18, 75-82. Cheek, D.B. (1976). Hypnotherapy for secondary frigidity after radical surgery for gynecological cancer: Two cases. American Journal of Clinical Hypnosis 19, 13-19. Cheek, D.B. (1980). Ideomotor questioning revealing an apparently valid traumatic experience prior to birth. Australian Journal of Clinical & Experimental Hypnosis 8, 65-70. Cheek, D.B. (1986). Prenatal and perinatal imprints: Apparent prenatal and consciousness as revealed by hypnosis. Pre- and Peri-Natal Psychology 1, No. 2 (winter), 97-110. Cheek, D.B. (1989). An indirect method of discovering primary traumatic experiences: Two case examples. American Journal of Clinical Hypnosis 32, No. 1 38-47. Cheek, D.B. & LeCron, L.M. (1968). Clinical hypnotherapy. New York, Grune & Stratton. (Currently: Norwich, MA, Allyn-Bacon Co.) LeCron, L.M. (1961). Techniques of hypnotherapy. New York, Julian Press. Pert, Candace. (1985). Neuropeptide receptors and emotions. Cybernetics 1 (4) 33-34. Rossi, E.L. & Cheek, D.B. (1988). Mind-body therapy. New York, W.W. Norton. Author Affiliation David B. Cheek, M.D. Author Affiliation David B. Cheek, M.D. is now limiting his practice to the treatment of psychosomatic problems and teaching of hypnosis and ideomotor techniques in Santa Barbara, California. He is co-author with Leslie M. LeCron of "Clinical Hypnotherapy" and with Ernest Rossi of "Mind-Body Therapy." He is a Diplomate of the American Board of Obstetrics and Gynecology, and a Fellow of the American College of Surgeons; the American College of Obstetricians and Gynecologists; and the American Society of Clinical Hypnosis, of which he is a past president. Address correspondence to the author at 1140 Bel Air Drive, Santa Barbara, CA 93105.

**Publication title:** Pre- and Peri-natal Psychology Journal

**Volume:** 7

**Issue:** 2

**Pages:** 125-137

**Number of pages:** 13

**Publication year:** 1992

**Publication date:** Winter 1992

**Year:** 1992

**Publisher:** Association for Pre&Perinatal Psychology and Health

**Place of publication:** New York

**Country of publication:** United States

**Journal subject:** Medical Sciences--Obstetrics And Gynecology, Psychology, Birth Control

**ISSN:** 08833095

**Source type:** Scholarly Journals

**Language of publication:** English

**Document type:** General Information

**ProQuest document ID:** 198681655

**Document URL:** <http://search.proquest.com/docview/198681655?accountid=36557>

**Copyright:** Copyright Association for Pre&Perinatal Psychology and Health Winter 1992

**Last updated:** 2010-06-06

**Database:** ProQuest Public Health

---

**Contact ProQuest**

Copyright © 2012 ProQuest LLC. All rights reserved. - **Terms and Conditions**