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RELATIONAL HYPNOSIS

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Abstract: This article provides a meta-theoretical framework, which can be applied to hypnosis, based on relational (intersubjective) psychoanalysis. The relationship between hypnosis and psychoanalysis is reviewed by describing three splits: (a) psychoanalysis split off from brain science; (b) psychoanalysis split off from hypnosis; and (c) splits within psychoanalysis itself. Reintegrations of these three splits are discussed from a meta-theoretical point of view—through neuropsychoanalysis and hypndynamic hypnotherapy (or hypnoanalysis), which combines interpersonal and intrapersonal psychology. Evidence of the mutual adjustments of the hypnotist’s style to the needs of the hypnotized is presented, including the unconscious interactional mechanisms that enable these adjustments in the context of relational hypnosis.

Psychoanalysis and Hypnosis

A variety of theoretical perspectives can be used to understand hypnotic phenomena. As a therapeutic tool, hypnosis can be used with diverse therapeutic methods that can be understood by integrating various disciplines (e.g., psychoanalysis and neuroscience). Each perspective casts light on some elements, while other elements stay in the dark.

Many theoretical explanations of hypnosis can be organized integratively in a meta-theoretical framework. Psychoanalysis in particular provides us with one of the most insightful elucidations of human behavior and, as such, provides also a profoundly useful and illuminating framework for understanding the meta-theoretic level of hypnosis. To construct such a framework, we need to return to the starting point of psychoanalysis and to begin our journey by taking a close look at the original complex relations between hypnosis and psychoanalysis.

Psychoanalysis was born out of hypnosis. Sigmund Freud had acquired an interest in hypnosis as a medical student and engaged in some clinical applications. He decided to focus on psychiatry because of its promise of future income. Since this branch of medicine was
rather neglected in Vienna those days, he continued his training with a fellowship at Jean Martin Charcot’s hospital, Salpetrière, in late 1885.

Freud had originally intended to study neuropathology in Paris, but due to his personal connection with Charcot (the mentor he called his “great teacher”; Freud, 1914/1957, p. 13), his interest soon shifted to the psychopathology of hysteria. Freud became interested in Charcot’s view of hypnosis and, at the same time, he became curious about the perception of hypnosis proffered by the rival school of Nancy, as led by Dr. Hippolyte Bernheim. In 1889, Freud visited Bernheim in Nancy, a visit that enhanced his hypnotic technique; indeed, this visit proved to be one of the most useful and important journeys of his life (Gay, 1988).

Freud’s meeting with Josef Breuer, a prominent Viennese physician, led to their coauthored essay “Studies in Hysteria” (Breuer & Freud, 1895/1937), which is generally considered the formation point of psychoanalysis, although it was actually a book about hypnosis.

### The Three Splits

The development of psychoanalysis since Breuer and Freud’s pioneering work reveals three main split-offs (see Figure 1). Two of them are external: the split between psychoanalysis and brain science and the split between psychoanalysis and hypnosis. The third divergence was an internal split (actually, many splits) within psychoanalysis, dividing it into many factions and schools (Bonshtein, 2009).

Split I (psychoanalysis from brain science) was consciously chosen by Freud, who preferred to move away from neurology and found a new discipline. He abandoned brain research in favor of the subjective viewpoint, thus establishing psychoanalysis. Due to the lack of effective neurologically based research methods at that time, he chose a different method of finding out about human subjectivity. Freud saw this split as temporary, a separation of disciplines only until science acquired adequate methods for investigating the mind.

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**Figure 1.** Splits and integration of hypnosis, psychoanalysis, and neuroscience.
adequate tools to investigate the mind, and he believed that eventually neuroscience would provide empirical support for psychoanalysis (Freud, 1915).

Split II (psychoanalysis from hypnosis) was officially explained by Freud as a development of his work with defense mechanisms and his desire to encourage the emergence of transference. He preferred to do this by using free associations. Of course, one may ask if lying on a couch and offering free associations is not in fact a variation of hypnosis. One can ask the same thing about transference, since transference emerges very powerfully during the process and experience of hypnosis.

However, Freud was not sure about his qualifications as a hypnotist, which was another reason for his official abandonment of this method in favor of psychoanalysis. This choice is nevertheless surprising, since Freud seems to have been a creative therapist who was actually very successful in hypnotizing his hysteria patients. As I see it, Freud never actually abandoned hypnosis, only its authoritative style, replacing it with a more permissive form of hypnosis, which he called psychoanalysis.

Despite his announced abandonment in 1896 of hypnosis as a clinical technique, Freud maintained an interest in it throughout his career (Gravitz, 1991; Gravitz & Gerton, 1984), as is fully evident in his later writings, “Jokes and Their Relation to the Unconscious” (Freud, 1905/1957) and “Group Psychology and the Analysis of the Ego” (Freud, 1921). Hypnosis is used as an explanatory resource of these works. Moreover, in a well-documented comment, Freud wrote that “It is very probable . . . that the large-scale application of our therapy will compel us to alloy the pure gold of analysis freely with the copper of direct suggestion” (Freud, 1919, pp. 167–168).

In fact, hypnosis and psychoanalysis have more similarities than differences. Like hypnosis, psychoanalysis is saturated with suggestive processes, including free association, the therapeutic setting (lying on the couch, the therapist’s tone of voice, the fixed time), and the theory itself (Bonshtein, 2003). Moreover, the theory and practice of hypnosis developed in parallel with psychoanalysis, using psychoanalytic conceptualizations such as transference, resistance, defense mechanisms, and the like, which are important to every hypnotist’s training and daily work.

In essence, according to Freud, the hypnotic subject plays a passive but dependent role. In 1890, he compared hypnosis to the relationship between parent and child (Freud, 1890/1953). It was this parent/child dynamic, he asserted, that facilitated the subject’s acceptance of the therapist’s suggestions. Freud further maintained that hypnosis is a manifestation of libidinal regression in which the patient undergoes temporal regression to an infantile, dependent relationship (Freud, 1905/1953). For Freud (1921), then, the effects of hypnosis derive from
what is basically a transference phenomenon. As he stated clearly in 1910, “Transference . . . can give you the key to an understanding of hypnotic suggestion” (Freud, 1910/1957, p. 51).

This split between psychoanalysis and hypnosis, like the previous split between psychoanalysis and brain science, facilitated the development and consolidation of psychoanalysis as an independent discipline.

Split III (divergences within psychoanalysis itself) occurred because different practitioners defined the borders of the field differently. These splits served a necessary developmental function. Klein’s object-relations theory clarifies this developmental function. Melanie Klein posited that, in the healthy development of an infant, the infant must split its external world, its objects, and itself, into two categories: good (i.e., gratifying, loved, loving) and bad (i.e., frustrating, hated, persecutory). This splitting makes it possible to introject and identify with the good. In other words, splitting in this stage is useful because it protects the “good” from being destroyed by the “bad.” Later, when the ego has developed sufficiently, the bad can be integrated, and ambivalence and conflict can be tolerated (Klein, 1946). From a meta-theoretical and evolutionary point of view, we can see how these splits are essential for growth and development.

One of the main lines of development in psychoanalysis has been the shift from intrapersonal (“one-person”) psychology to interpersonal (“two-person”) psychology (Aron, 1990).

During the past 25 years there has been a vast change in psychoanalysis. This change has taken the form of a broad movement away from classic psychoanalytic theorizing grounded in Freud’s drive theory, toward models of mind and development grounded in object relations. In clinical practice, there has been a corresponding movement away from the classic principles of neutrality, abstinence, and anonymity toward an interactive vision of the analytic situation that places the analytic relationship, with its powerful, reciprocal affective currents, in the foreground.

While the goal of psychoanalysis in Freud’s day was rational understanding and control (secondary processes) over fantasy-driven, conflictual impulses (primary processes), the goal of psychoanalysis today is most often described as the establishment of a richer, more authentic sense of identity (Mitchell, 1993; Ogden, 1986). What the patient needs, according to Mitchell, is not clarification or insight so much as a sustained experience of being seen, personally engaged, and, basically, valued and cared about. What today’s analysis provides is the opportunity to freely discover and to playfully explore one’s own subjectivity and one’s own imagination.

What is happening nowadays with the three splits described in this article? As in human development, according to Klein’s object relations
theory (1946), the stage dominated by splits is eventually replaced by a stage of integration that allows for ambivalence and even conflict.

**Healing the Splits**

Psychoanalysis and brain science are meeting once again. We can see the subjective and objective points of view join together in the interdisciplinary field called *neuro-psychoanalysis* (see Figure 1). Brain researchers are now using psychoanalytic concepts to investigate human subjectivity, and psychotherapists are using empirical findings to advance theoretical and clinical work (e.g., Bernstein, 2011; Kandel, 2005; Northoff, 2011; Solms & Turnbull, 2002). Moreover and specifically related to hypnosis, a recent volume of *Neuropsychoanalysis* offers some excellent articles on the interrelatedness of suggestion, psychoanalysis, and neuroscience (Casoni & Brunet, 2010; Goldberg, 2010; Naccache, 2010; Raz & Wolfson, 2010; Torem, 2010).

Though the rift between hypnosis and psychoanalysis has not entirely healed, the healing process between the two has begun. Interestingly, while psychoanalysts have generally become more antagonistic toward hypnosis over the years, some hypnotists have become more favorably disposed toward psychoanalysis (e.g., Nash, 2008; Watkins & Barabasz, 2008). In fact, the essential developmental pathways of psychoanalysis are reflected in the theory of hypnosis and its clinical implications. Present psychoanalytic objectives seem to fit in with some modern approaches to hypnosis.

The healing of the rifts within psychoanalysis was achieved by adopting a meta-theoretical point of view, which combines interpersonal and intrapersonal psychology. This is happening right now.

**One More Step of Integration**

Fully integrating these three healing paths into hypnosis will rely on new evidence about the neurological basis of hypnosis and on the view of hypnosis as a mutual process between two subjects: the hypnotized person and the hypnotist. More detailed information on this topic can be found in Balugani (2008) and Jamieson (2007). Here I focus on one relevant and promising discovery of recent years: mirror neurons.

A *mirror neuron* is a neuron that “mirrors” the behavior of another animal or human, by firing both when the animal (or human) itself acts and when it observes the same action performed by another. These neurons were first discovered by Giacomo Rizzolatti and his research team in Italy in the early 1990s, while they were investigating primate motor cortex (see Rizzolatti & Craighero, 2004; Rizzolatti, Fadiga,
Gallese, & Fogassi, 1996). In the human brain, mirror neurons have been found in the premotor cortex and the inferior parietal cortex. Some scientists believe that mirror neurons might be very important in imitation and language acquisition. It is generally accepted that no single neuron can be responsible for any phenomenon. Rather, a whole network of neurons (neuronal assembly) is activated when an action is observed. These neurons may be important for understanding the actions of other people and may contribute to our theory of mind (ToM) skills. The term theory of mind refers to the ability to attribute mental states of others or of oneself, including their beliefs, feelings, intentions, and knowledge and to account for their behavior. Some preliminary evidence connects ToM and hypnosis by demonstrating that the same brain regions and modules are involved in both (Bonshtein, 2012).

Although this radical view of the mirror system allowing action-understanding by means of an inner simulation mechanism has been criticized by some researchers (e.g., Bonshtein, Leiser, & Levine, 2006; Fonagy, Gergely, & Target, 2007), while others believe in the importance of embodied processes and simulations (e.g., Gallese, 2007).

The mirror neuron system can contribute to our understanding of some central elements in psychoanalytical technique such as projective identification, empathic mirroring, affective attunement, and transference-countertransference interactions (Gallese, Eagle, & Migone, 2007). The mirror neuron system can also contribute to our comprehension of hypnotic psychotherapy, especially Ericksonian therapy (Balugani, 2008). Embodied simulation is the functional mechanism underlying the following experiences: action execution, action recognition, empathy, and mental imagery. Inside hypnotic therapy, each of these human experiences frequently occurs. Phenomena such as ideomotor and ideosensorial responses, pacing and leading, or shaping and modeling are other examples.

Rossi and Rossi (2006) proposed that mirror neurons may function as an interface mediating among the observing consciousness, the gene expression/protein synthesis cycle, and brain plasticity in therapeutic hypnosis and psychosomatic medicine.

Linking absorption together with empathic, introspective, and reflective functions to hypnosis leads us closer to the relational perspective on hypnosis. Hypnosis, in this view, is a process involving two active partners, like psychoanalytic relationships. I will expand on this relational approach and its implications for hypnosis in the following section.

The Relational Approach

Adopting a relational (intersubjective) perspective in psychoanalysis means giving up what Stolorow and Atwood (1992) call “the myth of
the isolated mind.” Intersubjectivity is the sharing of subjective states by two or more individuals. It is very close to my view of hypnosis as a shared subjective state and to Winnicott’s potential space, which I discuss in more detail below.

Relational psychoanalysis began in the 1980s as an attempt to integrate the detailed exploration of interpersonal interactions and ideas about the psychological importance of internalized relationships with other people. Relationalists argue that personality emerges out of the matrix of early formative relationships with parents and other figures. Whereas in traditional psychoanalytic thought (such as Freudian theory) human beings are motivated by sexual and aggressive drives, relationalists argue that the primary motivation of the psyche is to be in relationships with others. As a consequence, early relationships, usually with primary caregivers, shape one’s expectations about the way one’s needs are and will be met.

Therefore, motivation is affected in significant ways by the systemic interaction of a person with his or her relational world. Individuals attempt to re-create those early learned relationships in current relationships that may have little or nothing in common with the early ones. This re-creation of relational patterns serves to satisfy the individual’s needs in a way that conforms with what was learned as an infant. This re-creation is called enactment.

It is important to state that the ideas outlined above are not new; they were explored already in the 1950s. Racker (1968) examines the relation between transference and countertransference phenomena. These phenomena involve the reactivation (enactment) of the “there-and-then” in the “here-and-now.” Racker uses an interactional point of view to describe the totality of the therapist’s responses to the client. Racker distinguishes concordant and complementary countertransference reactions. In concordant countertransference, the therapist feels an emotional experience that the client is avoiding or resonates empathically with the client’s felt experience. Complementary countertransference occurs when therapists experience feelings that complement patients’ feelings (as parent to child, or child to parent).

In the perspective of relational analysts, there are two subjects in the treatment room, the patient and the therapist, each of whom is bringing his or her unconscious to the situation, in a mutual (but not symmetric) relationship. The therapist’s subjectivity and specific encounter with the patient’s subjectivity is crucial in this approach. In the postmodern age in particular, there is a place for more than one truth, since truth is relational and context-dependent—as demonstrated in Figure 2, where one may see an old woman or a young lady, depending upon one’s perspective at the moment of viewing. And what one sees, of course, may change at any moment.
In this section, I will review some evidence about the mutual adjustments of the hypnotist’s style to the needs of the hypnotized. This discussion will be followed by a review of some unconscious interactive mechanisms that enable these adjustments. Lastly, I will connect these phenomena to relational hypnosis.

Sandor Ferenczi (1909/1965), who considered hypnosis an interactive framework, hypothesized a distinction between maternal and paternal hypnosis. Bányai (1998) further identified two different working styles of hypnotists: a physical-organic style characterized by proximity, warmth, and being very personal with the subject, which she likened to Ferenczi’s description of a maternal hypnotist, as opposed to an analytical-cognitive style, characterized by distance and reason, which she likened to Ferenczi’s description of a paternal hypnotist. Bányai (2002) also described two additional styles of hypnosis: sibling style and lover-like style. In sibling style, hypnosis is based mainly on equality. The hypnotist almost wishes to participate in the realization of the desires and ideas of the hypnotized subject and accepts the subject’s independent initiatives. The hypnotist places emphasis on togetherness,
and the atmosphere is an intimate one. In the lover-like style, hypnosis is based mainly on erotic attraction. The feelings and emotions that the hypnotized person evokes at the hypnotist are of greatest importance. The hypnotist is almost indifferent to whether the hypnotized subject’s desires and ideas are realized or not, or whether the hypnotized person has independent initiatives. In this style of hypnosis, the hypnotist emphasizes his or her own feelings. These ideas are similar to Racker’s “complementary transference” mentioned above, but they are also empirically grounded.

Bányai and her colleagues (Bányai, 1998; Bányai, Meszaros, & Csokay, 1985) noticed that similar physiological changes seemed to appear in the hypnotist and the hypnotized subject, concluding that the development of the hypnotic process is influenced by the personal characteristics of both the hypnotist and the subject, their relationship, and their actual physiological, behavioral, and subjective experiential changes during their mutual interaction. These findings correspond with the mirror neuron hypothesis described above.

The interaction synchrony can appear in overt movements (e.g., joint movements of the limbs when the subject enacts motor suggestions) and postures (e.g., posture mirroring) or in covert processes (e.g., breathing and electromyographic activity). These phenomena are usually involuntary and outside of awareness. When hypnosis is sufficiently deep, a swaying motion of the hypnotist’s body has been observed in synchrony with the subject’s breathing. This phenomenon has been called “joint rhythmic movement” (Bányai, 1998; Bányai et al., 1985).

Such mutual regulatory functions can be found in parent-infant interactions (e.g., Brazelton, Koslowski, & Main, 1974; Stern, 1985). There is evidence that social emotions and interactions are accompanied by marked neurophysiological and hormonal changes in both animals and humans (Reite & Field, 1985). As Field (1985) states:

> Attachment might... be viewed as a relationship that develops between two or more organisms as their behavioral and physiological systems become attuned to each other. Each partner provides meaningful stimulation for the other and has a modulating influence on the other’s arousal level. (p. 415)

Different styles of hypnosis may help meet the subject’s various needs and, in the case of a patient, they may correct various regulatory deficiencies. Bányai and colleagues’ findings indicate that these styles are not as stable as they seemed at first. Hypnotists who usually use a maternal style may sometimes show signs that do not fit into this style. This is true for paternal hypnotists as well (Gosi-Greguss, Bányai, & Varga, 1993).
In addition to the concept of transference, there are some more basic psychoanalytic concepts that can be used to explain such psychic synchronicity; these include projective identification, containment, attunement, enactment, transitional space, and self-disclosure.

**Unconscious Interactional Mechanisms**

Psychoanalysis offers us some useful concepts. For example, the concept of transitional space is an amalgamation of Winnicott’s notions of potential space and transitional phenomena (Winnicott, 1971). Potential space is the overlapping space between two individuals, neither subject nor object but some of each. In this space, we find transitional objects and transitional phenomena. For many reasons, hypnosis (as Winnicott himself thought about psychoanalysis) is a transitional phenomenon that occurs in a transitional space (Doron & Mendlovic, 1999).

Within this space, some specific processes can be identified. The first is *projective identification*. Melanie Klein (1946), who first introduced the term, considered it an intrapsychic phenomenon, whereas her followers (especially Bion, 1962) considered it as an interpersonal one. Projective identification is defined as a phenomenon in which a person projects a part of himself into another object (not onto it, as occurs in projection) in such a way that one’s behavior towards those onto whom one projects part of himself or herself evokes in them the thoughts, feelings, or behaviors projected. Consequently, projective identification brings about a change in the psychic reality of the receiver of the projection. The recipient is influenced by the projection and begins to behave as though he or she actually has the projected thoughts or beliefs. This is a process that generally happens outside the awareness of both persons involved.

What is projected is most often an intolerable, painful, or dangerous idea or belief about the self that the projecting person cannot accept. Projective identification is believed to be a very early or primitive psychological process and is considered one of the more primitive defense mechanisms. Yet, it is also thought to be the basis from which more mature psychological processes like empathy and intuition are formed and as a unique way of interpersonal interaction.

A closely related concept is *containment*. In psychoanalytic theory, the term “container” is associated with the concept of projective identification. When a part of the self is projected into an object, the object then becomes a container that holds what has been projected into it.

In the mother-infant relationship, the infant projects into the mother parts of the self that are intolerable and suffused with anxiety. The mother constitutes a container for the projected parts of the infant. The affective and mental condition of a mother capable of taking in
what has been projected and remaining with the projected material is called “maternal reverie,” a concept very close to the “therapist’s trance” (which I will refer to later on).

In the therapeutic situation, the therapist serves as a container. With the development of the intersubjective approach in psychoanalysis, the container can no longer be considered empty. The reactions of the therapist to the patient in many cases are not merely the result of the patient’s projective identification but rather a mixture of projected parts of the patient with denied and split-off parts of the therapist him- or herself.

*Attunement*, another psychoanalytical concept, is concordant with Bányai’s findings. Affect attunement is Stern’s (1985) conceptualization of a sharing or an alignment of internal states in the domain of intersubjective relatedness. For Stern, the subjective sense of self is something that arises out of a kind of mutual, wordless experience that he describes as attunement based on his observational work.

Attunement differs from empathy in that attunement occurs largely outside of awareness and almost automatically, whereas aspects of empathy require conscious cognitive mediation. Both empathy and attunement share emotional resonance, but attunement takes emotional resonance and recasts it into another form of expression, sometimes even another sensory modality. It is a distinct form of affective transaction in its own right. The clinical use of these processes requires ToM or mentalization capacities, which bring us back to the mirror neurons discussed above and the hypothesis that ToM mechanisms are at the very basis of hypnosis (Bonshtein, 2012).

**The Relational Approach to Hypnosis**

Empirically, the intersubjective school has been inspired by research on infants’ nonverbal communication and, in turn, inspired research on the hypnotized-hypnotist dyad. Such research has been conducted by Eva Bányai and her colleagues at their laboratory in Budapest.

Traditional approaches have focused either on the hypnotist or on the subject’s hypnotic states. Historically, hypnosis literature has concentrated either on the skill of the hypnotist (such as Mesmer or, more recently, Erickson) or on the hypnotizability of the subject (such as Charcot and the authors of the modern hypnotic susceptibility scales). Since researchers focused on either the hypnotist or the subject, they attributed hypnotic effects to only one of them (“one-person hypnosis”). Bányai (1998) described this split as reflected in the fact that clinicians using hypnosis as a therapeutic tool tend to follow the mesmeric tradition, emphasizing the hypnotist’s skilled and sometimes even virtuoso technical maneuvers (Barber, 1980; Haley, 1963; Van Dyck, 1982; etc.). Experimental investigation, on the other hand, has focused
almost exclusively on changes occurring within the hypnotized person. Following the important recognition that hypnotic responsiveness—as measured by standardized scales—is a stable personality trait, researchers have compiled compelling data on the differences in people’s susceptibility to hypnosis (Hilgard, 1986).

From the relational point of view, there is no need to limit ourselves by focusing attention on either the hypnotist or the subject (i.e., on only one of the individuals participating in hypnosis). Rather, we can consider hypnosis an interpersonal process—that is, “two-person hypnosis”; this perspective involves a paradigm shift equivalent to the main shift in psychoanalysis mentioned above. From this point of view, the two participants affect each other consciously and unconsciously, and sensitive hypnotists can gain an advantage by paying attention to their inner mental life during hypnosis. This is sometimes called mutual hypnosis or the therapist’s trance (Diamond, 1984; Scagnelli, 1980; Tart, 1967).

Utilizing Countertransference

While transference is the redirection of a client’s feelings from a significant person to a therapist, countertransference is the redirection of a therapist’s feelings toward a client or, more generally, the therapist’s emotional entanglement with the client. I have coined the word countertransference to describe the hypnotist’s trance and subjective experience during hypnosis. Many clinicians emphasize the importance of the therapist allowing oneself to become more aware of one’s countertransference as well as other feelings yet warn about the complexities and dangers of sharing them with the patient.

One of the authors dealing with the therapist’s trance and the interactional aspects of the hypnotic situation has been Diamond (1980, 1983, 1984, 1987, 1988). He has discussed the hypnotherapist’s need to gather up the courage to experience and tolerate the patient’s unconscious affects and images within oneself, including pain and uncertainty, while remaining strong and stable enough to support and direct the healing journey. Gill and Brenman (1959) and Brown and Fromm (1986) also emphasized therapists’ use of countertransference.

A related yet controversial issue is the possibility of self-disclosure. Self-disclosure refers to the communication of personal information to others: what we feel, think, imagine, dream, and the like. In psychotherapy, the patient is the one who reveals his or her inner life. Freud, for example, insists that the psychoanalyst must be neutral and anonymous but actually told his patients a great deal about himself. In relational psychoanalysis, however, self-disclosure serves as a useful therapeutic tool, although it is still very controversial.
The controversy involves the therapist’s self-disclosure and sharing his or her countertransference with the patient. Several writers have proposed the careful use of such self-disclosure and sharing (e.g., Epstein & Feiner, 1979; Gorkin, 1987; Wolstein, 1988). Here, too, Ferenczi preceded his time with an open approach, which included disclosing the therapist’s feelings and attitudes to the patient, going as far as advising free-associating to one’s unconscious motives after making a countertransference-based error in therapy (Gorkin, 1987). Gill (1988) emphasized the need to carefully elicit the patient’s reaction to see how he or she experiences the therapist’s disclosure.

While many clinicians have gained great advantages from sharing and self-disclosure, questions have been raised about when they are appropriate. The main issues include the patient’s level of personality organization and whether it is the patient or therapist who benefits from the therapist’s self-disclosure. Although disclosure of countertransference has occasionally been used even with very disturbed patients (Racker, 1953; Searles, 1979), Diamond (1983) has cautioned against using it with patients with a poor level of personality organization. Such patients can have serious difficulties accepting the therapist’s subjectivity, and they may find the therapist’s self-disclosure insulting or even a destructive attack on their own subjectivity. On the other hand, some patients can be eager for role reversal, thriving whenever there is real, intimate sharing. Livnay (1995) found that patients with severe personality disorders are those who are most likely to put him into a trance state. These states very often bring him into contact with a more mothering style (in Banyai’s terms, 1998).

The second issue is whether self-disclosure serves the patient or the therapist. Whenever a therapist considers sharing or disclosing, this must be done with the patient’s needs in mind. Many authors have warned that therapists’ might use sharing or disclosure improperly, for their own narcissistic, aggressive, or dependent needs. This caution must be weighed against overintellectualization and the loss of the benefits of spontaneity. Self-disclosure must be based on a high level of maturity and self-awareness on the therapist’s part, including constantly checking the basis of one’s motivation for speaking and acting. Diamond (1983) stressed the need for the therapist to have reached a high level of integration. Being in supervision or therapy is recommended for enhancing awareness of the therapist’s own motives and unconscious wishes and needs.

**Summary**

Hypnosis can be seen as a two-person phenomenon—two people who continually and mutually create each other. The view of
hypnosis as a context-dependent, interpersonal phenomenon is based on well-known theoretical models, such as social role-playing or social-cognitive theory (Kirsch, 1991; Spanos, 1991; Wagstaff, 1991), regression theory (Gill & Brennman, 1959), or Hilgard’s (1986) neo-dissociation theory (via ToM mechanisms). Present-day evidence from neuroscience and experimental hypnosis supports the hypothesis of unconscious attunement and rhythmic resonance between hypnotists and their patients.

Meta-theoretical frameworks now connect historical split-offs into an integrative approach. Some well-known theories about hypnosis can be joined to provide an opportunity to gain a powerful clinical set of tools, suitable with psychodynamic ones.

Skilled hypnotherapists can use their mental states (such as images, mental-representations, dreams, feelings, and thoughts) as therapeutic and/or diagnostic tools. In my view, a relational framework makes it possible to close up old rifts. It also provides us with theoretical and experimental challenges. One of the interesting directions for further investigation is the curative aspects of attunement, empathy, and precise affective recognition of the patient. The trance state, as a Winnicottian potential space, is a very powerful therapeutic tool, reminiscent of the initial affective atmosphere between mother and child (as Freud himself claimed; see Freud, 1890/1953). I can hypothesize that the infant’s brain is equipped with mirror neurons and great hypnotic susceptibility, which make it possible for him or her to respond easily to the mother’s rocking, voice, presence, and touch with unlimited trust. Maybe this is the neuroanatomical basis for the regression theory of hypnosis. However, this is probably the best way to grow, within a relational environment, a type of relational hypnosis.

References


Relationelle Hypnose

Udi Bonshtein

Abstrakt: Dieser Artikel bietet einen auf relationeller (intersubjektiver) Psychoanalyse basierenden meta-theoretischen Rahmen, der auf die Hypnose angewendet werden kann. Das Verhältnis zwischen Hypnose und Psychoanalyse wurde durch die Beschreibung dreier Aufspaltungen bewertet: (a) Psychoanalyse getrennt von Neurowissenschaften, (b) Psychoanalyse getrennt von Hypnose und (c) Trennung innerhalb der Psychoanalyse selbst. Die Wiedereingliederung dieser drei Aufspaltungen wird von einem meta-theoretischen Punkt aus diskutiert, nämlich durch Neuropsychoanalyse und hypnodynamische Hypnotherapie (oder Hypnoanalyse), die interpersonelle und intrapersonelle Psychologie kombiniert. Beweise für die gegenseitigen Anpassungen des Stils des Hypnotherapeuten an die Bedürfnisse des Patienten werden aufgezeigt, eingeschlossen die unbewussten interaktionellen Mechanismen, die diese Anpassungen im Kontext relationeller Hypnose ermöglichen.

STEPHANIE REIGEL, MD

L’hypnose relationnelle

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Résumé: cet article fournit un cadre de travail métathéorique, qui peut être appliqué à l’hypnose, basé sur la psychoanalyse relationnelle (intersubjective). La relation qui existe entre l’hypnose et la psychoanalyse y est étudiée par la description de trois fractionnements : a) la scission psychoanalytique de la science du cerveau; b) la scission psychoanalytique de l’hypnose; et c) les scissions présentes à l’intérieur de la psychoanalyse elle-même. La réintégration de ces trois fractionnements y est discutée selon un point de vue métathéorique – par l’intermédiaire de la neuropsychoanalyse et de l’hypnothérapie hypnodynamique (ou hypnoanalyse), laquelle combine la psychologie interpersonnelle et intrapersonnelle. Des preuves de la présence d’ajustements mutuels entre le style de l’hypnotiseur et les besoins de la personne hypnotisée y sont présentées, y compris les mécanismes interactifs inconscients donnant lieu à ces ajustements dans le contexte de l’hypnose relationnelle.

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Resumen: Este artículo provee un marco meta-teórico, que puede ser aplicado a la hipnosis, basado en el psicoanálisis relacional (intersubjetivo). La relación entre la hipnosis y el psicoanálisis se revisa al describir tres separaciones: (a) el psicoanálisis se separa de la neurociencia; (b) el psicoanálisis se separa de la hipnosis; y (c) separaciones dentro del mismo psicoanálisis. La reintegración de estas tres separaciones se discute desde un punto de vista meta-teórico – a través del neuropsicoanálisis y la hipnoterapia hipnodinámica (o hipnoanálisis), que combina la psicología interpersonal e intrapersonal. Se presenta evidencia de los ajustes mutuos entre el estilo del hipnotista y las necesidades del hipnotizado, incluyendo los mecanismos inconscientes de interacción que permiten estos ajustes en el contexto de la hipnosis relacional.

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