

European School of Hypnotic Psychotherapy
- AMISI -

Notes for a theorisation of Hypnotic Psychotherapy

Theoretical Didactic Manifesto (1995)

"The decadence experienced by hypnosis is only a temporary incident in the history of psychotherapy"
(Janet)

It is very frequent to find psychiatrists, psychologists and psychotherapists who think that what we consider as hypnotic psychotherapy is the employment of a common therapeutic procedure aiming at healing a certain pathology, where the therapist uses hypnotic trance as a basic condition to operate on the patient. Some even think they can replace traditional therapies with other suggestive procedures. In other words, hypnosis is still seen as a simple means to amplify different therapeutic elements, a concept inherited from the ancient magical-mystic origins of the universal fluid.

Curing a drug-addict, an obese or a person suffering from painful syndromes with hypnosis, treating asthma or neuroses and encouraging athletes to do their best in sport competitions does not mean applying well-known therapeutic procedures on a hypnotized patient, so that he can receive them at a deeper level. Rather than that, it implies using hypnotic psychotherapy by taking advantage of a modified state of conscience, which allows a certain restructuring of a compromised personality, carrying out a dissociative process, strengthening the individual's EGO or enhancing his concentration abilities and catalysing his strengths.

In other words, it means tapping into resources trapped in the patient's unconscious and consequently using them to reach the desired goals through a real psychotherapeutic process.

Of course, this does not exclude a possible use of hypnosis as a complement for some medical therapeutic procedures, but we do not think that inducing a state of calm and relaxation, strengthening the patient's personality or conditioning hypnotized individuals so as to obtain better results could be defined as a "hypnotic therapy".

The general misunderstanding surrounding this topic may derive from the fact that even today, more than two centuries after Mesmer's death, a general agreement on the nature and theory of hypnosis is still to be reached, and hypnosis itself has not been clearly defined yet, nor have we discovered scientific parameters to quantify trance.

What is clear, today, is that there is definitely a link between the human body and mind, through which thoughts and emotions stimulate and promote healing, and therapeutic hypnosis is the most effective method to induce this process.

Since the vision and meaning of the complex phenomenon of hypnosis is not limited to the formal although interesting aspects of trance, what we would like to underline is the concrete, original and independent character of a kind of psychotherapy defined as hypnotic because it derives or can be implemented through an altered state of conscience, that is to say, hypnosis. Other therapies, such as surgery, pharmacology or paediatrics are based on different principles, but each of them is linked to the other by specific elements while at the same time preserving their own distinct identity.

A scalpel or an ECG cannot be defined as therapies, but rather as therapeutic instruments. Only once the therapeutic process is over does it become possible to identify a surgical or cardiology therapy, and not concentrate on the mere instruments used to achieve it.

Similarly, hypnosis, which is nothing but the instrument at the operator's disposal, represents only one of the elements that build the practical approach to healing through psychotherapy. From a clinical point of view, its meaning is limited; what really counts what derived from it, that is to say hypnotic psychotherapy. Almost all procedures to induce hypnosis, albeit through different methods, aim at obtaining a state of isolation and inner focus, beginning with a gradual muscular relaxation which tends to become deeper and deeper. Patients then generally to close their eyes, either spontaneously or by the therapist's request. At this point the well-known phenomenology of hypnosis will occur, more or less evidently, at a somatic and psychic level.

Neurophysiologists agree that hypnosis provokes a basic high activity of alpha waves, documented by EEG results, as a cerebral manifestation of a deeper mental relaxation.

Despite that, the correlation between hypnotic trance and alpha waves does not seem to be specific of this situation, but rather to all conditions where the individual is relaxed. Since we know that this is no prerequisite for hypnosis, we can state that alpha waves, which represent the normal rhythm characterising rest and occurs every time we close our eyes, is not an identifying trait of hypnosis as an altered state of conscience, but rather a consequence of this procedure, which mainly uses relaxing suggestions.

The condition which favours hypnosis, and the reason why it has been labelled, although improperly, as "hypnotic sleep", is precisely a state similar to drowsiness, during which objective and subjective phenomena occur and identify the hypnotic condition.

Just like when we are about to fall asleep, in the initial phase of hypnosis patients experience rapid hallucinatory movements and produce thoughts or allow memories and intuitive visions to come to the surface; such material generally does not leave any trace in their memory. Losing or perceiving a change in the perception of one's body is another typical phenomenon; at the same time, the critical and censoring abilities are reduced.

This condition, defined as hypnagogic, is characterised - from a neurophysiological point of view - by a higher presence of theta waves, a sign that sleep will soon occur, and should therefore be considered as the beginning of trance.

The correlation between slow theta waves (3-7 Hz) and the hypnotic state is evident, although it cannot be clearly identified from a psycho-neurobiological point of view. What is particularly important for a theoretical understanding of this kind of psychotherapy is that during the whole hypnagogic period the hemispheric predominance is modified, if not utterly inverted.

As we all know, the dominant hemisphere, which in right handed people is the left one, is mainly specialised in linguistic functions, such as logic, mathematics, reading and writing, while the non-dominant hemisphere focuses on visualisation, imagination, creativity, synthesis, dreams, emotions and so on.

This hemisphere works through sensorial experience, such as visual images, and exerts a deep influence on human behaviour.

According to Erickson's teachings, while the left hemisphere hosts the conscious part of the mind, with its characterising functions, such as acting according to the principle of reality, the right one is the seat of the unconscious, whose actions are based on the principle of pleasure, which avoids pain and seeks satisfaction.

Recent studies have shown that the region of the brain where the image of an object is reconstructed is to be found in the latter. This might be a further proof of the presence of associative functions typical of the

right hemisphere, making it one of the magical places where the "intelligence of the sight system" (Jox Hirsch, Proceedings, July 1995) operates.

Erickson states that the right hemisphere is particularly responsive to hypnosis and suggestion, and is therefore the region which hosts processes taking place at a very deep level below the conscience threshold. Such processes form the unconscious in the Ericksonian meaning of "unconscious mind".

The most credited hypothesis is that the passage of information operated by the right hemisphere, which typically occurs for emotional conditions and body image as well, is strictly linked to the limbic-hypothalamic system and to body-mind communication, both for placebo effect and hypnotic psychotherapy. This would develop an ability to produce emotional reactions and point to particular pathways, resulting in physiological or biochemical changes.

This hypothesis is backed by E.L. Rossi, who agrees with I.

Wickramasekera that individuals under hypnosis and particularly responsive to this condition tend to emphasize and amplify the effectiveness of therapeutic agents, therefore linking the patients' response to the receptiveness of their non-dominant hemisphere.

We would like to underline that we have so far mentioned hypotheses which we - and the quoted authors alike - judge likely and worth considering in the interpretation of clinical results. As a matter of fact, we always pay particular attention to all the recently discovered techniques which show different quantities in the nervous structures of different brains, besides differences in the functions and activities of some nuclei in modified or altered psychic conditions. The differences in the volume and structure of hypothalamic nuclei present in males and females are equally important, as is the ability of the female brain to achieve a stronger connection between the right and the left hemispheres, thanks to a higher number of fibres in the corpus callosum.

Such discoveries are fundamental for future studies and researches in the field of hypnosis.

Leaving excessive optimism aside, we are confident that the hypotheses considered so far and backed by scientific research will soon lead to a concept of self-healing which, according to Erickson, we all have in our mind and which is used indirectly through hypnotic trance to experience a reassociation and a reorganization of one's experiential life, which leads to healing.

The phenomenology we have described concerning the right hemisphere is, of course, neither specific nor characteristic of the hypnotic state only; on the contrary, it can occur also in various situations in everyday life, when the individual, in certain particular states of conscience, spontaneously generates phenomena similar to those experienced during induced hypnotic trance. In the latter case, however, results are obtained and memorised through precise messages using an intentionally irrational language and content.

Verbal messages follow a pretty well-known path and reach the non-dominant hemisphere when the other one is distracted and gradually isolated, while at the same time stimulating the specific activities of the right hemisphere.

The introduction of metaphoric-allegoric language at the right evolutionary stage of the changing conscience, that is in correspondence with the "theta stage", which the therapist attempts to maintain and prevent from developing further, represents the actual beginning of the therapeutic procedure and the link between the individual's external reality and the internal one which he or she is about to create and experience thanks to the therapist's words.

The therapeutic process remains inactive, and therefore cannot be defined as "hypnotic", if it doesn't fulfil precise requirements - for example,

if the metaphoric language is used outside the necessary altered state of conscience we have described, or if, during this state, when the non-dominant hemisphere is more stimulated, the language used is mainly logic and rational.

However, it is the very beginning of the process, when the therapist sends out the carefully chosen holistic, analogical, metaphoric information, which marks the deep difference between the strictly technical procedure and the therapeutic process.

In other words, the border which defines the territory where the group of processes more or less able to induce hypnosis has always been kept, also marks the end of the "technical" field and the beginning of the therapeutic one, leaving all the rules for the dynamic induction of hypnotic trance behind while embracing the creative process of therapy. These two areas - very close to one another and yet separated - are linked by a bridge representing the patient/therapist relationship, a fundamental and substantial prerequisite, symbolically represented by a contract and maintained mainly by the empathic attitude of the therapist, whose purpose is to lead patients back to the "good and wise unconscious" invoked by Erickson.

Ericksonian psychotherapists define the "unconscious" as the individual's personal pool where all the information and experiences learned through the years are stored. This concept differs from the image of the unconscious present in traditional psychoanalysis, and underlines its role as a resource rather than an entity dominated by conflicting drives which require various defensive mechanisms to preserve one's emotional and social balance.

According to Erickson's theories, the unconscious collects what we know even if we are not aware of knowing it, along with an often ignored innate potential. The analogical metaphoric language is the instrument used by Ericksonian psychotherapists to communicate with the portion of the patient's mind which Erickson defined as unconscious, corresponding more to Freud's preconscious.

If we assume this to be true, it is possible to admit that the fact of leading a patient into a hypnotic state, even at a very deep level, hardly has a therapeutic value "per se", since it does not collect all the information stored in the individual's mnestic structures spontaneously and effectively, in order to use it for therapeutic purposes. It is rather a prerequisite to allow the psychotherapist's message to reach and be accepted into the right levels of the patient's mind.

During hypnotic trance, the individual has the opportunity to create new subjective or virtual realities, corresponding to what Erickson defined as "hypnotic realities", which are in a certain sense similar to dreams, where one can experience suffering and delight, different states of mind and intense emotions, from pleasure to terror, or moments of anxiety and satisfaction.

We believe that dreams too can help patients find practical solutions in the context of an Ericksonian therapy, by spurring them to look for an answer, albeit unconsciously, in what they experience during the trance, when the therapist connects them to their resources and shows them how to solve their immediate problems.

According to Freud, "although dreams do not come from another world, they do manage to transport the individual into it"; when patients are in a state of trance and remember their past experiences, they live this "as-if" situation so intensely that they can even mix imagination and rationality. This results in the typical confusion characterising hypnagogic states.

The subjective reality of hypnosis, controlled by the therapist, translates into real behavioural experiences in which patients are led to carry out situations already present - together with other resources - in

their unconscious, although only at a potential stage.

Real images of a certain behavioural pattern, desirable or desired but not satisfied, take form in the emotional mind of the patient in the various circumstances where he understands the defects of his neurotic, destructured or disturbed Ego and feels spurred by a childish Es still dominating a fragile or inconsistent personality. By carefully and repeatedly presenting the most suitable stimuli, the rational, left cerebral hemisphere learns to steadily accept what the emotional, right hemisphere described and acted as the subject's script; this way, patients can translate and repeat the experiences and behavioural patterns they imagined - and wish they had - into their everyday life. This means becoming adult, allowing one's Ego to grow up and making it stronger by engaging it on two fronts: keeping the inner world under control, while at the same time acknowledging that the Ego's most important function consists in understanding that it is possible to intervene on that reality, also by means of an internal model.

Erickson underlines that when hypnotized patients modify their behaviour, the therapist's intervention only influences their self-expression; it is indeed patients themselves who match and reorganize their complex internal realities and tap into their own resources, according to personal experiences.

The hypnotist's role consists in being an "intelligent guide" who tries to set up and maintain a strong therapeutic alliance. As it has been repeatedly said, "hypnosis does not alter people, not even their past experiences, but rather allows them to learn more about and express themselves more adequately" (M.H. Erickson).

Hypnotic psychotherapy lets patients move away from external reality, where they normally live and have been, or maybe are still being, psychologically traumatised and during creative trance helps them realize their independence from the restrictive schemes that limit their existence.

The problems reported by patients limit their full realization; they are trapped in life systems which prevent them from realizing and using their own abilities; the hypnotist's job consists precisely in creating new reference structures and new patterns inside the patient. By releasing their creativity through hypnotic psychotherapy, patients can then transfer the emotional product of their personal resources to their everyday life, thus experimenting new and desired models.

What we have reported so far underlines the effort made by our School to place the use of hypnosis among therapeutic methods deriving from the medical experience of professionals who chose to match their activity with a careful and constant analysis of the cases treated.

It is therefore crucial, now, to add the considerations of one of our members on the use of hypnosis in treating psychic conditions, where a complex and qualified approach such as hypnotic psychotherapy was able to lead to optimal results by discovering the meaning and origin of neurotic symptoms (G.P. Mosconi).

The hypnoanalytic method, which represents an incomparable instrument to overcome unconscious resistances - in the Freudian meaning of the word - should consequently be adopted only by specifically trained therapists. The present document is actually only a presentation of hypnotic psychotherapy, since it requires a very personalised didactic training. Psychotherapy as we teach it in our school is, however, a procedural method based on the relationship between the therapist and the patient which analyses the latter's unconscious and consequently changes any pathologic or incoherent thinking and behavioural patterns.

As a result, dynamic psychotherapy, which aims at the discovery of each patient's deep and unique individuality, is to be considered as the meeting point and the common ground for the therapeutic work and research of those who, like us, see Freud, Erickson and all the other dynamists

not as the isolated creators of conflicting theories, but as teachers who opened up new horizons. Such new roads are often highly problematic, but always challenging, useful and productive as long as we will be able to see each scientific study as a contribution to the knowledge basis of this discipline.

What we try to teach our students, also thanks to this document for the theorisation of hypnotic psychotherapy, is that dogmatic dissertations are really useful only if they are properly supported by in-depth clinical and experimental studies and by the ability to humbly and peacefully confront other theories and researches.

From a global point of view, the arguments presented here remain inevitably in the field of hypothesis; consequently, the assumptions concerning the healing mechanisms we are about to illustrate still preserve their experimental character.

We agree with the numerous researchers who take the psychotherapeutic process and its strong correlation with altered states of conscience into consideration because of the characteristic suggestions and procedures created by the interpersonal relationship and the specific approach of the therapist to his patients.

As we have already mentioned, according to Erickson and the Ericksonian school, the particular psychological conditions created during the trance allow patients to reassociate and re-elaborate their complex inner psychological realities, and it is exactly this process which finally leads to healing.

We close our brief considerations in line with Erickson's principles, also because we think that, among all the other theories, they offer a certain continuity with what has been presented so far.

According to such principles, healing, or at least the desired therapeutic changes, might be obtained through the memory and learning patterns depending on the state which characterizes the Ericksonian creative unconscious, also defined as "experiential learning". The patients' personal resources are therefore tapped into and used to solve their problems.

We have purposely decided to illustrate Ericksonian hypotheses only marginally in this document, since we take it for granted that they are well known to those who might be interested in our discipline.

However, we would like to underline that the "mind-body" problem, together with Erickson's principles, might conceal possible solutions if we consider the two factors as a single system of information flow. Therefore, accessing and using the "memory, experience and behaviour depending on the state of conscience", which codifies symptoms, and consequently modify it to allow the therapeutic change, is a process which can be identified with hypnotic psychotherapy.

The Ericksonian School assumes that it is possible to create a bridge between the mind and the body, at least from a theoretical point of view, through an hypophysial action regulated by the hypothalamus. The latter, acting as a transducer, would convert nervous impulses in the brain into hormonal messages sent through the body.

This would generate new peptides and proteins forming informational substances that would allow an easier communication at a cellular level. The neuropeptide system, with its communication pathways with the endocrine, immune, central and peripheral nervous systems is the main point of reference for Erickson's hypotheses. Neuropeptides, sent through body fluids, with their specific function as transducers of information and body-mind communication, would constitute the basis for various answers in the field of hypnotic psychotherapy, thus giving a psychobiologic interpretation to some forms of healing and therapeutic changes.

If, when and for what reason hypnotic psychotherapy can bring about positive results is still to be understood, and constitutes an important

theoretic question.

"The decadence experienced by hypnotism - wrote P. Janet in 1923 - is only a temporary incident in the history of psychotherapy". Today we may have overcome this "incident". If we can better understand the difference between hypnotism, hypnosis and hypnotic psychotherapy, the latter will clearly gain not only a dignity in the clinical field, but also an identity of its own, which is one of the purposes of our School.