

It Takes Two To Tango: Some Thoughts on the Neglected Importance of The Hypnotist in An Interactive Hypnotherapeutic Relationship¹

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Hypnotists can vary in their ability to produce meaningful trance experiences. Certain hypnotists produce more meaningful trance experiences than do others. Therapeutic hypnosis is regarded as a "dual phenomenon" occurring within an intense interpersonal relationship. This interactive dimension is important as is the unique contribution made by the hypnotist. A brief historical survey demonstrates the causal attribution of hypnotic effects. The theoretical literature on the reciprocal nature of hypnotic experience emphasizes the importance of the interpersonal functions of hypnosis, the hypnotic relationship per se, and the impact of the hypnotist. Recent research investigating interactional parameters supports these conclusions and suggests future empirical directions. Finally, an emergent interactional theoretical framework is presented which views hypnotherapeutic skill primarily as a function of the hypnotherapeutic ability to create a facilitating "holding" environment for the patient's internal experience.

A question often speculated upon in professional circles but rarely formally posed is why certain hypnotists can produce deeper and more meaningful trance experiences *with* their subjects than can other hypnotists who may employ the very same operational procedures. The present paper

is designed to address this question by focusing upon the interactive dimension in hypnotherapy in an attempt to generate a framework for empirical study. Both as a researcher studying methods of modifying hypnotizability (Diamond, 1974, 1977), and as a clinician concerned with facilitating my patients' hypnotherapeutic experiences, I have come to regard therapeutic hypnosis as a "dual phenomenon" occurring within the context of an intense, interpersonal relationship (Diamond, 1983). Some capacity for hypnotic trance experience resides within the repertoire of most, if not all, persons, and requires what amounts to a facilitating environment (Diamond, 1977). Over twenty years ago, Kuhner (1962), noted the importance of the hypnotic relationship while recommending less concern with in-

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duction methods. Kuhner (1962) went on to say:

... the hypnotic state is not an anomaly of human behavior that results from some technical manipulation or suggestion per se but (that) it develops in a naturalistic way out of an interpersonal relationship in which the patient has a need to enter this state and the doctor provides the stimulation for entering it (pp. 93-99).

I intend to consider this *interpersonal* relationship and offer some thoughts on the unique role of the hypnotist within the hypnotherapeutic context. Major contributions made over the years in examining the interactional dimension of hypnosis will be summarized, while important recently published research will be noted. A nascent conceptual framework will be presented and its empirical and theoretical implications briefly discussed. A brief historical survey of hypnotic theory as it concerns the subject and hypnotist dancing the "tango of hypnosis" provides a foundation for this emerging framework.

HISTORICAL CONSIDERATIONS: POWER TO WHOM?

The hypnotic relationship has historically been considered secondary to either the importance of the hypnotist or that of the subject. There have been a series of pendulum-like swings concerning the causal attribution of hypnotic effects. In the first century of modern hypnosis, generally known as the period of "animal magnetism," Mesmer, and particularly his immediate successors, placed the "power" of hypnosis in the *hypnotist*, emphasizing the hypnotist's intention or will in circulating the "hypnotic" fluid. The "magnetists" (e.g., Mesmer, de Puységur, De Leuze, etc.) did recognize the relational factor without explicitly mentioning it (Chertok, 1981). By the second half of the 19th Century however, the hypnotic relationship was virtually depersonalized as hypnosis became "medical-

ized." Medical clinicians such as Charcot focused their attention on the *subject* while positing that certain physiological mechanisms in psychopathologically disturbed individuals accounted for the "power" of hypnosis. Similarly, psychologically oriented investigators like Bernheim emphasized subject "suggestibility" (within a framework of cerebral physiology). By the end of the 19th Century, several authors did, however, begin to emphasize the relational link between the subject and hypnotist. With the seeds of classical psychoanalytic libidinal drive theory germinating, writers like Janet (1898) spoke of "somnambulistic passion" as a special form of "love;" Binet (1888) equated the hypnotized subject with an exalted lover "for whom there exists nothing in the world but the loved one" (p. 249); and, of course, Freud himself discovered transference within the hypnotic relationship. As Cope-land (1982) noted in her excellent review of the psychoanalytic orientation toward the hypnotic relationship:

... conceptions of hypnosis have evolved from a patient-oriented, patient-focused point of view, with the hypnotist regarded as an omnipotent agent, to current views of a multilevel relationship between patient and hypnotist in which control, influence, and transference/countertransference are reciprocal and mutually reinforcing (p. 6).

In the mid-20th Century, an experimental "renaissance" began with Hilgard's and later Orne's work which saw the emergence of a more sophisticated *subject*-based viewpoint emphasizing individual differences in hypnotic susceptibility. Experimentalists and clinicians, however, were becoming "strange bedfellows," with the clinicians all but neglecting individual differences while attending to the interactive dimension in rather gross fashion (cf: ASCH-ERF, 1973). Ericksonian-oriented hypnotherapists stressed the unconscious interaction between the patient's natural hypnotic tal-

ents and the experienced hypnotist's observational and intuitive skills (Erickson & Rossi, 1979; Erickson, Rossi, & Rossi, 1976), while psychoanalytically oriented clinicians focused on the more archaic transference elements operating in the hypnotic dyad (Gill & Brenman, 1959; Schilder, 1956; Schneck, 1975). Nonetheless, the discerning reader can undoubtedly recognize old wine in new wineskins as Erickson's followers began to overly emphasize the hypnotist's creative technical interventions in the form of indirect suggestion, paradox, and metaphor (Hammond, 1983; Van Dyck, 1982), while analytic investigators often became "fixated" upon the subject's transference capacities and reactions (Meares, 1960; Weitzenhoffer, 1957). It is certainly difficult in both research and clinical practice to examine the "moving target" of the interaction, particularly since it frequently involves the "deepest" portions of both patient and therapist. Nonetheless, contemporary research perspectives evidence a convergence around a contextual as opposed to an individual trait position (Sheehan & McConkey, 1982) while clinicians appear to be stabilizing the pendulum by focusing on interactional, interpersonal, and multilevel relationship issues between subject and hypnotist (Baker, 1981; Chertok, 1982; Copeland, 1982; Lazar & Dempster, 1984). A fuller appreciation of the interactive nature of hypnosis seems imminent and it is toward this goal that the budding theory and empirical research on the reciprocal nature of hypnotic experience will be presented.

TOWARD A MORE INCLUSIVE MODEL: THE INTERACTIVE, HYPNOTHERAPEUTIC RELATIONSHIP

Many interactional constructs and perspectives have been set forth by hypnosis workers. These are next considered in

terms of transference-derived postulates, interpersonal functions of hypnosis, the hypnotic relationship per se, object relations-based theoretical constructs, and the impact of the hypnotist.

From a clinical standpoint, Gill & Brenman (1959) spoke of the subject-hypnotist reciprocity wherein hypnosis requires a "dovetailing of the unconscious fantasies of the two people involved" (p. 60). Mason (1960) regarded the hypnotist-subject relationship as the "most fundamental of all hypnotic phenomena" (p. 106). Wolberg (1967) saw the hypnotic relationship as a two-way feedback system wherein anxieties between the participants influence patient response and therapist technique. Both Watkins (1954) and Spiegel (1959) equated hypnotic trance with subject-hypnotist transference, a position Watkins (1963) later modified to suggest that the hypnotic relationship is largely determined by transferences which either inhibit or facilitate patient hypnotizability. Weitzenhoffer (1980) stressed the transference-counter-transference dyad and the powerful affective elements within this context. Lindner (1960) emphasized the "shared aspects" of the hypnotherapeutic relationship wherein *both* patient and hypnotist reap rewards from hypnotic experiences. Lindner's provocative notion of "shared reward" is an often overlooked and even denied element of trancework in spite of considerable evidence as to the hypnotist's experiencing of trance during the work (Blatt, Goodman, & Wallington, 1969; Diamond, 1980; Erickson, 1964; Guze, 1956; Scagnelli, 1980).

Distinct from the more transferentially based constructs, several clinicians have alluded to the interpersonal functions and values of hypnosis. For example, Wolberg (1964) noted that:

The hypnotic relationship may act as a bridge that leads the patient from his isolation to a contact

with another human being without the intense suffering that characterizes his habitual interpersonal relationships (p. 358).

Others (Gill & Brenman, 1959; Stewart, 1963; Wolberg, 1967) implied that a major purpose of trance is to maintain or guard an interpersonal relationship with the hypnotist, and as most clinicians will recognize, certain patient wishes and motives are frequently best left unexamined (e.g., hostility toward the hypnotist, "magic" beliefs concerning hypnosis, etc.). Sheehan & McConkey (1982) have in fact demonstrated the individualized, active, and constructive means subjects do go to in order to "guard" the hypnotic relationship.

Other writers have attempted to offer more systematic analysis of the hypnotic relationship. Haley (1958) and more recently Fourier (1980, 1983) attempted to explain hypnosis wholly in interactional terms from a systems framework. Field (1979) focused on linguistic patterns hypothesized to create a particular form of intimacy within the "transactional, mutual aspects of (hypnotic) communication." Sarbin & Coe (1972) stressed the relational context from their role-based viewpoint.

Recently, Baker (1982), Chertok (1981, 1982), Diamond (1983), and Smith (1981) have utilized psychoanalytic, object relations theory to extend Shor's (1962) concept of archaic involvement and thus examine the more archaic relational elements pertaining to trance depth. Chertok (1981), for example, suggested that the hypnotized subject returns to an inborn level of primary "relational potentiality" while both Smith (1981) and Baker (1982) indicated that hypnotic experience is largely a function of the hypnotist's skill in responding to the patient's developmentally achieved level of object relations and accompanying cognitive functioning. Diamond (1983) delineated four intrapsychically based, interactive relational dimen-

sions which may co-vary during hypnosis. Smith (1981) employed Winnicott's (1965) concept to propose that the hypnotic relationship serves as the "holding environment" for the work of suggestion. From a research perspective, Tellegen and Atkinson (1974) posited that the trait of absorption, permitting hypnotic-like experiences of deep involvement, partially depends on "a desire and readiness for object relationships" (p. 275).

Additional thinking from an interactional perspective has focused more on the impact of the hypnotist. For example, Kline (1958) stated:

The mental set of the hypnotist, his willingness and ability to enter into an intensified emotional relationship with the patient, are among the critical conditions for the induction . . . and utilization of a hypnotic state . . . (p. 67)

The clinical hypnotist, like his/her patient, must also "let go" and risk an intense, interpersonal relationship. Orne (1962) discussed the necessity for the hypnotherapist to enter into the relationship, participate in a "folie à deux," and still maintain sufficient objectivity to recognize that (s)he does not acquire the power ascribed by the patient. Entering into such intensified empathic bonds while remaining capable of separateness and therapeutic objectivity is no mean feat. Difficulties in this realm are usually considered as countertransference problems and, as such, have not been neglected in the literature.

Clinical writers like Gill & Brenman (1959), Fromm (1968), Gruenwald (1971), Lindner (1960, 1977), and Wolberg (1967) have stressed the importance of the hypnotist's motives and unconscious reactions in the interactional matrix. A few writers have speculated on the psychology of the hypnotist (LeCron, 1951; Lindner, 1960; Pardell, 1950) but objective assessment of the "second member" (i.e., the hypnotist) of the hypnotic relationship has been largely

ignored (Moss, Rigger, Coyne & Bishop, 1965). The little data available from a study by Moss et al. (1965) does indicate that therapists attracted to hypnosis received less personal psychotherapy as well as psychotherapy training. One can only wonder if this reflects less self-insight and more grandiosity on the part of hypnotherapists or alternatively, if it simply indicates greater psychological health among the hypnotically inclined. Perhaps, too, hypnotherapists have been less willing to immerse themselves in "schools" of psychotherapy that traditionally have eschewed hypnosis since to do so might be viewed as interfering with one's professional development. Less encouraging is the possibility that many therapists become attracted to hypnosis because of its seeming promise of being a way to deal with people without having to be too intimate. Lindner (1960) has reported that therapists attracted to hypnosis are particularly prone to the so-called "hypnotic phantasy," which is a dangerous countertransference reaction characterized by grandiose and omnipotent unconscious illusions linked to using hypnosis. As Kline (1958) noted, the hypnotist who is most terrified of a real relationship with his patient is most apt to use authority, benevolence, and/or seductiveness in his work.

RESEARCH ON THE INTERACTIONAL ELEMENT: SOME EMPIRICAL EVIDENCE.

Turning to the empirical domain, it is noteworthy that the early studies investigating relational parameters tended to focus on these variables in only the most general of ways. For example, Shapiro and I (Shapiro & Diamond, 1972) found that trusting, relationship-oriented encounter group experiences facilitated subsequent hypnotic responding in contrast to more intrapsychically oriented group experiences. As the reader might anticipate, there has been

plenty of clinical speculation, albeit a lack of empirical study of the *specific* hypnotist-subject relationship parameters (cf: Smith, 1981; Watkins, 1954; Weitzenhoffer, 1980). Shor (1962) provided a rationale for this apparent neglect when he suggested that the key interactional dimension of archaic involvement is unlikely to develop in experimental hypnosis since the experimenter maintains considerably more psychological distance from the subject than does the clinician. While relational elements are likely to be less intense in experimental hypnosis, recent research has nonetheless substantiated the importance of this dimension even in the laboratory.

Hilgard and Weitzenhoffer explicitly acknowledged the importance of the interactional element in research settings when they constructed the Stanford Hypnotic Susceptibility Scale, Form C (Weitzenhoffer & Hilgard, 1962). Assuming the hypnotic context would provide the equivalent of a day residue for a subsequent dream, the authors developed their dream item with the hypnotist suggesting that the subject dream about hypnosis and, by implication, about the hypnotic relationship. Methodological advances, such as Sheehan and McConkey's (1982) phenomenologically based Experiential Analysis Technique (EAT), employing videotaped playback of a hypnotic session in which the subject is encouraged to describe his/her internal experience, are providing another means for studying the "moving target" of the interaction.

Much of the contemporary research highlighting the importance of specific interactional parameters has come from four major laboratories. These labs are in Brisbane, Australia; Indianapolis, Indiana; Athens, Ohio; and Budapest, Hungary. Several studies from the laboratory of Peter Sheehan in Australia convincingly demonstrate the effect of the *interpersonal climate established by the hypnotist* on the sub-

ject's response. To illustrate, Sheehan & McConkey (1982) provide an experimental subject's description of her experience in responding to a suggested hallucination. She said that she:

. . . had the power of mind to see anything . . . because I was feeling really comfortable . . . and had a very trusting sort of feeling toward the hypnotist (p. 168).

Several studies have highlighted the relevance of interpersonal processes related to Shor's (1959) dimension of motivated hypnotic role involvement (e.g., Dolby & Sheehan, 1977; Perry & Sheehan, 1978; Sheehan, 1980; Sheehan & Dolby, 1979). For example, Sheehan & Dolby (1979) illustrated the nature of clinical rapport through a content analysis of hypnotic dreams which indicated the subject's motivational commitment to their hypnotist's communications. Sheehan (1980) subsequently found that rapport with the hypnotist could more easily be interfered with than encouraged and if rapport is inhibited, motivated involvement and cooperation with the hypnotist lessens. Sheehan's student Hearn (1978) found that trait differences among (high and low) susceptible subjects gave rise to differing processes of interaction with the hypnotist, which in turn affect the subject's final hypnotic performance. In essence, hypnotists reading a standard induction script were friendlier with subjects appearing more highly susceptible while scores of poor subjects were raised by altering the hypnotist's delivery in the friendly direction.

A series of investigations from Indiana University Medical School under the direction of Elgan Baker and Eugene Levitt provide additional insight into interactional parameters. Levitt and Baker (1983) reported subjects remained more involved in the hypnotic experience to the extent that their perception of the hypnotist was positive, enabling them to feel aligned with the hyp-

notist. Levitt (1981) concluded his presentation by stating that:

. . . the essence of the hypnotic state lies in the relationship, however brief and temporary, between the hypnotist and the subject (p. 5).

Baker (1982) subsequently began to employ the psychoanalytically based methodology of Geller, Cooley, & Hartley (1981-82) to examine hypnotherapy patients' internalized, mental representation of their therapists. His early findings suggest interesting variations across diagnostic categories in terms of this introject-determined, object relationship variable (e.g., neurotic patients utilize more abstract and mature conceptual representations than do borderline and psychotic patients).

An important group of related studies coordinated by Steven Jay Lynn and Michael Nash of Ohio University (Frauman, Lynn, Hardaway, & Molteni, 1983; Lynn, Nash, Rhue, Frauman, & Sweeney, 1982; Nash, 1983; Nash, Johnson, & Tipton, 1979; Nash & Lynn, 1982; Nash, Lynn, & Givens, 1984; Nash, Lynn, Frauman, Stanley, & Rhue, 1981) attempted to extend J. Hilgard's (1979) developmental perspective while examining the psychodynamically relevant interpersonal dimension of hypnosis. These investigators found important links between early modes of object relating and adult hypnotic responsivity. They found that both childhood possession of transitional objects and *severe* (i.e., abusive) childhood punishment are positively related to adult hypnotizability. No relationship existed, however, between *frequency* of childhood punishment and adult hypnotizability. Moreover, highly susceptible subjects reported greater rapport, attraction, and identification with their hypnotist. Thus, the authors speculated that an hypnotic-enhancing, more complete emeshing in the transference, relational aspects of the hypnotic dyad occurred when structural deficits in the capacity for

attachment and separation created by early relationship experiences were mediated by transitional phenomenon associated with an enhanced readiness for object relating with the symbolic caretaker (i.e., "object") of the hypnotist.

The final contemporary research program derives from the efforts of Eva Bányai and her colleagues in Hungary (Bányai, Mészáros, & Csokay, 1982). These researchers are employing both behavioral and psychophysiological indices to examine meta-communication elements within the hypnotic interaction. Their data indicate that hypnotic depth is partially a function of the *hypnotist's* active participation evidenced by his/her unconscious attention-focusing on the subject, creating what the authors term a "*mutual tuning in.*" Moreover, more responsive subjects tended to perceive their hypnotist more favorably.

Empirical data are needed to better understand the role played by hypnoterapist trance experience. It is well documented that most hypnoterapists spontaneously experience trance when hypnotizing their clients (see Diamond, 1980, for a review of these studies). Scagnelli (1980) furthermore suggested that appropriate use of therapist trance enhances empathic ability with the patient's current experience. The nature of these interactive trance experiences is purely speculative however, and research is called for which systematically studies the relationship between the hypnoterapist's personal hypnotic abilities, trance experiences, and technical skills and his or her patient's hypnoterapeutic experiences (cf: Hájek, 1982).

CONCLUSION: THE HYPNOTIST IN THE DUAL PHENOMENON OF HYPNOSIS

A metaphor borrowed from psychoanalytic theory and introduced to the hypnosis

literature by Smith (1981) appears useful in describing the primary task of the hypnotist in the hypnoterapeutic relationship. Winnicott's (1965) notion of the "holding environment" is what a "good enough mother," the psychoanalyst, and the hypnoterapist creates in order to allow the infant, child, or therapeutic patient to be secure enough to develop or grow. In working with unconscious processes, as we do in hypnosis, it is the internal and frequently unconscious experience of the patient that must be held or "contained" (Bion, 1967). This process entails communicating to the patient's oftentimes wounded unconscious that we are sufficiently interested in and strong enough to "hold," "contain," and allow the patient whatever his/her internal experiences are. The hypnoterapist becomes a benign yet strong presence to the patient's world of internal experience while somehow facing the patient's demons, resistances, yearnings to "cure" the therapist (Searles, 1979; Singer, 1971), and disowned emotions. Concomitantly, the hypnoterapist must oftentimes feel and experience the patient's unconscious affect and images within himself, courageously tolerating the pain and uncertainty, while managing to remain strong, consistent, and "good enough" to provide sufficient comfort and direction for the patient to go on with the healing journey. The hypnoterapist must be capable of comfort with both passivity and receptivity, yet skilled in appropriate levels of activity. This is no small task, the "magic" of hypnosis notwithstanding, and requires what Reik (1948) termed "the courage to not understand" and what Bion (1967) refers to as "negative capability," wherein one is capable of being in uncertainties, mysteries, and doubts without "irritable reaching after fact and reason."

This article began with the question of why certain hypnotists produce deeper and more meaningful trance experiences. It is suggested that the hypnotist's ability to

appropriately experience and utilize internal and trance-related processes to further his/her capacity to be with the client's, as well as his/her own, experience provides the answer to this question. In short, the most skillful hypnotherapists may well be those most capable of entering into an intensified empathic bond with their patients. As Lazar & Dempster (1984) noted, good hypnotherapists share such characteristics of good therapists as confidence, sensitivity, flexibility, persistence, empathy, and a realistically objective outlook. The intensity of the concentration involved in hypnotherapy combined with shifts in therapist-patient intimacy do, however, require considerable skill with and knowledge of one's internal experience within a relational matrix. Hypnotherapists must remain sufficiently knowledgeable about and comfortable with their internal experience, however evoked, to allow the patient the freedom to know and come to terms with his or her own internal life. This type of relating is what Winnicott (1965) refers to as "alone in the presence of the other," attached yet individuated, separate yet connected and engaged. It is indicative of that unusual state of consciousness termed the "I and thou" (Buber, 1976), and may very well be the most potent form of a therapeutically facilitating environment.

Hypnotherapeutic skill can thus be viewed from an interactional perspective as a function of: (1) the hypnotist's attainment of matured object relating and comfort with deeper levels of relationship; (2) empathic capacity; (3) personal and therapeutic trance skill; (4) integration of healthy receptive, passive, and active cognitive and behavioral capacities; and, (5) the self-supervisory ability to deal effectively with one's own internal and counter-transferential reactions *vis-a-vis* one's patients. Empirical study is required to determine the importance of these postulated hypnotherapist variables. For example,

Sheehan and McConkey's (1982) EAT procedure can be used *with the hypnotist* to examine the effect of hypnotist trance experience on empathic or receptive capacity to patient material. In addition, systematic research can address the "shared reward" or reinforcing properties of the subject's trance for the hypnotist; the usefulness of varied technical interventions (for example, direct or indirect suggestion, ego-syntonic storytelling and metaphorical communication, and dialogic interaction with the subject) for facilitating therapist comfort and ease, which presumably enhances therapist "holding" functions; and the role played by alterations in the subject-hypnotist interaction in modifying subject hypnotic responsiveness and trance depth. It is essential that empirically based theoretical excursions into the ever-vibrant, human, and intrapsychically rich interactive dimension of the "tango" called hypnosis occur in order to enable a more complete understanding of what Shor (1959) so aptly termed, "the flesh and blood of hypnosis" (p. 594).

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