THE INTERACTIONAL BASIS OF HYPNOTIC EXPERIENCE: ON THE RELATIONAL DIMENSIONS OF HYPNOSIS

MICHAEL JAY DIAMOND

University of California at Los Angeles

Abstract: The ubiquitous interactional basis of hypnosis remains neglected and poorly understood. Vignettes from clinical practice and research are presented to illustrate the significance of hypnotic relational factors and their internal representations. A descriptive theoretical framework is formulated enumerating 4 relational dimensions: (a) transference phenomena in which previous object relationships are enacted; (b) a goal-oriented working alliance comprised of "rational" and "irrational" expectations about the efficacy of hypnotic procedure and its participants; (c) a symbiotic or fusional alliance in which the hypnotist is experienced as a purely internal figure; and (d) a realistic contemporary relationship. Each dimension is considered as it subjectively operates within hypnosis, and a case example is employed to compare the psychotherapeutic operation of these dimensions in waking and hypnotic contexts. Implications of the interactional framework are discussed and further empirical and clinical directions suggested.

Over 25 years ago, Shor (1959, 1962) presented a series of propositions which he hoped would delineate the fundamental core of hypnosis. He extended White's (1941) dual factor theory of hypnosis in providing an incisive description of the cognitive basis of hypnosis. He highlighted the motivational or hypnotic role-taking dimension as well as the trance dimension, which he discussed in terms of the fading of the generalized reality orientation. Moreover, in contrast to other trance experiences, he astutely recognized hypnosis to be unique due to its occurrence within a special kind of interpersonal situation. As he put it: "The flesh and blood of hypnosis — its multidimensional clinical richness and variation — only appears when hypnosis is viewed in terms of the dynamic interrelationships between real people [Shor, 1959, p. 594]."

Shor (1962) concluded his classical formulation by introducing the interactional dimension termed "archaic involvement," a concept that, unfortunately, remains poorly understood, undeveloped, and under-

Manuscript submitted October 9, 1984; final revision received July 10, 1986.

1Preliminary versions of this paper were presented as the Division 30 Presidential Address to the 91st Annual Convention of the American Psychological Association, Anaheim, California, August 1983, and as the Invited address to the 16th Annual Congress of the Australian Society of Hypnosis, Gold Coast, Queensland, Australia, August 1986.

2The author is especially grateful to Jean C. Holroyd, Ph. D. for her helpful comments on an earlier version of this paper.

3Reprint requests should be addressed to Michael Jay Diamond, Ph.D., 566 South San Vicente Blvd., Los Angeles, CA 90048.
investigated. Shor (1979) subsequently sought to rectify this by developing
a phenomenological technique for measuring the depth of archaic involve-
mament as operationalized by the extent to which "there are archaic, primitive
modes of relating to the hypnotist that echo back to the love relationships
of early life [Shor, 1979, p. 126]." More recently, Nash and Spinler (in
press) constructed an inventory to measure hypnotic archaic involvement
and report that it indeed accounts for a substantial portion of variance in
the hypnotic experience.

The present writer's fascination with archaic involvement stems from
the struggle to explain something well-known in experimental hypnosis
albeit not easily accounted for — namely that there is a discernible and
vital quality to an individual's hypnotic experiencing that differs from and
is seemingly unrelated to either the hypnotizability score or depth of
trance per se. Moreover, this qualitative, experiential involvement does
not necessarily co-vary with objective or subjectively reported suscepti-
bility. Highly hypnotizable subjects sometimes struggle with the experi-
ence and are not particularly enjoyable to be with. Correspondently, it is
not unusual to find a more moderately scoring individual who, while not
manifesting the (desired) "hypnotic" response to hypnotic suggestion,
nonetheless seems to take profound pleasure in the experience.

The present author's previous research was steered toward the most
obvious dimension of the phenomena, namely, the question of whether
hypnotizability, as operationalized by responses to standardized hypnotiz-
ability testing instruments, could be modified. The data essentially dem-
onstrated that hypnotic responsivity can, in fact, be partially modified
with direct and basically instructional learning procedures (Diamond,
1974, 1977). It is still not known, however, the extent to which hypnotic
talent (i.e., aptitude) per se is modifiable in contrast to facilitating hypnotic
skill or motivation among those with a hypnotic "knack," and, perhaps
more importantly, it is not known what goes on internally for the so-called
"trained" subject to produce an alteration in hypnotic experience. Indeed,
investigators like Sheehan and McConkey (1982) have demonstrated that
hypnosis entails substantial active cognitive processing, while more social-
psychologically oriented workers (e.g., Coe & Sarbin, 1977, Sarbin &
Coe, 1972, 1979; Spanos, 1982) highlight the importance of situational or
contextual variables. The modification research has only taken us to the
doorway opening upon the complexities of both the cognitive processing
and contextual factors underlying hypnotic experience.

A recent clinical vignette should help set the stage for a more thorough
consideration of the interactional basis of hypnotic experiencing. Once
again, the same elements reported earlier were present; a hypnotically
responsive individual experienced an unrewarding hypnotic involvement.
In this case, a borderline patient with agoraphobic symptoms had begun
treatment. She had responded in the highly hypnotizable range on the

\[A\ more\ complete\ discussion\ of\ the\ distinction\ between\ hypnotizability\ and\ trance\ depth\ is\ beyond\ the\ scope\ of\ this\ article.\ See\ in\ this\ regard\ Tart's\ (1979)\ and\ Radtke\ and\ Spanos'\ (1984\ and\ 1988)\ studies\ on\ hypnotic\ depth\ scores.\]
Stanford Hypnotic Clinical Scale for Adults (SHCS) of Morgan and J. R. Hilgard (1978/1979), scoring 4 of a possible 5. We had established a rather tenuous working alliance, however, and she triggered intense real and countertransference reactions in me for reasons unrelated to this discussion. Accordingly, in spite of her high hypnotizability score, which, incidentally, is predictable from the hypnotizability literature among phobics (Frankel, 1976), the patient appeared both uncomfortable during the test session and spontaneously reported herself to be “resistant throughout the experience” while finding it unpleasurable. I too was somewhat anxious throughout SHCS administration while impressed by her seeming displeasure as she nonetheless responded to hypnotic suggestions. This example indicates that an individual’s hypnotizability insufficiently indexes quality and/or depth of hypnotic experience as well as the nature of the hypnotist’s responses to the subject.

An additional research example further illustrates the point. In a recent modification experiment, a small number of subjects were individually trained. One young lady scored consistently low on a variety of hypnotizability tests, both prior to and following the extensive individualized training. At this stage, she might be termed “refractory” to hypnosis and considered “untrainable.” The present author had the opportunity to observe, however, that she had remarkable, even psychopathological dissociative capacities. Still, while fully capable of experiencing loss of her generalized reality orientation (i.e., trance), she continuously failed to respond to direct suggestion on the hypnotizability scales (i.e., her plateau hypnotizability was 1). Moreover, she reacted with displeasure. When I worked with her in a “clinical” manner, however, permitting and supporting her “autohypnotic” experiences, I found her greatly enjoying hypnosis and reporting profound depth. In other words, her dissociative experiences became part of our interpersonal context. This subject had no difficulty experiencing what White (1937) termed “passive hypnosis,” albeit she was refractory to hypnotist-directed “active hypnosis.” Barber (1986) has likewise stressed the value of nonthreatening, even indirect hypnosis in a “permissive naturalistic context.”

Relationship factors go beyond the pleasurable-unpleasurable involvement dimension evident in the preceding examples. Another clinical example introduces the idea that a complex, multilevel interaction exists in terms of psychic or subjective reality. Consider for a moment a portion of a hypnotic dream reported by a patient with a bipolar affective disorder. He stated:

and I notice you are there [in a large multi-level house]. We are playing tennis and I serve to you. My serve is like a bullet and it hits you in the ankle; you are in pain and you are hobbling. Your ankle is broken. A woman watching says to you, “I told you it is a dangerous game.” It seems funny and I am laughing.

Following the dream, he remained in hypnosis while freely associating to its meaning. However, he completely omitted any reference to the tennis match and interaction. When I indirectly mentioned this, he denied any wish or ability to hurt me since he perceived me as “very strong and
invincible.” His trance then appeared to deepen and he expressed resistance to ending his particularly “good and deep” hypnosis. After terminating hypnosis and preparing to leave the office, he stood up and said, “I hope I didn’t hurt you. I didn’t mean to, you know.”

This brief vignette dramatically illustrates the complex interplay of several intrapsychically based relationship elements occurring for a patient with his hypnotherapist. To consider only a few, the patient seemed to fear harming me while denying the wish to hurt me by calling me “invincible.” On the one hand, he responded to me as his therapist by working with the material produced within the hypnotic activity. On the other hand, he experienced me as a part of his internal world, being unable to differentiate his attack on me in the dream from attacks upon me as a real and separate person. Finally, he experienced a wish to remain in the extremely pleasant state of hypnosis rather than returning to the ordinary waking state.

These examples suggest the importance of the interactive element in hypnosis. The present article proposes to present a framework for conceptualizing and utilizing this interactional dimension. An attempt will be made to provide a foundation for understanding the feeling-laden and often irrational quality of hypnotic relational events in order to: (a) extend theory construction; (b) provide a heuristic foundation for empirical work; and (c) enable hypnotic clinicians to more incisively conceptualize and utilize interpersonal representations. To accomplish this, it is essential to appreciate how rather extraordinary hypnosis is in its being a notably rare situation, somewhat akin to the unlikely trinity of love, religious confession, and brief crisis counseling, wherein one individual allows for the frequently profound alteration of psychological state in the actual presence of another, typically unknown individual.

The present author has elsewhere (Diamond, 1984) provided a historical perspective on the hypnotic interaction, while reviewing existing interactive constructs generally derived from vague, transference-based psychoanalytic hypotheses. In addition, more recent empirical work was surveyed. In the present article, I shall introduce an experientially based descriptive system for the four essential dimensions of hypnotic interaction prior to concluding with some thoughts on the implications of this interactive framework.

**AN INTERACTIONAL FRAMEWORK: FOUR RELATIONAL DIMENSIONS**

The hypnotic literature abounds with general and rather vague discussions of the interactive dimension. Efforts to describe the interactional element tend to rely on behavioral-based constructs (e.g., compliance or response to demand characteristics); poorly operationalized terms like rapport; or transference-based psychoanalytic hypotheses which fail to differentiate more subtle, yet distinctive, relational components. The present author will now draw upon the introspectively based language of contemporary psychoanalysis to propose four dimensions that provide a useful way of examining the relational aspects of hypnosis. The recent psycho-
analytic work of Guthiel and Havens (1979) and Paolino (1981), applying
the earlier contributions of Corwin (1974), Greenson (1967), Macalpine
(1950), Mehlman (1977) Nunberg (1948), Sterba (1934), Stone (1961), and
Zetzel (1956) have been particularly valuable in this respect. These four
dimensions are: (a) transference; (b) working (therapeutic) alliance; (c)
symbiotic or fusional alliance; and (d) real relationship. They are separated
for expository purposes; hypnotic relationships consist of overlapping
mixtures of these four components. Moreover, at any point in hypnosis,
one or another of these four dimensions may predominate, while the
essential thread of the other three still exists. The operation of these
dimensions may remain conscious, partly conscious, or unconscious for
either of the participants in the hypnotic dyad. Finally, the dimensions
attempt to index the hypnotic relationship as experienced, that is, in terms
of internal or psychic reality. Both the primacy of subjective experience
and the internal activities of the person are implicit throughout.5

Each of the four dimensions will be briefly considered prior to discuss-
ning their operation within the hypnotic matrix. Only the dimension of
transference has been previously discussed as such in the field of hypnosis,
and it has generally been employed to subsume some aspect of each of
the three additional dimensions. Each person in the hypnotic relationship
contributes to and experiences these dimensions in a truly interactive
way. Finally, operational precision and methodological sophistication will
be required for the systematic study of these factors.

While there is no universally accepted conceptualization of transfer-
ence (Macalpine, 1950), it is generally agreed that it is a usually uncon-
scious, intrapsychic affective experience, largely determined by previous
significant relationships. It is distinguished by an enactment of previously
well-learned feelings, drives, attitudes, fantasies, and defenses reflected
in an emotional relationship between the subject and hypnotist which
cannot be accounted for by the actual situation. Thus, it is the means of
repeating the past in the present and can be positive, negative, or mixed.

The second dimension, working alliance (often termed therapeutic
alliance) has been considered the major key to any therapeutic change
process (Bordin, 1979; Frieswyk, Allen, Colson, Coyne, Gabbard, Horwitz,
& Newson, 1966; Hartley & Strupp, 1983). It refers to the element of
working together to achieve agreed-upon goals and is an artifact of the
particular collaborative situation. This alliance is a complex dimension
involving both a “rational” alliance based on reality aspects of psychic
functioning, along with an “irrational” alliance founded on more infantile
and idealized wishes. Thus, it involves expectations about the efficacy of

5The conceptual dimensions are primarily derived from archaic metaphors and thus are
subject both to refutation and the possibility of being turned into fictions or myths (cf.
Sarbin & Coe, 1979). Care must be taken not to personify such abstract concepts and, in
turn, fail to appropriately use them as maps for traversing the territory of private experience.
Each dimension involves cognitive activity as discussed by Sarbin and Coe (1979) and
Sheehan and McConkey (1982), and is consonant with the “action language” approach
advocated by Schafer (1976).
the hypnotic procedures and relationship. Ego splits or dissociations are at the core of this dimension, along with an object relationship based upon a partial identification with the hypnotist (Sterba, 1934). The rational-side of the hypnotic working alliance involves the subject's observing ego, identified with the hypnotist as they share common goals of the individual's trance-experiencing, rather like collaborating with a friend; the irrational-side is founded on the subject's overestimating the powers of the hypnotist and, in turn, identifying with his/her omnipotent powers. This is similar to Ferenczi's (1916) notion of "paternal hypnosis," that is, a surrender to a loved and frightening adversary. The overall alliance is characterized by a nonaggressive, nonsexualized, affectional bond.

The third dimension, termed symbiotic or fusional alliance (Corwin, 1974; Mehlman, 1977), pertains to that primitive and irrational element of relationship wherein the bodily presence of the other is incorporated as a part or extension of the subject's self. Thus, from a developmental perspective and in contrast to the previous two dimensions, this is an essentially pre-oedipal, pre-verbal, and pre-symbolic capacity which reflects early infant-mother bonding and predates object relations developed during the first 2 years. The term symbiotic (or fusional) is favored for its less pejorative connotation, albeit the phenomenon is appropriately labeled narcissistic from a developmental viewpoint. The subject thus experiences the hypnotist symbiotically as an actual part of the self, incorporated as "inside" one's own psychic system (i.e., a purely internal figure). The degree of symbiosis can range from partial (i.e., a self-object attachment) to complete (i.e., union or merger). In spite of its illusionary basis, this fusional relationship, akin to the Freudian concept of primary narcissism and Chasseguet-Smirgel's (1985) notion of the ego ideal, provides a sense of protection, safety, and comfort. It is distinctly evidenced by the benign and soothing qualities of the plenary, "neutral," or "healing" trance and may offer what Mahler (1968) termed a "corrective symbiotic experience" for patients with relatively mature psychic structuralization. Of course, this alliance can also be used to bolster defensive processes and "hide" rather than "heal."

Fourth, and not to be minimized, is the real relationship between the interacting parties. The real relationship reflects all that is appropriate and relevant to the current situation and is relatively uninfluenced by psychological distortions. It is indicated by a generally nonidealized, realistic,
and contemporary assessment of the other as he/she might exist outside
the hypnotic situation. It is not simply consigned to a kind of rational and
upper-level intensity and frequently includes strong feelings of compas-
sion, aggression, and eroticism based on a contemporary relationship.

**Hypnotic Applications of the Interactional Framework**

The poet Ortega y Gasset beautifully reminds us that we leave reality
behind when we create concepts (cf. Bettelheim, 1983). This is particu-
larly so amidst the vibrant world of the hypnotic relationship. The four
relational dimensions are proposed heuristically as operationalizable maps
requiring continual reference to the internal “territory” of meaning and
private activity which they guide us toward. In beginning to even sketch
how these dimensions might be operationalized, our perspective must be
shifted in order to capture the flavor of, and ultimately more fully under-
stand, these interactional concepts.

This type of understanding stems largely from the effort to allow oneself
to be a part of another’s hypnotic experiences rather than solely an exter-
nal, so-called “objective” observer. Such a position requires aligning with
the validity of the other’s perception and experience, however irrational
it may seem (and not, of course, as a confirmation of consensual or histor-
ical reality but rather of intrapsychic reality). Thus, “subjectivity” and
empathy rather than “objectivity” and inference become means for data
gathering. At this stage of our understanding, we must remain “experi-
ence-near” to both subject and hypnotist in order to grasp such subtle
phenomena. Phenomenologically oriented methodologies, such as Sheehan
and McConkey’s (1982) Experiential Analysis Technique (EAT) or Fromm
and her co-workers’ (Fromm, Brown, Hurt, Oberlander, Boxer, & Pfeifer,
1981) “Chicago paradigm” for introspectively investigating self-hypnosis,
are among the appropriate methods for study. The subject is additionally
viewed as part of a system to which the hypnotist also belongs and what
occurs transpires between the “us” that comprises the dyad.

**A Case Example**

Some clinical material obtained from a psychoanalytically oriented
psychotherapy patient with whom the present author has frequently em-
ployed hypnosis will be briefly considered. This patient’s articulate and
spontaneous discussion of his varied experiences in hypnosis and waking
psychotherapy suggests the unique operation of these four dimensions
within each context. The patient was beginning his third year of treatment
when a woman abruptly ended what had been a relatively brief affair with
him. He mentioned becoming friends with more women while feeling
alienated from men whom he viewed as “closed.” He had become more
distant in therapy and recognized there to be similar feelings toward me,

---

1An under-appreciated benefit of this conceptual framework is related to Szasz’s (1963)
reminder that certain constructs (e.g., transference) provide the clinician with sufficient
distance to carry on the work. Particularly in the rich interpersonal nexus of hypnosis with
its ensuing boundary alterations for both participants, a viable conceptual scheme may
enable the hypnotist to remain sufficiently detached and observant to successfully engage
in the patient’s experiential world.
### Table 1
The Four Relational Dimensions of Hypnosis: An Example of Their Occurrence within Waking and Hypnotic Psychotherapy

<table>
<thead>
<tr>
<th>Relational Dimension</th>
<th>Illustrative Example in Waking Psychotherapy</th>
<th>Illustrative Example in Hypnotic Psychotherapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Transference:</strong></td>
<td>negative and paternal— therapist experienced as closed, disinterested (patient is required to “see that rapport exists”), and unsafe (potentially castrating).</td>
<td>positive and maternal— i.e., therapist becomes interested (“there for me”) and safely nurturant (like female friend).</td>
</tr>
<tr>
<td>a usually unconscious, intrapsychic affective experience largely determined by previous significant relationships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Working Alliance:</strong></td>
<td>intact and operative— i.e., patient discloses discomfort and (transference) resistance. nonexistent— i.e., heightened safety of projected omnipotent element lacking (patient requires hypnosis to “overcome the blocks”).</td>
<td>intact and operative— i.e., patient continues to cooperate in therapeutic endeavor. (\text{operative and facilitatating— i.e., patient feels freed as therapist experienced as omnisciently knowing patient’s internal experience.} )</td>
</tr>
<tr>
<td>the working together to achieve agreed-upon goals based on ego splits and identifications in two spheres— (a) “rational.” wherein patient’s observing ego identifies with therapist’s functions. (b) “irrational,” wherein patient overestimates therapist’s powers, and in turn, identifies with therapist’s presumed omnipotence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Symbiotic or Fusional Alliance:</strong></td>
<td>not evident either consciously or unconsciously.</td>
<td>actively experienced— i.e., hypnotherapist becomes an extension of patient, ever-present to patient’s internal world (as patient knows therapist is there).</td>
</tr>
<tr>
<td>an illusionary incorporation of the bodily presence of the therapist as a part of the patient’s self.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Real Relationship:</strong></td>
<td>intact and necessary— i.e., fostered by face-to-face contact and utilized by patient to maintain rapport.</td>
<td>present, albeit insignificant — i.e., fades into the background of chosen, hypnotic regression.</td>
</tr>
<tr>
<td>the appropriate and contemporary relational aspects relatively un influenced by psychological distortions.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note.—The examples are drawn from the psychotherapy case discussed on pp. 101-103. The relational data presented are for illustrative purposes only.

as well as resistance to opening up in treatment. He seemed blocked and stated that it felt unsafe since he did not want to feel small or show me his weaknesses. At this point he requested hypnosis because it was “a safe way to overcome the blocks and get [my] feelings out.”

Rather than simply gratifying an insufficiently understood wish, I did not immediately employ hypnosis. Instead, I intervened in a way designed to help us both better understand what might be happening. His free associations to his trance and waking-state experiences of me indicated a profoundly different *waking-state* from *hypnotic* transference as
well as symbiotic alliance. Table I compares the four relational dimensions as they operated for this patient within the waking and hypnotic contexts.

He stated that in the waking-state relationship he had to make eye contact and focus on me "in order to see that rapport exists." In hypnosis, however, he felt that I was there for him helping him with whatever might arise, and thereby enabling him to more freely focus upon himself and bring up his own experience. He went on to state that in hypnosis he feels "alone" with himself while at the same time knowing that I am there. Thus, there was a far more secure hypnotic "holding environment" (Winnicott, 1965). In the waking state, the patient felt as if he had to keep me there for him by performing in ways to maintain my interest. At this point in treatment the transference was negative (I became a disinterested, potentially castrating father); the working alliance remained intact in the rational sphere, albeit without the heightened safety of the projected (irrational) omnipotent element; the symbiotic alliance is not particularly apparent; and the reality relationship is enhanced by the face-to-face context. With hypnosis, the transference becomes maternal and positive; the working alliance is augmented by the illusionary element (of the hypnotist's projected power) freeing up the patient's internal experiences; the symbiotic alliance is actively experienced as I become an extension of him ever-present to his internal world; and the real relationship fades into the background of the chosen adaptive regression. These altered interactional experiences, incidentally, while overdetermined, result partially from my own behavioral and internal changes in moving from psychotherapist to hypnotist.

Hypnotic Transference

Each of the four relational dimensions will be considered as they might appear in the hypnotic situation. Since hypnosis allowed Freud to discover transference (see Chertok, 1968), several psychoanalytic writers have adumbrated the hypnotic transference dimension by highlighting archaic child-parent elements (Ferenici, 1916; Fisher, 1953; Freud, 1917/1981; 1921/1981; 1925/1981; Gill, 1972; Macalpine, 1950). Fromm (1944) stipulated three categories of hypnoanalytic transferences: (a) infantile dependency transferences; (b) oedipal transferences; and (c) sibling transferences. Macalpine (1950) conjectured that, in contrast to psychoanalysis, the hypnotic transference is "truly a mutual relationship existing between the hypnotist and the hypnotized [p. 535]," because the hypnotist, unlike the psychoanalyst, has not been trained to modulate transferences and, thus, "counter-transference is obligatory in and an essential part of hypnosis . . . [p. 535]." Watkins (1963) supported this in suggesting that hypnotic transferences occur earlier and are more pronounced, possibly as a result of the hypnotist's own trance experiences. Mason (1960) attempted to account for this phenomenon by positing a more complete regression to the oedipal situation wherein the subject's unconscious mind aspires to "an exclusive specific relationship with the mind of the hypnotist [p. 110]."
The prevailing psychoanalytic hypothesis that transference creates hypnotizability is greatly oversimplified, however, and analytically trained hypnotic writers like Chertok (1981), Meares (1960), Schneck (1965), and Watkins (1963) tend to view hypnotic transferences as interfering with hypnotizability rather than creating it. The transference may, of course, be strengthened by an individual's "unconscious mythical beliefs" concerning hypnotism resulting in intense preformed transferences for both subject and hypnotist long before they meet for hypnosis (Morris & C. W. Gardner, 1959). These preformed beliefs are typically viewed as pertaining to an omnipotent, benevolent, or sadistic hypnotist and form the basis for what Morris and C. W. Gardner (1959) termed the "hypnotic transference neurosis." Such preformed transferences are ubiquitous in clinical hypnosis and, as Fromm (1984) notes, tend to be utilized rather than analyzed.

**Hypnotic Working Alliance**

The *hypnotic working alliance* is considered in terms of both the irrational aspect (i.e., "magical") as well as more reality-oriented elements pertaining to the subject's fantasy about what the hypnosis (i.e., hypnotic relationship) will do. This "curative fantasy," in its more and less rational aspects, is essential in assessment for hypnotic work (Smith, 1984).

Fromm and G. G. Gardner (1979) noted the *rational* element when they stated: "Contemporary hypnotherapists use a permissive approach, forming an alliance with their patient's ego which enhances these patients' sense of control [p. 416]." This occurs as the patient's secondary-process level attempts to interfere with the movement of new meaning into unconscious territory are utilized, respected, and reassured. For example, Kalt (1986) noted how laughing during trance induction interferes with allowing new meanings and possibilities to enter the unconscious, producing a situation requiring hypnotherapists to form an alliance by incorporating laughter into the induction procedure. Gill and Brenman (1959) alluded to the reality-based alliance in denoting the individual's control over his/her "adaptive regression" in the context of the ego's maintenance of a "nonhypnotic reality-oriented relationship [p. 191]" with the hypnotist.

In a psychoanalytic version of neo-dissociation theory, Schilder (1956) speculated that the more highly developed, central portion of the subject's ego (i.e., ego-ideal) never becomes hypnotized and, rather, observes and supervises the hypnotized portion of the subject's personality as it works with and consents to the hypnotist's procedures. Thus, a deeply hypnotized individual will abruptly terminate trance when an emergency arises.

The *irrational* hypnotic alliance was neatly discussed by Nunberg (1948) who noted that the hypnotized individual raises the hypnotist to his/her ideal, then identifies with and finds protection in the idealized hypnotist, eventuating in the hypnotist's license to influence. The subject is viewed as submitting to active hypnotic responding in order to prevent the threatened loss of the hypnotist's love, a process resembling goal-directed striving, motivated role-playing or compliance in nonpsychodynamic terms. This "irrational alliance" seemingly enables the hypnotist to replace the
subject's superego, thereby providing a new, more benign attitude toward unexpressed or repressed wishes which eventuates in increased primary process access. A good example is portrayed in Woody Allen's film Zelig wherein the hypnotized patient, Zelig, ceases his compulsive attempts to please his attractive therapist and, instead, self-assuredly critiques her cooking while sexually propositioning her.

Many skilled hypnotists actively attempt to form irrational alliances. Hall (1984) alludes to the hypnotist's provision of a safe container (i.e., "temenos") enabling the patient to projectively identify with the therapist. For example, Rosen (1947) often dramatically utilized his patient's delusions to foster illusionary based alliances founded upon the patient's identifying Rosen with would-be persecutors. The rational wishes for change might then be supported by a skillful use of this irrational component (for example, allowing the would-be persecutor to become a benign ally). As Diamond (in press) elsewhere noted, some of the mystery surrounding Milton Erickson's success can be understood by considering his propensity for fostering such irrational alliances with an idealized, omnipotent physician. Erickson thereby created the conditions for what Ferenczi (1916) considered the patient's "surrender to a loved and feared adversary." Erickson's adage of "my voice goes with you" suggests that an idealized hypnotist becomes incorporated at a bodily level into a symbiotic relationship. Shor (1979) posited that the depth of hypnotic archaic involvement is indexed by such "perspectiveless overevaluation of the person of the hypnotist out of keeping with the objective situation [p. 126]."

The maintenance of the hypnotic alliance requires activity on the hypnotist's part. Both the "realistic" and "magical" elements of belief in hypnosis can be conveyed by the hypnotist and, in turn, strengthen this element. The hypnotist's own subjective experience with hypnosis as well as empathy for the subject's need for alliance strengthening becomes important. An overly intellectualized hypnotist emphasizing the logical principles of hypnosis may attenuate the irrational alliance. Similarly, a hypnotist's empathic failure, such as suggesting in the first hypnosis session that a brain-injured ataxic patient imagine himself running freely, may preclude a realistic working alliance. An unhypnotizable hypnotist is unlikely to be as successful in actively reinforcing either of these elements.

Hypnotic Symbiotic or Fusional Alliance

The symbiotic or fusional alliance is illustrated in Bowers' (1958) description of how the hypnotized subject's perceptual system becomes directed by the hypnotist:

Thus, through the voice of the hypnotist, his feelings and unconscious attitudes are revealed to the subject. For the hypnotist has become the whole outer reality of the patient and . . . . the subject comes more and more to live completely in his inner world of reality into which has come the voice, commands and whole feelings of the personality of the hypnotist [p. 56].

Investigators like Bowers (1958); Chertok (1982, 1983, 1984); Fisher
narcissistic-level relationship with the hypnotist-object. The attachment to the hypnotist is of a self-object nature as he/she is experienced as a part of the subject's self. From this perspective, hypnosis is construed as a condition of nonthreatening, typically partial, and artificial symbiosis or fusion, while primitive incorporative processes are postulated to account for the experience. As Chertok (1982) put it, the deeply hypnotized subject "loses his sense of individuality . . . respond[ing] to the hypnotist's suggestions as if they were an emanation of his own person [p. 100]." This symbiosis is regarded as analogous to that between a mother and her infant (Chertok, 1983) and is related to Erik Erikson's (1950) phase of "basic trust." Kubie and Margolin (1944) suggested that the incorporated image of the hypnotist is subjectively experienced, "as an extension of the subject's own psychic process [p. 612]." Kubie (1972) subsequently invoked the interactive feature when he stated that, in hypnotic induction, hypnotist and subject "seem in a sense to engulf each other [p. 215]." The reader might recall the earlier clinical vignette where the present author's patient requested hypnosis so he could feel alone with my being totally there for him as if I were not separate. A familiar example for most hypnotherapists is a patient reportedly hearing the hypnotist's voice "in my head" between sessions. A skilled hypnotherapist may augment this process by directly suggesting that "my voice goes with you."

Several writers have elaborated on the primary and extremely archaic elements in this aspect of relational experiencing, suggesting a psychophysiological basis for the phenomenon. Chertok (1981) hypothesized that the nature of this archaic, primary stage of relationship is psychophysiological, and "bodily reunification" occurs, perhaps partially by something akin to Schneck's (1965) biological substrate. Meares (1960) posited an "atavistic regression" which provided the context for more primary, incorporative dimensions of subject-hypnotist rapport. Kubie (1961) considered hypnosis as "transference in purest culture." Whether or not this is a psychobiological phenomenon, the essence of the hypnotic symbiotic or fusional alliance is the subject's identification with the hypnotist's (real or presumed) characteristics at a bodily level, and participating in the "magic," charisma, or whatever the hypnotist evokes. This alliance can almost be mechanically established in the absence of any previous interpersonal link, and is, therefore, considered the "paradox of hypnosis" (Chertok, 1982). Thus, for instance, following several relaxation and ego-strengthening suggestions, a new patient remarked how benevolent the air in the room had become during his trance.

The intuitive hypnotist often implicitly attempts to induce the subject to narcissistically identify with him/her, without threatening the individual's sense of self, by employing such well-established techniques as "speaking the patient's language" and even adopting or mirroring the subject's posture, breathing, and the like (M. H. Erickson, E. L. Rossi, & S. H. Rossi, 1976). It is likely that indirect suggestion activates such archaic object relationships and may be a curative factor in favorable
circumstances (Chertok, 1984). Evidence obtained from nonhypnotic settings has demonstrated that unconsciously gratifying symbiotic or fusional fantasies, as evoked by tachistoscopic subliminal presentations of written and pictorial stimuli such as "Mommy and I are one," are adaptive and even ameliorative under certain conditions (Silverman, 1978; Silverman, Lachman, & Milich, 1982; Silverman & Weinberger, 1985). These findings suggest a parsimonious explanation of the corrective value of nondirected or neutral hypnotic experiences, assuming that such fusional alliances are (unconsciously) activated by hypnosis itself. Frauman, Lynn, Hardaway, and Molteni (1984) have recently demonstrated that the unconscious activation of such symbiotic fantasies prior to hypnosis enhanced subsequent hypnotizability and rapport with the hypnotist. Silverman et al. (1982) discussed an obese patient's self-hypnotic (i.e., conscious) use of a oneness fantasy to aid in her weight reduction. Finally, Channon (1984) reported numerous instances of extrasensory communication between hypnotist and patient which she speculates arise from the intense interpersonal relationship with its partial fusing of identities. This symbiotic alliance is often "mutually-shared" (Corwin, 1974; Kubie, 1972) and may represent one of the "hidden" shared rewards for the hypnotist (Lindner, 1960) who also aligns with a "good" symbiotic object. In this respect, the hypnotist's regression is "in the service of the other" (Olinick, 1980); archaic fears, however, may be aroused for the therapist and hypnosis may be shied away from (Chertok, 1984). The inappropriate defensive use of this alliance can, of course, have serious consequences for patient and therapist.

**Hypnotic Real Relationship**

The *hypnotic real relationship* has rarely been discussed, although Meares (1960) mentioned it as an integral part of rapport referring to the mutual respect inherent in hypnotic interaction. Baker (1992, 1995) has more recently differentiated the contemporary aspects of the hypnotic relationship from those more transference-based. This dimension is more apparent in experimental than clinical hypnosis, albeit it appears clinically as one participant demonstrates appropriate caution or even compassion for the welfare of the other. Thus, a hypnotic patient might express realistic concern for the hypnotist, as a patient did upon noticing the present author's limping due to a calf injury. Similarly, contemporarily rooted aggressive and erotic experiences are quite common.

**Implications of the Interactive Framework**

A focus on the more neglected interactive elements of the hypnotic experience parallels general developments in the field of psychotherapy research. Nonspecific, interpersonal, and relationship factors are viewed as underlying technical interventions and are essential for the creation of the critically important therapeutic "conditions of safety" (Eagle & Wolitzky, 1982). Of course, hypnosis is a complex phenomenon of which the rela-
tional variable is only one among many. Thus, as Shor (1959, 1962, 1979) previously noted and as Gill (1972) reminds us:

Hypnosis is not a condition in which the subject’s behavior is determined moment-to-moment and point for point solely by the interaction between hypnotist and subject. Rather, it is a condition in which a general alteration takes place, after which any of the subject’s behavior becomes not only a function of his state but also of his interaction with the hypnotist. Hypnosis requires for its understanding state, trait, interactive, and, of course, developmental concepts, too [p. 235].

We have barely begun to scratch the surface vis-à-vis the hypnotist and his/her contribution to the interaction. It was elsewhere hypothesized (Diamond, 1984) as to the importance of hypnotist empathic capacity, attainment of matured object relating and comfort with deeper levels of relationship, comfort with uncertainty and projected affect, personal (and therapeutic) trance skill, and what was termed “self-supervisory” ability to deal effectively with one’s internal reactions in the hypnotic context. Empirical data are needed to better understand the role played by the hypnotherapist’s spontaneous trance experiences. It is well-documented that most hypnotherapists 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 hypnotherapist’s personal hypnotic abilities, trance experiences, and technical skills and his or her patient’s hypnotherapeutic experiences (cf. Hájek, 1982). Finally, the “shared reward” elements frequently accompanying the hypnotic idealizational and fusional elements as well as the subject-patient’s “realistic” wishes to “cure” the hypnotist-therapist (Searles, 1979; Singer, 1971) have important implications for the hypnotist personally as well as for a therapist or researcher.

Countertransference also requires increased attention (cf. Fromm, 1968; Gruenewald, 1971; Lazar & Dempster, 1984; Lindner, 1960; Wolberg, 1967). Thus, helpful countertransference reactions enabling the therapist to be in tune with various aspects of the patient’s personality should be differentiated from the more antitherapeutic reactions wherein the hypnotist becomes identified with the subject’s internal objects and thereby is likely to behave as the patient feared (cf. Racker, 1968). As Guze (1956) noted, “the hypnotic relationship tests various aspects of impulse handling on the part of the operator [p. 63],” and, as Masserman (1941) put it nearly a half century ago, “it is a wise hypnotist who is continually aware of just who is hypnotizing whom [p. 179].” It is timely to begin systematically addressing these dimensions from the perspective of the hypnotist’s subjectively experience as well, particularly as reports of hypnotists’ misuse of patients are increasing in the literature.

While there has been abundant clinical speculation, there unfortunately has been a lack of empirical study of the specific hypnotist-subject rela-
tionship parameters (cf. Smith, 1981; Watkins, 1954; Weitzenhoffer, 1980). Shor (1962) provided a rationale for this 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 in the laboratory (Diamond, 1984). Moreover, we appear on the threshold of a new era in scientific hypnosis, evidenced by the current focus of investigating the internal experience of the hypnotic subject (i.e., the nature of hypnotic cognitive processing) with the concurrent interest in, as well as developing methodology for, studying the dynamic aspects of the hypnotic interaction. 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 internal experience, are providing a robust means for studying the "moving target" of the hypnotic interaction. Similarly, Eva Bányai and her colleagues in Hungary (Bányai, 1985; Bányai, Mészáros, & Csókay, 1982) are employing both behavioral and psychophysiological indices to examine "meta-communication" elements within the hypnotic interaction. They found that hypnotic depth is partially a function of the hypnotist's active participation, evidenced by unconscious attention-focusing on the subject which creates what the authors term a "mutual tuning in." Additional research is particularly promising in suggesting ways to operationalize the relational dimensions. For example, Baker (1982) has employed the psychoanalytically based methodology of Geller, Cooley, and Hartley (1981–82) to examine hypnotherapy patients' internalized, mental representation of their therapists, while Nash and Spinler (in press) have recently constructed an inventory to directly measure archaic involvement during hypnosis.

From a more clinical perspective, this approach to understanding the nature of the hypnotic interaction should enable more efficient "matchings" or fits between subject and hypnotist. The hypnosis literature is marked by the absence of attention to this factor in other than the most general of ways (i.e., matching in terms of sex or race). This dimension is of considerable importance in psychotherapy and substantially contributes to the nature of the subject's hypnotic experience. Consider, for example, the dystonic hypnotic experience of the borderline agoraphobic patient discussed earlier. One can presume a quite different outcome were we better matched or alternatively, I more capable of creating a hypnotherapeutic context congruent with her contemporary, symbiotic, and working alliance needs.

Thoughtful consideration of the relational dimensions offers interesting possibilities for various technical interventions. For example, certain hypnotic inductions and suggestions may be particularly useful in the creation
of a fusional alliance (e.g., nonverbal passes or nurturant stroking); a strengthened "rational" working alliance (e.g., instructions to cooperate); and/or an "irrational" alliance (e.g., feeding back the patient's unconscious physiological responses). Attending to these dimensions may increase understanding of the unconscious, relational source of an individual's hypnotic resistance. Hypnotic utilizations can thus become less subject to imitation or identification with "master" hypnotists and more oriented around the hypnotist's management of the therapeutic relationship in order to maximize the patient's involvement in hypnosis sufficient to achieve clinical success (cf. Baker, 1981).

Finally, we might return to the issue of modifying hypnotic responsivity by investigating the effects of various interventions on the particular subject's most germane relational dimension. For example, sensory deprivation may augment responsiveness by fostering an ego-syntonic symbiotic alliance. Similarly, information-based skill training may affect both the real relationship and the realistic working alliance, while indirect Ericksonian-based interventions may sufficiently influence the irrational working alliance to subsequently modify hypnotic experience.

In conclusion, the interactional focus underscores the complexity of hypnotic experiences occurring within specific relational contexts. The role played by various interactive dimensions in determining the content and quality of a particular trance experience requires viewing the subject and hypnotist as a unit. The understanding of interpersonal and intrapsychic phenomena comprising hypnosis, and their therapeutic application, is enhanced as we look for these unspoken and hidden dimensions of the hypnotic engagement.

REFERENCES


Die interaktive Basis des hypnotischen Erlebens: Über die Vergleichsdimensionen der Hypnose

Michael Jay Diamond

Abstrakt: Die allgegenwärtige, interaktive Basis der Hypnose ist vernachlässigt und schlecht verstanden geblieben. Vignetten aus der klinischen Praxis und Forschung werden hier präsentiert, um die Bedeutung der hypnotischen Vergleichsfaktoren und ihrer inneren Darstellung zu illustrieren. Ein beschreibendes, theoretisches System wird formuliert, in dem 4 Vergleichsdimensionen verzeichnet werden: (a) Transfereiphänomene, bei denen frühere Objektbeziehungen dargestellt werden; (b) eine zielgerichtete Arbeitsallianz, die aus „rationellen“ und „irrationellen“ Erwartungen über die Wirksamkeit der Hypnoseprodukt und ihren Teilnehmern besteht; (c) eine symbiotische oder verschmelzende Allianz, in der der Hypnotiseur bloß als eine innere Figur erlebt wird, und (d) eine realistische, kontemporäre Verbindung. Jede Dimension wird in ihrer subjektiven Operation innerhalb der Hypnose ins Auge gefaßt, und ein Beispielfall wird benutzt, um die psychotherapeutischen Operation dieser Dimensionen im wahren und hypnotischen Kontext zu vergleichen. Die Implikationen des interaktiven Systems werden diskutiert, und weitere empirische und klinische Anweisungen werden vorgeschlagen.

La base interactionnelle de l’expérience hypnotique: dimensions relationnelles de l’hypnose

Michael Jay Diamond

Résumé: Les bases interactionnelles ambigues de l’hypnose demeurent encore négligées et peu comprises. Des vignettes provenant de la pratique clinique et de la recherche sont présentées pour illustrer les facteurs relationnels et leurs représentations internes. Un modèle théorique est présenté décrivant 4 dimensions relationnelles: (a) le phénomène de transférence par lequel des relations d’objets sont rejointes; (b) une alliance de travail orientée vers un but composé d’attentes “rationnelles” et “irrationnelles” concernant l’efficacité de la procédure hypnotique et des gens qui y participent; (c) une alliance de fusion ou symbiotique dans laquelle l’hypnotiseur devient purement une figure internalisée; et (d) une relation contemporaine réaliste. Chaque dimension est considérée comme un opérateur subjectif interne à l’hypnose. Un exemple de cas permet de comparer le travail psychothérapeutique de chaque dimension dans un contexte d’état d’éveil et un contexte hypnotique. Les implications de ce cadre interactionnel sont discutées et des directions de recherche et de clinique ultérieures sont suggérées.
Bases interaccionales de la experiencia hipnótica: dimensiones relacionales de la hipnosis

Michael Jay Diamond

Resumen: Las ubicuas bases interaccionales de la hipnosis permanecen descuidadas y pobremente comprendidas. Viñetas de la práctica clínica y de la investigación son presentadas para ilustrar el significado de los factores de la relación hipnótica y sus representaciones internas. Se formula un marco teórico descriptivo enumerando 4 dimensiones relacionales: (a) el fenómeno de la transferencia en el cual se reactualizan relaciones de objeto previas; (b) una alianza de trabajo orientada hacia la obtención de un objetivo, que comprende expectativas "racionales" o "irracionales" acerca de la eficacia del procedimiento hipnótico y de sus participantes; (c) una alianza simbiótica o fusional en la cual el hipnotizador es experimentado como una figura interna y (d) una relación realística contemporánea. Cada dimensión es considerada como si operara subjetivamente al interior de la hipnosis; se cita como ejemplo un caso, para comparar la operación psicoterapéutica de estas dimensiones en el contexto de la vigilía y de la hipnosis. Se discuten las implicancias de este marco interaccional y se sugieren posteriores líneas de acción clínicas y empíricas.