
THE INTEGRATIVE POWER OF HYPNOSIS

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ABSTRACT

In this presentation I highlight the following integrative features of hypnosis: (1) Hypnosis is portrayed as a method of communication that allows the patient to experience the integration of the basic emotional needs to feel autonomous, related, competent, and oriented. This integrative power is present whether hypnosis is applied as a tool in medicine or dentistry, utilized as an adjunct to psychotherapy, or whether it is transformed into a psychotherapeutic modality with distinctive therapeutic principles. (2) As a modality, hypnosis-psychotherapy integrates constructivist, systemic, behavioural, and psychodynamic approaches to form a genuine psychotherapeutic modality. The approach is not eclectic but truly integrative as it pays equal attention to all target areas where therapeutic change may occur: perception, communication, action, and meaning. (3) Hypnosis is equally valuable in medical and psychotherapeutic applications. Clinicians in both areas working with hypnosis are especially aware of the interdependencies of psyche and soma and acknowledge that healing can be facilitated by looking at mind and body as two sides of a medal. (4) Hypnosis integrates the efforts of clinicians and researchers and helps in building bridges of understanding across different professions and across western and traditional forms of healing contributing to a new mind–body paradigm.

Key words: emotion, hypnotherapy, integration, perception

INTEGRATING THE BASIC EMOTIONAL NEEDS

It has been earlier proposed (Mende, 2006) that the special features of hypnosis respond very closely to each of the four basic emotional needs to feel *autonomous, related, competent, and oriented* (as shown in Table 1). The power of hypnosis to integrate these four basic emotional needs is considered one of its strongest and most vigorous features (Mende, 2010). The need to feel autonomous is addressed in hypnosis by working with the unconscious, the one authority of the inner mind that watches over the well-being of a person and that cannot be manipulated—not even by the most cunning hypnotist. The need to feel oriented is addressed in hypnosis by working with suggestions—in such a manner that these suggestions will in no way conflict with the need to feel autonomous.

Table 1

HYPNOSIS HAS THE POWER TO INTEGRATE THE BASIC EMOTIONAL NEEDS	
To feel oriented	by working with suggestions
To feel autonomous	by working with the unconscious
To feel competent	by emphasizing resources and utilizing trance phenomena
To feel related	by maintaining rapport at all times
Hypnosis creates instantaneous alignment of these basic emotional needs.	

Think of a world where the need to feel oriented and the need to feel autonomous are at peace with each other. Ideologies and religions are strong providers of orientations, yet often enough they force their followers and believers to give up their personal choices. Private lives are full of examples where orientations are granted in a way that makes it hard to maintain the feeling of the autonomy ('Do as I say, or else . . .'). Hypnosis promotes integration of the basic emotional needs to feel autonomous and to feel oriented by providing suggestions meant to strengthen the patient's autonomy.

Another very soothing and beneficial experience hypnosis can provide is the experience of staying deeply related with another person, regardless of the level of competence that is being shown. In hypnosis, the need to feel related is gratified by rapport, which is maintained at all times, no matter how 'successfully' the patient responds to a suggestion or a hypnotic task. This is an experience which differs to a large degree from many real-life relationships where goodwill, affection, and love are granted—depending on the level of competence and achievement a person shows.

Similarly, hypnosis shows that there is basically no conflict between the need to feel autonomous and the need to feel related, even though—again—in many real-life relationships contingencies are established between the two needs. 'If you want to stay with me, do as I say' is the message. In hypnosis, however, rapport is maintained while the patient is encouraged by suggestions to engage in autonomous, unconscious activities that will result in gradually expanding competences and meaningful orientations.

Thus hypnosis has the power to integrate the four basic emotional needs: the need to feel autonomous, related, competent, and oriented.

INTEGRATING HYPNOSIS INTO DIFFERENT MODALITIES

Hypnosis as an adjunct can be integrated easily into psychoanalysis and other psychodynamic modalities—modalities that put the therapeutic focus first of all on understanding the origin and the meaning of the symptom. It integrates easily into cognitive behaviour therapy and other forms of behaviourally oriented therapies that put the emphasis very much on action and on learning new ways to deal with the environment. Hypnosis may also be effectively employed and integrated into psychodrama or systemic family therapy—a modality that is deeply rooted in hypnosis. The Palo Alto group, including Gregory Bateson, Jay Haley, Don Jackson, and Paul Watzlawick, developed their theoretical framework in a close exchange of ideas with Milton Erickson and his naturalistic utilization approach to hypnosis (Watzlawick et al., 1967; Bateson, 1972; Haley, 1973). Psychotherapeutic modalities like psychodrama or systemic family therapy are mainly occupied with the way a patient communicates with him/herself and relevant others.

HYPNOSIS-PSYCHOTHERAPY AS AN INTEGRATIVE PSYCHOTHERAPEUTIC MODALITY

What about hypnosis-psychotherapy? What would be a genuine, unmistakable characteristic of this modality? The answer is that its main therapeutic focus—at least in the beginning—is the alteration of perception. The alteration of perception is one of the key qualities from which hypnosis derives its usefulness in medicine, psychology, and psychotherapy.

Philosophically, hypnosis-psychotherapy is deeply rooted in constructivism. We acknowledge that our perceptions of reality are the result of constructive (construing) processes leading to subjective results that may be more or less useful in life. The plasticity of perceptions is stunningly demonstrated by hypnotic phenomena. Also, the optimistic view on the possibility to promote profound change by hypnosis is essentially based on our knowledge of the plasticity of perception.

Starting the therapeutic process by teaching the patient about his or her plasticity in perception and letting them experience trance phenomena they didn't know they could accomplish is a unique feature of hypnosis. By utilizing hypnosis-psychotherapy to introduce the patient to his or her power to modulate perceptions, we have an easy entrée into demonstrating that more than the expected is possible. Thus, the general expectancy to change can be strengthened in a patient.

However, hypnosis as a psychotherapeutic modality will not restrict itself to changing perception. As Peter pointed out, a lasting therapeutic shift will only occur if the other psychological areas of human life are treated as well (Peter, 2001). A psychotherapeutic modality will only be complete and able to operate successfully if eventually all psychological areas are covered: perception, communication, action, and meaning.

This is where the integrative power of hypnosis becomes most apparent. Not only does hypnosis-psychotherapy integrate easily into systemic, behavioural, and psychodynamic approaches; it also demonstrates that these therapeutic approaches can be integrated, and the result is more than just the eclectic average of these approaches.

Hypnosis has the innate ability to address all four areas of perception, communication, action, and meaning, and facilitate their integration to make the change a lasting one. It is equipped with therapeutic agents that specifically support all relevant therapeutic targets (see Table 2).

Table 2. An integrative therapeutic theory of hypnosis-psychotherapy

THERAPEUTIC APPROACH	THERAPEUTIC TARGET	THERAPEUTIC AGENT IN HYPNOSIS	THERAPEUTIC GOAL
Constructivist	Perception	Unconscious	Autonomy
Systemic	Communication	Rapport	Relatedness
Behavioural	Action	Resources and trance phenomena	Competence
Psychodynamic	Meaning	Suggestion	Orientation

Hypnotic work is characterized by working with the unconscious—an entity where the constructivist nature of hypnosis-psychotherapy becomes most obvious. By chang-

ing perceptions about him/herself, the environment, and the symptom in particular, the patient will arrive at more useful reality constructions. Take a somatoform patient with irritable bowel syndrome (IBS) for example. This patient may be furious at the symptom: it is annoying, painful, and keeps them from doing things. The relation to the symptom is characterized by anger and fight. Once the patient learns to view the symptom as the carrier of an important message it can turn from an enemy to an advisor (e.g. for advice on when to engage in something and when to let go). Perceiving the symptom as an advisor rather than an enemy that needs to be fought becomes easier and easier in the course of therapy as the symptom begins to fade.

By utilizing rapport as a therapeutic agent, the communication process becomes the therapeutic target, and the goal is to let the patient feel more comfortable with the way they relate to other people. In this respect, hypnosis-psychotherapy resembles many systemic approaches to therapeutic healing. In the case of the IBS patient, the therapist could take on the role of a coach, teaching the patient to establish contact with the symptom-side and enhance a respectful, well-tuned communication with the symptom. One patient had a symptom which came to be symbolized as a salamander which swam around happily in a black swamp and turned away unwanted visitors. Establishing contact and communication with the salamander was easy for the patient from the beginning—much easier than being at peace with the symptom. This emotional shift was eventually achieved by working with the salamander, which served as a symbolic representation of the symptom.

By concentrating on resources and trance phenomena, the patient is focused on learning new behaviours, testing new strategies, and taking different action. In this respect hypnosis-psychotherapy resembles many behavioural approaches. In focusing on action, the primary therapeutic goal is raising the patient's level of competence: they are able to do something which they could not do before. For the patient with IBS—as for many other patients—learning to say 'no' was a key skill they had to acquire in order to establish boundaries for regulating closeness and distance.

Finally, by working with suggestions and targeting the origin and meaning of the symptom, the patient's need to feel oriented is gratified. In this respect hypnosis-psychotherapy has a strong affinity with psychodynamic approaches. Understanding the motives and inner conflicts represented in the symptom became a major source of self-assurance in the example of the IBS patient: life experience had taught them that they had to be grateful for all the luck they had in their life. Even just the thought of turning against loved ones who were owed so much instantly triggered feelings of guilt and remorse—to such a degree that the whole issue had to be banned from the conscious mind and took on a somatoform representation. Insight into this inner conflict became possible towards the end of the therapy and provided the patient with a narrative to understand the positive intention and rightfulness of the symptom.

CONCLUSION

Hypnosis has the power:

1. to integrate the basic emotional needs;
2. to integrate, as an adjunct, any established psychotherapeutic modality;

3. to integrate different therapeutic approaches to form a genuine, distinctive, and comprehensive psychotherapeutic modality;
4. to integrate practitioners and scientists from diverse professional cultures, and provides a wealth of building materials for bridges of understanding.

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