Psychotherapy Guidebook

Hypnointrospection

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DEFINITION

Hypnointrospection is a quasi-hypnotic method of psychotherapy which is based on Freudian psychology. It comprises a twofold approach to healing: 1) the reduction of stress and 2) the resolution of psychic conflict. It is organized around the notion of the dialogue. The patient is encouraged to explore his subjective states (intentions or wishes, thoughts, images and feelings or sensations) in terms of body image and self-concept, which are bio-cultural categories of thought referring to the way in which a person experiences and interprets himself. These experiences constitute the raw material of the dialogue.

Subjective states are psychic correlates of physiological events and processes. These states are decoded and regulated during disciplined attention involving the selective inhibition of movement. Such activities reveal an autonomous consciousness that we designate as self.

Hypnointrospection seeks to correct or mitigate the disturbances or disorders in the information-processing (metabolic) activities of the

organism, which are construed as essentially semiotic. Healing is deemed inseparable from knowing, which itself is a bio-semiotic process in which physiological events are progressively revealed to the knower in various psychic forms. The negation of knowing in its multifarious actions tends to obstruct growth and health.

Hypnointrospection comprises both a verbal and perceptual means of healing: analytic in terms of therapeutic conversation and meditative in terms of disciplined attention during the selective inhibition of movement. As a distinctive therapeutic modality, Hypnointrospection inaugurates the completion of self-control through the extension of volition mediated through visceral-somatic structures.

HISTORY

In the 1950s, there was a renewal of interest in the problems of consciousness. This climate fostered the revival of hypnosis and introspection. My interest in hypnosis as a tool for the investigation of subjective states led me to explore its therapeutic potential for the treatment of schizophrenic patients. These patients are generally resistant to hypnotic induction. An analysis of this resistance culminated in the method of Hypnointrospection.

I discovered that the repetitive practice of voluntary immobilization

lowered repressive barriers and released psychic energies in even severely regressed patients. These observations made it plain that repressions are manifested in postural states and neuromuscular functions, i.e., “attitude”; action and thought are.revealed in predispositions or habitual response patterns. Conflicts as emotions are expressed as attitudes. Conflicts (knowing vs. unknowing) are sustained through their visceral-somatic connections.

These investigations persuaded me that the theorem of regulation of visceral functions through an “autonomic nervous system” was fallacious. Visceral functions are inextricably involved with somatic activities, a point of view that is now thoroughly established. The freedom of locomotion, thinking, and feeling are indivisible. We think, act, and feel with the totality of our being. What began as an interview technique evolved into a therapeutic dialogue.

TECHNIQUE

Upon entering the consultation room, the patient is invited to sit down and encouraged to express his thoughts and feelings. This allows for the release of information that may be reformulated as questions whose answers will lead to a sense of ease. The therapist, while listening to these complaints, seeks to find the implicit theme, the question that the patient is trying to pose. Patients characteristically are incapable of acting effectively because they are

incapable of putting the proper questions to themselves. One cannot make a decision on the basis of ambiguous thoughts and misperceptions. The inability to decide paralyzes action and renders the patient restless and anxious. So, initially, contact with the patient is to put him at ease and to assist in the formulation of meaningful questions.

The second phase begins when the patient is asked to lie down and assume a comfortable recumbent posture. This posture, which calls for a fully extended supine attitude with arms at the side and neck extended, permits the patient to become aware of his bodily tensions. He is asked to close his eyes, to relax, not to move, and to monitor the totality of subjective events that constitute his stream of consciousness. In effect, he is assuming an attitude of critical reflection and reports the sequence of events intermittently. He is asked not to interpret. In this phase of therapy, designated inner dialogue, the patient is afforded the opportunity of extending his conscious self through the reduction of residual tensions. He is relaxing his muscles and sustaining the flow of information through the corrective action of selective inhibition.

Voluntary immobilization as practiced in the inner dialogue must not be confused with a self-imposed rigidity, progressive relaxation, or autohypnosis. The patient as observer seeks to maintain an attitude of vigilance. In this attitude of vigilance, attention is an essential precondition

for the integration of memories. It is through the neurophysiological channel of attention that the information derived from the operation of nerve and muscle is amenable to integration by the higher centers of the brain. The posture of hypnointrospection thus contributes to psychophysical harmony.

Selective inhibition serves to release information ordinarily held in abeyance by bodily tensions and therefore restrained from entering consciousness; repressions are attenuated during the inner dialogue. Attention to the release of repressed information mitigates its impact on the observer, thus permitting him to bring under control and maintain in check tendencies that have formerly been or are fearsome, troublesome, and provocative of guilt. When the flow of information has subsided or the effects of immobilization have made the patient uncomfortable, he is asked to sit up and the verbal phase of therapy, the outer dialogue, begins.

In the outer dialogue the material elicited during the Hypnointrospection is further analyzed. Having taken the first step in the enlargement of his own awareness through selective attention to the contents of consciousness, the patient's second step in the expansion of self-understanding is taken conjointly with the therapist. The role of the therapist in the outer dialogue is to assist in the clarification of the material. The social experience in the outer dialogue serves to provide the patient with a meaningful exchange in which feelings of fear and loneliness may be

overcome through trust and mutuality. A further consequence of the outer dialogue is the reduction of apprehension engendered in the procedure of immobilization. By interpreting these bodily experiences the patient is prevented from terminating the interview in a state of excessive excitation or confusion. The evaluation of experiences during the outer dialogue further serves to clarify his understanding of the nature of the interrelations among conflict, emotion, and attitude. The patient leaves with something significant to ponder — an issue that seems to characterize the direction of his growth at that point.

APPLICATIONS

The release of inhibitions or repressions, allowing for a rehabilitation of personality, renders this approach eminently suitable for children whose growth allows the ready incorporation of cognitive and perceptual-motor changes. With the severely disturbed child it becomes necessary to involve the parent, as required by the therapeutic regime. For the normal child, Hypnointrospection as part of physical education serves to enhance normal cognition and promote mental hygiene. The perceptual (nonverbal) aspect of Hypnointrospection is beneficial across a broad range of disorders characterized by meager language facility.

In research and training, it lends itself to correlations of a

psychophysiological nature in which the symbolic is connected to the somatic, thus rendering it suitable for psychosomatic studies and treatment.

By virtue of the radical modifications of the excitation-inhibition mechanisms of the nervous system, Hypnointrospection must be used with caution and discretion. It is generally inapplicable in all those conditions that are characterized by stubborn resistance to interpersonal relationships.