Unconscious Mentation and Hypnotherapy

For nearly a hundred years the Freudian concept of the nature and function of the unconscious mind has dominated psychological thought. The governing premise of psychoanalytic theory, though scientifically unfounded (Erickson,M.,1993), none-the-less, has greatly influenced the ways in which psychotherapy has traditionally been practiced in both Europe and North America for the last ninety years.

The Freudian unconscious most Westerners were weaned on was ***hiess und nass;*** incestuous and taboo. Mostly, however, it was primitive and irrational. Consequently, for the better part of this century, western man has learned to mistrust, as well as attribute all unacceptable beliefs and fears to his unconscious mind. In effect, he has made a part of himself "bad" and in need of redemption via various psychotherapies all designed in some way to make the unconscious conscious.

The idea that the our unconscious minds process information separately from our conscious minds and use that information in ways we don't consciously understand, seems to have frightened many during the last age of rationalism. Yet, the idea of a non-conscious mental life, with its own information processing abilities, began long before Freud and Breuer (1893-1895) published "Studies in Hysteria". Hemholtz was first to receive notice for his idea that unconscious inferences determine conscious perception. Janet, a contemporary of Freud, observed the dissociative abilities manifested in human behavior and believed he had delineated the etiology of conversion reactions. (Ellenberger, 1970; Macmillan, 1990) Janet's ideas, in turn, appear to have influenced William James (Taylor, 1983); leading us up to Hilgard's(1986;1992) neo-dissociative theory of divided consciousness.

Practice vs. Research

As seems to be the rule, clinical experience precedes research. As early as 1934, with psychoanalysis much in vogue, Milton Erickson was orienting his approach around the observation that his patients' had both a conscious and unconscious mind and that both were in therapy. Erickson's idea that the unconscious mind was very comprehending and, notably with hypnosis, could be enlisted as the change agent, shocked and challenged his psychoanalytic colleagues. They had just been told by the authority of Freud, to no longer use hypnosis because it was too difficult to handle and incorporate in the therapy. (Klein,1966)

Using hypnotic phenomena like "crystal-gazing" and "automatic writing", among others (Rossi, (ed.) 1980), Erickson was able to consistently access and employ unconscious understandings from both his patients and himself for the

therapy. He developed an excellent working understanding of how his patient's unconscious was going to react to a suggestion or idea he might make. In general, Erickson's overall respect for the intelligence and abilities of the unconscious allowed him to develop and maintain rapport at both levels.

By the end of his career Erickson was clearly encouraging the idea that the unconscious possessed an intelligence, superior to that of the conscious mind. Three years before his death he was teaching and practicing a view of the unconscious that portrayed it as a separate operating system with its own separate patterns of thinking, feeling and understandings. (Rossi, (ed) 1980)

Cognitive Revolution

As it was originally conceived, scientific psychology began as a study of consciousness-a consciousness thought to be capable of self-reflectiveness. Today, 90 years later, it seems ironic that we may have come full circle to the "cognitive revolution", as Gardner (1982) calls it, which has as its goal the study of nonconsciousness.

Not until recently has unconscious thought, or mentation, been so rigorously researched by both social and nonsocial psychologists. Their studies offer promising new understandings of how we as unconscious minds think (Kihlstrom, 1987).

Of the new research models being employed by "cognitive" researchers, two rather recent revisions of information processing theory, ACT (Adaptive Control of Thought) (Anderson, 1983) and PDP (Parallel distributed processing) (Rumelhardt and McClelland,1986) offer the greatest promise of providing new avenues for the practice of psychotherapy and hypnotherapy. Of these two, PDP models how synaptic connections operate among neurons (Kihlstrom,1987). This model has opened up numerous areas of brain-function research, including the dream cognition model developed by Antrobus and Fookson (1991) which does a good job of accounting for (among other things) output in the absence of sensory input.

Most recently Restak's(1994) "Modular Brain" theory, emerges out of neurobiological research identifying the parallel, yet anatomically separate, functioning of the modular components of the human brain. Restak's theory supports Erickson's therapeutic approach to the treatment of phobic and psychosomatic disorders in which he, like Restak, believed that experience/memory/knowledge are stored in brain modules (i.e. intellectual, emotional, and motoric memories)(Erickson & Rossi,1979). The direct applications of this model to hypnotherapy are enormous and promise to produce a good deal of future experimentation.

When and if the PDP or ACT models actually further our understanding of how we organize, store, access and generally mentate unconsciously, advances in brain functioning research promises to make the next twenty years truly exciting. However, in the mean time, clinical practice and experience not only remains our most practical resource, but through its practice, an ongoing need for a more comprehensive understandings of unconscious processes in general will most certainly be generated.

Statement of Purpose

The purpose of this paper is to present and illustrate a group of five complementary reciprocating ideas relating to how the unconscious thinks and how to best work within that system or process to bring about the best possible results for each patient.

The five ideas presented in this paper have emerged from the psychotherapy of four individuals (including the junior author**), as well as the clinical experience of the senior author* over the last 20 years. Through a series of taped team meetings with these individuals and the senior author (referred to by its members as the Wien group***), a family of five interacting ideas have emerged which the authors will to present and discuss.

The remainder of the paper will be organized as follows: The reader will first be introduced to a group three ideas along with a discussion of how these ideas interact together. Later, two more related ideas will be presented and briefly discussed, along with a summary statement connecting all five ideas together.

The Unconscious as Problem Solver

Idea No. 1: The unconscious mind is that part of the mind that oversees the development of the whole personality. It is always looking for ways to adjust to the circumstances that inhibit or obstruct a fuller development of the whole personality.

Carpe Diem

Idea No.2: Most people correct their problems without therapy. They look for and seize upon idiosyncratic events or situations in their lives to expedite a plan already developed or in the process of being developed at the unconscious level. These individuals usually have a good rapport with their unconscious minds.

Triangular Rapport

Idea No.3: The unconscious has difficulty making its understandings known to the conscious mind. People who come to therapy most often times do not realize

that they have a poor rapport with their unconscious minds. A general goal of therapy should be to help the two minds correspond better with each other.

Discussion:

To the frustration of many therapists, therapy is not the event or opportunity that the unconscious mind will necessarily use to precipitant a process of change or adjustment. Rather, the therapy is most often times one of the important ingredients in the overall recipe that eventually leads to a correction of the problem.

The opportunity or event most likely to begin the change process will be a life specific event for each patient. For example, the birth or death of a child or parent or the recapitulation of a stage of family life, one generation later, (i.e. now that you're 45 and have just started having panic attacks, what happened to you when your mother was 45??)

If, as earlier suggested, securing a therapeutic launching pad is not the event or situation that initiates change for any given patient, what then is the therapeutic agenda?

Correspondence Between Conscious And Unconscious

Hypnosis offers the patient the opportunity to have the therapist function as a "middle man/woman" for the patient's conscious and unconscious. The therapist initially functions to plug the rapport gap. As a general rule, patients come to therapy not knowing that one of their big problems is that they don't have a rapport with their unconscious minds. (Not that the patient has to necessarily know they have an unconscious to be in good rapport with it.) When the therapist introduces the patient to his or her unconscious mind, the unconscious mind recognizes the therapist as a friend that can help it begin to correspond with the conscious mind. The demonstration of respect for the unconscious, first by the therapist, and later by the patient's conscious mind, builds the rapport. If apart of this rapport building process includes the patient learning how to ideomotor signal(Clayton,1992), then the therapy experience is provided a greater range of correspondence. Psychodynamically speaking, the patient is learning to correspond between both their minds. The development of this correspondence can lead to a new level of functioning which has far reaching implications for the personality and its future development. Overall, this interactive process can lead to unconscious leadership in solving the central problem that brings each individual into therapy.

To summarize the interaction of these three ideas: the therapist is trying to create the best climate possible for the personality to solve its problem(s). This includes making it much easier for the unconscious to take as much leadership as it can via an ongoing dialogue with the conscious mind and/or the therapist. Still, the

idiosyncratic event or situation motivating change, may yet to have happened. Once that event(s) or opportunity emerges, the best odds of something significant happening are under the conditions where the patient is letting go of the old conscious patterns of control in their daily life, while at the same time learning to correspond better and better within themselves.

Self-reflexive And Corrective

The last two ideas relate to one of the vehicles normally used by the unconscious to mentate, as well as manifest its understandings at the conscious level: the nocturnal dream.

Idea No. 4: The unconscious by nature is self-reflexive and self-correcting. It normally reflects upon its own progress and that of the larger personality and initiates change at many different levels.

Idea No.5: The unconscious mentates during physiological sleep and can educate the conscious mind thru the dream process-a powerful yet safe real life simulator.

Discussion

Unlike the conscious mind, the unconscious is primarily a symbolic or analogic thinker. It uses images and symbols to sort through, synthesize and organize-to mentate about the events and experiences of significance to the personality. Thus it reflects upon and within itself, concerned with tracking its progress on the issues and themes relevant and unique to the self. This mentation, while most likely present in some form during the normal waking state, is most clearly seen in the dreaming state where it emerges without a need for an external reality orientation. However, should the requirement arise, it can orient itself and connect with the outside world.

It Came To Me In Dream

In the pursuit of self-reflection, which may result in self-correction, the nocturnal dreaming process represents one of man's most superior and intuitive resources. When employed by a whole culture, such as the Senoi of the Malay Peninsula, the integration of "the dream" into the waking lives of these people has played a central role in creating a society remarkably tolerant and free of violence (Greenleaf, 1973).

Closer to home, research on sleep cognition has identified a continuum of dreaming events with "self-reflectiveness" at one end and "experiential" at the other. (Moruzzi,1963;Purcell,et al 1986)

The research cited above supports clinical observations that the unconscious mind mentates during sleep by using a combination of "self-reflection" and "experiential learning". Like the play director, the unconscious sets up a stage, or

setting and then puts the personality (or some aspect of the personality) thru a series of situations in order to study the outcome. In other words, by simulating certain pertinent life dilemmas, the conscious personality is inserted into various circumstances to reflect upon how it might react and thereby make certain corrections and adjustments or to prepare itself for an emotionally difficult situation.

Enlisting The Dreamer

If a good working rapport has been established between the unconscious and the therapist, dreams can be requested by the therapist for use at different times in the therapy. An approach used by the senior author is to directly request a dream from the unconscious that describes the problem in a "nutshell", which the therapist will understand but that the patient won't. This approach offers protection for the conscious mind and gives the unconscious mind a chance to instruct the therapist as to the nature of the problem. Dreams produced in response to this request have often times proven to be invaluable to the final therapy outcome. Overall, the "dream" can provide both the therapist and the patient with not only understandings of the "central problem", but the status of the therapy as well.

In summary: if we are to assume that the human mind, under the best of circumstances, is a self-regulating and self-correcting open system, then the therapist's goal should be provide the best possible conditions under which the personality as a whole can self-reflect. To this end, the authors suggest that each patient unconsciously can create a sequential plan with an appropriate time table for correcting their problem when provided a good therapeutic climate. The best therapy results have involved placing a high priority on encouraging the "self-reflecting" abilities of the unconscious, including the enlisting of dreams, with the aim of initiating and validating unconscious leadership in identifying and correcting the central problem. That leadership is most likely to excel when a triangular rapport has been established between the patient's conscious and unconscious minds and the therapist. Once the unconscious has had success in correcting the central problem, the confidence generated by that success will be more than sufficient to correct all of the secondary problems that resulted in having to adjust to the original core problem.

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