Hypnosis as a Condition for Psychotherapy

Graham Barnes

ABSTRACT
Reports on an ongoing cybernetic study of theory, on how theory-centered psychotherapy turns practices of everyday life into the psychopathologies proposed by psychotherapy. Makes a case for psychotherapy using the ideas of each patient, employing hypnosis as a condition for the practice of psychotherapy. Discusses three of the problems arising out of this cybernetic study of theory: (1) the workings of theory in theory-centered psychotherapy, (2) surmounting theory-centered psychotherapy, and (3) conceptualizing hypnosis as a condition for psychotherapy. Presents Robert Lindner’s work as a case, showing how he was working to solve these problems through combining hypnosis and psychotherapy, and coupling both hypnosis and psychotherapy to cybernetics. His case of “the jet-propelled couch” provides the empirical material for studying how through utilizing the ideas of his patient he might have overcome theory-centered psychotherapy.

KEY WORDS: hypnosis, psychotherapy, psychopathology, psychoanalysis, theory, theory-centered psychotherapy, cybernetics, second-order cybernetics, Lindner.
SAMMANFATTNING


Correspondence Address:
Graham Barnes, Ph.D.
Drottninggatan 73c
SE-111 36 Stockholm, Sweden
Phone: +46 8 440 25 65
E-mail: graham.barnes@inform.se

This paper draws upon my cybernetic study of the role of theory in psychotherapy, exploring how theory-centered styles of psychotherapy turn practices of everyday life into the psychopathology of psychotherapy (Barnes, 2002). In this paper I introduce a theory of no psychotherapy theory. I make a case for hypnosis as a condition or climate for non-theory-centered psychotherapy. I claim that advances in science, hypnosis, and psychotherapy during the last half of the twentieth century add credibility to non-theory-centered psychotherapy approaches.

Cybernetics

An advance in science occurred with the development of cybernetics, defined as the science of communication in animals and machines (Wiener, 1948, 1985). Communication, which means to share, is a circular process. Circularity is what propagates all discourse. Cybernetics offers the promise of replacing the distortions of lineal thinking in hypnosis and psychotherapy, bringing back circularity into explanation and practice.

Cybernetics led to the understanding that the notion of circularity is necessary for explaining communication, because without circularity there could be no communication. Before cybernetics the notion of circularity was not allowed in scientific discourse.

Cybernetics corrected Freud’s use of quantitative metaphors to describe mental and communication activities. It drew a basic distinction between a theory of psychopathology and diagnosis, which is built on quantitative concepts of energy, and on the application of the theory in treatment, which is through communication (Ruesch and Bateson, 1951). Wiener was critical of the Freudian use of quantitative concepts, arguing that the more suitable basic concept for describing psychological events is “information” (von Foerster, 1950, pp. 101-102, 105-107; Heims, 1991, p. 146). Bateson suggested avoiding the fallacy of talking about “the number of pieces of information” (von Foerster, 1950, p. 57). McCulloch (1989) noted “that for problems of feedback, energy was the wrong thing to consider. The crucial variable was clearly information” (p. 842). For Ashby (1956) cybernetics studies “complexity” and its most fundamental concept is “difference.” Bateson (1979, 2000) defined information as “news of a difference which makes a difference,” noting that an idea is identical to information.
Cybernetic epistemology (how knowing is done), which is experimental and subject to empirical study, is a science of mind, defining mind as a collection of ideas, which is recognized experimentally and in everyday communication as patterns and as patterns which connect (Bateson, 1979). This epistemology cautions against turning ideas into “things,” making ideas and mind concrete and giving them “simple location,” which is also a caution against making mind a thing and locating it in a brain. Ideas are conceptualized as sensory experiences of differences. Information, like ideas, is not a thing. It has no essence or substance. Rather, it is about form or pattern. This epistemology is a recursive epistemology which accounts for the crucial processes of circularity and includes observers in their observations (and psychotherapists in the psychotherapy), making them and their systems of interaction “observing systems” (von Foerster, 1981).

In circularity the argument, process or concept is turned on itself, or returns to itself. It is an epistemology of how we (observers) are to see (observe) and understand not things but processes – if they are recursive. They are recursive if they return repeatedly to bite their own tails (as did Ouroboros), controlling their own beginnings (see Bateson in Berger, 1978, p. 41). (The symbol of the circle is Ouroboros, which is the serpent devouring its tail. It has become the symbol in cybernetics of reflexivity.)

In previous papers in HYPNOS and elsewhere I have defined and discussed cybernetics, giving examples of its use. I have also discussed how cybernetics proposed changes in epistemology (Barnes, 1994, 1998, 2001). Cybernetics touches every field of communication, including physiology and neurophysiology, cognitive science and social science, studying, for example, hypnosis, play, schizophrenia and alcoholism. Bateson was the first to apply cybernetics to the study of psychotherapy (and hypnosis), showing that psychotherapy is answerable to the science that rigorously conceptualizes and studies communication (Ruesch and Bateson, 1951).

Non-Theory-Centered Psychotherapy

As in Toulmin’s (1990) account of theory-centered styles of philosophy, I argue that theory-centered styles of psychotherapy state problems and seek solutions in timeless, universal terms, replacing the concrete with the abstract and blurring the present with a reconstructed past. There seems to be a belief that practice can operate separately from theory within theory-centered psychotherapy. I claim that in theory-centered styles of psychotherapy the theory becomes inseparable from practice (Barnes, 2002, p. 9).

Beginning with Freud, psychotherapy became theory-centered, with theory setting forth the psychopathology for diagnosing and treating patients. Concentrating on the ideas and experiences of each patient, without filtering them through a psychotherapy theory (Kelly, 1955; Erickson, 1980), made a significant advance in psychotherapy, which was a change from the precedent set by Freud.

Hypnosis as a Condition for Psychotherapy

Erickson was the precursor par excellence of twentieth-century advances in hypnosis and psychotherapy. Advances in hypnosis which he pioneered include (1) working with each patient as an individual, giving priority to the concerns and experiences of each patient, (2) understanding that hypnosis works with ideas and utilizing each patient’s ideas, (3) applying hypnosis as a condition or climate for psychotherapy, and (4) establishing research procedures and results for what hypnosis could and could not do, finding out what kinds of psycho-social problems or problems of communication hypnosis could solve.

Erickson’s use of hypnosis was experimental, utilizing the resources of each individual patient. His psychotherapy was not theory-centered. He conceptualized hypnosis and psychotherapy as communication. Dismissing Freudian and other theory-centered psychotherapies, he invited psychotherapists to turn away from theory and to return to practice with a theory of no-theory, cautioning psychotherapists against putting people in theoretical frames of reference. He was abreast of the work in cybernetics, having been present in 1942 for the first of a series of conferences that worked out its logic and metaphors. He cooperated for decades with Margaret Mead and Gregory Bateson, both of whom were among the founders of cybernetics.
Erickson (1966/1980) classified hypnosis as “a science of intercommunication” (by which he meant communication between individuals, including, of course, communication within their individual bodies) (pp. 70, 74). Through hypnosis (1) communication can develop, (2) professionals (in all branches of medicine) can learn how to communicate with patients, and (3) patients can learn how to communicate (as “mental disease is the breaking down of communication between people”). Hypnosis can help us understand the functioning of the human body, how it can be influenced, and how to elicit and utilize the learnings acquired by the human body. Through hypnosis we can learn “how to talk to people, to understand them” (p. 75). Thus, hypnosis, working with empirical observations as well as with dialogue, becomes a tool for finding out about the physiological and psycho-social effects of applying (and interpreting) specific words, terms and sentences, including paralanguage (varying tempo, pauses, pitch contour, inflections), and other body expressions such as gesturing, breathing and gazing.

CONCEPTUAL MODEL

These advances in hypnosis, psychotherapy and cybernetics form the basis for my argument, the heart of which is that (1) psychotherapy is a dialogical practice, working with ideas, and is within the scientific domain of cybernetics, specifically second-order cybernetics, (2) taking hypnosis as a condition for psychotherapy creates novelty in working with each patient as a unique individual and with the ideas of each individual patient, and (3) a prerequisite for making hypnosis a condition for psychotherapy is to surmount theory-centered styles of psychotherapy, because each theory-centered psychotherapy proposes psychopathology and then plants the psychopathology on patients, a process that is incompatible with what I argue for in this paper which is for psychotherapy to use the ideas of each patient while employing hypnosis as a condition for psychotherapy.

My cybernetic study of psychotherapy probes the workings of the concept of psychopathology, exploring its origins and finding out how it performs in practice (Barnes, 2002). To study the role of psychopathology in psychotherapy, I used cybernetics, especially second-order cybernetics which is the form of cybernetics that applies to the conversations of psychotherapy and hypnosis.

I have been studying how theory-centered psychotherapy turns practices of everyday life into the psychopathologies of psychotherapy. Using the circular logic cybernetics makes available, I turn psychotherapy back on itself, showing that there is no psychopathology until a psychotherapy is invented to generate it. The invention of a psychotherapy brings forth a psychopathology; and every theory-centered style of psychotherapy logically names its own psychopathologies, which in turn define their own worlds of psychotherapy.

Thus, psychotherapy proposes its psychopathology and brings it into play in terms defined by the logic of the theory. Each psychopathology is a logical consequence of a theory and becomes true as a consequence of the description and explanation of that theory’s logic. Theorists and psychotherapists are changed by their theory, as are individual patients. By planting psychopathology on patients, the theory turns them into its subjects.

My argument is as follows: “Psychopathology is not found (i.e., a given), but, rather, is derived within the context of psychotherapy, through the application of the theory. The relationship between psychopathology and the theory of psychotherapy is circular, in strict contrast to the linear dependence of the received view. Thus, theory (T) creates psychotherapy (Pt) just as psychotherapy makes theory; psychotherapy–theory (Pt – T) brings forth psychopathology (Pp) just as psychopathology gives rise to psychotherapy–theory (Pt – T)” (Barnes, 2002, p. 12).
THE CASE OF LINDNER: AN ILLUSTRATION

Robert Lindner (1914-1956) – a clinical psychologist, psychoanalyst and psychotherapist – was to some extent an “outsider” to the psychiatric and psychoanalytic establishment. He could be characterized as a “rebel,” as he (1956) used the concept, being a “mature” person, “positive” rebel, and as such “essential to our society” (p. 189). His premature death at forty-one of a congenital heart defect left no one to promote or carry to fruition his innovative work.

Lindner combined hypnosis with psychoanalysis, distinguishing between two methods of hypnosis, opting for hypnosis as a condition rather than as a physical or suggestive method. His focus was on the uniqueness of each individual. He was one of the psychotherapists who understood that all dialogical practices would have to be linked to cybernetics, bringing cybernetics into his practice, although he was blocked from taking full advantage even of the rudimentary cybernetics of his time by his commitment to a theory-centered psychotherapy. Having presented many cases, including Rebel Without A Cause and The Fifty Minute Hour, where he (1944, 1954) demonstrated hypnosis as a condition for psychotherapy, he then presented a case, “The Jet-propelled Couch,” that shows how he might have replaced theory-centered psychotherapy with the theory of the patient, treating the patient as a unique individual. This case provides the empirical material for this paper.

Resolving Problems of Psychotherapy and Hypnosis

There are three problems that Lindner seems to have been on the way to resolving which are still current for theory-centered psychotherapists who want to learn hypnosis. These three problems also emerged from the study that is reported in this paper.

First, there emerged the problem of surmounting theory-centered psychotherapy by working with the theory (or ideas) and experience of each patient. How might psychotherapists, coming from a background in theory-centered psychotherapy, go about working with patients as unique individuals without applying the psychotherapy theory they have spent years learning experientially? How might they stop diagnosing their patients according to the psychopathologies of their theory-centered psychotherapy? The second problem emerging from this study concerns the logic of theory in theory-centered psychotherapy. Working through the logic of a theory-centered psychotherapy makes it clear that each psychotherapy proposes psychopathology, meaning that there is no psychopathology until it emerges from a theory-centered psychotherapy, suggesting that the psychopathology is not in the patient but is the logical construct of the psychotherapy.

It may be assumed that a reason why hypnosis did not sustain itself as a viable way of working with patients was due to its method of use. How might hypnosis establish itself as communication, and thus as a circular activity, and become a condition for psychotherapy? This question deals with the third problem that emerged from the study reported in this paper, which is to conceptualize hypnosis as a condition for psychotherapy, making it the “climate” for psychotherapy and understanding, and practicing hypnosis as communication between two bodies and as communication within each of these bodies.

Briefly, the problems raised by these three questions concern (1) surmounting theory-centered psychotherapy to work with each individual as “that” unique individual, (2) understanding that a good reason for surmounting theory-centered psychotherapy is that it proposes psychopathology, and that it is not a good idea to use hypnosis to plant psychopathology upon patients, makes a case for surmounting theory-centered psychotherapy to create a place for hypnosis and psychotherapy in medicine and psychiatry, (3) conceptualizing hypnosis as a condition for psychotherapy.

First, following Reik (1948), with whom he trained in psychoanalysis, and Freud, Lindner insisted upon fitting psychoanalysis inside psychology, making psychology the larger frame for psychoanalysis. Not considering psychoanalysis a complete and closed theory, but one still in need of development, he joined with other psychoanalysts to combine psychoanalysis with hypnosis, calling their approach hypnoanalysis (Wolberg, 1945/1964). Thus, they created a place for hypnosis within psychoanalysis. Lindner, however, turned what they did upside down and inside out by placing psychotherapy inside hypnosis.
Second, Lindner’s work in hypnosis drew a clear distinction between the notion that hypnosis is a manipulation of the body that does not involve communication, thought or mind, which came out of the notion that hypnosis is a suggestive (manipulative) method. He adopted the idea that “suggestion” occurs through communication and that communication occurs between bodies and within bodies, organizing and coordinating between the bodies and within the bodies.

Having returned psychotherapy to hypnosis, he faced the dilemma of overcoming theory-centered psychotherapy, finding ways to work with the experience and ideas of each patient without using theoretical constructs. In doing that he would have had to come to terms with the psychopathology engendered by psychoanalysis, his theory-centered psychotherapy.

Third, following the logic of the idea that hypnosis is communication, he came to the position that hypnosis is a condition for psychotherapy.

Living by Ideas

I do not consider Lindner an exemplar because of answers he gave to some of the questions he raised. In many cases it seems to me he just did not ask the right questions, although they were right questions for him when he was asking them. Nevertheless, I see him as an exemplar because I think his work is showing a way to break through theory-centered styles of psychotherapy, clearing a way to make hypnosis a condition for psychotherapy, utilizing the ideas of each patient, and identifying ideas as the basic components of hypnosis and psychotherapy. He deserves credit for calling for a novel and revolutionary approach to psychotherapy, identifying some of its novel ideas and concepts.

For Lindner (1952) the basic principle or belief organizing human life, including psychotherapy, hypnosis and cybernetics, is idea. Humans live by ideas, organizing “their lives around one or a collection” of what he termed “these indefinable formulations” (p. 9). He claimed that ideas make up what is mind, but “it is not necessary that they originate in the particular mind where they reside.” Ideas are “transmitted by the available media of communication, passed from one mind to another or from one generation of minds to the next.” He maintained that “more than anything else in human experience ideas determine the course of the individual as well as the collective life.” Ideas are both simple and complex, ordering human affairs and determining an individual’s life (p. 10).

By describing instinct “as a guide to living” (p. 32), Lindner seems to be identifying instinct as an idea. Even so, I think his use of the idea of instinct was an unfortunate choice of terms. He used the notion of the “instinct to rebellion” to account for the ability of humans to change their world, to manipulate, control and master their environment, and to avoid extinction, believing that if psychology were to recognize “an instinct to rebellion” “the aim of domestication and adjustment would necessarily have to be abandoned” (pp. 35-36).

Lindner’s (1956) theory developed a dialectic between instincts (biology) and society. The thesis of his dialectic is that the (biological) instincts have to be free to develop. Historical and social conditions (interpreted according to Freud’s Oedipus theory) form the antithesis. If individuals have to conform to society then problems arise if conformity interferes with the instincts (as Freud claimed). The synthesis in Lindner’s dialectic is that individuals have to resolve conflicts between instincts and society’s demand for conformity. They do that through rebellion, which ironically Lindner also described as instinctual. If they “rebel without having a cause,” their rebellion, according to Lindner, is negative because it does not contribute to bringing society in line with the instincts. Their “rebellion has a cause” when it contributes to bringing society more in line with the instincts. Here Lindner provides an example of how a theory-centered psychotherapy brings forth its own psychopathology, with his definition of neurosis as “a compromise formation between the imperatives of the society... and the instinctual demands of the person” (p. 88). This compromise is the basis of the psychopathology, but it’s all created by the theory.

Lindner (1956) tried to account for how instincts are made, locating them “within the organism as energy.” This energy he saw “directed toward an inherently determined goal,” constituting “an internal stimulus to the mind.” He was trying to explain Freud’s definition of instinct as “a measure of the demand for work imposed upon the mind in consequence of its connection with the body” (p.
131), following Freud in using quantitative metaphors to account for mind, mental activity, and communication. The problem with this sort of argument is that it argues from quantities to quality, trying to go from one set of abstractions (energy, instinct, body) to another abstraction (mind). These abstractions are of different types but they are all concepts. So his proposed solution does not address the issue of the origin of ideas – of where they originate or how they originate. Lindner, like Freud, was trying to connect body and mind as if mind is a thing that had to be connected to a body. Cybernetics had to work out a solution to this problem in order to account for communication between humans, between humans and other animals, between humans and machines, and between machines, and the communication within bodies and within machines. Freud’s kind of explanation just did not work. To cybernetics is due the understanding that what organizes animals and machines, thus making communication necessary, is differences, and differences require an end organ to sense that a difference has occurred. Thus, the cybernetic definition of information as news of a difference that makes a difference, meaning that information is an elementary idea.

To recognize that humans live by ideas, and that ideas are the basic elements of communication, settles the question of what hypnosis and psychotherapy work with. In both we are working with ideas, with the ideas we are aware of as well as ideas that are outside of our awareness, with the ideas that are being shared between psychotherapist and patient as well as ideas that are being shared within families and other groups and a society. We are also working with ideas that are affecting the body. Thus psychotherapy and hypnosis occur within communication and are healing through the ideas that are applied, interpreted and understood. Lindner demonstrated what can be done in psychotherapy by making hypnosis a condition and working with what Kelly (1955) called the patient’s (proto-scientific) theory, which means working with the patient’s ideas. Lindner saw what non-communication methods of treatment – lobotomies, electroconvulsive therapy, drugs – can do to people when used as a substitute for the kind of psychotherapy he was advocating.

Hypnosis
– A Condition for Psychotherapy

In Lindner’s (1951) formulation, hypnosis is “a condition under which therapy transpires with increased chances of success,” suggesting the converse, that without hypnosis psychotherapy decreases its viability. It follows from his formulation that psychotherapy fits logically inside hypnosis and not hypnosis inside psychotherapy. Lindner’s concept of hypnosis opens a way to overcome theory-centered psychotherapy. Hypnosis becomes a condition in which understanding takes place, improving communication and supplying a method for investigating communication.

In this paper I present Lindner as an exemplar in hypnosis and psychotherapy because his work furthered the development of his explicit conceptualization of hypnosis as a condition for psychotherapy. There seems to have been a simultaneous transformation underway in his psychotherapy, as it seems to have been changing from being centered in psychoanalytic theory to becoming centered in the ideas and experience of each patient.

Hypnosis functioned for Lindner (1944) as a therapeutic instrument and as a research tool (pp. 18-19). He defined “hypnoanalysis” as “a radically abbreviated method for the investigation of the personality and the treatment of psychogenic disorders and aberrations of behavior” (p. 287). He (1952) advocated eliminating “the directive [negative] influence of the unconscious by increasing the range of consciousness” (p. 254).

Lindner’s introduction to Gindes (1951) credits Gindes with drawing an “implicit distinction” between hypnosis as a method and hypnosis as a condition. Lindner described suggestive method as introducing the hypnotic state and then exploiting it “for treatment purposes in the tacit expectation that the state itself would be the therapeutically effective factor.” But its accomplishments were transient and it tolerated things that came to be deplored: “from the subversion of the patient’s dignity to the open employment of the most fantastic tricks and devices to promote the trance state.” It became necessary to abandon hypnosis as method and to develop hypnosis “for use as a condition.” This use of hypnosis is founded upon the insight that the trance state should be “a carefully arranged and sensitively controlled psychological condition or ‘cli-
mate’ allowing for those processes to become operative which are necessary for the restoration of integration to the personality.” The change from conceptualizing hypnosis as a method to conceptualizing it as a condition effected a change from concepts of the patient as “a pliant pawn to be tricked out of his complaint or perplexity,” and as “a meek robot to be conjured out of his pain or distress,” to procedures that ensure that “the patient retains his identity, his human dignity, and his self respect.” By making explicit the distinction between “hypnosis as a method and hypnosis as a condition,” using method to refer to “suggestive method.” Lindner opened the way for further development of hypnosis as “a condition under which therapy transpires.”

Proposing a New Psychotherapy

The approach developed by Lindner switched the emphasis from theory-centered psychotherapy to practice, from the psychoanalyst as spectator to the psychotherapist as agent, from the passive patient attempting to gain insight through self-observation, using Freud’s theory, to the patient as agent, acting to change from negative rebellion to positive rebellion. Lindner reframed Freud’s theory of instincts, naming rebellion as instinctual and describing rebellion in the individual as his or her attempt to avoid “adjustment” or conformity to a “maladjusted society,” its sadism, repression and greed. Lindner (1956) envisaged the emergence of “a new body of theory, and a new method of practice” (p. 145).

Retaining Freud’s theory of the instincts and the Oedipus tragedy as the mythological support for his theory-centered psychotherapy, Lindner (1956) set out openly to reinterpret psychoanalysis, calling for “a re-examination not only of our scientific and professional conceptions, but also our attitudes both social and specialized by the nature of our work.” From this reevaluation, he believed there would “emerge a new orientation of the psychological sciences, a new body of theory, and a new method of practice” (p. 145).

Lindner (1952) defined psychotherapy as art and a vocation, as a “mutual” and “interactive” practice where things “are not done to but with a patient.” It is educational and its practice rests upon psychology, (resting upon a biological psychology – not a social psychology – which does not ape the physical sciences), and knowledge of the social sciences, religion, history and philosophy. Psychotherapy does not belong in the preserve of medical doctors, “for the conditions comprised” in psychotherapy “are not illnesses in the medical sense.” Making these conditions illnesses “has blocked progress in psychopathology as a science and psychotherapy as a practice.” Psychotherapy’s goal is “to transform the negative protest and rebellion of the patient into positive expression of the rebellious urge” (pp. 139-143), replacing vicious circles of negative protest and rebellion (without a cause or purpose) with virtuous circles of rebellion (with a cause or purpose), bringing society more in line with the instincts.

A social contribution of psychotherapy is to increase “the number of rebellious adults” in society (p. 265). Lindner maintained “that adjustment-oriented therapy (which is to say all existing therapy) is no therapy but a sham of treatment that does no more than implement the forces making for conformity.” There is no psychotherapy “unless the processes involved eventuate in the production of a rebellious person.” One can call a psychotherapy genuine “only when it has somehow been brought about that the fundamental conflict between the rebellious instinct and the adjustment imperative has been solved.” (Otherwise there is no reason “to speak of treatment for mental and emotional abnormalities and distress – for the neuroses, the psychopathies, the psychosomatic dysfunctions and aberrations, and the psychoses.”) Through this discussion Lindner arrived at what he called the “real goal” of psychotherapy: “that of helping the individual to re-enter the evolutionary current,” which will be done by “re-education of the disturbed person.” Re-education “must be the business of a new psychotherapy” (pp. 270-271).

Lindner and Cybernetics

Lindner (1952, 1956) was among the first practitioners to attempt placing psychotherapy and hypnosis within cybernetics. It may be proposed that Lindner’s understanding of cybernetics influenced his definition of hypnosis as “a condition under which therapy transpires with increased chances for success,” setting the stage for lifting hypnosis out of the domain of suggestion and challenging the
Hypnosis as a Condition for Psychotherapy

conventional belief in the possibility of one-way or “unilateral” control, leading him to conceptualize hypnosis as unconscious communication between psychotherapist and patient. Cybernetics also changed the role of the psychotherapist from the observer or spectator to an active participant with the patient in the healing process (Ruesch and Bateson, 1951), increasing flexibility and acting to increase the number of choices (von Foerster, 1981). The scientists who worked out the logic of cybernetics recognized that they could not exclude circularity from communication, logic and science, leading to the conclusion that communication is always a circular process. The used of the notion of circularity by Gindes (1951) may account, in part, for what Linder wrote in his introduction to Gindes’ book. For Gindes the procedure of hypnosis is based upon suggestion, meaning the alteration of actions through thoughts, objects and the spoken word (p. 175), and is based upon this fundamental axiom: “Suggestion creates the hypnotic phenomena, and in turn, the phenomena create heightened suggestibility” (p. 87), affirming the circularity of suggestion and suggestibility. Circularity is implicit in his explanation that “all suggestion is auto-suggestion; all hypnosis, auto-hypnosis.” The psychotherapist selects the appropriate tools and instruction, providing “the patient with some attractive idea which will fire his imagination to such a degree that a physiological change takes place within his own body. This physiological change – caused by himself – is the actual hypnosis” (p. 159). Suggestion, then, as Gindes conceptualized it is the procedure that creates hypnosis.

From there Lindner draws the subtle distinction between hypnosis as “condition” and hypnosis as a “suggestive method.” In distinguishing hypnosis as a condition for psychotherapy, Lindner seems to be fitting psychotherapy inside hypnosis. If he is doing that, he could be saying that hypnosis is not a bag of tricks that psychotherapists can use to do things to patients. Rather, hypnosis as a condition of psychotherapy is not itself the psychotherapy but it is a way to talk and interact with patients that becomes a context for the psychotherapy. The hypnosis itself is not the psychotherapy. The psychotherapy depends upon the ideas or concepts that are applied, what they mean to the patient, and how each patient interprets and enacts them. The notion of hypnosis as a condition of psychotherapy fits with Lindner’s idea of psychotherapy as re-education (placing psychotherapy in the context of learning and of what Bateson (2000) called “learning to learn”).

Lindner (1956) credited cybernetics with explaining ideas. Recall that for him instinct is an idea, leading him, but not cybernetics, to define instinct “as built-in possibility or potentiality in the organism with the express function of transmitting information to the co-ordinating and executive centres of the brain.” He described instinct in terms of the mechanism of circularity, the feeding back of information, communicating within the body and between bodies, and for this description he drew from the cybernetic concepts of circularity, complexity, and flexibility (pp. 136-137).

The possibilities, which are built into organisms, increase with the complexity of an evolved and evolving organism. Lindner (1952) stated a cybernetic truism: “the more complex the organism in question the greater the range of its possibilities.” Thus, “the more developed the brain the more possibilities exist for the given animal – possibilities which ... must be made good by learning.” (p. 228).

To find out how some of these ideas were working out in Lindner’s psychotherapy, I discuss his last published case, “The Jet-propelled Couch.” This case – the one for which he is best known, a classic in the psychotherapy literature (Shem, 1986) – shows him coupling psychotherapy to cybernetics and attempting to solve the problem of theory in psychotherapy. (This case is not about hypnosis and thus does not illustrate hypnosis as a condition for psychotherapy. What it shows which has relevance in connection with hypnosis is how theory-centered psychotherapy has to overcome theory before hypnosis can legitimately become a condition for psychotherapy.)

**Lindner’s Case of Kirk Allen**

Even if Lindner’s case of Kirk Allen were fiction, even if the character Kirk Allen never existed, even if the case is a composite of stories or just the product of Lindner’s imagination, it remains valid as a heuristic device. Of interest here is the understanding that can be gained from studying Lindner’s construction of the narrative which does not depend directly upon the facts about Kirk Allen.
According to Lindner’s account, Kirk Allen was in his thirties, a research physicist, who was working at a government installation in the Southwest, spending his free time using the research facility’s computers to do calculations for trips into the future. He was so absorbed in his imaginary universe that it was reducing his efficiency at the government installation which was probably developing nuclear weapons of mass destruction. Since he was a high security risk for the government, his psychosis had to be treated. Treatment was not available at the installation, so the resident physician arranged to send him to Baltimore for treatment by Lindner.

As it turned out Kirk, as a boy, had started reading a series of books about a Superman-type character whose name was Kirk Allen. He concluded that the stories “were about me.” Kirk told Lindner (1954): “I knew that what I was reading was my biography” (p. 179). Kirk became convinced “that somehow the author had obtained a knowledge of my life and had written its story. So the first thing I had to do was remember, and it seemed to me that I actually recalled everything he described,” showing how easily “memory” may be constructed. He was in the curious position of “an adolescent boy remembering the adventures of himself as a grown man,” convincing himself that “the books had been composed in the future.” So he was able “to remember the future” (p. 181). He became the Kirk Allen of the future: “I actually live what the future Kirk Allen lives; and return here to amend or add to the biography…” (p. 184), acknowledging that spending more and more of his time as this “other Kirk Allen” was what got him into trouble; yet, “I don’t think I can be blamed for this – his is such an exciting life compared with mine; but of course I have a job to do here” (p. 185).

Kirk’s challenge for Lindner was that Kirk “regarded himself as completely normal, was thoroughly convinced of the reality of all that he experienced, and could not comprehend its significance in terms of his sanity.” Kirk recognized that “his experiences were extraordinary,” but they were no cause for alarm. His fantasies “were due to some unknown psychic quality or ability with which he had been somehow endowed” (p. 185).

Lindner concluded first, that Kirk was “mad” and, second, that his psychosis was life-sustaining, calling Kirk’s “mental abnormality” madness because he could not comprehend, or admit to himself that his experience was abnormal. Unlike most psychotic individuals who usually are aware of their disturbance, and who are aware because they are in pain, Kirk was convinced of his sanity, and saw no conflict between the world and his imagination. Lindner felt helpless to convince Kirk otherwise, nor did he try to prove to him that he was insane. Instead, he appealed to the scientific side of Kirk: “I set myself to capitalize on the one quality he had demonstrated throughout his life, the quality that had inspired his first attempts to deal with his loneliness, the quality that urged him toward a scientific career: his curiosity” (p. 189).

Lindner, true to psychoanalytic theory, traces Kirk’s difficulties to one traumatic childhood event that would determine his future: it was when his family “abruptly severed his almost symbiotic relationship with” his Polynesian nurse. She had protected and nourished him and gratified his biological and emotional needs. For a period he was removed from her care so he could be “civilized,” learning the language of whites and wearing clothes. Shortly after he was reunited with her, she died suddenly, leaving him, at age six years, to his imagination. He began to construct a world for himself and he never learned “to distinguish between the real world and that which was the product of his own mental functioning” (pp. 191-192).

For a year Kirk’s psychotic condition did not improve, but Lindner believed he had kept him from slipping further into psychosis. Lindner knew if he failed with Kirk the alternative was likely to be “convulsive ‘therapy’ or the psychosurgical methods” (lobotomy), all of which Lindner disapproved. He believed “that they violate every progressive canon of therapy,” and he was “convinced they do more harm than good” (p. 197). He wanted to protect Kirk from psychiatry’s “new kind of vegetable kingdom”: “His psychosis notwithstanding, he had a fine brain, a basically well-motivated personality, and showed promise of being – when freed from the debilitation of his disorder – one of those valuable persons on whom the future of our civilization depends” (p. 197). Although Lindner was a pioneer in the combination of hypnosis and psychoanalysis, he ruled out using hypnosis with Kirk, because he thought the boundary between reality and fantasy was too tenuous and he wanted to keep Kirk connected to “this world.”

Lindner came to see “that in order to separate
Kirk from his madness it was necessary for me to enter his fantasy and, from that position, to pry him loose from the psychosis” (pp. 198, 203). Consequently, Lindner read 200 chapters of Kirk’s “biography” and hundreds of pages of his notes, keeping detailed records, making maps, and performing complicated calculations. He did all this to keep up with Kirk, to find out about his world, making contact with him to bring him out of his madness. Lindner steeped himself in Kirk’s documents to find possible errors in his mathematical calculations of his trips into the future: “What I did was confront him with an error in logic, a mistake in calculation, or a difference in description between one part of the ‘record’ and another, and demanded that he ‘fix’ it” (p. 198).

Lindner’s persistence paid off. By finding calculations in Kirk’s charts that Kirk could not fix, Lindner “forced a slight crack in the apparently unassailable fantasy. I knew that my participation in it, the evidence I had just given of total acceptance... had, for the first time, made him question it” (p. 201). Kirk kept putting off preparing new star maps Lindner was urging on him. Lindner was engaged “in the same behavior as the patient,” expressing “the same ideas in the same language,” projecting before his patient, as on a screen, “the patient’s own image and activities” (p. 203). Lindner was helping his patient to see through the eyes of the psychotherapist, trying to get him “to take up a critical position vis-à-vis what he observes, i.e. his own behavior,” compelling him “to adopt an attitude,” which Lindner proposed to transform into a therapeutic tool with which to refashion his patient’s “psychic structure” (p. 203). Lindner’s direct involvement confronted Kirk “with his mirror image, and maneuvered him into the critical reality position,” edging him out of his psychosis.

Lindner acknowledged that he was playing a dangerous game with signs of obsession, psychic distress, and pain (p. 207). Yet, he was enticed by the gratification of his curiosity and the creativity to give free play to his inventive whim. His “mental equilibrium” was disturbed by his participation in Kirk’s psychosis, bringing him “within sight of psychological distress.” He became obsessional about correcting errors and finding inconsistencies in Kirk’s “records,” falling “under the spell of Kirk’s Utopian vision” and “succumbing to it” (p. 208). Lindner continued his “intense pursuit of error and inconsistency” in Kirk’s records, not as he had done previously to bring Kirk out of his psychosis, but now for the satisfaction of correcting them. Lindner became anxious when he unearthed errors: They “made me uncomfortable, and created moderately distressful symptoms which could be relieved only when the correction was made” (p. 208).

Lindner found himself, even when he was not with Kirk, “translating certain words, terms and names into [Kirk]’s ‘Olmayan’ language” (p. 209). Lindner was later surprised to find out that no one around him noticed any outward change in his deportment during this period. He, however, became aware of psychic distress and the need to extricate himself from his predicament through self-analysis. Before he had succeeded, Kirk did something that “marked the successful conclusion of Kirk’s treatment.” Here is how Lindner introduced what occurred: “For it chanced that Kirk and I reversed roles and, in one of those startling denouements that make my work the unpredictable, wonderful and rewarding pursuit it is, the folly we shared collapsed” (p. 211). (With these words Lindner makes good on the epigraph of the chapter, a quote from Eddison, The Worm Ouroboros.) Moreover, the text shows that this is what the psychotherapy did for the psychotherapist as well as for the patient, and it becomes a metaphor for what Lindner’s psychotherapy was doing in practice to his theory-centered psychotherapy.

One day Lindner noticed that Kirk’s attitude and demeanor had changed. Lindner kept asking his patient what was wrong. Finally, Kirk told Lindner he had been deceiving him; he no longer believed in the theories, he had not believed his theories for some time. The visits to the future had all been hallucinated. Lindner was shocked; he first thought that the patient could not do that to him. Kirk had actually given up the psychosis some months earlier, acknowledging that he had been making the whole thing up: “I realized I was crazy. I realized I’ve been deluding myself for years; that there never have been any ‘trips,’ that it was all just – just insanity.” Lindner asked, “why did you pretend?” “Because I felt I had to... I felt you wanted me to!” (p. 214). To experience what Lindner went through when he heard Kirk’s words requires reading Lindner’s account of the scene. Kirk, as it turns out, engaged in a pretense that he was still in a psychosis for the sake of his psychotherapist.
DISCUSSION

The case of Kirk Allen shows Lindner attempting to turn away from theory-centered psychotherapy to the “theory” of the patient as the basis for the psychotherapy, undermining indirectly the whole of theory-centered psychotherapy. The chapter title for this case, “The Jet-propelled Couch,” betrays that it is about the “Couch” as well as about the patient, Kirk. Lindner propelled the couch itself into the future. The subtext of the story is that psychotherapists are doing with their theories what Kirk was doing with his theory, creating an analogy between what Kirk’s theory had done to Kirk and what it was doing to Lindner, between what theory-centered psychotherapy does to the perception of the psychotherapist and the psychopathology it attributes to the patient.

After building up a description of Kirk’s biography, Lindner’s story oscillates between his comments on Kirk’s imaginative (“insane”) construction of theory and the imaginative construction of Freudian theory, with Lindner describing a parallel process where he, the therapist, is surmounting his theory-centered psychotherapy just as Kirk, the patient, is surmounting his “insane” theory. Lindner paints himself as working so thoroughly within Kirk’s theory that he came to “believe” it, leading one to wonder how this situation might be analogous to what happens to psychotherapists whose training immerses them into a theory-centered psychotherapy. It is at this point that Kirk, the patient, turns to deliver his psychotherapist from the psychosis of my future and the elaborate theory of psychoanalysis, and the psychopathology supporting social imperatives to conform and leading to the social adjustment of the individual.

Here, then, is his confession: “I, the therapist, became quite involved in the psychosis of my patient and for a time and to some degree shared his obsession.” Lindner became fascinated with Kirk’s world as his “participation in the grandiose delusion increased... the sharply defined edges of reality began to fade and I entered part way into the incredible universe of Kirk’s design.” The trainee enters into Kirk’s incredibly designed psychotherapy and what theory in theory-centered psychotherapy is likely to be doing to psychotherapists as well as to their patients. The transition came with Lindner’s admission that “strange things were happening to me, his psychoanalyst (or, better, his psychotherapist, since the method I was employing was no longer strictly that of psychoanalysis)” (p. 203), acknowledging implicitly his movement from theory-centered psychoanalysis to a psychotherapy using the patient’s theory, and giving another clue to what the subtext of Lindner’s story might be about. Having disclaimed using psychoanalysis at this point, he has now stepped outside the theory, or so it would seem. Prescription for Rebellion gives the background for what he might be doing in telling the story of Kirk; Lindner seems to be reinterpreting psychoanalysis and all psychotherapy. He started by isolating the ideas that were making a difference for the patient, the practice, or the society. His case description of Kirk is actually a commentary on psychoanalytic theory, and as such on all theory-centered psychotherapy, on psychotherapy proposing its own psychopathology, and the psychopathology supporting social imperatives to conform and leading to the social adjustment of the individual.

In summary, Lindner’s narrative tells us that Kirk
entered the world of the texts he read, applying them as his life story. Lindner entered the world of Kirk as a way to bring Kirk out of his psychosis just as he had had earlier entered the world of Freud’s texts and psychoanalysis, mastering them to become a psychoanalyst. By entering Kirk’s world, Lindner ventured outside the world of psychoanalytic theory. Having entered Kirk’s world, Lindner had to extricate himself from it, but he did not do it on his own just as he had not on his own extricated himself from theory-centered psychotherapy. It was Kirk who brought Lindner out of the world of Kirk’s theory. Just as Lindner had put his theory aside to work with Kirk’s theory, so Kirk, having put his theory aside, turned to bring his psychotherapist out of the patient’s theory. Lindner’s entering Kirk’s world enabled Kirk to see himself through the eyes of his psychotherapist, and become aware of his insanity. Kirk saw that his psychotherapist had entered the fantasy world of the patient’s theory so he turned to bring him out of that world. Lindner, following Kirk out of the world of Kirk’s theory, becomes an exemplar of surmounting theory-centered psychotherapy.

Lindner proposed to go into the world of the patient and live in that world and let the patient see how that world looks through seeing it through the eyes of the psychotherapist (see von Foerster, 1991). The process folds back on itself. Lindner here solved the problem of transference – the problem of the screen. The screen is to see the self through the eyes of the other, which is a reflexive process. The literature shows that many of Lindner’s contemporaries conceptualized the process as imitative: Patients take in and apply the theory of their psychotherapists and see through it, leading to the theory determining their self-observation as well as their way to see. Lindner is the exemplar of the psychotherapist learning the theory of the patient and becoming the mirror for the patient to see his or her theory through the psychotherapist’s eyes, conceptualizing the process as constructive. Kirk’s problem was a learning problem of the second order, learning how to see himself through the eyes of the other, rather than construing his experience through a theory. Having achieved what Bateson (2000) called “learning to learn” in the context of psychotherapy, Kirk, in overcoming his psychosis, also surmounted the double bind of the theory behind his psychosis.

Kirk, however, as Lindner tells the story, had climbed another step on the ladder of abstraction to the level of self-reference. Not only has Kirk achieved reflexivity, seeing through the eyes of the other, he has come to self-observation. He has come to self-observation not through free association or introspection, not through observing Lindner observing him. Self-observation occurs in instances when individuals become aware of their self-production: “I am causing myself.”

Lindner leaves it to the reader to draw the conclusion: Having undermined the foundation of his theory-centered psychotherapy and with it all psychotherapy theory of psychopathology, Lindner had a replacement for it, but he proceeded by indirectness to avoid premature exposure of what he was doing. As a young psychotherapist in his late twenties, he (1944) was already using hypnosis as an adjunct to free association. By 1951 he has advanced his thinking, reclaiming hypnosis by calling it a condition for psychotherapy, admitting that the only tool the psychotherapist has to use is the self. Thus the psychotherapist, like the observer in cybernetics (von Foerster, 1981, 1991), is included within the psychotherapy and the psychotherapy is understood to be part of the ongoing life story of both patient and psychotherapist (Ruesch and Bateson, 1951). Together they have come to see not the objects constructed by theory; they have come to see through the eyes of the other.

**Postscript**

Fifty years after Lindner coupled psychotherapy and hypnosis with cybernetics, redefined hypnosis as a condition for psychotherapy, and began a process pointing to how to overcome theory-centered psychotherapy, practice seems still to be lagging far behind.

Taking hypnosis as a condition for psychotherapy assumes that both hypnosis and psychotherapy are communicative acts by human agents, occurring through sharing ideas. Hypnosis is by design working with the ideas of the patient, providing the climate where patients can use their imagination, images and experiences in the “causing” or producing or constructing of a self – a journey that can be expected to continue for as long as an individual is organically and mentally alive. If we take hypnosis as a condition of psychotherapy, we have to be

Hypnos Vol. XXIX No 4 – 2002
clear about what kind of psychotherapy it is a condition for. It is a result of the study reported here that hypnosis is counter-indicated as a condition for theory-centered psychotherapy for the simple reason that theory-centered psychotherapy produces psychopathology, assuming that it already exists within individuals, and needing only to be diagnosed through using the psychotherapy theory. But the psychopathology found in the diagnosis will, upon examination, turn out to be the psychopathology constructed by the theory-centered psychotherapy. If hypnosis is used as a suggestive tool, manipulating patients to “find” or “locate” theoretical objects or constructs, patients can be expected to believe that they have found, not made, them, using them to shape their self-definition. If anything can be obtained from such a mutually deceptive process, it seems to me that approaches using hypnosis as a condition for a non-theory-centered psychotherapy can better utilize the ideas and competencies of patients to work out novel solutions to their problems.

References

The Ouroboros circle is a snake biting its own tail, and each ending initiates a new beginning. Eating its own tail, the snake sustains its life.

In cybernetics the snake eating its own tail symbolizes the circularity of communication.

One snake eating the tail of the other as if it were its own is a symbol of the circularity of communication where one individual comes to understanding an idea through the understanding of the other.