

lacked, having been severely traumatized as a child by overly critical and rejecting parents.

## Discussion

If we return to the questions raised at the outset, as to the dilemmas which these clients raise, it is possible to delineate a trend in the approach. These clients are drawn by the expectations raised by hypnosis, and by their disappointment with conventional approaches. A cautious and adapted use of hypnosis enables them to enter therapy, to begin to get in touch with the salient issues. At the same time, hypnosis often intensifies confronting their difficulties. I use hypnosis in these cases as a transitory method, entering with them into transitional space (Baker, 2000), and gradually introduce more verbal discussion and understanding. Hypnosis is then used intermittently as a resource, source of support as well as clarification towards integration.

The intention here has been to raise questions and to point to some directions in dealing with difficult clients.

## References

- Baker, E. (2000). Reflections on the Hypnotic relationship: Projective identification, containment, and attunement. *International Journal of Clinical & Experimental Hypnosis*, 48, (1) 56-69.
- Caroussou, S. (1999). Symptom oriented Diagnostic systems guiding treatment planning: Some critical reflections. *Hypnos*, 26 (4), 194-202.
- Diamond, M.J. (1980). The client as hypnotist: furthering hypnotherapeutic change. *International Journal of Clinical and Experimental Hypnosis*, 28, 197-207.
- Diamond, M.J. (1983). Therapeutic indications in applying an innovative hypnotherapeutic technique: the client-as-hypnotist. *American Journal of Clinical Hypnosis*, 25, 4, 242-247.
- Diamond, M.J. (1984). It takes two to tango: Some thoughts on the neglected importance of the hypnotist in the interactive hypnotherapeutic relationship. *American Journal of Clinical Hypnosis*, 27, 1, 3-13.
- Diamond, M.J. (1987). The interactional basis of hypnotic experience: On the relational dimensions of hypnosis. *International Journal of Clinical and Experimental Hypnosis*, 35, 2, 95-115.
- Livnay, S. (1996a). Is Hypnosis Full of Hot Air? The Utilization of H.A.B.I.T. Technique. *Hypnos*, 23, (3) 137-142.
- Livnay, S. (1996b). The Control Panel: An Approach to Enhance Coping Skills and the Amplification-Attenuation of Affect. Workshop Presentation, the 7th European Congress of Hypnosis, Budapest, Hungary.
- Smith, A.H. (1984). Sources of efficacy in the hypnotic relationship: An object relations approach. In Wester, W.C. & Smith, A.H. (Eds.) *Clinical hypnosis: A multidisciplinary approach*. Philadelphia: Lippincott, 85-115.
- Watkins, J. G., & Watkins, H. H. (2000). *The Psychodynamics and Initiation of Effective Abre- active Experiences*. *Hypnos*, 27, (2) 60-67.
- Wolberg, L.R. (1945/1960). *Hypnoanalysis*. New York: Grune and Stratton.

## Claude Béguelin

■ This paper will place the interaction in the centre of the reflection, using the model of parent/infant interaction described by Daniel Stern (1995) to make some comparison with hypnosis. Bowlby, about forty years ago was the first who tried to study the practical relationship between the baby and his mother. Dan Stern with other European researchers started a research project in the nineties and published the first results in a book called "The Motherhood Constellation". These findings give some key to understanding hypnosis, not in the sense of a state, nor of a role playing, but in some sort of "Schema-of-being-with". How does one schema-of-being-with or one network of such schemas among many possible, get activated into a state in which it can exert an influence? There will be discussion regarding what it is about the specificity of such a "schema-of-being-with", that it can be named hypnosis.

This way of understanding hypnosis has not only theoretical consequence but also clinical. It allows a more clear and operational definition of hypnosis.

## Introduction

In the last few decades new fields of research like for example the constructivism and the self-organisation theory (Fourie, 1991; Gheorghiu, 1991; Kruse, 1989/1992; Maturana & Varela, 1980; Melchior, 1998), the neurophysiological theories (Pribram, 1991) have opened new doors of understanding in Hypnosis. Instead of trying to answer the old (and perhaps erroneous) questions about the nature of hypnosis if it is a state or a trait, we were looking for other fields of research that could build bridges of understanding hypnosis.

A component of hypnosis is certainly the relationship. In child psychiatry, new research projects try to better understand how the construction of the representation of the relationship emerges in the mind of the baby, while in contact with the parents. Older

theories where deducted from observation of a clinical population (i.e. psychoanalytical theories merged from observation of hysterical diseases, self psychology from borderline patients). Now, the new field of observation is not any more a clinical population, but the direct relationship parent/infant mostly during the first year of life. This article will try to show how these findings are important not only to explain hypnosis, but also to improve our clinical practice.

### Dan Stern's motherhood constellation

The title of this paper, the hypnotic constellation, is inspired by the title of a book by Dan Stern, Professor of psychology at the university of Geneva and adjunct professor of Psychiatry at Cornell University New York: *The Motherhood Constellation*.

A constellation is a group of objects that are interrelated in a specific way, like we do it looking at the stars in the sky.

What is the motherhood constellation? Dan Stern suggest that with the birth of a baby, the mother passes into a new and unique psychic organisation called "motherhood constellation". This constellation will determine a new set of actions, sensibilities, fantasies, fears and wishes. It pushes to the side the previous nuclear organisations or complexes that have played a central role. It is not simply another variant but an unique, independent construct in its own right. It is characterised by following emergent themes:

- Can she maintain the life and growth of the baby?
- Can she emotionally engage with her baby?
- Will she know how to create a support system to fulfil these functions?
- Will she be able to transform her self-identity to allow these functions to develop?

This motherhood constellation is fundamental to connecting her to her baby. When we discovered the research of Dan Stern and colleagues, that led them to the identification of a motherhood constellation we thought that many of their new concepts could help us to answer the question: what could a hypnotic constellation be?

### The schema-of-being-with: a new representation of interactive experiences

To understand relationship, we have to begin with the first relationship we all have had, the relationship between baby and parent. Parents, (father and mother) have representations about their baby right from the beginning. Donald Winnicott, Wilfried Bion, Selma Fraiberg, and in Europe Serge Lebovici and Bertrand Cramer were convinced that the mother's representation of the baby can influence how she acts with her child and that these representations could be seen as the major building blocks for the infant's construction of a psyche.

Dan Stern raises two questions:

- 1) What are such representations made of? It remains largely mysterious! However, Stern assumes that they are mostly different from conventional representation or from

object representation, because they are based on and built up from interactive experiences, from the subjective experience of being with another person and describes them as *Schema-of-being-with*, that means the schema-of-being-with a person in a specific way. (For example being hungry and waiting for the breast or bottle, or soliciting a smile and getting no response). They are formed from the inside, on the basis of what happens to the self while with other. We will develop this later.

It is clear that these representations do not only wait that they can be enacted. Changing events can also elicit new schemas of representation. The influence between representation and events is bidirectional and dynamic.

2) If representations of the parents have an influence on the baby they cannot influence the baby magically. How are these representations transmitted? The psychoanalytical tradition never asks about the mode of transmission. The baby cannot grasp the substance of a mother's mental life except through her overt behaviour. Before knowing exactly what these Schema-of-being-with were made of, Stern and colleagues tried to understand how they could be transmitted.

In 1985 in Geneva, Bertrand Cramer and Dan Stern (1988, 1990) decided to attempt a pilot study. Cramer identified the mother's interview-activated representations (that mean, when a mother holds a baby, there is the real baby in the arms of the mother, and there is the imagined baby in her mind. There is also the real mother holding the baby and her imagined self-as-a-mother at that moment) For example: a baby may try to explore the mother's face and because of lack of coordination he hurts the mother. One mother will help the baby to explore without hurting her. Another woman who has had the experience of being attacked and who developed a self representation of someone who is always rejected by those she loves, will describe the baby as aggressive toward her. And the baby in a certain way will respond to this schema-of-being-with of the mother. But we don't have to forget that the baby is not only a passive victim of the mother's representation. He also acts and becomes a partner in the representation.

While Cramer explores the representation, Dan Stern, on the basis on video tapes tried to describe her overt behaviour in terms of proxemic, body orientation, gesture, gaze and vocalisation to see how the representation is transferred. For example babies give signals to cut off of the relationship by looking away from the mother. Depending on the representation of being-with some mothers accept this. Other are overengaged and come nearer to the baby who then shows another act of cutting off, for example starting to cry, that can lead the mother to more engagement and so on.

After this pilot study it was decided to organise a research design, where the activation and enactment of these representations named schema-of-being-with could be observed at different levels (Fivaz et al., 1994). For research purposes they had to choose a specific schema-of-being-with which was the triad: when mother and father are together with the baby.

### Levels of activation and enactment of schemas-of-being-with

- 1) *The interactive behaviour*: Corboz and Fivaz (1993) in Lausanne were studying the level of interactive behaviour, performing a detailed microanalysis of the behaviour and proxemics on the basis on video recordings with the triad mother father and baby.
- 2) *The autobiographical narratives*: Dan Stern (1995) interviewed the parents about this moment to get more details of what is potentially recountable about what goes on at such a time.
- 3) *The scripts*: John Bying-Hall (1991) in England conducted a family interview with focus on family scripts and intergenerational themes also on the theme of the triadic relationship.
- 4) *The fantasies and memories*: Lebovici (1988) in Paris conducted a psychoanalytical interview to assess the meaning to both parents of the triadification process.

A representation of being with another can also be activated or enacted at different level, depending from the context.

To understand how activated schemas can be enacted at any of the above cited levels, we need a concept of a *working representation space*. In this space the different elements of the activated schemas could be rearranged so as to be best adapted to the mode of enactment dictated by the present context.

We too, using hypnosis in a therapeutic process, need the concept of a *working representation space*, and we too work in a context where representations are enacted in behavioural interactions. As in the mother- or father-interaction with the baby, the patient-therapist interaction in hypnosis is a constellation. It is not the hypnosis or the state or only the interaction which is important, it is the constellation made of all these components, that include the schemas-of-being-with of both patient and therapist.

### Enactment of representation (schema-of-being-with) in behavioural interaction

According to Dan Stern we can describe the enactment of representation in a behavioural interaction in the six following points:

- 1) Interactive behaviours unfold under the influence of activated Schemas-of-being-with. These schemas help select the interactive behaviours that will be performed and their exact manner of performance.
- 2) Activated schemas may be conscious or preconscious as enactment may be.
- 3) Interactive behaviours activate schemas-of-being-with.
- 4) Activated schemas and active behaviour are constantly acting upon one another.
- 5) The relative attention given to one or the other of these dialogues may also shift frequently. It is like music in which several themes intertwine.
- 6) Once a schema is activated, the exact manner in which it will enacted depends on the present context.

What is important here and different from other conceptual descriptions of representa-

tion is the emphasis on the moment by moment interaction.

If we now look at the different point Dan Stern is making, we can see a parallel with what *Erickson* was doing at the end of his life. In his book *Uncommon Therapy*, Jay Haley shows how Erickson paid attention not only to the capabilities or the problems of his patient, but on their ability to be in relationship, depending on their life context: as young adult looking for a partner or as parents who must care for their children and so on. We could say that he was working in the working representation space in order to have an influence on the schema-of-being-with. And as in point 2 he was aware that schemas could be conscious or preconscious, and as in point 4 he worked sometimes directly on the level of schema (=representation), and sometimes on the level of interactive behaviour to activate schemas-of-being-with. Sometimes he created new interactive behaviour to create new schemas (for example asking a girl to spurt water at a boy through the gap between her front teeth, to establish communication). He also paid attention to the present context where such active behaviour took place, and his genius seems to be that he could anticipate the enactment of his patients depending on the context.

### Feature of the representation of being in a relationship

Coming back to the first question of Dan Stern, what are such representations made of, we can also ask what is the specificity of these Schemas-of-being-with in comparison to other representations and how do we construct these schemata? How can we change a schema-of-being-with related to a specific theme. These questions have an enormous clinical relevance, because our work has to do with the transformation of schemas-of-being-with.

Dan Stern tries to make new hypothesis about how the infant represents the subjective experience of being in a relationship. He describe six key features of the representations of being in a relationship.

- 1) They are different in nature from inanimate events (this kind of representation is probably what fails in autistic children) in that they are *affectively* charged and unfold in time with irreversibility.
- 2) They are not about objects (human or other) nor about images, nor about knowledge. They are about interactive *experience* (for example what it felt like to do something with father). Fantasies and imaginative elaborations are seen as later reworking. (This is fundamental in Hypnosis, because in most of the therapies you speak about things, about representations. In hypnosis, what make the difference is that you have the feeling of having an experience, and this could connect you much more to these schemas-of-being-with).
- 3) They are not put inside from the outside. They are constructed from the inside, from the self-experience of being with another. The infant will start to form a representation of how he feels, *within himself*, while being with the other.
- 4) They must include many different element: sensations, perceptions, affects, actions,

thoughts, motivations, contextual elements and so on. They must have the complexity to accommodate all these elements.

- 5) The form of representation must
  - allow for the coordinated and integrated existence of all these elements.
  - permit to each element to be represented independently from the rest (as free floating affect, disembedded perceptions or isolated motor memories).
- 6) They are *nonverbal*, less concerned with knowledge and more with doing and being. Dan Stern says: "We need a representation of the subjective aspect of engagement in repeated interpersonal experiences in which all the basic elements of experience (actions affects and so on) can be represented both together and at the same time separately. We will call this representation a "schema-of-being-with-another".

### **Comparison with hypnosis**

We can compare the previous points (1-6) of Dan Stern with hypnosis. These features of representation fit with what we are doing while practising hypnosis:

- 1) When a therapist begins a trance with a patient, he knows that he is in something irreversible. It's different from a simple talk or conversation about something, where he always can come back and correct what he said.
- 2) The most important thing in a trance, however is certainly the feeling of being in an interactive experience, for example through hand levitation. The interaction of thoughts, both of patient and therapist, lead to a commitment and to an interactive behaviour. The hand levitation is nothing other than a profound interactive experience.
- 3) The patient constructs from the inside a self-experience where he can feel, within himself, while being with the other (the therapist).
- 4) + 5) A good hypnoterapist knows that he has to include different elements: sensations, perceptions, affects, and so on. He suggests each element separately and then induces a moment for "letting go", that mean integrating all these elements.
- 6) Although trance is induced by words, patients often say: "It was not so important what you said, but your tone of voice and your rhythm and so on were very important for me". We also know that the words themselves are not so important but that the music and the rhythm are sometimes more important than the content. Although the suggestions are verbal, the nonverbal experience is as much important.

### **Six formats for representing schemas-of-being-with**

To better understand this specific representation called Schema-of-being-with we can use following already existing formats:

- Perceptual schemas (visual images)
- Conceptual schemas (symbols and words)
- Sensorimotor schemas (Piaget, 1952, described motor acts and coordination with sensory experiences)

- Scripts (Mandler, 1988; Nelson, 1986; invariant sequence of events)  
Dan Stern adds, that to represent person-related subjective experience we need two more formats. These are very important to understand the connection with hypnosis.

### **Affect schema as "Temporal feeling Shapes"**

Stern postulates that to represent interaction you need the experience and representation of time. It's more like a montage of film clips, than a collage of photographs. Or better, it's like music and not like a picture.

Music evokes feeling. This effect is probably produced through the experience of time and the structuring of subjective time. Stern postulates that the subjective change in time may provide the key to how affective experiences are represented. In jazz or classical music or even folk music like flamenco, the rhythm is given, but what evokes feeling is that at a given moment something unexpected happens even if the rhythm is not broken.

Stern gives the following example of the play between mother (or father) and baby called "I gonna getch you":

Mother holds the baby in her arms and while "walking" with her hand along the baby's body she says "I gonna getch you". She repeats the procedure but with some delay in the rhythmus: "I gonna ... getch you". The third time she uses some more delay and in the forth time she says it very fast, surprising the baby, ... who laughs.

Like in music you have a sequence with an expected rhythm and then a rupture that create an affective response: It is this "Affect schema as temporal feeling shapes".

Here also we can make comparison with hypnosis. We know how important the music and the rhythm is during a trance induction. And we know how this being in phase with the patient for example in speaking and pacing can improve the contact and the relationship to the patients.

### **The protonarrative envelope**

We now have five different formats for representing the infant's subjective interactive experience. How can they be reassembled or reactivated so as to serve as record. Stern uses the cognitive concept of emergent properties of mind. That means that we have five separate parallel processes with lower level, five local, mental unconscious operations which merge to a single unified happening that assumes a meaning. The problem remains of how the meaning, even if primitive, is constructed from the pieces. A way to answer this question is to assume that a sixth schema for representing human events exist, made of "acts of meaning". Other authors (C. Trevarthen, 1989) have also pleaded for such a basic form of representation.

The basic idea is that certain interactive human events are directly perceived and understood in terms of meaning. This sixth format of representation has a narrative-like mode of thought that concerns motivated *goal-oriented* behaviour. It is like many characters in search for an author. Stern calls this last format a *protonarrative envelope*.  
When a motive or a desire (for example the hungry baby crying for his mother) is

enacted in an interpersonal situation, it creates subjectively, a narrative-like structure. The narrative unit is a basic unit for comprehending human behaviour. This narrative-like structure should appear long before the ability to produce these structures verbally. It is a format for representing the whole experience as a meaningful happening.

We have here the key to understanding the importance of metaphors. The most important thing is not only the meaning that a patient can attribute to the metaphor, but to tell a metaphor is a way to be connected nonverbally with this narrative-like very profound structure. It's a way to acknowledge to our patients their uniqueness to be able to create narrative or even protonarrative structure and to build up meaning.

### The hypnotic constellation

Some comparison with hypnosis were already made, but we would like to develop certain points and to come to a definition of the *hypnotic constellation*.

When two people meet, you have a constellation of the two real people and the two schemas-of-being-with depending on a particular person in a specific situation. For example a son meets his father to ask him for some money to go to the cinema. You have the schema-of-being with father ... with son, the schema of being with someone who wants something from you and so on.

What is happening during hypnosis? What kind of schema-of-being-with is activated? Is there a specific hypnotic schema-of being-with? Is it a regression to a schema of being with father or mother? Is it a schema as acting like an actor doing as if?

The answer seems clear that there is not a specific hypnotic schema-of-being-with. Or better say, paradoxically the specificity of the hypnotic constellation is that it is neither specific nor person related. It takes place in a context defined as "different". But different from what? No one knows. The contours of the context are totally blurred. It's the same for the therapist who at this moment becomes a hypnotist. What is that? Our hypothesis is that in such a blurred context, the activated schema-of-being-with of two people are much more in contact than in a clear context. This means that what the therapist thinks about his patient, or better say the schema-of-being-with of the therapist at this moment is much more capable of inducing (through enactment mediated in interactive behaviour) an analogous schema-of-being-with in the patient. This process is not unidirectional, but it explains why mostly patients act as expected. In this way you can explain Mesmerism, you can explain the hysterical response of Charcot's patients and so on. Thierry Melchior (1998) make the comparison with the Rosenthal effect: Rosenthal could prove that what a teacher thinks about the ability of the schoolboys has tendency to become true.

What is different here is, that it is not what a therapist think about the capacity of his patient that is most relevant, but his activated schema-of-being-with. And this is only possible if the therapist also can be in contact with the schema-of-being-with of the patient, that means that he also *must be influenced by the patient*.

Why do we have in hypnosis such a strong feeling that something important or dif-

ferent is happening? Probably because the technique of hypnosis is directly and implicitly built up on the formats needed for representing the schemas-of-being with. As we have shown, the context is blurred, non-specific, and perhaps this leads to a more archaic contact of both Schemas-of-being-with of patient and therapist. But at the same time, the technique of the induction of hypnosis seems to fit exactly with *all* the components, *all* the formats that make a Schema-of-being-with. To achieve this, the therapist must be in contact with the patient at all levels (inducing perceptual schemas, sensorimotor schemas in levitation, pacing, the rhythm, the tone of his voice and so on) and also with his own representation of schemas-of-being-with.

In everyday life you mostly only have a part of the schema: perhaps more perceptions or symbols or more affective schema. But when you have all of them, you might have the experience of something special. And especially when this experience is shared with another person, a specific constellation emerges, what I would call the hypnotic constellation.

### The two essential components of the hypnotic constellation

- 1) The interpersonal-context is blurred, (that leads to an intensive contact of two "archaic" schemas-of-being-with).
- 2) The two people who are in interaction must at the same time be in contact with all formats of representation of these Schemas-of-being-with.

This new definition of hypnosis as hypnotic constellation has some advantage. It is an hypothesis that can be tested by research

If we are now looking for further clinical research, we should examine the hypnotic constellation, that means both the activated schemas of patient *and* therapist and also the exact behaviour or enactment. So, like the research described above, we need an exact microanalytic video-taped examination of what happened, to understand how schemas are enacted. We need also specific interview techniques of both therapist and patient about what is recountable of this moment. And also a psychodynamic oriented interview to understand what kind of preconscious schema -of being-with are implicit by the therapist and patient both in the therapeutic situation and in this particularly blurred context named hypnosis. Eva Banyai and her colleagues in Hungary are doing such a research.

A lot of questions remain. The hypothesis that patient and therapist are in contact with a kind of "archaic" schema-of-being-with leads to the question of what then can make a change in these schemas. Is it only this new experience of being-with, or are we at this moment working in the working representation space? Is this space a space of plasticity of the mind and of the brain? Stern emphasises that what is most predictive of the current pattern of attachment between mother and baby is not the kind of attachment that the mother had as a child, but rather the nature of the narrative that she tells about her own mother-as-a-mother. The predictive power depends on the "coherence, comprehensibility, continuity, consistency, plausibility, and emotional balance of the narrative told", and not if it is true or distorted. What can a therapist learn from this

to improve the relation? Until now it was never possible to objectivate such a working representation space. Perhaps it is because it exists only in the relationship, and that we could define him only by observing both patient and therapist?

## Conclusion

As Dan Stern emphasises, during a long period, the theories explaining the development of the human psyche were mostly conjectural, based on the observation of populations with specific psychopathology. For example the observation on hysterical patients led Freud to the psychoanalytic theory. Later the encounter with schizophrenic patients led to the family therapy and the systemic theory. The interest in new forms of psychopathology like narcissistic and borderline personality disorders led to Self psychology.

With the new research we have now a shift in two senses:

- The new patient is not a person but a relationship.
- And for the first time it is not the observation of psychopathology which led to theories which then had to fit with normality, but it is the detailed observation of how the psyche can develop at the beginning of life.

When you look back at the history of hypnosis, in each period, at the beginning, hypnosis had something to do with the magic of encounter. Look at Mesmer, or Puy-ségur, or Braid, Freud, Charcot and specially Erickson. But mostly, when this magic of encounter disappeared under the influence of a theoretical definition which tried to define the phenomenon hypnosis, it became mechanical and disappeared or was no longer interesting. One of the few who was able to point out and to preserve this magic of encounter was probably Erickson.

With the concept of the hypnotic constellation we have perhaps the chance in the future to understand a little bit more about hypnosis, without loosing this magic of encounter. This magic, like the motherhood constellation, will remain a central preoccupation.

## References

- Bying-Hall, J. & Stevenson-Hinde, J. (1991). Attachment relationship within a family system. In: *Infant Mental Health Journal* 12, p.187-200.
- Corboz-Warnery, A., Fivaz-Depeursinges, E., Gertsch-Bettens, C. & Favez, N. (1993). Systemic analysis of triadic father-mother-baby interaction. In *Infant Mental Health Journal*, 14, p.298-316
- Cramer, B., & Stern, D.N. (1988). Evaluation of changes in mother/infant brief psychotherapy: A single case study. In: *Infant Mental Health Journal* 9, p. 20-45.
- Cramer, B., Robert-Tissot, C., Stern, D.N., Serpa-Rusconi, S., De Mural, M., Besson, G., Palacios-Espasa, F., Bachmann, J.-P., Knauer, D., Berney, C. & d'Arcy, Y. (1990). Outcome evaluation in brief mother-infant psychotherapy: A preliminary report. In: *Infant Mental Health Journal*, 11, p.278-300
- Fivaz-Depeursinges, E., Stern, D.N., Bürgin, D., Bying-Hall, J., Corboz-Warnery, A., Lamour, N., Lebovici, S. & Emde R. (1994). The dynamics of interface: in search of encounters across levels of description of an event involving a mother, father and baby. In: *Infant Mental Health Journal*, nr. 15 p. 69-89.

Fourie, D.P. (1991). The ecosystemic approach to hypnosis. In: S.J. Lynn & J.W. Rhue (Eds), *Theories of hypnosis: Current models and perspectives*. New York: Guilford.

Gheorghiu, V.A. & Kruse, P. (1991). The psychology of suggestion: an integrative perspective. In: Schumaker, J. (ed) *Human suggestibility: advances in theory and research, an application*, 59-75. New York: Routledge

Kruse, P. (1989). Some suggestions about suggestion and hypnosis: A radical constructivist view. In: V.A. Gheorghiu, P. Netter, H.J. Eysenck & R. Rosenthal (Eds.), *Suggestion and suggestibility: Theory and Research*, 91-98. Berlin: Springer.

Kruse, P. & Gheorghiu, V.A. (1992). Self-organisation theory and radical constructivism: A new concept for understanding hypnosis, suggestion and suggestibility. In: W. Bongartz, V.A. Gheorghiu, B. Bongartz (Eds), *Hypnosis: 175 years after Mesmer*, 161-171. *Proceeding of the 5th European Congress of Hypnosis in Psychotherapy and Psychosomatik Medicine*, Constance.

Lebovici, S. (1988). Fantasmatic interactions and intergenerational transmission. In: *Infant Mental Health Journal*, 9, p. 10-19.

Mandler, J.M. (1988). How to build a baby: on the development of an accessible representational system. In: *Cognitive Development*, 3, p.113-136.

Maturana, H.L., & Varela, F.J. (1980). *Autopoiesis and cognition*. Dordrecht: Reidel

Melchior, T. (1998). *Créer le Réel: Hypnose et thérapie*. Ed Seuil, la couleur des idées.

Nelson, K. (1986). *Event knowledge: Structure and Function in Development*. Hillsdale, N.J., Erlbaum.

Piaget, J. (1952). *The Origins of Intelligence in Children*. New York, International University Press.

Pribram, K.H. (1991). *Brain and Perception*. Hillsdale: Lawrence Erlbaum Associates.

Stern, D.N. (1995). *The Motherhood Constellation*. Basic Books.

Trevarthen, C. (1989). Signs before speech. In: T.A. Seboek, J. Umikerseboek (Eds), *The semiotic Web*. Berlin: Mouton de Gruyter.