

to name a few others, I may have felt the same way, for Hitler was targeting them also. Against my will I was pulled back and forth between these two feelings. There were short periods during which I thought Hitler was right, followed by periods during which I pulled myself back and said to myself: "No, he is not right, and I know he isn't. I am Jewish myself, most of my friends are Jewish, and I know the Jews much better than he does." It was a frightening kind of experience that could suddenly change your views about people whom you knew very well.

Why did I, for short periods, believe him, and then pull back and say to myself, "No, that is NOT true", only to be thrown back to believing him again? Because what he did was real mass hypnosis, and I was hypnotized, too, like the other people in the crowd. I was feeling things against my own will. I was feeling things which I knew were not true, and I was following Hitler's suggestions as well as defending myself against them; then falling back again into believing him. He drew me in through mass hypnosis. I did not know much about hypnosis or mass hypnosis at that time. Perhaps from the late '30s on I knew that Hitler had the ability to induce mass hypnosis. But at that time--it must have been maybe 1932 or '33--I did not.

Hitler was seductive, and to many he was charismatic. Although he was rather ugly to look at, had ugly movements, and had this silly little mustache, he was really charismatic. I have often wondered how would I give a definition of somebody charismatic. Somehow, charisma contains to me something that is beautiful, a person to whom people look up. Certainly there were millions of Germans who looked up to Hitler, so one could describe him as charismatic as well as being very able to do mass hypnosis.

It was a strange feeling to be pulled towards him by his suggestive force and the next moment pulling myself away, saying: "Oh no! I am Jewish myself and I know that what he says about Jews is wrong." I have considered that maybe because I am Jewish myself, I think that Jews are different, perhaps better than others. But that's all I thought. I gave up. Still there were these big forces pulling me back and forth. At that time more than at anytime before, I realized how dangerous this man Hitler was for the Jews. When I went to study at the university in 1929, I had this feeling already; and that is why I did my Ph.D. so fast. Otherwise, I feared, I would not make it because Hitler would become very powerful, and in his anti-Semitism would probably not allow Jews in the universities any more, or would not allow professors to give degrees to Jews. When I started at the University in 1929, I had that feeling already; that is why I did my Ph.D. so fast. I got my Ph.D. in December 1933. I was 23 years old when I finished it. Two weeks thereafter I left Germany for good, knowing that as a Jew and as a psychologist I could not possibly get any academic or a non-academic position. In the summer before, I had gone to Holland and tried to get a job there. I was promised a job, if I would get a Ph.D. at least with Cum Laude. I did.

## The "therapeutic tertium": On the use and usefulness of an old metaphor

Burkhard Peter

■ Milton Erickson, by developing his concept of the "unconscious" (which obviously differs considerably from the psychoanalytic tradition), has reactivated the idea of a "therapeutic tertium" that had been an essential ingredient of psychotherapy for a long time. This idea found its way into psychoanalysis around the turn of the century, surprisingly just when hypnosis renounced it. The rise of psychoanalysis and the decline of hypnosis are related, at least in time. The re-introduction of the "therapeutic tertium" by Milton Erickson signifies the renaissance of hypnosis. Apart from these historical considerations the nature and function of the "therapeutic tertium" are discussed and its position within modern hypnotherapy is clarified.

### Introduction

In the history of psychotherapy there is a frequently recurring pattern of therapeutic influence which is marked by therapist and patient referring to a medium which they construe as a "gestalt" (figure) in the course of the therapeutic process. I call this gestalt, which appears in different forms in accordance with socio-cultural features, the therapeutic tertium, as it represents a third therapeutic unit besides the therapist and the patient. In the following I would like to show some stages of the development of this therapeutic tertium - from the exorcist Father Johann Joseph Gassner to the father of modern hypnotherapy, Milton Erickson, and then reflect on its function as a very helpful therapeutic construct.

### The transpersonal tertium I: Gassner's Exorcism

Father Johann Joseph Gassner (1727-1779), the cleric predecessor of Mesmer who is given scant notice in the contemporary literature on hypnosis, forwarded a strict magical-mystical theory of illness, which assumed an external cause of illnesses. Stellar sources of illness were assumed to be the cause of natural illnesses; supernatural, i.e. mental illnesses were caused by demons. Shamans or medicine men are part of this today as are other healers in the magical-mystical tradition. In 1775 Gassner also used

a negative anti-therapeutic tertium to symbolize mental illness, which he viewed to be an obsession, and a positive therapeutic tertium to portray the healing power, namely belief, in Jesus and the summoning of his name: "In the name of Jesus, the living God, I order you to vacate this body, you damned spirit. Jesus, Jesus, Jesus" was the exorcism incantation in its briefest form (Anonymous, 1775, p. 58).

The crucial idea which I want to convey is that Gassner did not relate directly to his patients. He did not directly instruct them to become healthy. Rather both of them (Gassner and the patient) jointly communicated on the assumed transpersonal therapeutic tertium - at least according to the therapeutic theory. The fact that Gassner's actual therapeutic practice was not a medieval exorcism as early as 1775, but rather represented a modern psychological psychotherapy, is a completely different story (Peter, 2000).

The theory that healing only takes place via and through a transpersonal therapeutic tertium, is not simply a meta-psychologically interesting thought, but rather an inherent and thus indispensable part of the entire healing procedure. As in all other forms of psychotherapy as well, including psychoanalysis and behavioral therapy, Gassner's patients were first ideologically indoctrinated not only so that they were able to understand his approach, but also be able to have an unmitigated belief in it. It is reported, for instance, that Father Gassner had given comprehensive explanations for his view of the matter with regard to illness and healing at the beginning of each new exorcism and often during such as well. And it is precisely at this point that he introduced the idea of the therapeutic tertium to the patients. Through these theoretical discourses, he substantiated them and instilled them with ideodynamic life by means of examples. The following ritual of exorcism and the dramatic, non-voluntary reactions of the patients - which continue to live on in principle and in a less pronounced form in contemporary hypnotic phenomena - then allowed the theory to become reality, made the therapeutic tertium evident. Non-voluntariness and evidence are the two essential criteria in hypnotic reactions (Peter, 1994).

#### *Figure and medium of the therapeutic tertium with Gassner*

An essential principle of the German Gestalt Psychology is the distinction between figure and ground, or figure and medium. One could say that a significant, fundamental feature of the therapeutic tertium is its a priori medial nature, which must express itself figuratively in the act of healing. The therapeutic tertium is thus initially a medium in which the therapist and patient are jointly linked and which they refer to in the course of the therapy. As a result of this concrete reference, the tertium can become a gestalt; it receives a concrete figure in the ritual of healing. This is probably related to the fact that we humans can experience pictures better than abstract things. This respective figurative gestalt of the tertium is embedded in the context and corresponds to the respective sociocultural features.

With respect to Gassner's exorcism, one need only examine the socio-cultural context of the late 18th century. Gassner and his "old believers", i.e. orthodox religious fol-

lowers were caught up in the thought of fundamentalist medieval Catholicism. In spite of the experience of the Enlightenment, the self-responsible, self-determining and self-controlling individual could nevertheless not yet be posited. Healing required a stronger power transcending the helpless patients and the modest therapist. A force with which they both had to enter into a credible and trusting relationship, in order to achieve liberation from the evil powers (the symptoms). In the theoretical framework of magic-mystical thinking the transpersonal tertium could only be represented in the medial form of the heavenly powers or the figurative gestalt of Jesus Christ.

The manichean nature of the tertium with Gassner becomes understandable in this context. Well-being and illness of humans depend on the struggle between good and evil forces in the world, who with reference to the humans have a certain therapeutic or anti-therapeutic motive and pursue respective intentions. Gassner helps his patients to (re)unite with heavenly powers and thus decide the fight in favor of the good.

As we shall see in a moment, the therapeutic tertium with Mesmer has a completely different gestalt.

#### **The transpersonal tertium II: Mesmer's animal magnetism**

One of the most heated debates of the Enlightenment which took place in 1775 surrounded Father Gassner and his special exorcism theory (see Ellenberger, 1970). Among other things, the great grandfather of modern hypnosis, Franz Anton Mesmer (1734-1815) also played a crucial role. Mesmer argued on behalf of and before the Bavarian Academy of Science in Munich, Germany, by means of clinical demonstrations, that Gassner's therapeutic success could not be denied. However, he contended that the theory of exorcism was nonsense because Father Gassner used the same animal magnetism which he, Mesmer, had just discovered and described (Mesmer, 1775). Gassner thereupon had to depart from the stage of therapeutic art and Mesmer took his place until a similar fate met him nine years later in Paris (Peter, 1991).

With reference to the therapeutic tertium Mesmer was not offering anything fundamentally new. However, Mesmer's theory of animal magnetism also referred to a third, transpersonal power as cause of an illness and healing: With illness the quantity or distribution of a universal fluidum in the body of the patients was disturbed. This fluidum, in its capacity as a quasi-physical element, was conceived along the lines of the mineral magnetism already known at the time, as well as by the recently discovered (but not yet understood) electricity. It was the life energy, the "life-fire", which both physical and mental well-being (Mesmer does not distinguish between the two) depended upon. Healing took place as a result of this fluidum becoming harmonized again in the body of the patient. Mesmer saw himself, Father Gassner and a few other persons to be a kind of accumulator and transformer for this universal fluidum. He stored it and passed it on to the patients. (Almost the same ideas can be found about 150 years later with Wilhelm Reich).

### Figure and medium of the therapeutic tertium with Mesmer

Mesmer's fluidum is also a transpersonal therapeutic tertium. In the spirit of the Enlightenment (which Mesmer felt an allegiance to), it was no longer wrapped into a magical-mystical or religious gestalt such as with Gassner. Rather, it was a physically conceived "substance". Following this enlightened, anti-manic principle it was neither good nor evil - rather, a neutral substance. In itself, such an a priori neutral tertium did not possess any motivation and had no intention. It sought neither to help nor harm people. It was per se neither therapeutic nor anti-therapeutic. The fluidum only took on therapeutic qualities through the presence and the therapeutic influence of Mesmer.

It is furthermore interesting that Mesmer did not leave the fluidum in its medial nature. Rather, he also made it assume a certain gestalt by at least offering a vessel through which it could manifest itself. This vessel was first of all the person of the therapist. Later, it also became the various magnetizing apparatuses such as the baquet. If the medium was also still transpersonal, its figure with Mesmer had already become very worldly and personal and even very material in the gestalt of the baquet.

With this apparatus component in his theory of therapy (one could say) Mesmer proved his original profession as physician. It was among other things precisely this apparatus component which proved that Mesmer did not understand his animal magnetism in any way as that which we now call psychotherapy, but rather as a pure natural science healing phenomenon (Vijsselaar, 1999). It should be briefly recalled that he had originally experimented in Vienna with actual iron magnets and in doing so "discovered" that real magnets were not even required because he could produce all the therapeutic effects without them as well. Later, in Paris, he once again resorted to special therapeutic instruments such as, e.g. the baquet.

To this point, we can basically say the following:

- 1) Even though the animal magnetism was different in terms of figurative gestalt, and in theoretical terms diametrically opposed to Father Gassner's theory of exorcism, it did have the same medial qualities. Like the divine will, the heavenly power was also the fluidum of the animal magnetism, initially something universal, ubiquitous, engulfing and penetrating everything.
- 2) This medium then became therapeutically effective when it gained a gestalt within the framework of an appropriate ritual and was used to heal the illness in a targeted manner.
- 3) In the course of the therapeutic ritual, the patients had to enter into a certain mental condition (or "special state" of consciousness which we nowadays generally refer to as hypnotic trance). This was the case with Gassner, Mesmer, as well as in German Romantic somnambulism, which I will pass over here due to space constraints.

### The loss of the therapeutic tertium: The suggestion theory of the School of Nancy

Shortly before 1900 the concept of the therapeutic tertium had suddenly completely disappeared from hypnosis. The suggestion theory of the School of Nancy (Bernheim, 1886; Liébeault, 1892) did not refer to any form of tertium whatsoever. It was now the therapist alone who influenced the patient - directly and unreservedly - using suggestion. Initially it was still considered helpful if the patient were in a "special state" - the hypnotic trance.

Even if Bernheim did not know any more of such thing as the therapeutic tertium, he was aware of an anti-therapeutic factor, namely the consciousness or "critical apparatus". It hindered therapeutic ideas in becoming reality and therefore had to be switched off or, in hypnotic terms, to be put to sleep. Consequently, hypnosis was viewed as being only a "special mental state" which made this possible. In fact, it was the powerful suggestions of the therapist which were therapeutically effective.<sup>1)</sup>

But later on, also hypnotic trance was considered superfluous when Bernheim (1916) pronounced his famous apodixis: "There is no hypnosis, everything is suggestion."

### Transformation and elimination of the therapeutic tertium in psychoanalysis

It is very interesting now that the therapeutic tertium was taken up by Sigmund Freud exactly at the point when Bernheim and Liébeault had dropped it. As Freud revised his theory several times also the tertium could be found in different forms. Usually one is ready to think of the Freudian unconscious as the psychoanalytic form of the therapeutic tertium. However, following Chertok's (1968) train of thoughts, I want to determine the tertium in the context of the transference: the analyst offers himself as the object of the transference. Emotional aspects, e.g. unconscious wishes which actually refer to another third person from the patient's past, are transferred to him. These wishes must be repeated, remembered and worked through, i.e. be addressed back to the actual father or mother imago and then recognized as unrealistic.

Hence, the psychoanalytic transference situation actually consists of a triad. Depending on the point of view and the therapeutic situation, the therapeutic tertium changes its gestalt several times. At one time it is the therapist himself - as long as he builds up the transference and takes it on - and then the imago, the actual figure of the past - when the therapist addresses the wishes back using interpretations. And finally, the patient is supposed to realize that these old wishes, related to a person from the past, do not correspond to reality any more and therefore must be given up.

This means the goal of the analysis is the dissolution of the transference - and this constitutes a totally new idea: the illusionary, imaginary nature of the transference, i.e. the tertium, is supposed to be recognized and its function rendered obsolete. With that,



the patient steps out of the medium of the tertium, detaches himself from its concrete gestalt and steps back into the autonomy of his own individuality and singularity. He has gained more rational insights but he has also lost some of his illusions.

From this sober, "enlightened" point of view, the Freudian psychoanalysis differs fundamentally from the concept of the therapeutic tertium of previous theories and - as we shall see - of the consequent ones as well. In former times both the heavenly powers and the fluidum basically were still available after the treatment, and could be, if afterwards needed, still summoned and used.

In psychoanalysis, this is now fundamentally different. The goal of therapy involves disillusionment - the recognition that the therapeutic tertium does not exist in reality. So much for the theory. In practice however, also a psychoanalyst may sometimes content himself with "healing by transference". Nevertheless, it may be deduced from the incomparably numerous number of hours psychoanalytic therapy requires how painful and difficult the recognition of the naked reality, the non-existence of the tertium, is.

The fact that C.G. Jung has taken a fundamentally different approach with reference to the therapeutic tertium, shall only be mentioned at this point but without further elaboration. Likewise it shall only be briefly indicated that some aspects which have already played a role with Gassner and Mesmer reoccur with Freud: Mesmer's fluidum and the romantic life energy reoccur in Freud's initial concept of the libido. And, the manichean principle of the battle between the good and evil powers also turns up again in Freud's later concept of Eros and Thanatos (e.g. Freud, 1916-17).

### **The revitalization of the therapeutic tertium in the intra-personal gestalt of Milton H. Erickson's "unconscious"**

It would of course be an exaggeration to bring the decline of hypnosis and hypnotherapy after 1900 in direct causal relation with the abandonment of the concept of the therapeutic tertium. But it is interesting to see that hypnosis regained importance from approximately 1975 onwards - that is in the form of the Ericksonian hypnotherapy in which the therapeutic tertium gains again a clearer gestalt in the intra-personal figure of the unconscious.

Of course, also between 1900 and 1975 there were therapists who dealt with hypnosis. But all in all, from the turn of the century onwards, hypnosis only played a secondary role in psychotherapy. If at all, it was a "tool" (in America) or an "exercise" or "covering" procedure (in Germany). Today's renaissance of hypnosis and its recognition as hypnotherapy started in the immediate wake of the work of Milton H. Erickson.

It is known that Erickson hasn't bequeathed any concise theory of hypnosis or hypnotherapy. Nevertheless, the numerous case descriptions and quotations which he left point to a few fundamental assumptions which also revealed his understanding of the unconscious. Initially, in the forties, it arose from the psycho-dynamic, psychoanalytic

tradition according to which conflicts laid covered in the unconscious: "Hypnosis offers both to the patient and the therapist a ready access to the patient's unconscious mind. It permits a direct dealing with those unconscious forces which underlie personality disturbances" (Erickson, 1945, p. 34). In contrast with the psychoanalytic postulate of making unconscious contents aware, Erickson, right from the start, gave preference to the direct work with the unconscious. Hypnosis makes it possible for the patient "to function adequately and directly at an unconscious level of awareness without interference by the conscious mind" (Erickson, 1952, p. 146). Therefore it is mostly useful to "carefully separate the conscious and unconscious and keep them separate" (Erickson & Rossi, 1979, p. 290), because "without proper differentiation, patients will utilize both conscious and unconscious behavior in the trance instead of relying primarily upon the unconscious patterns of behavior. This leads to inadequate, faulty task performance" (Erickson, 1948, p. 37). It becomes clear that Erickson definitely preferred the unconscious over the conscious mind: "One of the greatest advantages of hypnotherapy lies in the opportunity to work independently with the unconscious without being hampered by the reluctance, or sometimes actual inability, of the conscious mind to accept therapeutic gains" (Erickson, 1948, p. 40). Bernheim already had said the same in almost identical words.

In his own descriptions, Erickson was sober enough to define the unconscious simply as the sum of learnings of the human being: "The body learns a wealth of unconscious psychological, emotional, neurological, and physiological associations and conditioning. These unconscious learnings, repeatedly reinforced by additional life experiences, constitute the source of the potentials that can be employed through hypnosis" (Erickson 1967, p. 238).

### *Form and medium of the therapeutic tertium with Erickson*

By constant nominalisation and personal reference, the unconscious addressed in this way slowly gained in the seventies the gestalt of an inner person, a homunculus or an entity, in particular among Erickson's pupils of the second generation. Now, more and more special personal attributes, like for example "wise, brilliant, more intelligent or faster than the conscious" are ascribed to the unconscious, especially by Rossi (c.f. Erickson & Rossi, 1981; Rossi, 1988). How literally this was taken is shown for example in the fact that even at the end of the eighties there were serious attempts undertaken to write against the materialization of the unconscious in the Ericksonian hypnotherapy (e.g. Kraiker, 1989; Schmidt, 1989) and at the same time to defend the metaphor of the unconscious as a therapeutically useful homunculus (Revenstorf, 1989).

In this sense, the Ericksonian unconscious is an extremely positive healer figure - omniscient, wise, helpful and good. And in this form it clearly assumes the function of a medial tertium which is now considered to be situated inside the patient, in accordance with the individualistic zeitgeist of the closing years of the 20th century. The therapist and patient keep referring in their interaction in the hypnosis to this interperso-



nal medium, which takes form through communication: One can establish contact with it, ask questions and communicate with it using ideomotor techniques (Erickson, 1961). It gives answers, as if it was a person, and mostly - but not always - these answers are knowledgeable and intelligent.

### **On the function of the therapeutic tertium**

As it is now apparent that the therapeutic tertium assumed repeatedly a significant role in so many different variants of psychotherapy, it makes sense to raise the question of its function. I would like to present some of my reflections on this.

#### *1. Advantages for the therapeutic relationship*

So far, I have not mentioned the behavior therapy yet, because some of its representatives would probably defend themselves against the idea of a tertium. Yet, one of their fathers, Joseph Wolpe (1958) created an institution which clearly fulfills the function of a neutral but still very therapeutic tertium: the institution of the learning principles that every patient is subject to. Similarly to Mesmer's universal fluidum, for Wolpe all human beings are exposed to the universal learning principles. This thought frees one from shame and guilt, and this is the only way for goal-directed and solution-oriented therapy to work. The same tertium "learning principles" are used not only to explain the symptoms but they are also used for therapy, just as if one relied on a higher power, which one just has to follow in order to rectify everything. Basically, through the reference to a therapeutic tertium, irrespective of its gestalt, one avoids reactance, i.e. resistance in therapy, which is of great advantage.

#### *2. Locus of control*

Non-voluntariness and evidence are characteristic both for hypnotic phenomena and psychopathologic symptoms (Peter, 2001). As patients do not have control over their symptoms they experience themselves as being helplessly at their mercy. This experienced non-voluntariness and helplessness with regard to the symptom calls in a way for the curative voluntariness of another power, usually of the therapist. Formerly, the suggestive hypnosis propagated by the School of Nancy probably came closest to such an externalized and personalized locus of control. Nowadays it is only to be found occasionally. Its fate is well known: at the periphery of the main procedures of psychotherapy it endures a miserable existence.

Attributing the control to a transpersonal tertium, as with Gassner or Mesmer, also constitutes an act of externalization. But it differs considerably in one point from the model of the suggestive power keeper: patient and therapist are cloaked in the medium of a therapeutic tertium which does not only transcend them but also infiltrates them. Hence, it is not actually external.

In the Ericksonian metaphor of the unconscious, the externalization has even been explicitly reversed. Through the communication with the unconscious of the patient, the 'locus of control' is given back to the patient. It is not the therapist who heals, but

it is the unconscious of the patient which provides the possibility for healing, albeit in a form in which non-voluntariness plays a decisive role. Defining the unconscious as the actual 'subject of healing' makes this reintegration of the control (Peter, 1993) possible.

#### *3. Projection area for latent resources*

Viewing the above from a different perspective, one comes straight to the term of the 'resource-orientation' which stems from the Ericksonian hypnotherapy and which has made its entry in almost every modern psychotherapy. This term means that the patient recognizes his strengths, identifies himself with them and uses them to solve his problem. In the end, it is only the strengths and the solutions of the patient and no other person which are used for solving the problem.

A helpless subject, however, without any control over his symptoms can hardly be expected to become aware of his resources and to identify himself with them. The fear of the 'manic component', as expressed by Walter Bongartz (1999), only forms one obstacle in this respect.

The therapeutic tertium, irrespective of variety, offers - in the good psychoanalytic sense of a transference object - the ideal projection area for these components of the resources. They can now be fully lived, because they are, in the form of the Ericksonian unconscious, sufficiently dissociated so that they don't necessarily question an established self image (e.g. of helplessness) as a whole or are not experienced as threatening in their 'manic' nature.

Or, in other words, via the therapeutic tertium, the patient is able to recognize, like in a mirror, parts of his resources which - for whatever reasons - he has been unaware of.

#### *4. Communication and contact*

Non-voluntariness and evidence are the common, isomorphic characteristics both of the hypnotic phenomena and the psychopathologic symptoms. But the essential distinguishing criteria are communication and contact. To illustrate this shortly: as soon as contact and communication with a hypnotized patient are interrupted, there is the danger that hypnotic phenomena may transform into psychopathologic symptoms. In the reversed case psychopathologic symptoms lose their symptomatic character if a functioning communication can be established with them. In a certain way, psychopathologic symptoms constitute special (hypnotic) phenomena which have taken their leave from the realm of communication and lead a life of their own (Peter, 1998).

The problem of every therapy is to find a way of (re)establishing the contact and communication with these phenomena which are experienced as non-voluntary, uncommunicable and hence uncontrollable. The therapeutic tertium of any gestalt enables the seemingly uncommunicable to be communicated, the contact between the conscious and unconscious, between voluntariness and non-voluntariness to be re-established. In short, the gap is bridged.

## 5. Radical constructivism

If the basic assumptions of the radical constructivism (e.g. von Glasersfeld, 1981, 1984; Kruse & Stadler, 1987) are taken into account, a totally different train of thought comes into play. Here, human beings are considered as semantically closed cognitive systems, which are in a merely energetic but not semantic interaction with other human beings and their environment. This means, we cannot really recognize the other person and really understand him or her in the sense of an image. What we think or feel with respect to what the other person feels or thinks, are our own system immanent assignments of meaning, or to use the language of psychoanalysis, our own projections.

If we human beings are basically only able to construct our own semantics in an associatively meaningful way, it is an advantage if two human beings can refer to a third entity on which they can both project whatever is important to them. Especially when contact and communication are difficult or have been lost, it is helpful to communicate with this third or via this third entity. This happens in normal life, and this is very often the case particularly in therapy.

## 6. The analytic third

Freud was certainly not a radical constructivist. Yet, also in psychoanalysis, one finds thoughts going in the same direction. Already Winnicott (1953) described for one of the important phases of a child's development, i.e. the disengagement from the mother-child-dyad, the transition object as a helpful third unit. Thomas Ogden (1994) explicitly talks about an "analytic third" as the common creation of analyst and analysand, and Donald Spence (1982) of the "narrative truth" between the two, which does not necessarily have to correspond to the "historic truth" but is still of a compelling realistic nature. In a free summary, the analytic dyad can hence be described as that "space of transition" in which the analytic tertium is constructed as a narrative reality.

Although or just because, as we have seen above, the original therapeutic tertium in psychoanalysis, the transference, is supposed to be dissolved, its gestalt to be revealed as a projection, the therapeutic tertium reoccurs also in psychoanalysis again where it apparently plays a central role as a helpful construction.

## Conclusions

The co-creation of a common third entity in so many variants of psychotherapy apparently offers advantages in multiple respects:

- The imagination can develop more freely, having a creative and healing effect.
- Personal disappointment or injuries are easier to avoid; should they occur nevertheless, they are easier to cope with.
- Therefore, those "corrective emotional experiences" (Alexander & French, 1947) which co-determine the therapeutic success are more likely to occur.
- The main thing however is: the therapeutic tertium is the via magica which helps us to overcome that fundamental semantic barrier which separates us a priori. In other words, it helps to 'building bridges of understanding' (the logo of the International

Society of Hypnosis, ISH).

Even if we, from the point of view of radical constructivism, are only under the illusion of understanding, we still have to try it, because it is the only chance we have. We construct our world on the basis of the ideas we have about the world, i.e. on the basis of our projections. Freud has learnt a lot from hypnosis also in this respect - but this is a different story.

## References

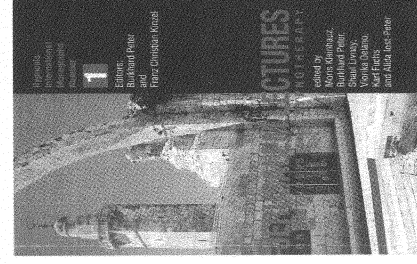
- Alexander, F. & French, T.M. (1947). Psychoanalytic therapy. New York: Ronald Press.
- Bernheim, H. (1886). De la suggestion et de ses applications à la thérapeutique. Paris: Doin.
- Bernheim, H. (1916). De la suggestion. Paris: Albin Michel.
- Bongartz, W. (1999). Mythisch-Magische Wurzeln der Hypnotherapie. Vortrag auf dem 2. Weltkongress für Psychotherapie, 4.-8. Juli 1999 in Wien.
- Chertok, L. (1968). The discovery of the transference. Towards an epistemological interpretation. International Journal of Psychoanalysis, 49, 560-577.
- Ellenberger, H. F. (1970). The discovery of the unconscious: The history and evolution of dynamic psychiatry. New York: Basic Books.
- Erickson, M. H. (1945/1980). Hypnotic Techniques for the therapy of acute psychiatric disturbances in war. In E. L. Rossi (Ed.), Collected Papers of Milton H. Erickson (IV, pp. 28-34). New York: Irvington. (Original in American Journal of Psychiatry, 101, 1945, 668-672)
- Erickson, M. H. (1948/1980). Hypnotic psychotherapy. In E. L. Rossi (Hrsg.), The collected papers of Milton H. Erickson on hypnosis. Vol. IV. Innovative hypnotherapy (S. 35-48). New York: Irvington. (Original in The Medical Clinics of North America, May 1948)
- Erickson, M. H. (1952/1980). Deep hypnosis and its induction. In E. L. Rossi (Ed.), Collected Papers of Milton H. Erickson (I, pp. 139-167). New York: Irvington. (Original in Leslie M. LeCron (Ed.), Experimental Hypnosis. New York: Macmillan, 1952, 70-114)
- Erickson, M. H. (1961/1980). Historical note on the hand levitation and other ideomotor techniques. In E. L. Rossi (Hrsg.), The collected papers of Milton H. Erickson (Vol I: The nature of hypnosis and suggestion, S. 135-138). New York: Irvington. (Original in American Journal of Clinical Hypnosis, 1961, 3, 196-199)
- Erickson, M. H. (1967/1980). An introduction to the study and application of hypnosis for pain control. In E. L. Rossi (Ed.), The collected papers of Milton H. Erickson (IV, pp. 237-245). New York: Irvington. (Original in Lassner, J. (Ed.) Handbook of hypnosis and psychosomatic medicine, 1967)
- Erickson, M. H. & Rossi, E. L. (1979). Hypnotherapy: An exploratory casebook. New York: Irvington.
- Freud, S. (1916-17). Vorlesungen zur Einführung in die Psychoanalyse. GW. Frankfurt: Fischer.
- Kraiker, C. (1989). Besessen vom Unbewußten. Hypnose und Kognition, 6, 3-12.
- Kruse, P., & Stadler, M. (1987). Radikaler Konstruktivismus: Psychologische Überlegungen zu einem philosophischen Zweifel. In M. Amelang (Hrsg.), Bericht über den 35. Kongress der Deutschen Gesellschaft für Psychologie in Heidelberg, 1986 (pp. 199-210). Göttingen: Hogrefe: Author.
- Liébeault, A. A. (1866). Du sommeil et des états analogues. Paris.
- Liébeault, A. A. (1892/93). Hypnotismus und Suggestionstherapie. Zeitschrift für Hypnotismus, 1, 11-16. (Original in The Medical Annual, 1891)
- Mesmer, F. A. (1775). Letter from M. Mesmer, Doctor of Medicine at Vienna, to A.M. Unzer, Doctor of Medicine, on the Medicinal Usage of the Magnet. In Mesmerism. A Translation of the Original Scientific and Medical Writings of F.A. Mesmer, translated and compiled by George Bloch, W. Kaufmann-Los Altos, CA, 1980)
- Mesmer, F. A. (1785). Aphorismes de M. Mesmer, dictés à l'assemblée de ses élèves, & dans lesquels on trouve ses principes, sa théorie & les moyens de magnétiseur .... (ed. par Cautlet de

Veaumorel. Paris: M. Quinquet.  
 Ogden, T. H. (1994). The analytic third: working with intersubjective clinical facts. *International Journal of Psychoanalysis*, 75, 3-18.  
 Peter, B. (1991). So lets meet at Mesmer's grave and be mindful of Erickson. *Hypnos*, 18, 8-18.  
 Peter, B. (1993). Beiträge zur Integration der Hypnose in Psychotherapie und Psychosomatik. *Hypnose und Kognition*, 10(2), 86-119.  
 Peter, B. (1994). Zur Relevanz hypnotischer Trance und hypnotischer Phänomene in Psychotherapie und Psychosomatik. *Verhaltenstherapie*, 4(4), 276-284.  
 Peter, B. (1998). Hypnotherapie. In C. Kraiker & B. Peter (Hrsg.), *Psychotherapieführer*. München: Beck  
 Peter, B. (2000). Hypnotische Selbstkontrolle. Die wirksame Psychotherapie des Teufelsausstiebers Johann Joseph Gaßner 1775. *Hypnose und Kognition*, 17(1+), 19-34.  
 Peter, B. (2001). Hypnose und die Konstruktion von Wirklichkeit. In: Revenstorff, D. & Peter, B. (Hrsg.). *Hypnose in Psychotherapie, Psychosomatik und Medizin*. Berlin: Springer.  
 Revenstorff, D. (1989). Das Unbehagen mit dem sogenannten Unbewußten. *Hypnose und Kognition*, 6, 49-58.  
 Rossi, E. L. (1988). Neue Aspekte der molekularen Grundlagen des psychosomatischen Heilungsprozesses in der therapeutischen Hypnose. *Hypnose und Kognition*, 5, 11-23.  
 Schmidt, G. (1989). Wenn Sie Ihr Unbewußtes treffen, grüßen Sie es von mir! - Einige Anmerkungen zum Phänomen einer Verdinglichung. *Hypnose und Kognition*, 6, 19-31.  
 Spence, D.P. (1982). Narrative truth and historical truth. Meaning and interpretation in psychoanalysis. New York: Norton.  
 Vijselaar, J. (1999). De magnetische geest. Het dierlijk magnetisme 1770-1830 (The magnetic spirit. Animal magnetism 1770-1830). unpl. Diss. at University of Utrecht, The Netherlands, von Glaserfeld, E. (1984). An introduction to radical constructivism. In P. Watzlawick (Ed.), *The invented reality*. New York: Norton.  
 Winnicott, D.W. (1953). Transitional objects and transitional phenomena: a study of the first not-me possession. *International Journal of Psychoanalysis*, 34, 89-97.  
 Wolpe, J. (1958). *Psychotherapy by reciprocal inhibition*. Stanford: Stanford University Press.

<sup>5)</sup> The fact that Liébeault was an adherent of animal magnetism is not that important in this discourse as the widely spread and commonly accepted suggestion theory of Bernheim misses any form of a therapeutic tertium.

# Hypnosis International Monographs

## Number 1 - 6



### HIM 1, 1995: Jerusalem Lectures on Hypnosis and Hypnotherapy,

edited by M Kleinhaus, B Peter, S Livnay, V. Delano, K Fuchs & A lost-Peter (207 p)

Weitzenhoffer, A.: *Erickson and the unity of hypnotism*

Zeig, J.K.: *Direct and indirect methods.*

Fromm, E.: *An egop psychological theory of hypnosis*

Kinzel, F.C.: *Freud between Freuer and Bernheim*

Sheehan, P.W.: *Imagery and its complex relationship*

Rossi, E.L.: *The chronobiological theory of the rap music suggestion*

Weitzenhoffer, A.: *Catalysis test*

Fromm, E.: *Ethics and values in hypnotherapy*

Bloom, P.: *The art and essence of becoming a therapist*

Loriedo, C.: *Minimal cues*

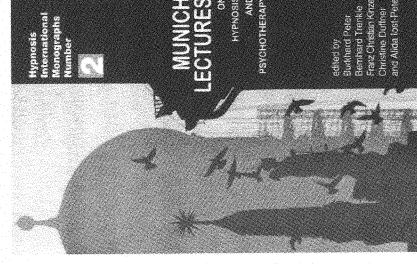
Fellows, B. and Ragg, L.: *Cognitive skill training*

Fuchs, K. et al.: *Erickson approaches to male impotence*

Kleinhaus, M. & Solomon, Z.: *The Yom Kippur War revisited - Part I: Clinical description and therapeutic interventions of combat stress reactions. Part II: War induced psychic trauma. An 18 year follow-up*

Livnay, S.: *The issues involved in using a gong*

Peter, B.: *Hypnosis with HIV, ARC and AIDS patients*



### HIM 2, 1996: Munich Lectures on Hypnosis and Psychotherapy

edited by B Peter, B Trenkle, FC Kinzel, C Duffner & A lost-Peter (211 p)

Bloom, B.: *Treating Patients with Conversion Disorders*

Linden, J.H.: *Trauma prevention: Hypnotoid techniques with the chronically ill child*

Bejenke, C.J.: *Preparation of patients for stressful medical interventions: Some very simple approaches*