NOT ALL ROADS LEAD TO ROME:
A Response to Michel Boyer's Paper Entitled "Matching Hypnotic Interventions to Pathology Types"

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Boyer's paper reminds us that different patients, by nature of their varying degrees of characterological maturity and related internal phenomenology, will respond differently to various hypnotic experiences, clinical suggestions, and utilization techniques. He employs Kohut's metaphor differentiating structural versus dynamic arenas of psychopathology and neurotic versus preneurotic forms of symptom formation to extend the notion that different therapeutic strategies are required to maximize clinical responsiveness to specific hypnotherapeutic interventions. He then gives examples of two such differentiated techniques.

I could not agree with Boyer's basic thesis more. Although seeming obvious and simplistic and often explicated in the clinical hypnosis and psychotherapy literatures, the notion of specificity of technique and strategy for treatment remains elusive and often ignored. As all seasoned clinicians know, even the most elegant technique does not make conceptual or empathic sense for every patient or even for every patient who presents with the same manifest symptom. Issues related to structural maturity, personality style, the internal and external functions of a symptom, and situational factors, such as motivation, level of alliance, and elaborations of the treatment process, all must influence how we tailor our specific hypnotherapeutic techniques for any specific patient. Not only do these concerns impact issues of treatment efficacy but attention to these factors is requisite in order to manage the potential untoward effects of certain techniques for certain types of patients.

Our current clinical *zeitgeist* has seemed to drift toward a sort of narrowly defined empirical narcissism where clinical extensions of laboratory analogues of clinical and therapeutic processes are elaborated as "manualized treatments," as if the analogues from which they derive are the same as "the real thing" and therefore applicable in robot-like precision to the real work of real psychotherapy. Although the dynamics and politics of such narcissism are interesting to debate for the evolution of

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our professions, the "as if–ness" of these attempts to standardize interventions cannot be ignored. Like all "as if" phenomena in our lives, they violate the authenticity of our experience and the attunement of our relatedness. Unfortunately, the legacy of such thought and practice is creating a new generation of clinicians who do not know that the intrapsychic, interpersonal, and phenomenological contexts of symptom formation must be considered when developing a treatment plan. Real patients have not been screened to eliminate the comorbidity of structural pathology, and truly effective psychotherapy is specifically and uniquely an idiographic enterprise. For this reason, Boyer's paper is a useful reminder to each of us that efficacious hypnotherapy—like all psychotherapy—requires careful diagnosis and conceptualization that considers the person and his or her internal and relational worlds as well as the specific presenting symptom. No single induction works maximally for every patient; no suggestion or image or ego-mastery technique is indicated for every presentation of any psychopathology. In particular, the differences in ego functioning for patients arrested at preneurotic levels of character formation require specific alterations in strategy and technique to enhance and to secure the clinical applications of hypnosis in the psychotherapy of such individuals.

Further, as Boyer's paper elaborates, the foci for the utilization of trance vary as a function of structural maturity and related capacities for self-observation, self-management, self-stability, and relatedness to others. Numerous authors have elaborated structural and developmental perspectives for framing and attuning such hypnotherapeutic interventions, especially with preneurotic patients (Baker, 1981; Copeland, 1986; Frederick & McNeal, 1999; Peebles, 1989). When hypnotherapeutic work is not informed by such conceptualization, techniques are often not helpful and occasionally harmful as they provoke unmodulated dissociation and regression or unmetabolized affective intensity.

As the clichés of our cultural experience remind us, one size does not fit all, and all that glitters isn't gold. Thus, it may well be that all roads *do not* lead to Rome. The laboratory is not the clinic, and all patients do not respond in the same way to a specific technique. Let us hope that our clinical practice is fully informed by our cultural wisdom.

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