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The Application of Hypnosis to Medicine

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INTRODUCTION

Scientific hypnosis, as used today by an ever-increasing number of pioneer-spirited American doctors and psychotherapists, is the realization of centuries of purposeful investigation into the mind of man. Although hypnosis has long been an honored tradition in European therapeutic techniques, it is only very recently that use in this country has become recognized. Popular prejudice, omnipresent in the austere chambers of the American Medical Association and filtering down into the mores of the culture, has frightened all but a few uninhibited searchers into the frontier problems of mental health. In part, this prejudice and ridicule of hypnosis as a therapeutic aid has been maintained as a direct result of countless unsupulous stage entertainers whose reputations were built upon the dynamic presentation of hypnosis as a power-laden with overtones of magic and dating back to some unknown period of chaos and superstition. At present, in the United States, therapeutic use of hypnosis is limited and the few practitioners who have the courage to indulge this heresy are not generally esteemed by the profession. Hypnosis has become, in a large measure, a laboratory culture, carefully guarded and worked upon in an atmosphere of scientific detachment within the sacrosanct walls of hallowed universities. This is a minor tragedy. Although hypnosis has some drawbacks when applied to medicine and psychotherapy, it also has a definite role in therapy as a correlating technique, a time-saver, a means of recall, and an inhibitor of minor motor habits.
In this paper the attempt will be made to outline the use of hypnosis by medical practitioners and psychotherapists. No attempt shall be made to discuss specific techniques of induction, and comprehensive history of hypnosis. These will appear only as they directly bear upon the subject.

For purposes of clarification and to enhance the writer's appreciation of the subject, this paper will be divided into seven parts: 1) what hypnosis is and its earliest history; 2) early medical use: anesthesia; 3) a survey of more recent therapeutic techniques and practices; 4) developmental hypnosis in time of war; 5) the nature of psychosomatic symptoms and their possible relation to hypnosis; 6) summary of criticisms against the use of hypnosis; 7) the threshold of therapeutic endeavor.

WHAT HYPNOSIS IS AND ITS EARLIEST THERAPEUTIC USE

DEFINITION

The most acceptable definition of hypnosis available is probably the following from Warren's Dictionary of Psychology as quoted by Jenness (16, p. 466):

"An artificially induced state, usually (though not always) resembling sleep, but psychologically distinct from it, which is characterized by heightened suggestibility, as a result of which certain sensory, motor, and memory abnormalities may be induced more readily than in the normal state."

HISTORICAL PERSPECTIVE

Ancient history. There is fragmentary evidence that the hypnotic state may have been used therapeutically in ancient civilizations. The early Egyptians and Greeks used music, the beauty of nature, recreation and occupation in the treatment of their
mental defects (2). From this knowledge of "mild procedures in the treatment of mental illness" (2, p. 13), and knowing that "an Egyptian papyrus dating from about 3000 BC has been discovered in which is set forth the procedure of modern hypnotism" (3, p. 228), it seems reasonable to assume that therapeutic hypnosis must have been at least envisioned by some early doctors. It is assured, however, that whatever insight had been gained in the "classical" civilizations was buried under the heritage of magical incantations and mystical solemnities which were the cultural components of medicine in the Middle Ages.

Mesmer and magnetism. The first dawn and man's evolutionary awakening to a form approximating modern hypnosis occurred in the early seventeenth century when Goclenius (12) was treating wounds magnetically. The magnetizers began their long crusade which, highlighted by Mesmer in 1778, was hailed in the following year by the British Royal Society of Medicine in these glowing terms (14, p. 11):

"From a curative point of view animal magnetism is nothing but the art of making sensitive people fall into convulsions. From a curative point of view animal magnetism is useless and dangerous."

Animal magnetism, however, did not die of this blast but rather prospered under the beneficent hand of Charcot and his three hysterical subjects in Paris. Animal magnetism became the cornerstone upon which a science was built: a science to refute the magnetizers and to replace a false physiological conception by a much more logical, demonstrable science founded on psychological principles and applicable to human needs.
James Braid. The major turning point in the achievement of a logical science of hypnosis was brought about by James Braid, an English physician, in the first part of the nineteenth century. This pivotal circumstance consisted of "an effort to bring the phenomena of hypnotherapy within the frame first of neurophysiology and later...of psychology." (4, p. 5)

Bernheim and Coué. In the early 1880's, Bernheim, a French doctor, made a radical contribution to the medical aspects of hypnosis by demonstrating the logical fallacy in animal magnetism. He did this by substituting a different object in place of the conventional magnet. This was done without the subject's knowledge and caused no difference in response. The magnet was thereby deprived of its magic. Bernheim then proceeded to use suggestion as a cure for various nervous, hysterical, and psychological conditions. In these adventures and in his condemnation of magnetism, Bernheim became involved with the Charcot school in what has been termed "sophisticated revival of the historic struggle between Braid and the early Mesmerists." (4, p. 5) Bernheim concluded his experiments with these words (3, p. 192):

"What a powerful worker of magnetism the imagination! Upon it is based the therapeutic value of talismans and amulets."

And it is to these talismans and amulets that Bernheim must be relegated. He achieved the popularization of hypnosis as a suggestive therapeutic (15) but it is doubtful whether his methods could have been anything more than superficial in those days of infant psychologies bewildered by the undifferentiated absolute of urban created mental disequilibrium in a changing society.
Coué, a French druggist, introduced in 1910 the dramatic deception of autosuggestion which was probably the ancestor of the old saw, "Every day, in every way, I am getting better and better." Autosuggestion, as suggestive therapeutics, was symptom cure and as such created a disguise which allowed any organic disease to progress unmolested by the body's warning signals of pain.

**Hypnotherapy.** After Coué and Bernheim, the therapeutic use of hypnosis was incorporated within the framework of hypnotherapy (4, p. 7):

"The subsequent history of hypnotherapy is largely a record of the attempts of various individuals to use hypnosis in psychotherapy and to formulate a systematic psychopathology within which to operate."

The majority of practitioners, unfortunately perhaps, have followed, until very recently with the development of hypnoanalysis, the philosophy of Bernheim in his suggestion for symptom disappearance. Janet, Breuer, and Freud. Pierre Janet, working in France in the first quarter of the twentieth century, discovered the links between etiology and therapy and formulated the theory of disassociation. In simple terms, this was the idea that hypnosis was a form of artificially induced hysteria and hysteria was a "weakness of mental synthesis." (5, p. 8) The hysterical individual "loses the power of holding all psycho-physical functions simultaneously in his mind so that some of them are lost, and he suffers from anesthésia and paraplegia." (6, p. 8) Following this, a cure by suggestion might be made disfunctional by any subsequent shock and the power of speech or hearing might be lost. In sum (6, p. 9):
"Some other hysterical symptom will take the place of the original one unless he (the patient) is cured of his general mental state."

Janet made no attempt to explain disassociation. Personality derangement or disease remained to an interference with the synthesis of mental elements.

The problem was left to Breuer and Freud. Their research was conducted during the same period and they improved considerably on Janet's interpretation of hysteria. The mechanism of hysteria was now seen as the repression of painful emotional experience and its effect (6, p. 9):

"Loss of memory and disassociation and the recovery of these by means of hypnosis and the dissipation of the symptoms themselves through encouraging the patient to live through the emotion again."

The process of abreaction was then understood and starting with hypnotherapy, Freud went on to discover psychoanalysis.

After Janet, Breuer, and Freud, little experimental work was done (2, p. 13):

"Since the work of these men during the first decades of the century, little systematic effort has been made to understand hypnosis or to develop it as a tool of psychotherapy within the frame of our modern psychology."

EARLY MEDICAL USE: ANESTHESIA

Esdaille. The use of hypnosis in surgery was a brilliant inspiration in the dark century before anesthesia. The first extensive use in this manner is reported in India from 1847-51 by an English surgeon named Esdaile (9) who performed several hundred operations successfully by this method. It seems that the chief criterion of success was technique and that the first year Esdaile experimen-
ed with hypnosis some patients awakened during amputations. In succeeding years, however, Esdaile seems to have gained in confidence and immeasurably improved his technique. The cases of operational procedures under hypnosis (2) appear well documented and painless surgery by this method seems to be established. Cases of the following genre are cited (2): arm amputation, breast removal, penis amputation, the removal (by hooks) of scrotal tumors of from 8 to 80 lbs.

There is some doubt in the present writer's mind whether similar operations could be performed to such a general extent under the impact of a Western culture. Perhaps Esdaile's ability to get such complete cooperation was due in no small way to the Hindu religious philosophy which included an individual awareness of the possibility of mind-body relationship. Disassociation, extolled in the religion as a means of reaching the spiritual calm of a Brahmin and, eventually, perhaps even the dream of Nirvana, was implicit in the relationship between hypnosis and complete absence of pain during a major operation.

Use in England. Bramwell (16), an English surgeon, was experimenting with hypnotic anesthesia for operations during this same mid-nineteenth century period. Jenness reports (16, p. 473) that birth announcements in English newspapers at this time often included the words "painlessly during a mesmeric trance."

Modern application and criticism. The use of hypnosis in this context declined with the adoption and subsequent general knowledge of more modern techniques of anesthesia, although Wells
(Wells as cited by 16, p. 473) reports a case of use today in dental surgery.

Aside from the induction of modern methods of anesthesia, the most striking reason for the decline of hypnotic anesthesia is that the physician using it would have to be an expert or the method would be impractical. Men like Bramwell and Esdaile are not the common product of a medical education.

**A SURVEY OF MORE RECENT THERAPEUTIC TECHNIQUES AND PRACTICES**

**Orientation.** This section will include some new applications of old techniques, more recent techniques, and some evaluation of each. The outline developed by Brenman and Gill (4) and adapted by Klemperer (17) will be used for the most part.

**Prolonged Hypnosis**

This technique was developed by Wetterstrand (17). In it the patient is put into as deep an hypnotic state as possible and allowed to remain there for an extended period. The use of drugs to promote the condition is optional but when the initial depth is unsatisfactory they are often employed (17). During this time of deep hypnosis, often several days, no direct suggestion or exploration is indulged in by the therapist. Recent studies indicate little use of this method, perhaps because of a shift in medical opinion as to the therapeutic value of hypnosis for the sake of rest and preparation for further treatment. Whether the emotional condition of mental patients warrants this treatment, or equal results can be obtained by other methods, is not ascertainable from published studies. It can only be stated that this use of hypnosis is rapidly diminishing. A practical reason may be the cause (4, p. 52):
"This technique is not widely used because of the practical difficulties involved. It may be applied successfully in a hospital situation where adequate nursing care is available."

**Direct Suggestion of Symptom Disappearance**

Methodology and results. This method is the oldest and still the most widely used. (17) The induction of the hypnotic state is either preceded by "a simple, informative discussion of the phenomenon with explanations, correction of misconceptions, and reassurance" (20, p. 77), or no reference is made to hypnosis and a disguised technique is used. This latter technique was widely used in the Army where speed was essential and the main object was to get the soldier up and out. Army use will be considered elsewhere.

When the patient has been put in a hypnotic condition, direct suggestion is made to him that whatever symptoms he may have will disappear and that he will begin to feel better upon awakening. (4) Despite frequent relapses and the appearance of substitute symptoms, cures are often achieved with the following conditions (4): insomnia, alcoholism, morphinism, menstrual disturbances, migraine, and epilepsy. In fact, "almost every syndrome which we might now label psychosomatic has been reported successfully treated by direct suggestion." (4, p. 55) These cures are most effective when the symptoms are mild or of recent origin.

Values of direct suggestion. If there is any response to this method at all, it is prompt and improvement is rapid. (17) Psychotherapy, when handled by direct suggestion, does not require a high degree of training; a knowledge of hypnotic techniques and a background of psychology seems sufficient for the therapist (4, p. 58):
"Very little specialized training or experience in the specific techniques of psychotherapy is necessary in order to achieve good therapeutic results in as much as no attempt is made to uncover the root of the difficulty."

Limitations of direct suggestion. One difficulty, and this holds equally true for all methods of hypnotherapy, is the depth of hypnosis required for effective therapy. Even if the necessary depth has been achieved, a direct attempt to suppress symptoms limits the possibility of insight and may be followed by a relapse. Although most neurotic symptoms are regarded as potentially curable, there is one exception (17, p. 181):

"Of all neurotic symptoms phobias are the only ones that are regarded as not suitable for direct suggestion."

Another limitation, and this would seem to be a formidable one, is the danger of suppressing a symptom of organic disease and not a psychosomatic symptom. There is, in so far as can be determined by research, no absolute technique for differentiating between psychosomatic and organic symptoms. Until these are more exactly delimited, the use of direct suggestion is limited to states of hysteria and those symptoms, as outlined above, which seems definitely to have psychosomatic foundations. It is perhaps this use of hypnosis, comparatively superficial and relatively uninvestigated, that has engendered much of the adverse criticism. Conclusion. Although cures have been apparent since the inception of direct suggestion under hypnosis "recent trends in treatment have been away from a simple statement that the difficulty would disappear and toward a manipulation of underlying attitudes." (4, p. 56)
Direct Suggestion of Disappearance of Attitudes Underlying Symptoms

The use of this method was tentatively suggested by Bernheim. (3, 17) In this technique a systematic attempt is made to establish the specific etiological factors underlying the symptom before suggestion is attempted. (17) It is a long, involved process and has been most successful in the treatment of conversion hysteria. The chief drawbacks of this method are that "many patients do not desire an understanding of their own difficulties" (17, p. 181) and that a high degree of specialized training is necessary before a therapist can become effective.

In modern therapy this method has been used alone only rarely. More often it is employed as an adjunct to hypnotherapy or in conjunction with other techniques. The chief advantage is (4, p. 66):

"Insofar as such a technique provides the patient with some understanding of his problem, it is a more reliable and substantial method of hypnotherapy." (than either direct suggestion or prolonged hypnosis)

Abreaction of Traumatic Experience

This method, developed by Breuer and Freud, was used extensively in World War I. in cases of amnesia attacks. The technique was to relieve acute symptoms, by causing the patient to regress to the period of the disturbance and relive the traumatic experience. The material thus brought out, or "surfaced" must not be regarded as a mechanical release of emotion but must be integrated into the patient's total personality. (6) In this manner, under a condition of sympathetic reassurance, the patient is aided in obtaining insight into the cause of his conflict. The great advantage is that the forgotten material is treated rather than
repressed. As a result of uncovering symptoms (4, p. 74):

"The relief of acute symptoms may follow directly upon the reliving of the pertinent traumatic episodes."

Abreaction has several definite limitations. A deep hypnosis is necessary before reliving of a traumatic experience can occur. This is often hard to achieve in many patients but the general criticism is one that can be made of all forms of hypnotherapy.

The treatment in abreaction technique is of symptoms only and when this is coupled with a shallow patient insight the overall limitations become patent. (4) Many cures are reported to be permanent but Brenman and Gill (4, p. 75) conclude with:

"One cannot feel his (the patient's) cure is rooted in personality changes sufficiently deep to provide a reliable equilibrium."

Specialized Hypnotic Techniques

Orientation. This general heading includes various specialized techniques which are used as nuclei of therapeutic leverage and act as pressures on particular problem areas. The following techniques, although only a few of those in use, represent the most widely used: crystal gazing, automatic writing, artificial regression, direct suggestion in dreams, and hypnagogic reveries. All presuppose a minimum depth of trance which varies with the techniques.

Crystal gazing. In this technique a light bulb, a crystal ball, or a mirror is used and the patient is told that he will experience a vivid, visual image related to the problems under investigation. This is essentially a kind of "projection technique
in which the patient's projection takes on a hallucinatory vividness." (4, p. 76) The patient must be in a very deep hypnosis for this to be effective but with it the recovery of forgotten memories is intensified and the therapist can gain an insight into the ideational processes of the patient. (23)

**Automatic writing.** This is stimulated by giving the patient under hypnosis a pencil and the suggestion that he will begin to write without any conscious effort. At first the writing will be ragged and undecipherable but under increased suggestion the characters will either be more distinct or the therapist will have the patient write a "translation" under the material. (23)

It is another method of getting at material that might otherwise remain buried. Wälberg (23, p. 194) suggests that:

"The portion of the cerebrum that controls the automatic writing seems to have access to material unavailable to the centers that control speech."

This may also hold true for the techniques of automatic drawing, ouija board manipulation and other motor techniques. A common alteration of this method is for the patient to lift his pencil from the paper and go through the motions in the air when especially revelant material is being presented. (23)

The methods of automatic writing and their control are very highly developed and call for considerable acuteness, insight and training on the part of the therapist.

**Artificial regression.** By use of this specialized technique, "phenomenally, the patient returns in his behavior and in his reported subjective experience to the suggested level." (4, p. 75)
This regression "is an actual organic reproduction of an earlier period of life." (23, p. 209) Artificial regression is a more extensive way of recalling forgotten patterns of behavior and may be used in connection with any other method or combination of methods.

Direct suggestion of dreams. These can be induced either in the hypnotic state or, as a result of a post-hypnotic suggestion, in natural sleep at a later period. In many instances there is an artificial implantation of a temporary conflict to determine the reaction and thus obtain clues which can be used to develop understanding of the problems by both the patient and therapist. (4, 23)

Hypnagogic reveries. The hypnagogic reverie has been called a "dream without distortion" (18, p. 172) but it is really more than just this.

"The hypnagogic reverie differs from a dream in the fact that there is less elision of the remote and recent past, and far less use of symbolic representation." (18, p. 172)

These dreams are induced by several methods: a monotonous fixating stimulus, barbituates, or the suggestion of muscular relaxations. The use of barbituates is still under study but the favored method appears to be the use of the sound and rhythm of the subject's own breathing (18, p. 178):

"The subject's own breath sounds are picked up by a contact microphone placed against the neck, amplified, and brought back to the subject through earphones."

The use of the hypnagogic reverie has several distinct advantages over the direct suggestion of dreams which can be analysed by both patient and therapist together. The reverie does not attempt
to say as much as a dream and "does not need to depend upon condensed hieroglyphics to express multiple meanings." (18, p. 174)

This is a very important difference and when direct accessibility to the significant information of the past is gained in this manner there is an assured indication that "guilt and anxiety seem to play a less active role than in dreams with the result that the content of the reverie can come through with less disguise." (18, p. 175)

These reveries require very long sessions which must be constantly supervised by an expert therapist.

Conclusions. These specialized techniques can provide, in certain acute, circumscribed problems an efficient and dramatic cure. (4) They must be utilized with subtle strategy and an unsystematized methods developed which depends, in a large measure, on the personal intuition of the therapist.

Hypnoanalysis

As this is the newest, most dynamic synthesis of techniques thus far developed, a definition is necessary (Brenman as quoted by 17, p. 183):

"A psychotherapeutic approach which combines in different ways the techniques of hypnosis with those of analysis."

There is such an element of fluid transition between hypnoanalysis and the other techniques of hypnotherapy that the choice of methodology may at times be difficult. The distinguishing characteristics of hypnoanalysis are the close analyst-patient relationship, and the influence of hypnosis on resistances which are directly related to the repression of traumatic memories and
experience. (23) The patient is encouraged and aided in achieving a positive growth experience. In the case of Johan R. (23) the growth experience was in the form of personality reconstruction based on the induced conflicts which the patient solved himself, thereby gaining confidence and assurance. The various techniques previously discussed are also used to enable the patient insight into the causes of his problems as a constructive working basis for the resolution of conflict. By these means "self-development and assertiveness are enhanced by the subject's assumption of responsibility for at least a part of the therapeutic work." (23, p. 164) The analyst and patient work together in a spirit, ideally, of "alertness and productivity." (23, p. 164) Herein lies the chief criterion of difference between hypnoanalysis and other methods of psychotherapy. Wolberg presents this difference dramatically and clearly (23, p. 166):

"Hypnoanalysis differs from the usual hypnotic procedure... in regard to the analysis of the transference. The analysis refers not only to the transference attitudes and feelings that are a reaction to the analyst as a human being, but also to the very dependency strivings upon which the motive for being hypnotized is based. The analysis of deep dependency strivings will not remove the ability of the subject to enter into trance states. It will prevent him from maintaining the illusion that the analyst is a demigod whose edicts he must accept on the basis of faith."

This development of a patient-analyst relationship free from the usual dependency strivings of the patient relieves him from the compulsion of complying to the therapist's demands and makes fantasies and lies infinitely less probable.

In hypnoanalysis, science has developed a new technique whose greatest drawback is the percentage of patients who are capable of responding fully to hypnosis. (4, 17, 23) The radical departure
from conventional techniques is best summarized by the following (23, p. 167):

"Hypnoanalysis is not dependent upon the authoritarian status that determines results in suggestive therapeutics. Whatever benefits the patient gains are produced by a dynamic alteration of the personality structure and by a real strengthening of the ego such as occurs during psychoanalysis."

The future of therapeutic hypnosis belongs, in a large measure, to hypnoanalysis which "becomes as experience in human relations that is intensely meaningful to the patient and that serves to alter his attitudes toward other people and toward himself." (23, p. 169)

Conclusion

Why hypnosis is sometimes futile and sometimes effective remains a problem (24, p. 3):

"It seems that hypnosis, in a way that we do not as yet understand, penetrates to the core of the problem."

The time of application is all important as direct hypnosis sometimes causes the erection of even stronger barriers against treatment. (24)

The techniques of hypnosis are subtle and not too well understood. They demand careful and sincere application for therapeutic success.

Careful administration "enables subject to express ideas with much more real feeling than is often the case with psychiatric patients." (24, p. 3) Above all, hypnosis transcends psychiatry proper by overcoming one outstanding difficulty (24, p. 5):

"A difficulty which is frequently encountered in psychiatric practice is that the patient understands his problem fairly well intellectually but somehow does not benefit from this understanding because the real feeling about it is absent."

Hypnosis more easily fuses idea with feeling and very often overcomes the tragedy of the patient who understands his problems but is
unable to implement knowledge with constructive action based on intuitive emotion.

**Overall summation.** Hypnosis is rarely used for mere symptom elimination except in Army therapy. The new field of rapid development is hypnotherapy which is a formal recognition of the various techniques of therapeutic hypnosis and their integration into an exact science. Hypnoanalysis, the child of hypnotherapy, is a more inclusive method with specialized techniques for utilizing transference resistances for constructive therapy. Most of these hypnotic techniques grew out of a continuing dissatisfaction with psychoanalysis alone and its time-consuming procedures. Hypnotherapy does not stand really separated from psychoanalysis; it is a variety of methods used to facilitate psychoanalytic therapy so that an increased number of people will be able to derive benefit from it. The foundation of psychoanalysis has been broadened so that more people will, in the future, have the opportunity to relieve their symptoms of frustration, anxiety and dependence.

**DEVELOPMENTAL HYPNOSIS IN TIME OF WAR**

In time of war the therapist's main action is to get the soldier on his feet and into a position where he can be an asset and not a liability to the particular branch of service. The first widespread use in wartime was in World War I when hysterical paralysis, hysterical insensibility of sight (19), shell shock and functional aphonia (17) were treated by hypnosis. Quick therapy was apparently successful in some cases but often left patients in a severe anxiety state making them difficult subjects for subsequent psychotherapy. (19) There was some use of suggestion in a waking state
or with light hypnosis in anxiety hysteria, claustrophobia, and agoraphobia. (17) Hypnosis was also used in cases of amnesia (4) but in the 700 cases treated by Hadfield (4) there was also a definite tendency toward the creation of substitute symptoms such as pain and nausea.

Direct suggestion was used in World War II by Fisher (10) and Erickson (8) in particular. Other therapists, using much the same methodology, worked almost entirely with drugs to produce identical effects in many cases. (17) This use of drugs led to the technique of narcosynthesis as differentiated from abreaction. (4) Fisher (10) reports mainly symptomatic cures where there was little or no insight into the unconscious mechanisms responsible for the symptom. He used three methods: direct suggestion; techniques designed to bring about abreaction of the suppressed affect; methods to bring disassociated or repressed thoughts into the consciousness after the resistances had been broken through. Definite cures were established in cases of vasomotor instability and trophic skin functions. (10)

Erickson found that "the use of drugs to induce hypnotic trances is often feasible in excited, fearful or unconsciously uncooperative patients." (8, p. 668) He made use of alcohol, paraldehyde, the barbiturates and morphine but preferred alcohol because of the "rapid transient effects, relief of inhibitions and anxieties, and the absence of narcotic effects." (8, p. 668) Erickson had difficulty with the narcotic effects because they often masked or excluded the hypnotic condition. Both light and deep trance states were used and hypnotherapy proved especially valuable in building up patient
morale, trust, security and confidence. Erickson was evidently not a purist in technique because (p. 672):

"No set, rigid technique can be followed with good success since, in medical hypnosis the personality needs of the individual subject must be met."

In narcosis therapy there seems to be a more sympathetic relationship between patient and therapist than is evinced by many reports. Erickson indicates this (p. 668):

"a special and highly significant intra-personal state... deriving from interpersonal relationships."

These techniques also offered more possibility of the patient directly acting in his own behalf (p. 672):

"Experience also shows that narcosis therapy without verbalization by the patient of his fears and anxieties is ineffective."

For real success the patient must understand his own role and its importance in effecting recovery. The patient must always try, under guidance, to disassociate himself from his problems and take an objective view of the situation (p. 672). The therapist then "has an opportunity to control and direct thinking, to select or exclude memories and ideas." (p. 672)

Another medical officer, Schneck (20), by using a disguised technique for the administration of hypnosis, solved both the problem of prejudice against hypnosis and the necessity for narcotics at once. He reports cures with 22 patients of various psychosomatic disorders, psychotic states, and incipient schizophrenia. (20)

Narcoanalysis

The various techniques of inducing a hypnotic state by means of drugs lead to the formulation of a separate therapy. The leading
exponent of narcoanalysis, Horsley, frankly admits in his study that narcoanalysis was developed primarily for inexperienced medical officers as a short-cut, first-aid method to be followed by regular psychotherapy when necessary. The technique used is essentially that of abreaction in which the cortical depressants remove inhibitions and stimulate rapport resulting in "increased ability to remember not only forgotten traumatic experiences but also the forgotten events of childhood." (13, p. 18) The cortical depressants most widely used are pentothal and narconumal. (13) Other drugs are also used to promote sleep (13, p. 125):

"By means of the intra-venous injection of nembutal, amytul or soneryl, he (the therapist) can not only remove the immediate acute symptom but also insure that his patients are given a period of deep refreshing sleep."

The chief objection to narcoanalysis is that it promotes "incomplete insight because it eliminates defenses instead of analysing them." (11, p. 124)

Conclusions.

There are present in war situations opportunities for experiment which would never arise in a normal therapist-patient situation. The therapist, as an officer, is in a position to use a disguised technique without the patient's knowledge or cooperation, narcoanalysis, which is essentially hypnotherapy in an artificially induced hypnotic state, or hypnosis after explanation and with cooperation. The only criterion is result and enterprising medical officers and psychologists have utilized these opportunities to produce important contributions to short-cut therapy.
THE NATURE OF PSYCHOSOMATIC SYMPTOMS AND THEIR POSSIBLE RELATIONSHIP TO HYPNOSIS

Nature of psychosomatic symptoms. A discussion of these appears à propos at this time because those conditions labeled psychosomatic can be treated by hypnotherapy most successfully. The psychosomatic symptoms include the various physical pains and aches which serve to neutralize guilt and relieve frustration and tension. Neutralization of guilt creates a balance between the psychological condition and the bodily symptoms thereby making the mental "pain" of frustration and tension less acute. (22)
The creation of experimental conflicts induced by means of hypnosis and the tracing of the resultant psychosomatic symptoms to the point of their removal by rehypnosis has become a field of vigorous research. (22)

Klemperer (17) reports that direct suggestion can create a physiological imbalance and that, in one study, the "sugar level of the blood can be lowered and a light diabetes influenced by it." (17, p. 180)

It is generally accepted that hypnosis and hypnotherapy are helpless in face of anatomical defects or psychological problems basically independent of the involuntary nervous system (21, p. 140):

"Hypnosis as a curative agency should be applied only to those bodily disturbances and mental ailments which are directly or closely connected and regulated by the autonomic nervous system."
The autonomic nervous system controls the mechanical functions of the body and seems to be influenced by emotion and suggestion "which constitute the two channels bridging the voluntary and involuntary nervous systems." (21, p. 140) If this is true, and there is no
conclusive evidence to the contrary, then hypnotherapy can be a potential stimulant or an inhibitor of the mechanical bodily functions. When this thesis is coupled with the more documentable reports of those practicing psychosomatic medicine, there would seem to be a limitation beyond which hypnotherapy cannot act. This limit is the treatment of emotional conditions causing physical pain. The difficulty, however, is the same one that puzzled Bernheim (3): that of deciding accurately when symptoms are the result of an organic condition and when they arise from an emotional state. This aspect, although not a paramount factor in hypnoanalysis, comes into focus in medical hypnosis and may be one reason why the medical profession has been loath to explore the possibilities of hypnosis.

SUMMARY OF CRITICISMS AGAINST THE USE OF HYPNOSIS

There has been an unending flow of abuse and depreciation directed at therapeutic hypnosis but nowhere has the vitriolic stream been more apparent than in the following statement (1, p. 111):

"Hypnosis has, however, definite limitations even beyond the temptation to attack the patient's individual symptoms. It cultivates dependent and infantile attitudes. It savors of magic. The attitudes of the hypnotizer take the initiative away from the patient. The view of the hypnotist as an omnipotent magician is not a wholesome attitude to encourage in either the patient or the physician. It is bad for the physician's relationship with his patients except in the most critical situations. Finally, hypnosis often runs counter to the best principles of psychological health, namely, the fostering of understanding of motivation, of an evaluation of reality, and of a constructive development."

No doubt this is a neatly written and long-considered statement representing the views of the medical profession as a group but from a doctor purporting to be a man of science it is indicative.
of a feudal attitude based on prejudice and opinion instead of fact. The following sections will treat the statement phrase by phrase to determine the proportion of fallacy and fact.

First. To begin with, "the temptation to attack the patient's individual complaints" is a statement which is the product of an outmoded conception of what hypnosis has become. This is a specific criticism of one method: Bernheim and his suggestive symptom-removing therapy. The criticism, however, is extended from the one limited condition and made to cover all hypnosis.

Second. The statement that "it cultivates dependent and infantile attitudes" is not an accurate presentation of facts:

"The belief that hypnotherapy results in over-dependence on the therapist is not more true here than in any other form of psychotherapy nor is it true that patients become "addicted" to hypnosis and rely on it as one would on a drug." (5, p. 105)

In fact the very opposite is true in hypnoanalysis (23, p. 165):

"Hypnoanalysis implies tremendous activity on the part of the patient....there is usually a response to the therapist with the full range of characterologic defenses and demands."

Third. That hypnosis "savors of magic" when properly handled by competent therapists, is absolutely false (21, p. 163):

"Hypnotic phenomena are as natural as those of physics or biology."

Fourth. That "the attitudes of the hypnotizer take the initiative away from the patient" is not uniformly true. Hypnoanalysis and hypnotherapy, as used today, serve to develop initiative by a constant cooperative relationship between patient and analyst. (4, 17, 23)

This relationship is the basis for self-development in therapy; the source of dynamism in permitting the patient to be the factor,
by means of his own interpretation, of bringing about a cure.

In sum, that this specific criticism should still be made by a recognized psychiatrist is amazing. From the Royal Society of Medicine in 1778 in condemning Mesmer, a higher level of education was evinced.

Fifth. The hypnotherapist is not seen as an "omnipotent magician" if he and the patient understand any of the mechanisms involved. The therapist is at most a guide; at least, an interpreter or coordinator. The hypnotic experience "tends to build up the patient's self-sufficiency and his inner strength." (23, p. 167)

Sixth. The harm done to the "physician's relationship" is negligible. There is no basis for this in fact, no indications in any study that this occurs, and the statement seems to be the pedantic mouthings of an unscientific and popular prejudice. If anything the patient's relationship with the analyst is a normal patient-physician relationship without many of the dependent features of some patient-psychiatrist relationships. (22)

Seven. This final point concerning the lack of "fostering of understanding" is perhaps the weakest of the criticism. Aside from some military situations, present techniques have as their very basis the belief that, for permanent cures, the patient must understand the causes of his motivation. (4) This, if nothing else, has been implicit throughout this paper in the discussion of many forms of hypnosis and techniques. Reality has to be evaluated in hypnosis-analysis because without it there can be no cure: the abrogation of forgotten traumatic experiences and their subsequent reintegration into the mental structurization of the patient is certainly
done with full cognizance of the realities of psychological health. Perhaps this section of the criticism is based on the outmoded fear that patients will do some compulsive immoral act and thereby damage the reputation of the therapist involved. This can be answered by always having a third person in the room and by the use of a post-hypnotic suggestion to prevent the patient from being hypnotized by others than the therapist without the patient's written consent. (16) Specialized and highly developed techniques effectively eliminate attitude cultivation. (4)

It is tragic that so few medical men have a clear recognition of what is occurring in hypnotherapy. Passages like the above criticism point up the insolubility of the problem and not the dynamic aspects where progress has been made. With this criticism new problems are created by confusing the issues with a blend of misunderstanding and uncertainty that is reflected by the very dogmatism of the assertions.

Hypnotherapy does not claim to work miracles but its exponents demand the right to be heard and have their methods given fair trial.

Valid critiques

There are two criticisms which could be presented as significant of the limitations of hypnotherapy: 1) that only a limited number of people are hypnotizable to the degree necessary for most active therapy; 2) and that hypnosis can become, in rare cases, "an emotional indulgence to the patient and thereby block therapy" (4, p. 90)
In answer to the first limitation, recent studies have shown that 78 to 97 percent of patients can be hypnotized to some degree, while 20 percent are capable of being deeply hypnotized. (5, p. 104)

The second limitation, the "pathological elaboration" of the hypnotic experience, is valid insofar as the state of hypnosis "may be used to crystallize a developing delusion in an incipient schizophrenia and should therefore not be employed in such cases." (4, p. 90)

THE THRESHOLD OF THERAPEUTIC ENDEAVOR

What is needed. The various techniques of hypnotherapy have become an exact science but, nevertheless, they continue to be regarded as magical rites perpetuated by witch doctors in flowing robes. The first hurdle hypnotherapy must gain if it is to find recognition is the seduction of the medical profession to its merits. This can be done by a systematic enlightenment of American doctors as to the values and drawbacks of hypnosis when applied to medicine and therapy. This enlightenment must begin in the medical colleges where the techniques and theory should be taught as a part of the regular curricula. Only two hospitals are at present giving courses in advanced hypnosis for doctors. Secondly, a courageous campaign must be instigated to combat public opinion concerning hypnosis. This must consist of educative propaganda and deliberate popularization in a sincere attempt to remove the clouds of mystery left by the professional entertainers and their unmitigated claptrap. Above all there must be no condemnation of the subject until it is understood and evaluated in the light of exact knowledge of procedures and research results that are of recent origin.
The future of hypnotherapy. The future of hypnosis in medicine and therapy rests neither with the medical demagogues who condemn it nor with the professional entertainers who frightened people into disbelief, but with the continuing dynamism of true religious leaders like Morton Gill and Lewis Wolberg. Hypnosis, as a science and as a therapeutic technique, is very young. The complaints and belittle-ments of it are as old as man. Progress depends upon an increased imbalance between superstition and education, ignorance and knowledge. Science can only begin to be effective where mysticism and fear are subdued. All of man's battles with prejudice and unbelief follow a torturous progression through the various cultures which comprise human civilization. If time is spared from self-destruction, the day when hypnosis is accepted and honored as a part of medical knowledge will arrive. But the problem goes deeper than this: it rests upon ultimate realization in the minds of all people that mental health is as necessary as physical health for the ongoing lifeway of human beings. When this attitude becomes a part of man's developmental heritage, hypnosis will have the place in science it merits as a method for alleviating sufferings and as an instrument in the restoration of mental health.

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BIBLIOGRAPHY


