The Theory And Practice of Hypnosis

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ABSTRACT

There are many theories about just what hypnosis is, but most investigators concede that whatever else it may be, it is at least a state of increased suggestibility. By limiting the field of consciousness and increasing concentration we do much to increase the force of suggestion. Thus, when suggestion is applied scientifically, it is possible to produce a state of hyper-suggestibility —which we know as hypnosis.

THE SUBJECT OF HYPNOSIS is one that is surrounded by mystery, magic and even fear in many people's minds, and yet it has been used to help treat human ills from the earliest times. One thinks too often of hypnosis as a form of entertainment where the subject does silly things, apparently under the complete control of the hypnotist. And yet the true picture of hypnosis is quite different from this. Although we really don't know what it is, we do know how to induce the hypnotic state, how to control it, and how to make it work to the benefit of the person in the trance.

Hypnosis is not entertainment but a very serious and useful form of treatment when used correctly and at the right time. I am sure that most of us, at one time or another, have been in a light trance state and didn't recognize it. For although the word hypnosis is derived from the Greek verb "to sleep", the patient is not asleep during a hypnotic trance, but is fully conscious of his surroundings, can hear clearly, and at any time he so desires, can end the trance regardless of the hypnotist. When in a hypnotic trance, the patient will not do, nor can he be made to do anything against his will or principles; nothing he would not do in other circumstances.

Power of Suggestion

Hypnosis is based on the power of suggestion, and although most of us would not profess to be hypnotists, I would suggest that each one of us is constantly influencing people around us by suggestion—favorable or unfavorable—and usually without realizing what we are doing.

Unfortunately, hypnosis is not being used as extensively in therapy as it might be, owing to uses and abuses by novices. Hypnosis is used extensively in Europe, the U.S. and Australia and each year its therapeutic use is extended throughout more of the civilized world. Research is constantly done by professional groups internationally—and very extensively in the U.S. to investigate its more widespread use in a greater variety of conditions and situations.

Patients in the hypnotic state are more than usually suggestible. All of us, normally, are suggestible—some more than others. This is one of the signs of being normal. For example, seeing a group of people looking up at the sky gives you a strong desire to do the same; a mother spooning food into her baby's mouth may open her own mouth at the same time; at a football game or hockey game, spectators often lean with the action of the game. You may be feeling healthy until someone tells you how sick you look; if enough people tell you this, you probably will feel ill. Moreover, suggestions can be made easily by voice tone. If someone should say, "Everyone is looking at you", the inflexion of the voice can make you feel either self-conscious and ashamed or you can be made to feel proud, and convinced that you are the centre of an admiring throng of people.

Neutralize Suggestions

In hypnosis, the therapist tries to "neutralize" adverse suggestions with more positive ones. To do this, the patient must be prepared to cooperate because the hypnotist merely teaches this art.

The art of relaxation is accomplished simply by

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the use of a few words and simple movements. If the patient follows the instructions, he will go into "the hypnotic state" which is merely the state in which he is much more susceptible. At this time suggestions are made to him of those conditions and accomplishments which he would like to attain, but cannot do so because of stronger suggestions pulling him away from it. The desired suggestions and emotions can be strengthened to overcome the adverse ones.

The History of Hypnosis

Nobody really knows just how far back into antiquity hypnosis and hypnotherapy really go. The Bible is full of instances of healing and prophesy which, in the light of present knowledge, can be regarded as hypnotic. From earliest times, hypnosis has been associated with curing diseases of the mind. The primitive chanting and drums, the Persian Magi, the Egyptian and Greek "sleep temples", as well as those of the Romans all indicate that a form of hypnosis was a common and recognized form of treatment. Under the influence of hypnosis, martyrs have withstood terrible torture. With no thought of being sacreligious, I would suggest that Christ probably obtained many of his cures by hypnosis: the laying on of hands, touching the hem of his garment, following which He said, "Thy faith hath made thee whole".

Faith, and the desire to be healed are probably the two most important factors in hypnotherapy. And this is true of any form of therapy. Although it is interesting that hypnotists can seldom hypnotize members of their own family.

Mesmer

The modern history of hypnosis started with Mesmer who in 1776 presented his theory of Animal Magnetism to explain the phenomenon of hypnosis. He passed his hands over the body of the patient without actually touching it. As some of the patients remained unaffected, he concluded that they must have the will to be cured for the "magnetic fluid" to flow.

Mesmer was apparently quite a showman. He wore a long pointed hat and usually his patients went into a convulsion or "crisis" during treatment. He was a very popular physician. He practiced in Vienna, then in Paris, where, despite his popularity, his professional enemies persuaded Louis XVI, in 1784, to appoint a committee to investigate Mesmer's treatment. This committee presented an unfavorable report and Mesmer was forced to discontinue his treatments. Benjamin Franklin, who was on the committee, presented a minority report stating that there was very definite benefit produced by Mesmer's treatments.

From this point on, hypnotherapy has steadily progressed. The Marquis de Puysegur, a pupil of Mesmer's, rationalized that people could think better "when asleep", and showed that the convulsions produced by Mesmer were not necessary. In 1815, Dr. Alexander Bertrand explained the trance on psychological grounds, and attributed it to "applied suggestion". In the mid 19th century, an English surgeon, Dr. Parker, performed 200 painless operations under "Mesmerism" and Dr. James Esdaile, a young Scottish surgeon performed 300 major operations and many minor operations while in India—reducing the death rate in surgery from 50 percent to five percent. Dr. James Baird of Manchester, England deduced that the trance was because of sleep from eye fatigue and named the phenomenon "hypnosis". Charcot at first thought that hypnosis weakened the mind but later supported its use. Freud was a very poor hypnotist. When he found that he could not hypnotize everyone deeply enough for psychoanalysis, he gave it up. During World War One, a new era of hypnosis began. Hadfield originated the term "Hypno-analysis" with age regression to uncover damaging experiences, and then treat them. The British Medical Association, in 1955, officially endorsed the teaching of hypnosis in all medical schools and, in 1958, the American Medical Association took the same step following an exhaustive three year study by the AMA Council on Mental Health.

Hypnosis, from its history to date, clearly is no miracle worker but, cleared of extravagant claims made for it by some of its over-enthusiastic adherents, it is an important and useful therapeutic tool.

What Is Hypnosis?

There are many theories about just what hypnosis is, but most investigators concede that whatever else it may be, it is at least a state of increased suggestibility.

Certain things increase our suggestibility, such as complete relaxation. We may see pictures in the fire while relaxing in front of it. Strong emotions may sensitize the brain, making a person more susceptible to suggestion. When emotions enter the picture, reason is often shut out. The imagination is stronger than the will, and if a person is in a state of mind where he would like to do something, but thinks he cannot, he is beaten before he starts.

By limiting the field of consciousness and increasing concentration we do much to increase the force of suggestion. Thus, when suggestion is applied scientifically, it is possible to produce a state of hypersuggestibility—which we know as hypnosis.

In our normal waking state, suggestions are all diluted with thousands of other thoughts and stimuli. In hypnosis, these are removed and the mind is free to concentrate all its force on the hypnotist's suggestions.

Although hypnosis may be produced by the suggestion of sleep, and hypnosis may be turned into sleep, scientific tests indicate that the trance is more like the waking state than ordinary sleep. The sleeping patient will not respond to stimuli. A hypnotized person can hear better than usual, and will carry out even whispered commands. Asleep, the patient is unconscious of his surroundings, but under hypnosis he knows where he is and what is happening. In a deep trance, there may be loss of memory for what has happened while in the trance—if this is suggested by the hypnotist. But even in the deepest trance, the subject must be able to hear words spoken by the hypnotists

to carry out his commands. Action of the heart and lungs indicates that the hypnotic state is more like normal consciousness than that of ordinary sleep. Brain waves are also those of the waking state.

Naturally, we are not all equally susceptible to suggestion. How can we tell a good subject for hypnosis? There are several simple tests. If the patient can learn to go into a hypnotic trance, his mind is concentrated on the hypnotist's suggestions and can absorb them with resulting greater effect. After the trance, with the effect of the suggestions in his mind, he will think, act, and feel as suggested. Hypnosis cannot be separated from the concept that it is a concentration of attention of the mind.

Deepest Trance State

Although practically everyone can be hypnotized the ability to reach the deepest trance state seems to be limited to about 25 percent of the population. But, given the right approach and technique, even the most difficult patient can be influenced in time—provided he is not deliberately resisting. Will power has nothing to do with hypnosis nor the ability to be hypnotized; hypnosis deals with the imagination. It attempts to get imagination and will power working together. Environment is important, since a state of rest and relaxation increases the power of imagination. There are few people who cannot be influenced by suggestion and when this is scientifically applied to channel the imagination it will produce a degree of hypnosis in almost anybody. The best subjects are those with vivid imagination; people who boast that they cannot be hypnotized are saying, in effect, that they are unimaginative.

Whereas hypnotism is a science, the practice of it is an art and its use demands considerable patience, skill and training. A clear, firm diagnosis of the condition to be treated is essential because pain can be stopped by hypnosis. Similarly, the diagnosis is most important if dealing with a patient who has a psychiatric condition.

To practice hypnotherapy, one must have a thorough knowledge of the laws of suggestion both for trance induction and for cure.

But a great value of the use of hypnosis is not only to the patient, but also to the therapist. One cannot practice hypnotherapy or indeed even consider a patient for hypnotherapy without bringing the whole of the patient into focus. Although most hypnosis is aimed at treating our patients—without the use of drugs—how much further ahead we would be.

Hypnosis And Alcoholism

When one reviews the literature on the treatment of alcoholics by the use of hypnosis, right away we are impressed by the diversity of opinion and the apparent contradiction of results. Some workers have no positive results to report, while others are most enthusiastic.

One reason for this may be that the research workers picked a "group of alcoholics" for treatment by hypnotism. Random selection of subjects to be treated by hypnotism is impossible regardless of the objective. They must be chosen, not only for their suitability for hypnosis but also for the cause of their alcoholic dependence. For example, it is quite useless to create an aversion to the taste, smell and appearance of alcohol in a person who doesn't like the taste of the stuff in the first place, but is only taking it for its effect.

To treat a person with the aid of hypnosis, several things are necessary:

1. A patient who wants to be cured and is willing to cooperate.
2. A careful assessment of the cause of alcohol dependence.
3. A patient who can be hypnotized, and taught autohypnosis.
4. A definite objective, clear in the minds of both patient and hypnotist.
5. The right hypnotist for the right patient.
6. Time and hard work on the part of both hypnotist and patient.
7. The use of every other aid: environment, drugs, counselling, Alcoholics Anonymous, and, when indicated, psychiatric or psychological assessment.

Recently I wrote to a colleague and fellow-member in the American Society of Clinical Hypnosis, a New York psychiatrist, who replied: "The use of hypnosis in treating drug addiction and alcoholism is not encouraging. Hypnosis is a facilitator and not a primary treatment program. Since the primary treatment of alcoholism is so inadequate at the present time, hypnosis has little to facilitate." He then refers to Dr. Ruth Fox of New York City who devotes her time to treating alcoholics and uses hypnosis in conjunction with other supportive measures.

The psychiatrist has struck the important note that is the reason for apparently contradictory reports from the literature. On the other hand, articles by L. R. Wolberg, W. S. Kroger and Wm. J. Bryan all outline in detail the course to be followed in treating alcoholics by means of hypnosis. This includes not merely aversion therapy, but also depersonalization and age regression where indicated. For 50 years, psychotherapists have looked favorably on hypnosis as one form of treatment for alcoholics, but even suggestion is used only as one form of treatment, that it must be used for a long time and the person should be having psychotherapy aside from the hypnosis. Forel (J. Neurol. & Psych. 41:507:1925) points out that hypnosis cannot produce the will to be cured if that will does not exist anyway. However, suggestion can influence will. Schultz reported a case which was cured (by hypnotherapy) after eight years of psychoanalysis failed. Code, in his group of 12 severe alcoholics had five who became completely abstinent and all 12 were socially improved.

Chronic alcoholism is a symptom of a deep-seated personality disorder usually selected to avoid intolerable life situations. Although there is no typical personality profile, hostility, insecurity and feelings of inadequacy are usually present. Alcoholics have low frustration tolerance, increased sensitivity and feelings of omnipotence. Their outwardly diffident appear-

ance is a facade for deep-seated needs. Having little concern for the trouble caused by the habit—lost jobs, ruined career, broken marriage—he is an "injustice collector" for whom the self-punishment fulfills a need, as well as a rationalization of the inability to face reality. He is usually unaware of his masochism.

They haven't the courage to commit suicide yet are slowly destroying themselves by their habit. They retreat to childhood behavior patterns with needs for attention, pity and love. Becoming inebriated, they develop a greater capacity to give and receive attention from others.

Many alcoholics have never emerged from adolescence. The "esprit de corps" noted among gregarious drinkers at any bar illustrates the desire to be "part of the gang". Homosexual tendencies are seldom overt but represent a strong desire to be identified with an individual of the same sex. At other times drunkenness removes inhibitions and allows homosexual tendencies to emerge.

Since an alcoholic seldom recognizes the needs for his habit, he cannot control his drinking. Successful therapy requires that these needs become self-evident. Outlining mental and physical dangers are futile.

Treatment

1. Motivate the individual to stop drinking.
2. Teach him to adapt to his difficult problems rather than using regressive behavior patterns in the face of stress.
3. Make the patient feel he is being treated like an adult. This helps to establish a healthy motivation.

Most alcoholics are passive and dependent so that a hypnotic relationship initially helps the patient in therapy at a time when he is most resistant. Later, this dependency is dissolved. Because of rapport with the therapist, the patient can trade self-destructive tendencies and immaturity for healthier goals.

Conditioned Reflex Treatment

1. Repeatedly emphasizing the deleterious effects of alcohol.
2. Conditioned repugnance for alcoholic beverages.
3. Patient's ability to control his own behavior.
4. Establish the emotional needs for the symptom.

Self-destructive d r i v e s should be channeled into healthy outlets such as hobbies, sports, social activities, and other constructive endeavors.

Hypnotherapy—Aversion Treatment

After hypnosis and autohypnosis have been instituted, strong suggestions are given such as: Each time you even think of drinking you will develop a horrible disgust and taste for liquor by associating it with repugnant smell and taste. Wolberg uses symptom substitution, telling the patient that each time he craves a drink he will reach for a malted milk tablet and this will give a sense of pleasure and relaxation.

Before a hypnotic session is concluded, the patient should be given post-hypnotic suggestion that any time he is offered a drink, the above reaction will occur.

A substitute habit for drinking should be suggested. Drinking non-alcoholic beverages satisfies the oral craving. Tranquilizers and amphetamines may be used during the weaning off period. Before ending the session, suggest that the patient will feel very relaxed. Give suggestions during hypnosis to bolster lack of self-confidence and feelings of inadequacy.

Group Therapy

The success of Alcoholics Anonymous depends on the powerful group identification factor, making the sufferer feel accepted with intense desire to please the leader of the group or the person assigned to him (Sponson). Group situation mobilises the inherent competitiveness present in everyone and with strong support given by other members, a weak personality structure is bolstered. Finally, a result of healthy motivation established by emotional contagion, and alliance with power greater than himself, the recovery forces of the individual are unleashed. Faith in a beneficent power may mean the difference between success and failure.

Individual Hypnotherapy

Most problem drinkers are looking for a magic gesture and because of their dependency, will try to "crawl into the lap" of the therapist. From the first they must be informed that this is a "do it yourself" program and results are in direct proportion to their desire for recovery and willingness to perfect their sensory-imagery conditioning techniques. Thus the therapist does not go "out on a limb" or "lose face". Also, if the symptom returns, it can be controlled by auto-hypnosis. Resistance is diminished if suggestions are self-originated. The therapist must not be too authoritative or play the role of a dominating parental figure.

Group Hypnotherapy

Results in small groups are often better than with individual hypnotherapy. In addition to hypnosis, sessions include free discussion and expression of feelings, re-education, reassurance, emotional support and explanation of commonly encountered problems. There are many rationalizations that alcoholics use to explain their drinking. They must know that dishonesty with themselves and with others, omnipotence, impulsiveness, guilt, shame, inability to establish durable relationships with others are related to their drinking. The manner in which tensions are displaced, self-abused, striving for perfection and the need to manipulate others must also be pointed out.

When the permissive approach is used, direct it toward these needs—guilt, anxiety, insecurity, fear which can be resolved especially if the person identifies with strong members of the group. The stronger the identification, the more will the alcoholic emulate those whom he admires. Give the patient the feeling that the therapist really understands the problems and is willing and able to help him.

And when group therapy is combined with decreasing doses of Antabuse, maximum improvement occurs.

Wallerstein obtained 53 percent improvement with Antabuse, 36 percent improvement with group hypnotherapy; 26 percent with milieu therapy; 24 percent with conditioned reflex. Group Therapy Procedure: Two-hour weekly sessions are held, each beginning with a general discussion of alcoholism. Questions and answers about all aspects of drinking are conducted in the first half hour. Several patients who have been helped and returned to visit the group, cured, relate their experiences. They state that initially they didn't believe this type of approach would help them, then, noting improvement in other members, they were more motivated to obtain similar results. Some patients describe how they were taught hypnosis, autohypnosis and through sensory-imagery conditioning developed a profound disgust for alcohol. This is a powerful stimulant for the rest of the group—especially the neophyte.

The volunteers are then hypnotized and given appropriate suggestions for producing disgust and a strong aversion to drinking. Since a disgust for taste and smell will vary with the individual, let each one pick his own. In subsequent sessions, techniques of autohypnosis *and* sensory-imagery are inculcated into each person. Success is greater where autohypnosis is used. The patient realizes that he must achieve success by his own efforts. Medical management of the chronic alcoholic involves the knowledge of long-term consumption of alcohol. The rehabilitation of the alcoholic is tedious and requires painstaking attention, patience, and a mixture of empathy and firmness. At no time must the therapist become involved.

It is not difficult for alcoholics to practice autohypnosis. They may procrastinate but step-by-step explanation can be given stressing that suggestions so necessary to his recovery should be under his control. This is vital for healthy motivation. He can also direct his substitution therapy better on an individual basis, and will know better when to do so. ◄

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more severe cases this may take a considerable period of time. During the course of the hospitalization we have been able to acquire considerably more background information concerning the parents. We have found a rather striking degree of immaturity in the parents, and marital conflict has been common. Some of these mothers have seemed to be considerably depressed and to maintain considerable psychological distance from the infants. It is for this reason that we feel quite certain that these babies have not been receiving adequate stimulation. It is also worthy of note that these babies seem to develop the syndrome at a time when neurophysiologic maturation of visual pathways enables the infant ordinarily to identify the mother or caretaking figure as a specific person in the environment. Because of the remoteness of many of these mothers, it may very well be that these infants are not receiving sufficient stimulation from "without" and therefore are trying to provide from "within" what ordinarily should be forthcoming during the course of the parent-infant interaction. These are speculations requiring confirmation.

Another group of disorders which we observe in infants are disorders of habit, such as finger-sucking or resistance to sleep, and disorders of motor behavior, such as head rolling, head banging, body rocking, body rolling, autistic traits and excessive masturbatory activity. We recognize that some or all of these activities are performed by almost all infants and therefore they can in a sense be considered as physiologic developmental events. Clinically, as physicians, we are called upon to make some judgment concerning the significance of these manifestations. Unfortunately, this cannot be done on any quantitative basis. It becomes important, therefore, for us to attempt to note whether any one of these activities is performed with unusual intensity or whether there is an unusual clustering of these disorders in one baby. When we observe unusual intensity or an unusual number of these disorders, it becomes significant to try to relate these to the care-taking experiences to which the infant is exposed.

In connection with all of these disorders, it is obvious that there are individual differences in predisposition or vulnerability. We know that not all babies are equally vulnerable to depriving circumstances. We know that not all infants develop the same kind of psychophysiologic disorders of which I have been speaking in relationship to some ecological disturbances. We know relatively little about basic physiologic and biochemical predisposition to these disorders. ◄