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HYPNOTHERAPY

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Hypnotherapy

In recent years, hypnosis has gained an increasing acceptance among the psychiatric profession, both as a therapeutic implement and as a research vehicle for the investigation of many complex aspects of human behavior. Instrumental in lending some scientific credibility to hypnosis have been the two leading organizations in the field: the Society for Clinical and Experimental Hypnosis, and the American Society for Clinical Hypnosis. The former publishes *The Journal of Clinical and Experimental Hypnosis,* the latter *The American Journal of Clinical Hypnosis.* Both magazines contain informative articles on hypnosis of contemporary interest. Moreover, a number of serious researchers and clinicians have made contributions that have given an atmosphere of respectability to the practice of hypnotherapy.

Nevertheless, hypnosis continues to be blighted with misconceptions promulgated mostly by uninformed persons or those whose personal needs lead them to link hypnosis with magic and the paranormal. It has been difficult to dislodge this association with the occult not only from the minds of the public but also from some professional groups. Levitt and Chapman (1972), discussing the problems of research in hypnosis, have pointed out the reasons why hypnosis is not employed more frequently in research: it requires much time and effort; it involves an unusually high probability of sampling bias; and, most importantly, it currently lacks "respectability" in the

community of scientists. They state: "Until the mystical aura of the centuries has finally been dispelled, hypnosis will not be afforded a full, fair opportunity to demonstrate its value as a hypnosis and research method."

Hypnosis and Research

In spite of these deterrents, hypnosis has been employed as a research tool in the study of emotions, psychopathological phenomena, dreams, defense mechanisms, physiological processes, and test validation. The available evidence is that it is at least as powerful as other laboratory techniques.

One problem in hypnotic research is that, in an effort to maintain impartial experimental objectivity, the researcher may eliminate or distort the hypnotic phenomena being studied (Shor, 1972). That is, a hypnotist must approach his subject confidently and optimistically in order to produce the proper expectancies on which much of the trance is based. An attitude of neutral un-involvement—the preferred stance of the researcher—will tend to act against the hypnotic process itself. It is difficult or impossible for a researcher who fully commits himself to the role of hypnotist not to attempt to validate his personal expectations and thus defeat his desire, as a researcher, to maintain objectivity.

Another problem is how to differentiate the phenomena under

investigation that are due to hypnosis from those due to the subject's expectations. Individuals under hypnosis may attempt to please the operator by divining what is required of them and then living up to anticipated demands. Or on the other hand, subjects may try to frustrate or defy the hypnotist because of hostile feelings toward him, or fear of being controlled, or transferential projections. Moreover, the residual prejudices of subjects will tend to contaminate their reports.

An ongoing difficulty in research on the trance state is that of distilling reliable and conceptually meaningful data out of the multiple phenomena encountered. Similar ambiguities, of course, are met in research in psychotherapy and other interpersonal processes. An experimental design often employed in hypnosis to meet this problem is the "subject-as-own-control." For example, physiological measurements are first made during the waking state. After the induction of hypnosis, the same tests are repeated without any direct or indirect suggestions being made. Differences between the two sets of measurements are then attributed to interposition of the trance state. Another design is that of "independent groups," in which two classes of subjects are designated. One receives hypnotic induction, the other gets simple instructions to use their imaginations strongly. The problem of adequate controls continues to plague the experimenter here, but some progress has been made; Orne (1959; 1969) and London and Fuhrer (1961) have indicated ways in which control techniques may be employed in

hypnosis.

The Nature of Hypnosis

Speculation about the nature of hypnosis dates back to the earliest writings on the subject in French, German, Italian, and Spanish, which have recently been translated by Tinterow (1970). An appreciation of how hypnosis may help in psychotherapy would seem to presuppose an understanding of its structure, but at the outset we must admit that although hypnosis was identified as a phenomenon two centuries ago, we still know little about its nature. This is not altogether surprising, since consciousness and sleep, the states between which hypnosis is suspended, also remain a mystery. Many of the blind spots in our knowledge of the trance are compounded by our present limited understanding of neuro-physiological and psychodynamic processes in general. Future research will undoubtedly shed light on the true nature of the hypnotic state, but until that time arrives we are limited to theoretical assumptions.

Unfortunately, no theory to date is sufficiently comprehensive to explain all of the complex manifestations of hypnosis. This judgment includes the physiological theories that postulate changes within areas of the cerebral cortex such as those of inhibition and excitation; analogical linkages to animal hypnosis; and considerations of dissociation, conditioning, role-playing,

regression, or anachronistic revival of the child-parent relationship as the prime process present in hypnosis. What we are probably dealing with in many of these theories is a delineation of phenomena liberated by the trance, rather than a description of the hypnotic state itself.

Attempts have been made in recent years to identify physiological parameters that are distinctive for hypnosis. To date, however, measurements have failed to reveal any specific differences in biochemical and neurophysiological areas. A few features observed thus far may be mentioned. Electroencephalographic patterns during hypnosis differ from those of sleep stages 2, 3, and 4. There seem to be some similarities between hypnosis and the descending stage-1 transitional sleep (Chertok, 1959; Tart, 1965), but the findings are not conclusive. A number of studies are currently taking place, employing sophisticated computer techniques, that may establish a differentiation of brain wave patterns (particularly alpha activity) in waking and in hypnosis (London, 1961; Ulett, 1972; Ulett, 1972). Evans (1972) however, reviewing the available data, concludes that alpha activity does not appear to change during hypnosis and that we cannot predict hypnotizability from alpha activity. At this stage of our knowledge, all that we know is that the trance state lacks the electrophysiological characteristics of sleep; indeed, it subserves a different function.

Barber (1972) insists that recent research has produced data

incongruous with the prevalent trance paradigm. Among the anomalous findings are the following: (1) unselected subjects given suggestions in the waking state (such as that they experience body immobility, analgesia, hallucinations, age regression, amnesia, and so forth) are just as responsive as are unselected subjects exposed to "trance induction;" and (2) no special physiological changes distinctive for the "trance" state have ever been discovered that would establish that state as a unique entity. Barber offers an alternative paradigm: in order to produce the phenomena considered characteristic of hypnosis, it is essential to give instructions, in any state of subject awareness, that will elicit positive attitudes, motivations, and expectancies toward the test situation. A capacity for vividly imagining things suggested to him increases the subject's responsiveness, as does a covert verbalizing of suggestions to himself, along with an inhibition of contrary thoughts. Thus, according to Barber, the subject's positive reaction in hypnosis is not due to the "trance" but instead is related to psychological and social influence processes such as conformity, attitude change, and persuasion. Abilities believed by some to be characteristic of hypnosis are actually within the normal human repertoire—such as analgesia, hallucinations, age regression, age progression, amnesia, and so forth. In disagreement, authorities convinced of the existence of an identifiable entity in the trance say that what Barber seems to be doing is equating the phenomena produced during hypnosis with the hypnotic state itself. The fact

that one can produce practically any phenomenon in the waking state that one can in the trance, in a subject who possesses the proper attitude, motivations, and expectancies, does not nullify the existence of a special condition that we call hypnosis.

For example, by means of sensory deprivation or the use of psychotomimetic drugs like LSD and psilocybin, we can produce some of the same symptoms in a nonschizophrenic person that we find in schizophrenics. These phenomena may therefore be presumed to fall within the normal human repertoire. Moreover, no special physiological findings of a consistent nature have been found in schizophrenia to establish it as a separate state. These facts do not prove that schizophrenia does not exist as an entity. We may employ a second example: the techniques of psychotherapy. The fact that psychotherapeutic effects may be secured spontaneously without benefit of any professional services does not mean that psychotherapy does not exist as a body of procedures that can score significant gains.

From a clinical point of view, arguments as to how genuine a state hypnosis is are more or less arbitrary. What we are interested in discerning is whether the maneuvers we implement in producing what is called a "trance" in a subject will also increase his suggestibility, since this will serve us during treatment. That such is the case has experimentally been demonstrated by Hilgard and Tart (1966). Therapists who employ hypnosis are almost

universally convinced of the fact. Whether it is because of the special routines of induction or because the therapist, persuaded by the powers of hypnosis, communicates suggestions more convincingly—hence increasing expectation, motivation, and positive attitudes—does not truly matter from a pragmatic standpoint.

In speculating on the dynamics of hypnosis, it is essential to remember that the experience of being hypnotized is filtered by each patient through a gauze of his own special emotional demands and needs. What we may be seeing in phenomena mobilized by the trance are aspects of the subject's unique psychological problems rather than manifestations of the hypnotic state *per se.*

Characteristics of the Trance

The fact that practically all of the features of hypnosis may also be observed in other states of awareness has tended to obscure the issue of specificity. In addition, we may be confused by the fact that the responses we encounter merge into normal behavioral manifestations on the one hand, and into neurotic and even psychotic symptomatology on the other.

In every trance we may witness a dynamic configuration of many different kinds of phenomena, constantly fluctuating in response to psychophysiological changes within the individual and changes in the

meaning of the hypnotic relationship to him. Some of the elements elicited in the trance may lend themselves to therapeutic use. First, largely because the subject equates hypnosis with sleep and because of the therapist's instructions, there is a remarkable easing of tension as muscles relax progressively. Second, the individual becomes extraordinarily suggestible to pronouncements from the operator that are not too anxiety-provoking. Third, he experiences a shift in attention from the outside world to the inner self; there is greater self-awareness, a deeper contact with his emotional life, a lifting of repressions, and an exposure of repudiated aspects of his psyche. Fourth, a relationship develops with the operator that assuages the subject's sense of helplessness and satisfies some of his inner wishes and demands. Any of these effects may be diminished by anxiety in the subject or be neutralized by suggestions from the hypnotist.

Relaxing Effects

Continued stress may have a damaging effect on bodily functions, both physiological and psychological. It can create somatic imbalance, interfere with the healing process in physical disorders, exaggerate the symptoms of psychological ailments, and bring into play various defensive instrumentalities, some of which may be maladaptive in nature. Any device that eases tension may neutralize these ravages and create the most fertile conditions for spontaneous and applied curative forces to work effectively.

Even chronic and progressive organic ailments may be benefited greatly thereby.

How hypnosis aids relaxation is illustrated by the studies of Moody (1953), Mason (1956), and Kirkner (1956). Moody divided twenty patients, each of whom had an uncomplicated peptic ulcer of at least six years' duration, into two groups. Medication was discontinued for the experimental group; instead, thirteen one-hour hypnotic sessions were given, oriented around simple suggestions to relax and to concern oneself less and less with stomach pains. Medication was continued for the control group, but no hypnosis was employed. After a period of several months, X-ray and clinical examinations showed a significantly greater number of patients improved in the experimental than in the control group. Mason (1956) reported hypnotherapy of 135 cases of chronic skin diseases. The cases, with an average duration of ten years, had not yielded to regular dermatological treatments. Of these, a remarkable total of sixty-six were cured with no return of symptoms, even after a three-year period of observation. Kirkner described sixty individuals with assorted physical disorders who were treated in a general-hospital setting by hypno-relaxation; forty-three cases markedly benefited from this regimen.

A wide variety of medical, orthopedic, and neurological ailments in which stress plays a part have been successfully treated by hypnosis.

Describing these is beyond the scope of this paper, but brief mention will be made of the syndromes that have responded. These include hypertension, Raynaud's disease, coronary disorders, paroxysmal tachycardia, cerebral accidents, asthma, speech disorders, enuresis, impotence, chronic gastritis, dyspepsia, spastic colitis, ulcerative colitis, dysmenorrhea, amenorrhea, and menorrhagia. In such diseases of the central nervous system as tabes, Parkinson's disease, syringomyelia, muscular dystrophy, multiple sclerosis, and the post-traumatic syndrome, residual incoordination, muscle weakness, and paresthesias are reduced by decreasing tension through hypnosis. Since peripheral chronaxy may be heightened and lowered by suggestion, nerve function may be improved in conditions where reversible neuropathological changes exist, as in Sydenham's chorea. Thus hypnosis may be effective in both organic and psychogenic somatic disorders, because of its ameliorative influence on provocative and coincident stress factors.

Where the patient is suffering from disabling tension and anxiety, the mere institution of a trance may exert a tranquilizing influence on his symptoms and increase his ability to cope with his immediate difficulties. Once tension is reduced and a sense of mastery restored, it is remarkable how the patient's latent strengths come to the surface and facilitate adaptation. Where the goal in therapy is to restore the individual to the level prior to his immediate upset, no further psychotherapeutic measures may be required. Obviously there will be no great changes wrought in the patient's personality,

and under overwhelming stress he may again break down. But if stress contingencies can be reduced or eliminated, a proper adjustment may be indefinitely maintained.

Some therapists, pleased with the outcome of hypnotic relaxation, do nothing more than buttress these effects by teaching the patient self-hypnosis. The results of such techniques are little different from those that the patient may achieve for himself through yoga exercises and transcendental meditation—purely palliative, and only rarely satisfactory in themselves.

Enhanced Trance Suggestibility

In Shakespeare's great drama, Hamlet approaches Polonius and points out ". . . yonder cloud that's almost in shape of a camel." Polonius agrees that it is like a camel indeed. But, says Hamlet, "methinks it is like a weasel." To which Polonius replies, "It is backed like a weasel." Hamlet counters: "Or like a whale?" Says Polonius: "Very like a whale." This kind of interchange, pointing to the power of suggestion, may be repeated in many contexts and especially in the context of hypnosis. Hypnosis wields its effects largely through the influence of suggestion. The degree of suggestibility in a particular subject is of greater importance than is the depth of trance. In extremely suggestible subjects one may obtain phenomena in waking life that

are produced in most persons only in hypnosis, such as analgesia and even hallucinations. The virtue of hypnosis is that it reinforces suggestibility, rendering susceptible many of those who would not be responsive to suggestions in the waking state.

How powerful suggestion can be is illustrated by the phenomenon of the voodoo curse among primitive or semi-primitive groups. A member of such a group may suffer illness and even death upon being convinced of a sorcerer's evil magic. Valid cases have been documented of voodoo deaths that were produced solely by the breaking of a taboo, the penalty for which is traditionally accepted as death. The accursed native becomes listless, refuses to eat, and then wastes away. Medical intervention is futile. However, if a friendly witch doctor exorcises the offended spirits and presumedly restores the sinner to their good graces, the latter often recovers immediately—to the consternation of the sorcerer who originally cast the spell.

Suggestion, which influences the individual profoundly in a positive way, is the rationale behind most uses of the trance. Hammer (1954) has shown (at statistically significant levels of confidence) that hypnotic and posthypnotic suggestions may produce the following effects: (1) an increase in psychomotor speed and endurance, and a decrease in physical fatigue; (2) an increase in the span and duration of attention; (3) an increase in the speed of learning; (4) an increase in the speed of association, mental alertness,

concentration, and general mental efficiency; (5) an improvement in the application of abstract abilities in relation to number content; (6) an improvement in the speed of reading comprehension; and (7) a heightened sense of enjoyment in performance. The influence on learning is especially interesting, since hypnosis may potentially be able to modify learning processes, breaking long-established modes of action and even conditioned reflexes and thereby altering set habits (Dorcus, 1956). In an interesting experiment, Barrios (1973) has shown that hypnosis can greatly augment higher-order conditioning.

The patient's exaggerated suggestibility will vitalize the placebo effect of hypnosis, since a great deal of the benefit that an individual derives from therapy is due to his expectancies (Goldstein, 1966). Persons who evince sufficient faith in hypnosis to ask for it, are apt to endow hypnosis with healing powers that can have a constructive effect. For example, twenty clients treated by Lazarus were divided into two groups: those whose request for hypnosis was granted, and those in whom it was refused. The relaxation techniques employed with both were identical, except for the avoidance of the word "hypnosis" in the latter group and the inclusion of the words "hypnotic relaxation" instead of "relaxation" in the former group. This resulted in a significantly greater response to behavior modification methods in the former group. On the other hand, we might expect that where expectations are unreasonable, the patient will respond with great

disappointment and even hostility when he discovers that his complaints are not immediately dispersed by the magic of hypnosis. This constitutes a problem in starting therapy with a person whose expectations in relation to hypnosis are obviously unreasonable. Should the therapist let the patient ride on his wagon of hope, or should he deflate this exaggerated confidence? Most hypnotherapists do not interfere with their patients' optimistic fantasies until the first signs of lack of progress develop, at which time a correct picture of the therapeutic situation is firmly drawn, [p. 594]

Hypnotic suggestion facilitates many behavioral techniques, such as systematic desensitization, role-playing, behavior rehearsal, time projection, emotive imagery, anxiety relief, Ellis' Rational Therapy, Lazarus' Emotive Therapy, Salter's Assertion Training, modeling, logical problem solving, labeling and expressing the affect, and so forth. I have found in my own work that some patients who have not responded to behavior therapy techniques as I practice them in the waking state, respond easily to the same techniques when hypnosis is employed as a catalyst.

During hypnosis one may take advantage of the patient's enhanced impressionability by proffering persuasive suggestions, or suggestions toward the yielding of noxious symptoms. These exhortations are usually absorbed with greater facility than in the waking state. If accepted, they may be helpful in neutralizing anxiety, promoting a more optimistic outlook,

reducing symptomatic suffering, and enhancing adjustment. Whether they can alter the intrapsychic structure and produce any reconstructive character change is dubious. However, they may divert the individual from tormenting himself with his hopelessness and nudge him into more constructive attitudes toward himself and more healthy modes of relating to people. One may, for example, employ John Hartland's "ego-strengthening technique" of altering the suggestions in accordance with the specific problems of the patient. Hartland (1965) believes that irrespective of the kind of psychotherapy one employs, preliminary administration of hypnotic "ego-strengthening" suggestions will enhance the effects of therapy, whether these are aimed at supportive or reconstructive goals. The patient becomes more confident and self-reliant, and he finds it easier to adjust to his environment. Hartland points out that the *manner* in which suggestions are given is as important as the content; such elements as rhythm, repetition, interpolation of appropriate "pauses" and the stressing of certain words and phrases are all vital. In my own experience, I have found ego-strengthening suggestions (coupled with the making of a hypnotic tape) valuable in short-term therapy where my goals were not too extensive. They have not added a great deal to working with patients in depth over a longterm period, during which I use traditional analytic methods; but I would not hesitate to employ ego-building where the patient's defenses were shattered, as a preliminary to more elaborate procedures.

Symptom Removal or Alleviation

Patients whose lives are being tormented by symptoms often possess no further motivation for therapy than to eliminate their complaints. The average psychiatrist, however, would like to pursue more extensive goals than pure symptom relief: namely, betterment of the patient's general adjustment and possibly, where serious characterologic problems exist, a reconstruction of the personality structure. Realism, however, dictates that we may have to abbreviate our goals and simply do as much for our patients as time, finances, and other practical factors allow. It is here that hypnosis can play a significant role, catalyzing the impact of practically any short-term method.

Direct symptom control is often practiced in emergency situations, as when hysterical symptoms cripple adjustment. In such a case, hypnotherapy may be the treatment of choice (1951). The symptoms that respond best to suggestive hypnosis are hysterical amnesia, stupor, coma, twilight and dream states, dramatic posturing and acting, panic reactions, clouding of consciousness, hallucinations, delirium, and dissociated reactions such as somnambulism and fugues. In conditions of exhaustion due to persistent and uncontrollable hiccupping, and in severe undernutrition caused by functional vomiting and anorexia nervosa, hypnosis may be a life-saving measure.

The possibility that another symptom will be substituted upon

elimination of the symptomatic complaint factor is not a great one, but it should be kept in mind. According to a controlled study by Browning and Houseworth (1953), of thirty ulcer patients postoperatively examined following a vagotomy, a significant number developed new symptoms after losing their ulcer complaints. These findings were similar to those reported in an independent study by Szasz (1949) of other vagotomized patients. Seitz (1946) described the case of a man in whom symptom removal by hypnotic suggestion produced symptom substitution. And Crisp (1966) published a paper detailing the treatment, by behavior therapy, of nine patients in whom elimination of symptoms resulted in the development of other complaints. Wolpe (1969) has suggested that where "neurotic anxiety" is associated with a symptom, failure to eliminate the anxiety may result in symptom substitution.

Against these claims there is a host of evidence that the removal of symptoms is rarely followed by the development of new problems. Indeed, there is evidence that the resulting improvement spreads into other aspects of the individual's adaptation. If the therapist utilizes a permissive suggestive approach, offering the patient an opportunity to overcome his symptoms if he so desires, there is little to fear. On the other hand, if the therapist comes at the patient like a bull in a china shop, his blunt behavior may have a traumatic effect. But this can occur with any therapy, and not only hypnosis. In fact, in cases where symptoms do serve an important purpose in maintaining the

patient's psychological equilibrium, some therapists deliberately employ symptom substitution in order to avoid the possibility of reactions. The theory behind this is that the patient's subversive needs for a symptom may be propitiated with a less noxious token. Erickson (1954) believes that suggestions are best limited to symptom substitution, transformation, and amelioration. For instance, in two patients with disabling arm paralysis, Erickson substituted, with satisfactory results, wrist stiffness and fatigue in one case, and stiffness of the little finger in the other.

A number of observers have challenged the traditional caution in the hypnotic removal of symptoms. If the therapist is dynamically oriented, watches the reactions of the patient, and restores symptoms by hypnotic command in instances of ego collapse, there is little or no danger in symptom removal by authoritative suggestion. The way in which a suggestion is phrased is also extremely important. When the patient understands that he may retain those symptoms that are important to him, in their entirety or in part, and when his cooperation is obtained for the procedures utilized, there is little hazard involved.

In some patients, a "chain reaction" may be started as the result of the successful hypnotic handling of one aspect of the total problem, with benefit to the individual's general adjustment. For example, a patient applied for therapy with the request that he be taught self-hypnosis to help him retain

and recall material for an important examination that was to be held six weeks in the future. As a civil service employee, it was urgent that he pass the examination to fill the vacancy at the head of his department for which he was eligible by virtue of seniority. His fear of failure was compounded by the specter of losing face with his fellow employees in the event he was unable to achieve a passing grade. It was apparent that his faulty concentration and memory were by-products of an extensive personality disorder associated with fear of and resentment toward authority, as well as a greatly devaluated self-esteem. During his childhood he had been repeatedly reminded by a successful and authoritarian father that he was expected to bring credit to the family through his career accomplishments. One of the important operative dynamics in the case was a fear of success coupled with a terror of competing, achieving parity with, and perhaps even vanquishing his father. There was also a hostile defiance of his male parent, since success also symbolized submitting to and being destroyed by the latter. Since the patient lived in the South, refused referral to local psychiatric sources, and saw no need for working on any problem other than his faulty concentration, short-term therapy was considered expedient. In hypnosis he was given suggestions to the effect that his mind would gradually clear, his attention sharpen, and his desire to study improve. Furthermore, he would understand more and more clearly why he was blocked in his memory and recall. A tentative explanation of the dynamics was offered him, and he was asked to consider, think about,

and decide for himself which aspects were false or true. He was instructed to explore his reactions and to try to discover reasons for them. In the waking state he was encouraged to talk about his relationship with his parents and to make connections with patterns that were operating in his present life situation. He was additionally taught the process of self-hypno-relaxation for the purpose of reinforcing suggestions. Therapy consisted of a total of five sessions. Not only was the patient able to pass his examination successfully, but a follow-up visit one year later showed conclusively that his behavior patterns had been beneficially influenced. He had become capable of standing up to authority when necessary, and he felt degrees of independence and assertiveness in himself that he had never believed were within his potential.

Habit Correction and Rehabilitation

Hypnosis has been employed for the correction of certain habit disturbances. It is generally satisfactory for this purpose unless the disorder is linked intimately with deep-seated personality problems and needs. Thus obesity that dates back to childhood rarely responds to hypnotherapy. On the other hand, where excessive food intake does not serve an important psychological function such as gratifying frustrated early oral demands or deprivations, dietary control may be materially helped through hypnotic suggestions. Insomnia similarly may respond better to hypnosis and self-hypnosis than to almost any other measure. However, where the patient has

become seriously habituated to hypnotic drugs, there may be little reaction to suggestions other than frustration. A gratifying number of patients who wish to give up smoking tobacco, but who cannot do so, find that hypnosis relaxes their tensions sufficiently to keep their suffering from being extreme when they abstain. Some sexual difficulties such as impotence or mild frigidities yield rapidly to reassuring suggestions, made during hypnosis, that are geared toward helping the patients regard sexuality as a pleasure function rather than as a performance. Satisfactory results also have been reported when employing hypnosis in enuresis. I have used hypnosis (coupled with aversive stimulation) in intractable hair-pulling and nail-biting cases and have found it a tactic to which some of these patients will respond. Alcoholic abuse and drug addiction are difficult to treat, but certain dedicated therapists seem to be able to effectuate some constructive impact on these severe habit disorders when motivation is present.

Indeed, through appropriate suggestions, hypnosis may serve as a powerful motivational determinant. For example, it may be possible to motivate a patient to cease resisting medical dietary orders, in obesity; to restore appetite, in anorexia and undernutrition; to avoid excessive stress and overactivity, in cardiac conditions; to facilitate speech retraining, in aphasic disorders; to exercise a limb that has been immobilized by a cast or by arthritis; to obtain essential rest and sleep, in insomnia; and to give up smoking, where nicotine and coal tar exert a dangerous influence. Hypnosis

may help divert the patient's mind from unhealthy and self-destructive fantasies, encouraging him toward more productive thoughts and actions. In chronic ailments where the patient has lost the will to live, hypnotic suggestion may inspire him to keep up the fight; it may promote a shift in his attitude that spells the difference between survival and death.

We have only begun to investigate the rehabilitative uses of hypnotic suggestion. It may play a most important role, particularly in individuals who are more disabled by their fears and attitudes than by their physical disorders. In emotional ailments where there is a lack of incentive for psychotherapy, hypnosis may promote an acceptance of the treatment situation by offering active and immediate help, by developing constructive rapport with the therapist, and by demonstrating that the patient's problems are not visited on him by an evil providence but are instead related to conflicts within himself that need treatment (1957).

Alleviation of Pain

Proper hypnotic suggestion may lower or eliminate overt and subjective responses to painful stimuli. This is accomplished by the reduction of tension and anxiety, promotion of muscle relaxation, and diversion of attention from the pain stimulus. The resultant is an analgesia that may be advantageously employed in minor surgical procedures, in diagnostic exploration such as

sigmoidoscopy, in dental operations, and in obstetrics. Relaxing and analgesic suggestions are particularly valuable as an aid to chemical anesthesia, helping to reduce the amount of anesthetic required. Indeed, hypnosis may eliminate the need for preoperative analgesics, which, as Beecher (1951) has indicated, depress respiration and lower the blood-oxygen level. Smaller quantities of chemical anesthetic may be lifesaving in toxic conditions, as well as in serious operations such as lung and heart surgery. Hypnosis minimizes neurogenic shock and reduces postoperative pain and discomfort. Excellent accounts of the adjunctive uses of hypnosis in anesthesia may be found in papers by Mason (1956), Marmer (1956), Raginsky (1951), Owen-Flood (1953), and Crasilneck et al (1959).

The induction of hypnotic anesthesia sufficiently deep to permit major surgical operations has been reported. Its use here is limited to the 5 to 10 percent of patients who are able to achieve the profound somnambulistic trance required for such employment. As an anesthetic by itself, hypnosis has a limited utility, chemical anesthesia being more universally applicable. The chief advantage of hypnosis is an adjunctive one. It is sometimes employed in dentistry (hypnodontics) (see Marcus [1957], Moss [1953; 1954], and West et al [1952].). It is used to (1) quiet a terrified and tense patient so that he will permit exploratory and corrective dental measures; (2) reinforce local anesthesia by lowering the required dosage and helping to overcome gagging, coughing, and excessive salivation; (3) foster better cooperation in using

dental appliances; and (4) correct habits that interfere with mental health, such as nail-biting and bruxism.

One of the most effective areas for the use of hypnoanalgesia is childbirth (Delee, 1955; Heron, 1952; Kline, 1955; Kroger, 1953; Newbold, 1949). A chief problem in obstetrics is the prolonged period during which pain-relieving measures are necessary. Since difficult labor may go on for hours and even days, chemical anesthetics have a toxic potential for both mother and fetus. They are hazardous in toxemia of pregnancy and in cardiac failure. They may also, when administered during the second stage of labor, tend to depress uterine contractions as well as impair the respirations of the infant. Hypnosis may serve as a competent analgesic in itself; the so-called "natural childbirth" method, which consists of conditioning the patient in proper breathing and relaxation during childbirth, is probably a form of hypnosis. Or as said, as an adjunct to chemical anesthesia it may greatly reduce the amount of anesthetic required. Moreover, by improving morale and lessening apprehension, it tends to shorten labor. Patients prepared by hypnosis have had a shorter and less variable labor period, have complained less about pain and discomfort, and have needed fewer analgesic drugs (Abramson, 1951). Owing to the time factor in training preparturient patients, the handling of prospective mothers in groups in prenatal clinics has been advocated (Abramson, 1950).

Hypnoanalgesia may also be valuable in controlling both functional and organic pain (Rosen, 1951). Dolorous hysterical conditions may yield readily to properly phrased suggestions. Organic pain may be relieved by helping the patient to detach from his suffering. The pain stimulus is not eliminated here, as it may be in functional disorders, but by focusing the patient's interest away from himself, hypnosis may ameliorate some of his distress. This is, perhaps, akin to what happens when attention is diverted during pain in the waking state. Beecher (1951), for instance, cites observations of soldiers with severe wounds who, in the heat of battle, have felt no pain; of athletes who were so bent on winning that they were oblivious to extensive physical injuries; and of religious martyrs who have endured unbelievable tortures during ecstatic reveries. Hypnosis, reinforced by self-hypnosis, may be employed for pain associated with such conditions as causalgia, post-therapeutic neuralgia, trigeminal neuralgia, cervical discogenic disease, and spinal-cord injuries (Dorcus, 1948; Livingston, 1944). In advanced cancer, where pain cannot be controlled by other means, hypnosis may reduce suffering and help the patient face the present and the future with greater courage. If the patient is capable of entering a very deep trance state, he may be able to experience almost total relief from pain.

Certain surgical conditions may be helped by hypno-suggestion. Crasilneck et al (1955). have reported excellent results in the hypnotic treatment of patients with very severe burns. Loss of fluids, toxemia, and pain

encourage shock reactions, with curtailed appetite, mobilization of tension, and shattering of morale. Hypnosis may be used to advantage as an analgesic for the changing of dressings, debridement, and skin grafting. Because of the toxemia, hypno-anesthesia is better for the burned patient than chemical anesthesia. Direct hypnotic suggestions may also help the intake of food and fluids. Often the effect of hypnosis is dramatic—a listless, depressed, nauseated patient who has resisted feeding and drinking suddenly showing an interest in his meals. Posthypnotic suggestions reduce post-dressing pain and enable the patient to get out of bed and to move about, thereby avoiding becoming bedridden.

Diagnostic Uses

The diagnostic uses of hypnosis are founded on heightened suggestibility. Occasionally it is necessary to distinguish certain functional disorders from organic disorders—for instance, where disposition is dependent upon diagnosis. Thus certain cases of abdominal pain severe enough to simulate surgical emergencies may be hysterically determined; although the patient may clamor for surgical interference, he will need to be treated by psychiatric means. Inconsistencies in signs and symptoms will encourage the cautious surgeon to seek psychiatric consultation, and hypnosis may aid in determining the functional nature of the complaint by temporarily removing it through suggestion. Other symptoms that may call

for diagnostic differentiation where signs of organic involvement are not clear are anesthesia, paresthesia, hyperesthesia, headaches, paralysis, spasms, ties, choreiform movements, gait disturbances, convulsive seizures, vomiting, hiccupping, urinary retention, and disorders of vision and hearing. In post-traumatic cases, residual pain may require diagnosis to determine if the pain is related to the original accident or whether it has been elaborated as a psychoneurotic symptom. Hypnosis has been used to differentiate anorexia nervosa from hypo-physical cachexia, to distinguish an articulation disorder from stuttering (Madison, 1954) and to detect malingering in cases of feigned color blindness and paraplegia (Dorcus, 1956). Hypnosis is also sometimes of diagnostic value in determining the dynamic meaning of symptoms. For instance, Rosen and Erickson (1954) have used suggestion to precipitate attacks in patients with convulsive and asthmatic symptoms. They then blocked the attacks; the effect was to mobilize anxiety, which in turn was repressed by direct verbal suggestion in order to allow the underlying fantasies to erupt into awareness.

During the early stages of psychotherapy, hypnosis may help to demonstrate to a non-motivated patient (or to one who is unable or unwilling to accept dynamic formulations) the workings of his unconscious. For example, a patient suffering from severe and crippling back pains of psychic origin—the basis of which he credited to an undetected arthritic spinal condition—was inducted into a trance, and the pain was transferred from his

back to his right shoulder. He was conditioned to experience this transfer of pain to his shoulder whenever I tapped three times on the side of my desk; upon emerging from the trance he expressed surprise that his back pain had vanished, but he complained bitterly of discomfort in his shoulder. After fifteen minutes had passed he again experienced his habitual back agony, with relief in his shoulder, but my tapping reversed his complaint once more. From this he realized that his mind was so susceptible to suggest that it could create and shift pain. He was then able to accept the fact that his mind could also be responding to self-imposed painful suggestions. This helped to remove his resistance to the acceptance of psychotherapeutic help. For patients who stubbornly deny having conflicts, the process of repression may be demonstrated by suggesting that a hypnotically-inspired dream disappear in the waking state and then reappear at a given signal. This may suggest to the patient that he is keeping certain thoughts and feelings from his own awareness. The creation of experimental conflicts is also a most dramatic means of demonstrating psychopathological mental operations to the patient (Wolberg, 1964).

Lifting of Repressive Controls

As the trance deepens, there is a relative withdrawal of attention from the outside world and a refocusing on the inner self and its processes. The individual becomes aware of certain aspects of his unconscious life that had

eluded him in the waking state. There follows an easing of repressive controls, with release of charged emotional components, a flourishing of fantasy, and an activation of primitive mental operations with more vivid symbolization. These tendencies potentially lend themselves for use in psychoanalytic therapy by encouraging emotional catharsis, by bringing the individual into closer contact with repressed needs and conflicts, and by facilitating a search for significant memories with the aim of exploration of genetic determinants. It does not follow from this that hypnosis is necessary or useful in all patients. If there is no extraordinary resistance, the analytic process proceeds quite satisfactorily without recourse to hypnosis. However, in cases where resistance blocks exploration of unconscious elements, hypnosis may prove to be of help. For example, where the patient is unable to verbalize freely because of overwhelming anxiety, hypnosis may encourage a discharge of obstructive emotions or may relax speech operations sufficiently so that articulation is possible.

A patient was referred for therapy with a severe speech disorder that had defied every physical, rehabilitative, and psychiatric measure that could be applied. When he married at the age of thirty-five, his speech problem (periodic up to this time and appearing only under extraordinary stress circumstances) rapidly became so exaggerated that he could hardly make himself understood. He was able to retain his job because of the influence of his family and because he was considered a gentle and lovable member of his

organization. His wife confided that he never displayed anger, being the most reserved and reasonable person she had ever met. This observation conflicted sharply with his productions in the Rorschach test, which were replete with figures moving against each other, tearing things apart, and creating explosions in impact. The patient insisted that his past psychotherapeutic efforts were a rank failure because he was unable to talk. He was willing to expose himself to hypnosis, but he could not guarantee that he would respond. During trance induction, the patient could be observed fighting off succumbing to a trance. He confided that for some reason he was unable to concentrate. He was promised that no "secrets" would be extracted from him; indeed, it was not even essential that he talk. With this reassurance the patient entered into a trance, whereupon he suddenly began to wail and beat the sides of the chair with his fists. A series of bloodcurdling shrieks preceded a torrent of invective directed against his wife and boss. It is difficult to describe graphically the verbal violence that was released. As the patient recounted instances of abuse and exploitation with great passion, his utterances became progressively clearer. In successive sessions we were able to explore the many resentments that he harbored within himself, the fantasies associated with rage, and the origins of the defensive mechanisms, such as his stammering, that he had developed to conceal hostility from himself and others.

In this case the mere induction of a trance lowered repression

sufficiently to bring painful thoughts, emotions, and memories to the surface. In most patients, however, probing operations are necessary before a release is possible. With pointed questions the patient may be helped to engage in more productive free associations, to activate fantasies, and to liberate some important memories. Where the patient continues to be resistive, the techniques of regression and revivification may sometimes prove successful (Wolberg, 1964).

A patient with strong anxieties and depressions was referred for therapy following hospitalization for an attempt at wrist slashing. Her two years of analytic therapy previous to her referral had helped her greatly, but they had not prevented periodic acting-out tendencies. These took the form of seeking hospitalization compulsively, faking various ailments to ensure her admission, or threatening suicide by cutting the skin of her wrists. The latter act was always arranged so that she could be apprehended and hospitalized before she had seriously injured herself. A bright, sociable, and intelligent woman, she professed dismay at activities that had brought great embarrassment to her and to her friends. She claimed being possessed by an impulse so powerful that it forced her to execute these bizarre actions, even though she realized that they were against her best interests. Free association in the waking and hypnotic states revealed no clues as to the meaning of her behavior, but whenever she spoke of retreating to a hospital she did so with a none-too-well-concealed excitement that left no doubt that her destructive

acts yielded deep and significant gratifications. In a trance she was given the suggestion to return in time to that period of her life when she had first had an impulse similar to the one that now repeatedly forced her to seek hospitalization. Responding to this suggestion, the patient saw herself as a child of nine escaping from her house after a quarrel with her mother, filled with rage after unsuccessfully seeking solace and support from a detached and passive father. In her turmoil she slipped and fell against a barbed-wire fence. She then slowly and deliberately cut her wrists with the barbs of the fence until she drew blood. In part her purpose was to convince herself she could stand pain, which was a way of living up to her mother's ideal of acting like a Spartan; in part it was to bring to her side the family physician who had comforted her far beyond the call of duty in her times of need, acting like a substitute father. As a result of recall of this memory, she was able to realize that her wrist slashing and insistence on hospitalization were revived impulses for seeking help from a doctor who represented to her a giving father figure. She recognized that her episodes developed whenever she experienced severe rejection. This insight enabled her to work through her acting-out and eventually to eliminate from her life her destructive behavioral tendencies.

The bringing to awareness of important past events and experiences may be helpful in a variety of emotional disorders, particularly where there has been a sealing off of powerful emotions associated with a significant past

event. Some symptoms are protective defensive devices, elaborated to shield the patient from the return of painful repressed feelings and fantasies. Hypnosis offers the patient a milieu of relaxed relatedness with a trusted person, the hypnotist—an atmosphere that helps the patient to tolerate the implications of the repressed material. Perhaps this accounts for the success of hypnosis in hysterical amnesias, since once the patient feels capable of facing the dangers within, he may be able to drop protective symptoms that have been disorganizing to his total adjustment. It goes without saying that the working-through process, which must be carried on in the waking state, will require many months of laborious effort. Often the release of significant material in the trance may be seemingly forgotten. However, a chain reaction will have been started that reverberates through the individual, eating away at his resistances to waking recall. In this reference, one may witness a change in the character of the dreams as they reflect increasingly less distorted symbols of the repressed material. Finally a breakthrough of important memories may occur in full consciousness. This indicates that the ego has strengthened to a point of tolerating inner conflicts and fears.

It is essential not to take memories and experiences recounted in the trance at face value. The productions elaborated by a person during hypnosis generally are a fusion of real experiences and fantasies. However, the fantasies are significant in themselves, perhaps even more significant than the actual happenings with which they are blended. Asking a patient to recall

only real events, or to verify aspects of the material as true or false, reduces but docs not remove the clement of fantasy.

Hypnosis is a valuable aid in the stimulation of dreams in patients who are unable to remember them or who have "dried up" productively, operating on a plateau in their analysis from which they cannot seem to progress. Often a simple posthypnotic suggestion to remember dreams stimulates the analytic process. For example, a woman in analysis had achieved improvement but continued to detach herself from men, complaining that her contacts were limited by her reality situation. She claimed it was impossible for her to meet the right male companion, because of the restrictions imposed on her by a maiden aunt with whom she lived and by the inroads of her work on her leisure time. Although these excuses were obvious rationalizations, the patient refused to accept them as such, and she obstinately denied that any anxiety promoted her refusal to accept dates. She had no dreams to report, and her free associations assumed a controlled, repetitive quality. Hypnosis was finally employed, and the patient was given a posthypnotic suggestion that she would have dreams that would help her understand better her relationship with men. At the next session she reported a dream that apparently had been provoked by my suggestion. In the dream the patient saw herself inside a house looking out of a window. "I was situated at an enormous distance from an event that was going on that fascinated me. I was afraid to look, but I had to. I needed a telescope to see what was going on. I

saw two people in a fight. One man was hitting another man. Blood was drooling from his mouth. I knew if he keeled over and played dead, the man would drop him and leave. I tried to tell him to play dead and not gurgle, so that he would not be killed." In the trance the patient was asked to redream the same dream she had had, but to add any parts she had forgotten. She recalled one element in the dream that she had overlooked, which was that the victim was wearing high heels. Her associations were that the high heels were similar to those on the shoes worn by the men in the third card of the Rorschach test. At the time of her test, she had wondered why men were wearing women's shoes. She then related experiencing a feeling of inconsistency to the effect that she too wore high heels, even though she considered herself to be as efficient as a man. She confided with bitterness that the sexual role she had to play as a woman had bloody connotations for her. To sleep with a man signified being victimized, humiliated, virtually killed. The meaning of the dream became apparent to her after this revelation. Her looking through a telescope was a viewing of her relationships with men from a distance, since she did not want to expose herself to the hurt of a close contact. What she saw in the dream frightened her. A man, an aspect of herself, was being attacked. She could easily be the victim of a bloody assault in a sexual embrace with a man. In the waking state she continued her associations, and soon she confessed having had sexual feelings toward me, which had frightened her so that she could not divulge them. She had

responded with defensive detachment and with resistance, which had obstructed her progress. The recounting of this dream enabled us to proceed satisfactorily with her analysis.

Mobilization of Transference

Hypnosis may have a remarkable influence by virtue of the unique relationship that develops between the participants during the trance. For instance, some patients may feel singularly protected, as if they are under the aegis of a powerful and supporting .agency who can minister to their needs and defend them from hurt. They may experience warmth in closeness to another human being, which vitalizes them. These attitudes can be extremely meaningful, particularly to persons who are consumed by anxiety and paralyzed with a sense of helplessness, to individuals who are characterologically detached and fearful of human contacts, and to those who lack motivation for therapy. The fact that the patient derives something important from the trance experience often helps him to relate in a more constructive way to the therapeutic situation. Schizoid persons may be enabled to develop a relationship with the therapist in a few sessions that would require many weeks or months of tedious working-through of resistance in the process of ordinary psychotherapy. Fisher (1954) has shown that the effect of even a single hypnotic induction may carry over long after the trance has ended. Therapeutically beneficial influences may be stimulated

that persist after hypnosis is no longer employed as a technique.

Some patients neurotically interpret the hypnotic relationship as one in which they must yield to every utterance and command of the hypnotist. This makes them peculiarly responsive to suggestions that (if not too anxiety-provoking or too depleting of important defenses) will remove, modify, or control the patient's symptoms. The personality dynamics of such individuals usually require the constant operation of dependency as a security maneuver, and they often compulsively seek to put themselves under the protective custody of some idealized parental agency. The hypnotist easily is identified as such a force and is credited with great power and intelligence. The higher the amount of tension and anxiety, the more the patient will be motivated to establish this kind of relationship. It must not be assumed from this that hypnosis precipitates dependency; the dependent patient will eventually play the same role with a therapist who does not employ hypnosis. The person with no excessive dependency problem will become no more dependent on hypnosis than on any other kind of therapy.

Hypnosis may rapidly mobilize other transference manifestations. Thus patients who are unable to develop strong transferences may be stimulated to do so by the induction of hypnosis. In the trance, the patient may misidentify the hypnotist as a parental or sibling figure, or he may respond post-hypnotically with transference dreams. A man with severe gastrointestinal

symptoms was referred by an internist for psychotherapy, which he vehemently resisted. Hypno-relaxation produced an abatement of symptoms, fostered a feeling of trust and closeness, and helped motivate him to accept therapy on a level deeper than a supportive one. His resistance, however, was strong, and his progress lagged. Hypnosis was resumed with the goal of helping the patient break through his block. Free associations were accelerated in the trance, and it was possible to stimulate dreams and fantasies that were related to some of his basic conflicts. During one of our sessions, I suggested that the patient think about his feelings toward me. After a silence of five minutes, he opened his eyes with a start. He had a fantasy, he revealed, of me moving toward him with an erect, exposed penis with the intent of forcing it into his mouth. He complained of tension and discomfort, which continued the remainder of the hour. At the next session he reported this dream: "I see my wife downstairs in her panties and bra. I am repelled and furious with her. Then I am outside looking at my car. It isn't as powerful as my brother Jack's car. Then I am at a funeral. A young woman of twenty is crying. I put my arms around her to console her and she responds. But as I look at her she turns older and older and is around fifty. Then I am in a basement, a prisoner of the Communists, and they are sticking rods in my mouth. I am repelled and nauseated and feel that they are out to kill me. I awoke and found that I had had a wet dream." His associations appeared to indicate impulses toward his wife that would have her as a mother figure who

attracted, infuriated, and revolted him; and a fear of his older brother and father, toward whom he felt inferior and who, he believed, could render him helpless. On a more unconscious level, the patient apparently sought castration and homosexual affiliation. His relationship with me reflected his fear of homosexual attack. The content of later sessions concerned themselves with working with oedipal and homosexual material that had been stimulated by his hypnotic transference reactions.

Induction of Hypnosis

Concerning the tremendous diversity of techniques used for the induction of hypnosis, there is no evidence of the superiority of any one method of induction over any other. Actually, all methods are efficacious if the hypnotist adapts them to his personality, applies them confidently, persists in making suggestions in the face of the patient's seeming inability to respond, and avoids haste by allowing enough time to elapse for the patient to adjust himself to the demands that are being made on him in the trance. Successes are most common where the therapist is able to perceive, to recognize, and to deal with the immediate emotional needs of the patient as well as his resistances to trance suggestions. This necessitates flexibility in the employment of techniques, in accordance with the developing reactions of the patient.

Factors in the patient that correlate positively with hypnotizability are a desire for hypnosis, faith in the hypnotist, and confidence in the specific method of hypnosis that is currently being applied. An inner sense of helplessness, intense anxiety, and a loss of feelings of mastery may facilitate entry into a trance state. Thus, as a rule, soldiers in battle fatigue are more easily hypnotizable and enter into deeper trances than after their recovery from the shock of combat. Factors that correlate negatively with hypnosis are distrust of, fear of, and resentment toward the hypnotist; absent motivation; doubts regarding the efficacy of hypnosis as a treatment process; resistance toward the method of induction that is being employed; fear of revealing frightening or shameful secrets in the trance; terror over yielding one's independence or of losing one's will in hypnosis; fear of failure; and the need to dominate and vanquish the hypnotist. The skill of the hypnotist in recognizing and circumventing these resistances will determine whether his results are good or bad.

The actual induction of hypnosis may readily be learned. Involved in practically all induction methods is a gradual narrowing of consciousness by limiting sensory impressions. This is accomplished by fixing attention on a "fixation object" such as a pencil, coin, finger, or spot on the ceiling, or by focusing on a limited group of ideas presented by the hypnotist, such as a restful scene or one's inner sensations. Sensory restriction is reinforced by a rhythmic, monotonous repetition of suggestions to the effect that the subject

will feel sensations of tiredness and drowsiness until his lids close and he approaches a state that approximates sleep. Once the eyes are shut, further graduated suggestions are given the subject until he responds satisfactorily to verbal commands. Detailed elsewhere are the various induction methods and induction procedures (Weitzenhoffer, 1957; Wolberg, 1948). Experience will best teach the therapist which conditions the trance is most useful for, as well as which specific kinds of techniques are valuable to achieve set goals.

Dangers of Hypnosis

The dangers residual in hypnotherapy are minimal or absent if it is employed by a responsible and well-trained therapist who knows how to handle the patient's general reactions and resistances to psychotherapy. An unskilled and unsophisticated hypnotist, however, may sometimes provoke inimical reactions. Instances have been reported of individuals plunged into anxiety as a result of unwise suggestions given them by stage and amateur hypnotists. Spontaneous hysterical phenomena may be precipitated in some patients during a trance, perhaps as a defense against conflicts mobilized by a return of the repressed material. These will usually disappear after hypnosis is terminated. Sometimes a patient may not be awakened properly, and for some hours he may walk around in a daze. Occasionally, a hysterical patient may develop spontaneous trance states between sessions. These may be eliminated by proper suggestions during hypnosis. The forceful ordering

away of symptoms may, in somnambulistic subjects, occasionally release a very intense anxiety that had been bound by the symptoms. The authoritarian use of hypnosis should therefore be avoided except in certain emergencies. Hypnosis-inspired instances of uncontrolled sexual acting-out and of dependency and infantilization were rarely or never encountered in a survey covering a sizable number of psychiatrists who employed hypnosis regularly in their practices (Wolberg, 1956).

It is theoretically possible to release criminal tendencies in persons who have latent impulses in this direction that are repressed and controlled in ordinary life. How this may happen is suggested by what occurs in fugue states and in dissociated personality disorders, in which an aspect of the patient's personality takes over and displays unusual or antisocial behavior for which there is amnesia later on. By carefully worded suggestions, one may (in certain individuals) activate parts of the self that have been dissociated from the personality mainstream and that respond to criminal incitement. However, attempts to implant criminal impulses in people who are not latently psychopathic are fruitless, no matter how deep the trance may be, and whether or not antisocial behavior is possible in the trance, one assumes that the therapist who employs hypnosis is not himself criminally inclined and would no more attempt to influence a hypnotized patient toward criminal or self-destructive behavior than he would prescribe a lethal dose of a toxic substance under the guise of its being a medicament, or cut a patient's

heart out during surgery after rendering the patient helpless with anesthesia.

Hypnosis in a Comprehensive Psychotherapy

A great deal of the disillusionment in psychotherapy stems from the fact that patients are reluctant to give up their distorted values and maladaptive drives even when they see clearly that these bring unhappy "rewards." The peculiar tenacity of human nature in clinging to self-defeating behavior has confronted philosophers and healers from time immemorial. The fact that we have not yet devised universally successful modes of rectifying this blemish in the human condition need not deter us from working toward this end. Success and failure in therapy will ultimately depend on whether or not we can reeducate our patients toward behaving in life with a new logic. The crucial question is how best can we do this.

Perhaps one of the reasons we are either blessed or burdened with so many different kinds of therapeutic stratagems is that people come to have unique patterns through the processes of learning and change. What works for one patient may have no effect whatsoever for another. One group of individuals will respond rapidly, almost miraculously, to simple suggestions preferred by a respected authority figure, or to philosophical formulations, persuasive injunctions, or recipes for correct behavior. Others, balking at these expediencies, will react gratifyingly to various modes of behavior

modification, to systematic desensitization, aversive conditioning, assertive training, role playing, and the like. Still others find challenge and change in a cognitive approach, in searching out sources of conflicts, in tracing behaviors to genetic origins, in employing the resulting insights toward corrective adaptations.

The variables in psychotherapy are great and still beyond our complete understanding. It is fortunate indeed if a therapist happens to employ a method and to have a personality that coordinates with a special patient's needs. The fact that a patient does not happen to respond or responds negatively to our stratagems, does not necessarily mean that the technique is worthless. It may merely signify that the patient is not a suitable subject for the technique, or that a temporarily existing combination of factors does not enable the patient to utilize that technique at the time.

In the light of these circumstances, one can understand why a comprehensive psychotherapy employing flexible procedures offers the therapist the best opportunity to fashion his approach to the realities of the moment. Within the past two decades a host of methodologies have invaded psychotherapy. Some of these use accepted scientific precepts. Others proceed pragmatically. If the therapist is able to experiment with a number of methods, he will eventually evolve modes of operations for himself that are singularly suited to his personality and skills. It is in this manner that

hypnosis offers itself as an approach that can potentially enhance the effects of a broad spectrum of treatment approaches ranging from simple relaxation, to symptom-relieving suggestions, to behavior modification, to psychoanalytically oriented psychotherapy.

Hypnosis serves as a unique interpersonal process that can catalyze therapeutic effects and rapidly bring out latent needs and defenses. [pp. 182-200 (Wolberg, 1972)]. It is helpful in creating incentives when the patient lacks motivation for treatment. It is particularly useful for the patient who refuses to begin therapy unless he is assured of immediate relief of his symptoms. It is valuable as an expedient in helping to develop a warm working relationship between patient and therapist. It may restore communication when the patient is unable to verbalize freely, and by lifting repressions it can expose pathological zones of conflict. It may enable a patient to remember dreams and fantasies in psychoanalytic therapy. By facilitating transference it can expose the harmful imprints of past relationships. It is sometimes useful in bringing repressed and repudiated memories to the surface, when these are deemed essential to the therapeutic process. It may permit more rapid progress in behavior modification than the many different behavioral techniques.

These are only brief indications of how hypnosis can be effective in psychotherapy, whether the therapist fashions his methods around the

theory that unconscious memories or conflicts are the basis for emotional ailments, or whether he adheres to the hypothesis that neuroses are exclusive products of faulty learning and conditioning. Not all therapists are able to employ hypnosis, either for personality reasons or because of unresolvable prejudices. But the therapist capable of transcending his fears and prejudices will find that the practice of hypnosis adds an important dimension to his technical skills.

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