

Hypno- analysis

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*To my children
Barbara and Ellen*

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FOREWORD

IT IS to the enduring credit of Charcot that he compelled the learned men of Paris to admit that hypnosis deserved recognition as a natural phenomenon and not as a manifestation of diabolical possession. Up to that time it had been necessary to reconcile hypnosis with the theological rather than the scientific conception of man. The consequence was that the practice of hypnosis was limited to charlatans and tricksters. Charcot made hypnosis—and incidentally hysteria—respectable. In fact, Charcot at first used hypnosis to elucidate the nature of hysteria by demonstrating that by means of hypnosis he could create an artificial hysteria. The concept of suggestion was the distillate of hypnotic practice. In the wake of this recognition, hypnosis began to flourish as a therapeutic technic. Excellent schools, notably those of Liébault and Bernheim, grew up in pursuit of the aims of suggestive therapy. But they were occupied with problems of technic in the induction of hypnosis, believing that the reason for the unevenness of its results lay in this sphere. Since this was a practice that had no theoretic basis, no questions were necessary if it worked, and if it failed no questions could be asked.

It is often forgotten that Freud was a pupil of Charcot and learned much from Liébault and Bernheim. Psychoanalysis was an answer to the failures of hypnosis: it was an effort to circumvent these impasses arising during hypnotic treatment. The method that Breuer called catharsis was the direct consequence of the failures of hypnotic suggestion. What happened to the method of catharsis we now know. Hypnosis was wrecked on the reefs of resistance, and it was the investigation of this latter phenomenon that led to the method of dealing with resistance through the avenue of free association. This effort also led to the discovery that the dynamism of repression lies at the root of the peripheral manifestation of resistance, and specific technics had to be devised for coping with this factor in turn. It had long been known that hypnotic suggestion failed more often than not and at best was a blind implement, the operation of which could not be con-

trolled. Later Ferenczi made a noteworthy contribution to our knowledge of hypnosis by showing that although it is a natural phenomenon, it has in itself a content—a regression to an infantile state of abject dependency on a parental object—and hence can be reconciled with the phenomenon of transference.

Meanwhile, psychoanalysis as a systematic therapy, apart from its function as systematic psychopathology, has had more than half a century of trial. During this time, under the initiative of Freud as well as of others, many attempts have been made to advance the knowledge of the pathology in the interest of therapeutic efficiency. In spite of all these attempts, psychoanalysis is still an uncertain weapon of therapy, even though as a general psychology and system of pathology it has no peer today.

It is under the lash of some of the therapeutic failures of psychoanalysis that there has been in recent years a revival of interest in hypnosis as an adjunct to psychoanalytic therapy. Recently there have been new, important discoveries concerning its usefulness in exploring the unconscious. Technical innovations designed to bring about specific age level regressions by means of hypnosis, have had intrinsic value, as well as the value of demonstrating points long ago established by Freud. While no reliable theory about hypnosis exists today, it has made giant strides in the domain of technic. It remains to be seen whether these technical devices can be put to some constructive use in systematic therapy. Without psychoanalysis, however, it would be impossible to interpret the new data revealed by modern hypnotic technics, or to direct these technics to the solution of pressing problems in scientific psychodynamics and psychotherapy.

In recent years there have appeared several reports on the subject of hypnoanalysis. Most of them were unfortunately written by authors whose knowledge of pathology was too limited to guide the process or to distil from the experience some instructive principles, without which any technic remains a hit-and-miss procedure.

The present book contains a report on a hypnoanalysis. It has many tangible advantages over its predecessors. It is possible to reconstruct, from the protocol, the dynamics of a definite change in the functional organization of the patient. Moreover, the record of this transition, and the dynamics for which it can be mined, correspond to well established principles in psychodynamics. In addition, it is possible to formulate from it a specific bill of particulars with regard to what hypnosis does or does not do, at what specific junctures it gives material help and where it fails. And, finally, it is possible to reconstruct the scaffolding of the pathologic structure with considerable precision and to follow this structure through the experimental conditions created by the treatment. The report presents a fairly complete picture of one specific schizophrenic personality. These features of the book render it highly worthy of attention and study. The technical aspects of the experiment show its author to be possessed of a fine therapeutic acumen and of an uncommon technical virtuosity.

A. KARDINER

New York City
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PREFACE

THERE IS an urgent need in psychiatry for an abbreviated form of therapy applicable to patients who are unable to avail themselves of prolonged treatment. Existent therapies include suggestion, persuasion, guidance, confession and mental ventilation, reassurance, re-education, desensitization and the correction of remediable elements in the patient's environment that have a destructive effect on his adjustment.

Such therapies admittedly are superficial, but they are justified by the fact that they often eliminate sources of stress and put a halt to behavior that brings the individual into conflict with others. They provide furthermore a medium for the most effective operation of whatever spontaneous forces of mental health remain. A brief period of psychotherapeutic treatment in which the patient receives understanding and help from the therapist, in which he relieves himself of the burden of guilt that has tortured him, may establish the beginnings of more profound mental change. There are some patients who, on the basis of a few interviews, get sufficient strength to carry on with their daily routines and even to attain an understanding of some of their compulsive neurotic drives and disorganized interpersonal relationships.

Unfortunately, insights gained through brief psychotherapy—so far as most of the forms of it are concerned—are so shallow that they scarcely touch upon the deeper sources of maladjustment. Difficulties rooted in unconscious conflict or in inimical experiences in the past go untreated, and while the patient makes a more tolerable adjustment to his environment, his characterologic defects remain. His inordinate demands on people, his undermined self-esteem, and his fears of the world continue to generate tension and anxiety that necessitate the elaboration of neurotic defense mechanisms.

The chief fault of most current brief psychotherapeutic methods is that they accept the deeper personality strata that foster a neurosis as a "liability" that cannot be altered. Efforts are directed to dealing with environmental forces that stir up the individual's liabilities and produce conflict. Without

question, neurotics get themselves enmeshed in situations that create anxiety. The therapist can often detect the situations that cause trouble and can show the patient how to pattern his life around his weaknesses. For instance, the individual may have a problem involving compulsive ambition, and may fail in his customary work to reach the level of his expectations. Advising the patient to seek an occupation sufficiently below his aptitudes to permit of success may remove sources of tension.

This type of therapy is of course merely palliative and does not tackle the real problem as to why it is necessary for the patient to function masterfully on all occasions. A more rational form of treatment would be directed to determining what function the patient's character strivings serve in his psychic economy. Neurosis has its origins in defects in human relationships. An approach that investigates how the individual operates as a psychobiologic unit in an interpersonal setting offers the best chance of understanding the meaning of his neurotic collapse.

Psychoanalysis is by far the most elaborate form of relationship therapy. Through interpretation of the patient's free associations, his dreams, and his transference to the analyst, an attempt is made to arrive at an understanding of how experiences and conditionings of his early life are determining his emotional reactions in the present. The ultimate aim of psychoanalysis is a reintegration of the individual in his relationships to the world, to people, and to himself.

Psychoanalysis unfortunately has many practical drawbacks. As a major psychotherapeutic procedure, it is not indicated in all forms of emotional illness. It is both time-consuming and expensive; and there are relatively so few analytically trained physicians that the vast numbers of emotionally ill people cannot avail themselves of its benefits.

In recognition of the urgent need for a briefer form of psychoanalysis, an increasing number of analysts are experimenting with modified analytic technics.¹ Some analysts are convinced that psychoanalytic therapy can be applied to patients seen at

infrequent intervals and over a relatively short period of time. Unfortunately, in a great many cases brief therapy scarcely suffices to penetrate the resistances that keep the patient from interacting freely with the therapist.

In recent years work in hypnosis by Erickson,²⁻⁸ Eisenbud,⁹ Kubie,¹⁰ Lindner,¹¹ Gill and Brenman,¹² and Fisher¹³ has indicated that hypnosis has possibilities as a psychotherapeutic method and that it possesses certain advantages over other brief forms of therapy. Standardized technics have not yet been worked out, nor is it known to what extent hypnosis may be valuable in the various syndromes. Nevertheless, hypnosis is rapidly being recalled from the limbo of departed therapies and is achieving a stature such as it has not enjoyed since its eclipse at the turn of the century.

Much of the current use of hypnosis is still along palliative lines. There have been reports of many cases of functional illness apparently ameliorated by hypnotic suggestion. Consequently there has developed a wave of optimism concerning the therapeutic possibilities of suggestive hypnosis far out of proportion to its actual worth. This is not to say that hypnotic suggestion cannot effect important changes, particularly in hysterical disorders. In some instances, suggestion promotes a rapid and even miraculous disappearance of symptoms. These happy results are, however, rare.

Emphasis on the uncovering of traumatic memories is a more rational approach. The content of many hysterical, obsessional, and compulsive symptoms may be determined by experiences and conditionings in the patient's past. In such patients the recovery of forgotten memories either through direct recall in the hypnotic state, or through recall and reenactment in the hypnotically induced regressive state, or through hypnotically stimulated automatic writing, drawing, play therapy, crystal gazing, and dreams, may cause a symptom to vanish. Any individual who has witnessed the dramatic cessation of certain symptoms through the recall of a traumatic experience cannot help being impressed by this phenomenon. However, hypnotic recall of repressed memories is not always

successful, because the repression often serves an important function in protecting the patient against anxiety. The resistance to recall will maintain the amnesia even in the deepest somnambulistic states. One can spend many frustrating hours in a vain attempt to enucleate experiences that the patient in desperation may finally manufacture. Furthermore, the enucleation of repressed memories and experiences, even when successful, will, in most neurotic conditions, not effect cure.

Recent experimental work¹⁴⁻¹⁹ with hypnosis as a method of inducing artificial conflict and of investigating many complex aspects of behavior has demonstrated that hypnosis brings out transference phenomena rapidly and in relatively pure culture. The patient reacts to the hypnotic relationship with deep inner strivings and fears, with defenses and resistances such as occur in a psychoanalytic relationship. In addition to facilitating transference, hypnosis aids in removal of resistance and in absorption and assimilation of interpretations. Hypnosis thus becomes an interpersonal experience that can have more vitalizing values for the patient than any curative suggestions implanted in his susceptible mind.

Many questions arise concerning the utility, dangers, and limitations of hypnoanalysis. Can it actually shorten the psychoanalytic process? Are the results permanent? What types of cases are responsive to the method? May not hypnosis introduce into the transference a foreign element that will interfere with a therapeutic interpersonal relationship? Will hypnosis make the patient dependent upon the analyst and in this way tend to infantilize him? Is there not a danger of precipitating psychosis in schizoid persons? May not the therapist's preoccupation with the more unconscious aspects of cognition and feeling during the trance lead to neglect of conscious and rational aspects of the personality? Does not hypnosis overemphasize the enucleation of traumatic memories or experiences and restrict therapy to a superficial catharsis? Can hypnoanalysis deal with the character structure itself and can it influence favorably the way in which the individual relates himself to others? Is the ego itself involved in the therapy and can it be strengthened by hypnoanalysis?

A complete answer to all of these questions is not possible at the present time, because hypnoanalysis is a relatively new science. Nevertheless, this book attempts to answer them as thoroughly as experiences with the method up to this date warrant. Without doubt many additions to and revisions of the theoretic and practical aspects of hypnoanalysis will be made as more is learned about the method.

A word of caution may not be amiss. Hypnoanalysis is no cure-all. It has definite values, but it will not move mountains. Failures occur with hypnoanalysis as they do with any other psychotherapeutic method. It is essential to stress this repeatedly, because several observers in their enthusiasm over certain effects of hypnosis on the psyche have credited it with powers that it does not possess. Whether we like it or not, there are a number of emotional conditions so malignant that they cannot be influenced readily by any known form of therapy. Resistance to getting well, whether due to anxiety associated with a reorganization of interpersonal attitudes, or merely to a refusal to relinquish the secondary gains derived from the illness, may constitute an insurmountable block to recovery. Some persons respond to hypnoanalysis when they have failed to respond to other psychotherapies. This is a far cry from saying that all patients can be helped or cured.

An attitude of scientific conservatism is justifiable, because overvaluation of hypnoanalysis will consign the method to the same scrap heap of decadent therapies that engulfed hypnosis in past periods when its virtues were exalted to absurdity. Hypnoanalysis holds promise of becoming an invaluable adjunct to psychoanalysis, but it must be explored more thoroughly before its complete scientific worth can be fully evaluated. The present volume is presented as a contribution in that direction.

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