

THE BRITISH ENCYCLOPAEDIA OF MEDICAL PRACTICE

SECOND EDITION

Under the General Editorship of

THE RT. HON. LORD HORDER

G.C.V.O., M.D., F.R.C.P.

EXTRA PHYSICIAN TO H.M. THE KING
CONSULTING PHYSICIAN TO ST. BARTHOLOMEW'S
HOSPITAL, LONDON

VOLUME SEVEN

HYPNOTISM
TO
LARYNX DISEASES

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OF MEDICAL PRACTICE**

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HYPNOTISM

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1. DEFINITION

299.] Hypnosis is a suggestively induced state of hyper-suggestibility accompanied by various degrees of immobilization of the attention.

2. HISTORY

Mesmer (1734–1815) must be considered as the discoverer of many of the phenomena now called hypnotic. This strange man took his doctorate in medicine at the University of Vienna with a thesis on the influence of the planets on the human body. In his view the heavenly bodies exerted their effect by means of a force comparable to magnetism; further he believed that the human body and material objects could be charged with this mysterious healing “fluid” which possessed almost miraculous curative powers. Mesmer, who was quite obscure in his country of origin, Austria, startled the fashionable Paris world with his miracles of healing. He was followed by a number of “magnetizers” or mesmerists, as they came to be called, the most distinguished of whom in England was John Elliotson (1791–1868), who sacrificed his almost unrivalled professional reputation in pursuit of what he conceived to be the truth. Another distinguished British pioneer was James Esdaile (1808–1859), who ran a hospital in India where thousands of minor operations and three hundred major ones were performed under hypnosis in the days before the introduction of ether anaesthesia.

Mesmer

Other pioneers

Towards the end of the nineteenth century and until World War I hypnotic suggestion was regarded as the most potent and reliable method of psychotherapy. At the same time it was viewed by the general public and many medical practitioners with suspicion and hostility as being somehow uncanny and partaking of quackery. Hypnotic treatment had no sooner come into its own than it was eclipsed by freudian psychoanalysis and allied methods of therapeutic procedure.

Recent history

3. NATURE OF THE HYPNOTIC STATE

From the definition it will be clear that the principle governing all hypnotic phenomena is that of human suggestibility; but when that has been said we are not much nearer to understanding the true nature of hypnosis. Both Janet (1925) and the psychoanalysts regard the hypnotic state as one of hysterical dissociation.

*Dissociation
Influence on
autonomic
system*

This article is not the place for an account of hypnotic experiments; but, as belonging to the most remarkable facts of hypnosis, it may be mentioned that in the hypnotic state certain autonomic functions which are ordinarily outside voluntary control—for example, peristalsis, uterine contraction, pulse rate, and vascular supply to the skin—can be influenced to a certain extent, but it would seem to a lesser degree than in the practice of Hatha Yoga, the Yoga of body-control.

According to Salter (1950), the hypnotic trance itself and all hypnotic and post-hypnotic phenomena are nothing more than conditioned reflexes. Pavlov, it will be remembered, in his book, *Conditioned Reflexes*, alluded to the conditioned-reflex approach to hypnosis as follows: "Speech, on account of the whole preceding life of the adult, is connected up with all the internal and external stimuli which can reach the cortex, signalling all of them and replacing all of them, and therefore it can call forth all those reactions of the organism which are normally determined by the actual stimuli themselves. We can, therefore, regard 'suggestion' as the most simple form of a typical reflex in man."

*Hypnotism as a
conditioned
reflex*

Hudgins (quoted by Salter, 1950), experimenting with humans in establishing conditioned reflexes, was able to condition some of his subjects in such a way that their pupils contracted when they thought of the word "contract" and dilated when they thought of the word "relax". It would seem then that, in hypnotic "suggestion", words are the bells or flashlamps of conditioned reflexes. We might have arrived at the same inference from the more recent studies in semantics. In hypnosis, therefore, as with reflex phenomena, the normal limits of volition are transcended. If we accept Salter's answer as to the nature of hypnosis, the hypnotist's "suggestions" are to be regarded merely as conditioned stimuli. There is thus no reason why a person should not be trained to provide his own conditioned stimuli, thereby eventually eliminating the need of a "hypnotist" and abolishing the somewhat mystical concept of *rapport*.

*Psychoanalytic
theory of
hypnosis*

Another questionable doctrine, the truth of which is rendered unlikely, is that of the psychoanalysts, who regard hypnosis as an artificially induced hysteria. They suppose that the hypnotist must be unconsciously identified with one or other of the parental figures, and that the hypnotized person automatically regresses to a state of infantile credulity and dependence. Yet another fallacy that has been disproved by the work of Salter is that there is a negative correlation between hypnotizability and intelligence. On the contrary, it would seem that the more intelligent a person is, the easier he is to hypnotize, provided that his intelligence is accompanied by a reasonable degree of emotional stability and integration. According to Salter, since "hypnosis involves nothing but a conditioning process, other factors being equal, intelligence facilitates it".

Even the production by hypnotic suggestion of positive or negative visual or auditory hallucinations can be explained in terms of conditioning. In this connexion, it is interesting to recall the successful experiments in instantaneously altering (by Pavlov's conditioning technique) the *alpha* rhythm coming from the human occipital cortex, and that Erickson (quoted by Salter) was able to induce colour-blindness by the conditioning technique usually known as hypnotic suggestion. Pavlov's conception of sleep as cortical inhibition throws some light on the physiological aspect of hypnosis; but, in strict truth, little more is known now about the true nature of hypnotic phenomena than when Mesmer in his violet silk robe wandered through the Paris salons touching hysterical countesses with his magnetic wand.

4. METHODS OF INDUCING HYPNOSIS

There are many recorded methods of inducing hypnosis, but they all seem to depend on the same principle, the application of monotonous stimuli in conditions suggesting relaxation and sleepiness. It is usual to combine visual, auditory, and tactile stimulation in this way; visual by the patient gazing either at a bright object held in front of the eyes or staring fixedly into the eyes of the hypnotist; auditory by monotonous repetition by the hypnotist of sleep-inducing suggestions; tactile by rhythmic stroking movements across the forehead and down the limbs, the so-called hypnotic passes. The following is my method of preference.

The patient is placed in a comfortable arm-chair or on a couch and told to relax his muscles. The room, which must be absolutely quiet, is partially darkened. I then bend over the patient and instruct him to gaze fixedly at the centre of my pupils until fatigue causes his eyelids to droop and close. I address the patient as follows: "Gaze fixedly at my eyes. You will soon find your eyelids are becoming heavy. Your eyes are beginning to water. It will soon be too much of an effort to keep your eyes open. They are closing. In another minute you will not be able to open them even if you wish to. Sleep is stealing over your body. Your arms are becoming heavy." I stroke the arms in a downward direction while saying: "All outside impressions are fading out; even my voice seems to be coming from a distance. You are going to sleep, sleep, sleep." Then, using a sharper tone of voice: "Your eyelids are glued together; you cannot open them. Try; the more you try, the less you will be able to do so." By this time the patient should be "under".

Adler and Secunda (1947) describe an indirect technique for the induction of hypnosis. In this method, no direct suggestion is made to the patient that he will be hypnotized or put to sleep, and the procedure is made more obviously dependent upon the patient's co-operation and participation. The words "hypnosis" and "sleep" are replaced by the words "relaxation" and "concentration", which are reassuring because they do not imply loss of control or create a feeling of helplessness. The patient, seated in a comfortable arm-chair, with the head inclined slightly forwards, is told to let all his muscles "go limp" and to concentrate his glance on the thumb and forefinger of one of his hands. He is then asked to close his eyes, and the

*Basis of
methods*

*Author's
method*

*The indirect
technique*

physician counts, synchronously with the patient's respirations. The patient is told that he will feel his thumb and forefinger drawing closer together, and that when they touch he will be in a deep state of relaxation. The suggestion of relaxation is usually repeated at the count of 100. The movement of a larger muscle group is then undertaken, the patient lifting one hand; both inability to move a limb at the suggestion of heaviness and hypo-aesthesia to pin-prick are noted at this point. Transition from light hypnosis to deep trance is made according to the suggestions of Erickson (1939), with the omission of the words "sleep" and "trance". A simple orientation procedure is then gone through, with such questions as "What is your name?", "What are you doing?". Deep hypnosis is not required for therapeutic results. Suggestions are then made to the patient that from now onwards, whenever the physician counts from 1 to 20, he will go into deep relaxation, indicated by his hand rising automatically and touching his face. After hypnosis, the technique is discussed with the patient, no attempt having been made at this first session to produce hypnotic or post-hypnotic amnesia.

Auto-hypnosis Perhaps the most important contribution which Salter has made to "applied", as opposed to theoretical, hypnotism is in auto-hypnosis. He defines auto-hypnosis as "the ability to induce upon oneself the trance of sleeping hypnosis together with such of its phenomena as may be desired". He describes methods of training people in auto-hypnosis—in other words, self-conditioning—which would appear to be sound and relatively simple. Two of his methods involve hetero-hypnotic training to begin with.

5. STAGES OF HYPNOSIS

At one time it was fashionable to distinguish and describe various stages of hypnosis. For all practical purposes it is only necessary to distinguish three stages:

- Light hypnosis* (1) Light hypnosis in which the patient reclines drowsily and comfortably with closed eyes. He knows that he could open his eyes if he wished to, but feels that this would be too much of an effort. Curative suggestions are accepted in light hypnosis. About 90 per cent of people are susceptible.
- Deep hypnosis* (2) Deep hypnosis in which (a) the patient is unable to open his eyes; (b) local catatonic or cataleptic states and regional anaesthesia can be produced by suggestion; (c) subsequent amnesia for the events of the hypnotic session is spontaneous or suggestible; and (d) specific post-hypnotic suggestions, namely, suggestions which are intended to continue to be effective or to be first realized after the termination of the hypnotic state, will subsequently be acted on. Probably about 40 per cent of people are susceptible to deep hypnosis.
- Hypnotic coma* (3) Hypnotic coma. Only 10–15 per cent of adult Europeans seem to reach this deep stage. In externals it resembles chemically induced, deep anaesthesia. Major surgical operations can be painlessly performed and labour controlled. Amnesia is spontaneous and complete. Hypnotic somnambulism can be suggested, that is, the patient may be told to open his eyes and perform any motor actions while remaining fully hypnotized.
- Hypnotic somnambulism*