

MEDICAL HYPNOSIS*

J. A. F. DENYSSSEN, M.R.C.S. (ENG.), L.R.C.P. (LOND.), D.P.M., R.C.P. & S. (ENG.)

Pretoria

The phenomena of hypnosis must have been known since man was first able to record events. In the last 2 centuries interest in hypnosis has periodically waxed and waned, at times amounting to scepticism and scornful neglect. The interesting and striking nature of the phenomena, comparatively easily induced, led to exploitation. Exaggerated and unwarranted claims based on a few dramatic results lead to disillusionment, public hostility and scientific rejection. The medical profession could hardly afford to be identified with practices exciting such strong public disapproval, more especially as the mechanism of hypnosis could not be satisfactorily explained by any current theory on either a physiological or psychological basis.

The passing of the Hypnotism Act of 1952 in the UK is a landmark in the developing public and scientific attitude to hypnotism. After considering the report of a commission, the British Medical Association have this year (1955) officially recognized the value of hypnotism in the treatment of physical and psychological disorders, and recommended that it should be confined to persons subscribing to the recognized ethical code which governs the relation of the doctor and patient.

Most standard methods of induction involve restriction of sensory intake and motor output. The attention is fixed, and there is repetition of monotonous stimulation. Not one of these factors is essential, although most induction procedures include them.

Under hypnosis the subject's behaviour is well organized, purposive and capable of attaining all the complexity of waking behaviour. A sleeping person has a low level of awareness, if any, compared with the hypnotized subject. The latter shows a selective response to the hypnotist, apparently immune to stimulation from other sources and associated with variable suggestibility within the field of awareness. This is known as *rapport*.

The phenomena of hypnosis include the following: Catalepsy with tonic rigidity of muscles or a flaccid inert state; modification of sensation (hyperaesthesia, anaesthesia, and hallucinations of general and special sensation); amnesia and post-hypnotic phenomena. The subject may exhibit altered sensation or behaviour suggested during the hypnotic state, with amnesia for the instruction; regression or revivification—where the subject relives experiences of life in the recent or remote past. If these are accompanied by intense emotional reaction, it is known as abreaction. Pain can also be abreacted. Dreams may be induced. More recently time-distortion has been demonstrated by Ericson and Cooper. In Automatic writing—the hand can be dis-

sociated so that it writes answers to questions without the subject's conscious knowledge.

CASE RECORDS

Mrs. X, 32 years of age. Stated that in December 1954 her husband arrived home after a hunting trip, holding a revolver in his hand. She suddenly felt tired and dazed. Her next memory was waking in hospital with a dead feeling of her right hand and face (similar trance states, lasting for 3 days had occurred before). She complained of phobias for moths, dead violets, death, chrome-plated syringes, taps and revolvers. Attacks of peculiar pain in the right arm, leg and face, with a toothache-like pain in the back. Became terrified after experiencing a vision of her late father on one occasion.

Previous History. Her mother was an alcoholic and committed suicide when she was 4 years old. At 9 years of age she fell from a horse and hurt her back. At 18 years of age, the first attack of pains in the right face, arm and leg occurred while as a nurse she was assisting at an operation. She subsequently gave up nursing on account of numerous symptoms. Three years ago her father was shot by a mentally deranged man. She had been treated by about a dozen general practitioners and specialists, without avail. An eminent orthopaedic surgeon X-rayed her back with negative results. She was diagnosed as suffering from neuritis of the back and given procaine injection of the right sacro-iliac joint.

The patient was admitted on 21 January 1955. Neurological examination was negative. It was decided to investigate her complaints by means of hypnosis.

Hypnosis induced. There was strong emotional disturbance with a vision of her dead father. On waking, she said that the headache which had troubled her for several days, had cleared. Resistance was lowered after hypnosis and associations occurred freely. She related the following: 'The constable put a revolver on the table in Court; when my eyes fell on it, the shiny surface attracted my attention; it was a chrome-plated revolver used by the murderer—The touch of cold steel reminds me of father—My fear of chrome taps is gone; I can now open them without any trouble'.

Hypnosis induced. It was suggested that she would see a blackboard, her hand holding a crayon, about to write. After some moments, on being asked what she had written, she replied, 'Nothing—I cannot write or read'—On being asked what her age was, she said '4 years old'. On waking, she expressed her disappointment, as she thought she was not cooperating on account of complete amnesia for the duration of the trance.

Hypnosis induced. After induction, questioned about the moth phobia she regressed to 4 years of age.—Said, 'It was the chalky powder on the moth, marked like eyes'—Then she saw her dead mother in hospital and became very agitated—I asked her whether she saw the connection and she replied, 'Yes, but I am still afraid'. On waking, she said that she had always been afraid of dead violets, now associated them with her dead mother, realized that the recurrent dreams of death were connected with the death of her mother. This explained her fear of dead bodies as a nurse and fear of giving birth to a dead child.

31 January 1955. *Interviewed.* When 9 years old she remembered seeing her grandfather falling from a roof. He afterwards moved about in a wheelchair, his right arm hanging down. She thought it strange at the time that only one side was affected. Now realized the connection with her right arm and leg symptoms.

Hypnosis induced. Regressed to 4 years of age—started moaning—changed from English into Afrikaans—'Native groaning—Lorry ran over his back—Father and I riding in a car—There is a cloth over the Native—His leg is sticking out—We have passed it—(rather hastily) There is nothing more; please wake me up'—On waking, she said, 'Two II's flashed past twice. What did it mean?' (The anxiety to be wakened and the two II's suggested the proximity of further dynamic factors.)

Hypnosis induced. Regressed to 4 years of age again. I asked her whether it was her right or left side which was painful and she

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answered, 'I don't know'. I pressed for an answer and she shook her right arm and leg and said, 'The pain is there' (This is consistent with true revivification for as a child of 4 years old, she could neither read or write, nor distinguish right from left.) 'What happened after passing the Native?' 'We were in a lorry'—then silence (this indicated resistance). 'Did you go home?' 'Oh yes! I remember now. When we got home, father was saying prayers. I complained of pains, when my little brother nudged me and said that I was bewitched and that the dead Native's pains had been transferred to me and would remain with me. I was terribly scared, because I believed this.' I asked her whether she saw the connection and she replied, 'No' (She was still 4 years old; how could she see the connection between this and the pains as an adult?—Further indication of true revivification.)

On waking, she remembered the details of the revivification, and replied, 'I can now clearly see the connection between the back pains and the experience at 4 years of age. I feel I am well now. It is all over'.

5 February 1955. Reaffirmed that her back pain was like toothache, and that the pains in the arm and leg were different. Asked whether she could associate anything with the II, II, she said that she did not have a clue, but there must be something to it.

Hypnosis induced. Asked what the 'II, II' meant—'There is a blackboard—II+II+8, written on it'. Regressed to 11 years. Stated that her mother was dead; the other II is her father's second wife; 8 stands for 8 o'clock (the time her father was killed)—'Her husband used a guttural R in his speech, just like her father'. She then saw her late father; became very upset; roused, still upset, and said that she did not want any more hypnosis as she did not want to see her father—it was very upsetting. Reassured that it was hallucinatory, she relaxed and was quite content.

This was the termination of the treatment. She had lost all her phobias, ate and slept well and was delighted with the results of hypnosis. When she contacted me a month later she was hale and hearty and maintaining her excellent recovery. Symptom-free up to the time of writing.

OTHER CASES

Mrs. Y, 27 years of age. *Symptoms:* Attacks of breathlessness with cold sensations of the extremities and profuse perspiration; irritability; unable to wear a collar blouse or anything covering her throat as it caused a choking sensation; a strong antipathy to sex.

26 June 1954. *Hypnosis induced.* Regressed to 6 years of age. When questioned about the origin of her sex fears, she said, 'She was with her younger sister when a man approached them and offered her chocolates to come with him into the bushes at the side of the road'. . . . at this stage she gave vent to piercing shrieks and created such a din that the Matron and Sister rushed into the room to ascertain what was wrong. The screams continued—complained of intense pain, cried that the man was trying to insert his sex organ, terribly frightened and shouted, 'He is choking me'—felt her hands and legs go cold, sobbed bitterly and muttered that she was dying, and that everything was going dark—Then said she was dead and jerked convulsively.

3 July 1954. At the following visit she said: 'Now I know why I have choking feelings and feel as if I am dying—The man strangled me. I could never understand what had become of my little sister. Could never understand why I always used the phrase 'Wil nie veronreg nie' or why I experienced such a nasty smell when a man came near me. It is exactly the same smell as I experienced at 6 years of age. Whenever anything touched my throat, I always felt as if I were choking. I could only wear open-neck blouses. Look! I am wearing a high necked blouse and there is no discomfort'.

Up to the time of writing the patient is keeping well.

Mrs. F, aged 24 years. Amenorrhoea for 12 months, unaffected by intensive hormone therapy. It was suggested under hypnosis that her period would occur. Some days later, she experienced such a flooding that she panicked and called in her doctor. Further suggestions under hypnosis resulted in her having normal painless periods for the past year, except for 2 occasions.

Mrs. G, aged 50 years. Complained of pain and flooding at every monthly period since puberty, during which she was unable to get out of bed for 5 to 8 days. On admission for treatment for depression, she looked pale, wrinkled and ill. Menstruation had

just begun. It was suggested under hypnosis that her period would stop. She felt better on waking. Within a few hours there were only a few drops. She asked permission to go out with her husband in the afternoon, as she felt fine. There was no recurrence of the period that week.

Mrs. K, had had ENT and EST for depression. Despite a recent operation by a gynaecologist, penetration of the vagina remained impossible. After hypnotherapy she reported that sex relations were improving and voluntarily terminated the treatment.

Miss D, aged 26 years. Seen on 11 August 1954, she complained of nocturnal enuresis all her life. All medical treatment had been unsuccessful. After 12 hypnotherapies over a period of 3 months, she was continent, except for one or two occasions when she noticed her bedclothes slightly moist. Re-examined on 22 July 1955, she said she was now slightly moist once a month, except on one occasion after two cups of water at 12.30 a.m.

In 3 cases where sympatheticonics were given together with hypnotherapy, the results were not so satisfactory. *One patient* with asthma, hay fever, unresolved pneumonia and bronchitis, who was allergic to all the usual remedies, including penicillin, antibiotics and ACTH, reported that she had no further attacks of asthma after the first hypnosis. *A second* asthmatic emergency, also resistant to medication, responded to hypnosis.

Mrs. D, aged 24 years. Had been given Pethidine for the past 2 years for her intense headaches and vomiting. Of late she had had Pethidine twice a day and at night. She had given up all hope that doctors could do anything for her. After a few hypnotherapies the symptoms cleared completely. She was bright and cheerful.

Miss G, aged 17 years of age. On 14 February 1955, she was referred for attacks of unconsciousness. Symptoms: Attacks of unconsciousness, preceded by jumping spots, twitching, coldness of feet and hands; did not think that they were connected with emotional disturbances. These attacks had occurred over the past 2 years, but were of late preceded by twitching of the face and hands. Neurological signs were negative. Cool moist palms, nails bitten short. The differential diagnosis was between akinetic epilepsy and hysteria. It was decided to examine the patient under hypnosis. In the second hypnosis, she was regressed to the first attack. She exclaimed that her feet felt cold—she was worrying about her cousin drowning—realized the connection between the upset about the drowning and the attacks. Still in the trance it was suggested that she would have a dream—She dreamt that she had passed her matriculation examination, and was going to the Normal College to become a teacher. On waking, she realized the nature of the attacks. I mentioned that she would be able to take up her studies and become a teacher eventually. At this she showed obvious surprise. Wanted to know how I knew that she intended becoming a teacher. Her mother confirmed the drowning of the cousin. There was no evidence of physiological interruption of the consciousness in the attacks. Diagnosis of hysteria confirmed.

Miss D, aged 16 years. Referred for hysterical symptoms characterized by brief lapses of consciousness when she felt as if in a trance; immediately aroused if spoken to; insomnia, chest pains and neurasthenic symptoms.

Convulsions as a child. Unhappy childhood on account of an alcoholic father. Often involved in parental disputes. She was now unhappy at the technical college; felt that she had chosen the wrong subjects.

E.E.G. was abnormal, fitting in with an inter-seizure pattern of uncinat epilepsy. Interweaving of epileptic and functional elements presented a confusing picture.

Whereas she had always been abrupt and short in describing the attacks, under hypnosis she proceeded to give more details than she had ever given before, as follows: 'Dit voel as of ek nie lewendig is nie—Dit is alles in my kop—Dit voel as of dinge om my nie werklik is nie—Dit voel as of ek aan die slaap is—Ek voel as of ek nie regtig lewe nie' continued that these dead feelings began 2 years ago.

There was complete amnesia for the hypnosis, and she volunteered that it felt like going out under chloroform.

Mr. J.B., epileptic, aged 40 years. Referred for impotence, which had gradually developed. He was unable to maintain an erection, nor did he have any sex desires. He had been taking pills for epilepsy since 19 years of age. His memory was so bad

that he had to make a note of everything. Whenever he was questioned under hypnosis, and brought to the moment preceding the attack, he consistently reported a blank (indicative of physiological interruption of consciousness).

Under hypnotherapy his memory improved and potency returned; he impregnated his wife of 40 for the first time.

(According to the test-books the more extensive the retrograde amnesia, the more extensive the trauma. Amnesia persisting for years is assumed to be the result of irreversible brain damage. Hypnosis may throw more light on the pathology of this type of injury.)

Mr. B., aged 21 years. Referred on 19 August 1941. He was involved in an accident on 13 May 1941; hospitalized for 5 weeks. He said that he had been unconscious for 18 hours. His memory for the first week was vague. His last memory was of driving a car at 12 p.m. According to the police reports, he drove a motor cycle into a car at 2 p.m. There were no signs of organic lesion of the CNS.

On 13 May 1953 he was admitted for alcoholism. He had been in many nursing homes, including 'Tara' where he had had a lumbar puncture and radiological examination of the skull, with negative results. The one thing that worried him was the retrograde amnesia of 2 hours. He had frequent dreams about the accident. He asked whether it was possible to restore his memory of the accident.

At the 7th hypnosis, he was regressed to the date of the accident. Up to now the conversation had been in English, but in the regression he switched to Afrikaans. Gave the following account: He was driving down from the Union Buildings on the winding road. The oncoming car was on his wrong side of the road, cutting the corner. (The patient became very agitated at this stage evidently re-living the accident.) He said, 'He was driving down hill—could not stop—struck the car broadside on. He had complete amnesia for the duration of the trance. After details were repeated to him he said that this confirmed the police report and sketches. He appeared relieved.

HYPNO-ANAESTHESIA

Mr. C., 30 years of age. During a course of hypnotherapy for psychoneurosis the patient arrived for an appointment and stated that his shoulder movements were painful as the result of his spraining his shoulder. Hypno-anaesthesia was induced in the shoulder joint. On waking he was surprised to find that he could move his shoulder freely and painlessly. Hypno-anaesthesia was left. On his next appointment a week later, he stated that his shoulder had remained 'dead' for a few days, and then the dead feelings had worn off, accompanied by a few prickly feelings.

Mrs. C., aged 41 years. Referred for electro-narcosis with the warning that she was sensitive to Luminal. The day after treat-

ment with Pentothal, Flaxedil and ENT there was swelling of the right breast and right side of arm and an itchy rash on the body, mostly in the groins and folds of the breasts (she was allergic to barbiturates). Hypnosis was substituted for Pentothal, though the patient was afraid it would not 'put her deep enough'. Questioned afterwards, she stated that she did not feel the needle inserted; it felt like going under Pentothal, except that it made her 'more squiffy'. With the same ENT current the patient went deeper after Hypno-anaesthesia. No further urticarial reaction occurred.

Mrs. P., aged 24 years, was having hypnotherapy for psychoneurosis. There was a disfiguring mole in the left nasolabial fold, which she would not have removed because she was afraid that she would never wake up from the anaesthesia. There was a similar phobia for hypnosis. After successful induction of hypnosis, she expressed her willingness to have the mole removed under hypnosis. Arrangements were made for Dr. Schulenberg to operate.

On 5 November 1954 Dr. C. A. R. Schulenberg operated. The patient was hypnotised on the operating table and hypno-anaesthesia of the face induced. She drew up her nose when the area was cleansed with ether. There was no flickering of the eyelids nor any signs of discomfort with the cutting and stitching, although this is a very sensitive area. On waking after the operation, she doubted that the mole had been removed, and wanted to take off the dressing to reassure herself. Said that she had experienced a nasty smell when the face was swabbed, and wondered whether she would feel the knife cutting. There was no discomfort with the operation. Anaesthesia was left until the removal of the stitches 4 days later. The patient was so pleased with the result that she expressed a wish to have a parotid tumour removed in the same way.

CONCLUSION

In attempting to cover a wide field many significant details have been omitted.

Hypnosis may be regarded as a scientifically established fact. In its application, the directness and economy of effort and time are impressive to both patient and doctor.

It offers a rich and promising field for further investigation and research, and should be confined to those subscribing to a recognized ethical code and standard of qualification. Steps should be taken to prevent public displays by lay hypnotists. The future tempo of hypnosis may depend more on how we control than how we practise.