

HYPNOSIS IN MENTAL HOSPITAL PRACTICE.

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THE Mental Treatment Act of 1930 has brought within the purview of the mental hospital that large class of psychoneurotic and "early psychotic" patients who formerly drifted despairingly in the wilderness between orthodox medicine and the quack. The purpose of this paper is to show how an attempt is being made in this hospital to deal with this heterogeneous class of patients by means of psychotherapy, carried out by the ordinary medical staff of the hospital, without interference with their routine duties.

Since Cefn Coed Hospital opened in 1932 a large number of voluntary patients have presented themselves for treatment. In the year 1935 there were 72% of voluntary patients out of 276 admissions. It is obvious that this supply was largely drawn from a type of patient new to mental hospital practice. The medical officers of an ordinary mental hospital then found themselves confronted with diagnostic, prognostic and therapeutic problems such as had not come within their experience prior to the Act of 1930.

In many such cases the ordinary routine treatments of diet, drugs and such special measures as occupational therapy, narcosis and onslaughts on septic foci were attended by relatively scanty success. In addition the full histories which were obtainable in this hospital, and the results of prolonged, careful, clinical observation, brought into striking prominence the importance of a psychogenic factor in many of our cases.

Accordingly it was essential, in the interests of these patients, to make a somewhat more extended attempt at psychotherapy than, we believe, is usual in the ordinary mental hospital. The large number of patients requiring such treatment rendered a prolonged and exhaustive psychological analysis of each case impracticable. An efficient short cut both to mental exploration and subsequent adjustment appeared to lie in the use of hypnosis. As McDougall puts it :

"The value of direct suggestion for relief of symptoms in simple cases should not, I think, be denied or ignored. But the chief value of hypnosis and of hypnotic

suggestion lies, to my mind, in their use as aids to exploration and the relief of amnesia, both repressive and dissociative. The use of hypnosis offers a short cut in the stage of exploration, which, in many cases, for lack of such aid, may be very prolonged. . . . And Prof. Freud himself has acknowledged its wide usefulness in such cases . . . etc."

And again :

" I believe in the value of mental exploration as deep as the case requires ; and I regard free association and dream analysis as important methods of exploration. But I also hold that exploration in hypnosis is, in many cases, useful and entirely justifiable."

Using hypnosis as such a short cut, it was decided to test its applicability to the new types of cases now being admitted.

At this point we may usefully indicate a variety of indirect factors which greatly favoured this work. In the first place the compactness of the Borough of Swansea greatly facilitated investigations of the various environmental factors bearing on the patient's illness. Practically every new patient is visited twice a week by his relatives. This close contact with the relatives offered numerous opportunities for adjusting the environment as required. In the second place the services of a trained social worker enabled us to obtain full histories, and to direct the care of our patients after leaving hospital. Before taking the social history the social worker was able to make a careful study of the case-notes to date, and to work in the closest co-operation with us.

It may seem strange, but it is nevertheless true, that among the people of Swansea Cefn Coed Hospital is not regarded as a hospital for " mental " patients as the word is commonly understood. The admission block, into which all new cases are received, is some distance from the main building, and in many important respects, including that of " atmosphere ", resembles more an ordinary hospital than the accepted idea of an institution for the mentally ill. We are lucky also in having an admirable team-spirit among the medical staff, resulting in free interchange both of ideas and patients. Clinical meetings of the whole medical staff are held weekly, at which diagnosis is discussed, the progress of patients checked, and lines of treatment decided upon and reviewed from time to time.

The work was started in March, 1936, and proceeded on the following approximate plan. First the case was thoroughly investigated, physically and mentally, along the ordinary lines. Then an attempt was made to assess the factors which had given rise to the patient's maladaptation. Any physical causes were treated according to medical and surgical principles. The social history was carefully scrutinized and correlated with the clinical findings. Where psychogenic factors were suspected, the patient's susceptibility to hypnosis was tested by an attempt to induce this state. In addition to cases of obvious psychoneurosis, we tried those cases of so-called psychosis who were

not making satisfactory progress, but whose illness seemed to have a psychogenic basis.

The following are the summaries of twenty cases, representative of the series we are attempting to treat in this way. In some of them hypnosis could not be induced, even after repeated attempts by both of us. Failure, for example, occurred, by reason of their inability to co-operate, in most of the psychotic patients we tried to hypnotize.

This agrees with many previous statements to the effect that cases diagnosed as psychoses are not amenable to hypnosis. In many patients hypnosis was attempted, successfully or unsuccessfully, by both of us. In all of them views were mutually expressed and discussed concerning the details of treatment and the surmounting of difficulties as they arose.

CASE I.—This case illustrates the use of hypnosis for implanting a required suggestion :

Female, *æt.* 34. Cashier. Treated as an out-patient.

She had previously been in this hospital for six months, and had left totally unimproved in a state of despair.

She had been admitted with a previous history of three years' duration of increasing sleeplessness and a peculiar obsession. She thought that £1 notes came down her sleeves, were in her stocking, were in the paper she laid the fire with, so that she had to rake over the ashes to reassure herself. She had a team of other patients examining her slippers, shoes and other clothes. She frequently dreamt that she was enclosed within a high wall which she could not climb. As the result of all this she had become irresolute, anxious and full of doubts and fears of the future, as she was incapacitated from handling any money whatsoever.

At this time one of us (E. H. K.), who had previously studied hypnosis, was asked to attempt this procedure on account of the complete failure of all ordinary methods. She was accordingly sent for again, and interviewed as an out-patient. Hypnosis was easily induced. She passed readily into the deepest stage. Negative hallucinations were easily suggested and she carried out post-hypnotic suggestions. During her previous stay in hospital a correct formulation of the causes of her illness had been presented to her by the other author (C. L. C.). She had a domineering mother, on account of whom she had sacrificed for ten years an exceptionally promising career as hotel cashier ; also she was sexually maladjusted. The genesis of each symptom had been laboriously worked out, explained to her and accepted by her intellectually but her symptoms had persisted.

In hypnosis all her symptoms were removed permanently at one sitting of two hours' duration by counter-suggestions. She was told in hypnosis that her obsessions would cease completely. Money was placed in her hands and she was ordered to count it. While doing so she was awakened, and found that she could continue to count it without experiencing any of her former fears.

As a matter of interest two further sessions took place, at which the previous formulation of her condition was checked up and found correct. She recovered completely, and was able to resume a normal life without hindrance by symptoms.

CASE 2.—This case illustrates the great value of hypnosis as a quick method of bridging amnesic gaps :

Female, æt. 22. Voluntary patient. Children's nurse.

She was admitted on February 22, 1936, in a confused, dreamy state, saying that she was "all mixed up". "I feel in an awful muddle. I can't remember when I first met my young man. I am mixing up the names and places and numbers. I feel I have been in a fog for a very long time." In a day or two she settled down and showed herself to be very anxious to co-operate. She could give an account of all events in her life up to six months previously. Her history since then showed the presence of numerous extensive gaps, of which she had only the most fragmentary memories. Her account of all this period gave the impression of phantasy, as she mentioned names and events totally discrepant with any history that could be obtained about her. Just prior to admission she had been involved in a minor car accident. It was only then that she realized that something was wrong with her and sought treatment.

Hypnosis was induced with remarkable ease. She passed into the deepest stage in which hallucinations could be suggested. Mental exploration in this state spread over several days revealed the presence of a series of extensive fugues almost constituting a continuous fugue for the whole six months. In her waking state she was quite ignorant of these events, but in hypnosis, although she lived through the events of the fugues, she retained her personality. In other words there had been an extensive dissociation occurring at the highest psychic level. For example, she found a house-key in her handbag which she could not account for, and she gave the number of her house as 44 instead of 2. In hypnosis it was found that the key belonged to a house numbered 44 in another town. An adequate emotional situation was revealed as the cause of the original dissociation. She was very closely attached to her father, who was dying of cancer, and was engaged to an Italian in London, of whom her father disapproved. While worrying over these troubles she became innocently entangled with two other men in Swansea, one of whom had a house numbered 44 and had the car in which the accident occurred. During her fugues she alternated between the latter two men, who were unaware of each other's existence, and neither of whom knew of the father or of the Italian.

The gaps in her memory were easily filled up, the dissociation was bridged and re-integration effected.

It is impossible adequately to condense this case. It contains numerous features of general interest, is extremely long and detailed, and it is hoped that it will be published separately in full. The result is, up to the present, complete recovery, and the patient is leading a happy, useful life.

CASE 3.—This case, regarded as a psychoneurotic, shows that hypnosis cannot always be induced in such cases :

Male, æt. 28. Voluntary patient. Lorry driver.

Admitted complaining of loss of confidence, insomnia, headaches and a left foot-drop (functional) which prevented him from driving his lorry. He was afraid he was losing his memory, and complained of blank feelings. He had obsessional visions of running over people with his lorry, but he had never

had an accident in twelve years of driving. He was regarded provisionally as a case of anxiety state. The supposed causes included a number of assaults on his pride in the past two years, and the recent death of his mother. He had undoubtedly been spoiled by his family. There were no apparent conflicts over sexual affairs. Extended investigations failed to establish how his lorry-driving came to be affected, and word-association tests shed no light on his case.

Hypnosis was attempted without any success on several occasions; he appeared to be genuinely non-suggestible. He left hospital relieved, his foot-drop having recovered, and he became able to drive again and was much less anxious.

Three months later he presented himself at the out-patient clinic completely relapsed. Further repeated attempts at hypnosis failed. He refused to return to hospital, was not certifiable and was lost sight of. Two months later, unfortunately, he committed suicide.

CASE 4.—A true melancholic; hypnosis attempted to test its applicability in such a case:

Female, *æt.* 48. Housewife. Married. Voluntary patient.

She was a straightforward case of recent melancholia who complained of lack of confidence, laboured under a feeling of unreality and despaired of ever recovering. She had made no progress for a year. Hypnosis was attempted in order to try to give suggestions of confidence, but she was entirely unsuitable. She has since recovered sufficiently to leave hospital relieved.

CASE 5.—A case in which hypnosis revealed unexpected amnesias, exposing the true nature of the illness:

Male, *æt.* 26. Collector. Voluntary patient.

He was admitted with the following history. During the past five years he had run away from home nine times, and on the last occasion staged an elaborate suicidal attempt in a London hotel. He said this had happened because his relatives were unduly critical of him. He worked in his father's coal office together with an elder sister, whose superior attitude he bitterly resented. In addition he disliked the coal business, but had made no efforts to seek more congenial employment.

It was noticed that he showed a symbolic hand-washing ritual, but he did not complain of this or appear to notice it himself.

He was readily plunged into deep hypnosis, and the information gained in this state enabled definitely correct advice (as events subsequently proved) to be given to his parents. In hypnosis a series of incestuous episodes with his three sisters, starting when he was 18 years old, came to light. As each grew up and objected he took on the younger one. The hand-washing was traced to its commencement at the episode with the first sister, and symbolized a repressed sense of guilt. The elder sister had become aware of his attentions to the younger ones, producing a singularly unfortunate situation for him in his employment.

He accepted all these explanations. His father wished him to continue to take over his business, but in view of the knowledge gained in hypnosis, he was categorically advised that it was imperative that this should not happen. The patient left hospital satisfactorily adjusted.

CASE 6.—Although hypnosis could not be induced in this man, the suggestive effect of the technique was beneficial :

Male, *æt.* 48. Voluntary patient. Bus conductor.

This case superficially resembles Case 1. He was admitted in an intensely agitated state, complaining of insomnia, buzzing in his head, and obsessive ideas. "It feels as if my thoughts are pulled out through the left side of my head." He also had compulsive ideas; he had an irresistible impulse to pick up small pieces of paper on the road similar to bus tickets associated with the words "Spirit of God", running in his head. He had become unable to ride on a bus. He was a lay preacher and of good intelligence. He had considerable insight and endeavoured to co-operate fully in hypnotic treatment. He could never be hypnotized. He became a little drowsy, and his letters home revealed that he had experienced marked subjective benefit from the suggestions given to him.

The bus company in which he had previously been an inspector had been bought up by a larger company, who insisted on supplying their own inspectors. He had perforce to accept a position as conductor. The blow to his self-regard occasioned by this "degradation" was the cause of his attack. He left hospital greatly improved and shortly afterwards recovered completely, and is now happily filling his duties as a conductor.

CASE 7.—A case of obsessional neurosis totally uninfluenced by attempts at hypnosis :

Female, *æt.* 34. Housewife. Voluntary patient.

This was a patient who suffered from pulmonary tuberculosis with tubercle bacilli in the sputum. She complained of obsessive ideas and phobias, e.g., that she infected everyone with tuberculosis. She was afraid of a "thought sticking", and of upsetting the sputum mug. She had become a maze of complicated rituals; the act of expectoration, which was frequent, took five minutes. Washing her hands took half an hour. She was constantly dogged by the fear that she was not conscientious enough over these rituals. She was subject to compulsive utterances, e.g., "Did I cough?" interspersed freely in every conversation.

She was a case of obsessive and compulsive psychoneurosis. Hypnotic exploration was attempted on at least seven occasions, entirely without success, although she showed numerous suggestible phenomena. Prolonged analysis in the waking state was carried on for nine months. The causes of her symptoms were each unravelled to the last detail. She refused to accept them, and preferred to remain a neurotic rather than face up to her conflicts. She is still in hospital, appearing to enjoy her disabilities.

CASE 8.—Illustrating a use of hypnosis in alcoholism :

Male, *æt.* 36. Voluntary patient. Salesman.

This man was admitted in a state of delirium tremens. Within a week this had yielded to the usual measures, and a history of chronic alcoholism dating from 1927 was obtained. He was unable in the waking state clearly to discuss the causes of his addiction. He was ashamed to discuss his personal affairs, and it was decided to investigate in hypnosis.

He proved a good subject, though the onset of full hypnosis was always slow and tedious, and complete success was only attained at the third attempt. In hypnosis the following facts emerged: He was spoilt as a child. He entered the army when 16, and had a good time as batman, but was disillusioned when he reached the trenches. He was blown up on the eve of "going over the top", and sustained a recurrent dislocation of his shoulder, requiring successive muscle-grafts. In addition he had a hysterical aphonia lasting six weeks.

At this time he drank but little. In 1927 he was appointed to a responsible salesman's post, and acquired the added responsibility of buying a house and furniture on instalments. From then his drinking rapidly increased. In spite of this his business ability remained good, but his conduct at home deteriorated, and he had beaten his wife on numerous occasions.

These facts were consciously accepted by him and he was then treated by endeavours to strengthen his sentiment of self-regard by giving him suggestions of confidence, ability to overcome his weakness and dislike of the taste of alcohol.

He appeared to respond excellently, and soon felt so well that he insisted on leaving hospital to return to work. He had only been in six weeks.

We felt that the prognosis was bad as (a) he had been a spoilt child; (b) his occupation gave him immense temptations to drink; and (c) his stay in hospital had been so brief. Nevertheless, as he was a voluntary patient, he left.

Seven months later he returned, worse than before. In hypnosis he admitted that he had been drinking continuously since the day he left hospital. A deeper analysis is now in progress, and he has promised to remain for six months. Nevertheless the prognosis appears to be almost hopeless.

CASE 9.—Here the failure of hypnosis helped to distinguish between psychoneurotic and melancholic depression:

Female, æt. 33. Teacher. Voluntary patient.

She was admitted in a state of agitated depression and was preoccupied with ideas of sin and inferiority. She had a markedly religious trend of thought, but asserted that the devil had possessed her. She had become very sensitive about superfluous hair on her chin, and continually hid her face in her hands. This prevented her from teaching at school. She asserted, "It was Satan's suggestion. I was not woman enough to master myself".

She also complained that when out walking by herself she felt she was being pushed against the hedge.

Her father had died during her infancy; her mother sacrificed much to make her a teacher—an occupation for which she now felt she was unfitted. Just prior to the present attack she had refused an offer of marriage by an eligible clergyman, saying that she felt she was unworthy. The regret engendered by this lost opportunity seemed to us to play an important part in determining her symptom-complex, and at a staff meeting it was considered that she might be a case of hysterical insanity, particularly as for a week she meowed like a cat and later baa-ed like a sheep.

Acting on these considerations hypnosis was attempted. She proved completely unsuitable; her attention could not be obtained and she believed that some malign influence was being applied to her. Subsequent observation and developments established the diagnosis of agitated melancholia, and she has remained depressed, expressing delusions of wickedness and quite unable

to carry on her occupation. Her family insisted on removing her from hospital against advice after she had been a patient for six months, as they could not afford further payments.

CASE 10.—A hysterical dissociation rapidly and completely resolved in hypnosis :

Female, æt. 22. Housekeeper. Voluntary patient.

This case and the next are conveniently cited together, as they were sisters. This patient was correctly diagnosed on admission as hysterical dissociation of the personality, and her sister (Case 11), who was admitted a few days later, was at first thought also to be suffering from the same disorder.

The patient was admitted complaining that she felt that she had been changed into a Chinaman, that a Chinaman had entered her body sexually, and his spirit had taken possession of her. Her conversation was rambling and incoherent. At times she spoke in pidgin-English and often used the words "Zacca" and "Wu". In a day or so she became more composed and gave the following history :

She had recently become interested in spiritualism, and her brother-in-law (the husband of the next case) posed as a medium. For a long time she had felt herself to be strongly sexed and, although she had not permitted intercourse, had masturbated freely, with some sense of guilt.

A few days prior to admission she had felt a "sexual feeling" come over her, and had felt as though a Chinaman had taken possession of her body and her face was changing into that of a Chinaman. She had gone to her brother-in-law, who attempted to exorcise what he called "the spirit" unsuccessfully. She became frightened and her family sent for the doctor, who advised admission to hospital. She had no conscious associations with "Chinaman", "Wu", or "Zacca".

She was hypnotized with ease, passing into the deepest stage. She recalled how, when cooking in London six years previously, she had been frightened by a Chinaman who had proposed to her. She had recently been reading Lawrence's *Seven Pillars of Wisdom*, in which the word "Zacca" occurs. She also admitted that she had failed satisfactorily to sublimate her sexual instinct. After five sessions she clearly understood all the events which had occurred, and herself stated that her sexual maladjustments were the cause of her trouble.

With this realization her symptoms ceased, she became quiet and no longer confused, and rapidly returned to normal. She left hospital and has remained well for the last six months.

CASE 11.—A case at first immune and later susceptible to hypnosis. The susceptibility influenced the diagnosis in favour of a psychoneurosis :

Female, æt. 24. Certified patient. Home duties. Married.

This patient, the sister of the previous one, was admitted four days later in a state of acute excitement, having thrown herself out of an upper floor window of her house and broken her leg. She said she had come under the control of the "Chinese power", which had been passed on to her from her sister. This "Chinese power" compelled her to shout and to try to throttle her dog and her husband; it also caused her to inflict enormous bruises on herself, and eventually to throw herself out of the window.

Owing to our knowledge of the condition of her sister (cited above) immediate and repeated attempts at hypnosis were made, with complete failure, as she was constantly distracted by acute visual hallucinations in which she saw the "power" and her dog.

For a month she remained in this state of turbulent violence, and then gradually quietened. For three months she remained convinced that she was under the control of her sister's "Chinese power". She declared dogmatically that she felt it coming in through her fingers. At times she impulsively struck other patients in response to auditory hallucinations. She appeared to be a case of paraphrenia with a bad prognosis, though the circumstances attending the onset and her age were against this. Gradually the delusional ideas became less fixed, the hallucinations disappeared and her conduct improved. Quite suddenly she announced that she had recovered. She had no memory for the events of her acute illness. She was now found to be hypnotizable. In hypnosis the psychogenic nature of her illness was revealed as follows:

She was an unwilling participator in her husband's spiritualistic activities. She became intensely jealous of the above sister, who had fallen in love with her husband and had asked him to treat her. Her father then blamed her and her husband for this sister's breakdown, and she was torn between love for her father and love and loyalty to her husband. She had herself endeavoured to exorcise her sister's "spirit". This situation had precipitated her attack of acute mental illness and coloured the whole picture. She would appear to be a case of purely psychogenetic psychosis. She made a rapid recovery, and left hospital completely well.

CASE 12.—Another case in which susceptibility to hypnosis confirmed the diagnosis of a psychoneurosis:

Female, *æ*t. 21. Single. Voluntary patient. Home duties.

This girl was a high-grade mental defective, showing mild depression and anxiety for no ascertainable reason. After four months of hospital regime she left apparently recovered. In two days she returned in a state of stupor resembling catatonia. The sudden onset and her previous history suggested hysteria, and this was confirmed by her recovery from the stupor in two days.

Hypnosis proved successful and further confirmed the diagnosis of hysteria, as our experience is that schizophrenics are incapable of being hypnotized. She had not sufficient intelligence to co-operate with detailed mental exploration and no new information came to light. We would suggest that the stupor was a reaction to the shock of leaving the sheltered life of the institution too suddenly.

This time she was given graduated periods of leave from hospital, and in three months was able to be discharged again and has remained well.

CASE 13.—Showing the insusceptibility of a schizophrenic to hypnosis:

Female, *æ*t. 27. Housewife. Voluntary patient.

This patient was obsessed by the word "worry", which constantly recurred to her mind. She had been in a state of apparent anxiety for three months. A domestic difficulty was present and appeared adequate to cause her symptoms. She realized that this was the cause of her trouble, but the realization brought no relief. Hypnosis was attempted and completely failed. The cause of

the failure, unknown then, has been revealed by her subsequent progress. She has gradually deteriorated and now shows marked signs of schizophrenia, and has had to be made a certified patient.

CASE 14.—Another illustration of the value of hypnosis for implanting desired suggestions :

Female, æt. 24. Married. Housewife. Voluntary patient.

This patient suffered from an acute anxiety state, consciously realized to be due to an induced fear of pregnancy. This had been systematically instilled in her since she was at school. When a domestic servant, her former mistress endeavoured to keep her services by painting to her in lurid colours the physical terrors of childbirth. She married a man earning a good salary. Her other sisters, not in such good circumstances, became jealous, and prophesied a mental breakdown for her when she should have a baby. She attended a sister's confinement, which further enhanced her fears and resulted in a psychological frigidity such that her husband remarked, "No wonder men go with other women".

She was agitated, tearful and depressed. Two months' psychotherapy without hypnosis enabled her to go out for week-ends, but not to leave the shelter of the hospital altogether. Hypnosis was induced. No new facts were elicited. Suggestions of confidence and disappearance of the fear of insanity were given and were successful. She left hospital in entire confidence, and has remained completely well ever since.

CASE 15.—The relief of insomnia by suggestion in hypnosis :

Male, æt. 43. Professional man. Voluntary patient.

Owing to domestic conflicts this man had become a drug addict. He had been taking veronal derivatives in large quantities both as sedatives and hypnotics. He was treated in hospital by abstinence. His attitude to his domestic trouble was adjusted. Nevertheless he persistently suffered from insomnia.

Hypnosis was tried with the specific intention of recapturing a lost sleep habit. He proved a good subject, and three sessions raised his sleep to seven hours a night, at which level he has continued since his discharge. He has successfully resumed his occupation, and states that he feels better than he has done for many years.

CASE 16.—Insusceptibility to hypnosis in another melancholic :

Female, æt. 34. Voluntary patient. Married. Home duties.

This was a case showing agitation, depression and feelings of loss of confidence, of four months' duration. The features made it difficult to decide whether she was suffering from melancholia or a severe anxiety state. There were several factors pointing to a psychogenic origin ; she had always been spoilt, and serious sexual difficulties had arisen between her and her husband. An operation was performed for the relief of dyspareunia following on the birth of two children, and it appeared as though her illness were a reaction to the knowledge that she now had no excuse for avoiding intercourse. As the most prominent feature was her lack of self-confidence, hypnosis was attempted

in order to enhance the value of reassuring suggestions. Unfortunately she was entirely immune and could not be hypnotized to the slightest degree.

Subsequent events showed that she was in reality a case of agitated melancholia, from which she made a slow but complete recovery.

CASE 17.—Alcoholism ; hypnosis used for exploration and attempts at readjustment :

Male, æt. 38. Voluntary patient. Labourer.

This patient had previously been in hospital, and had been regarded as an alcoholic and treated as such. He was compelled to leave, as he repeatedly returned drunk from town parole.

He was readmitted after four months, still alcoholic and having been drinking methylated spirits. Investigations in hypnosis revealed the fact that his alcoholism was associated with repressed fear. He was unable to go about the town without alcohol to give him "Dutch courage". He was liable to attacks of intense fear with all its distressing bodily symptoms when in the open street, and especially when in the presence of trams or buses.

Exploration showed that the origin of his fears lay in a series of accidents and explosions involving him and dating from his war service. He was wounded in the war, discharged from the army as unfit, and in 1917 was involved in a munitions explosion. Since then he had had an exceedingly narrow escape from being crushed at the docks between a ship and the quay. At the age of eight he had witnessed a child being killed by a tramcar in a busy street. The memory of all these occurrences except those connected with war service had been repressed.

Hypnosis recalled them to consciousness. He was given counter-suggestions of confidence, etc., and under their influence began to practise going about the streets again. His fears disappeared, and he regained control of himself as far as they were concerned.

Immediately after his discharge alcoholism returned acutely, although he no longer needed it to overcome his fears. He was repeatedly interviewed. Appeals to his moral sentiments, active sympathy and attempts to help him (he was now unemployed) resulted in a marked lessening of his craving for drink. He is at present at a Ministry of Labour training centre for the unemployed and is continuing to improve.

CASE 18.—Epilepsy ; successful hypnosis without benefit to symptoms :

Female, æt. 18. Treated as an out-patient.

This girl suffered from epileptiform fits, with occasional incontinence and tongue-biting, of four years' duration. She did not always lose consciousness. There was great friction in her family, and the fits dated from a time when her mother had tricked her into going into domestic service in a convent.

It seemed a suitable case for investigation. Hypnosis was easily carried out on several occasions. She described fits in great detail and also the circumstances leading up to them. Counter-suggestions of sleep, steadiness and a more tolerant attitude to her mother were given, but the fits persisted obstinately. After trying these measures for two months without remission it was decided to regard it as a case of true epilepsy. This diagnosis was confirmed by the almost complete cessation of the fits on treatment by bromide

and luminal. There was no family history of fits, and the girl (who remains well) has no features of the epileptic character.

CASE 19.—A remarkable case. Easily susceptible at first attempt and then totally resistant :

Male, æt. 49. Voluntary patient. Ship's captain.

This man was a clear case of anxiety neurosis. His duties demanded fine skill and judgment in attending to lightships. On one occasion in a storm he judged it expedient to leave a lightship unattended in safe anchorage. His employers disagreed and reduced his seniority. He was unable to face this blow to his self-regard, and developed severe symptoms. He was unable to take command in emergencies, was sleepless, and had headaches and pains in his limbs. There was a fine tremor of his fingers and face. These symptoms had lasted for four years.

The first attempt at hypnosis was completely successful and exploration revealed no evidence of repression. The interesting point about the case was that all further attempts failed completely. He was terrified at the prospect of resuming his former duties, and it seemed as if the failure could be correlated with an unconscious wish to remain ill and avoid having again to take charge of a ship.

Complete recovery commenced on receipt of a letter from his employers stating that he was to be invalided on pension from his work. He left hospital a fortnight later entirely well, but quite certain he could never take charge of a ship again, in case he had another error of judgment, and lost not only his job, but also his pension.

CASE 20.—Hysteria ; hypnosis used for exploration and as an aid to the reintegration of character by suggestion and persuasion :

Female, æt. 18. Voluntary patient. Domestic. Single.

This girl suffered from hysterical attacks, which took the form of staggering or falling down if spoken to sharply, or on unexpectedly meeting a smartly dressed man. It was later noticed that these attacks also followed any quarrelling amongst the patients in hospital.

The symptoms were so obviously psychogenic in type that hypnosis was forthwith resorted to with success. The source of the attacks was traced to an occurrence at the age of four, when she had suddenly come home and found her father beating her mother with a stick and forcing her to have intercourse against her will. The affect of fear was vividly aroused and persisted in the form of her present symptoms. It became clearly obvious that the sexual aspect of this event had never been repressed, because by the age of six she was seducing small boys of her own age from motives of curiosity and imitation.

Her symptoms were thus due to repression of the affect of fear, not of sex, with all due respect to the psycho-analysts. She was well aware of numerous sexual experiences which had no special emotional significance for her, and in our opinion, only a slight effect on the production of her symptoms.

She was now treated by persuasion. With her co-operation the genesis of her symptoms was explained, and she saw that there was now no further need for their persistence and gradually they disappeared. Successful attempts were made to integrate her character more fully and enable her better to withstand the stresses and strains of life.

DISCUSSION.

We have cited twenty very much condensed summaries from some forty cases with which we have attempted to deal by hypnosis. Necessarily these summaries have given only a sketchy outline to indicate the types of cases in which we found this technique of use. Failures have been included in accordance with the general principles governing the work, quoted in the opening paragraphs. In many cases it will be noticed that no specific diagnosis has been given. There are many reasons for this. Placing the emphasis on the psychogenic factor in early mental illness, and its corresponding therapeutic implications, immensely complicates the ordinary diagnostic criteria of descriptive psychiatry. Cases which have presented themselves in the first place as clear-cut psychoneuroses have later developed into or deteriorated into marked and inaccessible psychoses (e.g., Cases 3 and 13). The reverse process has also occurred (e.g., Cases 2 and 5).

Here we would point out what we find to be one of the values of hypnosis. Without exception, cases which presented as true psychoses could not be hypnotized. If susceptibility to hypnosis developed we were compelled to revise the diagnosis (e.g., Case 11). Similarly in Cases 3 and 13, when repeated attempts at hypnosis failed we were not surprised to find a bad prognosis. Speaking broadly, if hypnosis can be induced the prognosis is good, although the converse is by no means true (e.g., Cases 6 and 16). We have attempted hypnosis on many psychotics, invariably without success. We have failed on many psychoneurotics, but that has not meant that the diagnosis was wrong.

As regards results, we were able to induce hypnosis in 13 out of the 20 cases quoted. Of these 13, 11 recovered, and the recovery, to outsiders and relatives, is indubitable up to the present time; one is still under treatment (Case 8), and the other has improved on medical treatment (Case 18). Of the remaining 7 who were not amenable to hypnosis, 3 have recovered, 1 has died, 2 have definitely deteriorated and the last has been lost sight of. There can be no question that the use of hypnosis is a valuable agent in the treatment of these patients. It is becoming increasingly valuable to us with increased practice and better judgment in the selection of suitable material.

There is an opinion that hypnosis is attended by harmful effects. It is said that the patient becomes unduly dependent on the physician, and that his will-power becomes weakened so that he is unable to face life alone. We are quite unable to subscribe to this view, which fortunately is now rapidly becoming obsolete. True, an unscrupulous person might do a patient a great deal of harm by suggestion in hypnosis; and hypnotism as demonstrated on the stage does give the impression that the subject is totally under the dominance of the operator. With ordinary skill and care, however, and especially with that "inner goodwill for the patient" emphasized by Bleuler, there is

no more danger in hypnosis than in the waking *rapport* which exists in all successful psychotherapy. One patient in our series (Case 9), incidentally not hypnotizable, for a short time incorporated in her delusions ideas of personal interference by us. Such a state of affairs is apt to occur in any mental hospital, as every psychiatrist well knows. For the rest we can categorically state that no patient has suffered any harm, or become unduly dependent on us. Indeed their discharge from hospital has been expedited. Our technique has been such that we have always avoided any attitude of omnipotence, and have encouraged patients to make their own decisions and face their perplexing situations themselves, merely equipping them with an unbiased attitude towards their troubles.

In our view the chief value of hypnosis lies in the fact that it enables one to take a short cut in the long and laborious process of mental exploration. The induction of hypnosis alone serves no therapeutic purpose, but the state is peculiarly suitable for the revival of repressed memories which have an emotional significance for the patient and a bearing on his illness (e.g., Cases 2, 5, 8, 10, 11, 17 and 20). Furthermore, the state of heightened suggestibility constituted by hypnosis enables therapeutic suggestions to be given which have a marked, if in some cases transitory effect in breaking the vicious circle of neurosis. In certain cases such therapeutic suggestions directed against specific symptoms seemed to be all that was required to turn the scale in favour of recovery (e.g., Cases 1, 14 and 15). We do not think, however, that such removal of symptoms is all that need be done. As full a mental exploration as possible is always beneficial; but with troublesome and worrying symptoms removed, such mental exploration is greatly facilitated, and our knowledge of the patient's individual difficulties becomes more complete. A point is reached when the patient consciously realizes how his own illness has arisen—a state of affairs which is the aim of all psychotherapy.

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References.—(1) McDougall, *Outline of Abnormal Psychology*, p. 465.—(2) *Idem, ibid.*, p. 480—(3) Bleuler, *Text-book of Psychiatry* (1934), p. 220.