

November 1972

History of Psychotherapy: II. Hypnosis

John R. Cavanagh

Follow this and additional works at: <https://epublications.marquette.edu/lnq>

Recommended Citation

Cavanagh, John R. (1972) "History of Psychotherapy: II. Hypnosis," *The Linacre Quarterly*. Vol. 39: No. 4, Article 6.

Available at: <https://epublications.marquette.edu/lnq/vol39/iss4/6>

In this section of "History of Psychotherapy," Dr. Cavanagh presents a thorough look at the beginnings and development of the use of hypnosis in medicine pointing to its role in the discovery of the unconscious and in the birth of psychotherapy itself. He also treats the controversies of the moral implications and effect on the will and behavior control in the use of hypnosis.

History of Psychotherapy

II. Hypnosis

John R. Cavanagh, M.D.

As pointed out in the opening paragraphs of Part I of this article (see *The Linacre Quarterly*, August, 1972, page 151), hypnosis was an important instrument in the armamentarium of Freud and his contemporaries. There are many mis-

understandings about hypnotism so that a brief description is important.

A committee of the American Medical Association was in agreement with a subcommittee of the British Medical Association as to the nature of hypnosis:

Dr. John R. Cavanagh, an associate editor of Linacre Quarterly, is in the private practice of psychiatry in Washington, D.C. A prolific contributor to scholarly literature, Dr. Cavanagh is the author of Fundamental Marriage Counseling and Counseling the Invert, among other volumes. He was Guest Editor of the August, 1972, issue of The Linacre in which the first part of his article, "History of Psychotherapy" was published.

A temporary condition of altered attention in the subject which may be induced by another person and in which a variety of phenomena may appear spontaneously or in response to verbal or other stimuli. These phenomena include alterations in consciousness and memory, increased susceptibility to suggestion, and the production in the subject of responses and ideas unfamiliar to him in his usual state of mind. Further, phenomena such as anesthesia, paralysis, and the rigidity of muscles and vasomotor changes can be produced and removed in the hypnotic state.

Hypnosis is the black sheep of medicine, being regarded by many as an illegitimate child, an instrument of charlatans and quacks. Although it is today more favorably regarded by the medical profession, it has until recently been popularly thought to be allied to demons and witches. To it and to those who employ it are frequently ascribed strange and mysterious powers. In spite of its use in medicine since 1680, very little of its scientific aspects are known even today to members of the medical profession. Very little is known concerning the relationships of this illegitimate child which, although it was sired by charlatans and quacks, had two illustrious offspring: psychotherapy and the discovery of the unconscious. It is probable that the full impact of these discoveries has not yet been fully appreciated. If hypnotism had made no other contribution to scientific medicine than these, it could rest on its laurels. These two offspring were the most famous members of a genealogy, the origin of which is lost in antiquity.

In more modern times, and in a more scientific way, hypnosis was the subject of a scientific report in 1680 by Athanasius Kircher (1602-1680). Father Kircher, besides being a Jesuit priest, was a mathematician, physicist, optician, orientalist, musician, virtuoso, physician, and microscopist. In his "Physiologia Kircheriana," published about 1680, he recorded for the first time an experiment in hypnosis. He died in this year and interest in the subject was not kept up by his students.

After Father Kircher, there was a period of about fifty years during which nothing of serious consequence was published on the subject. Such lulls have punctuated the history of hypnosis from its beginnings. During these long periods of quiescence, charlatans flourished, while more serious students paused to evaluate their results and consider to what practical clinical use hypnosis could be applied.

Mesmer

A notable figure in the history of hypnotism is Franz Anton Mesmer (1733-1815). He was a native of Itznang, Switzerland. He had been interested in the subject of animal magnetism from his college days. In fact, his thesis for graduation from medical school was on the subject of the influence of the planets on man (1717). In his experimentation with the properties of magnets while preparing his dissertation, he got the idea that a similar power was possessed by the human hand. As it was ultimately formulated his theory was as follows:

There is a universally diffused fluid, so continuous as to admit no void, a fluid subtle beyond comparison and of its own nature qualified to receive, to propagate, and to communicate all the sensible effects of movement.¹

It is by means of this fluid that we act upon nature and upon other beings like ourselves; the will gives motion to it, and serves to communicate it. (*Memoire sur la decouverte de magnetisme animal.*²)

Animal magnetism he defined as that property of the living body that renders it susceptible to the influence of the heavenly bodies

and to the reciprocal action of those that surround it, a property which is manifested by its analogy with a magnet.³

Mesmer first attempted to practice "magnetism," later called "Mesmerism" in Vienna. There was no disease for which this treatment was considered contraindicated. In Vienna, however, after a short time, he was investigated by a commission appointed by Maria Theresa and compelled to leave the city on 24 hours notice. As things later developed in Paris, his expulsion becomes understandable. He went from Vienna to Paris, arriving there in 1778. His methods intrigued the public and aroused a general if morbid curiosity which quickly brought fame and wealth to the clever charlatan. Perhaps we should not be too hard on Mesmer because in his own frame of reference he believed in what he was doing. Sincere or not, he was the "rage" of Paris. He appeared at his seances in a lavender suit carrying a wand which he used "to pass on" the "magnetic fluid." The number of those seeking help became so great that Mesmer devised tubs (baquets) for multiple treatments in which there was an odorous mixture containing hydrogen sulphide. Arising out of this tub were steel rods which were jointed so that the end could be applied by the subject to his affected part. At times the number of subjects was so great that contact between them, which was considered essential for the transmission of the magnetic force, was established by joining hands.

Some insight into why Mesmer was so unceremoniously hurried out of Vienna is obtained from the report of a commission appointed by Louis XVI to investigate possible immoralities connected with the practice. Mesmer's methods produced a great variety of abnormal states, and his selection of patients was rather haphazard. His treatments frequently terminated in a "nervous crisis." This gave rise to the term "crisis room" for the chamber in which he practiced. In 1784 this commission reported on the moral dangers associated with Mesmerism. Since there has been a persistent fear even to the present of immorality associated with hypnotic practices, this report is of interest to us. Some idea of the conditions which caused concern over the possible immorality may be gathered by a brief quotation from the report of the commission appointed by Louis XVI. This report was written by Bailley, who stated:

The man who magnetizes ordinarily has the knees of the women between his own so that in consequence the knees and all the lower portions of the body are in contact. His hand is applied to the *hypochondriac regions* or sometimes lower on the ovaries. Pressure is then exerted at one and the same time on an infinite number of parts and in the neighborhood of the most sensitive parts of the body . . . often when the man has his left hand applied thus, he passes the right hand behind the body of the woman. The movement of both persons is to blend mutually toward each other to facilitate this double contact. The proximity becomes the greatest force. Face almost to face, they feel each other's breath. All impressions are shared instantaneously and the reciprocal attraction of the senses must react with

full force. It is not extra-ordinary that the senses are fired . . .⁴

Thus spoke Dr. Bailey concerning the technique of Mesmerism. Other members of this commission were Lavoisier, Franklin, Guillotin, and de Jussieu. Mesmerism reached the United States in 1861, where P. P. Quinby successfully treated Mary Baker (Eddy), founder of Christian Science, for a hysterical paralysis.

An interesting sidelight on the history of "Mesmerism" is a note in the April, 1956, issue of the *American Journal of Psychiatry*.⁵ It is there recalled that there was a warm personal relationship between Mozart and Mesmer. In this article credit is given to Mesmer as one of the first members of the medical profession to use psychotherapy in the form of suggestion and music therapy. Zilboorg refers to Mesmer in these words:

" . . . he became the originator and the bearer of a totally new orientation in psychological medicine; an orientation which brought psychotherapy to the forefront, and with it ultimately, the deepest insight yet attained by man into the inner workings of the inner mind."⁶

Mozart, when he was only 15 years of age, wrote an opera for Mesmer. This was the first Mozart opera ever performed, and in it he immortalized the sounds of Mesmer's accordion in his instrumentation of "The Glass Flute."

Abbe Faria

After Mesmer, the practice became less prevalent. In the absence of any plausible theory it failed to attract the scientific mind. The subject was not forgotten, however,

and several serious students began to study the process. Among these was Abbe Faria, an Indo-Portuguese priest. He began to hold seances, the first of which was in 1814. From the beginning he taught that in the process nothing passed from the hypnotist. Everything, he taught, comes from the subject and takes place in his imagination. Abbe Faria was the creator of hypnotism as we know it today; he practiced suggestion in the waking state and post-hypnotic suggestion.

Braid

James Braid (1795-1860) of Manchester in England collected and clarified Faria's ideas. He differed from him somewhat in that he felt the hypnotic state was the result of purely physical changes. In his own words, "Faria and Bertrand act, or pretend to act, by the aid of a moral impression; their means is of the mental order; *mine is purely physical*, and consists in fatiguing the eyes, producing that of the brain."⁷

Braid introduced the terms hypnotism, hypnotize, and hypnotic into the language.

French Hypnotists

The French schools under A. A. Liebault (1823-1904), Hippolyte Bernheim, and J. M. Charcot⁸ did much to advance hypnotism as a science. In their clinics hypnosis was used extensively and studied scientifically to the best of their ability. Sigmund Freud (1856-1939) worked with all of them, spending most of 1885 in Paris

with Charcot and of 1889 with Liebault and Bernheim.

During most of this time, Freud was studying his first choice of specialty, neurology, but he was quick to realize the significance of some of the hypnotic phenomena in relation to a hidden mental life. He recognized the birth of psychotherapy in the work of Braid and Liebault, and in 1893 published with Breuer an article on "The Physical Mechanism of Hysterical Phenomena." This was the birth announcement of the second of hypnotism's illustrious children, the unconscious. This was a discovery of the greatest significance — the value of which is perhaps not fully realized even today. If hypnotism had produced this one discovery only, it would have justified its existence.

Freud, however, soon dispensed with the use of hypnotism in favor of free association. From the time of Freud up to quite recent years hypnosis was largely in the hands of charlatans and stage operators. A few years ago a tremendous upsurge of interest in the subject occurred with the publication of "Bridey Murphy" and its description of hypnotic age regression.⁹ This publication threw light on a number of serious investigations into the use of hypnosis in therapy, particularly in the form of hypnoanalysis. This work is being done by Wolberg,¹⁰ Brennan,¹¹ Gill,¹² Kubie,¹³ Watkins,¹⁴ and others.

Methods of Induction

Since most individuals have never seen hypnosis in practice, a

brief description of the technique may be of interest.

Before attempting to induce hypnosis, the nature of the process and its goal should be carefully explained to the patient. Such an explanation will serve to reduce resistance and increase susceptibility. Not all subjects can be hypnotized, although a high percentage of willing subjects are susceptible. Susceptibility will depend on, a) the subject's previous hypnotic experience, b) his willingness, c) the skill of the therapist, and d) the method of induction. Emotional disturbances and fear of the procedure reduce susceptibility.

In a properly disposed patient there are numerous methods of inducing the hypnotic state. Most of these call for the fixation of the eyes on some bright object. The simplest procedure is to hold a bright object in front of the patient's eyes, closely enough, and slightly above the level of the eyes, so as to cause upward and internal rotation of the eyes. He is instructed to stare at the object and at the same time attempt to eliminate any distracting thoughts from his mind, concentrating on the thought of sleep. The operator then speaks in a low, monotonous voice suggesting to him that he is becoming relaxed and that his eyes are closing, and he soon will be able to respond only to the suggestions of the operator's voice. In suitable subjects the hypnotic state can usually be induced rather quickly. The speed of the induction depends to

a large extent on the method employed and the skill of the hypnotist.

The mental state produced by hypnotism, although not fully understood, is very similar to that in hysteria, and while under its influence, the patient is very suggestible. It is because of this increased suggestibility that the method has therapeutic value. A suggestion made to a patient in a hypnotic state will usually be carried out when he is restored to his waking state.

This is known as posthypnotic suggestion. For example, a patient with a severe pruritus vulvae of hysterical origin was hypnotized and told the symptoms would disappear next time she took a bath. Although the patient did not remember this suggestion when she was awakened, she reported the next day that her symptoms had disappeared the previous night while she was taking a bath and had not returned. Another patient with a severe phobia about impending death was hypnotized and it was suggested to her that this feeling would have disappeared completely when she was awakened. Upon being roused from her hypnotic state, she not only forgot about her symptoms, but she expressed some wonderment as to exactly why she had come to see the physician.¹⁵

Control of Behavior

There are certain misconceptions in regard to the hypnotic state which are prevalent even among members of the medical profession.

Father Alois Wiesinger, O.C.S.O., in his book on *Occult Phenomena*, published in 1957, speaks of "inducing animal magnetism" by stroking, an idea discarded by Braid. He speaks of "irresistible likes and dislikes," states that all the sensorium disappears "completely," states further that "all" people can be hypnotized, that once they have been hypnotized they lose their power of resistance, that by reason of hypnotism "men lose their freedom of will forever," and that once lost "can never be wholly recovered."¹⁶

There is a modicum of truth in these statements, but they are grossly exaggerated. To some extent the subject does relinquish, to the hypnotist, control over his activity but it is an error to state this in such extreme terms as Father Wiesinger uses. Suggestions can be resisted. Any suggestion which the subject finds repugnant to his conscience will be rejected point-blank either by waking up or going into a deeper sleep. An individual cannot be made to do in the hypnotic state what he would not do were he in full possession of his faculties. He cannot be made to do anything which would be repugnant to him in normal consciousness. We must remember, however, that many things are not repugnant to the unconscious mind, and that although the subject may not do things which he would normally not do, in the trance he may not be able to resist actions which are done to him.

The statements made in the last paragraph were those taught by almost all who have written on the

subject. In recent years, however, experiments seem to demonstrate that the subject may be induced to perform immoral acts.¹⁷

There is danger that a clever, powerful hypnotist could cause the subject to perform morally reprehensible acts by presenting them to him under the guise of being acceptable. Repetition of such suggestions *sub specie boni* could eventually wear down the resistance of the subject.¹⁸

A final answer, as Eastabrooks has repeatedly pointed out, would require that the subject be permitted to commit the crime.¹⁹

This moral requirement, which is understandable, of not attempting to force the subject into actual criminal acts keeps the honest experimenter at a rather superficial laboratory level. Unscrupulous operators, on the contrary, do not have this handicap, and one does not know how far they would go. By presenting the criminal act to the subject under the appearances of a good act it is quite possible that it would be performed. For this reason the subject should not submit himself to anyone not known to him as honest and trustworthy.²⁰

It is reasonable to assume that most subjects could not be induced to perform criminal acts, but the fact that one person could be induced to do so is more important from the moral standpoint than that many people could not be. This would also apply to whether a subject could be hypnotized against his will. One such subject who can is more important than many who cannot.

Aside from the criminal use of hypnosis there is another aspect of its possible use which is very important. Is it possible to cause the hypnotized individual to perform a dangerous act? Rowland, considering this aspect of the problem, concluded:

Persons in deep hypnosis will perform acts unreasonably dangerous to others.²¹

Because the possible immoral uses of hypnotism are of special interest, this list of possible criminal uses of hypnosis prepared by Heron is of interest:

1. Assault of the hypnotized person by the hypnotist. Seduction is the most likely crime in this category.

2. The posthypnotic production of some functional difficulty, e.g., paralysis. This might be done by connivance of the hypnotist and the subject for the purpose, let us say, of the latter escaping military service. Or it might be done by the hypnotist without knowledge of the subject in order to *bring injury* to the latter.

3. The production of abortion through hypnotic suggestion.

4. Causing an individual to commit suicide by means of posthypnotic suggestion.

5. Murder by arousing the emotionality of the subject through hypnotic suggestion to the point of overworking the heart.

6. Securing illegal possession of property through posthypnotic suggestion in reference to signing of wills or other legal papers.

7. The production of false testimony by causing the subject to have

hallucinations which he accepts as real or by suggestion to cause a falsification of memory.

In addition there are two most commonly thought of possibilities:

8. By hypnotic or posthypnotic suggestion causing the subject to harm someone else.

9. By similar means causing the individual to harm himself short of committing suicide.

Possibly still another conceivable application should be suggested, although I am not qualified to state whether it would be considered criminal:

10. The implanting in the subject of mean or obnoxious thoughts and attitudes thus producing undesirable *personality traits*.²²

This list is no doubt incomplete and contains possibilities which are quite far-fetched, but since the ingenuity of the criminally inclined occasionally seems to be almost boundless, perhaps it could be greatly extended.

The following statement of Weitzenhoffer sums up the situation in regard to criminal acts:

a) Whatever intrinsic compulsive power or property hypnotic suggestion may possess, this alone is incapable of causing individuals to commit *antisocial* acts, and

b) subjects can be induced to act criminally if they are made to perceive their actions as occurring in a situation (or context) in which they are not antisocial.²³

Effect on the Will

Must the subject be of a weaker will than the hypnotist? Does the ability to be hypnotized indicate weakness of the will? Does hypnosis take away the freedom of the

will "forever" as Father Wiesinger states? The answer to these questions is "no." The will *per se* is not involved unless by will we mean a consent to be hypnotized. It may well be that some individuals with a strong will are more suggestible. Each act of hypnotism requires a separate act of consent on the part of the subject and except in rare cases he cannot be hypnotized without his acquiescence. It is true that an unscrupulous operator might take a very susceptible subject by surprise and produce a trance before he has a chance to exert his will. This, of course, could not occur on the first attempt.

The Dangers of Hypnosis

Another misconception is that hypnosis is free of danger. This is certainly not true although its dangers are not as great as some of its opponents claim. It is proper that the danger of hypnosis be stressed. It is not a parlor toy. It is a therapeutic instrument which if not properly used, has physical, physiological, psychological, and moral dangers. Repeated studies have shown these dangers.

Dr. Bernard Teitel reported at the meeting of the American Psychiatric Association in May of 1958 on seven patients who became seriously ill, psychiatrically, after receiving hypnotherapy. Hypnotism, because of its dangers, should be employed only by stable individuals skilled in its use. These facts concerning the hypnotic state confirm this. The hypnotized person is, most of all, suggestible: he has increased

muscle strength, his skin and mucous membranes are anaesthetic, his special senses are increased in acuity, he acts as an automaton under the will of the hypnotist, although he may often say "no" and refuse to act. Posthypnotic suggestion may cause him to act after he awakens, this being accomplished in an atmosphere determined by the hypnotist. On awakening, the subject may retain no memory of anything which transpired during sleep. Although the first attempt to hypnotize may be difficult, each succeeding attempt is easier to perform and each time less consent is required on the part of the subject.

Consider now these effects and realize the serious potentialities for harm which may come as a result of their manipulation by a neurotic, unscrupulous, or unskilled operator. Realize also that in the operator there is generated a feeling of power—a feeling that he now has control over another person, that another being is "enslaved" to him and can move only at his command. He will be reluctant to give up such power. He will want to repeat the performance.

Aside from this feeling of power, serious harm may arise when attempts are made to hypnotize individuals who have a borderline mental illness. It may activate neuroses, produce serious anxieties, and increase the suggestibility of others. It is an instrument only for those skilled in its use. Hypnotism as a therapy would seem to be one particularly adapted to the use of competent and conscientious psychiatrists. However, a recent poll of

the psychiatrists in a large city found that none were using it routinely in their practices. Most of them felt that there were but few indications for its use. This in spite of the fact that, in expert hands, they would consider its use quite safe.

The medical opinion on the dangers of hypnotism was well summarized in an article in *Today's Health*,²⁴ a publication of the American Medical Association. In this article, Dr. James A. Brussel of Willard, New York, said that three principles regarding hypnotism to which medical science subscribes are:

1. Where hypnotism removes symptoms, an illness may be obscured and prolonged, since causes are not treated.

2. Where hypnotism treats emotional symptoms instead of causes, more serious personality defects may occur.

3. Where hypnotism evokes delusions, habits of thought as harmful as drug addiction may be formed.

Hypnotism can be useful, especially in psychotherapy, by relieving certain symptoms and manifestations. However, these gains are sometimes exploited by untrained and irresponsible persons, Dr. Brussel said.

It is because of these dangers that the committee of the American Medical Association emphasized that a background of psychodynamic psychology and psychiatry is essential to understand hypnosis. Equally important is that use of

hypnotic techniques for therapeutic purposes should be restricted to those individuals qualified by background and training to fulfill any necessary criteria for a complete diagnosis of the illness to be treated. Hypnosis should be used on a highly selective basis by such persons and never should become a single technique used under all circumstances.

Clinical Value

As a means of treatment hypnosis includes many elements such as ventilation, abreaction, suggestion, persuasion, and insight therapy. Such methods of treatment can be properly used only by one trained in their use, i.e., a psychiatrist. Psychiatrists as a group, however, are those most reluctant to employ it. Some of the dangers have already been pointed out. There are other more subtle dangers, such as marked transference and dependency reactions. This is being discovered by many dentists and gynecologists who have adopted hypnosis in their practices. The dentist who uses hypnosis exclusively for the purpose of anaesthesia is not so likely to get into difficulties. If he uses it too frequently, however, he may get fixation and dependency reactions that he is ill equipped to handle. The gynecologist is dealing with a greater variety of material and a more susceptible group of patients. Unless the gynecologist has had extensive psychiatric training he should utilize hypnosis sparingly in his practice.

Hypnosis has the ability to re-

move symptoms of a hysterical nature. For example, Diethelm speaks of its value in the treatment of menstrual difficulties, frigidity, impotence, sleep disturbances, and pains of various types.²⁵ Each of these symptoms could have a deep seated significance and there is a real danger that removal of the symptoms may produce more serious manifestations. Removal of the defense mechanism may result in the rise of a new and less effective ego defense. Hypnotherapy should be used only after careful study of the personality structure of the patient. Hypnosis may have value in diagnosis.

In summary, hypnosis has very little real value as a therapeutic agent. Almost everything which it does can be done more simply and less dangerously by other means.

Moral Implications

The Catholic Church early expressed a cautious opinion in regard to the use of hypnosis. In response to a question the *Holy Office* on June 2, 1840, replied:

The use of magnetism, that is to say, the mere act of employing physical means otherwise permissible, is not morally forbidden, provided it does not tend to an illicit end, or one which may be in any manner evil.

An encyclical letter of the *Sacred Penitentiary, Tribunal* of August, 1856, only confirms this.²⁶

The present moral opinion can be summarized briefly in a few words. Hypnosis should be employed only for a serious purpose by one skilled

in its use. Skill in its use should be understood to include an awareness of its dangers. With the possible exception as an anaesthetic agent in dentistry, its use should be restricted to members of the medical profession. On the part of the subject care must be taken that when he submits to hypnotic procedures he is assured of the competence and honesty of the hypnotist.

It has previously been taught that it should be done only in the presence of a witness. I believe with Father Kelly that this necessity for a witness is not absolute when the technique is employed by a conscientious physician.²⁷

In summary then, while the opposite opinion of others is recognized, it is my opinion that if the purpose for which it is employed is serious and proper, if the operator is skilled and morally above reproach in his professional conduct, that hypnosis is licit.

Conclusion

In conclusion, hypnosis has a long and not always honorable history. Most of the time it has been in the hands of charlatans and quacks, although more recently it has been the subject of serious study on the part of certain members of the medical profession. Some dentists have found it useful in recent years but because of its difficulty it seems unlikely that they will continue to use it.

The long argument as to whether an individual can be persuaded to perform criminal or immoral acts under its influence seems likely to

be settled. If the performed act is suggested *sub specie boni*, the subject is quite likely to accept it if he is sufficiently deep in his trance.

Therapeutically, hypnosis is a poor substitute for other more acceptable procedures. When employed, it should be by one properly trained. It should be only employed under proper medical-dental auspices. More research is needed. The use of hypnosis for frivolous purposes should be vigorously condemned.

FOOTNOTES:

1. *The Catholic Encyclopedia* (The Encyclopedia Press, Inc., 1913), Vol. 7, p. 605.
2. *Ibid.*
3. *Ibid.*
4. Leon Henri Thoinot, M.D., *Medico-Legal Aspects of Moral Offenses* (F. A. Davis, Co., Philadelphia, 1930), p. 99.
5. Vol. 112, No. 10, April 1956, pp. 848-849.
6. Gregory Zilboorg, *A History of Medical Psychology* (W. W. Norton and Co., N. Y., 1941), p. 378.
7. *The Catholic Encyclopedia*, *op. cit.*, p. 606.
8. Zilboorg, *op. cit.*, p. 356 ff.
9. Lewis R. Wolberg, M.D., *Hypnoanalysis* (Grune and Stratton, Inc., N. Y., 1945).
10. Lewis R. Wolberg, M.D., *Medical Hypnosis* (Grune and Stratton, Inc., N. Y., 1948), vol. 2.
11. Michael J. Brennan and R. P. Knight, "A Note on the Indications for the Use of Hypnosis in Psychotherapy," *Bulletin, Menninger Clinic*, 12:49-57, 1948.
12. Merton M. Gill, "Spontaneous Regression on the Induction of Hypnosis," *Bulletin, Menninger Clinic*, 12:41, 1948.
13. Lawrence S. Kubie, M.D., "The Use of Induced Hypogenic Reveries in the Recovery of Repressed Amnesic

- Data," *Bulletin, Menninger Clinic*, 7:172, 1943.
14. John Goodrich Watkins, *Hypno-therapie* (Ronald Press, N. Y., 1950).
 15. John R. Cavanagh, M.D., *Fundamental Psychiatry* (The Bruce Publishing Co., Milwaukee, 1958), pp. 291-292.
 16. Alois Wiesinger, O.C.S.O., *Occult Phenomena* (The Newman Press, Westminster, Maryland, 1957), p. 235.
 17. Eric Marder, *Research on Hypnosis, A Memorandum* (International Public Opinion Research, Inc., N. Y.), p. 64.
- The degree of coercion which can be exercised over a hypnotized subject is a central element in the long and heated debate about whether it is possible to use hypnosis to coerce people to commit crimes. Bernheim (1), Lebow (2), Bjornstrom (3), Binet and Frere (4), Forel (5), and others of the older school believed that hypnotized subjects can be coerced to perform acts ordinarily repugnant to them. Bramwell (6), Hollander (7), Schilder and Kauders (8), Young (9), and others, on the other hand, denied this possibility. More recently, there have been a number of experimental attempts to throw further light on this question.
1. Hippolyte Bernheim, *Suggestive Therapeutics: A Treatise on the Nature and Uses of Hypnotism*, trans. by C. A. Herter (Putnam, N. Y., 1900).
 2. John Milne Bramwell, *Lebow Quoted by Hypnotism: Its History, Theory, and Practice* (Rider, London), 3rd ed.
 3. Frederik Johan Bjornstrom, *Hypnotism: Its History and Present Development*, trans. by Baron Nils Posse (Humboldt, N. Y., 1889).
 4. Alfred Binet and C. Frere, *Animal Magnetism* (Appleton Century, N. Y., 1890).
 5. August Forel, *Hypnotism: Or Suggestion and Psychotherapy*, trans. by H. W. Armit (Rebmann, N. Y., 1907).
 6. John Milne Bramwell, *Hypnotism, Its History, Theory, and Practice* (Rider, London), 3rd ed.
 7. Bernard Hollander, *Methods and Uses of Hypnosis and Self-Hypnosis* (MacMillan, N. Y., 1928).
 8. Paul Schilder, and O. Kauders, *Hypnosis*, trans. by S. Rothberg (Nervous and Mental Disease Publication, N. Y. and Washington, 1927).
 9. Paul Thomas Young, "Is Rapport an Essential Characteristic of Hypnosis?" *Journal of Abnormal and Social Psychology*, 1927, Vol. 2, pp. 130-139.
 18. *Ibid.*, p. 85.
- Even in situations in which the net effect of four key variables is such that a direct command will not be carried out, however, the subject can still be influenced (provided that he can be hypnotized "deeply" enough to experience hallucinations) by perceptually restructuring his situation in such a way that his natural rejections in the situation, as perceived by him, will produce the results desired by the hypnotist. The Lieutenant in Watkins' experiment, for example, would probably have refused to attack his friend. The moment he was a "dirty Jap" in front of him, however, the force of his training left him to improvise (pulling out a knife he carried in his pocket) in order to attack the "enemy" who was about to kill him; behavior entirely appropriate, in keeping with his training, and not opposed to his basic convictions in the situation as he saw it.
19. *Ibid.*, pp. 78-79.
 20. Milton Hyland Erickson, "An Experimental Investigation of the Possible Antisocial Use of Hypnosis," *Psychiatry*, 2:391-414, 1939.
- Erickson, too, agrees on this point: It is doubtful if any definite answer to the general question can be obtained except by an experimental situation in which the suggested antisocial act really can become an accomplished fact, obviously and unmistakably so, and without the protection afforded by a falsified situation which can serve only to vitiate or negate the experimental procedure

- for both subject and investigator.
21. Quoted by Milton Kline, *Hypodynamic Psychology* (The Julian Press, Inc., N. Y., 1955), p. 16.
 22. William T. Heron, "Hypnosis as a Factor in the Production and Detection of Crime," *British Journal of Medical Hypnotism*, Spring 1952, Vol. 3, pp. 15-29.
 23. Quoted by Kline, *op. cit.*, p. 32.
 24. February 1956.
 25. Oskar Diethelm, M.D., *Treatment in Psychiatry* (Charles C. Thomas, Springfield, Ill., 1950), 2nd ed., p. 67 ff.
 26. *The Catholic Encyclopedia*, *op. cit.*, p. 609.
 27. Gerald P. Kelly, S.J., "Medico-Moral Notes," *Linacre Quarterly*, Oct., 1949, p. 15.

Also, it seems to me, the condition concerning the need of a trustworthy witness needs interpretation. In some psychiatric interviews material might be of such an intimate nature that the patient himself might not want to communicate it to a witness. Moreover, though, this necessity of a witness is generally emphasized by theologians in their discussion of hypnotism. I am of the opinion that today, in this clinic and record age of ours, there is greater need of stressing the patient's right to privacy. Hence, I am of the opinion that we cannot put this need of a witness down as an absolute condition. Much will depend on circumstances. In some cases, for instance, a witness might be necessary to safeguard the reputation of the doctor or hospital, but granted that the physician is known to be conscientious—and the presumption is that only such physicians are allowed to practice in Catholic hospitals—I see no special need of a witness to safeguard the patient.

BIBLIOGRAPHY

1. Adler, Alfred; *A Briefer General Psychology* (Harper and Brothers, N. Y., 1935).
2. ; *The Neurotic Constitution* (Dodd, Meade and Co., N. Y., 1930).
3. ; *The Practice and Theory of Individual Psychology* (Harcourt, Brace, and Co., N. Y., 1932).
4. ; *Study of Organ Inferiority and Psychical Compensation* (Mental Diseases Monograph Series No. 24, Nervous and Mental Disease Publishing Co., N. Y., 1932).
5. ; *Understanding Human Nature* (Greensburg Publishing Co., N. Y., 1927).
6. Allport, Gordon W.; *Personality: A Psychological Interpretation* (Holt, Rinehart, and Winston, N. Y., 1937).
7. *American Journal of Psychiatry*, Vol. 112, No. 10, April 1956, pp. 848-849.
8. Braceland, Francis J.; "The Practice of Psychiatry," *Quarterly Bulletin, Northwestern University Medical School*, 22:312, 1948.
9. Brennan, Michael J., and R. P. Knight; "A Note on the Indications for the Use of Hypnosis in Psychotherapy," *Bulletin, Menninger Clinic*, 12:49-57, 1948.
10. Brussel, James A., M.D.; *Today's Health*, February, 1956.
11. *The Catholic Encyclopedia* (The Encyclopedia Press, Inc., 1913).
12. Cavanagh, John R., M.D.; *Fundamental Psychiatry* (Bruce Publishing Co., Milwaukee, 1958).
13. Cobb, Stanley; "Psychosomatic Medicine," in R. L. Cecil, *Textbook of Medicine*, 7th ed. (W. B. Saunders Co., Philadelphia, 1947).
14. Dalbiez, Roland; *Psycho-Analytical Method and the Doctrine of Freud* (Longmans, Green, and Co., N. Y., 1941).
15. Diethelm, Oskar, M.D.; *Treatment in Psychiatry* (Charles C. Thomas, Springfield, Ill., 1950), 2nd ed.
16. Donceel, Joseph; "Second Thoughts on Freud," *Thought*, Vol. XXIV, No. 94.
17. Draper, George; *Human Constitution: A Consideration of its Relationship to Disease* (W. B. Saunders Co., Philadelphia, 1924).
18. ; "Disease, A Psychosomatic Reaction," *Journal of the American Medical Association*, 90:1281-1285, April 21, 1928.

19. English, O. Spurgeon, and J. H. G. Pearson; *Common Neuroses of Children and Adults* (W. W. Norton and Co., Inc., N. Y., 1937).
20. Erickson, Milton Hyland; "An Experimental Investigation of the Possible Antisocial Use of Hypnosis," *Psychiatry*, 2:391-414, 1939.
21. Freud, Sigmund; *Autobiographical Studies* (Norton C. Norton, N. Y., 1936).
22. ; *Civilization and Its Discontents* (Norton C. Norton, N. Y., 1962).
23. ; *The Future of an Illusion* (Doubleday, N. Y.).
24. ; "Selected Papers on Hysteria and Other Psychoneuroses," trans. by A. A. Brill, *Nervous and Mental Disease* (Monograph Series No. 4, 1920).
25. Gill, Merton M.; "Spontaneous Regression on the Induction of Hypnosis," *Bulletin, Menninger Clinic*, 12: 41, 1948.
26. Heron, William T.; "Hypnosis as a Factor in the Production and Detection of Crime," *British Journal of Medical Hypnotism*, Spring 1952, Vol. 3, pp. 15-29.
27. Horney, Karen; *Our Inner Conflicts* (W. W. Norton Co., N. Y., 1945).
28. ; *The Neurotic Personality of Our Time* (W. W. Norton and Co., N. Y., 1937).
29. ; *New Ways in Psychoanalysis* (W. W. Norton and Co., N. Y., 1939).
30. Jung, Carl G.; *Contributions to Analytical Psychology* (Routledge, and Keegan Paul, Ltd., London, 1948).
31. ; *Psychology of the Unconscious* (Routledge, and Keegan Paul, Ltd., London, 1936).
32. ; "The Question of the Therapeutic Value of 'Abreaction'," *British Journal of Psychology, Medical Section*, 2:22, 1921.
33. Kelly, Gerard P., S.J.; "Medico-Moral Notes," *Linacre Quarterly*, October, 1949.
34. Kline, Milton; *Hypodynamic Psychology* (The Julian Press, Inc., N. Y., 1955).
35. Kraines, Samuel H.; *The Therapy of Neuroses and Psychoses* (Lee and Febiger, Philadelphia, 1941).
36. Kubie, Lawrence S., M.D.; "The Use of Induced Hypogenic Reveries in the Recovery of Repressed Amnesic Data," *Bulletin, Menninger Clinic*, 7:172, 1943.
37. Ludwig, Emil; *Doctor Freud: An Analysis and a Warning* (Hellman-Williams, N. Y., 1949).
38. Marder, Eric; *Research on Hypnosis: A Memorandum* (International Public Opinion Research, Inc., N. Y.).
39. Moore, Don T. U.; *The Nature and Treatment of Mental Disorders* (Grune and Stratton, N. Y., 1943).
40. Murphy, Gardner; *A Briefer General Psychology* (Harper and Bros., N. Y., 1935).
41. Mullahy, Patrick; *Oedipus, Myth and Complex* (Heritage Press, Inc., N. Y., 1948).
42. Munice, Wendell; *Psychobiology-Psychiatry* (The C. V. Mosby Co., St. Louis, 1939).
43. Nicole, J. Ernest; *Psychopathology* (Bailliere, Tindall, and Cox, London, 1946).
44. Sadler, William S.; *Theory and Practice of Psychiatry* (The C. V. Mosby Co., St. Louis, 1936).
45. Thoinot, Leon Henri; *Medico-Legal Aspects of Moral Offenses* (F. A. Davis Co., Philadelphia, 1930).
46. Watkins, John Goodrich; *Hypnotherapie* (Ronald Press, N. Y., 1950).
47. Watson, John B.; *Psychology from the Standpoint of the Behaviorist* (Lee and Febiger, Philadelphia, 1924).
48. Wiesinger, Alois, O.C.S.O.; *Occult Phenomena* (The Newman Press, Westminster, Maryland, 1957).
49. Wolberg, Lewis R., M.D.; *Hypnoanalysis* (Grune and Stratton, Inc., N. Y., 1945).
50. ; *Medical Hypnosis* (Grune and Stratton, Inc., N. Y., 1948), Vol. 2.
51. Woodworth, Robert S.; *Contemporary Schools of Psychology* (The Ronald Press Co., N. Y., 1931).
52. Zilboorg, Gregory; *A History of Medical Psychology* (W. W. Norton and Co., N. Y., 1941).