

CHAPTER 19

And the Lord God caused a deep sleep to fall upon Adam, and he slept.

—Genesis 2:21

It would certainly make life a lot easier for hypnotists if they could somehow discover a way to throw people into trance with that same degree of Divine authority.

Regrettably enough, however, there's just not much chance of this ever coming to pass. Be that as it may, some investigators have never stopped searching for that proverbial "lightning-fast" induction method. A technique, as legend has it, capable of instantaneously reducing the mind of even the most recalcitrant subject to little more than a will-less, obedient lump of Jell-O. A technique wherein the duration of the induction phase could be measured in mere *nanoseconds*—making *even* Spiegel's procedure seem positively snail-like by comparison.

Basically speaking, this search has been concentrated on three areas: (1) physiological stimulation, (2) mechanical devices, and (3) chemical preparations.

One of the earliest known techniques calculated to provoke such a hair-trigger response was that of Charcot's "massive stimulation".

It was seen in chapter 4 how Charcot and his associates at the Salpêtrière tried throwing their subjects into trance by startling them with the unexpected crash of a huge Chinese gong or suddenly blinding them with the intense light of a

magnesium lamp ignited right in front of their eyes. In fact, to hear Binet and Féré (1888) tell it, they'd

employed, among other means, vivid impressions on the sight, such as the sudden introduction of a solar lamp into a dark room, fixing the eyes on the sun, the incandescence of a strip of magnesium . . . etc. In hysterical subjects, the intense excitement immediately produces catalepsy. If the patient is seated at work, is standing, or walking, she is transfixed in the attitude in which she was surprised, and fear is expressed in her countenance and in her gestures. The same effect may be produced by an intense noise, like that of a Chinese gong, by a whistle, or by the vibration of a tuning-fork. (pp. 88-89)

As if that weren't . . . impressive . . . enough, it was also reported how Pitres' (1885) tactic of depressing certain strategically located "hypnogenic zones" was employed in order to produce "instant" trance. In that respect though, it will be recalled how Forel (1889/1906) had written,

I had the opportunity of witnessing a hypnosis of fright according to the Salpêtrière method in Paris in 1889. An assistant advanced toward an hysterical girl. She realized his intention, cried out, and fled into every corner with the expression of disgust and great fear. In spite of this, she was captured, and heedless of her despairing struggles, was held fast. The assistant then pressed with all his strength on some point or other which is supposed to be a "zone hypnogène". The patient was hypnotized suddenly in a cataleptic position. (p. 198)

Unfortunately though, rather than being the long-lost solution to "instant trance", it's been seen how Charcot's *entire* investigation of hypnotism was riddled with fraudulent results arising from outright deception on the part of the dozen or so patients that were always employed.

Curiously enough however, not so very long ago, de Moraes Passos (1964) described the employment of an amazingly similar methodology in what he referred to as the "lethargy" affair. It seems that a group of people in Brazil publicized a procedure for inducing a trance condition that they referred to as "lethargy". Although "fanatically insisting that it is completely different from hypnosis", their methodology nonetheless appeared remarkably similar to that of Pitres' "hypnogenic zones". As de Moraes Passos (1964) related,

By means of touch they induce a series of psychophysiological phenomena and they call themselves followers of “Janred’s Belgian School of Lethargy”. These touches are accomplished by placing the hands or fingers on certain parts of the body . . . they desperately tried to differentiate their phenomena from hypnosis, extolling the swiftness with which the induction of lethargy is achieved by means of touch. Its speed, they say, may be likened to that of a jet airplane while the speed of hypnotic induction may be likened to the speed of a covered wagon. (p. 25)

Not surprisingly, that was the last that was ever heard of “Janred’s Belgian School of Lethargy”.

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Strictly speaking, I suppose there *is* one technique that *could* more or less qualify as a physiological means of inducing “instant” hypnosis.

The methodology, which basically consists of compressing a subject’s carotid artery until he almost *faints*, was introduced back in the nineteenth century by certain unscrupulous stage hypnotists. Boekhoudt (1890), for instance, detailed how the Danish operator Hansen “pressed down on certain parts of the necks of those chosen to be his subjects . . . (so that) they became dizzy. This is apparent from the lawsuit which Hansen brought against Fischer in Vienna in 1880 after the latter had publicly accused him of being a charlatan” (p. 79).

Despite such minor setbacks, however, it turns out that comparable techniques were still being employed more than a century later, such as the following variation by Flower as reported by McGill (1947):

As to scaring a person into hypnosis, it requires but little Svengali dramatics on the part of the hypnotist . . . (He) steps forward to the edge of the platform, and as the subject gets one foot upon the stage, the professor suddenly claps one hand on the back of the subject’s neck, which appears to the audience to be merely an eager method of helping the subject on the stage. It really has the effect of . . . bewildering the subject, and without giving the latter further time, the hypnotist brings the palm of his other hand with some force against the chin of the subject, thus producing a sudden nervous jar to the spinal column . . . it creates a slight roaring in the ears, and the subject feels as if his senses were leaving him. It is at this moment that the professor calls out sharply and peremptorily, “SLEEP!

SLEEP QUICKLY! YOU ARE GOING FAST ASLEEP AT ONCE!" (pp. 109-111)

Ulett and Peterson (1965) mentioned another such tactic developed by modern stage hypnotists known as the "Egyptian engolian circle technique". The operator began by fixing the subject's eyes on his own while making passes along the sides of his head. He then "firmly grasps the head with the palms inward and the second and third fingers of each hand meeting at the nape of the neck" (p. 45). While all this is taking place, the subject is being simultaneously bombarded by suggestions to the effect that his head is spinning, vision is blurring, that he's feeling faint, etc.

Got all that?

Yet another variation on this theme was illustrated by Milechnin (1967) as follows:

A very original procedure for hypnotic induction is employed by Whitlow [1952] for therapeutic purposes. The subject is seated at the end of a treatment table and asked to clasp his hands behind his back and look at the ceiling. Then the operator presses firmly with both hands the subject's neck, placing the left hand just below the mastoids, behind the lobes of the ears, and the right hand at the level of the carotid sinuses at both sides of the larynx. At the same time he says a few words—no matter which—emphatically, rapidly... Suddenly the subject collapses and falls on the table. It seems to us that there is a great resemblance between this procedure... and the procedure of an assailant who takes his victim by the neck in a dark alley, gives him emphatic orders, and causes him to collapse in the same manner. (pp. 62-63)

Come to think of it, such procedures have quite a bit in common with that of Mr. Spock's (hopefully mythical) "Vulcan Death Grip" as well.

Finally, consider the highly original method used by Dr. William J. Bryan (the inventor, it will be recalled, of the BEAR hypnotist). As Edmonston (1986) described it,

The other method, which calls our attention to the continuing search for more rapid induction procedures, is by William J. Bryan, and is called the "Oriental Pressure-Point Method". The patient is placed on a couch or bed in a sitting position and told that this method of induction takes only two-

fifths of a second. Then placing one hand on the patient's forehead and the other on the back of his or her head, the operator suddenly pushes the patient to a supine position while loudly announcing "SLEEP!" (p. 271)

Unfortunately, the author neglected to mention that if this tactic is not immediately successful, certain subjects may then display a tendency to respond with a savage flurry of blows—sometimes lasting considerably longer than "two-fifths of a second".