

NOTE 22

Take the psychoanalytically oriented Schilder and Kauders (1927), whose methodology for inducing trance was more or less identical to that of Freud's. As they instructed in their influential text *Hypnosis* (1927),

As a rule we have him fixate a key or some shining object, step behind the patient, and begin saying to him, while stroking his brow gently and uniformly, the following: "Your eyelids are becoming heavier and heavier, you are getting tired, dull, and more and more sleepy . . . For several minutes [from two to four] we repeat this formula, or one like it. If the patient's eyes do not close of themselves we then press down the lids with a gentle pressure and say, sometimes in a commanding voice: "You are closing your eyes and are keeping your eyes closed" . . . Once he has closed his eyes of his own accord or on our more or less emphatic order, we continue the stroking of his brow. (p. 81)

Hopefully without further ado because, as they also noted, "Many patients, on being told they cannot open their eyes anymore, will stare wide-eyed at the hypnotizer, which of course does not help the situation at all" (ibid, p. 84).

What's more, though writing that they avoided "in principle" the induction of trance by means of intimidating or frightening patients, the authors nevertheless added that "of course, it is not possible to set up a hard and fast rule. During the preparatory stage of the hypnosis it may perhaps be necessary to put down the patient's laughter by energetic discipline, by shouting, etc". (ibid, pp. 84-85).

Etcetera?

Not surprisingly, their use of such physical tactics as “stroking” would also cause them to *continue* subscribing to those *same* erroneous views about hypnotism as had Freud.

For example, as far as induction went, the authors proclaimed that “gentle speech, shouted rebukes, manhandling, are not only devices in the technique of hypnosis, but also in that of erotic seduction [*sic*]. ‘Fixation’, stroking—certain techniques even make very extensive use of stroking the body—are common to both hypnosis and to the erotic” (ibid, p. 35).

Meaning, I presume that they regarded the whole process of hypnotic induction as little more than a sleazy, underhanded kind of officially sanctioned date rape.

This regrettable theory was elaborated on as follows:

Hypnosis and suggestibility have an erotic root. If one hypnotizes women, the hypnotizer often has occasion to observe . . . the glance of surrender which is characteristic of sexual excitement. A trembling corresponding to the trembling under erotic excitement is not infrequent. The hysteriform rigidities at the beginning of a hypnosis frequently show a very distinct relation with the motions of coitus [*sic*]. (ibid, p. 34)

Some skepticism may be appropriate here.

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Of course, not *everyone* chose to blindly accept such disturbing pronouncements.

Tuckey (1889/1921), for instance, scoffed that “the fantastic and nasty theory of some Freudians that the patient falls in love with the hypnotizer is only referred to here to be scouted. Some of the best results I have heard of have been obtained by women doctors practising on elderly members of their own sex” (p. 218).

Then again, Schilder and Kauders (1927) were not about to be foiled by *that* argument, for as they oh-so-cannily explained, “To be sure, we have been taught by psychoanalysis that homosexual inclinations are present in all persons and it may be assumed that hypnosis between persons of the same sex may operate through the homosexual tendencies of man [*sic*]” (p. 35).

Tuckey should have seen that coming.

Be that as it may, it will be recalled how—thanks to the spectacle of “Mesmeric

stroking”—that same objectionable view of trance had been propagated by the Bailly Commission’s “Secret Rapport” all the way back in 1784; and aside from this erotic undertone that has *always* surrounded the use of “passes” or stroking, the only thing that’s ever been *more* harmful to the image of trance has been its reputation as a sinister form of mind control.

Sure enough, Schilder and Kauders (1927) would continue *this* trend as well, for as they instructed, “In addition to the erotive root, as above described, hypnosis has a second root. This root is subordination to the authority of another” (p. 39).

In case anyone failed to get the picture, they added, “We may state this thing in other words by saying that hypnosis is an attitude of subordination, an attitude of self-subjection” (ibid, p. 39).

Their horrified readers would then be dryly informed that “we shall attain a more profound understanding of the psychology of hypnosis by beginning with the psychology of masochism” [*sic*]. (ibid, p. 41).

This unwholesome hypothesis was then followed by their cool assertion that hypnotists were (psychoanalytically speaking) little more than *sadists*.

In their own words,

The psychology of the hypnotized is incomplete without the psychology of the hypnotizer . . . he must raise the demand for unconditional masochistic subjection, and must bear within him the wish for the sexual subordination of the other person. The fear of violation on the part of the hypnotized necessarily is a concomitant of the wish to violate on the part of the hypnotizer [*sic*]. (ibid, p. 47)

To hear them describe it, the profession of hypnotist made that of a *grave robber* seem noble by comparison!

If, by some *miracle*, there was anyone left at *all* who had not been *totally* put off by the whole subject and was still willing to *try* hypnotherapy on their patients, Schilder and Kauders managed to (inadvertently) sabotage this as *well* by informing them that “we consider the method of direct therapeutic suggestion to be the most important” (ibid, p. 100).

Thus effectively setting the stage for yet *another* generation of misunderstanding and abject failure.

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By the mid-1940s, Wolberg (1946) was complaining of how

still current among some psychoanalysts is a feeling that there is something essentially “lewd” and “evil” about the hypnotic state. Because hypnosis has historically been so steeped in associations with “magic”, the analyst who delves into the method may be accused of a compulsion to necromantic experiment. Or he may be charged with wanting to take refuge in magic when he senses his own shortcomings in helping patients to get well by orthodox analytic methods. Basing their conclusions on observations of stage hypnotists and parlor pranksters, some psychoanalysts may accuse a colleague who utilizes hypnosis of having strivings for power and impulses to vanquish or control his patients. (p. 168)

In plain English, what he meant was that psychoanalysts who choose to use hypnosis are often regarded by their colleagues as sinister, flaky, power-hungry charlatans.

What’s more, as Wolfe and Rosenthal (1948) pointed out,

A number of the wartime advocates of hypnoanalysis took the position that the emergency forced them to resort to a method that was really second-best. Others argued on a different tack. They said that hypnosis was the perfect remedy for the type of neurosis encountered in war, but that when it had to tackle other forms of mental and emotional disorder, it would be ineffective. These, of course, are scarcely the arguments of convinced proponents of the therapy. Understandably most of these psychiatrists quickly gave up hypnotism as soon as the war ended, and returned to the practice of orthodox psychoanalysis. (p. 57)

OK, sure. But what about when Weiss and English’s *Psychosomatic Medicine* (1949) appeared? This work was hailed as a truly groundbreaking study of the mind/body relationship in medicine.

Alas, instead of this being the *perfect* opportunity to revive and expand hypnotism’s role in treating psychosomatic disorders, the authors’ *psychoanalytic* frame of reference would merely *ensure* that their convoluted views on hypnosis were *every* bit as prejudiced as those of their predecessors.

Describing induction, Weiss and English (1949) offered the usual blend of “command” suggestions (“You are going to sleep!” “Your eyes are getting heavy!”) and “stroking the

forehead or the arms of the patient”, adding that “in this sleeping state the patient will carry out commands” (p. 197). The authors (ibid) then went on to conclude that “normal people under hypnosis can be made to laugh, to feel strange sensations in their bodies, to make ludicrous statements and to carry out ridiculous acts . . . Theoretically interesting, it has little practical value in treatment” (p. 197).

“Little practical value in treatment”?!

Nor would this sorry situation be improved by the *continuing* employment of such outdated, not to mention *objectionable*, induction techniques as “stroking”.

For instance, yet another psychoanalytically oriented investigator (Edith Klemperer, 1947) would write that “Mesmer’s strokes, a gentle rhythmical stroking of the forehead, appear to be quite effective. In most instances, one can feel with the stroking hand whether the patient has started to go into trance or not” (p. 137).

Predictably enough, however, Klemperer would also need to mention how “when Mesmer’s strokes are performed, experience has proven it advantageous that the couch be lower than the chair on which the therapist sits and narrower than those in general use because some patients tend to frustrate the application of Mesmer’s strokes by moving to the wall” (ibid, p. 137).

And who can blame them?

Perhaps they were just trying to *tell* her something!

Such as when London (1967) pointed out how “it is all too easy . . . for a subject to perceive the hypnotist’s touch as a thinly-veiled sexual gesture, an attempt to patronize and make the subject appear infantile, or an expression of contempt of the now-you-see-I-have-you-in-my-power sort” (p. 64).

Be that as it may, yet another proponent of this touchy-feely brand of induction was Meares (1960), and though his methodology was admittedly only intended for the exclusive use of physicians, the author *even* went so far as to endorse the removal of subjects’ *clothes*!

In his own immortal words:

There are distinct advantages in having the patient remove adequate clothing. It saves the patient from worrying about crushing his clothes . . . and it also aids relaxation and sleep because we are conditioned in this way

by the nightly removal of clothes in preparation for sleep. The removal of the clothes continues to keep active the idea that there is no reserve, no holding back on the part of the patient . . . In actual practice, it is best for a man to remove his coat and trousers, shoes and socks. A woman should take off her dress and any tight fitting foundation garments so that the abdominal musculature is freely accessible for palpitation; the degree of flaccidity of the abdominal muscles is a very good indication of how the suggestions of relaxation are being accepted. It will often be observed that the arms and legs are quite flaccid, while the abdominal musculature remains on guard. This occurs commonly in anxious young adults. (p. 161)

Probably in *direct* proportion to their state of *undress*!

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In that same year, an article by Lindner (1960) appeared in which the phenomenon was defined in the following horrific manner:

Hypnosis—like gambling and alcohol and narcotics—may be characterized as a type of *addiction*. Those who once stumble on it are hard pressed to relinquish its use . . . The power and the *megalomania* of the hypnotist alone is the transmitting source. It is he who achieves and directs this *magic* . . . *unlimited* . . . power . . . here in the person of the hypnotist is the “strong man” who can offer tremendous authority and great love . . . The hypnotist can assume the jealously-guarded role of his own father-figure for whom he has always longed [*sic*] . . . It is the writers thesis that because *both* the hypnotist and his subject obtain satisfactions of *Oedipal longings* through the shared hypnotic phantasy, hypnosis is so exciting and sought-after an experience, although filled with anxiety, *terror*, and *fear* for most. (pp. 64-65; italics mine)

Several years later, the author (1977) would elaborate on his rant by adding that

in the person of the hypnotist, the patient finds that terrifying figure whom he both loves and hates, fears and admires, desires and rejects. The enormity of the seemingly mystical experience arouses in the hypnotic patient those elementary anxieties through his projections of omnipotency on the therapist . . . Precisely because *both* hypnotherapist and patient can obtain satisfactions of their own psychosexual needs through the shared hypnotic

fantasy [*sic*], hypnosis is so longingly sought an experience for so many people, even though filled with anxiety, terror and fear. (p. 243)

Well, I daresay it was for *his* patients—and with good reason.

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In the mid-1960s, Marcuse presented a survey of international attitudes toward the phenomenon in his *Hypnosis Throughout the World* (1964). As far as attitudes in the United States went, Watkins (1964) would report how

the early pioneers who dared to experiment in this area found themselves often isolated and subject to the rejection of colleagues. Academic experimentalists had to endure ignoring by their universities and sometimes even official prohibition of their activities. Great educational institutions, which prided themselves on academic freedom, did not always extend this freedom to include the study of hypnosis. Likewise, early clinical workers in the field frequently bore the brunt of active attack or tacit disapproval on the part of professional colleagues, often to the detriment of their practices and their livelihoods. (p. 286)

The author had also noted that

although the public clamor for hypnotherapy remains high, and although the A.M.A. has officially endorsed the medical use of hypnosis . . . the training institutions have been slow in following the recommendations . . . (What's more,) the attitude of the majority of psychiatrists has been one of ignoring and resistance. Very few have prepared themselves to work in the hypnotic modality, while apparently many, influenced by the emphasis devoted to the psychoanalytic approach . . . dismiss hypnosis with the same arguments used by Sigmund Freud and his daughter Anna in their earlier writings. (ibid, pp. 272-273)

According to Völgyesi (1964), moreover, the same attitude also applied to the employment of hypnosis in Eastern Europe.

As he observed,

The professional psychoanalysts, e.g., Ferenczi, Adler, Jung, and Alexander, Feldman, Szalai, Herrmann, Gartner, Farkáshazy, Szinetár in Hungary took

an uncompromising stand against hypnosis and called it pseudo-scientific. Neo-Freudians, as well as orthodox Freudians, all over the world, launched a vigorous, overt, propaganda campaign against medical hypnotism. They proclaimed, for example, that hypnosis “was able to achieve only temporary symptomatic curative results, and this only with some hysterics”. To achieve really causal and therefore permanent recovery in cases of psychic ailments was, according to their view, possible only through psychoanalysis . . . their false teachings, which were harmful, were propagated in the widest of circles. These teachings . . . had in the meantime infected large portions of the English, Hungarian and German-speaking scientific world. (pp. 143-144)

Apparently, the Dutch-speaking scientific world as well, for to hear Stokvis (1964) tell it,

One of the dangers which we have come across when hypnosis is wrongly applied is addiction to hypnosis. We found that this “hypnosophilia” occurs only in persons with strongly developed masochistic traits who, in an intense feeling of dependence, coupled with a lustful emotion, surrender themselves to the hypnotizer [*sic*].

It is especially this feeling of being dependent that gives these persons their lustful gratification. (p. 220)

Finally, consider G. Miller’s (1977; in Chertok 1981) description several years later of the tight-lipped reluctance still being displayed by psychoanalysts toward its employment:

Grimacing in disgust (they), at the very most, consent from time to time to turn a tired glance (towards the hypnotists) just to see whether they are to be found on the side of the quacks, rather than that of the fools. As for hypnosis, it is compared to “a poor, demented ancestor, hitherto buried in a country asylum”. (p. 141)

So there you have it: the official psychoanalytic view on hypnotism.