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Hypnotism and the Power Within. (Skeffington, London, 1950.)
How To Conquer Nerves. (Skeffington, London, 1954.)

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Experimental Hypnosis. (Macmillan, New York, 1952.)
Therapy Through Hypnosis. (Citadel Press, New York, 1952.)
Medical Hypnosis. (Gollancz, London, 1953.)

HYPNOTIC SUGGESTION

ITS ROLE IN PSYCHONEUROTIC AND PSYCHOSOMATIC DISORDERS

A THESIS

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To My Wife

PREFACE

INQUIRIES show that many medical men are interested in hypnotism, chiefly, it would appear, as an answer to the problem of finding a quicker method than is generally available of dealing with the flood of psychoneurotic and psychosomatic disorders so prevalent to-day.

Disappointment is often expressed when it is explained that modern hypnotherapy does not consist of merely learning some 'secret formula' to induce a state of trance, and then dispelling symptoms only by direct command.

The author believes that an entirely new approach is required, not only to the psychoneuroses and associated psychosomatic disorders, but also to hypnotic suggestion and the role it plays in the aetiology and treatment of these conditions.

He has therefore set out his theories and methods of treatment in the form of a thesis, and trusts this will not only assist those medical men who wish to practise treatment by hypnotic suggestion, but will also stimulate further interest and research in the subject.

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HYPNOTIC SUGGESTION

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Part I

A. PRELIMINARY INTRODUCTION

THE purpose of this thesis is to show that hypnotic suggestion plays a major role in the aetiology of the psychoneuroses and the associated psychosomatic disorders and that it is equally important in the treatment of these conditions.

By hypnotic suggestion is meant suggestion which is absorbed by the subject's mind while this is in a state of hypnosis. The suggestion may act while the person is in the hypnotic state, or later on during the normal waking life, according to the specific instructions of the operator or hypnotist who induces the hypnosis. In the latter case it is known as a *post-hypnotic suggestion.*

Suggestion is the term applied to any means by which an idea is implanted in the mind of the subject so that a special train of thought or course of action will follow. *It may not necessarily be verbal.*

Hypnosis is the name given to that peculiar psychical state in which the mind is particularly susceptible to suggestion. The word ' trance ' is used as synonymous with hypnosis. The art and science of inducing this state of hypnosis or trance state is known as hypnotism. The condition may be produced by the subject without the assistance of another person, in which case it is

known as *self-hypnosis*. As will be seen later, the hypnotic state may be brought about either deliberately or, in certain circumstances, accidentally.

Hypnotism is undoubtedly a controversial subject and has often been condemned out of hand more for emotional than scientific reasons. The suggestion has been made that it cannot be of much value because it has been investigated and discarded in the past.

It is therefore proposed to give a brief historical outline of the subject, which will explain this attitude, before proceeding to the actual scientific details. Mesmerism, for practical purposes, may be considered as simply an earlier name synonymous with hypnotism.

The author claims originality for the following :—

1. The theory that hypnotic suggestion plays a role in the aetiology of the psychoneuroses, and the conception of the mechanism whereby the psychoneuroses and secondary symptoms develop as illustrated by Diagram 2 (*Part II, A*).

2. The method of treating the psychoneuroses by suggestion using only a light state of hypnosis (which makes the method of great practical value, in that it is available to the great majority of patients suffering from psychoneurosis) according to the principles of Relaxation, Realization, and Re-education (*Part II, B*).

3. The theory of the nature and mechanism of the hypnotic state and the reason for increased suggestibility and response to suggestion in this state (*Part I, C, Fig.* 1).

B. SHORT HISTORICAL OUTLINE OF HYPNOTISM

Although hypnotism was undoubtedly used in the 'Sleep Temples' of Ancient Egypt, and Hippocrates, the father of modern medicine, spoke of it when he said

" the soul sees quite well with shut eyes the affections suffered by the body ", it was not until 1774 that it was heard of in Europe.

Franz Anton Mesmer, a fully qualified Viennese physician, at this time, reported many peculiar phenomena, now known to be hypnotic, which occurred during the treatment of patients with a magnet. He soon found that a magnet was not necessary, and that equally astounding results could be achieved by making ' mesmeric passes '. These are now recognized to be merely a form of suggestion, but Mesmer wrongly concluded that some personal or ' animal magnetism ' was involved. The hostility of his medical colleagues drove Mesmer to Paris, where his spectacular ' cures ' created a furore. In 1784 a Commission appointed by Louis XVI, himself a great believer in the power of the ' Royal Touch ', condemned Mesmer, quite unjustly, as a quack, without allowing him to demonstrate his methods personally.

The French Revolution put an end to the development of ' mesmerism ' in that country, and it was next heard of in England.

Dr. John Elliotson, founder of University College Hospital, London, and one of the most brilliant men in the history of English medicine (he introduced the stethoscope to England and the methods of examining the heart and lungs which are used to this day), experimented with mesmerism, and was forced to resign his position as a result.

Nevertheless Elliotson published a quarterly journal called *Zoist* in 1843 which was devoted to mesmerism and cranial physiology. Under this influence ' mesmeric ' hospitals were set up in London (36, Weymouth Street), Edinburgh, Dublin, and other large cities.

About the same time *Dr. James Braid*, a Manchester physician, while seeking a scientific explanation for the phenomena of mesmerism, discovered that he could induce a trance-like state by means of fixed gazing. Braid coined the word 'hypnotism', and published a book *Neurypnology or the Rationale of Nervous Sleep*[1] in 1843. The British Medical Association refused his offer to demonstrate his methods or read a paper on the subject. The work of Elliotson and Braid, however, bore fruit abroad.

In India, *Dr. James Esdaile*, a young Scottish surgeon, after reading of Elliotson's work, began to experiment with mesmerism. Although he performed over 300 major, and several thousand minor, operations quite painlessly under its influence, and reduced the mortality rate from 50 per cent to 5 per cent, the medical journals in England refused to report his cases.

Braid's work was taken up in France by *Dr. Liébeault*, a simple country physician. He added verbal suggestion to Braid's method of fixed gazing, and evolved a technique which is often used to this day. After twenty years of experiment he wrote a book *Du Sommeil*, and, although he sold only *one* copy, this work came to the notice of the great *Professor Bernheim*.

Bernheim established hypnotism as probably the most important form of psychotherapy when he published *Suggestive Therapeutics*[2] in 1886.

About the same time *Charcot*, the great French neurologist, experimented with hypnotism, and established the Salpêtrière school of thought on the subject, in opposition to the 'Nancy School' of Bernheim and Liébeault. As the result of working with only three paid, grossly hysterical subjects and never hypnotizing a patient himself, Charcot made the most colossal

mistakes. For instance, believing, quite erroneously, that the subject was deaf in the hypnotic state he would announce that a magnet would produce a certain effect. Bernheim was able to disprove the pseudo-scientific nonsense expounded by Charcot by showing that the results obtained were due to *suggestion*—not magnetic force—for the subjects could hear perfectly well and a wooden imitation 'magnet' produced effects equally astounding.

Freud, a Viennese physician like Mesmer, became interested in hypnotism after witnessing the cure of a case of hysteria by his friend *Dr. Breuer*, who used this method. Freud went to France to study hypnotism under Charcot, Bernheim, and Liébeault. When he discovered (as every hypnotist does) that he could not *deeply* hypnotize *all* his patients Freud decided to give up hypnotism. He gives the reason in *Origin and Development of Psycho-analysis*[3]—"When I discovered that, in spite of all my efforts I could not hypnotise by any means *all* of my patients I resolved to give up hypnotism". Freud completely failed to realize the possibilities of *other degrees* of hypnosis and *other methods* of using it.

As 'psycho-analysis' became more and more popular hypnotism became more and more neglected. Nevertheless in 1919 Freud admitted that if psychotherapy were ever to become widely available to the public a return to hypnotism as a short cut would be necessary.[4] This is easily understandable when it is realized that the time required for 'orthodox psycho-analysis' might be anything from *two to five years.*

Hypnosis has always come back to favour when quick methods are required, such as during and after times of great stress associated with upheavals like the first and second world wars.

Bernheim's work had caused men such as Moll,[5] Quackenbos,[6] Heidenhain, Krafft-Ebing, Schrenck-Notzing, Wetterstrand, Ladame, and Forel,[7] to take no little interest in hypnotism. Even after the development of Freud's psycho-analysis, hypnotism continued to claim the attention of workers such as Pierre Janet,[8] Milne Bramwell,[9] Morton Prince,[10] and Boris Sidis,[11] as well as men such as Pavlov,[12] McDougall,[13] Baudouin,[14] and Yellowlees.[15] As prophesied by Freud, during the stress of the first world war, hypnotism returned to favour and the findings of men such as Hadfield,[16] Wingfield,[17] Thom,[18] and Brown,[19] are recorded in the scientific literature, as well as those of Dubois[20] and Hollander.[21]

Since then interest in the subject has continued. Hadfield first used the term 'hypno-analysis', and much recent work has been along the line of encouraging the recall of buried memories through hypnosis and the reliving of traumatic events, by workers such as Erickson and Kubie,[22] Lindner,[23] and Wolberg.[24]

Men such as Luria,[25] Erickson,[26] and Eisenbud,[27] have demonstrated the possibility of inducing an experimental conflict or artificial neurosis by means of hypnosis for the purpose of study or treatment, and Kardiner and Spiegel[28] have used hypnosis to show a patient that he can control his functions.

In recent years, as the result of increasing interest in hypnotherapy, 'The British Society of Medical Hypnotists' was formed in England in 1948 and in its quarterly journal *The British Journal of Medical Hypnotism*, first published in 1949, the current scientific opinions of world authorities on hypnotism are reflected in the reports of men such as Schneck,[29] Kroger,[30] Loomis,[31] Wolberg,[32] Erickson,[33] Raginsky,[34] Horan,[35]

Rosen,[36] Reiter,[37] Volgyesi,[38] Fresacher,[39] Bachet,[40] Koster,[41] Marchesi,[42] and Van Pelt.[43]

This journal has been officially recognized and is included in "World Medical Periodicals" published by the United Nations Educational, Scientific, and Cultural Organization and the World Health Organization in 1953.

In 1949 increasing interest in the medical and other scientific aspects of hypnotism by workers in this field in the United States of America led to the establishment of The Society for Clinical and Experimental Hypnosis (New York).

This society published the first issue of its quarterly journal—*The Journal of Clinical and Experimental Hypnosis*—in 1953.

In 1950 the British Society of Medical Hypnotists approached the Minister of Health for Great Britain with the object of introducing legislation to ban stage hypnotism, and in 1952 it was able to lend material assistance to Dr. Somerville Hastings, M.P., who successfully piloted his Private Member's Bill through Parliament. This Bill, which controls stage performances of hypnotism, was passed in 1952 and the Act came into force in April, 1953. It constitutes an important step in the long, long struggle to establish hypnotism in its right place as a scientific medical, therapeutic procedure, and free it from the aura of supernatural humbug and quackery which has surrounded the subject for so long.

C. THE NATURE OF THE HYPNOTIC STATE

It is a curious fact that, in spite of the vast amount of clinical and experimental work recorded in a voluminous scientific literature, the real nature of the trance state called hypnosis is not known for certain.

By reason of the facts that the state of hypnosis may be, and frequently is, induced by the suggestion of 'sleep' and that hypnotized persons are often observed with closed eyes which give the impression of sleep, the totally erroneous belief has become widespread both among lay people and medical men that hypnosis and sleep are identical.

Many famous scientists, among them men such as Pavlov,[44] who believed that hypnosis and sleep were identical, as both were the result of areas of inhibition spreading over the cerebral cortex, have supported this theory.

Quite apart from the simple fact that hypnosis can be induced *without any mention of sleep at all*, and that hypnotized persons may open their eyes and be mentally alert, while any semblance to normal sleep can be instantly dispelled by suggestion, much scientific work has served to establish the following important points of difference between ordinary sleep and hypnosis.

1. A person who is normally asleep will not respond to stimuli in the way that a hypnotized subject will do. For instance, even a whispered suggestion, which a sleeping person would ignore entirely, would be quite sufficient to bring about a most complicated course of action if given during hypnosis.

2. Consciousness, which is entirely suspended in natural sleep (and partially in dreaming), is present in the state of hypnosis.

3. Bass[45] showed that the patellar reflex or knee-jerk which is normally abolished in sleep was exactly the same in hypnosis as in the waking state.

4. Wible and Jenness[46, 47] showed by means of electro-cardiographic and respiratory studies that the normal difference between heart and lung action in sleep and the

waking state did not exist in hypnosis, and that the trance state was more like normal consciousness than sleep.

5. Loomis, Harvey, and Hobart[48] showed that brain potentials of subjects in a hypnotic trance were characteristic of those obtained in the waking state.

6. Estabrooks[49] describes [pp. 66–67] an experiment with the 'psycho-galvanic reflex' apparatus which measures the resistance of the body to a very small amount of electric current. This resistance changes under any emotional strain and was shown to be the same in hypnosis and the waking state unless a sleep-like condition was deliberately suggested to the subject.

Charcot, the great French neurologist, considered that hypnosis was pathological and a mere symptom of hysteria. Although his theories were completely disproved by Bernheim, Charcot's reputation attracted a number of supporters and even recently William Brown[19] agreed with his view that anybody who was hypnotized must be a hysteric, and that normal people could not be so influenced. There is no evidence to support this extraordinary opinion, for all psychological tests show that normal people make very good subjects, while it is often very difficult, if not impossible, to influence many neurotic and hysterical cases. Charcot's theory cannot be seriously entertained unless it is presumed that fully 80–90 per cent of people apparently quite normal are, in fact, hysterical.

Janet[50] favoured the theory of dissociation to explain hypnosis, and believed that a memory or group of memories could be split off from the main stream of consciousness and develop into a sort of second personality which could function independently. According to this theory, as the conscious mind is suppressed, the subconscious comes more and more to the fore and in deep hypnosis finally

takes over completely. Amnesia would have to be an essential feature if this explanation of the trance is to be accepted. However, although amnesia frequently follows a deep trance, this is by no means constant, and even when present it can easily be removed by suggestion. Further, experience shows that consciousness is retained in the hypnotic state so that the two parts of the mind cannot be considered to have changed places in any way.

Mitchell,[51] Patten[52] and Scott[53] show that two apparently dissociated mental groups are, in fact, not really isolated at all, while Lundholm[54] and Pattie[55] consider that instead of dissociation in hypnosis there is greatly increased co-ordination.

Following the work of Pavlov,[12] who showed [p. 407] that words could become conditioned to both internal and external stimuli and even produce organic reactions, the theory has been advanced that hypnosis could be regarded as a conditioned reflex. However, this theory cannot explain the fact that some subjects can develop quite deep hypnosis at the first attempt, without any effort at conditioning at all.

Psychological and psycho-analytical theories include those of White,[56] who considers that the subject behaves as he does because he wishes to act like a hypnotized person, and Ferenczi,[57] who states that hypnosis is the result of the subject's infantile attitude of blind faith based on the love and fear of his parents. In other words, the subject regards the hypnotist as either a stern father or a kind mother. White's theory is rather disproved by the work of Estabrooks,[49] who showed [p. 54] that the hypnotized subject could stand an electric shock ten times as strong as that which could be tolerated in the normal state, so that the subject could scarcely be considered to be merely acting.

McDougall pointed out the weakness of Ferenczi's 'parental theory' by showing that if true, a woman hypnotist could be expected to hypnotize only those who favoured their mothers and identified them with her. In the same way a man could influence only those who preferred their fathers and identified them with the male hypnotist. Actually a good subject is easily hypnotizable by an operator of either sex, besides the fact that hypnosis may be self-induced without the presence of an operator at all.

However interesting these theories may be, it is undeniable that for *practical* purposes it is best to regard hypnosis as a peculiar psychical state in which the mind is particularly susceptible to suggestion. Even in the waking state it is well known that suggestion can be very powerful and often a single word or phrase can make a person feel happy, sad, angry, or afraid, and evoke all the bodily symptoms which accompany these feelings. In hypnosis it is well known that the power of suggestion is greatly increased, and in the writer's point of view the mechanism of this change is best explained as follows :—

Author's Theory of the Nature of the Hypnotic State and the Reason for Increased Suggestibility in this State

A study of *Fig.* 1 will show that hypnosis is essentially a *concentration* of the mind. In the ordinary waking state the mind is occupied with a thousand and one different impressions so that the 'units of mind power' may be said to be scattered. Suggestion in this state will have little, if any, effect because it literally 'goes in one ear and out the other'. As the patient is paying only scant attention (most of his mind being occupied

with his own ' feelings ' and impressions) relatively few ' units of mind power ' are affected by suggestion and therefore the effect is weak.

In hypnosis, however, the mind is *concentrated.* One hundred per cent concentration will represent very deep hypnosis, in which the subject will be paying attention to the hypnotist only. The patient in this state can disregard or be completely oblivious to other things—even physical pain—for the whole ' mind power ' is concentrated on the hypnotist's suggestions, and there is literally nothing left to take notice of other stimuli. It is obvious that hypnosis enables more of the mind to absorb suggestion and, as more of the suggestion is absorbed, it is reasonable to suppose that the effect will be greater than in the ordinary waking state. Following the hypnosis all the ' units of mind power ' will carry a ' dose of suggestion ' and, for reasons to be seen later, the patient will get the ' feelings ' that go with the suggestion.

This conception of hypnosis explains a hitherto little understood fact that normal, healthy people with good powers of imagination and concentration make the best hypnotic subjects, while ' scatterbrained ', nervous people are difficult at first but can be trained by repeated sessions.

It also explains another little understood fact that ' deep ' hypnosis is not essential to obtain good results in psychotherapeutic work and that ' light ' hypnosis is usually quite sufficient.

If only 51 per cent of the available ' mind power ' can be affected by suggestion it will outweigh the other 49 per cent. As it is impossible for the mind to think two opposite things at once (it is impossible to really think ' I am well ' and ' I am sick ' at the same time—one thought is always dominant)—then good results will

follow as soon as sufficient ' units of mind power ' have been affected.

It is important to remember this conception of hypnosis as a state of mind resulting from *concentration* on an idea which may be *deliberately* or *accidentally* introduced, for this forms the basis on which to build, not only a new theory of psychoneurotic illness, but also a new therapeutic approach. Such concentration of the mind is especially likely to occur as the result of an *emotional* incident or idea.

D. THE INCIDENCE OF SUSCEPTIBILITY TO HYPNOSIS

Contrary to the general belief of those who are unfamiliar with the scientific literature on the subject, that only those who are ' weak-willed ' or neurotic may be hypnotized, all the available evidence points to the fact that *hypnotizability may be considered as an almost universal and normal attribute of the human race*, irrespective of colour, creed, or sex. It should be remembered, of course, that there are different *degrees* or *stages* of hypnosis (as with anæsthesia), and, while there can be no clear-cut division between them, the following stages, as given by LeCron and Bordeaux,[58] are generally accepted for practical purposes, together with the estimated percentages of people who can achieve them.

1. UNINFLUENCED	5 per cent
2. HYPNOIDAL	10 per cent
3. LIGHT TRANCE	25 per cent
4. MEDIUM TRANCE	35 per cent
5. SOMNAMBULISTIC (DEEP) TRANCE	25 per cent

The stage of hypnosis reached is usually judged from the phenomena obtained. For instance, in the HYPNOIDAL STAGE there may be merely *drowsiness* and

a *heavy sensation* in the limbs. In the LIGHT STAGE there will probably be *complete relaxation, closure of the eyes*, and *inhibition of voluntary movement.* The MEDIUM STAGE may permit *catalepsy of a limb, automatic movements, analgesia* or *anæsthesia, partial amnesia,* and *simple post-hypnotic suggestions* to be obtained.

The most bizarre phenomena may be exhibited in the DEEP STAGE or SOMNAMBULISTIC TRANCE. *Complete amnesia* often occurs, while both *positive and negative hallucinations* may be induced. After this degree of trance, even the most complicated *post-hypnotic suggestions* may be accurately carried out.

It should be remembered that there can be no hard-and-fast divisions between the various stages, and that every subject is 'a law unto himself', so that *on occasions* phenomena normally expected only in a deep stage *may* possibly occur in the medium or even light stages. In general, however, the more bizarre phenomena, such as positive and negative visual hallucinations, are to be obtained only in the deep or somnambulistic trance. From these figures it will be seen that *only* 5 per cent *of people remain resistant to any influence at all.*

Allowing for the fact that only three stages of hypnosis are described, besides those uninfluenced, the work of Hull,[59] who summarized the experience of men such as Liébeault, Schrenck-Notzing, Von Eden, and Von Reuterghen, as reported by Bramwell, and covering over ten thousand cases, agrees substantially with the figures of LeCron and Bordeaux. Hull's figures are as follows :—

Refractory (uninfluenced)	10·48 per cent
Slight hypnosis (light)	32·68 per cent
Deep (medium)	34·58 per cent
Somnambulism (very deep) ..	22·26 per cent

These figures do not necessarily mean that these results are obtained at the first attempt. Some people who can be only very lightly influenced at first can be trained to become good subjects by repeated sessions. The maximum depth of trance which can be reached will usually come in eight to twelve sessions.

Although to all intents and purposes some 90–95 per cent of all people can be hypnotized to one degree or another, it is usually possible to pick out ' good subjects ' by means of simple *suggestibility tests*. Some of the simplest of these tests are those described by Wolberg[60] [vol. I, pp. 104–105]. In the *postural sway test* the subject falls backward in response to suggestions to this effect. The hand becomes light and floats in the air in the *hand levitation test* as the result of suggestion. In the *hand clasp test* the hands become ' locked ' together, and in the *pendulum test* a suspended ring will swing in the direction the eyes travel around a circle as the result of suggestions to this effect. Another simple test is to ask the subject to close his eyes tightly and imagine they are stuck together. If twenty or so people are challenged in a group in this way it is almost certain that four or five will be unable to open their eyes.

People who react positively to these tests usually make very good subjects, for they have the ability to use their imagination. Stage hypnotists invariably make use of these or similar suggestibility tests in order to pick out ' easy ' subjects for their demonstrations.

These facts demonstrate quite clearly that any ' power ' which exists *lies within the subject*, and that the hypnotist, contrary to general belief, has no ' mysterious gift ' or ' hypnotic power ' whatsoever. The force used is the *subject's own imagination*, and the hypnotist merely has the technical knowledge of how to use it to the best

advantage. Essentially hypnotism may be described as a *manipulation of the subject's imagination.*

The imagination is far stronger than the will power, and in any contest between the two the imagination will always win. For instance, anybody can walk along a plank of wood placed on the ground. If, however, it is raised a few feet between supports few people can do it, because they think (or imagine) that they would become giddy and fall. While they are in this state of mind all the 'will power' in the world cannot help them or stop them from falling.

As the result of this fact we find that the best hypnotic subjects are ordinary normal people, the more intelligent and imaginative they are the better. Children usually make excellent subjects as their power of imagination is well known. Young people between the ages of 18 and 26 are usually better than older people, as they are not so set in their ways. Nervous and 'scatterbrained' people are usually difficult because, for reasons to be explained later, their minds are filled with their own peculiar thoughts or ideas, and they have difficulty in concentrating and imagining what is suggested.

There is no difference between the sexes in their reaction to hypnosis, and the so-called hard-headed northern races are just as easily influenced on the whole as the more volatile southern ones. Sceptical people are often easy subjects because their scepticism is only a cloak, as secretly they believe in hypnosis while openly expressing doubt to bolster up their morale. When it comes to the test, imagination invariably wins, and such people easily succumb. On the other hand many people who openly profess an ardent desire for hypnotism secretly believe that to yield would show that they were 'weak minded', and so they subconsciously resist.

Finally the subject is unlikely to achieve hypnosis unless there is a *real motive* to do so. For instance, a man who really desires to give up alcohol for one reason or another can easily be helped. If, however, he is forced to seek treatment by his wife or relatives, and secretly has no desire to stop drinking, then hypnosis will most likely be very difficult, if not impossible to achieve.

It is important to remember that there are *degrees* of hypnosis, for in the light and medium stages the subject will probably remember all the events of the trance, and *may even doubt that he was really hypnotized at all* because he was fully conscious of what went on and could hear the operator making suggestions. Nevertheless, these suggestions may have the most powerful effects. The importance of this cannot be overstressed, for *the subject may be influenced by suggestion without appreciating the fact that he has been in any state of hypnosis at all.* In the deep or somnambulistic stage, of course, the events of the trance are often forgotten—especially if amnesia is deliberately suggested. As a result the subject *imagines* he did not know what he was doing, simply because he has *forgotten* what occurred. Such a state of affairs naturally impresses the subject (and any spectators), *but* it must be remembered that light hypnosis—perhaps completely unrecognized as hypnosis at all—can, under certain circumstances, produce the most dramatic effects. For instance a suggestibility test may be considered as a form of hypnosis. The subject, although fully conscious and *apparently* in his normal state, may be completely unable to open his eyes or unclasp his hands or otherwise resist the commands of the hypnotist.

A common, but completely erroneous belief, is that the deeper the trance, the better the result, on the naïve

assumption that if one dose of medicine does good a double dose will do better! Those with *practical* experience of hypnotic suggestion soon realize that *response to suggestion does not necessarily depend upon depth of trance*, and that a great deal of useful work can be carried out medically using only light to medium hypnosis, a fact which is well appreciated by Wolberg[60] [vol. I, pp. 108–109].

E. THE PHENOMENA OF HYPNOSIS

It is only when the phenomena which may occur during hypnosis are considered that the real importance of this peculiar state of mind can be appreciated. In the past these same phenomena have greatly mystified the ignorant, and have always been associated with the supernatural, for the events of the trance may appear so weird to the uninitiated that no other explanation would seem to be possible. It is essential, therefore, to show that they have a very simple scientific explanation.

1. Hypersuggestibility.—Undoubtedly this is the most characteristic phenomenon of the trance and certainly one of the most useful from the practical point of view. Although its degree may vary from subject to subject and according to the depth of trance and other circumstances, hypersuggestibility is present in even the lightest stages of hypnosis.

The subject is by no means helpless, however, for he can think, reason, and even ignore commands, but it is customary for suggestions *with which he is fundamentally in agreement* to be accepted and acted upon far more readily than they would be in the ordinary waking state.

The explanation of this increased response to suggestion in hypnosis is revealed when *Fig.* 1 is studied. In the ordinary waking state a stream of suggestion will affect

only a few ' units of mind power '. In hypnosis these units are concentrated to a varying degree so that an increased amount of suggestion is absorbed and its power is correspondingly increased.

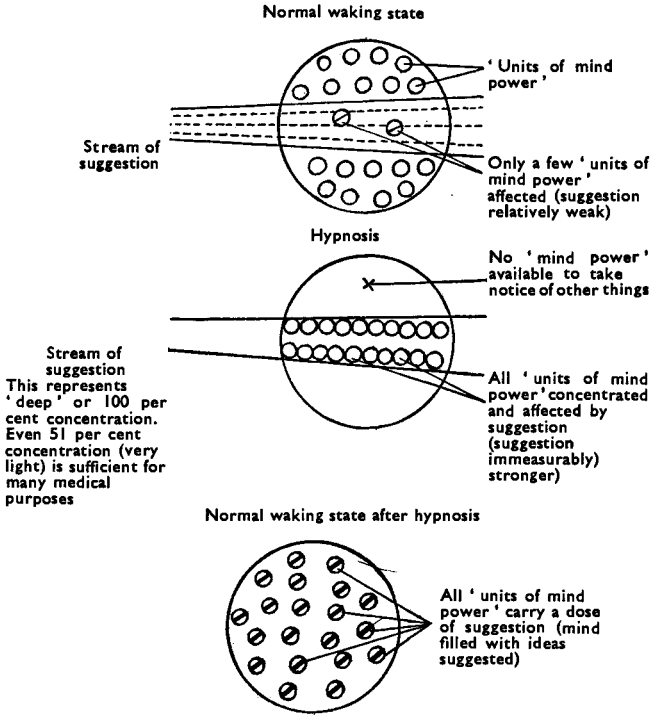

Fig. 1.—The mechanism and nature of hypnosis, and the reason for increased suggestibility in this state.

The subject, however, has several defences against suggestions *he does not wish to accept* and, should they or the situation become really intolerable, he can escape by either simply refusing to obey, waking up or going into ordinary sleep.

Emotion, it is known, sensitizes the brain to hypnosis by causing a concentration of the mind on the idea involved and so increasing the suggestibility. Even in hypnosis the subject's ego keeps a watching brief, and the instinct of self-preservation is paramount. Any suggestion which really threatens his security can arouse such an emotional disturbance that the concentration of mind induced by the hypnotist is destroyed, and the trance broken. This explains why subjects will sometimes commit apparent 'crimes' such as 'stabbing' a person with a paper dagger or 'shooting' someone with a toy pistol when they know perfectly well it is only the subject of an experiment and that they can trust the hypnotist not to get them into real trouble. Wolberg[60] [vol. I, pp. 414–415] describes how a deeply hypnotized subject readily pretended to poison a person with lumps of sugar, but awoke from the trance immediately when ordered to use capsules from a box labelled 'potassium cyanide'.

Erickson,[61] in scientific experiments involving fifty subjects, failed to induce acts of an antisocial or criminal nature. It is precisely because the subject has this power of rejecting things with which he does not agree that *curative suggestions must be carefully thought out so that they will appeal to the subject* and be accepted. Properly used, hypersuggestibility is the most generally useful of the hypnotic phenomena.

2. Rapport.—This is the condition in which the hypnotized person is supposed to respond to the hypnotist alone, ignoring all others. From *Fig.* 1 it is obvious that when the subject's mind is concentrated on the hypnotist he is not likely to take much notice of others. As explained, however, he is not an automaton and is able to think and reason—even to the extent of accepting

or rejecting the hypnotist's suggestion. It is not unlikely, therefore, that he is perfectly aware of the presence of others. Scientific tests have proved that rapport is not real, and men such as Hull[59] [p. 388] and Young[62, 63] believe that it develops only when the subject thinks it should. Nevertheless, in the majority of cases the subject acts as if in rapport with the hypnotist alone. It is very much like the case of a person who is so deeply absorbed in some task that he fails to take notice of what people are doing or saying. Nevertheless he would react to anything really important, the more especially if it were dangerous and threatened his security.

3. Muscular Phenomena.—Alteration in muscle tone, paralysis, catalepsy, and automatic movements can all be brought about by suggestion in hypnosis. Any voluntary muscular activity can be increased, decreased, or inhibited. The whole body can be made rigid and stretched between two supports where it will support the weight of the hypnotist. The paralysis never follows the real distribution of the nerves, but is always, as in the case of the hysterics, based upon the subject's idea of what shou ldbe paralysed. Even hysterical gaits and convulsive seizures may be produced by suggestion.

In cases where the muscular strength is apparently enormously increased, there is actually no real increase. Electroconvulsant therapy has shown that the enormous latent strength in human muscles can even fracture bones during convulsions. The jaw muscles, for instance, can exert a pressure of over 600 lb. Few people ever use this, yet it enables trained acrobats to hang by their teeth from a trapeze. Under ordinary conditions a reserve is imposed, with the result that the total strength is seldom used, except in emergency. Again *Fig.* 1 provides the explanation. In ordinary waking life if told

that he is " as rigid as a bar of iron " a subject would accept the suggestion, if at all, with only a few units of his mind. In hypnosis, with the units concentrated, practically all the mind would accept the suggestion, which would be correspondingly stronger. As a result a much more powerful message is sent to the muscles so that they can act with full power. With full concentration there is nothing left to impose a restriction. Such an explanation shows why a madman has apparently the strength of half a dozen people. What happens is that he uses the *full* strength of his muscles as all ordinary reserve is abolished by his mania.

4. Sensory Phenomena.—Probably the most impressive and useful is analgesia or anæsthesia. Why a few words should render the body insensitive to pain is easily explained if *Fig.* 1 is examined. Full concentration on the idea of anæsthesia leaves no ' mind power ' over to take notice of painful stimuli. This principle explains why wounded soldiers, for instance, have been able to carry on in the excitement of battle without noticing even severe wounds. In everyday life people often notice cuts or abrasions and wonder where and how they got them. Work by Sears[64] and Dynes[65] shows that hypnotic anæsthesia is genuine. The anæsthesia, like that in hysteria, is always of the glove and stocking type (unless otherwise suggested by the hypnotist), and conforms with the subject's idea of the region that should be anæsthetized, instead of following the anatomical nerve distribution.

All kinds of paræsthesias such as numbness, tingling, itching, prickling, and burning are easily induced.

Hallucinations of the special senses such as vision, hearing, taste, and smell can easily be produced. When told, for instance, that it is a pleasant perfume, the

patient will be quite undisturbed by the fumes of ammonia held under his nose. Non-existent things can be 'seen', 'heard', 'felt', 'tasted', or 'smelt', if suggested by the hypnotist, or real sensory impressions ignored if ordered to do so. In the deep somnambulistic state the eyes may be opened and both positive and negative visual hallucinations induced. Loomis, Harvey, and Hobart[66] measured brain potentials with the electro-encephalograph, and showed that suggestions of blindness produced brain-waves the same as in those of a blind person, or one with the eyes shut, although the subject's eyes were wide open during hypnosis. Erickson[67] showed that hypnotic deafness was indistinguishable from neurological deafness by the usual tests.

5. Automatic Writing and Crystal Gazing.— Superstitious people have always regarded these two phenomena as supernatural, but they are easily obtained under hypnosis. In automatic writing the subject's hand will write out subconscious material and even answer questions without apparently any conscious direction. This fact is made use of extensively in hypno-analysis in order to recover buried material which has been forgotten or repressed. Dr. Muhl[68] has written extensively on the subject of automatic writing, and Wolberg[60] [vol. I, p. 165] describes the technique.

In crystal gazing the hypnotized subject is instructed to open the eyes without awakening, and to gaze into a mirror or crystal or even a glass of water. He is told that he will be able to 'see' things relating to his past and the case as if looking at a play. In this way scenes of events long forgotten may be obtained, and the method is a standard one for recovering buried material for the purpose of psycho-analysis. Wolberg[60] [vol. I, pp. 167–168] describes the technique.

6. Age Regression.—This is another interesting phenomenon which is easily obtainable under hypnosis, and of which considerable use can be made for the purpose of analysis. The subject in a deep trance can be regressed back to any definitely specified period in early age. For instance, an adult person may be told he is only six years old, when he will act as though he is that age, and remember vividly events which occurred then. Handwriting tests (the handwriting changes to the infantile or childish type) and intelligence tests all support the belief that the regression is genuine. Hakebush, Blinkovski, and Foundillere[69] claim that intelligence tests at hypnotically regressed ages agree exactly with those at the actual ages. Platanow[70] showed that the change in the subject during hypnotic regression was a true reproduction of the actual developmental stage through which the subject had lived.

7. Time Sense.—There are many reports in the literature where a subject has carried out a post-hypnotic suggestion after a definite number of minutes or at some definitely specified time or date. Bramwell's[71] work in this respect has never been duplicated, but the fact remains that a hypnotic subject will usually carry out an order of this kind with uncanny accuracy. This is somewhat akin to the well-known fact that most people can awake at a definite hour if they set their minds to it. The twilight transitional stage between the waking life and sleep is akin to hypnosis, and an order given to the mind just before dropping off to sleep—such as "I will awake at seven o'clock"—is very likely to be carried out.

8. Changes in Personality.—Multiple personalities can be produced experimentally by hypnotic suggestion,

and the subject will act the role of each suggested character as if he really were that person. Very significant changes in the Rorschach test in moods induced by hypnosis and during regression show that the personality changes are fundamental, and are reported by workers such as Levine, Grassi, and Garson.[72]

9. Emotional Changes.—These may run the whole gamut of emotions—ecstasy, joy, pleasure, fear, rage, or scorn—and these moods can easily be artificially induced under hypnosis by suggesting anything which will automatically arouse the appropriate feeling or mood. Fisher and Marrow[73] have reported upon this.

10. Psychosomatic Phenomena.—There appears to be an increased control over the autonomic nervous systems. Even in the ordinary waking state it is well known that thoughts and ideas can cause bodily changes. For instance thoughts that cause shame can upset the circulation and cause blushing. Thoughts of appetizing food can set the salivary glands working. Certain emotional thoughts may bring tears to the eyes, while thoughts which inspire fear may cause the heart to palpitate or the stomach to 'turn over'. In hypnosis all these effects and many others can be controlled and so diminished or intensified. A bewildering variety of spectacular changes is reported in the scientific literature. Herpes and a second-degree burn have been caused simply by hypnotic suggestion, according to Ullman.[74] Glaser[75] claimed to have reduced the blood-calcium, while Povorinskij and Finne[76] stated that they had managed to control the blood-sugar by hypnotic suggestion. Langheinrich[77] claimed to have influenced the biliary secretion, while Delhougne and Hansen[78] were able to control the secretion of pepsin, trypsin, lipase, and diastase. Heilig and Hoff[79] were able

to control the acid contents of the stomach, and Heyer[80] was able to influence gastric secretions, and even produced a laxative effect with a constipating dose of opium. Marx[81] claimed to influence the urinary output, while Platanow and Matskevich[82] reported the disappearance of alcoholic intoxication by hypnosis. Van Pelt[83] has reported the control of the heart rate as evidenced by electrocardiographic changes by both direct and indirect hypnotic suggestion. There is practically no organ or gland the activity of which has not been reported as having been influenced by hypnotic suggestion.

11. Post-hypnotic Suggestion.—This is one of the most important phenomena in hypnosis. By this means a suggestion given during the hypnotic trance will be carried out later on during the waking state of ordinary normal life exactly as specified by the hypnotist.

Any phenomenon which may be induced during the hypnotic state can be reproduced in normal life by means of the post-hypnotic suggestion. The suggestion will be carried out with remarkable accuracy *providing it does not conflict with the subject's deeply rooted moral principles.* In general the post-hypnotic suggestion is more likely to be carried out after a deep trance, but in some cases it will be successful even after a light stage of hypnosis. Reasonable suggestions which are in keeping with the subject's outlook on life are more likely to be carried out than those that are ridiculous or opposed to the subject's desires. There is a compulsive nature about the post-hypnotic suggestion, and although the subject may be able to resist it, he will feel vaguely unhappy about it until it has been carried out. Sometimes even unreasonable suggestions will be carried out because the struggle to resist gives rise to psychosomatic

phenomena and anxiety of such intensity that the subject is forced to give in. The work of Schilder and Kauders,[84] as well as that of Brickner and Kubie,[85] provides evidence of this, and Wolberg[60] [vol. I, p. 59] describes how an experimental neurosis was accidentally caused as the result of a compulsive post-hypnotic suggestion given to a student to the effect that he would spell his own name wrongly.

The subject always feels relief when the suggestion has been carried out, and, in cases where the action appears to be foolish, will often rationalize to explain the apparently absurd behaviour.

The post-hypnotic suggestion is useful for therapeutic purposes, and also to make each succeeding hypnotic session easier. A trained subject will fall into a hypnotic trance at any pre-arranged signal, thus giving not only quick but instantaneous hypnosis. Workers such as Erickson and Erickson[86] believe that the post-hypnotic suggestion is not carried out in the normal waking condition, but in a state which resembles hypnosis, and that during the act the subject develops a degree of trance which is ended with the completion of the suggested task. In some cases there may be complete amnesia for the act.

Another fact of importance is that post-hypnotic suggestions may last indefinitely. Estabrooks[49] (p. 81) describes a case in which a post-hypnotic suggestion remained perfectly strong and was carried out accurately even after a period of twenty years.

12. Amnesia.—Loss of memory for events in the trance is quite common after deep hypnosis, especially if the patient has been ordered to forget. All the events of the trance can always be recalled with ease in any subsequent state of hypnosis. Further, even an

apparently complete amnesia can often be broken down by persistent questioning even in the waking state. It was Freud's observation of Bernheim's experiments in this direction which led to the development of psychoanalysis.

Scott,[53] by means of experiments with conditioned reflexes, has shown that post-hypnotic amnesia is really artificial. Nevertheless, subjects who have experienced deep hypnosis will usually claim that they have no recollection of what has happened, and in somnambulistic subjects it may be possible to induce amnesia even in waking life by means of a post-hypnotic suggestion to this effect. This condition resembles the loss of memory which may occur in cases of hysteria.

F. METHODS OF INDUCING HYPNOSIS

Since, as we have seen, the induction of hypnosis depends upon utilizing the *imagination* of the subject, any means which can influence this imagination is capable of inducing hypnosis. Thus the subject may be hypnotized even by such an impersonal object as a gramophone record *if he believes it will do so*. Estabrooks[49] (p. 38) records a case where hypnosis was induced when a Swiss yodelling song was accidentally played to a group who expected to hear a special *hypnotic* record. The situation resembles that where a native will fall ill if he *thinks* the witch doctor has put a spell upon him. As will be seen from *Fig.* 1, the essence of hypnosis is a concentration of the mind, and all methods are really directed towards this end.

There are probably as many different methods of inducing hypnosis as there are hypnotists; but even in methods where it is not immediately apparent that the hypnotist is calling for concentration, careful examination

will reveal that ultimately the subject's mind is focused on the suggestions of the operator. One of the best known methods is that in which the subject is requested to fix his gaze on some bright object or even the operator's eyes. Having captured his attention in this simple, if somewhat dramatic fashion, the hypnotist proceeds to suggest that the subject's eyes are getting tired and desire to close. Eventually they would be forced to close from actual fatigue, but usually the 'feelings' which arise as the result of the suggestions bring about closure of the lids much sooner than would normally occur from muscular exhaustion. Once the lids have closed, the hypnotist proceeds to suggest that the subject is feeling 'tired and heavy', 'calm and relaxed', or even 'sleepy'. As the 'feelings' suggested by the hypnotist make themselves felt, the subject pays more and more attention to the operator and cares less and less for anything else. The skill of the hypnotist lies in manipulating the subject's imagination, and persuading him to believe things that he suggests. Every successful suggestion increases the prestige of the hypnotist, and persuades the subject that he is indeed being 'put under the influence'. It is easy to induce feelings of 'heaviness' in the arms, for instance, and then when this is felt the subject may be challenged to lift the arm which it has been suggested is 'as heavy as a lump of lead'—so heavy that he cannot lift it. If the challenge is successful, as it probably will be, then the hypnotist can proceed to suggest phenomena of increasing complexity.

It is quite possible to dispense with the preliminary eye fixation and simply ask the subject to close his eyes and listen to suggestions. This is a favourite method on the stage, for in *highly suggestible subjects* (which are the

only subjects used for stage demonstrations) who have been picked out by the simple suggestibility tests previously described, it will be easy to induce a deep stage of hypnosis purely by suggestion of this type.

There are certain *physiological* methods of inducing a state of mind conducive to trance induction. Pressure on the carotid bodies in the neck (a well-known ju-jitsu wrestling trick) will bring about rapid loss of consciousness, and as the subject goes limp a command to ' sleep ' shouted in the ear will often throw a *susceptible* subject into a state of trance. Whitlow[87] has described this.

Again, ordinary sleep may occasionally be changed into hypnosis simply by talking to the subject, and in certain cases rapport may be established with the operator.

An intravenous injection of pentothal, evipan, or some drug may be used to overcome the resistance of a refractory patient, the object being to render the subject drowsy and suggestible without going to sleep.

Hypnosis may, however, be induced *without any mention of ' sleep '* at all. Wells[88] has described his so-called ' waking method of hypnosis '. After a few seconds gazing at an object, the subject is instructed to close the eyes tightly, told they are stuck together, and challenged to open them. In a highly suggestible subject this is quite sufficient to induce a state of trance. Reduced to its essentials it will be seen that this method is really a form of suggestibility test, such as ' hand clasping ', which has been previously described for picking out good subjects. The importance of this and similar waking methods is that they show quite clearly that it is not necessary for the subject to receive suggestions of sleep in order to go into the hypnotic state to one degree or another.

Anything which can capture and concentrate his attention sufficiently can put the mind into a state of hypnosis, and *an idea accepted during this state can act with the force of a hypnotic or even post-hypnotic suggestion.*

When it is remembered that hypnosis may be *self-induced* either *deliberately* or *accidentally*, the importance of this phenomenon cannot be over-estimated. This is specially so when it is remembered that, as Wolberg[60] [vol. I, pp. 40–41] says, it is possible in subjects capable of deep hypnotic states to produce obsessive ideas, compulsions, phobias, ideas of reference, persecutory trends, grandiose ideas, depressive and nihilistic delusions, ideas of unreality, hypochondriacal ideas and delusions of influence, and *that these mental disorders resemble very closely those found in the actual neuroses and psychoses.*

We must consider now what may be termed ' unorthodox ' methods of inducing hypnosis. Careful study will reveal that hypnosis is often involved in so-called ' faith healing ', ' spirit healing ', and unorthodox ' cures ' of all descriptions. It is *seldom recognized* by either the patients, practitioners, or untrained observers as such, because the popular conception of hypnosis is so naïve that anything short of an obvious state of trance passes unrecognized.

Nevertheless all the ingredients are there. The subject is always *emotionally aroused.* Emotion *concentrates* the mind into a condition of hypnosis. The *idea or suggestion of cure* is implanted, and, if the *imagination* is sufficiently affected, the desired results may follow.

Such ' cures ' resemble the *old-fashioned method* of using hypnosis to dispel *symptoms only* by *direct suggestion.* They are seldom lasting because the *root cause* has not been discovered and treated. Even in so-called

'orthodox' medicine the placebo in the shape of the humble 'bottle of coloured water' acts by what might be called modified hypnotic suggestion.

All of these methods, disguised and unrecognized as they often are as being hypnotic in nature, nevertheless occasionally produce remarkable results. It is essential to bear in mind that the '*apparent miracles*', *however, can easily be explained on the basis of the phenomena obtainable as the result of hypnotic suggestion.*

PART II

A. THE AETIOLOGY AND MECHANISM OF THE PSYCHONEUROSES

In this part of the thesis it will be shown that hypnotic suggestion can play a major role in the aetiology and treatment of the psychoneuroses.

The psychoneuroses are characterized by changes of mood and emotion, and accompanied more often than not by psychosomatic phenomena. These changes bear a particularly close resemblance to those which, as has been shown in *Part I* of this thesis, can be produced by hypnotic suggestion.

It is quite easy, for instance, to suggest to a person in the hypnotic state that he is happy, sad, tired, exhausted, hot, cold, strong, or weak, and obtain the appropriate response if a sufficient degree of hypnosis has been obtained.

It is equally easy to induce anæsthesia, analgesia, paræsthesia, hyperæsthesia, and various paralyses by hypnotic suggestion, and in the deeper states of hypnosis it is quite possible to induce hallucinations of the special senses, which may manifest themselves either during the hypnotic session or post-hypnotically, as ordered by the operator.

By means of hypnotic suggestion a perfectly normal person may develop a condition in every way indistinguishable from that of what may be called, for want of a better term, a genuine psychoneurosis.

For instance, if a person in a sufficient degree of hypnotic trance is told that in future he will have an

uncontrollable desire to touch every door knob he sees, then he will indeed carry out this action just as though he were suffering from a ' genuine ' compulsion neurosis.

Luria,[89] in Russia, at the State Institute of Experimental Psychology in Moscow, has experimented extensively in the production of neuroses by the use of hypnotic suggestion. A conflict was created by suggesting to the hypnotized subject something which was quite contrary to his normal behaviour, and by suggesting amnesia it was possible to bring about an artificial repression.

Erickson[26] has also made frequent use of an experimentally induced neurosis.

Eisenbud[27] induced an experimental conflict by hypnosis to show a patient the cause of his headaches and loss of memory.

Wolberg[90] has described how he accidentally produced an experimental neurosis in a medical student by giving him a post-hypnotic suggestion to misspell his name. Unbeknown to the operator, the subject had a very deep-rooted aversion to misspelling his name, and an artificial conflict was set up.

Van Pelt[91] records 5 cases of neurosis resulting from foolish suggestions given to subjects during stage performances.

It is therefore clearly established that a *psychoneurosis can be created either deliberately for experimental or therapeutic purposes*, or *it may be accidentally induced by suggestions which arouse conflicts in the subject.*

It is particularly likely to occur under conditions such as stage hypnotism, where the operator gives foolish suggestions in order to make the subject appear ridiculous to amuse the audience. An inexperienced operator, or one without the necessary psychological knowledge,

such as the average unqualified 'amateur hypnotist', may easily cause a neurosis by giving inappropriate suggestions. It is also an established scientific fact that the induction of self-hypnosis is quite possible.

Estabrooks[49] [pp. 85–86] has recorded a post-hypnotic visual hallucination as the result of deliberate self-hypnosis and suggestion, using himself as the subject. Wolberg[60] [vol. I, p. 81] states that under certain circumstances the hypnotic state may develop in the absence of a second person.

Kroger[92] describes how a patient was trained to induce self-hypnosis for the purpose of painless childbirth.

Watkins[93] records details of two patients who were able to develop self-hypnosis. The facts are, therefore, that *a state of hypnosis may be induced either by an operator (hypnotist), or by the subject himself. In this state suggestions can give rise to conditions which can resemble any of the recognized forms of psychoneurosis.* It is the writer's theory that the psychoneuroses (other than those deliberately induced for experimental or therapeutic purposes), that is, the 'naturally occurring' psychoneuroses, are the result of *accidental self-hypnosis and suggestion.*

The mechanism of this change is considered to be as follows :—

AETIOLOGY AND MECHANISM OF THE PSYCHONEUROSES

(*Author's theory*)

1. It is considered that an incident (or series of incidents), or an idea (or ideas), of *real emotional significance* to the patient can, by causing a *concentration* of the mind, induce a state of what may be called *accidental hypnosis*, and *any idea implanted in the mind at this time* will act as, and have the power of, a hypnotic suggestion.

The mechanism of this has been illustrated in *Fig.* 1, p. 29.

2. The patient suffering from psychoneurosis behaves in every way as though under the influence of a post-hypnotic suggestion. He will frequently, in fact usually, state that he *knows* his behaviour is foolish, but he *feels* he must act the way he does. A person who is given a post-hypnotic suggestion may say that he *knows* the suggested action is foolish, but he feels compelled to carry it out, and he will in fact feel anything from vague uneasiness to acute distress should he endeavour to resist carrying out the instructions.

3. As we have seen in *Part I* (*D*) of this thesis, subjects vary in the degree of hypnosis they are able to achieve and the phenomena they can develop. This fact may account for the variations in the psychoneuroses. Very susceptible subjects who are capable of developing a deep degree of hypnosis may exhibit the most bizarre phenomena, while others not so deeply affected may show only the milder symptoms.

4. The idea implanted in the mind usually gives rise to secondary symptoms through the action of the autonomic nervous system. Thus an incident or idea giving rise to *fear*, *worry*, *or anxiety* of any kind will cause the subject to develop *tension*, as this is the one physical action which is common both to 'fighting or running away'. The *tension*, by interfering with *function*, gives rise to *unpleasant symptoms*. These, by causing more *worry* and *anxiety*, merely create more *tension*, which in turn creates more *symptoms*, so that a *vicious circle* is established. The mechanism of this change is shown in *Fig.* 2.

The idea, even if at first *apparently* pleasing, can later cause fear or anxiety. For example, excessive

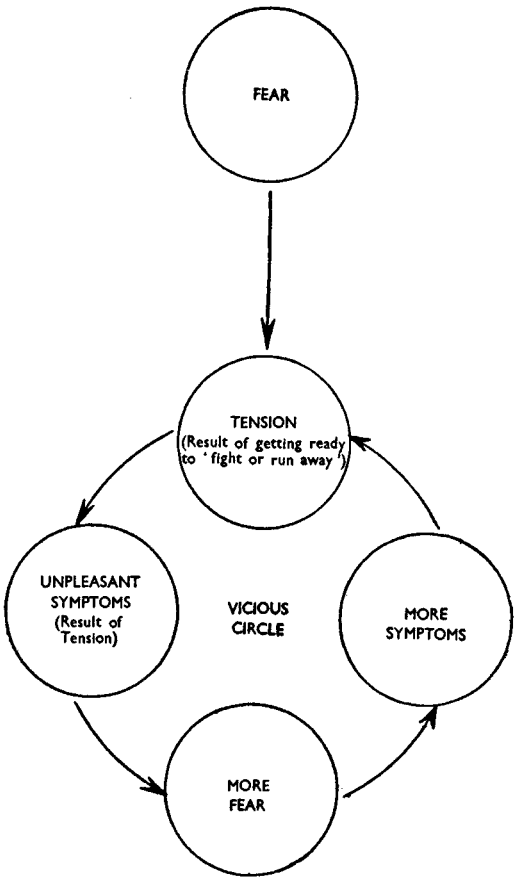

Fig. 2.—The mechanism of psychoneurosis.

smoking or drinking may give *temporary* pleasure, but cause fear, and other bad habits may give temporary pleasure, but cause anxiety and remorse.

By the time that the patient suffering from a psychoneurosis presents himself for treatment, this vicious circle is usually well established, and the fear which keeps the condition going or getting worse is *the fear of his own symptoms.* The patient is literally afraid of the symptoms of fear.

WHY A PATIENT CAN SELDOM REMEMBER THE ORIGINAL CAUSE

(*Author's Explanation*)

The *original* incident or idea which gave rise to fear and started the whole thing has usually been *forgotten* because the patient is so occupied and engrossed with the vicious circle of fear and alarming symptoms that he cannot think clearly and calmly.

This has given rise to the popular idea among both professional and lay people that there must be some deeply buried ' subconscious ' thing which has caused all the trouble.

As will be seen later, when discussing the actual investigation and treatment of cases, the author has proved that no great ' subconscious probing ' is necessary, and that the original cause of the trouble can be traced very simply and easily in most cases.

The incident, or series of incidents, which gave rise to the idea, or ideas, which led to the vicious circle of fear, tension, symptoms, and more fear and worry, may have taken place in early life. On the other hand it, or they, may have occurred *at any time.* The importance of the author's conception of the psychoneuroses is that, unlike Freud's, which postulated " *no adult neurosis*

without a childhood neurosis", it shows how a perfectly normal, healthy person can, under certain circumstances, literally be hypnotized, accidentally or otherwise, into a neurosis. Unlike Freud's, the author's theories are capable of *experimental proof*.

The symptoms which are so commonly found in cases of psychoneurotic disorder can be explained quite simply when the mechanism of how the psychoneuroses develop is considered. *Tension* is very common and is the logical result of the patient's preparation to 'fight against', or 'run away' from what he imagines to be danger.

Fatigue or *nervous exhaustion* is the natural result of the effort to remain constantly tense and ready for action.

Bodily symptoms will result if this tension is directed to any particular part of the body. For instance, tension of the muscles involved in speech will probably result in stammering, while if it is directed to the hand it may be responsible for 'writer's cramp'. If it is dispersed through the autonomic nervous system, then all sorts of psychosomatic symptoms are possible. Thus the sufferer from functional asthma who describes himself as being 'tight on the chest', and the victim of functional headaches who complains of a 'tight head', have each arrived fortuitously at a diagnosis which is probably sound both psychologically and physiologically!

Insomnia, which is practically constant in the psychoneuroses, results from the patient's constant efforts to remain 'on guard' in readiness to fight against his imaginary dangers. Nature did not mean a person to go to sleep when faced with danger. The autonomic nervous system cannot distinguish between a 'real' danger and an 'imaginary' one. Something may worry the patient and cause insomnia. If he worries about lack of sleep

and fears it may lead to ill health or nervous breakdown, then this fear, by creating tension, will keep the condition going and establish a vicious circle.

Fear of insanity is a very real, although usually secret, fear to the sufferer from psychoneurosis. The patient often arrives at the dread conclusion that he must be going mad simply because he is unable to explain or understand how his symptoms arise.

Inability to concentrate is very common in nervous disorders. This in itself is frightening for the patient, but it has a very simple explanation. From *Fig.* 2 it will be seen that the patient becomes more and more occupied with his own unpleasant symptoms and feelings. Naturally he pays less and less attention to anything else.

It is exactly as if the patient were *hypnotizing himself* and suggesting more and more unpleasant symptoms in much the same way that a hypnotist gains the subject's attention more and more and is able to deepen the trance and obtain phenomena of increasing complexity.

Failing memory is a common complaint, but again, a very alarming one for the patient, who inevitably attributes it to serious mental illness. Actually the explanation is very simple. As most of his mind is occupied with unpleasant thoughts of his own condition, the patient naturally takes little notice of anything besides himself and his symptoms. As he takes little notice he naturally absorbs very little, and so his memory becomes progressively worse and worse.

Again the situation is analogous to that where the subject pays such great attention to the hypnotist's suggestions that he takes little notice of anything else, and so 'forgets' what happened. In psychoneurosis the patient is literally *self-hypnotized*, and becomes progressively more and more *en rapport* with himself !

Psychosomatic symptoms commonly accompany the psychoneuroses and arise through the action of the autonomic nervous system. Owing to its widespread ramifications, anything which upsets the balance of this delicate but complicated system can lead to such widespread disorders that they cover the whole gamut of human ills. Consisting of two distinct systems, the *sympathetic* and *parasympathetic*, which are normally balanced in perfect harmony, this nervous system controls all those muscles, organs, and glands which are quite independent of the will.

The *sympathetic* part normally prepares the body for 'fight or flight'. Under these conditions the heart-rate is increased to pump more blood into the muscles for action. The blood-pressure rises, adrenaline is secreted, which further stimulates the sympathetic nerve-endings, and the liver glycogen is converted into sugar to provide energy for muscular work. As Nature did not intend a person to digest food, have bowel or bladder movements, or indulge in sex when getting ready to either 'fight or run away' from some danger, all these activities are inhibited by the sympathetic nervous system. This explains why worry can cause indigestion, and fear or anxiety may cause sexual impotence. The *parasympathetic* system normally produces exactly the opposite action to the sympathetic.

It is being increasingly realized that what affects the mind can affect the body also, and vice versa. Nervous fears and worries can cause physical symptoms, and these physical symptoms by frightening the patient can cause more anxiety and so create a vicious circle.

Fig. 3 shows in a purely diagrammatic manner the widespread ramifications of the autonomic nervous

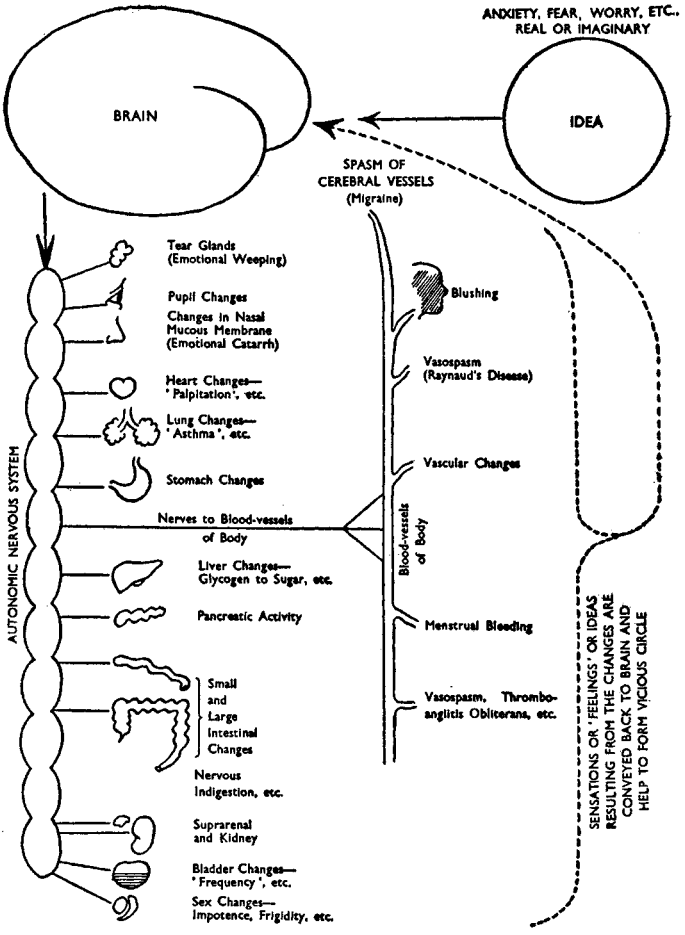

Fig. 3.—Purely diagrammatic illustration of the way ideas (arising from real or imaginary things), by causing fear, worry, anxiety, etc., can bring about changes in the organs, glands and blood-vessels of the body through the autonomic nervous system.

system and gives an idea of some of the changes which may occur as the result of any disturbances of its delicate balance.

The author's theory of the cause and mode of development of the psychoneuroses and associated psychosomatic symptoms postulates a common origin in some fear or anxiety-provoking incident or idea which concentrates the mind into a condition of hypnosis, acts as a hypnotic suggestion, and starts a chain of thinking which leads to a vicious circle. The usual subdivisions of the psychoneuroses are therefore regarded as somewhat artificial and unnecessary. Nevertheless, for the purpose of ease of discussion and explanation the usually accepted classification such as that of Beccle[94] will be retained. All groups have many signs and symptoms in common, which, in itself, is rather significant, and a point in favour of the author's theory.

NEURASTHENIA, for instance, is characterized by *abnormal fatigue* on the slightest effort. *Insomnia* is *common*, while *mental concentration* and *memory* are usually considerably impaired. *Sexual desire* is decreased, and *depression* is often present.

ANXIETY STATE also presents many similar symptoms, including *insomnia*, *headache*, *impaired memory* and *poor concentration*. In addition to the characteristic attacks of ' panic ', there are also frequently symptoms of *irritability*, *depression*, *tension*, *impaired sexual function*, and a host of *psychosomatic disorders* from palpitation to gastro-intestinal upsets.

ANXIETY HYSTERIA combines the symptoms of anxiety, such as *panic*, *headaches*, *tension*, and *depression*, with the ' conversion ' symptoms of hysteria, such as *palpitations*, *dyspnœa*, *vomiting*, and a *whole range of physical symptoms* which closely mimic organic disease.

HYSTERIA may be responsible for a range of symptoms which runs the whole gamut of all possible human ills. Among these symptoms it is quite common to find those that have been mentioned in connexion with the other groups such as *insomnia* or *depression.*

OBSESSIONAL NEUROSIS invariably presents symptoms of *tension* and *anxiety.* Bodily symptoms such as *palpitation, tremor,* and *sweating* may result from the anxiety, and *insomnia* naturally results from the worry.

REACTIVE DEPRESSION commonly presents symptoms such as *headache, insomnia, anxiety, and hysterical manifestations* of all kinds. Symptoms such as *tension, fatigue, insomnia, irritability, poor memory, failing concentration, panic feelings, indecision, impaired sexual function,* and *psychosomatic disorders* run right through the groups which compose the psychoneuroses.

In certain cases the patient may seek to relieve the tension by the development of a *bad habit,* such as taking drugs, or smoking, or drinking to excess, or even various sexual perversions. Worry over these bad habits, however, more than counterbalances any *temporary* relief obtained, and merely aggravates the condition.

In all cases of psychoneurosis the patient's efforts to relieve his fear and tension may take various forms and be expressed in physical or mental symptoms. Thus the ' panic ' attacks of anxiety state, the ' conversion ' symptoms of the hysteric, and the ' compulsive ' acts or thinking of the obsessional all have a common basis and are simply attempts by the patient to settle his problems in the best way he knows how.

If he discovers that alcohol relieves his tension, the patient is likely to become an alcoholic. If he directs his tension to the autonomic nervous system, he is likely

to suffer from migraine, asthma, or a host of other complaints which arise from a disturbance of this system.

It is, therefore, of the greatest importance in setting out to cure the psychoneuroses to go right to the *root* of the trouble and *minimize* the *importance of the presenting symptoms.*

B. THE ROLE OF HYPNOTIC SUGGESTION IN THE TREATMENT OF PSYCHONEUROSIS

(*Author's Original Method*)

When the patient presents himself for treatment at the preliminary interview he is usually already in the grip of a vicious circle of thinking and is preoccupied with his presenting symptoms to such an extent that he is very unlikely to be able to give a lucid history on his own account, far less remember the original cause of his complaint. It should be remembered that to all intents and purposes, according to the foregoing theories, the patient is in a state of self-hypnosis, and may be said to be *en rapport* with himself. In this condition the patient is highly unlikely to pay much attention to suggestion of any kind, for, as will be seen from *Fig.* 1, the mind is scattered, and any suggestion will simply " go in one ear and out the other " to use the popular expression, and only a tiny fraction of the mind will absorb any suggestion at all.

The most that the patient will be able to do is to give reasonably accurate answers to questions aimed at eliciting significant points in his life history. These should be framed so as to be as simple and direct as possible, yet to cover the whole ground. If this is done as a routine it is often possible to pick out points of real significance even at the first interview, and these help to indicate the lines of further investigation. The author,

for instance, adopts a plan of inquiry based on the following :—

1. *Full Personal Details* :—

a. Age.

b. Occupation :
Whether liked or not.
If disliked, or none, what would he like to do.

c. Married or single :
If married—happy or not.
Sex satisfactory or not.
Children or not.
If children, any abnormality, etc.
If single, why ?
Attitude to opposite sex.

d. How and where living :
With wife, relatives, on own, etc.
Relations with these people.

e. Social Life : Any friends, hobbies, interests, etc.

f. Religion : Any religious, political, psychological beliefs, etc.

g. Any smoking, alcohol, drugs, or other habits, etc.

2. *Actual Complaint* : Present history.

a. What the patient really ' feels '—not the ready-made diagnosis he has received from doctors such as ' anxiety neurosis ', etc.

b. How long he has had it.

c. Any conditions which cause a variation in his condition.

d. What he would do *if cured that he cannot do now.* In other words what does his complaint *stop* him doing.

e. Outline of treatment already tried.

3. *Past History* :—

Before going to school	*a.* Happy or unhappy childhood. *b.* Relations with father and mother. *c.* Relations between mother and father, e.g., any constant *rows*, etc. *d.* Position in family. Any brothers and sisters, etc. Relations with these. *e.* Any nervous habits before going to school—say walking in sleep—recurrent nightmares, etc. *f.* Any accidents or operations before school or serious illness.
School period	*g.* Age going to school. Liked it or not. Nervous of teachers or others or not. *h.* Any accidents, illness, operations, embarrassing moments, etc. Any bad sex habits. *i.* Age leaving school.
After leaving school up to present	*j.* Work or not on leaving school. If liked or not. Any bad habits. *k.* Social life. Relations with the opposite sex. *l.* Marriage (if any). *m.* Any accidents, operations, embarrassing incidents, etc.

It will be found that if a careful history is taken along the lines indicated, more often than not *several significant points will be recorded.* The operator should be especially on the look out for incidents which could cause *strong emotional feelings*, particularly of *fear* and *anxiety*. For example, constant violent quarrels between the mother

and say a drunken father are very likely to have made a deep impression on a nervous child. The taking of a complete history is quite sufficient for the first session and no actual hypnosis is attempted.

At the next visit, that is the first hypnotic session, the first active steps are taken to induce a degree of hypnosis. The patient should be given a very brief but clear explanation of what he is expected to do. It should be stressed that he will not 'go to sleep' or 'become unconscious'. All he has to do is to *learn to concentrate* his mind and *imagine* what is suggested. It can be pointed out that the process is very simple—for instance if the operator talks about food and the patient thinks about food, then his mouth will probably water. But instead of food, it should be explained, the operator is going to talk about relaxation, and if the patient thinks or imagines what the operator suggests, he will soon *feel* relaxed—a sensation he will *enjoy*.

Any of the methods already described in *Part I, F*, of this thesis may be used to induce the hypnotic state. A very simple one is merely to tell the patient to shut the eyes, keep them shut, and listen to the operator's suggestions. These may be framed to the effect that each time the patient breathes *out* he will feel his arms getting tired and heavy and relaxed. Then it may be suggested that this tired, heavy, and relaxed feeling will slowly spread all over his body, etc. In half an hour or so the patient will more than likely be completely relaxed. He can then be given instructions that in future he will be able to relax himself like this by following directions that the operator will give him, and instructions are given in this state. He can also be told that as he relaxes his nerves will become calmer and calmer and that he will be able to relax more quickly and easily each time he tries. The

suggestion is given that at the next session he will be able to ' let himself go ' quickly and easily for the operator, and imagine and feel exactly what the operator suggests. After this, suggestions may be given that the patient is returning to normal and that any tiredness or heaviness will disappear, but that his nerves will remain calmer and more peaceful.

It is necessary to induce only a very light state of hypnosis for the above purposes. The author normally allows the patient to practise his relaxation for one week, and at the next session the patient is invariably able to relax quickly and easily for the operator. At the second hypnotic session he is told that now that he can relax, everything will work more calmly and naturally. His brain, for instance, will be able to see things more and more clearly. The suggestion is given that some time in the next week a very clear thought will come into his head without any trying on his part. The thought will show him quite clearly in his own mind what first really frightened him and upset him, so starting his present trouble. It is stressed that the thought will be unable to hurt him *now*. On the contrary, it will give him a feeling of great relief. He will get a feeling of relief because he will see *that things are different now*. As things are different now, there will be no need to keep the feelings he had when first upset. Therefore, as soon as he recognizes the *cause* of his trouble, he will feel great relief, and will see that he can give up his old fears. No great depth of hypnosis is required for this technique—light hypnosis is quite sufficient. Invariably, some time during the week following this session the patient will have a thought, and the incident revealed is always of the greatest significance. The patient seems instinctively to recognize that it is the real cause of his trouble.

Future sessions, usually at weekly intervals, are devoted to re-educating the patient. It is pointed out that now things are different he no longer needs the old feelings of fear. For instance, as he is no longer a frightened little child, he no longer needs the frightened feelings of a child. Now he is an adult and will have the normal feelings of confidence of a grown-up man in future, etc. Suggestions will, of course, vary with different cases, but there are certain well-known principles and laws of suggestion which should be observed.

1. Since the patient has the power of rejecting suggestions with which he does not agree it is essential to avoid anything which may arouse antagonism in the subject. Therefore it is advisable to refrain from giving any suggestions which may give the impression of 'domineering'. Expressions such as "you *must* do this or that" or "I *order* you to obey" are best avoided.

2. The suggestions must be carefully worked out for each individual case. Only the *right* suggestion is going to 'ring the bell'. A suggestion of food, for instance, to a hungry person can make the mouth 'water'. It must however be the *right* food. Suggesting a 'blood red steak' to a vegetarian would be more likely to make him sick than increase his appetite. The suggestion of a nice 'nut cutlet' to a meat eater would be more likely to produce irritation than anything else. If the suggestion is reasonably suitable for the patient and is repeated over and over in a calm, logical, and persuasive manner, it will most likely be accepted.

3. Positive suggestions are the only ones that are of any use. It is much better to suggest, for instance, that the patient's heart "will beat steadily and normally" than to say "you will not have palpitations".

4. Suggestions should be given *time* to act. For instance, it may be suggested that each time the patient relaxes he will feel his nerves getting calmer and calmer, and as his nerves become calmer and calmer he will gradually feel more and more at ease with people.

5. Word pictures greatly increase the power of suggestion so that the patient should be encouraged to imagine he can '*see*' *himself as he would like to be.*

6. A suggestion can act only if the patient understands it. Therefore the hypnotherapist must use language which is suitable for the patient. Technical, medical, and psychological terms are therefore best avoided.

7. As the therapist is attempting to change the patient's thoughts and feelings which are causing him distress it is as well to remember that *one emotional feeling can be replaced by a stronger one.*

For instance, when danger comes on the scene, pleasurable feelings are soon forgotten. The painting of 'success pictures' in the patient's mind is a very good way of playing upon the desire for success, which is a strong emotional feeling with practically every patient.

The role of hypnotic suggestion in the treatment of the psychoneuroses may be summed up as the 'three R's' —*Relaxation, Realization, and Re-education. Relaxation* breaks the vicious circle and enables the patient to *realize* the real cause of his trouble. *Re-education* enables him to adopt an adult attitude to life. If a patient is treated in this way, relapse is little more likely than that an adult who has learned to walk will revert to the babyish habit of crawling on hands and knees. This method of using hypnotic suggestion removes all the old objections to hypnosis.

The patient is not 'dominated' by the hypnotist, but the relationship is one of pupil and teacher. The patient

learns to face up to his problems himself and is in no way dependent upon the operator.

No ' deep ' hypnosis is necessary, so that the method is available to at least 95 per cent of people. Light hypnosis is sufficient because if only 51 per cent of the available ' mind power ' is influenced, this will be equivalent to the ' controlling share ' and so outweigh even the remaining 49 per cent.

The old objection to hypnotic suggestion that it ' only suppressed symptoms ' does not apply if the method described in this thesis is used.

Here the *root cause* of the trouble is quickly revealed by a very simple technique of concentrating the mind, whereas it might take *years* to reach the same point by orthodox psycho-analysis. When the cause has been revealed and treated there is no danger of relapse.

The cases which are described in the next section of this thesis will illustrate the practical application of the theories so far advanced. It should be remembered that they are only chosen *as representative* from several thousand cases seen during many years of purely specialist practice in treatment by hypnotic suggestion only. The actual number of sessions required may vary from four to six, or, in some very difficult cases, even twelve. The author has found it of the greatest value to give sessions once a week and allow the patient to practise for himself between sessions. Many other conditions, which have not been illustrated by detailed case records, such as stammering, blushing, and bad habits such as nail-biting or bed-wetting, are merely symptoms or signs of underlying nervous tension and respond very well to hypnotic suggestion *when the root cause has been discovered and treated.* Even many of the sex perversions such as homosexuality will respond to these methods.

C. ILLUSTRATIVE CASE HISTORIES

The following cases are described under the conventional diagnoses (according to the principal presenting signs and symptoms) applied to them by the doctors referring the cases. The author, however, does not believe that there is any essential difference between the various groups, but that they all have a common origin in that an emotional incident or idea concentrates the mind and the thought implanted at this time determines future behaviour in the same way as a hypnotic suggestion would do if directed to act post-hypnotically.

The actual presenting signs and symptoms depend upon a variety of factors such as the individual's degree of susceptibility, reaction to suggestions, and ideas of dealing with problems and circumstances, and account for the wide variation encountered in the signs and symptoms of the psychoneuroses.

The general procedure in the treatment of these cases has been to see the patient first for a preliminary interview at which the patient's story is considered in the light of the medical history supplied by the doctor referring the case. At this interview the opportunity is taken to give the patient an idea of what treatment by hypnosis really involves in the simplest possible terms.

At the second visit, that is, the first actual hypnotic or treatment session, a light stage of hypnosis is induced, and the patient taught to relax. During this session he is given instructions how to practise relaxing himself for the next week, at least half an hour each day.

At the second hypnotic session, a week later, the patient is given the suggestion during hypnosis, that a thought of what first started the trouble will come into his head

without any trying on his part. The patient continues with the relaxation exercises daily.

At the third hypnotic session, the patient invariably reports that he has remembered some incident or idea which first frightened or upset him. Reassuring suggestions are given while in the state of hypnosis that now the cause is known the patient will lose all fear of it. The patient is re-educated by the appropriate suggestions to enable him to face up to the problems of life in a normal adult manner. Visual imagery is usually employed, as this form of suggestion is especially powerful. The patient is encouraged to form mental pictures and " see himself as he would like to be ".

The patient continues his relaxation exercises between treatments, and reinforces the suggestions of the operator by recalling them himself. Any succeeding sessions are employed to strengthen the suggestions already given.

Case 1.—Referring doctor's diagnosis: '*Neurasthenia*'.

Patient: Widow, 45 years of age.

Complaint: Complete mental and physical exhaustion for the last ten years. Patient stated she could not go out on her own, do her own housework, or live any sort of normal social life. Frequent attacks of severe headaches occurred and insomnia was a constant feature. Her doctor stated that she had had all the usual orthodox medical treatment such as sedatives and tonics without the slightest beneficial result.

Patient's story: Apparently there was nothing of any great significance until her marriage at the age of 30. She stated that she had married a very much older man and that she had not really been in love with him. However, she hastened to say that she had been 'fond' of

him and, in fact, attributed her exhaustion to the shock of his death after nursing him through a long illness.

Treatment: Light hypnosis was induced by eye fixation and verbal suggestion at the first treatment session, and the patient was given instructions to the effect that she would be able to relax for herself in the future, as described in *Part II, B*, of this thesis.

At the second session a week later, after she had learnt to relax fairly well, she was told, while under hypnosis, that a " thought would come into her head " which would tell her quite clearly what first started her feeling so tense, frightened, and unhappy, and so led to nervous exhaustion.

At the third session, a week later, the patient stated that she had remembered what had upset her.

Thought: Apparently, soon after her marriage, the patient had developed a desire for the company of men more her own age. There were several mild ' flirtations ' and then she fell ' violently in love ' with a married man who was a business acquaintance of her husband. The patient felt terribly guilty about the whole affair, especially as her husband became ill and dependent upon her. She wanted to run away with her lover but feared to hurt her husband and her lover's wife and family. At the same time she felt she couldn't stand the strain of looking after an invalid husband and seeking consolation in furtive meetings. She began to feel tense, tired, and exhausted, and had a ' nervous breakdown '. The thought crossed her mind, she said, that she ' couldn't go on ', ' might as well be dead ', and that perhaps her illness was a ' blessing in disguise ' as by stopping her going out it ' stopped her doing anything wrong '.

It was explained to the patient, under hypnosis, that *now* it was only the *fear* of her condition which kept it

going by creating *tension* and consequent *exhaustion*. In the beginning it had been worry over her problem which had started her complaint. However, by the time her husband had died her worry had been *transferred* from the original problem to her own symptoms.

She was assured that now she knew the cause of her trouble, and could see that things were entirely different now, she could give up frightening herself and so causing tension and exhaustion. As she learnt to relax better and better, it was explained, she would feel her old strength and spirits coming back more and more every day.

The patient was encouraged to ' form pictures in her mind ' and see herself as she wanted to be—for instance, going out with friends, laughing, joking, and enjoying herself at a party, going shopping, attending a play at the theatre, visiting a cinema, or even enjoying doing her own housework !

All these suggestions were reinforced at succeeding sessions and after the sixth treatment the patient stated that she felt able to go out and enjoy life once more and this improvement has been maintained for some years.

Case 2. — Referring doctor's diagnosis : ' *Anxiety Neurosis* '.

Patient : Mr. B., 30 years old, single, clerk.

Complaint : ' Panic attacks ', lack of confidence, poor memory, poor concentration, fits of depression, inability to mix socially—especially with women—and a fear of blood. Patient also had a fear that he might ' lose control ' and hurt a woman, or become a ' sex murderer '. He felt that he had to be rude to women, although he secretly desired their company.

Patient's story : He could not remember details of his childhood clearly, but his parents had always been strict,

and he seemed to have always been uneasy with girls, and often had attacks of ' panic ' in their presence.

Treatment: Light hypnosis was induced at the first treatment session by asking the patient simply to close his eyes and listen to suggestions of relaxation, and he was instructed how to relax for himself.

At the second session a week later he was told that he could remember what it was that frightened him at first.

At the third session he reported the following thought which had ' flashed into his mind when he wasn't thinking '.

Thought: At the age of about 5 or 6 he had been caught by his father indulging in some sort of sex play with a little girl. His father, who had been about to kill a chicken, gave him a good thrashing and then, slitting the chicken's throat, said " I'll cut your throat like this if you ever touch a girl again ".

It was explained to the patient under hypnosis that this unpleasant threat was what had made him uneasy with girls. Although he naturally desired them, this idea, which had been implanted in his head at an emotional time, made him regard them as a danger. His fear of hurting them was due to his natural resentment that they should be able both to attract him and make him afraid. Now that he understood all this, he could give up having the fearful feelings of a little boy and could mix with people and enjoy himself as other people did.

During the fourth, fifth, and sixth hypnotic sessions the patient was given constructive suggestions to the effect that he could act normally and naturally and he was encouraged to ' form pictures in his mind ', seeing himself acting normally in the company of women as he wished to do. After this course of treatment the patient reported

himself cured of his fears and this improvement has been maintained for nearly three years.

Case 3. — Referring doctor's diagnosis: '*Anxiety Hysteria*'.

Patient: Mr. D., middle-aged, married man.

Complaint: 'Writer's cramp' two years. Hand went into spasm as soon as he tried to write. Doctor stated that he had had all sorts of physiotherapy and ordinary medical treatment without any beneficial result.

Patient's story: Apparently perfectly normal happy man until five years before. Patient had always had an outdoor job but was persuaded by wife and circumstances (promotion, better pay, etc.) to take indoor job. Patient disliked it, and in particular got on badly with his immediate superior in the office.

There were constant rows and arguments. After three years the patient's cramp, which had been coming on slowly shortly after starting indoor work, became so bad that he lost his position. He was now doing an outdoor job again, *but* he still got cramp in the hand if he attempted to write. He was worried because of the inconvenience—it stopped him writing letters, making notes, etc.—and also because he feared the cramp might extend to other parts of the body eventually, or interfere with activities other than writing.

Treatment: Light hypnosis was induced by eye fixation and verbal suggestion at the first treatment session and the patient was given instructions how to relax for himself.

At the second session he was given a suggestion to the effect that he would remember what first made his hand go into spasm. When he reported at the third session he stated he had had the following thought.

Thought: During a particularly violent argument with his superior he had felt like striking him. In endeavouring to settle down to work he had found his hands clenching and unclenching spasmodically, and had found it difficult to write. The thought had struck him—"What if I can't do the work and get the sack—what a triumph for that 'so and so'," mentioning his superior—"what a fool I'll look in front of my wife and everybody else". As the anxiety and tension was centred on his hand he noticed it becoming more and more difficult to write properly, and the harder he tried the worse it became (naturally, as the increased effort meant more tension).

He was given suggestions to the effect that now he knew this, he could give up striving and worrying about writing, and relax; as a result he would soon find himself able to write normally. That in future he would attempt to write only when he needed to do so—not to see if he could. In other words he would give up making every attempt at writing a performance to see if he could or not. It was pointed out that things were different now, so he no longer needed the old feelings which had frightened and upset him. He was encouraged to form pictures in his mind and see himself writing easily whenever he wished to do so. Suggestions to this effect were repeated at the fourth and fifth sessions, after which the patient expressed himself cured. He wrote after two years to say that everything was still satisfactory.

Case 4.—Referring doctor's diagnosis: '*Hysteria*'.

Hospital report: "Hysterical personality. Condition aggravated by marital disharmony. Advised to live apart from her husband."

Patient: Mrs. E., 35 years of age, living with husband. Married five years. One child about 4 years old.

Complaint: Patient complained she felt 'completely numb and dead'. Could not take any interest in anything—husband, child, home, social affairs, etc. Patient stated she could not 'think, feel, decide, or make up her mind to do anything'. The condition had started shortly after the birth of her child. The doctor stated she had had two years' psychological treatment without any beneficial result.

Patient's story: Owing to her condition it was difficult to obtain much of a clear picture, but apparently she had had a rather unhappy childhood with a very dominant father.

Treatment: Several sessions were required before the patient could grasp the idea of relaxing, but eventually she was able to do this by closing her eyes and just listening to verbal suggestion. In response to suggestion her arm did become 'tired and heavy', and it was pointed out to her that she could at least 'feel' something.

At the fourth session, which really corresponded to the second session of the average patient, she was given the suggestion that she would remember what it was that had frightened her and shocked her into this condition. When she reported at the fifth session, she stated that she had had a peculiar thought which 'just flashed into her mind'.

Thought: Apparently her father had made her mother very unhappy with his dominating ways. She remembered her mother crying often, and on occasions she had said: "I hope you never have to suffer as I have". The patient had a fairly bad time with childbirth, and relations had been somewhat strained with her husband afterwards as she rather feared having any more children. She remembered the idea had got into her head that her husband (who by coincidence rather resembled her father in build, etc.) was hurting her with his rows just the way

her mother had been hurt—in fact now *she*, the patient, was a mother, and she was being hurt. She felt she would rather be ' dead ' than put up with all the unhappiness, and it was not long before she began to feel ' numb ' and ' dead '. These feelings frightened her, and soon she was so pre-occupied with her own fears and worries that she could take no interest in anything else.

At this and subsequent sessions it was impressed upon her that things were different now. She was no longer a frightened little girl or a young woman who was afraid of her husband and pregnancy. In modern times there was no need to have children if she did not wish to do so. Therefore, she could afford to feel normal again, and act naturally in *all* ways. These suggestions, and others to a like effect, enabled the patient within twelve sessions to live a normal life with her husband. In fact she was so confident that she deliberately chose to have another baby (the actual childbirth was carried out quite painlessly by hypnotic suggestion), and there has been no hint of a relapse for over three years.

Case 5. — Referring doctor's diagnosis : ' *Obsessional Neurosis* '.

Patient : Middle-aged married man.

Complaint : The patient stated that he could not stop thinking there was something wrong with him. He complained that his thoughts constantly ' turned inward upon himself'. He could not bear to look at himself in a mirror. Also he had an unreasoning and altogether overwhelming fear of excreta. The sight of some dog's dirt on the pavement would nearly drive him frantic. His condition had started at about the age of 25 and had steadily got worse.

Patient's story : Apparently he had done well in business and at the age of 25 was well able to support his mother

and father, who were in rather indifferent health. He also decided to get married at about this time, but this plan met with much opposition from his parents who evidently feared to lose his support. The patient worried so much he had a 'nervous breakdown'. Shortly after he had apparently recovered from this he began to notice his peculiar obsession. He got married thinking that this might improve things, but his condition grew gradually but steadily worse. When seen he admitted that he feared he must be 'going mad' and had ideas about having a 'brain operation' (prefrontal leucotomy).

Treatment: At the first treatment session the patient was taught how to relax after a light stage of hypnosis had been induced by eye fixation and verbal suggestion.

During the second session of hypnosis he was given the suggestion that he would remember what first frightened him and started him thinking there must be something wrong with him or his mind.

When the patient reported for his third treatment he stated that a 'very clear thought had come into his head'.

Thought: The patient remembered that as a young man he had been considerably upset on hearing from an uncle who had worked in a mental home that the lunatics often played with their own excreta. When he had his 'nervous breakdown' (which was really due to the tension generated because he could not decide between his parents' wishes and the girl he wanted to marry), the patient had a great fear of 'going mad'. The link between his fear of mental illness and excreta was quite obvious. Even after *apparent* recovery the hidden fear of mental illness made him go on examining himself over and over to make sure he was not going insane.

In this and succeeding sessions of hypnosis it was explained to the patient that now he understood how

things had happened and that he had no real signs of mental illness whatsoever he could give up examining himself. It was merely a waste of time looking for something that was not there ! Further he could give up worrying about excreta and he would no longer associate it with the idea of mental illness. He was encouraged to form ' mental pictures ' and see himself as he would like to be—happy, cheerful, and well. After six sessions the patient announced that he felt quite cured of his foolish obsessions and the improvement has been maintained for over two years.

Case 6.—Referring doctor's diagnosis: '*Reactive Depression*'.

Patient: Business man, 35 years of age. Divorced.

Complaint: The patient complained of headache, insomnia, lack of concentration, poor memory, and fits of deep depression for the last five years.

Patient's story: Childhood and early history apparently normal. The patient married during the war and like many wartime marriages it soon came to grief. Coming home on leave the patient found out that his wife had been ' carrying on ' with a number of other men. The patient obtained a divorce and the whole affair was a great emotional shock to him. Shortly afterwards he began to suffer from the symptoms of which he complained. These alarmed him and he thought he ' might be going off his head '.

Treatment: The patient was told that the first thing he would have to learn was how to relax so that he could see the situation in its proper perspective instead of with a mind clouded by emotion.

The first session, therefore, was devoted to teaching him how to relax. A week later, after he had practised

relaxing, he was given the suggestion that he would remember quite clearly what had really started his feelings of deep depression.

At the third session a week later he stated that 'a thought had come into his mind'.

Thought: Apparently when he had learnt of his wife's infidelity he had 'seen red'. Only the fact that he could not find her at the time had prevented him committing murder. When his anger had cooled the thought had crossed his mind that he 'may as well commit suicide'—'there was nothing to live for any more'—he could 'never trust a woman again', and 'he didn't want to go on living by himself'.

It was suggested to the patient in hypnosis that now he understood the cause of his trouble he would be able to adopt a more sensible attitude to his problem. For instance, there was no reason to go on thinking that *all* women were bad just because *one* had let him down. There were, after all, more happy marriages than unhappy ones, but it was usually only the unhappy ones that made news. Therefore, there was no need for him to feel so hopeless. If he went out more, mixed with people, and gave up brooding over the past, he would, no doubt, meet a woman who would be worthy of his trust. This time he would have the benefit of his past experience and would take care to avoid marrying in haste. He was encouraged to 'see himself in his mind's eye' mixing with women at social functions and enjoying himself.

These and similar suggestions enabled the patient to report after six sessions that his depression had disappeared and he 'felt as if a weight had been lifted off his mind'. Three years later he wrote to say that he was now happily married.

Case 7.—Referring doctor's diagnosis: '*Insomnia*'.

Patient: Mrs. I., aged 40, widow. No children.

Complaint: Severe insomnia for ten years. The doctor stated that she was taking very heavy doses of sedative and hypnotic drugs with very little benefit.

Patient's story: Nothing very significant until the onset of insomnia. This started immediately after the death of her husband. Apparently she had nursed him during a very distressing illness, and her sleep had been considerably disturbed. Unfortunately on one occasion she had fallen asleep from sheer fatigue and awakened to find that her husband had died suddenly. This was a great shock to her, and she had never been able to sleep properly since.

It was impressed upon the patient that hypnotism was not another method of trying to put her to 'sleep', but if she learned to relax she would derive much benefit and would learn to sleep naturally later on. The patient was, therefore, instructed at the first treatment session under a very light stage of hypnosis, induced by verbal suggestion only, how to practise relaxing for herself. This she did, and at the second session was told that she would remember what it was that first upset her and prevented her sleeping.

At the third session, a week later, she reported the following thought:—

Thought: When she awakened and found her husband dead she had a terrible feeling of guilt. She said the thought went through her head: "Good God, it's just as bad as if I had killed him—letting him die like that while I slept—I'm just as bad as a murderess. I never want to sleep again."

At this session it was explained to the patient that now she understood why she had feared sleep she could

give up being afraid of it, and sleep naturally in future. She could see clearly now that she could not be reasonably blamed for what had happened. She could not have saved her husband (according to the doctor), if she had been wide awake. It was suggested that now she was no longer the distressed and emotional young woman of ten years ago, so that she could give up having her fearful feelings. In fact, she could go to sleep in future naturally and normally. These, and similar suggestions were given to the patient at this and succeeding sessions, and after six sessions the patient was able to report that she could sleep quite naturally without any drugs. There has been no relapse for over three years.

Case 8.—Referring doctor's diagnosis: '*Alcoholism*'.

Patient: Doctor J., 45 years of age, married. One child.

Complaint: Bouts of alcoholism for over twenty years. Patient had been in all sorts of nursing homes devoted to the treatment of alcoholics, but always relapsed.

Patient's story: Nothing very significant until starting general practice. As a young man he had started off eagerly enough, married, and soon had a child. He began to drink soon after the baby arrived, and over the years the bouts became more frequent and severe. He had had several narrow escapes from police court action and disciplinary measures by the General Medical Council.

Treatment: It was impressed upon the patient that alcohol was only a means of relieving his nervous tension. If he could learn to relax and get rid of this *naturally* he would be quite independent of alcohol.

At the first treatment session the patient was taught, in a light stage of hypnosis, how to relax for himself.

A week later, at the second session, he was told that he would see what first upset him, and caused such nervous tension that he had to turn to alcohol to relieve it.

On reporting for the third session the patient volunteered that he had had a remarkable ' revelation ', as he put it.

Thought : Apparently he had been very keen as a young man to specialize in surgery. However, a wife and child and economic circumstances had forced him to give up the idea. Apparently as a child and young man he had been frustrated a good deal by his mother, who was always ' fussing ' and saying : " You can't do this ", and " you mustn't do that ". The patient remembered that just at the time his wife had added to their responsibilities by having a baby, he had had a particularly trying time with the practice. The thought had gone through his head ; " Good God, if it weren't for my wife and baby I'd throw up the whole lot and clear out—but I can't—she's just like my mother—like a ball and chain holding me back." The patient had felt so ' worked up ' that he had ' drowned his sorrows ' with drink. Shame at his alcoholic outburst, fear of the results, and general frustration had got him into a vicious circle of fear and tension interspersed with alcohol to relieve it.

It was explained to the patient in hypnosis that now he knew the *cause* of his trouble, things would be different. He was no longer a young man who wanted to specialize. He could make a comfortable living as a general practitioner if he pulled himself together. Many people had stood by him all these years and helped him—they would help him more if he made the effort. He no longer regarded his wife as a ' ball and chain '. She had stood by him loyally all these years. He was proud of his son —he did not want him to be ashamed of his father. He

would be able to relax naturally in future and would feel no need or desire for alcohol. He was encouraged to form ' pictures ' in his mind, seeing himself as he would like to be—refusing alcohol, etc.

These, and similar suggestions, enabled the patient to give up alcohol completely after only six sessions. There has been no relapse over five years, during which time the doctor has built up a busy practice.

Case 9.—Referring doctor's diagnosis : ' *Asthma* '.

Patient : Middle-aged married woman.

Complaint : The patient complained of frequent and severe attacks of spasmodic asthma for approximately ten years. Her doctor wrote to say that she had had all the usual investigations and was apparently ' sensitive ' to various things such as house dust, etc., but that treatment had had no beneficial effect. She still had to call the doctor out at night to give her injections and she carried an inhaler with her on all occasions.

Patient's story : Apparently her condition started about ten years previously, immediately after the birth of her child. She awoke in the early hours of the morning ' gasping for breath ' and had suffered from asthma attacks ever since. It seems that there had been considerable opposition to her marriage by the families on both sides. In spite of this the marriage was very happy and the in-laws on both sides were now on good terms with the patient and her husband. She stated that she could not see any possible cause for worry or understand how the asthma had started.

Treatment : She was told that *now* it was only the *fear* of her asthma which kept it going by creating *tension.* It was impressed upon her that when she had learned to relax and dispel this tension she would soon breathe

freely and easily. At the first session, therefore, after hypnosis had been induced by eye fixation and verbal suggestion, the patient was shown how to relax.

At the second session a week later she was told that she would remember what first really frightened her and caused the first attack.

When she reported for the third session after an interval of a week the patient stated that ' it had all come back to her '.

Thought : Owing to the opposition of the families on both sides to their marriage the young couple had secretly lived together as man and wife before marriage. Soon there was a baby on the way and they decided to marry immediately in defiance of the wishes of their respective parents. This caused general rows and unpleasantness all around, but the parents did not suspect the real reason for the hasty marriage. The baby was naturally supposed to be a little premature but, after the birth of what she knew to be a perfectly normal full-time baby, the thought struck the patient " Good Lord—now they'll all know I was living with my husband before marriage." As a result she woke up gasping for breath and the panic resulting from the ' choking feelings ' set in train a line of thought which resulted in a vicious circle of fear, tension, and asthma.

It was explained during hypnosis that now she recognized the cause of her condition she could give up worrying about it. She was no longer an emotionally upset young mother afraid of being found out. The in-laws and her own people had all ' made it up ' long ago. As she was no longer that young woman she no longer needed her feelings, she was told, and so she could give up being frightened, forget about her ' asthma ', relax, and breathe freely and easily. She was encouraged

to form 'mental pictures' and see herself breathing freely and easily on all occasions.

After six sessions the patient was able to report herself free of asthma and there has been no relapse for over two years.

Case 10.—Referring doctor's diagnosis: '*Migraine*'.

Patient: Young single woman; 30 years of age.

Complaint: The patient complained of frequent and severe attacks of migraine. These had apparently started at about the age of twenty.

Patient's story: Apparently her home life had been very unhappy. An only child, her mother had gone into a mental home when the patient was about 15. Her father drank to excess and seemed to hate the sight of her. He often taunted her with being 'skinny' and stated she would never be attractive to men. The patient grew up shy and timid with men and after one or two unfortunate romances came to the conclusion that her father must have been right. As a result she retired into her shell and avoided social contacts although in reality she craved affection. She worried more and more over her condition and soon developed typical migraine attacks.

Treatment: It was explained to the patient that now it was only her *worry* over migraine which kept it going by creating nervous tension.

She was told that as she learned to relax she would dispel this nervous tension and soon lose her migraine.

The first hypnotic session, therefore, was devoted to teaching her how to relax. At the second treatment a week later she was told that 'a thought would come into her head' which would explain what had first really worried her and started her migraine.

At the third session a week later the patient stated that she had remembered what had frightened her.

Thought: After one of her broken romances she had developed a severe headache. She had found herself thinking " what on earth *is* the matter with me—why don't I attract men, etc. ". Suddenly the thought struck her " perhaps my father was right after all ". With this she remembered what he had said when her mother had been taken away and she had cried herself into an hysterical state. He had shouted at her, " Oh, do shut up—you're as silly as your mother—you ought to be shut up as well ".

When this all came back to her she remembered she had had a severe headache at the time and had thought " Good Lord, there *is* something wrong with my head—perhaps I *am* like my mother—perhaps *I* will go mad and be taken away ".

She had secretly worried over this ever since. Frequent headaches developing into migraine attacks which would not respond to ordinary treatment merely frightened her more and convinced her that there must be ' something seriously wrong with her head '.

It was explained to the patient that now she understood the cause of her headaches, and realized she had no real signs of insanity at all, she could give up worrying. This would automatically reduce her tension and the migraine would soon disappear. She was instructed to form ' pictures ' in her mind and see herself as she would like to be, happy and cheerful and well—mixing with people at social functions and enjoying herself. These and other constructive suggestions aimed at building up the patient's morale soon enabled her to report a cessation of her migraine attacks and three years later she wrote to say there had been no relapse.

Case II.—Referring doctor's diagnosis: '*Impotence*'.

Patient: Middle-aged married man.

Complaint: Sexual impotence for nearly ten years.

Patient's story: Nothing of any significance in early childhood and adolescence. Patient married during the war, his wife being in the service also. On resuming civilian life the patient was horrified to learn of his wife's 'dirty and slovenly' ways. Apparently she came from a very low social strata and thought nothing of breast-feeding the baby in front of his friends at tea time. In a hundred and one different ways her habits became repulsive to the patient, who had been brought up to be rather fastidious. It was not long before he found he could not bring himself to make love to her. On several occasions when he forced himself to make half-hearted attempts he naturally failed. His wife's coarse taunts further helped to undermine his self-esteem. Finally she left him and there was a divorce. The patient married again—this time to a totally different kind of woman. Although she was very understanding, however, he had failed miserably at the sex side of his marriage. Now he was worried and anxious lest the second marriage should break up.

Treatment: It was explained to the patient that *now* it was only his *fear* of impotence which kept it going, for Nature did not arrange for people to have proper feelings of sex when afraid. He was assured that really his sexual organs were perfectly normal and that everything would work normally and naturally when he had learnt to relax and see things in their proper light.

Accordingly he was given instruction in how to relax during the first hypnotic session. At the second he was told that he would remember what had really worried him. A week later, at the third session, he reported

that he had remembered something his wife had said which seemed to have ' stuck in his mind '.

Apparently on one occasion he had tried to excuse his failure at sex by explaining as diplomatically as possible that ' he didn't feel like it '. His wife, however, had flared up and created an emotional scene declaring that he ' wasn't half a man ' and that he ' would never be any good to any woman ".

The patient began to worry about his lack of sex feeling as he had the idea that ' a real man ' should be able to get sex feelings with any woman. Therefore, although he no longer loved his wife he tried desperately on several occasions to ' prove that he was a man ', but of course his worry and anxiety prevented him from succeeding. Each failure confirmed his worst fears that he had somehow ' lost his sexual powers '. He went into his second marriage hoping for the best but fearing failure, so, of course, his imagination won and he failed miserably.

It was explained to the patient in hypnosis that now he had realized all this, things would be different. It had been perfectly natural to have no sex feelings for the wife whose habits made her distasteful to him. Now, however, he had a wife that he really loved. Therefore, he would get natural and normal feelings of sex with her. After six sessions of hypnosis the patient reported complete success and two years later wrote to say that the marriage was perfectly happy and that they were looking forward to a baby.

Case 12.—Referring doctor's diagnosis : ' *Frigidity* '.
Patient : Young married woman, 30 years of age.
Complaint : Patient was unable to tolerate the sexual advances of her husband.

Patient's story: The patient said she had been ' married ' two years but the marriage had never really been consummated. She stated that she was in love with her husband but could not tolerate the physical side of marriage. She had been brought up very strictly to believe that sex was something ' nasty '. The patient stated, however, that she did not think this could have caused the trouble because she had ' read all about sex ' before marriage and realized that her mother's ideas were old-fashioned. She thought that she must be ' different in some way ', although she had been medically examined and pronounced perfectly normal.

Treatment: It was, therefore, explained to the patient that her ' frigidity ' was really only a symptom of *fear. Now* it was the fear of her condition which kept it going, but something had started that fear. When she had learnt to relax and think clearly, she was told, she would remember perfectly well what had first made her afraid of sex.

The patient was, therefore, taught to relax at the first session and given the suggestion that she would remember what had frightened her at the second. When she came along for the third treatment she stated that a ' remarkable thought had come into her head '.

Thought: Apparently as a child she had lived near a woman who had an idiot boy. The patient used to be terrified of him, but curious at the same time as to why he was so terribly different from the other children. Evidently, although she did not realize it as a child, the boy had been illegitimate. On one occasion she heard her over-righteous and narrow-minded mother discussing this woman: " Of course, it's a judgement on her ", said her mother, " she's been punished for her wickedness with an idiot child ". The patient stated

that this seemed to have stuck in her mind. When it came to making love with her husband, although she knew it was perfectly all right and quite natural and normal she could not get the ' feeling ' out of her mind that she was doing something wrong. Evidently her mother's teaching that sex was ' nasty ' had struck deeper than she thought. The thought also crossed her mind that as the result of sex she might have a baby. With this thought came a sudden terrible fear that *she* might be punished for her ' wickedness ' by having an idiot child. As a result she became all ' panicky and tense ' whenever sex was attempted. Although she kept telling herself it was ridiculous to think she would be like the mother of the idiot child she could not get rid of the ' feelings ' of fear at the idea of sex. When she failed time after time she thought " Good Lord, I'm a failure—I've made a mess of my marriage; what will my husband do—will he leave me? Wouldn't it be awful if he got the marriage annulled? "

It was pointed out to the patient that it was only *fear* which had been making her act unnaturally. Now that she knew the cause of her trouble she could see how foolish it was. Therefore, she could give up worrying about it and get natural and normal feelings with her husband. After six sessions the patient was able to report that her relations with her husband were quite normal and they both looked forward to a very happy married life.

PART III

GENERAL SUMMARY OF THESIS

In this thesis the following points have been advanced :

Part I

1. It has been suggested in the preliminary introduction, *Part I, A*, that *hypnotic suggestion plays a major role in the aetiology of the psychoneuroses* and associated psychosomatic conditions and that it has an *equally important role in the treatment of these complaints.*

2. In the historical outline, *Part I, B*, some indication is given of the pioneer and succeeding scientific workers in this field up to the present day, and a bibliography of their scientific works is appended.

3. The actual nature of the hypnotic state is discussed in *Part I, C*, and the author advances his *original theory of the nature of hypnosis* as a form of super-concentration of the mind, which is especially likely to occur as the result of emotion.

4. In *Part I, D*, the incidence of susceptibility to hypnosis is discussed, and it is shown that *fully* 95 *per cent of people* can develop one degree or another of hypnosis.

5. *Part I, E*, describes the phenomena which are possible as the result of hypnotic suggestion, and *these phenomena may mimic in every way the actual signs and symptoms of the psychoneuroses.*

6. Methods of inducing hypnosis are described in *Part I, F*, and it is shown that this state of mind may be induced either deliberately or accidentally even in the absence of a recognized hypnotist.

Part II

7. In *Part II, A*, the author puts forward *his original theory of the cause and mechanism of development of the psychoneuroses and the role of hypnotic suggestion.* Briefly, an emotional incident or idea is thought to concentrate the mind, producing a condition of hypnosis, and any idea or thought then introduced acts as a hypnotic suggestion, so that a psychoneurosis is, to all intents and purposes, the same in its structure as the behaviour and symptoms arising from a hypnotic or post-hypnotic suggestion.

8. *Part II, B*, deals with the role of hypnotic suggestion in the treatment of the psychoneuroses, and the author advances his *original method of Relaxation, Realization, and Re-education, using only light hypnosis and suggestion.*

9. *Part II, C*, describes 12 actual case histories in detail, illustrating points in aetiology, diagnosis, and treatment raised in this thesis.

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