SHORT PSYCHO-THERAPY AND HYPNOSIS.

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PREFACE.

This Thesis describes the author's attempts to arrive at a type of psychotherapy which though reasonably short would give the patients sufficient insight to make relapse unlikely. The principal technique of which the possibilities have been explored in this connection is hypnosis.

The writer has used hypnosis in many ways varying from simple direct suggestion on the one hand to an approach employing psycho-analytic insights on the other. The main difficulty in the writer's use of this latter hypno-analytic technique is perhaps the fact that he has not been subjected to a personal analysis; nevertheless one has attempted in this way to treat patients whose illness is severe, widespread and chronic; in particular one case of chronic severe polysymptomatic neurosis with indefinite onset at a very early age in childhood, and one case of psychosis. The treatment of these two patients was prolonged in each case for 12 months and is described fully.

In the course of such work one naturally develops both practical techniques and theoretical formulations of one's own which are not wholly derived from the literature. Sources of derivation however are cited where applicable; while in instances where that is not so the personal techniques and theories are compared and contrasted with those reported in the literature. "Psychotherapy" in this thesis refers to individual methods only, as group psychotherapy is not discussed, while "formal psychotherapy" is the term used to denote forms of individual psychotherapy which approximate more or less closely in technique to psycho-analysis, and which do not involve the use of hypnosis.

The main reason for undertaking the work described has been the desire to reach therapeutic principles which would provide a basis for the satisfactory treatment in a reasonably short time of large numbers of neurotics - "Satisfactory" here would imply a treatment which led to a permanent good adjustment on the part/

/of the patient in all important spheres of life. In view of the tremendous amount of neurotic illness in the country it is difficult to believe that any form of therapy which requires the expenditure of more than a year in time can, except in special cases, be justified unless indeed the understanding of theory gained in the course of such treatment leads in the future to better and shorter practice - an example might be the training analysis of intending psychotherapists. One does not assume that psychopathology is the only approach to the understanding of neurosis nor that psycho-therapy will finally prove the best form of treatment; but it does seem that for the present at least both are extremely valuable, and one hopes that in both of these fields the use of hypnosis may lead to advance. One is not without hope that certain hypnotic material reported in this thesis may be considered as confirmatory evidence regarding some psycho-pathological theories advanced by others.

The work relative to these problems has occupied many years of time and involved a very considerable number of patients of whom a representative proportion are dealt with in this thesis. Successes of various types and degrees are reported as also are failures. Not, one thinks, to be classed as a failure, was the case of a woman who after many years of recurrent invalidism had spent four years in the psychiatric wrad of a general hospital, unable to leave hospital even for the briefest space of time; she was discharged at the end of a year's treatment over three years ago to her home, where, though leading a very limited life, she has continued to function ever since as a satisfactory housewife and mother. But of more general significance perhaps than the end-result for this patient, is the psychological material which emerged in the course of treatment; this is certainly so in the other case reported at length. The remainder of the case reports are comparatively brief, as was the treatment (sometimes only a single session) in/

/most of these cases.

In the course of this work the author decided fairly soon that at least in some cases of neurosis hypnosis was useful in making possible results for which other methods would have taken very much longer and in some cases he was impressed by the clarity of insight - based sometimes on actual memories - gained by patients as a result of hypnosis in the course of the treatment, and in the two cases described at length there appeared insights, memories, dreams and attitudes which undoubtedly seemed to the present writer to lend support to various Freudian hypotheses. How such material will appear to others is a different matter; on the innumerable occasions the writer has encountered with weary incomprehension the bland assumption regarding this or that psychological datum "the significance" - usually the sexual significance - "of this dream is of course obvious". But regarding the Freudian part of the material here to be reviewed what <u>is</u> striking it is suggested is on the one hand it's vividness and on the other the author's surprise at it's emergence. In both these respects the importance of hypnosis is stressed. For in the first place it is hypnosis which produces for example the many vivid memories and indeed the "reliving" - whether real or fantasied - of episodes from the remote past, and in the second place it seems that it is only hypnosis (or the somewhat similar narcosis of evipan, pentothal, sodium, amytal etc.) that enables the patient's psycho-analytic insights to produce as much surprise in the therapist as in the patient. How different is the situation in psycho-analysis. There the therapist, having with interpretations worked the patient for days, weeks or months towards a particular insight, cannot possibly be <u>surprised</u> at the patient admitting that insight, should he indeed do so, nor has he the right, one feels, to be surprised if others doubt the genuineness of such insight, or if an eminent rebel within the Freudian fold itself - Franz/

/Alexander - discounts such "forced insights".

It is suggested then that the author's very lack of experience in dealing with Freudian concepts contributes to the validity of the material presented here as supporting some of these concepts. Freudians will no doubt have reason to complain of the only too frequent failure to recognise significant material which results from that inexperience. The two patients referred to were both very severely ill, and it cannot be concluded from findings in either that similar complexes are present in normal people but hypnosis is offered as an instrument for weighing the truth of certain Freudian and other hypotheses objectively. As regards therapy on the other hand, inexperience in handling such complexes, in cases where they are revealed by hypnosis, may, it is suggested, in view of the author's own difficulties in treating these two patients, be dangerous, and certainly is responsible for much waste of time and effort. The Freudian answer no doubt would be that no one should undertake treatment involving the risk of the emergence of such material without having had full training in psycho-analytic methods including a personal analysis. But would such training fit one for the objective weighing of evidence for or against the psycho-analytic hypotheses? It would be depressing to think that psychology is to halt indefinitely at the cross roads while psycho-analysts and their britics hurl missiles at each other across a no-man's land where any meeting for unbiassed discussion is impossible. It is suggested that investigations using hpynosis might facilitate such a meeting while if psycho-analysis proves to be the right road the same instrument - hypnosis - may lead to short cuts whereby the combination of the two techniques - hypno-analysis - may prove a practical answer to the treatment of both severe and mild neurosis. For milder forma involving loss of the personality it may also be hoped that hypnosis may be used to render more powerful certain shorter forms of psycho-therapy/

/without a corresponding loss in the effectiveness of treatment, and so make available to a much greater proportion of the large number who require it an adequate treatment.

That the hopes just expressed for hypnosis as a tool both of research and of treatment may not be without basis is one of the writer's main conclusions, a second is that atleast one section of the psycho-analytic school itself is providing grounds for hope that effective treatment may in the future be accomplished with a very great saving in time effort and expense, and the third is that both of these theories - hypnosis, and psycho-analysis in the sense defined - may be combined to produce the powerful though brief psycho-therapy which appears so much to be needed.

In connection with Freudian doctrine two matters are discussed at some length, the first involves the extraordinary contradictions in theory found within the school, which are important in connection with the attempt to estimate the validity of Freudian doctrine, as the first step in such an attempt would surely be the definition of such doctrine. The second matter for discussion is the emergence of the Chicago School of Psycho-analysts who have deliberately concentrated on short methods of treatment and having in doing so evolved techniques and theories of their own. The importance of this attitude in general needs no stressing but in particular one hopes to show that in association with these techniques and in the light of these theories the neglected weapon of hypnosis might prove to be of very real value.

The writer has much pleasure in thanking firstly Dr. Ivy McKenzie and Dr. John McLeod - both of Stobhill Hospital, Glasgow - in whose wards most of the patients referred to in this thesis were resident, for permission to undertake this work, and for their encouragement; secondly the nursing staff of Stobhill Hospital - particularly of the psychiatric wards - for their constantly co-operative attitude, and thirdly Mr. P. Waldie, of Stobhill Hospital, for his/

/kindess in supplying the photographs: finally Dr. Nora I. Wattie , of the Public Health Department, Glasgow, for her kindess in verifying the details of one important but obscure case-history.

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INTRODUCTION.

HYPNOSIS

The status of hypnosis in Britain cannot be said to be high at the present time. The general public are scarcely acquainted with it as a method used in medicine but hear of it instead for example as a method successfully used by a criminal for murdering scores of people (in a B.B.C. serial a few years ago). If they see hypnosis at all it is almost certainly as a stage performance in which the subjects are made to "act drunk", to slap their friends in the face, to shout out meaningless nonsense or to make fools of themselves in other ways. Apart from the dangers involved in such performances they result merely in the degradation of hypnosis. Since the serial mentioned however, and perhaps in relation to protests about it, the B.B.C. have broadcast a programme on hypnosis with a scientific approach. The press rarely mention hypnosis except in connection with stage performances and then usually the articles deal with the spectacular neurotic or psychotic consequences to some unfortunate subject. For the profession there has been published since 1949 the quarterly British Journal of Medical Hypnosis. Many of the articles in it are reprints of non-British origin. There is as yet no excess of British material available since what does appear is of very varied quality and contains much reptition even as regards case reports. But at least it has made a start in introducing hypnosis into British Medicine - or rather reintroducing; for was it not Braid and Esdaile the Scots, and Elliotson the Englishman, who pioneered in hypnosis in the last century (Rosen (1946)) - Braid even giving the phenomenon its name? The library of the Royal Society of Medicine subscribes to the Journal. The index of Henderson and Gillespie's (1936) Text Book of Psychiatry lists two references to hypnosis. One (1936a) is cited as proof that paralysis may be psychogenic while the other (1936b) is an example of dissociation. There are, however, three other items (Henderson & Gillespie (1936c.d.e.) which do not appear/

/in the index; these include references to the dangers of using direct suggestion which however, is regarded as being permissible on some occasions (1936e); and to the use of hypnosis as being always justifiable where other methods fail to yield the memories associated with the symptoms (ibid). More recently one of the authors (Henderson(1951)) was quoted in the lay press as stating that the application of hypnosis, so far as the medical profession is concerned, is on the wane. The writer concerned is Professor of Psychiatry at Edinburgh University. Curran & Guttmann's (1945) text book of psychological medicine contains only one reference to hypnosis - there is no mention of its use ("limited") other than in direct suggestion, though abreaction - with barbiturates - is discussed on the very next page. The 29-page appendix on war neurosis contains no mention of hypnosis though "exploration and suggestion" in sodium amytal narcosis are described as comprising one of the two treatments of especial value. A school to instruct members of the profession in the use of hypnosis has been established in London (Brit. J. med. Hypnot.(1952)). The group of psychological medicine of the B.M.A. discussed on the 8th. January 1953 the attitude of the profession to hypnosis. The report (B.M.J.(1953)) of this conference includes the statement of the committee, that hypnosis is the use of suggestion with the intention of bringing about an altered state of consciousness; that it should be induced only for therapeutic purposes; that its therapeutic value is extremely limited since its results are indefinite, and though it apparently produces relief of symptoms this relief does not appear to be permanent, that it tends to increase the suggestibility of the subject and for this reason its use has been largely given up by the profession; that when, however, it is used, the state should be induced by a registered medical practitioner, or under his direction and in his presence. The last alternative phrase was subsequently deleted by the Central Ethical Committee and the statement so amended has been/

/approved by the Council and reported to the Representative Body. Dr. E. A. Bennet/ (1953), opening the discussion, said that this statement was practically identical with that adopted by a special investigating committee of the B.M.A. in 1892 and indeed that of a French report of 1831 on "animal magnetism", and criticised the definition of hypnosis as involving surrender by the subject of his normal powers of control; a patient was not treated by hypnotism; rather hypnotism allowed something to be done. This is the only remark reported (loc. cit.) which hints at the existence of any therapeutic use of hypnosis other than that of direct suggestion though Dr. Bennet added that hypnotic suggestion followed by abbreviated analysis gave many good results. The dangers of hypnosis mentioned in the Report comprise: release from the unconscious of a potential psychotic of more material than he or the therapist could control, with subsequent harm to the patient; the possible emergence of tendencies at variance with the patient's conscious moral standards. Prof. Alexander Kennedy (1953) remarked that Braid, Elliotson and Esdaile were persecuted by their colleagues because they investigated hypnosis. One or two speakers are reported to have expressed concern lest legislation against lay hypnotism should have an unfortunate effect on spiritual healing. Prof. Ferguson Rodger (1953) is quoted as stating that there are very few occasions where hypnosis is needed and that a number of psychiatrists who once used hypnosis now use it rarely if at all. The conference discussed stage hypnosis; this incidentally will be illegal in Britain as from April 1953, when the Hypnotism Act becomes effective, but only as regards persons under 21 years of age, while as regards others local licensing authorities may permit, prohibit or make conditions for stage performances.

Hypnotism is rarely mentioned in other British Medical journals. The British Medical Journal (1949) editorial stated that hypnotism might well be more widely employed than it is at present both as a harmless anaesthetic in suitable subjects/

/and in suitable circumstances, and for the relief of neurotic symptoms. "Effective short cuts in psycho-therapy are very ungently required....above all it seems desirable that hypnotism should be investigated more thoroughly along neuro-physological lines". In 1950 it was reported (Brit. J. Med. Hypn. (1950)) that no psychologist on the staff of the Cambridge University Psychological Laboratory knew of any work with hypnosis being carried out by psychologists in any of the English Universities at the present time and no one in the Institute of Experimental Psychology at Oxford University was working with hypnosis, experimentally or clinically. Prof. J. H. Schultz of Berlin explained his system of "autogenic training" - a form of auto-hypnosis, to the Psychiatric Section of the Royal Society of Medicine in 1951.

Outside Britain the position is often similar. The present status of hypnosis in the U.S.A. is discussed by Lecron (1949). He states that popular interest in hypnosis in America was very slight until psychologists in the war began to use it in the treatment of battle fatigue - many of them continued hypnosis on return to private practice but even now nearly all prefer the more orthodox methods of psycho-analysis. Never-the-less interest among psycho-therapists in briefer methods of analysis is rising.....Most of the psychological laboratories of Universities will not permit hypnotic experiments. The only actual grant of funds for hypnotic research have been to the Menninger Clinic - "for a study of hypno-analysis, not for any investigation of hypnosis itself". .....Stage hypnosis is legal. That there are 25 copies of the book "Hypnotism To-day" by Lecron and Bordeaux (1947) in the Los Angeles County Public Library would suggest considerable publis interest, as Lecron remarks.....practitioners of hypnosis would be hard to find outside New York City and Los Angeles. Lecron (ibid) considers that hypno-therapy will become more acceptable in U.S.A. mainly because psychiatry is too/

/expensive and too time consuming when classical methods are used. This writer states (ibid) that there are about four thousand psychiatrists in U.S.A. and a few hundred psycho-analysts; "with such a shortage of competent psycho-therapists there is literally no place for most neurotic sufferers and as a result they turn to the quacks and charlatans. Psycho-therapists are able to charge high fees for their services and, as they are busy, usually have small interest in brevity of treatment". Many have no interest in hypnosis because Freud abandoned its use. Yet Freud (1919) himself wrote (Collected Papers (2, 392 - 402)), that the only way psycho-analysis would ever be of benefit to the masses would be through the use of hypnosis with it.....An obstetrician reported in the American Journal of Obstetrics and Gynaecology 100 cases of childbirth under hypnosis, and its use in dentistry is extending....."never since the days of Esdaile in India has there been such a mass use of hypnotic anaesthesia". "At present the medical profession does not disapprove of hypnosis" as it has done in the past but it has no great enthusiasm for hypnosis, merely granting somewhat grudgingly that it can at times be of benefit. Apart from the above quotations from Lecron (1949) however, the very marked American preponderance in the bibliography of this thesis would show that there is a very considerable medical literature - which it by no means exhausts - on hypnosis in U.S.A. as compared with Britain, in spite of the American pre-occupation with psycho-analysis. Watkins (1947) writes that to his knowledge his is (or was in 1947) the only class in hypno-therapy in U.S.A. The techniques taught included age regression; the course of 20 Sessions lasted six weeks. The psychology text book of Woodworth (1944 a.b.c.d.) contains four references to hypnosis - all in connection with direct suggestion or revival of forgotten memories; thus Woodworth (1944 d) writes that many psycho-therapists regard hypnosis as of little value as "suggestion" (my italics, A.F.M.) may fail to/

/reach an underlying mal-adjustment".

In the U.S.S.R. the work of I. P. Pavlov and his successors is considered very important for psychiatry as is emphasised in the review of Soviet psychiatry by the American psychiatrist Wortis (1950). The index to this 350 page book lists six references to hypnosis - actually there are 12. The following information is cited from his book. Pavlov (1950a) considers hypnosis to be a form of isolated inhibition of the cortex. In the U.S.S.R. hypnotic phenomena are apparently understood physiologically rather than psychologically, in terms of conditioned reflexes and of cortical inhibition, and this, for Soviet scientists, constitutes a very firm basis indeed (Wortis 1950b). Wortis (1950d) lists four chief features of Soviet psycho-therapy - one is "the reinforcement of positive influences through suggestion, at times by the use of hypnosis". Only trained psychiatrists may practice hypnosis (loc. cit). However the five year plan (1946/1950) for medicine is quoted (Wortis 1950g) "hypnosis has been little used of late, even for purposes of psycho-therapy to say nothing of the problems of psycho-pathology". Wortis (1950d) quotes the Pavlovian view that during hypnosis weak stimuli act more effectively than strong stimuli, words acquire the force of commands, thus explaining the suggestibility of the hypnotised subject. Giliarovskii - a leading Soviet psychiatrist is quoted (Wortis (1950c)) as believing that hypnosis is a special state of partial sleep with useful restorative and sedative functions in itself and with a special rapport between subject and hypnotist. Suggestive treatment does not therefore exhaust the possibilities of hypnosis which, further, is of use in the revival of old memories; the range of indications for hypnosis is very wide but it must always be integrated with a larger general plan of treatment: serious consideration is given to group hypnosis.

Wortis' book was published in 1950. In June of that year there seems to have/

/been a very considerable re-orientation of Soviet medicine as shown for example in Voelgyesi's (1951a) article. He writes that in that month the series of medical and general scientific meetings held in memory of Pavlov resulted in the passing of a resolution that "practically the whole medical point of view and practice should be transformed in the spirit of Pavlov's doctrines in accordance with the facts of nervism, conditioned reflexology, cortico-visceral pathology and hypnosis" (the concepts here alluded to include that of the extraordinary importance attributed to the role of the central nervous system in human illness by such Soviet writers as Speranski and Bykov, who with Pavlov are mentioned again and again in Voelgyesi's (1950b) and (1951) articles. One result was the prohibition as from 9th. December 1950 of the use of pre-frontal leucotomy for neuro-psychiatric illness as being opposed to Pavlovism and as involving too drastic irreversible destruction. Voelgyesi (1951a) quotes this decree from the Russian periodical Nevropatologija i Psychiatrija (1951) and states that the editors in their official programme specified as one of their main objects the further elaboration of the treatment of nervous and psychiatric diseases in accordance with Pavlov's doctrines, "the development of the powerful therapeutic factors of protective and curative inhibition, the extension of Pavlov's teachings and the study of the problems and practice of psycho-therapy and hypno-therapy".

In France (and Belgium) Pavlov's theories seem to have considerable prestige. Bachet and Weiss (1952) read Pavlov after their first successes with hypnosis "when we were well able to appreciate his importance", and link his views with those of Lhermitte: they had succeeded in curing, by repeated hypnotic suggestion, the pain in two cases of amputation of limbs. The cases were shown to the Société de Neurologie - there had been no symptoms in one case for a few months and in the other for two years. In the former diabetes insipidus and in the latter local/

/myoclonus ending in generalised epilepsy, had been abolished by suggestion at the same time as the pain. Mourgue (1932b) adopts the Pavlovian view of hypnosis as a partial sleep. Requet and Bollote (1947) consider that every method of treatment in psychiatry which acts on the unconcious whether for example it be ether, electric shock treatment, insolin coma or narcosis etc. etc. - is a hypnosis, involving the doctor, whether he wishes it or not, in playing the role of thaurmaturge.

It seems likely that the emphasis given in these countries to the physiological aspects of hypnosis has given it a respectability and a status which has been absent in Britain and U.S.A. where the psychological aspect has been stressed. However, in both Britain and the U.S.A. there has been a growing tendency to consider physiological as well as psychological aspects of hypnosis. Salter (1944) in U.S.A. viewed hypnosis as a conditioned reflex and words as conditioned stimuli which produce a reaction evoked by the situation which they describe. Ironically enough it is the Hungarian Voelgyesi (1949) who pays tribute to the Scottish pioneer, Braid, who, he remarks, not only introduced the term "hypnosis" but also the term "psycho-physiology" to cover all the phenomena resulting from the interaction of mind and body. Voelgyesi (ibid) states that Braid's many references to such interactions make him the first research worker in the field of psychosomatic medicine.

Freud (1888) remarked that the German Medical Profession about 1880 doubted the reality of hypnosis and regarded hypnotic phemomena as examples of simulation which only succeeded by virtue of the credulity of observers. Among the few exceptions to such views were Kraft-Ebbing and Forel. The present position in Germany the present writer has not ascertained. But in the neighbouring country of Denmark according to Joergensen (1946) the hostility in academic circles to/

/psycho-analysis and hypnosis has led to the abandoning of psycho-therapy, especially hypno-therapy by the Medical profession to lay practitioners; as a result quackery flourishes in the cities. Recently the situation is changing again.

At the 1949 International Congress on Mental Health attended by delegates from more than 50 countries no mention was made of hypnosis (Van Pelt (1949)) though the instructional films on hypnosis of the British Society of Medical Hypnotists, and the British Journal of British Hypnotism, were exhibited at the International Congress of Psychiatrists at Paris in September 1950, where also the paper of the Hungarian Voelgyesi (1950 b), submitted at the request of the General Secretary, was read.

PSYCHO-ANALYSIS and HYPNOSIS

50 years ago Freud discarded the use of hypnosis - an event which perhaps more than any other has retarded the development of this technique: indeed it is only within the last few years that there have appeared some definite signs of a revival. There have been earlier revivals since Mesmer towards the end of the 18th. Century first attempted to bring hypnotic phenomena and science together but though charlatans and quacks are by no means absent from the contemporary scene, the present revival has so far proceeded on more scientific lines than did those of the past. One feature, however, has been the tendency of writers to embark on voluminous repetitious histories of hypnotism, to the number of which the present writer has no desire to add. It is of interest, however, that James Braid at first considered hypnotic phenomena in terms of neuro-physiology since there is now a tendency to return to that view. Later Braid emphasised the psychological aspect of hypnosis and it is this attitude which prevails to-day, at least in America, so that the American writers Brenman and Gill (1947d) state that since the Nancy-Paris dispute (circa 1890) the history of hypno-therapy is largely a record of attempts to use/

/hypnosis in psycho-therapy and to formulate a systematic psycho-pathology with which to operate. However these authors Brenman and Gill (1947b) remark that current research suggests that an integration may finally be achieved between psychological and the neuro-physiological trends: cf. Kubie and Margolin in connection with their technique of hypnagogic reverie. Brenman and Gill (loc. cit.) refer to the rejection of hypnosis as "irrational" by Dubois and Déjérine, and to the "illusion" of these writers that man is a rational animal. It may be noted that the Scot, T. A. Ross - a disciple of Dubois and more especially Déjérine, showed (Ross 1936) that he could quickly restore to health many neurotic patients by a rational process of argument and persuasion - "encourage the patient to argue, argument is the basis of belief"; though, as Brenman and Gill (loc. cit.) write, suggestion cannot be entirely separated from such processes (nor, it might be added, from any social contact). Ross (1941) gradually discarded hypnosis almost completely in favour of the technique alluded to above and of one other method - a type of analytical psycho-therapy. His use of hypnosis has been limited to direct suggestion and to the eliciting of buried memories, and it must be regretted that such an outstanding psycho-therapist, whose prestige extended beyond Britain (Zuckermann (1949)) did not lend his talents to the development of hypnosis. His reason for practically discarding hypnosis, apart from his belief that it was impossible to make any hypnotic impression other than ephemeral, (Ross (1932h)), was that he found that he could accomplish by other means the purposes for which he used it. It is clear that his powers of persuasion, his patience and his tact were far above average, which is no doubt the reason for his diminished need to use hypnosis for the purpose of direct suggestion or for that matter as an aid in the eliciting of buried memories. That others are not so fortunate seems to some extent to explain the failure of his hopes that the general practitioner could with his methods/

/successfully treat the more superficial common neurosis.

Déjerine and his collaborater Gauckler (1915) raised moral objections to the use of hypnosis - they asked whether it was morally justifiable to suppress a subject's free will, and stigmatized suggestion as a direct and negative attack on the subject's personality producing deterioration rather than development - as shown by the subsequent history of hysterics who had been hypnotised. They considered (ibid.) that hypnosis led to only symptomatic improvement and agreed with the Nancy School that it may be used to induce criminal activity: it might lead to allegations of rape against the doctor: they believed that the operation of post hypnotic suggestion involved a secondary suppression of consciousness i.e. ("re-entry" into hypnosis) and was therefore unsatisfactory as the whole personality was not involved. Brenman and Gill (1947j) quoted the moralistic approach of Dubois: hypnosis"brought a blush to my cheek".

In the event it has been the Freudians who have provided a psycho-pathology within which to operate the hypnotic technique, for the other great names of the past in this field - Janet, Morton Prince, William McDougall and Boris Sidis - have no considerable following now, while the Bernheim School contented themselves with curing symptoms by commanding their disappearance "in a loud clear voice" (Bernheim (1895)).

Woodworth (1946a) gives the following account of the early relations of psycho-analysis and hypnosis. Freud,having studied Charcot's use of hypnosis in Paris, returned to Vienna in 1886 and began active practice on neurosis, especially hysteria, using direct suggestion. His success was only moderate: it was found that many neurotics could not be hypnotised to any useful degree and even if hypnotisable not all by any means were cured. His visit to Nancy in 1889 was a disappointment as he learned that the results there with private patients were not so good as in clinic practice. Freud came under the influence of Breuer and/

/in collaboration with him began to use hypnosis for a "mental catharsis", "abreaction"; their publications appeared almost simultaneously with those of Janet who also had begun to use hypnosis to recover buried, emotionally significant, memories. Breuer soon abandoned the use of hypnosis because one of his women patients announced that she could not part with him as she was in love with him. Soon afterwards Freud also discarded hypnosis: later he wrote (Freud (1916)) "psycho-analysis began with my rejection of the hypnotic technique and my introduction of free association". Three years later, however, Freud

Freud (1919) stated that if psycho-therapy were ever to be as widely available as other treatments the analysts would be compelled to modify their technique by returning to experiments with hypnosis.

Freud's reaction to the discovery that not all neurotics would be hypnotised is less impressive when one considers his careful selection of patients for psycho-analysis, though many of his followers have exceeded his self-imposed limitations in treating - sometimes successfully - types of illness which he considered to be beyond the range of psycho-analysis: but much more obvious has been the limitation of the application of psycho-analysis by the factors of time and money. The position even in U. S. A. as regards the shortage of psycho-analysts has already been mentioned (Lecron (1949)). In this country the percentage of the population who might afford a Freudian analysis is very small.

The objections to hypnosis quoted above from therapists as diverse as Freud and Breuer on the one hand and Déjerine and Dubois and Ross on the other are seen to have arisen before the origin of psycho-analysis. In view of the subsequent infiltration of hypno-therapy by psycho-analytic doctrine, these earlier objections might be considered to have lost at least some of their force. Brenman and Gill (1947 j) described the application in the early decades of the century of hypnosis to the attitudes underlying the symptoms: this was still suggestion but the suggestions were now directed towards the patient's attitudes and not to the presenting symptoms. Abreaction, however, was used much earlier - one has already seen Freud's use the/

of the terms "abreaction" and "mental catharsis" in 1895 in connection with the hypnotic reliving of repressed effect, and Janet was simultaneously using the same technique. The subsequent development of this technique until the present time is outlined by Brenman and Gill (1947 k): It has culminated in the "narco-synthesis" of Grinker and Spiegel (1945) who employed intravenous barbiturates instead of verbal hypnosis. The comments of the analytically orientated Brenman and Gill (ibid.) on this treatment are that as in it the material is integrated with the waking ego it is a dynamic psycho-therapy broadly orientated by psycho-analytic theories and technique: it is not mere abreaction but actually is closely in principle to hypno-analysts.

This therapy - hypno-analysis - is an attempt to combine the use of hypnosis ~~is~~ with psycho-analytic principles. The technique varies in different hands, e.g., Linder (1945 a b c) Wolberg (1943, 1945, 1947). Brenman and Gill (1947 ℓ) describe their technique. 40-100 or more hours are usually required to complete a treatment. They consider (ibid.) that it is hypno-analysis which holds the greatest promise for a psycho-therapy which though short yet retains insight as a mechanism of cure: the techniques vary in their emphasis of psycho-analysis on the one hand or on hypnotic devices on the other: "the common element lies in the fact that hypnosis is used in all instances to circumvent repression and that psycho-analytic theory and practice provide a constant frame of reference".

The specialised hypnotic devices used by various writers include the induction of dreams during hypnosis or post-hypnotically (a particular topic may/

may be selected): the completion of incomplete nocturnal dreams; age regression: implantation of artificial conflicts: automatic writing or drawing: the introduction of vivid visual images by crystal gazing etc. etc. Wolberg (1947) includes play therapy, dramatisation; his patients spend 20 minutes in free association in the waking state, then 25 minutes or so in hypnosis, ending usually with the induction of a dream, followed by 30 minutes of discussion in the waking state of material thus obtained. Each session may thus last 90 minutes instead of the usual analytic "hour". Wolberg (ibid: 1943: 1945) has put some of the special hypnotic techniques to spectacular use. Brenman and Gill (1947 f) refer to such techniques as "the heavy artillery of a specific strategy, planned to outwit the unconscious of each patient". An example of such use is the treatment by Wolberg (1943) of a patient whose alcoholism was a means of defying his father: on crystal-gazing while hypnotised the patient was horrified to see an extremely vivid vision which was a memory of his father's threat, when the patient was a boy of about five years of age, to cut off his fingers as a punishment for masturbation. Even more disturbing material is unleashed in some of the examples reported in the literature but few perhaps surpass the hypnotic implantation in the mind of the alcoholic patient of a pseudo-memory in which the patient, refused a drink by a barman, violently smashed the bottle on the head of this man, who - he now saw - closely resembled his father. Wolberg (1945) describes in detail his hypno-analysis of a schizophrenic. This patient improved but retained his delusional system because he did not believe/

believe that the sensations upon which it was based could be hallucinatory. He was finally cured when Wolberg was able to show him that equal vivid hallucinations of the same type could be induced in his mind by hypnosis. The same author (Wolberg (1947)) lists the objections to hypno-analysis as follows: (1) the patient must be a somnambulist hypnotic subject (for most hypno-analytic procedures but not all): he quotes the difficulty of induction as Freud's chief reason for abandoning hypnosis:(2) the material may be produced to please the hypnotist - but the final dissolution of the transference may help to validate it:(3) hypnosis introduces a foreign element into the transference. Wolberg considers this by far the strongest objection but dismisses it, as he claims that in hypno-analysis the patient reacts to the hypnotist not only with dependence, masochism, identification with his magic, but in all other ways (while in hypnotherapy other than hypno-analysis he believes that the patient represses some feelings for the sake of other gains):(4) post hypnotic amnesia obliterates hypnotic experiences. Wolberg denies this. (5) Prolonged dependence on the hypnotist is not a danger, according to Wolberg, because the dependence and similar feelings are constantly analysed, and the patient is encouraged to be active. Indeed elsewhere Wolberg (1947 a) points out that the activity of his patients in hypno-analysis "is encouraged in motor as well as ideational spheres. The release from the traditional restraints has a most important effect on one's own valuation of authority as restriction and on one's feeling of assertiveness and self defence." (One might ask which patient is less/

less "passive and submissive": Wolberg's patient in unrestrained dramatisation of his conflicts or the patient of classical analysis who traditionally lies on the couch). Wolberg's (1947) answer to the objection (6) that hypno-analytic treatment imposes a stress on the personality is that ego strength must be appraised during selection for treatment just as in psycho-analysis. He asserts (ibid) that one session may yield as much progress as weeks of psycho-analysis: hypnosis seems to set up a corrosion of resistances so that the patient may, weeks later, recall the material in waking life; but he states (Wolberg (1947 a)) that hypno-analysis is not a substitute for psycho-analysis, though it can often shorten the period of treatment; the patients most suited for hypno-analysis are generally those most suitable for psycho-analysis.

Lindner (1945 c) described his hypno-analytic treatment of a psychopath in 45 interviews, which he records verbatim (apart from repetitious matter). After a week or so devoted entirely to training in hypnosis to a somnambulish level, treatment is conducted by free association in the waking state until a resistance not arising from the transference situation is met - in this case in the 32nd. session. Hypnosis is then induced and the patient given the last few associations of the previous interview. Lindner (1945 a c) finds constantly that in spite of the induced post hypnotic amnesia the patient repeats the memories which emerged in hypnosis within the next day or two (when the last few associations of the last known hypnotic session are again repeated to him) - if these have been real and not merely screen memories.

memories. In this particular case (Lindner 1945 c) the patient relived in hypnosis (the 33rd. session) his childhood experience of watching the primal scene of parental coitus, and during the 34th. session, in which hypnosis was not employed, repeated this material and confessed to Lindner that some years earlier he had committed murder. Actually the man he had left for dead recovered without the patient's knowledge, but the patient had in fact murderously assaulted this mere acquaintance because, in casual encounter, he had called the patient an obscene name - the Anglo-Saxon/ equivalent of Oedipus in its Freudian context. The relevance of this memory, and of the improvement in eye symptoms, which followed the reliving of his seeing the primal scene, does not need emphasis. Similarly hypnotic reliving of a childhood scene in the 36th. session was recapitulated in the waking state in the 37th. session and accompanied by memories of suicidal episodes, while in the 38th. session he was able to verbalise his violent feelings of aggression against his father.

Lindner's (1945 a b) variety of hypno-analysis requires that the patient must be capable of age regression and revivification - the former involves apparent reliving of an earlier episode in which, however, the present outlook obtains while in revivification the attitudes current at the time of the episodes are recapitulated. Wolberg (1947) similarly distinguishes these two phenomena but refers to the latter as true regression while he regards the former as a simulated reproduction of the past. Linder (1945 b) distinguishes between the two by the way in which motor/

motor apparatus is used - e.g., the degree of smoothness with which a pencil is grasped, a shoe lace tied, a tie knotted, etc. etc. Lindner (1945 d) insists on the importance of post-hypnotic amnesia to ensure abreaction in the waking state otherwise, he writes, all the old criticism of the superficial suggestion therapy would apply. (Such precautions, however, do not prevent a criticism of such methods in the review in the Bulletin of the Menninger Clinic (1943) which suggested e.g., that the material elicited has earlier been unwittingly implanted by the therapist). Lindner (1945 a) describes the last phase as educative - use is made of psycho-analytic technique but suggestion is used to reinforce the new healthy attitudes, which have already been accepted by the conscious ego, and are in this way "grafted" into the personality.

(Lindner (1945 a)) reports successes with such methods also in hysterical somnambulism, anxiety states, homosexuality, alcoholism, kleptomania, schizoid personalities, asthma, frigidity, conversion hysteria and pre-psychotic personalities while the results in the case reported above (Lindner (1945 c)) consisted in a great improvement in the patient's general attitude, and in his eye symptoms. The review of this case report in the International Journal of Psycho-analysis (1946) was friendly (though "many analysts will be surprised at the rarity and type of interpretation") - "a new type of experiment in psycho-therapy". (Lindner (1945 a)) lists the dangers of hypno-analysis: (1) on occasions he neglected to produce post hypnotic amnesia in connection with the raising of repressed material - each time the results were "almost catastrophic": (2) it is easy for the hypno-analysis to degenerate into superficial suggestion/

suggestion - relief may well follow but it will be symptomatic: (3) the practitioner must have his own personality under control in view of the especial nature of the relationship with the patient which transcends that of psycho-analytic transference, while the patient is "prone, unresisting, pliable and completely trusting". Lindner (1945 c) remarks that the material elicited in hypnosis "flows as smoothly, post-hypnotically, as if no reluctance against its production had ever been present", and attributes to this single benefit the saving of more than half of the total treatment time, and he considers that it removes the main objection to hypno-analysis - that the total personality does not participate in the hypnotic disclosures.

It is interesting to note that Freud (Breuer and Freud(1936)) records that at one time he used hypnosis to elicit material "from the deeper strata of memory" whenever he noted in the productions of the waking patients a persistently enigmatical connection or a gap in the chain of causation. Brenman and Gill (1947 b) in their variety of hypno-analysis allow the patients to fantasy one or more roles for the therapist, as in psycho-analysis, and do not create a role for the therapist as in other forms of hypno-therapy in which the therapist is more active. They point out that the treatment needs far more training in psychology and in psycho-therapeutic technique than does hypnotherapy in general. They describe four cases (Brenman and Gill (1947)). In the first (Gill and Brenman (1943)), psycho-analysis was impracticable "for the same reasons that it is so often impractical" - distance, poverty, domestic responsibilities./

responsibilities. Treatment consisted of 67 hypnotic sessions - each 60 to 90 minutes in duration - in 11 weeks. Post-hypnotic amnesia was rarely induced. A technique of directed associations was used, and the therapist was much more active than is usual in psycho-analysis, but interpretations were kept to a minimum. Dreams were induced in relation to certain problems: others were completed in hypnosis. Age regression was used. The patient was very active, in the sense noted above by Wolberg (1947 a) - i.e. as regards the motor apparatus - she would pound on the arms of the chair in furious anger, or crane her head forward to "look into a grave". "Reliving" was vivid but within the frame of the present personality - regression, rather than revivification - in Lindner's (1945 b) sense (v. sup.) It is interesting to note that Gill and Brenman (1943) think that it is precisely this feature which probably accounted for the clinical improvement which followed; Lindner (1945 b) insists that the patient should be capable of revivification as well, while Wolberg (1947) would have regarded such "regression" as simulation (v. sup.)

Gill and Brenman (1943) discuss how their version of hypno-analysis differs from psycho-analysis, and from hypnosis as used in the past. One of the basic similarities to psycho-analysis is the handling of the transference. They found that the depth of hypnosis attained varies with the state of the transference, being greater when the latter was positive. The initial interpretations of the transference were an exception to their general rule that interpretations were not given until spontaneously suggested by the patient, but after her attention had thus been drawn/

drawn to the existence of transference she spontaneously expressed her insight into its changing aspects. Convincing examples are given, which show that interpretation of the transference was used to give the patient insight into her neurosis. The /authors believe that Freud's difficulties with cathartic hypnosis were connected with the fact that he had not yet learned to interpret the transference ....."two grave doubts in my mind as to the use of hypnosis, even as a means of catharsis. The first was that often the most brilliant results were liable to be suddenly wiped away if my personal relationship with the patient was disturbed". The other was based on the episode already referred to in which a patient woke from hypnosis and threw her arms round Freud's neck. Wolberg (1947) also states that the great difference between hypno-analysis and "orthodox hypnosis" is the analysis of the transference. This fact would seem to render invalid much of the criticism carried over from classical hypnosis to hypno-analysis.

Gill and Brenman (1943) then deal with the objection that the ego, with its resistances and its defences is not involved, and insist that their patient showed strong resistances, both in hypnosis and without it. On one occasion, e.g., she nullified a post-hypnotic suggestion that she should dream that night by keeping herself awake till the morning, and on several occasions in hypnosis - even when regressed - refused to communicate the material present in consciousness. They (ibid) believe that even in the hypnotic state a patient can reintegrate new insight into the ego.

The/

The case just described was first published in 1943. Gill and Menninger's (1946) report of the third case - first published three years later - shows considerable differences as regards treatment. For the directed association technique of the first case - approximating at times to question and answer - one now finds free association throughout treatment of the third case, interrupted only by the use of special hypnotic techniques. They induced dreams: and directed e.g., that they should give a clearer statement of the main theme (after a digression) or of a dream which seemed obscure. Dreams were induced during age regression. Regression itself was used to reproduce the initial appearance of a symptom or - for the strengthening of insight - to return to a period at which ideas the existence of which had been deduced from hypnotic material were present in consciousness. The authors (Gill and Menninger (1946)) are well aware of the suspicion of suggestion that this technique might arouse. Various means of forcing associations and interpretations were used e.g., the patient was told to "write on a blackboard" in her mind with the injunction that she could not read her writing until it was completed. The occasional use of direct suggestion - e.g., to stop headaches at a weekend if the patient were particularly disturbed, never seemed to block the flow of material.

The patient was interviewed for 50 minutes, 5 times a week and the interviews - 133 in all - were with few exceptions conducted in hypnosis. These and the similar procedure in Case I (Gill and Brenman (1943)) contrast with Lindner's technique in which the hypnotic material is afterwards presented to the waking ego for integration. Without mentioning Lindner,

Lindner, these authors comment on the fact that their technique "presents a very different picture of hypno-therapy to the sometimes described procedure in which material is obtained while the ego is held on abeyance and must be subsequently presented to the waking ego for any integration that takes place". Another difference is the persistence repeatedly shown by these therapists as also by Gill and Brenman (1943) in attempting to force e.g. the clarification of a particular symbol, or the recall of a particular dream. The fact that they spent more than one hour in this case in precisely such attempts without any success is quoted as proof that the resistances are not eliminated in hypnosis. This claim - whatever its validity - again differentiates these and others from Lindner (1945 a) who wrote of the patient in hypno-analysis as "prone, unresisting, pliable and completely trusting."

The second and fourth cases in this series describe the treatment of two psychotics. One case (Brenman and Knight (1943)) was diagnosed as a hysterical psychosis. The patient was 71 years of age and had proved quite inaccessible to other methods. She was cured by a modified hypno-analysis. The other (Brenman and Knight (1945)) patient was a child of 14 whom two different psycho-analysts had both earlier found inaccessible: she was on the point of being certified when hypnosis was tried as a last resort. In two sessions of light hypnosis the therapist suggested that her general tension and restlessness would decrease so that her compulsive hopping might not be so violent (it had brought this girl to the verge of exhaustion while self-starvation had decreased her weight to 70 lbs: She was resistive and assaultive)/

assaultive). She now found to her distress - that she could not hop any longer. She declined any further hypnosis and began to co-operate so that psycho-therapy eventually effected a good adjustment as judged by a three year follow-up. The hypnotic sessions were the turning point in this case.

Erickson, as Brenman and Gill (1947 1) point out, used psycho-analytic insights but very brief periods of treatment. He makes great use of the special hypnotic techniques. For example (Erickson & Kubie (1938)) describes his relief of acute obsessional depression in a few sessions with the use of automatic drawing. The technique was not psycho-analytic but the reason for his reporting the case in detail was that the material confirmed psycho-analytic theory. He wrote (ibid.) "no matter how accurate a body of scientific theory may be its confirmation by the use of some technique other than that on which the theory first rested is always valuable." The material elicited in this case vividly illustrated the symbolism studied by psycho-analysis in dreams and in psychoses. The other reason for reporting the case was the challenge it offered to certain aspects of psycho-analytic technique: in this respect the brevity of treatment is to the present writer the outstanding feature.

This case of Erickson's appears to the present writer to sum up two of the important uses to which hypnosis can be put - the testing of psycholog: :ical hypotheses, and the treatment of neurosis by brief methods. A good example of the former is the experimental study of Brenman (1947). In this, hypnosis is used as a tool of research, to illustrate a mode of research which the author hopes may help to close the schisms in the science of psychology/

psychology between clinical observation and experiment, between psycho-analytic theory and psychology. She alludes to "the dilemma of precision of method versus vitality of material" - the increasing methodological precision but weakness in vital interest of general psychology versus the methodological weakness but rich content of psycho-analysis. She insists (ibid.) that her experiment is not an attempt to prove or disprove psycho-analytic theory, which, she writes, could not be accomplished by a dozen experiments, but is merely a tentative move towards a long term systematic exploration of phenomena related to those observed phenomena which have been the basis of psycho-analytic theory. Such an exploration, she writes, is the only way to reconcile psycho-analytic theory with general psychology.

PSYCHO-ANALYSIS

That psycho-analysis originated in hypnosis has already been noted: in Freud's words it began with the rejection of hypnotic technique and the introduction of free association. It has been seen in the previous section that free association has been restored to hypnosis, but this section is not concerned with hypnosis at all but with certain developments within the body of psycho-analysis itself.

A considerable proportion of the psychological material presented, is case reports, in this thesis does, it seems to the author, tend to confirm certain Freudian propositions, and as the present writer, who elicited the material,/

material, was not predisposed in favour of such propositions such confirmation would not perhaps be altogether valueless. It therefore seems important to define clearly some of the basic Freudian theories but this is by no means as easy as it first appears. For example one takes the Oedipus Complex-and surely that might be considered an essential part of Freudian theory? - and attempts to define its significance. In this task the present writer found that a greater had preceded him. William McDougall twice (1926 and 1937 a) in a decade published his opinion that Freud "has unquestionably done more to advance our understanding of human nature than any other man since Aristotle". That has not prevented him from severely criticising Freud and his followers in his book on psycho-analysis and social psychology (1937), quoting verbatim in each instance (but unfortunately with incomplete references so that where possible the present writer gives refer: :ences for both writers). McDougall (1937 b) states that Freud (1927) (1933) rejected the doctrine that the Oedipus complex is a constituent of the unconscious of adults in general, having been "in the most normal cases entirely destroyed" in childhood. Freud(1933) writes "it seems to undergo complete destruction.....I have suggested that this is what happens where the Oedipus Complex is dealt with normally." Freud (1924) is further quoted (1937 f) as speaking of the "dissolution" and "extinction" of the complex and of its "destruction" and "abrogation". Dr. A.A. Brill (1937 e), on the other hand, though a leading orthodox Freudian, accepted this complex as common to all neurotic and to all normal persons and as continuing to/

to play an important part in adult life: "in the unconscious it remains forever": The Freudian Professor J.C. Fluegel (1921) recorded (1937 d) the Oedipus Complex as continuing to exert a great influence necessary to normal development throughout life. The analytical therapist Dr. J.T. MacCurdy wholeheartedly accepts the Oedipus Complex (1937 c) only to conclude that it is merely a "tendency" "an unconscious fabrication". McDougall (1937 c) understands MacCurdy to believe that the fabrication occurs at or after puberty, which reminds the present writer of the stair-case dream quoted by Ross (1932 e): the adult recalled a dream of himself, at puberty, meeting his mother on a stair-case - he felt, he said, that she would give him satisfaction, and then reluctantly confessed to Ross that he had experienced a sexual sensation at the word "satisfaction". Ross (1932 g) understood this reaction to originate from the infant's desire to be handled by his mother, to be close to her, and not from any innate or infantile sexual basis such as others might consider to be implied by the term "Oedipus Complex". Ross (1932) indeed quotes other examples of erotic feeling directed towards the parent of the opposite sex, and gives "common-sense" explanations (1932 c) which involve no postulation of infantile sexuality: nevertheless he used the term "Oedipus" in what he conceives to be a Freudian sense. Ross (1932 g) believes that the non-sexual infantile desire for the mother is repressed and that when it re-emerges at adolescence it does so with an added genital element. Similar explanations are given by McDougall (1937 i) for the case described by Fay (1922) as"a modern Oedipus": a young man who, McDougall considered/

considered, had undoubtedly acquired a fully conscious incestuous desire for his mother, which seemed to have played a large part in bringing on a severe psychosis and which followed years of unwise over-stimulation of the growing boy by her (e.g., in sharing a bed with him). But to return to Freud himself - McDougall (1937) repeatedly comments on the ruthless and sweeping changes which Freud instituted in his theories and indeed gives full credit for this willingness to discard outworn theories (1937 f). For example, in contrast with the passages quoted above, Freud (1910) had implied (McDougall (1937 e)) that the Oedipus Complex exerts an important influence in the life of all normal adults, but McDougall (1937 f) quotes Freud's opinion (v. sup.) - that at least some normal adults have no Oedipus Complex, and adds "Why should we not be content with the obvious interpretation that they never had an Oedipus Complex? What justifies Freud's assumption that all human beings healthy and neurotic alike, develop the Oedipus Complex in infancy?.....for the evidence of its presence in infancy formerly alleged was its influence on the dreams of the adult". McDougall (ibid.) suggests that those in whom the sex instinct operates in the early years of childhood would be liable to develop Oedipus feelings, and peculiarly likely to develop neurosis later, so coming into the hands of the analysts. McDougall (1937 c) however stresses the limitations imposed by the exclusive psycho-analytic study of neurotics without supplementary of normal man, and points out (McDougall (1937 f)) that it is impossible to say when Freud writes of the Oedipus Complex in the female whether he means that it exists in all females, in some females, or merely in those destined to be neurotic/

neurotic, and describes this as one of many instances of Freud's ambiguity of language.

This Freudian ambiguity of language and the rapid and striking changes in Freud's theories - often, McDougall (1937) points out, destined to occur unnoticed by his followers - make McDougall's painstaking summary of great value - hence its detailed quotation here, and one may regret, as McDougall did, the failure of his many attempts to engage Freud in discussion, and the absence of any adequate reply by Freud to his criticisms. At any rate passages quoted here from McDougall surely justify his conclusion McDougall (1937 h) that the Freudians "accepted the theory of the Oedipus Complex in widely different forms". The present writer, therefore, hopes that he may be excused any detailed definition of Freudian theory, as such definition on McDougall's showing, is far more vague in the Freudian sources themselves than is generally realised. McDougall (1937 h) himself is prepared to admit that an Oedipus Complex may be formed very early in childhood -perhaps even the first year - in some infants whose sexual instinct matures early: such individuals would be particularly liable, McDougall (1937 f) adds, to come into the hands of analysts, who would therefore be liable to form an erroneous impression of the frequency of the phenomenon. McDougall (ibid) considers that most cases of incestuous desire for the parents are sufficiently accounted for by influences exerted during adolescence: he is certain of this as regards Fay's (1922) patient (v. sup.) and also as regards one of Freud's patients, who was similarly over stimulated at that period.

McDougall/

McDougall (1937 h) is not alone in thinking that the Oedipus Complex was once regarded "as the very kernel, and the most active and important constituent of the unconscious". He points out (ibid.) that Freud in his "Totem and Taboo" and in his "Group Psychology" made the Oedipus Comples appear as the generator of that sense of guilt which he assumed to be the root of all religion and morality. So impressed was McDougall (ibid.) by Freud's change in attitude that he forecast that the Oedipus Complex would be discarded from the Freudian armamentarium.

He did not live to see this happen, but it might appear to be happening now, as regards some Freudians at least. The latest comprehensive summary of psycho-analytic theory to reach the present writer has been Fairbairn's (1952) book of psycho-analytic studies of the personality. Dr. Fairbairn is a member of the British Psycho-Analytical Society (the only member resident in Scotland) but his present views seem very far from those of Freud. As regards the Oedipus Complex he writs Fairbairn (1952 e) that the guilt attached to it is derived not so much from the fact that it is triangular as (1) from the fact that the incest wish represents a demand for parental love which does not seem to be freely bestowed and (2) because the child has come to feel that his own love is rejected because it is bad. Fairbairn (1952 h) further considers "that the role of ultimate cause" (of repression) "which Freud allotted to the Oedipus situation should properly be allotted to the phenomenon of infantile dependence.....It is in the setting of the child's relationship to his mother that the basic endopsychic/

endopsychic situation is established, that the differentiation of endopsychic structure is accomplished, that repression originates. So far from furnishing an explanatory concept therefore, the Oedipus situation is rather a phenomenon to be explained in terms of an endopsychic situation that has already developed." It is interesting to compare these views of Fairbairn with his earlier views which appeared in three chapters (Fairbairn (1952 j k l)) of the same book in which they alone give a place of importance to the Oedipus Complex. Examples follow: in 1935 Fairbairn (1952 k) wrote "it will doubtless be anticipated of any attempt to interpret Communism in the light of psycho-analysis that it will be framed in terms of two familiar concepts - the libido theory and the concept of the Oedipus situation.....the anticipation will in general prove justified so far as the present attempt is concerned." In his interpretation of Communism which follows, he writes (ibid.) "according to psycho-analytic findings of course a conflict arising out of the Oedipus situation characteristically plays a major role in the genesis of all psycho-pathological symptoms." He insists (ibid.) that the Oedipus Complex develops even in children brought up by one parent: "I have analysed several.....and in each case the intensity of the Oedipus Complex was so extreme as to be highly pathogenic." Similar views are expressed in the other chapters (Fairbairn (1952 j l)) which were written in 1927 and 1931 respectively.

But it is by no means only as regards the Oedipus Complex that Fairbairn has diverged from Freud and from his former views. The statement on the cover-flap of his book (Fairbairn (1952 a)) does not exaggerate in referring/

referring to his "drastically revised scheme of libidinal development.....a new theory of the mental constitution designed to replace Freud's description of the mental apparatus in terms of id ego and super ego.....a psychology of dynamic structure designed to replace the "impulse psychology" of the past." The author (Fairbairn (1952 f)) believes that his view of libido as object-seeking - and not pleasure-seeking as Freud believed - makes Freud's postulation of the repetition-compulsion unnecessary; and further (1952 j) means that behaviour is orientated towards outer reality and therefore is determined not by substitution of reality principle for pleasure principle, as Freud believed, but by the reality principle from the first. Fairbairn (1952 g) further substitutes five factors for the ego in and super ego of Freud. The fact that Dr. Ernest Jones contributes the preface may be taken to mean that Dr. Fairbairn's (1952) views - based as they are on the research of 25 years - are not regarded as too unorthodox, but surely they cannot fail to add to the confusion as to what is and what is not a Freudian or psycho-analytic view.

A further feature of Fairbairn's views is discernible in the above quotations concerning the Oedipus Complex - a tendency to emphasise a very early period of childhood. One cannot but think that this tendency may be connected with the long duration of treatment which it is noted several of the patients of this author undergo - several years in one case (Fairbairn (1952 j)) 9 years in another (1952 l). It is true that both cases/

cases were exceptional, and the position is discussed later, but the emphasis on very early childhood may be contrasted with the views of Alexander and French (1946) on psycho-analytic therapy. Alexander (1946 b) writes "when pre-genital material (that which applies to sensations experienced in early infancy) appears it is often considered significant traumatic material when it may actually be merely an escape back to the early pre-traumatic highly dependent emotional state in which the patient felt safe and contented". This contrasts with the central role given (v. sup) to infantile dependence by Fairbairn, (e.g., Fairbairn(1952 h)). Alexander (1946 b) continues "in every neurosis we look for the time in the patient's life when he refused to "grow up".....which may be in almost any phase of life from early infancy through adulthood. Regressive material antedating this point which marks the beginning of the neurosis should be evaluated as a sign of resistance and not as a deep penetration into the sources of the neurosis". Connected with their views is the therapeutic approach of these authors who conclude (Alexander and French (1946 b)) that to be relieved of his neurotic ways of feeling and acting the patient must undergo new emotional experiences suited to undo the morbid effects of of the emotional experiences of his early life. Intellectual insight, abreaction, recollection of the past are all subordinated to this central therapeutic principle: re-experiencing the old unsettled conflict but with a new ending is the secret of every penetrating therapeutic result. When they observed (Alexander (1946 f)) the occurrence in a certain patient of radical improve:

:ment/

:ment after only two interviews they ask (ibid.) "if such results could be achieved - even exceptionally - in two interviews, how could an analyst note that he did not overlook such a possibility in a large number of cases? This case was the beginning of our decision to undertake a study of briefer treatment". The connection between their view of pre-traumatic material on the one hand and brevity of treatment on the other is clear, just as clear as the connection between the different views on Fairbairn and the apparent absence of any stressing by that author (1952) of the importance of brevity in individual psycho-therapy. The 22 cases reported by Alexander and French (1946) and their collaborators vary in respect of duration of treat: :ment from one interview in one case of Alexander's to 65 weekly interviews over 17 months in another case in which the therapist was Johnson (1946). Lest it be thought that these patients were cases of superficial neurosis, it may be mentioned that one case was at least pre-psychotic and indeed showed obvious paranoid tendencies, while in others the neurosis was both severe and wide spread, nor by any means were the patients all young.

It will be seen then that the Freudian school contains within it at least two trends which greatly differ not only from the views of Freud but also from each other. One has not mentioned Karen Horney (1947) who in putting forward a third system, which widely differs from that of Freud, states that psycho-analysis seems to have "reached a blind alley", as shown by "a rank growth of abstruse theories and the use of a shadowy terminology". When,/

When, therefore one presents in this thesis material which it is believed confirms the truth of some Freudian principles what one has in mind unless otherwise stated is the body of doctrine which before these recent divergences of opinion did command in psycho-analytic circles a wide measure of agreement.

To conclude this introduction one would like to draw attention to the need for brevity of treatment. It is generally accepted that in this country one-third of patients who consult a doctor do so for reasons which at least partly are connected with psychological problems. The crowded psychiatric clinics and wards tell their own story. Scotland, with five millions of a population, has one psycho-analyst. The City of Glasgow, with a population of one million, has a handful of psycho-therapists. Apart from Glasgow and the other three large cities, it is doubtful whether there exists in Scotland a full-time psycho-therapist. That sedatives - essentially phenobarbitone - should head the prescription list is surely significant. If psycho-therapy has to do more than touch the fringe of the problem it seems clear that new methods are required. It may be that group psycho-therapy is at least part of the answer; it is interesting that the psycho-analyst Fairbairn (1952 m) notes the use of group psycho-therapy and group discussion in various fields and suggests the extension of such techniques (to the problem of sexual offenders). That technique is not discussed here: nor is the whole question of prevention of illness discussed, except in so far as the successful treatment of one neurotic is likely - in the family and at work- to improve conditions for other people.

OBSERVATIONS

The material in this thesis consists of twenty/eight case reports, with records of treatment, and followed in each case by comments. The latter provide matter for later discussion with reference to the literature.

The methods of treatment described vary from reassurance in the manner of T.A.Ross (1941), and the use of direct hypnotic suggestion, to an attempt at hypno-analysis (2 cases).

CASE A.

The twenty-five year old man A. complained of impotence. He had, some months earlier, returned from service in the armed forces. While overseas, he had spent part of his leave in alcoholic sprees at least one of which ended in a house of prostitution. On his return home after the war he found himself impotent with his fiancée, and was extremely worried about this, particularly in view of his approaching marriage.

At the first interview he expressed his hopelessness : he assumed that his debauchery while he was in the Service had exhausted him permanently. He said "I'm finished". Although this complaint of impotence was the one for which he sought treatment, he had in fact a multitude of other anxiety symptoms including headaches, exhaustion, palpitation, loss of sleep and

appetite, impairment of concentration and memory, and depression. Some of these symptoms had been present overseas, but after his return they became much more severe because he believed that the impotence indicated the presence of some serious disease. He also worried about his mental condition.

He was of at least average intelligence and listened carefully to the writer's simple explanations of his illness, delivered with firmness and confidence and couched in the terms of the "vicious circle" of T.A.Ross (1941). He was told:-

(1) that neither alcohol nor coitus could explain any of his symptoms, though if he thought that these could produce illness he would become anxious.

(2) that it was common for men to find themselves nervous in approaching their wives after a long absence, particularly if that involved both the stress of war and separation from contact with girls of their own nationality and social status.

(3) that such nervousness not uncommonly led to impotence on the first occasion after return.

(4) that it was easy for a man to misinterpret this impotence as a sign of something seriously wrong - physically or mentally or both. Therefore he became more anxious, and the anxiety interfered further with potency and the longer the impotence continued the more anxious the man became,

worrying now about everything, including his health - which is always there to worry about - and so paying needlessly close attention to the workings of his body and mind. This attention produces further anxiety (through the misinterpretation of e.g. emotional tachycardia) and so the vicious circle of anxiety causing symptoms (including impotence) and of symptoms causing anxiety is established.

(5) but that if he had followed so far, the patient would see that this circle originated in the false assumption he had made as to the cause of his initial lack of potency. He would now realise that he had made a mountain out of a molehill, and need expect no further trouble with impotence. If he liked he might "take the edge off his anxiety" by having a preliminary social glass of sherry but the important thing was to understand the explanation.

The patient showed by repeating the explanation that he understood it very clearly.

Whether the couple should continue pre-marital coitus or postpone their honeymoon until after the marriage was left entirely for them to decide. Any criticism of his conduct (in this or other respects) on religious, moral, or ethical grounds - even to ask whether it was wise - would certainly have been interpreted by the patient as a prohibition, which would have ensured a continuation of his impotence and other symptoms. At any rate, the social

glass/...

glass of sherry was followed to his delight by complete success. He was extremely grateful to the writer. The latter left the country several months later; at the time of his departure the patient was happily married and remained well : his other symptoms having cleared up completely after the initial success had been once repeated.

There was only one therapeutic interview : it lasted half an hour.

CASE B.

The non-commissioned officer B. - a man of above average intelligence - complained that if he stood still he developed very marked tachycardia and felt faint. He therefore took very great care not to stand still : as a result he was quite unable to attend parades, but indeed his whole life was interfered with and he was rarely at ease. He was asked whether he had ever fainted completely and replied that the first occasion in his life was over a year earlier while he was on parade on a very hot day in India. He had, however, frequently attended parades before that time in equally hot weather and he denied any special circumstances whatsoever about this particular occasion. He was asked whether anything exciting or worrying, anything indeed at all unusual had proceeded the parade : he was sure there had been nothing of the sort. His present symptoms had developed immediately thereafter: There had at first been two or three further frank fainting

attacks/....

attacks until he was excused parades. He had been regarded by various physicians as suffering from paroxysmal tachycardia and was finally referred to the present writer because he had not responded to treatment - latterly reassurance - in any way. He denied that he was "nervous".

At this first interview there was little time for anything more than listening to his unsystematic and superficial history. However he was asked a routine question, whether he was quite sure that he had never fainted earlier in his life - perhaps in childhood? Perhaps on a visit to a doctor's or dentist's surgery? He was quite sure. As Ross (1941) recommends, no enquiries were made about his sex life.

At the second interview a week later he said that while having a glass of beer on the way from the first he had found himself standing, at the bar, for a few minutes - something which had not happened for over a year. A few days later he had suddenly remembered that a few days before the parade in question he had been to the dentist's - for the first time for a long while. Several teeth were extracted under general anaesthesia. He was rather slow in waking up and while recovering on a couch - still feeling drowsy and strange - the dentist warned him not to try to stand up too soon or he would faint. He fainted at his next parade two days later. He explained that he had developed toothache on his honeymoon and the visit to the dentist followed

immediately/...

immediately on his return to his unit from the honeymoon, which was now mentioned for the first time (cf. "nothing unusual had happened"!) It was pointed out to him that one's honeymoon was for most men a unique event, that it was a time of excitement, and, sometimes, more worry than was usually admitted. He volunteered the information that he had felt tired after his honeymoon: there had been a good deal of tiring train journeying with changes etc. and his toothache had not improved matters. He was told that the dentist's suggestion must have remained in his mind without his being aware of it all these months, since he had been able to recall it lately, and that it would have enough force - particularly perhaps since it was made when he was in a suggestible state with the anaesthetic - to cause very considerable anxiety when he carried out the forbidden action "writ large" i.e. not merely standing up but trying to stand for hours under conditions - e.g. inspection by superior officers - which even apart from the heat are notoriously apt to cause fainting. He was reminded however that these conditions though often experienced had never caused him to faint before. He was given the usual examples of people fainting with anxiety. He was told that what had caused the faint was his anxiety, which was unnecessary; his reactions from then on were described in terms of the vicious circle of Ross (1941). Fainting is unpleasant in itself and becoming associated with parades renders the latter unpleasant

occasions/..

occasions in which then the patient is ill at ease and anxious : and so fainting causes anxiety, and anxiety fainting, and so on. Furthermore fainting is unpleasant because one is apt to wonder after fainting whether one's heart is quite what it should be and this causes anxiety, one of the commonest signs of which is tachycardia. (Examples are given - e.g. the palpitation by the after-dinner speaker as he rises to his feet.) But the patient's attention is already drawn to his heart and when he notices the tachycardia which he never remembers noticing before he experiences a more definite anxiety about his heart, and so anxiety causes tachycardia and tachycardia anxiety. The patient, who understood these intellectual explanations clearly, was reminded that his heart had been tested very thoroughly by his last physician and found to be perfectly normal. The patient was now able to accept this as he understood the real cause of his symptoms - anxiety - and, further, perceived that this anxiety was unnecessary as it had been founded on mis-diagnosis by himself (and by some doctors). He had already noticed an improvement in his symptoms when the missing memories began to appear and was told that he could now be confident that his symptoms would not recur. When seen for the third and last time two weeks later there had been no recurrence whatsoever : he was free to stand about as he liked and no longer was excused parades, nor did he want to be so excused.

Comment/...

Comment : There was no long-term follow-up but one's impression was that this patient would not relapse unless exposed to more than ordinary stress.

One does not need to be a Freudian to think of a very different theory of this illness, as follows : the man experiences neurotic symptoms on his honeymoon - the tiredness, and perhaps even the toothache? - as it is for him an Oedipus situation. Oral regression leads him to view the dental extraction as a castration threat (tooth = penis). The authoritative (father) dentist (castrator) further threatens "standing (erection : body = penis) will be followed by fainting -(death, castration)". Perhaps some would think of the visit to the dentist and even the toothache (be it dental, be it mental) as constituting a placatory surrender of a tooth (masculinity and aggression) to the father, and the faint as a similarly passive and even feminine attitude occurring in the presence of the threatening father (inspecting commanding officer). None of all this was suggested to the patient. It might conceivably have been helpful in pursuing the superficial and brief treatment for the therapist to have had such Freudian considerations in mind, but what seems fairly certain is that if the approach to the patient had been Freudian the treatment would have taken very much longer. A Freudian would not have made the lucky guess about dentistry. In this case the remark was not really a lucky guess at all as

it is one of several such remarks made as a routine , though in a deliberately casual manner, in discussing cases of fainting by the present writer : he was led to do so by reading not Freud but Ross. The luck lay in the extremely important part which dentistry played in this case. It is suggested that in this case a Freudian approach to the trees would have rendered the Rossian wood invisible for a long time. Even if a Freudian had been confronted by the dental memory he would not have proceeded to medical re-education on Déjerine-Ross lines. Supposing then that the patient's symptoms had disappeared completely without any explanation but merely through a readjustment in the light of the emerging memories, would a Freudian have been satisfied? Would he not rather speak of "an escape into health" and continue the treatment? The writer is fairly certain that such a procedure would produce a relapse (vide Case C). If an escape into health is likely to be prolonged - perhaps indefinitely - is it not a lucky escape? One remembers these suggestions of Ross (1932) that Freudians sometimes continue treatment for too long a period, and indeed one considers that the immediate improvement recorded here might not have occurred if the treatment had been in orthodox Freudian hands because of the complicating transference situation. The views of Alexander and French (1946) - already quoted also seem to be relevant.

CASE C.

The thirty year old woman C was referred on account of choking sensations and palpitations accompanied by fear of impending death. There were however a considerable number of symptoms, including what she described as "dry" feelings over her heart, and headaches, and frigidity. The latter symptom was life long, though only in the last 18 months had she refused all marital relations, but the other symptoms dated from the death of her week-old baby only 6 months earlier, as a result of congenital atresia of the oesophagus. Her choking for example had begun as in the most intense distress she watched her baby struggling in vain to swallow. Her 10 year old son was healthy, but she was now 2 months pregnant, and fear that this baby might have the same atresia was never out of her mind. Some of her anxiety symptoms were of 6 years duration, dating from a burning accident to her leg, for example her headaches. The diagnosis was hysteria.

The patient was of above average intelligence. It was explained to her at the first interview that the writer would attempt to cure her neurotic symptoms in general but not the frigidity, since the chronicity of the latter indicated that lengthy treatment might be necessary to deal with it. She willingly accepted this arrangement and the writer then

energetically/....

energetically and in detail reassured her in the manner of Ross (1941) regarding her symptoms. She understood the explanations very clearly.

A week later she was practically symptom-free, apart from the frigidity, which she now wanted the writer to treat, as she said she was afraid that disagreement caused by her attitude to intercourse might lead to the break-up of her marriage. She was grateful, and returned a week later feeling very well indeed. She was now encouraged to talk about herself and her troubles, "and her wishes, hopes and fears and indeed anything that comes into your head". The next week she reported a vivid dream : a dead man walked into the room where she and another woman sat : there were peculiar wheals - like the branches of a tree - on his body which was stripped to the waist. She remembered that she had recently seen the abdomen of a woman friend with similar arborescent markings of pregnancy. A week later she was re-assured successfully in connection with mild palpitation which had accompanied morning sickness. She spoke of the "dry" feeling which had occurred in her left breast after the baby's death and her next thought was "hard" - her husband said that she was hard - "you should have been a man". She mentioned this with some pride, which had been even more obvious in her earlier description of her tom-boy pranks as a child : clearly, she identified herself largely with men. She spoke at length about her father, a fine

Strong/...

strong manly fellow whom she seems to have worshipped. "I never had a doll" she almost boasted. He used to say :"you're getting more like your mother every day" : she used to dress up like her mother, who had died when she was two, and slept in her father's bed until she was five. She recalled with disgust some Lesbian incident that she had witnessed in later childhood. She suddenly remembered the radiating tracks near her childhood home where she would run to meet her father coming from work every night, and started as she realised vividly how closely they resembled the weals of the dream - earlier associated with pregnancy.

At the next interview it became clear that she was developing a strong positive transference. One noticed her staring at the writer, lost in thought: she said admiringly that he "seemed to be afraid of nothing". She had no reason to say this of the w riter, but it fitted her idea of her father, as was duly pointed out to her. A week later she reported a dream in which intercourse was accompanied by feelings of the most exquisite pleasure. She was astonished : she had never had any idea that such pleasure was possible, and at the first opportunity she amazed her husband by making overtures to him for the first time in her life. She was disappointed however to find that she was still completely frigid, but the dream made it clear that her long-repressed femininity was at last approaching the surface. At the same time she had become more anxious and some insomnia and tiredness had

recurred/...

recurred. At the next interview she felt rather depressed: she was dreaming practically every night. One dream represented her as cured of her frigidity by the writer, but when in the dream, she went confidently out into the world again to live for the first time as a normal woman she met - not a potential husband - but the writer again. The transference situation was explained to her - that the writer merely represented some aspect of someone important to her in the past. She was reminded of her repeated comment on what she claimed to be similarities between him and her father (hands, manner, laugh). This was done tentatively and casually but it seems not unlikely that it played some part in her failure to resume treatment after her holiday, now imminent, though she left feeling well and happy. On return home after her holiday she telephoned to make her next appointment but the writer was then going on holiday himself. She said she was not feeling very well. She did not keep the appointment after the writer's return and there has been no further communication from her.

Comment : no doubt it was this patient's capacity for quickly developing a strong positive transference which helped to make possible the dramatic improvement with reassurance at the first interview. A similarly dramatic initial improvement with energetic reassurance occurred in the patient D.(v.inf.) but though in that case the patient very soon developed other symptoms

it was/...

possible to bring matters to a fairly satisfactory conclusion despite his tremendous degree of dependence on the writer, because the latter resolutely ignored any but the most superficial type of material. One considers that it might have been wiser to have followed a similar course in case C. Alexander and French (1946) repeatedly stressed the advisability in some cases of minimising the transference, e.g. by reducing the frequency of interviews. If C. had been "tided over" the remainder of her pregnancy, by even more infrequent interviews with support and reassurance when required, until the birth of her baby banished her fears over the possibility of atresia and simultaneously gave her a new and vital interest out side of herself, the result would have been better than that reported above. An alternative in this case was formal psycho-therapy which might have proved rather lengthy, especially as it seems that any attempt to hurry insight tended merely to frighten the patient, though hypnosis might have permitted a reduction in the duration of treatment. It seems reasonable to see as a partial basis for this illness the repression of femininity because of Oedipus wishes, with masculine identification and perhaps homo-sexual trends not far below the surface: some of these trends are, one considers, alluded to in the dream, where e.g. the dead male figure (father?) lives again in herself - that the father is associated with pregnancy might then indicate conflict over pregnancy because of her male identification with her father

quite/...

quite apart from Oedipus difficulties.

But it might have been better to have been content with the partial improvement made possible by reassurance and positive transference rather than become involved in the complexities of treating her frigidity.

CASE D.

An officer D. with a good war record was eventually referred to the writer after he had been diagnosed as ? malaria because of the degree of coarse tremor present at times. The patient had been in bed for 3 weeks and still lay there because, one discovered, quite apart from the diagnosis being in doubt he was terrified that any exertion would cause him to die of heart disease. He complained of frightening attacks of tachycardia at intervals for years which recently had become extremely severe and now tended to culminate in fainting attacks. Asked to describe the circumstances of the latter he said he had been convalescing from a febrile illness (? malaria ? influenza) when he sat up in bed as the nurse was approaching on her round of temperature-taking, and then fainted. That was a fortnight before the interview. In describing the second attack he casually mentioned, without noticing the repetition, that it occurred during the temperature-round. He also said that his father died of malaria and that he had had an illness some 2 years earlier himself which the doctor had said might be malaria. He described his recent period

of unusual anxiety, due to the coincidence of a number of very real difficulties in his civilian employment, which led him to re-enter the Service a few months after leaving it, only to embark on a very intensive course culminating in an examination which caused him great anxiety, though as a matter of fact he was very successful in it. He was of above average intelligence, likeable and honest. The writer pointed out to the patient that he had had a great deal of worry and uncertainty lately, that his first fainting attack was a not unusual phenomenon in convalescence and that the subsequent attack was due to anxiety based on his misinterpreting the first one as a ? cardiac upset - all the more so because of the chatter about malaria (which must be a sinister disease to him as his father had died of it) and because he had always tended to understand his tachycardia as a sign of cardiac weakness instead of as a symptom of anxiety, as the writer assured him confidently it was, together with all his other symptoms. His attention was drawn to the recurrent (nurse-with-thermometer) theme), which might be understood as a sort of conditioned stimulus to tachycardia. He was told that he might please himself about getting up but that the writer was confident that there was no medical reason why he should not do so. This ended the first interview, which was conducted as it were at high pressure, the author immediately leaving the ward W to return to his own hospital H some 40 miles away. There, a few days later, a phone message

arrived:....

arrived. The patient wanted very much to see the writer. Apparently he did get up within an hour of the interview, and was still ambulant but anxious. His transfer was arranged to a medical ward at H : on arrival he explained that he had got up and walked about all the afternoon and evening of the day of the first interview, having no tachycardia whatsoever and feeling well albeit somewhat bewildered at the sudden change in his condition, when he suddenly felt panicky. The tachycardia had not recurred but, as he said, he only had to think of any disease, e.g. cancer of the liver, to imagine that he had it and feel very frightened. Narcosis was induced with intravenous sodium amytal but no abreaction of war or other experiences occurred. About this time he showed the writer a paper on which he had been "doodling" while talking of other matters. The most frequent word was "Mother"- the patient said that for years he had been writing this word on odd scraps of paper. He then was silent, and smiled expectantly, obviously waiting for some interpretation from the writer who however made no particular comment. Three or four sessions of discussion of superficial problems and more reassurance on Déjerine-Ross lines banished entirely his physical fears - he said one day not altogether with satisfaction that he now "couldn't develop a tachycardia if he tried". He developed instead a fear of insanity based on ideas of unreality - he was now going walks (alone) to the town a mile away and complained that the buildings

looked frighteningly unreal at times. Unreality feelings had occurred before coming to W but were now much more alarming. He described the first one as having occurred in circumstances otherwise pleasant which reminded him of a friend killed on active service. He was told confidently that the outside world looked different because of a sudden change in himself - from pleasure to distress about his dead friend - and that if he realised that he had no longer any need to worry about insanity as acause for the unreality feelings, which were clearly due to emotional changes only, his attacks would cease. They did, and he developed tachycardia again but this was much milder than previously and he continued to go for walks. One day persuasion for the first time banished both these symptoms - the fears of mental and of physical disease - which had been alternating : he soon telephoned asking the writer to see him immediately as he was terrified that would kill himself, greeted him by saying he felt worse than ever before, and cursed the day he met the writer who had "taken all my props away - when I had tachycardia in W I was fighting it : now I see I'm only a psychological misfit". He was told that on the contrary his tachycardia and unreality symptoms were screens between him and a world which had been very difficult for him lately, was reminded of his fine war record, and assured that the depression would pass. It did - and he developed obsessional thoughts e.g. "Where does the sky end?" etc. which, as he was promised, gradually became

less/...

less severe so that 2 weeks after the first interview the writer suggested that he might begin to think about the future particularly as to whether he should make the Service his career or return to civilian life. Next day he reported one of his very rare dreams - a football match between the Service and a team of his civilian male colleagues was won very easily by the latter, to his regret. He suggested that his long indecision about his career was beginning to settle, not without sentimental regrets, in favour of civilian life. A week later the author was demobilised but heard 3 weeks after that that the patient's obsessional symptoms were continuing to lessen, nor had the others recurred, and that he was awaiting his invaliding from the Service. He had agreed at the writer's suggestion to contact a civilian psycho-therapist if he found things difficult in civilian life.

Comment

The diagnosis was severe anxiety state. The abrupt treatment might seem to involve a risk of psychosis, and Ross himself describes psychosis as occurring during the similar treatment of an anxiety (Ross(1941a) and of an obsessional state (Ross (1941b), but the 3 weeks' limit imposed by the writer's approaching demobilisation gave no time for a more gentle approach. In any case long-term psycho-therapy was impracticable under Service conditions, while return to civilian life was impossible while he was immobilised in bed. He was not hypnotised, but was so

astonished/..

astonished at the dramatic change in himself after the first interview that he told a colleague at W - not altogether as a joke - that he wondered whether the writer had hypnotised him. He was seen daily for 3 weeks except for weekends, and was allowed occasional extra interviews whenever he wished, for he was very dependent on the writer until the last week. Rapport was so close that the writer could successfully persuade the patient on very flimsy grounds to give up severe symptoms which were obviously almost desperately needed as a defence ("props"). His only remembered dream in 3 weeks seems to have occurred as the result of a suggestion. All these points - his remark, the dependence, the rapport, the power of suggestion - are reminiscent of hypnosis, as was the confidence in the outcome of each suggestion derived partly from the success of its predecessor. This point is dealt with more fully as part of the general discussion.

CASE E.

The 2o year old girl E. had suffered for several years from what appeared to be hysterical narcolepsy - the sleep occurred in sudden, brief attacks - and was referred to the writer for diagnosis. Unfortunately little information was gained about her history, as the first interview proved to be the last. During it the writer, after some discussion and a few unimportant questions, said : "And what is it do you think that makes you sleepy"? No answer was immediately forthcoming but the writer, who was

pre-occupied/...

preoccupied with the letter referring the patient, assumed that the delay was due to the patient giving thought to her answer and repeated, without looking up, "What makes you so sleepy?" As there was still no reply he looked up at the patient and found that her head was resting on her arms, which were folded on the table; she was paying no attention and, in a word, appeared to be in a sound but normal sleep. As she showed no sign of hearing the writer's voice one gently shook her shoulder, while repeating "Wake up!" - after a few seconds she awoke as from a natural sleep and smiled, as she realised what had happened. The writer regrets that it did not occur to him to find out whether her sleep in any way resembled hypnosis, and wonders whether his repeated question might have accidentally induced a hypnotic state in this unusual occasion. Whether the suggestion "Wake up!" had any connection with her waking is almost equally uncertain, as it is not known when she would have wakened had she not been shaken. No follow-up was made concerning this patient, who left the neighbourhood very soon after this so that contact was lost.

Comment : Was this attack hysterical or hypnotic? If the attack of sleep reported here was indeed a hypnotic phenomenon induced unwittingly by the writer, it raises a number of important questions. Could such a patient prevent the onset of hypnosis? - that would seem to be identical with the other question - can a patient prevent the onset of a (hysterical) narcoleptic attack (or indeed of any other hysterical symptom)? Perhaps both these questions - or

is it/..

is it the same question ? - are meaningless. The whole problem is discussed later in terms of conditioned stimuli as in such terms it is believed more meaningful questions can be asked. Indeed, in such terms, the question - hypnotic or hysterical - is inappropriate and perhaps meaningless. Magonet (1952b) cites the case of a narcoleptic girl who recalled while hypnotised an incident of childhood in which she told her guardian that she felt unwell and wanted to go to bed : she asked what she should do : her guardian answered the question bitterly "Sleep! Sleep! Sleep's all you'll ever be good for!" The patient said that she had accepted this estimate of herself. She was reassured and no further attacks had occurred a year later.

CASE F.

A young woman F. in the Services suddenly lost her memory and sense of personal identity completely. She was hypnotised very easily and quickly and then was merely told that her memory would return in full before the following morning, but that as it was "rather a poor show losing one's memory" she should try to recover it herself before then. She recovered her memory completely within an hour as she was leaving the hospital to return to her unit. When seen by another psychiatrist a few days later (at the request of the writer who was going on holiday) she presented no abnormality. There was no further follow-up on this hysterical girl.

CASE G.

A young woman in the Services suddenly lost her memory and sense of personal identity completely. The writer suggested the use of hypnosis : she lay on the couch but giggled as if the idea was silly nonsense - within a few seconds of the usual eye fixation she was deeply hypnotised, her giggles having become empty and soon ceasing. Treatment was exactly as in case F. She recovered her memory on leaving the hospital that day to return to her unit and within a few days took first place - showing her high intelligence - in an examination, fear of which had probably a good deal to do with the amnesia. There was no further follow-up on this hysterical girl.

Comment on Cases F. and G.

No psychogenesis was elicited in either case. The patients were seen for a few minutes only. Such an abrupt procedure might have been risky in view of the lack of information as to the stability of the patients, though it was perhaps some slight assurance that neither had seen a psychiatrist since entry to the Forces. It would also have been better to have had if possible some information as to the precipitating cause of the amnesia: psychosis and even suicide have been known to follow "successful" hypnotic restoration of memory. Both patients remained afterwards in close touch with either a psychiatrist or a Unit Medical Officer, but in neither was any significant degree of anxiety noticed. Hysterical

symptoms/...

symptoms of one sort or another would be certain to recur sooner or later.

These were the first patients ever hypnotised by the writer, who was therefore very surprised at their almost immediate entry to hypnosis. Other cases have confirmed his belief that patients with grossly hysterical symptoms (amnesias, fits, paralysis, fugues) are all very good hypnotic subjects and all very easily hypnotised on the first attempt. The writer has never met with an exception and is surprised that this correlation is not more prominent in the literature.

CASE H.

The 40 year old man H. was admitted to hospital in the early morning suffering from loss of personal identity with almost total amnesia. He had reported to the City Police on the previous day that he had lost his memory, and had spent the night in the Police Station. He presumed that his name was that found on a pay-slip in his pocket, which also contained several letters from the Town X in England. These however meant nothing to him. He recalled only the name of a woman who had taught him at an unidentified school, otherwise amnesia was complete for his whole life up to arrival at the Police Station.

He was hypnotised very easily and quickly on the day of admission and the few facts which were known about him were put to him in the hypnotic atate, and he associated to them. He then

recalled that he lived and worked in the town E., 20 miles away, and that 2 days ago he had gone to meet a relative at the railway station there. He did not wait for the train which was late, but commenced to walk and early next morning caught a bus to the city C. where he spent the morning in walking about aimlessly. He now remarked that he had two relatives in C. but had called on neither. He had suffered from headaches for 3 days. He now recalled that 10 years earlier he had left his home in an earlier fugue - on that occasion he had recovered his memory spontaneously within a few hours at a place only a mile or so from his home : he had been worrying about his work.

Returning to the present fugue, he said that after wandering about and visiting a cinema he called at a Police Station. At first he could give no reason for his fugue and said he was happy enough at home with his mother and was engaged to marry a girl in X : there had been no trouble with either lady. He then said he worried about his work, which with considerable reason he claimed to be unsafe. He had complained to the foreman and manager of the works about the alleged carelessness of the crane-man who worked with his squad. He described the intermittent headaches of 18 months' duration and of neurotic type which had followed a head injury in the works - in an accident for which he blamed a previous crane-man - and said he was afraid that his head might be injured again"or even knocked off". The headache which

was/.....

was at the site of injury had been constant during the last 3 days.

He then spoke of his back-ache. This, occurring first in childhood, had led to his being kept from school for 16 months after he had attended various specialists. His idea was that it was associated with some form of paralysis and that it had been worse since, 6 months earlier, he had "pulled a muscle in his hip", so that he had been off work for 3 weeks. He was afraid that his back might be injured at work.

He said he had been 6 years in the army as a cook. He had served abroad, but was never exposed to any considerable risk. He enjoyed the army and had been demobilised in the ordinary way. He was now asked, while still hypnotised, to describe in detail the circumstances of the onset of his backache. He did so without difficulty - at the age of 12 he was dressing one morning for school. He was worrying about an examination to be held that morning, and while dressing he had inserted his right leg into his trousers and was trying to introduce the left when he noticed some difficulty in standing on his right leg. He thought of the possibility of paralysis and immediately found his right arm to be useless. He now admitted that he had worried excessively about examinations - he had been a good scholar - and indeed about everything else.

This incident of his schooldays - was now explained to him in terms of the "vicious circle" of Ross (1941). He had no

difficulty/...

difficulty while hypnotised in understanding and accepting this explanation, which was then extended to deal with his current headache and backache. Re-assurance about these matters was followed by an explanation of his fugue as a flight from his difficulties which appeared to centre around his anxiety over the exposure of his head and back to injury at his work. He appeared to accept these ideas, and was then wakened after repeated suggestions to the effect that he would not resort in future to amnesia as a solution of his difficulties, and that his headache and back-ache would diminish and indeed gradually disappear.

On waking, he appeared to be perfectly normal. He felt very well indeed and said he was hungry : his physical symptoms were gone. He was cheerful and amiable : his personality appeared to be extravert.

He was now eager to return home, though one would have preferred him to remain for further observation and treatment. His relatives were informed and he was discharged, on the same day as he was admitted.

Five years later the author wrote to this patient, asking for a report on his progress as part of a general follow-up. He wrote in reply :-

> Dear Sir,
> I was surprised and rather pleased to receive your letter yesterday. Surprised that a Dr. as busy as you must be should give part of his valuable time to a patient of a few hours so long ago. Pleased to be able to say

"thankyou" at last to the Dr. who helped me at that time.
After I left hospital I was off work to 2 weeks, but I went back to my old job in the Foundry. I still take headaches but never so severely as formerly and I always take your advice about worrying. If I feel my job getting me down I just take a day or two off.
Emotionally I am not involved or likely to be. At the time I came to the hospital I was engaged but my lady friend seemed to take a different view of my trouble than anyone else so I was left on my own.
Well, sir, it is very seldom that I leave E. on my own but when next I am coming to see the city, I should like to write and make an appointment to see you and thank you personally.
Thanking you again,
I remain,
Yours sincerely, ...

Once again a patient with gross hysterical symptoms quickly enters a deep hypnosis at the first attempt. Though one would like to know how often "a day or two off" occurs, it seems certain that this patient has continued over a period of 5 years to benefit from a treatment which in all occupied less than one hour. The writer connects this with the fact that this patient - in contrast with A. and B. above - was given some insight into the superficial mechanisms which produced his symptoms. Some of these mechanisms originated as much as 28 years previously and to achieve their vivid reproduction by means other than hypnosis (unless perhaps with pentothal etc.) would seem to be a formidable and certainly a time-consuming task. His failure to have married by the age of 45 is no doubt a sign of mal-adjustment in one important sphere of life, and his "days off" of the same significance in another, but though there is no basic change in his character

at least/...

he continues to work at precisely the same job from which he had run away before treatment, and his "physical" symptoms are still much improved.

CASE I.

The 84 year old widow I. - a refined and likeable old lady who had been a lady's maid until her marriage - was referred on account of alcoholism of 1-2 years' duration. Before that period she had had no such craving for alcohol, though she was never an abstainer. Her doctor added that he had been giving her sedatives as she suffered from insomnia but remarked on her high intelligence and stated that she was alert for her years. She confessed to drinking sherry very heavily at times(sometimes more than a bottle in one evening) and complained that she was never free from the craving for alcohol. She slept badly and her appetite was very poor, especially during her bouts of drinking, as a result of which she was in debt to her landlady. She was hypnotised at this first interview, eye closure and limb paresis being easily obtained by suggestion, and she was told that her craving for alcohol would lessen. This was repeated 2 days later and she was told to return in one week and again in 3 weeks after that. She kept these appointments - the first with another doctor as the writer was on holiday - and reported that no craving had occurred since the first interview, while the resultant saving in money had enabled her by the latter date to repay her debts

to her/....

to her landlady. She was again hypnotised and told that she would sleep better and eat more heartily, and that the craving would not return. She was very grateful. It was arranged that she was to return only if necessary : she did so five weeks later, having relapsed that week : she had been drinking again, and sleep and appetite were disturbed. She had been worrying because of palpitations. The same hypnotic suggestions were repeated and she was re-assured in hypnosis about the palpitations. She wrote next day what was incidentally an excellent letter, explaining that she was now feeling well again - she had slept well and gratefully agreed to return the following week. Her English was perfect, and the writing firm, legible and expressive of character - in no way suggesting either alcoholism or old age.

On her return she reported that she was eating and sleeping well and that the craving had again been completely absent since the last hypnotic session. Hypnotic suggestion was repeated as before, and it was arranged that she was to telephone if she wished another interview. Five months later the psychiatric Social Worker reported that her visits to the house, including interviews with the landlady, confirmed that the old lady was feeling very well, and had had no alcohol since except for one whisky at Hogmanay. Further follow-up by the P.S.W. disclosed that the patient began drinking again for a few days 2 months later but had again settled down. The landlady was advised to contact her own

if the patient relapsed.

Comment: Six months after the last report the hospital was left without a P.S.W. and this is still the case over 3 years later - a considerable handicap to the follow-up of this and other patients. Nothing further has been heard of the old lady : her doctor was written to but has taken another post and lost touch with her. Letters to the patient, and to her former landlady, elicited no reply, and it is likely that the patient is no longer alive.

It is interesting to note that on one occasion while the patient was hypnotised urinary incontinence occurred : she was very embarrassed and apologetic. One had not read of this happening in any other case, but it must be rare for patients of this age to be hypnotised though Brenman and Knight (1943) treated an old lady of 71 years with modified hypno-analysis.

CASE J.

The 27 year old married woman J. was referred by a neuro-surgeon who had performed partial section of the trigeminal root four years previously because of a history of trigeminal neuralgia of 12 years' duration. In the early years injection into the nerve on 2 occasions had given only temporary relief, and similarly after a few weeks' relief following section the pain had returned with renewed intensity but this time in her forehead. The sensory root was completely divided 2 years later with resulting corneal anaesthesia, but after 2 months she was

re-admitted/....

re-admitted still suffering from pain on the right side of the face. It was particularly severe at night and was aggravated by washing her face but not by chewing. She had several corneal opacities as a result of refusing tarsorrhaphy earlier, to which she now agreed. Out-patient follow-up at intervals in the 18 months between this operation and her referral to the writer revealed no improvement, and she now maintained that the pain was worse than ever - practically constant and sometimes so bad about midnight that she had to go to the nearest hospital to get sedatives. Sometimes she walked in her sleep, her only other symptom was the not uncommon momentary dizziness on rapid change of posture. She understood - if she did not agree with - the present writer's idea that her pain might be largely of emotional origin. She was at first seen as an out-patient. Her education had been interrupted because of her facial pain, but her intelligence was rather below average though she was certainly not feeble-minded.

In the course of 11 days stay in hospital the patient was hypnotised thrice. - the first occasion being the day of her admission, and the last that of discharge. Hypnosis was light - eye closure and difficulty in raising the limbs were successfully suggested, as were post-hypnotic dreams and improvement in nocturnal sleep. No attempt was made to understand her symptoms psychologically : it was merely suggested thrice that she should be free from pain, and indeed her pain disappeared completely

during/....

during the first session.

· A week after discharge, her pain had recurred - in 3 attacks - and she was not sleeping very well. Under hypnosis it was suggested that the pain would cease again as the recurrence was associated with her return to various domestic worries. A week later she had relapsed further and said that her condition might be due to an abcess, though the improvement with hypnosis and the relapse on return home were adduced by the writer as evidence of emotional factors. She agreed however to attend another clinic for formal psycho-therapy. A year later the spheno-palatine ganglion was injected : her symptoms immediately disappeared and a pleasant cheerfulness replaced her former moodiness but the usual complete relapse followed with the usual rapidity. She has been seen throughout the 12 months since then by the neurologists and neuro-surgeons, who consider that her condition is now a trigeminal paraesthesia "with large functional overlay" - analogous to that of phantom limb, though earlier a typical tic douleureux.

Comment ; the present writer had notified the surgeons of his opinion and the grounds there-for - that this woman's illness was emotional : e.g. he did not believe that light hypnosis in a woman of sub-average intellect would banish symptoms even temporarily if these had a definite organic basis. The fact of subsequent operative treatment shows that the surgeons

nevertheless/...

nevertheless continued to regard her as physically ill. It does not seem that such conditions as trigeminal neuralgia are clearly enough understood to justify the use of this case as a basis for the usually fruitless discussion of organic versus emotional causes, nor as a proof of the claim made by others that hypnosis can affect and even cure "organic" illnesses. Among these claims there figure spectacularly the results of Bachet and Weiss (1952) in cases of amputation, already described in the introduction to this thesis.

CASE K.

The intelligent 25 year old student K. was referred on account of fear of sudden noises. The fear was specific : "explosive bangs" were worst ; as regards "crashes" and "cracks" he thought himself no more sensitive than others. The apprehension caused by one bang increased his reaction to the next. He had suffered thus as long as he could remember, and said that it had been becoming much worse during the last 4 years. He had suffered from bi-lateral pulmonary tuberculosis for 3 years and was awaiting admission to a sanitorium. He described himself as being in a state of "terror" about the approaching Guy Fawkes' firework explosions, which he said were apt to recur locally over a period of nearly 4 weeks rather than the one day of 5th November. The nearness of the latter date had persuaded

the/...

the psycho-therapist who had begun to treat him to refer him to the writer for hypno-therapy as being more likely than any other treatment to provide the necessary quick results.

He was lightly hypnotised at the first interview - the only definite sign of hypnosis was that he developed numbness of the back and limbs as suggested, though it fluctuated in degree. He was told that he would sleep well at nights and reach a deeper hypnosis next time. He could not forget the noisy corridor outside the office used by the therapist. This interview was 12 days before Guy Fawkes' day - i.e. "D minus 12".

Subsequent interviews are summarised:-

D-9. No dreams. Felt "deeper". Same suggestions repeated, told to dream that night. Moved the"paralysed"arm only a little and only after delay. Dreamed very vividly that night but on D-7 could only remember that there were 2 dreams of which one referred to hospital. But he had begun to dream more and more memorably ever since, and could remember the last dreams clearly. Hypnotised, his eyes closed when suggested, though he moved his "paralysed" arm quite freely after a little delay. But he was very immobile, and felt "deeper". Same suggestions repeated, told that until the next interview he would be more tolerant of and less sensitive to noise, in the sense that there would be less emotional reaction, but no diminution in acuity of hearing. (The writer feared to deprive any one exposed to city traffic of any auditory protection)

D-5 No dreams (none had been suggested). Hypnotised : same suggestions : felt "deeper", and was slow in moving his "paralysed" leg.

D. The writer was not accustomed to using such a light level of hypnosis and privately considered it to be practically worthless in such a case, so that he was reluctant to attempt hypnosis again as the fatal date had been reached without mishap. But the patient insisted on being hypnotised and on this occasion could hardly move the "paralysed" leg at all and felt that if he had been challenged later to move his other leg he would have failed to move it, as he felt pulsations in both limbs which were not suggested. He felt very tired while hypnotised, and this was apparent in e.g. his sighing after the effort to move his leg. Felt "deeper" than ever before : same suggestions.

D + 2. He announced a very definite improvement so far as compared with previous years : he had not been close enough to fireworks to test his reactions but had found himself much less pre-occupied with his fear which had previously interfered completely with his concentration and work. Hypnotised, he showed even more difficulty in moving his limbs, with obvious effort and grunting. At his request a suggestion was added to the list - that he would be able to hypnotise himself at any time by telling himself to relax, counting 1 - 10 to begin and 1 - 5 to finish the hypnosis and that in the interval he would be able to make helpful, effective suggestions to himself. While the writer

was/.....

was patiently reciting this list a certain individual burst unannounced into the room, talking noisily as she did so (in spite of warning notices on the door and previous verbal prohibitions). The patient opened his eyes, but, as he afterwards explained, could not move, which made him feel frightened. He felt "deeper" in this session.

D + 9 Hypnotised, he experienced no difficulty in moving his legs, though each time his leg was mentioned he felt a change in its blood supply. His sputum had become A.F.B. positive again but he was little perturbed. Same suggestions.

D + 23 He reported that auto-hypnosis made him feel relaxed; he was using it to try to attain greater depth, and not, so far, therapeutically. In that state he could move immediately if he wanted to. He felt well. Several dreams, but no associations were volunteered, nor were they requested. Hypnosis wasas in the last session.

D + 28 He said that he awoke at the preceding midnight and "hypnotised himself to sleep again" with immediate success. He confessed that he had spent the previous 4 firework seasons in bed, and had been terrified at the approach of this one. He was not hypnotised as the writer had laryngitis.

D + 35 Hypnotised, the suggestions were repeated, with the added suggestion that their effect should last indefinitely. He entered the sanitorium a few days later.

A year later, he attended the out-patient clinic at the writer's request - soon after Guy Fawkes' day. He had spent a few months at the sanitorium and then passed his professional examination in medicine. He had found auto-hypnosis definitely helpful e.g. in inducing sleep if otherwise it was slow in coming. He used it to suggest an increase in feelings of confidence. He had found that such positive suggestions were more helpful than their negative counterparts (e.g. "I won't worry"etc.) and they definitely were effective. He had had no further treatment of any osrt for his phobia.. A few days later he was hypnotised with the same degree of ease as on the last occasion and, he thought, to a slightly deeper level. He was given the same suggestions, with the added one that he would sleep well, dream, and report the dreams to the author if he felt like doing so. His eyes closed during the appropriate count of 1 - 10 : limb paresis could not be induced. He had expressed his fear of formal psycho-therapy : "it might bring up something I'd rather not" and his consequent preference for direct hypnotic suggestion. He had thought that Guy Fawkes' day this year was going to be easier than the last, though he became rather apprehensive a week before it. He had managed to continue attendance at classes in both periods since treatment was initiated, and even now the fear was "nothing to the terror" (his own words) that he had experienced in the 4 years preceding treatment.

He dreamed that night as suggested, and several other nights (which was unusual) in the week supervening before the next session, which he had spontaneously requested. He then reported a definite improvement in his apprehension, and in the effects of auto-hypnosis. During hypnosis he was deliberately not challenged to move his limbs. During that week he experienced no apprehension. He had requested sedation before the next hypnotic session, hoping that it might deepen hypnosis, and was hypnotised half an hour after 2 grains of sodium amytal orally - the"deepest" yet, he said, though the writer had his doubts. The central suggestion now was that he should feel much more confident and calm, more at peace with himself and with the world. No reference was made to noises or phobias. Throughout the whole day following the second application of this policy he felt extra-ordinarily well - he awakened in the morning "feeling full of beans" - a unique experience for him and one which was in great contrast with his under-par feeling of the previous day (a common cold with cough had been disturbing him for days). It was noted that he had reported at the time that he had not remembered hearing the first 2 suggestions : one was that ("confidence" etc.) which he was sure had resulted in his day of euphoria. The other suggestion was the usual one of "deeper hypnosis next time" plus"dream under hypnosis next time" : in this last respect, at least, it was not effective, though his pre-medication was now sodium

amytal/ ....

amytal 3 grains. The same suggestions were repeated then, and a week later after 5 grains, but his feeling of apprehension had returned in the interim, probably because he had been very upset while attending a pantomime by the bursting of balloons and the explosion of fireworks, which had completely spoiled his evening. He now asked that suggestions ahould be concentrated on the theme "no fear at Hogmanay", because he was going to travel about midnight through streets which might then be very noisy to a party likely to be very noisy indeed. It was suggested that he should be perfectly free from fear at Hogmanay and feel, throughout it, marked confidence etc. : most of all, that he should enjoy himself. The corridor outside the room was, as the patient later said, even noisier than usual during this hypnotic session. After hypnosis, the author renewed his suggestions that the patient should resume his formal psycho-therapy interrupted a year earlier by his coming for hypno-therapy.

He enjoyed Hogmanay very much indeed, and a week after it reported that he had felt very well ever since, and that the feeling of apprehension had not recurred at all. He had no symptoms during his midnight journey, and celebrated the New Year in traditional style until 7 a.m., when he left the party which he had thoroughly enjoyed. He had been astonished by the absence of any tiredness after this strenuous night. A laryngeal swab had been found negative just before his visit, and he felt that

his chest/....

his chest condition was improving, and was uncertain whether this, or the hypnosis, was responsible for the mental improvement. The writer privately doubts whether it is likely that the day of euphoria which followed immediately on appropriate hypnotic suggestion could be explained as the result of a change in the lungs or of anything else other than these hypnotic suggestions. The possibility of coincidence remains, but the further period of well-being which followed the Hogmanay suggestions would appear to make rather heavy demands on coincidence. Some might ask whether the increase in euphoria might not lead to an improvement in the lungs. At any rate the patient persuaded - not to say forced! - the writer to hypnotise him again, which is perhaps some proof of the patient's belief in the efficacy of hypnosis. The same suggestions were repeated, the central suggestion however being aimed at the extension indefinitely into the future of his freedom from unnecessary fear and apprehension. The implied finality of these measures was due to the fact that he had at last agreed to resume formal psycho-therapy. One felt that his agreement was due partly to some realisation - especially in the light of his recent improvement - of the efficacy of a psychological approach to his problem, and partly to the prestige of the writer - enhanced by such improvement. On this last occasion he felt he reached a depth of hypnosis greater than ever before, without pre-medication incidentally, though if muscular

phenomena/...

phenomena be the criterion, it compares poorly with the sixth session which was interrupted by the unwelcome visitor.

Comment :

1) It appears very doubtful whether the barbiturate pre-medication was of any use in deepening the level of hypnosis. As pulmonary tuberculosis was present, and for the most part active, throughout his treatment, this is one of the cases in which the use of intravenous barbiturates - especially if repeated - might seem contra-indicated, and no other procedure would have given the initial quick results which were so urgently needed.

2) One unusual feature of the case is the very light degree of hypnosis employed, in spite of which - and in spite of the complete absence of any attempt to elucidate the psychogenesis or even indeed to take a routine life history - results were achieved in 14 hypnotic sessions, each of half an hour or less, which appeared to be of definite value. Whether the results have much if any permanent value is very doubtful, for though the Guy Fawkes' period of nearly a year after the interruption of treatment was much easier than had been the case before treatment, he was reported by the psychotherapist soon after the commencement of psycho-therapy as being by no means certain how the Coronation celebrations 5 months later would affect him.

3) The writer does not recall any reference in the literature to interruptions of hypnosis by a third party : it was certainly

unfortunate/...

that in this particular case it should have taken the sudden noisy form that it did, and it was post, though not necessarily propter, hoc that the depth of hypnotic sessions immediately and, it seems, permanently diminished.

4) The patient seemed to gain some benefit from the use of auto-hypnosis though the level reached was very superficial indeed.

5) Subjective sensations of changes in the blood supply to the legs occurred during hypnosis, spontaneously in one session and later occurring particularly whenever the therapist happened to use the word "leg". Whether there was any objective alteration in vascularity is not known. Brenman, Gill and Hacker (1947) regard such spontaneous changes in the body image as possessing an individual psycho-dynamic significance the nature of which can usually be ascertained in the course of hypno-analysis. For example these authors (loc.cit.) write of a patient who felt that his hands were clenched during hypnosis when in fact they were relaxed and open : the significance of this was found to be a reluctance on his part to give love or affection. They add that such changes are very easily induced in hypnosis. This technique is used in the "auto-genic training" of Schultz (1950), which resembles the induction of hypnosis. Brenman et al. (loc. cit.) regard such changes in the body image as being one of the varieties of changes occurring in the ego during hypnosis. The second variety consists

of changes/..

of changes in the mode of thought, which again may be spontaneous or easily induced. The ease of such induction is used by these writers as a criterion for suitability for hypno-analysis in preference to the facility with which muscular phenomena, or even amnesia, are produced. These changes in the mode of thought comprise the frequent emergence of symbolism, and of visual imagery, sometimes to the point at which the patient's flow of associations are scarcely to be distinguished from dream material. A good example is cited in Case 1. below. Brenman et al (1947) remarked that such changes occur also in drug states, in exhaustion, and in the hypnagogic reveries described by Kubie and Margolin (1942) (1946) as well as in the ordinary process of "falling asleep". The third variety of hypnotic ego-changes (Brenman et al (1947)) comprises examples of spontaneous and vivid release of intense emotion which occur particularly in the first session, and at intervals thereafter. Examples of a similar phenomenon are the cases M. N. and 1. but in these the release of emotion was usually in association with the emergence of a memory, while Brenman's case of emotional reaction to a hypothetical monster had apparently no direct links with memory. The fourth variety described by these authors is in the field of motor expression - for example a hypnotic subject threw away her wedding ring while discussing divorce : this is explained as being due to the absence of the delay normally imposed by the waking ego.

6) Although the level of hypnosis reached by K. was very light, it proved easy, as usual, to induce nocturnal dreams. This fact

receives/..

receives surprisingly little attention in the literature. In this case the dream material was not used, but the fact that dream induction never failed to work was useful, as often, in convincing the subject that he has definitely been hypnotised, so encouraging him to reach a deeper level of hypnosis subsequently.

CASE L.

The 36 year old married man L. was referred with a complaint of stammering - worse when he was at all excited - since the age of 14 years. At the first interview he said that when he was 14 his parents were not on good terms with eachother, though there was no thought of separation. He added that about that time he was embarrassed during an interview for a job by being asked why he was no longer in the Scouts - he stammered, for the first time in his life, over the word "disbanded." He had received no treatment. "Neurotic traits" in childhood were not unusually marked. Hypnosis was attempted, and he felt "tired", but his eyes failed to close as suggested, and he experienced only some difficulty in raising his arm when told that it was very heavy.

At the third attempt at hypnosis, 2 days later, his eyes did close after much suggestion to that effect, and his response to suggestions of arm paralysis was that he "couldn't be bothered moving it".

At each of these sessions, suggestions of greater confidence and wellbeing/...

and well-being, particularly as regards his speech, were made.

Nine days later he had felt a definite improvement in his stammer for three days but a fourth attempt in hypnosis to "paralyse" the arm failed again. The same suggestions were made, He had accidentally suffered a mild asphyxia by coal gas that morning with headache, vomiting and malaise as a result, and he gave this as the reason for hypnosis being even lighter than previously. A week later, one again failed to paralyse the arm : an added suggestion was made that he would dream during the ensuing week. No specific topic was indicated. This patient dreamed very rarely : he had remembered no dreams in the month since the first interview. However when he returned a week later he had dreamed as suggested, and reported that he had definitely felt better. The dream was a memory, of his self-consciousness at age 14 because of a papule which he had at that time on the side of his nose. He had not thought of this for years. The sixth hypnosis was quicker and deeper : in response to suggestion he found his interlocked fingers sticking together and could separate his hands only with difficulty. The following suggestions were made : (1) that he would feel more at ease, especially as regards his speech. (2) that hypnosis would become deeper and quicker. (3) that he would dream again, about the origin of his speech difficulty. At the seventh interview he reported a definite clinical improvement, but no dream. Hypnotised, he

was able/..

was able to separate his hands only with a great effort, during which they suddenly flew apart. The above suggestions were repeated. He was to return in 2 weeks, or in one week if he found it necessary. For the first time this hitherto taciturn man thanked the writer for his efforts.

He returned in a fortnight but the present writer was ill and another doctor saw the patient and asked him to return a week later. He had agreed to speak in public that night - a great triumph for him - as part of the ritual of a Masonic Meeting. Hypnotised for the eighth time, it was suggested that : (1) he would go "deeper" next time than ever before - his eyes would close even in spite of him on the count 1 - 10. (2) he would sleep well and feel more at ease especially as regards his speech, which would improve further "and which you are confident will finally be free from difficulty". (3) he would dream before his next visit 2 weeks later a dream relating to the origin of the stammer. He described his public speech - the first in his life - he had felt hemmed in by the crowd in the small room, he had spoken rather too quickly but without any stammer whatsoever, and was very pleased with this result - especially when he remembered that before treatment he had been afraid to ask for a ticket in a tram-car. His stammer returned to some extent after his speech - it had been absent for a week or two - but he talked much more to the writer at this interview, and with only occasional slight hesitation, in contrast to his former

taciturnity/....

taciturnity (? fear of speaking). He had dreamed - a memory again : he was 11 or 12 years of age and was being beaten with a brush by his mother : he was cowering in a corner. This incident had no known connection with his stammer. He felt this(eighth)hypnosis to have been deeper and during it could scarcely separate his hands, though earlier he had to be told to allow his eyes to close, and this was still true in the ninth session in spite of the suggestions recorded above. He also failed to remember any dream. It was suggested that hypnosis would continue to deepen and that his stammer was disappearing as his confidence became complete. While hypnotised, his attention was drawn to the emotional upset of the beating and to his self-consciousness about his nose, and, tentatively, to the possible emotional significance of the upsetting word "disband", as tending perhaps to remind him of the idea of parental separation. No dreams were suggested. He felt this session to have been much deeper, and said that during it his legs had, in response to suggestion, felt like lead. Returning 3 weeks later he saw another doctor - the writer again being ill - and reported that his only trouble had been an occasional difficulty with un-premeditated speech : he had spoken quite satisfactorily at another public meeting. Seen a week later by the writer, he agreed to try to do without suggestion for a further 2 weeks (6 weeks in all) and when he returned was well satisfied that

there had been/..

there had been a very marked improvement in his speech though he sometimes still experienced a slight difficulty with the initial "r". Eight weeks after the last hypnotic session he reported a further growth in self-confidence and had again spoken in public without difficulty, though this had been followed by a slight relapse. He was given sodium amytal 1½ grains orally in the hope that hypnosis would thereby be deepened. Hypnosis was induced 45 minutes later : his hands "stuck together" so well in response to suggestion that he separated them only after a great effort and with a terrific jerk. Curative suggestions were made as before. That night he spoke in public for 20 - 25 mins. to an audience of 100 : he experienced no difficulty and felt very confident while making his speech. But when he returned as arranged a month later he reported an occasional stammer in conversation, and once in his remarks to the writer stammered slightly over "congratulating" while speaking of men congratulating him on his speech. Hypnosis, after 3 grains of sodium amytal was deeper than ever, eye closure being obtained "against his will". He was told that he would "go deeper next time" and that thoughts would then flood his mind, and that in future he would feel as confident in talking, whether to the public or to individuals as he had done in his recent speech. Returning as arranged a month later he said that a few days earlier he had suddenly recalled an incident which happened about the time of onset of his stammer.

His father/..

His father, who "was then more vindictive than he is now", had ordered him to telephone a certain firm and tell them that their employee X (against whom his father bore a grudge) had parked his van outside a public house. The patient had felt that it was wrong to be an"informer" and had great difficulty in giving the message : "the firm wanted to know who was speaking". No further treatment was given as he was now talking freely, in contrast to his former unwillingness to speak, which had given an impression of dourness.

He returned as arranged a month later, and again 5 months later : there had been no stammer to report on either occasion, and it was arranged to return only if he needed to do so. The only exception to his perfect record had been a very brief and slight relapse following the extremely painful removal of sutures after a lengthy operation for repair of accidental damage to a finger tendon.

Nearly 3 years later a member of the hospital staff informed the writer that the patient has still no stammer whatsoever. A personal friend of the patient's, she remembered well his marked stammer before treatment. SHe confirmed that he continued without any difficulty - except for a tendency to speak rather too quickly - to speak regularly at Masonic Meetings, and ~~to~~ conveyed his regards and gratitude.

Comment :

1) Each of the 11 therapeutic interviews lasted $\frac{1}{4}$ - $\frac{1}{2}$ hr. and

was occupied/...

was occupied almost entirely with hypnosis, the remainder of the time being used by the patient for reporting progress and for relating his few dreams. There was no"probing", e.g. he was not asked more than casually whether he remembered why his mother beat him and he was never asked to free-associate at any time, nor to speak while hypnotised. The attempt to link, of necessity vaguely, the dreamed memories with his symptoms yielded no immediate gain - in fact the patient seemed rather worse after that session. More important apparently was the emergence into memory of the telephone incident of 22 years earlier. The guilt aroused by his speech on the telephone might explain his relapses into stammering after his first successes at public speaking : the punishment follows - and fits - the crime. No attempt was made to explain this to the patient. The series of re-captured memories was initiated by hypnotic suggestion and appeared at first in the form of dreams. Details of the hypnotic states are provided in order to show how superficial was the degree of hypnosis. One wonders how many hours of formal psycho-therapy would have been required to achieve the same result here attained by some 5 - 6 hours of treatment, employing very light hypnosis.

2) It seems possible that mild sedation allowed some increase in the depth of hypnosis - the only case in the writer's experience in which anything of the sort occurred. He has

used/..

used
intravenous sodium amytal grains $7\frac{1}{2}$ - 15 in many cases for this purpose to no avail.

3) Once again the writer was impressed by the ease with which post-hypnotic dreams can be induced - even when hypnosis is very light. That no dream had occurred until after the fifth session, in which the suggestion was made for the first time, would tend to confirm that such dreams following the initiation of hypno-therapy are sometimes at least definitely in response to specific suggestion, and not merely the reaction to the emotionally significant fact of hypnosis. This dream merely happened to be a memory : it is noted that though the next hypnosis was deeper (perhaps because of the success of the dream-induction) an attempt to induce a dream related to his symptoms failed, while a similar attempt at the following session induced a dream-memory the relevance of which was not quite certain. The next session again failed completely as regards dream-induction. It seemed as if the attempt to accelerate the process of elucidating the origin of the symptom frightened the patient and stimulated his resistance. But it does seem that this technique focussed the patient's attention on his childhood and particularly on the origin of his symptoms, as shown by the subsequent"spontaneous" emergence of a memory very definitely related to his complaint, as in Case U. below.

CASE M.

The 2o year old girl M. in the Services was referred to the writer on account of gross conversion symptoms (paralyses, anaesthesias etc.). At the second interview she revealed that her fiance was strikingly similar in appearance and in other ways to her father ; she had not thought of the similarity before and of course no stress whatsoever was laid on it. She was hypnotised and within a minute was deeply"asleep". She immediately began to weep and cried out "I didn't mean it", "I didn't mean it" in great distress. She explained, sometimes using the present tense, that she"saw" her sister run into the branch of a tree and hurt herself : this was an actual memory of a childhood incident in which she and her sister were playing together - the patient ran from her sister who sustained this (slight) injury in chasing her : the father saw the incident and angrily blamed the patient.

Comment: No attempt was made to link this memory with her treatment : the patient's character was grossly hysterical and the writer knew of no treatment aimed at altering it for the better which would not have been impracticable in Service conditions, on account of the numbers of patients and the shortage of time.

Once again as in Case N. the mere induction of hypnosis was followed by a spontaneous outburst of traumatic memories. One is surprised that this phenomenon receives so little attention, apart from the traumatic neuroses of war. Once again, as in

many/...

many cases, the subject is both grossly hysterical and easily, deeply, and very quickly hypnotised.

Experimental situations have provided results on the basis of which Eysenck (1941) concluded that there was no significant improvement in memory in the hypnotic state. Young (1925) found similarly, as did White, Fox and Harris(1940) using the same type of material as did Young - meaningless material. But when the material was meaningful poetry, White et al. (ib id) found a 53% hypermnesia in hypnosis as compared with the waking state, and offered the explanation that the poetry provides a cue, and no further prompting is given, whereas with meaningless material a single limited response was demanded by the paired associates which were used. The difference in emotional values is not clear in the account of White et al (ib id), but in her comment on this account Brenman (1947) attributes the negative findings with meaningless material to the fact that its use precludes a creative reproduction. The therapeutic situation is of course very different from these highly academic experiments.

CASE N.

The male non-commissioned officer N. had been treated for years by various specialists without any benefit. Treatment had included repeated dental extractions and sinus wash-outs. At length during one hospitalisation for investigation, one E.N.T. specialist noticed that N.'s memory for dates - especially the

many dates referring to hopitalisations and treatments - was very confused : he was therefore referred to the author.

His symptoms, of many years' duration, included (1) a pain in the left side of the face "as if it were being clawed away" (2) a well-localised pain in the right forehead (3) "wriggly lines" of pain running antero-posteriorly across the vertex of the skull. For years he had practically never been free from one or the other pain. He admitted that his memory for details of his illness was poor but denied any psychic traumata and considered that his symptoms were physical in origin, though he readily agreed to some discussion on the basis that they might conceivably be partly psychogenic. He was an intelligent, likeable man. At the third interview the writer suggested that one could not think of any likely anatomical basis for the lines of pain on the vertex, but that they might correspond to N.'s ideas of the distribution of arteries or veins or nerves. N. immediately said that when the writer spoke the word "veins" he suddenly remembered that years earlier he had squeezed a pustule on his nose and soon after this read that such a procedure was dangerous as it might cause trouble in the veins inside the skull. By the next interview these particular pains had not recurred. He had begun to believe that there was something in this psychological approach. He said that at one time his various head pains needed some major worry to bring them on, but now they would come on if e.g. someone spoke rudely to him on a bus. He agreed to hypnosis being used

to speed up/..

to speed up the exploration of his memories : induction of hypnosis took only a minute or so and almost immediately he spontaneously began to remember very vividly, sometimes using the present tense, the sinking beneath him of a transport vessel - some seven years previously in war time. He was on deck, and pictured his best friend drowming by inches below decks. As the ship sank he took a life-belt from a man lying dead on the deck with half his face - the left half - blown away. He jumped into the water and swam to some floating wreckage for support. A man with a deep hole in his right forehead reached this wreckage : "I don't know how he was still alive!" - only to let go, and sink. He went on the describe his rescue, ending in his lying in a room with many other motionless bodies whom he took to be those of men dying or dead, which indeed he thought was his own case. He was tremendously disturbed while "reliving" this experience, particularly about his friend. "I wish to God I'd died instead of you !" he wept. He was re-assured about his friend, and was wakened : no amnesia was suggested. He woke with his face wet with tears, but smiled diffidently and said he was all right. He was then given $7\frac{1}{2}$ grains of intravenous sodium amytal, and spontaneously reproduced all this material. In both the hypnosis and the narcosis he expressed guilty feelings at saving himself while his friend was probably drowning. Connections between this unnecessary - as one stressed - but very real guilt and the symbolic taking on himself of wounds suffered by other victims of

the incident/...

the incident were readily seen by him in both states. He slept for a while and awoke without feeling very upset. One or two more sessions were used for psycho-therapy of the simple type of Ross (1941) and he was then sent home on leave for a week having been free of pain for the first time in years, ever since the hypnotic session.

On his return it was discovered that he had spent most of his leave with his mother instead of with his wife, who was rather burdened with household duties. Asked why, he said diffidently that "it was more homelike" at his mother's : he "could relax better there". He had had one headache while with his wife and in discussing this, one found that he had forgotten all the hypnotic material. On being reminded, for the first time in these interviews, he showed signs of temper and asked whether the writer expected him to remember that one pain was connected with the man on the deck, the second with the man in the water, and the third with his reading about sinus thrombosis. His tone expressed incredulity as if he were being asked to accomplish an impossible intellectual feat ; the truth being that it was a difficult task emotionally. However when seen some weeks later he had had no further recurrence of symptoms and had returned to full duties.

Comment: once again a patient has grossly hysterical symptoms (though this time in response to great stress) and once again hypnosis was easily induced - in this case with an immediate spontaneous reproduction of forgotten traumatic material. In

this case narcosis yielded the same results as hypnosis, and this would probably have been true also in cases F. and G. The advantage, in these cases, of hypnosis lay in its easier and safer induction ; no use was made here of the control which hypnosis gives of the memory, when awakened, of the traumatic material. For example, the patient might have been allowed to remember it gradually, or even not at all.

The writer considers the outlook in this patient's case to be doubtful and at least some degree of relapse was only too likely. Grinker and Spiegel (1945) comment on the guilt universally shown in cases of war neurosis : "I should have got it" (death) "instead of him".

Case O.

The 27 year old married man O. was admitted to the medical wards of a general hospital. The physician reported that on admission the patient was in a deep coma, with slow stertorous breathing ; a moderate degree of jaundice was present, and there were purpuric spots on the legs. He gradually regained consciousness during the following week and was then found to have a patchy amnesia which a skilled consultant psychiatrist considered "must be hysterical". He was said to have been found unconscious 2 weeks earlier leaning half way out of a window in his home, and fixed in that position by the weight of the window which had descended on his back. The patient had no recollection of this

incident/...

The case was diagnosed as one of severe infective hepatitis, and hysteria. As his conduct became obstreperous he was transferred 4 weeks after admission to the mental observation wards. Next morning he was very restless and demanded his discharge in a hectoring tone, but by afternoon had become very pleasant though he remained over-active. His intelligence was above average : he was particularly good at mental arithmetic. He said the war began in 1939, that "it must have ended". "Britain must have won it" - i.e. he had no memory of the end of the war. The last thing he remembered was being in a naval vessel at V. in India in 1945 - 5 years earlier - he said that he had thought that morning that he was back in V. again, hence his excitement. Asked who lived at --- Street (his own address) he said:"I'm told my wife does, and my two-year old boy. These answers come into my head but I've no real knowledge that I am married". He had not realised that he had left the first hospital, and gave the year as 1946 (Why 1946?). "I don't remember the years between". He remained so excitable and irritable that somnifaine was administered.

His wife, a far from reliable witness, said that they had been married 3 years and had a <u>daughter</u> aged two : that he was concussed in 1944 and was unconscious for 14 days : that he had lost his memory while in the first hospital and had never properly regained it. She said that he had always been jolly but, since his concussion, had become more definitely over-active and irritable, gambled a great deal, and had begun to drink to excess. Headaches

had been/...

had been rare. Neither she nor the patient (nor his old and failing father) could account for a small scar on his left forehead. The patient recalled his naval number, and the numbers of his ship : also his father's address. It was learned that he had had no serious illness while in the Navy (contrary to his wife's statement): his suspicion about having had syphilis - which had led to a temporary breach with his wife years before admission - were unfounded. He had been in no disciplinary trouble. He said that he had had concussion twice as a child - the periods of post-traumatic amnesia were 24 hours and 1 hour respectively.

A month after his transfer his excitement had lessened,(and the jaundice had disappeared earlier) : the consequent reduction in sedation was thought to explain a major epileptiform seizure which occurred at this time. Pheno-barbitone was given to prevent a recurrence.

He said that he now remembered going to the window to look out, but did not remember it falling, or anything else until his transfer to the second hospital, whereupon he had thought that he was in V. though he denied having "seen" any naval uniforms etc. - "it was like a dream". He was still euphoric and garrulous. He gave the date as July, 1950 (actually August 1950) and next day said that it was June. No hallucinations, delusions, or other signs of psychosis were elicited. Asked whether anything unusual had happened on the day of the window accident, he said

that he had quarrelled with his wife about drink and she had threatened to go to her mother's, which upset him. His child, he now realised, was a girl, not a boy. Throughout the following week he greeted the writer with stereotyped phrases "I can remember everything now - my wife and the child, and I can remember where I worked". At these times he seemed to be tense. He now recalled some details of the first hospital, and told the date correctly, but confused the writer's name with tha t of another doctor. He said that he joined the Navy in 1942, left it 4½ years later in 1944, and married a year later in 1946. He accepted correction with his usual facile good nature. He complained spontaneously of impairment of recent memory - e.g. he continually lost the thread of narrative in novels. One day, à propos of nothing in particular, he said "The worst thing's the impotence with my wife; not here". Desire was absent in his wife's presence.

His wife said that the quarrel he alluded to was much earlier than the window incident, as by then he had already stopped his excessive drinking. The window cord had broken and caused the window to fall : she scouted the idea of suicide, which he had never threatened. He was found - unconscious and jammed in the window - by strangers, and could not speak for 3 days : a day or two before admission he became drowsy and jaundiced, and finally - on the day of admission - unconscious again. "He has no real

memory/...

memory of me", she said.

An attempt at hypnosis seemed to fail, he merely allowed his eyes to close : as he was relaxed, however, it was suggested that he should sleep well and dream that night. He slept well, he reported next morning, but at this period he always did. No dream had occurred. During another attempt at hypnosis he was told that he would dream that night. Immediately after being "wakened" from what seemed at most a hypnoidal state, he said that when the writer said "dream" he remembered that he had dreamed the previous night. Everything in the dream had actually happened, "and were things I could have remembered if anyone had mentioned them". The clearest item concerned a Captain --- on a certain ship at V. To these items he made no particular association.

The writer was surprised at his failure to induce a deep hypnosis at the first attempt in what was believed to be a case of hysterical amnesia. His belief - rooted in his own experience - that such patients are invariably very easy to hypnotise deeply and quickly, was so strong that he now considered that the case was extremely unlikely to be hysterical in nature. Exposure to lead poisoning had been a possibility in O.'s irregular spells of work in the year before admission, but plumbism had already been excluded. The optic fundi were normal. After several more attempts at hypnosis induced merely a hypnoidal state, in which nocturnal dreams could no longer be stimulated and in which he was never asked to speak, O. himself asked for the "truth drug" which

the writer/...

the writer had already suggested might be used. The writer injected intravenously a total of 15 grains of sodium amytal in the course of 1¼ hours. An attempt at inducing hypnosis after 7½ grains had been injected failed. Once or twice the patient was nearly comatose and when approaching this stage either could not articulate or else resented - and resisted - any attempt to waken him. When narcosis was less deep he talked fairly freely. He thrice expressed disgust at his wife's lack of fastidiousness, using the same words each time. He was very sure that he wanted a divorce and himself suggested that his continued specific amnesia for the wedding might be an expression of his regret that he had married her, especially as he could, while narcotised, recall some details of his naval life very clearly indeed. He used the present tense occassionally — "the gaffer's looking at me!". Affect was never lively, and all attempts to induce a return to episodes of possible emotional significance failed completely. Narcosis was not repeated.

Chest, skull and pituitary fossa appeared normal in X-ray. The serum Wassermann was already known to be negative, and the cerebro-spinal fluid was normal in this and in all other respects.

He now wished to go home, as no immediate treatment was offered and he was discouraged by the negative response to hypnosis and to narcosis, and by the negative results of other investigations. He was allowed home with instructions to continue his pheno-barbitone,

and later/...

and later returned to work, but was re-admitted 6 months later because on the previous evening, while sitting with his wife, he ~~had~~ suddenly turned his head to one side and fell on the floor, where he lay twitching : his eyes were glazed and his lips frothy. Five such attacks occurred in half an hour with only partial recovery of consciousness between them. There was no biting of the tongue, nor incontinence. He was given chloroform, and re-admitted, after which no further fits occurred, probably because the pheno-barbitone routine which he had allowed to lapse was now resumed. No real recollection of his wife had returned - he had continually mislayed articles at home and "had had to be told everything". He "did not get lost" at home or in the streets, but had difficulty in remembering which place or ship he was working on as a painter.

An electro-encephalogram now showed "dysrhythmia more or less confined to the left temporal lobe, where there is an almost continuous variation of wave frequency in delta, theta and alpha bands, of high voltage and of episodic quality. There is no doubt that patient has epilepsy due to the presence of a post-traumatic lesion in the left temporal lobe".

His condition was soon that obtained before his discharge : further investigations of his cerebral condition were being considered, but he was anxious to go home and has not been seen since.

Comment

1) Possibly the trauma at the time of the window incident and

haemorrhagic/...

haemorrhagic tendencies associated with the jaundice both led to further change in the cerebrum - ? fresh bleeding - and so to a further mental deterioration.

2) That the writer's view of the hypnotisability of hysterics led to the eventual change in diagnosis is not perhaps important in this particular case, as such a change would in any case have been forced on one sooner or later by the appearance of epileptic phenomena. It is likely, however, that similar cases occur in cases which one might wait long enough for definite signs of epilepsy and in which electro-encephalography might be delayed indefinitely and with more excuse than in this case. In such cases tests of susceptibility to hypnosis might be helpful in diagnosis if the writer's hypothesis that all those suffering from gross hysteria (amnesias, fugues, somnambulisms, convulsions, paralyses) are deeply hypnotisable at the first attempt. If simultaneously other tests were given to such patients to establish the diagnosis, this hypothesis itself could be tested.

3) Intravenous barbiturate proved useless as a device to deepen hypnosis. It did seem to allow some lessening of the amnesia.

4) The slight degree of hypnosis achieved was sufficient to allow post-hypnotic induction of a dream and

5) the resulting dream was a memory - characteristic of some post-hypnotic dreams (Wright (1952)) : (Gill and Brenman (1943)), as is mentioned in connection with several other cases in this series. Thus

6) The slight degree of hypnosis was sufficient to modify - though very slightly - the amnesia in this case of cerebral damage. This very slight portion of the amnesia might be dismissed as due to a "functional overlay" though Fortanier and Kandou are quoted (Weickhardt and Langenstrass (1947)) as stating that hypnosis may restore memories lost following head injury. Less equivocally, Schilder is credited by Wilder (1947) with removing epileptic amnesia by means of hypnosis, while Stroemgren (1946) claims that the retrograde amnesia which usually follows non-fatal suspension or strangulation can be almost completely abolished by hypnosis. The lack of distinction between what were certainly at least once thought to be different forms of amnesia is emphasised by 2 reports of the reliving in hypnosis of concussion - one being of a few seconds' duration (Kartchner and Korner (1947)), while the other (Erickson (1937)) occupied four hours, characterised by loss of rapport, the disappearance of knee-jerks and pupillary reflexes, dilatation of the pupils, practically imperceptible pulse etc.

CASE P.

The 43 year old clerk P. had complained of pain in the left side of his face for a period of 18 months. For the middle third of this period he had been relatively free of pain until the birth of his second child. Analgesics definitely lessened the pain, he believed, so he was taking about 100 grains of aspirin each day (noting the number carefully). Chewing, or any exertion,

or exposure/..

or exposure to cold made it worse. He was diagnosed as a case of tri-geminal neuralgia until the various atypical features of the pain led the neuro-surgeon who was investigating the case to seek a psychiatric opinion : his own was that the patient did not want to recover.

The patient had been diagnosed as suffering from a duodenal ulcer 8 years earlier, and atypical abdominal pain recurred at intervals. Haemorrhoids had been present for 14 years. For 2 years he had felt very tired. Since childhood he had suffered from fainting attacks and recently he had slept badly.

At the first interview he proved to be a man of above average intelligence. He was sure that his symptoms indicated organic disease, though he know that none had been revealed by investigation. He was asked to talk about himself - "whatever comes into your head". His manner was careful, deliberate and precise : there was an absence of normal fidgetiness. In talking about his childhood, he said with feeling - "not a day seemed to go by without my father saying "Close your mouth!."" He added "I never talked to anyone like this before!" He was afraid that his superior-Smith-at the office, whom he disliked, would find that P. did not merit his excellent reputation as a clerk.

At the second interview he reported a dream which had occurred before the first : Ord stabbed him in the buttock. He had shouted in his sleep. Ord was rather higher than P.

in the/...

in the office hierarchy : they were on friendly terms. P. said that his wife was frigid but added that he felt inferior in connection with his (anatomically) sexual inadequacy relative to his wife. He understood the writer's citing the "stomach turning over" feelings which affected P. in the presence of Smith, as an example of the way in which physical symptoms might have an emotional cause but was still apt to regard his other symptoms as physical. He was fastidious : he was obsessional about his petty expenditures on himself. He then spoke of his father's meanness with pocket money when he was a child, and of his threatening manner, and, at the next interview, of his many enforced childhood attendances at church. He remarked that at adolescence he suddenly became an agnostic because he could not reconcile the Old Testament God with the gentleness of Christ. He did not rebel against his father's injunctions about returning home at a certain time at night until he was 26. His father "denied him" in the street when he was 8, because he wore patched trousers while his father dressed very smartly. P. had wanted to be an accountant and had never been given the chance; "These are things I haven't thought of for years".

He was now hypnotised, thrice in one week : only light hypnosis was achieved but a vivid nocturnal dream followed the appropriate suggestion : "Ord was annoyed at my delaying him from entry to the bathroom". At the next interview he was

astonished/...

astonished to find, as the result of a casual question, that he had no idea where his sisters had slept in the two-roomed house which the family occupied for a period of years, which began when he was 18, though he recalled that the parents slept in a concealed bed in the other room.

As he seemed likely to be a poor hypnotic subject he was encouraged to have formal psycho-therapy, but made no decision. He was told that he had better assume that meanwhile the writer was going to carry out the psycho-therapy. One noticed that when he shielded his left face with his hand he also covered his left eye. He said he was thinking of rebelling against certain aspects of Ward routine. He told the neuro-surgeon that hypnosis had been a complete failure but that he now thought it was psycho-therapy that would help him. He had been sleeping well ever since hypnotic suggestion had been given to that effect, but his pains were worse. He had met a school contemporary and was astonished to find how much more she remembered of school life than he did. He said that he had believed until he was 30, that birth occurred through the umbilicus. On his honeymoon he was impotent, and so openly suspicious about the apparent absence of the hymen that his wife offered to leave. When the fourth attempt at hypnosis appeared to fail, he said with considerable rancour "I feel I could get to sleep if only you'd shut up!" The writer accepted this with good nature, and suggested, though neither eye nor

limb/...

limb catalepsy could be obtained, that he would sleep well and dream before the following morning. He slept after the interview and dreamed :"the nurse woke me twice to get a boiled egg with the top cut off". His comment was-"it's ridiculous : no use!" He did not believe that the dream was induced by hypnosis, "for I know you hoped I'd dream about my illness". His associations to the dream included the patient opposite him, who had his eggs cut for him. This patient had a bowel obstruction. At night P. slept well, to his surprise, without any aspirin : he did so again during the next forenoon. He could not remember the nocturnal dream. He said "You've helped me to sleep". At the next session he was lightly hypnotised, with suggestions that he would dream at night and - for the first time - that his pains would improve. No change in his pain resulted, nor any dream. He remembered at the next session - for the first time for years - that he once saw his father strike his mother. Asked for details of the office he said that the lighting arrangement was bad for his eyes : "I never thought of that before". He was reminded that his eyes had been found to be normal by the ophthalmologist who had seen him at the writer's request. He then recalled suddenly while relating that Smith had insisted on having a room of his own at the office, all the other clerks sharing the big room, that his facial pain had begun when the firm first occupied that office 18 months earlier. "It's funny - I never thought of that before! I never had any pain in the old office (which he had shared with

Smith. He was discharged 4 days later, somewhat improved; he had been seen 12 times in one month.

Seven weeks after his discharge he sent the writer the following letter :-

Dear Doctor,

This is to express, rather belatedly, my thanks to you for the generous allotment to me of your valuable time during the weeks I was at the hospital. Your patient and sympathetic consultations and tolerance in face of my occasional unfortunate bluntness of expression were quite exceptional, and I have come to assume that it is to your treatment that I must attribute an extraordinary amelioration of my affliction during the past month.

From 20 aspirins a day my consumpt is down to 4, and whereas 6 weeks ago I usually was awakened twice each night I now have at least 6 hours at a stretch.

My second purpose in writing is to advise you of the result of my visit to the clinic. I was most kindly received, and after a half-hour talk with Doctor X., I left with the impression that if I need psycho-therapy I can find few better places. But in view of my improved health it was agreed that I should wait a few more weeks in the hope that my pains might disappear entirely without treatment.

I should have explained that this visit was only a few days ago. I had asked them to postpone my initial interview because my usual Doctor had suggested I should first see Doctor Y., and the delay of what I expected to be a few days crept on to several weeks.

I did see Doctor Y. but rather reluctantly, as I am afraid that I may have offended you in seeking another opinion. He advised convulsive shock therapy which, as I have already explained to you, I shall undergo only as a last resort, being unfortunately acquainted with a patient who had an accident under this treatment.

I repeat my gratitude to you.

Yours faithfully

It is less satisfactory to have to record that follow-up by the writer 2½ years later revealed that the patient had relapsed after 3 months. He told the writer that he had for a considerable time been treated with injections each of which cost him half a

guinea/...

guinea, "though half the time I know they're not doing me any good". He said that it was only common sense that one got better treatment by paying more. He decided to discontinue the injections and finally agreed to begin formal psycho-therapy as the writer had originally recommended.

Comment

1) Hypnotisability was poor, which the writer associates with the prominence of obsessional features in this very rigid personality.

2) In spite of this, nocturnal dreams could usually be induced, and satisfactory nocturnal sleep always, to an extent which convinced even this stubborn suspicious patient.

3) The results, though good, were merely temporary and did not even persuade the patient to accept psycho-therapy elsewhere as had been hpped. Nevertheless it would be interesting to know for what reason P. improved. The improvement with direct suggestion did lead to some degree of positive transference in this very ambivalent man, and the later, and greater, improvement was one considers probably due to the fact that the patient had found the father-figure whom he could attack without fear of retaliation even in the very way ("shut up = close your mouth") in which his domineering father had treated him. No interpretations were made though a considerable number might have been if it could have been definitely decided that the writer was going to treat the patient himself. As this was uncertain, the writer did not

wish/...

wish to become deeply involved, only to have to interrupt the treatment a few weeks later. Much of the material was anal as one might expect from the obsessional features of the case. There was no abreaction, no gain in intellectual insight, and though there was much recollection of the past, including the superficial significance of the time of onset of his symptoms on the one hand and varied childhood experiences on the other, no conscious links were made between them. This then was a transference improvement, insufficient in extent to establish, instead of the vicious circle of his neurosis, the "benign circle" of Alexander (1946e) in which the change in the patient's attitude leads to a change in that of others, with a consequent improvement in the emotional atmosphere which might allow the patient to mature emotionally.

CASE Q.

The writer was asked by a general practitioner to see the 45 year old man Q at his home. He had returned there after an absence of several days. This was the third such period of absence - on each occasion he had bought a single railway ticket for London with the intention of committing suicide - the principal idea being to throw himself from the train. Instead however of killing himself he would return from some intermediate station. For many years he had been a well-established chronic alcoholic, and had become involved in the usual serious financial difficulties. He was

married/...

married to an intelligent and apparently stable woman, who provided the writer with an excellent history. They had one child. Q. had consistently refused any treatment.

He turned out to be a man of above average intelligence. His mood - as usual after these episodes - was one of depression : he had little spontaneous conversation and his replies were brief. His memory for details of the train journeys described above was rather vague, owing to his pre-occupation at these times with depressive and suicidal ideas. He was perfectly orientated. The first part of the interview was the usual psychiatric interrogation, involving a very considerable number of questions. The writer then thanked Q for his patience in answering these questions and indeed in submitting himself to an interview at all when - it was clear - he felt so tired and unhappy and ill. His condition was presented to him as an illness : it was emphasised that alcoholic addiction would not occur in the absence of illness. The writer then tentatively suggested that the patient might benefit from psycho-therapy, asked him to consider this, and departed soom afterwards, the interview having lasted about 45 minutes.

In view of the patient's taciturnity, the writer was by no means certain what effect this interview had had, or indeed whether it would have any effect at all. As the months passed without the patient making any approach, in connection with arrangements for psycho-therapy, to the writer, the latter concluded that the patient had again refused help. Eventually, however,

the general/...

the general practitioner reported, when he was in touch with the writer about another matter, that the patient had totally abstained from alcohol since the interview. His financial affairs were now stabilised, there had been no further depressive or suicidal episodes, he was continuing to work steadily and the household was again a happy one. The practitioner, who was a friend of the family, was certain that the cause of this happy turn of events, was the contact with the writer : there had been no other possible cause, he said, and spoke of the effect of the writer's mind on that of the patient. The writer expressed his pleasure - and his surprise - at the news, but added that he doubted whether the interview had been so significant. The practitioner however insisted that he had good reason to know that it was, and added that he himself had once had a long talk with an alcoholic personal friend who, as a result, gave up his alcoholism permanently.

Subsequent enquiries showed that Q., two years later, remained well in every respect and still abstained from alcohol.

Comment

The interview could, in the writer's opinion, be invoked to explain the improvement which followed it only if other possible causes were excluded. The patient's own doctor was certain that they were excluded. This doctor knew from his own experience that the curative effect of one mind on another - of which he spoke - did not require that one mind should be

specially/...

specially trained in psycho-therapy. But he had not considered that it need not be the mind of a doctor and, in fact, that the beneficial contact between 2 minds need not even be intended as curative on the part of either, for it seems that in some cases any acquaintance of the patient's - not necessarily with the especial prestige of a doctor or a clergyman - may be chance say or do something that has the effect of a revelation on the patient. Provided however that such other contacts had not occurred to Q. about this time - and the doctor, who was a friend of this patient and of his wife was convinced that they had not - it seems that it was the interview described which precipitated the changes in the patient.

If this was so, what was the significance of the interview? No information was given to the patient during it which he did not already possess, except perhaps that psycho-therapy could immediately be arranged for him. That does not seem to have been important as Q. did not avail himself of the opportunity. That he was ill had often been presented to the patient already, so that there was no new intellectual content in the writer's statement. What was new, constituting in the writer's opinion the really significant part of the interview, was the emotional "field of force" in which this statement was presented. One refers on the one hand to the attitude of the writer - tentative, permissive, gentle, humble and almost apologetic, devoid of criticism im moral

ethical/...

ethical, or any other spheres; and on the other hand to the patient's reactions to this attitude. What these were - as has already been stated - was a mystery to the writer but it may fairly be assumed that it was a unique experience for the patient. The adjectives applied above to the attitude of the writer could not after all be appropriate to that of any but the most unusual of the wives, relatives, friends, ministers, priests or doctors of alcoholic patients. With these persons, the patient must have again and again had very different experiences, often and probably always characterised by at least an implied criticism on their part.

Henderson and Gillespie (1936f) write "In our experience the psychological viewpoint is usually a revelation to the (alcoholic) patient, and the physiciam who places it before him is at once at an advantage ; for always the patient has been taught be his friends that his codition is simply one of moral turpitude and nearly always he has personally come to regard his alcoholism as mysterious and inevitable. The patient's goodwill having been gradually obtained in this way, it is usually possible to show him the factors, psychological and circumstantial, which have contributed to his illness ; and to show him how they can be more satisfactorily dealt with".

Advice regarding conduct of the patient's life, education, insistence on complete abstinence, cultivation of hobbies etc.

are among/...

are among further steps recommended. In the case of Q., none of these was taken, nor was any attempt made to show the patient the psychological factors in his illness, for they remained quite unknown to the writer. The presentation of the "psychological view point" was no doubt important, particularly in its avoidance of the issue of moral turpitude, but if the only resultant gain had been Q.'s good will it seems very doubtful whether he would have reformed, particularly in the absence of any of the further steps recommended by these authors.

It is the writer's opinion that the reason for success in this case is more likely to be revealed in the writings of Alexander and French (1946), on psycho-therapy in general. At the end of this work they write "The main therapeutic result of our work is the conclusion that, to be relieved of his neurotic ways of feeling and acting, the patient must undergo new emotional experiences suited to undo the morbid effects of the emotional experiences of his earlier life. Other therapeutic factors - such as intellectual insight, abreaction, recollection of the past etc. are all subordinated to this central therapeutic principle. Re-experiencing the old unsettled conflict but with a new ending is the secret of every penetrating therapeutic result" (Alexander and French (1946b)) It is suggested that the new emotional experience - described above - which Q. had undergone, did help to undo the morbid effects of his earlier experiences. By this one means not only, or even perhaps mainly, the experiences of recent years (e.g. the aggravation

of his alcoholism by the very arguments, chidings, and appeals etc. designed to check him) but also experiences further back in life, perhaps in childhood. If, for example, a childhood habit of defying one's parents persists into adult life in the form of defying those in authority, it is not difficult to see that moral condemnation, orders, instructions, and even advice may not be accepted if their source is regarded as authoritative. If alcoholism is an expression of the defiance, it will continue. But the situation may change radically if an "authority", by discarding that authority, deprives the patient of the need - perhaps rather of the excuse - for continuing his defiance.

The remarks of Erickson (1945) concerning prestige as a factor in hypnosis seem relevant here : he writes that in the armed forces (of U.S.A.) the hypnotist occupies a position of especial advantage, but much more is to be accomplished if the medical officer diminishes his authoritative officer status, thus transforming his authority into additional prestige as a physician. Similarly Fisher (1943a) quotes Altman Pillersdorf and Ross (1942) to the effect that transference in the forces is complicated by a special kind of resistance which becomes prominent when hypnosis is attempted : the chief factor is that the medical officer is an officer and is therefore regarded by the soldier as responsible for his plight. Certainly authority - he continues - helps in induction especially if the technique is awe-inspiring, but the

patient/..

patient may be in a deep trance as judged by somatic criteria and yet remain rigid psychologically - full of resistances and quite unable to recover amnesiae or to divulge his conflicts. Fisher (1943a) therefore advises the therapist to divest himself as much as possible of all authority - e.g. by wearing a gown over his uniform. He adds that there is no substitute for sympathy or for the patient's recognition that one desires to help him, not to overpower him. It seems to the present writer that the statements of Erickson, Fisher, and Altman et al., and a myriad of related statements by these and the many other writers on psycho-therapeutic technique in general, find a deeper explanation in the light of the views of Alexander and French (1946).

Alexander (1946e) writes that the basic therapeutic is the same in all forms of etiological psychotherapy : to re-expose the patient, under more favourable circumstances (e.g. the narcosis, and the presence of the therapist in narco-synthesis) to emotional situations which he could not handle in the past : while the patient continues to act according to out-dated patterns, the therapist's reaction conforms strictly to the actual therapeutic situation. Thus the patient has a chance both to see intellectually and to feel the irrationality of his emotional reactions.

Whether the example quoted above - the persistence of a child's defiance of his parents - is relevant in Q.'s case is of course very doubtful. But Alexander gives examples of the

inappropriate persistence into adult life of childhood patterns which are all the more convincing because their demonstration, in the manner he describes, to the patient is followed by definite and lasting benefit. He points out (ibid.) that the therapist's objective, understanding attitude allows the patient to deal differently with his emotional reactions and thus to make a new settlement of his old problems, and further (ibid.) that the change in the patient's attitude may lead to a change in that of others and so to a better emotional atmosphere in the home which in turn helps him to grow emotionally. In this way a benign circle replaces the vicious circle of neurosis. Thus, in contrast with the present writer's happy accident with Q.'s alcoholism, Alexander (1946d) deliberately takes an attitude directly opposite to that of the domineering critical father of one of his patients. For example, he was not merely tolerant but expressed his admiration for the patient and one day (Alexander (1946d)) asked him to describe his work. The patient eagerly responded and in a didactic and condescending manner instructed Alexander in the mysteries of glass manufacture - this was followed by the recovery by the patient of his potency. Alexander (ibid) says "It was as if this man in his forties were, within a few days, going through the process of maturation normal during adolescence". These words recall the description by Ross (1931) of the maturation of another man in his forties who, after a few

interviews/...

interviews with Ross seemed to enter and pass through the flirtatious phase of adolescence in a very brief period - at first with many timid apologies to Ross. Ross had earlier decided that the patient, whose behaviour was very feminine and who had experienced strong homo-sexual desires, was an untreatable homo-sexual, and he continued to see the patient merely to afford him a chance to bemoan his lot and to criticise the attitude of society to his kind in the hope that unburdening himself to a sympathetic audience might enable him better to bear his unhappiness. The patient however thrived in the permissive atmosphere and soon dared to remember a forgotten incident in childhood - he had been very severely chided by an adult relative when found in a compromising situation with a girl cousin. It seems clear that Ross here achieved accidentally, by his kindness, what Alexander deliberately accomplishes - he allowed the patient to re-experience the emotional situation in which he had formerly failed, in a situation protected by his support and with a new happy ending. He had taken a permissive sympathetic attitude, certainly as regards sexual matters, directly opposite to that of the chiding and frightening relative of the patient's childhood : the patient found that he need no longer continue to behave like his sisters - this behaviour was no longer appropriate since "the authorities" (i.e.Ross) no longer attacked him when they discovered his masculine tendencies as had been the custom of authorities when he was a child. Ross was surprised at the rapid cure : Alexander's theories not only

explain/...

explain it but provide a firm basis on which such cures are not left to depend on the "accidental" effects of tolerance and sympathy but are deliberately planned, with a scientific insight which is no less humane in the relief from suffering which it brings. The excellent result obtained by Ross - his patient was soon happily married - was, no doubt, a "transference cure". That transference cures are sometimes permanent is not surprising when an explanation is available : French (1946ab) points out that the relief of unburdening himself to a non-condemning analyst allows a better adjustment by the patient to real life - the real life situation therefore improves and the patient may ever thereafter find the therapist's emotional support unnecessary.

In Case Q., the writer was not aware that he was doing anything to the patient beyond persuading him to give a history and trying to coax him into accepting psycho-therapy. One wonders how long such psycho-therapy would have lasted, whether the patient would have co-operated, and what the eventual results would have been. Would they have been better than those so far achieved by the patient without any deliberate psycho-therapy at all? As Alexander (1946g) writes "Every psychiatrist of long experience has had occasion to be surprised at an apparently sudden cure among his patients". After quoting a case of sudden cure in some detail he writes (Alexander 1946f)"If such results could be achieved - even exceptionally - in two interviews, how

could/...

could an analyst know that he did not overlook such a possibility in a large number of cases? This case was the beginning of our decision to undertake a study of briefer treatment."

CASE R.

The 33 year old man R. had already been diagnosed as an inadequate psychopath with alcoholic addiction during a three months' voluntary stay in a mental hospital at B., three years before he met the writer. He had already by that time taken to"doctoring" his beer and tea with methylated spirits : he had complained of nervousness, and said that he felt people talked about him, and that he shook all over at interviews. That he was always nervous even at school; knew he was never the same as anyone else - would take any amount of abuse and avoid any sort of quarrel. He had never wanted to play games at school - he was too afraid to be hurt. He had been particularly good at French while at school. He had started to drink spirits heavily several years before he arrived at B. after being discharged, as an anxiety state, from the Merchant Navy. His girl had jilted him ; "I was too scared to take her part in any brawl". He drank, alone, to give himself confidence to mix better, left home and tramped the country. "I was quite irresponsible - I'd sell clothing and clothing coupons to get drink". He was discharged from the army a few months after call-up. He became too nervous to remain at work - he was a pastry cook. He had felt impelled to jump over Waterloo Bridge on the way to hospital at B. Three months

in hospital/..

in hospital, including three weeks of narcosis and a course of E.C.T. had already proved useless in another hospital A. In B., psycho-therapy was found to be equally unhelpful and he was allowed to return home. His brother charged him with petty pilfering and he spent 14 days in jail. Two years later - after numerous brief spells of work and innumerable long drinking bouts - he was described by a psychiatrist as "hallucinated, tremulous, and talking of suicide" ; he became a voluntary patient for 4 months in another hospital and was given "Antabuse" - it had no effect whatsoever. A year later he was admitted to the mental observation wards, smelling strongly of alcohol. He had come to the hospital in the hope of being given paraldehyde, to which he had become addicted. He tried to impress the resident with the story that he had slept beside his mother until he was 10, that he loved her and hated his father. He said that he sometimes felt too weak, sensitive and timid to be a man. His summary of his sexual development was "I've had gonorrhoea twice, so I must be O.K."

A few days after admission a light hypnosis was induced with the suggestion that he should sleep well and dream, that he should waken feeling fresh in the morning, and reach a deeper level of hypnosis next time. All these suggestions were successful. A week later he was hypnotised and in response to suggestion dreamed vividly - thrice in fact - under hypnosis. A week later again he was hypnotised still more deeply and recalled his first day at school with much detail. The 3 induced dreams - which really

appeared/..

appeared to be memories - referred repeatedly to his discontent as a child because much of his clothing really belonged to others - and now under hypnosis he spontaneously recalled that he was sailing a model yacht at the age of 3 when his mother reminded him that the yacht belonged to his dead brother. Twice in the next week he was given hypnotic suggestion that he should experience no fear in connection with a minor eye operation performed about this time. This manoeuvre succeeded - in striking contrast to his earlier marked apprehension before ocular treatment. At the sixth hypnotic session he reached a fairly deep hypnosis with an induced selective amnesia. He described "marijuana parties" in London at which cocaine was used and during which "disgusting orgies" occurred : he denied that he himself took drugs. A week later he was hypnotised again and was told to speak out whatever came into his mind. He said"I'm in an office, sir, with my mother and a very dark lady and I'm very small and she's speaking to me. I said "Look at that black woman, Mummy!" and she was very hurt and I rushed forward to apologise and she smiled.

Playing with a big horse in the street - big boys putting you on its back and pat its nose - I was frightened and started to yell and wanted away ..... They're all laughing.

The bicycle - an older boy wanted to take me on the cross bar, I didn't want, my young brother went..... I remember..... I see a bonfire now.... They're all jumping through the flames.. I'm afraid to jump.... Then I..... talking to the dark lady

again/....

again. I can see how my clothes are like, white rubber shoes.... white blouse and straw hat".

He was now told that when he resumed talking he would become increasingly absorbed in his thoughts, and would allow himself to experience the appropriate feelings. He gave a long account, mostly in the present tense, of frightening experiences - being taken tandem on a bicycle by an older boy, on several occasions. He gave several instances however of his fearlessness as a swimmer. He gave several examples of his uneasy relationship with his father, as a boy and later. "I looked forward to starting work on Monday, my mother is getting a pair of shoes, I'd left school on Friday, I was playing in the street.... Release..... Leapfrog.... Rounders... coming home I told my mother the chef wanted to start me on Monday... She said "You won't need your gym shoes now for Rounders".... I seem to think I'd grown from a boy to a man, all over a pair of shoes".

He was told that his thoughts would become more absorbing still until they formed into a dream beginning at the count of 10 and that he would find it easy to relate the dream later. This he was asked to do after a minute's silence. He said "Lying in state like King George V. in Westminster Abbey, with a big queue for relatives all round. Someone says that it's Easter time. One or two days are mixed up because he died in winter time - January. There are 4 soldiers at each corner of the coffin.

Everyone/...

Everyone passing the coffin 10 or 15 yards away had on a big black coat". After a few moments' silence he said "That's all, sir". This dream seems to the writer to resemble closely an ordinary nocturnal dream.

He was asked whether he remembered his first drink, and said that he did - his father's brother gave him toddy, and his father gave him beer. "I remember very clearly now. I spat it out and said to my mother "Never mind, you won't need to worry : I won't drink when I grow up"... I was eleven or twelve then. But then I stole a bottle of whisky from the Restaurant and hid it under my bed and took a cup from the kitchen under my clothes and crawled under the bed and poured 2½ or 3 cups and walked away out to the Park - sick, not vomiting, but staggering, everyone looking at me, lay in the long grass till 3 or 4 in the morning - the rain woke me. Before I went to work in the morning I had another cup ". This was at age 14, not long after he started work. He was told that he would relive this experience of his first drink on the count of 10, that he would experience again the taste of the beer which his father had given him. ".... 8 You're going to drink ...9 - Your father is offering it to you... 10! ". The patient made a wry mouth, and said "A terrible taste - sour, cold, dank, musty, spat it into the sink. And I grabbed my mother by both arms and danced round her, I can feel the happiness surging through me that I'll never drink behind the cupboard door on Saturday night before my wife and kids, if I ever have any.

I can/...

I can see how happy my mother was. I can hear the bottle emptied into the glass.... My father's telling my mother he done it just to make me sick of drink and I'm feeling he certainly made a good job of it..... I walked across the kitchen to my blazer over the chair and took a sweet from the pocket and started reading my book again.... I can see the book ". (What is it called?)"The Magnet"... The "Times" with all the football results - that's how I knew it was a Saturday".

He was told that he would feel well and would "Go deeper next time", that he would have no craving for drink or drugs at least until the next interview. "You proved your father wrong, if he really meant to avoid your drinking by giving you beer. But this is not a trick but a straight-forward suggestion. The thought of drink or drugs will enter your mind seldom if at all, and then always in association with the idea of that terrible taste, which you can feel again now". The patient again moved his lips, as if tasting something unpleasant. He was told to waken with a complete amnesia.

On the following day he said he felt very well, and had slept well, but had experienced a great craving on seeing a peraldehyde bottle. He had had to restrain himself from lifting the bottle with the idea of drinking as much as he could. He was expecting another eye operation but felt no fear in this connection.

The amnesia for the last hypnotic session seemed to be

complete/...

complete. Various paranoid trends were noticed ; he seemed ill at ease because, he explained, he had said "Good morning" to the writer before the latter had addressed him. While the writer was talking to another patient in the Day-room, R. thought that the writer might feel that he - R. - was taking it very easy, sitting there reading, while the writer had to spend hours in treating him. So he thought of leaving the hospital but was afraid that the writer might resent that.

Hypnotised, he was told that his mind was going back through the years to his boyhood : that in fact he was becoming a little boy again. He began to talk of playing football at 4 o'clock that day. He gave his age as 10. He described the game of football using the present tense throughout. He said it was Friday, and mentioned that he was going to the pictures "Tomorrow". (Do you like the pictures?) "It's before the pictures, the screen's all covered with advertisements, we are playing at guesses to pass the time - just the initials of advertisements - 40 or 50, maybe more.... ". (Who's that sitting alongside you?)"Willie Campbell - he's older than us but very nice. He's got a bad leg. His father's a policeman. Terrible shouting, as if that would make the picture start sooner! Gunnis singing between the pictures - sometimes he has black on his face. Last week he samg "When you and I were Seventeen" - only I liked it - the others didn't - I wonder what he'll sing today... Someone stuck sticky stuff over that boy's

head/...

head - it's a shame - he's crying - I don't know how anyone could do that - the picture's starting - I'm glad, it stops all that screaming and banging of feet. This is another Cowboy picture - they're all the same - I don't like them - I don't know if the rest feel the same. They're all yelling. If he got shot, the picture would finish : there couldn't be one without him - I don't know who's in the picture". (What's happening in the picture justnow?) "A chap's being chased by a crowd of men shooting at him - seems to be getting further and further away, wasting a lot of bullets, I don't suppose they're real bullets. Everyone's shouting for him to go faster - he's left his horse now - ". (You said this is Saturday. What's the date?) "It's summer time.. it'll soon be the holidays, six weeks. Jean Ross is going to Jura". He went on to describe the remainder of that film and part of the next. Asked about his school he said "I'll soon be passing the Qualy" (sic) "and going to the Academy - I'll get French there and Latin and Science". He explained that he had learned a little French from his older brother. Asked when the War finished he said 1918 (Has there been a war since then?) "No.... a lot of trouble. They say there's going to be a war". He went on to talk of a young man who took an interest in him and whom he obviously worshipped. This man had been killed in an accident. The patient was very upset and obviously near weeping (You feel you want to cry. Cry if you want

to/...

to. Noone will see you) "My brothers may see me, my father.... Later he was asked whether he knew any French words. "Not many, I know "What time is it?" - "Quelle heure, est-il?" He was praised for the various examples he gave, and was asked whether he knew what "Vent" was. He did not. When he was told that it was the wind, he said "I know the wind, because I have a poem, but it's too much, I can't learn it yet. Vol au vent, my brother reads it - it didn't say wind, but breeze. (Vol au vent?) "A puff of wind - a breeze". He gave the year as 1928.

He was now re-orientated to the current date, and was given the usual suggestions. The writer added "If anyone in authority offers you an alcoholic drink, you will feel very definitely that you do not want it. But you will take it reluctantly because it's from somebody in authority, and drink it. In your mind will be the distaste for it, and the idea of that horrible sour, dank, cold taste. You can taste it now." He obviously did. "And the distaste will grow into nausea, retching, heaving of the stomach, so that it will take you a great effort to finish the drink, and you'll have to force it down, and you'll know suddenly that you're going to vomit and you will have to hurry to reach a place to vomit - you will be afraid that you're going to vomit over the floor. As soon as you are sick, you will feel very well and fresh and confident". He was awakened with a total amnesia.

That evening he was given a glass of whisky by the Sister. She reported : he didn't want to take it but he did, not in one

gulp/..

gulp. I said nothing about his being sick. He went in to play cards and vomited in about 5 minutes. He seemed quite bright after that, and this morning. He's away getting his chalazion removed". The patient was seen two days later. He said that he did not want the drink "But something made me take it. It tasted like beer - funny. I went to play cards but felt something coming up into my throat and went and vomited - it was a taste of beer. I thought maybe there was something in the whisky". He was very uneasy, and insisted on leaving the hospital. The reason was not clear ; he was worrying about his mother's health, he said. He knew that he was not well enough to be going out. He agreed to return as an out-patient on the following day.

He returned as agreed. He said that he had had difficulty in sleeping. He reported "A great victory" that morning : "I was offered a drink by a man at the corner - I saw the bottle 6/6d. Wine V.P. - and refused it. But going to the hotel I got roared at by the Chef and found that my clothes and knives had been pinched". So he went off and had 6 whiskies, and was not quite sober when interviewed. He said that he was not worth treating. He said "If it were epilepsy or something like that -" He was reminded that he had said that 3 times and was asked whether he had anyone in mind. "The only one here is Jones - A homo-sexual of course. So he's got something more wrong with

him/....

him than I have. He spoke of going to London, and talked a great deal about suicide. He was talking very boldly for him, as he said himself. He added "I bet you couldn't hypnotise me today". He remembered with difficulty the occasion on which his father gave him a glass of beer. He admitted that in London he had been taking sodium amytal, but never cocaine or morphia. He agreed to return to hospital, and did so after collecting his clothes from his home. There was some reason at this period to think that he was again hallucinated in that he said that various people reproached him for being such a trouble to his mother, and though the terms in which the alleged reproaches were couched were common-sense enough, it seemed unlikely that so many persons should be acting similarly. It was more probable that the remarks were the result of projection : evidence was not lacking that one of his un-admitted desires was to make his mother unhappy. An example was his "parade"of his love for her, which contrasted strangely with the persistently bad behaviour which upset her so much. The appearance of hallucinations would not be surprising in view of the paranoid trends observed immediately before the hypnotic experiment. A few days later he was found to be as deeply hypnotisable as ever. When he left the hospital, against medical advice as usual, a fortnight later, there was no evidence of psychotic trends. The writer arranged for him to have formal psycho-therapy but his attendance at the clinic soon became irregular, while his alcoholism before very long

to be as bad as ever. A year after discharge he was basically unchanged.

Comment

This patient's age regression under hypnosis appears to have been vivid in that he used the present tense in "reliving" his experiences. It is noted however that while reliving his cinema matinee at age 10 he was unable to tell the writer the current date, though on the other hand his knowledge of French and his use of schoolboy slang in English did seem to agree with his then degree of education. The writer asked him particularly to translate "vol au vent" because in its meaning of a culinary dish it was, as the writer was aware, well known to the adult patient. It is noted that this meaning appeared to be unknown to the patient while regressed.

1) Other special hypnotic techniques used in this case included that of "writing on a blackboard" in the patient's mind (but this was not used for therapeutic purposes) and the induction of dreams - both in hypnosis and post-hypnotically.

2) The striking nature of the success of the conditioned reflex instilled by hypnotic suggestion was parallelled only by its uselessness. That hypnotic suggestion should accomplish so easily what heroic doses of "Antabuse" and alcohol together completely failed to do was one thing, but that the very success of this manoeuvre frightened the patient into interrupting treatment and leaving the hospital can scarcely be doubted. When he was

suddenly/...

suddenly deprived of an important symptom the increase in his anxiety led to the appearance of paranoid trends and apparently of hallucinations (both of these of course had been observed by another psychiatrist a year earlier).

3) One of the later hypnotic dreams, which has been quoted, appears to the writer - in spite of Brenman (1949) - to resemble closely the usual dream of natural sleep, while earlier dreams in hypnosis were memories as in the case of L. and others. Brenman makes no mention of dreams as memories except for "those produced and elaborated in order to please the hypnotist by illustrating a point made by him." This does not seem to apply in the case of R. The memory dreams which occurred in the earlier hypnotic sessions had a common theme in that they all referred to his childhood experiences of finding that his possessions really belonged to other boys. The writer considers that these early memories which emerged in this case, and in others, in hypnosis may best be understood as dreams, being selected from the mass of memory because they are specially significant, though the significance may be concealed in symbols or in the other processes which result in the formation of a dream.

4) R. was an excellent hypnotic subject. Connected with this perhaps are the marked changes in the ego which occurred in hypnosis in respect of 3 of the 4 varieties included by Brenman et al (1947) in that category. His sensation that his legs were handing over

the foot/...

the foot of the bed is an example of changes in the body image. The ease with which dreams appeared in hypnosis exemplifies changes in the mode of thought, while marked spontaneous release of emotion also occurred, particularly during age regression.

5) The meaning of hypnosis to this patient seems to have been submissiveness, passivity (perhaps homo-sexuality ?), as is shown by two facts : (1) When, with the aid of alcohol, he became bolder than his usual timid self he said that he did not think he could be hypnotised at that time, because he was more bold. (2) During the first hypnotic session the writer wished to deepen the hypnosis, and finding that the usual gentle technique was not producing very much change, assumed a rather commanding tone and raised his voice slightly. These changes were sufficient to suggest to another doctor, who was present in order to learn the technique, that the writer was becoming irritated by the slowness of progress. The patient responded with an immediate deepening in the level of hypnosis. The wisdom or otherwise of this approach is dealt with at greater length in the general discussion, as is

6) the disturbance created in the patient's mind by the success of the conditioned reflex. Meanwhile one quotes the experience of Joergensen (1946) with an alcoholic patient. This man had for 6 years suffered from severe chronic alcoholism, with depression, following a very frank psychotic episode - with a suicidal attempt - due to severe war stress. He was cured in 15 hypnotic sessions in

five/...

five weeks : he did not become an abstainer but was able after treatment to behave normally with respect to alcohol. The turning point in treatment was the establishment of a conditioned reflex very similar to that employed by the present writer in the case of R : it remained effective, in producing vomiting after the ingestion of alcohol, for one year. After its first induction, Joergensen's patient asked that his sedatives should be stopped as unnecessary - cf. the case of R. London (1947) hypnotised a man of 51 years, with repeated suggestions that he must abstain from alcohol because it was a poison, on the 3rd July, 1945 and on 5 occasions subsequently. On Armistice Day the patient took one drink and telephoned the doctor who hypnotised him over the telephone and repeated the suggestions. On Christmas Eve, 1945 the patient drank 1½ pints of whisky but an 8th hypnotic session thereafter had been followed by complete abstinence ever since (1 - 2 years). This follow-up compares favourably with another case reported by London (ibid.) in which it was one week, while a 3rd case-report (ibid.) is an example of the naivete in psychological matters of some practitioners : a paranoid young man was told (1) have no fears concerning the telephone operator:(2) do not consort with prostitutes:(3) do not masturbate.

CASE S.

The 35 year old young married woman S. was an in-patient in the psychiatric ward. She had suffered from numerous phobias and from addiction to alcohol and sedatives, over a period of many

years. For example, she had been unable to enter an elevator ever since, five years ago, a panic occurred in a lift. At that time she was worrying about her baby's feeding difficulties. She had been drinking to excess until 2 months before the baby's birth and began to drink more heavily still to enable her to cope with this and other phobias. She developed fears of traffic, and was unable to travel in vehicles except with the help of whisky or sedatives. She developed a fear of the street, and for 6 months was unable to leave the house at all. While crossing streets she sometimes felt that she was going to faint - she never did, - but on these occasions she could not move, and felt a warm sensation in her calves : then with an effort she was able to reach the pavement. For years she had been unable to go more than a few hundred yards from the house without similar panics in which she felt she was dying, unless with the aid of alcohol etc. The patient was of average intelligence : she was far from truthful and was much given to flattery.

Her earlier history began with her father's death in France when she was a year old : from then on she was brought up by an uncle and aunt in V. a quiet village. She never saw her sisters except when they were on holiday. There were many childhood neurotic traits. She remembered the years in V. as being happy ones : her aunt was a very heavy drinker - but was kind to her : her uncle was epileptic and occasionally violent - but she was very fond of

him/.....

him and regarded him as "Daddy". At age 11 she returned to the city C. to her mother, who within a week was beating her - this had never happened to her in V. Within the same week she saw a boy dreadfully injured by a bus. She began to defy her mother, who was very strict. The menarche was at $11\frac{1}{2}$: her first sexual experience at 14 : at 16 she was pregnant, and therefore got married, but remained frigid for another 10 years.

Eight years before admission she developed severe palpitations after being involved in an air raid at her war work with explosives in B., and the following year a panic occurred while she was on a bus, and she never went on a bus for 6 years thereafter. In the same year she experienced her nearest approach to a genuine love affair which was brought to a close by a pregnancy - to her husband - so she began to drink really heavily and developed a delirium a few years later which was, in the opinion of the present writer, probably due partly to bromide overdosage and partly to alcohol. Latterly she began to resort to prostitution - the money she spent partly on the house and partly on drink, which had become quite necessary to her. She felt panicky in the house especially if the children were out.

Her husband had been cruel to her, and unfaithful, but latterly became quite extraordinarily patient with her and did whatever she told him, including buying drink for her and lying to doctors to get her more sedatives, which she began to need. She

despised/...

despised him and resented having to depend on him. Relations with her mother became very distant because of S.'s alcoholism.

She worked, until too ill to do so, at many different occupations, and said proudly "Not a lady-like job among them" and added that she disliked sewing and knitting. In her first pregnancy she wanted a boy - the child was a boy, but died at a week. There were many children, and many miscarriages. She said "I'm pretty useless to the children - their father and my daughter was and dress them a lot". The writer had seen this patient repeatedly as out-patient and in-patient but now began psycho-therapy - one hour every 2 - 3 days.

Within a few days, she confessed that while going to see her sweetheart for the last time she stole a £5 note in the train from a woman's bag : on discovering that this woman had 2 or 3 children she felt horrified and put the money down the toilet as it was impossible for her to put it back. She complained of another woman patient D. following her around everywhere, said she could not concentrate, and later reluctantly admitted a dream of an old woman patient in bed with her. In this dream the old lady - who resembled her mother - changed into D., whose homo-sexual man-like behaviour to her in the dream corresponded, she - and she alone - felt, to D.'s tendencies in real life. She admitted having taken 40 grains of pheno-barbitone a year earlier because noone seemed to want to help her, but did not mention that she had repeatedly

left/....

left various hospitals against medical advice within a few weeks of admission - sometimes only a few days. On a previous occasion the present writer had given the patient intravenous sodium amytal and in narcosis she had remembered vividly being beside the railway line at the age of 3 when a train passed - she remembered the steam condensing on her calves as she pressed herself against a bank, which explained the similar feeling in her recent panics, but even immediately after waking - despite every effort to "bridge the gap" - she felt that this memory might have been merely a dream. She described how she remained friendly with a woman who had borne a child to her husband - she even looked after the baby for her. When she returned "home" at age 11 she addressed her mother as "Mrs. A--" and later by her first name. It became obvious, however, that she wanted affection from her mother very much indeed, and never felt she got it. The patient was very sceptical about hypnosis which she believed was "phoney".

It was pointed out to her that all her dreams were about women. She said she liked men better, and understood them better. She described her male cousin stripping her when she was seven, and a man paying her to expose herself at the same age.

An attempt at hypnosis a year earlier had been interrupted by someone entering the room - during the few moments of induction, she later reported, she "dreamed" spontaneously that she was crossing a road without any fear. She now agreed to another attempt at

hypnosis/...

hypnosis, but developed palpitation, due to worrying about it, which ceased whenever the author postponed it for a day. She was then lightly hypnotised. She found difficulty in raising her arms when paralysis was suggested but opened her eyes when the writer suggested rigidity of the arm : it was suggested that she would dream that night, but she did not.

She praised a woman who "treats me like her daughter". She felt like crying one day and her manner had become more feminine and less "tough". A second attempt at hypnosis failed : she said she had been disturbed by the sound of motor vehicles, and added that she might relax if she had a brandy. Next day, after an ounce of brandy, she was hypnotised lightly and told that she would sleep promptly and soundly that night, and dream, and that she would "Go deeper next time". Afterwards she said that she had been afraid that she might reach a deeper hypnosis if the writer challenged her ability to move her limbs : suddenly she said "Funny, I feel I want to dance". She slept that night in 2 minutes, without a sedative, and dreamed vividly. Next day she refused hypnosis— because of palpitation, she said. She described her aunt's family : in order of birth a girl, and then 3 boys. When it was pointed out to her that that corresponded exactly with her own surviving family she said "Yes, and it just struck me justnow that she had two boys named the same and the first died before the girl was born - and exactly the same happened to me". In each family the two boys were the first and the third child.

Two/..

Two days later she said that her earlier suspicions of pregnancy were now confirmed. In a fourth attempt at hypnosis her eyes closed but she moved her arms easily against suggestion, opened her eyes, and said "It's no use". She said that she was too hot, but kept on her blanket. She agreed to the windows being closed to diminish the traffic noises ; her eyes closed again. The writer continued in the following style, with much repetition: "Pleasant thoughts - for example, floating in beautifully cool water" - (the patient was a good swimmer)."Remembering pleasant scenes, from your childhood, one after the other, drifting into and out of your mind, like a dream. Your thoughts are going back through the years, picturing yourself as a very tiny girl - like a dream - becoming clearer - more vivid. Your first school day..... ". A horse was heard as it went along the road about 100 yards from the window : for a while there was no other sound except for the writer's voice : then it was noticed that the patient was no longer twitching - as she usually did - when other sounds were heard, even those of motor traffic. "..... These scenes as if you're seeing them now". The usual suggestions were then given - that she would sleep at night, and dream, and enter a deep hypnotic sleep quickly at the next session, "if you wish to". She was weeping, and her right arm appeared to be unusually stiff. She was told to wake on the count of 5 feeling well and fresh and confident. She awoke, and was asked how she felt. "You're certainly good at

putting/...

putting me back to childhood. I saw a street with the shop names, M--, D--, : I hadn't remembered them for years". (As you last saw them?) "I never looked last time : they're probably not the same shops now. They're the shops I saw as a child. I passed one every day going to school - pictures - one was a soldier with his horse dying - "Goodbye Nell" it was called - must have been after the first war - it probably struck me because my father was a soldier killed in the war. And another picture of a woman with a peaked bonnet - delicate, refined features". She evaded a casual question as to what had made her weep and said that she had noticed nothing wrong with her arm. Asked whether she believed that she had been hypnotised she said "Well, I certainly remembered things I wouldn't have done otherwise". (And so, are you glad, or sorry?) "Well, Sister said something about you saying I wasn't co-operating. It's taking me a terrible time to be hypnotised. If only I could be hypnotised without all this fuss". She was re-assured about her co-operation. She asked for a day in town to have her hair dressed.

Next day she reported a dream : "I was punching my mother-in-law's face, as hard as I could : the hate!! - it was terrific!" She had developed a severe headache - a rarity - an hour after the hypnotic session. She associated to the dream that she punched her aunt when the latter said that her mother had born a child before her marriage. She was hypnotised without pre-medication : "Your thoughts

are/....

are drifting back through the years... You see yourself more and more clearly as a tiny girl. My voice will not intrude. Someone is there with you : speak out to them what is happening".
The patient began to mumble : very little could be made out : "..... fighting .... 1925.... B-- told me not to tell about Auntie setting fire to the bed and trying to hang herself". (How old are you?) "6" (Your teacher is?) "Miss R--". She was re-orientated to her real age, and was told : "You're forgetting what you've been talking about - you may remember it tomorrow morning after breakfast - some of it - and in the afternoon - and you won't be too upset. If you go to town, you'll have a pleasant, calm day". She was wakened on the count of 5 and said that she thought she had been asleep a few minutes and was surprised to find that it had been 45 minutes. "Don't say I was at the bubbling stage!" (She had been weeping).

Next morning she was depressed, and stammered - both were new symptoms. When seen by the writer, she was unusually quiet. She had had a headache since 3 a.m. (You remember about the hypnosis?) "The picture?" (No, yesterday) "I was small, Auntie and Uncle were fighting - she said she was going to set fire to the bed". Her "tough" manner contrasted with her tense frowning sad appearance on the previous day while mumbling, in hypnosis, the same story. She described the scene, ending with her aunt's threats to hang herself with a rope she had brought into the house.

Asked/...

Asked about the earlier hypnotic session, she described the pictures in detail " I remembered last night - I was awake from after 3 till 4.30 in the morning with a headache.- my sister was here when I came here in 1925". She was going on spontaneously to describe her jealousy of the sister, to whom her mother gave presents instead of to her, when suddenly she became vivacious and said that she "had been dying to tell" her dream of the previous night - the first time, she said, that she had ever felt eager to report a dream. This had occurred before 3 a.m. : she was buying wool for the baby but when the dream ended she had become secretly associated with nuns.

The patient enjoyed her day in town but felt uneasy while on a bus.

At the next attempt at hypnosis, one reached the stage of "pleasant childhood memories" when the patient opened her eyes and said "It's useless". She was reminded that she had said much the same thing on the last occasion and yet had then reached a deep hypnosis, but another attempt failed also. On the first attempt on this day one had succeeded in producing eye catalepsy with this patient for the first time, as proved by her inability to open her eyes when challenged to do so. After the failure, she said "I don't know why I can't be hypnotised". She said that nothing had upset her. She now made it clear that she did not believe that she had been hypnotised at all on any occasion (you think I am lying?). "Yes". (I never do). "I'm beginning to think it's a lot

of bunk/...

of bunk", she said viciously. She "accounted" for the 45 minutes of hypnotic amnesia recorded above by saying that it was merely an ordinary sleep and was reminded that during that period she had spoken at considerable length, though she would have been more intelligible had she not mumbled : she smiled, "I did mumble as a child - I was always being told off for it. Laziness, I suppose. Funny - sister mumbled too. You're as wise at the end as you are at the beginning". "I see now how irritating it is", she added naively. She denied that the writer had said or done anything to upset her.

She described the hypnotic failure, a week or two later, as follows : "I was thinking of V., lying there, my childhood - when I suddenly stopped - I don't know why. I remembered as I was leaving here the other day, that there were two pictures in the room at V." - she described them - "and began to remember other things from then on". (She referred to the last interview - 3 days before the hypnotic failure - during which no hypnosis had been attempted). Asked whether she remembered anything of the hypnotic session, she said "just you saying I'd sleep well, and telling me the date". (No more?) "I've got a very bad memory of course, doctor", she said seriously. Asked whether the memories she had mentioned were all new, she said "Yes : of course, I never sat down and thought about V. before" - i.e. she immediately denied the efficacy of hypnosis even in leading to the

recovery/...

of memories. She complained that the petty squabbles of the other patients upset her.

Two days later she arrived from the ward for an interview and immediately said, almost weeping "I feel I want to run back to the ward from here". She refused even to attempt hypnosis. She was again asked whether the writer had said or done anything to upset her. "Never", she said. She reported a dream in which she was pulling a lavatory chain in order to ring a bell, but the chain merely extended and stained her hand with rust. She volunteered that after her marriage she had returned to V. and there permitted intercourse to her three male cousins : "I was always looking for that thrill, which I've never had".

A week or so later another attempt at hypnosis failed. She said that she was frightened and did not know why. During this hypnotic attempt she recalled an enjoyable bus trip in a party of women, and a pleasant boat trip made with a woman. Her depression and her stammer had quite disappeared. She had dreamed for the third time in that month, a dream about a lavatory, to which she made no particular association. It involved a man whose legs were bandaged - the bandages reminded her of sanitary towels : someone said "He's very bad with his nerves" : he was carried on a stretcher to which she associated the carrying of a frail but notoriously disturbed woman patient to her bath. A Freudian interpretation of this dream might be that it

depicts/...

depicts menstruation as a mutilation which signified the difference between masculinity and the femininity she so obviously rejected as a disability. The physically and mentally ill patient might be herself. When this was tentatively suggested, she said "Well, don't men get the lighter end of the stick?" It was at last pointed out to her that her fear of D. might be a fear of discovery in herself of some attraction towards women, which had been suggested also by a recent dream in which she solved her traffic problem by following D. underground. She answered that she "Knew she was not a Lesbian" and so had no reason to be afraid. A week later it was pointed out that she had stopped talking of D. She immediately admitted a dream in which D. was behaving like a man to her "and I wanted it to go on - but that was only a dream". When it was pointed out that she had difficulty in expressing or even feeling hostility towards women, for example her mother, she said "One doesn't hate one's mother". That night she "dreamed all night- it must have been your suggestion about hating my mother". In this dream she said to her mother, who appeared as she did when the patient was ll, "if there's ever anyone I hated, it's you. I've waited a long time to tell you and now I'm telling you". This remark had in reality been made by her - to her husband. The following morning she fainted, for the first time in her life, during a vicious quarrel between two other women patients. She blamed this on the heat and on

the/....

the jealousy of the first woman - plain and a cripple - for the second one, with whom S. had recently disputed as to who should have the morning treatment session.

The writer now went on holiday for 6 weeks, which the patient spent at home. She returned looking remarkably well and was very cheerful. Her daughter confirmed that S. had lost her taste for drink, except for taking one drink as a night cap occasionally, but said her traffic fears were worse. She had managed to complain to a woman neighbour about her children who had been annoying S.'s children. "I could never have done that before". She found herself less irritable with her own children. Treatment was resumed - 2 to 3 sessions a week. After a week she reported another frank homo-sexual dream. She said "I usually feel like coming here to get peace from the ward but this morning I couldn't be bothered". She was reminded that at the previous interview it had been predicted that if she were pressed about her homo-sexual trends she might easily find an excuse for breaking off the treatment. After saying that she had been a tomboy she added " I suppose if your mother wants you to be a boy you become like one". A few minutes later she said "I've just remembered in a cinema when I was 12 - I saw two girls in the toilet" - she explained that this had been a homo-sexual episode. "I think they were step sisters or something".

At the next interview the patient suddenly burst out crying :

"I want to run a mile"! : encouraged to talk, she said that as she left after the previous interview "something struck me : I don't know how I never remembered it before : I felt like turning back and telling you - I've had a headache ever since : when I came here when I was 11 I interfered with a little girl of 7, my mother beat me with a stick when her mother told her - her mother went to an asylum not long after." The little girl resembled herself. "The worst is, I think it's that that made my mother dislike me!" The patient again wept bitterly. "It was in a toilet : it went on for a fortnight, I took her to the cinema, to the toilet". Here, surely, was at least a partial explanation of her recurring dreams about lavatories.

Next day, she said "I don't know where all this talking is getting us".

She said one day "I've always had great faith in hypnosis - it's a big disappointment". She had been speaking of another women patient who was a good hypnotic subject, in comparison with herself. She was reminded again that she did not allow herself to express envy of any other woman. She said "Well, I've lived my life, she'll get better. It's no matter for me - I don't want to be ungrateful, but I won't get better". She was shown that while she now tended to stop formal psycho-therapy by saying that it was worthless just when it was producing new memories and so perhaps a better understanding of herself, so earlier she had interrupted hypno-therapy by sitting up in bed and saying viciously that

hypnosis/...

hypnosis was "a lot of nonsense" just when it was producing a vivid re-construction of the past. But now that she admitted her fear of hypnosis, was she prepared to admit that she feared formal psycho-therapy for the same reason - that it might reveal facts, or fancies, which might be more important, that she did not want to face? It emerged that she did not remember that interruption of hypnosis : "I'm beginning to believe that I was hypnotised". During this session she remembered a hut on the way to the railway in D. where she had experienced her fright with the train at the age of 3. This experience she now admitted as a fact - saying that she now realised that she had vaguely remembered once or twice, when rooted to the spot in a panic, the wooden planks of the bridge over the railway. Not for the first time recently she expressed gratitude for the writer's patience and kindness. But a few days later ~~however~~ another hypnotic subject told the writer that for 2 weeks S. had been saying that she hated the writer. She had said that "she couldn't stand him", and advised the other patient to break off treatment. The day on which she had recalled her interference with the little girl was precisely 2 weeks earlier. S. now spoke definitely of going home "because I don't want my baby born in this hospital". She went home that weekend and returned as an out-patient in the following week, as had been arranged. One of their little boys was outside with her husband, and she asked the writer to see him. Her husband and the patient herself said that she had not been

drinking/....

drinking. She had become nervous waiting for a bus, and arrived in a taxi. She said that she had managed to travel in a bus on the previous day, and had done her shopping. She complained that she had begun to quarrel with her women neighbours.

Ten days later she reported 3 dreams. In the first she was having intercourse with a woman patient who behaved like a man. Throughout the next few weeks her difficulties in travelling gradually interfered more and more with her visits, which she ultimately discontinued. She had had 13 weeks of systematic treatment. This was the longest period she had ever managed to remain in hospital for, (and she had been admitted some 12 times to these wards and to similar wards in other hospitals). Eighteen months later this patient had relapsed again into something like her former state. Three years later she was as bad as ever, in spite of much additional treatment at intervals, electric shock treatment, carbon-dioxide treatment, etc. These led to temporary improvements followed by relapse, often within a day or two of discharge.

Comment

1) This woman was very severely ill. She was addicted to alcohol and to drugs, she had on at least one occasion become delirious, she had resorted to prostitution, she had terribly severe anxiety symptoms, and for years had been unable to remain for any length of time either in hospital or at home. Psycho-therapy,

including/...

including hypno-therapy effected only a temporary and very partial remission, which proved however to be much longer than that produced by any other form of treatment.

2) She showed unusual scepticism concerning hypnosis which appreared to depend partly at least on her great fear of it. One has never met any other patient who denied having been h ypnotised after such striking hypnotic phenomena had been elicited. However, Schneck (1950b) describes a case in which a male subject tried to deny that he had been hypnotised ; Schneck believes that for some patients hypnosis may have sexual implications, which in this case were those of femininity and homo-sexuality. He believed that the patient rejected hypnosis because for him it had such a significance.

3) Another uncommon feature was that while the patient proved capable of producing the most vivid childhood memories under hypnosis - and indeed apparently re-living them - and of responding to complex post-hypnotic suggestions concerning amnesia, dreams, etc., it was never possible to suggest successfully the paralysis of an arm, which in most subjects is much easier to produce that the afore-mentioned phenomena. Lecron and Bordeaux (1947) for example in their scoring system for depth of hypnosis, list 50 signs and allot 2 points to each : in this system partial catalepsy of limbs scores 16 points, and success with simple post-hypnotic suggestion 28 points, amnesia if partial 42, if complete 52,

if/....

if systematised 64 points. The corresponding figures in the scoring system of Davis (1931) are 7, 18, 13, 20, 28. To recall of lost memories, Lecron and Bordeaux allot 82 points, to age regression 84, to stimulation of dreams 94. They define a light trance as scoring 14-36 points, a medium at 38-54, and a deep "somnambulistic" trance at 54 points or over. This receives further comment later.

4) That she was hypnotised at all seems to have depended considerably on luck. It so happened that the noise of traffic was reduced for a few crucial moments from the rattle of lorries, vans, and cars which upset her so much, to the pleasant rural clip-clop of horses' hooves which must have reminded her so much of her childhood in the quiet little village. There is little mention in the literature of any specialised conditioning in the induction of hypnosis, though Esmarch (1946) uses themes of especial interest to the patient - as rural life was to S. Lindberg (1950) and Schneck (1950a) used monotonous auditory stimuli in the induction of hypnosis, which were a by-product of faradisation in the former and of air-conditioning in the latter case respectively. Kubie and Margolin (1944) use the patient's own breath sounds amplified as a hypnagogic stimulus.

5) One is not sure why this patient, after reaching a deep hypnosis, failed to be re-hypnotised on subsequent attempts. She seemed to discard both hypnotic and non-hypnotic psycho-therapy precisely when, and perhaps because, they were yielding traumatic

material/...

traumatic material from the past. It is at least possible that hypnosis could have been continued if the writer had not pressed the patient, even so slightly, to reproduce some of the hypnotic material in the waking state.

6) The obstetrical history of the patient is astonishingly close to that of her aunt - her mother figure. Is it too fantastic to ask whether this grossly abnormal woman might be so much at the mercy of unconscious ("subcortical") impulses that the latter, mediated by the hypothalamus, pituitary, and other endocrine glands, and the autonomic nervous system, might not play a role in the determination of the sex of her children?

7) There is no doubt that this patient at least could resist the induction of hypnosis, in spite of having earlier proved herself to be an excellent somnambulistic subject. This might be considered of some importance in view of the voluminous literature in which this question is debated.

8) After the use of hypnosis was abandoned, the writer one day told the patient that she seemed to have great difficulty in verbalising, or even feeling, hostility for other women - e.g. for her mother. She answered "one doesn't hate one's mother". The writer reminded her of her earlier dream of punching her mother-in-law's face. That night she dreamed of intense hatred against her mother, and on the day following the writer's remarks fainted - for the first time in her life - because she witnessed a fight

between/...

between two women in which the aggressor was jealous while the other was the woman of whom S. was jealous. This jealousy of S.'s was largely repressed - as usual where a woman was concerned - but had recently shown itself in an argument as to which of the two should have the preferred morning session of treatment. Those who say that some patients will dream a certain type of dream to please their hypnotist (e.g. Brenman (1949)) may have difficulty in believing that a patient will faint to please the therapist, especially in his absence. And here, hypnosis had been discarded, but it seems probable that the writer's remark on the previous day was connected in some way both with the fainting attack and with the occurrence, and the particular content, of the dream. The word "suggestion" might denote the nature of this connection - if so, in what respect do these occurrences differ from the results of post-hypnotic suggestion? They differ - the answer might be - in the absence of any specific state comparable with hypnosis, at the time the suggestive remarks were made to S. The writer is not satisfied that there is anything specific about the hypnotic state.

9) This case allows some comparison between hypnosis and intravenous sodium amytal narcosis, since both methods were employed. The narcosis was certainly very much easier of induction, but appeared to be worthless as the material was immediately forgotten, in spite of all the writer's efforts to "bridge the gap" between narcosis and the waking state, and was regarded thereafter, as

before, by the patient as being "perhaps only a dream". One recalls the remark of Rosen and Myers (1947) that narcotic abreaction (in acute war neurosis) without immediate post-narcotic recall "had no more curative value than a half-forgotten nightmare". But with hypnosis one was able, in the case of S., to plan the post-hypnotic amnesia and subsequent waking recall, even as regards time, in quite a systematised manner, and although the patient subsequently denied that she had been hypnotised she never attempted to deny the validity of the childhood memories which had emerged in hypnosis. Furthermore these memories, having been recalled post-hypnotically as suggested, persisted thereafter - as vivid and detailed as ever - indeed they seemed to draw with them from limbo many other hitherto forgotten childhood memories, including the very one discarded after narcosis as being "perhaps only a dream".

CASE T.

The 22 year old girl T. came to the clinic in the hope of having hypno-therapy for fear of meeting people in the street and excessive blushing. Depression, attacks of weeping, dysmenorrhoea, fear of closed spaces were also present. Some schizoid features were noted, and a month or so later she admitted that for many months she had occasionally "heard voices" - always with full insight - though she had indignantly denied this to another doctor who had asked her outright about hallucinations. She had already been treated for many months with formal psycho-therapy

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by another psychiatrist - without any benefit. These symptoms had become much worse after the death, 8 years earlier, of her mother, to whom she had been greatly attached.

At the first interview she said that she was suspicious and afraid of her brother Bill - she always had been - but could not say why. At the second interview, she was hypnotised. Catalepsy of eyelids and an arm were obtained very quickly. She was able to talk without waking. She found hypnosis very, very pleasant. "I didn't believe it could happen to me", she said, but immediately added-"could I do it? Women can't hypnotise people, can they?" No dream could be induced in hypnosis but she dreamed that night in response to post-hypnotic suggestion. She rarely dreamed otherwise e.g.not once in the 3 weeks since the first interview. In this initial dream she was welcoming Bill home from the war. As had actually often happened, she was asked by the younger sister of a girl friend whether she might come to T's house to have a bath. In the dream however she refused the girl this privilege, and went up the stair to the house with Bill alone ; as she did so she said to him "I hate you! I hate you! I hate you!" "He looked very surprised at this. I was feeling very guilty for some reason". In actual fact, the prospect of Bill's homecoming from the army had made her so nervous that she had found herself wishing that he would not come.

At the second hypnotic session it was suggested that she

should/...

should re-live her first day at school. She succeeded in remembering it very vividly and described it partly in the present tense. (It was typical of her that even at that age, when she was given a sweet by the teacher, she took it home for her mother). Again she enjoyed hypnosis very much - during it, she heard spontaneously hallucinated excerpts from her favourite piece of music, and also dreamed spontaneously. She said very definitely that she would not like to be given an amnesia for the hypnotic sessions, as the writer would then "know more about me than I do myself". The writer feels that if he had not accepted this limitation a deeper hypnosis might have been reached. She asked whether post-hypnotic suggestion could induce a subject to commit murder - this is of interest when one knows that some months later she frankly and repeatedly confessed "I'l love to murder someone". Her fear of crowds improved during this week. Asked one day whether she had dreamed, she said "No. Do you dream?" - showing, one considers, her preference for an active, dominating role. Other evidence of this includes her remark - described above in the first hypnotic session, which also hints at (1) her identification of herself with the active hypnotist (2) her identification of "active" as "male", "passive" as "female" (3) her difficulty in believing that she could be the passive "feminine" subject. Hypnotised, she described how her leg had been broken in childhood in a collision with a boy, and then said "I think I'm waking".

She/...

She was told that she could not waken ; nor did she. Each interview from now on was conducted entirely in hypnosis.

A month after the first interview, her father died. She immediately asked to be admitted to the hospital. Her father's death superficially did not disturb her : one considered that it's most immediately most upsetting result was that she was left alone in the house with Bill, and that it was to avoid this that she sought admission. She knew the ward would contain numerous psychotics, but this caused less fear in her that did the prospect of being alone with Bill : for that, "terror" would not have been too strong a word. At the same interview she said that the other psychiatrist had stated that she should be treated by a woman therapist. She expressed disgust at the conduct of Bill in continuing to fuss over his fiancee, though his father had just died. "So, I'm definitely not going to have them in the house". A week later she dreamed of finding "her" house burgled : the windows were hung with pink curtains, and there was a key sticking in the door. She remembered that she had thought of giving Bill a key for himself, and associated the curtains with her pink pyjamas. It seemed reasonable to suggest that Bill was the burglar, but no emphasis was put on the fact that as she perhaps provided him with the key to entry, she might seem to have invited the burglary. It was merely hinted to her that the house might symbolise her own body clad in pink nightwear.

A few/...

A few days later, while hypnotised, she remembered a childhood present with a picture of the King and Queen. She continued in the present tense :"When I'm a big girl, I'm going to use lipstick and wear high heels - I'm going to be a train-bearer at the wedding, when John and Daisy get married". John was her older brother. But she added later that her mother continually told her that "it was awful for young girls to go out with boys or to wear make-up".

Two weeks later she dreamed of asking her girl-friend's mother to her house, where T. said to her, in fear : "There's someone in the bathroom" - the other woman went in alone, and a man came out of the bathroom. She associated this man with her habit of dodging men in the street, while she remembered that as a child she would feel frightened if she knew there was someone in the bathroom. A week later she dreamed of finding her bedroom in disorder : the drawers were all open : she saw a man at the window. Her associations were as follows : Bill had just told her that he was going to re-decorate the house, and when he had asked for a certain book she had told him that it was in one of her drawers : her mother, as she had already said many times, had had a very strange attitude about her drawers - she bitterly resented her husband looking into them but suspected that he often did so. On this occasion, the writer reminded her of the previous burglary dream, and suggested that in both dreams the house and drawers might stand for her body, and drew the parallel of father to mother : Bill to

T./...

T. Finally her fear of being looked at by men in general was related to guilty feelings about Bill in particular. Three weeks later she admitted that all her symptoms were worse in Bill's presence : "I feel he can see through me". In other ways also Bill bulked much more largely in her thoughts than previously, and four months after treatment was commenced she admitted spontaneously - for the first time - that when she was very small she had definitely preferred him to the other brother. A little later, she suddenly remembered that before her mother's death she sometimes had accidentally left a used sanitary towel in the bathroom : she added spontaneously that she now thought that this was done deliberately to let her brothers see it. She had said earlier that when small she believed that doctors were trying to find out "why women suffered from this disease" (i.e. menstruation). A few days later, she remarked that her dysmenorrhoea was now slight, but she found herself anxious "to make a fuss over it". Later again she remembered that as a very small girl she had thought that her male cousin was wonderful, and used to say to herself "When I'm big I'll marry him - he's so wonderful". This man was very tall : his name was "Bill". About this time the patient was still suffering to soem extent from her fear of meeting people, which had been interpreted to her as partly due to the fear of her own exhibitionist tendencies. One also interpreted a certain dream as referring to her envy of males and to her consequent hostility towards them, as shown e.g. by the delight she had taken,

when very young, in pinching her brother's legs. She immediately said that another little girl who had figured in the dream, and who had the same penchant for pinching her brothers, had said to her mother while having a bath "When am I going to grow a tail like little boys have?" Next day she said that she was very pleased at the prospect of an alternative home because it meant she would not now have to return to the house occupied by Bill. She realised that she had been far more frightened of him than she ever had been of her father. Her next topic was exhibitionism, now frankly admitted. A recently remembered example was her habit after her mother's death of going into the room where her father was, after washing herself, still wearing underwear and - she now realised - obtaining pleasure from showing it off. "My mother would have given me a terrible row for that". (Perhaps she helped you to become afraid of your exhibitionism?) "I don't care nowadays if the bathroom door is open - how many people see me". She recalled the bathroom scene of the little girl who wanted a tail. She remembered her mother's continual injunctions "keep your skirt down or the boys will see your legs". She remembered that she had revenged herself on her mother once by not speaking to her for 3 days, and almost immediately accused herself of wasting the writer's time by not talking freely. She reproached herself after her mother's death for such silences, and added that perhaps her guilty conscience made her copy her mother in so many ways - "even her sensitive skin - I used to get wheals

every/...

every time I had a bath. But the patient became defiant and angry in retrospect about her mother's prudery, and said "The best thing I could do is to go into the street nude". (Maybe some part of your mind would like to do that). "That doesn't make sense to me, really". The writer's reply to this was interrupted by the patient saying "I'm awake..... I know what wakened me - I remembered when I was 12 or more I was having a bath, my mother was with me and the door opened and Bill came in : I got frightened, remembering it : my heart jumped twice and I woke up : I don't think the average girl would be wakened from a hypnotic sleep by that memory". That afternoon she felt so nervous that a sedative was prescribed, but next day she felt very well indeed.

Until this time she had usually recalled forgotten dreams when she was hypnotised, and still did so sometimes, but not if the writer suggested that she should! Indeed a week after the spontaneous wakening described above, she awoke whenever the writer began to count from one to ten with the avowed intention of bringing such a forgotten dream to her mind. Her comment was that she did not want to please anyone. Some weeks later she went to a wedding which formerly would have terrified her : she was astonished to find that she "felt I couldn't be frightened if I tried," in spite of the fact that two public functions were involved, one of them in Church, attendance at which before

treatment she was quite unable to tolerate.

One day she tried to waken herself before the appropriate count of 1 - 5 had ended. She failed, and whenever 5 was reached expressed her annoyance at her failure, and admitted that she often tried to hypnotise herself, never with success. She had been talking of "doing without men". Two days later she managed to waken herself before"5". Her wish to reverse roles with the therapist had already been pointed out to her. A fortnight later she was admitting openly that she wished to defy him and to show her independence of him. She obstinately "refused" to dream and one day when hypnosis was about to be terminated by the usual count of 5 she insisted that she would not waken unless the writer continued to count up to 10! She then announced that she would try to waken herself, but she failed, whereupon the writer counted from 6 to 10 and she awoke! She said "I want you to suggest that I'll dream, so that I can show that I won't".

A month later, she dreamed of being in a public place with her dress above her knees, an older woman was shocked at this. Bill's presence in the dream made her rather uneasy : he went away : she hoped it would rain, to make the frock shrink higher still. The dress was Bill's favourite colour. The woman was noted for babying her son : the patient added "I don't know if it's all right for a woman to fuss over her daughter". She

now/...

now confessed that she sometimes went out wearing no knickers : "My mother would have killed me if she'd known!" and that she used to sleep in the nude. This frank exhibitionism was in great contrast with her shyness, blushing, avoidance of crowds and indeed of human contacts in general, all of which - as she now realised - could be understood to some extent as a reaction formation designed to deny the exhibitionist tendencies.

A month later again, she dreamed of fellatio with an unknown man, and it was suggested that she was identifying the mouth with the vagina, particularly as on the previous day she had said that she felt as if she wanted to be breast-fed again by her mother, while that morning she had thought, while hypnotised, of drinking urine. While still hypnotised, she was told that all these ideas depicted her as receiving, but in a dependent manner like that of a child at the breast : the parallel, apparently, in her mind, being "dependence on a man for ....". At this point the patient suddenly woke up and announced that she "couldn't stand the thought of being dependent on a man : that's what woke me, I think".

Later, she recognised that the "excited" feeling which had in the past overcome her when e.g. she met people in public places, had a sexual origin. What convinced her of this was that on several days she experienced in the abdomen an unusual feeling which on the one hand she recognised to be sexual and which, on

the/...

the other man was similar to her former "excited" feelings. Latterly she admitted frankly that her feelings for Bill were in fact sexual, whereas at the beginning of treatment there had been frequent homo-sexual dreams, in several of which she took the part of the man, while her partner invariably reminded her of her mother.

Comment

Much more material produced by this patient would, one thinks, be worth quoting if space allowed. What has been quoted is relevant to two particular points : (1) that the first induced dream referred to several of the trends most important in her neurosis. (Wolberg (1947) remarks that the early dreams in hypno-therapy are tremendously important in precisely this respect). (2) this patient showed an unusual attitude to the induction and termination of hypnosis, both of which she tried - with some partial success as regards termination - to achieve by herself independently of the therapist. This is perhaps related to her denial of dependence on men. Less unusual was her spontaneous wakening from hypnosis when she was given an upsetting interpretation, the point of which was precisely that of dependence on men, and her similar wakening when she encountered an upsetting memory, which, it is suggested, contains, as did the initial dream, her neurosis - or a large part of it - "in a nutshell". It is interesting to note the frequent

occurrence/....

occurrence, during the session which ended in the emergence of this "bathroom" memory, of references to it in advance - for not only is the central theme throughout the session one of exhibitionism, but there are at least 3 quite distinct references to bathrooms, and one to washing.

What then could be found in the initial "nutshell" dream? One feature is the kernel of the upsetting memory - the idea of a girl bathing at the time of Bill's entry. In the dream T. refuses permission to the girl : this could be understood as jealousy of a rival (Bill's fiancee?), or as repression of her own exhibitionist tendencies, or both. At any rate it is a loyal adoption of the mother's never-ending prudish variations on the theme "do not expose yourself". Certainly she feels guilty as she accompanies Bill up the stair (which to the Freudians would suggest coitus) and the guilt is not because of her expressions of hatred for him which on the contrary are attempts at denying her guilty love for him - this it will be recalled was eventually frankly admitted by the patient. Her fear of meeting people is related in this dream to Bill, whose home-coming arouses in her such a turmoil of ambi-valent feelings that it is not surprising to find that the patient has a fear of him and a fear of her home. Her hatred of Bill - and the dream does not err in putting him in the centre of the picture (the colourless father seems to have been of little importance) - might reasonably be regarded as

likely/...

likely to be transferred to all men. Partly from this, it is suggested, she derived her homo-sexual trends and her wish to be free from all men and from all dependence on them by e.g. being a man herself, or e.g. by killing all men off in wars (a frequent fantasy of hers), though these features are not mentioned in the dream. Nor, with the important exception of the prudery mentioned above, is another very important feature of her life - the mother's weird attitude to men in general and her own husband in particular, which must have made it very difficult for this young girl to form any normal relationship with the opposite sex. The 2 ideas which proved sufficiently upsetting to waken her from hypnosis were those of dependence on men in general and of exhibiting herself to Bill in particular.

A 4th feature of interest is this patient's ability to hallucinate spontaneously while hypnotised and similarly to dream spontaneously. Schneck (1950c) remarks that spontaneous hallucinations in hypnosis are very rare. The spontaneous hypnotic dream was : "I was playing on the golf course near the park when I was 5, but I know I was really 7 when I used to play there". This patient also was able, while hypnotised, to recall forgotten nocturnal dreams.

These and other features of her hypnotic behaviour were notably influenced by the state of the transference. Examples have been given as regards her ability to recall dreams and to

avoid/....

avoid induced dreams by waking from hypnosis; also as regards post-hypnotic dreams. Her ability to waken - or to refrain from wakening - contrary to the therapist's suggestions, certainly show this patient to be no hypnotic automaton.

Her identification of the hypnotiser as male, active and dominant, and the subject as female, passive and dependent, is shown up in the light of her own desires for masculinity ; it was in this context that her manifestations of independence occurred during hypnosis, which she interrupted. She was seriously ill. Erythro-phobia as a more or less isolated symptom is usually a schizoid condition (Fairbairn (1952c)) and other schizoid features, and even hallucinations (though with insight) were noted in this patient. These disappeared in the course of treatment. At the end of treatment she was well enough to go home to her older brother's house and to take up nursing as a career. The writer arranged that she should have a few months' further psycho-therapy at a clinic with a woman therapist. She co-operated very well in this and has remained well ever since.

Much of the material elicited was Freudian in nature.

CASE U.

The 27 year old man U. was admitted to the psychiatric wards with a complaint of anxiety panics which first occurred when he was 12 in connection with a fear of poisoning. His wife was

neurotic/...

neurotic and the marriage was going badly, housing difficulties being partly to blame. He gave a history of 5 happy years with his kindly grandmother, followed by his enforced transfer at the age of 6 to the house of a woman whom he discovered to be his mother : she was an extremely irritable woman who treated him with cruel hostility and contempt. His marriage had antagonised her further and they had become quite estranged before her death. She signed a letter to him as if writing to a stranger, while he replied by letter that his grandmother was the only mother he recognised. The panics had become much more frequent since his demobilisation 2 years earlier, in association with increased housing problems. He soon developed abdominal discomfort, tiredness, constipation, giddiness, a cold numb feeling in his feet and buttocks, headaches, paraesthesiae in all 4 limbs. He had bed-wet until he was 12, for which his mother thrashed him. His psychopathic sister had alleged that when his father was ill U. had threatened to humiliate his mother "if anything happened" to his father. He could not recall having said this.

He proved to be a moderately good hypnotic subject and could be "regressed" (to the age of two on one occasion) but though he used the present tense these regressions were obviously no more than vivid memories. He could be introduced to dream in hypnosis but these dreams were not as vivid as nocturnal dreams. His memories contained much detail, including colours, of his

early/...

early childhood experiences. Treatment was by free association in hypnosis for ¾ hour six days a week for 9 weeks. He was a diffident, friendly dependent type of man and soon became attached to the writer.

During the first hypnotic session the coldness of his feet disappeared and never returned, though no mention had been made of this symptom during the session. He dreamed that night in response to hypnotic suggestion : "my mother was going to hit me and I ran to my oldest brother's bed to be safe". This dream, it seems to the writer, summed up the problem : U. ran from women, because they were associated with his terrifying mother, to a homo-sexual relationship with men. He related in hypnosis that even after growing up, he still felt, in his mother's house, that he had to ask her permission to go out, as if he were still a boy. A week later he dreamed of being on a lorry : "The back door of the lorry wouldn't shut : I kept trying to shut it - as we went up a hill a crowd of men tried to rush the lorry from behind - the driver knew one and said "Jump in!" - they all jumped in : the lorry went very fast and I was afraid it would crash". The writer thought that this dream referred to U's conflict : the different attitudes of himself - the ego, and the "driver" - the impulse, over his unconscious desire for the passive role in homo-sexual coitus per anum. But no interpretation was made : indeed interpretations were kept to a minimum throughout.

It/....

It was suggested that he would have an equivalent dream that night and he responded with 2 dreams :

1) I was in a crowd on a double-deck bus - they all disappeared and I was left with my wife, lying flat, going down the hill - I told her to hold tight. It was frightening.

2) I was in a crowd of men jumping from one boat to another, in danger of being crushed.

These 2 dreams were not found very helpful by the writer except in understanding later dreams. Next day he had an unusually vivid induced dream during hypnosis, which was a memory of his brother running in front of a bus when they were children - his mother had violently abused U. for his carelessness in allowing this. Later he dreamed one night : "there were 4 patients here on 4 chairs - you weren't annoyed but thought the photographs on the chairs might be destroyed with them sitting on them, and told me to go to bed". (He was usually hypnotised lying on a bed in the office). Hypnotised another day, he saw himself, aged 3, in his grandmother's garden : "I can see the green ivy on the wall".

His homo-sexual passive trends were probably now conscious but were never openly expressed, nor did the writer do more than hint at the closeness of his relations with men. He volunteered that he was extremely embarrassed when a male defective patient patted his hair, which he did frequently : or when he had to go near any patient in bed. Later, these symptoms disappeared completely and he took a kindly pleasure in cheering up the defective by

talking/...

talking to him. Whenever it was reported that some article or other was missing, he would blush. Later this reaction also disappeared. His panics were much diminished and apart from them he felt well. He was particularly pleased because his mind felt fresh and clear. Hypnotised, he was told that a picture would come into his mind of some childhood incident : "I'm with Jimmy in a field near my granny's house...etc. " He said his age was about three, and described his clothes when he was asked to do so. This technique had often been used in this case, always with success, though not always with any gain in the understanding of his symptoms. It appeared, however, to focus his attention on his childhood, and he spent much of the treatment's time in recapturing memories of the nature of his childhood relationships with his parents, grandmother, siblings, and playmates. On this particular occasion he was told that he was growing younger still. After a delay he said "I'm in my mother's house... my mother and father are there.. my sister Mary". (What do you call your mother?) This question, repeated, got no answer. (You can see Mary). "Mary and I are playing on the carpet". (?)"with a ball"(?) "a red ball" (Your age?) "I'm about 2" (Clothes?) .... "I can't remember"... Told to relax and to refrain from trying to remember, he succeeded in describing the clothes, even their colour.

He now felt well enough to return home and continued

treatment/...

treatment as an out-patient (though he had only had 2 weeks treatment). This was ill advised, in the writer's opinion, and was probably due to pressure by the neurotic wife. On his first day at home his panics recurred because his wife was weeping and the children were noisy.

The next night he "had a terrible dream : a doctor was examining me and marking me with a pencil on the chest and stomach and hurt me here". He indicated his right iliac fossa. "Then he said he was going to send me to some other place for treatment. You came and I said "I can't go - I'm under treatment with Dr. MacLean" and the dream ended with me coming back to see you. I was very frightened".

He associated : a doctor once asked him if he had ever been responsible for anything - "I thought he meant some other woman's pregnancy" : my mother and my brother had ulcers in the stomach : my young brother had an operation for appendicitis". (So they took his appendix out?) "Yes". Next day he remembered that he was in fact once suspected (wrongly) in connection with an illicit pregnancy, and later said that he had felt sick when the doctor at home that morning had cut a wart on his little girl's neck - "the blood". He returned to hospital again as expected about a week after he went out, as his symptoms were worse, and several times in the next period mentioned a friend who dropped dead after a visit to his wife. His attention was drawn to his frequent associations between relations with women and illness, mental hospitals, injury and death. During his stay at home he was so anxious that he was given re-assurance -

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in the manner of Ross (1941) chiefly in connection with his fears of psychosis. He improved again but complained that his wife said ironically that he "couldn't live without Dr. Maclean : since you've been going to him you think more of him than other things". (Than herself?) "She didn't exactly say so". He suddenly recalled one night that his uncle had chased him over a field when he was about 4 for making fun of him - U. ran into a pool of water and "stood there quite happy, knowing he couldn't come in after me because he had his clothes and shoes on : I had bare feet : I was safe". That this might refer to a regression to an anal-urinary level because of fear of the parents is perhaps confirmed by a spontaneous dream on the following night, which was a memory :

I was getting out of bed when I was about 10 - I'd wet the bed and was trying to wash the sheet : I was afraid Mary, who saw me, would tell my mother, who came, and then the dream finished".

In the same session he said that he had felt like laughing at a patient who had thought that "the bottle" for urine was to drink out of -"then I thought he was more to be pitied".

During this period many forgotten details of dreams were recaptured by the use of hypnosis. One after the other, he confessed to a number of misdemeanours which had occurred in the Service - the most serious involved accidental damage to equipment worth £100 due to U's absence at a dance. He continued to feel better and began - at first rather shakily - to take part in the hospital Xmas festivities. He astonished himself later by dancing

at/....

at one party and enjoying it - he never had done so before in his life - and finally by singing at another, which represented to him an almost incredible change in himself.

One night he dreamed that he was sitting as a boy with his grandfather and then trying to cover a haystack while other boys supposed to be helping him were in fact uncovering its sides after the top was on : "I said to them to get out of the road, I'd do it myself, and went back and sat with my grandfather, who was cooking". He was reminded that dreams might represent disguised wishes and after being hypnotised was asked his age in the dream - he replied "7". He was told that at the count of 10 a childhood memory would come into his mind : at 10 he said "I was at my grandmother's playing with them round the back yard - I was angry with Jimmy and he pulled my jersey and I ran crying to Granma, and my mother chased me out". (In that case, haystack might mean?) "It could mean my mother". (Perhaps it might mean a parallel between the haystack under its cover and your body under its jersey?) "I seemed to be more happy back in the house again". (Food?) "I never tasted stew like Granny's - I used to tell my wife". (Preparing food?) "If my mother beat me I'd refuse my food and tell her I wasn't hungry". The answer "could mean my mother" was not what the writer expected : he had thought that the uncovering by the boys might represent the uncovering technique of psycho-therapy used by the writer

who/...

who was "supposed to be helping him", and also his exposure by the boys as if he were a girl ; this seemed tolerably certain when the patient, without prompting or hints, produced the "jersey" incident from his memory. The 2 versions could be reconciled if his mother represented himself in a feminine identification with her.

He now had had no panics for some weeks, though he slept very badly that night after being attacked by a psychotic patient, and was still upset next morning. He had not dreamed, he said, but when hypnotised was told that if he had dreamed the dream would come into his mind at the count of 10. At 10 he said "I remember dreaming something about a green quilt .... ". With the help of suggestions of relaxation, he gradually remembered that he and another man who resembled him were covering the beds in the ward with green quilts : they were alone in the ward: the man reminded him of Jimmy at his grandmother's funeral, and the green quilt made him think of the green ivy at his grandmother's house and of his mother dying in a bed with a green quilt. "I remember when I came to the hospital I was frightened to go beside any patient in bed, but I think nothing of it now". A few nights later he dreamed that everyone in the ward said how good it was of Sister "to arrange a day for us at the Isle of Man" - we were all happy about it - I was speaking to Barr ". (Isle of Man?) "Last July my wife said

she'd like to go there for a holiday. (And yourself?) "No, she told me she'd like her brother Alec with us but he couldn't come so we dropped it". (One day holiday?) "When we were first married I went with my wife to my mother's for a week but my mother wasn't pleased so we left next day". (Barr?) "He gave me his regards to you, and twice you visited the ward he hadn't seen you". U. thought the dream meant that "as Barr had said he missed you, it could be the time I wasn't pleased at the way my mother took things so I left next morning". The writer suggested tentatively that the mother was not pleased with his association with women but the Sister was complaisant about his association with men. It was hinted that the Isle of "Man" holiday was spoiled because the man was not there just as Barr had missed the writer. The holiday with his mother was spoiled because the woman was there - his wife. He associated further to the dream his former trip for the day with a football team. (Enjoyed it?) "Yes... and the B.B. Camp - I was happy - except when my mother came to see me". Two nights later he dreamed that at age 6 he had hurt his leg, and limped round the house ; his mother looked more friendly and cheerful than he had ever seen her.

U. now enjoyed weekends at home, and was happy with his wife and children. One day he suddenly announced in hypnosis that during the war he had met a girl Ivy Green : coitus had

occurred/....

occurred : the incident was indirectly connected with damage to some ground sheets for which he had feared punishment.

A few nights later he dreamed:-
I was with Jimmy and we said we'd meet 2 girls at a Show that they told us about, but we turned back to a farm where we used to play : in a hole in the ground we saw a syringe and a fountain pen : I pressed the syringe and the stuff came out and set the cotton wool on fire, so I went back to the hole and was disappointed to find the pen broken".

Next weekend he was very well indeed - he "felt like going out and enjoying myself". He enjoyed himself at the cinema with his wife without any of the fear he used to have in a Cinema or on a bus, in case a panic might occur. He made plans to go homeand return to work. Two nights before his discharge

I was in Goal with a green jersey : I tried to stop the ball but didn't manage it : later I stopped a hard one and then felt more confident in myself and after that I let no more goals through.

A week or so after discharge he sent the writer a present with the following letter:-

Dear Sir,
This is just a short note of appreciation to thank you for everything you have done for me, I have felt very well since I left hospital and am able to enjoy life better than I have done for a long time.....
I am sending this little present which I hope you will accept, in appreciation of everything you have done for me and only wish I could have been able to give you something better. I will close this note now, thanking you again for everything and will not hesitate to come and see you if I feel I require your help again,

Yours truly,

Thirty-three months after his discharge a follow-up letter by the writer elicited this reply:-

Dear Dr.,

I was very pleased to receive your letter yesterday. Since I left hospital I have got on very well. I started work with a Building Contractor 2½ years ago and have a good job. I also got this house that I am living in now from my employer. Well, Dr., I would be very pleased to give you a visit if you can arrange a time for me to come and see you. I don't get finished work until 5 p.m. week days and 12 noon Saturdays, so if you can let me know what day and time to come I would be much obliged.

Yours truly,

(As he now works - and lives - at a considerable distance from the hospital, an interview did not prove easy to arrange).

Comment

1) The nocturnal dream induced in the first hypnotic session is thought to sum up this patient's problem "in a nutshell". The confirmation lies in the type of material the patient spontaneously produced later. Some of this is quoted.

2) Interpretations were offered very sparingly to the patient. It is difficult to know how well aware he became of his homo-sexual tendencies. The last dream (holding the goal), in contrast with the early dream of failure to repel the invasion by men through the "back door", seems to be a happy ending after an initial disaster (allowing a goal through). The latter might represent his illicit adventure with Miss Green

but/....

but is more likely perhaps to refer to some homo-sexual episode. One wonders whether the patient had any conscious memory of such an episode which might have occurred, if at all, in childhood. Probably he did not have any such memory, since he did not communicate it to the writer, in whom he had considerable confidence.

3) The use of induced hypnotic recall of childhood memories seemed to be effective in focusing attention on that period, as shown for example by the frequency with which he figured in dreams as a child.

4) "Equivalent" post-hypnotic dreams were induced, as described by Gill and Menninger(1946). Hypnosis was also used to recover dreams lost in whole or in part, and to enforce the recovery of childhood memories.

5) It seems to the writer that a considerable amount of the material tends to confirm certain Freudian doctrines. The symbolism found in dreams seems to appear in material of other sorts as Erickson found so often in his practice of hypno-therapy (e.g. Erickson 1938). The memories which emerged are like dreams in that they seem to have been selected in order to symbolise current trends in the patient's mind. For example, the spontaneous emergence at night of the memory of the uncle in the pool of water is followed 24 hours later, without any prompting on the writer's part, by a dream of bed wetting, while

the dream of the haystack was followed by the hypnotic memory of the jersey incident. The punning which psycho-analysis has made a familiar feature of the study of dreams, appears in the patient's emphasis - apparently meaningless at the time - on his memory of the green ivy at his beloved grandmother's home : later there appears the love affair with Ivy Green. On the other hand, some of his spontaneous dreams were memories e.g. the bed wetting dream already mentioned. The induced dream of his brother running in fron t of a bus occurred during hypnosis (one of the few vivid dreams to do so) - it was a memory.

6) There was certainly no deep analysis of the patient's difficulties, and at one point resort was had to reassurance in the manner of Ross (1941), given in hypnosis. Why then did the patient get better? And remain well? The improvement was very considerable, as when first seen he was so terrified by his symptoms that he faced not only the psychotics in the ward but his wife's tears and tempers on every visiting day rather than return home. It is true that he was afraid of his wife and that by staying in hospital he escaped her on the non-visiting days (3 each week) but the fact remains that he has, since treatment, proved able to live with her and work steadily. One explanation is that offered by French (1946 ab) for transference cures : the relief gained by unburdening oneself to a non-condemning analyst may allow a better adjustment to real life :

the real life situation therefore improves and the patient may then find the analyst's emotional support unnecessary. Of considerable interest is the spontaneous disappearance of one symptom in the initial hypnotic session, though it was never mentioned in that session : it never recurred.

Case V This 20 year old boy V, was admitted to the Dermatology Wards suffering from pruritus ani of four years duration. There was a mild seborrhoeic dermatitis of the face and axillae. The pruritus did not respond to dyes etc., nor to "Anthisan" cream: on examination, nothing abnormal was detected locally, except for a few excoriated papules, and the writer was asked to interview the patient. He had already mentioned that 5 years earlier he had accidentally killed an officer in his training corps and later recalled the scene nightly, to his great distress; also that while hypnotised at a stage show six months before admission he had fallen and injured his head, after which he had become much more upset. Recently he had been a voluntary patient in a mental hospital for three months, without any diminution in his distressing thoughts, of the accident and of suicide, nor in the heavy feelings in his head which were almost constant.

The patient was intelligent, and gave a clear history. He had a strict dogmatic father who had been an Army "regular". The patient presented a great variety of neurotic symptoms referred e.g. to his head, stomach, eyes and heart, and also including depression, insomnia, startle reactions, loss of concentration and unpleasant thoughts. Most of these appeared soon after the hypnotic session. On that occasion, he had merely been one of the audience but became hypnotised so deeply that he had to be carried to the hypnotist on the stage. As he left the stage, after the hypnotist considered that he had awakened him, he "fell asleep" again; while attendants were carrying him out "for fresh air", they (he said) accidentally hit his head on the wall.

Bleeding/

Bleeding was profuse from the left eyebrow, so that he was taken to hospital and while there, he punched the wall, pulled the doctor's tie, and tried to strike the hypnotist. He now confessed for the first time that as the doctor and hypnotist left the room "to see what reaction that will have on him" he sat on the edge on the bed and considered "falling" (head first and prone) more or less deliberately, but for what purpose he still could not say. After this experience he felt very ill for several weeks and had never been well since.

His mother had said that V's health was perfect until the accident five years earlier, which he now described. He was standing in a gun-room with two friends who sat side by side near him; as he raised a 303 rifle (which he thought was unloaded) and pointed it, jokingly, at them he was challenged, jokingly, to repeat his feat of marksmanship at a recent competition. He fired (at a range which one is told might be dangerous even as regards the blast and the wadding): His friend was killed outright by the bullet, which entered by the left eyebrow and penetrated, to lodge finally in the shoulder of the second man. The patient ran out for help but returned after going a few yards because he felt it impossible that such a thing could have happened. He was immediately convinced by what he saw, but continued to notice a feeling of unreality and a lack of appropriate emotional reaction; these spontaneously mentioned/

mentioned features were the most prominent in the case. After the usual police formalities, he could not believe that he was being allowed to go home, and he felt it unnatural that he was not going to be arrested. From then on he became moody and irritable and developed some anxiety symptoms, but these did not become florid until after the hypnotic experience.

He was re-assured on the lines of Ross (1941) about some of his more superficial symptoms and was discharged a few days later with the pruritus somewhat improved. He returned to the writer as an out-patient. His insomnia and headaches had definitely improved but he was irritable, and hinted at suicide. His thoughts continued to centre round the accident. He said that he experienced no desire, in associating with girls, beyond the first kiss. He was asked to consider formal psychotherapy and at the next interview agreed. A year later he telephoned the writer, asking to see him. At the interview he was at first irritable and impatient. He said that he had attended for psychotherapy as advised, but discontinued it after four months. He had resumed work - a skilled job - within a few weeks of leaving the hospital, and was still at it, but found the work a strain, particularly as the pruritus ani made him wriggle and this was unsafe at the heights at which he worked. The writer indicated his reluctance to use hypnosis (in view of the risk of aggravating his anxiety) and persuaded the patient to return to/

to return to psychotherapy. He admitted that his suicidal preoccupation had disappeared and expressed his gratitude for what had been done.

His second period ofpsychotherapy occupied over ayear, at one and sometimes two visits each week. At the end of that time he telephoned the writer, and reported that he was now well and was going to be married. He was assured of continuous and satisfactory employment. He expressed his gratitude to the psychotherapist who had treated him and to the writer for having made the necessary arrangements. Three months later he telephoned to say goodbye as he was leaving the country. On both these occasions he was cheerful, friendly and grateful, Eighteen months later he reported that he was well and happy - and married - even his seborrhoeic dermatitis had finally cleared.

Comment : The site of the patient's head injury during hypnosis was precisely the same as the wound of entry in his friend, and the writer considers that V probably contrived this self-injury, though less deliberately than his projected "fall" from the bed. The latter would also have injured his head. One also suspected that this talion-selfpunishment was stimulated by the partial release under hypnosis of much material, connected with the shooting accident, which had hitherto been repressed. He had, it is true, always remembered the facts of that tragedy, but the unreality feelings which invested it in his mind are proof that much of the appropriate emotional reaction was repressed, until unleashed by hypnosis. These theories were not even hinted at

by/

by the writer in his three preliminary interviews with the patient, but are confirmed by the psychotherapist who treated him.

In this particular case of stage-hypnosis the patient was not even among those who volunteered as subjects, yet the neurosis which followed prevented him from working: for eighteen months, also, the services of a skilled psychotherapist were required, before he was cured. Obviously of course the illness originated partly in the rifle accident and indeed before that time, but it is precisely this point which seems to the writer to present the greatest danger of stage hypnosis: The hypnotist has no idea of the psychological history or status of his subjects, yet, as this case proves, the mere induction of hypnosis - without any suggestions whatever - is sufficient to precipitate some subjects into a state of severe neurosis, if not worse. In this case, a brief but certainly near-psychotic storm ushered in the post-hypnotic illness, and the literature is not lacking in examples of psychosis following the use of hypnotism, sometimes during the course of medical treatment. The case 2 reported below by the present writer, showed a marked exacerbation of a pre-existing hysterical psychosis, which also altered in type - assuming a hypomanic character, though these changes were fortunately brief.

The next case to be reported here illustrates very clearly the same point as the last - that previous traumatic experiences may prepare the way so that the induction of hypnosis is all

that is required to unleash a serious illness. In case V the hypnotist induced hypnosis as it were accidentally in the patient, who was present merely as a member of the audience. In case W, on the other hand, it will be seen that the hypnotist made the most determined and persistent efforts to obtain a group of hypnotic subjects, and when all present had refused, he succeeded by means of using a conditioned reflex already established by previous hypnosis in the minds of several people, including the unfortunate patient.

Case W The 14½ year old girl, W, was admitted in the middle of the night, with a history of screaming attacks, episodes of "loss of consciousness " , constant drowsiness, hallucinations. On admission she was apathetic - her face expressionless - and though she answered most questions lucidly enough she was reluctant to talk and difficult of access. Her symptoms had arisen immediately following a demonstration of stage hypnosis four days previously. She said she was still under the influence of A - the stage hypnotist, and complained that the dance tune X was continually running through her head and blamed it for her repeated "collapses" in the street in which a feeling of weakness swept over her, causing her to sink to the ground. These periods of helplessness lasted several minutes, and twice she had been carried home. She had been sleepy at home, often refusing to eat. On the night before admission a doctor was summoned who

at/

at first failed to rouse her but later witnessed a short outburst of hysterical violence. He suspected schizophrenia and arranged her admission at 2 a.m. She was so agitated - hallucinating A's voice - that morphia and hyoscine were given. Next morning she was perfectly orientated and at first remained calm except when the hypnotist was mentioned - at these times she became first agitated and then more taciturn than ever. She said that A had called at her home the previous day with a crowd of reporters, who took photographs while he again hypnotised her in a vague attempt to banish her symptoms. The patient gave quite a good history (though with very few spontaneous remarks) from which the following is abstracted. Her school record was fair: she seemed to be rather a tom-boy. She remarked that her parents were upset about her repeated "trances": until these she had apparently had no illnesses of note except for fainting attacks - about twelve such attacks had occurred, the last being a year before her admission. The first occurred at age 11: As she was entering a class-room immediately after one of her not infrequent fights in which she had blackened a girl-friend's eye: she was worried in case the injury might prove serious. She volunteered that these faints had occurred when she was upset. She bit her nails, sucked a thumb and occasionally talked in her sleep: was afraid of being in the dark and of being left alone: and was nervous of heights.

She said she first met A six months earlier at his stage show. Her parents knew she was attending it but not that she would/

would be on the stage. Neither did she: for she thought that if she let herself be hypnotised among the audience (in mass-hypnosis) she would be allowed to remain there. Instead she woke up on the stage but "went to sleep" again and fell as she left the stage. Her sister took her back to A who hypnotised her again to "cure" her but she remembered nothing more until next morning she awoke feeling all right.

She said that she attended A's shows twice subsequently "but it didn't affect me" - the latter occasion was six weeks before admission - and that she attended, four days before admission, a fourth show in which A "took me against my will" by playing on a gramophone the tune X to which he had (at the first performance) conditioned her to re-act by falling asleep. Again she awoke to find herself on the stage, promptly fell asleep again, and recalled mothing more until A induced herself and the other four victims of the tune to hallucinate the Indian rope trick. (His further suggestion that she slap the face of anyone who said they had not seen this trick she had carried out repeatedly during the next day or two). At the end of the show he could not waken her - he resorted vainly to flashing lights in her eyes - She repeatedly fell asleep and sank to the ground every few yards. This continued, despite further efforts by the hypnotist during the next few days. Sometimes 20 attacks would occur in one evening. She continued to hear voices - usually A's voice saying " it wasn't I who hypnotised you at the cinema" but sometimes that of another hypnotist who had tried to cure her at a show-ground, where she would then imagine herself to be

again.

She denied any visual hallucinations, and, asked to explain the voices, which had occurred in association with dizziness headache and weeping that morning, she said "I don't know". She denied any bitterness towards A and indeed seemed to be quite fond of him.

The mother in the main corroborated the above, but said that there were only three hypnotic performances - not four. The mother seemed of less than average intelligence and was perhaps not wholly averse to the publicity, having allowed the press to photograph the girl at home. She said that "as far as she knew" the patient had not yet reached the menarché. She said that W had insisted that A had hypnotised her in the cinema, which was not true. What had happened in the cinema was that a youth, who happened to be sitting beside her, tried - as he afterwards admitted - to put a hand up her skirt: This had occurred between the second and the third (last) hypnotic performance. The mother said that the show-ground attempt to cure her with hypnosis had merely made her more confused.

The patient had known, even at the time of her last stage performance, that a local girl who had earlier developed "trances" after being a subject at A's shows had subsequently been admitted to a mental hospital.

In the three days after admission the symptoms improved considerably. She now said that before admission she had sometimes "seen" A staring at her in her room - this frightened her./

her. She thought she remembered seeing him on the stage of the cinema. She denied ever having seen there another stage hypnotist B, who in fact sometimes did perform there. Asked casually whether anything upsetting had ever happened in the cinema, she denied it. Her general knowledge was at best fair, her arithmetic if anything below average, her spelling however was at least average.

On the following day she was even more dull than before; During the delay which followed even the simplest question her head drooped as if she were sleeping. Her infrequent smiles were quite appropriate, though shy. She distinguished her "sleeping attacks" from the fainting attacks of earlier years. The nursing staff described her during attacks as being dazed, not sleeping. She attributed some of these attacks to hallucinations of the tune X. She had learned from the press of the previous day that a third girl subject of A's had been cured by him of re-current trances which followed his performance, and that the other girl mentioned above had recovered after a month in the mental hospital and was now at home.

A week after admission the writer observed her while a pianist experimentally played X among other, neutral, tunes. At the first bar of X she sanked into her chair, her head and limbs quite lax: she "awakened" a minute later. Later the writer hypnotised her very easily, but she remained as dull, inert, inactive, and sluggish under hypnosis as when awake. She reported - with much prompting and little emotion - her earlier/

earlier hypnotic experiences. She used the present tense but questioning showed that she had no idea of the supposed current date - except for the month. She now said that at the second and third performances she refused to co-operate in mass - hypnosis - much less to volunteer for the stage, because she feared that A would again be unable to waken her. Asked whether anything else had upset her she immediately said "yes" and spontaneously described the cinema assault, with some emotion. Before being wakened she was told that she would recall the hypnotic material gradually - if it did not upset her too much - during the next two days. She remained well after this for two days until another patient spoke of being well enough to be at home, whereupon W screamed "don't let him near me!" afterwards explaining that she had "seen" A with his hands at her throat. Next day the writer suggested, after giving a superficial explanation of her symptoms, that the sleeping attacks and hallucinations would cease, and that hypnosis would in future be impossible without her written consent. She said she was afraid to return to school because of the publicity about her. Asked while hypnotised what was worrying her she immediately described the cinema assault again. After being wakened she was again exposed to the piano tune: this time there was no untoward re-action whatsoever. She was discharged home on trial a week later, without any recurrence of symptoms. On the eve of discharge the same suggestions were repeated under hypnosis - for which she gave written permission - while she was also re-assured that the publicity would soon die down. No sleeping

attacks/

attacks had occurred in the ten days since she was first hypnotised by the writer, during the last week she had been much brighter and more spontaneous and gay - in a word, child-like; she had re-gained her appetite and 4lbs in weight.

However she was re-admitted only two days later as she had become drowsy again and had called out in a cinema about "a light in my eyes". Four days after re-admission she had remained free of symptoms (except for some apathy on the first day) - bright, cheerful, laughing and talking normally with the other patients, as during the week before discharge. With the ward sister however, she was always very quiet, as with the writer; her remarks being seldom spontaneous and always brief, though polite. She told the writer that on arriving home she had met a girl-friend who showed considerable curiosity about the hospital and considerable doubts as to W's mental status: After this she had felt a little drowsy. She had felt that people in the street were saying "there's X" this was a perfectly reasonable feeling of course, in view of the unfortunate publicity. She had heard the tune X whistled in the street - it had not upset her at all, but she was largely amnesic for the (perhaps ill-advised) visit to the cinema. She was timid about returning to school, though her school attendance before the illness had been excellent.

Three weeks after re-admission she was still perfectly well and felt her old self again. In view of her previous reluctance to return to school the writer had arranged for an interview at

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a Child Guidance Clinic. He asked the patient to remain in hospital for a further week, until this appointment was nearly due, adding that this would allow the publicity to die down completely, but as she was now anxious to go home she was discharged - five weeks after her first admission. She returned as requested, to see the writer, one month later. There have been only two further "hysterical" episodes lasting merely seconds, and one momentary recurrence of hallucinations.

In the interim the writer received a letter from a solicitor asking for a medical report, and replied that he would be glad to send a report if the patient's parents would authorise the disclosure of any information he might consider relevant to the solicitor. As expected, nothing further was heard of legal proceedings, which would have focussed further undesirable publicity on the patient. It is less satisfactory to have to record that the Government took no immediate action to stop stage hypnosis, though questions were asked in the House of Commons about this very case. The answer by the appropriate Minister was "I have no power under which performances of this type can be prohibited". It was later added that the powers were lacking even where adolescents were involved, though it was admitted that dangers were involved in stage hypnosis. A professor of psychiatry was quoted (Henderson (1951)) in the lay press as having stated that stage hypnosis was very dangerous,

and/....

a professor of psychology (Drever)(1951)) was reported (ibid.) as believing that it would be safer if such "shows" were banned.

The "tricks" performed in public by the subjects at the performances in question included the following:- riding imaginary horses, getting "drunk" on water, dancing, having an imaginary bath, experiencing imaginary electric shocks in the buttocks. A member of the audience at the 3rd performance reported that when not a single volunteer was forth-coming - presumably because the news had spread that a previous subject was still suffering from "trances" if not worse - the hypnotist said to his assistant "nothing else for it - put on the record".

The Child Guidance Clinic had earlier reported her Terman-Merrill Intelligence quotient as 101, and described her behaviour as lackadaisical and apathetic. She was reserved with her coevals but was happy, and perfectly at home, with younger children. The psychiatrist found her difficult of access, but considered that she had confused the sexual assault with the induction of hypnosis : that she might be enjoying the notoriety attached to the case, and perhaps was exploiting her symptoms to avoid attendance at school. She did not return to the Child Guidance Clinic for further treatment as arranged but a psychiatric social worker who visited the home - a very squalid one - found that she had returned to school soon afterwards and had experienced no further symptoms.

Comment/...

Comment.

Even during hypnosis - even a few days before her final discharge - the patient still insisted that she had been hypnotised on 4 separate occasions and that the 3rd of these was in the cinema. It seems clear that she was confusing the cinema assault with the hypnosis. Other patients have made it even more clear that they regarded hypnosis as a seduction - the classic example perhaps being the woman patient of Freud's who, on waking from hypnosis, threw her arms round his neck. It was the fact that a woman patient fell in love with Breuer and said at the end of treatment that she could not bear to part with him that persuaded Breuer to discard hypnosis completely. In the case of W. the time relationship helps to confirm the theory : the order of events in reality was hypnosis, hypnosis, cinema assault, hypnosis ; while in her fantasy it was hypnosis, hypnosis, hypnosis in the cinema, hypnosis. It was suggested tentatively to the patient in her 3rd hypnotic session in hospital that she had confused the 2 events "in some way". The Child Guidance Clinic psychiatrist was certain that she had done so. Despite this delusion, and the numerous hallucinations, the writer at no time considered schizophrenia to be a likely diagnosis - these symptoms had all made an impression of superficiality, such as to suggest hysteria. One wonders, in view of her revelation under hypnosis that it was the noise of the laughter among the

audience/...

audience that first roused her from stage hypnosis, whether one motive for her repeated relapses into sleep in spite of the hypnotist's suggestions to the contrary might not have been the desire to avenge her humiliation by embarrassing him (cf. Case 2). W. had no such need to embarrass the writer, who for that reason perhaps had never the slightest difficulty in waking her. The fact that she heard the audience laughing does not suggest the profound level of hypnosis one might have expected in view of her dramatic post-hypnotic trances. Similarly her "wooden" inertia during hypnosis in hospital does not suggest a deep hypnosis, while her complete failure to supply the relevant, current date during an attempt at hypnotic regression was in pathetic contrast with her ready use of the present tense. While Press and other publicity was doubtless unpleasant and even frightening to W. in one way, it may not have been altogether unwelcome in others. Other secondary gains included absence from school - she had a particular dislike for one of her teachers. But the listing of all these superficial mechanisms is not meant to imply that this young girl did not suffer a serious illness and the psychiatric social worker had serious doubts as to whether ultimate progress was really as satisfactory as the relatives claimed, so that the ill-effects of her experiences may perhaps persist further into the future. It is clear that she was considerably pre-disposed to psychological illness

even/...

even before the traumatic experience in the cinema, but she appears to have weathered the latter storm fairly satisfactorily until the final stage hypnosis, immediately following which her symptoms suddenly appeared. Can one doubt that this severe illness would not have occurred had stage hypnosis been banned?

Comment on Cases V. and W.

It is the boast of stage hypnotists that their subjects are entirely unknown to them, so that - apart from the probably not infrequent occasions where this is untrue - the hypnotist can have no idea of the psychological history or make-up of any one of his subjects, who may indeed in some cases be already severely ill psychologically. W., one considers, was in less danger than was the patient V., in that the preceding emotional trauma was much less in the former case - a factor that encouraged the writer to employ hypnosis in the treatment of her case while studiously avoiding its use in the case of V.

CASE X.

The 2o year old boy X., of average intelligence, attended for hypnotic treatment of bed wetting - enuresis occurred practically every night. "I sleep very soundly - too soundly" : he would wake in the morning to find the bed wet. An alarm clock at his bed often failed to waken him though it never failed to rouse the remainder of the family in other rooms.

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At the first session, one failed to induce eye closure, but soon successfully suggested difficulty in raising an arm. It was then suggested that a vivid picture of himself as a small boy should form in his mind, and, as usual, that he should dream vividly that night and reach a deeper hypnosis next time, that is if he wished to make another attempt. He lay very quietly until told to waken on the count of 5, and then sat up and said "so it didn't work". Then he looked at his watch and realised to his astonishment that he had been lying on the couch for 35 mins. : "I thought it was just 5 or 10 minutes!" He recalled nothing of what the writer said : "just your voice going on all the time": he asked whether he himself had said anything. (He had not been asked to speak, nor had he spoken). He appeared to think that he had been hypnotised and was impressed with this, and rather pleased. He was told that no curative suggestions had been made.

The results in the second session were exactly the same as regards eye closure and arm paresis. He failed, as before, to experience any vision of himself as a child. After "waking" on the count of 5 he said - and the writer agreed - that he had not been hypnotised to any significant degree on this occasion, though he added that when the writer suggested that he should dream during hypnosis he had a "vision" of a hand with a mirror : "someone was looking at it" : and "felt" himself being tilted backwards on the couch. He recalled everything that had

happened/..

happened during the session, though on this occasion - unlike the first - amnesia had been suggested! He admitted that he "hadn't liked" to move his arm when challenged as "I felt it would make a fool out of you if I did!", though he agreed that this very point had been fully discussed before hypnosis was attempted at all, and that he had been urged to disregard all such considerations and to make every effort to move his arm in spite of the suggestion.

A third attempt a week later gave similar results. He agreed with the writer that his sleep in the first session had not been definitely hypnotic, though he was struck by the sudden waking at the count of five. Three separate attempts to induce post-hypnotic dreams had failed.

Comment

The only phenomena which might imply the apparence of some degree of hypnosis - "a hypnoidal state" (Davis (1931)) were the "vision" and sensation of being tilted which followed the suggestion that he should dream. The sensation is an example of changes in the body image, and the vision an example of changes in the mode of thought, occurring during hypnosis. This latter class of phenomenon is regarded by Brenman, Gill and Hacker (1947) as the best criterion for suitability for hypno-analysis : (these authors regard both classes as varieties of changes in the ego). However that may be, the failure to respond to post-hypnotic suggestion in this case augured ill for treatment by

direct/...

direct suggestion, which was all that was contemplated, and so the intended hypno-therapy was of course abandoned.

CASE Y.

The 22 year old man Y. suffered from severe nocturnal enuresis and from a severe obsessional state. His chronically neurotic father had been, and his feeble-minded brother still was, enuretic. As the brothers shared a bed, and as the patient's nocturnal sleep - though sometimes delayed - was usually very deep (as was the brother's), they would often waken in the morning and find themselves both quite unable to decided who was responsible for the wet condition of the bedding. The patient's intelligence was sub-average but he was by no means feeble minded. Repeated attempts to induce hypnosis failed to achieve anything more than a feeling of relaxation, except that after one session, he said afterwards, he had for a few moments become quite unable - following appropriate suggestions to understand what position his limbs were occupying. During a later attempt at induction however it was noticed that he had ceased to respond even in a negative way to the suggestions and when the writer lifted his eyelids (which the patient had as usual voluntarily closed) a marked divergent strabismus was revealed. In brief, the patient was in a deep natural sleep, and considerable noise and nudging were required before he would waken.

Formal psycho-therapy was continued in this case, the induction of hypnosis being attempted at the beginning of most sessions though he never appeared to be in more than a "hypnoidal" state. During the next few months he produced much Oedipus material which culminated in a dream : "I was in a hall divided into cubicles, and in every cubicle a couple were making love. I was in a cubicle with my mother". His bed wetting had now ceased. He then immediately launched into a series of dreams frankly concerned with faeces. As his obsessions were as severe as ever, the writer felt that therapy, to be satisfactory, would require more time and experience on the part of the therapist than he felt himself to possess. He therefore persuaded the patient to attend a full time psycho-therapist - this was achieved only with difficulty, as the patient had formed a very marked positive transference to the writer, and at this time the bed wetting recurred.

Comment

Whether the unusually rapid emergence of Oedipus material, and the great clarity and frequency of nocturnal dreams shown by this patient, were connected with the fact that treatment was largely conducted in hypnosis, is a matter for speculation. The importance attached to the frequency with which one type of ego change (in the mode of thought) occurs in hypnosis as

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a criterion of suitability for hypno-analysis (Brenman, Gill and Hacker (1947)) is interesting, as the only definite sign of hypnosis in this case consisted of the occurrence of another type of such change (in the body image). This contrasted strongly with the complete failure to achieve any of the muscular phenomena of hypnosis. The fact that the patient's recognition of his Oedipus wishes effected merely a temporary improvement in the enuresis reminds the writer of the case described by Heilpern (1941) - she continued treatment, which ended in success only when the patient - with much greater shame and guilt - recognised certain pre-genital impulses.

CASE Z.

The writer was asked by a general physician to see the recently admitted 25 year old woman Z. She had for a year suffered from attacks of screaming, which proved extremely disturbing to the other patients in the medical ward, but as hypnotic treatment was immediately begun and led to an immediate improvement, she was able to remain there instead of being transferred to the psychiatric wards. She went quickly into a state of hypnosis which was however very light and could not be deepened in the second and last session. Though educated in an ordinary school she was at best on the border line of congenital mental deficiency. She said e.g. 7 x 9 = 64, 9 x 12 = 81, 5 x 7 = 45 ; Scotland was the capital of England, and France that of Scotland. The only

treatment/...

treatment given - apart from simple re-assurance - was direct hypnotic suggestion that the attacks of screaming should diminish in number. Three weeks later, only 3 attacks had occurred, whereas before treatment they had occurred many times each day. Three months later she was admitted for 10 days to another ward suffering from menorrhagia, for which curettage was performed. During that period her behaviour caused no comment whatsoever and she never mentioned her former screaming attacks.

Comment

Hypnosis was very light, and it is perhaps significant that although the crude signs of eye closure and arm paresis were easily obtained, the patient remained inert in hypnosis. She was scarcely more accessible than when "awake" and no useful manipulation of memory could be achieved. It is all the more surprising that in a woman of this type a very marked improvement followed two brief sessions of superficial hypnosis in which no new light was thrown on the causation of her symptoms (she had serious domestic difficulties) except for a very simple explanation of them - in terms of the vicious circle of Rods (1941) by the writer. During the 10 month period, it seems, no symptom had arisen to take the place of the screaming - at any rate no severe symptom, and the menstrual irregularity was by no means new or severe - and though one might scarcely hope that such a patient will not eventually suffer a gross relapse,

hypnosis/..

hypnosis does seem to have led to real and definite improvement which endured for at least nearly a year in an illness which already was of that duration. There is no doubt that the usefulness to her of the attacks must largely have ceased or she would not have given them up so easily : but there is equally little doubt that she would have given them up earlier if she had known how to do so. Hypnosis provided the means. Henderson and Gillespie (1936 e) after stressing the unwisdom in general of using hypnotic suggestion to remove symptoms without further exploration and explanation, nevertheless regard suggestion alone as permissible in selected cases, of which they give as the example the treatment of hysteria in the feeble minded. They cite (Henderson and Gillespie(1936 d)) a case of this type treated with light hypnosis. In the case of Z. however some explanation of the patient's symptoms was given, though this was admittedly very superficial. The fact that it was given in hypnosis perhaps led to its readier acceptance, as in the case described by Ambrose (1951) where the repetition (verbatim) to the hypnotised patient of the reassurances formerly given in the waking state produced a much greater therapeutic effect.

Comment on Cases X, Y and Z.

It is a commonplace in the literature that lack of intelligence, particularly mental defect, is one of the few factors generally agreed to be definitely correlated with

insusceptibil[illegible]/...

insusceptibility to hypnosis. Several examples could have been quoted from the writer's personal experience - in this series the patient's J., Y., and Z. Y. however shared with the intelligent patient X. not only the failure to enter hypnosis to any appreciable extent but also the further peculiarity of entering a normal sleep during attempts at induction. They both suffered from nocturnal enuresis and were both very sound sleepers. These last two features are of course very often found together, but one has found no comment in the literature on any association between either of them on the one hand and failure to reach hypnosis, or arrival at ordinary sleep instead, on the other. The existence of such an association is suggested here and one might speculate on the question of a possible neurological basis for it.

CASE ONE

The thirty year old professional musician - P - was admitted to the psychiatric ward of a general hospital. His anxiety state was of indefinite duration: though his symptoms had been more severe during the last six years, many of them were present in childhood. He could not concentrate, he felt afraid of everything, and at times was quite unable to play his wind instrument because of tension in his mouth muscles and shaking of his head, which accompanied every attempt. In recent years he had had more periods of idleness than of work, though at one time, it later emerged, he had been earning well over £20 per week. He suffered severely from feelings of inferiority; he was depressed and tired and slept badly; he was tremulous, and his palms sweated excessively. He felt very self conscious while playing professionally and had lately been unable to work for a year as he could not play the instrument at all. Months later he told the writer that after a final separation from his girl friend Dot some years earlier he had been quite unable to play at all and indeed had felt so weak that he could not stand and had spent many months in bed.

A male cousin gave the following history. The patient's older brother had died before his birth. The patient was healthy as a child, and since; he had been a fairly good scholar, but could not mix at school - he was bullied and felt inferior. He was regarded as at least a competent musician and had had a circle of students when he was relatively well. His father had died six years earlier (it was then that P's symptoms were aggravated). The father was an ex soldier who, following exposure to poison/

poison gas 1914-1918, continued to suffer from a lung complaint, which in fact caused his death. He had prejudiced the patient against war so that P had through the 1939-1945 war taken the conscientious objector position, on humanitarian grounds. He had declined non-combatant service and subsequently had had to evade the police for five years, suffering much criticism and ostracism because of his opinions. Finally he "gave himself up" in the hope of gaining relief from his anxiety but felt no better even when the case was dropped. The outbreak of the war and his girl friend's departure later had both caused a severe aggravation of his symptoms.

While in the ward he was sometimes seen to be weeping hopelessly; he felt that he was "finished." He was discharged 3 months later somewhat improved; he had responded to the interest taken in him by the writer, who, arriving at the hospital ten days before his discharge, had encouraged him to go home. His symptoms included anxiety about his heart (emotional tachycardia), his nervous system and left eye (pain in the left temple, illusion of a halo when using left eye, history of two fits as a child), the genito-urinary system (perineal pain), his stomach (flatulence, pain, vomiting), his lungs ("catarrh"): also fear of crowds, particularly of the audience when he was playing professionally.

Many of these anxieties were complicated by ideas that masturbation had damaged his blood, brain, eyes, and back, and had impaired his sanity; while he feared that playing "the instrument" had damaged the nerves in his face, where he experienced sensations of tingling and tension. Despite all this no physicial abnormality was discovered unless it be the small size of the penis, about which the patient worried considerably. He was of small stature,/

stature, and was left handed. He dressed plainly, but very neatly.

As a child, he said, he had been shy and credulous, frequently placating more aggressive children because of his timidity. He volunteered an account of two incidents - when he was about 4 - he was terrified because, sharing the parents' bed, he had witnessed coitus several times. He felt that this was connected with his persistent fear of being watched. The other incident was at age 9, when a man had taken him on his knee and stimulated his penis.

It was clear that this friendly humble patient was already dependent on, and attached to the writer. He agreed to attend for an hour once a week as an out-patient; at these interviews he was encouraged to talk at random in the hope that some understanding of his symptoms might be gained, with consequent relief of his anxieties. At the third session he was lightly hypnotised; he experienced a spontaneous revival of early memories (which he was not asked to recount) and was very grateful for the feeling of relaxation, so different from his usual tension, and though no other therapeutic suggestions were given he felt very much better for the next week, (though attempts at playing always led to a recurrence of his symptoms). He spoke later of his childhood fears of the dark. He related his occipital pain to a childhood incident in which his male cousin Bob half strangled him on a couch in an over enthusiastic acting out of a film. This cousin - 3 years his senior - had been exhibited to P as a model for him to copy in other respects. P recalled that when he was about 6

he/

he began to play with a girl cousin, exploring her perineal region but never discovering the existence of the vulva.

Three weeks later he felt so very much better that he took a regular engagement - the first for over a year - and found he could play in public without symptoms; "It was like someone else playing". He had spoken of an incident which he placed at aged 4 in which he lay on top of a little girl acquaintance in an imitation of coitus - his mother had found out and threatened him with Hell-fire. He had slept with his parents up to age 7 or 8.

About this time he spoke - very briefly - at a public meeting for the first time in his life. He did not speak well, and for the first time felt angry on account of his inferiority feelings. He said that if he could "tongue" properly that would give him confidence for anything. ("Tonguing" refers to a special technique in wind-instrument playing, in which the tongue is made to vibrate rapidly inside the mouth). He went on to speak about his mouth; he said he had for long believed that playing would eventually cause his teeth to fall out so that he would require dentures; he thought his upper teeth looked like a denture and he had grown a moustache to conceal this defect. He had resumed lately his hobby of modelling in clay.

He later recalled that he had continued to sleep with his mother until he was 11 - during the last two years of this period his father had been absent abroad. He had wanted to sleep between his parents - he preferred/

preferred his mother's smooth skin to his father's "revoltingly" hairy legs. He added that he stopped shaving years earlier because he thought the hair would strengthen his weak upper lip. When he was 7 he had tried to stop his father from hitting his mother by putting his arms round him. When he was 11 his music teacher struck him on the fingers with a pencil because he was playing "by ear" - he did not return for lessons until his parents discovered a year later that he had been attending a cinema instead! At the same age, a 19 year old boy had played with the patient's penis. When he was 5 he was tremendously upset by some violence between two men in his house; they had quarrelled about a girl. He remembered that when he was six he had felt disgust at the sight of his mother's breast. At age 10 he attended a variety show with his parents and found the sight of chorus girls legs embarrassing in their presence - he developed diplopia then, and on a similar occasion with his father he developed cramp in his calves. He knew that his oldest brother had died before his birth and could not remember the brother intermediate in age, who had died when the patient was very young.

REPORT I

At his 14th. interview - $2\frac{1}{2}$ months after the first - he felt fairly well, and there had been a most obvious improvement in his tonguing. His insomnia had quite disappeared. This ended the first period of his treatment in which the interval between interviews was usually a week. He said "the interest you take in me is a great part of my cure" (i.e., transference). His friends had all noticed his improved condition. He had been hypnotised once. Very few interpretations had been offered. Freudian interpretations of his fears about his teeth in connection with playing might be that playing (oral pleasure) was punished with tooth extraction (oral castration); while his moustache was grown in order to hide his toothlessness (castrated condition) this was not suggested to the patient because for one thing it had not then occurred/

occurred to the writer.

Hypnosis was now employed again, and the results of the next few sessions were so striking that hypnosis was induced on 15 occasions in the following month, during which 4 non-hypnotic interviews were given. This constitutes the second period of treatment, during which the writer began to feel that the nature of the spontaneous productions of the hypnotised patient suggested that at least some parts of Freudian teaching might be much nearer the truth than had hitherto appeared likely to the writer, who had read Freudian literature quite widely but with little conviction. It was in this way that the writer became involved in an attempt to analyse this patient. The spirit was one of waiting to see what would emerge.

The patient was hypnotised; he spoke while hypnotised of a dream he had of "a thing like a gourd" to which he associated "womb". After being wakened, he drew the gourd - one end was very obviously like a trumpet mouth-piece. Two days later he was hypnotised again; he immediately said "I want to be free" and within a few minuutes he looked uneasy, became quiet for a while and then said he had just remembered having a fit at age 4 - 4½ - the doctor had said that it was due to over: :loading of the stomach. He suddenly remembered the dog his father had about that time - he had not thought of the dog for years: it "sang" (i.e. whined) when his father played the fiddle. Next he recalled very vividly - sometimes using the present tense - an incident which he said happened when he was nearly two: He was in his grandfather's bedroom with his brother and his cousin Bob - both a few years older - there were old books in a cupboard - his brother played with pieces of paper at the fire while Bob heated a poker in the fire till it was red, and pointed it at P, who in defending himself touched the poker and was slightly burned on the hand./

hand. His grandfather died when P was 3 or 4: he remembered, while hypnotised, the coffin being taken out through the window - he described with distaste his grandfather's hairy legs and chest. He remembered suddenly being in long clothes - very young - sitting on the floor in another room: his father was speaking to another man, and the baby-P- was playing with a bicycle bell: in some way he managed to sit on it and so soil it. He made no attempt to explain why these particular memories should suddenly erupt and no attempt was made to pursuade him to do so.

At the next interview he spoke of not wanting a girl to depend on him - asked what he did want he answered that he wanted support from his mother. He spoke of Bob, who, when six, could say the alphabet backwards and was taken round public houses by his father to show off his accomplish: :ment: P. therefore learned it too but no-one asked <u>him</u> to show off! After reminiscences of his grandfather's violence P. spoke of his own timidity at school - he used to bring "pieces" to placate the other boys, who would stick pins into him. He entered the class of a man teacher who was very kind to him. He did well in that class. Earlier he had a woman teacher who was strict, and there he did badly: he was very frightened of her. At 14 he met a musician Fred six years his senior who treated him "like a brother" and helped him a lot till they quarrelled 11 years later because, the patient said, Fred had been turned against him by a woman friend. This was a terrible blow to P, who developed insomnia. Towards the end of this hypnotic session he was quiet for a little and then said drowsily that he/

he remembered being a baby at his mother's breast - the left breast-with his hand on the other breast - his next topic was his disgust experienced when Dot asked about her bust "Isn't it well developed?".

During this hypnotic session and in the previous one, testing had proved him anaesthetic to pinprick after appropriate suggestion. He remembered while hypnotised that the brother mentioned above died aged 5 when P was $2\frac{1}{2}$, and that he had been told that his other brother had died aged 6 months, before P was born. "My mother paid too much attention to me because of losing the other two". He was told that if he had had any early sexual curiosity in connection with his mother he might discuss such feelings - he said that he discovered at age 6 that his mother had axillary hair: "it wasn't fitting that a woman should have hair - I was disgusted. I began to have sex feelings when I was 5 but not about my mother": he described how his little girl cousin used to come to the house and kneel on a chair, looking out of the window "While I played with her..... handled her.....bottom and so on. "(Did you think sex was wicked?) "Yes", I was afraid that my mother would know about it". (Why? what would she do?) "She'd think I wasn't a person to.....she'd turn away from me....I used to lie next my mother and wanted her to face me: I didn't like her turning away to my father. I was jealous. When I was 9 I used to sleep with my mother". (Your father was away?) "Yes. And I couldn't get to sleep unless she put her arm around me". (What about the trumpet?) "The trumpet is only a metal thing twisted and shaped, shaped, turned....." (Why fear the trumpet?) "I'm not capable of expressing anything on it. I have nothing to express/

express - no feelings. It's not right I should express my feelings - I've always felt like that". He was reminded (a) of his frequent dreams of a man chasing him with a knife (b) that he was always worrying about a mark on his finger, which looked as if a strong had been tied so tightly round it that it left a slight grove, white in colour. He answered "I must have done wrong as a child". Asked to comment on the bell incident he said that he had wanted his father to pay some attention to him "but he didn't: my mother was out - should would have paid attention to me - that was the significance of the bell. She used to take me to the bathroom until I was 7 - she had to: I was afraid of going myself - of being alone, of the dark". (Afraid of your father?) "Yes" (Did he threaten you?) "Yes: after I lay on top of the little girl" (How?) "He said he'd cut my head off" (Did he tell you what he would do it with?) "No: he made me afraid when I did badly at school; he asked me to spell - I couldn't do it" (What words?) "I had a book about a boy and a girl - I think it was the word "gate". He said he would cut my head off" (Are you surprised then that you dream of a man chasing you with a knife and that you fear other men?) "No: I see it clearly". He continued loudly: "I can do anything now. I'm not afraid now". Asked to waken, remembering everything, he did so - smiling: "it fairly rang a bell when I remembered how my father often used to threaten to cut my head off!" He said he felt 'great' - I could climb the sky!". The author at this moment felt that little more treatment might be required. He had told the patient at an earlier interview that some psychiatrists found evidence of the notorious Oedipus complex in some patients and that it was possible for his own/

own - unwillingly admitted - excessive attachment to his mother to have had some sexual significance. But at the end of this particular interview the writer had decided that no Oedipus complex existed - at any rate in this particular patient, for he naively felt that if it ever had existed it would have been admitted in response to the direct question asked above while the patient was very deeply hypnotised. He therefore did not hesitate to tell the patient that this experience suggested that P. at any rate had no Oedipus complex.

The patient went off feeling highly pleased with himself but on his return two days later confessed that he had felt inferior while playing: he had felt other men "towering over him". He announced that there was now no tension at the back of his head - it had moved to his fingers and mouth. He said that whereas he used to be frightened when on a bus that went fast he had found that day that he had enjoyed this - the faster it went, the more elated he felt. Since the last interview he had gone home one night and found his mother sitting up in terror because she had heard a rat in the house: he could not find the rat and, to calm her, consented to sleep in the same bed, as his mother suggested: though he hated having to do it. He had asked his mother about the poker incident: she told him that he <u>was</u> burned under the very circumstances, but on his legs, not his hand. He had remembered for the first time that his teacher had belted him for using his left hand, when he was 5; Dot's mother had disliked him and spoken of his lefthandedness as "being an affliction". As a child he would not eat in other peoples' houses - he thought the food was dirty, even poisonous - and

put/

put it in his mother's pockets. He described how several times during the war he had pretended to have a stiff leg(in order to lessen suspicion about his not being in uniform), on one occasion for two hours.

Hypnotised, he was asked about his left hand: he said that his father had told him that the left hand was "bad": his mother, that the left side was the Devil's side. He said Lascars were supposed to use that hand in attending to themselves after defaecation. He was told to speak out whatever came into his mind and soon announced inter alia that his mother had made him afraid to show his penis because she said it was a dirty thing. (How do you feel?) "Very tired. I feel I could go deeper and deeper. I want to go deeper". The writer suggested that he should "go deeper....very much deeper..... sleep.....very very deep. You can feel nothing....does it seem clear to you now why you felt inferior so long?" The patient made no answer: it was noticed that he was breathing quickly. Soon he was panting, moving about on the bed restlessly, twisting his body; his face becoming red and contorted: after a few moments this stopped - he spoke: "I was on the water, I was drowning, and I was saved. I was in the baths; oh! I was drowning - under the water: nobody was going to save me, they all thought I was pretending. I dived in - I couldn't swim: I went to the bottom. I dived in, I was drowning. I was coming up and Donald put his foot on my head and put me under" (Donald ?) "a student - tall and blackhaired" (your age was ?) "12 - no 14 or 15. I was sick - sick with the water. I was afraid of the water. OOOH!! it was terrible! I couldn't hear the sound under the water: there was a high pitched whistling sound. I was shouting "Help! Help!" but nobody/

nobody was paying any attention. Oh it was terrible!! He described how he learned to swim again later. (What made you think of the water today?) "I felt I was in the water. I was sweating, suffocating". He was still wagging his head from side to side. After a while he said "I can't blame her for my being a little boy. I must be a man, I wanted to be a little boy. I needn't know everything - just enough to get on with - it's only little boys who think everyone else knows everything. There must be some sexual attachment to my mother?" (What?) "Can't get it" (?)".....her breasts" (?) "I loved to play with my mother's breasts" (when?) "since 7 - 8" (When did it stop?) "When my father came home from U.S.A." (why?). "...because my father came back and I...I was.....had to sleep by myself. "(Who was responsible?)" "My mother" (What did she say ?) "that I was getting too big to sleep with her". (What about your father?) "He slept with my mother". (How did you feel ?) "I felt more angry with my mother". (Your age then ?) "9, I think.....9.....I think" (After his return you wanted to go on playing with your mother's breasts?) "No" (why not?) "He would have had something to say" (What did you fancy he would do?) "He would have killed me" (How?) ".....with his razor. He would have cut my throat". (Did he ever threaten anything of the sort?) "No", he used a razor - a German razor - 3 medals on it, awards - a man's head - a black handle - a German name - I couldn't read it. He used to sharpen his razor: he used to tell me about it. He used to say there were teeth on it - very fine - something like a saw". (Never threatened you with it?) "No. He used to tell me/

me he would cut my head off". (What occasions come to your mind?) "When I drew a picture of a man and a woman" (He said?) "If I ever find you with anything like this again, I'll cut your b - head off". (Whom did the drawing represent?) "It must have been my father and mother because the penis was very big, and I had a very small penis. I've always been very conscious of that. I wanted a bigger one - like other boys. (Did you ever see your father's penis ?) "Yes" (You felt? - afraid?) "No, not of it, of him". (Why?) "because he had a big penis.....I couldn't get sleeping with her any more". (What does that mean?) The patient returned no answer but woke up spontaneously from hypnosis for the first and only time. "What did that mean?" was said without any particular emphasis.

Two days later he said that he hadbeen feeling very elated until the night before when he was playing - "I felt like a baby - I felt like crying because I couldn't cope". He revealed that he gave up engineering at the age of 20 because a finger nail had been torn off in a minor accident at his work. At this time he began to have dreams of Dot's sister Ena - in the dreams she had black hair (not in reality, but his mother had black hair). He alleged that when he slept in his mother's bed recently he had felt disgusted because "she thoroughly enjoyed it". Asked his feelings about Dot he said he could not be in love with her because she was so small (and that would remind you?) "of my mother"; (and why not love a woman like your mother?) "because they over attach themselves to you- that is why I love Dot because she doesn't attach herself to you" (why fear a woman leaning on you?) "It's a funny thing" - he laughed - "but I want to lean on them and I don't know/

know why".

He forgot a dream one morning and immediately remembered it when it was suggested in hypnosis that he should do so. (This technique never failed with this patient and was often used: so that on no occasion was he without a dream to discuss). It was about something wrong with his lip, which was covered with blood and white specks. To "blood" he associated "dirt" - something to do with his mother and himself, where he came from "among all the dirt and blood". While hypnotised he would ruminate, and ask himself questions; e.g., he asked: "Why do I fear big men?" and answered "because they have got rid of their love for their mother" (and you?) "not me - only a small part of me, the psychological part that wants to be suckled". He was now asked again "What about the trumpet?"

"The trumpet ? - a form of sexual satisfaction to the mouth, the breasts ; - that's why I feel like a baby - I feel like crying". He laughed. (You remember being weaned?) "I remember the breasts - like a mouthpiece". He laughed. (Never thought of that before?) - "no": (and if you feared your father about your mother's breast, which is a trumpet, is it surprising that you have difficulty in playing?) : he laughed: "no - that's why I'm afraid of holding on to something that belongs to my father - as soon as you put it in your mouth you're taking something of your father's. Every time I take it out of the case I shake because I'm in two minds. I had to be dragged off the breast - my mother says - so I get a substitute - a soother - a baby soother. How would that feel in one's mouth?" He laughed, and made sucking movements. (What does the tension in your mouth with/

with the trumpet mean?)"trying to do this" - he made more sucking movements and laughed - "no wonder! - I'm trying to get milk out of the trumpet! Triple tonguing on the trumpet! "- From now on for most of the remainder of the hypnotic session the patient was laughing. "It's when I go up - that's when the tension comes - I don't know whether to play the trumpet or suck the t....." (a vulgarism for nipple)-the bell - that suggests the large piece - the breast - I would be playing a tune on the t.....I can feel the tension - no tension when I do that" - he was making sucking movements - "Well I don't want the t.....any more; I've got over that. Teat - red - big, red, rough thing - who wants that in your mouth? why should the tension be there - am I wanting the t.....? the trumpet? t.t.t.t.t.t.t.t. - it's the sound "Titica" like I'm crying for my t....." ("Titica" is the sound used in teaching tonguing). The patient stopped laughing for a while and said that he felt ashamed: "Well, I might get someone elses t.....and get rid of my mother's. No wnder I felt the trumpet is part of me. Teat, teething, all these things.....trumpet - he's on the trumpet! "he laughed. He plays the trumpet - no wonder it suggests the red thing, no wonder I don't like carrying the thing round with me": he began to laugh again.(How are you feeling ?) "A lot better, Doctor - a good lot better. Blood, milk, milk out of the teat - that's blood - out of the big red thing, that's right , isn't it?" Asked why blood should be milk, he said "because of masturbation. I thought milk made blood and masturbation-like milk-cost you blood. So your teat has been taken away from you and instead of/

of a large red one you have a small brass one. It's away from me. It was taken away from me when I was 11" (i.e., his mother's breast) "and given back to me when I was 12" (the trumpet) - "No wonder it hurt my lips - it was metal, it was no wonder, it was different". (Anything more you want to tell me?)"No, I just want to get home and get his b - big t - .....out of my mind. It's a perverted subconscious feeling - intangible - just consciously subconscious. No wonder I felt like crying - that's what they do when the teat's taken from them; no wonder I am tense, holding on to it - I nearly broke that trumpet in two ;; they hold on to it - how I held on to that trumpet ;; that's why I'm afraid of people taking it away from me in the street. The first time I did that "(tonguing)" I said "didica" instead of "titica". (Why ?) He laughed: "because my mother called the breast the "diddy".

It is difficult to convey how definite was P's identification of breast with trumpet, and how vividly this subjective sense of reality was conveyed in his productions during this hypnotic session. On the following day it was found that he had forgotten most of the hypnotic material. He said that some ten years ago he had hated the trumpet, and took up the piano as being more feminine; he thought of the trumpet as mere metal - he thought that it was very crude, more thanever when Dot said that his trumpet playing was the reason for her liking him. Hypnotised a few days later he reported that on the previous night he had played a particularly difficult trumpet solo perfectly. This had given him great confidence as he had

longed/

longed to risk playing it for five years: he had felt shaky while playing it but also felt detached as if he were watching himself. While hypnotised he was asked whether he could remember being on the breast "Yes, on the right breast, and holding on to the left breast with my left hand. (With which fingers?) "the second, third and fourth.....I used to squeeze the breast with my right hand and hold the nipple between my fingers" (Which ?) - "between the second and third and between the third and fourth". He made sucking movements. ("Do you remember being weaned?) "Yes".....he frowned. "I wanted it but couldn't get it". He frowned, and made a wry mouth. (Do you feel the taste ?) "Yes" (with a very wry mouth) (What do you do?) "It's a terrible taste - I do this -.....(spits) (What do you do when you can't have the breast ?) - "bite my hand" - he bit his right knuckle until he was asked to stop. Asked when he first felt the pain on the back of his head and neck he first answered "when Fred left me" but soon said that it was when he was 4: he was in bed and was afraid that his parents would know that he realised he was witnessing the primal scene. (Feared what?) "that my father would cut my head off." He arched his head back and frowned. It was suggested that he would forget all this material until he was prepared for remembering it, and then was wakened. He said "I'm feeling better. I've got a pain at the back of my neck - lying in some positions makes your neck sore" - (typical rationalisation to explain gaps left by post-hypnotic amnesia). This pain was still present half an hour later as he left the hospital gates.

At/

At the next interview he walked for the first time into the room without being asked, in contrast with his usual timid and hesitating approach. He was feeling very much better and had played so well the previous might that he had lost his sensitivity about other musicians talking - "it would not have been about me". His playing tone had improved - more masculine, thick and heavy - he noticed however that tonguing produced some tension in his mouth. At one point he had felt (i.e. hallucinated with insight) a teat in his mouth, and felt it to be in the way. His new-found aggressiveness was sometimes badly expressed - he quite needlessly offended his relatives by complaining of the "so-and-so priest". He developed a habit of biting his tongue with enjoyment, and dreamed of a cat biting him. He confessed that on the last occasion on which coitus had occurred it was with a married woman - he had not felt satisfied - he wanted her to go away, masturbated, and felt hunger, which he appeased by smoking (his usual custom in these circumstances) though his first impulse had been to drink whiskey. He had often bitten his lips on the inside. His chronic feeling of lack of energy had been gradually lessening in the previous month, though still present on rising in the mornings. His mother recalled that he had never been bottle fed, though a comforter had to be used for three months at the time of weaning, which was accomplished by the use of aloes to disencourage him from wanting the breast. He was quite convinced of the neurotic nature of his symptoms and volunteered that this had only been so since the writer abandoned the technique of persuasion, in the style of Ross, in favour of the use of hypnosis. He was now able to laugh at Bob who had made/

made him weep, while he was in hospital-before he had had any treatment, by telling him "You're finished!" He said again "the interest you have taken in me is a great part of my cure". He had complained of pain in the left lower middle incisor tooth for a week or so: he had gradually realised that this too was neurotic - he said while hypnotised one day, several times, "I must have had a teething pain there at three months" - and it was now replaced by a numbness in the same region. He had toothache for years until aged 11: at 12 or 13 he had felt the dentist in scaling his teeth would cause them to fall out: he had felt that as soon as he had learned the trumpet properly his teeth would fall out. (You would be punished for playing the trumpet?) - he agreed. Later his mother said that he had cut his first tooth at nine months. As regards the masculinity of his playing tone, an acquaintance said "You feel that there's a pair of testicles behind it" - i.e. the trumpet.

Awake, he described his feelings about hypnosis: "When I am hypnotised I feel very relaxed, and no obligations to you, Doctor - there is a slight barrier now - no barrier under hypnosis - your voice could be anybody's - I feel no obligations to do anything or to say anything: sometimes I feel consciousness coming through - trying to suppress. When I waken I feel embarrassed at using up your time". All this was completely spontaneous.

While hypnotised, he said that he still believed that masturbation caused a pain in the back of his neck "by taking blood or something away from the/

the brain". This was in marked contrast to his "scientific attitude" when he was awake, adopted in response to the writer's earlier pursuasion-cum-medical-re-education regime. Hypnotised, he remembered at the age of 4 lying between his parents and wakening to find his mother pushing him aside against the wall "so that they could have intercourse". Again he said "I would be 3 months when I first felt my teeth - it was the same pain as this tooth - ooa; it's a tooth-cutting pain". He went on to speak of not wanting to grow up, andsaid that the smallness of his penis used to make him feel that he was effeminate. When he was 7 or 8 there was a case in the papers of a boy turning into a girl, which frightened him - he continually examined his penis, wondering when it was going to change. One night he dreamed of his pet canary in its cage standing on one leg which was attached only by a small thread. Two arms grew on the bird in place of wings, and fingers - it used its arms to walk and also to feed itself, which caused difficulty and confusion. Hypnotised the following day, he recalled again an occasion when he had squeezed the mother's nipple between his fingers. (Why do you remember that occasion particularly?) "That'll be the time she used the stuff to stop me" he grimaced, and spat: he rolled his head. "I would be on the left breast and I would be playing with the right breast with my right hand.....mouth away from the breast: and rubbed my left cheek against her - and then I squeezed the right t....." - he laughed - "and get smacked on my right hand" - he laughed (?) "that's all - no more breast for me; A few moments later he was talking of his father being very good at Billiards: "I can never do as well as my father". (He could not play the trumpet/

trumpet?) He laughed - (You can't take the breast from your father but you can play the trumpet) "Yes". Here he made movements indicating cramp in his right hand: "my right hand is cold" (Why ?)"with talking about it". (What are you remembering?)."playing with the breast and getting hit on the hand - put an end to it all". He laughed:"that's when it hurt my pride to get strapped at school on the right hand - no wonder it was painful - I'd been strapped years before". He went on to say that he understood his symptoms, but they were a habit - "I am afraid of doing anything because anything I ever tried I was told I wasn't doing it properly by mt father; my mother helped him too". He remembered suddenly, for the second time, that when his music teacher struck him on the fingers with a pencil for using the wrong technique he stayed away from him for a year: he needed no help to see the parallel - his fingers struck at the cornet = his fingers struck at the breast.

The writer now felt that the patient's mind had been explored to a very considerable extent: he did not hesitate to tell the patient so, but asked him whether there was anything else worrying him. "Nothing else . I must face the problem. I am still expecting to be told off and smacked. It should go". When he was wakened from this session, in which he complained of his right hand being cold, he said his fingers were still numb, and the writer discovered that the third and fourth fingers of the right hand were white. As an objective test, an attendant was called in and was asked merely to look at P's hands and say what difference if any he saw between them. He remarked almost immediately that the third and fourth fingers of the right hand were white.

At/

At the next interview the patient had now no pain in his neck but still had slight tension in his lips. He reported that on the way home from his last interview his fingers at first became more white but had recovered their normal colour at the end of his half hour's journey. The writer now found no difference in colour between the two hands. P. said that while playing one night he noticed a pretty girl looking up at him and immediately felt a pain in his left lower gum which lasted ten minutes: he also felt as if there was a discharge from there but found there was none. He realised that the author was soon to go on a month's holiday, and there had been some talk of ending the treatment then. That night he had expected to begin a new and satisfying though somewhat frightening engagement but another musician threatened to complain to his Trade Union over some technical point so the patient's engagement was deferred for a week, and he went home to practise - "and found all my symptoms had returned - the left eye, mouth, tongue, fingers."

Hypnotised, he began to make jerking movements of his head and neck which he said were very painful and quite involuntary. He spent over half an hour trying to think of some word beginning with a "P" which just eluded him; it was, he felt, a key to the explanation of the jerking movement - "P..... P.....prison, police....." etc. etc. Suddenly he said "pram; - I was out in the pram, with my brother - it fell up in the air - I put my hands out - wanting to be picked up by my mother - she wasn't there, she wasn't there.... Mammy; " he called. He said later, still hypnotised, that when he finally saw her again he remembered he put his left hand in her bodice on her right breast/

breast and wanted to be breast fed. He was asked to give under hypnosis some account of his understanding of his problem. In doing so, it was noticed that he began to make jerking movements of his whole body. He said: "It brings it all back talking about it". As he was talking about the fall from the pram he sat right up in bed. As he remembered the primal scene he expressed disgust at his mother - "I thought she was hurt but she wasn't. I did not want her at all. She was more filthy than my father." He began jerking again and was asked why. "No, I can remember when I fell backwards, I had the same feeling, when I was in the pram, as I have now".

Next day - the eve of the holiday - the writer suggested that he would dream about himself whilst still under hypnosis: he dreamed: "people were asking me if they were doing all right and I said "yes, just carry on".

REPORT No. II

Ths ended the second period - a month of frequent interviews of which no less than 15 were conducted in hypnosis, with striking results on several occasions. During the period he improved to a very considerable extent, but the approach of the writer's holiday lead to a partial relapse which illustrated the temporary nature of an unsatisfactory "transference cure". From the patient's point of view, the high point of the treatment to date was his wonderful discovery, after years of misery and tension, that he could once again enjoy playing in public. His tone had improved and become more masculine, and he had for the first time for years ventured to improvise boldly in public performances.

After the four week's holiday treatment was resumed. The writer had been very much impressed with the Freudian nature of much of the patients spontaneous productions especially in hypnosis, but the partial relapse was disappointing and one wondered whether the use of hypnosis was preventing the whole personality from sharing in the insights gained in the hypnotic technique. Therefore in the next period, which lasted three months, the writer used hypnosis very much less, though towards the end of the three months the patient was urging its resumption. Treatment was mainly by free association in the waking state.

The/

The author -M- returned from a month's holiday to find that the patients mother had been admitted to a surgical ward a week earlier - ? tumour. The patient said he was still nervous. Symptoms were referred to the mouth and not to the neck or fingers. He announced that he had been hypnotised by a pianist friend Colin, whom he had never mentioned before: "I was "away" in two seconds - he mentioned my neck and I was writhing in pain and had pain next day, and a headache, and played nervously. No one else notices me playing badly but I feel that people talk about me". He said that he felt himself attracted by girls more than ever. He was worrying about the possibility of venereal disease. He was less certain of his cure now. Two days later M told the patient that his mother had an inoperable gastric carcinoma and had only weeks to live. He took this very calmly and said that he had found that he could live alone, which he had never thought possible, though at first he had felt afraid about the possibility of spirits in the house. Soon after being hypnotised he was told "you are very small and are going back to some experience of fear". He exclaimed:"It's the picture, it's a blue picture, it is blue and brown. Every time I see it I get frightened. My grand: :father's lying with me". So far he had been jerking his head and grimacing - he now raised his head as if looking over the foot of the bed, but with his eyes shut. After "peering" like this at what he said was a picture of the Virgin Mary he lay quiet for a while, apart from making snoring noises and then again began jerking, uttering exclamations of pain. Asked what this meant he said that it was the bed being jerked by parental coitus when he was about 4.

He/

He had forgotten a great deal of what he had learned in earlier weeks of hypnosis and was apt once more to fall back on explanations of his illness as being inherited, inborn, and so on. His mother's death a week later he took very calmly. He dreamed of his fellow musicians saying that he could not play, talking in a hostile manner because of their jealousy of his good playing. He said he knew the man whom he had beaten for a vacant place in the orchestra was jealous of him: "I am not imagining it - he turns round and speaks when I am playing: he asks if I am nervous, he knows I am". He said he knew that he was playing too well for them - a very striking contrast with his former humility. Hypnotised, he said that the dream meant that he had no friends: all were hostile - which reminded him of (1) the incident when his mother was out and his father had taken no attention:(2) the war years "when I had a friend Fred 6 or 7 years older - and he became hostile. He....taught me to play and said he would not go for a girl and then he did and then she was against me, so he was too: she had told him I had a better job though he taught me, so he turned against me when she did, and threatened to hand me over to the Police". He spoke of his diffidence in being praised for his music, and was asked why this should be, if a trumpet were only a trumpet, and pay merely pay. He repeated this question to himself musingly, and suddenly laughed: "because the trumpet was the breast. That is why!" he laughed. "I see it now! I don't want the breast any more. No wonder I didn't think I would be paid-for sucking away at the breast!" the patient laughed heartily for a minute on end, with similar/

similar remarks interspersed between laughs. He announced that he would play well that night - he had been worrying about playing first trumpet and woke when asked to, feeling very well. A day or two later he had been playing well, though nervous about it still, and surprised another musician very much by saying "what the h.....hasit got to do with you ?" when asked why he was waiting. Since the interruption of treatment he had begun again, after years of chastity, to have affairs with girls. These associations were very cheap and unsatisfactory: they were nearly all associated with alochol: the girls were very promiscuous, and he was not in the least fond of any of them, while worrying about disease led him to have six Wassermann Tests in the succeeding three months. There was not the slightest element of tenderness in these associations.

A month after resuming treatment, and two weeks after beginning as first trumpet, he gave up his new job as he felt it to be too great a strain. Thatnight he dreamed of a building shaped like a windmill (actually a truncated cone)-many people walked about in it, it rocked from its foundations and he, alone, panicked, and left - to experience more panic on finding the exit gate closed. A small boy in a jersey - "like a wee boy out playing"-opened the gate for him and he felt ashamed that he was older than the boy. He interpreted the dream as meaning that he had escaped the adult responsibilities of his job by pretending that he wasonly a little boy, and remarked diffidently that the peculiar building was shaped like a penis: it was suggested he might be retreating not only from his job but also from/

from adult masculinity. Next session he reported a dream in which fear overwhelmed him as if he was a child. Hypnotised, he immediately remembered that in the dream he was lying on a bed playing with the trumpet as if it was a toy, admiring its bright colours, not sucking at it, nor blowing at it: he was showing all the usual childish traits.

He was very deep on this occasion - probably because pleasant thoughts were repeatedly suggested - and, as always with this patient, dreams forgotten in whole or in part were readily elicited in toto - vividly - under hypnosis. He was told that he would have that night a dream which would express the main theme of his illness, and when next seen he reported the following dream:-

There were two couples engaged in coitus in a big bed - Ena, the sister of his former girl friend Dot, and himself - and a very tall blonde girl in a black dress with a musician whom he recognised as being a great ladies' man. He desired the blonde girl but felt that the other man had a better chance. Then he was crossing a road with the same man; at a window sat a tall girl who lifted her black dress - he seemed to see something like a sausage turned inside out - a small boy with her was watching her wash these parts of the perineum - P. was merely looking on as he was too small even to have sexual thoughts.

A Freudian interpretation of this might refer to the phallic mother - the phallus being inverted to form a false vagina. The latter part of the dream reminded P. of (1) his childhood exploration of his little girl's cousin's anatomy, which occurred as she was looking out of the window - and wearing a black dress, as he now added. (2) His mother washing her feet lately. He was conscious of feeling like a child - he felt like crying at times. To "sausage" he associated "navel". Next session he said he had played very well at a small dance but many of his symptoms had returned, - exhaustion, finger cramp, "haloes" etc. He described how he used to hide his eyes from any girl whom he found attractive as he feared that the effect of masturbation would show in his eyes, and he recalled his boyhood anxieties over what he wrongly thought was a delay in the first appearance of seminal fluid, and his great relief when it did appear. Reverting to the sausage, he said that he still had to convince himself at times that babies were not born through the umbilicus: touching his umbilicus used to give him a queer feeling, like touching the glans. His next thought was the rectum, in connection with his little girl cousin. It was pointed out to him that where he used to talk of the breast he was now talking of the penis, vagina and rectum,/

/and he confessed to a new found interest in "smutty talk". He said he had a feeling that something was going to be revealed in a dream.

His next dream was that a member of a conscientious objector board took him, after a period in jail, to see a well-known Jungian analyst- Jones. Jones and his wife passed P. in a crowd but P. spoke to him again in the room of the present writer - M. - not M's room really but a large sitting room. He felt guilty about this - talking to Jones in M's room. Jones smiled to P. but his wife, who seemed stout and old, took no active part. P. was afraid that M. would find out.

Later he admitted that Jones had treated him for 9 months some years earlier. M. suggested that the patient was losing confidence in him and thinking of a new therapist, which he denied. The analyst Jones later summarised P's case as one of repressed homosexuality, and the author now suspects that this dream refers to the patient's fear that M. would discover his repressed homosexual feelings which as he no doubt remembered were discussed at length by Jones.

The next dream was of his own house and his pet bird; the latter appeared in the usual bird cage which had been overturned by a very ferocious orange cat: the patient rushed to drive the cat away as the bird slipped on to the floor - unable from long habituation to prison to use its wings. P. threw the cat out of the door, having to take care as he did so not to step on the bird behind him.

(Orange?) "I just thought that the bird and the cage were green" (P. was a lapsed Roman Catholic - he knew that M. was not a Catholic). The wing paralysis reminded him of his over protection - the childish part of himself. (Cat?)-"the fear which attacks me"; (the cat was killed?). "No, I began to feel sorry for him - the poor cat". He gripped the cat's neck as he had done to his father in a recent dream: it was pointed that "Orange" might refer to M.

He dreamed later of a girl with a very beautiful face who appeared on the stage with her lower limbs exposed - the legs were those of an old woman - swollen, with patches of black and blue, he immediately thought of his mother's legs - he had varicose veins. P. sat in the audience but could not see the stage very well, while a tall man in a tweed suit and aged 58 was adjudicating the girl's performance but said that he would "rather have a glass of brandy than judge this". The girl's silence and her hand movements reminded the patient of the ballet in which Dot used/

/to dance.

"Brandy" reminded him of a chance remark made the day before by M. who moreover wore a tweed suit, as the patient pointed out, adding that 58 was his father's age at death. He felt that he was not grown up and was allowing his father to judge his actions, which in turn reminded him of another remark of M's to the effect that P. was perhaps being rather foolish continually to associate with near-prostitutes especially in view of the worry he invariably experienced afterwards about venereal disease. The patient was reminded of his embarrassment as a child at the sight of a girl's legs in a film which his parents took him to see. He could not help seeing that in this dream he was confusing his mother with his girl friend and his father with the writer and was, it was suggested, hoping that the father would not notice P's. interest in the mother. M. reminded him also that he seemed to regard all women as if they were prostitutes. A few days later the patient said that the first girl who yielded to his advances had been called "prostitute" by him, whereas he felt that Dot who did not yield to him might be homosexual. In another dream he wanted to urinate and his mother appeared and wanted to take out his penis for him, to help him urinate. He was angry at this because he was grown up. His trumpet tone at this period was very masculine and broad. He continued his unsatisfactory adventures with girls. Though many of his symptoms had returned, they were not so severe as earlier, and he never approached the misery of his days in hospital. He spoke of his friend Fred "who taught me the trumpet - any time I was with a girl he tried to get me away from her - said girls were a waste of time - he made me scared to be with a girl in case he'd get to know. The biggest shock I got was he did the self-same thing - nobody could put him off". He spoke of several occasions on which he had discontinued various activities - for example he never returned to the Scouts because the first day he was told to get his finger nails cut (cf. earlier material - struck on fingers by/

/mother, by music teacher). He was asked whether this could refer to the possibility of breaking off his treatment and he admitted that for the first time he had felt unwilling to come for treatment that day. He may have interpreted M's warning about prostitutes as a reprimand for sexual activity - a slap on the fingers - a rejection or a castration threat.

He now began to realise how frightened of his father he had been, but he continually added: "But he never struck me"; until one day he said: "the point is he never needed to strike me - I was so terrified of him when he was angry". He remembered one day that he liked his father better when the latter had had a few drinks - "He was never moody then" (cf. the brandy dream). He added that he once told his father that he had no desire to marry, that women merely kept one back. "I think the real reason was that I would have been ashamed if he'd known I had anything to do with sex". He went on "Most of the time when any female came to the house - young or old - I always felt uneasy and ashamed and always tried to get away into the room by myself - I was afraid. It may have been guilt that I knew about sex.....I used to watch my father when any woman came into the house - he could talk to them and never be disturbed."

One day he announced that the day before when practising the trumpet he "Felt .....felt.....felt sort of resentful towards it.....I felt I couldn't master it" - so he played the piano for 1½ hours, the first time for years, and enjoyed it. Later in the same hour he said that he had always regarded the piano as being feminine: he added that he had just remembered that he broke in pieces a cornet which his father had bought him. He had tried to sell later a trumpet which his father had bought him, much to his father's annoyance, especially when patient had told him that it was not so good as his first trumpet. He complained bitterly of the value which people put on material things, - "If you've no money you're no/

/good at all."

He dreamed of facing an elderly woman in the Cinema - he had a feeling of "being drawn into sex". He rose to check his time by stamping the clock, as he had done in the engineering shop, and on his way to do so met Ena, who laughed to him pleasantly. When he stamped the clock he found that he was late. Ena, as usual in P's dreams had black hair, as did his mother.

It seemed that Ena was to him a compound of Dot and his mother. The Cinema reminded him of his embarrassment about the girl's legs in the film and of the obscene picture he had made as a child. He interpreted the time-check as signifying a retardation of his development because of guilt about sex - that he was not grown up. He now remembered that when he was ten he used to pretend to breast-feed a little boy of 3 or 4, who indeed used to run to him for that purpose every time he saw him. He finished this hour by asking himself whether he feared men as he feared his father, and therefore "Resorted back to mother again and the breast - did I say "Father" there?" (no, "mother:" did you want to say "father?"). "No, I thought I'd said that".

About this time it suddenly struck him that he had been looking on M. - his contemporary - as being someone much older than himself, and then that he did the same about everyone: "If you're a little boy you're not supposed to do what a man does - tonguing etc." He described an affair with a married woman who lived with her father-in-law. This man closely resembled the man in the dream who preferred drinking brandy to judging the show, and the patient added "I bought the father-in-law a glass of whisky at one period because I was conscious that he knew too much and was thinking of his daughter-in-law. He was also very fond of her himself, and tried to get there before me". This affair had given him no satisfaction, he felt that his penis was too small. He recalled that Dot withdrew from his advances when she was on the point of discovering this inferiority. A week later he said that on that occasion he had experienced a fear that she would find that he had no penis. He spoke of the inferiority feelings he had so often experienced in comparing/

/himself with his cousin and his father in this respect. He remembered that when he was small he used to manipulate things so that his genitalia would seem to be female. He described his self-consciousness about excusing himself in company if the purpose were defaecation, and then confessed that when he was small he used to watch his mother washing her hands - he would imagine that they had been soiled and even suspected his mother of coprophagy. He could not explain this. He said that when he was very young he would not go to the lavatory unless his mother accompanied him - "I got a great deal of satisfaction out of that".

He remembered his great embarrassment when he realised as a little boy acting a girl's part in a play that the audience might think he was a girl. His physical symptoms were declining - leaving behind the feeling of fear.

One day he mentioned the dream of the bird-cage. He was asked the sex of the cat and answered "Male". (Male cats are called?) "I'd just look on them as vicious and bloodthirsty". (What are male cats called?) "....He-cats...." he laughed. (Tom-cats)-"my father's name: imagine me forgetting that". (Perhaps you forgot because you didn't want to think of your father as being vicious and bloodthirsty). "Yes, it's possible. Strange how I forgot all about the cat - you must have a terrific memory. I wish I had a dream about the bird flying out of the cage". Asked the sex of the bird, he answered "Male": (a male bird is called?)-"cock" - the patient laughed again on recognising the local vulgarism for penis. The reader may remember that the dream represented the patient as afraid lest the "Tom" - cat should destroy the (cock) bird: it ended however in feelings of sympathy for the cat which had been so roughly treated. The patient had frequent fantasies of hampering his father's movements but never of real violence against his father, the usual reason being that he was too old; similarly in this dream the violence was half-hearted and immediately followed by an apology. It is fanciful to see in this dream an expression of the fear of the father's threats to the boy's masculinity, which/

/is imprisoned, restricted ?. At the next interview but one he reported a big improvement in his tonguing - later in that hour he recounted an affair of years earlier which had led to a fear that the glans would fall off, so much so that he was afraid to touch it: "So I decided that intercourse wasn't worth it".

The patient had now been treated for about six months, hypnosis not being used latterly. A picture was emerging of the patient as adopting the role of a timid gentle dependent little boy, or even the role of woman, since his fear of his domineering and threatening father made it difficult for him to express himself in any masculine way. The attitude revealed to his mother was one of attachment at an infantile dependent level plus however a great deal of hostility towards her because of her relations with his father and because of her fantasied dirtiness. Indeed he seemed to suspect all women of being little better than prostitutes. His "affairs" were strikingly devoid of any tenderness. On several occasions about this time he spoke of the self-consciousness he felt regarding his thick eyebrows - someone had once said "You can tell murderers by their bushy eyebrows". The patient added "maybe that's why I've tried to be so gentle, and kid myself on I'm not rebellious - otherwise people might think me a potential murderer". He was not talking so freely and said "I think I'll have to be hypnotised again".

He dreamed of his bird standing in the entrance of his cage - it flew a yard, alit on the floor, and said "if you don't feed me, I'll go out and get it myself". P. was afraid as he thought the bird had been in the cage so long that it would not have the strength to carry on, so he put it back in the cage again.

The patient then had achieved his dream of the bird flying out of the cage, (liberation of his repressed masculinity) only to imprison it again himself because of fear for its safety (fear of castration threat).

Treatment was continued, at first without hypnosis. He remembered that when he was seven or eight he had wondered, if he got married, what his wife would think of him having to use the lavatory, and found it hard to believe that girls had to do this: he then recalled his shame at passing wind audibly in Dot's house./

/The patient carried a comb and thought he might be considered effeminate because of this. He summed all this up by saying that he must have thought that a normal human had no bad habits, no thoughts of sex, and no need to go to the lavatory, so that it was impossible for him to accept himself. He dreamed of a girl inflating her bust like a balloon into different shapes, this embarrassed him. He associated the shapes with the trumpet mouthpiece and with the handle of a lavatory chain. He had already defined a good bust as being a large one and managed to remember that his mother was thus endowed, whereas as a boy it had taken himaa long time to realise that she or indeed any woman possessed a bust at all.

Another dream dealt with his failure to perform a ceremonious dance which the King demanded as a prelude to P's marriage to the Princess.

Hypnotised (for the first occasion for five weeks) he immediately added that in the dream all the dancers were women, and all were homosexual - deeply in love with each other as an escape. "It means that women are not really homosexual, but that none are masculine. It means maybe that in me a feminine part opposes the masculine part: not that I am homosexual". Amnesia for this hypnotic session was suggested. Next day he was akked what he remembered of it and said "I started to dream - just as if I was asleep but with a terrific feeling - a great feeling - very very pleasant. I felt very tired for about an hour after leaving here - as if all my muscles were still very relaxed. I felt resistance coming on under hypnosis and wanted to open my eyes and heard something saying "You can't" - I tried to but couldn't. I'd a queer feeling as if asleep when dreaming - then I heard your voice - it put the dream away. (I did not tell you to dream)."You said "remember the dream" - maybe I did have it before - I felt I'd been lying a long time, and wanted to rise but I couldn't". He had imagined that the author had touched him. With an effort he recalled the dream but his interpretation of it eluded him almost completely. It was not disclosed to him. Thus, amnesia was selective, and incomplete, at this period. He suddenly remembered having seen/

/the Kaiser being hanged in effigy when he was two: "I can't remember my father at that time, I've heard my mother say I never took to him when he came home from the war then". He successfully developed, under hypnosis, analgesia to heavy pressure with a sharp pen-nib. That night he dreamed of Dot and his mother, modelled back to back in clay, the busts were very prominent. In associating, he said he had always thought of Dot as being homosexual - "a good excuse" (sic) "for me not pursuing her". Later he asked whether the dream might allude to him. (What do you think?) "I can't say, I don't know". He went on to say that at 18 he felt love for his friend Fred, as if Fred was the father-protector - "whatever he said was right, he seemed so much older than I mentally. There was no sexual connection, except that he was broad and strong, which I would have liked to be". (What gave you the idea that the dream might refer to you?) "It's time I branched out, instead of just leaving the girl - there is no love in it - so maybe I'm homosexual psychologically and afraid to give myself". He said that he felt he had nothing to attract the other sex. Hypnotised, he associated with the dream: he said that he could not distinguish Dot from her mother. The writer thought that the dream might represent P. as feminine, identified indistinguishably with his mother, but said nothing.

While hypnotised, he was told to dream for 3 minutes, and in this way had two very vivid dreams. In one, he was to be given slippers by a girl ballet dancer - a friend of Dot's (a further feminine identification?). In the other dream his eyes were continually on the dirty, black, wet, slippy street, only six inches from it, as if he were a dog.

He was now feeling better and again took a regular job. He described the terrible feeling of loneliness which he had experienced when Fred left him for the girl. Until then he had felt love for Fred, and believed that Fred had some feeling for him, but after this he felt the whole world against him until he met Dot. But he was depressed to find, he said, that she had no real love for him, and after the break with her he was confined to bed for 9 months, unable to walk,/

/or even stand. He described his feelings for her then - that she was on a pedestal, above any thoughts of sex; whereas now he doubted whether he was fond of her and would, he thought, welcome aggressive intercourse with her. But he added "maybe I want to prove to myself that I have a penis", and admitted that secretly he would have been glad if a pregnancy had resulted from his adventures as it would have reassured him about his masculinity. He said "I think the greatest defect I've had is wanting to be liked", and compared his success as a musician - always first or second prizes - during his association with Fred, with the total failure which he experienced after his friend had left him.

He reported that recently his friend Colin had hypnotised him. "I lay still and suddenly got very sleepy and didn't know where I was for a minute, and dreamed without being told to, and got scared and wakened without being told to".

The dream was of six white stone steps - on each of the lower 3 steps stood a man: each was taller than the next by a head, but otherwise they were identical - all 3 wore M's suit - except that the faces of the upper two were not so clear:- the man on the sixth step was M - until he moved down neither of the others could do so.

He spoke of the three being one - the Trinity - and the stone steps reminded him of the altar steps, at the top of which trans-substantiation was believed to occur. He interpreted the dream as his own impossible ambition of being his father, his cousin, himself: "I go to the dogs because I can't live up to my ambitions". Here he was asked if he remembered dreaming of himself as being like a dog. It emerged that he had no memory of this whatsoever: thus, his post hypnotic amnesia was complete; but, hypnotised later, he recalled the dream again when it was suggested that he do so.

At the next interview he said that he felt like going away as if he had nothing to say. He said "....When I fell in love with Fred".

He dreamed one night of his father as a young man who was however recognised, when he laughed, to be P. himself. P. did not like the laugh, which was his own - "there was something wrong with it - maybe it was that there were no teeth". The man was walking from the family's old house to the present one next door: he did/

/not however enter the house: the dream finished with the laugh.

He recalled that he grew a moustache because he was sensitive over someone's remark that he seemed to have no upper teeth. Asked to associate to "toothless" he said, "psychologically infantile". (Or one could have had teeth extracted?) "But why have teeth pulled? My father had good teeth. My mother had all her's pulled". After saying that he did not like his mother for having false teeth, nor Dot, nor any other girl with dentures; he said "I used to think my father very attractive - he seemed to attract people, his face was very attractive". He next related that when he was 16 he was terrified by the man who succeeded his father as tenant next door, arriving at P's door in a very bellicose frame of mind, because of a quarrel between the families. "He wanted to strangle me or something. I was terrified, and felt inferior and self-conscious because I was too small to attack him - he was very big and strong. His wife was noted for causing trouble everywhere".

Is it fanciful to see in this dream the patient's fear of the toothlessness which resulted from the attempt at identification with his father - the threatening powerful male who quarrels over the trouble-making woman? The Freudian interpretation of tooth as penis would make this a castration dream. But nothing of this was suggested to the patient. He remembered that the man in the dream - at first his father and then himself - wore corduroy trousers and to this associated his father's artistic tendencies (of which nothing had been heard up to this point). "I think my father could have been quite artistic if he had had the right training. He would have made a good engineer from the point of view of inventiveness ....." (the next thought?) "My mind seems to try to .....go away from the dream, as if nothing else is in the dream". The writer wonders whether the reference was really to P's own inventiveness in associations, as in quite another context corduroy trousers were very definitely associated with an artistic clique which he knew, and in which homosexuality was rife. P. felt that he looked very silly and stupid/

/when laughing in the dream. He was reminded that he used to be afraid to smile lest people should think he had no teeth and that a few days earlier he had said he was afraid that Dot might find he had no penis. To going into the house, he associated "intercourse" (What made you think that?) "I don't know - just that yesterday you said that a house might represent the human body. My father comes from a house and changes into myself: I don't go into the house"-(because you have no teeth maybe):"Imphm".

REPORT 3

This ends the third period of treatment - 3 months in length. In the first month he attended 15 times in all and was hypnotised on 7 occasions: his mother died at the beginning of the month and he gave up his regular job at the end of it. Throughout the second month his symptoms were very severe: he was interviewed on 21 occasions - the greatest number in any one month of his whole treatment - but was never hypnotised at all. A week of the third month had passed when he was hypnotised again, as he had repeatedly requested because he felt so ill, and this was repeated 4 times during the 18 interviews: some clinical improvement was noted latterly. During these 3 months there was no example of the vivid infantile memories so common in the second period, nor - more important - of the convincing insights which had so often accompanied them. The decline in the production of material was so gradual that the writer did not for a long time notice it.

In the fourth period hypnosis was employed with increasing frequency, since the progress had been less satisfactory in the third period than in the second, during which many interviews had been conducted in hypnosis.

About this time he had "another affair" which for the first time in his life satisfied him to some extent physically, but there was still no real love in the relationship. Hypnotised, he reported a dream, but using the present tense began to develop the dream and soon had reported several dreams - the last few being apparently unconnected, and reported as they occurred. He was now told he was a little boy at his first day at school, describing the teacher, the windows and desks etc., to someone he liked and trusted: he did so in great detail. Analgesia was suggested, and found to be present - as tested by a cigarette burn on his hand, and he was then told that he was younger still, with his mother, and that his father was coming home from the war. He said "Boots are well polished, that's the only striking thing I can see. My mother is kneeling on one knee. I'm holding on to the chair, she wants me to speak to my father - I feel shy. He's got a blue suit on, heavy boots - the toes are not touch-:ing the ground - they're slightly upwards, highly polished. He's very tall - his legs look long. Mother has something white on. My father's lifted me up with one hand - left hand - his other hand's in a sling. Then he puts me down and rubs his left hand through my hair. I want to stand on his boots..... I can't remember no more" (sic) (How old are you?) "I think about two". One began to suggest that he was "growing up" but that he would have amnesia when he was asked to waken, "but I can still see myself at two - haven't grown up yet ..... see myself on the floor with brown boots on, playing with my own boots. I must have noticed my father's boots first - and/

and I've got on a tartan dress. Can see myself crawling on the floor and the fronts of my boots are slightly worn with crawling. I look at my father but feel I don't know him. And then I feel myself holding on to his trousers and he's sitting down and I'm on his knee and I'm facing him and he's putting his knee up and down like a horse - I like this very much. But always feel I want to look round towards my mother. My father has a white shirt on - I seem to be smiling all the time, to be very happy. That's all I can remember about that". When he was wakened with a suggestion of amnesia he remembered the fear of the cigarette burn which however he had never felt and also a fear of becoming more deeply hypnotised than he had ever been, which he could not explain. At the next interview he remembered again the dream reported already under hypnosis: in it he was looking for someone among the crowd leaving a boat, and met his mother. She was dressed in old-fashioned clothes, very young looking and very attractive - like a film star: he never remembered her like that but there was a photograph of him with her when he was two, in which she looked very young, with thick hair, and wore clothes like those in the dream. "I never had that idea of my mother in my life.....there was only room for her to pass me on the gangway. I forgot to tell you that last night I was "breast feeding myself" - this referred to another of his affairs. He had spoken earlier of fellatio, which had never occurred in reality: he said the mere idea of it disgusted him. He said that he had been "dreading" that his pet bird "might die one of these days/

days - I thought of it there lying in the cage, dead, stiff..... actually I never had a great interest in the bird, it belonged to my father.....it never struck me before. I wouldn't be sorry if it died - a bit of anuisance, maybe because it belonged to my father originally". (Rejection of masculinity because it is felt to belong not to him, but to his father?) The affair to which he alluded had been a failure and he had felt a pain in the penis. Four days and 2 sessions after his hypnotic memory of his father's return from the war he reported a vague dream about a kilt and a pair of legs, and finally said "somehow or other I think the legs were mine....it seems to be girl's legs: I used to think about changing into a girl - I used to think my legs were like a girl's - the only thing that spoiled them was some big muscles at the back..... I don't see any sense in this at all.....maybe my aggressive masculine tendencies have been mixed up - not been cultivated - maybe through earlier thoughts of going to change into a girl - but I never felt like that sexually ..... I always felt that I wanted intercourse with a woman.....the more I think of this .....femininity, the more I feel aggressive about it....maybe I like my father better than my mother: I used to like his hands, always wanted hands like him. Never liked my mother's hands - I always had the impression my father was cleaner than my mother". He spoke of wanting a kilt when he was 10, but never of his tartan dress when he was two. His next dream was of Fred and P.'s mother having a terribly bitter argument "as if my mother said he was leading me astray - I was a boy/

boy of 10" (actually he never met Fred until he was 12 and Fred 18). "I seemed afraid of both of them, liked both of them and didn't want to fall out with either". He was 10 when a man made a homosexual approach to him, and he had just referred to the age 10 in connection with wanting a kilt (skirt?), and this dream perhaps refers to his homosexual desires - and to hypnosis as a homosexual seduction? The previous night he had remembered for the first time being vaccinated when he was 4. (Do you remember your father coming home from the war?) No, I don't think so. I tried to remember that last night.....tried to.....I can remember my grandfather dying when I was 4" etc. etc. This was one week, and 3 interviews, after his hypnotic memory of his father's return, and he still had not remembered it. Next day, hypnotised, he was asked about his father's boots - "Army boots, polished, black. (Describe the toes): "I am flying through the air on nothing at all, to a big yellow disc". Analgesia was suggested and found to be present when tested with a cigarette burn. (You are a small boy at home in bed). He grimaced and then began bouncing his whole body up and down in the bed with great vigour: "stop that b-- shaking - huh!...." He was still shaking the bed. "Uhh....Mammy.....Mammy!" He whispered "my Mammy! - Mammy! - mmm!" He turned his head to the right, to the left, and coughed. "Somebody's frightening me - somebody's frightening me sometimes. Mammy! macs - the macs, macs, frightening me". He raised his head as if he were looking at something. "There are ghosts - ghosts!" He lowered his head, and sighed "Daddy, daddy"./

daddy". He whispered "daddy, daddy ;; dying...dying...sssh....die." He raised his left hand to his chest "Die?...sssh....I don't want to die". He rolled his head. I don't want to die. I'll die in sin. What is sin?" His hands were clenched. He was wakened with amnesia.

He dreamed of three policemen - two of them coloured - pushing him on to a boat: the black policeman had more sympathy for him than the white. The boat became so small that he steered it with his hand inside it as if it were a shoe. To "Negroes" he associated a pianist and a trumpeter - both well known. He kept on trying at intervals to think of something, to associate with "black". He said that he had always felt sympathetic to black people, who had been wronged so much. He said that the boat became a shoe, and thought of "the first time that I looked at my father's boots". He went on to describe that scene as he had done under hypnosis, adding that as he stood gripping a chair to steady himself walking, his father came in. "I feel resentful to say he kissed my mother.... and then he bent down and I gripped the chair tighter; I turned my face away and started to cry". He remembered e.g., his own shoes in considerable detail, and next day had remembered his father's white shirt, red tie and black arm sling. He repeatedly interpreted entering the boat as reentry to the womb. He spoke of being frightened as a child by a man visiting the house, who put him in the coal shed as a joke. His next dream was of a tie - someone pulled it and tore it to bits - it was ruined: P. pulled it and the outer part came off/

off and the part inside was black silk - it became a good tie but was pure black. He said that he supposed that it might represent a penis - "out of the broken one comes a new one". He was reminded of the time that he spoke of his penis being torn into shreds, and he said that that was after a coitus, and due to it. He had said that the dream seemed to have something to do with a boy at school who jumped on his back and pulled him down; now he began to talk of the two incidents in childhood where a man and a boy had interfered with P.'s penis. He spoke of two men who had come to blows in his father's house over a girl, and then vaguely remembered a quarrel between his parents - his father "struck her when she provoked him too far". Hypnotised, he relived this more vividly. He clenched his hands and sighed: "I want to slap him. I want to hit him...I'll hit him, I'll hit him!": he gestured with both his hands: "my father! - Daddy! Daddy!! "(ff) "I'll choke him - choke him!! " — fiercely — "Daddy! Daddy!" (ff) "Daddy....sssh. Mammy! don't ! ....please don't. I'll kill him! - Daddy don't ! I'll kill you Daddy!!!" He shouted this three times, struck the bed with his right hand as hard as he could, and growled: "I'll kill you! Mammy! Oh! I'll kill him somehow - kill him". He struck the bed again with his right hand, and rose in bed, striking out in front of him "I'm not afraid for him, why the H— should I be afraid of him? Get away. D— you! get away!" he growled "Get away, out of sight. Beat it !..... I'm allright now".

He was told that he would have a dream which would help to show him/

him why he was afraid, and amnesia was suggested. Next day he reported that he had felt very confident, much more than than usual, the previous night: his fellow musicians had said it was a pity that he was not fulfilling a regular engagement with them. He said that he felt more relaxed every time he was hypnotised. He had played two solos - always especially trying for him - without any symptoms except for a slight general tension, and he felt afterwards that he had wanted to see Dot (but he did not go to see her). As he spoke he suddenly remembered "getting my anger out on my father the day before". He said that while he had been doing this he had forgotten all about the writer and felt himself to be with his mother and father: at first he had felt himself to be a little boy, and then as he was now. Obviously of course this regression, or certainly at least the greater part of it, was not a real reliving. He had felt great relief in pouring out his anger. He said that he had not dreamed, but later remembered a dream: He was walking behind his aunt's coffin and felt guilty because he missed her just as much as he had missed his mother. Actually his aunt - sister to his mother, whom she resembled closely - was alive and looking after him as his mother had done. He accepted the interpretation that his feelings about his mother had been transferred to his aunt; he realised of his own accord that he still felt dependent on her, and remembered his terrible state of sadness in missing his father when the latter was in U.S.A. Speaking of the primal scene, which as a child he had witnessed, he/

he recalled his hatred of his mother because she seemed to have enjoyed it. "I didn't want her to touch me at all". He was reminded of his hatred for the girl whom he had found so easily approachable: he had called her a prostitute. He remembered for the first time another girl whom he had made some advance to at the age of 8: she was 10. "Prostitute" seemed to refer to his mother's relationship with his father: He felt that masculinity belonged to his father and that he had no right to it himself: however he became masculine by borrowing his father's masculinity and then regarded any woman who yielded to him as no better than a prostitute because it was to his father's masculinity that she yielded. Similarly he was enraged with Dot when she seemed to admire him for having her father's qualities (v.sup)).

Hypnotised, he was told to revert to some significant experience - not properly remembered hitherto - as a small boy. (You are with your mother), "She lifts me out of bed - the first thing I want to do is suck....Virgin Mary.... P....." he sighed. "She should have.... its quite natural she shouldn't have a baby without..... without intercourse.... Take off her coat ... her blue raincoat. Lots of things I like - I'm afraid to say so - I want to be sexual - only I feel that I'm not .. I'm not — I shouldn't do it... taking someone's seat....". He dreamed that night of being married - it was very enjoyable indeed because in it he felt able to support his wife and stand up to his other responsibilities, and things were running very smoothly: there was no sexual element in the dream. He now remembered having said that his father's teeth were prominent: "You could see them when he opened his mouth: Oh! I can remember now —

...I/

...I said my father having good teeth and being able to show them to my mother made me self conscious about my mouth. That's quite true - that could be the reason. Funny I never thought of it before". He remembered being proud of having no false teeth when his father had at last been compelled to wear dentures. He spoke of his feeling of inferiority shown in the dream e.g., with reference to his father's excellent teeth, as being based perhaps on the inferiority of his penis. He then spoke in succession of his slowness in growing pubic hair, in developing emissions, about his thin undeveloped shoulders, his misshapen (he said) ears; he remembered his father cutting P's hair, spoke of his sore neck, thought of the entire body as being like apenis, of his sick feeling in touching the umbilicus, and finally said "If I thought that, I might feel inferior all over from the inferiority about my penis".

He was now rising early in the mornings to practise his music -- "That's how I felt before the war". He was again feeling much more confident. Next day he said that he had tried that day to find out something about the back of his neck but had not quite reached it - he spoke of being caught by the police in obstructing the street by playing leap frog as a boy - P. was caught bending down waiting for the next jumper to approach from behind. Next he thought of the feeling of shock at the back of his head the first time a barber had cut his hair: he was consoled by being given a pencil. Next he thought of a barber's pole - red and white - first aid", and later he said he was anxious nowadays about his hair coming out. He

spoke/

spoke of the bell incident and said that the bell would suggest the opening to the womb, but his soiling of it would suggest the anus. Asked if he remembered a dream that suggested that, he said that he had felt attracted by that "perversion" - he meant coitus per vaginam a tergo - but he thought that a woman would imagine that to imply a disregard for them, and mentioned that one woman had refused to give up the caressing of the breast . He remembered the dream of the invaginated anus, thought of it as being like the umbilicus, of the vagina being like the umbilicus; his queer feeling, he said, might be from knowing that the scar represented "the cutting of the cord between myself and my mother - a police helmet - a penis - that suggested a breast — no, first of all one of these baby soothers and next a mouth-organ - a new word for mouth-organ!" he laughed. Hypnotised, he was told that he was a small boy and was seeing his father's razor for the first time. "It's an open razor, he can cut hairs off his arm with it. Cut hair off the back of the neck". He arched his head back. "Chair....pick up a drawing — and without a head ... pins on it .. piece of metal: drawing-pins in it". (Are you afraid?) He arched his head, raised his head and "looked" with his eyes shut, his left hand on his chest "cut..." - he put his tongue out - "my tongue? I'll cut the b— tongue out of your head. Cut the tongue out of your head,...for swearing. If I hear you say that again I'll cut the b— tongue out your head..... Oh!.... He'll cut my penis off!.. I can remember my mother used to take it out when I needed to make my water - she used to laugh ... the/

the cord was cut... cut. He whispered "I've always been afraid". On being wakened, he said "I remember something I said - very striking - a drawing pin without a head - very striking, because it suggests the penis being cut off. I used to be afraid of turning into a girl".

Next day he said that he had been terrified waiting for the first trumpet to appear during the previous evening. "As soon as I see him - what a relief! like a child seeing its parents". If the first trumpet did not arrive, P. would have to play first instead of second trumpet. But he had actually played the first trumpet very well - the usual player being there however, though not playing. He remembered nothing of swearing in his father's company, but suddenly recalled the "cut your tongue out" threat.

He spoke for the second time of an idea that had occurred to him about an electrically animated toy soldier, and spoke casually of needing "a battery of about 60 volts - a 4 volt battery would be no use". To "60" he associated "half of 60 is 30 - about my age - I think my dreams and thoughts are childish". He was reminded that 60 was roughly his father's age at death (58) and he confessed that that had struck him, and added that 4 or 4½ was his age when he witnessed the primal scene. He was asked why he had bought a 4½ volt battery the day before: after a long silence his attention was drawn to his delay in answering. He said "There's a bell in the house and a 4½ volt battery fits the bell, and if I could do nothing with the 4½ volt battery it wouldn't go to waste... its funny/

funny you mentioning it and I have the battery in my pocket - as a matter of fact I only discovered it to-day in my pocket". He had suddenly found that he could protrude his tongue more freely. He talked more and more of the importance of money - "at one time music made me elated, like being among the clouds, I felt I wanted to play anywhere for nothing, until I realised....the same about love, that to be in love nothing else mattered, then I got a knock and realised you needed a bank book." He spoke of entering for a trumpet competition. He said that women - even his mother - were attracted to men who could afford to spend money, as well as by love, to "money" he associated his recurrent forecast that he would end his days a beggar; to "coins", his father's war medals given to P. to play with, to "a pound note" he associated "lavatory paper". He was now sleeping very well. He spoke of his eye being sore, often on entering the hospital. Hypnotised, he was told to remember the first time his eye became sore and spoke of his fear of ghosts at night, producing tension through his body - "I used to lie awake - my eye was strained with looking at my parents, with nervous tension and anxiety and fear - when I looked at my parents I was terrified - they should have had more sense than do that - just self satisfaction - no idea of bringing children up - all this b— distress because of stupid people, enjoying it too! And then she'd cough after it ! - ach, keep them away! keep away, away from me. "See if he's sleeping !" etc. etc.

He dreamed of being with a man whose hair was flat, whereas in/

in reality it was dark and wavy: P. said to him "You're married!" The man answered "No, I'm divorced now". This man had been a brass instrument player but was now a pianist. The patient said "It's a funny thing - I was in a girl's house when I dreamed that," and added that he had known her 6 years ago and when they met again she told him that she was divorced. He had not seen the man for 8 years. It was not pointed out to him that his feminine sexual partner was imitated in the dream by a man. He astonished his friend Colin by attacking spiritualism on the grounds that "material things come first", and showed some dissatisfaction with Colin's relative affluence. He spoke rather coarsely to Colin about sex: Colin was amazed and said "I thought you had developed further than that."

He suddenly remembered a dream in which some people had insulted him and hurt him by making him feel like a girl: "they were waiting to see what I was going to do. I felt that they were right. They began to hit me - I felt I could do nothing because I was feminine." He said that he had to admit that he felt he was effeminate and was so regarded by some people at least. Hypnotised, he recalled a dream of brass instruments, the beautiful gold colour of which was coming off in his hands. "It became dirty from usage - my hands took it off". Still hypnotised, he remembered vividly his terror that his mother would tell his father when she found out about him lying on top of the little girl. He described his mother's white apron, used the present tense throughout and made warding off gestures etc. In connection with/

with this he ruminated about castration and then felt very masculine and said he was tired of feeling effeminate. He interpreted the dream of the trumpets as referring to damage to the penis through masturbation.

One day he said that most things he thought of seemed to remind him of the male genitalia and then said that the thought had occurred to him that it was time he was thinking of the feminine counter-part, in order to get to the root of his feminine tendencies. He remembered that while sunbathing abroad he had felt proud that his legs were better shaped than most girls. He spoke of a friend of his who smoked Marijuana. He had offered P. a smoke: P. took two puffs and noticed no change. About this time he complained of a new symptom - an involuntary dribbling of urine which occurred while he played the trumpet professionally.

He was hypnotised and told to relate any dream that he might have had since the last interview. After a long silence he sighed and said that he could see the primal scene. "I see my mother... her black hair...sssh... och...now I can see her dead, she was smiling..." He coughed... "sssh...I saw her bare back - some woman sitting with her back to me, bare; I could see her buttocks... and her hair not very long - straggling down her neck, nothing on... she's sitting with her back to me, can just see part of the anus - her buttocks are protruding.... shaped more like thighs, but her back's to me, I can't see her face". (Now she is turning round and you can see her face) "...I don't know her, I can see the side of her face, but don't know her. She is younger and better looking than/

than my mother. Her hair is fair...." (something important happened very young, and you are becoming very young again, very very small, very small indeed) "Something with a p....p.....p....." He laughed. "p...p....puh...aye...." he lifted his head and continued to laugh. "Aye, I must have seen my mother making her water....must have..dirty...I saw....sss...men do it different.... make a noise...splash...p.....p.....pump....puh....prick.....p.... there's something else...puh...pictures, pictures make me...p..... I can't get it, can't find it....I'm lying in bed to the side of the wall....they're together.....I'm frightened. I'm in the road..." Again he relived very vividly the primal scene. He was told that he was becoming even younger. "There's your Daddy - there's your Daddy - he's got his arm in a sling....he's very tall, now he's talking - I'm very small - and baldheaded, I haven't such hair.... "baldy-:head" he said.... baldyhead's got on a tartan dress and I've got a teat in my mouth...and I've got a hold of his leg with one hand and I'm bending down looking at his boot and my mother all smiles, happy - she is happy - I'm very proud of my boots - that's why I looked at his boots - not interested any more. That's him - that's your Daddy...I played with a bell when no one was in, Daddy wasn't interested in me" (What are you doing with the bell?). "I'm hitting it with my hand - turning it round" he made the appropriate gestures in both cases. "Then I s....on the bell." (How old are you?) "about 3, I am." (Now something else is happening). "I got frightened in bed with the macs by my father. Not now, but I was./

was. I used to be frightened to go to sleep, till the light was out." "Macs" was the word his father used, to tease him about his fear of ghosts, when he was a child. He was now told that he was a little boy again with his mother and that something important was happening "She's taking my penis out....one day a policeman caught me making my water in the street....when I was about 9 - I was afraid that I'd go to prison.... I don't.... I can take it out myself....it's a wee small penis anyway. You know. It's not as big as my father's. In fact it is as big, only the skin is too tight. She calls it, "your wee dicky": sometimes she doesn't watch, she is talking to somebody else and she hurts me. He spent the remainderof the hypnotic session in trying to assure himself that it was normal for him to have sexual feelings.

Next day he could remember the primal scene as he had re-witnessed it again under hypnosis on the previous day.

Hypnotised, he said he saw a Y piece which was broken, then it was whole again. He was told that on the count one-ten an interpretation of this dream would come into his mind. At 10, he said "penny", and then sat up in bed with a start and fell back again. He did this twice, and then said "penny"- "I'll give you a penny" -"if I go upstairs I'll get the penny". He recounted, using the present tense, this incident in which a man who lived near P. when he was a child had tried to inveigle him into his house: this man was a homosexual. He spoke of this man's son as being a violinist and a good football player. Still hypnotised, he/

he relived-using the present tense-his tireless pestering of his mother for money to buy a flash lamp:"I could shine it in the house, into the darkness, it penetrated to the sky - a huge long thing penetrating...I never got the money, not from my mother, I had to cry all the time."

His success at tonguing at this period amazed him. He was dreaming very frequently.

He dreamed about a former landlady. "I was standing, about the age of 12, beside her. She stood over a boiler. I started to make water in a pail just beside her - on her left - but instead it went over her back and black dress. When I think of the dream I have a sexual sensation — as if it were a whip going over her. Next I ran down the street - I thought she was telling another woman what happened - but as I ran past they smiled to me and I didn't seem to care whether she told her or not. She had jet black hair."

He dreamed again - a terrifying nightmare of venereal disease from which he wakened feeling that the glans was going to fall off.

The third dream in the same night represented him as regarding a girl whom he had slept with as being no better than a prostitute. There was no tenderness in the relationship - merely desire. This girl was a cousin whom he had played with at the age of 11.

The previous night he had been astonished at his feeling towards the conductor who he said was "acritical swine - I felt like twisting his neck right round and round and round, at his showing off; I was boiling with rage. He was picking on the players for nothing - showing his authority - even when I was going home I felt very aggressive." Later he said that perhaps he was "getting swellheaded — but I feel I've wasted a lot of time on unnecessary fear. I felt last night that I was keeping the section right, you've got to be very quick - looking ahead. I felt/

felt very confident. I realise 'Im getting better."

In talking of the first dream, about the boilerhouse, he gave his age as 12 and remarked that it was at that age he stopped sleeping with his mother. The two women talking reminded him of the mother of the little girl whom he had "assaulted" when he was 4. He realised that the sexual significance of micturition so frankly expressed in the dream might be connected with his new symptom of urinary incontinence. The sadistic element in this dream appears to be equally obvious, and was so to the patient. "I felt it would be a very pleasant feeling."

On the following day, to "boiler" he associated the use of a rubber hosepipe by his mother to carry water from the boiler for cleaning out the sink. His next thought was a memory of the pleasant sensuous feeling of urine on his back when as a little boy he would find, still half asleep, that he had wet the bed. A few days later he was very worried because he thought he had a urethral discharge, accompanied by pain. The writer said that he thought this was neurotic, but offered to arrange an appointment with a Specialist, in order to re-assure the patient. Probably because he was frightened about this, the patient did not attend for a fortnight. On his return he was re-assured, and next day invited Dot up to his house for tea. This was a great advance for him, but when she wanted to postpone the visit for 24 hours he lost his temper and walked away. He was becoming increasingly confident about his music, and felt one night that he could show the first trumpet/

trumpet how to improve his playing and that he himself was really leading the brass section.

Hypnotised, he associated to the washhouse dream. He immediately said that he had just recaptured a memory of passing urine over his father's back when he was very small, in bed alone with him: this gave him a great deal of amusement. Hypnotised on another occasion, he remembered once more his father's return from the army - P stood with a comforter in his mouth, holding his father's leg to steady himself. He suddenly remembered his mother being upset over her brother's death in the war - she was weeping "And I felt very annoyed because I thought she liked him better than me". He was repeatedly dreaming of black objects, associated with guilt, disease, as compared with white - purity: he dreamed of a pleasant sun turning his skin black for all time as he sat idle in a deck chair, wearing soft shoes which reminded him of his mother whitening his soft shoes - "no use for playing football - too sore". He dreamed of a fat well nourished mother cat pushing her weak little male kitten into the water, and thought first of the time he fell out of bed when sleeping with his uncle and aunt he had suspected them (wrongly) of indulging in intercourse, and then he thought of his mother lifting him to the back of the bed before coitus with his father. Every time he remembered this he felt more enraged. Hypnotised again, he recalled thinking of a certain girl as a prostitute "she wasn't - maybe it was because she looked like - my mother". He sighed "yes, that's it, because of/

of my mother, because I must have thought that about her". But he remembered thinking that his mother was dirty, and not that she had been even in his childish mind like a prostitute,

He dreamed of absentmindedly putting his pet bird in the centre of a lit gas ring. The bird had very heavy thick legs. His mother sat at the bedside sewing a torn sheet. He felt pityand shame for exposing the bird almost accidentally to the heat of the flames surrounding it, so instead of cooking the bird he took it out: "It would have died if I'd left it much longer": and put it in the bed, trying to hide it from his mother especially when, as a result of the heat, moisture came from the bird on to the bed clothes. He felt that he would be ashamed if she saw the bird there. His mother kept her back to him all the time.

Hypnotised, he added that finally he put the bird higher up in another part of the bed. It was dying but not dead. The thick legs on the small bird seemed a deformity. He said that the gas ring was too wide to support the bird,and thought it might represent the vagina. The moisture reminded him of his shame about nocturnal emissions - he was afraid as a child that his mother might discover these, and was very upset when such a thing had actually occurredin the house of Dot's mother. The thick hairy legs reminded him of his father and then of himself. He remembered his father lying with his back to him, but not his mother. (One wondered whether the gas ring and the woman's back always turned to the dreamer, does not suggest anus rather than vagina, while the dis-:placement upwards might conceivably explain certain oral symptoms. Nothing of this however was said to the patient).

He was feeling very much better, and went for a 5 mile walk one morning - something he had not done for many many years. Hypnotised again, the dream reminded him of the first sensation he ever remembered/ occurring in his penis - "an uncomfortable feeling" - he was afraid his father would learn of this, his mother was out.

He was told to remember vividly the time to which the dream referred- he said nothing and the instructions were repeated; and repeated again after six minutes silence; finally he was asked what was happening: "Oooh.....eh....I saw my mother's breast there..... I saw a lemonade bottle with a glass top on it..... I felt my mother's breast there, and you wakened me, and it went....I could see my mother...naked; I could see her left breast....I could feel my gums....squeezing the nipple....I could feel myself doing it, very savagelike, as if getting great....great enjoyment out of it - pressing the nipple as hard as I could with my gums and that's all - that's all I was interested in, not my mother at all - only this one thing which gave me pleasure". He remembered playing with a lemonade bottle, letting the cork spring back into the mouth of the bottle to which it was attached by wire so that it could not be lost- it reminded him of a nipple - "when I think of that the now I could get great satisfaction from tearing it with my teeth". Asked what age he was remembering, he said "about six months. I can see a "picture" of an uncle of mine, in a black army jacket and tartan trousers, a moustache, looking down at me and laughing - I'm about 2 - he's got a small cap with black ribbons at the back of it.... I think he's laughing at my penis, because I am sitting on my mother's knee, I had no trousers on - I think he touched it.....my mother's holding me and I am struggling to get away.....I don't like it.... and I think he looks stupid, more like a woman than a man, with ribbons hanging on his hat, his cap.....the more I think of him touching my penis the more angry I feel, mad about it - so raging, to think..... the/

the same feeling as a man coming to you and asking for sexual intercourse - it would give me the same nauseating feeling - I could tear them apart." "I mean that too, I'm not just saying it" he added quietly. "Once a man tried that, when I was a boy, a b— homosexual". He recalled his terror at the engineering shop that they would play some trick on him, he was afraid they would see his penis, "they did take it out and rubbed grease over it or something - and it was an old man who did it too, a bachelor. I think - it was a sexual outlet. I'm beginning to see most of my inferiority is centred round the penis." After being wakened, he said he had got a very real memory of himself "sitting with no pants on and seeing my penis very small - as a wee white worm". He had never felt so angry before against the man who interfered with him as a child. He was pleased at remembering these things so vividly; "and one thing I am very glad about was that none of this was suggested to me. Somehow while you were telling me to dream, I started praying to get away from consciousness - I was sort of conscious at first of you there". He felt confident of his recovery.

That night he dreamed that he was asking his father for a comb and was told to look for it but could not find it. His father said "I'll make one" in a grim voice which suggested "that he was a bit of a murderer; he seemed to be bigger and broader than he really was, stronger and more heavily built and very cruel". (His father had not really been like this at all.) The father produced a hatchet and a number of ribs attached to another bone (the sternum) - they seemed to be human bones - about the size of a page of fool-:scap: he was going to chop one off.

Hypnotised, to "comb" he associated effeminacy - "I used to carry a comb about with me and I used to be afraid anyone would see me/

me combing my hair in case they thought me a bit effeminate". He said the ribs were animal bones but his father looked so hard that it was apparently all the same to him whether they were human or animal, "it was only an excuse for him to get breaking up the bones". To "ribs" he associated "a woman was made from ribs - Eve - ribs are easily broken - my mother broke ribs 3 times - twice without knowing about it". (What do ribs stand for?) "it could stand for something effeminate - for my mother - now.....ribs are broken or parted when.....a woman has a baby. Maybe I've got the wrong idea of myself....maybe I feel more effeminate than masculine". He said that the significance of the dream was "something being broken". "Something that has to do with effeminacy" was the writer's only comment.

At the next session P. reported that he had not slept well for 2 nights, whereas he had been sleeping well since practically the beginning of treatment. He had been very upset all day, with pains all round his head and sweating of the hands. He dreamed happily however of Dot wanting to marry him, and realised he had been treating her as an enemy instead of a friend. Hypnotised, he felt really confident and sure of recovery, but in waking continued to be very upset, and asked the conductor what was wrong because he felt he was giving P. a look, only to find that nothing was wrong. He was playing very well. Reminded of the bird - gas ring dream, he said for the first time that he put the bird finally on the pillow "so that she wouldn't see it". Asked what this/

this meant, he said "you'd see the bird easier than where it was, but there was a better chance of concealing it because of a curtain at the top of the bed". (The mouth at the top of the body, conceals the tongue? the teeth? though normally both these things are "more easily seen" than is the penis. He was ashamed of his teeth and used to close his mouth - draw the curtain? - in laughing lest he expose them. Similarly he had had difficulty in tonguing. Tooth or tongue = penis? - an upward displacement?) He thought of a knife " a knife would be used to cut the cord between my mother and myself when I was born - that was a cruel thing! a strong knife, my father's knife it was - you couldn't keep it down!" - he laughed- "maybe I kept out of the road because I couldn't show my mother a penis like my father's". He spoke of the gas ring as a vagina too big for the penis.

That night he dreamed of himself lying in a bed-chair - through a glass panel he saw the conductor and Dot's brother (who resembled each other; the conductor was taller). They looked angry but were behaving like homosexuals - the conductor turned his back to the other as if provoking him to have intercourse with him. He felt anxiously that they were talking about his poor musicianship, and as the door opened the chair collapsed, and he lay on the ground wondering whether the conductor saw him, knowing that he realised they had been discussing his playing.

He felt that he had influenza - but his temperature was 96.8 - and spoke uneasily of a friend who had died of undiagnosed pneumonia and of his father's death from the same disease. Hypnotised, he said the room and the passage were like the office where he was interviewed which was separated from the passage in fact by a door with a glass panel. He felt that the smaller of the two was

trying/

trying to fight his homosexuality, the taller turned his back and put his left hand behind him as if to insert the other's penis in the rectum. He thought of his own lefthandedness - "a deformity". He said that he felt effeminate but never homosexual "but if I did take a liking to a girl I never cared to show sexual tendencies, I worried lest she thought I was homosexual, but if I did show sexual tendencies I worried in case she thought me very fast. So you finish up with doing nothing, and feeling nervous, strained, upset." The left hand in the dream also reminded him of boys who had terrified him when very small with a cardboard "hand" painted red. "The strange thing is, these two people were very like one another, one taller.....I was taller than my father, but I don't think I ever had homosexual tendencies - not <u>consciously</u>" He made no mention of the writer, who was taller than P.

He continued to worry about 'flu, and to complain of running at the eyes and nose, of a watery sputum. He sneezed and coughed a good deal. His urethal "discharge" on the other hand was never mentioned nor were his tongue symptoms, indeed he was amazed at his success with tonguing. Hypnotised, he dreamed of a rubber ball everted to show the "nipple" inside every rubber ball which he felt intensely he would like to tear out with his teeth. He remembered that whenever he played with a ball as a child he was always afraid of being in the wrong, afraid of the police, and then thought of the intense pleasure he would have in tearing a ball to bits with his hands. He immediately mentioned his current nausea, and the vomiting which he experienced the first time he played football. Whenever he was hypnotised at this period, he

became very angry, often punching and banging the bed extremely viciously and sometimes nearly shouting. He felt angry because of his baby-like passive behaviour in real life but the anger was rarely directed at any one in particular. Hypnotised, he was told to revert in memory to seeing his father as he was in the "bone" dream, and remembered his father cutting bones wrapped in paper with a hatchet when the patient was seven. He said "bones" was a word for sex... But I'm not interested whether they had sex or not...I'm not interested in sex, dirty sex," etc. He dreamed of his old school tie, which was brown and yellow - "a h— of a colour - and a wee touch of black - everyone knows you're an R.C. and can stamp on you". The tie reminded him of a penis and he became very annoyed about this - that everything should remind him of a penis or a vagina - every time he was hypnotised. "I was holding the tie out straight in front of me - a boy's tie..... och I'm not interested in whether it was a boy's or a man's..." etc., etc.

Hypnotised, he dreamed of a clean newly washed plant in a pot with water dripping through the small hole in the bottom of the pot, and immediately remembered having once seen his mother pass urine after coitus. He then dreamed of an anchor on the cap badge of his male cousin, and of a small yellow-brown piece of silk, stained by iodine. Both had something to do with asking the writer for change, which reminded him of feeling uneasy because the writer had earlier left him in the room with some money on the table. The dream continued - the cap was changed into toilet paper "I/

"I thought the anchor - a small "a" - could mean "anus or something-mixed with the vagina". That night he dreamed of coitus with an unattractive insignificant little woman who appeared to have a penis. He could see no sense in this but did not remember using his own penis in coitus, in which he experienced great pleasure because he felt no need to pretend to experience feelings of love. He wanted to insert his penis into the half-penis of the girl. (Phallic mother?) Hypnotised, he dreamed of a van painted "sort of brownish - a sort of blood brown" to whichhe associated something to do with a woman, with sex".

He ventured for the first time to play at a "jam session" (improvising on a given melody) - his nervousness disappeared and he wanted to play all night; he did not want anyone else to play; he felt himself to be the centre of attention, but the resulting anxiety was momentary and he felt tremendously confident during the rest of the evening. He dreamed, but forgot the dream until he was hypnotised: A square had been cut into two halves which faced the same way instead of facing each other, so that the square was not complete: the halves were identical. He next remembered his father painting the nose of white china dog black to make it match another china dog "....all I could see was a woman...the anus... and I saw the vagina but it was closed, like a bone with a recess in it, I saw the woman's hips and her....backside...and then I saw the anus - it was white there, and round her hips: I saw a beautiful design with a background of purple and on it was mounted gold made into all sorts of leaves - a beautiful thing like something belonging/

belonging to Royalty." The closed bone-vagina, he said, would throw one back on oneself, into love with one's self. He said that the hips and anus were beautiful. He remembered suddenly that it was tar that his father put on the dog's nose: "a dog looks for intercourse with his nose, or his mouth?" - he spoke of the disgust which he experienced in watching his father eat any meal in bed because he always first washed his hands, and P. suspected that these had been "soiled" in coitus.

He had no signs of nervousness that night at his work, the first time in his life that this had ever occurred. Hypnotised, he said that the vision "of the woman's hips etc., on the previous day was all distorted - the anus was the only part in it's right place." There had been a gale on the previous night after he went to bed and for the first time in his life this had not made him nervous.

He described the recess in the bone-vagina as a pencil sharpener. Hypnotised, he said frankly that the anus could excite him as much as the vagina "just by looking at it - but I wouldn't like to insert my penis in the anus - but the more I think about it the more sexual I feel - the anus - the back - eh, I once felt when I was 10 or 11 a strange feeling of anger because <u>that</u> was all one could do with a woman - I felt I wanted to do something else - I don't know what". He dreamed, still hypnotised, of a sixpence and a penny lying on a bed, he wanted one of them, though they might not belong to him. He thought of the sixpence which his cousin had stolen, blaming it on P. "He/

"He had a bigger penis that I had". He said that a penny was a dirty piece of money, a sixpence was a small round clean piece: "a penny is the colour of the anus": (and the sixpence?)-"the colour of urine".

At his work that night, he suddenly realised that he wanted to take the leader's place. He said that when he was about 8 he took no interest in reading because everyone spoke about his cousin being clever, so he assumed that they thought that he was stupid. He became discouraged from doing anything in the house as his father always did it better. His father criticised everything he did: "I think I found pleasure in letting him do all the things I wanted to do myself". He ended by discovering that the reason he had been avoiding his friend Colin was that he resented always being "the second fiddle." "If he wants to see me he can see me: I won't bother my b— a— ! I'm as good as anyone". (One had never heard him use such language before). But another possible explanation for his recent avoiding of Colin - and his now frequently late arrival for treatment by the writer - might lie in his recently expressed admiration of his father's tactics in a quarrel with his mother - he had left his wife worrying about him in the house while he stayed away without any explanation. P. remembered later that he missed his father terribly for a month after he went abroad when P. was about 8 - he went everywhere looking for him.

That/

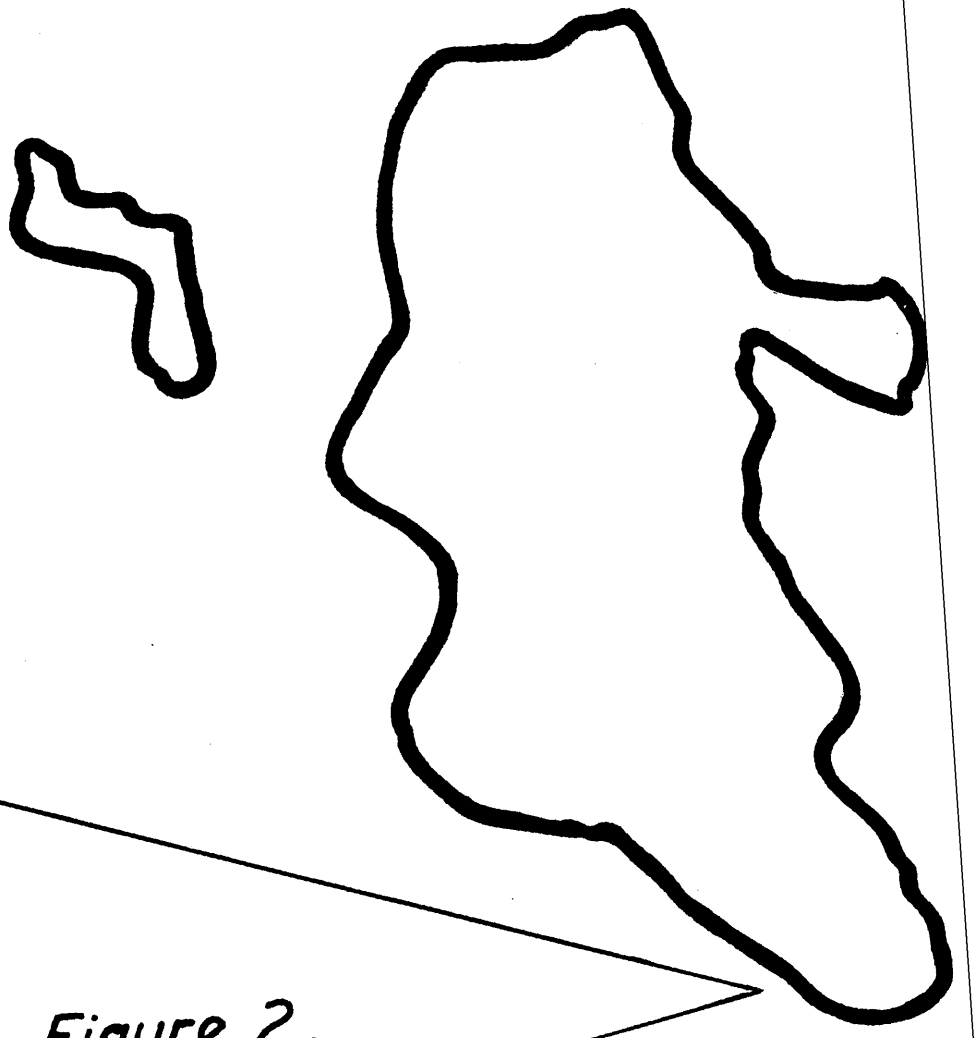
That night he had two terrible nightmares - in one his male cousin, who had borrowed a book - psychology and morals - from him, had become insane as the result of a head injury, and tried to kill himself by jumping into the water but failed. He thought of the jump into the water as representing penetration by an inadequate penis. He remembered his dive into the baths, in which he had formerly imagined that he had struck his head. The second nightmare concerned a cat, in heat, which rushed out of his house - "it had never been out of the house before" - when P. opened the door two male cats immediately pounced on it so P., frightened for it, let the cat in but the males followed. P. suddenly realised that the bird was in the room - the cats made for the cage where it was fluttering about in terror. He realised that he could not hope to get the cats out of the house and felt that he would just have to attack them and knock them away from the bird.

This reminded him of an Orange crowd of boys chasing him and his cousin one St. Patrick's Day. He said that he felt he was getting better, that from an early age he had tried to keep himself in check not to let himself go in case he was doing wrong. Perhaps this dream might refer to the conflict between his homosexual and heterosexual tendencies? - the female cats' first escape might refer to the homosexual tendencies which at this time were finding more and more frank expression - for the first time; while the newly discovered presence of the caged bird, in view of its significance in former dreams, might represent the danger of the conflict to his emerging masculinity? If so, he does not release his masculinity, but tries to protect it from the other aggressive males. Nothing of this was said to the patient however, Hypnotised next day, he dreamed of a dentist who looked remarkably like his father. This reminded him of a dentist who extracted one of P's teeth and put cotton wool in the socket, with the result that P's face swelled painfully until his father by removing the wool allowed/

allowed "the blood and poisons to come gushing out...ssh...b...yes, I know...reminds you of your mother....Pfoo! dirty!...oh, I feel very sexual!" He thought of a tooth with an incision like the rectum of a woman. Hypnotised again, he thought of the trumpet as a vagina, the tongue as a penis - this was accompanied by much laughter on his part, as often in his case when an insight was gained. He immediately remembered that when he was about 15 he lacked the "cheek" to stand cuddling a girl as his friends did so he would leave them, saying that he was going to practice the trumpet. "I went back to the trumpet or to my mother if I got a rebuff from a girl. I remember once Dot telling me she liked me because I played the trumpet - I was so angry I told her the trumpet was only metal, crude - bent in a fashion to produce a horrible b— noise - she hated this because her father played it - I told her I preferred the piano because it produced more valuable sounds - at the back of my mind I thought it was more feminine."

One day something P. had said suggested to the writer that his knowledge of geography was very limited. One drew a map of the British Isles, and found that for example, he confused Lewis with the Channel Islands though he had been in the latter on holiday. He had been in Dublin, but had no idea on which coast of Ireland it lay. The writer could not conceal his surprise. On the following night P. dreamed of himself and another man examining a map with a blue outline, pink islands on white, supposed to be that of Scotland. He drew the map for the writer.)Figure 1.) Hypnotised, he thought of blue ink, and the great pride he felt when/

Figure 1.



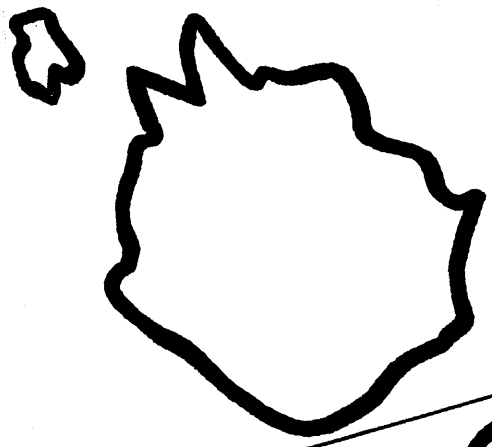


Figure 2.

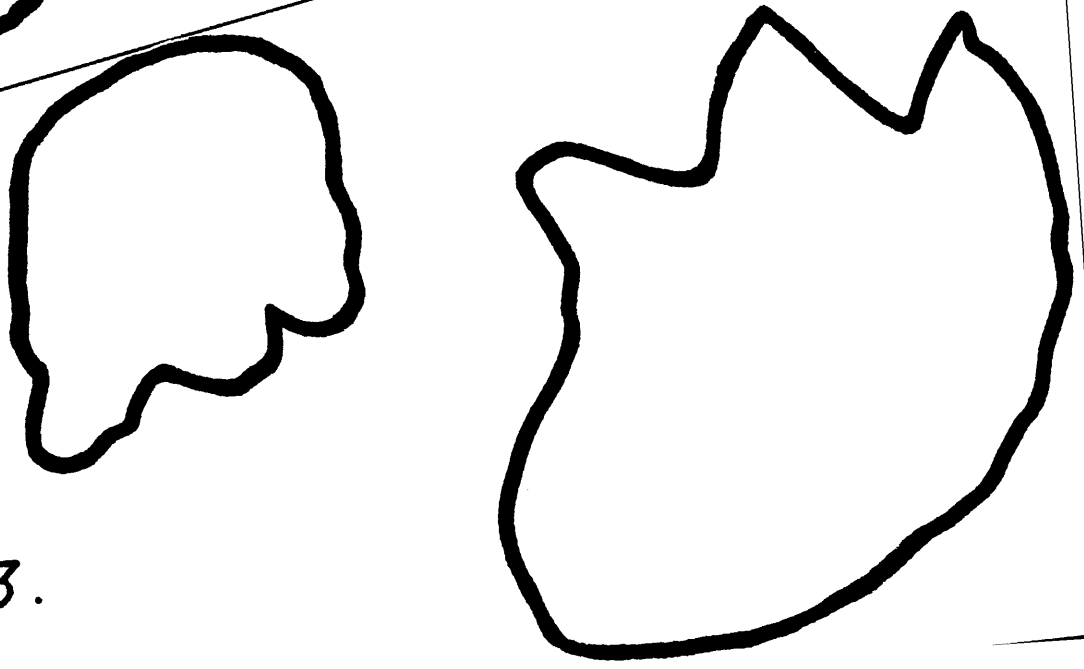


Figure 3.

when he was first allowed to write with pen and ink, adding that at that time the school seats were rough and that he was afraid he might suffer later from some of the "skelfs" which penetrated the skin near the back passage. He next thought of his mother's pink corsets, white elastic, blue knickers. He ruminated about his deficiencies - real or imagined - in the past; he was too small to play football, his feet didn't move correctly, his father had told him there was something wrong with his feet, his teeth were peculiar; he spoke of his left handed "affliction", his small penis. He was told that he would remember the shape in the dream very clearly after waking. He then said, while still hypnotised, that he saw a beautiful young woman with a shapely bust, combing her hair, but he did not relate this to the map. He now outlined with his finger in mid air the shapes (Figure 2.) of the dream - the right hand figure he said was a penis, the left hand a pair of breasts. This reminded him that for years he had never noticed that women had a bust, until a friend pointed it out to him; that he admired Dot for her bust until she asked him what he thought of it - "I didn't think much of her for that: maybe it was a reflection on me as I couldn't very well say "What do you think of my penis?" " he laughed. "My penis - no, it's not dirty, it's not filthy, to, H— ." (and is that what I was showing off, drawing the map?): he laughed; and denied this; but added that the writer had reminded him of his father, drawing the map which was in the colours of his mother. He felt a great sense of release and said that he was beginning to look forward to life now and realised that there had been a vast change in him.

He/

He was awakened and again drew the two figures (Figure 3.) The first he now said was a tooth (which was certainly what had occurred to the writer who however had said nothing) - the other was still a pair of breasts. He at first refused to believe that he had said anything under hypnosis about a penis. He was shown a drawing he had made before hypnosis, which was very different indeed (Figure 1.) from the two made in and after hypnosis (Figures 2,3), and now immediately said that the right hand outline in the initial drawing was a woman sitting with her back to the smaller object on the left which was either a breast or a penis. He was very surprised at this discrepancy; he could not think how he had failed to see the likeness to a woman's outline in the drawing he made before he was hypnotised. Presumably the small lefthand outline represents Ireland, and the larger righthand one, Scotland, England and Wales. It is of interest to note that the irregular west coast of the latter mass is, in the drawing, displaced to the east i.e., to the right, where 3 promontories might represent the breast, abdomen and the thighs, (corresponding to Kintyre, Wales, and Cornwall?) while the lefthand edge of this mass is smooth (corresponding to the comparatively regular East Coast of Scotland and England). In other words the larger land mass of Britain has been turned the wrong way - a mirror image - and so, as it were, presents the woman's back to the penis. One feels that the patient's shame over his left handedness may really refer to such "wrong approaches", to fantasies of coitus per anum, (perhaps also to homosexuality - in view of earlier material) instead of the "right" anterior approach.

When/

When one considers the triple association made by P. between this outline and the mother, is it fanciful to see here a fantasy of anul approach to the mother? Another dream of the patient's had referred (v.sup.) to two halves of a square, one of which was reversed in situ so that they did not fit. Perhaps P's interest in form and his appreciation of shapes were inhibited by such early conflicts - hence his striking ignorance of the simplest geography. Little of this however struck the writer at the time, and none of it was suggested to the patient. Hypnotised again he remembered the map dream of two nights earlier, and announced that the first drawing he made (Figurel.) was quite different from the map in the dream, which was as he outlined it under hypnosis with his finger in the air and as he drew in after hypnosis. He was told to speak out whatever came into his mind and began to whisper: "Mummy, with....clothes on....sitting....Mummy sitting....her anus.... ahhhh....where the anus is...where the babies come from....the babies... mffff....." He went on to say that something had happened to his mother when he was born - evidently this must have been a prolapse - but before he understood this he had hated her for what he imagined was some sort of anal habit. He went on to speak of his mother's chronic cough; "she would carry the saliva in her mouth until she had some convenient place to spit in". This disgusted him too; he repeated also that when he was a child he had suspected his mother of coprophagy.

About this time he remembered that until treatment had begun he had/

had worn spectacles for years because he could not read the music without them and yet he had not worn them since - nearly a year. One morning he began as usual briefly reporting progress. On this occasion he complained of some slight difficulty in tonguing "I think it's something to do with my teeth". He repeated that he grew a moustache merely to conceal his upper teeth, about which he was sensitive, as someone had once asked whether he wore a denture. "I felt terrible about this as if there was something vacant". For a while too, he had hidden his mouth in laughter lest he exposed his upper teeth. He thought of covering up his penis all the time, by not using it "I don't think the penis is really at fault, I think the mouth business upsets me". He had his teeth scaled, when he was with Dot on holiday "but even then I was ashamed to open my mouth". When he was 9 he had told his father that his (P's) teeth were falling out. On the previous night he had thought of getting false teeth which would be bigger than his own. He said that he could remember no dreams, so as usual in these circumstances was told whenever he was hypnotised that if he had had a dream he would now remember it and speak it out. He then said that he used to feel nervous when his mother took a fit of coughing - he could not stand it; he kept out of the way and could not bring himself to look at her. He had remembered the dream of the previous night which he now related.

In the dream P. "painted a gas top white on one side so that I would know when the tap was off, because I dreamed I was staying with my mother and was always nervous at her coughing and could do nothing for her. So I painted the tap so that she would know if the gas were on or off, for one day she might gas herself by accident/

accident and a policeman would come and say I did it because I couldn't stand her coughing or suffering and was nervous about her, and so they'd put the blame on me. I saw my mother in the dream - I thought she had false teeth and used to use an asthma reliever - you put a match to some powder - and she inhaled the smoke and I thought every time she did this she took her teeth out as they would choke her coughing, getting the mucus up. I always thought she looked horrible with her teeth out, or even with her teeth in. She was smiling in the dream". He explained that in the dream white showed the gas was off, "when it was on you couldn't see the white piece, so she couldn't forget and leave the gas on: if she did that and died I would be accused of killing her or of committing some crime. Everyone could hear her all over the place coughing". He added that she would cough after coitus; that her mouth was very large.

"Gas" reminded him of the dentist's gas machine, "Worked by a foot-pedal like a sewing machine" - he wondered whether he had spoken or dreamed of a sewing machine before: "I can't remember.....maybe it's because I've tried to sew my mouth up or something". He said that when he felt angry with the writer showing off his geography the other day he had thought of a Bunsen burner which he used at the school science class. "I was very good at science, very interested in it". To painting things white, he associated "to draw attention to things...white.....the teeth...making the teeth white, they had become obvious...people see them." He said that the lip covered the teeth as the prepuce covered the penis. (You felt you might be accused of doing something to your mother? - gassing her?) "Yes....gassing her....I just want to see what you mean by gassing her....." - he laughed - "Oh no, I didn't mean a sexual relation with her". He laughed again "I know what you're thinking of....turning the cock on....the gas cock". (Nothing of this sort had occurred to the writer.) "God! - I've never thought

that/

that about my mother....it's funny, maybe I did.....I don't remember.. maybe sexually...not actually a sexual relation...just natural when I was a baby." This dream was not interpreted to the patient but one notes that he consoled himself for his defeat by the writer in geography by reflecting on his prowess in science - i.e. with gas. Does this mean that he consoled himself for his sexual deficiencies by regressing to a fantasy of anal aggression? His uneasiness then about his mother's coughing may have depended on a feeling that he had caused it - by a noxious smoke or gas - (such as in fact did cause her coughing) and this is confirmed by his fear in the dream that he would be accused of gassing her. The guilt about these dirty anal ideas is apparently transferred to the mouth, and his anxiety to have his teeth impossibly clean and white before kissing his girl friend is represented in the dream by the white sign that the gas is off - undoing the poisonous dirtiness of the gas by the clean whiteness? Nothing of this was said to the patient, but one wondered whether some of his difficulties in playing a wind instrument originated not in oral but in anal complexes which had been subse-:quently displaced to the mouth - "sewing my mouth up" - to prevent his aggressive breath coming out? That night he dreamed of expecting to talk to Britain's best trumpet player, but his face changed into P's face. "I felt horrified looking at him: the face became dark, practically black". Hypnotised, he said he felt ashamed in the dream, he could not compete with this man because his education had been poor, he was like a dirty child in fact, aged about 8, with his hair cut short, wearing a boy's jersey: His face was dark and black "not/

"not clean and white like the other man's". This man wore a brown suit in the dream. P. said the first suit made for him was made by his father out of a brown coat (whose?) "my mother's I think... I saw a sort of brightness, as if the clouds parted for a second and the sun was somewhere about, I saw a red factory - it seemed to be a place I used to go to as a boy. I used to get a lot of fun there with a crowd of boys and take....draw a map....take tools, a hammer,.. and start digging - I used to think I'd find something. I wondered why the other boys weren't so interested as I was - I thought I would find gold - or if no gold, I'd discover some old skeleton, or remains of ancient animals". Later he "saw" a bath, he was hitting the bottom of the bath with his right hand - there seemed to be two lumps hanging down from it, which reminded him of feminine buttocks. "It made me feel sexual - I just thought they could be breasts, I didn't think of that". That night he dreamed of having inter-mammary coitus with his girl friend. Hypnotised next day, he said that in the dream he remembered no nipples on the breast. It was suggested that breasts without nipples might represent buttocks to which feelings originally related to the breast might become attached. Still hypnotised, he remembered falling out of a go-cart when he was very small. He described the go-cart in great detail. That night he dreamed of a woman - he was almost sure that it was his mother - who kept on giving him a black torch battery;

battery; this, during the dream, immediately suggested a penis; and he kept on giving it back to her. He remembered sunbathing on a beach, feeling there was something wrong with him, that his buttocks were big: at that time he had felt himself to be in love (he used the expression quite frankly) with his friend Fred. "I loved him, I thought he was a great man, until he saw I could compete with him, making mistakes that I didn't make. Then he went off with a woman - the bottom fell out of my world, and I felt I couldn't trust anyone". He had now for two or three weeks been using words like s..t./ He remarked that everything he dreamed about was black - this had considerable truth, e.g., he dreamed of himself as a helpless baby lying tightly wrapped in a black wrap on the rostrum while the conductor looked threateningly at him. "My only defence was that I was helpless". He mentioned again his receiving the battery-penis from his mother and handing it back to her. It was suggested to him that black could represent guilt, or else dirt, even faeces: he replied that it could be guilt concerning for example his interference with the little girl. This latter incident, he now remembered, had occurred when he was about 7, not at the age of 4 as he had hitherto said, which seemed to show that he might be confusing it with his witnessing the primal scene at the age of 4.

REPORT FOUR

At this point the patient was feeling very well, though certain abnormalities in his way of life were still very obvious - for example, his relations with the opposite sex were practically confined to cynical adventures. He was now on the whole enjoying his work, and about this time reported "a terrific feeling" of well-being in showing the audience that he could play really well. He had now undertaken so much professional work that it/

it became difficult for him to attend frequently. This point therefore ends the fourth period of treatment, which falls into two parts - separated by a month in which he had no treatment. This month comprised two weeks of the Christmas season in which he was too busy to attend more than once, and two weeks of absenteeism, which was apparently caused by his fear that he might have contracted venereal disease - he was frightened to see any doctor lest he be advised to go to a clinic and find his fears confirmed.

The first part of this fourth period occupied one month, in which he was interviewed in all 22 times. On 10 occasions hypnosis was used. Once again there was an irruption of infantile memories.

The second part of the fourth period occupied three months. In the first fortnight the use of hypnosis was increased still further in two ways. it was used more frequently and a greater part of each session was conducted under hypnosis. From then on till the end of the whole treatment every session (unless where otherwise noted) was conducted entirely in hypnosis, apart from a few moments at the beginning of each session in which he might say how he had felt lately, and perhaps report any special occurrence, or a dream. It was interesting to compare these reports of dreams with that given at two minutes later in hypnosis - if there were differences, it was always the hypnotic account which was more detailed, often presenting significant features omitted in the preliminary version. During these 3 months he was interviewed on 39 occasions on 35 of which hypnosis was employed..

This fourth period was characterised by a profusion of vivid emotional experiences, insights and infantile memories. Towards its end it became obvious to the writer that the patient's thoughts had to a considerable extent become centred round anal and faecal topics. For weeks the patient had been speaking at intervals of a beautiful golden colour, brown colours, warm golden-brown, yellow. He continually dreamed of black objects. He recalled his firm boyhood conviction that precious gold could be dug up in the dirt. A penny, he said, was the colour of faeces. (The Freudian equation of money with faeces): He pictured himself as a dog, his attention fixed on the dirt, "making love with its nose". He had said frankly that the thought of the anus was as exciting sexually to him as that of the vagina. He had hypnotic "visions" of feminine hips, the buttocks, the anus. He dreamed of a gas ring, and later of overwhelming his mother with gas - both these dreams, one thinks, showed an upward displacement to the mouth.

The writer noticed these phenomena gradually but as the end of the fourth period approached some of them had made enough impression on him to produce a complete conviction that their significance was anal, faecal. Even the breast, with which the patient had been so preoccupied earlier, e.g., in the second period, had in the patient's fantasies turned into buttocks. At the same time it suddenly struck the writer that the patient had for a while discussed - and apparently remembered - sucking at the breast, later he was discussing - and remembering - biting the breast, now he seemed/

seemed to be discussing anal and faecal topics. One remembered the dream about overwhelming the mother with gas, and thought of the "anal aggression" of the Freudians. Here then it seemed were the 3 opening themes of the Freudians - oral love, oral aggression, anal aggression - the first two suddenly presented during hypnosis to the unprepared therapist in the form of what the patient certainly felt to be real memories, while the third was at least hinted at in the similar memory of the second hypnotic session (the soiling of the bell when the child felt himself to be neglected). Alternat:ively this last memory may have represented an attempt on the child's part to gain attention with faeces.

The writer had embarked on this attempt at hypno-analysis in a spirit, as he has written above of "wondering what would emerge". It now seemed that what had emerged was very largely a confirmation of certain Freudian theories. The writer had - ever since the patient's spontaneous wakening - been very cautious in applying Freudian or any other systematised theory in his dealings with the patient; few interpretations were offered - and these only tentatively - even when they seemed well justified, and the patient had largely been finding his own way.

Regarding the material of the fourth period the following may be said. It began with the recovery by the patient of the memory of his father's return from the war, and of the reactions of the young child to that event. This theme recurred (after a vivid recalling of his father's threats to his tongue). There followed a relatively brief period of preoccupation with micturition, which was accompanied by an appropriate sympton - urinary incontinence; interrupted - perhaps significantly - by the interval of absenteeism associated with anxiety regarding venereal disease; and finally resumed thereafter only to be largely replaced almost immediately by an even more brief period of "biting" fantasies. These last were obviously sadistic, as were the urinary fantasies which he preceded them, and were accompanied by what was apparently a vivid memory of his intense pleasure in biting his mother's nipple. Thereafter several themes were followed simultaneously - homosexuality, castration fears, the identification of breasts with buttocks, the geography-voyeurism inhibition, etc. but most of all an increasing preoccupation with anal and faecal topics.

The homosexuality became fairly frank. P. spoke freely of his love for other men, and had one dream about a crudely physical homosexual relationship between two men in whom his father and himself were not too heavily disguised, while in real life the triangular situation between himself and two other men became very obvious indeed.

If/

If dreams have meaning, it seems to the writer that no interpretation other than castration fear can be offered for this patient's dream of his father as a butcher. The associations recorded were strictly those of the patient, and seem all the more significant in that some of them appears after an interval of days. He asked his father for a comb (effeminacy) - his father - strong and cruel as he had never seen him - said with murderous grimness "I'll make one" and was going to chop off, with a hatchet, a human bone (sexual activity, the erect penis) - a rib (making Eve out of Adam, while broken ribs - unsuspected - were associated with his mother and with pregnancy). P's comment was "maybe I've got the wrong idea of myself "("unsuspected") - "maybe I feel more effeminate than masculine". He later dreamed of the father - dentist; and earlier dreams of his pet bird (Dicky, cock) in danger from the cat (Tom=his father) also appear to refer to castration fears.

The clinical progress of the patient during this fourth period was very definite. He found that he wanted to take the leader's place in the orchestra; for the first time in many many years he enjoyed "showing off" in solos; for the first time he "wanted to play all night". He was amazed at his success with tonguing (latterly he had found that he had been regarding tonguing as something he should not do - thus the guilty associations of tonguing had been making him fail). He experienced a "terrific feeling" of well-being in showing the audience how well he could play. These were peaks of self confidence on which he was not always living; while if the private part of his life be considered there were still grounds for serious dissatisfaction - (for example his attitude to women still tended to be one of hostility). But he was enjoying life much better, and was now so busy with professional engagements that his attendances at the clinic became perforce much less frequent. It was this change that initiated the fifth period - one of much less intensive treatment.

It was pointed out to the patient one day that his eye, jaw, head testicle and leg pains were all on the left side, to which he added his left arm, and said that at school he could never bear to be strapped on his left hand. He spoke of his girl friend's brother - Alan - being jealous because P went out with Colin, who was a friend of both of them. The patient had met Colin again - "he was very pleasant to me, more than pleasant.....Alan said to me "you're very deep - I heard you were out drinking with/

with Colin and you never told me". I was annoyed and felt like hitting him, but that would be silly, I thought, as I'd feel bad playing with him, so I said "You're jealous" but he's friendly with me, always wanting to put me against Colin. Actually he adores Colin as he thinks he is the best pianist in Britain". (Is he?)-"he rates with the best". P was formerly in the habit of referring to Colin quite casually as "the best pianist in Britain". The patient did not notice that this talk of triangular situations was couched in terms suitable for relationships between the two sexes, but actually involved only men.

He amazed himself by reaching the final of a billiards competition - beating Colin to win it, without any fear of the audience and the tense armosphere, after which he falt at one with them all. He enjoyed jokes made by others directed at a homosexual tenor who sat beside him, the point of the jokes being that the tenor would make him a good wife. Alan was a violinist in the same orchestra and P found himself "drowning" the violin and felt that Alan was angry because P had stolen his friend. However he became friendly with Alan over a drink and confided in him that the only girl he had ever loved was Alan's sister. He dreamed of his house on fire - he feared that the bird would be suffocated; hypnotised, he remembered the dream of putting the bird on a gas ring, thought of "dicky bird", and suddenly remembered that his mother called the penis his "dicky", and said "my penis was destroyed in the dreams - it must have been destroyed - maybe when I was a very young infant". The reader will remember that several dreams occurred in which the penis seemed to be represented by this bird.

He/

He became discontented with the standard of playing of some other members in the orchestra, and began to feel that he had to lead them all. He dreamed of his aunt with her hair like his mother's, like Dot's, and said "there must be some part of me in love with my mother /because now I think of it I've never seen Dot with her hair like that..... I must have been very much in love with my mother". In the dream his aunt was dead and had a look of satisfaction on her face which reminded him of the pleasure and satisfaction his mother had derived from coitus with his father. But one did not suggest that this was the reason for his making her dead in the dream - dead to him. He compared his selfconsciousness and inferiority feelings in the presence of a girl with the torture and embarrassment he experienced when sleeping in the same bed as his mother for the two nights after his father's death. This embarrassment had been aggravated because he felt that his mother looked on him as though he were his father, and thought him very like his father. He said "any excuse at all will keep me from being friendly with girls. I get more peace and pleasure away from girls, on my own; no chance of being hurt.... I've been hurt..... even before I went to school". He went on spontaneously (under hypnosis) to recall once again the primal scene; he described the end "and I feel like bursting out crying - my mother moves over beside me and that's what I hate, putting her arm near my neck - I've hated her ever since. That's what it is - afraid of my own parents, no one to help me....". He added that he did not think he had ever kissed his mother once all the time his father was alive, except once when he was going abroad/

abroad to play in an orchestra. He expressed very freely his anger against his parents for putting him in that situation and said "I know it's the same feeling I get when I'm playing a solo sometimes" - "like that" he added, as his body twitched. He sat up in bed and coughed, lay back and laughed, half sat up: "there's....." sits up, lies down "...D..." sits up, lies down twice; points with his left index;"eh.....there's a reason for this - I feel something I want to do.....to get up for....I don't know what it is....maybe I want to go to the bathroom....Can't...no, I've not....pfoo....something's making me do this". He sat up for a while: "I can't get up for some reason....I can get up.....yet can't get up". He sat up and half opened his mouth "Mammy....Mammy....my legs are stiff too, and my hand is cramped. I feel as if I am trying to get hold of something or someone to shake them or something.....to embrace somebody.....or to get someone by the lapels and pull them down.....I don't know which....ssh....tsuh....". He sat right up "I get tense, the very same as when I'm playing - It's a sort of startle or something....jump - maybe I want to - wanted to - get rid of my father and....aye....that's what I wanted to do....more than likely I would - but what can I do - the old man's too much for me this time....always was - I'd be more hurt than him emotionally if I turned on him - I wouldn't hurt him - I never felt like saying "to H - with both of you; what do I care?"." "I always felt" - he said bitterly - "it's time I got tensed up and made myself look as if I'm not here at all. "Your Daddy is coming". The same attitude today. I've got to think this out and get it right - either it or me; if I let this overcome me I've had it". He thought of Fred - everything went all right/

right until P took the initiative "then I got unpopular - once you're dangerous to anyone they don't accept you". The same with Alan - as long as I make mistakes, as soon as I start to play well he doesn't like it, so I try and play in between them to keep friends with people". After being wakened, he explained that he had been sitting up feeling as if his bowels were going to move, without permission for this being granted him; then as if he wanted to embrace somebody and also to hit somebody, avenge himself on somebody; the feeling of tension was precisely the same as that which he sometimes had when he was playing.

Hypnotised again, he thought of a young woman friend of his mother's "I was about 5, she and her boy-friend were going to stay at X with her people, so I wanted to sleep with her because I felt her skin very soft; he was in a different bed, I didn't want to sleep with him because his legs were covered with hairs.....I remember being jealous of this man too because of taking this girl away from me, when I was 5; and I hated him taking her out, and I was 5 - she used to bring me jars of sweets, when I was ill; I wanted to go out with her; I hated him for that, when he took her out".

Hypnotised again, he recalled more vividly than ever before his playing with his little girl cousin "I used to touch all about her anus, and the smell of it.....eh.....I used to feel that it made you sexual...she used to come and expect me to do this to her". Later he described his anger over Colin's defence of religion, of spiritual values, whereas P had insisted on the importance of financial security. After he was awakened, he/

he complained that his bowels had not moved for a week and said that he thought that might explain a feeling of tension in his lip, since it was widely thought among musicians that such trouble caused lip trouble. (Another displacement from the anus to the mouth?) He was reminded that the only "dream" that he had ever had about defaecation was a recent vivid reliving of the incident in which he soiled the bell; he recalled that one part of the bell resembled a penis and the other a vagina, so that he felt himself to be expressing his dissatisfaction with his parents for ignoring him. (He had said after that session that the reliving had been so vivid that he felt himself to be near soiling the bed). It was suggested to him then that the constipation might perhaps depend on an inhibition of these or other aggressive impulses. He recounted how anxious he became when his love affair came to grief soon after his father's death: "everyone" remarked then of the fear in his eyes, as they now commented on his absence. He went on to say that the reasons he gave his father for not marrying were only excuses: his real reason was "I always had the fantastic idea in my head that if I married people would know that I was having intercourse.... I really can't imagine how it could be aggression that caused this constipation - I am really a very aggressive person, only I cover it up - I don't know why - because of my..... because people would say I was quarrelsome.... they'd be afraid of me then, I always wanted to convey the impression of a gentle pacifist who wouldn't do anyone any harm". He was now bitterly aware of his loneliness and contrasted it movingly with the happiness of a friend who was expecting to marry.

The/

The constipation which had worried him did not recur, he announced a week later, immediately adding "yesterday I made a mistake purposely in playing, I just laughed about it - Alan said "you should word that change of tempo" I ignored him - he noticed that - usually I'd be all apologies, but I didn't feel like apologising". Colin happened to have asked him about the pain in his neck - he realised with surprise that this had absolutely disappeared many months ago and that he had forgotten all about it. This had occurred at the time when he was realising that tongue for him might represent penis.

REPORT FIVE

He had now been treated for a year and as the writer was going on holiday treatment had to be interrupted: this brought the fifth period to the end. It had lasted 2½ months and included only 19 interviews. Clinical progress was not marked. There were few deep insights, and little fresh material. During one hypnotic session he he recalled more vividly than ever his anal play with his little girl cousin, and had admitted very frankly his erotic interest in faeces. Later in this session the patient, who at the beginning of treatment never seemed to think about money, described his anger over Colin's defence of spiritual values: he insisted instead - as he had done increasingly in recent months - on the importance of having plenty of money. On waking, he complained of a new symptom - constipation. He was reminded of the aggressive soiling of the bell (the hypnotic "reliving" of this was one of the few vivid emotional experiences of this fifth period) and was asked to consider whether the inhibition of aggression might not upset the functioning of the intestine. The constipation did not recur thereafter, which perhaps proves nothing: indeed one wonders whether the retention of faeces was not connected with the desire to have money rather than with the inhibition of anal aggression.

The patient had now been treated for about a year altogether. The second, third and fourth periods in which interviews were frequent - eight months in duration - were preceded by 14 interviews in 2½ months and followed up by 19 interviews in 2½ months - 160 interviews in all. In view of the imminent holiday period it was arranged that he should return some months later and report progress, or that if he felt ill he should return at any time. It was obvious that he was still very diffident with the opposite sex/

sex and his relations with various girls could not be classed as normal love affairs. But he was now able to carry on his work - sometimes with anxiety, it is true - sometimes however with great satisfaction. The present writer was well aware of his deficiencies regarding this type of treatment - it was clear for example that the patient would sometimes arrive at an insight which retrospection showed to have been developing slowly for weeks, unrecognised by the therapist, who might with more experience have made the patient's approach to the insight more easy for him. And this was only one of the mistakes arising from the therapist's lack of special training. This lack in itself made it seem inadvisable to pursue treatment any further, for there was no guarantee that further prolongation would necessarily yield any better final results, and the possibility existed of an indefinitely protracted treatment which would merely involve the patient in greater introspection and self centredness. The patient had, of course, previously spent nearly a year with a fully trained analyst - who had undergone not only a full Jungian training but had also earlier submitted to a very protracted full Freudian training analysis. This earlier analysis had not given the patient any lasting improvement and the present writer reflected that in such a chronic neurosis, existing from childhood and involving the whole personality, it seemed doubtful whether the advantages of hypnosis would compensate for the disparity in experience. The only two periods in which clinical progress had been very marked - apart from the initial transference improvement - were the second and fourth periods. These were the periods in which hypnosis was used frequently. Although in the fifth period the interviews were all conducted in hypnosis the total number was very small and the writer believes that had the patient continued intensive treatment the results might have been very much better. P. however had undertaken so many professional engagements that no greater frequency of interviews could be arranged. The patient showed no sign of wishing to discontinue treatment, but as he had now no physical symptoms he was not unwilling to see how he would manage without further therapy in spite of the occurrence at times of anxiety in connection with his playing.

Five months later he still had not requested another interview, which was therefore arranged on the initiative of the present writer. The patient arrived, looking well; his weight was 11½ stones, as compared with 10 stones when he was an inpatient - just before treatment was commenced. He said that he felt nervous only for the first half hour of a performance. Sleep and appetite were satisfactory. There had been no recurrence of pain in the back of his neck. He had met Dot only once - by accident - and was cold

to/

to her. She was nervous, and he was not. But he said later that his first thought on seeing the envelope containing the writer's letter had been one of elation because he had taken the writing for that of Dot. When he realised that in fact it was the therapist's writing his first thought was of the "geography lesson", in which he had felt the writer was "showing off". He said he never felt so well in his life - he had not been to a doctor in these five months though once he had had 'flu (an epidemic had occurred during that winter). His relations with Colin were good though he felt the religious differences to be somewhat of a barrier, but he considered Alan's attitude to be unfriendly:"he tells me to play straight and not extemporise, which he can't do". It was pleasant to hear that P continued to extemporise in spite of this, particularly when one remembered that for years he had never dared to extemporise at all. He nearly came to blows (;;;) with Alan because the latter criticised a musician whom he defended. He was earning £7 some weeks, £11 in others. (He had earned much more many years earlier). Another musician wanted to play on the wireless the song which the patient had once written for his girl friend "but I haven't given it to him yet: I feel I want to hang on to it somehow". He felt nervous and indeed resentful because he had been given responsibility for the band. There had been no further adventures with girls. It was agreed that if he felt ill at any time he should telephone the writer. Hypnosis was not induced.

8 months after the end of treatment the writer met the patient's friend Colin by accident. He said that P was definitely the better of his treatment and, far from relapsing he had, he thought, improved further since the/

the end of treatment, but he still lacked confidence and was apt to avoid solos. He was working steadily. Colin was kind enough to co-operate in ensuring that the patient should continue to feel that he was free to return to see the writer at any time.

Twenty nine months after the end of treatment the patient was again to see, at the writer's request. He said that he felt some numbness in his mouth at times while he was playing - "just nerves I know" - and some tension, but he had continued to work steadily. He was hypnotised as easily as ever.

He reflected, under hypnosis, that he tended to imitate other men - he had done so with Fred, and had discovered that he was doing so with Colin. Since a woman had been introduced into the orchestra, he had found hiself nervous again while playing sometimes, though at other times he felt very successful and realised that he was worth a better job. He had become fond of this girl - a distinct advance for him. In a sexual situation with her his desire was limited by the very knowledge that she was a decent, respectable girl. When they separated to different jobs he wrote and "broke it off". One night with her and Colin he insulted his friend because he felt that he was "showing off" in front of the girl. This of course was very unusual for P, and at first he was elated about achieving this aggressiveness but later was sorry for it. It was agreed that he should have a month or so of treatment to see if he should improve further. The following week he dreamed that he was in bed with his mother - she looked old, but was very pleased because she was/

was married to him, whereas he was very embarrassed and very depressed - thinking of all the girls that he had lost. He was extremely relieved to find that it was only a dream. He reported that he had been told that he should be in a certain really excellent orchestra, and found that he disliked such praise. Hypnotised, he gave his age in the dream as 24 - to this he associated the break-up at that age of his love affair with Dot, when he could not make up his mind to go with her to another city. He had persuaded himself then, as he had done with regard to the other girl recently, that she was merely seeking an adventure and was not really in love with him. He reflected that in the dream he lay in his father's place, as indeed he had done for the two nights following his father's death.

He related under hypnosis an incident which had happened during the previous year. He had been out drinking with another man - a musician friend - during the May-day celebrations, and having had enough to drink, accepted his friend's invitation to his house. There the friend produced a pipe and jar apparatus; "he'd been known to smoke marijuana. I took a few puffs - nothing happened - I took 5 puffs - and gave it back: suddenly I began to feel my senses going, I got depressed - terrified, scared, sick; I got up and rushed to the bathroom. He knew I was going to be sick, I had a terrible sensation in my stomach - at the back of my mind I felt he had sort of caused this for some reason - I felt he was sort of homosexual - I didn't like the way he opened the door and so on. I couldn't be sick - I got more afraid, I felt he was evil, looking at him....I got to the door. Just before I/

I was sick he'd been playing the trumpet - anything at all - ad libbing - it sounded so weird and hideous while the marijuana was working on me - I wouldn't let him near me because I was afraid he'd take advantage of me - I rushed downstairs but felt everything going very slowly - he came after, after me, but I kept a distance from him and escaped him and went to my aunt's because I had to get up early for a rehearsal, and asked her to get the Doctor. She looked, and thought I was drunk, I sat down, my face white. I told her everything: she looked at me and told me to go to bed and I did; when I was taking my shoes off, I felt she was sneering at me and wanted me to seduce her - another terrible thought. I couldn't get away from her quick enough. I couldn't sleep - I'd sort of nightmares - jumping about the bed. I didn't really sleep but I dreamed". He rose in the morning, still feeling sick and exhausted, and found he was playing first trumpet at the rehearsal and concert - a very important one. He still had the same feelings about his friend that day, and never spoke to him all day, until finally "I told him that he'd been trying to take advantage of me - he laughed and denied it - but I believed it for long enough; but it wasn't really true, it was conjured up in my mind with that stuff....I don't know how I thought he was homosexual". He said the friend had explained that he had run after him because he did not think he was able to look after himself.

He related, after hypnosis, another incident. He had been thrown from the pillion seat of a motor bicycle which had been travelling fast; He was afraid that a following car might run over him but escaped any serious injury and completed the journey on the pillion. This reminded him that his fear/

fear of travelling in buses had never returned in the slightest degree. Incidentally he had never worn spectacles since he had learned from the present writer that he did not need them.

Two days later he was still amnesic for that hypnotic session. A fortnight later he was seen again, afternoon work had made appointments impossible in the interval. He was hypnotised and suggestions were concentrated on securing a particularly deep relaxation. He was told that he was becoming a small boy again, and that he was feeling very happy and pleased. This was because his attitude had lately been rather defensive. "I feel I want to go deeper - I feel myself going down a pit - as if it were a grave, I want to go further - this will be the deepest ever, I won't be thinking of what I'm saying - I might say anything - my arms are like lead, still going down. I wish you'd tell me to go deeper. I feel my hands and arms getting smaller, coming nearer my shoulder". He began to mutter about "seeing an eye", he coughed "I got a fright there! - I nearly fell there - I fell on something - a cushion, oblong, rounded, with a clear white pattern on it, with red pieces, like veins, red veins round about it. I felt I was losing something - I got a fright, feeling I was falling, losing consciousness". He want on talking, without any interruption from the writer, describing a series of vivid and detailed images in the present tense. For example he said that he was clinging to the top of a tremendously tall chimney. "My school cap on - a grey flannel suit and white sandals - I just lifted a pair of glasses and...."he laughed." boy between....I said something there and don't remember what I said - it's wakened me - I know, I said "I should get my face changed". He had said nothing of the sort, but was merely told that he was evidently trying to be sure all the time that he had said nothing that he should not have said, which did not matter; he need say nothing and was to go/

go to sleep. He then reverted to the changing series of dream images; nothing dramatic happened as he had evidently expected or feared. This concentration on visual imagery was always characteristic of P's deeper hypnotic sessions: another example from about this time follows: "all I could see was an O - and a small circle in the centr of it like a wheel, O suggests 1 - one - the word "care" - "us" the next word was "happen" - "care" and "us" - "scare", "Sone" - I saw my foot - black shoe - looking at myself starting from the bottom - shoes, greyish flannels, not very wide at the bottom - my head tucked in towards my stomach and my knees up - looking at myself upside down - I must have been a baby because I was upside down - it might be me, it might be my father, my feet are large, my father's are small - maybe that's the first thing I remember, when my father came from the army. I've had a sort of feeling of a dream about a man.....and I felt I was marrying him but he was too old - too old - "(what sort of man ?) "A man who'd be.....I felt effeminate there when I said that I'd marry - this man was very old and very strong, I must have been about 5 or something - all I can see is a picture of myself, 2, with a sort of tartan dress on". He once more recaptured a vivid memory of himself holding his father's boot in his mouth by its tag.

Shortly after this time the trial period of some 18 sessions was concluded. In the author's opinion any further improvement had been insufficient to encourage a further extension of treatment.

COMMENTS

1. The only patients in this series who could remember the primal scene clearly/

clearly were cases 1, 2 and T. One wonders whether the reason for this could be that it was only they who had a strong enough homosexual defence against Oedipus wishes at that early age to allow them to dare to remember it later. The theories of McDougall (1937) and Ross (1932) could be adapted to give another explanation - that only those destined to be neurotic have developed a sexual instinct early enough to produce an infantile Oedipus complex, so that it is only they who realise the significance of the primal scene.

2. The patient was not asked to recount the memories which emerged spontaneously in the first hypnotic session - cf. Case S where they were elicited a few days later. Whereas P went on to reach an even deeper hypnosis, S refused to co-operate further. The moral seems to be that it pays to be patient.

3. The first hypnotic memory reported was of a fit in childhood: then appeared the dog who "sang" to the fiddling of P's father, the poker episode, the grandfather's funeral, the bell episode. At the next session he remembered being a baby at his mother's breast. A few sessions later he "relived" the drowning incident. In relating the breast incident later, he altered the laterality but later still returned to the original version, with the addition of the squeezing and smacking which followed it. It was impossible to have this confirmed by a third person but it is noted that while his mother verified the occurrence of the poker incident she said that it was the legs which

were/

were burned, and not the hand, as P had remembered. Similarly he twice announced while hypnotised that he had cut his first incisor at 3 months; but his mother said that it was at 9 months.

It seems then that the validity of such memories, considered as history, is very doubtful - at least as regards detail. (Case 2 is a much more extreme example of the confusion of fantasy with memory, but she was psychotic). The weaning episode which the patient recalled, and to some extent at least relived, did in fact occur about the age of 10 to 11 months. Lindner (1945 c) discusses the validity of such hypnotic memories of infancy in connection with his psychopathic patient. The latter claimed to have memories dating from the age of 6 to 8 months, and appeared to relive them; Lindner believed these to be valid, though well aware that many would question the capacity of the cerebrum at that age for the registration of memories. The present writer is then much less definite than is Lindner about the validity of such memories, considered as history, and Lindner's use of recall in the waking state to validate the historicity of hypnotic material is further called in question by the findings in case 2.

The present writer's view of such memories is that the extent of their basis in fact varies from 100% in some cases to practically 0% in others, and that they are best regarded as unusually important dreams of great significance. He believes them to be selected from the mass of memory because they conveniently express, by symbolism, important trends in the patient's mind. They appear to be subject to some at least of the processes which occur in dreams; condensation and distortion. One might guess in the light of later material that the significance of the dog who "sang" to the father's fiddle - later interpreted/

interpreted by P as representing a penis - was a reference to passive homosexual wishes for the father. The same might be said of grasping the dangerous poker in the hollowed hand (a distortion of the fact - the surface of the legs) in order to avoid the assault: (the acceptance of the passive role because of fear of the consequences of rivalry with a more powerful male?) The bell episode was interpreted by the patient himself in the course of hypno-analysis, in considerable detail - the production of faeces to win his father's attention (and approval ?), and the symbolical aggressive soiling of the parents, are two of the factors apparently involved. It does not seem too fantastic to see in the patient's often expressed wish to "go deeper" in hypnosis - which he said spontaneously seemed to have some special signifi: :cance - the desire for penetration of the mother by the body - penis. This is suggested by the drowning memory which followed one such occasion, and which was accompanied by his spontaneous interpretation of the body entering the water as the penis entering a vagina much larger than itself. The emergence of the memory of the fingers being smacked as they grasped the breast is not surprising when one knows the later "repetitions" - he was smacked, so gave up the breast which he thereafter found "disgusting", he left the Scouts because he was told to have his finger nails cut, he gave up music lessons as a boy because the teacher smacked his fingers, he gave up engineering when he was 20 because at work one day his finger nail was torn off.

The change in his attitude to the breast concealed his earlier attitude of intense desire for it, and seems to cast doubt on the finding by Ashley/

Ashley Montagu (1945) that one child whom he knew did not resent weaning and indeed preferred the bottle! The emergence under treatment of P's earliest attitude has been described, culminating in the hallucination - with insight - of the nipple in his mouth, at the age of 30.

4. The one and only spontaneous awakening from hypnosis occurred when the writer asked casually "What does that mean?", after the patient had explained that he feared his father's return home "because I couldn't get sleeping with my mother any more". The writer would not now ordinarily use a technique "approximating to question and answer" as did Gill and Brenman (1943) in hypno-analysis, but would allow free association which Gill and Menninger (1946) had decided - 3 years after the earlier publication - was the best approach.

5. An interesting psycho-somatic phenomenon was the blanching of the fingers in association with the emergence of traumatic memories, particularly the memory of his fingers being smacked when he was at the breast.

6. On one occasion not recorded in the text the writer attempted to hypnotise another subject in P's presence. When the attempt was abandoned, it was noted that P himself was "going to sleep".

7. The patient described his feelings in hypnosis "I feel I have no obligations to you when I'm hypnotised - when I'm awake, there is a slight barrier. Your voice in hypnosis could be anyone's". This does not seem to confirm the suspicions that the hypnotised subject is a passive automaton, nor does the fact that while hypnotised P clung openly to his beliefs concerning masturbation at/

at a time when in waking life he discarded them as fallacies in response to the writer's authoritative teaching.

8. Of all the series of patients, P was the most spectacular as regards the freedom of motor expression in hypnosis. He would sit up in bed "peering" at an imaginary picture (with his eyes shut) while he hallucinated even its colours: he would jerk all over, arch his neck, wag his head; in abreacting anger against his father he furiously struck the bed as hard as he could, and practically shouted. These observations do not suggest the "passive automaton" either. Brenman Gill and Hacker (1947) regard this freedom of motor action in some hypnotic subjects as being due to the absence of the delay between thought and action normally imposed by the waking ego.

9. His free associations in hypnosis often approximated to dream material, so rich were they in symbolisation and in the use of vivid visual imagery. Brenman et al. (ibid) use the extent to which this hypnotic phenonenon occurs as their criterion for suitability for hypno-analysis, in preference to any other criteria including muscular phenomena and even amnesia.

10. The abreaction of his anger against his father has been mentioned, as have other spontaneous releases of emotion in this patient under hypnosis - not in association with memories, as in others of the present series, but in fantasy, as in the cases cited by Brenman et al. (ibid).

11. Changes in the body images were very frequent, and very marked. "My hands are getting smaller, coming nearer the shoulders". "I'm flying through the air -" etc. etc. Such changes, together with changes in motor expression, in/

in the mode of thought, and in the freedom with which spontaneous outbursts of emotion occur, are all regarded by Brenman et al. (ibid) as examples of changes in the ego in hypnosis. Examples of the other 3 categories are given above under subheadings 6, 7 and 8 respectively.

12. Specialised hypnotic technique used in this case include those of age regression (e.g. his father's homecoming when the patient was aged 2), and the use of induced dreams in many ways - e.g. to effect a return to the main theme of his problem. The nearest approach to "automatic drawing" was the interesting experience of the dream of the map.

13. The memories regained in hypnosis in connection with the reliving of the father's homecoming did not reappear in the waking state until they had been recovered again in another hypnotic session, one week after the first. This was not what happened in Lindner's (1945 a b c) cases, where they invariably reappeared in waking life within a day or two of their first appearance in hypnosis, despite the complete post-hypnotic amnesia, "which could be proved beyond all doubt".

14. The meaning of laterality to this patent was probably "right=correct= front=normality; left=wrong=back=anality." His confusion of right with left was not limited to infantile memories. Schneck's (1951) patient associated right and left with masculine and feminine, as do many others according to that author.

15. Some paranoid tendencies appeared during treatment, in connection e.g. with the conductor and other members of the orchestra, whom he suspected of/

of "trying to put me off". These were never serious, but there was no doubt of the severity of this patient's illness. The end-result of hypno-analysis in experienced hands would however have been cure, in the writer's opinion. The writer also considers that if it had been possible to have continued the intensive hypno-analysis of the second and fourth periods throughout, the results would in any case have been very much better.

16. No "nutshell" summary of this patient's problem appeared in the form of an initial dream, probably because treatment was initiated gradually and because hypnosis was not used till later.

17. Much Freudian material was elicited. Of this much - though by no means all - has already received attention in the text. Here one would merely stress again the spontaneity of its emergence in hypnosis, which suggests that many Freudian doctrines are valid as regards this patient at least.

18. It appears to the author that production of material, degree of insight, and most of all clinical progress, varied in different phases of this case according to the extent to which treatment was conducted in hypnosis. The second and fourth periods were outstanding in all these respects, while the third period, in which hypnosis was little used, was largely a period of inactivity despite the fact that in it interviews were more frequent than in any other period. The writer, therefore, is not impressed by the remarks of some analysts that the use of hypnosis in connection with analysis does not save any time.

CASE 2

The present writer - M - arrived at the Hospital where this 40 year old woman Mrs. Winn was a patient to find that the rest of the medical & practically all the Nursing staff responsible for that particular ward had been changed. Mrs. Winn had been a patient several times in the psychiatric wards, her last admission was four years previously, but all the medical reports of her case disappeared soon after the writer's arrival. The patient - P - protested that she had not destroyed them. She had previously met the writer twice - on the first occasion she dramatically peered into his face, as if to draw attention to her surprise; on the second she happened to be near when he was speaking to another woman in Gaelic & burst into angry protests about his lack of manners in using a language she did not understand.

From others one learned that she had shewn suicidal tendencies before admission. Her father had died when she was 2. She had two children.

At the first interview the patient was often evasive, she seemed suspicious and guarded; she was certainly careful never to answer anything without prior thought. She asked particularly whether pregnancy or menstruation could recur. She expressed vague fears of insanity with reference to previous attacks of panic. Her occasional headaches were obviously due to anxiety. She said she had become afraid of being alone, of being far from the ward and of going out in the street in case she might have a vaginal haemhorrhage which would be embarrassing if not dangerous. She had fears of cancer and of venereal disease and had questioned her husband- formerly a sailor- as to how he spent his time ashore. Anxiety symptoms included dizziness, sweating, dry mouth, blurring of vision & polydipsia;

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but she thought of these as symptoms of ? anaemia. She said she had become frigid because of fear of pregnancy or because she feared coitus might cause another haemhorrhage; she had had repeated haemhorrhages & miscarriages until subtotal hysterectomy was performed, 10 years earlier.

After this interview she felt upset, and dreamed of opening doors with a midwife's key, which did not suggest fear of pregnancy. She wrote to the author that at 16 she had been wrongfully suspected by her mother of being too friendly with a married man, Bob, whose wife - 12 years his senior - she had known since childhood until her death which occurred, one noticed, just before P's serious illness which had made necessary the hysterectomy. 5 years later she had met Bob again, in her husband' absence overseas during the war; intercourse had occurred, followed two weeks later by a vaginal haemhorrhage. (He had since died; she had laughed when told of his death). In the 2 years which intervened before her admission she found that her phobias were becoming more pronounced, and discovered an interest in men of a certain colouring. She did everything - she wrote - to make herself attractive to them and succeeded in interesting them - three in all - and was almost caught with one of them by her husband. (The slam of a car door had attracted the latter's attention, one learned later). The Winns quarreled bitterly about this, she felt as if a shutter were descending over her; the next morning she fainted, and lost both appetite and ability to sleep. She added that coitus with these men was followed by loss of interest in them and by disgust with herself. Gradually her personal appearance had ceased to matter to her, and she began to avoid men. After several admissions to hospital on account of neurotic symptoms or apparently causeless vaginal haemhorrhages over a period of 1½ years she was finally admitted to this ward where four

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years later she remained, having been unable to leave the hospital even for a minute in that period.

In another interview she stressed her fear of traffic and said that if she could recover from that she would be able to stop her irrational attraction towards men of her "type", which it was now obvious approximated in colouring to that of the writer. Until the year in which her strange behaviour with men began she felt that she had never noticed men at all, other than her husband, with whom coitus had become impossible owing to her growing terror of relations with him.

At the third interview she said she did not remember her father, who died when she was 2, nor the posthumous baby boy born six weeks later and found dead in bed at 11 months. The family was scattered - she learned of the existence of one sister less than ten years earlier; and indeed until she was 14 had thought herself an only child. "They were good to me, but - ", she always had a feeling of "not belonging", of her presence being resented. Her mother had died twenty years earlier. It was evident that her mother drank to excess and had neglected her considerably and that P. had resented her mother's association with a man some years after her father's death. She had been a very nervous little girl. She said she recalled her mother complaining of her ingratitude and saying "I didn't have to have you here". P. had asked her favourite brother David for an explanation but was told to "leave well alone". But when she was 14 her school friends told her that they did not believe all the people who had just arrived at her mother's to be her siblings at all; her mother gave no explanation. P. now said that this mystery about her origin had never been mentioned to her husband, who had known her as a girl. She herself guessed that she had been left with her father as he was thought to be soft-hearted and kind. She seemed to have been

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very fond of her mother.

Interviewed again a week leter, she said her only dream in the interval had been her recurrent nightmare of being locked in a windowless room, which reminded her of a man who exposed himself to her when she was 13 and of her discovery os sex differences at age 7. She said her marriage was normal until she began to think her husband was excessively sexual - she then developed her fear of haemorrhages, and suspected that he wanted to "keep her down" by repeated pregnancies to which she attributed her need for the hysterectomy; the operation in turn she blamed as the cause of her "nervousness", e.g. the fear of traffic which kept her in hospital. Her favourite brother had died suddenly some years earlier. She disliked the only surviving brother-Owen-and never saw him. She said that in another hospital five years earlier she had tried to leave the hospital in her night attire, not knowing what she was doing, until she was frightened by meeting a man in the corridor. Soon after, the patient left the writer's office abruptly, saying "I've told you too much".

It was arranged that when the writer returned from holiday he would attempt to induce hypnosis, with a view to using that technique in her treatment by psychotherapy.

Interviewed again after the holiday period, P. reported a recent nightmare in which a man sexually assaulted a girl while P. looked on - unable to move and bitterly blaming herself for her cowardice. She added diffidently that the man had been the writer - M. She said casually that the new Sister seemed jealous of her friendship with another nurse.

Within one minute of the beginning of the induction of hypnosis P. gave a sigh and rolled on to her side; her eyes closed. It was suggested

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that she would have a helpful dream that night. She suddenly woke spontaneously, thinking that she had heard the clang which usually woke her in the mornings and that she was in bed. She dreamed that night of being in a car with a man; as she looked out someone said "Dead Baby". Hypnotised again, she was told to dream in hypnosis and again at night. She awakened - but slowly - when this was suggested, and reported the hypnotic dream, which was a memory - of a doctor telling her that her operation was all over. The other dream reminded her of the car in which her husband had so nearly found her with the other man, and of her premature twin boys who died a few hours after birth. She suddenly said that she was with her father in the dream - not Williams, her reputed father who had died when she was 2, but a man whose photograph she had been shown as that of her real father - his hair was very dark. She did not remember him; he was said to have left her with Mr. Williams when she was 2. In the dream she looked only at him, feeling very safe as she did so.

The induced post-hypnotic dream was of M's office - four men including her father and M listened seriously to a woman lecturing on the theme "Everyone should have a sweetheart"; the patient in the dream heard the lecture but took it lightly. She had slept that night without sedatives for the first time in 7 years - since the operation. She claimed to have telepathic powers in connection with the blonde nurse of this dream and added that this nurse - Todd - confirmed them. (Nurse Todd, who was the only person in the hospital to know P. really well, regarded her as being psychotic rather than neurotic; incidentally she did not confirm the telepathy). P. went on to defend herself quite unnecessarily against an alleged suspicion that she had been over-friendly with a Dr. X. who had formerly treated her in the hospital.

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She said that when being wakened from hypnosis she felt as if she were being dragged out of sleep and wanted to stay in, and asked what would happen if she did not waken.

Hypnotised, she was told she could talk without wakening. "Daddy" she said, weeping, "Daddy". (Tell me the dream last night) "Daddy, Dr Y., D..... Dr. M.." she muttered. (Who?) "My husband". Dr. Y. was the gynaecologist who performed the hysterectomy. She wept. "It's the blood...the mixed blood. Germany... Daddy.." (is there ?). "I don't know. He came from there. They say it's bad blood - Dr. X. does. I hate him, like poison". Desperately, "I'll never get better". After much criticism of Dr. X., "There's no decency in the world". Someone began to play the piano on two fingers next door; the patient spoke (to a nurse who had in fact left the hospital years earlier) "Oh, Stella do you hear it? - the Love Lyrics. I wish I could die. I don't like that - this'll be the death - and that wee one at home. Oh: ignorant: just colossal". P. was wakened with amnesia, but reported a dream, during hypnosis, of having an abortion.

Nurse reported an urticarial rash over the anterior and lateral aspects of the thighs, which the patient said was the area which felt heavy in response to appropriate suggestions during the induction of hypnosis. She evaded examination by a Dr. Alexander, of whom she was afraid for some reason. She dreamed of a foreign slum; a young woman (with a baby) seemed to have called two detectives to question P.; to avoid them she jumped out of a window. She referred to her "sister" Edith quite frankly as her step-sister, in saying that Edith used to keep her out of the room when she was 3 years of age. (I thought you saw none of them till you were 14?) "She was always there till I was 7 - then they all went away and came back when I was 14". After some hesitation, she said that the Williams' were not related to her at all. She

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said that when she was 16 the police interviewed her about her step-sister Nora, whose baby was alleged to be the daughter of Nora's full brother Owen. "I always distrusted him; I hate him; I never go near him." He'd made a pass at me too, but got nowhere. I said he didn't - he got nowhere. I know it was his baby. It was then David told me I wasn't related to them at all - that was a terrible shock - the only people I knew in the world. He said my step-father always said something must have happened to my father - he was a good man but he had to go away when I was 2 - he brought me to the city "(C)" when I was six months. David said my mother had spinal trouble - she must have died soon after I was born." She could not recall her step-father. She said she had never been in love and had married for security.

When she remarked that she had got her own way with her husband lately by threatening to stop her treatment she showed a tendency that was to appear again and again - her pleasure in threatening men, and in making them unhappy or worried. She astonished the staff by going to a male ward to listen to a pianist; she had studiously avoided men for years, and now felt that Sister Lang disapproved of her visit to the piano recital. She dismissed as nonsense the current B.B.C. serial dealing with scores of hypnotically induced murders, but a few minutes later insisted on signing a permission form for hypnosis, which absolved the hospital and the writer from any responsibility for any unfortunate change in the patient's condition which might follow the use of hypnosis. The writer had asked this patient's husband to sign it; this was not his usual practice and was done in this case because of the patient's psychotic or near psychotic status.

Hypnotised, she was "regressed" to her first day at school. "Can I go home now? I've got a swing too. "(Age?)" Six. I've got a swing. (Your first day at school?) No. I came on Monday. They're always touching my hair - I

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don't like it". She sighed. "You know Lily - well, Lily's Daddy came to the school to-day - you know what Edith told her? - I said I had a Daddy and she said "It's not your Daddy" - Rena's got one. Edith's smacking me, so she is".

She was told that she was growing younger than six years, going back through the years to an age at which she could recall her father. She whimpered, and after a long silence sighed, and said "Mummy, where's Mummy? Dada, where's Mummy? I want her too.....ooh. What's happened? The train... the train. I hear the noise. Will my Mummy be there too?.. You're crying; what are you crying for? I don't like here, I want back to Mummy, please. Hear the water? Take me off the train, please; I don't like it. I don't want to go to N... (an indistinguishable place name). I'll stay with you, Dada. I won't cry. I don't like the lady, I don't want to go to her bed. Take me back to Mummy now, I don't want to hear you play, I want Mummy....Dada. (Where is he?) He's away to get my...my Mummy's coming - she <u>is</u>; she <u>is</u>;...Dada, I don't like you."

She was told to forget everything she had just said about her father, then she whispered

She whispered - "You've got brown hair" (who?) "Daddy - Edith's Daddy - he's not my Daddy - Sure you're not my Daddy? He's got hair like me, Dada - he used to ... That's your Daddy - will I call him Dada? - My Dada, your Daddy? My Mummy's got hair like her Daddy - light colour. I've got Dada's hair, Mummy says .... I want Dada, I want Mummy." (You are forgetting all you have told me. You have forgotten all you told me about your parents). "I haven't got any parents." (What was Lily's second name, when you were 6?) "Lily Walker. Lily's Daddy...." She was reorientated to the correct age and time and place, and when it was suggested that she should awaken, she did so very slowly. and then said "Is it you? I thought I was in my bed - I thought it was the morning." Asked about Lily, she remembered that Mr. Walker used to take her home from school with Lily. She said she wanted to sign a permission form for the use of hypnosis: "I might not waken up": it would protect you."

She said that she felt unsettled, particularly since she had happened to see the writer carry a child to a car outside. She said "I must have been in a trance, these four years. Dr. X used to say "You're out of this world, Mrs. Winn - I'd be day-dreaming." She allowed herself to disclose that the three men (A,B,C) resembled the writer even more closely than had hitherto been apparent.

She dreamed that night: "It was funny - I was just watching a man picking up a little girl - a baby - I was just watching it but I was the baby too. Just like you picking up the little girl, but/

but not you - a very tall man." To this man, she associated a Danish musician who had recently visited this country. She alleged that other patients had joked about Dr. X as being her "sugar daddy" (because she brought him his morning coffee); they called him "her old Dad": she capped this by claiming that he used to say to her - "Just treat me as if I were your father." She said that she had been afraid of him. She complained that a certain nurse was "man-mad": (this was far from true): "It's all she talks of. And Nurse Todd runs round like a hen, and fusses and paws over me."

At the next interview, she seemed uneasy, perhaps suspicious. For the third time since treatment began, she stood behind the writer's chair for a moment, on first entering the room — she gave a flimsy pretext. She assumed that the writer knew that she was worrying lest he should think, because of her "speaking so much about Dr. X", that she had been fond of him. She emphasised her hatred of Dr. X. She said that she did not remember her step-father. That she had known one of the three men for 3 years during which she had paid no attention to him, until suddenly she began to notice his black hair, cut level at the back of his neck - this feature had attracted her in all three men. "Sometimes I think I've a vague memory of my step-father - perhaps just being told of him - he was fairhaired, tall. I'd be about 3 when he died, of pneumonia. He was a great friend of my father's. She said hesitantly that "foreigners were always looked down on": she admitted that she knew her father's name. She dreamed of an islet of/

of trees, so attractive that she swam on towards it though she thought she would die in the attempt to reach it.

Her fear of traffic began, she explained, 3 years after the operation, with visual hallucinations of buses: after that she could not travel in vehicles, nor visit cinemas. She spoke of her parents as German. She was teased by a feeling that some things the writer did were familiar.

At this period, her husband saw no change in her except that she had begun to recall childhood incidents which he was able to confirm but which he had hitherto forgotten completely.

She said that she had felt uneasy because after the second hypnotic session she "heard" the writer's voice at night "Sleep... sleep": she wondered whether the current B.B.C. serial was nonsense after all. In it a "hypnotic voice" seemed to be driving someone mad. At the 12th interview, the patient looked upset and said "I couldn't sleep...I'd a thought:-"he'll take this off of me". I don't know why I thought that - must be cracked. I saw you go down the road last night and thought "He doesn't care what happens to us." When I thought of it later I was shaking with anger, I wanted you here so that I could slap your face. And pull your hair. I might have done it too, this morning, if a nurse hadn't been there." She ruminated on possible reasons for these feelings, but could make nothing of it: "You've done nothing." A few minutes later she said in connection with her fear of traffic, "I remember sitting in a car with ...": she was presumably going to speak of the occasion on which her husband nearly found her with the other man, but/

but she looked so flushed and strange that the writer asked whether she felt well, and opened a window. She rose, put her arms out of the window - which was behind the writer's chair - and said suddenly "I must have a temperature of 100!!" — without warning she attacked the writer, pulled his hair very vigorously and slapped his face hard, all without pause until he interposed a table. Even then she obviously wanted to resume the assault but, after looking in bewilderment at her hands - to which an odd hair adhered - she sat down, unsmiling, and said in a quiet voice "I dislike you." (You feel the better of that?) "I don't know. I feel depressed. What did I do it for? It feels familiar - as if I'd done it before to you. I didn't, did I?" (No). "I caught sight of your neck and collar - white collar. I couldn't stop. I didn't know right if I was doing it: if I'd done it, I thought it was maybe only in my thoughts I'd done it." She said that she had been thinking of doing it for a few days, but that just before she did it she had imagined herself back in B 's office. She apologised, but added "You didn't hypnotise me into doing that, did you?"

She resumed an interest in her personal appearance, in contrast to her former slovenliness. She asked a nurse whether seduction under hypnosis was possible, but denied having made such enquiries.

She dreamed: "Everything that had happened, happened in the dream - the three men and so on, but it seemed different - the way it should have been." In the dream she climbed a pyramid: she was lifted on to it as a child of 3 or 4, by a strong pair of hands, from the ground where she had been playing with other children. As she climbed - the pyramid being a review of her whole life - she grew older, e.g. She noticed her feet growing larger/

larger. She met various acquaintances - some called her "Prostitute!"; some struck her. Her husband violently dis-;arranged her bodice - she hated him especially for that. Her association in the dream with the three men was satisfactory, whereas in reality she had felt like screaming in terror if ever they did more than cuddle her, and even felt like killing them. At the top of the pyramid was a place like Heaven - she felt ashamed of being stained with mud and blood; but was given a robe, and all the stains vanished. God asked questions, to which she knew the answers already, - the special question was "Why did you give the baby back to Bella Ross?" and her answer "Because it was her baby - she wanted it back." One window gave on a garden full of black-haired, brown-eyed, men and another on a garden peopled by families - the men in white, the women in blue. After conquering her desire for the men, she was given a white robe rather like the one which God wore, with permission to live with the families. She recounted this dream - which seemed to go on for hours - in far greater detail than is possible to give here, as often in her dreams. She thought of her father's hands at the beginning, but said that God was represented in the dream by the writer: "That's blasphemy, isn't it?"

She thought of the dream as referring to recovery, but later unguardedly spoke of it as concerning her death. (The writer has noticed that dreams of the patient's death are not uncommon in incipient schizophrenia). She said: "I seem to focus all the hatred and everything on you ... you're there, in the middle" - she gestured. She spoke of her fear of sex, which extended to her relations with her husband - so much so that between her various earlier periods in hospital she would spend the night with her out-door clothes on, and had gone to the riverside and sat for hours, considering suicide. On this day she used the words "When I go home.... " for the first time. She spoke with real warmth of her happiness with her first baby: "I never used to leave her, though she never missed me." (You think that is terrible, leaving a child?) "Yes" - her eyes filled with tears, the first time such a thing had been observed, apart from hypnosis. She said she had got/

got her little girl to call her father "Dada". In a day-dream, she pictured the writer at home: "It's funny, I can't see your wife". The reference to Bella Ross, in the dream, she explained in detail: P. had for some months helped this girl by looking after her baby.

She was now much less suspicious and guarded with the writer, who - it was clear - had become a sort of father-figure for her, as she realised herself. She warned him that she would be difficult to treat — "a handful" - and joked about driving him insane with worry.

Hypnotised, she was told that it was her first day at school, and described her frock, footwear etc., in detail. Told she was growing younger still, she spoke of "Lily's Daddy". When asked twice what age she was when her step-father died, she said "David will tell you. He's tramping on my toes - that Owen." (Where is this house?) "I want my own house. I want to go with you." (Where is Daddy going?) "Down to work." (Is this Glasgow?) "I don't know. She was "regressed" to the day on which she just came to that house - She said she was 3 years of age, and wanted her mother, who was sick. "Regressed" to a still earlier period in which her mother was with her, she said "Dada!" and made kissing noises. (What are you doing?) "Kissing Dada!" (Are you fond of Dada?) "Ye-e-e-s!!" she said shyly, but with inexpressible pleasure. (Age?) "1,2 (?) "1, 2, 1." (Are you 2?) "2, 1, 2, 1." She was told that she could hear her father playing the piano; asked what he was playing she hummed the melody of the intermezzo of/

of "Cavalleria". (What's that called?) "Daddy, the name? - eh?... Lust..no, Dust?... Dusti...Russ-tie-ca-na." P. had earlier mentioned that this melody, and Handel's Largo, upset her in some way. (Do you know Largo?) "Ha-Han-del: Mummy says Pam mean to talk English to me - she'll put her away. She talks - funny. "och, och"." She went on to explain that Pam lived down the hill: Pam's mother had a baby: she used the present tense throughout. (Does Dada always talk in English?)- she said sharply: "What was it you said to Mummy? - I don't know what you said. That's the way Pam talks. The doctor comes - I don't know what he says - "Hello, Flower!" Dr. Ras-muss—en (A big house?) "1, 2, 3, 4 steps - look! - 1, 2, 3, 4. I'm keeping Pam off work: girl down: clean Mummy's house. Dada says it's not wee, it's small." (Pam talks English?) "Mummy says she is to talk English to me or go away - she can't say these words." (Sprechen Sie Deutsch?) "Dada! Mummy see you," she laughed. (What is Dada going?) "He is talking- he says what you said! Pam says...." - here there was a sudden noise outside - " She's dropped it - the brushes. Later, she gurgled with pleasure, like alittle girl, at the idea of pulling her father's hair, which she often did.

She was "reorientated" again to hearing "Largo" on some significant occasion. (How old are you?) "15. I'm not answering any more questions. Yes; no, no; yes. (Who is asking the questions?) "You're a policeman." (Who's playing "Largo" - the wireless?) "No, Owen's playing it. I'm still at school. No, never off a day. Yes, once with a cold, one day. Yes, I belong/

belong to Glasgow. 15. No, just....no, he never, no." She whimpered. "No. Oh! Oh!" (The policeman has gone away, it's all over; it's all right. David wants to tell you something?) "No, he never, honest. If he touched anyone's leg, you could have a baby?" (Who said that?) "I'm asking you. No, he never, but I ought to know. Take letters to Miss Wylie? David's writing it. Yes, about what? To tell you about babies?" Desperately: "I don't want to hear any more this afternoon. No, I don't want any tea. I wouldn't let anyone do anything." She was whimpering. "My Daddy went and left me. He went home to Germany. Don't tell Miss Wylie and the girls, please! I don't want to go out to the pictures, I want to think about it; You're just saying that, so you are." (?) "Saying I'm a fine girl - Winn next door, repairing my bike..... He deserted me, that's the whole truth! Don't wrap it up!! - tell me the truth! Walking away - he treated me rotten. The whole crowd. I won't, - yes, I know. I'm not going back. I can go away. No, I just thought it was my hair, it's so different. No, I never kissed anyone in my life."

All this last passage sounded like overhearing one side of a telephone conversation, with pauses for the other unheard, speaker. The local turns of speech noticed in it were absent from the "reliving" of her arrival in the city, etc., in which also there was no degree of local accent whatsoever (but neither were there any foreign inflections).

On being wakened, she rose from the couch, smiling very happily, her eyes fixed on the writer. "I feel I've known you all my/

my life. It's queer - I don't feel you're the doctor at all." At night she dreamed of a young fair woman lying in an invalid chair: P. was a child of 4: The writer, wearing a ski-ing outfit, lifted her on to the woman's bed while she pulled his hair, examined his teeth. He let her see herself in a mirror, her hair black and ruffled like his. Then she was running after him, in sunshine and snow. She dreamed again of trying to escape from a room after somebody, the man who held her back was big and broad, with fair curly hair; he seemed colossal to P, who in the dream "was very small - but I seemed to have a terrific temper for a child."

She said that she felt she had no responsibilities - no husband and no children. She now often laughed very heartily. She began to admit doubts about her husband's fidelity and complained that she could not get the writer out of her mind. She described the interview with the police about Owen (who she said had indeed tried to put a hand up her skirt) but did not mention David's history of her father. She admitted this evasion: "Well, it's like being a kitten left out in the rain!"

She was asked whether the writer reminded her of her father, as she said that she felt safe with him, trusted him, etc., etc., - in both cases - she had never thought of this. At the next interview she talked little, and sometimes looked as if she were going to faint: at these times she seemed to be confusing the writer with someone else. With agitation she confessed to seeing patches of snow on the hills - actually there was none - and to hallucinating the/

the slam of a car door. She said in a strange manner "You are tall". At night she dreamed of a revolving globe on which were her parents and herself - the father had the face of the writer - M. She now had a vague memory of her step-father - she could remember dipping into his pockets after being smacked by a woman. She had wept during the night, feeling that she had lost everything - that she wanted back to these early days. She could remember her mother, she said, before her illness and after her death: she described the home in Germany. (You remember Pam?) "Jan - that's funny - a girl with two pleats round her hair, she had a pail and splashed my feet with her cloth." P. said that this girl Jan and her parents, as also herown parents, spoke a language that P. could not understand - she recalled that on one such occasion she chased her father in some annoyance, and then she remembered her annoyance when the writer spoke to another woman patient in Gaelic. She spoke of her twins - still-born many years earlier - one she had named Eugene though there was no one of that name in the family. She remembered that she called her father "Dada" as she had later taught her daughter to do. She produced her Bible, with Leviticus 18, 9-10 and 18-20 underlined - she had done this during the night. She said that the Bible advised that when the husband died the brother should carry on the name" and later said that in her dream -(v.sup.)- She had been trying to fuse the images of her father and the writer on the revolving globe - and had succeeded. She had spoken, she was reminded, of her father and stepfather being "like two brothers - the one as dark as the other was fair". By evening her conversation had become jerky but next day she was talking normally/

normally again and very freely. She said that the writer -M- bulked very largely in her thoughts, but added that all males should be exterminated - even little boys. She had always been very prudish with her husband - e.g. about his seeing her partly undressed - and before her final admission had felt like killing him merely because he had shown some normal interest in her. She did not realise the abnormality of her attitude.

She said she had broken off her friendship with the third man -C.- because he had said one day that he believed she was growing fond of him. Hypnotised on the following day, one week after the last hypnotic session, she said that the writer did not understand the nature of her regard for him - it was not a "transference" phenomenon at all. Her interview had been delayed while the writer saw another woman patient - Miss Brown - whose morals were notoriously lax. When P. was hypnotised she immediately reverted to an episode in which, aged 3, she was with her father. She was bathing, wearing only shoes. "He's kissing Mummy" (You like that? - you'd rather he kissed Mummy or you?). "Mummy first, and then me - she has sore feet". She wept. (What are you crying for?) "Not crying. Yes I'm - Dada wouldn't come out, cuddling Mummy. I don't like him now: I want to play". Asked where her father slept, she said "Beside Mummy" - and then, brightly "I can go between! I don't want that dolly - it can't talk. Jan's mummy's baba - has hair like coal, like the nigger boy in my book". (Would you like a baby like that?) "Yes" - with feeling. (And who would be the baby's Daddy?). After a few seconds delay, she said shyly "Dada" and continued "I want the baby in my bed. He's fat, he's like an old man!" (Jan's Mummy's baby?) "My baba! I want to keep it!". Later she relived a scene where her stepfather was keeping her in the room so that she could not run out after her father. Later still she relived a scene where she was looking at her stepmother's little baby. "A wee boy like Jan's baby. I don't want him, he wet my dress. He's got a wee thing/

thing like Jan's baby. Dada said he'd grow into a big man like him some day. I asked him "Did you have a thing like that when you were a wee boy? He wouldn't say: he threw me up in a tree with my face in the snow: he said "Don't touch him there - he'll cry". The patient began to snort: "I'm awfully sick. The Doctor - he's touching me, where Jan's baby is fed. I'm going to tell Dada. He says I'm a little foreigner - a little devil. "She bit my finger". I hate him - his hands. Dada wouldn't like me to say that - I love people in his place. Owen! I want my dress on! He's looking at me with no dress on! Dada told me to run in - just that - you know - coming running - coming out again. Karl's coming up the road - he's got milk for Mummy. "So run in so that Karl won't see you without a dress - Jan doesn't matter" (Whom do you love here in your father's place?) "I like David, he's the donkey", takes me up to the park "see the wee duckies?" He calls me "Kiddy". I want Dada. No grass here, no trees. People are funny - make a noise - I don't like them, shouting too loud". Later, still hypnotised, she relived the incident of Owen's advances to her when she was sixteen, and said she did not tell the police because of his mother "though she doesn't like me - she likes him. I shouldn't tell tales." Towards the end of the session, she expressed doubts, while still hypnotised, about the writer's psychological insight regarding Miss Brown, whom she accused of immoral tendencies. It seemed possible that she even had doubts about the writer's morals. She asked wearily "Oh, when is the Christ coming?" She resented being wakened, and then complained that she/

she felt queer. "Your face changes, your hair gets darker, you become taller". Her attitude both before and after hypnosis was almost baleful. Before she left, she said with knitted brows, "There's something at the back of my mind".

The writer had been surprised at P's admission that she would like to share the parentage of a baby with her father. If he had anticipated such a result he would not have risked asking even the apparently innocent question which led to this disclosure. He now was afraid that this abrupt step would upset the patient, when the post-hypnotic amnesia - suggested successfully as always before wakening - wore off, as it usually did in a day or two. (In this respect P. resembled the cases of Lindner (1945 a b c)). Next day therefore the writer was not surprised to find that P was severely confused and had been so all night. Her eyes were remarkably prominent - they had never been so before - and this was only one indication of her severe anxiety and agitation. She talked incessantly but could not maintain coherence in her remarks for more than a minute at a time: for example she interrupted herself 7 times in the half hour interview to seekreassurance from the writer that she would not be subjected to electric shock treatment. In this and other ways, she showed that she realised that there was something more than usually wrong with her mentally. She had dreamed of having intercourse with a man with the writer's face, but he had brown shoes, and wore a ring and a watch - the writer wore none of these things. In the dream the sensations experienced by her during coitus were tremendously strong; she felt on fire from her/

her head to her toes (cf. Case C) She "had no shame", she said : she welcomed in the dream everything which in real life she regarded as "perverted". In the dream coitus was supposed to be part of the treatment - she was told to go and show others and return after a lifetime. She was told to touch the man's "thing" as a sign that she desired coitus. She said the dream was so vivid that she wondered if it could have been reality. She said hesitantly "It wasn't, was it?" and slowly leaned over until she could just touch the writer's knee, looking expectantly at him the while. When he said "No, of course not", she drew back, and said "No." She had been so excited that since hypnosis she had required 13½ grains of pento-barbitone. One had the impression that her extreme "push of talk" and excitement lacked the joyous feeling so often found in mania, and that she was perhaps talking constantly in order to prevent the emergence of some forbidden thought. She told the writer that he had "made her a patient"; "driven me off this world altogether".

The following day she was not so grossly excited. She said that she had "heard" during the night a man's voice singing a love song. When she was asked about the less significant features of the last hypnotic session it emerged that she could not for example remember Karl at all. She confessed to other "hallucinations" (using that word) e.g., of seeing the writer -M- playing on the sand with a little girl who was herself. She remembered vaguely something about Jan's mother's baby - "like a dream". Of the dream two nights earlier she said that she felt in it that the whole world was hers.

Later/

Later she was boasting indirectly - in the form of complaints about another woman's rudeness in drawing her attention to it - that her bust was not pendulous. She spoke of another woman touching her bust, and added that she would not allow her husband to do that. (That would, to her mind, have been "perverted". (v.sup.)). Here, as at other times during the interview, she was calling her husband by his first name, which M had never heard her do before. She remembered the German place name in a little song her father sang, referring to the village above which their house stood. She felt almost physically that she was like a spring with a screw on the top "someone loosens the screw and the whole spring uncoils." She also compared her mind to a pigeon hole cabinet. "I pull a paper out of this and then one out of that - they feel stuffed with papers." She was now inclined to admit her fear of men and to accept that this largely explained her fear of the cinemas, trains, buses, etc., and that afternoon travelled in a hospital elevator for the first time for 1½ years - moreover she experienced no fear in doing so. She recalled the dream of coitus with the man with the shoes, ring, watch and gold filling, which she now said were her father's. She immediately became very emotional - she wept, and then developed an outburst of anger against her father for having deserted her. She said with extreme bitterness that it would be better if all men were dead, including the writer, She was again confused that night and volunteered next day that she had been wanting some man to touch her, to disarrange her clothing, as that would/

would be an excuse for her to kill him. "It wouldn't have mattered who the man was - any man would have done." She recalled that after her operation she had lost all memory of her husband and children and had "wondered why they were showing me all the photographs."

One hesitates to record her remarks in detail at this period in spite of the wish to illustrate her "hypomanic" conversation, because when read over the results for the most part look not unlike those of normal free association. The difference lies in the tremendous speed at which they were delivered: indeed at times the writer found it quite impossible - even using a shorthand system of his own - to keep up even approximately with the patient's production. However the following is a sample of apparent lack of continuity far beyond that found in usual free association "In the picture my father was very dark. The English are fair, the Spaniards are dark, some Germans are fair, Italians are dark. I like to see an Altar and flowers and the Crucifix but I hate hypocrisy." However she complained herself that part of the time she was "talking nonsense". She said that her husband thought that she hated only him, whereas in fact she hated all men. But the following evening she allowed her husband - for the first time for many many years - to lift her up in bed, and to kiss her in a natural manner. She remembered vividly Owen's rough advances to her when she was 16; she said that after that she "used to think up ways" in which she might kill him, and reproached herself bitterly/

bitterly for not telling the rest of the family "as that would have protected Nora a year later": protected her, that is, from the pregnancy said to have resulted from her association with Owen. This situation seems to have been depicted in her much earlier dream (v. sup) of her cowardice in watching - motionless - while a man (the writer) assaulted a woman in the dream. Having realised something of the sort the patient complained that her fear of men was still very acute though she now thought that the episode with Owen must have been the cause.

Another feature of this hypomanic period was her repeated use of certain phrases e.g. "equalisation, not nationalisation", "physically and mentally perfect". Another sample of her conversation: "my husband couldn't stop me talking - I told him I hated the sight of Owen - he said "you never spoke of him before - what's he done to you?" I said "nothing" It's me that's wrong. I told the nurse I'm the leader of the underground movement. I know all about it - not where the ammunition dumps are, - Scotland for the Scots, Ireland for the Irish - that'sequalisation. People are running now for glasses and teeth that never thought of them before". She did not really believe that she was a part of any "underground" political movement, much less that she led it - this type of statement was made in the fleeting rather playful manner in which wish-fulfilling fantasies without real belief are expressed in hypomania.

She painted a vivid picture of her childhood surroundings in Germany/

Germany, and of her parents and others then resident nearby. These included the girl Jan, who helped in the house while P's mother was sick, and an older woman -Frieda- who sometimes deputised for her. Jan's mother had a baby. P. sometimes had to remind herself - significantly one thinks - that it was the mother's baby and not Jan's. The boy Karl brought milk each day. Doctor Rasmussen came to see her when she was ill. These and other persons she described vividly, as regards their appearance, their clothing, their personality etc., often in the setting of casual incidents. One day after a number of such memories emerged, she said "That's in the other world I lived in - not this at all - don't talk about it". She tended to realise - at times vividly-that persons from that part of her life were identical psychologically with others whom she had met since, particularly in the hospital. For example, her attitude to a woman doctor in the hospital corresponded with certain attitudes she had adopted as a child in Germany towards her mother. She described the house in Germany in great detail. She hated her father for leaving her, and one day said "I hate men like him from now on".

Nine days after the hypnotic session, the abnormal pressure of talk had disappeared, as also had the delusion-fantasies, and the episodes of confusion. Her eyes were no longer abnormally prominent. In the intervening week the patient's condition had been more obviously psychotic than before the hypnotic session, and the present writer had no doubt that the cause of this lay in the clear verbalisation of the Oedipal fantasies which occurred in that critical/

critical session. She now remembered that when she was 6 or 7 she had been sleeping unnoticed in a darkened room in the house in the city when she suddenly wakened to find her stepmother there with a man. She was frightened, and screamed. Years later she realised that the man had been making love to her stepmother, and felt moreover that her own reaction to her sudden wakening had brought attention to this situation and had indeed been the precipitating cause of the dispersal of the family at that time, for the local authority had taken from the mother all responsibility for the family, with the exception of P. herself whom she was allowed to keep with her. It emerged that after the hypnotic session she had torn out of her Bible verses 9,-10 and 18-20 of Leviticus Ch.18, which prohibit incest-in terms of voyeurism. P. began to realise one day that the panics she experienced in the company of Dr. Alexander were related to his physical resemblance to Owen. Her reaction to this was "I'm putting it out of my mind".

She still required more than 3 grains of pento-barbitone at night to ensure sleep. She spoke freely of "having been daft" during that week and blamed it on "getting all that stuff out of my mind - I kept shoving it back - it kept me from being a normal person". She said one day to the writer "I wish I could drive your car" and immediately remembered a forgotten dream in which she was driving the car of C. - the third of the three men - with the deliberate intention of crashing it: she was terrified. She remembered that as a child in Germany she had noticed the sex difference in a baby boy and had been so curious about her father's anatomy/

anatomy that she tried to follow him into the bathroom. But when her own son was small she was unable to assist in his toilet arrangements. Angry outbursts occurred in which she blamed her husband for ruining her health with repeated pregnancies, though it was clear that she had never made any attempts to avoid them. She realised one day that she had for long been picturing the writer's family as images of her mother and herself. She dreamed that she had driven the writer insane (as she had "driven" C. into terror in the recent dream).

Her husband was very pleased with her progress at this time. He welcomed the appearance of ordinary human emotions in his wife, who had for so many years been withdrawn, suspicious, and out of touch with reality and with her own feelings. Her phobias were improving considerably. Describing her hatred of men one day, she said "It got that I couldn't even bear to sit near them in a bus."

She realised one day that she identified a nurse with her stepmother. Her attitude to both was ambivalent. In fact it seemed that the ward personnel had become for her a substitute for her own parents and step-parents. A proposed move to another ward upset her very seriously - she stormed and pleaded, and expressed a desperate feeling of not being understood, She then said "I can't live without my father" and added to herself - looking into the distance and quite oblivious of the writer's presence - I'm living <u>in</u> my father". It was clear that though she/

she was becoming increasingly quarrelsome with Nurse Lang she was also extremely dependent on her and could not tolerate the idea of separation from her. But she attempted to conceal this from the writer. At times she admitted feelings of intense hatred, which she could not understand, for the writer.

In a dream she was returning by train from Germany where she had been looking for her father, when a fireman killed a kitten by throwingit out of the train; she was told this was her punishment for lookingfor her father who either was in prison or had killed himself. To "cats", she associated her dislike of Nurse Lang which began on the day she had found the nurse wrapping a cat in a baby's gown. She herself had done the same during her week of confusion, but had not remembered this. Her husband had been a fireman, and she said that soon after their marriage she had suspected him of killing their cat, which had taken ill. From her return - regression? - to her father, it was pointed out, she had a kitten-baby which she suspected her husband of destroying - the husband is depicted as violently denying her the child which in this fantasy seems to belongto herself and her father. P's response to this was to admit reluctantly that her husband had sometimes struck her. She felt very disloyal in reporting this, and her indifference to him clearly concealed not only hatred and suspicion but alsoadmiration and a longingfor his affection. She dreamed of a man being lynched: "he was more like my husband's build, not my father anyway". She alleged that her husband had a "mother/

"mother fixation" and remarked on his childish attitude during love making, as if he still wanted to be breast-fed. This was only one of very many instances in which she projected her own complexes into the minds of others. She described her leaving a hospital against medical advice during the last pregnancy - immediately before her operation: she was in a car, sitting beside her husband, when the driver avoided a collision only by a dangerous swerve. She had often felt that if she had remained in that hospital the pregnancy might have reached term. Her attention was drawn to possible connections between this incident and her early dream of sittingin a car with her father while someone said "dead baby" - that dream ended by her feeling safe as long as she was beside her father.

She became increasingly dissatisfied with the hospital, complained more and more of the noisiness and quarrelsomeness, which before treatment she had never noticed, of some patients, and one day burst out "I hate this place now: it's just a hospital ward and a badly run one at that". She was much less guarded in her remarks; one result was that various old suspicions were now admitted. Some of these were delusional, and some based on illusions of hearing. For example she now showed quite obviously that she suspected her husband ofhaving produced her last mis-:carriage by interfering with her food - asked for evidence she replied: "Why did the doctor ask me then if I were in the habit of taking tea in other people's houses?" After this she had become wary

of/

of accepting drinks prepared by her husband, though she realised that her attitude was unreasonable. She dreamed of herself as a little girl putting on her mother's jewellery - her father took if from her. She admitted that she had been jealous of her father's attention to her mother. "The more I think of my father, the worse I hate my hus-;band" - she obviously assumed that this meant that she loved her father and hated the husband who was not like him. She had not considered the possibility that she hated her father and so hated also the husband who was like him. At this time she began to admit - at first only in order to deny their truth - the existence of rumours that her relations with some other women patients were very close indeed. Later she was projecting her homosexual tendencies by discovering them in others, e.g., she said that one woman touched her breast in an erotically playful manner. The oral desires earlier projected (v.sup.) on to her husband, now appeared frankly as her own wishes in dreams of coitus - the man drank from the breast. She dreamed of torturing her father by saying bitter things to him - she enjoyed this; and very shortly afterwards she admitted that she wanted to tease and torment the writer. She wished she felt the same way about her husband, as she assumed that the teasing was merely playful and friendly.

Two months after her last hypnotic session she was again hypnotised, and was regressed to early childhood. She spoke of her mother - "she can't walk." (What age are you?) "....Mummy has two feet - two - Dadda told a lie. He said Mummy was getting a baby like Jan's - not now. Where is the baby? Jan's telling me to/

to go away - what's that? Jan, - blood. Jan says "You're too clever". She is washing - Dadda - Jan has blood in there. That's a bad word, you said, Dadda. Is there not going to be a baby now?" Still hypnotised, she was reorientated to her real age and asked who it was that Dr. Alexander reminded her of. She immediately said "Owen". Regressed to the age of 15, when Owen frightened her; "I hate him. If that guy comes to my bed I'll kill him. He passes through the room. That's my bed over there, and he has to pass through the room to get to the scullery - I don't trust him, Pull the clothes over your head - he can't see me. Get up at six so that he won't see me". After this session her fear of Dr. Alexander improved considerably. Four days later she recalled the hypnotic material and connected it with her fear, after her operation, that she herself might lose thepower of walking.

A week later another psychotic episode occurred. She suddenly became frightened during her husband's visit because she thought his face was turning into the devil's face. Admitting this next day, she said - as she often did - that the writer "would think her daft" but claimed that she felt that her husband was hypnotising her on this occasion. She recalled his saying earlier "You're very tired looking". It seemed not impossible that this very suggestible patient might have accepted such remarks as suggestions of sleep. The writer described to thepatient the similar occurrence in the narcoleptic patient E, and she accepted this explanation with some reservations. Another factor in P's case may have been the gradual emergence/

emergence in her of some natural feeling for her husband, denied and projected so as to produce ideas of being influenced by him. She said that she had been sitting closer to him than she had permitted for years, and that when she felt sleepy she looked at the clock and found to her surprise that 15 minutes had passed. That night she dreamed of "Owen as he should have been" - that is, all the good points of Owen were illustrated - his good looks, his charming manner, his musicianship - so that in the dream the diabolical Owen was showing his human side. Without noticing it she used the same words about Owen and her husband "he was all right until he started his carry-on". This in both cases meant normal masculine sexual activity - more precisely she said that she was fond of her husband until she began "to be expecting intercourse continually". One does not believe that anything of the sort really happened - once again it seems that having repressed any normal desire of her own she projected it on to him. Similarly Owen's fall from grace consisted in his advances to P. In the same interview she suddenly said "Owen had something I wanted." (You never said that before.) - "but I always thought it. He loved beautiful things. He played the piano beautifully". While hypnotised, she disclosed some information she had hitherto withheld; after being "hypnotised" by her husband she had included in the angry reproaches and insults which she heaped on him the allegation that she was not sure that even his daughter was safe with him. The basis for this remark was that when their little girl was ayear old sleeping in their bed one/

one morning, she had found his hand resting on the baby's body in what she thought was a suggestive manner. Two days later she repeated this material, without knowing that she had already disclosed it while hypnotised, and agreed that there was no real reason to look for any sinister explanation of this occurrence. That she had done so initially is perhaps one more example of the projections of her own Oedipus wishes, through identifying herself with the baby. Asked whether she remembered altering her copy of the Bible, she said "I tore it out - something about a man dying and his brother takes over. A brother and a sister. That's all I remember". She admitted that some nights when she suddenly felt a desire to sleep she had suspected the writer of influencing her mind at that mement. She was told of the theory that the operation of post hypnotic suggestion involved re-entry into the hypnotic state, and was reminded that suggestions of sleep had frequently been made to her in hypnosis. She evidently feared that hypnotic suggestion might be used by the writer to make her more fond of her husband, and even suspected that this was already happening. This, one considered, indicated her awareness of a growth of interest in her husband. For the first time she coupled her husband and the writer and said that she realised she was "taking out on them her resentment against her father." She indirectly admitted that she worried because her husband had missed a visiting day. Furthermore she now showed enjoyment in quarrelling with her husband in the same way as she enjoyed "teasing"/

"teasing" the writer. She spoke much more often of her step-parents - always referring to them as "David's father" etc., never as the parents of Owen, though the latter was obviously of far greater importance to her than was David. She explained that her father and step-father worked in the same place and were great friends, though the latter was much older, and that her stepfather had called one of his daughters after P's mother - this child had died before P's arrival in the country, and her names were those of P reversed. She said for the first time that her husband sometimes reminded her of Owen, - not in looks, but rather in the panic which both inspired in her. Almost in the same breath she began for the first time to express some doubts about the reasonableness of the horror she had felt for her husband on some occasions - particularly that of the alleged "hypnosis". That night she dreamed of her husband leaving her at home to go on the night shift - as he was assuring her that he had closed the windows because of some nocturnal prowler, she happened to look in a mirror and saw to her horror an expression on his face which indicated that he himself was the prowler. Next day, hypnotised, she relived an incident in which as a child in Germany she was frightened at night by Jan's sweetheart coming to the window in the hope of meeting Jan. She said nervously after hypnosis that someone was looking in the door, which was true, as it often had been. This nervousness disappeared two days later when she recalled the hypnotic material.

She began to say that her husband had tried some years after

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the marriage to induce her to practice fellatio. She expressed rage about this and said that she was afraid to go home lest he repeat the attempt, for she was afraid that if he did she might kill him. Closer enquiry showed that there was plenty of room, even in her own account of this, for the possibility that she imagined such a desire on his part. At the same time - surely significantly - she asked repeatedly whether she could have been the cause of the appearance of this perverse desire in her husband (superficially, this referred to her growing distaste for normal coitus.) Again significantly, she asked whether it would be possible to suggest to a hypnotised subject that she would welcome such a perversion. These trends suggest that she was becoming dimly aware of fantasies of fellatio in herself, and feared their further emergence. Next morning she did not know where or who she was for 15 minutes after waking - during that time she had a queer feeling "as if I was new born". Similar experiences had occurred before admission. She said that she had always wanted to lose her memory but that when it happened she was frightened. She again asked for reassurance that she was not the cause of her husband's "perversion" and this time made it clear that the "perversion" preceded and, to her, was the cause of her disinclin-:ation for coitus, and not vice verse. At such times of increased anxiety she often reacted by threats of violence to herself or even to her husband, against whom outbursts of rage occurred. The way in which she used such threats as a weapon against the writer

showed/

showed that she obtained some relief from her anxiety in feeling that she could attack him also. She had already managed to admit that she "could have liked" Owen, that he was attractive. He appeared in a dream as two men, one a pleasant fellow, the other a seducer. She began to talk of some likeness between Owen and her father. She remembered that when she was very small she had tried to investigate her father's chest in the hope of obtaining milk. She admitted frankly what had been obvious at the time - that at the beginning of treatment she had believed that the writer had used hypnosis to make her fall in love with him. She now realised clearly that this was nonsense, though the transference was still very strong.

She had at this period been talking more and more of a young doctor who had formally worked in the hospital, and whom she believed (wrongly) to be more or less engaged to the woman doctor - Dr. Carr. She now suddenly realised that he used to wear tweeds and brown shoes, with which she had endowed the writer in the sexual dream which followed her "Oedipus" hypnotic session. She had not seen this doctor for years though Dr. Carr, whom she always thought of as resembling her mother, sometimes allowed her to speak to her about him. About the same time one realised from the details of her hypnotic and other memories that these could not be entirely trusted, as regards their geography. One day the writer pointed out to her that this doctor's initials were exactly the same as her father's. She was so surprised by this identity, which she had/

had never noticed, that for a moment she could not speak. She then said that Dr. Carr imagined that P. had been fond of that doctor. The writer asked her whether she was sure that she had been born abroad, - why should she be able to speak English so well in her hypnotic regressions to the age of 3 or 4, for example? She insisted however that she was born in Germany.

She had now been treated for about 3 months, averaging 5 sessions a week. Hypnosis had been used in the first month, and thereafter scarcely at all, as it was feared that its use might upset her too much. She realised very clearly now that she was trying to avenge herself on the writer for the many grievances she held against her father and her husband. The latter however she also continued to attack: for example she reported one day with considerable satisfaction that he had said recently: "Some days I can't concentrate on my work for wondering whether the nursing staff can look after you" - she had been hinting to him about suicide. A week or two later she became rather depressed on realising that for years she had been deluding herself with a fantasy that she might still have another baby. In this depressed mood she spoke of having ruined her husband's life, by torturing him mentally. She said that she did not hate him now - if she did she would continue a close association with him in order to be able to continue the torture. She understood that the ideal baby she so often had pictured was to have been the child of an ideal father - a man like her own father. At the same time she was gradually/

gradually talking more freely of her homosexual trends, for example she described how recently she had sat and allowed a hypomanic woman patient to feel her thighs under her clothes, and showed obvious pleasure in adding that this patient commented on the hardness of her thighs. She alleged that Nurse Todd was jealous because the patient had had a visit from an old friend - an ex nurse. She did not admit the full extent of her attachment to Nurse Todd and, as usual, projected it by saying that the Nurse's jealousy was an example of her insistence on being the central figure in P's life. "She was cross" (sic) "with me" - she wants to be made much of, wants to be told everything". She was encouraging various women to lie on her bed.

One day she said "I can see my home so plainly - before, I couldn't see it at all". (Which home?) "My own, of course - and the children". (Here?) "Yes, the way I saw it last". Earlier in the treatment, "my home" would certainly have meant her childhood home in Germany. She said she now realised the world was outside the hospital gates. She now wanted to be "outside the gates and into the world again."

She dreamed of an artist sketching her father, who wore a Turkish fez. "I thought it suited him". The artist was telling him about sleepy sickness, and tsese flies were flying about. P. was frightened of the flies and put her head under her father's jacket. Another dream - that the writer's wife was pregnant - was discussed instead, and on the following night she dreamed that tsese/

tsese flies were all about her yet she could not take the disease - all her blood tests proved negative. To "Turk" she associated ruthlessness, polygamy, "roaring and carrying on like a Turk - owning women in purdah - so that no one else can look at them". She said that her father "roared like a Turk" when the boy frightened her at the window. She remembered putting her head shyly under her father's jacket when she was told that another baby was expected. After saying that the mode of infection in sleepy sickness was skin puncture by tsese flies, she spoke of other matters. A few minuteslater she happened to say "no man can get under my skin!". She was reminded that pregnancy was a condition which "she could not take", and which resulted from penetration, and that "sleeping with" was her usual term for coitus. The dream was interpreted as a fantasy of the father becoming the father ofher baby.

She began to be aware of a change in her attitude to the writer. Her former habit of regardinghim as the embodiment of all that was good had not disappeared, though it was much less extravagant than formerly: but there was now for her a new element - almost of the diabolical - to parallel the divinity with which she had formerly endued the writer. She found it necessary to defend herself from seeing in him traits which reminded her of Owen, of whom shespoke more every day. She remembered that Owen too wore brown shoes and tweeds, he was fond of music, he played the piano excellently, he was charming - all attributes/

attributes of her father. She remembered that Owen used to amuse her with various antics to distract her from her preoccupation with grief for her father when he finally went away. In complexion, hair colour etc., they differed very greatly. At the same time she talked more than formerly about a male patient who had been in the patient hospital at intervals for years - one of these tall, very dark, black-haired, brown-eyed men who seemed to fascinate her and to remind her ofher father. Under hypnosis she spoke of an unidentified town the name of which was the surname of this patient, while his christian name was closely connected in her mind with Germany.

Her thoughts centred round her step mother - she reproached herself unnecessarily for causing her last illness and for causing the dispersal of the family. (It was she in fact, who brought to light her stepmother's unreliable and alcoholic behaviour, which led to the control of the family being taken from her). She realised she was identifying Nurse Lang with her stepmother.

It was interesting to note that, as she spontaneously showed, the patient had now recalled - five months later - the events of the "Oedipus" hypnotic session and the period thereafter - even that she had asked the writer personally for the repetition in reality of her "Oedipus" dream. Hypnotised, she showed very clearly that she felt Nurse Lang did not like her, and wondered why, and was very hurt to think that such was the case. She showed awareness ofher homosexual trends by saying in hypnosis

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"I must be careful what I say - look at the impression Dr. McLean got from my talking about Jane putting her arm down my neck! There's something bad about me that encourages people like that". But two days later she spontaneously described this incident, and her feelings about it, with greater detail than ever before. "What kind of make up have I that people should try that sort of thing? - and I don't realise it, not with her anyway - I seemto be in a kind of trance. It was always the male I was on guard against". She dreamed of feeling unwanted - the associations reminded her that when she was 8 her step mother had taken her on holiday; during the holiday the stepmother lived with a man - the patient felt upset and bitterly resented his presence - it completely spoiled her holiday with her stepmother. Lately the writer reminded her so vividly of Owen that she had been frightened to look at him.

She dreamed of two "cuddly little animals", like kittens or rabbits, which were playing in a little shed. "I went in to feed them and someone opened the door. I called "Close the door!" because one, though they were very very like each other, always tried to run out. But the door was shut just in time, and I picked them up - one under each arm." She was in her twenties in the dream, and wore a certain type of frock "which I was very fond of then". (When?) "The first one I had was after the twins were born". Asked about the shed, she said "I never remember seeing a place like it.....in the mornings when I wake up I say "I remember!" I wish I could lose my memory! She went on to describe several occasions/

occasions on which she had already done so. One was after her operation, for some weeks: another was when she was crossing a road - she experienced a terrible panic when she suddenly found she could not remember who she was, and described the intense feelingof relief when her memory came flooding back. She accepted the interpretation, that the identical rabbits symbolised her twins, one of whom she had thought was going to live. A few days later she remembered, with some depression, that not long before the birth of the twins coitus had occurred. She suspected that this had somehow led to the still births but did not blame her husband as she had previously done. The dream seems to equate coitus with feeding, seminal fluid with milk, the penis with the breast, the vagina with the mouth. The following night she dreamed of a diabolical Owen who kept on turning into her father, the writer, and back again to Owen. "Yet he didn't resemble my father at all - nor you. I thought I knew he'd live for ever, I never thought he was a god?". (Perhaps you did?) "I never trusted him in spite of his charm". A few days later the patient asked to see the present writer, and told him that she now knew what had frightened her. She had been looking at a picture of some German sculpture which included the figure of a man with a little girl who was pullinghis hair. P. found something suggestive in the postures. She went to sleep, and woke later, feeling for a moment that she was very small, and remembered vividly a house in which she lived in the city when she was 5 or so, and an incident which happened there./

there. She had awakened to find some man lying on her; she screamed, and her stepmother and stepsister came running in, but the man had gone. She recalled vividly that his hair had smelled of hair oil and felt sure that it was Owen. (P. had lately taken an especial aversion to a doctor in the hospital who used hair oil excessively.) The family had comforted her, and assured her that she had been merely dreaming but she was still far from believing this with any certainty. She now said to herself thoughtfully "Why do I think it was Owen? He would be more than 20 then". She also said spontaneously that it would be strange for any one to do such a thing when several people were in the next room, but added "That's how I was ready for Owen when I was 15 - I'd been half expecting him to do something of the sort". She believed that this "incident" was responsible for many of her symptoms including her hatred and distrust of men, and various aspects of her frigidity. She had often sought reassurance from the writer "that nothing had happened to her as a child" and assumed that these doubts had now been explained. But next day she said that she felt no change in her attitude to me, and wondered why her attitude to marriage had at first seemed to be normal - for she realised more clearly than ever the abnormality of her subsequent feelings about marriage and about men. She dreamed that she was apologising to her daughter who, though only six months old in the dream, seemed to understand perfectly. She remembered that when her daughter was six months she had discovered/

discovered that she was pregnant again. She admitted that the dream might have some relevance to her own feelings when first her mother and then her stepmother were found to be expecting another baby. This was only one of many dreams concerning sibling rivalry.

She was seen to be weeping in the ward one day - a very unusual thing indeed - and one found that she was worried because Nurse Lang had been overworking and was very tired. A few days later Nurse Todd, who had known her for years, reported that for the first time in her experience P. seemed really depressed. She was interviewed, and with much hesitation told the writer that she was blaming herself for the death of the wife of A - the first of the three men. She said that when she was 15 she had a seaside holiday with Mr. and Mrs. A.: the latter was not very well, and A played with thepatient as if she were one of his own children, than whom she was not much older. A year or so later there was some unjustified gossip about A and herself - she realised that she was fond of him, and now considered that she had married "to put a stop to all that". Mrs. A. had died a few years later and six years after that thepatient began her association with A. Later he told her that he had told his wife about his friendship with her. P. had imagined his wife, "dying by inches, blaming me for taking her husband from her." It was on the folbwing day that she was first admitted to a psychiatric ward. The atmosphere in the A family was very pleasant: she felt very much at home there and had/

had thought indeed that Mrs. A. closely resembled her mother. The guilt was "retrospective" because her feelings for A preceded by years any actual association which indeed had not occurred until long after his wife's death. "I was guilty mentally - not physically.".

She soon recovered from this depression and her attitude to her husband improved - for example she now dismissed any suspicion about his attitude to their daughter when she was very small. One day she suddenly stopped talking in the middle of a sentence and simultaneously stretched her hand out - the palm open - as she had often done. "Why do I do that?" It means something: thinking of things that annoy me, I just do that. Pushing things away - that's it!" Next day she complained of headache and said that it grew worse "when I start to concentrate - an excuse for not thinking". she discovered one day for herself that there were four steps into the ward - the same number as she remembered in the house in Germany. She dreamed of four men - Owen opposite her husband and her father opposite the writer - who asked her how many "mind children" she had to the other three. Her husband believed that this had happened, and hated her for it - she wanted to escape his hatred when she answered "Four to my father" and to escape from the sight of her father who seemed to bear the brunt of her shame, never to see her father again, to keep away from him. Hypnotised, she described for the first time with real feeling the warmth of her affection for her husband when they first married. A dream which before hypnosis had seemed obscure, now reminded her of/

of a man friend ofher stepmother who had made advances to P: she regarded him with horror. While hypnotised, she was regressed to her childhood and relived an incident where a friend of hers, a little boy, disgraced himself by urinating in public. "Dadda, he just took it out and did it in the snow. I will say it - you smacked him and put him over the hedge! Mummy'slaughing at you - it's a what? - standing - a san - sang -scientific turn of mind - What's that mean? - something that's not nice. Mummy says I have got a "scientific turn of mind" on these things. I must laugh - it was funny! He's to get back when he behaves himself, I'll tell him that. He is behaving - let him back." Later in the hypnotic session she spoke of Doctor Rasmussen -"he's got Hans - that boy of his, and Dada! my father - my mother - she's having a baby and I told Hans I was to have a baby too and he told his father and Dada said "tell him" and they all laughed. He said "Who is thefather?" - guess who I picked out? - my father - I don't like him, I never liked him, he howled and laughed and roared the place down - Dr. Rasmussen. It was my father's fault - Hans told my father, and the Doctor came in. Dada said "tell him now" and he lifted my - I don't like Hans. He's got - not too bad - darkish hair, not very dark, and a dark skin. He used to run after me to catch me, a great big boy - I was only saying that to him. I didn't mean I was going to have a baby then; later - I meant. He came yelling for my father, and my father made fun of me. They're all too funny in this place". Towards the end of/

of the hypnotic session she was talking of her parents' affection for each other. As the writer began to waken her, she said "I'll still hear the guns", and spoke of an air raid in which she had been involved. "A woman with children - no water for seven hours. The baby is only six weeks. Sergeant! Three direct hits down the road. I never cared much, but this Sergeant - he said it was majestic! Give that woman the baby! That boy's a fine fellow, he's got water for the children. Not a doctor in the place, and all these houses on the hill are doctors'! - my husband's been missing since Thursday - I've to 'phone back on Monday." She spoke of her son being hysterical. The writer resumed his suggestions of wakening. "That knock on his head - the doctor said you couldn't tell till he was 15 or so. - I know I'll hear the guns when I waken - I just want to sleep through it". She was told to waken up, feeling confident that she was recovering, and feeling very happy. She wakened up, jumped out of bed, and ran to the door and back several times, calling out about the bombs. It was noticed that she never attempted to open the door, which she could easily have done. The writer attempted to calm her, and as she ran about distractedly he put one hand out to steady her. She immediately smiled and for a moment looked very pleased; then she drew back and "came to herself". She said that she felt frightened. "What happened to me? I remember land-mines coming down, and everyone screaming. A girl ran about as if she were mad. I didn't show fright - inside I was going off my head, I know that, I was afraid to telephone about my husband - I like him, you know; he/

he has plenty of good points I haven't got. I feel I just want to talk and talk. Sometimes you're easy to talk to. I wouldn't work in munitions in spite of all the money. There seems to be a lot of noise upstairs? - people running about panicking?". She accepted, however, the explanation that the noise was in connection with a disturbed patient.

That afternoon she was reported to have been practising the tango - and to have been dancing "like a nymph". When she came for the interview, she said "Why don't you laugh? You must have put something in my mind to makeme dance, I don't care what you say. I jumped out of bed in my dressing gown. You must be practising something on my mind. I did the basic steps of Ballet. I should have hit you. I burst out laughing - I don't know why. Then I raced out to the ward and danced in my bare feet, I whirled old Lang off her feet - she never thought anyone could do that! Laughing! - I wasn't a bit upset. I said to the doctor "What's the verdict?": he said "You're either a wood nymph or a spring nymph". Ifonly I'd had a male partner! I leaped on the slunge to look out of the window - no bother! this is the forerunner of something - laughing".

It seems almost certain that this period of elation and over activity was the response to the hypnotic suggestion that she should be happy. This suggestion had never been made before. She recalled the hypnotic material on the following day. About this time she finally reached the conclusion - tentatively approached before/

before - that the man she remembered as her stepfather was not even that, but was merely living with her stepmother. Nevertheless she liked him, and seems to have accepted him as a father, treating him as she did her own father - pulling his hair, teasing and kissing him, and so on. She now admitted that she missed her husband between his visits, and showed some of her underlying feelings by adding unnecessarily that she was not in love with him. She said jokingly "I wish I could have him at home as a father and go out and find someone to sleep with!" She dreamed that she was accused of being the mother of the boy who was in fact the son of Owen and Nora. She said correctly, that her husband had said that if she returned home they would live on whatever terms she wished - "but I can't trust him". (She had been talking of "perversions"). She immediately went on to say that a few years after the marriage - while she was pregnant and just before term - he happened to touch her breast and found it wet - I'd always plenty of milk after the babies. He jumped up and washed his hands; he said "My God! there's something wrong with you - you should see a doctor - no wonder you're an iceberg". (i.e. frigid). "I thought he was going mad - I was terribly frightened". It seems fairly certain that this account is based on hallucinations, or at least illusions, and these in turn on her fantasy of the breast as a penis, milk as seminal fluid, and herself as the male. She said later, by no means for the first time, that she had been grateful to C. because the relative success of her relations with him assured her that she/

she was quite normal. This was interpreted to her as a re-assurance that she was not, as she feared, losing her femenimity. She preferred to say that it was a reassurance against her fear of losing all capacity for affection. In actual fact, her attitude to other people seemed always to be vague, in that the objects of her feelings never emerged very clearly as persons, as human beings, but rather as external reflections of some image in her mind. That is not to deny the intensity of her feelings, which was often only too evident, but that they were also frequently very transitory was equally evident. Hypnotised, she said more definitely than she had ever dared to before, that Owen had been attractive to her sexually, and added that she realised she might have accepted allthe "perversions" of which she had accused her husband, if she had been really fond of him. She came near to admitting that she used to "lead my husband on", and then would withdraw in an offended manner whenever the playfulness aroused him. She resumed her preoccupation with the problem - how much of his "perversion" was in some way her own responsibility?. She realised that some of her hospital admissions - and one laparotomy - were not caused by physical disease but by the effects of anxiety. For weeks now she had complained bitterly of the mental stress she was undergoing, and hinted very frequently that suicide was always one sure way out of her difficulties. She realised very clearly, of course, that even a demonstration of suicide would be a considerable embarrassment to the writer, who

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was treating her with a technique (hypnosis) widely regarded as unorthodox, to say the least. At times of increased anxiety she seemed to experience some relief in using such threats as a weapon. Her insistence, in spite of contrary suggestion, on subjecting herself and the writer to the emotional storm over the air raid had already been described:it was as if she had decided, as she emerged from hypnosis, to embarrass the writer by defying him and by simultaneously involving him in a "scene" which culminated in success when he was manoeuvred into making a gesture which she could accept as a sign that he was at least to some extent involved emotionally in her distress. That is not to deny the reality of her distress in reliving the air raid, but merely to state that she could use such emotions as levers to affect other people. She had exclaimed one day, after some rather similar manoeuvre, that the writer could not be human, merely because he had maintained an ordinary professional detachment. She had admitted on various occasions that she realised she had been trying to make him lose his temper, or trying to make sure that he would like her, sometimes that he would not like her, etc. It was in this context then, of a barrage of threats about suicide, that she dreamed of herself as a little girl of approximately two years, standing on the top of a flight of steps. "I was swaying back and forward. A man sat beside me and every time I was offbalance he put his arm or foot out to steady me. Then I'd run thought a hall like

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a school, out of a door with no steps, and back again to the top of the steps - which were sharp and dangerous - where I'd start swaying again. And so on - it was a game to me; I'd great fund doing this". The rest of the dream was that she appeared at her real age and convinced a girl (herself at 17 years of age) that the child (herself) was in danger, and the man - now seen to be her father - who had been reading and smoking, now held the child firmly. "I could feel myself holding him, and him holding me". Apart from the very serious splitting of personality shown by her figuring as three persons in one room, it seems clear that this dream refers to her satisfaction at being able to worry men with threats ofharming herself, and to the relief she experienced when such manoeuvres ended in a reliable proof of the security of their protection. She had pursued this technique with her husband, and was to do so again. She recalled the pleasure she obtained as a little girl by teasing her father in a similar way - she would stand on the edge of a very steep hill. On this same afternoon she went by taxi to another part of the hospital. It was not her taxi, but she announced that her intention had been to engage it to take her home. (Whether she would have done that or not seemed very doubtful). She had not dared to enter a vehicle of any sort for nearly five years, but she was not afraid in the taxi. She spent most of the next interview in heaping abuse on the writer. He was, she said, a prude, effeminate, a snob, etc. She exclaimed "I wish to God I'd never met you!" She became more and more excited, and/

and talked loudly. She said that she realised that she was angry because the writer made no advance to her, did not love her and also because she could have no more children. She half-shouted "Go to Hell!" A little later she said "It's me that's wrong - not these people in the ward at all! I can't take it! I'll pull the place down!". (She had been complaining very bitterly, for weeks, about the standard of nursing, particularly about Nurse Lang, whom she had denounced several times as being "half-cracked"). Her voice became louder as she left the office, but on discovering another patient standing immediately outside, waiting for an interview, she was obviously ashamed. Arriving at the ward, she announded unnecessarily loudly to the Nurse "I can't take it!". She accepted a sedative, and went to bed as suggested, but her husband reported that during his visit later that day she talked nonsense. The staff report was that she was cursing the surgeon who performed her operation and cursing the present writer and his treatment. When seen next day she had settled down again. She had dreamed of meeting certain neighbours, while her stepmother was opening the door for her: they had an empty pram and she was wheeling a pram with a baby who had beautiful hair exactly like her stepmother's. Whose baby it was she did not know, but the neighbours were embarrassing her by offering her jewellery and fur coats if she would give them the baby: she had no intention of doing so. The owner of the empty pram was the sister of a priest - "one man you wouldn't dream of having an affair with" - but all the patients' associations to him led to Owen's sister Nora, and the

patient/

patient now admitted that she would have liked to have been the mother of Nora's baby. Indeed before treatment was commenced this had been clear to the writer, for she had asserted then that Nurse Todd annoyed her by referring to this child - at that time of course a young man - as the patient's son, This was clearly one of her pro jection-hallucination mechanisms, as the Nurse in question never in fact said anything of the sort. The brother of the girl in the dream had a particular friend George whom the patient had never mentioned before, but she now recalled that she had been extra-:ordinarily attached to him from the age of 7. She played with him, ran after him, teased him: "He was the first, after my father". The friendship lasted until adolescence, when geographical distance put a stop to it. It was more than friendship: the patient said "When am I going to stop finding out about running after men? The more I find out, the guiltier I feel". Hypnotised, she said frankly that she had felt as a girl that she was in love with George; that she had never felt like that about anyone else except perhaps the writer. His mother had been a mother to her: she now realised that the baby in the dream had in fact been George's baby sister - George's mother's baby, though in the dream P. had possession of the baby, for which the other woman envied her. In the dream her stepmother closed the door to which the patient immediately associated "closing the door on my career, music or teaching". She added that the baby in the dream, it seemed to her, should have been George's baby, and that her step-:mother/

mother had upset her friendship with George's family. Two days later she recalled this hypnotic material, and with considerable emotion blamed her stepmother for upsetting this friendship, by denying her the chance of a career and thus separating her from George. It was pointed out to her that she had described George's family in the same way as she had earlier described the A. house-:hold - the attractive Bob, the motherly woman who is associated with her own mother or stepmother, the triangular situation with herself, and the resulting guilt. At this period she was suffering from morning sickness, which she herself accepted as connected with her now conscious wish for a pregnancy. At the same time her attit-:ude to Nurse Lang became much more hostile and she was constantly admitting paranoid suspicions that in some vague way or other the patient's husband or the present writer were in league with the Nurse against herself. But she was still extremely attached to the Nurse, and dreamed of being accused of homosexuality.

She had often before mentioned a boy Nelson who was friendly with her, not very long before her marriage. For the next week she spoke more about him than about any one else, and described his proposal, which she declined because of her family's opposition. Once again it was noticable how little he emerged as a real person from her description, though once again he appeared as one of a series of men on whom - one after the other - she had focussed all her emotions - for a time. For example, she said for the first time, and obviously meant it, that he was the man she should have married./

married. She dreamed that she was accused of being "another Ruth" - and suddenly remembered the following day that Ruth was the name of a woman who had to her childish mind, seemed over friendly with her father: she had resented this and had turned her father's head away from Ruth as the three sat together in a vehicle. A few hours after remembering this, she suddenly became agitated, and later tried to run out of the ward, so that heavy sedation was required. As usual, this phase of disturbed behaviour ended the following day and it was confirmed by the nursing staff and by herself that what had upset her was the unusual sight of the writer giving a woman a "lift" in his car. The gross abnormality of such jealousy gives some indication of her underlying attitude to her husband, which was for much of the time one of absurd jealousy and suspicion. When interviewed, she was still extremely indignant over this action of the writer's, which she thought had been deliberately intended to upset her. No inkling of the abnormality of this attitude entered her mind until it was pointed out calmly that the writer could, of course, take any passenger in his car that he wished, and that such matters were in no way whatsoever the concern of the patient. This remark had a very striking remark on P. - she was rendered speechless where only a minute before she had been ranting on in violent denunciation. Hypnotised, she ruminated in a rather bewildered way on these remarks. "He said it was no business of mine! - that's right! How did I not think of that? Why did I get into such a state?". Regressed to being a little girl with her father,/

father, she relived a scene where she was welcoming him back joy-fully after he had been absent, "You're going to your bed? - you're so tired? - I'll come in beside you? Here's Frieda - oh, to be washed. I'll come back then Dada, and sit on your bed. No? - you'll come and sit on mine - all right. Frieda! at times I do not like you! Here is my Dada - I want to go to him. Frieda said, Dada! - "some day when I get a husband this will cause all the trouble in the world!" Oh Dada, you shouldn't have told her that! you're wicked! you're laughing! - "please do not say these things to my child". Is it so unnatural that she should love her father?". This last incidentally is a good sample of her conversation in hypnotic reliving - her partial repetition of the remarks of the other party enable one to follow the conversation more easily than would otherwise be the case. In this same hypnotic session she was talking to her father about some place she had been to where she had seen black men and women: he told her that that was only a dream but she seemed to doubt this. On the day following this hypnotic session she was speaking of a dream in which a man had exposed himself to her: she said "Funny, I'd be more scared of a white man doing that than of a black - I don't know why". Here she embarked on a diatribe against colour prejudice. She did not remember the hypnotic material until the next day, and then confessed to what she admitted were visual hallucinations (with insight) of her father, and complained that the writer looked more like Owen than ever. She described the

disagreement/

disagreement between her father and the woman Frieda; the patient had kissed her father's shoulder, and Frieda protested, but P. had resented her father's rudeness to the woman. She remembered, as she had described while hypnotised, that her father used to count "1, 2, 3, 4," playfully in encouraging her to waste no time in preparing for sleep. As regards the black people, she insisted on the genuineness of this as a memory, "It was no dream - I remember! - little black children. I'm real daft now all right!" This last remark she did not really mean; in spite of the increasingly fantastic nature of her hypnotic "memories" she seemed to have no doubt of their validly. She went on to describe an incident which had happened in a country with a very hot climate where she had seen the black people "I was crawling into a tent and came up against some clothes and my nose was squashed" - she laughed - "so I crawled in the opposite side and saw a very black woman with a new born child. A white soldier came in and lifted me up. I remember my father in that place, he was very happy there, and laughed a lot". She described her father's uniform. She claimed, as before while hypnotised, to remember her father trying to pursuade her that her memories of that hot country were dreams. She was still quite sure however that they were not.

About this time she was speaking more naturally of her husband than ever before and referred to him constantly by his first name. She said one day that her feeling for her father was like the feeling one should have for a husband - "that you can't live without/

without him. I never put that in words before". Immediately after saying this, she complained of shooting pains in her head. That night she dreamed of a man consorting with a certain woman whom she had years ago suspected of being over friendly with her husband; the man seemed to be the writer until the end of the dream, where she was relieved to find that after all the writer was not the same as her husband. She dreamed of taking baby soap from her mother's handbag: the bag had an unusual clasp which only themother could open. Hypnotised, she discussed the dream. "She wouldn't let me see into the bag. She was going to have a baby". Asked to associate to "bag", she said "I remember that bag, but to me, a bag always reminds me of ..... my husband says I am the worst minded..... a bag always reminds me of the uterus". (Some say that it reminds many people of that) "No, just me". She had never been given any such interpretation, nor had she read Freudian literature.

She remembered, at first as usual while hypnotised, that when she was very small in Germany she had injured herself in the lip and also in the pubic area, on some barbed wire near the house. She felt that her father had put this wire up to keep her from going too far from the house. Obviously, though not so to the patient, no man would do that so that the whole "memory" is invalidated, and the writer's long standing doubts as to the validity of her hypnotic memories of early childhood became much more definite. It is now his opinion that many memories of this sort/

sort can best be understood as dreams even if they are genuine memories (cf. Case 1). It is a matter for regret that he did not perform the experiment of asking her to associate to these memories. This dream of injury to the vagina and mouth simultaneously might suggest a classical Freudian "upward displacement". When she was asked, the day following hypnosis, to associate to "bag", she said "I always think - you'll think I'm crazy, - I always think of the uterus. I was pregnant once and was trying to close a bag in the dream and couldn't, the clasp was always springing open: I said to myself "that's the pregnancy". It turned out to be an abortion - it was just mental worry from my husband". She repeated, as usual, all the associations she had already given under hypnosis, without remembering that she had done so. She had now, ofcourse, been long accustomed to the invasion of her mind, 2/3 days after each hypnotic session, by a large amount of material, and usually guessed therefore that such material had already been produced in hypnosis. In the hypnotic session just mentioned, incidentally, P. relived a recent conversation with a member of the staff, in which the latter discussed her domestic difficulties. These difficulties were known to the writer already. The patient gave her quite good advice.

Hypnotised, she relived a scene with her parents: her father was teasing her. She finally showed considerable irritation, and said to him scornfully "You can't feed babies - I asked Frieda. Stop laughing! - everybody is looking at you! look at him, Mummy, everyone's/

everyone's looking at him! Yes, I said that to her, I said "Dada used to feed me". Now you're both laughing. Frieda did not laugh; she was very angry. You! and you! - you should all be put to school! look at him! the water's running down his face! these two little things you have there, that's what I said to Frieda ach, stop laughing! look at Mummy - haha! - she can't stop! you did say that! the night I got hurt, I slept in my Dada's bed; she said "Spoiled!" I'm tired of you two laughing. I'm going to feed babies, I'll hit you for that! He did say that, when I was a very little baby sleeping - eating and getting fat - and when he came I was screaming and then he had to feed me - I told Frieda - she was very angry and said "He can't feed babies." I'll pull your hair - he said "Come on, baby, till I feed you". I'll kick him". She went on, without any intervention by the writer, to relive the incident when she was injured by the barbed wire. On being wakened, she immediately said to the writer "You were laughing at me all the time", and hit him. "Why did I do that? - daft". Next day she still mentioned that the writer had been laughing at her, but during the interview she remembered the hypnotic material. She now began to ask permission to go for walks with her husband.

At this time she began to speak of another boy, whom she had never mentioned before - Alan. She announced that the others she had mentioned were of no real importance: "just to fill in". She knew this boy from the age of 9. She said bitterly that he proved to be a weakling, he had given her up to marry another girl/

girl - "fur coats and jewellery " (a connection with a previous dream?) - "because his father had planned it for financial reasons." Before this, P. had been very friendly with him, and coitus had occurred - the only time before her marriage. On one important occasion P. met his future wife who was wearing a dress which the patient described as an "insipid shade of blue". She did not conceal her dislike for this girl. "That's why I always said it wasn't Owen who upset me" she said - astonishingly: - "it was after that". The boy Alan whom she blamed for the affair was the usual "type" - black hair, dark eyes. Later she met his wife again - "all furs and bangles". Hypnotised, she described the love affair in detail, and said that she had done so in a letter to another boy who was fond of her at the time. Asked why she did this, she said "I felt very guilty about it. I had to hurt someone, I was getting hurt so much at home at the time". At the end of the hypnotic session she insisted - in spite of the writer's denial - that she had often told him that she was jealous of her mother, and added "There's something I remember that I haven't told the doctor - I was going out one night to the wash place and saw them sleeping - she was in his arm - I went on - I could have - I felt like going and slapping both their faces". At this period she described her mother's nightgown as being "an insipid shade of blue" (v.sup.) She was expressing more frankly than ever her suspicions about her husband. Hehad unfortunately, but innocently, met with one woman whom thepatient particularly hated, and she had discovered this by chance. (It was true also that she had a remarkable/

remarkable knack of finding out such things). Of this molehill of fact she built a mountain of suspicion; in discussing it one day she became very upset and wanted to go out in the grounds; she made a great fuss over going to bed as was ordered, and boasted afterwards in a childish way of how difficult she had been. She became suspicious, - as she frankly admitted - of the writer because he did not agree with her interpretation of events. In spite of her fury with her husband for his alleged infidelity she showed a distinct improvement in her former excessively prudish attitude to him during his visits, but when she realised this, said that it would show him that he meant nothing to her at all. She naturally found that hard to reconcile with the anger she showed over his imagined infidelity. When the writer was about to induce hypnosis P. announced "I'm not going to talk". However she talked very freely as usual. While regressed to early childhood in this session she used stilted phrases as one might expect from someone speaking an unaccustomed tongue, or a language learned from others not accustomed to its use. For example she said "Remove the shells quickly!" This would have been more impressive if it had occurred in earlier hypnotic "regressions", whereas its appearance now cast more doubt in the reality of such regressions. Itis true that at no time did one detect the patient's usual adult local accent during these regressions, while her voice was very childlike, but an added element of doubt arose from the patient's use - again only in the later hypnotic sessions - of a guttural "r", and of "d" for "th".

The/

The absence of all these features in earlier sessions made one doubt the genuineness of their later appearance. It has already been mentioned that her knowledge of German geography, though considerable, revealed several contradictions. The husband incidentally at no time committed himself to belief in the validity of this material. He hadfrequently heard rumours of a German who had visited the home when P. was very young, and was impressed by the fact that P's appearance had often, throughout her life, been commented on by others as suggestive of non-British origin. But he pointed out that she did bear a close resemblance to one of her step-siblings.

One day she confessed to the writer that the only person she really hated was himself: "I don't really hate my husband". That night she dreamed of coitus with a succession of men who all wore the same clothes, beginning with her father - "everything was lovely" until she discovered who it was - she then screamed (in the dream) and pushed him away. The clothes were Owen's. The dream ended with her trying to escape from the writer - hitting him again and again. She admitted that in fact she wanted to get away from the writer, and had wanted to get away from her husband; she did not yet understand that the cases were similar: that the emotions she focussed on her husband had been so powerful that he had become an object of terror to her. But next day she threatened to pull her husband's hair out, in the same half joking manner in which she spoke of her father and of the writer. She said she hated/

hated the writer "because you've got everything I haven't got - it's funny I never thought of that before. I don't mean money". Hypnotised, she remembered the dream about coitus with her father, and for the first time said how horrifying it had been, that she had wanted to kill herself. (She had in fact redoubled her suicidal threats at this period). She said while hypnotised that the writer did not understand that when she hit him, or threatened to, what she really felt was that she wanted to kiss him. In the dream her dress was the one she wore while expecting her second baby, and she was leaning over the man as she had seen her mother lean over her father, even the bed was the same. The violence with which in the dream she had tried to escape reminded her, while hypnotised, of an occasion at home when she had pushed her husband away in terror at his proximity, and had tried to run out of the door. She now realised quite clearly the abnormality of this behaviour, as there had been nothing at all intrinsically upsetting in her husband's behaviour, which had been perfectly normal and natural. Her complete frigidity with her husband dated from this incident, which had been at the very beginning of her breakdown. She now realised that her attitude to men had always been abnormal, that she had never felt real love for any of them more than momentarily. She admitted also that her husband must in fact have considerable affection for her. She dreamed that night of coitus - in the dream she suddenly realised that it was a married man - "some other woman's husband" - she tried to strangle the man/

man because of this. The man appeared to be the writer. While recounting this dream she said-"it is me that's all wrong". She went on to say that in the dream the man had expressed his love for his mother and hatred for his father: he said that he associated with thepatient only as a substitute for his mother: the patient felt a fellow-feeling with him at these words. It was pointed out to her that in the dream she accused the man of an 'Oedipus' complex and nearly strangled him, but that in fact it was P. herself, as she had said, who once had been nearly strangled, and perhaps the "Oedipus" complex was similarly projected. P. had said to herself in the dream that the man's eyes were like her father's, so that it was time he was dead, and all men with that colouring and herself too.

She described again with real warmth how happy and pleasant had been her life with her husband initially. Another day she asked why it was that she now wanted to see her husband. She became depressed again on remembering that the death of her twins had not been her husband's fault as she had earlier claimed. Now indeed she blamed herself fornot eating enough during the pregnancy (fantasies or oral impregnations?) While being hypnotised she said "The light hurt my eyes - I can't see myself in the ash tray". At this point she was told, as usual, to speak out whatever came into her mind: she said-"there's too much light in my eyes - I can see myself in the lamp - I'm tired ofbeingon this table, through my own fault. I'm tired of this theatre - something cold to/

to drink". It became evident that she was reliving an illness in hospital following an abortion about 15 years ago. She said that no one knew the terrible thing in her mind, that she had felt she might kill her baby: he had been crying a great deal and she had felt unable to stand it when she realised she was pregnant again. Still hypnotised, she remembered a dream in which she drank a cup of clear fluid. She had not been able to make any association to this before hypnosis. Now she was asked what came into her mind about the colourless fluid; she answered "I don't know: You can't call it artificial insemination - spermatazoa is not the answer - that's stupid - how can it be the answer? she went on to talk of the woman as being the receiver (i.e., of seminal fluid). This was the clearest picture yet of conception in oral terms.

At this point her husband and she had discussed the possibility of her going home, but she seemed afraid ofher aggressive impulses with regard to her husband (not the children). She dreamed of triumphing over another woman, who was much chagrined, by winning as prize a nightdress. The more she showed it off, the more the other woman became enraged, But she gave it to the writer "for some one else". The associations led to her giving articles of the same colour to other women in thepast, which she had done for no apparent reason, other than an attempt to make restitution as the dream suggested. She now realised clearly that she had been delusional at times about Nurse Lang, but/

but these paranoid trends about other women were still obvious at times, she mentioned e.g., that another woman said "I might have another baby yet" just to annoy P. Hypnotised, she complained of her mother's lack of affection for her and said "it's madness, but I know now that when I was very small I'd rather have had him breast feed me than for her to do it". This wish presumably would explain her delusion that such a thing was possible, and once again perhaps the breast-penis identification is suggested. Still hypnotised, she recalled the turmoil of feelings she experienced as a child when she learned that another baby was expected by her mother, and her feeling of guilt when the child died. "Yet I wanted the baby - to nurse it". (But it would have been your mother who would have done that) "I never thought about that." It had only been recently that she mentioned this child at all, and as it was now known that a child which died at an early age had in fact been born to P's stepmother after her own birth, it seemed at least possible that the patient was referring to her mother, events which really concerned her stepmother. After this hypnotic session she said to the writer, immediately after waking "Get out of the room while I get up", and then apologised for confusing him with her husband. It was known that she had actually gone to these lengths of prudery with her husband in rising from bed in her nightdress, which, of course, she felt she was doing in the office (though in actual fact she was fully dressed and had merely to throw off a blanket and step on to the floor). She added/

added next day "something that will frighten you - I don't remember anything from leaving the office till I got to the ward". The idea of frightening the writer was as usual obviously far from unpleasant to her. She had dreamed of walking, holding someone's hand, in a blackout or fog; a dangerous sea was on her right; she was walking to a corner where she hoped to mingle with the people in the local street, the cheerful everyday noise of which she could hear on her left. She felt very happy in the dream but was longing to reach the corner which she would recognise by the wind which blew round it. In her hand she carried a framed picture, which she reversed so that the glass was against her side in case it might injure someone if she bumped into them in the dark. "It wouldn't matter if I got hurt". The picture was a portrait of her mother, but with the patient's mouth. Hypnotised, she associated to the mouth "could be - fond of good things; it could mean "fond of sex". My father kissed my mother on the mouth". The sea reminded her of her father and ofher husband, whose long periods

long periods away at sea had always upset her: it also made her think of suicide. The traffic, she said, meant "back into life again - I wanted to be among the traffic again". About the portrait, she said "With her eyes I could see places and things I couldn't see if I wasn't her: what do I want to see? I want to see my father, to cuddle him and hold him tight, for security". (What could you not see?) - She repeated her story of trying to follow her father into the bathroom, her curiosity about his anatomy having been aroused by the sight of a naked little boy. "I don't want to see anything like that now - that's what I was frightened of about nursing. I got no thrill out of intercourse with C, if that's any comfort to anyone". Next day she asked why she "didn't remember things now after being hypnotised?" It was explained that she had not been regressed for three weeks. She said that she had felt confused after the hypnotic session, and had a fantasy of reliving a pleasant period of her life - some twenty years earlier - which was so vivid that she had had difficulty in knowing which was reality and which fantasy: "Then it all came back, and I fell right down to earth". Asked again at this point why she knew only a few words of German, if, as she claimed, she had been born and brought up in Germany, she could could add nothing to her former explanation, which merely referred to her parents' desire that she should speak English, as they had intended to go to Britain later. The writer had earlier considered it possible that she might have forgotten the language, as occurred in the case cited by Wittels (1941). His patient completely forgot the Italian/

Italian language which he had spoken fluently at the age of 3 or 4.

She dreamed that she was making confession: there were two items of new material in this. One was her statement that if Owen had been her own age she would have been very much in love with him. The patient added "I don't think you could put that in my head when I was hypnotised". The second item was her confession that she had once, at the beginning of her last breakdown, sat motionless while her husband began to make love to her, with the idea of "waiting to see how far he would go" - and with a feeling in her mind that she wanted to kill him. Actually she interrupted matters by jumping up suddenly. She now realised very clearly how normal all his actions on that occasion had been, and how abnormal hers; but at the time she had thought his conduct showed him to be very evil. She admitted also, as she had done earlier when hypnotised, that she had had no satisfactory feelings about coitus with any man, and that she "got to the stage I thought my husband shouldn't have intercourse with me, I don't know why". Another night she dreamed of being in her bed along with a man who resembled the writer, a crowd of people outside were angrily chanting "my name - Winn, Winn, Winn,": above all the voices rose her husband's calling "Where's my wife?": she ran to the couch, in the dream, in the writer's office and lying on it covered herself with his coat "so that they would think it was you, not me". She particularly covered her legs in case her silk stockings might be seen. This reminded her of an incident

which/

which she had recounted earlier, while hypnotised: as a little girl she had hidden once under her father's coat when she was being told that her mother expected a baby. Perhaps a stimulus to the dream was that on the previous day an ENT Specialist had, naturally, sat on the edge of her bed while examining her. This had caused her some uneasiness but not to the extent that anyone noticed it - a considerable improvement on her former behaviour on such situations. She said that she felt now that she would like to go to Germany, or any where, with her husband - but not as a wife to him. (What sort of relationship then?) - "a brother - or a father. Funny, but we got on far better when there was nothing sexual". Hypnotised, she gave more details of the "confession" dream, e.g., she confessed in it that when she pushed men away from her it was herself, her own feelings, that she feared - and not the men, because she desired them, and yet feared her desire. When intercourse had occurred she had felt herself to have been "searching for something that was not there". She now felt that if she had a baby to the writer she would be cured: she realised that this feeling was irrational. She had confessed also that she ran from Owen because she was fond of him and even that she had loved her father very much and "wanted to sleep with him" but in what sense she did not know. She was asked, still hypnotised, to associate to her husband's question "where's my wife? - she said "after I came here he said that Nurse Todd had gained a friend and that he'd lost his wife". Hypnotised or not, the patient did not accept the interpretation - surely fairly obvious - that she was concealing her love for/

for some man by pretending to be that man herself. One did not remind her that she had said, in a moment of crisis a month earlier "I'm living in my father". She indignantly denied, while hypnotised, the tentative suggestion that she was in fact identifying herself with men. It is interesting to note that in the dream she was called by her surname, as if she was a man: she had, in fact, manoeuvred certain patients into addressing her in that manner. After she had been wakened from hypnosis, she was left sitting - wide awake - in the office for about 15 minutes. On returning, the writer found her lying on the couch. She got up when told to, taking her cigarettes from under the cushion as she did so, but did not look fully awake. The writer began to count from 1 to 5 as usual with the suggestion that she should waken. She said "No, you say that when I'm going to sleep". In fact, the method used in induction in this well trained patient had always been to count from 1 to 10, with the suggestion that she sleep deeply. She looked at the clock and said that it was nearly 8 o'clock. It would have been if the hands had been reversed - in fact it was 11.40. No further attempt was made to "waken" her; in the afternoon she complained that the patients were all talking to themselves, said that she had been admitted that day, and added - unnecessarily - that she did not know the writer, except that he had brought her here. Next day she still had a gross amnesia for a period beginning on the date of admission 5 years earlier, but gave the correct date and recited the names of the medical staff, making it unnecessarily obvious as she did so that she had learned those names and dates/

dates by rote. When her parents were mentioned she said that she did not talk about them. (Your father?) "I never thought of him". She spontaneously recalled that she had developed periods of amnesia previously - one such period many years ago had lasted two weeks. The writer wrote to the patient's husband advising him that she had "lost her memory": that he believed that she would recover it quite soon: that, however, he doubted whether she would be able to give up her fantasies in view of the fact that she was still able to resort to such gross repression. Next day as expected she suddenly and fully recovered her memory. She said spontaneously "I just conveniently put all that from my memory". On the following day she repeated in the usual manner the association already given in hypnosis to the dream which the writer now interpreted as representing her escape from relations with men into friendship as a man with Nurse Todd and other women. She immediately said "I feel as if you were walking along a thread which my head holds up, supporting you on iy: I feel that you are getting closer every day, like a tight-rope walker, I must be mad, I can tell when you're on the rope - something is getting pulled from my mind - I don't want it pulled. Sometimes I hope you'll slip".

One was left with a strong impression that her amnesia, though not feigned, was produced as it were at a rather superficial level. Some of her behaviour while she was amnesic left an impression of being slightly over acted. On another occasion, after being wakened from hypnosis, she happened to say that "today is Monday", and when the writer thoughtlessly agreed/

agreed and then immediately corrected himself by saying that it was Tuesday, P without a second's delay pounced on this slip and accused the writer of "trying to muddle me up". The triumph in her voice at this coup could not be concealed; it was much more evident than any note of real reproach. One felt that one motive for the development of the amnesia was to punish either the writer or her husband (or both) - the former probably among many other things for his unpleasant interpretation, and the latter for his failure to visit her as he had promised on the day before the hypnotic session. She wrote a note to the writer that day about this very matter of the visit. However apart from such motives, however, and from the fact that chance provided her at this time with an opportunity to relapse after hypnosis into that peculiar "self hypnotised" state of amnesia, it does seem to the present writer that intelligent people resort to such grossly hysterical symptoms "only when they are in a tight corner", as Ross (1941) wrote of somewhat similar situations in which malingering occurred.

She dreamed of struggling with the writer in an attempt to run away from the hospital: in the dream she asked him "Is your strength from golf clubs or from using a pen?" - she was annoyed at his superior strength and said she liked to see men play golf, adding "or women too" as an afterthought. (Further evidence of envy of men?) Hypnotised, she recalled that in the confessional dream she had admitted that she did not love her mother properly until her death (also that she hated her father for leaving her and took pleasure in being unpleasant to men who reminded her of him).

Then/

Then one day she realised, she said, that her mother was not there to order her about: "I felt happy about it and then something happened - I screamed the place down for her, wanting her, my father could do nothing. I felt that day, the day after she died, as if I had been wishing her out of the way, and I hadn't really". While hypnotised, she said for the first time that she had been very fond of Owen and that when she had made love to her she had experienced not only fear but also a thrill of excitement: she felt that in some vague way this was connected with her father. She was now much less paranoid about her husband and his alleged relations with other women. Two days later she was repeating not only the material of this hypnotic session, as was usual, but also much of that of the last. She dreamed of lying on sand as a child beside her father: in the dream she was wakened by a chill wind and found only her own imprint on the sand - not her father's. One wonders whether the cold wind was that of reality (cf. the earlier dream in which she was to recognise the corner which led back to everyday life by the wind which blew round it). It seems that this was the point at which P came nearest to admitting that her German "father" was merely a fantasy, a dream, who did not even have an imprint on the sand. About this time, she said while hypnotised that the writer - referred to (as always in hypnosis) in the third person - ought to know that she would not carry out her threats of suicide.

Hypnotised, she was ruminating about the strange feeling she sometimes/

sometimes had when looking at a full moon - a feeling of loneliness, of wanting to be alone, no matter who was with her. She suddenly said "Renunciation, that's the word, - that's the feeling". Moonlight had reminded her earlier of a feeling she had experienced when as a small child she had seen by moonlight her parents kissing - she had felt "shut out", excluded. It reminded her also of the night on which her first miscarriage had occurred. She insisted that her father had in connection with the early episode said to her next day "I'm sorry". This of course was absurd, but the patient did not realise it. Her associations to "moonlight" would seem to suggest that she had renounced feminity and the possibility of pregnancy because of guilty feelings which had arisen in a triangular situation with her parents. She dreamed that after coitus with an unidentified man she could not convince herself that it had not been her father.

The patient had lately been increasingly upset because she knew that the writer had to be absent on holiday for 10 days. On the eve of this holiday she reported a dream:

"She was ill after drinking Lysol and the Doctor had told her frankly she had 5 weeks to live. Lysol reminded her of a certain woman who killed herself because her son had been killed. This woman's son-in-law years later had told his wife that she had seen the patient standing on the river bank (a suicidal gesture).

In spite of this dream, which contained at least 5 references to suicide, the patient was not grossly upset during the interruption of treatment. She had now been treated for 11 months and it seemed doubtful whether/

whether further treatment was justified. If much further exploration of her mind was attempted it would have to be on the lines of classical analysis for which the writer was not trained, with the risk of increasing involvement in masses of material but without any guarantee that such measures would benefit her: Indeed there seemed to be a consider: :able risk that she might even become worse. When the position at the beginning of the holiday was compared with her state before treatment, it was seen that all her phobias had improved very considerably. She was much less paranoid, much less suspicious, and very much less withdrawn. It was clear however that she was still deeply involved in fantasy. She contin: :ued to produce memories of her life in Germany with her parents but one had become increasingly suspicious of all such memories in her case and felt that even these parents were probably the production of fantasy. Very tentative hints in that direction had always been rejected by the patient, who had however found some discrepancies in her account of things rather hard to explain. Now for the first time it was possible to interview her stepsister Edith. Her physical resemblance to P was marked enough to suggest in itself a blood-relationship, and she had no doubt whatsoever that the relationship between them was in fact that of two sisters. She was equally confident, in spite of the scattering of the family, that the patient had at no time been abroad. On the other hand she confirmed the patient's account of her "step"-family and was far more definite than the patient had been about the responsibility of Owen for Nora's/

Nora's baby. She was aware of the patient's improvement (though she had not met her for years) and had made tentative arrangements to have P live with her, as she doubted whether the change in P's attitude to her husband was really sufficient to enable them even to live together in the same house, so complete had been their estrangement in the past. On this last question, the attitude of the patient was not really clear. What was clear was that she was attached to the hospital or that to various people working in it. It was natural in view of the transference that she should depend on the writer, but to a far greater extent than she would admit she had also become attached to Nurse Lang, and much of her protestation about her own instability seemed to the writer to be based really on her refusal to give up these attachments. When therefore interviews were resumed it was on a tentative basis. The possible disposals comprised discharge to her own home, and perhaps if necessary eventually to that of her sister, whom however she had always disliked - regarding her as a cold stepsister or rejecting mother who had scarcely treated her as one of the family. An alternative was voluntary admission to a mental hospital. It is doubtful whether the patient seriously considered this step, though later when the question of breaking off treatment became really acute, causing another brief psychotic storm, she became afraid that she might be certified, as she could not decide whether to go home or to stay.

She had been upset because after a male doctor had touched her neck one day she continued at intervals to "feel" his touch there, as it were/

were. She felt almost soiled by this persistent sensation. That night she dreamed of arranging to sleep with the writer, who seemed to have taken it for granted that she had meant "sleep with" as a euphemism for coitus. This was not the case, and as in the dream she reflected on her innocence and fell asleep - much to the writer's chagrin - she experienced a great happiness and knew that the "touch" on her neck would now disappear. This was interpreted to her as an admission that the touch was soiling because it represented the fulfilment of Oedipus wishes, the denial of which in the dream would abolish the guilty feelings aroused by the touch. She dreamed that in her own mind she admitted that she wanted 4 children to her father, Owen, her husband and the writer: the dream ended with the feeling that she never wanted to see any of the 4 men again. This dream seemed to her to represent her running away from men because they represented her guilty love for her father. She spoke much of the guilt she had felt regarding her association with A, particularly as his wife had always been so kind to her, suspecting nothing. At that time, of course, there had been nothing to suspect except for the patient's own feelings, for no association with A had occurred until long after the wife's death. She complained frequently of the great change which had come over her since early childhood: then she seemed to love everyone but latterly, she now realised, she had tended to hate everyone: She wished to get back to the old happy days. Hypnotised, she ruminated over the last two dreams, and said "I didn't want to sleep with my father in that way: it was my mother's husband". To the present writer, this seems to point to the strongest barrier against incest - the fact that it involves/

involves displacing a parent to whom so much is owed. As she was being wakened from hypnosis on the count of five, she moved suddenly - as the number "three" was reached - and jumped out of bed, saying she "must get away". As in previous episodes of this sort, she was largely out of touch with her surroundings. On this occasion she looked out of the window and watched someone pass - she said it was David, and it was obvious that she was reliving "the old happy days". The writer said, as she left with a nurse to go to the ward, that she would have a sleep and waken with her memory restored. She did in fact go to sleep, and awoke that afternoon with her memory and orientation normal once more, though she was rather upset to realise that she had been talking in the ward of her life as a child with David and the others, and had made some allusions to incidents of that period which she would not normally have mentioned. She blamed the writer for this - not unreasonably, as it was he who decided to continue the use of hypnosis, and there were some welcome signs of regard for her husband albeit on the grudging lines of "bad and all as he is, he wouldn't have....." etc. Two days later however she had developed amnesia again. On this occasion, not surprisingly, it involved her husband - she could not remember what he or her children looked like. She could recall the "step"-brothers and -sisters clearly, but had evidently withdrawn further into the German fantasy. This had developed along significant lines - she "remembered" being told by her mother of the latter's childhood, spent among hills inhabited by dangerous men; to be safe there, one had to stay in the vicinity of the home. One thought that this probably reflected P's

own/

own attitudes to the outside world (particularly to men) on the one hand, and to the security of the hospital on the other. She said that on the previous night "she seemed to hear" a man's voice - "I thought of it as my father's voice, but it can't be possible as he died when I was a little girl. Am I insane?" It was noticeable that in spite of the amnesia and some confusion she now referred to David by the name had had always been known by, whereas until now she had used a particular contraction of her own. Next day her confusion and two days later the amnesia, had cleared up completely. She allowed her husband to kiss her and was not upset when he did so. She suggested hypnosis but it was pointed out to her that since her last hypnotic session she had twice developed amnesias and confusion, and the opportunity was taken of raising more definitely than ever before the question of terminating the entire treatment. She dreamed that she was at home, living with her husband, and feeling sorry for him; she "had what I always wanted - a little room of my own. My daughter's in it now - but I used to go in there, and shut the door, and think. In the dream, no one could come in if I didn't ask them. I felt confident with none of that terrible fear I used to have". The reason for her sympathy with her husband in the dream was that she was, as she said, torturing him by sitting in the little room (which he could enter only with her permission), and laughing and whispering to the writer; she added with an inconsequence more apparent than real that her husband was sick to death of hearing her favourite record "Oh My Beloved Father". The writer interpreted the "little room" as the patient's/

patient's own mind - she immediately said "How did you know? - that's what I was thinking about just now". The fact that it was her husband's daughter's room which she occupied was also pointed out. After announcing that she would not tolerate any resumption of marital relations when (!) she went home, she associated to the dream a certain girl who had jumped out of a window to escape her father; the latter - a psychotic - had made some sort of sexual advance to her. The patient's attention was drawn to this juxtaposition of ideas. On the following day, psychotherapy was definitely stopped. The patient, as was expected, became restless and later rather confused. When it was suggested that she should go to bed, she complied. Somnifaine was administered and continued thrice daily: she developed some degree of toxic confusion which reached its height one day when she looked over the writer's shoulder and obviously experienced a visual hallucination of her "father". Talking one day to a woman, the mentioned the latter's little girl and added unnecessarily "I wouldn't take her away from you". On the following day she told the writer "I know what's been wrong with me - I wanted that baby of my mother's to die because I was jealous of her and my mother". After the somnifaine had been at first gradually, and finally - two weeks after its commencement - completely withdrawn, she was perfectly lucid and was in no way amnesic (except, naturally, for the period in which somnifaine dosage was greatest), and made arrangements to go home.

On her return home a week later she again became confused - apparently in much the same way as during her amnesic periods in hospital - but, as before, recovered very quickly. She telephoned the writer soon after her discharge/

discharge and said that she found it difficult to go far from her home because she was still frightened of this traffic. This was true as regards travelling in buses and trams, which she found quite impossible (she had gone home in a taxi), but a little later her husband reported that she showed no unusual concern in crossing the streets - even the busy main roads not far from her home. What she could not do was to go more than a few hundred yards from the house, but this was enough to allow her access to all the local shopping area. (She still refused to enter a cinema). She very quickly settled down as a housewife, and looked after her husband and two children very well indeed. Before leaving hospital she had made it clear that she would not resume a marital relationship, nor did she. A few months later she informed the writer by telephone that she had discovered that hus husband had become involved with another woman while P had been in hospital. The writer paid little attention though he was disappointed to learn that she seemed to be slipping back into her old paranoid jealousies. However the husband admitted to the writer that this time there was some basis for her suspicion; he could not have done otherwise because the patient did what she had frequently failed to do before when challenged by the writer - she produced concrete evidence, in the form of letters. The patient used this unfortunate occurrence to dominate her husband - she berated him if he went out of an evening more than occasionally. However this situation improved considerably with time. When he was ill she looked after him very well.

Two years later after her discharge the writer visited the home and found it a typical artisan's household. It was clear that the patient was

a/

a good housewife, and a good hostess. Relations between her husband and herself were friendly, in spite no doubt of persistent suspicions in her mind. When first seen by the writer in hospital this patient had been heavily built and considerably overweight, but during the early months of treatment this had corrected itself and she became much more graceful and feminine in her appearance and carriage: these changes persisted after discharge.

3½ years after her discharge no further significant psychological change had occurred. The patient's bodily health had on the whole remained satisfactory, as it had been in hospital. There had however been one illness characterised by abdominal pain, and she was admitted to a general hospital for investigation. (Her behaviour there incidentally was perfectly normal). She had had similar attacks in the past, though not during her 5½ years in hospital: whether these were definitely organic in origin is unknown - the investigation referred to proving inconclusive.

COMMENT

1. Treatment was carried on for 12 months. Hypnosis was used much less frequently than in case 1 and after the first month was employed only once or twice during the next four months. Thereafter its use was resumed, because progress had become noticeably retarded. The patient was usually hypnotised at the beginning of each week as this gave time for the emergence into waking consciousness of the hypnotic material - the interval usually proving to be 1-3 days - and avoided any possibility of the patient becoming upset at the weekends by traumatic material.

Hypnosis/

Hypnosis was discarded a month before treatment was concluded because of the troublesome periods of amnesia which latterly more than once followed its use.

2. The amnesia for hypnotic material which was always induced did not, it will be observed, prevent its emerging into consciousness a few days later. This was the experience of Lindner (1945 a b c), who uses hypnosis only occasionally (at periods of resistance not arising from the transference). In Case 1, the writer did not find it necessary to use this technique as no severely traumatic material was produced in any one hypnotic session. Lindner (e.g. ibid) regards this re-emergence of hypnotic material as proof that such material is "memorially valid". If this phrase means that such re-emergence proves that the patient had in the past undergone the experiences which appear as memories during hypnosis, then the present writer disagrees, for it was by no means so in the case of P. This patient was, one considers, best described as suffering from an hysterical psychosis: that seems a better description than schizophrenia. At any rate, if it is agreed that she was psychotic, the apparent discrepancy between her case and the patients described by Lindner (1945 a b c) - hysteria, psychopathic personality, etc. - may perhaps be resolved, for the writer sees no reason to expect that a psychotic will necessarily react in the same way as a neurotic or a psychopath.

3. The Public Health Department of the local authority concerned very kindly - and very efficiently - produced a full record of the Williams family, including/

including dates of births, deaths, marriages and changes in social circumstances. It was thus confirmed that the patient was $2\frac{1}{2}$ when her father - Mr. Williams - died, and the details of employment of her father and her siblings given by the patient were correct. So also was her story of the dispersal of the family when she was seven: at that time, as she claimed, all the surviving children excepted herself were removed to various homes (to return seven years later). This was because of the mother's deficiencies - alcoholic and otherwise; she was allowed to retain P however. This diaspora, and the unexpected reunion with the siblings many years later, would have baffled many a normal child. It is likely e.g., that the neighbours did say - as she claimed - that these were not her siblings at all; and that her mother said - as she claimed - "I didn't need to have you here". Of considerable interest is the confirmation that there was a child (a boy) born two years after her, who died in infancy; for this was no doubt the origin of her belief that her "mother" in Germany bore - and lost - a baby while the patient was still very small.

It would be a fascinating study similarly to trace the origin of the other elements of this complex Germanfantasy (for such of course it is finally proved by these records to be). Why Germany? - the likeliest answer would seem to be the memory of a native of that country who used to visit the house when she was very small (as the patient's husband had recorded). What his colouring was is a matter for conjecture and perhaps of no importance: The patient seemed in such desperate need of a father-figure that she formed with great rapidity the most intense transference reactions/

reactions with anyone available for that role, and the writer's colouring might have formed the basis for a host of distorted memories of the appearance of this person and that in the past. It always seemed unlikely that the writer's colouring - unusual locally - should have been encountered so frequently by the patient. The fairhaired Nurse Todd and the blond woman Doctor working in the hospital at the time might have provided a similar basis for her description of her "mother"; while Mrs. A's illness and death were apparently transferred to the fantasied mother. The names and personalities of the remainder of "the cast" in her fantasy have in no case been successfully traced by the writer, who wonders whether they do not - as in a dream - represent split-off portions of P's personality. Might not the disapproving moralist Frieda, for example, be understood as such? - while the figure of the little boy may have been useful to this patient as an outlet for her strong masculine identifications. Jan - the fat young woman who has her mother's baby - (sometimes, P said by mistake, "Jan's baby") might have an obvious significance. The four steps of the ward perhaps explain the four steps of the German house. Her fear of leaving the hospital became her "mother's" fear of leaving the house. The death of her "mother" might be a dramatisation of the Oedipus situation, or the product of aggression arising even earlier - she clearly felt, and with justice, that her real mother had failed her. It would then become more than ever important for her to have a dependable fatherfigure: but she lost her father also, when she was only $2\frac{1}{2}$ (- and so her "father" deserted her?). Her insistence that she loved her "father" more than her "mother" served to conceal very strong homosexual trends. In her fantasy she actually made him apologise to her for making love to her mother!

It/

It may be suggested as was done in a psycho-analytic review of Lindner's (1945 c) case, that the therapist instilled into the patient's mind during hypnosis material which afterwards emerged with only apparent spontaneity. One is in no doubt that this must have frequently occurred in such a suggestible and disorganised personality as P's. Brenman (1949) cites as one type of hypnotic dream that formedd by the patient elaborating a remark of the therapist in order to please him, and as the infantile "memories" of this patient were really dreams - and often hypnotic dreams - one could expect some of them to originate in this way; examples will have been recognised in the text already. But the Oedipus "memory" of the early hypnotic session ("Dada would be the father of my baby") surprised the writer by its unexpectedness, while the tremendous and indeed psychotic storm of emotion which immediately followed on this "memory", and which was so clearly associated

associated with it, would scarcely have occurred if the latter had been fabricated merely in order to please the therapist. Fabricated it was, of course: but as part of an immense and coherent fantasy which reflected her relations with her real parents and siblings: in that sense it was "memorially valid" and so was every other element of her German fantasy. But the same could be said about the delusions and hallucinations of this-or any other - functional psychosis. Thus, years before her treatment, she had a delusion based on the persistence of a historical wish of infancy which had been repressed, that her husband was attempting fellatio with her, while at a time when fantasies of fellatio were emerging under treatment, she "remembered that her "father" breast-fed her. Indeed the case offered some support for the theory, Eg. Freud (1938) that hallucinations are based on real memories, for in some cases her hallucinations become indistinguishable from her pseudo-memories, the origin of which in some cases is found to lie in real episodes with the setting and personnel altered to those of fantasy.

An example of this last is the series of events at the time of the traumatic hypnotic session.

1. Before this session the patient was kept waiting while the writer interviewed another woman patient - Miss Brown - whose morals were notoriously lax in sexual matters.

The events during hypnosis occurred in the following order.

2. "Reliving bathing as a child, wearing only shoes, in "father's presence.
3. Anger and weeping because "father" was "away - kissing "mother"."
4. Asked to describe parents' sleeping arrangements, P. says they share a bed. "I can go between!" she adds happily.
5. She prefers a baby to a doll which cannot talk - Jan's mother's baby - whom she calls "Jan's baby".
6./

6. P. names her "father" as father of her fantasied child.
7. Her "real" baby brother has a penis.
8. Voyeurism concerning "father's" penis.
9. Her (real) brother Owen is looking at her undressed.
10. A boy brings milk to her mother.
11. This boy has not to look at P. undressed.
12. The writer has perhaps an illicit association with Miss Brown. Suspicion, anger.
13. Two days after hypnosis - P. boasts that her breasts are not pendulous: other women notice this with respect.
14. 9 days after hypnosis - she at lasts remembers the real episode in which as a child she was frightened by finding a man making love to her mother: she becomes the instrument of the mother's punishment by the authorities for such conduct.

It is suggested that one significant trend in this series of events is that after thepatient is annoyed by the success of her rival - Miss Brown - in gaining the therapist's attention, she describes in hypnosis a triangular situation with herfantasied parents, admitting Oedipus wishes in that context. The voyeurism apparent in that connection reappears in the association with her real father figure - Owen; only to be repudiated. But she remembers the real incident which is relevant - her waking as a child to find her real mother with a man: this memory however, is 9 days late in emerging and is not accompanied by an admission of rivalry with the mother.

Thus an occurrence in the transference situation stimulates the emergence of a pseudo - memory which only later is followed by the relevant genuine memory. Only in connection with the pseudo-memory are Oedipus wishes admitted.

Another trend shown in the above series is mentioned incidentaly - that is the succession: "I want a baby to my (fantasied) father: the baby boy has a penis, like the "father": (this discovery concerns both the fantasied and the real boy): I want to see the "father's" penis: the real father figure is not to see me: themale who brings milk (seminal fluid?) to the "mother" is not to see me: I myself have a penis (erect breast) which attracts women - I am not a woman - I am a man - I am the father."

This last equation had its counter-parts in her pseudo-memory of hiding under her "father's" jacket to conceal her mixed feelings about her "mother's " pregnancy; in the explanatory dream in which she/

she hid similarly from the flies associated with pregnancy and with her "father"; in the later dream in which she impersonated the writer, concealing - under his coat - particularly her feminine silk stockingsin order to escape the guilt associated with relations as a woman with men. The particular equation of breast with penis had its counterparts in many hallucinations: one quoted in the text occurred many years before her treatment when she "heard" her husband make a remark which signified his recognition of her breast as being a discharging penis. The patient's pseudo-memory of her sojourn in a country peopled by negroes is conceivably related to anal material: black people are better than white: a black man exposing himself is less frightening than a white doing so - does that mean that one avoids the dangers oflater developmental stages by anal regression, i.e. by retreating to the country of the blacks?

Other details of the "portrait" of her "father" seems to be borrowed from different sources - e.g., the clothing was that of Owen who indeed - 17 years older than herself - was entitled to rank very highly in the hierarchy of father-figures. From him too, one might guess, is derived the father's musicianship and perhaps his fondness for a drink. But not enough is known of her real father to make such speculation worth while. That she said that her two fathers were "like brothers" and even worked at the same job for a while would suggest that one was largely her model for theother. It is doubtful to what extent she recalled her father: at one point, as has been noted, she realised that one man whom/

whom she had recalled as her father was in fact not married to her mother, though they lived together. (Her sister confirmed that in fact the mother did live with other men after her husband's death). the name of her "father" appears to be derived from theinitials of a medical student mentioned in the text.

At theheart of the whole two-world system of this patient - "this world - my world" (to use thepatient's phrases), Britain - Germany, parents - "parents", lies the duplication ofherself. The reader will remeber that she claimed that the Williams had a little girl two years older than herself, i.e. than her German self, whose first and middle names were a transposition of her own "because her father called her after my mother, for whom I was named". There was in fact a sister two years older than herself, but this girl - as P. knew - was over 30 when she died. Her name bore no relation to P's. P. had claimed that the fantasied child had died before thepatient's arrival in Britain.

Apart from such attempts at explaining the details of the fantasy there remains the question of the function of the fantasy as a whole: when, why and how did it arise. The long dream of the pyramid leading to Heaven appears to refer to thefantasy. This dream began with her "father's" hands lifting her - aged 3 to 4 - from the ground, where she had been playing with other children (reality?) on to the pyramid (fantasy?). Harriman (1942) states that hypnosis may effect a spontaneous re-arousal in the adult of the imaginary playmate so many have "had" as children,/

children, the commonest age being - he writes - that of 4 to 5 years (cf. age 3 to 4, at which P. was first put on the pyramid). He adds that such a re-arousal may also be effected (1) by hypnotic regression to the appropriate age:(2) by conditioning (in hypnosis) to a stimulus which then effects the personality alteration: (3) by waking suggestion: (4) He found two subjects who- while bored - entered a deep trance without any verbal suggest-;ions whatsoever: they then accepted the mere reversal of a pencil in his hand as a signal of the appearance of the "alter ego". One, having talked spontaneously of an imaginary playmate she had "had" at age 3, accepted a fortuitous remark about "W" (double-you) as a signal for resynthesis of the personality. The other lost her personal identity and identified herself completely with herreal playmate of thepast, whom she envied: she accepted the re-reversal of thepencil as a signal for resynthesis with amnesia for the trance. Harriman's (1942) enquiries revealed no psychological abnormality in this girl: she was however interested in amateur dramatics.

There does seem to be a parallel between Harriman's second subject - who identified herself in a trance with her envied playmate of the past, and P. - who identified herself, apparently from theusual age, with theother personality of her fantasy. A similar case is described by Davis (1950) whose patient, in a fugue, identified himself with the hero of a novel which he was writing. Davis (ibid) similarly points to correspondences between the situation in the novel-fantasy and thepatient's situation/

situation and problems in the fantasy. It seems to the present writer that such a process does not need to be carried much further to become frankly schizophrenic. An example is the schizophrenic - a native of Scotland - who was a patient in a mental hospital in N.Z. Asked whether he was homesick for Scotland, he told the writer "I'm in Scotland half the time": his fantasy had delusional strength. Davis' (1950) patient presented many schizophrenic features. As regards P. it is clear that the highly unsatisfactory state of affairs which obtained in the household when thepatient was a very young child would favour a retreat into a fantasy in which she endowed herself with parents who were kind, loving, attentive, talented, handsome and romantic, to replace her dead father and her alcoholic and negligent mother; while at one stroke she removed from the scene all her siblings (one of her earliest memories was that of Edith putting her out of the house) and substituted for the squalid city streets the sunshine and snow of Germany. It is not known when the fantasy first appeared, though reasons are given above for suggesting that it was probably about the age of 3 or 4, but in the pseudo-memory she was told of her foreign origin immediately after the discovery of the alleged incestuous relations between Owen - already so significant to her - and her sister, who was in fact pregnant. Apparently then, at that time the retreat into fantasy was accelerated, and this may have been connected with the emotional stirrings of puberty. Certainly one purpose served by the further retreat into fantasy at/

at this time was that it enabled her to dissociate herself from the family now found to be tainted with incest and in particular from that member of it - Owen - who was on the one hand the contemporary object of her Oedipus wishes, while on theother hand he was the very person accused of incest.

It is interesting to note the extent to which this fantasy possessed psychological reality for the patient. It was sufficient to produce hallucinations (before her treatment) in which people appeared to refer to her contemptuously as a foreigner. She was, of course "alienated" so completely from the real world - which often looked quite unreal to her - that even in pseudos-memories of Germany she was called "a little foreigner" by a German doctor. It seems that it is this sense of alienation, of being "shut out", which caused her anger when she was excluded from the conversation in Gaelic between the writer and a woman patient, and that this incident in turn played a part in stimulating the similar pseudo-memory concerning the German language. But the most dramatic evidence of thevalidity - to her - of the fantasy is to be found in the occurrence of a psychotic outburst, and in the type ofmaterial produced in it, following immediately on the hypnotic session in which she confessed frankly to Oedipus wishes directed towards her fantasied father.

One or two features of P's reactions to hypnosis are worthy of comment, for example the spontaneous hallucinations which she said/

said wakened her from the first hypnotic session. Schneck (1950 c) states that spontaneous hallucinations during hypnosis are very rare - in the case cited by him they were auditory: the voice of thepatient's mother accompanied that of the hypnotist with whom the mother was identified in the transference. In P's case the hallucination was auditory, but inanimate - she heard the metallic clang which usually wakened her in the morning. Presumably she heard it because she was awakening (rather than vice versa, as she believed): if so, the reason for her spontaneous wakening is unknown: it never occurred again. Soon afterwards there occurred nocturnal hallucinations, which might be regarded as post-hypnotic in that it consisted of the hypnotist's voice saying "Sleep, sleep" - he had, of course given suggestions of sleep in inducing hypnosis while during hypnosis he had given suggestions of sound nocturnal sleep, though not precisely in the words she later hallucinated. This nocturnal "voice" (with insight) for that matter might be regarded as another example of spontaneous hallucination in hypnosis if the theory is adopted that post-hypnotic phenomena, however brief, always involves re-entry at least momentarily into the hypnotic state. Erickson (1941), and Dejerine and Gauckler (1915) are among those who favour this theory: Jolowicz (1947) considers that in the operation of some post-hypnotic suggestions at least, one is on the borderland of simulation. But the whole question is complicated in Case 2 by the fact that spontaneous hallucinations occurred/

occurred (sometimes without insight) long before she was ever hypnotised at all. The author has known several more stable patients (e.g. Case 1) who induced sleep at night by deliberately imagining thevoice of the hypnotist telling them to sleep, but the result did not reach hallucinatory intensity. Case T "heard" excerpts of "Eine Kleine Nacht-Musik" in an early hypnotic session.

A psychomatic phenomenon of some interest was the appearance after the first hypnotic session of an angio-neurotic rash in the skin over that part of the body which thepatient had felt to be heavy in response to suggestions during hypnotic induction. Needles (1943) states that Forel believed that wheals could be induced by suggestion in some persons. The only suggestionsused in P's case were those of heaviness, warmth and comfort. Doupe Miller and Keller (1939) found no evidence that hypnosis itself, or suggestions of heat or cold, could modify the state of digital circulation except in association with induced emotional stimuli.

One result of the B.B.C.'s contribution to the revival of interest in hypnosis - a serial play involving the murders of some scores of persons by the criminal use of hypnotic suggestion - was an immediate marked increase in the patient's anxiety about hypnosis. She continued however to agree to its use.

Other features of hypnosis included the use made of adventitious sounds in the office in the patient's "reliving" of past experience. One example was that while "watching" Jan doing housework/

housework she reacted to a crash in the hospital ward by saying "She's dropped thebrushes": another was that a crude two-finger performance on the ward piano became in her regression an exquisite rendering of the Indian Love Lyrics.

There is perhaps no particular reason to doubt the reality of some of her regressions apart from the remarks about such regressions and childhood memories in general which have been advanced by the writer concerning e.g. Case 1. Incidentally the first such regression, directed by the writer to her first day at school, was focussed by the patient on the fact that she had no father. The second regression (in the same hypnotic session), directed by the writer to a time at which her father was with her, was focussed by her on her fantasied father and on the fact that her "mother" was absent. This isin accord with the writer's thesis that such memories and relivings - whether true as in the first regression or false as in the second - are selected by the patient be-:cause of some particular psychological significance and may in that sense be regarded as dreams. Another feature common in cases treated by hypno-therapy is the nature of the first few dreams. Thus, a dream occurred on the night immediately preceding the day on which - it had been agreed a month earlier - the writer intended to induce hypnosis for the first time. In this dream P looked on, motionless - and blaming herself for her cowardice, while a man (who appeared to be the writer) sexually assaulted another woman. This dream expresses "in a nutshell" several of her main problems. For/

For example, her refusal to inform the family of Owen's advances to her meant that Nora, unwarned, yielded to Owen and became pregnant. At a deeper level, P's ambivalent attitude to men may be represented by her refusal to make any attempts to stop the assault, and by her feeling that she should do so. Similarly important themes were stated in the first induced nocturnal dream (concerning her safety with her "father" in a car, while someone said "dead baby") and in the first induced dream during hypnosis (in which a doctor told her that all her gynaecological operations were past). This last dream illustrates also another characteristic of hypnotic dream which the writer has constantly stressed - it was a memory. As usual, dreams were elicited more fully in hypnosis than in the waking state.

The dangers incurred in this case by the use of hypnosis are several. The writer would never again thoughtlessly ask a patient even apparently regressed to childhood the question innocently put to P: "Who would be thebaby's father?). The patient's answer was a frank admission of Oedipus wishes, and the result amounted to a fairly frank psychotic episode of hypomanic type, which lasted several days. It is to be noted however that Wolberg (1945) did not hesitate deliberately to force a hypnotised patient into an admission of Oedipus material, though he adds that he did not do so until he had ascertained that the patient's ego was strong enough to stand such a procedure. Apart from the reaction to this particular hypnotic episode, the patient became confused and/

and sometimes amnesic on several occasions after hypnosis - particularly towards the end of treatment. Hofman-Bang (1946) lists four complications of hypnosis, which all occur only in hysterical subjects and which are quoted from Hirschlaff: one variety resembled the episode in which P continued for a few minutes to relive the air raid after being wakened from hypnosis. On some occasions she developed various varieties of amnesia - sometimes extending over many years - but always recovered her memory within a day or two. These attacks of amnesia and confusion had occurred long before she was ever hypnotised but they occurred so frequently in association with the later hypnotic sessions that hypnosis was discarded shortly before treatment was discontinued.

Another danger - this time to the hypnotist - particularly associated with this very incident lies in the possibility of false allegations of malpractice. Ithas been noted that P. dreamed on the night after the hypnotic session in question of coitus with a man who very closely resembled the hypnotist, and next day said to him that the dream had seemed very real: she added - hesitantly but very seriously - "it wasn't, was it?". It would not have been surprising if this very unstable patient had definitely claimed that such a thing really did happen - perhaps during the hypnotic session. Ithas always been the writer's practice to ask the nursing staff to keep the office under surveillance (through a window) during every hypnotic session/

session with any patient (and during every non-hypnotic session with some patients). It may be added that both these risks - psychosis in the patient and allegations against the therapist - may, it is well known, occur in connection with any effective form of psycho-therapy in some patients.

A third danger which might be expected with this patient in particular, is the development of an undue degree of dependence on the hypnotist. Certainly the termination oftreatment precipitated a psychotic storm in the case of P, and she was of course extremely dependent on the writer. But she was also extremely dependent on others even during the treatment. A striking example occurred on the writer's return from holiday: the patient said - two days later - that it was only now that she felt he had really returned; the former intense transference relation to him had not been experienced by her during the interval of two days. Since the writer's departure on holiday she had however been dreaming frequently of Dr. V, who took the place in the hospital - and, it was clear, in the patient's thought - formerly occupied by the writer. This doctor had formerly had very little to do with the patient but as has been pointed out P. seemed to be in such desperate need of a father-figure that she would immediately form intense transference relations towards anyone available. If the person involved disappeared even temporarily, she would almost immediately transfer her transference, as it were, to someone else. For example,/

example, two days sufficed to accomplish this process on the writer's return. (This characteristic no doubt explains the fact already mentioned, that very few of the individuals in her life appear as real persons, they are always shadowy figures - mere screens on which transference feelings are projected). One questions whether the transference resulting from almost daily non-hypnotic interviews would have been much less intense in this patient even in the absence of former hypnotic sessions; certainly no marked diminution in the transference was noted during the two periods - two months and three months in length respectively - during which theuse of hypnosis was discontinued. At any rate no sign of dependence on the writer has been observed sincethe patient's first few days at home. She had been encouraged to telephone or write whenever she felt inclined but rarely did either in the $3\frac{1}{2}$ years of follow-up, while the writer's visit to the family was necessitated by a matter concerning her son (and was not requested by her) as also were most of her letters. The follow-up has in fact been maintained mostly by interviews with the husband and son, unbeknown to thepatient.

Lest the writer appeared to deny any awareness of dangers peculiar to the use of hypnosis, reference may be made to the general discussion and in particular to cases V and W, in which he has stressed that the mere induction of hypnosis may sometimes precipitate a serious illness, while in case V he recommended formal psycho-therapy as theuse of hypnosis was clearly/

clearly contra-indicated. One has not listed in this work the number - it is considerable - of other patients for whom hypnosis was in the writer's opinion contra-indicated, and, of course, the number of cases in which the writer even attempted the induction of hypnosis is very small in comparison with the total number of neurotic patients treated by him with other methods.

As regards psychopathology, the writer has indicated the reasons for his belief in the existence of an Oedipus complex in this patient. Other Freudian productions have been mentioned, which appeared without prior suggestion by the hypnotist or anyone else, and which indeed often surprised the writer. An example is the interpretation of a bag as the uterus; trying in a dream to close a bag represented for the patient a threatened abortion, the final occurrence of which appeared in another dream as failure to close the bag. Another example is her interpretation of the dream in which she drank fluid as referring to oral impregnation. Both these interpretations were given in hypnosis, and in thelatter case at least the patient was asked in vain before hypnosis for any associations, but-as always-repeated the hypnotic associations a few days later in the waking state, using almost exactly the same words. Itis the writer's opinion that the spontaneous emergence of such material - in such definite form - is something that could not happen apart from hypnosis, and hebelieves therefore not only that hypnosis allowed to patient greater insight and so helped her clinically but also that/

that hypnosis is anuniquely suitable weapon for testing the truth of Freudian or other psychological hypotheses. This hypnotic material, and that quoted on other pages, does-it seems to the writer-certainly suggest that some of the Freudian hypotheses are confirmed, asfar as this patient is concerned. Another feature in this case in striking accord with Freudian teaching is the placing of love objects progressively further back in time as treatment continues until atlast the parent or parent-substitute is reached. As treatment began the patient spoke of the three men with whom she had associated in recent years. Soon, interest tended to shift to the medical student of a few years earlier (her "father's" initials), then further back to a certain patient (her "father's"country"). Later she produced the pseudo-memory of her attempted seduction in early childhood by the original, ornear original, father figure - Owen. One recalls that Freud was puzzled by the frequency of such childhood memories in neurotic patients until he discovered that they were fantasies, which however were as real to the patient-and just as important, as if they had been objective events (Woodworth (1946 b)). The recollection of real incidents of the type under discussion also now reached backwards towards childhood in the form of the patient's recognition ofher adolescent attach-:ment to Bob A - and at this point she became depressed for the first time as she became aware of the guilt associated with displacing an older woman. The retrograde concentration on still earlier/

earlier figures continued with George, whom P. first met when she was 7. "He was the first after my father. When am I going to stop findingout about running after men?" She confessed at this point that she envied Nora her baby (to Owen). Next - Nelson - whom she had known in her early childhood. "It's him I should have married". Then Alan - out of chronological order, as he was a friend ofher adolescent period - perhaps this may be explained by her greater tendency to forget him - for two reasons - (1). He left her for another girl, whose "insipid blue dress" appears to be the origin of the "insipid blue nightdress" of her "mother" in a similar triangular situation. (2). Coitus occurred - her guilt concerning heterosexual relations has surely been abundantly made clear. She said about Alan "Other boys were of no real importance - they were just to fill in". Finally she allowed herself to recall that Owen's advances had in fact been sexually exciting and pleasant to her, and that she had been very fond of him. Throughout all these changes the figure of Owen, at first one of pure evil, became more and more tolerable and latterly charming, until in the end her brother became the loved one - thoughthe brother relationship was never admitted. Pari passu, the writer - at first regarded almost as a god - developed a diabolical aspect like that of Owen ("you're getting more like Owen every day"). At one stage thepatient was puzzled by her realization that for her the writer was god and devil simultaneously. The ambivalence explaining this unity of opposites was never of course more than partly/

partly understood by thepatient but she did realise to a considerable extent that she feared men because au fond they attracted her (and not because they were per se dangerous and evil) and that she feared this attraction because it was connected with the rivalry between women which aroused so much guilt in her. One has already commented on the shadowy nature of all these figures and has offered an explanation for them. The only one who emerged as somethinglike a real person is Owen but as has been pointed out the process of projection from her mind has produced from his figure the gigantic figure of evil - the devil - which in no way resembled that youngman. One has described the German world as a dream in which split offportions of the patient'spersonality appear as human figures (and as changes in the figures, and attitudes between them) but in the case of real figures too the projection mechanism largely obscured the real world and replaced it with a world of fantasy. The full analysis of this patient would be a lengthy and dangerous task even for a properly trained analyst, but the writer regrets that he did not act to some extent on his conception of the German world as a dream capable of analysis. In the hypnotic sessions, the German version of P appeared almost as a secondary personality - gay and loving, in contrast with the patient's conscious dourness and hatred. It has not been so styled if only for the reason that at other times it was never allowed expression as a coherent whole.

As regards transference, P wasoften puzzled by being brought face/

face to face with what she recognised as irrational impulses towards the writer. A spectacular example was the acting out in a physical assault of some of the aggressive variety, followed by the puzzled "what did I do that for?". However she was so unable to find the source within herself of this behaviour that she was inclined to blame hypnotic suggestion, though she soon accepted responsibility for it by apologising. A second example was the fury which culminated in the admission "It's me that's wrong: not these people in the ward at all", because she had been able in thepermissive and supporting therapeutic situation to realise and to admit, that she was upset because of unsatisfied desires focussed on the writer. She realised further - "I can hand it out but not take it" - that she had been employing her "outworn pattern" of attempting to interest men only to frustrate them: theprofessional detachment of the writer had allowed her to see this pattern clearly by putting her for once in the position of frustration. In this example then some real insight was gained, and she found herself no longer able to blame other people for her difficulties. A third example was the immediate termination of her rage over the writer's use of his car and its replacement by the astonished silence of agreement when it was quietly pointed out to her that she had nothing to do with the writer's car. This again led to a gain in insight. As Alexander (1946 e) writes "the basis therapeutic.... is to re-expose/

re-expose thepatient, under more favourable circumstances, to emotional situations which he could not handle in the past.... While the patient continues to act in accordance with out dated patterns the analyst's reaction conforms strictly to the actual therapeutic situation. Thus the therapist has an opportunity to help the patient both to see intellectually and to feel the irrationallity of his emotional reaction. Simultaneously, his objective understanding attitude allows the patient to deal differently with his emotional reactions and thus to make a new settlement of his old problem".

This patient reached a deep hypnosis within a minute of the first attempt of induction. The writer has never found this phenonemon except in grossly abnormal persons with gross hysterical symptoms. This question is dealt with fully, with others related to it, in the general discussion. It seems possible that in special circumstances, which have been defined, P. may have accepted suggestions of tiredness, made by her husband, as a signal for hypnotic sleep. Jolowicz (1947) suggests that there is borderland between simulation and hysteria, and between simulation and hypnosis. Several features suggestive of both these relations are found in this case. One example is P's behaviour during her hysterical amnesia - overacted (cf. the case already quoted of Harriman (1942) where the girl who entered hypnotic trance so easily, with the emergence of a second personality, was a good actress)./

actress). Beck (1936) suspected a fugue victim of malingering under hypnosis - he seemed to be carefully selecting and reproducing only those facts which could not interfere with his return to his family: he simulated syncope in one session. Another example is the nature of P's hypnotic regressions - her repetition in them of the remarks of others which enabled the writer to follow the conversation more easily (Cook (1934-1935) also describes this phenomenon), and her adoption - at a suspiciously late stage - of a foreign accent.

The "hypomanic" period which followed the "Oedipus" hypnotic session has been described in detail, the principal impression left with the writer being that she was talking continually in order to prevent the welling-up of emotions or thoughts which were threatening her personality. Massermann (1941) quotes Abraham's view of mania as being due to the ego turning to reality after discarding the yoke of the super-ego, but after pointingout that

pointing out that ~~that~~ in that sense it might be considered a pleasurable state, a celebration, he offers his own view that often in manic states the ego turns to reality not in any holiday spirit but only because itis driven to a frantic grasping after every fleeting bit of external distraction by a superego as relentless as ever. Such manias are not truly euphoric but are "defensive or anxiety-driven pseudo-manias", which resemble the restlessness of an analytic patient faced with what seems to be an insoluble anxiety. This description appears to fit P's case. Fairbairn (1952 d) upholds the Freudian view of mania as a defence against depression. On another occasion P reacted to a post-hypnotic suggestion of happiness by an apparent joyousness, accompanied by over activity, and having an infectious quality.

P. herself gave a good description of the "Erloesungserlebnis" of Schultz (Weickhardt and Langenstrass (1947)) - the intense relief experienced by the patient on completion of the psycho-synthesis of an amnesia. The two patients with repeated attacks of amnesia and loss ofpersonal identity described by these writers were both regarded by their relatives as malingerers. (The writer has already expressed his doubts as to the degree of genuineness of P's amnesic periods.) One of the two patients was told in hypnosis to recount as a story all the events of the forgotten period in chronological order, with post-hypnotic recall: he did so, and said after being wakened that he had been dreaming - for what seemed an interminable time - an unusually vivid dream, in which the characters aged progressively. P's similar dream was not induced and referred not to/

to fact but to fantasy (the pyramid).

P's claim - one has no way of verifying it - that a series of dreams, understood by her as representing the threat and finally the fact of an abortion, was immediately followed by a natural abortion, recalls the statement of Salerno and Sala (1946) that some spontaneous abortions are due to emotional factors. Incidentally, P claimed that another ofher miscarriages immediately followed her thought that her husband "was not worth having a baby to". Steinberg and Pastor (1946) pointed out that in pseudocyesis, milk secretion occurs, and found the urinary level of gonadotropins and oestrogens far above normal (though not sufficiently so to produce a positive Friedmann action), returningpromptly to normal when the patient was told definitely that there was no pregnancy. Kroger (1951) produced menstruation by post-hypnotic suggestion and quotes Dunbar (1938) as stating that many cases of amenorrhoea can be cured by one hypnotic session - indeed in one case, according to her, menstruation was regulated by hypnosis to occur at 7 a.m. on the first day of every month to last for 3 days. Eroger (1951) himself cites the fact that domestic animals abort in an unfavourable emotional environment as supporting the concept of psychogenic abortion in humans. The patient S in the present series presented an obstetrical history which remarkably closely resembled that of the aunt who was a mother to her, though it is fair to add that S was untruthful, and no corroboration was possible. As regards the three men of "thetype", Ross (1932 c) describes a very/similar case in which the origin of the type lay in the body build and hair of the (male) patient's mother.

DISCUSSION

Alexander (1946g) writes: "Every psychiatrist of long experience has had occasion to be surprised at an apparently sudden cure among his patients". After quoting a case of sudden cure in some detail he writes (Alexander (1946 f)): "If such results could be achieved - even exceptionally - in two interviews, how could an analyst know that he did not overlook such a possibility in a large number of cases? This case was the beginning of our decision to undertake a "study" of briefer treatment." He writes (ibid.): "The patient saw his vicious competitive self-assertiveness, of which he had been unaware, in a revelation like that of Jean Valjean in "Les Misérables" (Victor Hugo (1862)). It will be remembered that when the thief Valjean was discovered to have stolen the bishop's Silver plate, the unexpected and overwhelming kindness of the Bishop exerted a profound influence over him. Almost immediately afterwards he experienced a psychological crisis - he felt himselfparalysed in an effort to refrain from a particularly despicable theft, and realised that he would either sink to even greater depths of degradation or become a new man: in fact, he "reformed". Alexander points out that this "crisis", with the temporary exacerbation of symptoms, is a familiar sequel to the more dramatic moments of psychotherapy. He refers to this account of Valjean's.conversation in a few hours as an example of a corrective emotional experience: "a masterpiece of psycho-dynamic analysis"; "a model of brief psychotherapy".

The/

The patients whose treatment is described by Alexander and French (1946) number 22. The length of treatment ranges from one interview, to 65 interviews over a period of 17 months - this last is much the longest, the treatment being conducted by one of the minor contributors (Johnson (1946)). The introduction (Alexander and French (1946 a)) begins with the words "Like most psycho-analysts, we have been puzzled .....by the baffling discrepancy between length and intensity of treatment and the degree of therapeutic success". The authors continue by pointing out that one reaction to this difficulty has been a self-deceptive defence in the form of an almost superstitious belief that quick therapeutic results cannot be genuine: that they are either transitory results due to suggestion or an escape into "pseudo-health" by patients who prefer to give up their symptoms rather than obtain real insight into their difficulties. Throughout this book certain themes are repeated: that transference is not necessarily desirable - it may e.g. greatly prolong and complicate treatment: that certain problems of some patients should be deliberately left untouched - e.g. lest psychosis result: that the emergence of "regressive" material may represent merely a withdrawal to avoid dealing with real life situations and is therefore to be avoided. This last point is in great contrast with the views of other Freudians - Alexander and French are still members of the Freudian body - in which oral and anal material bulks very largely. A very recent publication illustrates this strikingly. Fairbairn's (1952)/

(1952) book on psycho-analytic studies of the personality is laregly in terms of the "internalising" and "externalising" of objects so that even the Oedipus complex "so far from furnishing an explanatory concept ..... is rather a phenomenon to be explained in terms of an endo-psychic situation which has already developed" (Fairbairn (1952 h)). Thus Fairbairn appears to be reaching further and further back into infancy for the root of neurosis, and it is no secret that Sadger (1941) believes that he pushed analysis further back still: he claims that one ofhis patients remembered being a spermatozoon and that he recalled his half-hearted reception by the ovum! Alexander (1946 b) on the other hand writes that in every neurosis onelooks for the time in thepatient's life "when he refuses to "grow up" emotionally - to adapt to changing circumstances - which may be in almost any phase of life from early infancy ..... through adulthood". He adds that regressive material antedating this point, which marks the beginning of the neurosis, should be evaluated as a sign of resistance andnot as a deep penetration into the sources of the neurosis: it is a fallacy to consider an analysis in which regressive material isproduced as more thorough than one primarily centred round the actual life conflict: pregenital material may often be considered significant traumatic material when it may actually be merely an escape back to the early pre-traumatic highly dependent emotional state in which thepatient felt safe and contented. In marked contrast with these views is the stress laid by/

by Fairbairn (1952) on the importance of infantile dependence as a central explanatory concept. Lindner (1945 c) expressed views somewhat similar to those of Alexander and in the treatment by hypno-analysis of a criminal psychopath used hypnosis to direct the treatment into Oedipus memories so that very little "pregenital" material was produced and the analysis was completed in 45 sessions.

Itis perhaps no accident, in view of the difference in attitude, that it is Fairbairn who reveals (Fairbairn (1952l)) that one of his cases is in theninth year of analysis. It is fair to add that he explains thisprolongation of treatment as being due to uncertainty as to the patient's sex, but the other reason he adduces - the emergence of manic and of paranoid states during the analysis - reminds one of the dictum of Alexander and French (1946) that certain problems and certain material are better left untouched. Freud's view was that certain patients were better left untouched, and in view of the great number of individuals in this country who suffer from neurosis, it seems questionable whether when excellent therapeutic results justify the lavishing of years (how many hours a week one is not told) on any particular patient. However, exploration of psychogenesis and the treat-:ment of thepatient are not the same thing, as Alexander and French(1946) repeatedly point out, (this is ofcourse implied in some of their views already quoted in this thesis); and this lengthy analysis by Fairbairn might conceivably be justified as the exploration of psychogenesis in what is certainly a case of great interest. But how much lightis thrown on psychogenesis by/

by such lengthy explorations seems uncertain. For example Dr. Fairbairn (1946 j) himself, stating that a patient he analysed for several years died without discoverable organic cause, asks rhetorically in 1951 (ibid.) whether she died of unsatisfied sexual desire, or of masturbation, or killed herself by means of repression: "these would appear to be the only available alternatives, but which provides the correct answer is almost anybody's guess".

In view of the welcome concentration by Alexander and French on brief psychotherapy and of their high valuation of the support of contact with the therapist, e.g. in narco-synthesis (Alexander and French (1946 e)), it is disappointing to find that the only reference to their work to hypnosis - surely a most supportive technique? - are to its cathartic use; e.g. it is stated (Alexander and French (1946 a)) that Freud found that hypnotic <u>abreaction</u> gave <u>temporary</u> relief. (My italics A.F.M.) This is particularly striking because the authors devote a whole chapter (Grinker (1946)) to theuse of narco-synthesis. Grinker (ibid.) there defines narco-synthesis and two other therapies in which sodium pentothal is used - narco-analysis (a procedure of obtaining information) and narco-hypnosis in (" a chemical hypnosis " during which thepatient is persuaded to give up his symptoms"). The sparse references to hypnosis contrast with the space given to these narcotic techniques. Wolberg (1947) speaks of the "strengthening of the ego as the result of alliance with the hypnotist". Surely this is a good example of "the support of contact with the therapist".

Alexander/

Alexander and French (1946) repeatedly stress that healing may occur outside the therapeutic situation - a possibility which has been alluded to in connection with patient Q. In this connection Alexander (1946 c), points out that Freud himself had concluded that in thetreatment of some cases, e.g. phobias, a time arrives when the analyst must encourage the patient to engage in these activities avoided by him in thepast, and emphasises the therapeutic importance of real life experiences. The contrast between this attitude and that of Fairbairn, who focuses attention on pregenital experiences, has already been stressed. But even more significant in thepresent context at least is the statement of Alexander (1946 b): "In every neurosis we look for the time in thepatient's life when he refused to "grow up" which may be in any phase of life from early infancy to adulthood. Regressive material which antedates this point, which marks the beginning of neurosis, should be evaluated as a sign of resistence and not as a deep penetration into the sources of the neurosis". This statement iskept in mind during what follows.

It is generally agreed that every personality has its breaking point - no one proves immune from neurotic symptoms if the stress be severe enough, for example in battle experiences. The corollary is that many individuals would have gone through life free from neurotic symptoms - comparatively at least - had they not met unusual stress. The latter need by no means be a war experience. For example, the writer recalls a man who became very/

very anxious and irritable when he discovered that he and his wife were both syphilitic - the wife had had congenital syphilis but had infected him long before either of them knew of this. This man had until that point proved himself to be quite stable in the face of all ordinary stresses. The diagnosis of the infection depended on thepositive Wassermann reaction - there had been no clinical symptoms. (The Wassermann reaction was tested in the wife's case because of a history of abortion). Supposing now that the reaction had in fact been negative, all that would be necessary to banish this man's anxiety would have been to convince him that a mistake had been made in reading the Wassermann result. As he had a good personality, this simple piece of intellectual information would havebeen sufficient to cure him. If on the other hand he was not told of the mistaken nature of the positive result, his neurosis would continue and indeed tend to grow worse, as his irritability would upset his wife - it was already doing so - and she in turn would become more anxious, and so on, in the form of the usual "vicious circles".

The case described by Henderson and Gillespie (1936 g) illustrates both these possibilities. Their patient had, it is true, shown much predisposition, but his anxiety state "had been precipitated and fixed by misinterpretaion and an unfortunate opinion". He had had severe anxiety symptoms for six years because scabies had been misdiagnosed as syphilis 8 years earlier by two doctors, on the strength of a single positive Wassermann reaction/

reaction. Treatment consisted in a careful exploration of the history and the explanation of the influence of fear in causing diarrhoea etc. He recovered. He had become ill then through a misdiagnosis, and was cured by an explanation of the correct diagnosis-in the manner of Ross (1941).

In the case just quoted the misdiagnosis was made by two doctors. Sometimes, as in case A in this series, it has been made by thepatient himself. A. had misdiagnosed his impotence as being due to some serious disease, and recovered when hewas given an intellectual explanation of its causation by anxiety.

In case B, the basic therapeutic was the same - the medical re-education of the patient. There was an added factor: the emergence of theburied memories of the dentistry. These were easily elicited by an approach in themanner of Ross (1941). In cases C. and D also the superficial neurotic symptoms were banished by persuasive medical re-education, though certainly in both, particularly D, there was a very strong element of suggestion. (This is further discussed in connection with the theory of hypnosis).

These six cases - the hypothetical man with the doubtful Wassermann reaction, the similar actual case of Henderson and Gillespie (1936 g), and cases A B C and D of the present series, seem to form a progression. The hypothetical man with no predisposition to neurosis is relieved of his anxiety merely by being given a simple piece of medical information. Thepatient of Henderson

&/

& Gillespie, though considerably predisposed, is cured in a similar manner, though thefact that the neurosis had been allowed to progress unchecked for six years in the usual vicious circle meant that much more unravelling of thehistory was required. Theother difference is revealed in the statement of Henderson and Gillespie (1936 g) that their patient made ".....his first essay at cricket in the hope that it would produce symptoms and so demonstrate that his physician was wrong". The hypothetical patient would not have hoped to produce symptoms: he would be only too pleased to know that he need no longer worry over thepossibility of physical disease. But that this was a hypothetical patient is not meant to imply that somewhat similar cases do not exist. Indeed if Henderson and Gillespie had met their patient earlier, before his neurosis had become complicated, his might well have approximated in nature to such a case. The case of A was definitely more severe ab initio; though one half-hour interview gave satisfactory results it was probably important that it occurred fairly early in his illness, which was already considerably complicated. But he had been exposed to more than ordinary stress. This was not so in case B; while in case C, though stress had been great, the predisposition to illness - in the form of a hysterical personality - was very obvious. But at the other end of the scale is D - who not merely hoped to prove the physician wrong - "I couldn't develop a tachycardia if I tried" - but cursed the day he met him, for depriving him of his symptoms - "You've taken all my props away". Yet D is not really at the end

of/

of the scale, for beyond him are those patients on whom medical explanations and re-education make no impression whatsoever. They are not driven, by such a technique, near to psychotic depression as was D: the explanations are simply ignored as irrelevant. This hypothetical series thus extends further through gross hysteria to actual psychosis, or at least to its borders.

If this series which has been postulated is now reviewed in the light of the statement of Alexander ~~and French~~ (1946 b) - "in every neurosis we look for the time in the patient's life when he refused to grow up" - and if it is remembered that "everyone has a breaking point", it seems that the "point" defined by Alexander (ibid.) and French (~~ibid.~~). could in the first (hypothetical) case by placed very late in adult life. (Treatment is correspondingly easy). One knows enough of the patients B and C however to say that both must have had considerable difficulty in "growing up" long before adult life was reached. C had never found it easy to accept her femininity: as a child she was an egregious tomboy. B had not her "excuse" for developing neurosis: he was not exposed to severe stress, as she had been: further evidence for the childhood origin of his neurosis is perhaps provided by the "deep" oral nature of his symptoms. In neither then did one approach the "point" of Alexander and French "which marks the beginning of the neurosis", and this explains why the woman C relapsed so quickly and why the prognosis in Case B can be thought to be good only with the proviso/

proviso that he happens to escape severe stress in the future. The treatment of D fell very short of his full requirements, which the writer considers really comprise something approaching psycho-analysis. Where then, as one continues down the scale of patients, is this crucial "point" usually to be found in each case? In the first place, the physical concomitants (e.g. arteriosclerosis) of growing old may prevent the patient from "growing up" i.e. from "growing old gracefully", from adapting himself psychologically to the changes which old age imposes. In these cases one might place the "point", the beginning of the neurosis, in old age itself. One example is case I in the series of the present writer, who thought it obvious that one of the factors which drove this old lady of 84 years to alcohol was that all her old friends had predeceased her: she was very lonely. These changes were imposed by old age, which itself - by its physical concomitants - deprived her of the power to adapt to them. Treatment was by direct suggestion, which, in view of her frailty and her short expectation of life, can surely be justified, particularly as the results seemed to be reasonably good. But much more interesting is the case of the 71 year old lady treated by Brenman and Knight (1943), as the therapy used was closer to hypno-analysis than to direct suggestion. These writers noted that the patient began to produce material from childhood but "her occasional attempts to revive these memories in detail were not encouraged; a resolution of acute current problems was the most we believed should be attempted at her/

her advanced age". In other words the therapists "kept to the point".

Leaving aside the cases of senescence, one next considers certain cases reported by Erickson. These are generally characterised by briefness of treatment, and by the concentration of the latter, through the use of specialised hypnotic techniques on critical points. In the present context the most striking case is that reported by Erickson and Kubie (1941). Even the title of that paper is illuminating: ".....Treatment..... by a Return under Hypnosis to a Critical Phase of Childhood". The patient - a young woman - was so depressed that several consultants had suggested certification. Treatment (three sessions in all) was focussed on the period of early adolescence during which the mother had died. Hypnotic "regression" to that period allowed the patient to express vividly her forgotten fears about adolescence, and Erickson, by first identifying himself with the strict standards of the mother, was able to modify their effect on the patient's mind so that she no longer felt that sex was forbidden for her. (The precipitating cause of her depression had been a sexual episode). She recovered. One recalls the statement of Weiss (1946) - one of the collaborators of Alexander and French (1946) - that if the patient had lacked a proper pattern on which to build up his character, due to the early loss or failure of a parent, the therapist supplies that pattern. Erickson & Kubie (1938) also report the cure of a psychotic-like illness by the use of automatic drawing which the patient used to express her feelings about a <u>current</u> triangular situation involving her/

her parents. She was given no hint of the possibility - fairly obvious in this case - that the triangle was closely related to Oedipus feelings, but she recovered. Again, Erickson & Kubie (1939) cured a neurosis characterised by compulsions by communicating - through automatic writing - with an unsuspected dual personality: the crucial point here appeared to be a childhood experience with no obvious Freudian connotations whatsoever. Indeed it seemed so insignificant superficially to the present writer that he believes its importance must have been that it symbolised much more significant trends which were never discussed. From the cases of Erickson no generalisation can be drawn as to the whereabouts of the crucial "point" - in three cases cited here it will be noticed that the focus is in adolescence in one, in adult life in the second, and in childhood in the third. The nature of the material elicited differs in the three cases almost as much as the age-level to which it pertains. Brenman and Gill (1947 f) depict Erickson's use of the special hypnotic techniques as "the heavy artillery of a specific strategy, planned to outwit the unconscious of each patient. Before the therapist attempts to manipulate the conscious or unconscious forces in the patient, he conceives a general picture of their current distribution and then applies pressure at these points that seem to him crucial". Once more then, the therapist "keeps to the point", but the lack of systematisation commented on above in the three particular cases quoted is also noted by Brenman and Gill (1947 f) who remark that Erickson's technique is closer to art than to science and correspondingly difficult to communicate/

communicate to others.

Lindner on theother hand appears to locate the crucial point precisely - in the Oedipus complex. One of the most striking features of his hypnoanalysis of a psychopath (Lindner (1945 c)) is the concentration on the Oedipus situation, to the exclusion of pregenital material, which accords with the view that such material may arise as a d fence agains t Oedipus wishes. This immediately reminded the present writer of the view of Alexander (1946 b) that such material "may be merely an escape back to the early pre-traumatic..... emotional state..... It is a fallacy to consider an analysis in which the patient brings up much regressive material as more thorough..... Regressive material antedating this point" (the crucial point as already defined) "....should be evaluated as a sign of resistance...." This crucial point may, it appears, actually lie in some cases further back in time than the Oedipus situation. (There is no reason to think that Alexander and French would deny this). One case appears to show this very clearly - that reported by Heilpern (1941). She found that her patient's symptoms - stammer - depended on a compulsion neurosis "which occurred at an anal level of development". With the working-through of the relevant interpretations the symptom dis-:appeared, and the patient changed from an unfriendly-looking fellow to a cheerful young man. The earlier working-through of the Oedipus complex accompanied by much less shame and guilt than was the case with the anal material, had <u>not</u> cured him.(cf. Case Y.).

Gill and Menninger (1946) remark that one of the noteworthy features/

features of the hypno-analysis of their case is the almost exclusive pre-occupation of the patient with so-called phallic material, which they attribute partly to the treatment method. "Since the therapist was able to hold the patient to theproblem at hand, digressions were relevantly infrequent and this may have prevented the appearance of more material from other psycho-sexual levels, especially under the hypothesis that such material would arise as a resistance against the resolution of the regnant (phallic) conflict". Once more, the therapy "keeps to the point".

It is suggested then that all psycho-therapy, by any means other than simple direct suggestion involves the return to some crucial "cross-roads" where the patient has taken the wrong direction. This point, or cross-roads, at one end of the scale is a metter of mere ~~near~~ medical misdiagnosis by thepatient or his doctor, or both. At the other end of the scale is the case cited by Heilpern (1941) where even the recognition by the patient of his Oedipus wishes did not cure him: he had to return to a point antedating the Oedipus situation, involving the pre-genital material of infancy. Precisely the same was the case as regards patient Y in the series of the present writer, where the symptoms were those of obsessional neurosis plus nocturnal enuresis. Between the two ends of the scale are a number of points, among which figure prominently adolescence (Erickson), the Oedipus situation (Lindner), the Oedipus situation and other "phallic" material (Gill and Menninger). In the relevant writings of Alexander and French themselves, the location of/

of the crucial point varies almost as widely. Some of the cases cited by them e.g. (Johnson 1946), approach a classical analysis in type and duration, whereas in the case of Alexander (1946 f) already quoted the "basic therapeutic" was the encouragement of the patient to relive his "vicious competitive self assertiveness", or rather its basis - his childhood relationship with his father, in the very different therapeutic situation. This allowed him to recognise the existence - and the inappropriateness - of these tendencies.

The difficulty of recognising this crucial point has been discussed. The other obvious difficulty is that of bringing the patient to it, in view of the various resistances. Only one of these is the tendency mentioned by e.g. Alexander and French (1946 b) and by Gill and Menninger (1946) - for the patient to become involved in regressive material from earlier psycho-sexual levels. The present writer suggests that hypnosis may be of assistance as regards both these difficulties. With respect to the first, Wolberg (1947) writes that the dreams which follow the first attempts at hypnosis are tremendously important and often contain the essence of the entire problem. Examples from the present series include cases T, U and 2. But in many other ways the readiness with which vitally important material is disclosed in hypnosis seems to be relevant here. However, it would be of little use for the therapist to know the nature of the patient's basic conflict if the patient could not be brought to recognise it himself. The writer has suggested that hypnosis has been found valuable by therapists as diverse as Brenman and Knight (1943), Erickson and Kubie (e.g. 1941) Lindner (1945 a b c), and/

and Gill and Menninger (1946) in precisely this respect; the focussing of the patient's attention on the kernel of his neurosis. The writer knows of no other psycho-therapeutic technique by means of which a spotlight can be turned at will, as it were, on one particular problem, on one period - even sometimes one particular episode, - of the patient's life. Mowrer (1940) reports, and interprets, an "experimental analogue of regression": rats were taught to crough in order to lessen an electric shock; later they were taught to press a pedal to do so, but when the pedal itself was electrified they "regressed" to the crouching reaction and ran from the pedal because of the impulse to touch it - i.e., they developed a pedal phobia as a reaction formation. The present writer wonders what would have happened if the animal could be coaxed to touch the pedal again and find it unelectrified. This would be as it were the return to the point at which the individual refused to "grow up", and the "reliving of the old unsettled conflict but with a new ending "referred to by Alexander and French". Would it have permitted a cure of the phobia and of the regressive reaction? If one wished to caricature the different view of regressive material taken by some other analysts they could be imagined as interpreting the crouch in terms of earlier "infantile" dependence, instead of viewing it as a regressive escape from the difficulties of a later situation. Fisher (1943 a) repeatedly praised a patient (who had developed amnesia after a traumatic war experience) for his courage in a certain action, thus enabling him to confess his fear and his guilty doubts (as to whether indeed he had acted properly) without fear of condemnation: this was achieved in four hypnotic sessions. No further amnesias or anxiety symptoms were shown by a five month follow-up- in that period he had been bombarded again and had made several sea trips in the engine room, to which he had voluntarily returned in order to master his fear. This

result could be understood in terms of the persistence of transference cure (French (1946 a b)), or as a re-exposure under more favourable circumstances (the non condemning "father"); the emotional support of the hypnotic situation) to an emotional situation which the patient could not handle in the past (Alexander(1946 e)). Similar explanations could be offered for the results of Ross (1941 b) who found it better to minimise abreaction by assuring the patient during the abreactive hypnotic session that his offence was surely understandable and therefore forgivable.

Freud (1935) stated that transference becomes the principal tool of resistance and may endanger the success of the treatment but concluded that it was senseless to try to evade it as an analysis without a transference is an impossibility. Though deliberately minimising the transference in some cases, Alexander and French (1946) would not presumably attempt the impossible. Freud (loc. cit.) states that analysis does not create, but merely uncovers, the transference: "which is the same factor as the hypnotists have named suggestibility;" "which is the agent of hypnotic rapport"; "the incalculable behaviour of which led to such difficulties with the cathartic method". Psycho-analysis (Freud continues) uses suggestion, or transference, but differs in that it is not allowed to play the decisive part in determining the therapeutic results but is made conscious to the patient and is thus resolved, becoming the best instrument of the treatment. These remarks of Freud remind one of the statement by Wolberg (1947) and Brenman and Gill (1947) that the essential difference between hypno-analysis and other forms of hypnotherapy lies precisely in the interpretation of the transference: this would seem to render invalid some of the criticisms of hypno-analysis heard in psycho-analytic circles.

Returning to Alexander and French, one considers that their view cast some light on the discovery by Janet (1925) (quoted by Woodworth (1946 a)) that he could recall to the hypnotised patient past emotional shocks which were otherwise inaccessible, and that the suggestion "that's all past and gone now" cured the hysterical symptoms connected with the shock - reliving the traumatic experience with a new ending and in a protected situation? Woodworth (1946 b) remarks that the emphasis on fixed symbols ended in psycho-analysis when Freud pointed out that the patient needed not to be told what his trouble was but "to revive his original trouble-causing experiences."

McDowell (1952) was "startled" by the abrupt cessation of neurotic symptoms of 3 years duration following the hypnotic induction of an artificial conflict and discusses 6 possible explanations: (1) Eisenbud (1937) suggests that such patients may be desensitised (to the emotional situation which causes his symptoms) by the aggravation of his symptoms by the conflict, which permits the therapist to remove both conflict and symptoms by giving him insight into the artificial nature of the former. (2) "Abreaction". (3) The "corrective emotional experience" of Alexander (1946 g) etc.) may sometimes be speedily achieved by the therapist producing a replica of a past traumatic situation which gives the patient a sudden vivid revelation. (4) The entire neurosis is repressed because the aggression mobilised by the artificial conflict threatens the personality. (5) The patient "regarded my artificial story" as a denunciation of his symptoms and so repressed them to avoid losing favour. (6)He might have considered the removal of the conflict as an act for forgiveness with expiation of guilt, thus breaking the vicious circle. This last explanation (6) does not seem to the present writer to differ greatly from (3), which is that adopted by McDowell himself in the form of (a)

the patient's insight into the hostility which was his response to his unsatisfied need for love and approval, lost becuase of his symptoms:(b) the support of the therapist during this corrective emotional experience: (c) the favourable reaction of the patient's wife to his new approach of giving, and thereby earning, love. All this is in the terms of Alexander and French: McDowell is the only writer one has noticed as yet who has tried as definitely as the present writer has done to advise the application of hypnosis to the Alexander-French therapy. MxDowell had based his treatment on Wolberg (1945) and Erickson (1935) and on his own tentative formulation of the patho-genesis. He symbolised the rejection of the mother's early death and the wife's doubtful fidelity by the rejection of the patient in the artificial conflict by a girl-for spilling his cigarette ash into her palm (a symbolisation of the symptom-premature ejaculation). One notes that a "crisis" occurred (as with Jean Valjean). The symptoms disappeared completely in a few days. Preliminary psycho-therapy had been useless, as there was no real access; preliminary hypno-therapy had been equally useless, though visualisation, regression, dream induction (mostly concerning combat experiences but also childhood events) and direct hypnotic suggestion were all used. After the conflict had resulted in cure, he was interviewed again on some 15 occasions; of these six were hypnotic sessions, in which the theme was always "I know she loves me now"; little further insight was gained. A year later he remained well and happy.

NARCOSIS AND HYPNOSIS

The recent war, with its multitude of traumatic neurosis, occurring often in men of good personality, could have been expected to have encour aged the use of hypnosis, as it did in 1914-1918, for example in the hands of McDougall (1926) while Freud is quoted by Magonet (1952 a) as declaring that if psychotherapy were to be of any help it would have to be used with hypnosis. But in 1943 Fisher (1943 a) wrote that a survey of the recent literature showed that hypnosis was little used (though Kardiner (1941) among others had recommended its use in the early stages of traumatic war neurosis) but that there was an increasing tendency to use intravenous narcosis, especially sodium amytal. Brenman and Gill (1947) state that narcosis was used more than hypnosis in the treatment of war neurotics. Hadfield (1942) writes: pentothal does not supplant hypnosis and free association: as many object to injections as to hypnosis: the latter may release emotion where pentothal fails: it is not toxic, so that its use can be frequently repeated: even where pentothal succeeds the material is often forgotten again. Moreover cure usually comes about not merely by the mechanical release ofrepressed emotion but by the readjustment of these experiences in reassociation with the rest of the mind, and hypnosis is a far more delicate instrument for this purpose than is pentothal: the latter is a crude approach which often leaves basic moral problems/

problems unsolved: both techniques should be mastered (Hadfield (1942). He adds that hypnotic "sleep", prolonged for 2-3 days, is even more effective than prolonged narcosis (somnifen etc.). Wilde (1942) found that some regarded narcotic treatment with suspicion - as with hypnosis.

Rosen and Myers (1947) found abreactive therapy especially valuable as the initial step in acute battle reactions with severe - sometimes psychotic - symptoms, but when using narcosis they usually found it necessary to keep the patient awake and to obtain an immediate recall of the narcotic material which otherwise "had no more curative value than a half forgotten nightmare": abreaction distinguished the psychotic-like reactions from actual psychoses. They remark (ibid.) that hypnosis is the most simple technique for abreaction, and "we have seen few such patients who could not be hypnotised in five minutes at the most, if their symptoms were the type for which abreaction is indicated" - i.e. pronounced amnesias, severe anxiety states, hallucinatory experiences, regressive phenomena, apparently psychotic episodes or severe conversion symptoms. They found it practically impossible to hypnotise those with severe depression or regression, or with extreme disorientation: for such they advised intravenous barbiturates, at least initially. "Hypnotic abreaction, in our experience, cannot be distinguished clinically from pentothal or sodium amytal abreaction". When both varieties were used in the same case the patient ignored a post-abreactive suggestion timed for 24 hours later when narcotised, but obeyed it when hypnotised. The commentof Rosen and Myers (1947) on this is that the experiment is/

is too isolated to be valid, but it is precisely the result which the present writer would have expected: he is not impressed with the rapport obtaining in narcosis as compared with that found in hypnosis, and this is the main reason for his discarding the use of intravenous sodium amytal, which he formerly employed extensively. The quick forgetting in narcosis is another example of such lack of control, but indeed the whole control of memory and amnesia is immensely greater in moderate or deep hypnosis than in narcosis, in that selective amnesia can be induced, or the patient may be allowed to recall the material gradually, or after a certain inter-:val or under certain conditions e.g. "provided it does not upset you too much" (cf. case W). The only war case of the writers where both hypnosis and sodium amytal were separately used was N; they were used in that order, and in immediate succession: no difference was noted in the abreaction (of the traumatic war experience) for which no amnesia was required. Rosen and Myers (1947) state that if neither hypnosis nor intravemous barbiturates is effective, both together occasionally may prove adequate. They quote Lambert & Rees (1944) as finding no significant difference between the values of hypnosis and barbiturates in the treatment of 247 hysterics.

In thetreatment of acute combat reactions Kartchner & Korner (1947) used hypnosis as a valuable adjunct to other methods in one-third of their cases: they considered the indications to be (1) amnesia: (2) confusion; making communication by other means impossible or nearly so: (3) in order to make possible, by minimising/

minimising severe symptoms, the use ofother methods: (4) to give thepatient insight into the effect of the mind on the body:(5) to diagnose acute from chronic neurotic conditions: (6) as a basis for group psychotherapy discussion: (7) as a sedative. These writers preferred hypnosis to narco-synthesis as (1) most patients were greatly disturbed and therefore eager for treatment so that rapport - "the first requirement for hypnosis" - was easily and rapidly established: (2) it was possible for the hypnotist or the subject to control the degree of abreaction - it might need 3-5 men to control the abreaction in narcosis: (3) theconfusion and "grogginess" found in narcotic states does not occur in hypnosis: (4) post-hypnotic suggestion was helpful in dealing with the anxiety which arose from the session. Kartchner & Korner (1947) used narcosis in the occasional case where the patient objected to hypnosis on religious grounds, or where for some reaons they could not co-operate. Alpert, Carbone and Brooks (1946) found that many battle neurotics did not respond well to intravenous barbiturates, and described seven varieties of difficulty. They began to use hypnosis instead, to obtain abreaction - the hypnotic material being subsequently discussed in the conscious state. They found the control of amnesia and hyper-amnesia given by hypnosis very useful; these writers also found that the control of the intensity of abreaction was much better in hypnosis than in narcosis, which they believed to be dangerous because it is irreversible. Hannah (1947) described the cure by "narco-hypnosis" of several civilian patients, one of whom was apparently

was apparently in a catatonic state of acute onset - the precipitating trauma, one notes, was very severe indeed. The present writer noted that several of Hannah's ten cases were cured or improved without the tracing of any specific connection between the form of symptoms and the causative anxiety. For example, a woman was simply told that her habit of hand-slapping resulted from a conflict over a pregnancy and that it would be gone when she awoke: 18 months later there was no recurrence. The patients were encouraged to talk while narcotised, e.g. in the case just quoted, the patient when asked "What made you nervous?", revealed a history of pre-marital pregnancy and her terror that her mother might find out or that her husband might discover that there had been another potential father. Once again the psychic trauma was severe and not the less so for being prolonged in duration.

Horsley (1951) defines "narcotic hypnosis" as a psycho-somatic state in which phenomena ordinarily associated with verbally induced hypnosis are produced by semo-narcosis with a drug. He attributes the failures of the past to the uncertain action of the drugs used earlier - e.g. alcohol, ether. (Brewster (1946) however found that as during etherisation the patient was conscious, and not "groggy" as when pentothal is used, the patient did not usually forget the abreacted material again: 2-4 attendants were needed to control the abreaction in some of his cases of war neurosis). Horsley (1951) believes that he showed in 1932 that intravenous evipan/

evipan could produce a state indistinguishable from verbally induced hypnosis (but adds that penthothal, introduced by him to psychiatry in 1936, is the most suitable barbiturate for narcotic hypnosis). In disagreeing (ibid.) however with the statement of Grinker and Spiegel (1945) that narcosis without the induction of hypnosis could produce all the hypnotic phenomena, he draws attention to the possibility of the experimenter overlooking himself as hypnotist, e.g. in unwittingly suggesting that certain reactions are to be expected. Requet and Bollote (1947) go further, as has already been pointed out in this thesis, and regard etherisation, electric shock treatment, insulin coma therapy etc. etc. as hypnoses, - "all.....involve the doctor, whether he wills it or not, in playing the role of thaumaturge". Horsley (ibid.) emphasises his belief that narcosis is not a substitute for narcosis, but only a means of facilitating its induction.

Horsley (1951) adds that one can conclude that drug hypnosis - in contra-distinction to simple narcosis - has been induced only if for example post-hypnotic suggestions are acted upon, or if hyperamnesia or amnesia be obtained. He believes that the main advantage of drug hypnosis over verbally induced hypnosis is that of speed. "Moreover after a single successful session of narcotic hypnosis it is possible to give post-hypnotic suggestion that the patient will subsequently respond identically to verbal methods". This last has certainly not been the writer's experience.

For/

For example an attempt in case O at the induction of hypnosis after 7½ grains of sodium amytal intravenously failed completely, so that no post-hypnotic suggestion was accepted. Nor has this proved possible - even after 12 grains - in the many other cases where the writer would have welcomed it as a device to reach hypnosis where verbal methods had proved unsatisfactory. The experience of Brenman and Gill (1947) is similar, as is that of their collaborators Gill and Menninger (1946), who described their attempted use of intravenous sodium pentothal in this way to deeper a subsequent verbally induced hypnosis. In one particular patient the pentothal led to a slight immediate improvement in a hypnotisability test, but at the next (verbally induced) session the patient reached a much deeper level of hypnosis, apparently in response to suggestions to that effect during the pentothal session. Gill and Menninger add (ibid.) that numerous attempts to repeat this with other patients have been uniformly unsuccessful. They do not indicate whether they repeated those attempts with the same patients. Horsley (1951) himself however states that this is rarely useful. The present writer has no experience of the effect of a narcotic on a patient who has been already hypnotised. Horsley (1951) states that this may result in a most dramatic abreaction. He is surprised that so many physicians deny the relationship between drug and "verbal" hypnosis, and points out that those using narco-analysis while denying any link with hypno-

therapy/

-therapy are nevertheless using a state of artificially increased suggestibility which is clinically indistinguishable from hypnosis. Grinker and Spiegel (1945) found that pentothal was better than sodium amytal as the shorter action avoids the difficulty of "bridging the gap" i.e., the re-repression before full waking consciousness is regained.

Brenman & Gill (1947 e) in their review of the literature quote Bechterew as believing in 1906 that hypnosis, narcosis and sleep comprised a physiological continuum, and point out that Schilder and Kauders (1927) were using medinal and paraldehyde to induce hypnosis twenty five years ago, and that Horsley had been able to produce hypnotic catelapsy and hallucinations with the aid of pentothal. Like Horsley (1951) these writers distinguish narcotic hypnosis from simple narcosis, but remark that there is no crystallisation in the literature yet of the significant different: :ials between them. Hadfield (1942) states that hypnosis sometimes succeeds where drugs have failed.

The only case of the writer's in which he found any evidence that barbiturate led to a deepening of hypnosis is quoted in this series - case L. The patient seemed to reach a slightly deeper level after 3 grains of sodium amytal by mouth. The present writer has invariably found intravenous barbiturates to be useless in this respect. Nor has he ever found that their use led to an abreaction - even in cases of traumatic war neurosis - where

hypnosis/

hypnosis had already failed to achieve this. As regards those civilian cases which have been quoted in this thesis, the most striking in this respect was case S., in which hypnosis led to the recovery of extremely vivid and persisting childhood memories, as compared with the memory obtained with the aid of intravenous sodium amytal-only to be dismissed as a dream by the patient immediately after waking, in spite of every effort to "bridge the gap". (This very memory was among those subsequently obtained in hypnosis; thereafter it was immediately accepted by the patient - permanently). One recalls the dictum of Rosen & Myers (1947) that such memories "have no more curative value than a half-forgotten nightmare". In this same case (S) post-hypnotic suggestion was successfully used to control, even as regards the timing, the post-hypnotic recall of traumatic material. The writer finds it hard to believe that intravenous barbiturates as ordinarily used, can ever rival hypnosis in such delicate manoeuvres. The repeated use of intravenous barbiturate would have been contra-indicated in case S, because of her tendency to become addicted to drugs; also in case K, as he suffered from active pulmonary tuberculosis. With the exception of patient 2, who was after all psychotic, the writer has never experienced with hypnosis the elaborate fantasies reported widely in the literature as occurring in narcosis. The most striking example of this in the writer's own experience concerns a young man who had developed a stammer after a motor accident./

accident. On being given 7½ grains of sodium amytal intravenously, he discussed at great length his visit to Greece, and described his fiancée, her parents and her home in that country: He could be led with the greatest of ease to give views about the Greek political situation which he imagined would please the writer. All this was pure fantasy, as he admitted when he was reminded of it immediately after waking. (He had to be reminded of it, as he had the usual post-narcotic amnesia, and indeed had no real memory of the narcotic material even when he was told of it). He had never been in Greece.

The real issue seems to be, not whether narcosis can rival hypnosis, but whether narcosis is useful as an aid to the achieving or to the deepening, of hypnosis. The only case in the present series, or indeed the writer's entire experience, in which barbiturates might be considered to have led to a slight deepening in the level of hypnosis was L, in which the drug was administered orally. Its intravenous use in cases O and S had no such effect, nor its oral use in case K. The discrepancy as regards this latter question between the results of Horsley (1951) on the one hand and Gill and Menninger (1946) on the other might be reconcil: :ed if, as one suspects, Horsley is not inclined to induce hypnosis without the aid of barbiturates: possibly many of his patients might have reached a deep hypnosis quite quickly by verbal methods alone. Certainly the writer's experience has been that of Gill and Menninger.

SUSCEPTIBILITY TO HYPNOSIS

The reader will remember that the present writer's belief in the association between the presence of gross hysterical symptoms on the one hand and high ranking in hypnotisability in the other has been referred to in connection with several cases in this series. So strong is it that in one case - O - it led to a change in diagnosis, which was afterwards confirmed by objective methods. In this particular case such a change would in any case have been forced on one sooner or later by the appear: :ance of epileptic phenomena. It is likely however that similar cases occur in which one might wait long enough for definite signs of epilepsy and in which electro-encephalography might be indefinitely delayed, with more excuse than in this case. In such cases tests of hypnotisability might be helpful in diagnosis if the writer's hypothesis is correct- that all those suffering from gross hysteria (amnesias, fugues, somnambulisms, convulsions, paralyses) are deeply hypnotisable at the first attempt. If simultaneously other tests were given to such patients to establish the diagnosis, this hypothesis itself could be tested. It is of some interest to note that one of the two articles concerning hypnosis published from this hospital by another writer (Davis (1950)) concerned a hysterical fugue in a patient - known to the present writer - who ranked very highly in hypno: :tisability. References to this association of gross hysteria with/

with hypnotisability are to be found in this thesis with regard to several other patients (F G H M N W 2). One has always been surprised by the paucity of references in the literature to this alleged association. In the "classical" days of hypnosis it was a common place. References to it have also been frequent recently - in the form of denying the existence of such a relationship. Perhaps this change is due to the lack of agreement as to what constitutes hysteria (v.inf.) and also to the classification as "hysterical" of symptoms in patients who show nothing like the gross dissociation which characterises the cases referred to by the present writer. It is noted for example that Gill and Brenman (1943) in their report of a case described in the title of the paper as "anxiety hysteria" refer in the text to details which they themselves state are typical of "hysteria" - that conversion hysteria is meant here is indicated by the nature of those details and by the fact that the authors refer to "conversion symptoms" (incidentally, she "was an excellent subject"). (Such classificat: :ion is no doubt very often justified, but the present writer's concern is in any case with gross hysteria). Another factor may be the wide variation in individual skill in the induction of hypnosis. Whatever the cause, Henderson and Gillespie (1936 e) are one of the few exceptions in stating that hypnosis is usually easy in patients who have already shown decided spontaneous dissociation as

in/

in hysterical amnesias, trances and fugues. Ross (1941 a) wrote that "the hysteric is the person who can be easily hypnotised". Brenman and Gill (1947 h) review the relevant literature and concluded that no definite answer is given there to the questions - "What are the crucial factors in determining susceptibility?" and "Which persons are most susceptible?". They add that there is some clinical evidence for questioning the idea that hysterics are necessarily good hypnotic subjects and quote some older writers (e.g. Moll, Forel) who regarded the hysteric as being the most difficult to influence. A marked failure on the part of some writers to confirm the results of others, with regard to this question, is evident in the review; the authors conclude that data are insufficient for any conclusion to be drawn regarding the personality characteristics of a good hypnotic subject, or the psychiatric syndromes most susceptible. One tends to notice incidentally in reading the general literature on hypnosis, that grossly hysterical patients prove to be good subjects, but rarely does one find any comment on this. For example Weickardt and Langenstrassø (1947) describe two cases of amnesia with loss of personal identity (one had also paraplegia - cured by an osteopath) - both patients were easily hypnotised. It is fair to add that these particular authors quote (loc.cit.) Aschaffenburg with approval "Amnesia is an independent phenomenon..... not bound to any/

any clinical entity" in support of their belief that "to stigmatise such individuals as hysterical....adds no light". Similarly a fugue, as defined by Stengel (1941), (a state of altered or narrowed consciousness with the impulse to wander) may be found not only in hysteria but also in schizophrenia, in epilepsy and in psychopathic personality. (For example, the case reported by Davis (1950) and already mentioned here showed several frankly schizophrenic features). If one agrees that the use of the word "hysterical" adds no light, then "dissociation" may be substituted for "hysteria" in the definition of the hypothetical association. Jolowicz's (1947) case of spontaneous hysterical twilight state was easily hypnotised; he comments on the close resemblance between the hypnotic condition and the hysterical twilight state, and indeed considers the latter to be an auto-hypnotic state. Wells (1946) states that persons liable to spontaneous hysterical somnambulism might from coincidence - "or even as a result of the hypnotist's efforts" he adds somewhat grudgingly - develop hysterical somnambulism in a few seconds, and believes that with occasional exceptions hysterics are less hypnotisable than normals: "the small percentage of hysterical patients that Janet could develop into somnambulist hypnotic subjects" - (120 out of 3,500) - "is sufficient evidence for this". Carlile (1935) states that all sleep walkers are said to be hypnotisable but that he had failed to hypnotise a number,/

number, and that hysterics are far from universally hypnotisable. But some of this writer's views on hypnotisability are very unusual, e.g. that no psychologically healthy man can be hypnotised.

As regards neurotics in general, Brenman and Gill (1947 h) state that most writers agree that they are more difficult to hypnotise than are normals (though they mention that Janet found them less difficult), and there is general agreement that psychotics are usually impossible to hypnotise, though they add a list of those who have succeeded with psychotics. (To this list might now be added Wolberg (1945) and perhaps Carruth (1935). The present writer succeeded in deeply hypnotising patient 2 when she was clinically psychotic, and it was not obvious by any means that her psychosis was "merely" hysterical, though hysterical features were certainly prominent. Furthermore the fluctuation from time to time in this patient's degree of abnormality was not accompanied by any corresponding fluctuation in hypnotisability. Erickson (1937) states that any really co-operative subject may be hypnotised, whether normal, neurotic, or psychotic.

Brenman and Gill (1947h) quote Bramwell (1928) as concluding on the basis of many reports by many independent observers that while 78-97% of the total population are hypnotisable to some degree, only 10-20% of young adults can be hypnotised to the deepest level as compared with 55% of children (aged 7-14) and 7% of persons aged 56-63. The present writer found patient I readily, though not deeply, hypnotisable at age 84 - one has noticed/

noticed in the literature no other case as old - and Brenman and Knight (1943) deeply hypnotised a woman of 71 years.

There is a fair agreement in the literature that the feeble minded are difficult to hypnotise (though Erickson (1939 a) induced a somnambulist state in one such patient) and that the sub-average intellectually tend to be so. This is supported by the results with the only patients of either type (Z;J Y) quoted in this series. The writer's experience with other such patients who have not been included in this series has been similar.

As regards personality traits and hypnotisability, the literature is voluminous. Friedlander and Sarbin (1938) after a very lengthy investigation of such possible correlations found nothing to justify a positive conclusion and considered that any atomistic (item-seeking) approach would possibly fail to find any. (4 years later however, Sarbin and Madow (1942) reported some suggestive work with Rorschach patterns). Brenman and Gill (1947) could draw no conclusion regarding the personality characteristics of a good hypnotic subject. Rosenzweig and Sarason (1942) submitted the "triadic hypothesis" of Rosenzweig to experimental test, with positive results. This hypothesis is defined: "Hypnotisability as a personality trait is to be found in positive association with repression as a preferred mechanism of defence and with impunitive: :ness as a characteristic type of immediate reaction to frustrat: :ion": as a corollary, those who do not so use repression are characteristically/

characteristically extrapunitive and non-hypnotisable." As regards impunitiveness - a tendency to gloss over or rationalise any frustrating situation - one hesitates to speak. But one is impressed by the statement of these authors that the repression-hypnotisability relationship is also suggested by the fact that hysteria was from the first associated with repression in the history of psycho-analysis, and by the fact that hysteria was practically always associated with hypnosis (e.g.Charcot). The latter fact has been discussed above, where the association is defended, and the modern view of the hysteria-repression relation: :ship may be quoted from Gill and Menninger (1946) "hysteria is the neurosis in which repression is the dominant defence". Indeed so certain are they of this that since they consider repression to be the defence mechanism which yields most easily to hypnosis they feel (Gill and Menninger (1946)) that the especial responsiveness of hysteria to hypno-analysis is explained (another triadic hypothesis!) It is put in other terms by Wolberg (1947 a) when he writes of the replacement of the tyrannical superego in hypno-analysis by a more tolerant superego patterned round the injunct: :ions of they hypnotist: this superego replacement is most marked in hysteria, and least in character disorders, which, he notes, do not usually respond to hypno-analysis.

Returning after that parenthesis to the relations between repression and hypnotisability, one recalls the patient cited by Lorand/

Lorand (1941), who in hypnosis practically immediately reached a cataleptic state. Lorand considered this a purposive refusal to know what was happening to her (based on an unconscious desire for seduction): "in fact forgetting was a means she consciously employed in daily life to dispose of anything unpleasant" - including the entire four years of adolescence: she forgot her purse, her gloves etc. This case in turn recalls that of patient 2, who also achieved a deep somnambulism within a minute of the begin: :ning of the first hypnotic induction. She had two habits which seemed to indicate as it were an almost conscious repression, an almost deliberate forgetting. One was her frequent remark "I'm putting that out of my mind"; (Similarly she said after a 2-day period of amnesia: "I put all that conveniently out of my memory") - the other was the gesture she would often make with her hand which accompanied the "pushing away" of some unwanted thought. However, she resorted frequently to projection, and was certainly very far from being impunitive. Of the other seven hypnotisable hysterical patients already mentioned in this section four were not well known to the writer, being treated very briefly indeed. Of the remaining three, the patient described by Davis (1950) was, as that author comments, remarkable for never losing his temper: His wife and he agreed that he had "never been angry in his life". On one occasion beforehypnotic treatment was instituted the present writer discovered that the patient, who claimed to be an Ulsterman, did not know the significance of July 12th. The writer said bluntly that he would not have thought it possible for an Ulsterman to be ignorant/

ignorant of this point (which he thereupon explained) - the patient blandly replied that he considered sectarian issues of so little import that he never noticed such occasions. This in Ulster would be impunitiveness indeed! But the patient was not in fact an Ulsterman at all, and his rationalisations, and his failure to lose his temper on any occasion and in particular on this one - when his entire double-personality-fugue-amnesia system was so brusquely threat: :ened - might fairly be cited as impunitive. The patient W could not be called impunitive, but it is noted that the patient N lost his temper only once during a period of treatment which made very considerable demands on his patience. Thus the evidence for impunitiveness in these eight patients is very doubtful, but there is no doubt as to their excellent hypnotisability on the one hand or their capacity for massive repression on the other: six suffered from loss of personal identity and of these two experienced fugues, while all eight were grossly amnesic.

These facts seem to lend considerable support to the Rosenzweig hypothesis, at least in so far as it correlates hypnotisability with repression.

Of the eight cases mentioned above - hysterical psychosis, gross conversion symptoms, hysterical trances and hallucinations, fugues and amnesias - all were deeply hypnotisable at the first attempt. Is the converse true - that all persons deeply hypnotisable at the first attempt are hysterics? The only other cases in the present series who were hypnotisable in this manner were those of E and V. That the latter case - V - should be included in the category "hysteria" would one thinks meet with general agreement, in view of the nature of the symptoms. Incidentally repression was obviously his dominant defence, though/

though the other part of the triadic hypothesis - impunitiveness - is not perhaps equally obvious. Case E is discussed elsewhere, in view of the very special features it presented. The other cases in this series who proved capable eventually of reaching a deep hypnosis are those of R, S and L. The patient R was an alcoholic psychopath who sometimes showed frankly psychotic symptoms; S was a psychopath; the patient in case 1, regarded by the writer as suffering from anxiety hysteria, presented many hysterical symptoms, as did S. Repression is prominent in all three cases, but on the whole these patients who with training can reach a deep hypnosis cannot be classed as grossly hysterical.

Apart from hysteria one other clinical entity figures in this series in association with hypnotisability - nocturnal enuresis. But here the association is negative, and it is suggested that this bears some relation to the habit of both patients quoted - X and Y - of sleeping very deeply at night, and of "falling asleep" instead of entering hypnosis, when the induction of the latter is attempted. The possibility of a neurological basis for these features has been mentioned.

The obsessional patients P and Y proved to be very poor subjects - the latter however was also enuretic and of less than average intelligence.

The lack of agreement as to what constitutes hysteria has been mentioned above. Curran and Guttman (1945) write "the term hysteria" or "hysterical" is one of the most ambiguous in the whole of psychiatric literature". The vagueness of these concepts is further demonstrated by Henderson and Gillespie (1936h). These authors (loc.cit.) define Janet's "dissociation" in the words

disappears/..

".... disappears from consciousness i.e. is "dissociated" from the rest of the conscious personality" and explain (loc. cit.) Freud's hypothesis of "repression" as follows:- "unpleasant memories are forgotten. This process he called "repression". But the memories were not thereby annihilated ; they simply became "unconscious"- i.e. the ego was no longer aware of their existence in the mind". In discussing the psycho-pathology of hysteria, Henderson and Gillespie (1936i) explain Freud's belief that repression is carried out by the superego, while Janet's dissociation of one particular function in hysteria is the consequence of the localisation of the lowering of psychological tension in that function. But it is difficult to recognise any difference between these two concepts -"dissociation" and "repression" - unless in respect of theories of their causation. The reader will remember, that, in deference to the views of Aschaffenburg and Jolowicz (1947) on amnesia and of Stengel (1941) on fugues, the present writer suggested that "dissociation" might be substituted for "hysteria" in the association hysteria-hypnotisability postulated by him. The above comparison of Freud with Janet would, it is suggested, allow a further substitution of "repression" for the first term in the present writer's hypothesis, which would then become identical with one-half of the Rozensweig hypothesis, i.e. repression-hypnotisability.

It is/...

It is noted further that the theories both of dissociation (Janet) and of repression (Freud) quoted above were developed with reference to hysteria. Indeed Janet regarded hysteria as characterised by the tendency to dissociate (Henderson and Gillespie (1936 h)), while "hysteria is the neurosis in which repression is the dominant defence" has been quoted already (Gill and Menninger (1946)). To complete the close association of all four concepts - hysteria, repression, dissociation, hypnotisability - one may select the view of Bernheim (Henderson and Gillespie (loc. cit.)) that hysterical symptoms are the result of suggestion, and the statement of Babinski (ibid.) that nothing is hysterical that cannot be produced by suggestion, and finally note that the only two references to hypnosis which appear in the index of the text-book quoted (Henderson and Gillespie (1936)) are concerned with (1) Charcot's demonstration of hypnotically induced paralysis as a proof that hysterical paralysis could be the result of specific ideas (Henderson and Gillespie (1936a)) and (2) the citation of post-hypnotic automatism by Henderson and Gillespie (1936b) as an example of hysterical dissociation.

Apart from hypnotisability in general, some discrepancies are worth noting regarding the degree to which some patients are hypnotisable in certain respects. The patient S. reached a somnambulist level of hypnosis as judged by amnesia with controlled recall (64 points) and reliving of childhood memories

(82-84 points) yet limb catalepsy (16 points) could never be induced. The scoring is that of Lecron and Bordeaux (1947). This scattering is perhaps related to the patient's unusual attitude to hypnosis and to the peculiar circumstances which attended, and made possible, the first really successful induction. Another patient of the writer's, a young man, was hypnotised on three occasions. Even in the last session no eye closure could be obtained (14 points) - he merely allowed them to close and said afterwards that he could at any time have opened them. Nevertheless, he recovered four new and very vivid memories of childhood - three of them from age 5 (82 points) and one obtained a post-hypnotic amnesia with controlled recall (64 points). One failed completely to induce even the most superficial "physical" sign of hypnosis apart from general immobility, which was not specifically suggested.

The cases in the present series in which the present writer used direct hypnotic suggestion of disappearance of symptoms as the sole or main therapeutic device include F, G (amnesia) I (alcoholism): J (facial pain): K (fear of noises): and Z (attacks of screaming). The recall of forgotten meories played a part in cases H (amnesia) L (stammer) and W (hysterical attacks of sleep; hallucinations). In some other cases direct hypnotic suggestion of symptom-disappearance was used at times in the course of treatment by other means - e.g. as regards P's insomnia, U's panics. Hypnosis was never formally induced in case D, but reasons have been given elsewhere for thinking that direct "waking" suggestion - closely allied to hypnosis, if not indeed identical with it - was the effective instrument in the treatment of this case. In the group F G I J K Z relapse occurred in case J and certainly would be expected in one form or another in cases F and G. It is possible that K, and certain that I and Z experienced considerable benefit of a year's duration. That this is also true of the group H, L, W is associated by the writer with the fact that some exploration was carried out in these cases, for the writer is not predisposed to believe that the use of direct suggestion alone yields many results of permanent value.

The use of this technique however is still widely reported in the literature, sometimes with an astonishing naivete as in some of the cases - already quoted - of London (1947). Kartchner and Korner (1947) quote the example of one war-time medical officer, who used a conditioned reflex-established in hypnosis - to induce immediate nocturnal sleep in the ward of neurotic soldiers by touching each man as he passed on his night round!

Ambrose/

Ambrose (1951) frequently uses in neurotic children the technique of direct suggestion, which is often aimed at the disappearance of anxiety rather than of the presenting symptoms. He quotes an interesting experience with a child of ten who was given the usual reassurances in the waking state - in spite of a certain improvement the child was still afraid of the dark and other things, and was obviously tense and unhappy. After exactly the same reassurance had been repeated in hypnosis, she slept on her own, smiled when asked about her fear of the dark, and almost overnight became a confident happy little girl. But no follow-up is quoted. Of great interest however is the case described by Wells (1944): a 22 year old man had for four years suffered from contractures, anaesthesia, absolutely constant headache, somnambulism, fugues, accident-proneness. In the first hypnotic session Wells told him that on the count of 1-10 his headache would disappear - it did so: and that on the count of 10-20 it would be permanently abolished - it was. That night he slept well for the first time in four years. In the second session the amnesia for the two fugues and the two somnambulist episodes was removed permanently and the patient was told that such episodes would not recur (with an induced amnesia for Wells' statement to that effect). In the third session an attempt to cure his organic visual defect failed. 12 years later a severe organic injury was followed by no hysterical symptoms. 14 years later the patient writes that he recalls the conscious content of his four amnesic episodes very clearly, with the exception - "hazy" - of one somnambulist episode. Wells attributes this to the fact that he hurried the patient in the recall of that particular amnesia. No symptoms whatsoever have occurred: the patient is married, and has a good position, which/

which involves travelling. Wells cites this excellent result as proof that there was no motive for the four fugues etc: he had in any case believed that there was none, except for a desire for the fresh air (to benefit the headache) in connection with the first such episode. This belief of Wells is one astonishing feature of the case, the other being the absence of substitute symptoms. That the latter feature is so striking suggests that such results are very rare, as indeed they prove to be if follow-up is adequate. Lorand (1941) describes the result of the abolition by direct suggestion of a woman patient's panics: she developed compulsions instead: Lorand himself then effected a cure by dealing with the unresolved transference by a modified analytic approach and replacing it with suggestions of self reliance. Never: :theless one feels that the result of Wells (1944) though perhaps almost unique cannot altogether be ignored. Birnie (1936) obtained a good result with the use of direct suggestion in a severe case of anorexia nervosa.

The obstetrician Newbold (1951) recommends the use of hypnotic suggestion in ante-natal clinics in order to minimise the anxiety and the physical symptoms (vomiting etc.) associated with pregnancy and in order to prepare for a painless labour. The "relaxation" technique, now quite widely used in ante-natal clinics in this country, appears to employ hypnosis, at least at times.

One of the most striking results of direct suggestion in the field of physical disease have been those, already quoted, of Bachet and Weiss (1952) in limb amputees which perhaps are related to the theory of Voelgyesi (1950 a): that while every somatic change affects the constitution of the psyche, every spiritual and psychical moment alters not only the function but also/

also the structure of our organs: Voelgyesi then contrasts the intellectual, logical, persuasive influences addressed to the neo-cortical pre-frontal region with the influence of direct suggestion on the palae-encephalon. Similarly Horsley's (1951) views have been quoted, that when a narcotic is given to a subject already hypnotised the patient seems sometimes to respond from a subthalamic level, so that a dosage of barbiturate insufficient to produce any measurable effect on cortical efficiency nevertheless facilitated the induction of hypnosis, probably by an effect on the thalamus and the corpus striatum.

Other possibly physical effects attributed to the use of direct hypnotic suggestion include the following: lessening of bleeding-time (Kroger and de Lee (1943)): the cure of hyperhidrosis (Fisher (1943 a)): the restoration, at least in part, of the amnesia following head injury (Fortanier and Kandou, cited in Weickhardt & Langthaler (1947)) and that following semi-strangulation (Stroemgren (1946)) and that following epileptic seizures (Schilder,) cited in Wilder (1947)): the control of bleeding and of salivation in dentistry (Ament (1950)): the cure of hyperemesis gravidarum (Kroger and de Lee (1946)): the production and even the timing of menstruation (Dunbar (1938)): vesication (Jolowicz (1947)): Friedemann (1947)): the cure of warts (Friedemann (1947): Vollmer (1946)) the abolition of conditioned reflexes by means of hypnotic anaesthesia, and the occurrence of pupillary contraction in hypnotic blindness (Lundholm (1928)): vertigo - precisely in the form in which occurs after rotation of the subject (Bauer and Schilder, quoted by Mourgue (1932 a)) - (but Dorcus' (1944) results were negative): the authentic reliving of concussion (Erickson (1937)): Kartchner and Korner (1947)): the cure of corneal ulcer (Bonjour quoted by Baudouin (1924): the/

the temporary relief of Parkinsonism and allied conditions (Alexander (1942)): the cure of rheumatism (with gross swelling) and of eczema (Koster (1940)): changes in chronaxie (Schultz (1950)): the life-saving cure of anorexia and vomiting in pneumonia (Martin (1900): the cure of congenital ichthyosiform erythrodermia of Brocq (~~1952~~) (Mason (1952))

Some of these results are not confirmed when the same technique is applied by others - for example Dorcus (1944) as compared with Bauer and Schilder. Sterling and Miller (1940) found it impossible to lower by hypnotic suggestion the limen for visual or auditory sensation or perception.

Friedemann (1947) makes one particular point - that what he suggests is really a hallucinatory sensation (e.g. of the "reaction" in the vicinity of a wart, of pain in the production of blistering) to which the somatic phenomena are merely natural reactions: the corollary being that the sepsis which followed needle puncture on one only of several occasions in a certain subject was a reaction to the occurrence of pain due to the failure on that one occasion alone of the induced hypnotic anaesthesia. Somewhat similarly, Schultz (1932) produced vaso-constriction by suggesting that the limb should feel cool and relaxed and painless, and alterations in the heart-rate by suggesting that the patient should imagine the occurrence of the relevant change. In the cases listed above, the reliving of concussion was a response to a direct hypnotic suggestion of age regression, and the vertigo to suggestions that the subject was being rotated. Similarly again Hadfield (1917) believed that suggestions of pain were necessary to produce vesication, and Doupe, Miller and Keller (1939)/

(1938) found that suggestion would not cause changes in the blood-vessels except in association with emotional stimuli. Federn (1947) stressed the importance of suggesting to the patient not merely that she will have "no pain" in labour, but that she will "notice nothing".

The above is only a selection from a vast literature, the criteria for selection including that of credibility. It is a wide selection, as physical effects can be measured more objectively than psychological. If the latter standards be adopted, there is almost no limit to the variety of conditions in which cures by hypnotic suggestion are claimed. But the present writer has not troubled to quote more than a few as there are frequently gross deficiencies in the reports e.g. as regards follow-up. As regards the induction of changes, both physiological and psychological by direct hypnotic suggestion a question of particular interest is the reality or otherwise of hypnotic age regression. The divergent views of Lindner (1945 a b c), Brenman and Gill (1947) and Wolberg (1947) on this point have already been discussed. Arnold (1946) found that the fidelity of the performance on Binet tests of subjects regressed to childhood varied with their knowledge of such a child's performance. Arnold remarks that Platonow (1933) and other reflexologists (e.g. his associate Prikhodivny, quoted by Erickson (1937) are inclined to accept hypnotic regression as real, whereas Young and other U.S. experimentalists tend to regard it as an artifact. "Hypnosis is playing a role with all one's heart but not all one's mind": (Young (1940)). Here again physical standards are more likely to be reliable. True and Stephenson (1953) consider that their belief that hypnotic regression is physiological as well as psychological is strongly supported by changes/

changes in the plantar responses and by the spontaneous appearance of sucking responses in regression to the age of one month (!) but found no corresponding changes in the electro-encephalogram, and drew no precise conclusions. Wolberg (1932 a) quotes the appearance of sucking and grasping movements and the loss of expressive speech, in several subjects regressed by Wolberg. The pupillary dilatation, nystagmus, disappearance of knee and pupillary reflexes and - practically - of the pulse, all quoted by Erickson (1937) in the age regression of a patient to a period of semi-narcosis and concussion, are particularly convincing. The only comparable phenomenon in the series of the present writer is the blanching of the fingers which occurred in case 1, persisting for about an hour, after he was regressed to an experience (at the age of 10 or 11 months) of being struck over the fingers. But one will never know whether his fingers really did blanch on that early occasion: even if they did - and for an hour (which seems unlikely)- the present writer is still to be convinced of the physiological reality of such regression, as the later blanching may well have been a reaction to the vivid childhood memories and their emotional concomitants: this could be explained on a basis of conditioned reflexes without the postulat: :ion of a physiological regression. In any case, as regards this patient in particular the writer has gone to considerable trouble to verify the reality of some regressions and childhood memories. The examples quoted show that the details are unreliable though in the main the memories were true enough. This distortion has been compared by the writer with that occurring in dreams, to which indeed such regressions and memories seem allied. This is most obvious in case 2, where the so called regressions could often be regarded for all practical purposes as pure fantasy. As this latter patient was psychotic, no generalisations/

generalisations as regards neurotics or normals should perhaps be drawn from her case, except that in psychosis some might expect to find the phenomena of neurosis "writ large", at any rate the phenomenon under discussion - the distortion of memory by fantasy. The regression quoted with greatest detail in the present series refers to case R: the question of its reality or otherwise has been discussed in detail, and the results on the whole appear to support the writer's view that such regressions and memories may in some cases approach 100% in accuracy, sometimes the figure is nearer 0%; the writer's own experience includes no case in which complete accuracy can be regarded as proved. One may accept the conclusions of Zeckel (1950): that the genuineness of hypnotic age regression is still uncertain, but that the technique is a very useful asset to hypnotherapy.

Looking back to the "palmy" days of direct suggestion, Janet (1925) is quoted by Rosen (1951) as finding in a follow up of some 3,500 patients whom he had hypnotised over a 30 year period that cure seemed permanent in 7%, which does not impress Rosen. He also quotes Wolberg (1948) on the risk of psychosis following symptom-removal by direct hypnotic suggestion but concludes that direct suggestion may be useful in certain cases provided that the therapist is adequately trained. Wolberg (1951) himself states that persons with immature personality may satisfy in fantasy their dependency needs in the relationship with the hypnotist and may thus comply with the suggestions by giving up not only functional pain but even organic pain if the dependency need be great enough. This is a very different view of the effects of direct suggestion from that of Pavlov and others who emphasise the physiological aspect of hypnosis.

HYPNOTIC DREAMS AND MEMORIES

Wolberg (1947) writes that the first few dreams of a patient under hypno-analysis are tremendously important and often contain a summary of the patient's problem. This was so in cases T, U and 2 of the present series. The patients S and 1, who were also treated by means of a technique approaching hypno-analysis, did not present such clear "nutshell" summaries in the early dreams of the period of hypnotherapy, presumably because at that time they had already been receiving formal psychotherapy. In Case 1 however the hypnotic suggestion that a nocturnal dream would express the main theme of the illness was eminently successful. In Case 2 the first induced dreams - both in hypnosis and post hypnotically - were of this nature, as were the first two hypnotic "age regressions" - the first being apparently genuine while the second was a fantasy.

The writer never attempted to give the patients any understanding of these early, naively frank, dreams, and indeed rarely asked for associations to them. This restraint is derived from psycho-analytic treatment. One notes that Gill and Menninger (1946) spent 10 hours in dealing actively with the initial dreams of their patient in hypno-analysis, in the hopes of reaching interpretations at once. They resorted to free association when it became clear that this activity, as could have been expected, was merely stimulating the patient's resistance.

In Case U, the technique of inducing a nocturnal dream which would be the "equivalent" of an earlier dream, was successfully used.

The dreams induced in hypnosis by the writer frequently proved to

be/

be memories. This was true whether they occurred post-hypnotically as in cases L O U or during hypnosis as in cases R U 2. This feature has not received much comment in the literature - it is mentioned incidentally however as regards certain patients by Gill and Brenman (1943) and by Wright (1952). The later dreams in hypnosis of R appeared to the present writer closely to resemble the spontaneous dreams of nocturnal sleep: this was not the finding of Brenman, (1949) who described hypnotic dreams as differing from nocturnal dreams-rather resembling day-dreams. The present writer disagrees. In Case 1 e.g., the writer frequently did not know - and on one occasion the patient shared his uncertainty-whether a dream reported in hypnosis had just then occurred or whether it was a nocturnal dream of the preceding night, or earlier still.

In case L the induction of the hypnotic memory-dreams appeared to initiate a chain of such dreams which, without further suggestion, culminated in the recapture of a memory which was crucial for the understanding of his symptom, and which seemed to be of very considerable therapeutic significance. In that case, and in case U, the use of hypnotic memory-dreams appeared to focus the patient's attention on childhood, which was important as it was in that period that the symptoms originated in both cases. The first (spontaneous) dream in hypnosis of the patient T was a memory, but even in the dream T knew that her age as given in the dream for the time referred to was not correct. That this difference was one of the most significant features of the dream can scarcely be doubted, but the nature of the significance was not determined. This is an example of the thesis advanced by the present writer, that hypnotic dreams,/

dreams, regressions and memories occupy a position between that of dreams on the one hand and true memories on the other - sometimes approaching pure fantasy - as in the "regressions" of case 2, sometimes however approximating to complete historical accuracy - as in the regressions of Case R, and in the earlier hypnotic dreams of that patient. Furthermore, the writer believes that the earlier hypnotic regressions - like the memories, whether induced or spontaneous - are focussed by the patient on the kernel of the problem, even when initially directed by the therapist to some apparently neutral topic. The first day at school is often selected by the writer as such a topic, because it is usually just beyond its memory of the waking patient. When such a regression was induced in Case 2 (the first in her case), the patient immediately "relived" a conversation with a school-mate, the point of which was that the patient had no father - a point of central importance to that patient. Incidentally it emerged that the conversation occurred during her first week at school - not the first day; so that she appears to have distorted the therapist's instructions in order to allow the early introduction of this central theme. A few minutes later the writer directed the second regression to a time at which the patient's father was with her: the response was part of the German fantasy in which she "relived" a certain incident, the point of which was that she was missing her mother's presence - another central theme. Other examples of this include the early hypnotic memories or R, focussed on a central theme (his belongings were all the property of someone else), while one has offered much more detailed explanations of the significance of the spontaneous memories recaptured in the early sessions in Case 1.

Thus/

Thus while hypnotic dreams are sometimes - at least approximately - memories, hypnotic memories and regressions are sometimes dreams, or at least approximate in nature to dreams. This appears to be true even of one childhood memory, recovered spontaneously, and in the waking state, by the patient U: it has already been discussed in detail. It was followed spon: :taneously by a dream closely related to it in content, though no interpret: :ation had been offered by the writer. In this case U, hypnotic suggestion was used to force the emergence of memories, sometimes piece-meal. In many cases hypnosis was used to recapture forgotten details of noc turnal dreams.

The writer has been impressed with the ease with which dreams can be induced post-hypnotically, and is surprised that this finds so little recog: :nition in the literature. For example, that the hypnotic stimulation of dreams should rate as highly as 94 points (the maximum being 100) in the scoring system of Lecron and Bordeaux (1947) would not be surprising if this referred to the occurrence of dreams during hypnosis, but these writers make it plain that the stimulation of post-hypnotic dreams in ordinary sleep is rated equally highly, and if "stimulation" is meant to imply specificity - e. g. the selection of a topic for the dream - this is not indicated in the text. It has been noted that the writer's first suggestion to the patient D - who was never hypnotised at all - that it was now time for him to think about the future and in particular about his career, was followed that night by a dream which expressed a clear decision about that very matter: this has been quoted in support of thewriter's belief that hypnosis is not a specific state. It is realised that the occurrence of a nocturnal dream after the first hypnotic session might be related merely to the general emotional significance of the session/

session, and not necessarily to a specific hypnotic suggestion. But the patient L did not dream at all until the night following the fifth hypnotic session in which the specific suggestion was made for the first time. Furthermore in case K, where hypnosis was almost ridiculously light, the question of whether he dreamed at night or not seemed to depend, throughout the treatment period, almost solely on whether or not post hypnotic suggest: :ions were given to induce dreams. Patients J K L O and P were never deeply hypnotised, yet in all, post-hypnotic dreams were induced. The successful post-hypnotic induction not only of dreams but also of sound sleep in case P convinced even that stubborn and suspicious patient that he had been hypnotis: :ed - a useful achievement incidentally, in this and other cases, as it tends to make subsequent induction of hypnosis both easier and deeper.

The spontaneous outburst of traumatic memories which followed the first induction of hypnosis in ptients M and N have been discussed in connect: :ion with the negative findings of academic investigators in relation to the possibility of hypnotic hyperamnesia; explanations derived from Brown (1947) have been offered for the apparent discrepancy.

Bergson remarked that memories were indestructible, but one might ask at what age the infant's brain becomes capable of registering them. The confirmation by the ptient's mother in Case 1 that in the main his memories of certain events at the age of 2 were correct, does not necessarily mean that the memory of another event at the age of 10-11 months is even equally reliable. The impression left on the writer particularly in view of the blanching of the fingers associated with the recovery of the memory, and the coherence of the latter with other psychological trends of the patient which the alleged event appears to explain - was that this memory had considerable reliability.

Rubic (1943), writing of acute war neurosis, states that the memories obtained in hypnosis or in hypnagogic reverie are sometimes accurate and refer to recent traumatic experiences, but at other times are subjected to fantastic and dream-like elaborations, and to condensation with material from earlier years: "these are quite as valuable....but in the unravelling of such data technical experience with the interpretation of dreams is essential". These are more or less the views held by the present writer of childhood memories in certain patients. Woodworth (1946 b) quotes the dictum of Freud that the fantasied seductions of childhood are real to the patient and just as important "as if it had been an objective event" - cf. case 2. One need be neither hypnotised nor neurotic to possess fake memories of childhood - Ross (1941 f) cites an example in his own mind: he adds (ibid) that infantile memories though not reliable are not necessarily valueless as (1) they represent something that continues in the mind of him who remembers: (2) even if not wholly true they may be nearly enough true to deserve attention. This again approaches the view of the present writer: similarly Zeckel (1950) concluded that the genuineness of hypnotic age regression is still uncertain, but that the technique is a very useful asset to hypnotherapy.

A related subject is that of post-hypnotic amnesia. Here one may say briefly that Case 2 behaved in this respect like the patients of Lindner (1945 a b c) -perhaps because hypnosis was induced relatively infrequently. The position in case 1, where hypnosis was used much more frequently, was quite different: on one occasion he did not recall the hypnotic material in the waking state until after it had been recalled in a hypnotic session one week later than the first. Wells (1940 a) flatly contradicted the opinion of

Hull/

Hull (1933) - that post-hypnotic amnesia was incomplete - by stating that it is 100% complete regarding recognition and recall (with 100% complete retention) - for 1 year in one experiment - when the technique is adequate and the subject suitable. He adds the astonishing remark that it has been recognised for over 50 years that no post-hypnotic amnesia or other effects can be produced with most hypnotic subjects.

THE THEORY OF HYPNOSIS

Theories concerning the nature of hypnosis are legion, and it is not proposed to review the voluminous literature here, as has been done by Brenman and Gill (1947 m). These authors ask - What can we find in hypnosis which is solely the result of the induction and which has not been suggested by the hypnotist? They answer that practically all investigators agree that hypnosis is a state of hyper-suggestibility which Hull (1933) found to be the only specific characteristic of the hypnotic state. Bernheim (1895) wrote "there is no hypnosis but only suggestion". These two latter views suggest that the difference between hypnosis and waking is quantitative rather than qualitative. The physiological evidence regarding the relationship between hypnosis and sleep is contradictory, but mostly speaks against hypnosis as a sleep state (Brenman and Gill (1947 m)). These writers add however, that the theory of a sleep centre in the neighbourhood of the third venticle has encouraged those who advance sleep theories of hypnosis, for example Schilder and Kauders (1927) who believe that certain post-encephalitic manifestations are due to the same neuro-physiological changes as are found in hypnosis - e.g. the alterat: :ion in consciousness. Schilder believes that the sleep centre responds to psychological as well as physiological stimuli. Some therapists however, e.g. Wells (1924), induce hypnosis without reference to sleep - the "waking method".

The/

The psycho-analysts view hypnosis as a variety of transference (e.g. Spitzer + Sprokvis (1938)). Brenman and Gill (1947 m) consider that the chief fault of all such purely psychological views is their failure to account for the specificity of the hypnotic state. They themselves suggest that the specificity lies only in some as yet incompletely defined specific constellation of the strivings of the subject. Kubie and Margolin (1944) consider that the induction is a condit: :ion of partial sleep - merely a special variety of an extension of the normal psychophysiological process of maximal attention, which should be attainable by simple physiological procedures without the agency of suggestion or even of any human contacts. This does not suggest any specificity though it is far from being a psychological theory. Salter (1944) regards words as being conditioned stimuli, which by association with sensations, evoke the reaction which is appropriate for the situation which the word describes. Brenman and Gill (1947 m) criticise this theory not only because of its alleged failure to account for the specificity of hypnosis but also because it ignores the possible physiological basis of hypnosis, or the motivational factors involved. The writer is not convinced that there is anything specific about the hypnotic state. The patient E appeared to enter a sleep like state in response to the writer's repeated question "What makes you sleepy?". If, as it seems, this state could be regarded equally well as hypnotic on the one hand or hysterical on the other, where is/

is the specificity? The writer has already given detailed reasons for thinking that in cases D and S phenomena occurred which are usually associated with hypnosis, without the formal induction of any ~~formal~~ hypnotic state. In discussing the possibility of inducing a person to harm himself or to commit a crime by means of hypnosis, Heron (1952) writes that this question has meaning only in the sense that the person would act in this manner only in hypnosis, or as a result of post-hypnotic suggestion, and not otherwise: one needs to know what the individual could be induced to do in his normal state. "It is becoming increasingly evident that there is no sharp demarcation between the usual or "normal" state of the individual and the hypnotic condition. Certainly people will respond to suggestive influences when there is no attempt at hypnosis". (Heron (1952)). One has described the extension of the term "hypnosis" by Requet and Bollote (1947) to cover many phenomena, including the very diverse medical techniques (such as insulin coma therapy) which, they consider, obscure the presence and personality of the doctor who nevertheless "whether he wills it or not, plays the role of thaurmaturge". Horsley's (1951) view of narcotic hypnosis as a true hypnosis has been quoted; he does not join Requet and Bollote (1947) and Grinker and Spiegel (1945) in so regarding narcosis per se.

Pavlov (1913) wrote "In the course of life there is no state of/

of absolute wakefulness, nor of absolute sleep. Our life consists only of variations of gradually fluctuating states of partial sleep, partial wakefulness, and partial hypnosis". In 1932 he wrote (Pavlov (1932)) "Internal inhibition, sleep and hypnosis are the same physiological process". Pavlov (1934) is quoted by Voelgyesi (1950 b) as having repeatedly demonstrated that the word is a conditioned stimulus (cf. Salter (1944) - v.sup.) and that verbal suggestion does not differ physiologically from other, mechanical etc. conditioned stimuli. Voelgyesi (1951 a) also writes that in the practice of hypnotherapy one could not help arriving at the statement "Why, our suggestions are condition: :ed stimuli!" while the animal experimenters who followed Pavlov could not avoid the feeling "Why, this is hypnosis!". Mourgue (1932 b) and Wortis (1950 a) quote Pavlov as believing that hypnosis is one of the different degrees of the process of diffusion over the cortex of internal inhibition, which is partial localised sleep; that hypnosis is a partial sleep which has its analogue in a state found in working with conditioned reflexes in dogs. Wortis (1950 a) quotes the Pavlovian explanation of the suggestibility of the hypnotised subject as due to the fact that weak secondary stimuli - words - acquire the force of strong stimuli - commands, in the disequilibrium associated with the transitional stage of inhibition which is hypnosis. The Soviet bias in favour of physiological explanations of hypnosis (and of dreams)/

dreams) implies a disinclination to interpret such mental events as the result of a wish on the part of the individual (Wortis (1950 b)) - cf. "specific constellation of the strivings of the subject", advanced by Brenman and Gill (1947 m). Bachet and Weiss (1952) were brought by their results with direct hypnotic suggest: :ion (already quoted) to accept the views of Pavlov on hypnosis and to link them with those of Lhermitte.

In such terms the question of whether the sleep of the narcoleptic girl E or the similar patient cited by Magonet (1952 b) was hysterical or hypnotic seems to lose its meaning: the response to the conditioned stimulus- the word "sleep" used in an especial context - may be regarded as hysterical or hypnotic as one pleases.

Lhermitte (1932) is among those who believe that the mesodiencephalon contains a region concerned with the regulation of sleeping and waking, particularly sensitive to morbid changes. Schilder and others say that some parts of the hypothalamus are peculiarly sensitive to psychological as to physical stimuli. It is subjected in any case to the effects, mediated by the cortex, of "words" - whether that effect be regarded as originating in "suggestion" or conceived in the physiological terms of conditioned stimuli of Pavlov. Lhermitte (1932) considers sleep to have two aspects/ - the negative suspension of consciousness and the positive dream, so that his "peduncular hallucinosis" is the active equivalent/

equivalent of narcolepsy. He quotes von Bogaert as believing the hallucinosis to be due to a weakening of the sense of reality, of attention to life; and sees in this the most authentic traits of sleeping and dreaming: peduncular hypnosis is the dreamer awake. McLean and Davis (1952) describe the occurrence in a case of panhypopituitarism of a hallucinosis remarkably similar in type to the peduncular hallucinosis of Lhermitte (1932). In this case the onset of the endocrine disease led to the complete disappearance of nocturnal dreams which were replaced by the hallucinosis, and to an increasing lethargy. To explain these features - the positive and negative aspects of sleep - they postulated an alteration in consciousness due to changes in the hypothalamus which were not likely, in view of the nature of the case, to be "merely" psychogenic, or only physiological. Thus one arrives at a series of propositions, each of which depends on some alteration in consciousness:-

Table 1/

TABLE 1

	Negative aspect (Waking State)	Negative aspect (Full consciousness)	Positive aspect ("Normal" mental activity)
	Hypnosis - Pavlov's partial sleep	Withdrawal of attention from real world	Hypnotic dreams: age regress:ion: ego changes
Horsley	"Narcotic hypnosis".	Do.	Do.
	Sleep	Sleep	Dreams
Case of McLean and Davis	Peduncular dysfunction	Lethargy	Hallucin::osis
Lhermitte	Peduncular lesions	Narcolepsy	Peduncular Hallucin::osis
Case 2	Hysterical psychosis	Withdrawal of attention from real world	Hallucinat::ions with partial insight: pseudo-memories
Requet & Bollote - in psychological terms	"The psychotic lives in a hypnotic state".	Marked withdrawal of attention from real world	Hallucinat;:ions: delusions: "the dreamer awake" (Kant) "The psychot::ic is his unconscious" (Request and Bollote)
in physiological terms - Pavlov (as cited by Wortis (1950 h)	Schizophrenia "cortical inhibition"	"a certain apathy, stereotypy or immobility"	"lower centres.... produce symptoms of disorganised excitement"

A further comparison of Pavlov which involves hypnosis and mental disease was his statement, quoted in Wortis (1950 a), that the motor rigidity of hypnosis and the immobility of catatonia could both be explained as the result of cortical inhibition.

This list could be extended to include for example epileptic twilight states or the hysterical twilight states which Jolowicz (1947) differentiates from them as involving a change in consciousness, not a loss as in epilepsy. These hysterical states are considered by Jolowicz to be auto-hypnotic.

One has already noted also the belief of Schilder and Kauders (1927) that the alterations in consciousness (and certain other manifestations) occurring in post-encephalitic states are due to the same neurophysiological changes as are found in hypnosis. The lesions in post-encephalitic states are usually subthalamic (Henderson and Gillespie (1936 j). The present writer found that at least one third of the 40 patients with post-encephalitic Parkinsonism in one ward suffered from hallucinosis with varying degrees of insight: this hallucinosis was not abolished by changes in the quantity or quality of drugs administered, or even by their withdrawal, might reasonably be conceived as arising on a basis of the change in consciousness, as in Lhermitte's view of peduncular hallucinosis.

That there is a good deal of evidence to suggest that barbiturates in small doses have a selective subcortical action - probably primarily on the thalamus and the corpus striatum - is noted by Horsley (1951) who adds that doses insufficient to produce any measurable effect on cortical efficiency will nevertheless facilitate the induction of hypnosis.

Whether/

Whether the changes which result in the variations tabulated above are considered to be basically cortical on the one hand (Pavlov etc.) or hypothalamic on the other (Lhermitte, Schilder), it is argued that the apparent coherence of this series tends to deprive hypnosis of its claim to specificity. Esmarch (1946) writes that some individuals practising the "autogenous training" of Schultz (1932) - a method of auto-hypnosis based on the concentration of attention on one's own bodily processes - may discover that they can produce hallucinations and so "withdraw into the worst kind of daydreams". This might be "translated" into the following: cortical inhibition (negative aspect) frees the lower centres, which then produce disorganised excitement(positive aspect). But what condition is being described in this last sentence? - is it psychosis or hypnosis? One comparable phenomenon consists in the changes in the mode of thought so often noted in the present series of cases as occurring in hypnosis, and classified by Brenman, Gill and Hacker (1947) as constituting one variety of hypnotic changes in the ego. These authors consider the extent to which this variety of change occurs to be the best criterion of suitability of hypno-analysis, and remark that in the most suitable cases the patient's productions are indistinguishable from dream material (which indeed was often the case in case 1). These writers, then, welcome this state of "disorganisation" because of its therapeutic possibilities. Yet the patient's productions are highly symbolised, even hallucinatory - they are indeed like dreams, in that as judged by waking standards the content of psychotic.. The present writer is not of course suggesting that hypnosis is psychosis. Indeed it will be recalled th that when Wolberg (1945) used hypnotically induced hallucinations to give a psychotic patient insight into the subjective nature of his psychotic

hallucinations this procedure marked the turning point in the treatment: from then onwards clinical progress was marked. Thus the artificial, reversible "psychosis" (induced in the patient by Wolberg's use of hypnosis) gives the patient insight into his actual psychosis. Similarly the hypnotic state of the best subjects of Brenman and her collaborators - dreamlike, resembling an artificial reversible psychosis, is used to give insight into the psychological illness and thus to produce clinical improvement. What the present writer is suggesting in particular is that psychosis may be viewed as an auto-hypnosis which in some cases at least is irreversible by ordinary means. In general, the present theme is that hypnosis has links with a considerable number of other states, which share with it the possibility of being explained in the same terms whether physiologically in terms of conditioning, cortical inhibition etc, or psychologically in terms of suggestion. "There is no hypnosis, there is only suggestion". Bernheim (1895)). In a word, hypnosis is not a specific state.

Another phenomenon linked with hypnosis is that of dual personality. The two cases of Harriman (1942) have already been quoted. Both these girls entered a dissociated state while bored, the cue being merely the reversal of a pencil in the lecturer's hands. Does this cue entitle the result to be styled hypnotic? That Wells (1946) found the answer difficult in similar cases, in which attacks of somnambulism followed (post or propter hoc?) the efforts of the hypnotist to induce hypnosis, is noted in the discussion on hypnotisability. The uncertainty felt by the patient in case 2 as to whether her "sleep" which followed a chance remark of her husband's or not now seems less unreasonable. The trivial nature of the cue for narcoleptic sleep in case E, and in the similar case report by Magonet (1952 b) would put these cases in the same class. One might add the case reported by Cook (1934)

of the unstable girl who with relatively slight cues, provided jokingly by her room mates, "fell asleep" and "talked in her sleep" for hours of very intimate matters: Rapport was very slight: was that sleep, or hypnosis, or hysteria?

The links with barbiturate narcosis have been detailed elsewhere. One adds the report of Wilder (1947) of a case in which hallucinations occurred in a hypo-glycaemia, and recurred - and were recalled - only in subsequent hypoglycaemic states. He reported (loc. cit.) another case in which a man was nearly killed in an accident while in hypoglycaemia; when the hypoglycaemia recurred he was terrified by the sudden emergence of the memory of the accident, hitherto completely buried. Wilder drew the obvious parallel with hypnosis. Requet and Bollote (1947) regarded insulin coma therapy as a hypnosis, but stressed the role of the therapist as an unwitting hypnotist: the report of Wilder seems to demand a physiological explanation.

Further evidence in support of the non-specificity of hypnosis is provided by the alterations in hypnotic phenomena which follow changes in the transference situation. The patient T at the beginning of treatment was greatly impressed with what she believed to be the writer's wisdom and psychological insight, and as this time her attitude was one of compliance, as shown by her ready response to post-hypnotic suggestion and by the relatively deep level of hypnosis reached (e.g. spontaneous dreams and hallucinations). Later, as her hostile rivalry to men emerged, she would waken herself deliberately from hypnosis, sometimes to avoid the induction of a dream or the recall of a nocturnal dream (usually "forgotten" at this period) and sometimes merely to demonstrate her independence. If hypnosis were a specific state one would not have expected such fluctuations in it.

Similarly Fisher (1943 a) quotes Altman Pillersdorf and Ross (1942) with approval to the effect that transference in the Forces is complicated by a special kind of resistance which becomes prominent when hypnotic induction is attempted. He writes that officer prestige assists in induction especially if the technique be awe inspiring but adds that the patient may be in a deep trance, as judged by somatic criteria and yet psychologically remain rigid full of resistances, quite unable to recover amnesias or to divulge conflicts. He concludes that there is no substitute for sympathy and for the patient's knowledge that one desires not to overwhelm him but to help him. This does not suggest that the induction has produced any specific alteration. Erickson (1945) also recommends that the Medical Officer should diminish his authorative status for the same reason. Jolowicz (1947) writes that "every hypno-therapist knows of" somnambulist subjects who show very poor suggestibility, and others who reach only a superficial hypnosis without amnesia but with great suggestibility.

The views of Freud (1935) on the identity of psychoanalytic transference and hypnotic suggestibility (quoted in detail in the general discussion) provide further evidence of the non-specific nature of hypnosis. One recalls that the transference relationship was found first in the psycho-analytic treatment situation, later in the doctor-patient relation, and finally in many other interpersonal relationships, and wonders when the same fate will befall the hypnotic relationship, hitherto regarded as unique and mysterious - and specific. One recalls the surprise and delight of Molière's "Bourgeois Gentilhomme" on discovering that he had been talking prose all his life. If he had understood earlier that prose was not confined specifically to literature he might have learned to speak better French.

Whether the state be specific or not, hypnosis appears to possess a definite meaning for some patients. In cases R S and T it appeared to be that of passivity, femininity, and this perhaps explains why the assumption by the therapist of a commanding tone led to a marked increase in the depth of hypnosis in the only male patient in this group - R, who had passive tendencies. Schneck (1950 b) reported a case in which the subject tried to deny that he had been hypnotised because hypnosis represented femininity and homosexuality to him. It is true that the patient S repudiated her femininity and may have identified the role of hypnotic subject with it: this might explain her "refusal" to believe that she had been hypnotised, but not her alteration in hypnotisability.(Brenman and Gill (1947 h) distinguish between the meaning of hypnosis for the subject on the one hand and the psychological basis of hypnotisability on the other). For, W and for the patient 2, hypnosis fairly obviously represented seduction. The patient in case 1 recognised spontaneously that the hypnotic suggestion "go deeper" had a special significance for him - on one occasion its use was followed by the spontaneous emergence of the memory of the diving episode, and this in turn he interpreted as the penetration of a body-penis into a vagina which was too large for it.

DANGERS OF HYPNOSIS

In the Introduction one has already quoted Wolberg (1947) on the possible objections to hypnoanalysis. Two actual dangers are mentioned by that author.

One is the stress imposed by hypno-analysis on the personality of the patient: the answer of Wolberg is that ego strength must be appraised during selection for treatment, just as in psychoanalysis. The other danger - that of prolonged dependence on the hypnotist - is not a danger in hypno-analysis, according to Wolberg, because the dependence feeling, along with other transference reactions are constantly being analysed, and because the patient is encouraged to be active.

It is clear however, that these safeguards are not necessarily present in other forms of hypno-therapy, in which, therefore, prolonged dependence has to be considered as a definite risk. Gill and Brenman (1943) believe that Freud's difficulties with cathartic hypnosis were related to the fact that he had not yet learned to interpret the transference. The views of Lorand (1941) on this point has already been quoted: he shows that in one form of hypno-therapy which (though using psychoanalytic insights) falls far short of hypno analysis, the transference situation can yet be sufficiently demonstrated to the patient to avoid this danger - which he showes to be a very real one. In the series of the present writer, the patients who developed the greatest degrees of dependence were D. Y and 2. D was never hypnotised at all, though

one/

one has pointed out at length that the relationship between the patient and the therapist closely - and perhaps significantly - resembled that obtaining in hypnosis. Y was never hypnotised to any more than a slight degree. The patient in Case 2 was psychotic, but the writer considers that the use of hypnosis did in fact increase her dependence on the writer, though she - as also the patient Y - was in such desperate need of a parent-figure that other attachments of almost equal intensity were formed outside of the hypnotic relationship. Certainly her attachment to the writer was no more permanent than these. Her case has been discussed in detail.

Lindner's definition of 3 dangers connection with his variation of hypno-analysis has been discussed in the Introduction. The avoidance of the first - neglect to give post hypnotic amnesia at crucial points - is easy. The second danger is the tendency of some therapists to resort to suggestion, with the result that relief was merely symptomatic: The third, that "the practitioner" must have his own personality under control in view of the especial nature of the relationship with the patient" who is "prone, unresisting, pliable and completely trusting".

Wells (1940 b) repeated some of the experiments of Young reported by that author as the basis for his belief that a subject may be helpless to resist hypnotic suggestion, and found results in support of his earlier statement (Wells (1940 a)) that the results of Young and others are due to failure in hypnotic technique/

technique or in selection of subjects, thus leaving open the question of the limits of successful hypnosis. (But the experimental situation is very different from the therapeutic situation, as the results of Erickson, and those of the present writer, show). Ross (1941 b) believed that the subject was frequently at the mercy of the hypnotist and that if this were the case he could not refuse to yield up his secrets.

Gill and Brenman (1943) however insist that their patient showed strong resistances, both in hypnosis and without it, and give convincing examples, some of which have been quoted in the Introduction. In this respect it has been shown that D. in the present series, was driven into a depression of almost psychotic depth by the use of the technique of Ross (1941): hypnosis was never even attempted. The response of the patient R to the hypnotic implantation of a conditioned reflex included the development of paranoid symptoms (which had at times been present long before hypnosis had ever been used). This however, was merely a temporary phase: it is noted that so far from being "prone" he had the power to break off treatment and leave hospital. The patient S appears to have broken off both hypnotic and subsequently, non-hypnotic psychotherapy for the same reason - the emergence of material which she felt to be a dangerous threat to her personality. The patient T showed even more in the hypnotic state than without it a stubbornness and negativism which is the opposite of the "prone, unresisting, pliable" characteristics attributed by Lindner to/

to the patient in hypno-analysis. T awoke from hypnosis spontaneously in connection with the spontaneous emergence of upsetting material and on one occasion because of an upsetting interpretation by the writer: she deliberately woke herself to avoid the induction of a nonspecific dream and, once, specifically to show her independence! Case V, who was not treated by the writer, is discussed later. The patient in Case 1 awoke from hypnosis (he was an excellent somnambulist subject) because a question put by the writer involved the risk of emergence of traumatic material. As regards his behaviour in hypnosis, this patient resembled those described in hypno-analysis by Gill and Brenman (1943), Brenman and Knight (1945) and Wolberg (1947) - that is, he was extremely active. He would sit up in bed, "peering" at a "picture" - hallucinating even its colours: he would jerk all over, and arch his neck, wag his head: he would strike the bed as hard as he could - practically shouting the while - when abreacting his anger against his father. He described, in the waking state, the feelings which he experienced while hypnotised: "I feel no obligations to you. Your voice could be any one's. There is no barrier - when I'm awake there is a slight barrier". He expressed frankly, in hypnosis, beliefs which in waking life he had completely discarded as fallacies in deference to the writer's authoritative teaching. These features do not suggest the prone unresisting attitude attributed by Lindner (1945) to such patients. Nor does this patient appear as the automaton/

automaton which many still believe the hypnotic subject to be.

The patient in this series who might indeed be described as "prone" is, of course, the patient in case 2. She awoke spontaneously from the first hypnotic session (the reason being unknown) but later allowed herself, in hypnosis, to verbalise a frank Oedipus wish which was expressed, it is true, in terms of a fantasy but which nevertheless possessed for her sufficient psychological reality to cause the development of a hypomanic episode. Later also she requested the resumption of hypnosis, at a time when the writer had abandoned its use in view of the episodes of confusion and amnesia which latterly were associated with it. The position is complicated by her use of such episodes as a weapon and above all by the fact that she was clinically psychotic.

However few patients would have allowed themselves to verbalise the Oedipus wish so frankly and suddenly - the writer believes that most would have wakened spontaneously from hypnosis as happened in similar circumstances in Case 1. The precipitating cause of both these incidents was a question put by the writer - innocently in case 2, deliberately in case 1. A possible cause of the refusal of patient S to allow herself to be re-hypnotised was that the writer pressed her though very slightly, to recount in the waking state the traumatic material already disclosed in hypnosis. At any rate-whether the writer be to blame or not - it was at this point that the induction of hypnosis became impossible, which represents another danger in hypotherapy - that the emergence of traumatic/

traumatic material may produce in the patient a fear, which though insufficient to cause any severe symptoms may yet bring about an interruption in treatment. This did not occur in case 1 or any other case in the series except case R, but the literature abounds in examples of such occurrences. For example the induction by Erickson (1939 b) of an artificial complex caused so much resentment in one of his experimental subjects that the latter resisted all subsequent attempts to induce hypnosis and even developed diarrhoea. The same author (Erickson (1939 a)) elsewhere relates that he asked one subject in experimental hypnosis the name of the girl he was most interested in: the subject readily disclosed this but was very angry when he learned that he had done so, and even after being reminded that he had made the same disclosure weeks earlier in the waking state he resisted any attempt to violate the impersonal nature of the hypnotic experiments by a prompt and angry awakening. Nor could this be altered by careful hypnotic suggestion. "The relevance of" (this) "Account 11 to unfortunate errors in psychotherapy is at once apparent". In yet another article, Erickson (1937) mentions that his patient (already mentioned in this thesis) resented the hypnotic reliving of his concussion so much that he had to be coaxed for a month before he would again permit hypnosis. Again, Erickson (1939 a) casually - "to keep her busy" - instructed an experimental subject to visualise in a crystal the most important event of 1925: she became very distressed and, rapport having been re-established with difficulty, disclosed that a traumatic memory had emerged: after this she needed to be reassured before continuing with/

with hypnotic experiments and in particular would consent to crystal-gaze only after firm instructions that she would see only pleasant scenes, (even after asking psycho-therapeutic help from Erickson in connection with the experience of 1925, Erickson (1939 a) adds that he has had many such experiences since, both in psychotherapy and experimental work, which show that the hypnotic subject is not an automaton but has a full capacity for self-protection. "One needs only a few..... (such experiences).... to realise how easily a good hypnotic subject or patient may be lost by having them face too precipitately a painful experience". With these remarks of Erickson the present writer is in agreement in the light of cases R S and 1: but he would add that a psychotic patient may lack "full capacity for self protection", as shown by the experience with case 2, and that neurotics (V, W) and psychopaths (R) are not the usual hypnotic subjects whom Erickson presumably has in mind; certainly all these patients were upset by hypnotic experiences and cannot be said to have protected themselves fully. "Self protection" in hypnosis recalls the voluminous literature on the question of whether a hypnotised patient can be induced to harm himself or others - i.e. in crude physical ways, instead of the psychological trauma to which for example patient 2 exposed herself. The writer has performed no relevant experiment. One reason for this is his belief that hypnosis is not a specific state - the relevance to the question at issue of this belief, shared by Heron (1952) is made clear by that/

that writer, whose remarks are quoted in the discussion on the theory of hypnosis. (Similarly Hofman-Bang (1946) considers that post-hypnotic crime might be induced - in immoral subjects who often would act similarly without being hypnotised at all). The second reason is the probability, to which Schilder & Kauders (1927) have drawn attention, that the subject in such experiments is aware that the situation is experimental. (These authors add that he may retaliate by humiliating the experimenter - another danger!). Thirdly, and obviously, if such experiments could succeed, as they might do with certain subjects whether hypnotised or not (Heron (1953)) they had better not be attempted. Erickson (1944) concludes on the basis of much experimental work (some of which has just been cited) that hypnosis cannot be used for anti-social or criminal purposes. He cites (Erickson (1939 a)) one striking instance of the actual, intentionally unscrupulous, use of hypnosis by another person against himself-which failed, as the subject in question consulted him. Erickson, (loc. cit.) concludes that the only serious risk in such attempts is incurred by the hypnotist himself in the form of condemnation, rejection, exposure. Harriman (1941) reached similar conclusions but noting the widespread belief to the contrary remarks that one can scarcely be too careful in obtaining permission to induce hypnosis.

Watkins (1951) induced hypnosis in spite of the subject's active opposition, but he does not seem to notice that though the situation/

situation was a "challenge" the subject need not have sat down, nor remained sitting, as he began the induction. He reports the conviction in U.S. of a man on a charge of rape: the victim it is alleged was hypnotised against her will. It will be recalled that the narcoleptic patient E in the present series entered a sleep-like state on being asked "What makes you sleepy?" If this is hypnosis - the writer has discussed elsewhere the question of whether this "sleep" was hypnotic or hysterical - it is difficult to deny the possibility that such a subject could not resist the induction of hypnosis. The same might be said about V. In neither case did the writer attempt to induce hypnosis. The patient W apparently could not refrain from "falling asleep" whenever she heard a tune to which she had been so conditioned, until hypnotic counter suggestions were given by the writer. In all three cases the line between hysteria and hypnosis is blurred, and the writer feels that in view of the non-specific nature of the hypnotic state - as he sees it - no definite answer can be given to the question "Are some individuals incapable of resisting the induction of hypnosis?"

Watkins (1951) claims to have induced dangerous assaults on superior Officers by the use of hypnotically induced hallucinations.

Brenman (1942) claimed that herexperimental result on the whole confirmed the views of the Nancy School, and of Wells (1941) - that a small percentage of hypnotic subjects can be induced to violate/

violate their personal moral or social standards by indulging in anti-social or self injurious behaviour. The similar beliefs of Rowland (1939) are based on some experiments with live rattlesnakes and vitriol, invisible glass screens were the only protection - the only palpable protection, the present writer would add.

Lorand (1941) writes that cases are on record of hypnotists who lose control over their subjects and cannot waken them. Dribben (1951) cites the case of a youth hypnotised "for fun" by someone who later could not waken him; he then became acutely excited and confused but improved after one hour in hospital. Amnesia and confusion recurred next day: he was re-admitted in a lethargic state but soon recovered "fair insight into the psychotic episode". There was a history of seclusiveness and temper tantrums: his mental age was 11. Raginsky (1938) concludes on the basis of a very wide review of the literature that hypnosis can cause no harm that could not result from other personal contacts and that if the hypnotist for any reason did not waken the subject the latter would either enter a natural sleep or awaken to find out what had happened. - "there is no good evidence in the scientific literature otherwise." The only three cases of difficulty in wakening known to the writer are quoted in this series - 2, V, W. The patient in case 2 was psychotic: the nature of the amnesic confused periods which sometimes followed the use of hypnosis is obscure but has been fully discussed already. The writer did not attempt hypnosis in case V, but never experienced the slightest difficulty/

difficulty in wakening W - both these cases had failed to waken properly after hypnosis by a stage hypnotist; one has already advanced explanations for all these phenomena. Lorand (1941) writes that an American stage hypnotist was sued because of the death of a woman during or after hypnosis in a painless labour, while Magonet (1952 c) quotes the case of a motorist who fell asleep in response to the reception on his car radio of a tune to which he had been so conditioned by a stage hypnotist: he awoke when a passenger stopped the car.

Wilder (1947) reports the case of a man admitted to hospital in a peculiar coma which caused much bewilderment until someone suggested that it might be a hypnotic state: he was then wakened, and it was found that he had fallen asleep in the audience at a stage hypnotic show. Hofman-Bang (1946) reports a case in which a man was given the post-hypnotic suggestion that he would throw the hypnotist off the stage: on the way to the stage he collapsed: similar attacks recurred, and three months later he "slept" for four hours in the snow: he was hypnotised, reassured and told that the attacks would cease, and was still well 8 months later. As regards stage hypnosis, the cases V and W illustrate a danger not confined to non-medical hypnosis - the release by the mere induction of hypnosis of more material than the patient can tolerate without the development of severe symptoms. This receives little mention in the literature.

The possibility of psychosis following hypnosis is related to the question already discussed at length of whether the patient will/

will allow himself to verbalise material which is dangerous to his personality. The only relevant case is again case 2: the patient was already psychotic but her condition after the crucial session was definitely aggravated for about a week, during which time hypomanic features were present. Lipton (1943) reports that one patient reacted with suicidal threats to the emergence of incest material in the course of psychotherapy, in which hypnosis was employed. Her former repeated attacks of amnesia had been regarded as hysterical: she now developed alternating personalities; the primary characterised by depression, and the secondary by hallucinations and by destructive, assaultive behaviour: progress-:ive manifestations of schizophrenia supervened. After 45 insulin comas dissociation disappeared but thepatient showed no insight and had again forgotten much of her history. Ross (1941 b) believes that hypnosis may be dangerous in civilians, especially if well-educated (as the appearance of gross hysterical symptoms in such persons signifies a serious damage to the personality): this is especially true of fugues and amnesias - sometimes thepatient has been swindling and almost always some disgrace has been hanging over his head. Ross (loc.cit.) remarks that for such patients to learn suddenly - in hypnosis - the nature of the disgrace, has on more than one occasion been followed by a suicidal attempt. He compares this with "the slower methods of consciousness" in which the stream ofideas will stop if they are becoming intolerable.

But/

But this last is precisely what happened in deep hypnosis with patient 1 - one of the best hypnotic subjects in the series. Rosen (1951) quotes Wolberg (1948) as stating that a psychotic shattering of the ego can occur in some cases of symptom-removal by direct hypnotic suggestion, and himself reports a case in which hypnosis was induced, without the patient's knowledge, for the purpose of differential diagnosis. This patient's euphoria was immediately replaced by a deep depression related to severe anxieties which he now disclosed; his disorientation disappeared; no post hypnotic amnesia was suggested. On the following evening the patient was only just prevented from a real attempt of suicide. Wolberg (1951) writes that psychotic reactions may be produced if the dependency needs of a hysteric are great enough to force him to accept hypnotic suggestions of symptom removal, in those cases "where pain binds great anxiety and serves a protective function". Kartchner and Korner lists psychosis as one of the dangers of using hypnosis in acute combat reactions.

The views of Déjerine and Gauckler (1915) on the dangers of hypnosis have been quoted in the Introduction - they all concern direct suggestion: one is that a subject may make false allegations of rape against the therapist. The only relevant case in the present series is case 2, where the psychotic patient privately confessed to the writer that she was not sure that her nocturnal dream of coitus (which had followed the verbalisation of Oedipus wishes during hypnosis on the previous day, and in which the male figure/

figure seemed to be the writer) had not in fact been a reality. She readily accepted reassurance, but if she had been possessed of a little less insight - if for example the writer had not interpreted the transference from the beginning of treatment - it is not difficult to imagine her behaving very differently, especially in view of the frequency with which she resorted to the use of projection. Watkins (1951) reports the conviction in U.S. in 1948 of a man on a charge of rape: the woman had it is alleged been hypnotised against her will.

Erickson (1944) concludes that hypnosis has no injurious or detrimental effects on the subject more than those which may occur in any other normal interpersonal relationship: that it cannot be used for anti-social or criminal purposes: that no subject can be hypnotised against his will or without his co-operation: "as for hypnosis precipitating abnormal conditions the relationship is temporal, not causal, as in a mental illness first noted after a routine appendicectomy. I have observed no detrimental effect". The writer finds some of these conclusions very surprising, and believes (a) that case V and W show that the mere induction of hypnosis may precipitate a severe illness: (b) that hypnosis was an important factor in the causation of the hypomanic reaction in case 2 and in one of the paranoid episodes in case R. On theother hand even the patient in case 2 was less prone and unresisting than Lindner's patients seem to be.

HYPNOSIS AS A TOOL OF INVESTIGATION

Harriman (1942) writes that many psychologists have pointed out that experimental investigations employing hypnotic suggestion are treacherous and that it is difficult or impossible to provide adequate controls.

Brown (1940) poses the dilemma of precision of method versus vitality of material - i.e., between general psychology, with its increasing methodological precision but weakness of vital interests, and psychoanalytic theory - with its rich content but methodological weakness. Brenman (1947) considers that the application of hypnosis to psychology promises some solution to this dilemma " for the strong affective relation between experimenter and hypnotic subject makes possible the creation of psychological phenomena of significantly greater strength than those produced by the usual laboratory methods". Her experimental study (loc. cit.), using hypnosis as a tool of experiment, is intended to illustrate a method of research which may help to close the "schisms" in psychology - e.g. between clinical observation and experiment. It seems to the present writer that much of the experimental work of academic psychology (cf. remarks on hypermnesia is so far removed from real life that one might well hesitate, in spite of the well-justified remarks on hypnosis of Harriman (1942) which have been quoted above, to discard any potential means of research which premises more "vital interest". If all hypnotic phemomena were ruled out of court it is difficult to see how for example Erickson and Kubie (1940) could have discovered that the cryptic writing of one subject could be understood by another - surely an interesting and important finding. Schneck (1952) used induced dual dreams to test the clinical observation that two dreams occurring in one night in a case under treatment were related: "the use of hypnosis for such research is clearly demonstrated." Farber and Fisher (1943) used hypnosis in an

experimental approach to the psychology of dreams.

Raginsky (1938) thought that the most fertile application of hypnosis lay perhaps in experimental psychology. A good example of such application is reported by Eisenbud (1937). She had formed the hypothesis that the state of a certain patient at any time was a balance between anxiety on the one hand and headache and amnesia on the other, with a need to keep anxiety at a minimal level even at the cost of increase in the other two symptoms. For example she considered that the aggression stirred by a hostile act against his father produced anxiety in the patient, the repression of which led to amnesia, while the aggression was expressed as headache. To test this hypothesis, she used a complicated modification of the technique of Luria (1932) to implant, under hypnosis, an artificial conflict over suppressed aggression (with hypnotic amnesia to represent the repression) which produced headache. She considered that the results confirmed the hypothesis.

The writer has not used hypnosis as a tool of laboratory experiment but has been impressed by the vivid, unexpected and spontaneous nature of much Freudian material produced e.g. in cases S T and U but above all in cases 1 and 2, and has suggested that in no situation other than hypnosis could psychological material be presented in this way. Erickson and Kubie (1938) write "no matter how accurate a body of scientific theory may be its confirmation by the use of some technique other than that on which the theory first rested is always valuable.....this case is reported in detail therefore because by a non-psycho-analytic technique it illustrates a type of symbolic activity like that studied by psycho-analysis in dreams and psychoses....". Freud (1938) wrote that a psycho-analyst, like an archaeologist, must reconstruct what no longer exists on the basis of vestiges, but must depend

for the validation of these constructs on the "yes or "no" of the analyst: and: whose answer may be ambiguous: confirmation may often be long delayed, and may take the form of new related material; parapraxes; a change in symptoms; "the appearance of vivid and detailed memories related to the construction". One compares this with the appearance, e.g. in case 1, of vivid and detailed memories, verified by others as being true in the main, before any relevant construction has been formed: is that not even more convincing? But in what therapeutic situation other than hypnosis could this happen? the only answer could be narcosis, or rather narcotic hypnosis (Horsley (1951)), but no one has suggested that narcosis could be as often repeated as was hypnosis in case 1, quite apart from all the other difficulties and deficiencies which have been already discussed in connection with narcosis.

The symposium initiated by Boring (1940) was inaugurated on the assumption that an experimental psychologist who had been analysed should be an authoritative judge of psycho-analysis. This attempt to heal the schism, to solve the dilemma - without the use of hypnosis -yielded somewhat indefinite results, which are reported in the symposium ~~in the symposium~~ in the form of evaluations of psycho-analysis by four such psychologists. Boring (1940) states "apparently psychology is not yet in a position to validate or invalidate psycho-analysis experimentally - with selected groups and controls. Hence we are reduced to the collection of cases and histories". Difficulty in concentrating was his reason for beginning treatment, and lack of time and money his reason for having to end it in nine months. He gained no new childhood memories. Landis (1940) reported that his analysis was a very unpleasant and very unhappy 15 months: "week after week of trying to talk with nothing to say became a veritable nightmare". The analyst had said that the analytic procedure would create an neurosis. "Then I realised he was absolutely right". Sachs (1940)

commented that "it still remains an open question in how many cases anything approaching a full cure can be achieved and how the result compares with the necessary sacrifice of time, exertion and money." Alexander (1940) summed up the symposium by saying with regard to the vagueness of the reports that professional analyses in which therapy and didaxis are intertwined are not comparable with analyses of cases of crippling illness.

CONCLUSION

It seems clear that other methods than those reported in this symposium are required to effect an accurate valuation of psycho-analysis and thus help to close the schism. Hypnosis may provide one such method. Another would consist in the attainment by the psycho-analytic school of therapeutic results which would compel the support of all objectively-minded persons. Such results would need to compare more than favourably "with the necessary sacrifice of time, exertion and money", by the provision of a relatively short but effective treatment. It is suggested that in this respect the theory and practice of Alexander and French (1946) and their collaborators provide grounds for hope. The present writer has suggested further that hypnosis might prove one additional practical tool in the light of that theory. However that may be, the present position of psychoanalysis in its stronghold U.S.A. - is summed up in the remarks (in the above symposium) of Brown (1940): "Except for research cases, only the well-to-do may be psycho-analysed". A few pages earlier the same writer had pointed out that one important reason for Freud's replacement of hypnosis with free association was that not all individuals may be hypnotised. If these two statement of Brown are placed side by side, the gap between Freud's hopes for psycho-analysis and its actual achievements is seen to yawn rather widely. (One recalls that Freud (1919) wrote that if psycho-analysis were ever to be as widely available

as other treatments, analysts would be compelled to modify their technique by returning to experiments with hypnosis). It is fair to report the remainder of Brown's remarks on this point. He quotes as Freud's main reason for replacing hypnosis by free association the fact that in the latter the observed as well as observer becomes cognisant of the unconscious factors involved. Other important reasons quoted are that free association has greater therapeutic value than hypnosis - (now that free association has been restored to hypnosis, is the position unchanged as regards these two points?), and the fact already dealt with here - that not all individuals may be hypnotised.

If psycho-analysis, as a therapy, is not realising Freud's hopes - and the present writer has argued that the Chicago School of ~~psycho-analysts~~ psycho analysts may yet do so- it does not necessarily follow that the use of hypnosis is even partly the answer. But for want of a better one, can psychiatry afford to ignore hypnosis completely? It may be that group psycho-therapy is a better answer. Certainly, in the words of the British Medical Journal Editorial (1949) - "Short cuts in psycho-therapy are urgently required", and if no short cut becomes available the therapy of neurotic illness would appear to have reached an impasse. From that impasse the only effective escape would be through concentration on the prevention of illness.

SUMMARY

This thesis comprises

I. an Introduction in which three topics are discussed:-

(a) Hypnosis - with particular reference to its present status in this country and abroad: the psychological emphasis here, the physiological stress on the Continent.

(b) The relations between hypnosis and psycho-analysis, from their early divergence to the present period in which there are signs of a resynthesis.

(c) Certain trends within the body of psycho-analysis : the development of schisms : the divergence from the views of Freud : the concentration by one school (in Chicago) on short psychotherapy in the light of certain views which concern particularly the significance of regressive material. The need for a short but effective psycho-therapy is emphasised.

II. Observations on a series of 28 cases. Of that number, 23 were treated by the writer : the treatment varying from reassurance (Ross (1941)) or direct hypnotic suggestion to two attempts at hypno-analysis. The length of treatment varied from 1 interview (5 cases) to 160 interviews - in 12 months (2 cases). Hypnosis was employed in the treatment of 18 cases : in 5 it was not used.

In the 5 cases which were not treated by the writer, hypnosis was used in one (0) as a diagnostic measure, in a second no useful

level/....

level of hypnosis could be obtained (X) : a third patient is reported because of the effects of hypnosis induced by a stage hypnotist (V) : a fourth (M) because of the spontaneous outburst of traumatic memories which followed induction : a fifth (E) because of a narcoleptic phenomenon perhaps related to hypnosis.

Many of the patients treated were very severely ill. D. for example - an intelligent officer with an excellent war record - when first seen was immobilised in bed because of his fear of death. R. had a history of hallucinations and suicidal tendencies apart from his extremely severe addiction to alcohol (and to various drugs). The 5 patients whose treatment at length was attempted are noteworthy in this respect. S. had been driven into hospital repeatedly by her acute panics. T. and U. similarly faced the psychiatric ward - willingly - rather than face the fears associated with the outside world. The patients 1 and 2 had already been admitted to hospital when first seen by the writer. The patient 1 had at that time already spent some months in hospital, and was seen to weep copiously at times. He had not worked for a year and had once spent a year in bed because of his chronic neurotic symptoms. Patient 2 had been unable to leave the hospital - even for the briefest space of time - for 4 years, prior to which hospital admission on account of psychological symptoms had been frequent : clinically, she

was/....

was psychotic. Of these 5 patients, three (S,T,1) had already failed to respond more than temporarily if at all, to treatment by other psychotherapists. The patient 1 had in fact undergone 9 months of analysis by a psychotherapist who had not only been fully trained in Jungian methods, but had had a full Freudian training analysis.

It is not proposed to analyse all the therapeutic techniques and results, but it is at once obvious that neither attempt at hypno-analysis constituted the equivalent of a full Freudian analysis though in each case treatment was continued for 12 months. Nor did the results approach anything like a complete cure, though in Case 2 especially a marked, and so far lasting, social improvement was obtained. Among the shorter cases the positive results regarded by the writer as being significant are the following: (1) the marked relief of symptoms by the Ross (1941) technique : (a) after one half-hour interview - A. (b) after 3 brief interviews - with the emergence of buried memories-B. (c) in a few weeks' treatment of a very severe neurosis - D. But follow-up was inadequate in all three (some months in Case A)

(2) (a) The cure-of stammering-which followed the use of direct hypnotic suggestion and the hypnotic eliciting of childhood memories (Case L.) The total treatment time was about 5 hours. The follow-up showed him to be symptom-free nearly

three/..

three years later.

(b) The partial relief of hysterical symptoms for at least 5 years in a case of amnesia and fugue. The treatment, which was as in Case L., occupied less than one hour. (Case H.)

In these two cases superficial insight was gained, but

(c) in cases I and K., no insight whatsoever resulted. Treatment was by direct hypnotic suggestion : it occupied 6 - 7 hours (less in Case I.) The results, though probably temporary, were of great value to both patients.

(3) It appears that the lasting improvement in Q., after one non-hypnotic interview can best be explained in the terms of Alexander and French (1946).

(4) The similar lasting improvement in Case U. was perhaps best understood as a transference cure, in the sense of French (1946ab).

III. Discussion: the material provided by the writer's observations is reviewed, with reference to the literature. Certain main conclusions are summarised below.

SHORT-PSYCHOTHERAPY

Attention has been drawn to the presence of schisms within the school of psycho-analysis, as shown by the widely differing views lately expressed by, for example, Horney (1947), Fairbairn (1952), and Alexander and French (1946). The theories, and the practical approach to treatment, of the last two writers and their collaborators are contrasted in particular with those of Fairbairn, with particular reference to the possibilities of short psycho-therapy. It is suggested that the theories of Alexander and French provide a deeper explanation of various phenomena reported in connection with short psycho-therapy by many other writers (e.g. Erickson, Ross, Fisher (1943a,b) and the present writer). Particular attention has been paiErickson, Ross, Fisher (1943a,b) and the present writer). Pthe significance of regressive material and to the emphasis laid by these writers on the importance of real life, its problems and its therapeutic possibilities. One has stressed most of all the belief of Alexander and French that the basic therapeutic in all neurosis is to enable the patient to re-experience, in a protected situation and with a different result, the crucial situation in which he had earlier failed. The distinctive approaches of therapists as diverse as Gill and Menninger, Brenman and Knight, Erickson, and Lindner are reviewed in the light of this belief, as also are the series of cases of the present writer. On this basis one hasconcluded that there are grounds for welcoming the views of Alexander and his collaborators as offering a theoretical basis for the future planning of short psycho-therapy. Reasons are adduced for the belief that the technique of hypnosis may be of use in this respect, particularly in focussing the treatment - to the relative exclusion of digressions - on the crucial situation in question, whether that be easily uncovered and of recent origin or deeply/

deeply buried in the period of childhood. At least in many cases of the latter type the combination of psycho-analytic insights with hypnotic techniques - hypno-analysis - would appear to be particularly appropriate as a treatment. In the former type the intellectual approach of Ross - "through the head rather than through the heart" - has often proved adequate: where this is likely to be so the writer has found it better to avoid the development of a strong transfer: :ence lest treatment be prolonged and complicated.

Apart from the reasoned exposition of Alexander and French, one desires to draw attention to the very occasional occurrence of two certain types of result in psycho-therapy. The first comprises on the one hand the single case of last: :ing cure of gross neurotic symptoms in a few sessions of direct hypnotic suggestion reported by Wells (1944) and on the other hand, certain results of direct suggestion in physical disease - particularly those reported by Bachet and Weiss (1952), which compelled these authors to adopt a neuro-physiological (Pavlovian) view of hypnosis. The second type of result is the recovery noted by Erickson (1937) as occurring in the absence of conscious insight. Two cases of the latter type are described in the present series - Q and U, and explanations are offered for the results, in terms of the theories of Alexander and French.

The result of Wells (1944) remains isolated and unexplained: it is suggested however, that it cannot be ignored. The same remarks might well be made concerning the faith cures at Lourdes. These occur very rarely but appear sometimes to involve cases or organic disease. Similar cases of rapid psycholog: :ical healing have been reported recently by a group of Protestant clergymen from Glasgow: the nature of the cases is unknown to the present writer.

(SUMMARY: cont.) NARCOSIS

The barbiturates, whether administered intravenously or by mouth have been found useless as a means of increasing the depth of hypnosis, with the possible exception of one case in which a slight deepening followed oral administration. The similar findings of Gill and Menninger (1946) are quoted, as also the contrary findings of Horsley (1951): one has suggested a way in which these different results might possibly be reconciled.

Rapport, and control - particularly in the fields of memory, amnesia, and recall, have been found by the present writer to be immensely superior in hypnosis as compared with narcosis: this superiority is less evident in the traumatic neurosis of war. In two cases in the present series the repeated use of narcosis would have been contra-indicated: in both, hypnosis proved useful. Attention has been drawn to the possibility that the use of narcosis may involve the therapist unwittingly in playing the role of hypnotist to varying degrees: this is connected with the question of the specificity or otherwise of hypnosis. A striking example of an elaborate fantasy which was produced as the truth by one patient in narcosis is given by the present writer: the only similar case in the writer's experience of hypnosis concerned a psychotic.

Susceptibility

1) One has been convinced by experience that the older writers were correct in believing that there is a positive association between gross hysteria and hypnotisability.

2) The Rosenzweig hypothesis or at least that part of it which postulates a relation between repression as a means of defence and high ranking in hypnotisability, receives some further support from the writer's observations. This is probably connected with 1), as hysteria is associated with repression. Indeed the 4 concepts - repression, dissociation, hysteria and hypnosis seem to the writer to be inextricably intertwined.

3) In two cases of (a) poor susceptibility to hypnosis, the subjects (b) "went to sleep" instead of entering a hypnotic state as that it usually understood. Both (c) were very sound sleepers, and (d) both were enuretic. One wonders whether the association of these 4 factors is significant (certainly in the writer's experience (c) and (d) are often associated) : if so, the possibility of a neurological basis for such an association is postulated.

4) The writer's experience that the prominence of obsessional features on the one hand, and feeble mindedness or sub-average intelligence on the other, are apt to be associated with poor susceptibility to hypnosis, finds some confirmation in the

literature/...

5) Unusual types of patient to figure as hypnotic subjects in this series include the psychotic patient 2, and the very old lady I. One has not seen reports of the induction of hypnosis in any subjects of greater age than in the latter case - 84 years. In patient 2 no fluctuation in hypnotisability was observed though the degree of psychological abnormality varied very considerably from time to time.

Difficulties.

The especial difficulties encountered by the author were:

1) His lack of training in psycho-analytic theory and technique.

This has been cited as an advantage in the validation of psychological material, for two reasons : (a) the writer had no initial bias in favour of psycho-analysis, which implies also that he was not continually looking for psycho-analytic significance in the productions of the patients: (b) the writer did not prepare the way for insights on the patient's part : such insights were therefore much more spontaneous and less "voulu" than would be the case in the course of the orthodox analysis by a trained analyst. Indeed, the insights arrived at in some cases surprised the writer as much as it did the patient.

In spite of these advantages, the lack of training was a very great therapeutic handicap.

2) The lack of a suitable room in which to conduct treatment. This applied particularly to the use of hypnosis on out-patients : the room in question gave on a very noisy corridor. In at least three cases during hypnosis, someone burst noisily into the room. This was particularly upsetting for one patient whose complaint was a fear of noise : he never again attained the same depth of hypnosis.

3) Partly due to (2), many of those patients who were treated at length were in-patients in the psychiatric wards, and therefore far more ill than is the usual neurotic who comes for treatment

to the/...

to the out-patient clinic. Several had already been treated, without success, by other psycho-therapists.

Direct Suggestion

The frequency with which this technique is still being used is revealed in a brief review of the literature - as also is the naivety of many who use it. Nevertheless there occur cases in which great benefit has followed the use of direct hypnotic suggestion. Among the most striking are the case of Wells (1944) in the psychological field and the cases of Bachet and Weiss (1952) in organic disease. Its use by the writer is summarised above.

Hypnotic Dreams and Memories.

1) The experience of the writer that nocturnal dreams can readily be induced post-hypnotically is not specifically reported as being that of others, though one notes casual references to this phenomenon in the literature.

2) The early dreams in hypno-therapy of patients in this series often contained a clear statement of the patient's problem. This confirmed the findings of Wolberg (1947). Such a dream was readily induced in one patient at a much later stage in treatment.

3) The dreams in hypnosis of some of the patients in the series are indistinguishable from spontaneous nocturnal dreams in

contra/...

contra-distinction to the findings of Brenman (1949).

4) Induced dreams, whether hypnotic or post-hypnotic, were frequently memories. Such induction, in one case, appeared to initiate a chain of memories which were closely associated with the clinical improvement. In two cases at least the induction of memory-dreams focussed the patient's attention on childhood, which was useful therapeutically.

5) The writer's experience has convinced him that hypnotic regressions and memories of childhood can be understood as dreams. The patient focusses these phenomena on points which are of significance for his illness, the memories etc. being selected according to their suitability for expressing this significance. symbolically even when the hypnotist has suggested a particular topic for the memory or regression .

6) One believes that much material in this series shows that hypnotic dreams, memories and regressions occupy a position between spontaneous nocturnal dreams and true memories. This position sometimes approaches that of pure phantasy - at other times that of complete historical accuracy. Hypnotic memories in some cases in the series are shown to have been distorted. The symbolic significance of some such distortions has been demonstrated in Cases 1 and 2. In no case of the writer's would he vouch for the complete accuracy of any one childhood hypnotic memory or regression, but he believes that he has demonstrated the usefulness

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of such memories.

7) One patient claimed to remember an event which occurred when he was 10 - 11 months of age. One's impression - it could be no more - was that this memory had considerable validity : it is very unlikely to be correct in detail.

Theory of Hypnosis.

Special attention has been paid to the question of the specificity of the hypnotic state. One has discussed in the light of the literature and of certain phenomena reported in the series of cases the possible relationship of the hypnotic state to numerous other states of the organism : these include the waking state, sleep ; psycho-analytic transference ; narcosis, hypoglycaemia, etc. ; certain hysterical phenomena - particularly dual personality, narcolepsy, somnambulism ; hysterical psychosis, actual psychosis. In no case, it is suggested, are the dividing lines clear cut : in every case one has noticed instances in which it is extremely difficult to decide whether the phenomena concerned are hypnotic, or whether they should be classified with one of the other states which have been listed. One considers that such decisions are perhaps impossible, or, rather, unnecessary, if - as this material suggests - hypnosis is not a specific state. The wide connections of hypnosis with these and other phenomena are cited as reasons for asking whether

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one can afford to leave hypnosis to the quacks, charlatans and stage comedians.

It is further suggested that in this country the psychological aspects of hypnosis have been stressed to the relative exclusion of any physiological approach, with a consequent limitation of both theory and practice.

The significance of hypnosis to six of the patients is discussed.

Hypnosis as a Tool of Investigation.

Two distinct approaches to the problem of the schism existing between psycho-analysis and general psychology are discussed - one employing hypnosis as a tool of investigation, the other depending on the psycho-analysis of academic psychologists. The results of the latter approach are very indefinite. As regards the former, the experimenter concerned (Brenman 1947) emphasises the preliminary nature of her investigation, but hopes that hypnosis may yet prove useful as a means of healing the schism. As a contribution to work of this type, the present writer offers the material produced by several patients in the series, particularly in cases 1 and 2 - in which various productions of the patient appeared to support strongly certain of the Freudian hypotheses. That the emergence of such material frequently surprised the writer, is, it is suggested, evidence of its spontaneity, while the vividness of much of it is very

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striking. No other technique, it is suggested, would permit such spontaneity and vividness. The writer does not suggest however that generalisations about the healthy human mind can be drawn from these 2 particular cases, one of whom was psychotic.

Future Lines of Investigation.

These include the investigation - physiological rather than psychological - of the nature of the hypnotic state with particular reference to the question of its specificity and to the nature of the relationship between it and various other phenomena already enumerated. The effects of hypnotic suggestion on organic disease might be a particularly fruitful field : the present writer has done no work of this sort but has considered the possibility of using hypnosis in an investigation of post-encephalitic Parkinsonism. As regards psychology, investigation of the writer's hypothesis of a possible association between gross hysteria and hypnotisability might throw some light on both phenomena, while the hypothesis if confirmed may, it is suggested, be of some use in diagnosis.

Above all, it seems important that research should be focussed on the possibilities of a short but effective psychotherapy. In this connection the Chicago school of psycho-analysts on the one hand and the technique of hypnosis on the other seem significant to the present writer, who further suggests that the two approaches might be combined, as was done by McDowell (1952) in an example

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of the powerful but brief psycho-therapy which is so much needed.

The Dangers of Hypnosis.

The present writer's view of this question is in general intermediate between that of Erickson, who denies any especial dangers in view of the patient's capacity for self-protection and the belief of Lindner that in hypno-analysis the patient was unresisting and helpless. In particular, the present writer draws attention, on the basis of 2 cases (V,W.) reported at length, to the facts

1) that the mere induction of hypnosis may precipitate a severe neurosis:
2) such a neurosis is by no means always a superficial affair which can be banished as simply and rapidly as it has been precipitated: the neurosis unleashed by hypnosis originates partly in the earlier life of the patient and therefore cannot usually be cured simply by re versing the hypnotic procedure.
3) It follows from 2) that those patients are all pre-disposed to neurotic illness. But the writer considers this fact to represent precisely the greatest danger of the induction of hypnosis by a person not acquainted with the history and make-up of the patient: such a person has no idea of what forces lie dormant in the patient's mind, requiring only the induction of hypnosis for their release - sometimes in a catastrophic manner. This danger is particularly great in

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lay and stage hypnosis but is by no means confined to non-medical usage.

These three points appear to have received little or no attention in the literature, though Erickson records the occurrence of similar ill-effects when to the induction of hypnosis is added for example the apparently"neutral" and "innocent" use of crystal gazing.

The present concludes that one cannot at this stage dismiss as impossible the association with hypnosis of the following dangers:-

1) The production or aggravation of neurotic illness : even a psychosis may be precipitated. The patients in cases R., V., W., and 2 were by no means able to protect themselves fully as Erickson claims to be the case with his subjects. It is true that R. interrupted treatment but not before he had experineced an exacerbation - temporary though it was - of his symptoms, while in Case 2 a hypo-manic episode occurred. At one end of the scale in hypno-therapy direct suggestion - and at the other end hypno-analysis, has each its particular stress to impose on the patient's personality.

2) It follows from 1) that the patient may break off treatment because of the stress imposed on his personality by certain hypnotic techniques, as occurred in Cases R. and S. It is fair to add that S. appears to have discontinued non-hypnotic

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psycho-therapy for thesame reason.

3) It seems not impossible a) that some subjects are unable to resist the induction of hypnosis, and b) that hypnosis may be used to induce a subject to harm himself or others, but these questions are, it is argued, very difficult to answer in view of the lack of distinction between hypnotic and e.g. hysterical phenomena - in view, that is, of the non-specific nature of the hypnotic state.

4) Some patients become unduly dependent on the therapist. The writer cannot say that in his experience this has occurred more often in hypnotic than in non-hypnotic cases, though Lorand (1941) quotes a convincing example which was due to the neglect of the therapist to interpret the hypnotic transference.

5) Some unstable women patients may make allegations of rape against the therapist.

It remains to be added that all these risks with the obvious exception of the third (i.e., 3a) are associated also with non-hypnotic therapies : examples are readily found in the literature (or for that matter in the present series) as regards 1), 2) and 4). With regard to dangers, as in other respects, it is perhaps more important to know what is done <u>in</u> hypnosis than merely to know that hypnosis has been induced.

Opposition.

It is suggested that opposition to the use of hypnosis has several sources :

1) The belief that hypnosis constitutes an exceptional - perhaps a morbid - state. One has cited one's own experiences, and quoted those of many others, as suggesting that hypnosis is not a specific state. Connected with this belief is

2) the prevalence in this country of the psychological view of hypnosis, to the exclusion of the neuro-physiological view which prevails on the continent. One quotes the editorial of the British Medical Journal (1949) : "above all it seems desirable that hypnosis should be investigated more thoroughly along neuro-physiological lines".

3) The unfortunate lay publicity - the press; the B.B.C. to some extent; certainly the stage performances and lay clinics. It is to be hoped that the decision taken this year by the Psychological Medicine Group of the B.M.A. (British Medical Journal (1953)) that hypnosis should be induced only by a registered medical practitioner, will yet be embodied in legislation.

4) The persistence of the belief that the only form of hypno-therapy is direct suggestion of symptom-disappearance, with all that that implies in the way of dangers on the one hand and ephemeral results on the other.

5) The fact that certain abnormal individuals may be made more ill, even psychotic, by the use of hypnosis - by the mere induction

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of hypnosis, the present writer would add. But it is not recognised equally clearly that any effective form of psychotherapy involves such risks with certain patients, from psycho-analysis on the one hand to Rossian reassurance on the other - as Ross himself stated (Ross (1941)).

6) The abandoning of hypnosis by most of the profession, for the above and other reasons, to the stage and other lay hypnotists has caused hypnosis (and those doctors who use it) to become associated in the minds of many with quackery and charlatanism. This association further prejudices the profession against the use of hypnosis and so on, in a vicious circle.

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