THE USE OF HYPNOSIS IN THE TREATMENT OF SCHIZOPHRENIA*

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I.

Hypnosis has been used in the treatment of schizophrenia for untold generations and ages. We have lost historical perspective because we have failed to take seriously what people were doing with hypnosis two and three thousand years ago. From the literature of the ancient Greek and Egyptian temples of healing we know that they treated people who were what we would call schizophrenic as well as people with psychosomatic and neurotic problems.[13]

Witch doctors in contemporary primitive societies make similar use of hypnosis.[7] Most witch doctors, in fact, develop a socialized (conventional, according to the culture) form of psychosis by using hypnosis in fulfilling the tribal function of witch doctor. Fuller study of these phenomena would, I think, contribute to our understanding of the use of hypnosis in the treatment of schizophrenia. This material has been discussed by Jane Belo[2] in her *Trance in Bali* and by a number of other investigators. Basically what happens is that persons with what we would call serious neurotic or psychotic illness under the treatment of witch doctors either are cured or become witch doctors themselves.

Hypnosis enjoys waves of enthusiasm. This happens because during periods when it is in fashion it is used to treat everything from

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ingrown toenails to dandruff, and the conservative therapists react against it. Such a reaction has been taking place in recent years, and there has been a decline in the use of hypnosis in therapy. This is unfortunate because with proper safeguards hypnosis can be a valuable tool for the trained therapist, especially in the treatment of certain schizophrenic patients.

2.

My own approach to the use of hypnosis with schizophrenics derives from my understanding of the nature of schizophrenia. I see a schizophrenic as a person who has retreated not only from reality but also from *the outside of his own body.*[6] He has withdrawn from his skin, his muscles, and from all his sense organs. That is why he is out of contact with reality. Patients tell me that they have withdrawn into their own bodies as into little castles from which they peek out. At first such patients can manipulate the outside of the body, which has become a facade, a role they play, a mask. Later, as the disease progresses, they become prisoners in their own castles, and can no longer communicate with the outside world. One patient, for example, came to my office one day carrying my mail, which he handed to me. I recognized that this was for him an important gesture, that he was bringing me a sealed message, a secret. I was right, but it was many years before he could describe for me the agony his gesture cost him. He had been, at the time, almost entirely out of contact with his own facade, and the effort of manipulating the facade in order to deliver his secret message had been enormous.

I see a neurotic, on the other hand, as a person who has endowed the outside of his body, his sense organs, what we call the ego, with his sense of self. He makes an adjustment to reality at the expense of his inner self, his soul. Here lies the difference between a devout psychotic who cannot communicate with others and a neurotic theologian who can express concepts of religion clearly and logically but feels nothing. The theologian has lost contact with his inner self, whereas the schizophrenic mystic has clung to that inner self at the expense of his contact with others and with reality.[5]

Similar phenomena have been observed with LSD and mescaline experiments. A neurotic, or borderline, patient has a psychotic episode, and speaks of the "outside talker" who is carrying on. The inside talker has lost the ability to control and manipulate the outside talker.

In the experiments of Hebb and Lilly[15] on isolation and sensory deprivation, patients develop hallucinations just as they would under mescaline or LSD. Aldous Huxley[12] has written eloquent religious and aesthetic descriptions of his experiences with mescaline. It is difficult for him to conceive that other people have experienced the most horrible nightmares and frightening deliriums.

The natural vicissitudes of life can produce similar phenomena. A shipwrecked sailor may become suicidal, self-destructive, homicidal, or he may be thrown overboard by his fellow passengers in the life-boat, who may disintegrate psychologically long before there is real danger from lack of food or water. This does not necessarily happen, however, and on occasion people in a similar predicament have been known to develop profound religious faith and a sense of integration. In the case of Eddie Rickenbacker, for instance, everyone survived who was able to share Rickenbacker's faith that they would be saved. Those who could not share in that faith died quickly.

There are people who have deep down enough love that when thrown back upon their own resources they have what it takes, and there are others who simply do not, who were injured too young or never given adequate love. Those who do not have what it takes, who break down, are, of course, the schizophrenics.

3.

We begin hypnosis by asking the patient to assume a comfortable position. This can be lying down, sitting in an easy chair, or whatever is easiest for the patient and the hypnotist. An expert can induce hypnosis no matter what the patient's position, but a relaxed and comfortable position makes things easier. The simplest method is eye-fixation. We hold a pencil above the patient's eyes so that he strains slightly to see it, and we start talking, telling him to push everything out of his mind, make his mind a blank, think of nothing but sleep, concentrate on the pencil.

> Your eyes will get heavier and heavier.
> Your eyes will get heavier and heavier.
> Your body will feel heavy. You'll sink into the couch.
> You'll feel very comfortable; very, very relaxed.

Some patients say that I have a lullaby voice, and this describes very well the effect I try to achieve. I try to reach and communicate

with what some patients describe as the "inside little me." In that moment of concentration, in that moment of thinking of nothing, of excluding all sensory perception, the ego boundaries widen, the patient expands and takes in the hypnotist. Patient and therapist are one. This experience is very like the symbiotic oneness of mother and newly-born child. Kubie and Margolin[14] say that the patient has incorporated the super-ego, but this is not the whole story. It is true of post-hypnotic commands, where the patient is told under hypnosis to execute a particular action after he has come out of the hypnosis. Here the patient responds as he would to a conscience command. In the hypnosis, however, the oneness of patient and therapist is total, such that the patient's "inside little me" feels the love of the therapist just as a newly-born child feels the love of the mother.[3]

The problem is to get through the layers of destructive hatred that have been piled up over the years, to get under those destructive incorporations, and to reach the basic core of self where love is needed and can be accepted. I had a patient who came to me after ten years with other analysts, and good analysts, yet his condition was such that it was difficult to believe anything had been done for him. He wanted electro-shock therapy, which I do not do, but we agreed instead to see what could be achieved with hypnosis. On the first attempt I produced a light trance and got him to raise his arm. He said, "Well we're getting nowhere." I said, "All right, wake up." He woke and pulled his arm down. I said, "Why did you do that?" The only evidence of trance was the fact that his arm did not come down automatically but had to be pulled down. We did further experiments with arm levitation but he continued to resist hypnosis. At last I taught him to stare at a spot on the wall, which he liked to do. Eventually he began to break through with some feeling, his nose got stopped up, his breath grew heavier. Suddenly, he reached back with an agonized gesture, making a fist with his left hand. I put my hand on his, but this was not the response he wanted. He came out of that session in a rage, talked freely of very traumatic events in his childhood, remembered his father's death when he was three, and vividly described primal scenes from a later period and involving his mother and stepfather. Gradually I was able to get closer and closer to this patient, until a time came when during the hypnotic sessions he would respond to the mood of love, to the lullaby, I had been working to develop. Yet, even at this point, when he would begin

to come out of the hypnosis I could see his hostile mother taking over. He would say, "The hypnosis is no good. I have failed. I have not done the right thing. I am no good." I could see the layers of destructive hatred falling back into place as I brought this difficult patient out of hypnosis. It takes so much time, as it does, of course, with any form of therapy.

4.

People who have studied hypnosis deeply, and trained themselves, can go into an hypnotic state by themselves. These self-induced states are frequently anxiety-free, and people can and do solve difficult logical problems while under self-hypnosis. Something analogous occurs with the practice of Yogi, where states of deep devotion and security are often achieved. This auto-hypnosis with benign results cannot be achieved by a schizophrenic patient, who needs the help and the expression of love only the therapist can give.

Under hypnosis the patient regresses in what Gill and Brenman[10] describe as a regression in the service of the ego. This is not a ragged disorganized type of regression (as in spontaneous states of regression), but an organized regression that permits an altered state of consciousness, a return to a time of greater health, when the patient was better able to cope with life.

If consciousness is an ego state, then hypnosis may be understood as an altered state of consciousness. It is, as Brenman and Gill[10] say, a subsystem in the ego. It is always to be understood as a state of consciousness, even though there may be amnesia for it, which occurs spontaneously in deep hypnotic trances and occurs on command in any trance. Such amnesia is generally destructive in therapy, of course, but on occasion it is necessary to invoke it. When in hypnosis material is inadvertently uncovered that is obviously much too painful for the patient to confront consciously, you can tell the patient, "Forget this until you are ready to remember it, and you will remember it in bits and pieces until it is no longer so terrible for you. In time you will remember it, but you don't have to remember it now. Take your time."

Theories about the nature of hypnosis are numerous. The one that makes most sense to me refers to the loss of ego boundaries, of becoming one with the whole environment, which is the therapist.[4] It is an atavistic regression including the phenomenon of a return to a physiological state that has been covered over, ablated. According

to Arieti,[1] what I do in hypnosis is a revival, a reinstatement of an intense and meaningful interpersonal relationship. My patients usually have never made good relationships with anyone, and have often been betrayed in their personal relationships. The schizophrenics I have worked most with have usually been schizophrenic since childhood, and have never known what it is to have worthwhile human relationships. Suddenly, in hypnosis, they experience for the first time a relationship with an emotionally important person. The very suddenness of this experience creates problems. You find that you are working with an infant or small child in the body of an adult, and you have to deal with all the typical rage reactions, magical thinking, and attitudes of omnipotence you would expect from tiny children. For this reason, the hypnotist working with schizophrenics must be a fully skilled analyst, and should be trained as well in child analysis.

There is a healthy core of self, sometimes called the archaic ego, and in hypnosis we bring the cathexis back to what he would call the ego supplement. The patient gradually gets interested in what is outside his own body, in me, and as that interest spreads he begins to come back into contact with the outside world. Sometimes this takes years. Some patients have told me, as the process takes place, that they can feel themselves going back into their muscles, into their bones, into their hands and fingers. John Watkins[17] has spoken about the emphasis he places in hypnosis on getting the patient to *feel* a pencil, to feel what it is like to feel a pencil. This is terribly meaningful to someone who has depersonalized his own body. Henry Guze[11] has done something similar with frigid women, concentrating in hypnosis on getting them to feel, to experience their own genitalia. Paul Federn,[9] whose understanding of hypnosis seems to me imperfect, has nevertheless pointed out something that is central to the use of hypnosis in therapy. He said that it is useful to have patients concentrate on one thing, say a vase, and to have them draw the vase accurately, which in itself will tend to relieve anxiety. Hypnosis is a form of concentration.

Schizophrenia is, in a sense, itself a hypnotic state. Patients who are in remission will frequently disclose that during the illness, often when they were still children, they had learned to put themselves into a trance.[6] One patient, for example, told me that as a child he would stare at the tiles on the bathroom floor while masturbating, and this would induce a trance, such that the walls and ceiling

would seem to cave in, and he would experience relief from anxiety. Later he found that he could induce the trance without masturbating. During the analysis he would often assume a fetal position with head between his knees (an ancient position used to induce auto-hypnosis). For a time I thought this was a regressive behavior pattern indicating extreme anxiety. Only after he began to show neurotic defenses on his Rorshcach was he able to tell me that this was his method of inducing a trance which would enable him to read my mind, to find out what I was really feeling or thinking, or, on some occasions, he would induce hypnosis in order to find out something in answer to a question I had asked him about his forgotten past.

5.

Hypnosis is so common we often fail to notice how very common it is. What we are talking about is something ancient and dangerous because it takes us back to primary processes of thought where mistakes are not corrected by logical checks. The use of hypnosis without proper safeguards leads to some very serious excesses, as is evidenced by the literature of Jane Belo and Margaret Mead dealing anthropologically with primitive cultures. Logical thinking can be retained in the use of hypnosis, of course, but all too often it is not.

Almost anyone can learn easily how to induce hypnosis, even children. The problem is not how to induce hypnosis, but how, having induced it, to make constructive use of it. Anyone can learn to use a knife, but it requires particular skill and training to use a knife as a surgeon. For this reason, a dentist, for example, should use hypnosis, if at all, only in the practice of dentistry, and a psychologist should do no more therapy with a patient under hypnosis than he would have done without the hypnosis. Certain patients make especially good hypnotic subjects, and there is sometimes a temptation to go further than is advisable with such patients. This is dangerous because the patients will invariably react negatively when pushed too far, and will even get worse rather than better. Never expect more of a patient under hypnosis than you would have expected of him in other therapeutic situations.

Hypnosis is a partnership which demands of the therapist a permissive and gentle approach. It should be used only where other therapy has not been helpful, and only rarely is it advisable to use hypnosis as a time-saver. As a rule, in fact, hypnosis takes more

time, not less, because besides the hypnotic sessions many additional hours will be necessary to discuss what has happened during the hypnosis. The symbiotic relationship that develops between patient and hypnotist is exactly the same as the relationship developed between patient and therapist in any deep analysis. It raises all the same problems of extreme dependency[3] and, as would be expected, over a period of time there is an increase of dependent hostility. Over-use of hypnosis can have the same effect the use of heroin would have, leading the patient to a form of addiction to fantasy living. This same addiction can occur in a hypnotist as well, because there are, of course, sick hypnotists just as there are sick analysts.

6.

Hypnosis can be especially helpful in treating schizophrenic patients where the use of re-repression is indicated. This is a matter of telling the patient, under hypnosis, that he *will* think clearly, he *will* think logically, he *is* good, he *is* lovable, he *is* worthwhile. The Eskimos believe that each child is born good, but unless reminded he will forget that he is good, so Eskimos spend half an hour every day reminding children that they are good. That is what I mean by re-repression in the treatment of schizophrenia. I had one patient who responded incredibly well to this form of treatment. He was not, per se, a schizophrenic, since his Rorschach indicated an obsessive-compulsive neurosis, but he was subject to acute anxiety attacks closely resembling states of catatonia. He had been a loved and admired teacher and minister, and during the war served as a military chaplain. Dishonorably discharged for behavior resulting from alcoholism he was subsequently deposed from the ministry. For many years he remained severely alcoholic and required perhaps a dozen hospitalizations, including one that lasted five years. When I began working with him he was past fifty, looked twenty years older, and seemed a hopeless case. Only the generosity of friends from his earlier life made the therapy possible. It took some time, and another hospitalization, before he would accept hypnosis, and even then he accepted it only as a kind of bribery. For each session he attended I gave him two dollars and a half. For five or six hours a week, over a period of six months, I put him into a trance, using, to relieve some of the strain on me, specially composed hypnotic music. Nothing seemed to happen for a long time, but eventually, with the help of

interpretative psychotherapy, he began to respond, was able to stop drinking, and seemed to begin to feel hope for his recovery. There were setbacks resulting from reality problems that developed, including the death of his mother, but over a period of several years he did recover, was able to participate effectively in group therapy, to handle a small but responsible job. Recently he was restored to the ministry. I cannot explain fully how this was possible, except that a reversal of personality took place. It was a dangerous therapy because there was always present the real possibility of suicide or of an irreversible psychotic episode. This case cannot, of course, be credited entirely to hypnosis, since recovery could not have occurred without the concomitant use of several therapeutic techniques. Even today the patient himself professes never to have understood what the hypnosis was all about, but I am certain that without the hypnotic sessions I could never have reached him, and no effective therapy could have been done.

7.

I would not want to give the impression that I like to use hypnosis. I do not. The management of the symbiotic relationship that develops is very difficult, and there is never any assurance of success. Wherever possible I avoid hypnosis, using it only with patients I cannot reach in any other way. Furthermore, there is considerable repetition and redundancy since everything that is developed during the hypnotic sessions must be thoroughly explored and interpreted later, so that the patient understands and accepts it. It is much better if you can get at the basic material directly by using the available conventional techniques.

Hypnosis is, then, a tool to be used sparingly, but an effective tool where it is needed. It is a matter of using hypnosis as a bridge between therapist and patient, the patient's inner self or "little me." Some patients have told me that they learned words in order to be able to talk to me. They mean that their inner self had to learn how to speak so that it could grow and come into the world, enter into communication with reality. Hypnosis can be very useful in helping a patient integrate the "little me" into the total personality, and so get well. It seems to me that in the future we may see hypnosis used more and more with difficult schizophrenics. Perhaps it will be possible to put such patients into trances that will continue for

days, weeks, or months at a time. This might provide these patients with the time they so much need in order to find the strength and courage to reorganize and grow.

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