

hospital for acute cases, and their admission could be prevented by extension of the present social and medical facilities to the home.

Investigations are continuing along these lines.

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THE HYPNOTIST AND THE PATIENT—WHO GETS THE TREATMENT?*

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Today there is hardly an aspect of medical practice, dentistry and psychology that has not found some use for a hypnotic technique, and has not already a literary-minded pundit proclaiming its particular virtues and adding to a rapidly growing literature. More patients are asking for hypnotic treatment. More hypnotists, trained and untrained, have entered the arena. Never before in the history of this art has there been such a wide and extensive use of hypnosis, never before have the 'lunatic fringe', both in and out of the profession, been so uniformly busy. There are, unfortunately, many features of this unique interpersonal relationship that appeal to the 'lunatic fringe'—the drama of the situation, the aura of magic inherent in it, and the god-like omnipotence of the therapist 'getting the patient under'. It is for this reason that I ask in all seriousness—who is getting the treatment, the hypnotist or the patient? This is the moment to examine ourselves, and to look again at our patients.

PSYCHOLOGY OF HYPNOSIS

It is common knowledge that patients frequently seek hypnosis as an unconscious furtherance of their neurotic needs. The aggressive masculine female who stamped into my room was an excellent example of this. She wanted to be hypnotized and no one could hypnotize her. She recited a most impressive list of names of men who had tried, and there were some excellent hypnotists among them; I could hardly resist the challenge. With enormous satisfaction she rendered me as impotent as those who had tried before. Here was the ideal sexual situation in which she could further her neurotic needs to defeat the male.

Another example of these sick seekers of hypnotism was the dear old school teacher who confidentially told me that she and her entire class of school children had been hypnotized. The 'voices' were blaming her for this. Could I 'dehypnotize' her? It is interesting to note how often paranoid schizophrenic patients incorporate hypnotic phenomena into their delusions, and how rapidly the unwary hypnotist himself becomes an integral part of the delusional system. One wonders how often the untrained

lay therapist, treating early paranoid patients, projects them into their schizophrenic orbit, their schizophrenia thereafter to appear full blown and with systematized hypnotic delusions.

Frequently, when dealing with the dependent type of woman, therapy comes to a standstill while the patient exploits the sexually satisfying elements of a passive hypnotic relationship. Lorand¹ emphasized the subject's unconscious desire for seduction by the hypnotist, and actually correlated the ability to be hypnotized with yielding to the one from whom love was expected. Wolberg² and Speyer and Stokvis³ mentioned the sexual attitude towards hypnosis in those patients who have strong sexual needs. Merrill⁴ described a rather startling complication after hypnotizing a 25-year-old housewife: 'Her enthusiasm for hypnosis, her obvious enjoyment of the trance, and her relaxed, happy, "starry-eyed" appearance after awakening from each trance suggested that she was deriving more gratification from the hypnotic experience than would be likely just from the relief of symptoms and the gaining of insight. One day her aggressive husband stormed into my office in a jealous rage, threatened to kill me for seducing his wife . . .'

The patient's attitudes to hypnosis, and the recognition of the neurotic exploitation of the situation must be understood by the therapist. Indeed, the skilled professional hypnotist often utilizes the patient's response to hypnosis as a means of gaining an understanding of the patient's psychopathology, and as a means of furthering the patient's insight into his problems.

Understanding the neurotic needs of the hypnotist is a far more complex problem . . .

Lindner⁵ described the hypnotic induction as 'a tool so powerful and magical that he can become a demi-god and make wonderfully amazing things occur merely by calling this process into being. It is this magical quality that makes hypnosis so attractive to hypnotist and subject: an omnipo-tence personally identifiable . . . the power and megalomania of the hypnotist alone is the transmitting source. It is he who achieves and directs this magic . . . in which each party can identify with his own super-ego longings. The hypnotist can assume the jealously-guarded role of his own father-figure, but now, much more satisfiably, as a healer . . . it is not merely "playing God"—he is father'.

Meares⁶ suggested that a striving for power may motivate the desire to hypnotize. If this power drive is complicated by a hysteroid quality there develops a need to display this power rather than the power itself. 'Such a mechanism is shown in a desire for the therapist to demonstrate his techniques to a wider audience than simply colleagues who desire professional instruction. The therapist gives a dramatic presentation of his powers, and hypnosis becomes a show under the rationalization of medical treatment.' This power drive may have a sadistic basis. I have often watched hypnotists demonstrate at great length the patients' inability to move their limbs. They seem to derive satisfaction in seeing their patients struggle, as well as the gratification of being able to reduce them to complete obedience.

Not only may the patient enter this relationship with sexual fantasies and neurotic needs, but the therapist in turn may exploit the situation for his own unconscious erotic desires. The sudden decision to change from a waking psychotherapy to therapy under hypnosis, may reflect an unconscious desire for a closer relationship with the patient. Meares aptly called this 'rationalized seduction'.

The need to subdue and dominate as part of the power drive may be sublimated into the more acceptable channels of helping and healing. One's hostility and aggression are neutralized in this way, which may be the only way to deal with an interpersonal relationship in which one feels inferior. This particular drive will be discussed again below.

EXAMINATION OF LAY HYPNOTISTS

I recently had the privilege of examining 8 lay hypnotists as part of a thesis on 'Motivation in hypnosis'. Each person was subjected to a psychiatric interview followed by two psychological tests: the Thematic Apperception Test and the Sack's Sentence Completion Test. It was interesting to note that these subjects were all engaged in doing psychotherapy. Some of them combined hypnosis with a form of spiritual healing and a 'laying on of hands'. All of them expressed an intense need to help others. When asked if hypnosis did anything for them, their replies were startling and certainly disarmingly frank. One subject stated: 'I'm normally a very quiet subdued person, but when I do hypnosis, I'm a different person. I feel so superior. There's a latent power within me—a feeling of superiority . . .' The idea that 'I feel there is a power that goes through me' was expressed by most of the subjects. Their feelings about hypnosis itself were in some cases highly coloured by their religious feelings: 'I see the hypnotic trance as the inner self ascending nearer to the Divine'.

Thematic Apperception Test

The Thematic Apperception Test⁷ is a technique used for the investigation of the dynamics of personality as it manifests itself in interpersonal relationships. It consists of a series of rather vague ambiguous pictures and the subjects are asked to tell a story about some of these pictures. This is a projective test in that the stories the subjects tell are in fact projections of feelings and sentiments and represent the unconscious needs and drives of the individual.

In one of the hypnotists examined, overtones of a severe depression were apparent. Here is the story he gives of card no. 1, which is of a young boy contemplating a violin that rests on a table in front of him:

'This picture is of a lad of about 10 years of age. He was brought up in a careful home even as a young child, where he was taught to notice things. He was a bit on the dull side. When he was started at school, he was straight away rather backward. Unfortunately for him he realized it himself—he always was acutely conscious of the fact that he was not as good as other youngsters at school. In this picture he has taken some papers out of his school bag and is wondering what the blazes he's going to do about it, for he can please neither parent nor teacher. His future will not be happy. He's always acutely conscious that he pleases neither authority at home nor authority in any school he attends, and that feeling of negation will remain with him throughout life. He will be disappointed in his professional life and his domestic life and will finally die a tired and weary old man.'

He expresses feelings of unworthiness and inferiority, a profound disillusionment leading on to death. He distorts the violin which is usually interpreted as a vehicle for achievement, and sees in its place a school bag and papers which further frustrate him.

The hypnosis card (12M) in which an elderly man is depicted, his hand stretched out above the face of a reclining figure, was useful in reflecting the subject's feeling about the hypnotic situation. Here is an extract of one response:

'Ah . . . specially chosen for hypnotists. Can see it in various ways. Most likely . . . the sick youngster who's lying on couch is seemingly beyond help and healer who puts his hand over him—feeling rather shy about what he's doing. He gives the impression of being bodily weak. But like a light shining on him that will go through him and use him as a tool, and will go out through his hands, and he'll be able to help in some mysterious, not understandable but very definite way.'

Here the subject mirrors his anxiety about the use of hypnosis. Basically it is within himself that he feels incompetent and incapable. He transmutes his weakness in terms of dramatic and histrionic success, and only in this way feels he can manage. A theme that recurred in this small sample is the use of hypnosis as a tool of resentment and domination, as though they rationalized their hostility towards people by neutralizing it with helping and assisting. They have to do good because they want to do bad. Hypnosis is a means of gaining mastery over an interpersonal relationship which they cannot attain in their own right. An example of this is the following response to card 12M:

'Here it looks to me as though the person is trying to heal and help somebody here. Although it could be someone just sleeping and an intruder has come into the house. Position of man is not that of someone going to heal . . . has his foot on the bed . . . I don't think any harm will come to the person. No violence shown. Elderly man . . . use of hands making passes . . . don't feel this . . . rather that he's an intruder.'

Another subject reflected the same feeling, not by depicting the hypnotist as an intruder who could harm the other person, but by describing the reclining figure as being dead and he is giving his blessing. Both reflect the aggressive need to harm others at this level.

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Sack's Sentence Completion Test

The Sack's Sentence Completion Test,⁹ as its name suggests, is a list of partially completed sentences which the subject is invited to complete with the first thought that comes to mind, working as quickly as possible. The 60 sentences are designed to obtain significant responses in the area of sex, family, interpersonal relationships and self-concept. It is felt that this would provide sufficient opportunity to express the fundamental attitudes of the subject and provide a picture of the dominant personality trends.

Here is an example of one of the lay hypnotists who is only able to cope with interpersonal relationships with aggression. Relationships are satisfactory if others are dependent on him and do not inter-react with him:

Question 4: If I were in charge — 'I would operate as a dictator'.

Question 19: If people work for me — 'they are usually contented'.

Question 34: The people who work with me — 'are contented'.

Question 48: In giving orders to others I — 'carefully omit the personal self'.

CONCLUSIONS

In reviewing the material collected, the following conclusions emerge. One of the lay hypnotists interviewed was clearly psychotic, two others displayed marked fantasies of omnipotence, a God-like complex with the power to heal. Three others were anxious, insecure, withdrawing individuals, and here hostility in the interpersonal situation was most evident. One of the subjects showed all the features of the psychopathic personality. Hypnosis was mixed in equal proportions with magic and both were served in stage demonstrations. The last member, though less disturbed than his colleagues, used hypnosis as part of a power drive to compensate for his lack of education and status. There can be no doubt who gets the therapy in every one of their hypnotic sessions; I am sure that this does not only pertain to these lay hypnotists — many of our professional colleagues would appear as disturbed as these!

Lindner⁵ assessed 16 psychologists and physicians to whom he had either taught hypnosis, or with whom he had worked. No tests were performed. He merely began his research by writing a thumbnail description of each of them. He found that 9 of the 16 were listed as having had strong dependency needs; 11 suggested hostile feelings so pronounced as to have been obvious to even cursory surveillance; 2 indicated feelings of inadequacy so strong that they were expressed in ways apparent to even casual acquaintances; 9 impressed me as having been so concerned about their prestige and status that I had to con-

clude they were engaged in continual power struggles with archaic family figures psychologically transferred to contemporary antagonists'.

It is clear that hypnosis creates a unique and complex therapeutic relationship ideal for the acting-out of all the hypnotist's innermost needs and drives. It is almost impossible to avoid this. A sound education in hypnosis would at least alert the student to all the pitfalls, and would certainly help him to examine his own motivations more closely.

The postgraduate course of hypnosis for medical and dental practitioners that has been started at the University of the Witwatersrand is a strong answer to those who wish to practise hypnosis, and to whom it is of some concern that the patient benefit at least as much as the therapist. Of even greater importance is the need for legislation similar to the Hypnosis Act of 1953 passed in Britain. This Act bans public performances of hypnosis. In some of the States in the USA not only are public performances forbidden, but the use of hypnosis is restricted to trained professional personnel. This would be an important step towards protecting the public.

Hypnosis has become a serious and dignified adjunct to therapy. It has taken 200 years for hypnosis to attain its rightful place as one of the therapeutic methods of medical practice, and it can only maintain this status if the task of ensuring 'who gets the treatment' lies in the hands of the professionally trained in this sphere.

SUMMARY

There is an increased interest in all fields of hypnosis. More of the 'lunatic fringe' both in and out of the profession are using hypnosis today. Neurotic needs and drives that motivate the individual both to seek hypnosis and to practise hypnosis are described. Eight lay hypnotists were examined and exposed to psychological tests with a view to determining who is getting the therapy — the hypnotist or the patient. In each case, hypnosis was being used as a substitute gratification of unacceptable impulses. Emphasis is laid on the necessity for training in hypnosis and for restriction of its use to professional personnel.

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