

Hypnosis: Seventy years of amazement, and still don't know what it is!

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Abstract

This paper has reviewed the author's experience with hypnosis and related therapies from 1934 through World War II, psychological warfare, multiple personality, the origins and feuding of hypnosis societies, the development of hypnotic ego state therapy and the unique contributions of his colleague and wife, Helen Watkins.

Keywords: Hypnosis, war, societies, dissociation, multiple personality, ego state therapy.

For me, exploring the mystery of hypnosis and its related fields in the discipline of psychology happened as follows:

In 1933, I accepted a position as a high school teacher at Homedale, Idaho. The job involved teaching classes in general science, algebra, geometry, physics, chemistry, biology, business arithmetic, glee clubs, orchestra, band and all the musical instruments, seven classes, seven different periods of the day, for which I would be paid \$70 a month for nine months. The high school had 80 students and it was the bottom of the great depression. I was delighted to get the position since jobs in those days were hard to come by I had a B.S. degree from the University of Idaho, knew everything that was to be known, and expected to keep one lesson ahead of the students each day.

At the university I had psychology courses with Dr. Barton, an enthusiastic professor who insisted that psychology was a science, a behavioral science. Accordingly, I taught that in the class of general science and happened to mention that psychologists studied hypnosis. Two sophomore boys in the back of the room raised their hands and said, "We bet you can't hypnotize us." I had never

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hypnotized anybody in my life, but was not about to back down on a challenge. Moreover, I had seen a stage hypnotist once and a demonstration by my psychology professor.

“Come up front,” I announced, and seating the two boys before the class, asked them to focus their eyes on a pencil. To my amazement, they closed their eyes and drooped their heads. I proceeded to suggest they would act like dogs, whereupon they got down on the floor and barked. Wow! Now, we don’t hypnotize high school students today for non-therapeutic purposes, but then there were no professional societies and no code of ethics.

I had to quell my interest in hypnosis and receive a scholarship to attend Teachers College, Columbia University, before the next opportunity presented itself. At that time, 1939-1941, my studies were focused on acquiring a Ph.D. and preparing for a life of academic teaching and research. Columbia introduced me to some of the psychological giants of the day: Edward Lee Thorndike, John Dewey, Arthur Gates, James Mursell, and others, with all of whom I took courses. I learned to take people, not courses, and in the necessity of attracting favorable faculty attention.

Arthur Gates was the mogul in “reading,” and he had the equipment to make photographs of eye movements, while subjects read. By that time, I had learned more about hypnotic hypermnnesia and age regression. It occurred to me that I could investigate these possible, but controversial, processes by photographing the eye movements of subjects while they were taking standardized tests of reading. The results of this study, which I published later in a textbook on hypnotherapy (Watkins, 1987), were the next big source of amazement. The photographs of the eye movements of subjects under regressed hypnosis, according to my professor, were similar to those of young un hypnotized subjects at the same age.

I was at Auburn University, then called the Alabama Polytechnic Institute, when the Pearl Harbor attack occurred. While teaching there I continued doing counseling under hypnosis and performed demonstrations of hypnotic phenomena. In one case, a subject told me that he had given the commencement address at his eighth grade graduation but he could not remember its title or its content. Under hypnosis, regressed to his eighth grade and “introduced” on the platform, he delivered a 10 minute speech that seemed so real I could not imagine his making it up on the spur of the moment. In other demonstrations I regressed subjects to their first grade where they recalled the name of the teacher and where each student sat. Of course, we know that to validate this regression we need an actual seating chart of their first grade class. The material elicited was highly persuasive but not scientifically validated.

After the United States entered World War II the University at Auburn drastically changed. Most of its students were women and there were few men left, few opportunities to practice hypnosis, few volunteers, and no administrative encouragement to continue studies in this area. My own interests also shifted. As all of us focused on contributing to the war effort, I continued to search for ways in which psychology could contribute and moved into “psychological warfare,” which I conceived as much more than the dissemination and countering of propaganda. Specifically, it turned me toward a study of German psychological warfare, which I found much superior to our own (Committee for National Morale, 1941). Our War Department was more interested in promoting weapons and fire power instead of “brain power.”

We were constantly told that war was total and that industrial workers who manufactured weapons, tanks, planes, ball bearings, etc. were equally important for winning the war. I also undertook a study of sleep deprivation (Kleitman, 1939), which confirmed that sleepy workers made more errors. Thus, a sleepy worker could make mistakes when cutting a gun barrel or assembling a Messerschmidt engine which would reduce its combat effectiveness.

I wrote an article entitled: “A Psychological Offensive: Reduction of Enemy Industrial Output” (1941) intending to publish it. But, thinking the military might object to its publication, I sent it to the War Department first and received a letter from the Chief of the Morale branch thanking me for calling it to their attention and stating they had no objection to its publication.

Still, feeling uneasy about its publication, I sent a copy to the British Ambassador, Lord Halifax. A letter arrived from the Air Attache at the Embassy discussing its possibilities, stating that he was forwarding it to the Air Ministry in London, and asking that I withhold publication which I did, since it would be picked up and forwarded to Germany by enemy sympathizers. From Prof. Karl M. Dallenbach, Chairman of the Emergency Committee in Psychology, who was stationed at Cornell University, I received a similar communication after I sent confirming reports about the effects of air-raid sleep deprivation on the citizens of Berlin (Shirer, 1941).

The Welch Convalescent Hospital in Daytona Beach, Florida, a 5,000-bed installation, was built to rehabilitate combat casualties from the Western Front, one half of whom were orthopedic and one half war neuroses. My first assignment there was to join a model “treatment team” consisting of a psychologist, a psychiatric social worker, and a medical psychiatrist, who was designated leader of the team. The social worker would perform relaxation therapy and Rogerian Client-Centered Therapy; the psychiatrist would perform sodium amytal and pentathol interviews (Grinker & Spiegel, 1945), and I would treat cases deemed suitable for hypnotherapy. These consisted of anxiety reactions, obsessive disorders, neurotic depressive disorders and hysterical reactions, such as amnesias and psychological paralyses, which classically were sent to hypnotherapists. Guilt-depressions were frequent. These often involved failure to save a buddy’s life, murdering enemy prisoners and bayonet killing of enemy soldiers.

Hypnosis Societies: Founding and Feuding

In 1949, 25 active hypnosis publishers in New York, led by Jerome Schneck and Milton Kline founded SCEH, the Society for Clinical and Experimental Hypnosis. Because of my book, “Hypnotherapy of War Neuroses” (Watkins, 1949), I was invited to be one of the “founding” members. Hypnosis at that time was not accepted as reputable in the professional circles of medical, psychological, dental, psychiatric or psychoanalytic, so the organization decided to set very high membership requirements: five years experience, accreditation by a medical or psychological specialty board like the American Board of Surgery, and actual publication. The result was most practitioners could not qualify for membership. Consequently, another society, the American Society of Clinical Hypnosis, ASCH, was founded by Milton Erickson and his associates, who had been giving three-day workshops on hypnosis, and opened its membership to general practitioners (Watkins, 1994).

Almost immediately, the two societies battled for members, turf and status, seeking approval from the American Association for the Advancement of Science and the World Society of Mental Health, et al. Eventually, ASCH raised its requirements for membership, SCEH lowered theirs, and the two organizations competed for members on a comparable level. ASCH soon grew rapidly in membership, but had more difficulty securing papers for its journal, the *American Journal of Clinical Hypnosis*. SCEH had less difficulty getting scientific papers, but, with fewer members, had difficulty financing its journal, the *Journal of Clinical and Experimental Hypnosis* (Watkins, 1995).

To counter its lack of membership, SCEH decided to organize “The American Board of Hypnosis” with sub-boards in medicine, psychology and dentistry, which initially were boycotted by ASCH. The next move by Dr. B.S. Raginsky, President of SCEH, was to organize

an “International” society. He asked me to chair the organizing committee, and I embarked on travel to many libraries and universities, which could be combined with my supervisory visits to places where we had V.A. interns. I would locate the top hypnosis publisher in each country and “nominat” him/her to the five other members of the committee. They usually approved them as “Director” for that country, with authority to recruit members from local individuals and organizations. This resulted in the formation of a society, ISCEH, in a little over a month, with 24 different national divisions. This organization also was ignored by ASCH, as it concentrated on building membership and city societies throughout the U.S.

Ultimately, the diplomacy of Ernest Hilgard, Professor at Stanford University, Past President of the American Psychological Association, authority in the field of learning (1986), and the help of Erika Fromm, psychoanalyst and professor at the University of Chicago, resolved the warring issues, and Dr. Hilgard became the first president of the International Society of Hypnosis, ISH, which replaced ISCEH.

Hypnoanalysis

After leaving the army, I joined the Veterans Administration and found myself Chief Clinical Psychologist of the V.A, Chicago Mental Hygiene Clinic. This clinic was heavily oriented psychoanalytically and affiliated with the Chicago Psychoanalytic Institute. Each staff member was in psychoanalysis or had been analyzed. So it was natural for me to undertake personal analysis, with Eduoardo Weiss, M.D. (1943), a distinguished psychiatrist, who had been analyzed by Paul Federn (1945) in Vienna, and trained by Freud (1953). Dr. Weiss had also been President of the Rome Psychoanalytic Society.

Weiss took a special interest in me and I spent several years in personal analysis and training with him. The effect on me was two-fold: One, that psychoanalysis was effective, but too slow. It took years. Second, some integration of traditional analysis with hypnosis, hence “hypnoanalysis” could bring a promising improvement in therapy, resulting in the treatment of many more patients. Another result was my acquaintance with “Ego-State Theory,” as touched upon by Freud but promoted by Federn and Weiss (1952).

Dreams

Working with psychoanalysts I learned their basic tools: free association, dream interpretation, and analysis of transference. Free association seemed to be very slow but Freud (1913) had written, “Dreams are the royal road to the unconscious.” Since exploring the unconscious had been my goal, I decided to learn more about techniques for exploring dreams and turned to the writings of Wilhelm Stekel (1943) who had a reputation in this area. In his books, he followed a pattern: First, he presented the background of a case, then he analyzed several dreams of the patient intuitively, especially the early ones, and reported getting results in a much shorter time.

It occurred to me that if I could get early dreams under hypnosis, I could analyze my patients in shorter time. I studied many of Stekel’s cases in the following way: I read the patient’s history, then his first dreams, following which I closed the book and tried to see how close I came to Stekel’s interpretations. Applying this procedure to many of his cases, I found that, valid or not, I could end up with an interpretation similar to his. This resulted in my improvement as a dream analyst, which, when combined with hypnosis, gave much more power and speed to my therapy. I published these discoveries in my textbook (Watkins, 1992).

I found to my surprise that dreams could be influenced to reveal a past traumatic event through altering subject and object. Thus, the childhood trauma might be uncovered as follows:

1. I dreamed that a boy was being beaten by a man.
2. I dreamed that I was beaten by my father.
3. I dreamed that my son was disobedient, so I was beating him.

Notice the change in the subject—father to son.

In 1953, I was offered a position as Chief of the Psychology Service at the V.A. Hospital in Portland, Oregon, diagnosing and treating military casualties, often with hypnosis and observing more “amazing” cases. The installation was a “teaching hospital” of the adjacent University of Oregon Medical School where, for some time, I held an adjunctive faculty appointment. It was in the Neurology Department, and I assisted in a study to see if we could trip off grand-mal seizures by hypnotically regressing a verified epilepsy case to the time and place of a previous seizure. To our amazement (and the amazement of staff neurologists) we could.

After 14 years at the V.A. Hospital in Portland I wanted to return to an academic position, my first love. At the same time the University of Montana was seeking a professor to organize and direct a doctoral program in clinical psychology. I applied and was offered the position because of my experience in both clinical and academic settings. The examining committee was aware of my publications in hypnosis and training in psychoanalysis, neither of which were held in high regard in universities, but I got the job in spite of that. They hoped I would build a traditional program emphasizing research.

I tried (Watkins, 1960) to collate all the various systems of psychotherapy that had been published in book form. The purpose was to prepare lecture notes for academics who might teach a survey course acquainting graduate students in general psychotherapy and psychoanalysis, which I had been offering in the clinical program at the University of Montana. The project required reading and outlining almost a thousand books and took 12 years. A similar project to update the book, using computer research, revealed to a colleague and me that we would have to cover 3,000 books. The project was abandoned.

The University Counseling Center was one of the agencies where my graduate students received practicum training, and a “Helen Huth” was a supervisor there. Helen became interested in hypnosis and took a course which I offered. I soon found that she had no formal experience or training in psychoanalysis, but she was a “natural” therapist who broke every rule taught by Eduardo Weiss and the analysts at the Chicago Psychoanalytic Institute. Somehow, within a few therapy hours she got the most amazing results, resolving neuroses, saving the academic careers of many students and, in some cases, even their lives.

Helen initially sought my supervision. But the “student” soon became the “mentor” and I learned much from her as I tried to reconcile my theories with her creative and unorthodox treatment techniques. In time, she became a colleague and eventually we were married.

Ego State Theories

Ego State Theories tied in with my study of multiple personalities since both involved the process of dissociation (Watkins & Watkins, 1993). Ego states are segments of one’s personality which are normally unconscious but which we sometimes experience like different moods. At times, they can cause us to behave as if we were different personalities, but they are not necessarily pathological as are the states in a multiple personality disorder, more recently named dissociative identity disorders or “DID,” which is a true mental illness. Although they are normally unconscious, and we are not aware of them, they can be activated, i.e., made overt and conscious through hypnosis. Usually these segments were separated

by early traumatic experiences during childhood or by internalizing our perceptions of some important person in our lives, such as parents.

An internal conflict might be created as follows: If mother and father quarreled or fought, and if a daughter had developed, during her childhood, a different ego state around the “image” of each of them, these two states might clash with one another unconsciously. She may suffer from anxiety or headaches but she would not be consciously aware of their cause.

As I worked with multiples and normal neurotics, I was amazed to discover that probably all patients were either “Overt” DID, true multiples, or “Covert” Multiples, (Watkins & Watkins, 1996) whose partial or lesser multiplicity could be revealed through hypnosis. I came to see all people on a continuum with spontaneous overt multiples, neurotic symptoms, and defense mechanisms being a separation. At one end of the continuum was “normal differentiation,” and at the other “pathological dissociation” (DID).

Treatment would involve moving patients back on this continuum from true multiplicity, through borderline multiplicity, through neuroses, into neurotic defensive states, to normal differentiation. It meant that analytic techniques for DID's could teach us more about treating normal neuroses and vice-versa. An ego state may be defined as an organized system of behavior and experience whose elements are bound together by some common principle which is separated from other such states by a boundary that is more or less permeable. Out of this theory, Ego State Therapy was born.

Ego State Therapy

Helen had not been analyzed but found hypnosis a natural mode of treatment and herself a skilled securer of insight and resolver of conflict in her patients (Watkins, 2005b). She built her therapeutic practice using my hypnoanalytic and ego state theories and her own treatment techniques. The integration of theory culminated in a textbook (Watkins & Watkins, 1997). Ego State Therapy is a form of hypnoanalytic treatment, first developed by John and Helen Watkins, which has been incorporated into many other therapeutic approaches. It is defined as: “the use of individual, group or family therapy techniques for the resolution of conflicts between the various ego states that constitute a ‘family of self’ in a single individual, i.e., group therapy with a single person.” There were many amazing cases involving ego states, which I and Helen treated. Several of whom I describe here.

The Bear Murder

I met this patient, let us call him “Jim,” when he was incarcerated at a prison for the murder of his girlfriend. He told me the following story: As a youth, he compiled a criminal record of numerous minor offenses, one of which sent him to a rehabilitation institution for young offenders. While there he befriended a social case worker, a motherly person many years older than him.

When he was discharged she decided to accompany him. They drove from the institution in California through Nevada and Montana toward the boundary of the U.S. and Canada. There they would acquire a cabin and live. Just before reaching this line they decided to stop and take a rest. They wanted to practice with their skis and rifles. It was late November and they noticed a small snow-covered road leading off from the highway into the forest.

They parked their car and walked until they came to a clearing with a large tree. His companion proceeded to nail a target on the tree when a strange thing happened to Jim. He lost all hearing, became stone deaf, and experienced himself as seated in the crotch of a tree watching her. As he viewed her from this vantage point he noticed a dark figure of a

“person” to the side pointing a gun at her and tried to warn her, but no sound could come out of him, and she fell down. He rushed to her, saw that she was covered with blood, and was dead.

Feeling great fear, he walked back to the car, which took almost 15 minutes. He said that as he opened the car door, he saw her purse on the seat, and at that moment sound returned to him, and he heard “the shot that killed her.” In great panic, he raced his car through every town, hoping he would be stopped by the police.

When he reached Las Vegas an even stranger thing happened. Standing outside the Desert Inn he called the local police and said, “There’s a man in a red-checked jacket here who is wanted for the murder of a woman in Montana.” The police arrived, grabbed him, and at that moment he experienced a large woolly bear emerging from his own chest and running away in the distance.

There were obviously frequent dissociations involved in this case, however, I did not find him overtly psychotic during the many sessions I held with him in the prison. Under hypnotic interviews he revealed that his father had abandoned his mother, and since she could not support him, he was “farmed out” to foster parents on a ranch. The husband was a very cruel man, worked him long days, and punished him for the slightest offense. One day, being angered, this foster parent told the lad that his pet puppy would be shot. Jim tried to hide the little dog under a tub but it squealed and was heard by the cruel man who dragged it out, and in front of the boy, shot it. What seemed interesting in this case was that the man’s name was “Mr. Bear.” The “bear” often emerged and growled as an independent ego state during our subsequent hypnosis sessions at the prison.

I cannot explain this amazing case and leave it to my colleagues. However, Jim, when in prison, and with the encouragement of the warden, developed a hidden talent for painting. After completing his sentence and being released he made a published reputation as a “Painter of the West.” His art productions were exhibited in national museums, and the last I heard, he was making a living as an artist.

The Case of Rob

A very difficult and complex patient, whom we shall call Rob, was referred to me by the University Counseling Center because the staff considered him too dangerous for them to handle. The young man was deeply depressed, suicidal, homicidal, and occasionally manifested psychotic-like delusions. He was obsessed with the impulse to climb to the top of a high-rise dormitory and pick off students with his Springfield rifle, thus copying a classic Texas case. Helen and I conferred and decided that this would be an opportunity to try an intensive experiment. Would it be possible to raise him out of his severe pathology and change him into a normal, successful individual, who could give and receive love?

To do this we would commit to him many more hours than were normally available to a single patient by a therapist using all the techniques we knew. These included: suggestion, support, hypnosis, abreaction, Ego State Therapy, dream analysis, psychoanalytic methods, etc. This would involve perhaps four 2 hour sessions a week, an amount that almost no patient in private practice could afford. Our salaries were paid by the University so we could treat him gratis. We were prepared to continue the treatment as long as necessary to achieve our therapeutic goal.

Rob had been reared on a ranch by a very cruel mother, who often berated and beat him. His cognition did not seem to suffer and he was a good student in his pre-med classes. Illustrative of the interaction with his mother was the following incident. He had returned home after visiting his grandmother, whom he loved, and who lived nearby. He mentioned that he had seen a cow climbing on top of another cow. His mother, who had been paring

potatoes in the kitchen, came in waving a butcher knife, said he was a “dirty boy,” and that she would wash his mouth out with soap, which she did.

On seeing the knife, Rob froze and went into a schizoid-like state, in which he could show no emotion, but faced the world with a blank stare. For many weeks of therapy, he manifested this schizoid condition. One day I was called to give some presentations in California and was away for several weeks. We agreed that during this time Helen would handle his case. When I returned, a month later, nothing had happened in the therapy, so we decided to do an abreaction in which we hoped to get him to confront and master the fear of his mother. Under hypnosis, we questioned him about his fear, and he muttered, “Knife! Knife! Helen got knife,” which we recognized as a negative transference onto Helen from his mother.

We resolved to turn that fear into anger and get it directed onto the hypnotized image of his mother. Helen took the role of the nagging, critical mother, and I urged him to “tell her off.” It took much urging, but finally his rage broke through. He unloaded his fury on the hypnotic image of his mother, screaming at her and calling her a “BITCH.” The abreaction was continued for several minutes until he finally calmed down. When he emerged from hypnosis his schizoid shell seemed to have been resolved.

The next day we received a tremendous shock. He came to the treatment session, reached in his coat pocket and pulled out a loaded, automatic pistol, which he had been carrying during the month I was away, saying, “I don’t need this now. I don’t want to kill anybody. I want you and Helen to have it.”

We often presented this event in our workshops to illustrate the danger of treating a homicidal patient with only one person present. We followed this case for almost two years, intensely using all the techniques of which we were aware, and seeing him several times a week. He completed a pre-med bachelor’s degree from the university, received admission to a prestigious medical school, graduated with high grades, completed an internship and a residency in psychiatry, following which he was offered a professorship for psychiatric research in the medical school.

He held this position for five years and then entered private practice. He married happily and had children. He regarded Helen and me as his “loving parents” and contacted us at Christmas for several years. This case shows it is possible to start with a severely mentally ill individual and achieve the goal we had set for ourselves. However, the time and effort were much more than any patient or private practitioner could afford.

This case also illustrates the power of abreaction in hypnosis. During the many PTSD cases I treated in the army, and civilian cases treated by me or Helen after the war, I was distressed to learn that nowadays abreaction does not seem to be utilized in the V.A. The new, young therapists who are fearful of employing it, have retreated to the simpler approach of cognitive therapy that can alleviate symptoms temporarily, like aspirin, but does not achieve the deep, long-term personality reorganization possible through effective abreactions (Watkins & Watkins, 2000). For techniques to initiate abreactions effectively and safely see Hypnoanalytic techniques: Clinical hypnosis, (Watkins,1992) Chapter 4 .

Dissociation and Multiple Personality

During my service at the Welch Convalescent Hospital, I contacted a multiple personality (DID). These conditions had been reported before by classical workers (Prince, M., 1905/1929) and at that time were considered rare (Watkins & Johnson, 1982). Now, we know they are common, and there is a large body of literature in this field (Kluft & Fine, 1993; Putnam, 1989). Nevertheless, the first contact of one by a therapist is

usually amazing, especially a celebrated, controversial case (Watkins, 1984; Orne, Dinges, & Orne, 1984).

This case became known as “the Hillside Strangler.” It excited much public attention, both national and international, with CBS, NBC and BBC documentaries. It was also highly politicized, since the prosecutor was running for Governor of California. The case was argued in professional societies and journals around the world. It happened as follows. The judge asked lawyers for the defense and prosecution to call in a number of experts in hypnosis and MPD. A consulting psychiatrist from Stanford University suggested that the man be hypnotized by a woman to see what could be his motivations.

Helen received a phone call from John Johnson, professor of social work at the University of Montana, who reported he had been contacted regarding the case of a serial murderer named Ken Bianchi who was believed to have killed a number of women. She replied, “Johnny, I don’t hypnotize men who murder women. This is a case for Jack.” Accordingly, I was called in by the attorney for the defense. The case was very complex, so I will limit the discussion to my role in it (Watkins & Watkins, 1988).

With great difficulty, I hypnotized Bianchi, and to my amazement, a secondary personality, Steve, emerged, and bragged about all the girls he had killed. That he had killed the girls was quite verified, but the issue of contention was whether he was a multiple personality or a psychopath who planned the killings, and hoped for a psychiatric diagnosis as a mentally-ill case of dissociation. I was the one who felt certain he was a multiple. Martin Orne, a distinguished psychiatrist, who had written an authoritative article on hypnosis in *The Encyclopedia Britannica*, was employed by the prosecution. There was a similar split in the various mental health consultants called by the prosecution and the defense. I presented the data from my own tests and Dr. Orne presented his findings.

The attorneys tended to favor Orne’s point of view. Afterall, what do you do with a defendant who is partly a law-abiding citizen and who apparently is amnesic about the killings while another “part” of him is claiming credit for performing them? The law is based on one person in one body and is simply not prepared to deal with this anomaly.

I presented video recordings of all the professional interviews, the handwritings, and the psychological tests at a number of scientific meetings, ASCH, ISSD and other scientific societies in the U.S. and abroad, and asked those attending, experts in hypnosis and multiple personalities, to vote on cards how they each would have diagnosed the case if he/she had been the expert witness. The result: 86% voted that Bianchi was a true multiple or dissociated case, 14% said he was a faking psychopath.

In the end, Bianchi was sentenced to two life terms in prison by the court in Bellingham and to six life terms by a court in California. He is serving now his various terms, first in the Washington State Prison, to be followed by prison sentences in California. He will not get out in his lifetime. Bianchi has no recollection of the killings and apparently is amnesic to that period of his life. However, he insists that: “I’m not crazy, I’m not insane, or a multiple personality, and I didn’t kill any girls.”

I was the only professional who continued to visit him, and followed his case for almost 10 years. Dr. Orne is deceased, the professional and political furor has subsided, and the public has lost interest in the case.

The Case of the Distinguished Surgeon

The telephone rang. “Is this Mrs. Helen Watkins, the psychotherapist?” said a rather guttural voice. Recognizing the accent, Helen replied, “I believe you are German,

perhaps Bavarian.” The speaker was astounded. “Yes, I came from a prominent family in Munich, but how could you know?” Helen replied, “I came from Bavaria.” The speaker then said, “I am the best orthopedic surgeon in America,” and mentioned a prestigious medical school where he was a professor.

“Why do you seek therapy with me?” asked Helen, wondering why he called Montana wanting therapy with a practitioner who possessed only a master’s degree. She was surprised to hear: “My wife says I am arrogant, and it is absolutely untrue.” He described his family. Helen recognized that his autocratic mother had insisted he become a prestigious doctor. He said: “I had a teenage nurse maid, Lonnie, whom I loved as a boy.” One day, my mother said, “You are too close to Lonnie, so I have discharged her!” The doctor could only agree with his tyrannical mother, “And of course she was right.”

The next day Helen placed a tall, formal chair for him, covered the couch with books and sat on the floor at his feet. Like an inferior nurse maid, she then began a hypnotic regression to his childhood. Sitting in the living room next to her office, I heard a burst of wailing. I knew he had broken through. His “little boy” ego state had found his “Lonnie.” He left two days later, completely satisfied with the therapy.

Another week, another phone call. “Helen Watkins?” This is Dr. ___’s wife. What did you do to my husband. He’s completely changed and has lost his arrogance.” Helen replied, “He solved some problems from childhood.” The wife closed with: “Could I schedule a therapy session with you for myself?”

The Research Questions on Helen’s Therapy

Helen had been described as a “prodigy” or “concert artist” therapist, which motivated me to try and validate scientifically whether she was indeed a concert artist. A concert artist is the solo performer on stage like Fritz Kreisler or Yehudi Menuhin, to whom listeners come to hear a Beethoven sonata or a Mozart concert because the “concert artist” is much more sensitive and skillful than the ordinary violinist in the orchestra’s string section.

I did an intensive study of every case of hers for over 19 years (Watkins & Watkins, 1997, See Chapters 12 and 13). This involved sending out questionnaires to all patients whom she had treated between 1976 and 1995 in “Ego State Therapy.” These patients were asked to rate all the therapists who had treated them, evaluate Helen’s therapy, and contrast the other therapists’ work with Helen’s. Forty-six questionnaires (53%) were returned. The objective questions inquired regarding the reason for first entering therapy, type of therapy, (psychoanalytic, cognitive, etc..) number of sessions, over how long a time, and results.

Helen’s “Ego State Therapy,” by a chi-square test, was found more effective than the prior therapeutic treatments by a significance of $p < .005$, or 998 out of a 1,000. She was indeed a “prodigy” therapist over the others. The same superiority $p < .005$ held when the comparison was made by patients who had both “psychoanalytic therapy” and Helen’s “Ego State Therapy.” Patients (mostly professional therapists world-wide), were coming to her for treatment and training in her techniques, which were primarily hypnotic. She became my greatest and last source of amazement. What remains is to study her unique methods to see if young hypnotic practitioners could be taught these factors that differentiated her from most practitioners. They were:

1. Her confidence. Helen had complete confidence that her every case would be successful—and it almost was true. As a child, she did not suffer the slightest abuses, traumas, not even those minor ones endured by most of us. Her grandfather told her she was perfect and could make no

mistake—and she believed it. She transmitted this sense of power and certainty of success to her patients (Watkins, 2005a).

2. Her ability to “resonate” with her patients. Therapists talk about the ability to empathize or to understand the feelings of the patient. Rogers (1951) defines “empathy” with emphasis on the word “understand.” He specifically states that it is not necessary for the therapist to “personally experience” all of the patient’s feelings. “Resonance” is to completely experience the patient’s world personally so that one temporarily relinquishes one’s own self and “becomes” the other. One lives the patient’s life and thus more completely understands the patient. Helen emerges from the patient’s self at the end of each session, back into her own self, with an understanding of the patient so profound that she rapidly shares it with the patient, who has little resistance (Watkins, 2005a). Resonance is also a more powerful technique than the classical psychoanalytic procedure of interpreting transference. This process of “resonance” is more completely explained in Watkins (1978).

3. The weekend marathon scheduling of sessions. Her treatment proved to be much more effective in 8-15 hours so patients gladly paid her fee. They had often paid others for hundreds of hours and obtained less results than the 8-15 hour weekend session with Helen in hypnotic Ego State Therapy.

The theory that 10 hours adjacent to one another is superior to 10 hours once a week is based on our finding that when a bit of pathology is resolved the counter resistances wipe out most of that gain in the next week. An analogy can be made to trench warfare in World War I: The British drive through 10 miles of trenches. They pause for a week, during which the Germans counter-attack and gain back nine miles: net progress only one mile. In psychotherapy, patient and therapy advance one unit of progress, wait a week for the next session, while resistances and defenses counter-attack and wipe out 90 % of that progress: net gain only 10%.

Helen’s marathon approach was more effective and efficient than 10-15 hours, one hour per week. Accordingly, it is too bad that most therapists practice in the less efficient format and are encouraged by insurance pay schedules which remunerate only one hour a week. In the long run, the therapists, the patients and the insurance companies lose out.

There were so many amazements as I explored hypnosis from 1935 through the war years, in V.A. hospitals, private practice and the surprising cases by Helen. Thank you for the privilege of sharing some of these with you.

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Author Notes

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Because of its historical significance, the manuscript of “A Psychological Offensive: Reduction of Enemy Industrial Output” and all the correspondence from the British Embassy have been placed in The “Watkins Collection” at the University of Montana Archives.

The book, *Emotional Resonance: The story of world-acclaimed psychotherapist Helen Watkins*, is out of print, but through the generosity of the publisher, I have received several hundred copies. I would like to make these available to any colleague, patient of Helen’s or health professional. Accordingly, I will mail a copy gratis to anyone who will send \$2.00 for postage and handling.

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