

Freud's Relevance to Hypnosis: A Reevaluation

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In this paper we examine Freud's life and thinking, based on his collected works, and reevaluate some of his ideas in the light of various aspects of contemporary hypnosis research. Although Freud has often been blamed for simplistic thinking about hypnosis and for its eclipse during the opening decades of this century, his writings reveal a rich theory of hypnosis and a frank acknowledgement of the debt psychoanalytic theory and practice owe to it. Even though he abandoned hypnosis as a clinical tool, Freud maintained a theoretical interest in the subject and in many respects anticipated issues in current research. Whereas his emphasis on the hypnotist's skill may have been exaggerated, his insights concerning attention, social expectations, group dynamics, reality testing, and the relationship between hypnosis and sleep have been borne out by empirical investigations.

Introduction

Freud's fecund mind enriched that it probed with far-reaching insights. Hypnosis was no exception. Though Freud abandoned hypnosis for psychoanalysis one hundred years ago, he maintained an interest in hypnotic phenomena throughout his work, and the questions he posed, as well as some of the solutions he offered, have retained their relevance.

How His Interest Developed

While studying, Freud attended a performance of Hansen the "magnetist", which made a profound impression on him and convinced him of the existence of a genuine hypnotic state (Freud, 1925/1959, p.16). He subsequently spent four months at the Salpêtrière hospital during 1885-6, where Charcot was conducting his studies of hypnotism. Freud was impressed with clinical demonstrations that hysterical paralyses could be reproduced by hypnotic suggestion. In 1890, Freud traveled to Nancy to meet Charcot's rival, Hippolyte Bernheim, whom he observed using hypnosis to treat patients, many of whom suffered from organic diseases (Ellenberger, 1970, p.87). Back in Vienna, Freud's close friend Joseph Breuer was regressing in time hysterical patients under hypnosis to trace the origin of their symptoms and evoke normally inaccessible

memories (Freud, 1893/1966, p.149). A strong emotional reaction to forgotten traumas would often eliminate their symptoms. Breuer's use of hypnosis to simultaneously investigate and treat hysteria (Freud, 1924/1961, p.194), as with the famous Anna O. (Freud, 1925/1959, p.20), further strengthened Freud's view of hypnosis as a legitimate and useful therapeutic tool.

Freud's Clinical Use of Hypnosis

Although Freud has been criticized for being an inexperienced hypnotist (Schneck, 1954), his own publications provide evidence of extensive clinical experience with the technique of hypnosis. He probably retained it in his reservoir of clinical tools for about a decade, from 1886 to 1896 (Strachey, 1966). The therapeutic use of hypnotic suggestion, he reports, was his "principal instrument of work" during his first years as a physician (Freud, 1925/1959, p.17). He then adopted Breuer's cathartic method and "eventually, especially after my visit to Bernheim in 1889 had taught me the limitations of hypnotic suggestion, worked at nothing else" (Freud, 1925/1959, p.22).

To induce hypnosis, Freud would seat his patient comfortably and "request him to fixate two fingers of the physician's right hand and at the same time to observe closely the sensations which develop" (Freud, 1891/1966, p.108). His statement that not only functional disorders but "quite a number of symptoms of organic diseases are accessible to hypnosis..." (Freud 1891/1966, p.106) has been born out by recent research (for review, see Pinell & Covino, 2000).

Hypnosis as Evidence of the Unconscious

When watching Bernheim's experiments in 1889, Freud "received the profoundest impression of the possibility that there could be powerful mental processes which nevertheless remained hidden from the consciousness of men" (Freud, 1925/1959, p.17). He observed that when Bernheim used suggestion to encourage patients with posthypnotic amnesia to recall a hypnotic session, the lost memories could gradually be restored. He remarked about one particular subject that "since... he knew afterwards what had happened and had learnt nothing about it from anyone else in the interval, we are justified in concluding that he had known it earlier as well. It was merely inaccessible to him" (Freud, 1916/1961, p.103). Freud also observed that hypnotized patients carrying out post-hypnotic suggestions with amnesia feel "compelled to improvise some obviously unsatisfactory reason" to explain their real motive, of which they are unaware (Freud, 1900/1953, p.148). He thus considered post-hypnotic suggestion as a demonstration of "the existence and mode of operation of the mental unconscious" (Freud, 1915b, pp.168-9) and as experimental proof of the existence of "unconscious psychical acts" (Freud, 1940/1964, p.285).

Freud's Abandonment of Hypnosis

Freud's reasons for rejecting hypnosis have been extensively documented and analyzed (e.g., Kline, 1953). He feared patients would lose contact with the present situation (Freud, 1925/1959, p.41) or become addicted to hypnosis "as though it were a narcotic" (Freud, 1917/1963, p.449). He was "anxious not to be restricted to treating hysteriform

conditions” (Freud, 1925/1959, p.27) and frustrated because he could not hypnotize all patients nor put them into as deep a trance as he would have liked (Freud, 1925/1959, p.17). Kline (1972, p.253) points out that Freud desired a school of psychology divorced from “the simplicity of suggestion,” since when hypnotic techniques are used, the patient can “suggest to himself whatever he pleases” (Freud, 1917, pp.451-2). Freud’s embarrassment when one of his best hypnotic subjects “threw her arms around his neck one day on coming out of hypnosis” (Freud, 1925/1959, p.27) strengthened his resolve to discontinue the use of hypnosis (Schneck, 1954).

Freud admitted that hypnotic techniques were easier and shorter to apply than psychoanalysis, even “positively seductive” and “highly flattering” (Freud, 1925/1959, p.17). Yet he found therapeutic outcomes to be dependent on a harmony between patient and therapist (Freud, 1924,1961 p.195), and therefore capricious and impermanent (Freud, 1917/1963, p.449). “Even the most brilliant results,” he wrote, “were liable to be suddenly wiped away if my personal relation with the patient became disturbed” (Freud, 1925/1959, p.27).

Freud also felt that symptoms often serve a protective function and that those that have meaning for the patient should not be indiscriminately removed. He pointed out that hypnosis affords no insight into the dynamics of the problem in question (Freud, 1917/1963, p.292). “Hypnotic treatment,” he wrote, “...strengthens the repressions, but, apart from that, leaves all the processes that have led to the formation of the symptoms unaltered... Hypnotic treatment leaves the patient inert and unchanged, and... unable to resist any fresh occasion for falling ill” (Freud, 1917/1963, p.451). Finally, he contended that “in using hypnosis we are dependent on the state of the patient’s capacity for transference without being able to influence it itself” (Freud, 1917/1963, p.451). In other words, hypnosis hides the very resistance that needs to be recognized and overcome in psychoanalysis (Freud, 1917/1963, p.292).

The Debt of Psychoanalysis to Hypnosis

Freud pointed out that he was “grateful to the old hypnotic technique” for paving the way for psychoanalysis (Freud, 1914/1958, p.148), that psychoanalysts are in fact the legitimate heirs of hypnosis and that “we do not forget how much encouragement and theoretical clarification we owe to it” (Freud, 1917/1963, p.462). Since he incorporated many of his observations and insights concerning hypnotic behavior and phenomena into the dynamics of psychoanalysis, he can be said to have circumvented rather than abandoned hypnosis (Kline, 1955).

Bernheim demonstrated that lost memories can be restored to subjects experiencing posthypnotic amnesia. “The assumption,” concluded Freud, “that in a dreamer too a knowledge about his dreams is present though it is inaccessible to him so that he himself does not believe it, is not something entirely out of the blue” (Freud, 1916/1961, p.103-4). Dreams and hypnosis both afford “access to the forgotten material of childhood” and Freud now chose to resort to the former rather than the latter for this purpose (Freud, 1925/1959, p.46).

Freud adopted his “pressure technique” (touching his patients’ foreheads and assuring

them that a forgotten memory will return) from Bernheim, in an attempt to produce the effects of suggestion without using hypnosis. Having his patients lie on a couch while he sat behind them was a vestige of hypnosis (Freud, 1925/1959, p.28). He used the dreams of deeply hypnotized subjects as experimental support for the validity of the sexual symbolism he used to interpret dreams (Freud, 1917/1963, p.384; Freud, 1933/1964, p.22). More significantly perhaps, the phenomenon of transference was a reincarnation of Bernheim's concept of suggestibility; Freud wrote that he "abandoned hypnosis only to rediscover suggestion in the shape of transference" (Freud, 1917/1963, p.446). He said that the suggestibility of the hypnotized subject, like the transference of the analysand, involves a directing of libidinal energy towards the hypnotist/analyst. However, if suggestibility under hypnosis prepared Freud's conceptual path to transference, it was his departure from hypnosis that forced him to confront the patient's resistance. In Freud's own words, "the use of hypnosis was bound to hide... resistance; the history of psycho-analysis proper, therefore, only begins with the new technique that dispenses with hypnosis" (Freud, 1914/1957, p.16).

Theoretical Backdrop

Despite the fact that he ceased to use hypnosis as a therapeutic tool and technique, Freud maintained an interest in the psychological mechanisms it involves and continued to use it as a frame of reference for theoretical thinking. Although his theoretical approach to hypnosis has been criticized as simplistic, this criticism is invalid (Kline, 1972); Freud foresaw and addressed many issues still relevant to contemporary hypnosis research.

At the time Freud started to take an interest in hypnosis, two incompatible theoretical positions on hypnotism were vying for primacy. Charcot, head of the Salpêtrière school, described hypnosis as a special somatic state caused by physiological changes, "based upon displacements of excitability in the nervous system" (Freud, 1888/1966 p.77). According to this position, both hypnosis and hysteria are products of a diseased nervous system and thus "hypnosis and hypnotic suggestion can be applied only to hysterical and to seriously neuropathic patients" (Freud, 1888/1966 p.75).

Bernheim, of the rival Nancy school, viewed hypnosis not as a pathological condition found only in hysterics, but as a psychological process that can be brought about in most people by suggestion, "the nucleus of hypnotism and the key to its understanding" (Freud, 1888/1966, p.75). Bernheim thus saw hypnosis as the result of suggestion and virtually equated the two concepts. As time went on, he made increasing use of "psychotherapeutics", or suggestions offered to patients in a waking state, contending that the effects are comparable to those obtained under hypnosis (Bernheim, 1891; Freud, 1917/1963, p.448).

Freud's Stance in Terms of the Modern "State-versus-Nonstate" Debate

Until about thirty years ago, theorists generally considered a hypnotic state or trance, fundamentally distinct from other states of consciousness, as the "essence" of hypnosis (Orne, 1959). This position assumes, as Charcot asserted, that the hypnotic state has identifiable physiological characteristics. It was against this backdrop that the

sociocognitive approach emerged in the 1960s and 1970s, viewing hypnosis not as an altered state of consciousness, but as a product of situational and psychological variables, like expectations and social role-playing.

Freud initially oscillated between Charcot's position and Bernheim's position, before forging his own stance that suggestion is a partial manifestation of the hypnotic state. His position was unclear enough for Chertok (1977, p.106) on the one hand to have claimed that "Freud unquestionably aligned himself with the 'statists' " and Kline (1955, p.128) to have claimed on the other that he said hypnosis "does not exist as a state."

Freud certainly recognized the role played by the suggestive factor in hypnosis. He also preempted the sociocognitivists' emphasis on social role-playing in the hypnotic situation (Sarbin, 1950) by stating that "it is of the greatest value for the patient who is to be hypnotized to see other people under hypnosis, to learn by imitation how she is to behave and to learn from others the nature of the sensations during the hypnotic state" (Freud, 1891/1966, p.107). Yet he pointed out that "there are both psychical and physiological phenomena in hypnotism" (Freud, 1888/1966, p.81), that it would be one-sided to consider only one or the other, and that "we possess no criterion which enables us to distinguish exactly between a psychical process and a physiological one" (Freud, 1888, p.84). Contemporary research describes hypnosis (as Freud did) as a complex phenomenon with biological, cognitive, and social aspects (Woody, Bowers, & Oakman, 1992). Freud's view fitted in somewhere between Charcot and Bernheim, just as it fits in somewhere between the altered consciousness and sociocognitivist positions, which have today become less dichotomous and tend to fall along a continuum (Kirsch & Lynn, 1995).

Hypnosis and Sleep

Freud wrote in 1889 (1889/1966p.93) that "hypnosis, when it is most completely successful, is nothing other than ordinary sleep... while, when it is less completely developed, it corresponds to the various stages of falling asleep." Empirical evidence, however, indicates that hypnosis has very little in common with sleep. Behaviorally, it has been shown that hypnotized subjects do not become drowsy or sleepy unless this is suggested during induction (Barber, 1975). Physiologically, research has shown that the EEGs of hypnotized subjects resembles that of subjects who are awake rather than asleep, unless sleepiness is suggested by the hypnotist (Sabourin, 1982).

Freud's later statements on sleep and hypnosis, however, have been overlooked by his commentators. In 1916 he wrote that one can "carry across from hypnotic to normal sleep the fact of the existence of mental processes which are at the time unconscious" (Freud, 1916/1961, p.143). Apart from the reference to "hypnotic sleep," this statement still seems perfectly legitimate. In his final written comment on the subject, Freud implies that all sleep and hypnosis have in common is a "withdrawal of interest from the external world" (Freud, 1921, p.127). Here we will quote him more fully, to stress that after 1889 he in fact modified his position to one compatible with contemporary research:

Now the command to sleep in hypnosis means nothing more nor less

than an order to withdraw all interest from the world and to concentrate it on the person of the hypnotist... in the withdrawal of interest from the external world lies the psychological characteristic of sleep, and the kinship between sleep and the state of hypnosis is based on it (Freud, 1921/1955, p. 127).

Hypnosis and Attentional Processes

One is tempted to see the “withdrawal of interest from the external world” referred to above in terms of the ability to disattend distractions that Crawford and her colleagues have recently theorized to be involved in hypnosis (Crawford, Brown, & Moon, 1993; Lyons & Crawford, 1997). The other side of the coin is, in Freud’s words, that “the subject is in reality concentrating his whole attention upon the hypnotist” (Freud, 1921/1955, p.126) and “no attention is paid to any but him” (Freud, 1921/1955, p.114). Hypnosis has recently been hypothesized to be, in part, a condition of amplified attention (Crawford, 1982). The most reliable correlate of hypnotic susceptibility identified to date (for review see Roche & McConkey, 1990) is the Tellegen Absorption Scale (Tellegen, 1982), a self-report measure of extreme attentional skills involving a loss of awareness of the surrounding environment. Crawford presents abundant evidence that “those individuals who report more efficient sustained attention without disturbance from distractions, possibly due to a more efficient fronto-limbic attentional system, are those who are more responsive to hypnotic inductions” (Lyons & Crawford, 1997, p.1080). In line with this approach, Freud wrote that the induction procedures of fixating on a bright object and listening to a monotonous sound “merely serve to divert conscious attention and to hold it riveted. The situation is the same as if the hypnotist had said to the subject: ‘Now concern yourself exclusively with my person; the rest of the world is quite uninteresting’” (Freud, 1921/1955, p.126).

Hypnosis, Group Dynamics and Reality Testing

Freud makes use of “the idea of an archaic heritage from the ‘primal horde’ epoch of mankind’s development in explaining susceptibility to hypnosis” (Freud, 1935/1959, p.69). He draws a parallel between the increased suggestibility displayed by hypnotized subjects on the one hand and the individuals comprising a group on the other. The hypnotic subject, he says, bestows the same power and authority on the hypnotist that a group bestows on its leader; both leader and hypnotist possess “a mysterious power that robs the subject of his own will” (Freud, 1921/1955, p.125). Freud describes the hypnotic relationship as “a group formation with two members” (Freud, 1921, p.115) and points out that in both hypnosis and groups “the function for testing the reality of things falls into the background” (Freud, 1921/1955, p. 80).

Let us take a brief look at research that could be seen as corroborating some of these thoughts. Firstly, in the field of social psychology, suggestibility is still viewed as a group phenomenon that can be manipulated (Gheorghiu, 1988). Secondly, hypnotized subjects’ rapport with their hypnotist may be more intense in a group than an individual setting (Lynn, Weekes, Matyi, & Neufeld, 1988). Register and Kihlstrom (1986) found that only 36% of subjects defined as highly hypnotizable using the Harvard Group Hypnotic Susceptibility Scale (HGHS:A; Shor & Orne, 1962) were so defined using

the individually administered Stanford Hypnotic Susceptibility Scale (SHSS; Weitzenhoffer & Hilgard, 1962). Evidence on this question, however, is divided. Bentler and Roberts (1963), for example, found hypnotizability scores in large groups to be on a par with scores from individual sessions. Thirdly, the suspension of reality testing to which Freud refers is intuitively suggested by the mere fact that hypnotized individuals are capable of experiencing positive and negative perceptual hallucinations. Researchers such as Shor (1959) and Hilgard (1965) have discussed the reduced ability of hypnotic subjects to test the limits of reality.

Hypnosis as Transference

Freud viewed transference, the interpersonal aspect of the hypnotic situation, as a fundamental element of hypnosis. We have already noted that he considered therapeutic success using hypnosis to be dependent on the harmonious nature of the patient-therapist relationship. Freud likened the hypnotic state to the process of falling in love, with the same subjection, compliance, and “unlimited devotion... but with sexual satisfaction excluded” (Freud, 1921/1955, pp.114-5). To explain certain characteristics of the hypnotic state not normally featured in erotic situations, such as paralysis, he postulated that “the hypnotist awakens in the subject a portion of his archaic heritage which had also made him compliant towards his parents” (Freud, 1921/1955, p.127; see Gill & Brenman, 1959, for a discussion of Freud on transference and hypnosis).

Empirical investigations have corroborated the connection hypothesized by Freud between hypnotic effect and emotional rapport. In one study, subjects hypnotized by an emotionally warm hypnotist scored higher on the SHSS:A than those hypnotized by an emotionally colder person (Greenberg & Land, 1971). In another study, highly hypnotizable subjects rated the hypnotist more positively than other subjects and the SHSS scores of low but not highly hypnotizable subjects were enhanced by hypnotist behavior designed to optimize rapport (Lynn et al., 1991). HGHSS:A scores have furthermore been shown to be associated with the degree of subjects’ personal contact with the hypnotist (Johnson, Smith, Whatley, & deVoge, 1973; de Voge, Johnson, Domelsmith, & Whatley, 1977).

Nash and Spinler’s (1989) Archaic Involvement Measure (AIM) is a self-report instrument administered after a hypnotic session, designed to measure the extent of the subject’s transference onto the hypnotist. Nash and Spinler found AIM scores to account for approximately one fifth of the variance in hypnotizability and to correlate positively with a measure of subjective depth of hypnosis. These findings constitute substantial evidence for one of Freud’s postulations widely regarded as untestable.

The Hypnotist’s Skill

Freud assumed that a successful hypnotist must possess great skill: “A physician who wishes to hypnotize should have learnt it from a master of the art and even then it will require much practice of his own in order to achieve successes in more than a few isolated cases” (Freud, 1891/1966, p.105). He felt that he himself often lacked the level of skill he would have liked to have and that this lack was responsible for some of his therapeutic failures. The purpose of his visit to Nancy in 1889 was first and

foremost to perfect his hypnotic technique (Freud, 1925/1959, p.17).

Research has not shown that the hypnotist's skill can affect levels of hypnotizability, although this may be because of the difficulties involved in assessing hypnotists' skill. In the standardized research situation at least, the experience of the hypnotist has been found to be irrelevant to subjects' hypnotizability scores (Levitt & Overley, 1965). One study of smoking cessation, however, found the experience of the hypnotist to be positively related to treatment outcome (Barabasz, Baer, Sheehan, & Barabasz, 1986). Interestingly, the hypnotist's experience as perceived by the subject does appear to have a significant effect on hypnotizability levels (Greenberg & Land, 1971; Small & Kramer, 1969). Freud seems to have intuitively understood this, when attributing some of Liebeault and Bernheim's hypnotic successes to "the 'suggestive atmosphere' which surrounds the clinic of these two physicians, to the milieu and to the mood of the patients – things which I cannot always replace for the subjects of my experiments" (Freud, 1889/1966, p.100).

Hypnotizability as a Trait

Freud believed that everybody is hypnotizable, but that hypnotizability is often hindered by resistance and other obstacles that must be overcome by the hypnotist (Freud, 1891/1966, p.106). Today, however, hypnosis is understood essentially as an ability of the subject and not of the hypnotist (Lavoie, 1990). Responsiveness to hypnosis has been shown to be as stable over time as any personality trait, its stability rivaling that of IQ (Morgan, Johnson, & Hilgard, 1974; Piccione, Hilgard, & Zimbardo, 1989). This stability suggests an underlying genetic factor, which has recently been shown to explain some of the variance in hypnotizability (Lichtenberg, Bachner-Melman, Gritsenko, & Ebstein, 2000). Yet the issue remains inconclusive. Hypnotizability appears to be modifiable given the appropriate training and motivation (Spanos & Coe, 1992). Moreover, it has been argued that the use of the standardized scales of hypnotic suggestibility developed since Freud's time creates a false category of un hypnotizable subjects and, as Ericksonian hypnotherapists maintain, anyone can in fact be hypnotized using indirect methods (Baker, 1990; Grindler & Bandler, 1981).

In 1921, Freud wrote that "the puzzling way in which some people are subject to it [hypnosis], while others resist it completely, points to some factor still unknown" (Freud, 1921/1955, p.115). As early as 1891, he noted that "we can never tell in advance whether it will be possible to hypnotize a patient or not, and the only way we have of discovering is by the attempt itself. There has been no success hitherto in bringing accessibility to hypnosis into relation with any other of an individual's attributes" (Freud, 1891/1966, p.106). The efforts of contemporary research to expand our knowledge about correlates of hypnotizability have not provided clear answers, and personality correlates of hypnotizability have to this day proven elusive and frustratingly difficult to replicate (Kirsch & Council, 1992).

Freud also noted that there is no obvious relationship between susceptibility to hypnosis and therapeutic outcome (Freud, 1917/1963, p.449). As early as 1889 he wrote that suggestion may completely relieve some people from a wide range of organic symptoms, yet fail to relieve others from manifestly psychological ones (Freud, 1889/

1966, p.100), adding in 1891 that “the depth of hypnosis is not invariably in direct proportion to its success” (Freud 1891/1966, p.112). Whereas hypnotic susceptibility does in fact seem to mediate the efficacy of hypnotherapy for pain, asthma, and warts (Brown, 1992; Hilgard & Hilgard, 1994; Spinhoven & ter Kuile, 2000), this does not seem to be the case for other disorders, for example nicotine and alcohol addiction (Barabasz, 1986; Stanton, 1985). A possible interpretation of this data is that hypnotizability is relevant to the therapeutic process in those cases where the special hypnotic state mediates the cure, while in the other cases the non-specific elements of hypnosis mediate the therapeutic effect, akin to a transference cure; a similar theory has been presented in order to distinguish between the placebo and non-placebo effects of hypnosis (van Dyck & Hoogdun, 1990).

The fact that Freud could not hypnotize all of his patients nor predict who would prove a good subject and who would not was one of his major frustrations with the use of hypnosis in his clinical work. In his “Five Lectures” he states: “When I found that, in spite of all my efforts, I could not succeed in bringing more than a fraction of my patients into a hypnotic state, I determined to give up hypnosis...” (Freud, 1910/1957, p.22). We would like to suggest that had Freud placed more emphasis on the variance in individuals’ susceptibility to hypnosis and less on the dexterity of the hypnotist, the absolute, universal nature of his rejection of hypnosis as a clinical tool may have been slightly attenuated.

Conclusion

Freud’s lifelong interest in hypnosis, “about which so many points have yet to be cleared up” (Freud, 1921/1955, p.117), stemmed from his desire to develop a general psychology of mental functioning. By using it in clinical practice, he contributed to its general acceptance and by subsequently rejecting it in favor of psychoanalysis, he helped bring it once again into relative disrepute. Freud freely admitted the debt of psychoanalysis to hypnosis, though it is less widely perceived that he largely repaid this debt with his prescient observations about the nature of hypnosis and the hypnotic process. The critical nature of the hypnotist’s skill, a mainstay of Freud’s thinking, is now somewhat outmoded. Yet his insight into the therapeutic potential and limits of hypnosis and its relation to sleep and transference has been borne out by subsequent investigations. As Halama (1994) points out, Freud’s understanding that hypnosis is effective for organic and psychological ailments has eluded many of his followers. His approach to hypnosis as comprising psychological states and social expectations, attentional processes and role playing, essentially anticipated the major agendas of hypnosis research to this day.

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