

HYPNOSIS IN TREATMENT OF NEUROSES DUE TO WAR AND TO OTHER CAUSES

CHARLES FISHER, M.D.

Passed Assistant Surgeon (R), United States Public Health Service
NEW YORK

Although many authorities on war neuroses (Kardiner,¹ 1941; Miller,² 1940) recommend the use of hypnosis in the treatment of early traumatic neuroses of war, one gains the impression from a survey of the recent literature on this subject that hypnosis is being little used in World War II. Instead, there appears to be an increasing tendency to use the barbiturate drugs, especially sodium amytal. In discussing the use of pentothal, Hadfield³ (1942) had this to say:

Does pentothal, then, supplant the use of hypnosis and free association? That has not been our experience. There are as many who object to "the needle" as to hypnosis. Nor is pentothal in every case successful in releasing emotions and amnesias; indeed, free association and hypnosis may succeed where pentothal fails. Furthermore, pentothal cannot be used frequently because of its toxic effects, whereas free association and hypnosis can be used as often as possible. Even when pentothal succeeds the material obtained has usually to be followed up by free association, especially as it is often forgotten again, and needs to be recovered by subsequent free association. Moreover, the cure usually comes about not merely by the mechanical release of repressed emotion but by the readjustment of these experiences and reassociation with the rest of the mind. For these reasons free association and hypno-analysis are a far more delicate instrument not only for rediscovering the subtle and often very complex changes in the mind which have contributed to the breakdown, but also for adjusting the mind to deal with these morbid moods and emotions. Compared with this, the use of drugs is a crude though sometimes necessary assault upon so sensitive an organism as the mind, and, in spite of its abreactive value, often leaves the more basic moral problems unsolved. Pentothal should therefore be regarded as an adjuvant and not as a substitute for these other types of treatment; it would be a pity if the simplicity of the more mechanical methods should lure the student of psychotherapy from more delicate psychological methods. Both have their specific uses, and both techniques should be mastered.

It is not the purpose of this paper to argue the relative merits of hypnosis and the barbiturate drugs; admittedly each has its uses. Instead, it may be useful, through a series of case reports, to discuss the use of hypnosis in the treatment of war neuroses and others, to analyze some of the barriers which interfere in the use of this "more delicate psychological method" and to indicate the kind of therapeutic result that can be obtained.

Many physicians have a strong, unconscious dread of the use of hypnosis even when they recognize its therapeutic value and are eager to attempt it. This cannot be due to difficulties in mastering the rather mechanical procedures necessary to induce the hypnotic state. It is probable that the resistance stems from two principal sources: first, the necessity of entering into a close personal relationship with the patient and, second, fear of having to confront the powerful and primitive

From the United States Marine Hospital, United States Public Health Service, Ellis Island, N. Y.

1. Kardiner, A.: *The Traumatic Neuroses of War*, New York, Paul B. Hoeber, Inc., 1941.

2. Miller, E.: *The Neuroses in War*, New York, The Macmillan Company, 1940.

3. Hadfield, J. A.: *War Neurosis: A Year in a Neuropathic Hospital*, Brit. M. J. 1:320 (March 7) 1942.

unconscious forces that may come to light in the hypnotic trance. Any one who can wield a syringe is free to use sodium amytal and is frequently able to produce some kind of therapeutic result, no matter how mechanically he approaches the patient. But hypnosis cannot be applied in any such routine way, and many physicians fail because they are impervious to the needs, wishes and anxieties of the patient.

Altman, Pillersdorf and Ross⁴ (1942) have recently ably discussed the therapeutic barriers between patient and physician in the armed services and have pointed out that the problem of transference, necessary for psychotherapeutic success, becomes complicated by a special kind of resistance engendered by military relations. These barriers come prominently into evidence when one attempts to use hypnosis on military personnel. Chief among these is the fact that the military physician is also an officer, and, as Altman has pointed out, the soldier or sailor feels that he is being treated by the same agency that is responsible for his plight. It might be supposed that the authoritarian position conferred on the medical officer by his uniform and rank would be conducive to the induction of the hypnotic state in men of lesser rank. This is certainly frequently the case, especially if one chooses to utilize the awe-inspiring, overpowering technic to induce hypnosis. But the induction of the hypnotic trance in itself does not in the least guarantee a therapeutic result. A patient may be in a deep trance as measured by all the somatic criteria, such as the production of rigidities and anesthetics, but psychologically he may remain rigid and full of resistances and totally unable to recover the lost memories of amnesia or to divulge the unconscious conflict behind a hysterical symptom. It is suggested, therefore, that so far as possible, the hypnotist divest himself of excessive authoritarian trappings (e. g., cover his uniform with a white gown). One's position as a physician will furnish all the prestige that is needed. There is no substitute for sympathy, understanding and the conveyance to the patient by some means that one wishes to help him, not overpower him.

The patients whose cases are to be reported were treated at the neuropsychiatric service of the United States Marine Hospital, Ellis Island, New York. This is a service with a rapid turnover, to which patients with acute neuroses are sent for disposition, the average length of stay in this hospital being but three or four weeks; hence there is no time for prolonged therapy. Most of the patients treated here are from the United States Coast Guard, the Maritime Service and the Merchant Marine. The hospital is staffed by United States Public Health Service physicians. This has certain advantages when personnel of the Coast Guard are to be treated, because the physicians are not actually part of the hierarchy of officers of the Coast Guard; this tends to weaken the authoritarian barrier. Furthermore, the designation "Public Health" may suggest to the patient that the physician is more concerned with the healing arts than with disciplinary action.

Six cases will be presented briefly and discussed with special reference to the following points: (1) the approach to the patient to get him to consent to hypnosis; (2) certain technical maneuvers useful in the eliciting of unconscious material; (3) the therapeutic results obtained, and (4) the limitations of hypnotic therapy. Two of the patients were merchant seamen who had been torpedoed and had what is usually referred to as a "war neurosis." The remaining 4 were Coast Guardsmen; 3 of them acquired their symptoms either before or after induction into the service and had not seen combat duty; in the fourth patient a neurosis developed after the bombing of his ship.

4. Altman, L. L.; Pillersdorf, L., and Ross, A. T.: Neuroses in Soldiers: Therapeutic Barriers, *War Med.* 2:551 (July) 1942.

It is important to choose the right moment to mention hypnosis; in some cases this may be done immediately, but in others it is best to wait until good rapport is established. To know when this point is reached is a matter largely of intuition. In almost all cases it is advisable to encourage the patient to ventilate freely all his fears, attitudes, illusions and misconceptions about hypnosis. As he does so, one can frequently gain some clues about the technic to be followed and some idea of what to avoid. It is often helpful to explain in as scientific a manner as possible, adjusting the explanation to the patient's intellectual level, what the hypnotic state is. With more intelligent patients one can enter into as objective and theoretic discussions as possible, and such discussions in no way prevent the patient from falling into a trance or detract from the powers of the hypnotist. The hypnotic state is mysterious enough that it can be induced even in the presence of full knowledge on the part of the patient. Such knowledge merely serves to reassure him and does not have the deleterious effect that is engendered by the spreading of misconceptions through the comic strips (Mandrake the Magician and others) and other popular sources of delusion. Most patients have to be reassured about the following frequently encountered ideas: (1) that they may never wake up; (2) that they have a "weak will" if they can be hypnotized; (3) that they will perform criminal acts, and (4) that they will be under the perpetual power of the hypnotist.

As to the actual technic, the usual sleep-inducing suggestions with fixation of the eyes on some such object as a key have been used. One cannot use a rigid, set technic but must vary it to suit the needs of the particular patient. Some patients are anxious about lying down but can be hypnotized in the sitting position; some will struggle against suggestions that their eyes will close but will readily go into a trance if they commence with the eyes already closed; some are apprehensive if the physician stands too close to them. It is necessary to "feel out" the patient's "areas of anxiety," as it were.

REPORT OF CASES

CASE 1.—A 21 year old Negro merchant seaman entered the hospital with the history that he had had two brief amnesic episodes within a period of three months following the torpedoing and sinking of his ship. During the first session with him it was suggested that hypnosis might help his condition. He readily consented but with considerable satisfaction assured me that he did not think he could be hypnotized. He went on to relate that several weeks previously he had been at a demonstration of hypnosis at one of the servicemen's canteens. He was among fifteen volunteers who participated in a test of mass hypnosis and was the only one who could not be hypnotized, in spite of special efforts made by the hypnotist. He was obviously proud of his resistance and "strong will" and thought that these were in some way related to the fact that he was something of a hypnotist himself. He added that he could hypnotize dogs by stroking "the nerve in the neck that controlled the heart and brain." I agreed that there were such nerves and called them the "vagi." It was then explained to the patient that hypnosis was not "a battle of wills," that he was more concerned in defeating the hypnotist than in getting well and that he could not be helped unless he was willing to cooperate. He appeared to understand this and consented to try.

He gave the following history: In the early hours of the morning his ship was struck by a torpedo. He was working in the engine room with the engineer, who, according to the patient, became frightened and immediately ran on to the deck, leaving him to shift for himself. In the waking state he related that he ran to the boilers and turned off the two valves which controlled them and then rushed to the deck, in his haste forgetting his life belt. When he got on deck the ship was listing, and he was hit on the forehead by a fragment of steel, sustaining a deep laceration of the left frontal region of the scalp. He immediately jumped overboard and managed to swim to a raft; a few minutes later the captain and the first mate reached the raft and he helped them aboard. When day broke, the mate sewed up the wound in his scalp with a needle and thread and shortly thereafter the patient "fainted from loss of blood" and was unconscious for three days. When he regained consciousness, he was in a hospital. In telling this story he was arrogant and boastful; he expressed a

complete lack of fearlessness for all things and persons and boasted of how he had "saved" the mate and captain, although it was clear that he had only helped them to climb on the raft. He manifested intense hostility toward the engineer, who had left him alone, and heaped abuse on his head for his cowardly behavior. It was evident that beneath all this bravado he was badly frightened.

During the first hypnotic session it was possible to reconstruct the two amnesic episodes that the patient had had. One often finds that during the first reconstruction of the events of an amnesia the patient relates the forgotten material in a quite matter-of-fact tone, with the expression of little affect. In subsequent sessions a greater degree of abreaction takes place when the same events are reviewed. After the patient was hypnotized, he was brought back to the time of his last period of amnesia, that is, to the moment when his memory stopped. He was then assured that he would be able to remember what had happened, and it was suggested that he relive the events of this period just as they happened to him. He proceeded to relate how the amnesia had developed while he was traveling in a ferryboat across a river. The point in time when the amnesic episode commenced was related to the visual perception of two valves on a fire hydrant on the ferryboat. The patient experienced a severe headache at this instant and "blacked out." The amnesic episode lasted for about ten hours; he was able to remember all that he had experienced during this period, his experiences culminating in his being picked up by the police. At the time he was in a violent, agitated condition and was expressing much fear of the Nazis and of submarines and was shouting that "they wouldn't get him" and torture him or make him talk. He next reconstructed the second amnesic episode, which lasted for about two hours. Just before entering his hotel room he saw two valves on a radiator; he walked into his room, looked at the clock and two hours later "came to" lying on his bed. He was then brought back to the time of the actual torpedoing and asked to relive this in his imagination just as it happened. He described the scene with some emotion, told about the seawater rushing into the engine room, again expressed much anger toward the engineer and after some encouragement admitted that he was afraid.

It was evident that his emotional conflict centered about the two valves. He was repeatedly praised while under hypnosis for his daring and courage in remaining below after the engineer had deserted him and was told that he had done more than his duty in staying to turn off the valves. By this means it was finally possible to get him to confess that he had become frightened and had run out before he was certain that he had turned the valves all the way off. He felt much shame and guilt over this, and it became evident that he was projecting his own feeling of cowardice on the engineer. It was clear, therefore, that the conflict between his fear and his sense of duty, between his "cowardice" and his notion to be brave and fearless, lay behind his amnesic episodes. This conflict was set in motion in both instances by the visual perception of "valves." The patient will permit such a painful conflict to emerge into consciousness only if the hypnotist aligns himself with the rejected impulses from which the patient is trying to escape and against the stringent dictates of conscience.

The patient was hypnotized on four occasions. In subsequent sessions it was brought out that he was not "unconscious" for three days on the raft but was in a hysterical stupor. He was able to remember the events of these three days and expressed all his terror at being caught and tortured by the Nazis. After the first session he relived his experiences, with the expression of much emotion and with a great deal of mimetic activity. He carried on conversations as they had occurred, some of them in Spanish, went through the motions of turning off the valves, made swimming movements as he swam to the raft and grimaced with pain as he was having his scalp sutured. Again and again he returned to the subject of the valves, wondered whether he had turned them all the way off and said many times; "I better go back and see. No, I better go overboard."

The patient was seen about five months after he was discharged from the hospital. During this period he had made seven trips to sea, had continued to work in the engine room and had been subjected to bombardment from the air during the invasion of Sicily, but he had suffered no further amnesic episodes. He continued to have mild headaches but had not had tremors, nightmares or other anxiety symptoms, despite the dangers he had faced. He had purposely gone back to work in the engine room in order to master his fear. He seemed composed and confident and was making preparations to ship out again.

CASE 2.—A 21 year old white Coast Guardsman was treated in another Marine Hospital for more than six months prior to his admission here. He was hospitalized for treatment of painful palmar and plantar warts and calluses and intense hyperhidrosis of the hands and feet. He gave the following history: He began to exhibit excessive sweating of the feet when he was 4 or 5 years of age, and, along with this, large plantar calluses appeared. As

far back as he could remember his feet had been tender. The sweating of the hands was not as profuse as that of the feet. Calluses and warts had formed on the hands only within the past few years, and painful warts had appeared under the plantar calluses some five or six years prior to his admission, when the patient was 16. The hyperhidrosis became progressively worse, and in recent years it had become so bad that at times the tops of a pair of shoes would rot out within a month and he would have to change his socks fifteen times daily. There were times when the sweat literally dripped from his feet. He had noticed that the sweating became worse when he was tense or experienced strong emotion.

During the early weeks of his first hospitalization he received a course of roentgen therapy, which caused the warts on his hands to disappear but did not affect the plantar growths. Later, about three months before his transfer, he was given injections of alcohol to both lumbar sympathetic chains. The sweating of the right foot decreased noticeably immediately after the injections, but that of the left side remained unaffected and the plantar growths were not influenced. Thereafter the patient experienced severe throbbing pain in the lumbar region, with pronounced stiffness and limitation of motion. He was unable to move or walk and had to stay in bed for nine days. He gradually improved so that he could get about slowly, but in about two weeks he had another exacerbation of lumbar pain and had to remain in bed for a week. During this period he began to exhibit strong resentment toward the physicians who were treating him, because he felt he was getting worse; he became surly and irritable, hypochondriacal and complaining. Accordingly, he was sent to the neuropsychiatric service for observation and treatment.

A physical examination on his admission to the neuropsychiatric service revealed the presence of huge plantar calluses which were rather symmetrically located on both feet, especially on the heels, balls of the feet and large toes. In places they were more than a quarter of an inch (0.5 cm.) thick and more extensive than any I had seen until that time. The left foot was much colder than the right; the skin was flushed, and there was noticeable hyperhidrosis. The sweating on the right foot was minimal, evidently having been influenced by the alcohol block to the lumbar sympathetic chain on that side. Beneath the calluses painful plantar warts were evident. The patient held his back stiffly bent forward slightly and walked in a careful, guarded manner. He complained of severe lancinating pains in the lumbar region which radiated over the abdomen into the testicles. The sweating of the hands was moderate, and the warts and calluses had largely disappeared. There were many deep scars on the skin of the neck, back, shoulders and arms, a result of an old pustular acne, and there were some active pustular areas still present. There was abnormal thickening of the toe nails as a result of a fungous infection.

The patient expressed a great deal of resentment toward the physicians who had treated him, was surly and sarcastic, displayed the attitude of a martyr and felt that he had been medically abused and neglected. He was hopeless and bitter about his condition. For about a week he was encouraged to express his feelings about his condition and his treatment. It was gradually suggested to him that perhaps his excessive sweating had some emotional component. He was given a rather general psychosomatic explanation, to the effect that sweating is a normal accompaniment of strong emotion and that in his case there seemed to be a great deal of anger and resentment that might have become dissociated from the somatic manifestations. It was finally suggested that hypnosis might help his condition, and he consented to the procedure. It is sometimes useful to permit a prospective subject to witness the hypnotizing of another subject, and this was done in this case. The patient rapidly became an excellent subject. He was hypnotized four or five times a week for about a month. The hypnotic sessions were used almost exclusively for the giving of suggestions, and little attempt was made to get at unconscious factors. Suggestions were given in the following manner: The patient's calves were massaged, and he was told that this would improve the circulation of his feet, that all the blood vessels would open up, that this would make his feet warmer and that as they got warmer the sweating would stop. In addition, his back was rubbed and suggestions given that the pain would disappear and the motility increase. These somewhat magical suggestions were given monotonously day after day. Within about a week the patient began to notice a decrease in the amount of sweating of his left foot. The pain in his back began to disappear, and he was able to turn from his back to his stomach while in bed, something he had not been able to do since the lumbar injections. After about a week suggestions were made that the calluses and warts would disappear. Each day the larger ones were rubbed and "talked to" told to soften, become painless and disappear.

In addition to this suggestive therapy, the patient was seen in frequent interviews and a rather superficial kind of psychotherapy was undertaken. His chief difficulty seemed to be in handling his resentment and hostility, which were intimately related to his feelings toward

his father, a rigid, strict and unconfident man. The patient was able to accept certain interpretations pertaining to his fear of asking for things because he might be rejected; to his compulsion to be overindependent, associated with strong unconscious wishes for dependency; to his reacting with great resentment whenever disappointed and to his unconscious demanding attitude. No attempt was made to analyze deeper unconscious mechanisms; only a discussion of certain character traits was attempted.

In the midst of the treatment a severe infection of a pilonidal cyst and an anal fistula developed, with a temporary exacerbation of the patient's vasomotor symptoms. He immediately became resentful, acted as though he were undergoing general bodily dissolution and tended to blame the physicians for his condition. Simultaneously it was discovered that he had an occlusion of a small branch of one of his retinal arteries, and he became apprehensive about this. The pilonidal cyst was treated medically, and the infection cleared up.

Hypnosis was continued, and the patient showed progressive improvement, with a pronounced decrease in the sweating of the left foot, a definite increase in the temperature of the skin and a softening and dissolution of the plantar calluses. His feet became increasingly less painful. He showed a striking transformation of character; he became cheerful and much less resentful. He was finally transferred to another hospital for operation on the pilonidal cyst. By the time he left the hospital the diminution in the degree of sweating and the decrease in the size of the plantar calluses was truly remarkable. However, his condition continued to improve, and about six weeks after his discharge he wrote: "My feet have now completely quit sweating . . . and the plantar callosities have all softened and have almost gone." He reported, further, that the thickening of his toe nails had disappeared, and that the nails had returned to normal. He also felt that his family relationships had improved a great deal. Six months after discharge he reported further improvement and stated that the plantar warts (as distinguished from the calluses) were gradually going away. He stated that the skin of these areas had turned white, was breaking down and in some places had peeled off down to new, firm tissue, and that he rarely had any pain in his feet. He had gained 20 pounds (9 Kg.); the rather severe acne which he had had was disappearing, and he had obtained employment.

CASE 3.—An 18 year old white Coast Guardsman was admitted to the hospital three weeks after he had been kicked in the left temple while wrestling, with the history that since this accident his vision had become impaired. A physician at his station examined him and reported that there were small pinpoint hemorrhages in the left eye; that the vision was 20/40, and that it was said to have been 20/20. At the time of his admission to this hospital, three weeks later, the patient was examined by an ophthalmologist and no evidence of retinal hemorrhages was found. However, there were a serious impairment of vision, the left eye testing 1/200 and the right eye 20/200, and a pronounced ocular nystagmus.

The patient told the following story: Shortly after joining the Coast Guard, he managed to get an assignment to a special group which was taught certain Commando-like activities. This school enrolled mostly big, tough men, who were trained in boxing, wrestling, jiu-jitsu and other defensive and offensive physical maneuvers. He was apparently admitted to this school with reluctance on the part of the authorities and only because he insisted. This was because he was several years younger than most of the men and rather fragile and effeminate in appearance; he weighed only 120 pounds (54.4 Kg.), whereas most of the others weighed from 165 to 230 pound (75 to 104 Kg.). From the beginning he had an exceedingly difficult time competing with the other men, and in the process took many severe beatings. While boxing he was frequently hit about the head and dazed, and frequently he was "groggy" for days. He was especially apprehensive about wrestling with big men, with whom he was at a great disadvantage because of his weight. He became fearful of being squeezed about the chest. On a number of occasions his testicles were squeezed during wrestling matches, once so hard that he got "sick at the stomach" and felt faint. He gradually became tense and anxious; headaches and dizzy spells developed, and he was unable to sleep. He was constantly worried for fear he would be dropped from the school, and he felt this would be a disgrace and a reflection on his manhood. He wanted to show every one that he was able to "take it" and was afraid that the other men would laugh at him and call him a weakling. A few days before the training period was over, he was accidentally kicked in the left temporal region while he was wrestling; his eyes blurred and he felt dazed, but he did not lose consciousness. A day or two later he noticed that his vision was blurring, and he had severe headaches over the left eye and in the left temporal region.

From the patient's history it seemed probable that his symptoms were on a hysterical basis and that they might be influenced by hypnosis. While obtaining his history I made a few general remarks to the patient to the effect that he seemed to have an unusual need to prove his manhood. To which he replied: "Gee, doc, you know all about me." With

the development of this kind of attitude toward the physician, it is not difficult to hypnotize a subject. This patient immediately accepted the proposal that his symptoms might be helped with hypnosis, and he made an excellent subject.

During the first hypnotic session the patient expressed his fear of being squeezed. In the waking state he talked mostly of his fear of having his chest squeezed, but when he was under hypnosis it became clear that his primary fear was of having his testicles squeezed. He was encouraged to express his feelings, and he vented a great deal of anger toward the men who had abused him; he writhed about on the couch and showed much anxiety, at the same time cursing the men who had injured him. He was extremely afraid of and hostile toward big men and wanted to avenge himself on them and to "squeeze them the way he had been squeezed." Every time he saw a big man he would have a severe anxiety attack with marked palpitations, trembling, perspiration and, most striking, a pronounced blurring to his vision. It developed that he had a deep affection for an older brother and was particularly envious of the latter's size and physical strength and of his being in the Air Corps. He was intensely hostile toward a brother-in-law, who was in the Coast Guard and who used to call the patient a weakling and tell him that he was not man enough to get into the service. It was partly because of this man's constant goading that the patient compulsively sought to get into one of the armed services when he was only 17 years of age. He always went out for boxing and wrestling and ran around with "tough guys." He was eager to get married and had bought and stored a whole houseful of furniture in preparation for this event.

During hypnosis certain interpretations were made to the patient. It was suggested to him that he seemed to have an unusual desire to prove his masculinity and in so doing he made fantastic demands on himself and tried to compete physically with men twice his size. It was further suggested that the blurring of his vision might be connected with getting his testicles squeezed and that this had actually happened when they had been squeezed. His phobia for big men was interpreted in the light of these considerations. During each session he was given posthypnotic suggestions that his vision would return to normal and his headaches disappear; his temples were stroked, and he was told that this would "relax" the muscles in his eyes and improve his vision. His vision was tested before and after each hypnotic session, and by the end of the third session it tested 20/20 in each eye.

He was much relieved after his vision returned to normal, but the improvement did not persist. He continued to have severe anxiety attacks, always in relation to contact with big men, during which his vision would diminish but not to the extent it had. He was discharged from the service after several weeks of hospitalization. About three and a half months later he wrote: "My eyes are better than they were, but at times I get the strangest shaking feeling inside me . . . it makes my hands shake so bad I can't lift a glass of water." In addition, he reported that he had married.

CASE 4.—The patient was a 28 year old merchant seaman who was admitted to the hospital about six months after his ship had been torpedoed. He had sustained severe burns on his hands and feet. He rapidly acquired a severe traumatic neurosis, which was characterized by nightmares, chiefly of being burned alive, insomnia, violent trembling, hyperacusis and an intense startle reaction. If he was suddenly startled by a loud noise he would throw his arms upward and backward with such force that he frequently broke the back of chairs or violently banged the back of his head against a wall. About a month prior to his admission he noticed an involuntary motion of his left arm which was extremely annoying. The arm would suddenly flex at the elbow and execute a series of spasmodic movements much in the manner of a man shaking his fist. If he attempted to raise the arm above the horizontal position, these spasmodic movements would develop and he would be unable to extend the arm upward.

This patient was not a particularly promising therapeutic prospect because his symptoms had become chronic; he was a rigid, uncommunicative and suspicious man and he had a great deal of resentment against the shipping authorities over a matter of compensation and a feeling that he had not been treated fairly.

With some reluctance he consented to be hypnotized, but it was soon found that he was suspicious of the procedure. Further discussion revealed that he feared the presence of a dictaphone in the room and thought that all that he said while hypnotized would be recorded and turned over to the shipping authorities. Only after he was reassured on this score was an attempt made to hypnotize him. He readily fell into a deep trance. (This case again shows the value of preliminary discussion.)

Under hypnosis the patient told how the torpedo had struck his ship when he was on the deck just above the engine room. The torpedo struck the engine room, and there was a terrific explosion; he was blown high into the air, and he believes that he fell into one

of the funnels. As he was falling through the funnel, there was another shattering explosion, and he sailed through the air again, this time losing consciousness. When he regained consciousness, he was scurrying up one of the guy wires that supported the funnel; the burned skin was coming off his hands as he climbed; flames were shooting up around him. In reliving this terrible experience the patient stressed his feeling of helplessness, the indignity of "bouncing up and down like a rubber ball" with the explosions and of climbing up the wire "like a monkey." He expressed his horror at feeling that "he was roasting to death" and described the sickening smell of burned flesh, the sight of a man running about madly with blood running from his penis and one of the mates screaming "like a stuck pig." He finally managed to get to the deck and was seized with the impulse to take some kind of aggressive action against the enemy. He remembered that there was a machine gun on deck and began frantically to run about looking for it but was unable to find it.

In the waking state the patient had remarked that the involuntary motions he made with his left arm were like the movements one made in handling a machine gun. It was thought, therefore, that the inhibition of the impulse to fire the machine gun might have some causal connection with the symptom the patient displayed. Accordingly, as he was living through the episode of searching for the machine gun, I said: "Go, ahead. Shoot it." The patient then went through the motions of firing the machine gun and exactly duplicated the movements of the left arm that were present in his symptom. In the midst of this he showed much anxiety, spontaneously came out of the trance and looked bewildered. But he was immediately able to raise his arm above the horizontal, and from that time on this symptom completely disappeared.

The patient was subsequently hypnotized on three or four occasions and during these sessions abreacted a great deal of resentment toward the officers of his ship and the shipping authorities. With the aid of suggestion he gradually made a fairly good symptomatic recovery and after several weeks left the hospital with the advice that he was not ready to return to sea. Several weeks later he returned in an anxious condition, with the recurrence of many of his symptoms but not the spasm of the arm. He had secured a job on a tanker in port, and on the day the ship was to sail he became frightened and rushed back to the hospital. Unfortunately, he had picked the kind of ship best calculated to revive his neurosis, a tanker, on which he might "burn to death," the thing he feared most.

CASE 5.—An 18 year old white Coast Guardsman was admitted to the hospital complaining of constant headache over the left eye. He gave a history of six episodes of complete loss of vision for periods ranging from fifteen minutes to six hours; all of these had occurred within a period of five months just preceding his admission and dated from a head injury. He had been hit over the left eye with a brick and was knocked "unconscious" for about ten minutes. His glasses were broken, and a piece of glass injured his left eyeball, the laceration just "missing the pupil." The next day he suddenly lost his vision for a period of fifteen minutes. The subsequent periods of blindness became increasingly longer, the last one persisting for six hours. He stated that he had had several other injuries to his left eye and had had a headache over this eye for many years. In addition to the periods of complete blindness, he had numerous episodes of blurred vision. He had been rejected by the Army, the Navy and the Marine Corps because of defective vision and had been inducted into the Coast Guard only because he had memorized a chart and so was able to pass the test.

It seemed possible that this patient's visual disturbance was hysterical, and it was thought possible that any visual experiences which he might have had during the periods when he believed himself to be blind might be recovered while he was under hypnosis. This was thought to be feasible since he reported that he always kept his eyes open during the periods when he was "blind." In other words, the patient was treated as if he were suffering from amnesia, but an amnesia limited to the field of visual memory. He readily consented to hypnosis and on the first attempt went into a deep trance. He was then brought back to his last episode of blindness, which had occurred two weeks previously, and asked to relive it in his imagination just as it had happened. At the time this attack occurred he was riding in a bus one night and was engaged in a conversation with the driver about the different types of headlights on cars. Another car approached from the opposite direction; the driver of the bus dimmed his lights, the driver of the oncoming car did not do so. As this was happening, the patient suddenly lost his sight. Under hypnosis he acted all this out and carried on his conversation with the bus driver as if the latter were actually present. At this point the following technical maneuver was carried out: The patient was told that even though he was blind he had his eyes open and it was just possible that images of some of the things around him might have registered on his brain. I told him that I was going to relax the "muscles of his eyes" by pressing firmly on his temples and that as I did this

some of these images would develop, just as a photographic plate develops. This was done, and immediately he began to describe what he saw around him during the time when he believed himself to be blind. Whenever he was asked directly what he saw, he responded that he could see nothing. This suggests how important it is not to assault the pride and vanity of such a patient by hinting even in the most remote way that he was not blind. Only by adherence to some pseudophysiological explanation of the blindness and by constant repetition of the remarks about images of some of the things about him registering on his brain was it possible to overcome his resistances sufficiently that he was able to see. With use of this technic it was possible to restore the visual amnesia of the five remaining episodes of blindness. In addition, it turned out that at the time the patient was hit over the left eye with a brick he was not unconscious but in a hysterical stupor, and it was possible for him to remember under hypnosis what had occurred during this ten minute period.

The precipitating event for each of the episodes of blindness was also elicited. In five of the six episodes it was discovered that at the instant the patient went blind he was having some sort of fantasy about the smashing of the headlights of an automobile. It was ascertained that he had always been apprehensive when he saw the light headlights of a car and that these reminded him of eyes. He had always been anxious when driving and was a cautious driver. One of his attacks, for instance, occurred while he was driving a truck and he saw some cattle coming along the other side of the road. This was associated with the memory that his father had once run into a cow while driving a car. The headlights of the car had been smashed and his father had been splattered all over with cow dung, so terrific had been the impact of the collision. Another attack occurred when his grandparents were discussing the fact that his brother-in-law had had an automobile wreck and at the instant when something was said about the headlights being smashed.

On the day following the first hypnotic session the patient displayed a new symptom, namely, a rather pronounced weakness of the grasp of the left hand. It was found that he had a hypesthesia of the hands and forearms, extending above the elbow, of the glove variety which did not follow any anatomic pattern. He alleged that he had had this condition all his life and had known for many years that he could stick a pin into his skin without experiencing pain. While he was under hypnosis it was possible to restore the strength of the grasp and to increase the pain sensibility of the hands and arms by simple suggestion. Further, by suggestion under hypnosis it was possible to remove the headache over the left brow which he had had for many years. After three or four sessions there was considerable improvement in visual acuity, the right eye testing 20/15 and the left eye 20/20 — 2. It has been noted that the patient was rejected by the Army, the Navy and the Marine Corps because of defective vision. No evidence of structural damage to the eyes was found.

In spite of the symptomatic improvement, it was considered that the patient had not attained any effective insight into his condition and that he still retained a proclivity for hysterical conversion, and he was given a medical discharge.

CASE 6.—A 25 year old white Coast Guardsman was admitted to the hospital about thirteen months after the bombing of his ship. He complained of gastrointestinal distress which had appeared immediately after the bombing but had become much worse in the past three or four months. He experienced a feeling of tension in the epigastric region associated with sharp pain radiating into the chest. He felt as if his "stomach were tied in a knot." At times pain seemed to shoot across to his left elbow, and sometimes it radiated down the left forearm into the ring finger. The epigastric pain was associated with much belching. He was treated medically at another Marine Hospital for a month, but nothing abnormal was found on physical examination. He continued to experience intense epigastric pain in spite of medication, and he was therefore transferred to the neuropsychiatric service with a diagnosis of mixed psychoneurosis.

In giving his history the patient dated the onset of his trouble to about a year and a half before the bombing of his ship. During this period he had had a number of threats to his genital integrity which caused him much anxiety. A penile discharge developed which he thought was indicative of gonorrhoea but which proved to be nonspecific. Shortly thereafter he injured his right testicle, and a swelling developed. He was thrown into a panic by a physician who told him that he had a cancer or a tumor. It turned out that he had an epididymitis which cleared with treatment with a sulfonamide compound. After the bombing of his ship he tore his foreskin during coitus, and a sore developed; he was told that this might be a chancre of syphilis, again mistakenly.

During the time he was assigned to a ship the patient was under constant apprehension. There were many rumors about submarines or bombers being sighted. His ship finally was bombed in Singapore. He was below deck when the bomb struck and a number of men

were killed, among them several of his close friends. He ran on to the deck and saw the burned and broken bodies of his shipmates being carried up from the sick bay. At this time he was extremely frightened and felt sick. He had no nausea nor did he vomit, but he lost his appetite. He remained on this ship for over a year, much of the time in a state of anxiety.

After good rapport was established with the patient, hypnosis was suggested and readily accepted. He was given certain psychosomatic explanations of his condition, to the effect that at the time of his bombing experience he was anxious and that possibly this caused his stomach to go into a "spasm." The probable relationships of psychologic states to somatic symptoms were freely discussed in terms that the patient could understand and accept. He was told that perhaps his stomach could be made to "relax" by hypnosis. He made a good subject and was able to abreact a considerable amount of affect associated with his traumatic experiences. He was especially terrified at seeing the burned bodies of his friends. One of them was so badly burned that he kept screaming and begging the physician to shoot him. Some one found the amputated arm of another friend and threw it into the sea, and the patient witnessed this. He kept looking at the arm bobbing up and down in the water and he was horrified when sharks started to poke at it. While reliving this scene under hypnosis, he began to groan and complained of pain in his stomach which, he stated later, was just like the pain he subsequently experienced.

After a number of hypnotic sessions the patient said that he felt much better, and he was able to get through the day without medication. However, he continued to have attacks of epigastric distress, although they were much reduced in intensity and duration. There was also some diminution in the pain which periodically appeared in his elbow. This pain was perhaps etiologically related to the scene of the sharks poking at the arm, for he remembered it was the elbow they centered their attention on.

Although the problem of secondary gain from illness was discussed with this patient, it was not possible to effect more than a moderate alleviation of symptoms. Getting well definitely meant going back to sea, with the possibility of a repetition of his bombing experience, and this prospect he could not face. He was finally given a medical discharge.

COMMENT

In an assessment of the therapeutic results obtained in the cases presented, it must be remembered that a rapid form of therapy was attempted. Most of the men were hypnotized only three or four times for periods ranging up to an hour and a half, and these hypnotic sessions were supplemented with a number of interviews extending over a period of but several weeks. One man, the patient with the hyperhidrosis and calluses, was hypnotized more frequently, four or five times weekly for about a month. The therapeutic results obtained were mostly in the nature of symptomatic cures, and none of the patients were cured in the sense that they had genuine insight into the unconscious mechanisms responsible for their symptoms. With the use of hypnosis it is possible to exert a therapeutic effect in three ways: (1) by the giving of direct suggestions; (2) by the bringing about of the abreaction of repressed affect, and (3) by the bringing into consciousness of dissociated or repressed thoughts after the resistances have been broken through, in the same way as is done in psychoanalysis. The third way is indispensable for genuine cure but is the most difficult to carry out. The whole problem of a short time therapy hinges on the finding of some way to accomplish this quickly. By use of hypnosis one can frequently get a sort of bird's-eye view of the essential unconscious conflict or conflicts responsible for a neurosis but is stunned by the problem of effecting an emotional acceptance by the patient of what one sees without resort to a prolonged analysis. Nevertheless, one should not minimize the results that can be obtained through hypnosis with use of pure suggestion and the bringing about of abreaction. These plus even a little interpretation of the unconscious material elicited frequently bring about striking symptomatic relief and perhaps a bit more.

In every case pure suggestion was used to a greater or less degree to remove symptoms. The most remarkable therapeutic result obtained by this means was in case 2, that of the patient with the hyperhidrosis and calluses. How much of this result was due to the effect of suggestion and how much to the effect of the superficial analysis of certain character trends, carried out against the background of a marked positive transference, cannot be estimated. However, one could clearly see that the symptomatic improvement occurred simultaneously with the suggestions while the patient was under hypnosis and progressed with them. It should be remarked, however, that part of the improvement may have been due to a delayed response to either the roentgen treatment or the alcohol block to the sympathetic chains. This seems unlikely because these measures were taken some three or four months prior to the use of hypnosis. The alcohol block decreased the sweating of one foot, but it did not effect the warts and calluses of either foot. It would be difficult to conceive how the block could suddenly take effect on the other side more than three months later. This patient seems to have had a peculiar instability of the vasomotor and trophic functions of his skin. In addition to the hyperhidrosis, warts and calluses, he had extensive acne and a pilonidal cyst. His skin seemed to be a *locus minoris resistentiae*, and through it he expressed his neurosis. By what means simple hypnotic suggestion can influence such primitive vegetative processes remains obscure. Cure of hyperhidrosis by hypnotic suggestion has been accomplished before; Bramwell⁵ (1930) mentioned several cases.

The other patients obtained various degrees of symptomatic relief in the following ways: The patient with amnesic episodes (case 1) recovered his lost memories, and his headache disappeared. In addition, he at least came close to attaining real insight into the essential conflict behind his neurosis. The patient with the episodes of hysterical blindness (case 5) recovered his visual memory for these periods; he also lost his headache and was much relieved to find that there was no structural damage to his eyes. The exposure of the functional nature of a symptom to a patient perhaps has the beneficial effect that he may not be able to utilize the same mechanisms in the future. The patient with the blurred vision and the phobia for big men (case 3) also experienced much relief when he found that he could see normally and that there were no retinal hemorrhages. He lost his headache and showed less anxiety. The torpedoed merchant seaman with the spasm of his left arm (case 4) obtained some symptomatic improvement, as did the patient with the gastrointestinal symptoms (case 6).

Three of these patients had traumatic neuroses of war, and in 2 others the neurosis was precipitated by external trauma, in both cases the trauma being an injury to the left eye. In all the cases it was easy to see that there were pre-existing neurotic tendencies which intertwined with the unconscious mechanisms set off by the trauma and influenced greatly the form and structure of the neurosis. For example, the patient with the blurred vision (case 3) had a long-standing insecurity about his masculinity, and in the face of a real threat of castration acquired a hysterical visual disturbance. The patient with gastrointestinal symptoms (case 6) grew up in a household in which his mother and father did not speak to one another for nearly twenty years and where "oral aggressions" must have taken on an exaggerated significance. One might speculate on the relationship of this factor to the patient's gastrointestinal disturbance and his anxiety over the attack by the sharks on the amputated arm. In case 5 material was obtained which suggested that the patient's episodes of hysterical blindness

5. Bramwell, M. M.: *Hypnotism*, Philadelphia, J. B. Lippincott Company, 1930.

were related to hostile, aggressive tendencies toward his brother-in-law and repressed erotic desires for his sister.

As time goes on, more and more men suffering from traumatic neuroses of war will be returning from the combat zones. In the treatment of these men hypnosis can certainly play a valuable role. It is extremely important, however, that treatment be instituted early, preferably within days or a few weeks of the onset of the neurosis. Most of the men whose cases have been discussed in this paper were actually not ideal material for hypnotic therapy because a greater or lesser degree of chronicity had already set in. Nevertheless, even in these late stages hypnosis is of great value. In early stages it is much easier to get at the repressed conflict and to bring about a genuine cure with insight. With no other method can this be done so rapidly, frequently within a few hours, or so effectively as with the use of hypnosis. It has been the chief object of this paper, however, to suggest that these ends can be obtained only if one uses a flexible technic, takes constantly into consideration the play of interpersonal factors and exercises what one might call "psychologic tact."

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