Difficulties and dangers

Chairman: This panel is composed of men who are using hypnosis. Their conviction as to its usefulness can therefore be taken for granted. Instead of multiplying examples of how hypnosis can be used, it would be valuable for all of us and for our audience to hear about the difficulties encountered in practising hypnosis and the dangers its use could entail. I would like Dr. Stokvis to speak first about the difficulties.

Stokvis: I intend to limit my remarks to difficulties in the induction of hypnosis. These can stem from the patient, the doctor, or a mistaken technique. These three factors are intimately interwoven, and it is only for the sake of clarity that we will consider them separately.

Let us begin with patient resistance. It may occasionally prevent hypnosis out of sheer misunderstanding. The need for adequate explanation is obvious if we think how frequently hypnosis is considered to imply giving over one’s entire being into the control of the operator. A full explanation forms an essential part of the indispensable preliminary contact between patient and doctor. When hypnosis is used in a therapeutic context, the patient’s acceptance of the eventual success of the therapy must be ensured. Since, in anesthesiology, the problem of pain is foremost, one must first establish how the patient experiences pain before submitting him to hypnotic treatment. In some patients severe pain may signify punishment and serve to relieve feelings of anxiety or guilt. Such a patient will resist suggestions as to the disappearance of his pain. Occasionally he
may trade one symptom for another, but when finally deprived of his neurotic solution his anxiety will be freed and may turn into most undesirable manifestations, including an attempt to commit suicide.

A special form of resistance against hypnosis, found in highly suggestible personalities, consists in a negativistic attitude. Conscious of their weakness, these people resist out of fear. Though they believe that they act of their own free will, they are definitely under the influence of suggestion. But instead of accepting the suggestions uncritically, they reject them just as uncritically. Appropriate induction methods can circumvent this difficulty. In a more conscious way, resistance can take the form of various claims the patient may make even before the start of induction. He may state that he is too well-informed, too much of an individualist, or too strong-willed. These arguments may be merely misconceptions that are easily dispelled, or a façade for deep-rooted fear of being overpowered and reduced to helplessness.

Once induction has been started, resistance may take the form of a refusal to cooperate, going so far as to negate the experience of physiological phenomena such as the appearance of the contrasting colours in our induction method. The resistance therefore achieves an effective autosuggestion negating actual experience. To discover resistance during hypnosis requires careful observation of fine cues: the patient’s withdrawal movement when the physician attempts to take the pulse, for example. Discussing the hypnotic experience after the session may also be helpful.

If we now consider the physician, we find that most difficulties will stem from his inhibitions. Whenever there is doubt in the physician about the procedure, he will be insecure, and his anxiety will contaminate the patient. Technical mistakes are frequently made because of such inner difficulties. I remember a young colleague who felt ridiculous in the middle of his first attempt to induce hypnosis. He thought that he had done nothing, stopped, and sent the patient away. The patient fell down the stairs. Another colleague succeeded in inducing hypnosis, but committed a very serious mistake. He left the patient, who appeared to be asleep, and forgot her. The patient refused to