

# **THE PSYCHOTHERAPEUTIC VALUE OF THE HYPNOIDAL STATE**

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*Journal of Abnormal Psychology*, 1909, 4, 151-171.

HYPNOSIS has long ago been brought before the scientific world as a state in which maladies of a functional or of a psychic origin, such as the various forms of hysterias, obsessions, and phobias, can be alleviated and even permanently cured. Dr. Frederic H. Gerrish, your president, has in his address opened this subject before this society. The works of Braid, Charcot, Liebault, Bernheim, Forel, Vogt, Breuer and Freud, Schrenck-Notzing, Prince, Bechterew, Janet, Babinski, and others, are well known to the student in abnormal psychology. Recently, however, many medical men of reputation, such as Dubois, Freud, Prince, Putnam, Taylor, Waterman, Donley, and many others, could not help being impressed by the practical limitations of the hypnotic state. Many patients refuse to submit to treatment, being afraid of occult influences. Then again a great number of patients are difficult to hypnotize. There is no denying the fact that there exists a strong feeling of distrust among many conservative men who are not acquainted with the amount of scientific work that has been lately done in the domain of abnormal psychology. This strong feeling against the use of the hypnotic state as a therapeutic agent in psychopathic diseases is unfortunately often found among many representative men of the American medical profession.

An American editor of a well-known American medical journal unhesitatingly rejects work on psychopathology and psychotherapy. The editor is apparently under the impression that he is keeping up the high standard of American medical science,—that papers, disquisitions, and discussions on diarrhea, constipation, enemas, eczema, hemorrhoids, and cognate scientific investigations are essentially valuable, dignified, and suitable to the mind and needs of the medical reader. In Germany, France, Italy, Austria, Russia, work in abnormal psychology has long ago gained recognition as a science of theoretical and practical importance to the physician and even to the lawyer, while in the United States conservatism in regard to abnormal psychology is still paraded as a badge of orthodox medical respectability. The opposition to psychopathology is manifest, when it comes to the use of the hypnotic state.

Since hypnosis meets with so much opposition the question naturally arises,—Is it possible to affect and modify pathological mental states outside hypnosis? The problem is practical and requires a solution. In "The Psychology of Suggestion" I pointed out on the strength of a number of experiments that suggestibility can also be induced in the normal waking state. I have also shown that among the conditions of normal and abnormal suggestibility monotony and limitation of activity play an important role. Any arrangement tending to produce monotony and limitation of voluntary activity brings about a state of suggestibility termed by me *subwaking or hypnoidal*, a state in which mental life can be affected with ease. The induction of the state is termed *hypnoidization*.

In the hypnoidal state consciousness becomes somewhat vaguer than in the waking condition; memory is more diffused, so

that experiences apparently long forgotten come in bits and scraps to the foreground of consciousness. Emotional excitement subsides, voluntary activity is changed to passivity, and suggestions meet with little resistance. The subwaking state is above all a rest-state, a state of physical and mental relaxation.

The favorable therapeutic results obtained by me led to closer study of what I, some thirteen years ago, regarded as a peculiar mental condition. The subwaking or hypnoidal state is essentially an intermediate state belonging to the borderland of mental life. On the one hand the hypnoidal state closely touches on the waking state, on the other it merges into hypnosis and sleep. A close study of the subwaking state shows that it differs from the hypnotic state proper and that it cannot be identified with light hypnosis. In my years of study of patients and subjects I have observed the presence of the subwaking state before the development of hypnosis and also before the oncome of sleep. When again sleep and hypnosis pass into waking, the hypnoidal state reappears. The hypnoidal state may therefore be regarded as a transitional, intermediate state.

The subwaking state may be said to partake not only of the nature of waking and sleep, but also to possess some characteristics of hypnosis, namely *suggestibility*. It is clear that from the character of its mixed symptomatology the hypnoidal state is variable and unstable. The subwaking state should, in fact, be regarded as an equivalent of sleep. Like sleep the hypnoidal state has many levels of depth. It differs, however, from sleep by the rapidity of its oscillations from level to level. In the experiments of various investigators, sleep is found to be represented by a rapidly rising curve during the first couple of hours, and by a gradually descending curve during the rest of the hours of sleep. No such regularity of curve can be observed in the subwaking state. *The*

*depth of the hypnoidal state changes very rapidly and, with it the passive condition and suggestibility of the patient.*

Thus far the work was confined to observations and experimentation on human subjects and patients, both from a theoretical and practical therapeutic standpoint. Recently, however, I undertook at the physiological laboratory of Harvard Medical School, and also in my own psychopathological laboratory, a series of experiments on the manifestations of sleep in the ascending scale of animal life, from the frog and guinea pig, the cat, the dog, to the infant and adult.<sup>1</sup> The experiments prove that the hypnoidal state is by no means confined to man, but is also present in the lower stages of animal life. Furthermore, the experiments clearly show that the further down we descend in the scale of animal life, the more prominent, the more essential does the subwaking state become. From the facts one is forced to come to the conclusion that the hypnoidal state is the primitive rest-state out of which sleep has arisen in the later stages of evolution. Sleep and hypnosis have taken their origin in the hypnoidal state; both hypnosis and sleep are highly differentiated states and have become evolved out of the primitive, undifferentiated, subwaking state, which is the rest-state, still characteristic of the lowly organized forms of animal life. In short, we may say that *the hypnoidal state is the primordial sleep-state*. In man the subwaking state is but in a rudimentary condition,—it has shrunk to an abortive, transitory, momentary stage in the alternation of waking and sleep.

While in the hypnoidal state the patient's consciousness keeps on fluctuating from moment to moment, now falling deeply into a subconscious state in which outlived experiences are easily aroused, and now again rising to the level of waking consciousness. The experiences come often in fragments which

gradually coalesce and form a connected series of interrelated systems, apparently long gone and forgotten. The recognition is fresh, vivid, instinct with life, as if the experiences had occurred the day before. The revived experiences are in many cases confirmed by some relative or intimate friend. This characteristic of getting access to subconscious experiences lost to the patient's personal consciousness is what makes the hypnoidal state such a valuable instrument in the tracing of the origin and development of the symptoms of the psychopathic malady. Important, however, as the following-up of the history or of the psychogenesis of the symptoms may be, both to the physician and to the patient, for an intelligent and scientific comprehension of the case, *it does not cure*, as some are apt to claim, *the psychopathic malady*. The value of tracing the growth of the disease to its very germs lies entirely in the insight gained into the nature of the symptom-complex. *The tracing of the psychogenesis has no special therapeutic virtues*, as the Germans claim, but, like all theoretical knowledge, is of the utmost importance for a clear understanding of the causation of the psychopathic state, thus helping materially in the treatment of the case. The information of the psychogenesis given to the patient is valuable only in so far as by a systematic course of direct and indirect suggestion, by mediate associative and immediate associative suggestion, by substitution, disintegration, and synthesis, both in the waking and the hypnoidal states, we help to *transform* the associative course and emotional tone of the patient's mental life.<sup>2</sup> *The treatment is a highly complex process of disintegration and integration of mental systems.*

From a practical standpoint the therapeutic value of the hypnoidal state is by far the most important. Now as we have pointed out, our experiments on sleep have revealed the significant

fact that the hypnoidal state is the primordial rest-state,—sleep is but a derivative form of rest. In many forms of diseases, especially nutritional, it is often advisable to revert to a more simple and more primitive form of nutrition. Similarly in psychopathic maladies a reversion to a simple form of rest-state proves to be of material help to the patient. In plunging the patient into the subwaking, hypnoidal state we have him revert to a primitive rest-state with its consequent beneficial results. *The suggestibility of the hypnoidal state, if skilfully handled, increases the therapeutic efficacy of the hypnoidal subwaking state.* Relaxation of nervous strain, rest from worry, abatement of emotional excitement are known to be of great help in the treatment of nervous troubles of the neurasthenic or of the more fashionable psychasthenic. We find something similar in the treatment of psychopathic diseases by means of the agency of the hypnoidal state the therapeutic efficacy of which is all the more heightened by the presence of the trait of suggestibility. *Most important, however, is the access gained through the agency of the hypnoidal state to the stores of potential subconscious reserve-energy, which, by a liberation of energy, bring about a reassociation and synthesis of the dissociated mental systems underlying the symptoms of the disease. The therapeutic value of the hypnoidal state consists in the liberation of reserve energy requisite for the synthesis of the dissociated systems.*

The theory of reserve energy is of the utmost importance to abnormal psychology. The theory was advanced independently by Prof. James<sup>3</sup> and myself,<sup>4</sup> and seems to me to form the very foundation of psychopathology and psychotherapeutics. It is by no means easy to present adequately the principle of reserve energy in this brief paper. The principle is based on a broad generalization of facts, psychological, physiological, and biological, namely, that *far*

*less energy is utilized by the individual than there is actually at his disposal.* In fact, but a very small fraction of the total amount of energy possessed by the organism is used in its relation with the ordinary stimuli of its environment. The energy in use may be regarded as the *kinetic or circulating energy*, while the energy stored away is the *potential reserve energy*. There must always be a reserve supply of energy requisite for unusual reactions in emergency cases. Those organisms survive which have the greatest amount of reserve energy, just as those countries are stronger and victorious in the world-market which possess the largest amount of reserve capital to draw upon in critical periods.

As life becomes more complex inhibitions increase,—the thresholds of stimulations of a complex system rise in proportion to its complexity. With the rise of evolution there is a tendency to increase of inhibitions with a consequent lock-up of energy which becomes reserve. Now there are occasions—in the life of the individual, under the influence of training and emotional trauma, when the inhibitions become unusually intense and tend to smother the personality which is weakened, impoverished in its reactions, and is unable to respond freely to the stimuli of its environment. The inhibited system becomes inactive and may be regarded as dissociated from the cycle of life. In case of an emotional trauma there is often a breach in continuity of association, the affected system becomes dissociated from the rest of mental life, and is like a splinter in the flesh of the individuality. Its own threshold when tapped may be very low, but is not directly accessible through the mediacy of other systems. On that account its threshold appears unusually or pathologically high. When the inhibitions are very high they must be removed. This removal of inhibitions brings about an access to the accumulated energy of the inhibited system.

In case of disjunction or break of continuity we must stimulate the reserve dormant energy of the systems and thus assist the process of repair and bridge the breach of associative continuity. A new fresh active life opens to the patient. He becomes a different, a "reformed" personality, free and cheerful, with an overflow of energy.

To quote from a former work of mine:<sup>5</sup>

"The thresholds of our psychophysiological systems are usually raised, mental activity working in the course of its development and growth of associative processes under ever increasing inhibitions with ever higher thresholds. . . . On account of the high thresholds and inhibitions not the whole amount of the psychophysiological energy possessed, by the system is manifested; in fact, but a very small portion is displayed in response to stimuli coming from the habitual environment. What becomes of the rest of the unused energy? It is stored, reserve energy.

"Biologically regarded, we can well see the importance of such stored or reserve energy. In the struggle for existence, the organism whose energies are economically used and well guarded against waste will meet with better success in the process of survival of the fittest, or will have better chances in the process of natural selection. The high thresholds and inhibitions will prevent hasty and harmful reactions as well as useless waste of energy, unnecessary fatigue, and states of helpless exhaustion. Moreover, natural selection will favor organisms with greater stores of reserve energy which could be put forth under critical conditions of life. In fact, the higher the organization of the individual, the more varied and complex the external environment, the more valuable and even indispensable will such a store of reserve energy prove to be.

"The course of civilization and education by continuously raising the thresholds and inhibitions, follows the line of natural selection and keeps on increasing the disposable store of potential, subconscious or reserve energy both in the individual and the race. It is in, this formation of an ever-greater and richer store of disposable, but well-guarded reserve energy, that lies the superiority of the educated over the uneducated and the supremacy of the higher over the lower races.

"Civilization and education are the process of economy of psycho-neural force, savings of mental energy. But what society is doing in a feeble way natural selection has done far more effectively. What education and civilization are doing now on a small scale and for a brief period of time the process of survival of the fittest in the ever-raging struggle [or existence has done for ages on a large scale. We should, therefore, expect that the natural reserve energy would far exceed that of the cultivated one.

"In the treatment of the phenomena of psycho-physiological dissociation, in the protean symptoms of nervous and mental exhaustion we should not forget this biological principle of reserve energy and should make attempts to use it. In many cases the inhibitions become too heavy and the thresholds too high. We must loosen the grip of some of the inhibitions and lower the thresholds, thus utilizing a fresh supply of reserve energy."

A similar train of thought was developed by Dr. S. Meltzer in his excellent paper on "The Factors of Safety in Animal Structure and Animal Economy."<sup>6</sup> By a striking series of instructive facts Dr. Meltzer points out that "All organs of the body are built on the plan of superabundance of structure and energy." I cannot resist the temptation of quoting Dr. Meltzer's conclusions at some length as they so clearly elucidate our principle of reserve energy which is

all the more valuable as Dr. Meltzer has formulated it independently on widely different grounds. "Of the supplies of energy to the animal we, see that oxygen is luxuriously supplied. The supply of carbohydrates and fats is apparently large enough to keep up a steady luxurious surplus. . . . The liberal ingestion of proteid might be another instance of the principle of abundance ruling the structure and energies of the animal body. There is, however, a theory that in just this single instance the minimum is meant by nature to be also the optimum. But it is a theory for the support of which there is not a single fact. On the contrary, some facts seem to indicate that Nature meant differently. Such facts are, for instance, the abundance of proteolytic enzymes in the digestive canal and the great capacity of the canal for absorption of proteids. Then there is the fact that proteid material is stored away for use in emergencies just as carbohydrates and fats are stored away. In starvation nitrogenous products continue to be eliminated in the urine which, according to Folin, are derived from exogenous sources, that is from ingested proteid and not from broken down organ tissues. An interesting example of storing away of proteid for future use is seen in the muscles of the salmon before they leave the sea for the river to spawn. According to Mescher the muscles are then large and their productive organs are small. In the river where the animals have to starve the reproductive organs become large, while the muscles waste away. Here in time of affluence the muscles store up nutritive material for the purpose of maintaining' the life of the animal during starvation and of assisting in the function of reproduction. This instance seems to be quite a good illustration of the role which the factor of safety, plays also in the function of the supply of the body with proteid food. The storing away of proteid like the storing away of glycogen and

fat for the use in expected and unexpected exceptional conditions is exactly like the superabundance of tissue in an organ of animal or like an extra beam in the support of a building or a bridge,—a factor of safety.

"It seems to me that the factors of safety have an important place in the process of natural selection. Those species which are provided with an abundance of useful structure and energy and are prepared to meet many emergencies are best fitted to survive in the struggle for existence."

The hypnoidal state is essentially a rest-state characterized by anabolic activity. There is a restitution of spent energy; inhibitions become removed and access is gained to what Dr. Prince so aptly describes as "dormant" systems or complexes. The awakened "dormant" complex systems bring with them a new feeling-tone, a fresh emotional energy resulting in an almost complete transformation of personality.

As an illustration of the transformation effected I take at random the following extracts from some of the letters written to me by patients who have experienced this welling up of reserve energy:

"Indeed were I to fill this entire sheet with expressions of the gratitude which wells up from my inmost heart be only a beginning of what I feel. Surely the darkness of the world has been dispelled since this new light has illuminated my soul, and *I feel that this wondrous light will never fail me.* It were vain to attempt to thank you for this wonderful transformation."

Another letter reads: "You will be glad to know that all is well with me. Life is one happy day, I am a marvel to my friends in the way of happiness and cheer. I have to confess that I feel almost wicked to be so happy."

Another letter runs as follows: "Next to the gladness in my own restoration, I am rejoiced at the wonderful transformation that has come to my dear friend T. from your marvelous treatment. She writes me most enthusiastically of her steady and sure progress toward the goal of perfect health, of her strength to take up the home duties which had been so burdensome and which she now finds a delight in the doing of them, and of her husband's and friends' joy in the transformation that has been wrought in her."

Dr. Prince in his "Unconscious"<sup>7</sup> gives an extract of a patient's letter which tells of a similar transformation and awakening of dormant reserve energy. "Something has happened to me—I have a new point of view. I don't know what has changed me all at once, it is as if scales had fallen from my eyes; I see things differently—you have given me life and you have given me something to fill it with. I owe you what is worth far more than life itself, namely *the desire to live.*"

Those extracts are typical of many others and clearly show the enjoyment of new strength and powers until now unknown to the patient. Fresh levels of reserve energy have been tapped and have become available in an hour of dire need. The patient has light and strength where there were darkness and depression. We are confronted here with the important phenomenon of liberation of dormant reserve energy. The patient feels the flood of fresh energies as a "marvelous transformation," as a "new light," as a "new life," as "something worth far more than life itself."

The hypnoidal state helps us to reach the inaccessible regions of dormant energy, it helps to break down inhibitions, liberate reserve energies, and repair the breaches of mental activity. The painful systems become dissociated, disintegrated and again transformed, reformed, and reintegrated into new systems full of

energy and joy of life.

It is quite probable that Weir Mitchell's rest-cure has: derived some therapeutic value from the empirical use of the subwaking hypnoidal rest-state. Similarly it is highly probable that Freud's success in the treatment of psychopathic cases is not so much due to "psycho-analysis," as to the unconscious use of the hypnoidal state. The use of the hypnoidal state or hypnoidization has been recently employed with great success by other investigators, among whom I may mention Dr. John E. Donley, who has made a valuable contribution to the therapeutic aspect of the hypnoidal state.<sup>8</sup> I am firmly convinced that the hypnoidal state, if rightly and intelligently utilized, will prove an important factor in the domain of psychopathology and psychotherapeutics.

Now as to the method of hypnoidization. There is nothing rigid about the method,—it admits of many modifications. The principal object consists in bringing about the conditions of monotony and limitation of voluntary movements requisite for normal and abnormal suggestibility. The patient is put in a relaxed, recumbent position; he is asked to put himself into as comfortable a position as possible, close his eyes, and attend to some monotonous stimulus such as the regular beats of a metronome or the buzzing of an inductorium. Gentle massage and a warm bath may be of material help in excitable cases. Exercise, fatigue both physical and mental, predisposition to sleep, and the late hours of night or the small hours of morning, are favorable conditions. When respiration and pulse become reduced, sensory-motor reaction diminished, sensory hypoesthesia becoming occasionally hyperesthesia, with occasional disturbances of pulse and respiration, with sudden apparently unaccountable starts, with tendencies of retention of position of limbs, and now and then with

a slight tendency to resist actively any change of posture of limbs or of body without the actual presence of catalepsy, the whole feeling tone becoming one of acquiescence and indifference, while memory with amnesic gaps begins to find the lost links and even to become hypermnesic,—when we observe all those symptoms we know we have before us the subconscious hypnoidal state.<sup>9</sup> Pneumographic tracings taken at the same time help to detect the state, characteristic by the numerous transient changes and the various oscillations of depth of level which take place in this unstable subwaking state, intermediate as it is between the waking state on the one hand, sleep and hypnosis on the other.

From this general discussion about the nature of the hypnoidal state and the methods of its induction we may now turn to a brief review of some of the cases treated by hypnoidization. The tracing of the growth and development of the various symptoms by means of the memories restored in the hypnoidal state is here omitted, as the object of the present paper is not the study of the causation and origin of the psychopathic systems or "complexes," but rather their reassociation and cure effected by *the reserve energies liberated in the hypnoidal state*. I give cases of partial as well as complete success so as to give the reader a more or less adequate notion of the therapeutic value of the treatment. Cases of partial success are presented first.

I. Miss P. R. Age 23. American. Mother is very nervous. Sister is "high strung." Father is well. When young, patient was regarded as sensitive. Her present trouble began three years ago. She suffers from digestive disturbances, dizziness, circulatory irregularities, numbness in hands and legs, and especially from continuous feeling of fatigue. Her sleep is restless, she dreams a good deal. Attention is good, but her mental state is one of

indecision. If left to herself, she would remain in the same place. To make a change in her surroundings is hard and painful to her. The fear of meeting people and specially strangers is quite intense; in fact, it constitutes her central obsession. At the age of eighteen she fell in love with a young man to whom she became engaged. A year later the engagement was broken off under very distressing circumstances. Since then the present condition has gradually developed. The patient was in a chronic state of mental depression and was not unaware of the real origin of her trouble, but the awareness was vague, often falling below the margin of clear consciousness.

The patient expected to be hypnotized, but she could not go into hypnosis. After a few trials at hypnotization the hypnoidal state was used. At first the hypnoidal state was brief in duration, but with its repetition it became prolonged and deepened with gradually increasing beneficial effects. The patient was but three weeks under my care. She felt greatly improved and returned home before the recovery was made complete.

II. Mr. A. C. Actor. Age 47. American. There are no special diseases in the family except "nervousness." The patient is imaginative and emotional. When about the age of ten his grandfather gave him Faust to read. Since then he has been troubled with the insistent idea of having sold his soul to Satan. In his childhood he was very religious,—prayed much, was afraid of sins, and suffered from nightmares. About fifteen years ago had syphilis, for which he was treated for a period of two years. Up to the age of 32 patient led a gay life. Seven years ago he suddenly felt that something snapped "in his head" and he became greatly frightened. He thought it was paresis or tabes, "as so many actors suffer from those diseases." This fright, however, soon wore off: A

month later, after a strenuous and fatiguing series of plays, he suddenly woke up in the middle of the night with the idea of paresis and intense fear. The over-conscientiousness and fear of sin characteristic of his childhood and boyhood have now reappeared, and he is obsessed by the fear of sin, deception; blasphemy. He suffers from vague pains all over the body and from digestive disturbances, but he is specially obsessed by the fear of parasyphilitic diseases, tabes and paresis, the symptoms of which are reflected in his attacks.

In the hypnoidal state he became quieted, much of the fear and depression was gone. In addition to other information obtained, though interesting from, a psychopathological standpoint, space does not permit to give here, it was found that the last attack was occasioned by a long visit to a friend of his, also an actor, who suffered from gastric crises of tabes. A series of treatments by hypnoidization improved considerably the patient's condition, and he returned to his occupation, which he could not possibly give up for any length of time.

III. Mr. C. S. Age 39. Russian. Builder. Father died of apoplexy at the age of 72. Mother is 77, but has always been nervous. Brothers and sisters are well. Patient is rather undersized and weighs ninety-seven pounds. He is very emaciated, looks cachectic, suffers from anorexia, nausea, indigestion, and from vague abdominal pains. Detailed inquiry into the patient's sexual life disclosed no abnormality. Anything unpleasant awakens a feeling of nausea. This can be traced to an infectious disease from which the patient suffered some twelve years ago. He was frightened over it and worried about the consequences.

Nausea and vomiting were present during the course of the disease and persisted afterwards. The patient is introspective and

suggestible in regard to sickness. If any of the family happen to have any trouble, he is sure to fall sick with the same symptoms. Thus about two months ago the patient's mother fell and broke her left arm, he, too, soon began to feel pain in the left arm, for which he had to be treated. Every new moon he experiences intestinal disturbances, because about that time, in his childhood, his mother used to administer to him a purgative.

Put into the hypnoidal state patient felt much relieved. The beneficial results of the treatment became manifested at the end of a few weeks.

IV. Mr. M. G. Irish. Age 38. Married. Occupation, liquor dealer. Father alive and well. Mother died of pneumonia at the age of forty. Brother and sister died of some obscure form of "heart trouble." Physical condition is good. Patient has no appetite, worries, has no confidence in himself. He is extremely methodical, things must be arranged in certain order or he feels uneasy and quite unhappy. Has no headaches but suffers from insomnia. Does not drink, but smokes excessively. Sexual life normal. Has been sensitive and nervous from his very childhood. He broods much over his incapacity of spelling. Has been lately working very hard on a new business entrusted to his care. He doubts his business capacities and fears to ruin the business. He became greatly depressed and had to give up his work and go to the country, but with no beneficial results.

The patient was brought to me in a state of deep despondency, close on the brink of suicide. He could not be hypnotized. I put him into a hypnoidal state, kept him in a state of relaxation for fifteen minutes. When he came out of it he felt "a little better, but not much." After two weeks' treatment the patient felt so far improved that I advised him to return to his work, while the treatment was

being continued. Gradually his despondency gave way, his worries, fears, and doubts disappeared, and confidence in himself became strengthened. Patient declared he "never felt so well before." The treatment covered a period of three months. It is now more than two years, the patient continues to be in excellent condition.

V. Mrs. J. F. Age 28. American. Married. Family history good. For many years patient has been suffering from severe headaches, backache, general fatigue, and weakness of the eyes which occasionally became intolerably painful. The headaches became sometimes so intense that the patient suffered agonies. The pains extended all over the head and even down the arms and back. There were present sore spots in the back of the head, the, pressure on which somewhat relieved the pain. Various pains of a more indefinable character were also complained of in the right ovarian region, pains which increased on exercise. The patient had usually no appetite, nothing tasted well,—there was some unpleasant odor in the food; nutrition was poor. Occasionally she suffered from bulimia alternating with anorexia. The sense organs were hyperesthetic; field of vision was normal. The heart was normal though occasionally irregularity of heart-beat could be observed, due to the patient's extreme, nervousness. A gynecologist diagnosed salpingitis and advised an operation on account of adhesions formed. The patient, however, refused to be operated on, and the family physician carried out a long course of gynecological treatment. The oculist treated her eyes, and after a long examination and treatment fitted her with glasses; but the eyes were no better and the headaches were as severe as before. After a fair trial had been given to various treatments I had to resort to hypnoidization. A year's treatment by the hypnoidal state made the symptoms disappear. The patient gained in flesh and in strength,

and felt, as she put it, "younger than ever."

VI. Miss G. A. Age 55. American. Three brothers died of various forms of cardiac affections. Father died of pneumonia; mother died of fatty degeneration of the heart. One of the sisters suffered from akromegaly and died of heart trouble. There are histories of tuberculosis in the collateral branches of the family. Patient looks poorly nourished, her appetite is completely gone. She suffers from insomnia, headaches, backache, general diffused pains all over the body; complains of lassitude and of lack of interest in what goes on around her. She feels despondent and has crying spells. The depression reaches such an acute stage that the patient is afraid of losing her mind. When a child she suffered from *pavor nocturnus* and when about the age of twelve she took a long fatiguing journey which brought on such a state of exhaustion that on her return she became aphasic and hemiplegic and was confined to bed for six months. The present condition set in a few years ago, she lost the sense of smell and of taste, while she fell into a state of deep depression. Neurologists regarded her as a case of some obscure "neurosis," obstinate and incurable.

I must confess that when I undertook the case I did not expect any favorable results. It was an old, chronic, insidious case. The age of the patient, the apparent obscurity of the trouble, as well as the family history were by no means encouraging. The patient did not go into a hypnotic state and I had to use the hypnoidal state. The first couple of months the treatment dragged along indifferently. All I could then say was that the patient did not get worse under the treatment. The hypnoidal state, however, gradually admitted me into the patient's early history, and I obtained important clues to her symptoms. Here comes in the value of a knowledge of the course and the development of the malady and

the consequent help in the therapeutic treatment of the dissociated systems. With a better insight into the abnormal psychology of the case the hypnoidal state could be used to better advantage. The patient began to improve rapidly and at the end of the fourth month of treatment by hypnoidization completely recovered. It is now more than four years since the end of the treatment, and I may say that the patient has not had a single relapse,—she continues to stay well; she has become an energetic social worker, greatly valued for her indomitable energy as well as cheerfulness of mind. People who know her say that "wherever she goes she brings sunshine with her." A new life was awakened in her. The subconscious reserve energy which has remained dormant in her for so many years has become unlocked and utilized in her ordinary daily life.

VII. Miss A. W. Age 35. Irish. Housekeeper. Physical condition is good. Occasionally suffers from cephalalgia, but on the whole headaches do not trouble her. She suffers often from auditory hallucinations, thinks she is possessed by demons. From her ninth year she had hallucinations of spirit voices which tell her very unpleasant things. The auditory hallucinations are accompanied by attacks of automatic speech. It seems to the patient as if another being forces her to tell what she thinks. It is on that account that she shuns her friends and acquaintances. Occasionally she has visual hallucinations of angels and saints.

It would take too much space to give an account of this interesting case. We can only refer here to this case in its main outlines. Our object is not the psychopathological, but the psychotherapeutic aspect of the cases.

The patient could not be hypnotized, but she went easily into the hypnoidal state. At first the improvement was rather slight. In fact, now and then the hallucinations and the automatic speech

became even more frequent and more annoying than before. In a couple of months, however, the outlook began to be brighter, the auditory and visual hallucinations began to give way. The automatic speech considerably diminished, and after a few months the symptoms completely disappeared.

In the control of alcoholism the treatment by hypnoidization yields extremely satisfactory results. The principle of subconscious reserve energy stands out clear and distinct in such cases. We shall return to this aspect of psychotherapeutics in its proper place, our object here is simply to bring out the therapeutic value of the hypnoidal state.

VI. Mr. G. S. American. Single. Age 37. Family history is good,—except that one maternal uncle was a victim of drink habit. A physical examination shows an irregular heart due to nervousness, excessive smoking. Liver is enlarged and cirrhotic. The patient was brought to me just after a debauch, was nervous, shaky, with quite an extensive tremor of the hands. He began to drink when in school as a matter of boon companionship and has since become addicted to drink. He kept at it regularly, at times actually soaking in alcohol. The family induced him to try the treatment of various establishments for the cure of alcoholics, but with no appreciable results. As soon as he left the sanitarium he immediately went off on a debauch. He suffered a few times from severe attacks of delirium tremens. The patient was in such a bad state that he wanted his share of property to devote the remainder of his life to drink.

Under a rigorous treatment by the hypnoidal state the patient ceased drinking, lost all craving for liquor. His physical and mental condition grew in strength. After a few months' treatment he was enabled to return to his business. The man has become completely

reformed. He is now manifesting an intense activity, great devotion to and steadiness in his work. No one suspected in him such capacities of foresight and energy in business management. New stores of subconscious, dormant reserve energy have welled up from the depths of his being. He has become a different man. His own brothers are surprised at the radical transformation of his character.

VII. Mr. J. L. Irish. Protestant. Age 57. Family history is good, except for the fact that his brother is also addicted to drink and was under my care for a few weeks, with the result that he left off drink for two years. Patient is a printer by trade and has been drinking for over thirty years. While he is usually kind natured, when under the influence of drink he is violent, abusive, offensive to his wife and children, who are afraid of him. From his sister and wife I have the information that the patient goes off periodically, on a long spree and spends all his money, neglecting his wife and children; when he comes home he abuses everybody in the house. "It is not a home, it is a hell," as his sister puts it. In his better moments the patient himself admits he is a brute, that drink has the best of him. He must keep away from drink completely, because the mere taste of it sets him going. An examination reveals the presence of arteriosclerosis.

I attempted to put the patient into the hypnotic state, but I found the hypnoidal state would meet with less resistance and suspicion on the side of the patient. Hypnoidization then was the order of the day. The patient began to improve, was less nervous, slept better, and what was more important, stopped drinking, lost all craving for liquor. After three weeks of treatment by means of hypnoidization the patient was discharged. He did not drink for a whole year, but coming in contact with other workmen in the union

he was invited to drink, could not refuse, and once more was started on his old career. He came back to me, and this time I treated him daily for a month. Throughout the treatment the hypnoidal state was used. The patient has given up his drink habit, has no craving for liquor, works regularly at his job and no longer associates with companions who are given to drink. His sister and wife keep me regularly informed about his condition, and the report for the last two years has been "John is very good, he is a gentleman, treats the children well." He has become a model father and a good husband.

VIII. Mr. C. T. Age 32. American. Father was an inveterate drunkard and was drowned while in a state of intoxication. A maternal as well as a paternal uncle were confirmed drunkards. There was also drunkenness in the collateral branches of the family. The patient learned to drink when very young. His mother, who volunteered the information told me that her son began to drink wine at the age of seven. Since that time the drink-obsession grew on him and he became a confirmed drunkard at the age of twenty. The patient's physical condition is good. The emotional state is one of passive indifference, the intellectual activities are rather in abeyance, the general disposition is inoffensive and even mild. It seems that the alcohol soaked out of him all his strength. He has no ambition and is not fit to do anything, as he is constantly under the influence of liquor. His will power is weak, he has no sense of personal responsibility, and nothing of any importance can be intrusted to him. Socially he is ostracized by his relatives, but he seems to mind little.

Considering the family and personal history of the case I was not enthusiastic over the outcome of the treatment. The family, however, insisted on treatment, and the mother was anxious for me

to take the case as he was her only son. The treatment lasted for about a year and was carried out by means of the hypnoidal state. To my great surprise and contrary to my expectations the patient has given up his drink. He changed so much that even his mother wondered at the transformation. From being apathetic he became ambitious, from being dependent he became self reliant. He manifested a self control which none of his intimate friends ever suspected in him. He became methodical, systematic, conscientious in his work, and displayed an unusual ability in his management. From being weak, irregular, and unreliable, his character became energetic, firm, and trustworthy. His abilities were soon noticed, appreciated, and he has since become a manager of a large concern. Nowhere have I observed such limitations, such moral infirmity, such lack of capacity, change so radically to strength of will combined with a sense of personal responsibility and vigor of intellectual activity. Since then I began strongly to doubt the so-called fatal, hereditary dipsomania of psychiatric text-books. I must say that I now completely disbelieve that medico-calvanistic doctrine of "total inability and damnation," in regard to dipsomania. There may be hereditary tendencies to nervous instability, tendencies to excitement with consequent craving for stimuli inducing exaltation, but certainly there is no hereditary alcoholism. What sort of stimuli a person is sensitive to depends on training and environment. It may be art, science, politics, religion, or drink. There is no more hereditary dipsomania than there is congenital gambling. From a mere anamnesis no snap prognosis should be made without giving the case a good trial and proper treatment; no alcoholic patient should be declared as hopeless.

With the advance of my psychopathological studies and

psychotherapeutic work I begin to have more confidence in the principle of dormant reserve energy and have more trust in the *therapeutic value of the hypnoidal state*.

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1. Sidis: [An Experimental Study of Sleep](#), JOURNAL OF ABNORMAL PSYCHOLOGY, 1908.
  2. Sidis: Psychopathological Research; Multiple Personality; Psychology of Suggestion.
  3. [James: The Energies of Men, Philosophical Review, 1907.](#)
  4. Sidis: [Studies in Psychopathology](#), Ch. xiv, The Principle of Reserve Energy. Boston: Heath, 1907.
  5. Studies in Psychopathology, Boston Med. Surg. Jrnl., 1907.
  6. [Science, 1907.](#)
  7. JOURNAL OF ABNORMAL PSYCHOLOGY, 1909.
  8. The Clinical Use of Hypnoidization, [JOURNAL OF ABNORMAL PSYCHOLOGY, 1908.](#)
  9. The "subconscious," notwithstanding the ill-based attacks now fashionable among some psychologists, forms the very foundation of psychopathology. The subconscious is as vital and essential in psychopathology as "ether" is in physics. I shall discuss this subject in its proper place.