EXPERIENCES WITH GROUP HYPNOSIS ON SCHIZOPHRENICS

By

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ABSTRACT

Eighty chronic schizophrenic women hospitalized for an average of 6·8 years received group hypnotherapy twice weekly in addition to tranquillizers. After four months, 42 per cent. were discharged on convalescent leave; by the end of a year, a total of 48 patients (60 per cent.) had been released. All discharged patients—except four who required rehospitalization—made a satisfactory adjustment to their family and social responsibilities during the one-year follow-up period.

Patients who remained in the hospital also showed some improvement; they became co-operative on the ward, participated in occupational and recreational activities, and could go on increasingly longer home visits. Most patients maintained their improvement even after the doses of their tranquillizers were reduced or drugs completely eliminated for many months.

The best results were achieved with paranoids. The large number of the group alleviated the patients' suspicion toward treatment and permitted satisfactory co-operation. The therapist, for his part, could handle a large number of patients at one time most efficiently—a situation which could not be duplicated with paranoids through any other therapeutic technique.

THIS paper reports the combined use of group hypnosis and tranquillizers in 80 chronic schizophrenic women during a fifteen month period. For the first six months I hypnotized the patients twice a week; thereafter, a tape recording of my voice was used. Results in this series are compared with those obtained previously without hypnosis in patients from the same chronic unit. (See Tables I and II.)

TABLE I

Response of 80 Schizophrenic Patients to Therapy with Hypnosis and Chlorpromazine

Type of Schizophrenia	No. Patients	No. placed on Convalescent Status
Paranoid	66	41 (62 per cent.)
Catatonic	6	4 (67 per cent.)
Hebephrenic	3	1 (33 per cent.)
Psychosis with convulsive disorder ..	5	2 (40 per cent.)

Ninety-three patients started the programme, but 11 proved to be so noisy and disturbing to the others during the first four sessions that they had to be removed from the group. Two patients were also removed after six months because they began to use the therapeutic sessions exclusively to air their grievances and to incorporate the suggestions into their delusional systems.

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TABLE II

Convalescent Placement of Hypnotized Schizophrenics compared with Average Convalescent Placement of Unhypnotized Patients

Duration of Hospitalization	HYPNOTIZED PATIENTS No. Patients	No. Convalescent	Per cent. Convalescent	UNHYPNOTIZED PATIENTS Average Convalescent Placement, Per cent.
Less than 1 year ..	11	9	82	47
1–2 years	20	16	80	45
2–3 years	7	6	86	77
3–5 years	11	8	73	62
5–10 years	9	4	44	22
10–15 years	8	2	25	10
15–20 years	8	2	25	10
More than 20 years ..	6	1	17	3

Pharmacotherapy

Disturbed patients were started on 150 to 200 mg. of chlorpromazine concentrate t.i.d. Less disturbed were given a total of 300 mg. of chlorpromazine daily in sustained release "'spansule" capsules. The doses were adjusted individually at almost every session at the beginning of treatment. I found that as patients co-operated and became calmer, they began to feel drowsy and required lower doses. After four months of hypnotherapy, 61 patients were taking 75–150 mg. "spansule" capsules 1–3 times daily; nine were taking 100–200 mg. of concentrate 2–4 times daily; and two were taking 50 mg. tablets 3 times daily. Also, four patients were taking 50 mg. tablets 3 times daily in combination with 25 mg. of nialamide 3 times daily. Four patients were taking no medication at all after four months. Although it was possible to reduce the tranquillizer dosage considerably in most patients as therapy progressed, a few who required continuing high dosage showed good improvement only as long as the dose level was maintained. If it was reduced, they became less convinced of the unreality of their previous delusions.

Group Hypnotherapy

When patients given chlorpromazine became co-operative, they were asked if they would like to learn to relax in a group. Those who consented were placed in comfortable armchairs and told to sit quietly and follow instructions. The first group inducted consisted of 10 patients. The next month, 18 more were added, then 25 and finally 40. At present I induct between 100 and 150 patients at a time.

At the first four sessions, an average of 90 per cent. followed the instructions. During later sessions, the remaining 10 per cent. gradually began to relax and doze off for increasingly longer periods. The depth of the trance ranged from a simple reverie to a deep trance with levitation of the hand and visual and/or auditory hallucinations. The occurrence of hallucinations could be determined by telling the patients to raise their right hand when they experienced the sensations I suggested. Deep trance was indicated by poverty of movements during sessions and indifference to unexpected disturbances such as the opening of the door, a shout, or a sudden, sharp noise in the next room. Because of the variable depths achieved during the various sessions, I used a comparatively lengthy induction of 11 minutes instead of a cue which in individual hypnosis can induce a trance in one or two minutes.

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Procedure

Before inducing hypnosis, I gave the assembled patients an almost verbatim description of the instructions I would use in hypnotizing them. My instructions were deliberately simple and repetitious, since a person in a hypnotic trance suffers from a poverty of associations and cannot follow highly polished and involved sentences. The following transcript of our instructions illustrates the method I used:

> Put your feet squarely on the ground. Lean back comfortably. Clasp your hands together as if you were going to pray. Look at the point where your thumbs cross. Look at it. Look at it.
>
> Now, as I count from one to ten, tighten your eyelids more and more after every number. At the same time keep your eyeballs rolled up as if you were looking at something hanging above your forehead. At the count of ten tighten your eyelids so that they feel as if they were glued together. One, tighter and tighter; two, tighter still; three, still tighter . . .; seven, keep your eyeballs rolled up; eight, tighter and tighter; nine, still tighter; ten! You cannot open your eyes. You cannot do so. You can't do so. Don't try, relax.
>
> Now clasp your hands together tighter and tighter while I count from one to ten. At the count of ten tighten your hands so that they feel as if they were glued together. One, tighter and tighter; two, tighter still, etc. Ten, your hands are as tight as if they were glued together. You cannot open them. You cannot do so. You can't do so. Stop trying! Relax your hands.
>
> Breathe deeply; deeper and deeper; and with every breath you take, you will go into a deeper and deeper sleep. As I count from one to ten, you feel like going into a deeper and deeper sleep after every number. At the count of ten, take a deep breath and you will find yourself in a deep, relaxing, comfortable sleep. One, you are feeling drowsier and drowsier; two, your whole body feels nice and heavy, the same as before you go to sleep; three, you are getting sleepier and sleepier; four, deeper and deeper sleep; five, deeper still; six, still deeper; seven, deeper and deeper; eight, still deeper; nine, deeper and deeper; ten! Take a deep breath. Breathe deeply, and with every breath you take you will go into a deeper and deeper sleep.
>
> Now I want you to imagine that you have a balloon attached to your wrist and another to your elbow. As I count from one to five, imagine that those balloons are pulling your right hand up and your right hand feels lighter and lighter. At the count of five your right hand will feel as light as a feather, and it will rise higher and higher. One, your hand feels lighter and lighter; two, lighter still; three, still lighter; four, your hand begins to rise higher and higher; five, your hand feels as light as a feather and it is rising higher and higher; higher still. (The last suggestion is repeated several more times until a few hands begin to rise.)
>
> Now, I want you to imagine that you are lying in a green meadow on a nice summer afternoon and you are gazing at the beautiful blue sky. Imagine that you are watching white clouds drifting by. Everything is so peaceful, restful, and quiet. You feel completely relaxed, and you are watching those clouds slowly drifting by. Now you feel so relaxed that your eyes are getting heavier and heavier and you feel sleepier and sleepier. Now, your eyes feel so heavy and you are so sleepy that you feel like

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sinking into a deep, very deep sleep. Breathe deeply, and with every breath you take you will sink into a deeper and deeper sleep. When you are in a deep sleep, move your right hand just half an inch—just a bit.

In order to facilitate subsequent inductions, the following post-hypnotic suggestions were given as soon as most patients began to raise their hands:

I want you to listen carefully to what I am going to tell you now. From now on you are going to look forward to the next session when you can sit again as you are sitting now and when you relax again. As soon as you hear me snap my fingers as I am going to snap them now (snap the fingers), you will feel immediately relaxed and you will think of sinking into a deep, comfortable sleep. As soon as you hear me snap my fingers as I am going to snap them again (snap again) you will sink into a deep, very deep sleep. It is the same to you whether you hear the snapping of my fingers over the tape recorder or whether I snap them in person.

At night when you cannot sleep, count to ten. After every number you will feel more and more relaxed. At the count of ten, take a deep breath. After taking the deep breath, you will feel so relaxed that you will sink spontaneously and naturally into a deep, healthy sleep and you are going to sleep the whole night through unless some disturbance awakens you. When you wake next morning, you will feel nice, relaxed, strong, vigorous and cheerful. Go into a deeper and deeper sleep now, deeper and deeper.

You are going to forget that it was I who told you all these things, but all these things will happen spontaneously and naturally just as I said. You want to co-operate because you want to forget the unpleasant past and you want to make a happy future for yourself. I want you to listen carefully some more. After I ask you to count to five to yourself, you are going to count to five very slowly. And, at the count of five, you are going to open your eyes; you are going to feel awake, as if you had hours of restful sleep. As soon as you open your eyes, you will feel well rested, wonderfully relaxed, cheerful, hopeful, vigorous and happy. Now, count to five and open your eyes.

When we used a tape recording to induce hypnosis, a "training tape" was played once in the first session and twice in the next three sessions. This tape started with the snapping of fingers and included the suggestions of relaxation and deeper sleep after every number from one to ten, raising the right hand, and the blue sky and white cloud hallucination. The post-hypnotic suggestions described above were then given.

After the two-week training period, a "treatment tape" was played once at every subsequent session. This tape started as the "training tape" but also included the following symptomatic suggestions which were given as soon as the majority of patients indicated that they had reached the hallucinatory stage by raising their right hands:

I want you to listen carefully to what I am going to tell you. What I am going to tell you now will be for your benefit, and for this reason you are eager to listen to my voice and to what I am going to tell you. From now on, you are going to think and dream about your present problems, and you are going to think and dream about your future. You are going to think and dream about persons and situations you may meet now

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and in the future. You will examine the persons you meet in a cool and calm manner and imagine that somebody came to talk to you about himself and his actions.

Go into a deeper and deeper sleep now; deeper and deeper; deeper and deeper. I want you to listen carefully some more. Put yourself in the position of the person you meet and then think as if you were in his place. Then, look at yourself through his eyes and imagine that you are looking at the situation or persons as if you were in his place. Then think over your point of view and his point of view. Then decide how you should act towards that person.

Go into a deeper and deeper sleep now; deeper and deeper; deeper and deeper. I want you to listen carefully some more. The upsetting problems and thoughts from the past won't bother you any more because you want to forget the unpleasantness of the past and you want to plan a future for yourself. You want to plan a future for yourself because you know that you can change the future but not the past. For this reason, thoughts from the past will seem as distant and unreal to you as an old dream that does not upset you any more. The thoughts from the past will appear to you as if they were the thoughts of someone else who came to tell you about his experience. For this reason, you are going to examine the thoughts from the past in a cool and calm manner and think and ponder if you could have handled that past experience better. You are going to decide then and there that you will use what you have learned from that past experience and you will use that experience to plan your future differently because you want to avoid being upset and disappointed by similar experiences in the future.

Go into a deeper and deeper sleep now; deeper and deeper; deeper still. I want you to listen carefully some more. If you feel that a person is against you and you feel that he wants to harm you in some way, put yourself in his place. Then imagine that you did to somebody else what this person did to you and that this somebody else came to tell you about the way you persecuted him. Then ponder and think over the reason why that person would want to do such a thing to you. Think also of other reasons why he might have done what you believe he has done to you. Give him the benefit of the doubt and imagine that he had other reasons for doing what he did—perhaps he did it for your benefit or for other reasons that do not concern you at all.

You know that you are a calm and quiet person. You know that you have to live among people and for this reason you want to like people. You know that if you are friendly towards other people, they are going to like you. Therefore, look at their good points, and be kind to them. At the same time look after your own and your family's interest. Try to be kind and nice to people and then they will like you. Think and dream that if you like people they are also going to like you. You feel like talking to people because you are interested in what they think about your plans. You would like to learn from their experience because you want to use their experience to plan your future. For this reason you feel like talking to people. You also like to talk to people because you want to practise how to get along with them. You want to be nice and sociable with people because then you can have friends who can help to plan your future. Besides, you like to share your thoughts with others because you want to see what they think about your plans. For this reason, you are relaxed

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and confident when you meet people. You want to talk with them because you want them to talk with you so you can learn their thoughts and opinions and use these in planning your future.

Go into a deeper and deeper sleep now; deeper and deeper; still deeper sleep. I want you to listen carefully some more. Those of you who hear voices or noises or experience strange feelings, such as radiations, or feel that people put thoughts in your heads or influence your thoughts, should consider all these as a nuisance, because you want to overcome being upset by such experiences. You are going to ignore them, because you know that if you are upset by the voices, noises, radiations, or outside influences, they are going to go on. But if you ignore them, the noises, and voices, and strange sensations, such as radiations or the feeling of people putting thoughts in your head, will gradually leave you alone.

Go into a deeper and deeper sleep now; deeper and deeper; still deeper sleep. I want you to listen carefully some more. You know that you are a good, pleasant, and nice person. You know that you are a likable person. You know that the voices tell lies and that the feelings of influences or strange sensations are nothing but a nuisance. You know that you are a good and strong person who has decided to make a contented and happy future for yourself. For this reason, you ignore the idle gossip of the voices or the nuisances of the noises or the feeling of influences.

Breathe deeply; deeper and deeper; and with every breath you take you will sink into a deeper and deeper sleep. Though you are in a deep sleep, you can hear my voice very clearly, and you are eager to listen to what I am going to tell you. If you get upset from now on, think over many times whether it is worthwhile to get upset and then think over many times why the person's action upset you. When you are upset, try to put yourself in the place of the person who upset you and decide why he acted the way he did. Then think over how your being upset may influence your future. Remember, your future planning and future happiness are more important to you than a present upset.

Go into a deeper and deeper sleep now, etc. I want you to listen carefully some more. In order to help you forget the past and help your body and mind to adjust to the future, decide to do some work or to continue doing the work you are doing now. You know that work keeps your body and mind occupied and, at the same time, it increases the feeling that you are doing something useful that will provide you with strength and experience for the future. Therefore, you are happy and eager now to work and so prepare yourself for the future.

You know that you are getting stronger and stronger every day and therefore you want to prove to yourself and to other people that you can work. By working you feel good, and your body and mind feel completely relaxed and nice. If you become disappointed in your work, consider the disappointment as a challenge—a challenge which compels you to still greater efforts because you want to prove to yourself and to other people that you are strong and that you are determined to overcome the difficulties. You want to overcome the difficulties because you want to get satisfaction from your work for you know that the work serves your purpose.

Go into a deeper and deeper sleep now, etc. I want you to listen carefully some more. If you have any fears, think and dream about the

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fearful situation. Imagine that the fearful situation happened to somebody else and he came to tell you about his fearful experience. Then think why the situation upset you and decide what made you fearful. Think how you could use and turn the fearful experience to your benefit by slowly getting used to it. You know that if other people can face daily the very same situation and not let it bother them and that they consider it as just another experience, the situation will not bother you either. Remember, you are as good as other people and for this reason the situation will not make you fearful. You are going to face the situation with strength, composure and calm.

After this, the post-hypnotic and waking suggestions previously described were given.

Observations

Noisy and disturbing patients were removed from all further sessions only during the two-week training period. If someone became disturbed later, he was removed from the group only as long as he was upset. Patients usually became disturbed by visitors or some bad news from home.

I found that the rate of improvement was in direct proportion to depth of trance. Patients who co-operated fully were able to sink into a deeper sleep and experience complete relaxation; their subconscious mind was also more receptive to suggestions (1, 2, 11, 13, 14, 15). I also found that as long as patients failed to reach the hallucinatory stage, they showed no improvement, but they improved rapidly as soon as they reached this depth.

Results.

Table I shows, by diagnosis, how many of the 80 patients were able to achieve a convalescent status. Paranoid schizophrenics, who are notoriously resistant to present treatment methods and who form the bulk of those hospitalized, seemed to do very well; 41 of 66 of them were placed on convalescent status.

Table II compares the convalescent placement during the past three years in the same unit with that resulting from the addition of hypnosis to drug therapy. It shows that adding hypnosis increased the convalescent rate significantly, regardless of the length of hospitalization.

The best results with hypnosis and chlorpromazine were obtained in those who had been hospitalized less than three years; in every case, they exceeded those with drug therapy alone. The advantages of combined hypno- and drug therapy over drug therapy alone were outstanding in those whose illness had been present two years or less. (Further observations during the past three years bear out the same conclusion). The average age of patients on convalescent care was 37 years; of all 80 patients, 43 years. The average total length of hospitalization of the 80 patients was 6·8 years and that of the convalescents 3·4 years, with an average hypnotherapy of 5·6 months before convalescent placement.

Out of the 80 patients, 48 (60 per cent.) were put on convalescent care within one year. Forty-two per cent. were put on convalescent care during the first four months of hypnotherapy. Following up after a year, four (8 per cent.) had returned to the hospital. The average return rate for similar unhypnotized patients is 37 per cent. during the first year.

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The follow-up of convalescent patients shows satisfactory family and social adjustment. Those who returned to the hospital came back of their own volition because they felt unequal to coping with outside life because of some frustrating experience. I found it useful for convalescent patients who could do so to return to the hospital for hypnotherapy weekly or every other week. The continuing effect of reinforced suggestions provided them with a steadying influence, helped them to adjust to the outside world, and increased their tolerance of frustration.

Sub-Convalescent Improvement

In general, the hypnotized patients who were not improved enough for convalescent placement did improve in that they now co-operated with ward routine, were able to go home for more frequent and longer visits, and were able to work usefully in the hospital as domestics or laundry workers; one became a typist in the hospital office. They have continued with hypnotherapy and seem to like the quietness of the hour of relaxation twice a week. Some have maintained a plateau of acceptable hospital behaviour, while others have diminished periods of upsets which can be controlled by hypnosis. They shows a tendency to settle rapidly on an even keel for increasingly longer periods.

Discussion

Hypnosis was especially useful with paranoid schizophrenics whose "push" of hostility could be controlled and directed through hypnosis to both socially and individually satisfactory channels. They could be considered conditioned by suggestions, in the Pavlovian sense of the word, to use their energy for working and repression instead of spending it on useless aggression and hostility (3, 4, 6, 7, 9, 17).

Hypnotic suggestion introduces a complex into the unconscious mind (8, 10, 12) and compels the patient to think about his problems differently. Guidance under hypnosis enables him to review his concepts and achieve a satisfactory change in his behaviour and outlook. I must point out, however, that sometimes—fortunately not very often—patients incorporate the suggestions into their delusional system to support their abnormal behaviour. As I have noted, this occurred with two patients who were removed from the sessions six months after the experimental period.

The difficulty in reaching catatonics by hypnosis may be explained by their extreme, almost self-hypnotic withdrawal (5, 16). Apparently the catatonic's fear of his own aggressions or of his surroundings is so great that all his energy is exerted to maintain the rigid wall of isolation behind which he has withdrawn.

Results Obtained with Tape Recording

Without getting into speculations about magic levels or other explanations of co-operation between patients and hypnotherapist, I must point out that right in the middle of the study, I was compelled because of sickness to tape record my voice and continue treatment in this way. The results were the same as with direct personal hypnosis.

To test further the efficacy of recorded hypnotic sessions, I induced hypnosis and treated more than 470 patients in another ward entirely by tape recorder. The only thing I said personally to this group of patients was, "Ladies, I ask you to follow the instructions of the tape recorder". In a two-

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year test of this "all-recorded" hypnosis, I could detect no difference in the co-operation of patients or in results from those obtained with patients given group hypnotherapy personally. Sometimes I was not even present at the sessions for two to three weeks at a time and the tape recorder was handled by an attendant, yet the co-operation and the results were still the same.

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