

SYMPTOMATOLOGY, PSYCHOGNOSIS,
AND DIAGNOSIS OF PSYCHOPATHIC
DISEASES

Boris Sidis, Ph.D., M.D.
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APPENDIX II
THE HYPNOIDAL STATE OF SIDIS
BY

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(Presidential address to the Psycho-Medical Society,
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With Dr. T. W. Mitchell's kind permission I take the pleasure of reprinting from the English "Transactions of the Psycho-Medical Society" his valuable presidential address on the hypnoidal state:

"Our knowledge of the efficacy of suggestion in the treatment of morbid conditions is apt to bias our judgment in regard to the value of other psychotherapeutic measures and in regard to the interpretation of the results obtained by the employment of such measures. We know how powerful and how far reaching is its action, we know how subtle and indirect may be its use, we know so well the difficulty of eliminating its possible influence in every form of treatment whatsoever, that we may be inclined to ascribe to its virtues results that are in part at least dependent upon other factors. And although it is probable that the importance of suggestion in the domain of psychotherapy can never be gainsaid, and that the increased suggestibility brought about by the induction of hypnosis cannot be denied, yet we are bound to examine any mode of psychic treatment that is put forward by responsible men, and to appraise

without prejudice the theoretical considerations advanced by them in explanation of their results.

“We know the efficacy of suggestion, and we know it is a good rule of method not unnecessarily to multiply our causes; but we also know that no scientific dictum has been more productive of advance in knowledge than that which tells us to examine our residues. The history of Science affords us many instances in which the neglect of residual phenomena in experimental research has led to the overlooking of important facts, and prevented investigators from making discoveries which, had they paid due attention to their residues, they could hardly have missed. The great chemist Cavendish probably missed the discovery of argon because in his estimate of the nitrogen of the air he neglected a residue which his experiments showed him could not be more than 1-120th part of the whole. More than a hundred years afterwards this residue was accounted for by the discovery of argon.

“Now in the history of psychotherapy, from its earliest beginnings down to our own time, we find many cases where the circumstances under which curative results have been obtained render it difficult for us to range these results under the category of the therapeutics of suggestion. The mesmeric operator, by a prolonged series of passes, induced a trance condition which in itself appears to have had a curative influence. In other instances benefit was obtained when no evidence of the mesmeric state was to be found. We try to hypnotize a patient and fail, but while he lies quiescent we give him curative suggestions which seem to be effective. We ask a patient to lie quietly with closed eyes while we murmur therapeutic suggestions in a

monotonous voice, and sooner or later he derives great benefit from this process.

“Such cases as these may be regarded as the residual phenomena of the therapeutics of suggestion, and just as Cavendish and his successors too readily assumed that all the so-called nitrogen of the air was the same as the nitrogen of nitre, so we may be missing some important truth if we too readily assume that all these therapeutic results are due solely to suggestion. The value of suggestion during hypnosis is well attested, and the possibility of effecting physiological and psychological change by its means is supported by a large amount of experimental evidence. But evidence of this kind is greatly lacking in regard to suggestion without hypnosis, and until it is forthcoming we are justified in receiving with some suspicion accounts of the therapeutic efficacy of suggestion in the waking state. We seem bound to consider whether some state of consciousness intermediate between waking and hypnosis may not be artificially induced and utilized for the purpose of giving therapeutic suggestions. We should also keep open minds in regard to the possible influence of agencies other than suggestion in every form of psychotherapeutic practice.

“The scientific investigation of states of consciousness intermediate between waking and hypnosis is a contribution to psychology and psychotherapy which we owe practically to one man—Dr. Boris Sidis of Brookline. A research into the nature of suggestibility carried out by him some thirteen or fourteen years ago led him to formulate certain laws and conditions of normal and abnormal suggestibility. In order to get suggestibility in the waking state he found that certain conditions have to be complied with.

Attention must be fixed, but it must be distracted from the suggestion. There must be monotony of impressions, limitation of voluntary movements, and consequently a limitation of the field of consciousness. He regards hypnosis (abnormal suggestibility) as “a disaggregation of consciousness, a slit, a scar produced in the mind that may extend wider and deeper, ending at last in a total disjunction of the waking, guiding, controlling consciousness from the reflex consciousness.” Normal suggestibility he believes to be of a like nature—“it is a cleft in the mind, only here the cleft is not so deep, not so lasting, as it is in hypnosis or in the state of abnormal suggestibility; the split is here but momentary, evanescent, fleeting, disappearing at the very moment of its appearance.”

“According to Sidis there is no suggestibility without disaggregation of consciousness. Suggestion in the waking state is effective only when limitation of the field of consciousness is produced by the conditions under which the suggestion is given. Suggestibility is an attribute of the subconscious, and only when there is a disaggregation of consciousness as a whole is it possible to appeal directly to the subconscious. Now in the treatment of psychopathic disorders we often find it desirable to get into communication with the subconsciousness of our patients, not primarily for the purpose of giving suggestions, but in order that we may discover mental material which has become dissociated from the waking consciousness. So far as I can discover from the writings of Dr. Sidis, it was in order to determine whether certain cases of amnesia were merely disaggregative, and therefore curable, or absolute and incurable, that he first made use of the conditions of normal suggestibility as a means of

gaining access to the subconscious for diagnostic or therapeutic purposes. The same end may be obtained by the induction of hypnosis, but hypnosis cannot always be easily induced, and sometimes it is objected to. But “where hypnosis is not practicable, and the subconscious has to be reached, we can effect a disaggregation of consciousness, and thus produce an allied subconscious state by putting the patient under the conditions of normal suggestibility.”

Sidis maintains that by keeping the patient for a short time under the conditions of normal suggestibility we induce a peculiar mental state which he has named the hypnoidal state. The process by which it is induced he calls hypnoidization.

“Many different methods of hypnoidization may be employed, but they all fulfil the main requisites for the production of normal suggestibility, namely, monotony and limitation of voluntary movement. In his work, *The Psychology of Suggestion* (1898), Sidis gives the following account of his original method: “The patient is asked to close his eyes and keep as quiet as possible, without, however, making any special effort to put himself in such a state. He is then asked to attend to some stimulus, such as reading or singing. When the reading is over, the patient, with his eyes still shut, is asked to repeat it, and tell what came into his mind during the reading, during the repetition, or after it. Sometimes, as when the song-stimulus is used, the patient is simply asked to tell the nature of ideas and images that entered into his mind at that time or soon after.”

“In his *Studies in Psychopathology* (1907) he writes:

“As modifications of the same method, the patient is asked to fixate his attention on

some object, while at the same time listening to the beats of a metronome; the patient's eyes are then closed; he is to keep very quiet, while the metronome or some other monotonous stimulus is kept on going. After some time, when his respirations and pulse are found somewhat lowered, and he declares that he thinks of nothing in particular, he is asked to concentrate his attention on a subject closely relating to the symptoms of the malady or to the submerged subconscious state."

"Writing in 1909 on The Therapeutic Value of the Hypnoidal State, he says: "The procedure of hypnoidization is quite simple and may be described as follows. The patient is told to close his eyes and keep very quiet. He is then asked to attend to some monotonous stimulus, such as the beats of a metronome, or listen to a continuous note produced by a tuning-fork, or to smell some pleasant odour, or simply to submit himself to a gentle massage in which touch and pressure are of uniform intensity. This should be carried out in a room where it is dark and quiet. Fatigue, physical and mental, especially emotional, is a favourable condition. A prolonged warm bath with relaxation is favourable. A predisposition to sleep is helpful. It is therefore best to make the first attempt at hypnoidization late at night, when the patient is both tired and sleepy. In most cases darkness, quietness, repose, fixation on a bright point and listening to the monotonous buzzing of an inductorium are conditions favourable to the induction of the hypnoidal state, even at the very first attempt."

"It may be observed that the first description is specially applicable to the investigation of cases of amnesia. The second method described would apply more particularly to the use of hypnoidization as a means of

discovering dissociated complexes of a pathogenic nature. In the last description stress is laid on the induction of the hypnoidal state as an end in itself.

“By the use of these or similar methods a state of consciousness is induced which differs from full waking but is not hypnosis or ordinary sleep. The patient is apparently awake and in possession of all his faculties, but scraps of dissociated memories, which he cannot ordinarily recall, keep rising into consciousness. The whole feeling-tone becomes one of acquiescence and indifference. Pulse and respiration become diminished, but are liable to occasional disturbances. Fluctuations of sensory acuteness, sudden apparently unaccountable starts, and a slight tendency to resist any change of posture of limbs or body, without actual catalepsy, may be observed. But the condition is essentially an unstable one and constantly varies in depth. At one moment the patient may be practically in the ordinary waking state, at another he may be on the very brink of hypnosis or of sleep. Yet on the whole it is a state of rest and calm. Mental and physical activity are relaxed, emotional excitement becomes stilled, and suggestions meet with little resistance.

“The hypnoidal state is an intermediate territory, on the border-land of waking, sleep, and hypnosis. In the course of a valuable experimental study of sleep in man and the lower animals, Sidis discovered that the hypnoidal state is a phase of consciousness which is passed through in every transition from one of these states to another. In passing from the waking state to ordinary sleep or hypnosis, there is always a longer or shorter hypnoidal stage. In the practice of hypnoidization the patient sometimes drops into hypnosis, or he may fall asleep

without touching on hypnosis. And so also, in awakening from sleep or from hypnosis, the hypnoidal state has to be passed through. Sidis found that the farther we descend in the scale of animal life, the more important does the hypnoidal state become in relation to bodily rest and recuperation, and he concludes that it is the primitive rest-state out of which both sleep and hypnosis have been evolved.

“The relation to each other of waking, sleep, hypnosis, and the hypnoidal state may be represented in a diagram in which the primitive hypnoidal state is regarded as a nucleus from which the segments of the larger circle, waking, sleep, hypnosis, have arisen. The transition from one of these segments to another can take place through the central territory with which they each have relations.

“The spontaneous occurrence of the hypnoidal state in man is as a rule merely a transitory stage in the alternation of waking and sleep. From the point of view of evolution it is a vestige derived from a long race of ancestors, a rudimentary function which has been superseded by the more highly specialized rest-state, sleep. But it can be artificially induced and maintained by the methods which have been described, and it can be utilized with effect in the treatment of psychopathic disorders.

“The therapeutic use of the hypnoidal state is a somewhat complex subject, for hypnoidization may be employed merely as an adjunct to other methods or as a curative measure in itself. To understand the claims which Sidis puts forward for it at the present time, we cannot do better than to examine the types of cases in which it has been used by Sidis himself at various stages in the development of

his practice of it. The full record of his use of hypnoidization is in the account of the well-known Hanna case, given in *Multiple Personality* by Sidis and Goodhart. (See Sidis, *Psychology of Suggestion*, Ch. XXII, XXIII.) This was a case of total amnesia, following a severe injury. The patient, a cultured clergyman, was reduced to the mental condition of a new-born child. All his former acquisitions and memories seemed to have entirely disappeared, and he had to start learning everything again from the beginning. When he was put into the hypnoidal state various fragmentary experiences of his past life emerged into consciousness, demonstrating to his observers that his lost memories were merely dissociated and not destroyed. The same method was made use of in other cases of amnesia, and it was found to be of great assistance in effecting the resurrection of dissociated mental material and its reintegration in consciousness.

“With the progress of his studies in psychopathology, the reintegration of consciousness became, for Sidis, the aim of all therapeutic endeavour in connection with maladies that are associated with, or produced by, mental dissociation. The recurrent psychomotor states of functional psychosis, insistent ideas, imperative concepts, persistent or periodically appearing emotional states, so-called psychic epilepsy and other states of dissociation, all lent themselves to treatment by hypnoidization. By its means the dissociated complexes could be recovered, the psychogenesis of the malady could be traced, a synthesis of consciousness effected, and the patient thereby cured. As his confidence in his method increased, Sidis gradually extended its employment, until at the present time he seems to use it in every kind of disorder in which psychotherapy is indicated.

Writing in 1909 he says: "All cases of a psychopathic character admit of treatment by hypnoidization. This, however, is too broad a statement, as the hypnotic state is far more powerful and attains its end in a shorter time than the hypnoidal state. In those cases therefore where hypnosis can be used, it should by all means be employed. There is, however, a far larger number of cases where hypnosis is not quite easy to induce, either on account of the patient himself or on account of unfavourable external circumstances. In such cases, and they form the vast majority of psychopathic cases, the hypnoidal state is of the utmost importance from a diagnostic, psychopathological and therapeutic standpoint." It is thus as a substitute for hypnosis, when the induction of the hypnotic state is for any reason impossible, that Sidis recommends treatment by hypnoidization.

"Now, it might be inferred that in using the hypnoidal state as a substitute for hypnosis, we should have to rely mainly upon the suggestibility of the state in the one case as in the other. We might suppose that suggestion during the hypnoidal state is the essential part of the treatment. But surprisingly little stress is laid by Sidis on this part of the technique. The most that he says of it is that "the suggestibility of the state, if skilfully handled, is apt to increase the therapeutic efficacy." Nor is it in its usefulness as a means of enabling us to get into touch with dissociated mental complexes, and thereby to assist in their reintegration in consciousness, that the sole or chief therapeutic value of the hypnoidal state exists. He says, "once the hypnoidal state is induced by any of the various methods of hypnoidization, we can either attempt to follow up the history and the development of the malady, or we may chiefly work for the

therapeutic effect and treat the present symptoms. It is, however, advisable from a purely practical therapeutic purpose to combine the two procedures, as the cure is then far more effective and far more stable. In cases where the history of the origin and development of the disease could not be traced on account of the age or unintelligence of the patient, the therapeutic effects alone of the hypnoidal state have been utilized. The results are not so satisfactory so far as scientific information is concerned, but they are nevertheless of great benefit to the patient."

"It would appear, then, that Sidis ascribes some special therapeutic virtue to the hypnoidal state, quite apart from the suggestibility which characterises it, and apart also from the assistance which it gives us in tracing the pathogenesis of psychopathic disorders. On what, then, does this special therapeutic virtue depend? According to Sidis, it depends on the fact that through the hypnoidal state access is gained "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."

"Before going on to consider this contention, it will be well to examine the practice of hypnoidization in regard to its value as a method of employing suggestion, and as a means of facilitating the recovery of lost or dissociated memories.

"If Sidis is right in supposing the hypnoidal state to have curative value in itself, it will be very difficult to determine how much importance we should ascribe to suggestion

during the state, even when it is persistently used and relied upon by the physician as the essential therapeutic measure. Sidis gives practically no detailed record of his use of therapeutic suggestion in the hypnoidal state, and other observers who have reported their experience of hypnoidization have done so almost exclusively with reference to the recovery of dissociated memories.

“Perhaps the best example of the use of suggestion as an exclusive therapeutic measure in the hypnoidal state is to be found in the practice of Dr. Bramwell’s method of treatment by suggestion. I think there can be little doubt that by his method of giving suggestions Dr. Bramwell induces in his patients a state of consciousness which is identical with the hypnoidal state of Sidis. But in this mode of treatment there is, besides the suggestions, a prolongation of the hypnoidal state; and if the hypnoidal state in itself has therapeutic virtue, it is manifestly difficult to be sure how much of Dr. Bramwell’s good results is due to suggestion and how much to the postulated virtue of the hypnoidal state. If, however, we disregard the supposed virtues of hypnoidization by itself, there is good evidence to show that in some cases valuable results may be obtained by the use of suggestion in the hypnoidal state.

“The value of hypnoidization in the resurrection of dissociated memories is that which is perhaps most firmly established. And this applies not only to the restoration of the forgotten experiences of ordinary amnesia, but to the recovery of dissociated memories that are of pathogenic significance. The most striking work that has been done in this connection is to be found in the publications of Freud and his school on psychoanalysis; but the general principle of

the reintegration of dissociated mental complexes as a curative measure in the treatment of the psycho-neuroses has been arrived at independently by several workers. Sidis himself has insistently taught that reassociation of dissociated complexes effects a cure of psychopathic disease.

“But although Sidis uses the hypnoidal state for psycho-analytic (?) purposes, in so far as by its means he brings back to consciousness pathogenic experiences that cannot be recalled by ordinary association, he does not believe, as the Freudians do, that this process is in itself curative. He thinks that “the information of the psychogenesis given by 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 hypnoidal states, we help to transform the associative course and emotional tone of the patient’s mental life.”

“We must remember that Sidis admits that all the lost memories that can be recovered by hypnoidization can be more easily recovered if hypnosis can be induced.

The realm of the subconscious laid bare in patches in the hypnoidal state is the same as that which is laid bare in its entirety during hypnosis. But those who are familiar with Freud’s views will remember that he deprecates the use of the hypnotic state for purposes of psycho-analysis, on the grounds that whilst in hypnosis the resistances to the emergence of pathogenic memories are lessened in some directions, they are made more intense in others. The region of consciousness laid bare by the induction of hypnosis does not always contain all the pathogenic material whose recovery is

necessary, and the psychic force which prevents the emergence of this material into the waking consciousness is at least equally effective in preventing its emergence into the hypnotic consciousness. In my own experience I have found this resistance to be very great in the hypnotic states of patients suffering from the graver forms of hysteria.

“If then, in such cases, hypnoidization be no more efficacious than hypnotization, it would seem that Freud’s method is the best for the purpose of psychoanalysis; but I think it is possible that in some cases the hypnoidal state may have a superiority over hypnosis in this respect which Sidis does not explicitly claim for it. Indeed, it seems probable that the hypnoidal state may be the best condition of consciousness in which to make use of Freud’s technique(?). Sidis has expressed the opinion that some of Freud’s success may be due to the unconscious use of the hypnoidal state, and the conditions under which Freud conducts his analysis render this supposition not improbable.

“But in expressing this view Sidis is not referring to Freud’s success in conducting the psycho-analysis. He does not mean that by the unconscious use of the hypnoidal state Freud renders easier the discovery of pathogenic complexes. What he means is that Freud by his method of conducting the analysis unconsciously induces the hypnoidal state, and that his therapeutic success may be due in part to the virtues inherent in the hypnoidal state rather than to the psycho-analysis. This inherent virtue of the hypnoidal state is the most interesting claim made by Sidis in regard to the practice of hypnoidization. In his later writings he insistently maintains that the use of hypnoidization alone, without suggestion or psycho-analysis(?), is

sufficient to cure certain morbid conditions. He bases this claim on the fact that he has found the hypnoidal state effective towards this end, and he interprets his results as being due to a release of reserve energy which has been locked up in the inhibited and dissociated systems or complexes.

“The principle of reserve energy is based upon a wide generalization of facts, namely, that far less energy is utilized by the individual than is actually at his disposal. In the struggle for existence, those forms of life which have accumulated a store of reserve energy that can be drawn upon in emergencies, have the best chance of survival. The more complex an organism becomes, the greater is its need to avoid reaction to every passing stimulus. Such unrestrained reactions must be inhibited or there will be a wasteful expenditure of energy, which will leave the organism unprepared for occasions of stress in its struggle for life. The inhibitions increase with the growth in complexity of the nervous system, and they are brought about by the multiplicity of associations that are formed in the course of phylogenetic and ontogenetic evolution. Nothing so clearly marks off the higher from the lower races of mankind as the amount of inhibition they show in regard to instinctive or immediate response to external stimuli. The inhibitions exercised by civilized man are a consequence of the multiplicity of associations which all his mental complexes have acquired, and it is the increase of inhibitions that has led to that accumulation of reserve energy, ever ready to be called upon in emergencies, which has made him master of the world.

“When we weigh the considerations for and against a certain line of conduct, the delay in our response to the stimulus is due to the

inhibitions exercised by the manifold of associated complexes that have been aroused to function. These complexes exercise an inhibitory influence on the complex which has been stimulated. We are familiar in experimental psychology with the notion of a stimulus-threshold, and the effect of an increase of associations is to raise the stimulus-threshold of a complex. A complex that has many associations will not be so readily aroused to function as one that has few.

“Now if a complex from any cause becomes dissociated, it drops out of the personal life and cannot be set in action through its ordinary sensory or associative channels. It will then appear as if its stimulus-threshold were very high. But in fact, if we can by any means tap the dissociated complex, its threshold will be found to be very low. And this is what we should expect. Cut off from association with other complexes which were wont to exercise upon it an inhibitory influence, it now reacts to minimal stimuli and manifests itself with great intensity. Freed from the restraining influence of its normal associations, its locked-up energy is expended in wasteful and inappropriate activity. This is well illustrated in attacks of so-called psychic epilepsy and in the psychomotor reactions of other dissociated states.

“In a dissociated complex energy is held in reserve which cannot be drawn upon for the requirements of the individual, and if by any means this energy comes to be released, it is expended in ways that are worse than useless as regards the adjustment of the organism to its environment. And even when no dissociation has occurred, the inhibitions exercised by associated complexes may, under certain circumstances, be so great that a complex may be practically cut off

from the functional life of the individual, and its reserve energy rendered unavailable. Here the result is due, not to the dissociation of the complex, but to the raising of its threshold so high that normal stimuli are inadequate to arouse it to function. In the one case we have a complex with a very low threshold, functioning only sporadically and excessively because it is dissociated. In the other we have a complex, still functionally related to its associated complexes, but with a stimulus-threshold so high that it cannot be overstepped by the ordinary stimuli of life. In one case energy is stored and then wastefully expended; in the other case energy is stored, but it is unavailable. In both cases, so long as the dissociation or the inhibitions continue, nervous energy is lost to the individual and his mental and physical life is impoverished.

“Now these are the conditions met with in functional psychosis and in the psychoneuroses, and if we can restore the dissociated functions, or break down the inhibitions, we shall liberate the reserve energy of the dissociated and inhibited complexes, re-establish normal associations, and restore the patient to health. Sidis maintains that this end can frequently be obtained by means of the hypnoidal state. In this state there is a lowering and redistribution of thresholds. Access is gained to the reserve energy of dissociated complexes, and the energy so available assists in repairing the breaches of associative continuity. The high thresholds of inhibited complexes are lowered and reserve energy is liberated. “The overacting dissociated systems with their automatic reflex reactions may form associations with other systems and thus become inhibited as well as controlled in their function by the voluntary activity of personal consciousness, while the inhibited

systems with their raised thresholds and accumulated reserve energy are set to function.” The reintegration of the dissociated and inhibited complexes is accompanied by a new feeling-tone, a fresh emotional energy, which sometimes amounts to a complete transformation of personality.

“These are the principal points which seem to claim attention in regard to the hypnoidal state. It is maintained by Sidis that a definite state of consciousness, different from waking, sleep, and hypnosis, is brought about by subjecting the patient to the conditions of normal suggestibility, namely, monotony and limitation of voluntary movement. It is a state in which there is a variable and fluctuating disaggregation of consciousness, whereby a partial and intermittent access to the subconscious may be obtained. The intercourse with the subconscious so established may be utilized for the purpose of giving therapeutic suggestions, or for the recovery of the submerged memories of simple amnesia and for the discovery of dissociated complexes of pathogenic significance. Finally, the hypnoidal state may be employed as a therapeutic agency in itself, by virtue of its power of lowering and redistributing the thresholds of inhibiting and inhibited complexes, and so releasing reserve energy which assists in the restoration of normal associations. This, according to Sidis, is its chief therapeutic value, and it is a claim which, if substantiated by the experience of other observers, will entitle the method of hypnoidization to be considered a discovery of the first rank, and a most noteworthy contribution to psychotherapeutics.

“I do not desire on this occasion to enter into any critical examination of the views put forward by Sidis in explanation of his therapeutic

results. For practical physicians the most important matter at the present time is the fact that such results have been obtained by the use of the methods which Sidis has described in his writings on the hypnoidal state. The whole subject is relatively new, and I do not think we have had sufficient experience of the method to be justified in having very decided views one way or another in regard to its usefulness. My own experience, so far as it goes, tends to corroborate in every respect the claims put forward by Sidis. I have observed the good effects of the hypnoidal state apart from any other measure, and whether or not his doctrine of the lowering and redistribution of thresholds and the release of reserve energy affords an adequate explanation, I have little doubt that continued treatment by hypnoidization is sometimes of marked benefit in psychopathic disorders.”