

# Hypnotherapy: The Original Rational & Cognitive Therapy

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In 1906, Morton Prince, an American physician, psychotherapist and hypnotherapist founded the *Journal of Abnormal Psychology*. A prolific author, Prince made ideas derived from European psychotherapy and psychopathology popular in America, but did so in conflict and competition with the psychoanalytic community led by Freud.

Freud's ideas were more influential at that time and his followers came to dominate the field of psychotherapy. However, Prince's emphasis upon the removal of negative ideas by rational persuasion, education, and suggestion in hypnosis was a clear precursor of the "rational" and "cognitive" therapies of Ellis (REBT) and Beck (CT), i.e., of cognitive-behavioural therapy (CBT) in general. His seminal article, "Cases illustrating the educational treatment of the psycho-neuroses", clearly demonstrates the use in hypnotherapy of what CBT practitioners now call "cognitive restructuring." The work of Prince therefore illustrates the fact that what has since been termed "cognitive-behavioural hypnotherapy" (CBH) preceded modern cognitive-behavioural therapy (CBT) by over half a century and may well be the ultimate source for many of its concepts and techniques.

## Rational Hypnotherapy

Modern proponents of CBT (with which I include REBT) have suggested that whereas hypnotherapy was used in the past to implant positive beliefs, their own innovation has been to focus on identifying and disputing the client's *existing* negative patterns of thinking first. In the field of hypnotherapy, Daniel Araoz has termed this the client's "negative self-hypnosis."

However, since the time of James Braid, who effectively introduced the concept of "hypnotism" as distinct from Mesmer's "animal magnetism", hypnotherapy had been used by some early psychotherapists to undermine negative ideas which had already been internalised by clients from their environment. Indeed, Braid himself refers to the cure of symptoms caused by negative suggestions, by using hypnotism to "break down the pre-existing, involuntary fixed, dominant idea in the patient's mind, and its consequences" (*Hypnotic Therapeutics*, 1853). Hypnotherapy had *always*, therefore, attempted to address what modern CBT practitioners call negative cognitions or "automatic negative thoughts."

By the start of the Twentieth Century this "rational" approach to hypnotherapy was becoming more sophisticated. Prince, for example, makes a distinction between two closely-related forms of hypnotherapy, both of which he applied selectively with different cases,

1. **(Direct) "Suggestion."** By which he means techniques of "waking" or hypnotic suggestion which directly implant the idea of a cure or removal of symptoms. He writes of an epileptic, e.g., "he was given suggestions that he would have no future attacks." (Prince & Coriat, 1907: 170)

2. **“Persuasion” or “Education.”** By which he means the use of hypnosis or discussion to disabuse the client of negative fixed ideas and the gradual acceptance of a more rational, realistic, and healthy viewpoint.

Prince writes of a dispute within the nascent psychotherapy field over the relation between techniques of persuasion and suggestion,

As the matter now stands, there is no acknowledged agreement among the advocates of the method [of psychotherapy] as to the therapeutic principles and therefore techniques. It is noteworthy, however, that more recent writers lay more stress on the *educational* and, as they are pleased to designate the technique, the “persuasive” method, and scout with righteous rationalism the “suggestive” procedure. Fundamentally at bottom *all methods are educational and suggestive*. One of us (Prince) as long ago as 1898, in opposition to the purely physical methods then in vogue, advocated the educational treatment of psycho-neuroses combined with physiological hygiene. (Prince & Coriat, 1907: 167, *italics added*)

However, Prince himself sees the distinction between direct suggestion and re-educative persuasion as trivial and explains,

The only justification for alleging a difference is that in old time suggestion, practised by early therapists, the effort was to allay individual symptoms or primary abnormal conditions by rather blindly directed implantation of ideas of normality. The technique was rather empirical than rational. On the other hand, in so called “persuasion,” the effort is *to create broader and therefore more rational and effective synthesis*. Persuasion is therefore *more educational* in its technique, but it still *remains suggestive*. (Prince & Coriat, 1907: 168, *italics added*)

Prince adds, “As a rule hypnosis is not necessary”, but it is clear from his brief case studies that he means hypnosis is *optional* as he apparently used it in many instances. He elsewhere lists the general therapeutic principles of his model as follows,

1. Instruction of the patient in the nature of the symptoms and disease.
2. *Fixed ideas, apprehension and erroneous beliefs counteracted*; faulty habits of temperament and character corrected.
3. Individual symptoms suppressed by electricity, suggestion and other therapeutic agents.
4. Rules given for the daily conduct.
5. Improvement of nutrition, moderate rest, and, in extreme cases, isolation from previous surroundings only. (Prince & Coriat, 1907: 167, *formatted*)

Aside from his use of electrotherapy (similar to modern TENS treatment) and rest cures, which were popular remedies at the time, it’s clear from this description that Prince’s hypnotic psychotherapy bears a striking resemblance to modern rational and cognitive therapies, i.e., CBT.

## Case Studies

Like Janet before him, Prince seems to use what we would call “hypnotic regression.” However, unlike Freud, he does so in a more re-educative (cognitive) than cathartic (emotional) manner. Uncovering the developmental history of a problem *sometimes* gave information which could be useful in the cognitive re-education of the client.

The method employed in the following case was that of suggestion in hypnosis. The advantage of the method lay in the fact that in this condition [hypnosis], as often happens, her *memory broadened* and she was able to recall the various circumstances connected with the origin of the psychosis and therefore *to give the right clue to its pathology and enable rational suggestions to be selected and given*. Before hypnosis there had been amnesia for certain important aspects in the case. (Prince & Coriat, 1907: 170, *italics added*)

The case is that of a woman who came to fear that she was suffering from epilepsy like her mother. However, Prince diagnosed her as having hysterical attacks (i.e., panic attacks) brought on by the *fear* of having epilepsy.

Treatment: During the first hypnosis, which was deep the patient was told that she did not have epilepsy; that there was nothing the matter with her excepting unfounded fear of a disease which she did not have; that *she now knew this, realised it and believed it*. *This view was elaborated at some length for its educational effect*. The patient accepted the suggestion and manifested delight at the knowledge. After being awakened there was found to be no amnesia for the hypnotic state, and the same thing was repeated to her. These suggested ideas were again accepted with gratification. The attacks immediately ceased and afterwards could no longer be induced [...]. She remained well for a number of weeks during which time she was under observation. (Prince & Coriat, 1907: 171, *italics added*)

This treatment bears a striking resemblance to modern CBT treatment of panic attacks where misconceptions about fainting, mental illness or having a heart attack are carefully dispelled in order to reassure the client. Indeed, perhaps the most informative of the nine cases described by Prince refers to a (so-called) “Phobopsychosis” which would almost certainly be diagnosed as “agoraphobia with panic attack” nowadays, rather than psychosis.

In the following case the method followed was that of *educational suggestions given in light hypnosis*. By “light hypnosis” is meant a condition that practically amounts to deep abstraction which is not followed by any amnesia. The patient, Mrs. X., about forty years of age, suffered from a phobopsychosis [agoraphobia?] very intense in character. For twenty years she had never gone out of the house alone excepting in a carriage because of her psychosis [?], which was a fear of fainting. During the attacks she would be overwhelmed with an intense fear of losing consciousness and falling, the faint possibly

ending in death. The fear was accompanied by various somatic symptoms, such as palpitation, vasomotor disturbances, dizziness, etc. Besides the attacks proper she was rarely free from a fear of the attacks, so that she had both attacks and a fear of attacks. (Prince & Coriat, 1907: 175-176, *italics added*)

Prince goes on to explain how he used hypnotic regression to uncover the fact that the attacks had originated in a series of traumas during childhood.

Treatment was protracted over a period of about six months. It consisted of *educational suggestions* in states of abstraction, or light hypnosis. The nature of her psychosis was *thoroughly explained* and insisted upon; *false ideas were eradicated*; new systems of ideas involving a *thorough knowledge* of her psychosis and of her mental strength and intellectual capacity were forcibly instilled. Ideas were particularly selected for suggestion that were accompanied by a strong emotional tone of exultation. As a result the phobia gradually ceased and she became practically well and able to go about like a normal person. (Prince & Coriat, 1907: 176, *italics added*)

In other words, the treatment consisted of hypnotic regression, not as a vehicle for abreaction and catharsis, but as a means for correcting certain misconceptions, i.e., cognitive restructuring followed by ego-strengthening.

## **Conclusion**

It is clear from the entire article that Morton Prince was propounding a re-educational model of hypnotherapy as far back as 1907 in competition with Freudian psychoanalysis. Prince's therapy bears obvious resemblance to the use of "cognitive restructuring" in modern CBT and is therefore evidence that cognitive-behavioural hypnotherapy has its roots in a tradition of psychotherapy pre-dating CBT by over half a century.

Without doubt, modern rational and cognitive approaches have greatly advanced the process of cognitive restructuring in psychotherapy. However, the hypnotherapy of Braid grew, *via* Bernheim and Janet, into a practice of re-educative hypnotic psychotherapy which was eclipsed by the popularity of Freudianism in the first half of the Twentieth Century. This somewhat forgotten trend in psychotherapy should now be reappraised in the light of recent attempts to synthesise CBT and modern hypnotherapy.

It has long been argued, by Weitzenhoffer among others, that many of the techniques of behaviour therapy were seemingly derived from hypnotherapy. We should also be clear about the extent to which the cognitive dimension of modern CBT is indebted to the pioneering work of early hypnotherapists. If nothing else, a shared heritage may encourage a shared language and mutual exchange of ideas profitable to both traditions.

## **References**

Prince, M., Coriat, I. (1907). 'Cases illustrating the educational treatment of the psycho-neuroses.' *Journal of Abnormal Psychology*, Oct. 1907, vol. 2(4), 166-177.