Pantomime Techniques in Hypnosis and the Implications*

IN THE EARLY EXPERIMENT done by this author on hypnotic deafness, verbal communication having been lost as a result of the induced deafness, the value of pantomime was recognized, used, and then replaced by written communications as easier.

The Pantomime Technique as a hypnotic technique complete in itself resulted from an invitation to address an affiliated society of American Society of Clinical Hypnosis, the Grupo de Estudio sobre Hipnosis Clinica y Experimental, in Mexico City in January, 1959.

Just before the meeting, the author was informed that he was to demonstrate hypnosis as the introduction to his lecture by employing as a subject a nurse they had selected who knew nothing about hypnosis nor about the author and who could neither speak nor understand English, and they already knew that I could not speak nor understand Spanish. They had explained privately to her that I was a North American doctor who would need her silent assistance and they informed her of our mutual language handicaps and assured her that she would be fully respected by me. Hence, she was totally unaware of what was expected of her.

This unexpected proposal to the author led to rapid thinking about his past partial uses of pantomime by gesture, facial expressions, etc. This led to the conclusion that this unexpected development offered a unique opportunity. A completely pantomime technique would have to be used, and the subject's own state of mental uncertainty and eagerness to comprehend would effect the same sort of readiness to accept any comprehensible communication by pantomime as is effected by clear-cut definite communications in the Confusion Technique.

She was then brought through a side door to confront me. Silently we looked at each other, and then, as I had done many times previously with seminarians in the United States in seeking out what I consider clinically to be "good responsive" subjects before the beginning of a seminar and hence before I was known to them, I walked toward her briskly and smilingly and extended my right hand and she extended hers. Slowly I shook hands with her, staring her fully in the eyes even as she was doing to me and slowly I ceased smiling. As I let loose of her hand, I did so in an uncertain irregular fashion, slowly withdrawing it, now increasing the pressure slightly with my thumb, then with the little finger, then with the middle finger, always in an uncertain irregular, hesitant manner and finally so gently withdrawing my hand that she would have no clear-cut awareness of just when I had released her hand or at what part of her hand I had last touched. At the same time, I slowly changed the focus of my eyes by altering their convergence, thereby giving her a minimal but appreciable cue that I seemed to be looking not at but through her eyes and off into the distance. Slowly the pupils of her eyes dilated, and as they did so, I gently released her hand completely, leaving it in mid-air in a cataleptic position. A slight upward pressure on the heel of her hand raised it slightly. Then

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catalepsy was demonstrated in the other arm also and she remained staring unblinkingly.

Slowly I closed my eyes and so did she. I immediately opened my eyes and stepped behind her and began explaining what I had done in English, since most of the audience knew English fairly well. She made no startle response and did not even seem to hear me. I gently touched her ankle and then gently lifted her foot leaving her to stand cataleptically on one leg. One of the doctors knew I had a smattering of German and held up his fist, opened it, saying questioningly, "die Augen." Gently I touched her closed lids and gave a slight upward pressure. She slowly opened them and looked at me with her pupils still dilated. I pointed to my feet, then to her upraised cataleptic foot and signalled a downward movement. She frowned in puzzlement apparently at seeing both her hands and her foot uplifted, then smiled at my downward signal toward her foot only and she put her foot down with what appeared to me to be an expression of some slight embarrassment or bewilderment. The arm catalepsy remained unchanged.

Several of the doctors called her by name and spoke to her in Spanish. She merely looked at me attentively, making no involuntary head or eye movements so common when addressed from some distance away by someone else, nor did she seem to pay any further attention to her hands.

I was asked in English if she could see the audience since apparently she could not hear them. I moved her hands up, down and across while she seemed to watch them and my eyes alternately. Then I pointed to my eyes and to her eyes by bringing my fingers close to them, then I made a futile hopeless sweeping gesture of my right hand toward the audience as I assumed a look of blank surprise and wonderment as I faced the audience as a pantomime of not seeing anybody. She did likewise, showed a startled reaction and asked in Spanish, as I was told later, "Where are they? The doctors are supposed to be here?" Several of the doctors spoke to reassure her but she merely continued to look frightened.

I promptly attracted her attention by putting my fingers close to her eyes, then to mine, then I lifted her hand and looked with a pleased smile at the ring on her hand as if I admired it. Her fright vanished apparently.

One of the audience asked me how I would awaken her. I showed her the second hand on my watch, marked out ten seconds of time by synchronizing a finger movement with the second hand movement. She watched intently. Then I had her watch me close my eyes, beat out about ten seconds and then I opened my eyes with an upright alert jerk of my head. Then I smiled and with a nod of my head and a movement of my hand I indicated that she was to do likewise. As she did so, I stepped back rapidly and when she opened her eyes she saw me at the far end of the platform. I immediately walked forward briskly with a pleased smile and extended my hand in greeting. This reestablished the original way in which we had met and she awakened immediately, shook hands with me as she looked me over. I bowed and said, "Thank you very much. I am most appreciative," as if dismissing her. One of the doctors translated my remarks; I repeated myself and again shook hands in a dismissal fashion. She looked puzzled and uncertain so one of the group told her she could now leave. She left the room in what to me seemed a most puzzled fashion.

Later, I was informed that she had developed a total amnesia for the entire experience, and had expressed wonderment at my immediate dismissal of her when

she was supposed to assist me. She also expressed disbelief in hypnosis but volunteered as a subject, promptly developed a profound trance, recalled all of the events of her experience with the author including the "departure (negative hallucination) of the audience" and her "puzzlement" when dismissed, but when aroused from this trance, she again manifested a complete amnesia for both trances. She was subsequently used extensively by members of that group as an assistant and as an experimental and instructional subject.

The second unexpected, complete pantomime, induction was done in January, 1961 during a visit to Caracas, Venezuela. I had been invited to tour the Hospital Concepcion Palacios during which I was asked to address the staff on the use of hypnosis in obstetrics at an impromptu meeting in the conference room. One of the audience suggested that I demonstrate as I discussed the phenomena of hypnosis. Remembering my experience in Mexico City, I asked if I might work with some young woman who did not know the purpose of my visit there and who did not understand English and who had had no experience in hypnosis of any sort. Three young women were brought in and I looked them over and selected the one who gave me a clinical impression of what I term "responsive attentiveness." I asked that the others be dismissed and that she be told that I wished her cooperation while I lectured. Very carefully, my translator so informed her without giving her any more information and she nodded her head affirmatively.

Stepping over to her and standing face to face with her, I explained in English for those who understood it that they were to watch what I did. My translator kept silent and the young lady eyed me most attentively and wonderingly.

I showed the girl my hands, which were empty, and then I reached over with my right hand and gently encircled her right wrist with my fingers, barely touching it except in an irregular uncertain, changing pattern of tactile stimulation with my fingertips. The result was to attract her full attentive expectant wondering interest in what I was doing. With my right thumb, I made slight tactile pressure on the latero-volar-ulnar aspect of her wrist, as if to turn it upward; at the same moment, at the area of the radial prominence, I made a slightly downward tactile pressure at the dorso-lateral aspect of her wrist with my third finger; also at the same time, I made various gentle touches with my other fingers somewhat comparable in intensity but nonsuggestive of direction. She made an automatic response to the directive touches without differentiating them consciously from the other touches, evidently paying attention first to one touch and then to another. As she began responding, I increased varyingly the directive touches without decreasing the number and variation of the other distracting tactile stimuli. Thus, I suggested lateral and upward movements of her arm and hand by varying tactile stimuli intermingled with a decreasing number of nondirective touches. These responsive automatic movements, the origin of which she did recognize, startled her, and as her pupils dilated, I so touched her wrist with a suggestion of an upward movement and that her arm began rising so gently discontinuing the touch that she did not notice the tactile withdrawal and the upward movement continued. Quickly shifting my fingertips to hers, I varied the touches, so as to direct in an unrecognizable fashion a full upward turning of her palm, and then other touches on her fingertips served to straighten some, to bend others, and a proper touch on the straightened fingertips led to a continuing bending of her elbow. This led to a slow moving of her hand toward her eyes. As this began, I attracted with my fingers

her visual attention and directed her attention to my eyes. I focused my eyes for distant viewing as if looking through and beyond her, moved my fingers close to my eyes, slowly closed my eyes, took a deep sighing breath and sagged my shoulders in a relaxed fashion and then pointed to her fingers which were approaching her eyes.

She followed my pantomimed instructions and developed a trance that withstood the efforts of the staff to secure her attention.

I asked for her name and one of the staff gave it to me in rapid Spanish, the translator repeated it, laboriously enunciating the name so that I could grasp the phonetics. She made no response to anything the staff or the translator said or did, merely standing passively. When someone tried to push her, she became actively rigid but made no other response. I led her about the room, touching her eyelids to indicate that she was to open them, and then indicated a chair, in which she seated herself. Even with her eyes open, she seemed oblivious to everyone there and to all auditory stimulation.

I learned that she was a resident physician and that she had not yet been introduced to hypnosis. While she sat with her eyes open and apparently unseeingly and unhearingly, I discussed hypnosis.

At the close of my remarks, I awakened her by turning to her and indicating she was to stand. Then, with the gesture of brushing my palms across each other as if the task were all done, I smiled at her and bowed. The hypnotic facial expression disappeared, she looked about the room and asked, as I was told later, "What am I to do?" while, I, not understanding, bowed and said, "Gracias, Senorita." She looked puzzled, my translator explained her task was done and she left in a puzzled manner. I then began to answer questions from the audience.

The following August of the same year—that is, six months later—I visited there and again lectured to the staff. My former subject was present in the audience and when I beckoned to her to come up on the platform, she did so in a pleased fashion but developed spontaneously a deep trance just before she reached the desk at which I sat.

She had in the meantime not only been a hypnotic subject but had also used it on her patients. As a result, despite the author's linguistic handicap, she could anticipate some of the phenomena that the author wished to demonstrate. In addition, a translator conveyed his requests to her after rapport was transferred to him. This transfer of rapport was effected by the process of pointing to my right hand, then to hers, shaking hands with her, then withdrawing my hand, indicating it, reaching over and shaking hands with my translator while I indicated to her with my left hand that she was to see the translator and to do likewise, and as they shook hands, they exchanged greetings in Spanish.

The next unexpected completely pantomime initial induction was done in Venezuela that same month before the Medical Society in Caracas. Just as I was about to begin my lecture, I was courteously interrupted by the officers and the explanation was offered that many of the doctors present did not believe in hypnosis, that there was much conviction that I had a confederate with whose aid I would perpetrate a hoax. They were obviously most distressed to tell me this but explained that, as the officers of the society, they had been delegated to ask me to demonstrate hypnosis by maintaining a complete silence and to select someone from the large audience for whom they could secure a valid identification. I replied that I hoped the subject I secured would not be able to understand English.

In the rear of the auditorium, I saw a woman about 30 years old who gave every evidence of what I term that "responsiveness," which I personally consider a most helpful indication of hypnotizability. I pointed the woman out to my translator, she was questioned for her identity, was discovered to be the wife of a physician who did not believe in hypnosis and that she too did not believe in it and had never seen it. However, she readily came to the platform, differing from the Mexico City nurse in that she knew hypnosis was under consideration. As she approached me, I asked, "And if you please, what is your name?" She turned to the translator and asked him what I had said and this was broadcast by the public address system present. Thus the point was made that she did not understand English.

Essentially the same technique as was used in Mexico City was employed with the same hypnotic results. However, one addition was added. I patted the back of my hand gently during the demonstration and smiled as if I liked the sensation. I did likewise to her hand and she too smiled.

Then I brushed off the back of my hand as if I were brushing away all sensation. I then pinched and twisted the skin of my hand in an obviously painful fashion but wore a look of profound astonishment and wonderment as if I felt nothing and then smiled happily. I reached for her hand, did likewise, and in astonishment, she turned to my translator who, ill at ease on my account, had assured her as she came to the platform that he would remain on the platform as would the officers and she should feel free at any time to speak to him.

As I forcibly pinched and twisted the skin of her left hand, the officers crowded around, did likewise and the woman also tested her hand. She then asked the officers what had happened to her hand and asked if it (her hand) were dead, speaking in what the translator later reported as a tone of distress. A doctor in the audience and several others in the audience reassured her. She did not seem to hear them, and a negative hallucination of the audience, visual and auditory was spontaneously manifested. But the translator's explanation was readily heard by her as were those of the officers on the platform. In other words, she had interpreted the platform situation initially as signifying rapport with those who were there but not with the audience even though her husband was in the audience.

A Doubting Thomas in the audience declared in Spanish that he was fully convinced of the validity of hypnosis and asked the officers of the society if he could volunteer as a subject. This request was translated to me. Keeping the woman still there, I accepted his offer and results similar to those with the woman were secured. However, he aroused from the trance state with a total amnesia and asked the translator to tell me to begin the hypnosis, a request that was broadcast by the public address system. He was reinduced, and the translator told him in Spanish, "After awakening, remember all." Upon awakening from the trance, he was most effervescent in his excited pleasure and the woman too was much impressed by what she had seen occur with the Spanish physician. In each instance, the awakening of the subjects was done by grasping their hands firmly, and since both had their eyes open, shaking their hands briskly and shaking my head briskly as if arousing and clearing my mind. Since the doctor had seen this maneuver with the woman, he responded more quickly than she had.

In brief, hypnosis is a cooperative experience depending upon a communication of ideas by whatever means is available and verbalized ritualistic traditional rote memory techniques for the induction of hypnosis are no more than one means of

beginning to learn how to communicate ideas and understandings in a joint task in which one person voluntarily seeks aid or understandings from another.

In two experiences in hypnotizing deaf and dumb persons, sign language was employed with the added pantomime of listlessness and fatigue of movement in making the sign language. With these two subjects, rapport was lost if they closed their eyes and resort had to be made to a sharp shaking of them by the shoulder to awaken them, such a cue having been incorporated into the trance-inducing suggestions originally. When the measure of suggesting that they keep their eyes open in the deep trance was used, their peripheral vision greatly decreased and became so central in character that perhaps only one finger of a letter sign would be seen unless instructions to the contrary were given. However, a total of four trances with two such subjects is only adequate enough to state that the usual hypnotic trance and attendant phenomena can be induced in the neurologically deaf and dumb by sign language but that there appears to be a profound loss of peripheral vision with a consequent loss of some rapport. This raises an intriguing question of why a trance should cause, in such subjects who are so dependent upon sight, a much greater loss of peripheral vision than this writer has encountered in trances in many thousands of people with normal vision, although a more limited loss is common. If, however, a trance is induced in such subjects by pantomimed instructions to keep the eyes open and to read lip movements, there is no such loss of peripheral vision even though they had previously spontaneously seen only one digit of a three-finger sign. In explanation of this finding, one of the subjects explained, "Lip reading is really face reading, sign language is reading one sign."

Similarly, if during the induction, sign language instructions are given that after a trance is developed they are to receive instruction through written communication, the loss of peripheral vision is minimal. This was explained by the same subject as, "In reading you see the paper or the blackboard too." Unfortunately, the data on these subjects are insufficient to warrant further discussion.

The first and only previous report on the subject of deaf-mute induction of which this author is aware was presented by Dr. Alfredo Isasi of Barcelona, Spain at the Fifth European Congress of Psychosomatic Medicine in April, 1962, and published in September, 1962 in *La Revista Latino-Americana de Hipnosis Clinica* (Vol. 3, pp. 92-94.) It is entitled "Dos casos de sofrosis en sordomundos (Two cases of sophrosis (hypnosis) in deaf-mutes." In this report, a technique of inducing hypnosis in deaf mutes, a demonstration of which has been filmed, is described in detail. After the initial communication by sign and gesture, the hypnotic state was induced through stroking and gentle pressure on the forehead, eyelids, and jaw line, and testing by raising the arms gently and releasing them. Relaxation, analgesia, and control of bleeding enabling successful dental work in previously apprehensive, fearful, uncooperative patients was achieved. Two case records of young men, deaf-mutes, were presented in detail.

COMMENTS

PERHAPS THE MOST PERTINENT ASPECT of this matter of trance induction by a pantomime technique is the ease with which a communication of ideas and understandings can be effected without verbalization and in situations in which the subject may be totally uninformed as to the nature of the proposed task being done by

two people of different cultures, languages, social usages and customs. If then one thinks of the many so-called "controlled studies and reports" found in the hypnotic literature in which two homogeneous groups, one called experimental, one called "control" are handled by the same experimenter who uses slightly different words but has a full knowledge of what results he expects to secure, one can well wonder just how "controlled" are these experiments.

But when "control subjects" have been previously hypnotized by the experimenter or others or have watched hypnotic inductions and experiments of others by the experimenter, (who, of course, knows that he expects to duplicate hypnotic behavior in the "waking state" of the "control subjects"), one does more than wonder about the experimenter's scientific acumen. To this author, both the intelligence and the scientific integrity on the part of the experimenter are in question, seriously so!

In the late 1920's, 30's and 40's, this author did some research involving the comparison of the dream symbolism of Hindu mentally ill patients with that of native-born Massachusetts and Michigan patients, using information obtained from Drs. Lalkaka and Govindaswamy, respectively of Bombay and Mysore of India. Similarly, he then used recently drawn pictures by newly admitted mentally ill American patients which were compared with those collected by Hans Prinzhorn in "Bildnerei Der Geskranken" (Verlag, Berlin, 1923) of mentally ill Germans. The similarities were amazing, until one realizes that the dreams and the pictures come from essentially similar human minds even though from different mental states and cultures. In this regard, in a report published in January, 1940 in The Psychoanalytic Quarterly (Vol. IX, No. 1, pp. 51–63), this author in association with Lawrence S. Kubie, M.D. commented upon the possible correspondence or homogeneity of unconscious understandings in two people of the same culture. In that report, one subject offered a slightly differing wording but precisely the same content as had been worked out *independently* by the subject who did the original cryptic writing in a deep hypnotic trance with no apparent conscious knowledge of its content. The experimenter himself did not know the content of the cryptic writing.

Thus, the common dream symbolism of the mentally ill patients of India and of the United States, the common symbolism in the art work of mentally ill German patients of an earlier era and those of newly admitted mentally ill patients in the United States, the translation of cryptic automatic writing of one hypnotic subject of another subject, along with this report on the Pantomime Technique in hypnosis, all suggest the following: That a parallelism of thought and comprehension processes exists which is not based upon verbalizations evocative of specified responses, but which derives from behavioral manifestations not ordinarily recognized or appreciated at the conscious level of mentation.

In brief, this report on the Pantomime Technique in hypnosis indicates that adequate hypnotic suggestions can be given intentionally without verbalization. It seems reasonable to infer that similar suggestions can also be unintentionally given in pantomime unwittingly to elicit complicated hypnotic phenomena from a subject unacquainted in any way with hypnosis, comparable to the way in which suggestions can be given even when the language, cultural and social usages of the subjects are unknown to the experimenter even as the subjects are unacquainted with those of the experimenter.

Hence, true experimentation in hypnosis should take into consideration far more than the selected items usually tested. When *control measures* are devised, it should be held constantly in mind that their purpose is to isolate the selected items so that their effect may be evaluated without distortion by factors which may not have even been considered nor identified, let alone eliminated or controlled.