

Utilising traditional clinical hypnosis in the dramatic healing of a student suffering from night-blindness

Pieter W. Nel

■ A twenty-year-old student suffering from night-blindness was referred for hypnotherapy. No physical cause could be established for her problem. The time for treatment was limited and it was decided to revert to direct suggestions. It was established that she had a good talent for hypnosis, therefore, the power of the subconscious mind was demonstrated to her whilst she was in the condition of trance. It was suggested that, in similar ways, the subconscious mind controls all the muscles in the human body, also the small muscles controlling the opening and closing of the retina. Suggestions regarding light and darkness were given and it was proven to her by using a mirror that the retina opens wider when it becomes dark and closes when it becomes light. It was suggested that, in a similar way, the retina would respond in normal life.

Only three sessions were scheduled in which to achieve the desired effect. No more sessions could be arranged, due to the fact that she had to go back to the university, which is more than a thousand kilometres away from my place of practice. She was requested to call to report results. Once back at the university, she called me and informed me very enthusiastically that she was enjoying a full student life. What pleased her most, was the fact that she could see stars at night, and even drive a motor vehicle at night-time. A follow-up after one year revealed that she was still living a normal life without suffering from night-blindness.

History

A farmer from Lichtenburg, South Africa, made an appointment for hypnotic assistance in becoming a non-smoker. Whilst waiting in the waiting rooms, he read a pamphlet from the South African Society of Clinical Hypnosis (SASCH) regarding clinical hypnosis and its applications. During the subsequent interview, he requested more information regarding the applications and utilisation of hypnosis. He was informed about the utilisation of clinical hypnosis for various problems, *inter alia* the use of hypnosis by one of the SASCH members to improve his vision for his annual medical examination as a pilot.

- Lancaster, T. & Stead, L.F. (2000) Individual behavioural counselling for smoking cessation (Cochrane Review). In: The Cochrane Library, Issue 3, 2000. Oxford: Update Software.
- Lichtenstein, E. & Glasgow, R.E. (1992). Smoking cessation: What have we learned over the past decade? *Journal of Consulting and Clinical Psychology*, 60, 518-527
- Lichtenstein, E. & Hollis, J. (1992) Patient referral to a smoking cessation program: who follows through? *Journal of Family Practice*, 34: 739-744
- Llanos, M. (1985) El mundo del tabaco, Madrid, Alhambra. Quoted in Becoña (1990)
- Lynn, S.J., Neufeld, V., Rhue, J.W. & Matorin, A. (1993) Hypnosis and smoking cessation: a cognitive-behavioral treatment. In Rhue, Lynn & Kirsch (1993)
- Organización Mundial de la Salud (1974) Consecuencias del tabaco en la Salud. Ginebra.
- Peto, R., Lopez, A.D., Boreham, J., Thun, M. & Heath, C. (1992) Mortality from tobacco in developed countries: indirect estimation from national vital statistics. *Lancet*, 339: 1268-78
- Plans-Rubio, R.P., Navas, E., Tarín, A., Rodríguez, G., Galí N., Gayta, R., Taberner, J.L., Salleras Sanmartí, L. (1995) Coste-efectividad de los métodos de cesación tabáquica. *Medicina Clínica (Barcelona)*, v.104 (2), 49-54
- Rhue, J.W., Lynn, S.J. & Kirsch, I. (1993) *Handbook of Clinical Hypnosis*, ch.26, pp.555-586. Washington, DC, American Psychological Association
- Royal College of Physicians (1962) *Smoking and Health*. London: Pitman. Quoted in Vázquez y Becoña (1996)
- Schoenberger, N.E. (2000) Research on hypnosis as an adjunct to cognitive-behavioral psychotherapy. *International Journal of Clinical and Experimental Hypnosis*, Apr; 48(2): 154-169
- Schwartz, J. (1987) Review and evaluation of smoking cessation methods: the United States and Canada 1978-1985. US: Washington, DC, U.S., Department of Health and Human Services
- Silagy C, Mant D, Fowler G, Lancaster T. (1999) Nicotine replacement therapy for smoking cessation (Cochrane Review). In: The Cochrane Library, Issue 3, 1999. Oxford: Update Software.
- Silagy C, Mant D, Fowler G & Lodge, M. (1994) Meta-analysis on efficacy of nicotine replacement therapies in smoking cessation. *Lancet*, 343, 139-142
- Stead, L.F. & Lancaster, T. (2000) Group behaviour therapy programmes for smoking cessation (Cochrane Review). In: The Cochrane Library, Issue 3, 2000. Oxford: Update Software.
- U.S.D.H.E.W. (1990) *Smoking and Health: A Report of the Surgeon General (DHEW Publication No. PHS79-50066)*. Washington, DC: U.S. Department of Health, Education and Welfare, Public Health Service, Office of the Assistant Secretary for Health, Office on Smoking and Health. Quoted in Lynn et al., (1993)
- U.S.D.H.H.S. (1988) *The Health Consequences of Smoking: Nicotine Addiction. A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health
- U.S.D.H.H.S. (2000) Reducing tobacco use: A report of the Surgeon General - Executive Summary. Atlanta, Georgia. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Office on Smoking and Health
- Vázquez, F.L. & Becoña, E. (1996) Los programas conductuales para dejar de fumar. Eficacia a los 2-6 años de seguimiento. *Adicciones*, 8 (3), 269-392
- Wadden, T.A. & Anderton, C.H. (1982) The clinical use of hypnosis. *Psychological Bulletin*, 91, 215-243
- World Health Organization (1975) *Smoking and its effects on health: report of a WHO expert committee meeting held in Geneva from 9 to 14 December 1974*. Geneva: World Health Organization, 1975.
- XXIInd Congress of the Collegium Internationale Neuro-Psychopharmacologicum

The farmer then informed the therapist about his 20-year-old daughter, who is a student at a university. She was suffering from a severe case of night-blindness since her high school days. It was so serious that she had to be led by hand during hours of darkness, as she could not see anything when it becomes dark. Thus she was unable to have a full student's life. Medical and other physical examinations and treatment "throughout South Africa" proved negative. He was wondering whether hypnosis could help his daughter solve her problem. He was told that hypnosis is not a cure-all, but it could be tried, although no promises could be made about any success. An appointment was made for hypnotherapy.

Analyses

During the first interview, the student told the therapist that, as far as she could remember, she was night-blind since she was in standard eight (grade 10), i.e. when she was approximately 16 years old. She said that she was always in competition with herself and that she could not bear the idea of being a loser, i.e. performing below her set standards. Psychometric tests were applied and the following was established: The Rathus Assertiveness Schedule indicated that she is very much assertive.

- The Beck's depression questionnaire indicated no signs of abnormal depression.
- The HDHQ aggression questionnaire indicated that she had an abnormally high score regarding aggression aimed at herself, indicating that she had feelings of not being good enough in what she was doing.
- The Meili concentration test indicated that her concentration capabilities were within normal limits.

During the tests it was observed that she double-checked all her responses to make sure that she responded correctly according to her own satisfaction, an indication that she tended to be somewhat obsessive-compulsive.

As hypnosis was requested, hypnosis was fully explained and it was pointed out that no guarantee could be given that the treatment would be successful. However, it was also pointed out that no harm could be done in trying. She accepted the conditions, whereupon hypnosis was introduced. She proved to have an excellent talent for hypnosis.

Because she was at home only for the duration of the summer holidays, time for appointments was limited. It was therefore decided that the treatment would be limited to direct suggestions only. She was informed accordingly and accepted the challenge.

During the first session, apart from the psychometric tests, hypnoanalysis was applied to establish the onset of the problem and possible causes. It was established that, when she was twelve years old, she was alone at home with only the servants present. During that evening, while the servants were watching television, she walked down a long, dark corridor towards her room. When she came into her room, the window was open and she became very scared and afraid that somebody or something scary whom or which she could not see, might be outside in the dark watching her. She

was too scared to go into the room to draw the curtains or close the window. Instead she ran back down the corridor to the room where the servants were still watching television. Whilst running she got the feeling that something was chasing her. Since that evening, she became night-blind. It was clear that she was too scared to look into the darkness, or to go out into the darkness in case there might really be something that could be so scary that she did not want to see it. The ideal solution for her, therefore, was to develop night-blindness to provide her with an excuse not to go out into the darkness, not even after sunset.

The concept of her problem was discussed, and it was explained to her during and after the hypnosis session. However, although she understood the reason for her problem, the problem did not disappear automatically, and further sessions were scheduled.

Treatment

During the second session, after the hypnotic induction, she was requested to open her eyes and to walk about in the room. A suggestion was also given to put both her hands against the door of the room and to imagine that her hands will get stuck to the door. This was done as an indication to her of the power of her own subconscious mind. She carried out the suggestion and, true to her good hypnotic talent, she could not loosen her hands from the door until it was suggested that, as soon as she would take a deep breath and count to three, her hands would get unstuck. This proved to be very successful. She was quite amazed and she believed in the power of her own subconscious mind. This exercise was done as part of the treatment procedure to prove to her that her subconscious mind is capable of almost anything, such as causing her night-blindness and, also, if she believes, the healing of her night-blindness. Arm levitation was also demonstrated as a further indication of the capabilities of her own subconscious mind. This also was done as a proof that her sub-conscious mind has control over her muscles, including the muscles of the eye, which controls eye movement and the small muscles of the retina, i.e. for the expanding (widening) of the retina when getting dark to allow more light in to improve vision, and closing (shrinking) during daylight to allow less light in, i.e. to adjust for visibility purposes according to the light available.

During the third session it was suggested that it is becoming dark and that the retina of the eyes are adjusting to the change in light so that she could see what was happening in the darkness. A city scene was suggested. She imagined that she could see a motor vehicle approaching with its headlights switched on. She could visualize people inside the vehicle, although not clearly.

Further suggestions applied during this session involved the fact that while she was in the hypnotic state, she should open her eyes and imagine that it was light outside and that she could see clearly. The pupils of her eyes were closely observed. They were very small as could be expected. It was then suggested that it is becoming darker and darker, but that she could still see. As was expected, the pupils of her eyes expanded

and became larger. It was suggested that she could clearly see and identify items in the darkness. The change was so dramatic that a mirror was fetched and she was told that she could see the difference for herself, which she could. She was still in the hypnotic state when the exercise was repeated. When the hypnotic state was terminated, she was very excited about the success of her experience.

No further appointments for treatment were scheduled as it was the end of the vacation and she had to return to the university, which was too far away for her to attend further sessions.

She was taught self-hypnosis and requested to do the exercises when at home or when returning to the University.

Outcome

She was requested to telephone me to keep me informed about the developments when at home or at University. She was very excited when she phoned me one evening and told me that she could see streetlights and shadows at night. I encouraged her to keep up with the exercises. An appointment was scheduled for her to come and see me at the end of the semester. She kept the appointment and during that appointment she, as well as her father who accompanied her, were seemingly very happy and excited. They told me that she could now see clearly at night, to such an extent that she could actually drive a motor vehicle at night. What impressed her most was the fact that she could now also see the stars. "A whole new world has opened for me!" she exclaimed enthusiastically.

No further appointments were made. A one-year follow-up for control purposes revealed that she could still see clearly at night. During a telephone call, her mother said that the night-vision is still improving and that she is very happy, because she can now lead a full student's life.

Exploring the mysteries of self: Our Conquest of the Unconscious

John G. Watkins

■ *After centuries of searching to understand the external world, (physical and geographical) mankind's interest in the past 100 years has turned increasingly toward the great unexplored regions of our own self. How can we fathom our existence? What goes on in our minds? Who is really there, and how can we comprehend the unknown as to better control our destinies? Psychoanalysis, hypnosis, ego state therapy and other approaches, experimental psychology, philosophy, religion all have contributed to this 20th century quest? Whither now?*

Meine Damen und Herren, esteemed colleagues and friends.

Once upon a time at a small western university in the United States years ago, there were two distinguished professors: Dr. Barton, Professor of Psychology and Professor Chenoweth, Chairman of the Philosophy Department.

Dr. Barton was a fire-breathing behaviorist. Professor Chenoweth, a more modest lecturer, knew all the great philosophical thoughts before the discipline of "psychology" was developed. These two gentlemen were very good friends, but in their classrooms they were antagonists. They made fun of each other.

In Dr. Barton's laboratory, if a rat running a maze was slow in responding, he would comment, "He's cogitating. That's the stuff they do in Chenoweth's Department." Dr. Chenoweth would respond that it was simplistic to believe that an exact science could be constructed out of stimulus and response processes. Their classes had large enrollments, because if you took one, you had to take the other - to see what was said in rebuttal.

There was a young, 17-year old adolescent who was attending that university then. He had planned to be an astronomer. In fact, through the loan of a five-inch refracting telescope to him from Harvard College Observatory he had already published observations on variable stars in the Journal of the American Astronomical Association.

With adolescence, his physiology had begun to change, and he had moved from an interest in "outer space," to one of "inner space." He wanted to learn more about him-