

GUILT, SELF-CRITICISM AND HYPNOTIC INDUCTION

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This paper will concern itself with presenting a point of view on the problem of guilt and its role in emotional problems. I will describe some ways that I have found to be helpful with patients suffering from excessive conscience. Some remarks will be made relating the punitive, self-critical attitude to problems in hypnotic induction, and to the technique of hypnotherapy. I anticipate that some of the points of view expressed may not be too acceptable to some and may be felt to depart from some of our cultural and religious traditions.

In our culture one of the most common fears in the matter of conscience is the fear of being ungenerous and excessively selfish. In therapeutic work in the neuroses of course, this is easily one of the most prominent symptoms. This type of patient insists over and over and in all kinds of ways that he is no good, that he is undeserving of any kindness or consideration or acceptance. This paradox is a sharp and painful one, inasmuch as he has come--after all--to be relieved of his difficulties. Nevertheless, at many points and at a number of levels he somehow fears and is made uncomfortable by--acceptance.

Especially considering how of ten these people are impressed with their own "selfishness", I have been highly intrigued by the regularity with which they show themselves to be more accepting and generous towards others than towards themselves.

Supposing a patient has been going on in a self-projecting and self-critical

way about a particular deficiency of his. He considers himself unworthy, perhaps because he does not do enough for his family. He makes it clear that this is despicable on his part. He implies that in some way or other he should undergo pain and punishment. (It is of interest to note, parenthetically, that when he is asked just what his punishment ought to be, he will frequently be stumped and start to recognize the illogicality of his position.)

In a great many situations, I have found it very useful to ask the patient how he would behave if a friend were to come to him with a similar problem. Would he display the same punitive, rejecting attitude towards the friend, call him despicable, not fit to live with, et cetera? Fascinatingly enough experience with a wide range of emotional problems from the hospitalized psychotic to the moderately troubled normal--has proved that most of the time the individual replies that he would not be rejecting or harsh with a friend who approached him with a similar problem, but on the contrary would tend to be sympathetic and supportive. Is this not strange behavior on the part of one who feels terribly selfish? Merely pointing out this simple phenomenon is an eye-opener to many people and a huge relief.

Let me briefly illustrate how the guilt mechanism operated in one particular patient. During the course of discussing her problems, Mrs. S., a thirty-year old married woman related that she had been invited by a friend to spend a two-week vacation in Florida. She needed the rest and was eager to accept the invitation. The only practical means of transportation would be to go by airplane. Here a peculiar conflict presented itself. The patient's mother was so fearful of planes that if anyone in the family took an airplane trip the mother would develop acute psychosomatic and anxiety symptoms.

The patient was torn by the conflict: If I take the plane, will I be responsible for making my mother ill? Will I not be plagued by guilt?

This seems a tricky moral problem. I submit that many of us might be troubled in facing such an issue. The kind of parent we are dealing with here is a most efficient guilt-producing machine. For this parent says to the child: "You must not live for yourself; you must not live for yourself; you must live so as to make me happy. Whether I remain well or get ill, depends on you."

I would propose that those individuals who would not be in turmoil over such a conflict; that is, who would simply go ahead and take the airplane trip are fortunate in having mastered a fundamentally important principle of mental health. It might be objected that they are behaving selfishly. I feel this is far from true. I would say that they are displaying a healthy appreciation of the limits of individual responsibility, and also a healthy unwillingness to have their freedom of movement neurotically controlled by another.

This leads to a formulation that I believe I employ with good effect. At times I find it useful to point out to the patient that we probably need an amendment to the Ten Commandments. I suggest that "HONOR THY FATHER AND THY MOTHER" might better be "HONOR THY FATHER AND THY MOTHER--IF AND WHEN THEY DESERVE IT". Many people are shocked by this; but they generally wind up being relieved by this philosophy. Is it lacking in respect to elders? I would say no. What kind of respect is it that is not permitted to perceive the world as it truly is?

Not only parents but in fact all authority should be respected not automatically but because they earn it, and prove themselves worthy. It is who cannot earn

it who retreats behind status-labels and demand it. It seems to me that any authority figure with a solid sense of adequacy would not want unquestioning respect. It is precisely this non-rational refusal on the part of authority figures---parents, teachers, bosses, judges, officials---to be treated as fallible beings that induces irrational, self-punitive guilt on the part of children and subordinates. For the child is forced into the position of saying to himself: "I am not supposed to see and believe what I see". From this it is a short step to the feeling: "Look how evil I am; my most instinctive impulses are bad and hurtful".

In the mid-twentieth century it has become a commonplace that sexual impulses are universal and people ought not be made to feel guilty about them. We must also begin to accept more widely the principle that the need for self-esteem is frequently accompanied by critical attitudes towards elders and towards cultural patterns. Over-inhibition of this critical attitude is fraught with great peril for the individual's self acceptance.

These remarks only scratch the surface of this very involved and sensitive area. We might sum it up by saying that where many patients present themselves as sinful and guilty, the therapist tries to locate the anxiety and frustration behind the self-punitive feeling.

Do these ideas about superego functioning have any bearing on our work with hypnosis? I feel I have found some important tie-ins.

We have a good deal of awareness of many psychodynamic resistances to hypnosis. We are aware that the fear of being overpowered and rendered helpless acts as a resistance for many subjects. But perhaps we are not giving enough attention

to the other side of the coin; the fear of taking too much, the need to do everything by one's self. There is, after all, a normal and a neurotic degree of self-sufficiency.

In working with one patient it was very difficult to get her to relax her arm and not help the therapist move it. As so often happens, she insisted on helping. Her case history showed that her parents were incompetent and neglectful and she learned early to do things for herself. She could not believe that others could give competent help, and asking for it made her feel guilty. Interpreting this material to her helped her relax quickly.

Another interesting problem is in the area of the patient's reactions to instructions and to so-called failures. With many patients we see the principles of ought and should being overworked. They seem to be constantly saying: I ought to be going deeper; I ought to be experiencing more elaborate hypnotic phenomena; I ought to be accomplishing more.

This is a paradox for, after all, a core principle of hypnosis is a more passive acceptance of what is there; an appreciation of what sensations one has a reliance on letting things develop rather than having to make them develop.

In fact, this putting aside of active, critical ego, gaining the attitude of non-critical anticipation is an important way-station along the road to the relaxed self-acceptance which both leads to and comprises the hypnotic state. The hypnotist's sensitive awareness of excessive self-demands in the patient's personality structure can help in the diminution of the feelings of ought and should and can be of help in dealing with this particular kind of resistance to hypnosis

The approach to guilt-conflicts which has been briefly sketched here has suggested another technique which appears useful in these cases. This was developed in non-hypnotic psychotherapy but seems particularly effective in hypnotherapeutic interviews.

In this technique, the therapist and patient are assigned certain roles and the therapist undertakes to provide a model of healthier, less self-punitive behavior. In other words, it is a miniature sort of psychodrama or hypnodrama.

I find it most useful to first take the role of the patient and have the patient adopt the role of some other. I challenge him to try to maneuver me into self-punitive attitudes. I try to provide many illustrations of how a criticism can be reacted to matter-of-factly without serious self-rejection. I try to show how assertiveness and a sense of one's own rights and dignity can be preserved. I then place the patient in hypnosis and have him play himself but with the orientation that any self-critical evaluation need not be accompanied by a feeling of loss of status, of embarrassment, or of feeling crestfallen. In other words, the patient starts to feel that he has the right to make a particular demand on his fellow man--the demand to be treated with dignity and respect.

This discussion has mentioned certain directions which the therapist can take in handling guilt-conflicts. The particular techniques described have been necessarily brief and direct, and are meant only to illustrate a point of view in this area. It has been my experience that in a great many cases, work at this level is quite effective. I certainly do not intend to suggest that all superego conflicts will respond to such simplified approaches. Frequently

the superego conflict is deeply etched into the structure of the personality and is only dissolved by painstaking, interpretive therapeutic work. In such cases, the susceptibility to hypnosis may well develop as a consequence of successful therapy.

This situation parallels many others in the field of psychiatry. There will be some individuals who can profit quickly from brief acquaintance with mental health principles. Others will agree and respond verbally but will require considerable work to be able to put the principles into practice. Thus, the formulation of a sound principle of behavior will prove a liberating experience for some fortunate few, but only the beginning of hard work for many others.

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