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THE HISTORICAL ROLE OF HYPNOSIS IN THE THEORETICAL ORIGINS OF TRANSFERENCE

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Abstract: There has been a gradual evolution of the important construct of transference from ancient to modern times. Long before Franz Anton Mesmer, there were philosophers, theorists, and health professionals who emphasized the impact of interpersonal relationships on well-being and illness. While basically conceptualizing animal magnetism as a dynamic physical fluid, Mesmer was also aware of the impact of rapport and affect in the enhancement of magnetic treatment. Later neo-mesmerists, notably Puységur and Deleuze, built on such theories. That emphasis continued through the 19th century to the time of Freud, whose construct of transference was derived from his personal experience with hypnosis and which has since become an integral part of modern psychodynamic theory and treatment.

Early mesmerism significantly influenced the subsequent understanding of transferential phenomena. Despite the fact that his theory of animal magnetism was fundamentally conceptualized as a physical fluid, Franz Anton Mesmer (1734–1815) and a number of his followers also gradually came to recognize that affect and the relationship between subject and magnetizer were integral factors in successful magnetic treatment. From these beginnings, the modern understanding of transference began to develop.

EARLY DEVELOPMENTS

The precursors of transference were evident millennia before Mesmer’s time (Gravitz, 1991). The numerous documented therapeutic
accomplishments achieved at the sleep temples of ancient Egypt, Greece, and Rome are now understood as due primarily to the positive expectancies of the afflicted and perplexed who sought assistance there. In ancient Greece, Asclepiades, the legendary Greek god of healing, also known to the Romans as Aesculapius, was considered to alleviate suffering by placing his hands in close proximity to the presumed malfunctioning anatomical area of an ill person. He also was believed to induce lengthy sleep-like states to facilitate cure. Successful treatment required that both caregiver and patient share a positive belief in the efficacy of the procedure.

In the 1500s, it was widely believed that many physical ailments were due to malevolent possession (Diethelm, 1970). The philosopher Hieronymus Nymann (1560–1629) anticipated modern mind-body science by emphasizing the importance of imagination and belief (i.e., mental process and auto-suggestion) in the etiology of illness. He also regarded the effectiveness of various supposedly medicinal substances, such as certain metals, as due in large part to wishful fantasy and to the hope and positive anticipation placed by the patient in the caregiver. His theories were antecedents of our modern understanding of the important role played by transferential processes in treatment (Gravitz, 1991).

During those times, mineral magnets were also employed as therapeutic agents, such uses having originated many centuries before then. In the 1500s, Philippus Aureolus Theothrastus Bombastus von Hohenheim (1493–1541), a Swiss physician thankfully better known as Paracelsus, was an influential advocate for his belief that magnetic emanations from the heavenly bodies affected the human mind, while magnetic radiation from the earth affected the body. He further maintained that such vital magnetic forces could either cause or cure bodily ailments, because magnetism could possess either positive or negative qualities. He consequently applied mineral magnets to those body areas considered to be the sources of the presenting illness, at the same time stressing the impact of positive belief and confidence on treatment. Paracelsian theory was an important forerunner of mesmerism and indeed all therapeutic modalities, in that a basic foundation of his teachings was that an influence from one person could transmit benefit to another. An inveterate traveler, Paracelsus had at one time been held captive in the Orient. During that period, he may have acquired a belief in the therapeutic influence of astral bodies and mineral magnets, because such teachings were then widely held in distant Persia, India, and China (Hartmann, 1896).

Enlarging on Paracelsus’s theories during the following century, Johann Baptiste van Helmont (1577–1644) proposed that all people possessed a natural force similar to that of mineral magnetism. Since this power was considered to influence their interaction with each other, he further reasoned that this inherent ability could be applied to effect the cure of ailments. Several other theorists held similar views,
and William Maxwell (1581–1641), a Scottish physician, was among them. In 1679, he published *De Medicina Magnetica*, an important treatise in which he maintained that all living entities possessed a “vital spirit” based on an inner magnetism and were thus related to each other; accordingly, the transfer of one person’s vital spirit into another by so-called “magnetic medicine” could treat human illness. This was another important step in the discovery of dynamic transference, in that there was continued recognition of the potential therapeutic impact of one being on another (Maxwell, 1679).

Another precursor was the belief in certain cultures of the so-called royal touch and the laying-on of hands. This referred to an ancient practice whereby an ailing person could be healed if a religious leader, monarch, or other important person were to touch him or her. The basis for this was the notion that a therapeutic force flowed from the powerful figure into the body of the afflicted individual. An exemplar was Valentine Greatrakes (1628–1680), who was known as the Great Irish Stroaker (Stubbe, 1666). In the 1600s, he treated hundreds of ill persons by touching or massaging parts of their bodies and by urging them to have faith that they would be healed. His theory was that such physical contacts and exhortations would direct the illness first into the extremities and then entirely out of the body. Many of his subjects displayed convulsive movements during the stroking ceremony. Decades later, Mesmer termed similar behavior the “magnetic crisis” and considered it essential for successful mesmeric treatment.

In the early 1700s, Richard Mead (1673–1754), a noted English medical educator, advocated a theory based upon contemporary principles of medicine, astrology, mathematics, and the newly discovered Newtonian laws of physical nature and magnetism. He proposed that periodic changes in the alignment of the planetary bodies ultimately produced atmospheric alterations in gravity, elasticity, and air pressure on Earth. These alterations in turn influenced health and illness in people. Mead (1704) described his theory in his important treatise, *De Imperio Solis ac Lunae in Corpora Humana et Morbis inde Oriundis* (“On the Influence of the Sun and Moon upon the Human Body in Illness and in Health”). His emphasis that external forces impacted human well-being for better or worse was a significant precursor of subsequent theories of social psychology and interpersonal influence, as well as psychotherapeutic transference. Mead’s teachings were well known to Mesmer, who in fact borrowed liberally and at points literally from Mead’s book when he, Mesmer, published his doctoral dissertation on animal magnetism in 1766 (Pattie, 1994).

### Franz Anton Mesmer

Mesmer’s (1766/1986; 1781) theory of animal magnetism proposed that within each person’s body there was a magnetic fluid that
regulated that individual’s health. If external forces unbalanced this physical fluid, then illness would result. Logically, he reasoned that proper realignment of this magnetic force would enable an ailing person to recover his or her health. At first, he applied shaped metallic magnets to the afflicted body area in order to realign the fluidic imbalance, as had previously been undertaken by Maximillan Hell (1720–1792) and others. Subsequently, in an important paradigm shift, Mesmer came to believe that his own healthy body acted as a non-metallic (i.e., animate) magnetic force, so he discarded the use of mineral magnets. In that way, he grew to appreciate the importance of the subjective interaction between himself and his patient. Indeed, he then maintained that animal magnetism “must in the first place be transmitted through feeling. Feeling can alone render its theory intelligible” (Mesmer, 1781, p. 25). Insightfully, he also concluded, “A patient of mine, accustomed to experiencing the effects that I produce on his mind, possesses one more faculty… with which to understand me” (Mesmer, 1781, p. 25). He was referring to emotional feelings. Mesmer had earlier alluded to the importance of the doctor-patient interrelationship with his belief that there was a “transfer” of healthy curative magnetic fluid from him to his ill patient. The term he adopted was magnetic reciprocity, implying his understanding that the flow was bidirectional (Anonymous, 1784, pp. 22 & 26). He therefore advocated that the magnetizer himself should be in excellent physical and mental health, so that only a positive fluidic force would be transmitted to the patient. Even so, Mesmer always fundamentally conceptualized animal magnetism as a physical fluid.

Although he considered animal magnetism to be an invisible physical fluid, Mesmer also implicitly recognized the importance of another force operating within the relationship between magnetizer and patient. He named this rapport, a term borrowed from contemporary physical science, which referred to the attraction between natural bodies and to the theory that a physical energy was transmitted when people touched each other. Mesmer incorporated this belief into his treatment strategies by devising the so-called baquet, which was a wooden cask in which was placed a slurry of “magnetized” water, ground glass, and iron filings. Angled iron rods protruded from the baquet, and the magnetic fluid was believed to flow from the cask into the bodies of the patients who held on to them. His patients typically sat around the baquet with a silk cord attaching them en rapport, as it was termed, to each other; in this way, the magnetic fluid was thought to flow through the human circle in the form of a reverberating circuit. It is noteworthy that this controversial treatment regimen was reported to be effective for many of his patients, and he quickly became a successful, prosperous, and much sought after practitioner. Mesmer further recognized that there was a critical affective element in the magnetic
relationship with his belief that animal magnetism “must in the first place be transmitted through feeling” (Mesmer, 1781, p. 25). It is therefore evident that animal magnetism was conceptualized basically as a physical therapy with an underlying psychological component.

As a physician, Mesmer’s primary focus was on treating his patients. In doing so, he believed that most diseases were caused by either blockage or faulty distribution of the vital magnetic energy that was present in the body of every living organism; accordingly, appropriate treatment required the redistribution of the disturbed fluid, which his manual passes were intended to facilitate. He even applied animal magnetism to the treatment of his own ailments (Gravitz, 1994). Since the theory of mesmerism has not been demonstrated to have a valid scientific basis, it is apparent that the numerous cures attributed to animal magnetism were essentially due to the patient’s self-suggested expectancy set, which was facilitated in great part by rapport and affect. Today, those are recognized as important aspects of transference.

Curiously, although he utilized and acknowledged the importance of positive feelings and rapport in treating his patients, Mesmer was disinclined to engage in verbal communication with them. While aware of the interpersonal and affective components of animal magnetism, his theory focused on a physical process, and he strongly dismissed the notion that he was “healing through the mind,” calling that a “quite miserable objection” (Pattie, 1994). He also claimed to be able to utilize animal magnetism with nonverbal infants, unconscious persons, animals, and even plants, all of which entailed little if any interpersonal relationship (Pattie, 1994). Typically, his techniques included physical contact, such as stroking, making manual passes over the patient’s body, and clasping the patient’s knees between his own. This led some contemporary investigators to be concerned that mesmerism placed undue emphasis on physical proximity between female subjects, who comprised the majority of his patients, and male magnetizers. The so-called “Secret Report to the King” by an investigative commission of the French Royal Academy of Sciences in 1784, concluded that “the magnetic treatment must infallibly be dangerous to public morality . . . and health” (Bailly et al., 1965/1784, p. 5). The Secret Report further concluded that it was the inherent submissive and eroticized aspects of animal magnetism that prepared the patient to accept the therapeutic suggestions of the magnetizer. Later, as neo-mesmerists gradually discarded the focus on physical contact and the goal of crisis, they instead began to emphasize verbal interaction and the relationship with the subject. This report was labeled secret because the authors did not want to offend public sensitivities, and it was not openly published until 1800 (Bailly, 1800). Thus, Mesmer may be understood as a scientist who appreciated the fact that the doctor-patient relationship was an important factor, for better or worse, in animal magnetism.
Even though his theory did not survive scientific scrutiny, his contributions nevertheless represented a step forward for medicine and psychotherapy.

While certain early theorists believed that the magnetized patient was more amenable to therapeutic suggestions because of eroticized affect, not all magnetizers agreed that such feelings were inherent in animal magnetism. Tardy de Montravel (1785) held that a noneroticized bond, which he termed *harmonic rapport*, could develop between patient and mesmerist and that this special relationship facilitated the treatment process. Friedrich Hufeland (1774–1839), a prominent 18th-century professor of medicine, believed that magnetic rapport was the closest possible connection between two people, and he compared it to the relationship between mother and fetus. This powerful electricity-based bond was termed *sympathy*, and it was said to exist between all living entities. Regarding mesmerism, he maintained that the magnetizer and subject were so closely tied that the two constituted “one individual” (Hufeland, 1811, p. 117). Such beliefs anticipated later psychoanalytic theories of transference and therapeutic rapport.

**POST-MESMER DEVELOPMENTS**

After his theories were discredited in 1784 by the two investigative commissions (Franklin et al., 1784/1837; Gravitz, 1991), Mesmer quietly left France to enter retirement and obscurity. Before his death in 1815, he developed an esoteric theory of smallpox and occasionally dispensed animal magnetism to locals in the small town where he resided (Buranelli, 1975). Others in France continued his work, however, foremost among whom was Armand (sometimes written as Amand) Marie Jacques de Chastenet, the Marquis de Puységur (1751–1825). Based on experiments that he conducted on his estate with his own employees as subjects, Puységur was foremost among the neo-mesmerists during the late 1700s to early 1800s. As a practitioner, he emphasized the therapeutic benefit of a positive relationship. His observation that “the affections of those who are habitually around us are useful to our health and happiness” (Puységur, 1786, p. 408) indicated his awareness that there was a reciprocal aspect to human interaction and animal magnetism.

Previously, the prime focus of Mesmer’s magnetic theory had been on that which occurred within the subject, but Puységur began to stress the relationship between mesmerist and patient. Unlike Mesmer, however, Puységur pioneered the use of bilateral verbal communication in magnetic treatment, and he and his followers gradually directed their theoretical and clinical attention to the interpersonal aspects of mesmeric healing. They believed that the crucial factors in healing lay in the “will” (i.e., motivation) of both the therapist and patient to effect
cure and in the "affection" (i.e., positive feelings) and "confidence" (i.e., trust) that each must inspire in the other: Puységur’s views may thus be considered critical elements in the recognition that animal magnetism contained an essential psychological component. Furthermore, his notion of "instinctive magnetism" approached the idea that there was an underlying nonconscious element in mesmeric treatment (Puységur, 1811). Although he seems to have been evolving a magnetic psychotherapy and was aware of the significance of the dynamic interchange between patient and healer, he never fully dissociated himself from Mesmer’s basically physical theory.

Charles de Villers (1767–1815) was a contemporary who wrote, “I carry, therefore, within me the wherewithal to relieve my fellow... and it is in the feeling of the most tender concern that my friend [i.e., the subject] is assured of finding a remedy for his ills” (Villers, 1787, p. 114). Similar to Mesmer before him but unlike Puységur, Villers focused on the therapist’s feelings toward his patient and not the reverse. In this consideration of the healing process as a unilateral pathway, the patient’s own feelings were deemed unimportant. Villers was also aware of the potential problems in allowing affect to emerge in the magnetic relationship, and he cautioned that erotic feelings in particular could be detrimental to the treatment process (Villers, pp. 220–221). At the same time, he understood that the beneficial effects of mesmerism were influenced by the relationship between doctor and patient. Villers was quoted by Deleuze (1813, Vol. II, p. 102) as having written in 1787, “For one soul to act upon another, the two souls must be in a measure united. They must cooperate fully for the same result and have common affections.”

The Comte de Lutzelbourg (1786), a student of Puységur, insightfully noted that the subject’s own emotional state impacted the course of treatment. Another contemporary who emphasized the impact of psychological and interpersonal factors in mesmerism was Desbois de Rochefort (1799), who observed that “a great proof that the imagination [i.e., mental process] plays the principal role in animal magnetism is the fact that persons not initiated in the mysteries have nevertheless produced effects in others, once they have convinced them that they have the secret.” Julien Joseph Virey (1775–1846), another contemporary magnetizer, rejected the fluidic theory entirely and became instead a staunch advocate for the primary importance of the interpersonal component of treatment. He believed that magnetism was “nothing more than the result of the nervous emotions produced naturally, that is, by the imagination, or by the affection [i.e., positive regard] between different individuals” (Virey, 1818, pp. 23–24). “By magnetism... a great friendship is established, a sense of sympathy between the doctor and the patient” (p. 20). He also touched on the basic underpinnings of counter-transference by noting that both magnetizer and patient exert a
mutual influence ("sensitivity") on each other. Virey further maintained that the "magnetized subject becomes attached to her magnetist, as to a caressing angel, a being sublime in his beneficence" (p. 66). These flowery observations offer a clear link to transferential dynamics.

Other theorists soon began to consider the role of suggestion in the production of magnetic phenomena. Chief among these revisionists was José Custudio de Faria (1756–1819). Contrary to classic mesmeric theory, he believed that a magnetic fluid did not exist and that the supposedly overwhelming force of the magnetizer’s will was not a decisive factor. Instead, Faria (1819) contended that the magnetizer employed the power of suggestion to produce a state of what he termed "lucid sleep," which was potentially present in everyone. Thus, Faria was a conceptual predecessor of the later Nancy School.

Joseph Philippe François Deleuze (1753–1835), an influential student of Puységur, astutely observed that "in order to act effectively, [the magnetizer] must feel attached to the person who seeks his cure, must take an interest in her, and must have the desire and the hope of curing or at least relieving her" (Deleuze, 1825, p. 70). Deleuze further noted that "magnetism...usually imparts to the [subject] a very strong affection for her magnetist; and this affection persists in the waking state even after the treatment is ended" (Deleuze, p. 165). In addition, he believed that the erotic factor in mesmerism could be utilized to facilitate treatment (1825, p. 269). Related to this, he recognized that failure to establish positive rapport impacted negatively on magnetic treatment. Deleuze also implied, however, that it was the magnetic force itself that caused the subject to develop positive regard for the magnetizer and that attitude in turn aided the treatment process.

One of the many mesmerists influenced by Deleuze was Victor Burq (1823–1884), a French physician. During the mid-1800s, Burq became interested in the then-popular diagnosis of hysteria, including the principal symptoms of paresthesia, paralysis, and pain. He also believed that certain metals caused discomfort in hysteric patients. As examples, he claimed that copper tended to irritate individuals with strong mesmeric aptitude, while gold and silver fostered mesmerism and were pleasant and soothing. Based on his own experiments, Burq concluded to his own satisfaction that copper not only restored normal sensory sensitivity but it also allayed pain and eased convulsions and spasms. He termed this mode of treatment metallotherapy, and he came to believe that other metals, particularly iron, also had beneficial effects. He further maintained that every person possessed a "metallic sensibility," meaning an innate predisposition to react beneficially to some metals but not to others (Burq, 1882).

Following a visit in 1851 to John Elliotson’s (1791–1868) noted mesmeric clinic in London, Burq concluded that there was a relationship between metallic sensibility and mesmeric susceptibility
(Burq, 1882). Although he presented more than a score of reports to the French Academies of Science and of Medicine, the medical establishment was dismissive of his claims. One scientist who did become interested was the eminent physiologist and authority on biological electricity, Claude Bernard, then president of the prestigious Paris Society of Biology. To investigate Burq’s claims, which he considered reasonable, Bernard appointed a commission in 1876 that included three distinguished scientists and was chaired by Jean Martin Charcot (1825–1893).

Based on its investigations, the commission issued a favorable report. There was, however, little support then or in modern times for Burq’s theories, even though there are still some today who persist in believing that wearing certain metals facilitates health and well-being.

Charcot and other commission members referred in their report to the concept of *transfert*, or transfer. V.A.A. Dumontpallier (1826–1899), a commission member and prominent French medical mesmerist, had previously used the term. *Transfert* referred to the belief that when sensation was restored to one half of the body of a hemianesthetized hysterical patient, then symmetrical areas on the opposite healthy side lost their normal sensitivity. As an example, Charcot (1887–1888) reported the case of a patient who was awaiting treatment for a hysterically paralyzed right hand in the electrotherapy room of the Salpêtrière. She inadvertently placed her left hand near a machine that suddenly commenced operation, at which point her left hand then became paralyzed and the right hand asymptomatic.

The principle of *transfert* was consistent with Mesmer’s earlier theory of magnetic reciprocity that animal magnetism was a mobile fluid that could flow from one person to another, as between magnetizer and patient (Anonymous, 1784, pp. 22 & 26). Magnetic reciprocity was a precursor of the later Freudian construct of counter-transference. By 1878, Charcot had begun to conduct his own hypnotic experiments at the Salpêtrière Hospital. He was initially influenced by Burq’s earlier work with metallotherapy, and he also had the support of Charles Richet (1850–1935), a Nobel laureate in physiology and a leading French mesmerist. In a report of his research presented to the French Academy of Sciences in 1882, Charcot considered hypnotism, which had been named as such by the French in the early 1800s (Gravitz & Gerton, 1984b), to be an artificially induced physiological modification of the nervous system that could be observed only in hysterical patients (Ellenberger, 1970). That, and his claim that hypnosis had a pathological organic basis, later precipitated a paradigmatic conflict with the psychologically oriented Nancy School of August Ambroise Liebeault (1829–1909) and Hippolyte Bernheim (1837–1919). While the Nancy School eventually triumphed in that historic debate, Charcot’s earlier
endorsement of the modality was nevertheless historically significant. At the time, French hypnosis had been dormant for a number of decades, but Charcot’s prestige and international reputation reenergized the research and applications of hypnosis there, as well as elsewhere in Europe and America.

**SIGMUND FREUD**

An eminent teacher, Charcot had many students who came to study with him. One such trainee was Sigmund Freud (1856–1939), a 29-year-old Viennese physician who arrived on a fellowship at the Salpêtrière in late 1885. Freud had previously acquired an interest in hypnosis as a medical student, following which he engaged in some clinical applications. He had originally intended to study neuropathology in Paris, but mainly because of his personal bonding to Charcot and his high esteem for the mentor whom he called his “great teacher” and the “great man” (Freud, 1914/1957, p. 13), his special interest soon shifted to the psychopathology of hysteria. He returned to Vienna in early 1886 with a renewed enthusiasm for hypnosis, and he employed that modality extensively during the first several years of his clinical practice in that city. In those early years, Freud believed that hypnosis was “nothing other than ordinary sleep,” i.e., a physiological process (Freud, 1889/1953, p. 93).

As Freud began to develop his own psychoanalytic theories, the need to understand and utilize transference occupied a central position. There was, he said, an emotional dependence by the patient on the therapist. As a result of that, a heightened susceptibility to suggestion developed; indeed, his definition of suggestion was that it was the influence of a person by means of transference (Freud, 1912/1957). His view of hypnosis came to resemble that of the Nancy School: it was basically a variant of suggestion, and hypnosis was the best example of suggestion. Freud further held that an individual’s suggestibility, or hypnotizability, was the outcome of a transfertional reaction based on the subject’s love or fear of the hypnotist-authority (i.e., parental-authority), and in his *Group Psychology and the Analysis of the Ego*, he referred to hypnosis as a “group of two” (Freud, 1922, p. 127). In that landmark monograph, he stressed what he regarded as the prime elements of hypnosis: subjection, compliance, and dependence. In essence, according to Freud, the hypnotic subject played a passive-dependent role, and in 1890 he compared hypnosis to a love relationship between parent and child (Freud, 1890/1953). It was, he said, those attributes that facilitated acceptance by the subject of the therapeutic suggestions made by the therapist. He further maintained that hypnosis was a manifestation of libidinal regression in which the patient underwent temporal regression to an infantile-dependent relationship.
For Freud (1922/1921), then, the effects of hypnosis were derived from the overarching construct that they were basically transferential phenomena. “Transference...can give you the key to an understanding of hypnotic suggestion” (Freud, 1910/1957, p. 51).

Sandor Ferenczi (1873–1933) and Otto Rank (1884–1939), both prominent psychoanalysts, held that it was the Oedipal situation that was the “nucleus of the hypnotic...relationship” (Ferenczi & Rank, 1925, p. 62). By concluding that the hypnotherapist exploited the subject’s transferentially-mediated infantile needs, Freud himself had implied that a control element was inherent in hypnosis. In psychoanalytic treatment, the therapist interpreted and utilized the transferential reaction of the patient, so that eventually the patient could be liberated from the unconscious need to repeat past behaviors, including the Oedipal-based feelings toward the parental authority-figures of childhood.

Although that locus of control could be beneficial for the course of treatment, it could also pose a risk to the therapist, in that the patient’s capacity to affect the hypnotist could be a threat to the hypnotist’s own psychological defenses. The hypnotist and the subject, therefore, could become reciprocally defensive, thereby negatively impacting the therapeutic process. From such theorizing, Freud subsequently evolved his construct of counter-transference. His views on counter-transference were preceded by the work of Alphonse Teste (1814–1888), whose influential hypnosis textbook went through four French-language editions between 1843 and 1853. Teste discussed what could be the first specific concerns regarding the potentially negative effects that could result from the patient’s perception of the “most secret” (i.e., unconscious) eroticized and other desires of the magnetizer. “The person whom you magnetize is irresistibly constrained to yield at your instigation” (Teste, 1843, p. 398). It is not known if Freud was aware of Teste’s work.

As were Puységur and others before him, Freud was aware that the therapist himself must have belief and confidence in the use of hypnosis in treatment. In 1891, at a time when he was still using hypnosis extensively, he noted that if the therapist did not fully believe in the efficacy of the method, then he should definitely not use it or else the results would be “komisch” (i.e., weird or funny) (Freud, 1891).

Despite his announced “abandonment” of hypnosis as a clinical technique in 1896, Freud maintained an interest in the modality throughout the remainder of his career until his death in 1939 (Gravitz, 1991; Gravitz & Gerton, 1984a). His experiences, some of them personally traumatic, with hypnosis significantly influenced his understanding of both it and his later psychoanalytic theories. Hypnosis was for him both mysterious and personally unsettling, and in understanding his ambivalence about hypnosis, several relevant events should be
noted. In his autobiographical account, Freud reported the following event that likely occurred in about 1892:

One day I had an experience which showed me in the crudest light what I had long suspected. It related to one of my most quiescent patients, with whom hypnotism had enabled me to bring about the most marvelous results, and whom I was engaged in relieving of her suffering by tracing back her attacks of pain to their origins, as she woke up on one occasion threw her arms round my neck. The unexpected entrance of a servant relieved us from a painful discussion but from that time onwards, there was a tacit understanding between us that the hypnotic treatment should be discontinued. I was modest enough not to attribute the event to my own irresistible personal attraction, and I felt that I had now grasped the nature of the mysterious element that was at work behind hypnotism. In order to exclude it, or at all events to isolate it, it was necessary to abandon hypnotism. (1927/1935, p. 27)

The “mysterious element” to which Freud referred in the above statement was the personally perturbing eroticized transference that he came to associate with hypnosis. Years later, during his presentation of a lecture at the time of World War I, he related the following experience:

During the treatment of an especially obstinate attack in a patient who I had several times relieved of nervous symptoms [by hypnosis], she suddenly threw her arms round my neck. Whether one wished to do so or not, this kind of thing finally made it imperative to inquire into the problem of the nature and source of one’s suggestive [i.e., hypnotic] authority. (Freud, 1920, p. 91)

Those were remarkable reports from the founder of a school of psychotherapy that emphasized the analysis of feelings. It is not known, however, if these accounts were of two different patients or the same patient, since one case involved “nervous symptoms” and the other “attacks of pain.” Nevertheless, the transferential and countertransferential dynamics are readily apparent; indeed, there was a tone of deep inner concern, and even dismay, in the language that Freud employed in these two reports. Although these experiences were major precipitating factors in his subsequently announced “abandonment” (to use his term) of hypnosis, because he had become perturbed by the eroticism that he increasingly grew to associate with it, they also became starting points for his developing discovery of transference in psychoanalysis.

There was another event that had occurred even prior to the preceding two incidents that was at least as significant, if not more so, in shaping Freud’s eventual conclusion that hypnosis posed an unacceptable risk both to his patients and himself. One of his closest friends and colleagues early in his career was Josef Breuer (1842–1925), a prominent Viennese physician who was 14 years Freud’s senior. In November
1882, 3 years prior to Freud’s period of study in Paris, Breuer had discussed with him a puzzling case involving a 21-year-old patient, Bertha Pappenheim (1859–1936). For reasons of privacy, she was later given the pseudonym of Anna O in the scientific literature. Pappenheim was a member of a prominent Viennese family, and Breuer had begun to treat her on December 11, 1880, for a complex of perplexing symptoms that she had developed during the course of her father’s lengthy illness with peripleuritis, which required her constant attention. On the evening of July 17, 1880, she herself had suddenly developed a number of serious problems that remained intractable to traditional medical care. (The details of her condition, including paralysis of both legs and right arm, inability to feed herself, and visual difficulties, are available elsewhere [cf., Ellenberger, 1970; Hirschmuller, 1978/1989]). Eventually, she was referred to Breuer, the first of several physicians to utilize hypnotic techniques with her. These were employed to help her reactivate the repressed memories of the traumatic events that had played a crucial role in the etiology of her symptoms. By introducing in his clinical hypnosis the then innovative cathartic technique, Breuer came to understand that the considerable emotional stress of caring for her ill father had resulted in the defensive emergence of her dissociated states and hysteria. Under his hypnosis-based care, Pappenheim slowly began to show indications of improvement (Breuer & Freud, 1895/1937; Hirschmuller, 1978/1989).

Then, in June 1882, Breuer abruptly terminated his treatment of Anna O. That action was precipitated by his wife’s jealousy about his relationship with the younger, unmarried, and attractive woman (Ellenberger, 1970). After Breuer told his patient during a visit to her home of his intention to conclude his treatment, that same evening Pappenheim developed a disturbing condition of extreme manic-like excitement. Breuer was recalled to her home, where he found her to be acting-out a hysterical childbirth (pseudocyesis) during the course of which she volubly announced from her bed, “Dr. Breuer’s child is coming.” Breuer, a strait-laced family man, became profoundly disturbed by her behavior, and in an acutely emotional state he rehypnotized her and immediately left the Pappenheim residence. It was reported that Breuer and his wife hurriedly left Vienna the next morning for an unplanned extended vacation in Venice. Furthermore, Breuer then discontinued his professional work with mental patients, and he returned to his earlier—and safer—field of general medicine (Ellenberger, 1970). Breuer’s dramatic behavior has obvious countertransfential implications, which were apparent to Freud.

About a decade after this incident, during a time when Freud and Breuer were still discussing their patients with each other, the latter asked for Freud’s views on a difficult case. As Breuer described his female patient’s symptoms, Freud pointed out that they were typical of
a hysterical pregnancy. Upon hearing this, Breuer reportedly immediately and hurriedly left the house (Jones, 1953, pp. 224–226). Freud was thus aware of the fact that Breuer’s traumatic experience with Anna O had continued to affect him for many years. Breuer’s account of his experience with the Pappenheim case was first discussed with Freud in November 1882, and Freud later mentioned it in a letter written by him in July 1883 to Martha Bernays, then his fiancée. Martha was coincidentally a close friend and eventual relative by marriage of Anna O, whom she knew to be a charming, intelligent, and physically attractive young woman. In her reply to Freud, Martha expressed concern that he could become involved in similar circumstances. Freud sought to reassure her in a return letter that she had nothing to fear because “for that to happen one had to be a Breuer” (Jones, 1953, pp. 247–248). It is evident that the facts of the case and Breuer’s panicked reaction produced a deep and lasting impression on Freud. His personal knowledge of the individuals involved, as well as the compelling eroticized transferential and counter-transferential implications of hypnosis, as he understood them, were important factors in his subsequent abandonment of the modality.

In the historical conceptualization of transference, the relevance of another contemporary to be noted. Pierre Janet (1859–1947), who began his own affiliation with the Salpêtrière in 1890, several years after Freud’s training there, was also interested in hypnosis. In Janet’s view, the attraction of the patient to his or her therapist was similar to what he termed “magnetic passion.” He further observed that “this attachment . . . reaches extraordinary proportions if somnambulism and suggestion [i.e., hypnosis] become part of it” (Janet, 1901, p. 152). Janet later became noted for his pioneering hypnosis-based work on dissociation and double consciousness, or multiple personality as it subsequently became known.

**DEVELOPMENTS AFTER FREUD**

In post-Freudian dynamic psychotherapies, including modern clinical hypnosis, the construct of transference has become modified to refer to the general psychological relationship between patient, or client, and therapist. In that relationship, transferential issues remain an important consideration in the treatment process.

John G. Watkins (1913–) has proposed that the definition of hypnosis should be broadened to include the thesis that “trance” and transference are similar (1954). According to him, the manner in which the subject deals with the hypnotic induction situation represents transferential attitudes derived from past significant, usually parental, figures; that is, the hypnotic subject relates to the therapist using previously developed interactional patterns.
Watkins, accordingly, considers hypnotic induction to be basically not a matter of technical skill, but rather more of a problem of understanding and utilizing the relationship and its transferential aspects.

Unlike Freud, who believed hypnosis to be a form of temporal regression to an infantile-dependent state, Michael Nash (1951–) has presented a neo-psychoanalytic theory in which he proposed that hypnosis is the result of topographic regression (1991). According to him, the hypnotized subject shifts from a secondary mode of thinking to one that involves more primary process and in that way develops cognitive mechanisms similar to those occurring during dreaming, particularly displacement and condensation. Nash concluded that the relevant metaphor is not that the adult hypnotic subject is in an infantile mode but rather that he or she is in a dream-like state in which personalized and nonlogical attributions are then made during the transference to the hypnotist.

Although Freud abandoned the clinical practice of hypnosis, he continued to maintain an interest in the modality; however, his rejection and the growing influence of psychoanalysis prompted many other scientists and practitioners in Europe and America to discontinue their own involvement with hypnosis. Thus, by the early 1900s, the use of the method had become greatly diminished, and it remained largely dormant until the exigencies of the First and Second World Wars resulted in its resurgence in front-line psychotherapy and surgical anesthesia. The strong wave of renewed interest and application that then began in the postwar 1940s has continued to the present day.

**SUMMARY**

Mesmeric theories were important influences on the historical evolution of transference as a critical element in psychodynamic theory and treatment. Even though animal magnetism was basically conceptualized as a physical fluid, Mesmer himself recognized that there was a psychological component in the magnetizer-patient relationship.

Other important figures, notably the Marquis de Puységur, observed that interpersonal influences were important factors in an individual’s health and well-being. This view was a significant step forward in recognizing that feelings, including those in magnetic rapport and magnetic reciprocity, were important for treatment outcome. It was also a precursor of the modern understanding that interpersonal and social influences can be critical to one’s health and well-being. Well in advance of Freud’s psychoanalytic theories, Deleuze, a follower of Puységur, emphasized the importance of the magnetizer’s own feelings toward the subject, and he insightfully commented on the need to utilize such feelings in treatment.

It is evident that the relationship-cognizant theories of Mesmer and certain of his contemporaries long before Freud were significant
forerunners to the subsequent recognition of the importance of rapport and transference. Modern psychology and psychotherapy are indebted to those pioneers for leading us to our current understanding of the significance of transference in clinical hypnosis and other dynamic treatment modalities.

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Die historische Rolle der Hypnose in den theoretischen Ursprüngen der Übertragung

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Rôle historique de l’hypnose dans la théorie des origines du transfert

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Résumé: de l’Antiquité à nos jours, l’importance de la construction du transfert à évoluée progressivement. Bien avant Franz Anton Mesmer, des philosophes, des théoriciens et des professionnels de la santé ont souligné
El papel histórico de la hipnosis en los orígenes teóricos de la transferencia

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Resumen: Ha habido una evolución gradual del importante constructo de la transferencia desde la antigüedad hasta la época moderna. Mucho antes a Franz Anton Mesmer filósofos, teóricos y profesionales de la salud enfatizaron el impacto de las relaciones interpersonales en el bienestar y la enfermedad. Al mismo tiempo que conceptualizaba básicamente el magnetismo animal como un fluido físico dinámico, Mesmer fue también consciente del impacto del rapport y las emociones en la eficacia del tratamiento magnético. Neo-mesmeristas posteriores, sobre todo Puységur y Deleuze, dieron mayor desarrollo a esas teorías. Ese énfasis continuó durante el siglo 19 hasta llegar a Freud, cuyo constructo de la transferencia se derivó de su experiencia personal con la hipnosis y ha llegado a ser desde entonces una parte integral de la teoría y tratamientos psicodinámicos modernos.

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