

The Hypnotherapy of Dr. Andries Hoek: Uncovering Hypnotherapy Before Janet, Breuer, and Freud

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In 1851/52 the Dutch physician A. Hoek treated Rika van B., a young woman suffering from a hysterical psychosis, with hypnosis. This article gives an extensive summary of the case history followed by some comments with regard to the treatment approach used, its historical background and diagnostic issues. The case history is of historical value. It is probably the first description of the uncovering approach in hypnosis which would later be attributed to Janet, Breuer and Freud.

It is quite generally assumed that both the uncovering and the flexible, “democratic” forms of hypnotherapy are acquisitions of the past hundred years. Uncovering hypnotherapy is supposed to be the fruit of the work of Janet, Breuer and Freud, “democratic” hypnotherapy the fruit of the work of primarily Milton H. Erickson. Ellenberger (1970) showed that the second assumption is incorrect. One case he described was Despina’s treatment of Estelle in 1838, in which the eleven-year old patient had a very large say in determining what procedures should be used to achieve her recovery.

This article recalls a treatment from the middle of the past century. We feel it is important for two reasons. In the first place, it provides evidence not to locate the origins of uncovering therapy in Le Havre (where Janet initially worked) or in Vienna, but in The Hague. In the second place, this case illustrates Ellenberger’s findings that “democratic” treatments also look place in the previous century and shows a relationship to modern psychotherapy.

The treatment we are referring to was performed in 1851 and reported in 1868 by Dr. Andries Hoek (1807-1885), a well-known physician, surgeon, and gynaecologist in The Hague (who, by the way, assisted at the birth of Queen Wilhelmina). It was Zorab’s little known publication (1967) which drew our attention to Dr. Hoek. Below is a summary based upon Hoek’s original 83-page case report, followed by some comments.

Treatment

The patient was Rika van B., 22 years old and unmarried. At the start of the treatment, in December 1850, she had been insane for 5 months and admission to an asylum seemed inevitable. Same symptoms of her “madness” were periods of continuous talking and raving, dissociative symptoms such as amnesia, hallucinations and pseudo-epileptic seizures, depression, and suicidal urges. She also had several physical complaints such as pain in the left side of her body, headaches, and fever. It is striking that, quite early in the treatment, Rika indicated that she needed her

“madness.” She set no store by too rapid a recovery.

Hoek treated her nearly every day for 11 months using “animal magnetism” or hypnotism. Rika lived with the doctor and his family during the treatment and for another 2 years after it had been completed.

The First phase

During the first phase of the treatment -from December 1850 to May 1851-under hypnosis Rika told Hoek her life story. She related several traumatic experiences she had been unable to assimilate, including repeated abuse, rare, and the death by drowning of one of her uncle’s servants. Fairly recently she broke her engagement, upon which her ex-fiancé drowned himself. When not hypnotized, she remembered nothing of her thoughts and feelings while under hypnosis.

Hoek saw her go through serious relapses and “attacks of madness” during this period. However, in the hypnotic state, Rika was calm and gave Hoek scrupulous instructions about the therapeutic strategy to be taken. Her authority to do this came from a “whispering voice” that suggested that she should make prognostic statements about her syndrome. For example, Rika will be cured of her “madness” after a crisis on May 10, 1851, provided Hoek hypnotized her every day. Hoek clearly regarded Rika as clairvoyant (see Discussion). After the predicted crisis on that day, Rika was calm and lucid outside of hypnosis for the first time. She remembered nothing of the past 5 months.

The second phase

During the second phase -May 1851 to August 1851- the focus of treatment was, among other things, working through the drowning of the servant of Rika’s uncle, when she was 9 years old, which sensitized her to the ex-fiancé’s suicide by drowning. She advised Hoek to induce “seizures” in her at the time she determined-a total of 47, of increasing intensity. To do so, he was to place his hand on her spleen. Between the seizures her behaviour was that of a maniac, but under hypnosis she almost always appeared calm and reasonable. While under hypnosis, she described in detail the traumatic experiences she was reliving during these attacks. She concluded, “Never would I have been entirely cured without

once again having seen these circumstances re-enacted.”

The final seizure was devoted to re-experiencing the burial of the servant. After the induction she sat up straight, very sad, with her eyes wide open. Gesturing, simply, using very unique movements, she “gave the impression her soul had received” at the age of nine, according to Hoek. “What time is it?”. . . was her first cry, Just nine-thirty, yes, there they come. No, I don’t want to see him again -no, no-oh, he was already so black yesterday-ah, he was a good man- now he is being taken away, and as for us, we shall never see him again -oh, Aunt- he was so good- we shall never have another servant like him. . .” The next day she declared under hypnosis that she was now entirely cured.

The Third phase

In the third phase, from August 1851 to November 1851, Rika initially did much better in a clinical sense. But she predicted two more very difficult days on November 13 and 14. The anniversary of the suicide of her ex-fiancé still had to be worked through. On November 4 she was cheerful, but under hypnosis, she grew more and more morose. She said it was as if a whispering voice was saying, “See the judgment of them who take their own lives.” “And then I saw souls, departed souls, left to their own devices, wallowing in indescribable desperation, in terrible torture, entirely through their own hands.” This would occur again on the 13th and 14th of November, the days which would “sorely try her soul.” The first day she would not get up until after 12 o’clock and would sometimes not be in her right mind; on the second day she would be terribly upset and morose. And so it happened exactly. On November 13 she heard a voice saying, “You will never be happy, even though you are now healthy and better; the accident will pursue you everywhere, and so it is better to take your own life.” Rika predicted that she would sleep little that night and that the following day would be very difficult. Hoek would have to speak with her frequently, but after that her struggle would be over. On the night of November 13 to 14 she relived the episode of the drowning of her ex-fiancé. She blamed herself for his death. The following day she indulged in self-

pity. She said she was incessantly being driven to suicide. She grew more and more tense; occasionally she fainted, and then she repeated almost with fury, "Oh, if only I could pray." She ultimately managed to pray that evening, and the calm that finally came over her showed that she had fought and finally won the battle which "so sorely tried her soul." Under hypnosis a day later, she went back to the past 2 days. By committing suicide, she had hoped once again to see the person who had taken his life because of her. She took steps to obey the voice that urged her to do so. Standing in the room upon the point of hanging herself, however, she heard another, very chastening voice which only said, "Dost thou not fear God?"

Follow-up

After the treatment Rika exhibited no more psychopathological symptoms. For 2 years Hoek used her as a clairvoyant who was capable of assessing the nature, the cause, and the best method to treat other patients (Hoek, 1854, 1868). Rika left at the end of 1853 for the Dutch East Indies, where she married and had children.

Discussion

1. *The origin of uncovering hypnotherapy.* As far as we know, Hoek's treatment of Rika van B. is the first case of uncovering hypnotherapy and also of uncovering therapy of any sort whatsoever. We were unable to check the original source regarding Estelle (C.H.A. Despina, 1840), but three secondary sources did not mention any uncovering therapy in this case (cf. P. Despina, 1880; Janet, 1889; Ellenberger, 1970). The patient herself initiated this treatment, just as did Breuer's patient Anna O. This makes the case an interesting illustration of Ellenberger's statement that "many discoveries, real or presumed, in both the theoretical and therapeutic fields, are due to patients and not to the pioneers" (Mousseau, 1973, p. 50). Janet's (1886, 1889) approach was a different matter; he was the first therapist to hit upon the idea of tracing the hidden causes of complaints via hypnosis and helping the patient to assimilate them. Very probably inspired by Janet's work, Freud also started using this approach, and he encouraged Breuer to commit to paper his experiences with Anna O. (Breuer & Freud, 1893/95; cf. Jung, 1907; Ellenberger,

1970). In contrast to Janet, Breuer, and Freud, Hoek was probably not aware of the theoretical and therapeutic importance of the uncovering approach he reported.

2. *The patient's uncovering technique.* Rika's uncovering technique consisted (usually) of calmly relating her traumatic experiences while in the hypnotic state and experiencing them outside of hypnosis in her "seizures." This alteration of telling the story matter-of-factly and emotionally reliving the trauma corresponds to Erickson's "sandwich method" (Erickson & Rossi, 1979) in which the therapist allows the client to experience both aspects alternately under hypnosis. Braun (1986) states that abreaction without a basis in intellectual understanding can be dangerous. Abreaction alone would only yield more abreaction and increases the risk of the patient acting out. Braun recommends working in and out of hypnosis so the patient may integrate the feeling and knowledge into his personal consciousness.

The little-known Dutch psychiatrist Breukink (1923) had a similar approach. He had his patients reexperiencing their traumatic experiences and relate these events calmly and quietly under hypnosis. He suggested to them that they would be able to remember peacefully what had been discussed after awakening. Breukink came to view the hypnotisability of a patient as a positive prognostic criterion, and he claimed much success with his approach.

3. *The degrees of the "magnetic" or hypnotic trance.* The hypnotherapeutic tradition, adopted by Hoek in his treatment of Rika van B. and by Despina in his treatment of Estelle, was a form of "animal magnetism" as it originated in France at the end of the 18th century in the work of Puysegur and Deleuze. The approach came to the Netherlands at the beginning of the 19th century (cf. Van Ghert, 1814, 1815; Numan, 1815; Bakker, Wolthers & Hendriksz, 1814, 1818) via the German school, chiefly exemplified by Kluge (1812).

Just as modern hypnosis distinguishes the depth of the trance into several levels, this tradition also had a classification into degrees. This classification makes clear the importance ascribed to clairvoyance in hypnosis (later strongly criticized by Janet [1929] as being a dream which had obstructed the scientific study of

hypnosis); it also clearly shows how much certain themes are culturally determined. Meylink (1837) described Kluge's classification as follows: The *first degree* is called the degree of waking, because the subject is still oriented to his environment, but is already becoming aware of other physical sensations – among them always a strangely pleasant feeling. The *second degree* is called the half sleep. Eye catalepsy occurs, and not infrequently the subject perceives a shilling presence before his eyes, as bright as a flash of lightning. In the *third degree*, the magnetic sleep, the outside world no longer furnishes any impressions. Here it is as if the subject is at the limits of two different worlds, neither of which affects him. Amnesia follows this stage. The *fourth degree* is the first step of clairvoyance. The mental state is entirely different from normal consciousness. The stomach now becomes the seat of the senses; it is there that a person sees, feels, hears, smells, tastes, and does so much better than in a normal state. Sometimes the subject could even read a sealed letter. The subject is generally very cheerful and at ease in this state, which is usually followed by amnesia. The *fifth degree* is called the degree of self-contemplation. It is often difficult to reach this level from the previous one, but once it has been reached, the next times are easier. In this state -in which Rika van B. often seemed to be- the subject is capable of looking very closely inside his own body and identifying any disorders. Not only can he describe the way he should be magnetized (hypnotized), he can also tell which medicines are necessary. If the subject attains a higher level in this degree, he then is capable of determining the disorders of an entirely unknown sufferer. Often he experiences the feelings of the hypnotist. The *sixth degree* is that of perfect clairvoyance. In this state, the characteristics of the previous state are intensified. Finally, the *seventh degree* is the degree of fulfilment, in which a person can rise above time and space and can come into immediate contact with the spirit world. Meylink was never able to observe this level himself, but he did not exclude it in principle. Despite the fact that this tradition felt clairvoyance to be desirable, it was not regarded as a necessary condition for a cure. Hoek (1854) clearly expressed his reason for valuing the clairvoyance of his hypnotized patients; it made the treatment easier and more

pleasant because the patients, being clairvoyant, indicated and directed the form their treatment was to take. In addition, the hypnotic state provided him with an opportunity to talk about entirely different topics. This easier and more pleasant treatment was obviously a rigorous and dangerous undertaking in the case of Rika van B. We are a little dubious about Rika van B's "clairvoyant" prognoses. Although she predicted she would be cured of her madness on May 10, 1851, in our view, she was still quite deranged after that.

4. *A democratic approach?* The example of Rika van B. described here was placed in the tradition of a 19th-century democratic form of hypnotherapy. Upon closer inspection we might well wonder if this term is correct. Rather, this example seems to involve an authoritarian approach in which the patient -at least under hypnosis- was in charge, and the therapist ministered to her. However, the subordinate role Hoek cast for himself did not spring from an ideology about the doctor-patient relationship, but from his ideas that Rika was, quite *literally*, *clairvoyant*. This might loosely be compared to the modern, flexible hypnotherapist whose "democratic" attitude also seeks its justification in the idea that the patient is guided by the "wisdom of the subconscious."

5. *Diagnostic issues.* To be able to assess Rika van B.'s uncovering approach, and to be able to compare it with modern hypnotic techniques, it is important to be aware of the nature of her disorder. Today, uncovering approaches are generally used in less serious cases. Her "madness" was a well-known disorder in 19th century French psychiatry and was termed *délire hystérique*, *délire émotif* or *folie hystérique* (cf. Moreau de Tours, 1865; Morel, 1866; Janet, 1889). The third term has started to appear once again in the more recent French literature (cf. Follin, Chazaud & Pilon, 1961; Maleval, 1981), while modern American authors might speak of a *hysterical psychosis* in this case (cf. Spiegel & Fink, 1979). According to Janet, the great French student of dissociative disorders (Janet, 1889, 1894), a hysterical delirium can occur progressively, initially when a fixed idea dominates the mind during hysterical attacks, later in the intervals between the attacks, and finally to manifest itself as a chronic psychosis. Partly because of Bleuler's introduction of the concept

“schizophrenia” (Bleuier, 1911) and the increasing popularity of the term, interest in this dissociative disorder and its hypnotic treatment vanished (cf. Rosenbaum, 1980).

Janet (1909, 1910) would probably also have characterized Rika van B. as a *double personality* of the *dominating somnambulism* (*somnambulisme domineur*) type—in his view, the prototype of the multiple personality disorder (MPD). In such a disorder, an individual’s life is divided between two alternating states. In one state, which regularly occurs, he is amnesic about a large part of his life; in the other intervening periods there is no amnesia: the individual is entirely lucid and his memory is entirely intact. Azam’s (1887) description of Félicité X. is a typical example. Janet (1910) described Marceline, whom he called an “artificial Félicité” because her lucid state was evoked while she was in the hypnotic state. Both were depressed in their normal states and active and cheerful in their lucid states. In both cases the depressed, amnesic state had started in adolescence; according to Janet, their lucid, cheerful states were in fact a continuation of the natural state in which they had been until adolescence. Rika van B. might also be termed an “artificial Félicité,” were it not for the fact that she was psychotic in her normal state and was contemplative and serious rather than active and cheerful in her lucid state.

Today, Rika van B.’s disorder would probably not be diagnosed as MPD by specialists in this field. But, as did Janet one century ago, they would probably emphasize the dissociative nature of this disorder, and they would probably decide, as he did, on hypnosis as the treatment of choice (Kluft, 1982, 1983; Braun, 1981, 1984). The “whispering voice” which told her under hypnosis to make prognostic statements was not further identified. It seems to be a fragment rather than a full personality (Braun, 1983). With the reacceptance of dissociative disorders, especially MPD, some therapists working with this concept may well try to identify this voice and to communicate directly with it. They may also investigate whether there are other alter personalities capable of being addressed, and, if this is the case, work towards an integration and fusion into a functional whole. At any rate, they would also want Rika to abreact and assimilate

the traumas which had had such a disintegrative effect on her life.

This case shows that effective techniques of psychotherapy are reintroduced over time and are similar across cultures: Dutch, French, German and Anglo-American.

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