

## **MULTIPLE PERSONALITY**

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### *PART III*

#### CHAPTER XV

### **HYPNOID STATES OR UNDERGROUND LIFE**

HYPNOID states consist of the presence of two or more fully independent moments consciousness, they are found in the phenomena of automatic writing, shell hearing, crystal gazing and various other psychopathic conditions.

In automatic writing the patient is in his usual state. He may be carrying on a conversation with someone, while at the same time his hand, in which a pencil is placed, begins and continues writing sentences, descriptions or entire essays and chapters in a well-formulated and lucid manner, the subject's upper or principal consciousness knowing absolutely nothing of what the hand had written. During the time of the automatic writing, the hand is anæsthetic, but only in relation to the subject's upper consciousness. There is evidently a well-

organized system of consciousness controlling the automatic writing, since the hand itself may register responses to questions not understood, and sometimes not even heard by the subject. Likewise, if the hand is pricked, although the subject does not feel the prick, the hand will nevertheless make marks to indicate the number of pricks. Immediately after the automatic writing ceases sensibility returns to the anæsthetic hand.

All forms of automatic writings are observed, from mere scratches to highly complicated discourses. In fully developed cases the handwriting is of a spasmodic character, as though executed with single, rapid strokes.

Hypnoid or coexistent functioning dissociated states may be cultivated by normal, healthy individuals with some success. In some the dissociation is complete, in others it is but partial, and the subject is conscious of what is going on, but he feels that he has no control over the writing nor is it his consciousness that has formulated the writing. Instead of writing, there may be automatic speaking. The phenomena are known under the name of "speaking with tongues." The speaking may range, as in the case of automatic writing, from the simplest to the most complex, from the automatic volubility of meaningless syllables appearing as a new tongue or language to a connected recital of intelligible phrases.

The phenomena of crystal gazing belong to the same category and may be classed with hypnoid states. The vision, the hallucinatory experience, appears to rise from the subconscious, and seems to develop independently of the subject's consciousness. The subject takes cognizance of what is presented to him by the dissociated mental state which develops on the basis of some peripheral sensory experience.

Crystal gazing is analogous to automatic writing. The

subconscious activity brings out visual perceptions which appear as hallucinations to the upper consciousness. The upper consciousness sees the pictures projected by the subconscious in the same way as the automatic writer reads the product of automatic writing. The subject may, for example, perform a certain action, such as misplacing an object or reading something unconsciously, and of which he has no recollection. Now the gazing into the crystal may bring out these past experiences as visual hallucinations. Occasionally the subconscious activity may so develop in the phenomena of automatic writing or crystal gazing that automatic actions may be manifested and the patient falls temporarily in a complete subconscious state.

The phenomena of shell hearing belong to the same class as those of automatic writing, speaking and crystal gazing. The shell seemingly reports to the listener facts and observations lost to the subject's upper consciousness, but retained by the subconscious.

In the many psychopathic anæsthesia of considerable persistence and extent, hypnoid states may be developed; the anæsthetic hand, for instance, will react to various stimuli, handle different things, give intelligent answer, in automatic writing to questions not directly heard by the patient. These phenomena can be brought out by various methods.

Most of the cases of functional derangement due to mental dissociation fall under the category of hypnoid states. Various forms of sensory, motor, gastric, emotional and other disturbances, when of functional psychopathic character, in contradistinction to disturbances of functional neuropathic, neuropathic, and necrotic origin<sup>1</sup>, are often due to subconscious systems dissociated from the patient's consciousness and manifesting their activity in the upper waking life. The patient is

aware of the distressing results, but has no suspicion of the active subconscious processes that give rise to such manifestations. The dissociated system forms a centre of activity that falls outside the domain of the patient's upper consciousness, the results alone appearing in the patient's waking life.

The hypnoid state really differs but little from the hypnoidic—it is simply the hypnoidic personality working underground and showing its effects in waking life. The hypnoid is the hypnoidic state underground, while the hypnoidic is the fully developed hypnoid state. A case may be regarded as hypnoidic or hypnoid, according to the view-point from which it is regarded.<sup>2</sup> Since these hypnoid states are of great importance, both from theoretical and practical stand-points, I take the liberty of giving here a more or less detailed account of a case studied by me and Dr. G. M. Parker:

Mrs. B. C. came to us on April 18, 1903.

Patient is German, age 29, well developed; married four years and has one child. She complains of having attacks of falling down and of vomiting; she becomes nauseated, weak, faint and dizzy, then falls down and vomits "greenish water," as she says. During the course of the attack patient is not unconscious; she hears and understands everything that is going on in the room, but her whole body is "benumbed" and she has no strength to get up. When she gets up there is a feeling of great exhaustion, has headache, and the vomiting keeps up two or three days. When the attack is setting on, all the extremities begin to tremble and she cannot stand on her legs. Patient does not complain of any sensory disturbances, nor of any pains in ears or eyes, but she sometimes suffers from buzzing in the ears. She complains that

her memory is getting very much worse, she is becoming more and more depressed, cries often, is very irritable, sleeps badly and restlessly, talks in her sleep and sometimes cries out, has very bad dreams, though she cannot remember the content of the dreams, as she forgets them soon after awakening. The interval of the attacks is from two to three weeks, but of late the interval is becoming much shorter, and she has them now as often as once or even twice a week. The attacks come on any time of the day and have no warning, no aura. The attacks set on soon after she came to this country.

About a year ago she suffered from numerous visual hallucinations, such as seeing cats, dogs, always black in color. These hallucinations were seen in the left field toward the extreme periphery; they were seen with open eyes, at daytime as well as at night-time; they became more distinct by diminution of light and were increased after sleep; they can be made to disappear by turning the head or the eye. The hallucinations were accompanied and followed by states of depression.

In Germany, up to the time of patient's marriage, she suffered from severe attacks of convulsions accompanied with unconsciousness. These convulsive attacks used to begin with an aura, consisting in the sensation of numbness in the feet and formication and tingling, proceeding upward, succeeded by shock, accompanied with bright spots in the eyes, and then followed by falling down, with convulsions of the extremities and general motor spasms. After the attack patient was in a stuporous state, with tremor of hands and legs persisting for about two hours. The convulsive attacks lasted from five to twenty minutes. The frequency of the attacks was about once every two or three weeks. Patient suffered from these attacks since her fourteenth year.

A closer examination revealed the following history:

When B. C. was about nine months old her father died; when she was about the age of six or seven her mother married again. After her father's death B. C. lived with her grandmother. When her mother was confined after the second marriage, patient returned home to take care of the baby. The stepfather disliked her and was very cross to her, ill-treating her, although he was fond of his own children. When about fourteen years of age, patient left school, after having attended it for a period of eight years. As the stepfather would not allow her to remain at home, she went into domestic service, taking care of a little boy. After she had been in the place for about a month she became very restless, would cry often, would walk about the room in great anxiety and anguish. Her mental state was one of depression alternated with states of melancholic agitation; she suffered from headaches, with diffused pains in the whole body; the pains were especially severe in her hands, legs and abdomen. She does not remember anymore about it. She did not know whether she had any fainting spells, but she was told by the lady that she was sick and was confined to bed for three days. The doctor who attended her said there was nothing the matter with her; that it was only homesickness. B. C. felt the same way, she was sure she would feel well if she could return home, as she felt an irresistible longing to get back home and see her people. When she felt better and stronger, she went home; she had to travel on foot through woods, but nothing daunted her, as the desire to see her mother and home was so strong.

When she reached home after the great fatigue of the travel on foot, she was met by her stepfather, who scolded her and struck her with a towel. He drove her from the house with curses and told her to return to her work. This was a blow to her, and

staggering and dazed, she started back for the place of her employment. When quite a distance from home she was seized with her first convulsive or epileptic attack. She felt faint, something suddenly came over her and she fell unconscious. She was told afterward that she had an epileptic attack, her feet and hands worked. When she came to herself, she saw a number of men around her, and among them her stepfather. Patient cried while relating these experiences of her childhood. She did not return home, but her mother accompanied her to the house where she worked. Since then patient had similar convulsive attacks, with unconsciousness and subsequent stupor once in two or three weeks, and sometimes twice a day. The frequency of the attacks was increased by worry or excitement. B. C. suffered from these epileptic attacks up to five months after her marriage (1899). Since then, she has had no attacks. She does not remember anything about the attacks; knows only what other people tell her. The ill-treatment of her stepfather seemed to have greatly affected her and must have weighed heavily on her mind. Even now she cannot tell or think of it without depression and crying. The families for whom she worked liked her and were very kind to her. She could not, however, forget the fact that she was driven away from her home and constantly brooded over it. She rarely visited home, as she knew that she was not welcome there, although her mother was very good to her. Finally the families for whom she worked sympathized with her, took pity, and spoke well of her to her stepfather. He became more kind to her, so that when she married he gave her six hundred marks. When she spoke of her wedding, she cried bitterly. She did not tell her husband that she was subject to epileptic attacks until some time after her marriage. Husband reproaches her occasionally and tells her: "You are always sick and you have no children."

B. C. came over to New York seven months ago. When she was there two days she was taken sick and was confined to bed for eight days. She had chills and fever, but soon got over it. She complains that her memory is getting weaker, that she cannot remember many things, and sometimes, when walking in the street, she gets confused and does not know where to go.

A further inquiry disclosed the fact that her child was eight years old; that when about the age of 21 she fell in love with a soldier, who, however, could not marry her, on account of his service in the army. She felt the disgrace keenly, when she realized she was to become a mother. She went to another place to her aunt. Her mother visited her, noticed her condition and spoke to her about it. She kept away from home, from mother, stepfather and brothers. Even now they do not know anything about this little girl. After the birth of the child, patient visited home and then went to work in another town. No one knew anything about her disgrace except her aunt and uncle, who were glad to take care of the child, as they had no children of their own. About eight months after the birth of her child her lover fell sick, had some lung trouble, and died four months later. This was a blow to her, and she suffered greatly. B. C. is greatly affected when she speaks of her former lover, and she still seems to think and dream of him a good deal. Her husband accuses her of thinking more of the "other man than of himself," although patient denies it. Before her marriage she told her husband of her former love and of her illegitimate child. Her husband loves her, but he does not want her to refer to her former life history. Still the fact remains that her former love has left an indelible impression on her mind; it still deeply moves her; her love and life belong to the past. Her present marriage was not one of love, and her relations to her husband are rather of aversion, and it is quite probable that sexual relations



awaken in her disgust, nausea and may have given rise to the vomiting.

The day she was married, as she was leaving church, before getting into the carriage, she heard a voice calling "Clara," "Clara." She looked around, but did not see anyone. She shuddered and thought it was the voice of her dead lover. She did not speak to her husband all the way from the church. She was very much disturbed by this occurrence and often thought of it. She has often been unkind to her husband, while he is so very good to her. Her husband has frequently complained of her indifference and coldness and is very much grieved over it.

B. C. has frequent attacks of crying, accompanied with dyspnoea and with thoracic and cardiac oppression, often followed by great agitation. She does not know the reason of such attacks; they simply come over her and are uncontrollable. She dreams often and the dreams are of a distressing character; she often wakes up in tears, but does not remember the dreams.

On April 20th she came under our care. She enjoyed her dinner, but an hour later complained of headache, of a throbbing pain. She looked very sleepy and said she did not care to talk to anyone. In the evening patient felt very drowsy, still complaining of headache. She slept for about two hours and a half, and on awaking said she felt much better. She slept the whole night, and toward morning tossed about in bed. Patient told the nurse she dreamed she was at home with her people, but did not remember any more. She seems to think a good deal of her little girl; says her husband tells everyone that the girl is three years old, but she thinks the doctors should know the truth. She seems to be hurt by the fact that her husband is ashamed of her former love and of her child. Patient complains of having specks before the eyes, "little things flying around," as she puts it.

B. C. was put into hypnosis. There was some apprehension, but she went into hypnotic state easily, the hypnotic stage being deep, characterized by sensori-motor disturbances. In this state a revival of subconscious experiences was attempted, especially of those relating to the attacks, apparently epileptic in character, and belonging to what may be termed the first series of attacks, namely, those that began in her fourteenth year and terminated five months after her marriage. The patient was put back to that period of her early youth. The first experience that emerged was the presence of two eyes, described by the patient as “angry and threatening.” She remembered she saw those eyes before she fell down in the street. Patient began to cry, became restless, trembling, excitable, respiration increased, but she did not emerge from the hypnotic state. She recognized the eyes as those of her stepfather.

She now remembers clearly that she always used to see those same angry, threatening eyes before the onset of each attack of the first series, that is, before what was diagnosed as “epileptic attacks.”

She could now remember distinctly the dizziness that came over her in the first attack. She fell with her eyes open. Two boys got hold of her and put her on a stone; then her stepfather’s servants came and carried her into the house and put her to bed. After the revival of the first attack patient felt great fatigue and weakness all over her body. There was a condition of depression alternating with states of great agitation and crying. On awakening from the hypnotic state there was amnesia of all that had taken place in the trance state.

When she returned from the laboratory she told the nurse that the doctor told her to lie down on the couch and that she must have fallen asleep, as she was dreaming about home—, but she

could not remember anything about the dreams. She could only remember that she rose from the couch; she felt very tired; could not walk. There was something the matter with her feet. Patient felt no pains, had no headache; was restless in her sleep—, talked something which the nurse could not make out; exclaimed “Oh!”, but when the nurse came to her bed and spoke to her she did not answer; she was fast asleep. In the morning she told the nurse that she dreamt of being at home in Germany, and that she was there with her husband, stepfather and mother. There was a great storm; she could not recollect anything more.

Next day she was again taken down to the laboratory and put into hypnosis. She was again put back to the period of the first epileptic attacks and again the “eyes” emerged, followed by similar excitement and emotional disturbance. “The angry, threatening eyes” preceded the attack as aura and constituted, so to say, the central experience, the nucleus of this dissociated mental system, which kept on recurring with each subsequent attack. The attacks were really not of an epileptic nature; they were simply subconscious states with intense psychomotor excitement, giving rise to convulsions, apparently of an organic, epileptic character, but really *psychic* in origin and nature. The amnesia of the attack was due to the very nature of the state of dissociation. The “post-epileptic” stupor was the result of a profound emotional and intellectual disturbance, produced by the emergence of the dissociated mental system. The subsequent tremors of the extremities and even of the whole body were the after-effects of the subconscious, emotional state of general excitement, and especially of terror. This dissociated mental system was brought back to the patient’s memory and closely associated with that of her waking life.

B. C. was then awakened; there was considerable

emotional disturbance, and when she returned from the laboratory she cried much, was very restless and nervous, and complained of headache. When a glass of milk was given to her, she could not hold it ; her hand trembled and her teeth chattered; she said: "It was not good what the doctor did to me downstairs." She gradually quieted down, felt more cheerful and happy; enjoyed her dinner; felt well the whole day and relished her supper. She went to bed early, slept more quietly and peacefully than usual. She woke up in the morning, felt very well and enjoyed her breakfast. In hypnosis the same central experience emerged. The subconscious level reached in hypnosis was strongly tinged with an unpleasant emotional tone; the experiences awakened were decidedly of a painful character, they referred to many brutalities that she had undergone when in the hospital confined with the illegitimate child. Patient was very much agitated when recovering from these experiences. When she emerged from the hypnotic state she was very much disturbed, though not so much as before. She told the nurse that she did not like to sleep so much, that she did not think it was good for her. She did not want to remain alone in the room and asked for the nurse. She gradually quieted down and had good appetite for her dinner. Patient then asked the nurse if the doctor would come again in the evening, and was much relieved when answered in the negative. She then inquired whether other patients were similarly treated, and when answered in the affirmative, she felt contented.

The same day it was tried to bring about visual hallucinations in the waking state; to evoke experimentally hallucinations which the patient used to have some time previously. A glass of water was put on a dark background, the light was admitted from the left side, while the right side was dark. Patient was told to look into the glass of water. After three

minutes there was sudden appearance of the face of a dog. The dog was black, with stripes, was threatening and angry, it was very large. This evidently referred to an early experience obtained under hypnosis. When patient was very young, a child of eight or so, she had to pass through some woods on her way to school, and was met once by a big black animal, which she thought was a dog. The animal gave a growl, but turned aside. She was very much frightened and ran home. There was no element of recognition on the part of the patient. Then objects of indefinite shapes appeared. At this time there was great agitation, pain in the eyes, headache, bewilderment and fear which continued for some time afterward. The patient then declared that the water looked very black and strange. She became more and more agitated, and the experiment had to be discontinued. The agitation gradually subsided. She told the nurse that she did not like to look into the water; it upset her.

Patient felt well in the afternoon and was taken out for a walk, which she enjoyed very much, and was very cheerful. She told the nurse in the evening that while she was lying on the couch, that is, in hypnosis, she had severe pains in the chest and in the head. She said the doctor put his hand on the seat of the pain and said: "You will have no more pain." She then went to sleep, and when she woke again the pain was gone; patient added: "Do you think that is good?"

B.C., slept soundly the whole night and felt well the next day. Next night patient passed very peacefully, though her sleep was somewhat disturbed by unpleasant dreams. She dreamt that she was caught by men and thrown into a cellar with savage dogs. She could hear the howling of the dogs and was afraid to be devoured by them. She also dreamt she was in Germany on some farm, saw a little calf, picked it up, kept it in her arms, but she

soon noticed that the calf was all covered with blood, but seemingly not dead. She could remember distinctly seeing her hands smeared with blood. It may be that this dream had some relation to her child and was evoked in this strange symbolic form by the activity of her dream consciousness. When patient woke up she was agitated, her face was flushed with excitement and she complained of headache, all evidently due to the painful dream-experience. These symptoms, however, soon passed off.

A few nights later patient was sighing and moaning in sleep, talking in German, as if very angry, moaning as if in trouble. When she woke up in the morning, she complained of headache; said she did not sleep well during the night; had dreams; could not remember them; had pains all over the body. One time, when she awoke, her limbs felt stiff. Patient, however, soon felt much better, the “dream headache” wore off, and she enjoyed her breakfast and felt very cheerful. She felt well the whole day. In the evening the husband visited her. She became then very restless, until she fell asleep. When she woke up, she was bright and smiling and happy. She had a good dream, and asked the nurse not to tell the doctor.

She dreamt the doctor came to her, made her go to sleep held up his finger, counted up to ten, and off she went. She felt so well and would not worry any more.

Next morning she was taken down to the laboratory put into hypnosis, and the subconscious experiences of her early youth were revived, firmly associated with her present life experiences, with subsequent memory in her waking personal life. When she returned she told the nurse “I was downstairs; the two doctors put me to sleep. I dreamt about home; I saw my father [stepfather; patient began to cry] and mother. Father looked cross, like he did the time I went home when I was fourteen years old. It

gave me pain in my head; I cannot forget how cross he looked; I never did anything to make him so cross with me; I had not thought about it a long time until I was downstairs this morning” (patient kept on crying). “I do not want to go downstairs any more.” She felt well the whole day. B. C. continued to feel well the next few days, during which time hypnosis no longer produced emotional disturbances.

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<sup>1</sup> By functional neuropathic, neuropathic proper, and necrotic are indicated the various stages in the pathological descending process of neuron disaggregation and cell degeneration in relation to neuron anabolism and katabolism. For a full discussion, see Sidis, *Psychopathological Resarches*, also *Neuron Energy*, *Archives of Neurol. and Psychopathology*, vol. i, 1898.

<sup>2</sup> Janet, Breuer and Freud, Hajoa and Ranshberg, have done excellent work in this line. Work along the same lines of investigation has been done by me and my associates and published in a volume under the title *Psychopathological Researches*.