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To cite this article: Milton H. Erickson M.D. (1960) Breast Development Possibly Influenced by Hypnosis: Two Instances and the Psychotherapeutic Results, American Journal of Clinical Hypnosis, 2:3, 157-159, DOI: [10.1080/00029157.1960.10401817](https://doi.org/10.1080/00029157.1960.10401817)

To link to this article: <http://dx.doi.org/10.1080/00029157.1960.10401817>



Published online: 20 Sep 2011.



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BREAST DEVELOPMENT POSSIBLY INFLUENCED BY HYPNOSIS:
TWO INSTANCES AND THE PSYCHOTHERAPEUTIC RESULTS

by Milton H. Erickson, M.D.¹

Common experience has demonstrated repeatedly that unconscious attitudes toward the body can constitute potent factors in many relationships. Learning processes, physical and physiological functioning, recovery from illness, are, among others, examples of areas in which unrecognized body attitudes may be of vital significance to the individual. Hence, the question is pertinent: To what extent can specific forms of somatic behavior be influenced purposefully by unconscious forces, and what instances are there of such effects? The two following cases, aside from their hypnotic psychotherapeutic significances, are presented as indicative of a possibly significant problem for future research concerning unconscious purposeful influence upon breast development.

CASE 1

A twenty-year-old girl was brought by her older sister for a single hypnotherapeutic interview because of failure of breast development, despite good nipple development. The girl was found to be seriously maladjusted emotionally, had failed some of her college courses, and was afraid to seek employment. She was, and since childhood had been, deeply religious, but her religious understandings and convictions included an undue element of austerity and rejection of the physical body. Additionally, it was learned that she was engaged to be married to a 47-year-old alcoholic welfare recipient, because, as she resentfully declared, with no breasts she was not entitled to more.

She readily developed a medium-to-deep trance, and manifested a markedly passive attitude. The suggestion was offered to her that she read carefully and assiduously the Song of Solomon, and that she recognize thoroughly that it glorified the Church, and before the time of the Church, it glorified the human body, particularly the female body in all its parts. She was admonished

that such should be her attitude toward her body, and that perhaps an attitude of patient expectancy toward her breasts might aid in some further development. It was further explained to her, that as she obeyed instructions she was to feel with very great intensity the goodness of her body, particularly the goodness of her breasts and to sense them as living structures of promise, and in which she would have an increasing sense of comfort and pride. These suggestions variously phrased were repetitiously presented to her until it was felt that she had accepted them completely.

The outcome almost two years later of this one hypnotherapeutic session may be summarized as follows:

1. The breaking of the engagement to the alcoholic.
2. Weekly reading of the Song of Solomon.
3. Return to college and successful completion of the courses previously failed.
4. Enlargement of social and recreational life.
5. Successful employment.
6. Recent engagement to a young man of her own age group whom she had known for several years.
7. Independent reports from her and her sister that breast development had occurred to the extent of "one inch thick on one side, about one and one-half inches on the other side."

COMMENT

That significant therapy was accomplished for this patient can not be doubted. That her breasts actually enlarged is not a similar certainty, since an objective confirmatory report was not obtainable. But there is a definite possibility that physical processes, comparable in nature and extent to those which occur in "psychosomatic illness," may have resulted in what might, as a parallelism, be termed "psychosomatic health."

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CASE 2

A seventeen-year-old girl was first seen in her home because of her seriously pathological withdrawal responses to the failure of her breasts to develop, despite the adequacy and maturity of her physical development otherwise. She had a history of extensive medical treatment, extending over five years, with much experimental endocrinological therapy. The only results had been an increasing failure of emotional adjustment, and the possibility of a mental hospital was under consideration.

She was found hiding behind the davenport, and, upon her being discovered there, she rushed behind the piano. When she learned that "no more medicines or needles" would be employed, superficially good rapport was established, possibly because she regarded the situation as offering a better means of escape or withdrawal. She was found to be a good hypnotic subject, developing a light-to-medium trance readily.

The first interview, after several hours' effort in winning her cooperation, was spent primarily in appraising her personality assets, both in and out of the trance state. During the interview she was found to have a Puckish sense of humor, with dramatic overtones, and this was utilized as the opening gambit for the therapeutic approach. This was initiated by reminding her of the old song about how the toe-bone is connected to the foot-bone, etc. When her interest had been fully aroused, a paraphrase was offered in relationship to the endocrine system, and it was pointed out that, even as the foot-bone is connected to the ankle-bone, so is the "adrenal bone" connected with the "thyroid bone," with each "supporting and helping" the other.

Next she was given suggestions to feel hot, to feel cold, to have her face feel uncomfortably hot, to feel tired, and to feel rested and comfortable. She responded readily and well to these suggestions, whereupon it was suggested effectively that she develop an intolerable itch upon her feet. This itch she was then to consign with dramatic intensity, not to the nethermost depths, but to the "barren nothingness" of her breasts, a fitting destination for so intolerable an itch. However, in further punishment of it, the itch would become a constantly present, neither pleasant nor unpleasant, noticeable but undefined feeling, rendering her continuously aware of the breast area of her body. This involved series of suggestions was formulated for the multiple purposes of meeting

her ambivalences, puzzling and intriguing her, stimulating her sense of humor, meeting her need for self-aggression and self-derogation, and yet doing all this without adding to her distress and in such fashion and so indirectly that there was little for her to do but to accept and to respond to the suggestions.

Then the suggestion was offered that, at each therapeutic interview, she was to visualize herself mentally in the most embarrassing situation that she could possibly imagine. This situation, not necessarily to remain constant in character, would always involve her breasts, and she would feel and sense the embarrassment with great intensity, at first in her face, and then, with a feeling of relief, she would feel that weight of embarrassment move slowly downward and come to rest in her breasts. She was given the additional post-hypnotic suggestion that, whenever she was alone, she would regularly take the opportunity to think of her therapeutic sessions, and she would then develop immediately intense feelings of embarrassment, all of which would promptly "settle" in her breasts in a most bewildering but entirely pleasing way.

The rationale of these suggestions is rather simple and direct. It is merely an effort to parallel in relationship to her breasts, but in a pleasant, constructive manner, such unfortunate destructive psychosomatic reactions as "terrible, painful knots in my stomach over just the slightest worries."

The final set of hypnotic instructions was that she was to have a thoroughly good time in college. (By these suggestions, all discussion of her withdrawn behavior and college attendance was effectively bypassed.) It was explained that she could, in addition to handling her academic work adequately, entertain herself and mystify her college mates delightfully by the judicious wearing of tight sweaters and the use of different sets of "falsies" of varying sizes, sometimes not in matched pairs. She was also instructed to carry assorted sizes in her handbag in case she decided to make an unexpected change in her appearance, or, should any of her escorts become too venturesome, so that she could offer them a choice with which to play. Thus her Puckish activities would not lead to difficulties.

She was first seen in mid-August and given weekly appointments thereafter. The first few of these were kept by her in person and they were used to reiterate and reinforce the instructions previously

given her and to insure her adequate understanding and co-operation.

Henceforth she kept, by permission, three out of four appointments "in absentia." That is, she would seclude herself for at least an hour, develop, in response to post-hypnotic suggestions, a medium-to-deep trance state, and in this state, as far as could be learned, she would review systematically and extensively all previous instructions and discussions and whatever "other things" that might come to her mind. No effort was made to determine the nature of those "other things," nor did she seem to be willing to volunteer information, except to the effect that she had thought of a number of other topics. The other appointments she kept in person, sometimes asking for information, sometimes for trance induction, almost always for instructions to "keep going." Occasionally she would describe with much merriment the consternation she had caused some of her friends.

She entered college in September, adjusted well, received freshman honors, and became prominent in extra-curricular activities. During the last two months of her therapy, she kept her visits at the level of social office calls. In May, however, she came in wearing a sweater and stated with extreme embarrassment, "I'm not wearing falsies. I've grown my own. They are large medium size. Now, tell them to stop growing. I'm completely satisfied."

Her college career was successful and

subsequent events are entirely satisfactory. At the writer's request, she underwent a complete physical examination, with special reference to her breasts, a report of which was sent this writer. She was physically normal in every regard.

COMMENT

Whether or not the hypnotherapy had anything to do with her breast development is not known. Quite possibly the development may have been merely the result of a delayed growth process. It may have been the result of all the medication she had received. Or it may have been a combined result of these, favorably influenced by her altered emotional state. But at all events, the psychotherapeutic results that derived from getting her to enter college and to enjoy life, instead of a continuing of her previous pattern of psychopathological withdrawal, cannot be denied.

However, in all fairness, it must be recognized that there is a significant possibility that the therapy she received, through the mobilization of unconscious forces by hypnosis, may have contributed greatly to her breast development.