

BRAID'S STRABISMUS

Authored by
mohammad looti

October 10, 2025

RECOMMENDED CITATION

mohammad looti (2025). *BRAID'S STRABISMUS*. PSYCHOLOGICAL SCALES. Retrieved from <https://scales.arabpsychology.com/?p=42633>

Braid's Strabismus

Primary Disciplinary Field(s): Psychology, Hypnotherapy, History of Medicine, Ophthalmology

1. Core Definition and Mechanism

Braid's Strabismus refers to a specific, historically important technique used for the induction of a hypnotic trance, formalized by the Scottish physician-surgeon James Braid in the mid-19th century. Fundamentally, the concept describes a state of induced ocular fatigue and convergence wherein the patient is instructed to fixate intently upon a small, bright object held slightly above and in front of the forehead. This forced and sustained effort to maintain focus results in a temporary, artificial form of strabismus--specifically, an extreme convergence and upward rotation of the eyes. This physiological strain is central to the induction process, leading quickly to fatigue of the levator palpebrae superioris muscle (responsible for lifting the eyelid) and the internal recti muscles (responsible for inward eye movement), thereby facilitating the descent into a trance state characterized by lowered consciousness and increased suggestibility.

The core mechanism is rooted in Braid's belief that hypnosis was not a mystical, fluidic transfer (as proposed by the proponents of animal magnetism), but rather a physiological state generated internally by the subject. The continuous visual effort required by the technique overstimulates the involved muscles and nerve centers, leading to an exhaustion that naturally transitions the subject toward sleep or a sleep-like state. Braid theorized that this physical fixation effectively monopolized the subject's attention, blocking out external stimuli and initiating a profound shift in neural activity. This shift, driven by sustained muscular strain and the corresponding psychological focus, differentiated his method significantly from prior magnetic or mesmeric practices, establishing a foundation for what he termed "Neurypnology," or the doctrine of nervous sleep.

The success of Braid's Strabismus hinges on the forced fixation of both the "visual eye" and the "mental eye." The visual eye is engaged through the intense concentration on the physical object--often Braid's lancet case or a similar bright point. Concurrently, the mental eye--the subject's internal thought process--is fixated by the unwavering directive to maintain concentration, preventing the intrusion of distracting thoughts or critical awareness. The resulting mental and physical fatigue rapidly culminates in the hypnotic state. This dual fixation model highlights Braid's early understanding of the psychosomatic link in hypnosis, where physical manipulation (ocular strain) serves as a reliable pathway to altered psychological and cognitive states.

2. Etymology and Historical Context: James Braid

The term "Braid's Strabismus" derives directly from the innovator, James Braid (1795-1860), a respected Scottish surgeon based in Manchester, England. Braid's introduction of this method in the 1840s marked a pivotal moment in the history of hypnotherapy, representing the decisive shift

away from the occult and pseudo-scientific theories of Franz Mesmer's animal magnetism. Braid first encountered Mesmerism in 1841 and was initially skeptical, believing the phenomena exhibited by mesmeric subjects were due to fraud or imagination. However, upon closer observation, he recognized that the trance state was genuine, but that the explanation provided by the mesmerists--the flow of a mysterious magnetic fluid--was unfounded.

Braid sought a purely physiological and scientific explanation for the observed trance state. He experimented with various methods of induction and determined that prolonged, intense visual fixation was the most reliable way to produce the phenomena previously attributed to magnetism. It was through this systematic experimentation that he codified the technique involving extreme upward and inward eye strain, which he identified as inducing a form of nervous sleep. This technique, requiring the subject to momentarily induce a form of convergent strabismus, became his signature induction method and served as the practical cornerstone of his new theory.

In 1843, Braid published his seminal work, *Neurypnology; or the Rationale of Nervous Sleep, Considered in Relation with Animal Magnetism*, wherein he firmly established his physiological explanation for the trance state, moving the practice out of the realm of mysticism and into what he believed was empirical science. The term "hypnosis," derived from the Greek *hypnos* (sleep), was coined by Braid himself, though he later regretted the term due to its association with actual sleep, recognizing that the hypnotic state was distinct. Despite his preferred term being "Neurypnology," it was "hypnosis," induced initially via his strabismus technique, that persisted and was adopted by the broader medical community, thus solidifying his legacy as the father of modern hypnotism.

3. Physiological Basis: The Role of Strabismus and Eye Fixation

The physiological effectiveness of Braid's Strabismus rests on the principle of muscular fatigue and the subsequent disruption of normal sensory processing. When the eyes are strained upward and inward toward a fixed point close to the face, the continuous contraction of the extraocular muscles, particularly the superior and medial recti, rapidly leads to exhaustion. This sustained muscular tension triggers a feedback loop to the central nervous system. The fatigue signal, coupled with the difficulty and discomfort of maintaining the unnatural gaze, distracts the body's homeostatic mechanisms, paving the way for the lowered sensory input necessary for trance induction.

Specifically, the induction of temporary, intentional strabismus (ocular convergence) pushes the eyes beyond their comfortable range of binocular vision. This extreme effort necessitates the overriding of the normal reflex mechanisms that govern eye movement and focus. The resultant physiological stress is interpreted by the brain as a precursor to sleep or a state of profound relaxation, particularly when the eyes eventually close involuntarily due to fatigue of the levator palpebrae superioris. Braid recognized this involuntary eye closure as the critical threshold

crossing into the hypnotic state, demonstrating that the trance was a natural response to physiological manipulation, not external magnetic influence.

Modern neurological research confirms that prolonged, focused attention can alter brainwave activity, especially when combined with a repetitive or fatiguing stimulus. While Braid lacked the tools of modern neuroscience, his empirical observation that ocular fatigue--manifested through forced strabismus--was the key initiator of the hypnotic state remains a foundational principle of many rapid induction techniques today. The method essentially bypasses higher cortical functioning, which relies on consistent sensory input and orientation, by forcing the sensory apparatus (the eyes) into a state of functional overload and subsequent temporary breakdown.

4. Psychological Component: Fixation of Thought and Vision

Beyond the purely physiological aspects, Braid's Strabismus is equally defined by its psychological demands. The effectiveness of the technique stems from the mandatory synchronization of sensory input (vision) with cognitive control (attention). The instruction to focus intently on the object, regardless of the discomfort or temptation to look away, forces the subject into a state of high, narrow concentration. This narrow focus is highly effective at shutting down the peripheral awareness and the critical faculty--the internal voice that analyzes, judges, and resists suggestion.

This process is often described as a cognitive overload, where the mental resources are entirely consumed by the task of fixation. By dedicating all conscious attention to the single, difficult visual task, the subject effectively arrests the flow of distracting or anxiety-producing thoughts. This mental emptying, induced by the physical strain, creates a psychological vacuum, making the subject exceptionally receptive to subsequent suggestions provided by the hypnotist. The intense concentration prevents the subject from internally questioning the process, thereby facilitating the rapid acceptance of the suggestion that they are entering a deep, restful state.

The intentional confusion and disorientation caused by the forced strabismus also play a psychological role. When the visual field becomes distorted or blurred due to the extreme convergence, the brain struggles to maintain a consistent spatial map. This perceptual instability contributes to the feeling of dissociation and detachment often associated with the early stages of hypnosis. Braid understood that disrupting the subject's normal sense of reality and control through harmless physical means was a powerful catalyst for achieving the highly focused, non-critical mental state required for deep trance work.

5. Relationship to Modern Hypnosis Induction Techniques

While the exact methodology of forcing sustained convergent strabismus is rarely used in clinical hypnotherapy today--largely due to discomfort and the availability of gentler methods--Braid's fundamental principle of visual fixation remains a cornerstone of modern rapid induction

techniques. The concept that focusing attention externally or internally leads to cognitive exhaustion and subsequent suggestibility is ubiquitous in contemporary practice.

Eye Fixation Techniques: Many modern rapid inductions still employ eye fixation, often using a pendulum, a spot on the wall, or the hypnotist's finger. However, these techniques typically avoid the extreme, fatiguing strain inherent in Braid's original strabismus method, opting instead for gentle, sustained focus that leads to fatigue without unnecessary discomfort.

Fractionation and Confusion: The psychological element of fixation--overloading the subject's attention--is utilized in modern confusion techniques (e.g., Ericksonian hypnosis) and rapid inductions (e.g., Elman induction). These methods aim to briefly suspend the critical faculty, mirroring Braid's goal of monopolizing attention to bypass resistance.

Physiological Cues: Modern practitioners recognize that initiating a physical change (such as muscle relaxation, breathing control, or eye closure) is often more effective than pure verbal suggestion alone. Braid's technique taught that a physiological trigger (the eye fatigue) could reliably initiate the psychological state, a concept foundational to contemporary mind-body approaches in trance induction.

6. Therapeutic Applications in the 19th Century

Following its introduction, Braid's Strabismus and the subsequent hypnotic state were applied across a range of 19th-century medical and psychological conditions. Braid, being a surgeon, was particularly interested in its use for pain management and surgical anesthesia, demonstrating its profound utility decades before the widespread adoption of chemical anesthetics like ether and chloroform.

The primary therapeutic applications derived from Braid's induction method included:

Anesthesia for Surgery: The most dramatic early success of Braid's method was its capacity to induce sufficient analgesia for minor operations, dental work, and even amputations. By reaching a deep trance state, subjects could endure painful procedures without conscious awareness, providing a crucial, non-pharmacological means of pain relief in the pre-modern hospital setting.

Treatment of Nervous Disorders: Braid used the hypnotic state to treat various functional nervous disorders, including hysteria and nervous paralysis. By utilizing post-hypnotic suggestion, he aimed to restore normal function and alleviate symptoms that had no apparent physical cause, paving the way for later psychotherapeutic approaches.

Habit and Addiction Modification: Early applications of Braid's methods also included attempts to correct undesirable habits and behaviors. The heightened suggestibility achieved through the strabismus technique allowed Braid to implant beneficial suggestions intended to persist after the trance state concluded, demonstrating an early awareness of the potential of hypnosis for behavioral change.

7. Debates and Criticisms Regarding Efficacy

While Braid's Strabismus fundamentally shifted the study of hypnosis toward a scientific basis, the technique itself, and Braid's physiological explanation, faced significant debate and criticism both during his lifetime and retrospectively.

One major criticism focused on the over-emphasis on ocular physiology. Many subsequent researchers found that while Braid's method worked reliably, the resulting trance state could be induced through numerous other non-visual methods, such as auditory fixation (monotony) or tactile stimuli. This suggested that the strabismus was not the *cause* of the hypnotic state, but merely one very effective *catalyst* for inducing focused attention, thereby weakening Braid's strict physiological interpretation of "nervous sleep."

Furthermore, the technique was often criticized for its inherent physical discomfort. The extreme strain necessary to induce true convergent strabismus could be unpleasant or even slightly painful for the subject, potentially leading to immediate resistance rather than relaxation. As hypnosis evolved, the therapeutic community preferred gentler, less confrontational methods that relied more heavily on relaxation and verbal pacing rather than forced muscular fatigue to achieve the trance state. Modern critiques recognize Braid's method as historically crucial for demonstrating internal, non-magnetic causation, but largely dismiss the specific forced eye movements as outdated and unnecessary for effective induction.

Further Reading

[James Braid \(surgeon\) - Wikipedia](#)

[Hypnosis - Wikipedia](#)

[Neurypnology - Wikipedia](#)