Informed Dissent Regarding Hypnosis and Its Not-So-Hidden Observers: Comment on Lynn

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Dr. Lynn reports some second thoughts about an article he published in 1994, in which he described the use of a high hypnotizable/simulator design to study hypnotic dream and hidden observer reports. He found that despite some overlap between high- and low-hypnotizable simulators, high hypnotizables reported more primary process material in hypnotic dream reports. He also describes two highly effective interventions involving a hypnotic suggestion of a hidden observer, one in the clinical, one in the forensic setting. These cases are particularly compelling because of their sophisticated use of hypnosis in conjunction with sound psychotherapeutic principles, and their positive outcome.

So why the second thoughts? Has Dr. Lynn’s hidden observer come out of the closet? He is now concerned that insufficient caution may have been applied against the possibility that the hidden observer suggestion would be responded to with reification by the patient into a more formal dissociative disorder, despite his clear and sensible cautionary statement at the end of his 1994 article (p. 141).

Clearly the times have changed, but the phenomena have not. A spate of lawsuits and claims that false memories or disorders are implanted by therapists have surfaced over the past five years. This is an odd resurrection of the old “Myth of Mental Illness” argument promulgated by Szasz in the 1970s. Szasz argued that illnesses such as schizophrenia are social constructions developed for purposes of social control, and that hapless individuals with problems in living were converted into symptomatic zombies by psychiatrists looking for new therapeutic territory to occupy.

In his accompanying editorial to the article, Dr. Lynn calls for further integration of research and clinical practice. I agree. Rather than more caveats about the possibility that patients may misinterpret metaphors, we need data indicating what effect the use of these and other hypnotic techniques have had in the clinical setting. I invite Dr. Lynn to follow up on the subjects in the three studies and two cases described and find out whether any of them misinterpreted the hidden observer instruction and became an iatrogenic dissociative disorder patient. Remember that “warnings” are suggestions too. It is easy to talk about what could happen after an hypnotic instruction. Before we burden the profession and our patients with more warnings that have a chilling effect on patients’ willingness to enter or continue in therapy, let’s find out what does happen.

Reference: