Hypnosis: Medicine’s Dirty Word

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Abstract

This paper attempts to understand the relationship between the clinical efficacy of hypnosis and its negative perception among many medical educators, practitioners and the general public. By exploring the history of hypnosis, an attempt was made to point out several events that may have led to both the past and current misperception of hypnosis which the author believes have caused hypnosis to become “medicine’s dirty word.”

Keywords: Hypnosis, medical uses, history, medicine, public opinion, evidence.

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Introduction

I was first introduced to hypnosis as a third year medical student. Our medical school class was given a series of lectures on the subject by Dabney Ewin, MD, who has successfully treated patients with the technique for over 30 years. During the lectures, I was impressed by what seemed to be a great approach to psychosomatic illness and medical trauma (Ewin, 1992a; 1992b). But I observed that half of the people in the room were not paying attention - one student got up and left in the middle of the presentation. Later that student remarked, “I don’t pay $30,000 a year to listen to that hogwash.” I was surprised by his reaction, but since I was planning on a career in psychiatry, I asked every doctor I worked under what they thought about hypnosis. While freezing a wart off of a patient, I said to my family medicine preceptor: “I heard hypnosis can cure warts (Ewin, 1992a).” His reply was, “well…I don’t know about that…it seems kind of ‘out there,’ but I did hear duct tape works.” I asked a pulmonary attending what she thought about hypnosis as a treatment for asthma (Anderson, Frischholz, and Trentalange, 1988; Brown, 1965; Edgell, 1966; Edwards, 1960; Kelly & Zeller, 1969). She told me that maybe a doctor could use it to calm a patient down, but she had doubts as to whether it could have any long-term benefits. My favorite comment, however, came from my dentist. When I asked him if he had any experience with hypnosis, he said, “Well, we had a lecture or two in school and I never felt comfortable using it…but I use to work at this bar and a hypnotist came in one night and hypnotized me to act like a gorilla whenever he said a certain word. It was great, I would just be sitting there and all of the sudden I would stand up and beat my chest and say, ‘I am the king monkey, and I am better than all you gorillas.’” I could not get him to return to the subject of the medical uses of hypnosis despite all my attempts.

In an effort to explain this disconnect between the people I spoke to about hypnosis - those who think hypnosis is a therapeutic tool and those who are skeptical and in fact displayed a negative reaction when the word “hypnosis” was mentioned - I decided to research the history of hypnosis. This paper explores that history and specifically looks for reasons that a technique which was approved by the American Medical Association (AMA) in 1958 (American Medical Association, 1958) has caused, and still receives, such strong negative reactions from some medical practitioners and the general public. What I found is that the therapeutic effects of hypnosis have rarely been refuted. However, supernatural or religious characterizations, unscientific explanations, scientifically viable alternative treatments, negative media, and most recently a 1985 AMA report about the forensic use of the technique, have collectively caused hypnosis to be shunned by many in the medical profession.

Part 1: Early History of Hypnosis

Evidence of techniques resembling hypnosis can be found even in ancient times (Gauld, 1992; Temes, 1999). Medicine men and shamans were likely inducing what we now call “a trance state” before recorded history. In ancient Greece, Asclepiades eased the pain and suffering of his patients by stroking them with his hands and inducing a sleep-like state. Later in Rome, merely being touched by Emperors such as Constantine, Vespasian, and Hadrian would reportedly heal patients. The “Royal Touch” is thought to have cured because the patient was already in a trance-like state as a result of being in the presence of the emperor (Temes, 1999). Thomas Woolston, a philosopher, wondered if the patient’s imagination might be an explanation of the miracles of Jesus (Goldsmith, 1934). Finally, Father Gassner and other
“exorcists” are often cited as early practitioners of hypnosis (Peter, 2005).

These early practitioners were likely inducing and using trance states, but in an obviously very different way than the current techniques of modern hypnosis. More importantly, the explanations used to describe the healing power of these ancient techniques were not scientific, but usually religious in nature making them unlikely to be accepted by modern medicine. In this early time period, the key point seems to be that something like hypnosis did, in fact, start out as an unscientific technique used almost exclusively by religious practitioners.

However, it was not the spiritual beginnings of hypnosis that directly contributed to the negative impressions of modern science. Instead, the problem seemed to occur in later history as practitioners appeared to “regress” to spiritual explanations of the technique when they are unable to provide the medical establishment of their day with some type of sufficient scientific explanation. This “regression” appeared to draw the consciousness of medicine back toward labeling hypnosis as unscientific instead of encouraging research into developing a scientific explanation. Thus, knowing about the various religious foundations of the technique is important to understanding its later struggles to find scientific validity.

Part 2: The Influence Franz Anton Mesmer

The first person to attempt an introduction of hypnosis into modern medicine was Franz Anton Mesmer, and as such, he is often credited as the founder of modern hypnosis (Ellenberger, 1970; Goldsmith, 1934; Hilgard, 1965; Gravitz, 1994; Spiegel & Spiegel, 1978). He is one of the most well described figures in historical hypnosis and ingrained into popular culture with words like “mesmerize.” Charismatic to the end of his life, Mesmer, a licensed medical doctor, was wildly popular with his patients wherever he practiced. Unfortunately, the same behavior that drew the patient’s praise was rebuked and ridiculed by the medical establishment; he was labeled as a charlatan. Mesmer’s techniques produced positive clinical results, but left decidedly negative impressions with the mainstream medical establishment of the time.

Mesmer’s theory of animal magnetism was a mishmash of astrological and physiological ideas derived largely from the work of Paracelsus some 200 years earlier (Goldsmith, 1934). Mesmer first introduced the early workings of his theory on May 27th, 1766, in a paper he presented in Vienna. His paper described how tides within the human body and on the earth respond to the movements of planets. Mesmer struggled to explain the theory of animal magnetism his whole life, but it has been summarized (Gravitz, 1991) as follows: there exists gravity, conceptually thought of as a “fluid,” between the planets, and this gravity exerts a force on the human body. The human body counters the planetary force by its own gravitation, “animal gravitation.” This animal gravitation, later renamed animal magnetism, brings the body into harmony with stellar configurations. All disease is caused by an imbalance between these gravitational forces. It is interesting to note that Mesmer was one of the first practitioners who attempted to hypothesize about the effect of what later would be called hypnosis in scientific terms. However, when his theories were challenged, he held onto his views dogmatically, developing almost a religious fervor for his ideas.

Mesmer’s adversarial relationship with the medical establishment came to a climax when a committee was sanctioned by Louis XVI to examine the theory of animal magnetism. They found that the patient’s cures were due completely to imagination and that animal magnetism was not a valid scientific theory (Goldsmith, 1934). Of note however, is that the commission, full of great scientific minds, overlooked
that imagination itself could cure disease. Dr. Charles D’Elson, one of Mesmer’s protégées, defended his teacher by saying: “If Mesmer had no other secret than that he has been able to make the imagination exert an influence upon health, would he not still be a wonder doctor? If treatment by the use of the imagination is the best treatment, why do we not make use of it (Goldsmith, 1934: p.155)?”

Perhaps Mesmer’s cure by imagination would be easy to miss given a description of his work environment (which the commission witnessed on several occasions): “Musical instruments played soothing melodies; mirrors designed to reflect the magnetic fluid were everywhere; thick drapes let little light in – Mesmer himself was attired in purple silk and he carried a magnetized iron wand as he moved from patient to patient touching them and staring into their eyes (Gravitz, 1991, p. 25).”

The practices of Mesmer were theatrical and thus the image of a man in a cape mesmerizing a female patient exists to this day in the collective unconsciousness of popular culture. It is important to note that the French commission did not deny that Mesmer’s technique sometimes produced desirable clinical outcomes. Instead, they discredited Mesmer’s theory about how the process worked and the morality of his methods. Thus, it can be summarized that Mesmer successfully brought hypnosis into the realm of medicine by producing favorable clinical outcomes, but at the same time alienated the medical community from the technique with his unscientific theory and methods.

Part 3: Early British Influences and the Word “Hypnotism”

In the late 1700s, the aristocracy and medical authorities in France dismissed Mesmer and his theories. But, the storyline of hypnosis continued in British medicine, nearly 50 years later. Medical doctors “rediscovered” the therapeutic use of hypnosis mostly in the surgical arena. While their ideas were considered novel at the time, actually, “these Englishmen were disciples of Mesmer’s pupils, his intellectual grandchildren. The succession was direct and continuous (Goldsmith, 1934: p. 212).” These English surgeons, including: John Elliotson; James Braid; and James Esdaile; were successful at using hypnosis as a surgical anesthetic. While Esdaile and Braid conformed to the medical model of the day, Elliotson’s belief in the existence of Mesmer’s universal fluid, which his colleagues considered pure quackery, caused him to become the object of ridicule as well as contempt. Almost immediately after his conversion to mesmerism, Elliotson began experimenting in the wards of University College Hospital. Had he used mesmerism purely as a method of putting his patients to sleep before an operation, like Esdaile and Braid, his associates might have been less enraged. As it was, he could not resist demonstrating the powers of mesmerism in public séances which were frequently held in the hospital theatre (Goldsmith, 1934).

James Braid was a surgeon in Manchester who was introduced to mesmerism in 1841 by a noted Swiss magnetizer, Charles Lafontaine. Braid attempted to explain hypnosis in new terms by first changing the name of the phenomenon from Mesmerism to hypnotism. Although Braid is credited with coining the term “hypnotism,” others had used this term before him (Gravitz & Gerton, 1984). A new name helped to separate the technique from the negative impression left over from Mesmer and his animal magnetism theory (Temes, 1999). He also had a different scientific theory attributing trance states to a spasm of the orbicularis palpebrarum – a result of stimulation of the nervous system. Braid would put his patients into trance by having them stare upwards at a wine bottle until they fell into what he described as equivalent to a sleep like state (Temes, 1999).

James Esdaile was a Scottish surgeon who practiced in India. Esdaile performed
several thousand surgical procedures using hypnotism as the anesthetic agent. That number included over 300 major operations, and his mortality rate was about 5% compared with about 50% in surgery elsewhere because of this dramatic decrease, his work received wide publicity in Europe and America (Temes, 1999) and other doctors began using the technique as well (Gravitz, 1988). But soon after his work was published in the early 1840s the arrival of chemical anesthetic agents diminished the use of hypnotism in surgery. The chemical agents required little training, were more universally applicable, and perhaps most of all they fit into the medical mainstream that was based in those days upon mechanistic formulations of diagnosis and treatment (Temes, 1999).

Braid and Esdaile were able to successfully introduce hypnosis back into medicine, without much objection, by using it as a surgical anesthetic. However, chemical anesthetics replaced hypnosis because they required less training, and had a more scientifically plausible explanation. Elliotson’s belief in Mesmerism and erratic behavior left a less than favorable impression with the English medical community.

Part 4: Hypnotism Reemerges in France for the Study or Treatment of Mental Illness

In the late 1800s, hypnosis reemerged in France. In contrast to its surgical use in England, a few medical doctors in France studied the phenomena surrounding the technique itself and began to use it to treat patients with psychiatric illnesses. It is interesting to note that although mesmerism was the term originally used by medical doctors in France, by the late 1800s, French doctors had adopted the term “hypnotism”. In addition, while Mesmer had treated a variety of medical symptoms, British surgeons like Esdaile focused more on the use of hypnosis as a surgical anesthetic.

During this time of study, two institutions of instruction emerged and attempted to explain hypnosis in medically acceptable terms, namely, the School of Nancy and the Salpetriere School. The two schools of hypnosis had very different philosophies. Ambroise Auguste Liebeault, who first postulated suggestion as a mechanism behind therapeutic hypnosis, started the School of Nancy which was clinical in nature (Goldsmith, 1934). Their primary goal was to treat patients, seeing thousands of them, and secondly to explain how hypnosis worked. Interestingly, few of these cases involved the use of hypnosis as a surgical anesthetic. On the other hand, The Salpetriere School, founded by Jean Martin Charcot, saw hypnosis itself as a form of neurosis and thus studied the phenomenon as a form of psychopathology rather than a form of treatment in order to better understand mental illness (Goldsmith, 1934).

Part 5: The Influence of Freud

It is helpful to remember that at this time the field of psychology was still in its infancy, and neurotic illnesses were not well understood. It is interesting that Sigmund Freud, who of course is considered to be the father of modern psychology, studied hypnosis at both the Nancy and Salpetriere Schools (Freud, 1963), but then later chose to abandon the use of hypnosis almost entirely. Initially, Freud tried to use hypnosis to recover traumatic memories from the unconscious (Malcolm, 1982). However, inducing hypnosis was not easy for him and he could only get a fraction of his patients into the desired trance. Freud remarked: “I soon began to tire of issuing assurances and commands such as ‘You are going to sleep!...sleep!’ and of hearing the patient, as so often happened when the degree of hypnosis was light, remonstrate with me: ‘But doctor, I’m not asleep (Malcolm, 1982, p. 14)!’”

Freud continued to have difficulty putting his patients into trance, but he still
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wanted them to remember traumatic memories. He began suggesting that the patient did remember while the patient was awake. Freud commented on this method: “In that way, I succeeded without using hypnosis in obtaining from the patients whatever was required for establishing the connection between the pathogenic scenes they had forgotten and the symptoms left over from those scenes (Malcolm, 1982, p. 14).” From this technique, Freud developed the theory of repression where the conscious mind pushes a memory into the subconscious, and resistance which the subconscious uses to keep the memory from consciousness. This became Freud’s topographical model for the mind, which he later adapted to the structural model of the mind (Malcolm, 1982).

When Freud abandoned the use of hypnosis, the technique again fell out of favor. What is interesting to note, is that just as chemical anesthesia in surgery replaced hypnosis as a more “user friendly” modality, Freud’s psychoanalysis was developed as Freud himself faced frustration with guiding patients into a hypnotic state successfully. Ultimately, he developed other ways to achieve his goal, namely to treat neurotic illness by accessing the subconscious via the analysis of transference and the interpretation of dreams. However, Freud may not have abandoned the technique entirely (Gravitz & Gurton, 1981).

Part 6: Negative Views of Hypnosis in Popular Culture in the First Half Of The 20th Century

The medical use of hypnosis appeared to decline in the late 19th century and the first half of the 20th century. For example, three books published in the latter of the 19th century and the first half of the 20th century ingrained hypnosis in the public perception as a form of mind control, and the tool of spiritual seekers looking for past lives. They are: *Trilby*, *The Manchurian Candidate*, and *The Search for Bridey Murphy* (Scheflin, 2004).

*Trilby*, by George Du Maurier, was first published in 1894 and was an instant success. The story’s main character, Trilby, is “mesmerized” by Svengali who gives her the power to sing while under his “spell.” “You shall see nothing, hear nothing, and think of nothing but Svengali, Svengali, Svengali (Du Maurier, 1998)” Du Maurier actually based the story loosely on experiences he had while a student in Belgium. There he and a friend, Felix Moscheles, experimented with hypnosis. The story generated a popular cultural phenomenon in the early 1900s. There were Trilby parties, with Trilby hats; there is even a Trilby town in Florida where all the streets are named for characters in the book. While few people today will recognize the names, Trilby and Svengali, they retain its imagery which Nina Auerbach sums up, “the [1890s] involved men leaning over mesmerized female bodies: Svengali, Dracula, and Freud (Du Maurier, 1998).”

The *Manchurian Candidate*, by Richard Condon, was published in 1959, but was better known as John Frankenheimer’s movie staring Frank Sinatra released in 1962. In the story, American soldier, Sergeant Raymond Shaw is captured and “brainwashed” by communists to become an assassin. Louis Menand describes the appeal of the novel: “As counterintuitive as it sounds, the secret to making a successful thriller, as Michael Crichton and Tom Clancy have demonstrated, is to slow down the action occasionally with disquisitions on “stuff it is interesting to know” – how airplanes are made, how nuclear submarines work, how to build an atomic bomb. Ideally, this information is also topical, food for the public’s hunger of the hour. In *The Manchurian Candidate*, the topic is brainwashing (Condon, 1959)”. Indeed, at the height of the cold war, the public wanted to know about “brainwashing.” The term, coined by journalist Edward Hunter was the subject of many articles and books read by Condon. These books evidently persuaded Condon that “brainwashing” was a psychological conditioning using a combination of hypnosis and
Pavlovian methods. Condon’s book played on the fear that brainwashing could be permanent. This intrigued the public and made the book a success. What is not ingrained in the popular culture is that in 1961, the psychiatrist Robert Jay Lifton concluded to the contrary that the indoctrination of prisoners was a long-term failure. The truth is never as interesting as fiction.

The Search for Bridey Murphy, written by Morey Bernstein in 1956, tells the story of a woman who remembers a past life while in a hypnotic trance. In her previous life, her name was Bridey Murphy. While many studies on the ability of hypnosis to control a subject’s mind had been largely disproved “past life regression,” as it is commonly known, is difficult to prove or disprove (Hilgard, 1965). What can be observed, however, is the effect public perceptions of hypnotic techniques have on a practitioner’s ability to convince a patient that it is safe. It has been suggested that hypnosis should change its name. As, when a doctor asks, “Have you ever heard of hypnosis,” the patient answers that they think it is a form of mind control. While the case of Bridey Murphy fascinated the public, it was viewed with disdain by the medical and scientific community (Gravitz, 2002).

Part 7: The Reemergence of Medical Hypnosis from 1950-1985

Hilgard noted, “It took World War II, with successful psychotherapeutic of hypnosis in treating psychogenic war casualties, its use in dentistry, and after the war in obstetrics, to call attention again to its possibilities” (Hilgard, 1965, p. 4). For example, three major national medical associations endorsed the therapeutic use of hypnosis in the late 1950s starting with the British Medical Association in 1955 (British Medical Association, 1955) and the American and Canadian Medical Associations in 1958 (American Medical Association, 1958; Canadian Medical Association, 1958). The Society for Clinical and Experimental Hypnosis was formed in 1949, the American Society of Clinical Hypnosis was established in 1957, and a special division dedicated to the study of hypnosis (Division 30) was established by the American Psychological Association (Council, Gravitz, Hilgard, & Levitt, 2000). These professional societies and associations proliferated for the next 35 to 40 years, trained a variety of health care professionals in the therapeutic uses of hypnosis, and stimulated research toward developing a scientific explanation of the mechanisms by which hypnosis worked.

Part 8: The 1985 AMA Council on Scientific Affairs Report

In the late 1970s and early 1980s law enforcement personnel started to be trained in the investigative use of hypnosis primarily as a method of refreshing an eyewitnesses recollection of a crime scene (Reiser, 1980). Although the therapeutic effectiveness of hypnosis continued to be undisputed by the medical/psychological community, the uses of hypnosis as a means for refreshing recollection in the forensic setting began to be questioned (Orne, 1979). In 1980, the Minnesota Supreme court adopted per se exclusion rule regarding the admissibility of hypnotically influenced testimony (State v. Mack, 1980) and several other states soon followed this court’s lead.

Ultimately, the American Medical Association convened a panel to study the validity of refreshing a person’s recollection with hypnosis. In 1985, the AMA Council on Scientific Affairs released their conclusions:

The Council finds that recollection obtained during hypnosis can involve confabulations and pseudomemories and not only fail to be more accurate, but actually appear to be less reliable than nonhypnotic recall. The use of hypnosis with witnesses and victims may have serious consequences for
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the legal process when testimony is based on material that is elicited from a witness who has been hypnotized for the purposes of refreshing recollection (American Medical Association, 1985, p. 1918).

These conclusions have continued to be reevaluated because of an unexpected consequence regarding the efficacy of psychotherapy in general (Schefflin & Frischholz, 1999). For example, exposure to misleading information about an event after its occurrence had previously been found to alter a person’s subsequent recollection of the original event (Loftus, 1979). Later studies using the misleading information paradigm with hypnosis found that refreshing recollections with hypnosis also led to the development of false memories in some subjects. However, the conclusion that hypnosis was the cause of the misleading information effect or significantly enhanced its effectiveness continues to be questioned (Schefflin & Frischholz, 1979; McNally, 2003). For example, some have alleged that the use of hypnosis can cause a person to have implausible memories such as being abducted by alien spaceships, living future lives, or falsely remembering that one has been sexually abused at an earlier time. It seems undisputed that the experimental paradigms used in such studies can create false memories. But it has also clearly been shown that these effects do not occur in the majority of subjects (Brown, Schefflin, and Hammond, 1998).

Even more distressing, based on the preliminary conclusions drawn by the 1985 AMA report is that hypnosis can be used to iatrogenically produce psychiatric disorders such as multiple personality (now known as dissociative identity disorder: McNally, 2003). Again an evaluation of scientific evidence leading to such a dramatic conclusion has also been questioned (Brown, Frischholz, & Schefflin, 1999).

Although the 1985 AMA report was never intended to support a per sey exclusion rule by the courts or to question the validity of all memories based on hypnotically refreshed recollection, there is no doubt that the medical/therapeutic value of hypnosis has been severely tarnished since its initial publication over 20 years ago.

Conclusion

I first started the research for this paper looking for conflict over the efficacy of hypnosis. Instead, I found little debate over whether hypnosis is a therapeutic treatment. There seems to be almost universal agreement that it works, but ironically, universal disagreement on how it works (AJCH, 2005/2006). After its spiritual beginnings, hypnosis repeatedly found its place in medicine, but struggled each time to maintain its acceptance. This struggle usually occurred either because of a perception that it was dangerous (following the fallouts from Mesmer, Elliotson, and the 1985 AMA report), or a more scientifically validated alternative became available (in the case of Freud’s psychoanalytic techniques and chemical anesthetics). In the early 20th century, the popular culture caught onto the phenomenon and since that time has further perpetuated misconceptions about hypnosis (namely that it is a method of brainwashing and a tool for spiritual seekers). If history does indeed repeat itself, we can expect interest in hypnosis to wax and wane until there is a consensus explanation about how it works. Until that time, those of us who have seen first-hand that it does work can attempt to share this tool with colleagues. As for what can be done to repair hypnosis’ tarnished reputation within the medical community—I leave the answer to that question to the readership of this Journal.
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References


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