

What's Happening to

HYPNOSIS

The Outcast Science

By Carolyn G. Hart, '58journal

HYPNOSIS to the general public has gained a rather shady reputation, bringing to mind visions of mustachioed Svengalis practicing witchcraft on a vaudeville stage.

The stage practitioner of hypnosis finds a willing volunteer from the audience and proceeds by uttering in a soothing monotone such instructions as "Fix your eyes on mine. Gaze deep into my eyes . . . you are relaxing . . . relaxing . . . relaxing."

The spiel is usually effective and the volunteer enters a trance-like mesmerized state in which he feels no pain, can be directed to perform acts he will not remember upon awakening and can be given post-hypnotic suggestions, which are also usually effective.

This then is the common picture of hypnosis and hypnotists, but a new picture is in the making.

The Council on Mental Health of the American Medical Association last spring charged four psychiatrists, one of whom is the head of the Department of Psychiatry, Neurology and Behavioral Sciences at the University of Oklahoma School of Medicine, with the responsibility of determining the legitimate medical uses of hypnosis and the needs and aims of training programs for those who employ hypnosis.

Dr. Louis Jolyon West, O.U.'s youthful (35) department head, explains that the committee is in the process of studying all aspects of hypnosis in medicine from the point of view of organized medicine. His co-workers on the committee are Dr. Harold Rosen, chairman, Baltimore, Md.; Dr.

M. Ralph Kaufman, New York, N. Y., and Dr. Zigmond M. Lebensohn, Washington, D. C.

The committee's findings will supplement a report made in September, 1958, in the American Medical Association Journal by the Council of Mental Health working as a committee of the whole. In this report the Council for the first time endorsed the proper use of hypnosis in medicine, but stressed its opposition to the use of hypnosis for entertainment purposes or by any unqualified persons.

The use of hypnosis medically, although never widespread in the United States, has been increasing steadily since it gained currency during the World Wars as a tool for treating "shell-shocked" or "combat-fatigued" military personnel. These combat casualties were induced to recall through hypnosis painful experiences which, after being uncovered, could be discussed in a healthier way, leading to relief of symptoms.

Lately the public has been hearing more and more of hypnosis. Currently a great many discussions and magazine articles are devoted to the use of hypnosis as an anesthetic. It has been very successfully used, for example, by dentists and obstetricians.

"The medical profession has come full circle since the 1840s when hypoaesthesia was in vogue," Dr. West said. "Actually, there are certain situations in which hypnosis, as an adjunct to chemical anesthesia, or even used alone, can be quite useful."

The AMA is now fully satisfied that the use of hypnosis in selected situations is val-

uable and proper as long as the hypnotist is using the tool in an area in which he is trained. A dentist using hypnosis to prevent pain in tooth extraction is clearly within his own sphere of competence. This would not be the case if he were to use hypnosis to treat marital problems or psychoneuroses for here he would be outside the field of the dental profession.

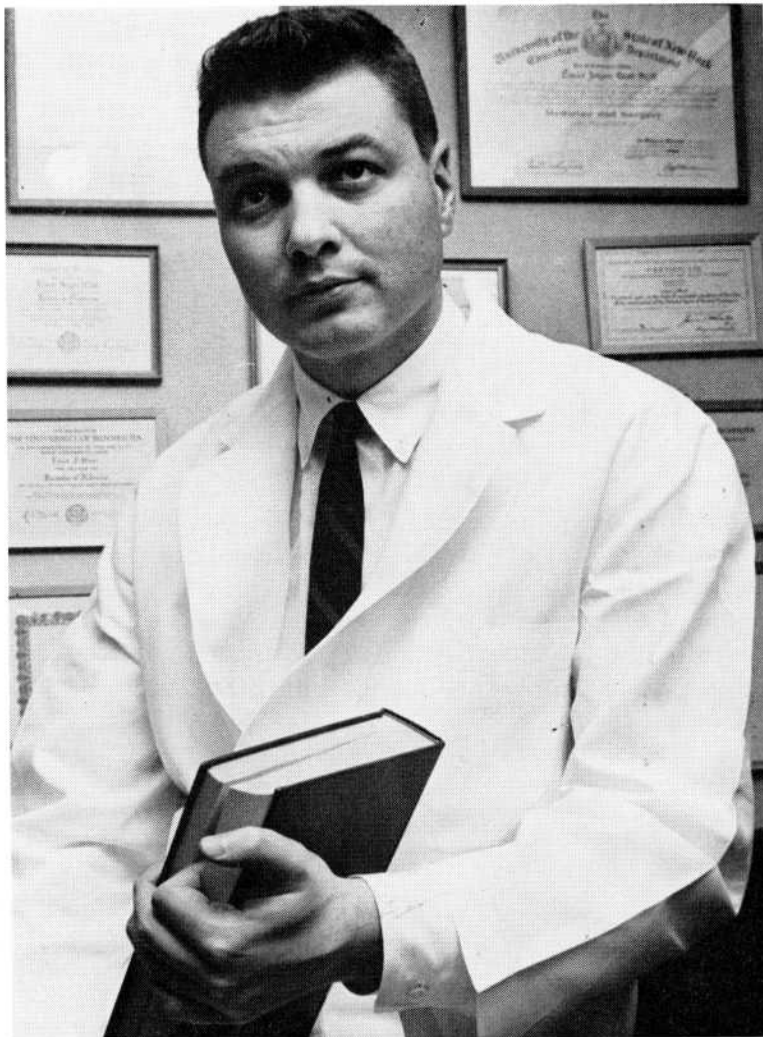
The interest of O.U.'s Dr. West, however, is not only in the clinical applications of hypnosis in general medicine, psychiatry and various other specialties. In addition, he and co-workers are vitally interested in using hypnosis to discover more about the mind and how it works.

"Hypnotism is a valuable tool in the investigation of fundamental mental processes, an understanding of which is necessary if we are ever to conquer mental illness," Dr. West stresses.

Dr. West initially did research with hypnosis in connection with the subject of pain and the phenomenon of hypnotic anesthesia.

"The prevention of pain by hypnosis has always been a mystery," the psychiatrist said. "If we could find out how it works, we would know much more about the basic mechanisms involved in the pain experience and in the human adaptation to pain."

"In fact, the hypnotic state may offer us a tool for the study of the various processes of adaptation in man. The mechanisms that must be involved in hypnosis seem to give every indication of being the same mechanisms involved in any kind of concentration or scanning of incoming infor-



O.U.'s Dr. West: "Every physician . . . needs a basic understanding of hypnosis."

mation. A person could not bear to be conscious of all the stimuli that pour in on him. There is some sort of selective blotting-out process that goes on. It is this process which we draw upon in hypnosis.

"Hypnosis makes it possible to reproduce in the laboratory variations of these mechanisms. In other words we can induce brief mental disturbances in normal subjects. This provides an approach to the study of what goes wrong in the adaptive processes when mental illness occurs."

With hypnosis now considered in many respects a valuable tool in medicine, medical schools are faced with the responsibility of giving it a place in the curriculum. The O.U. School of Medicine is assuming its responsibility in this area. At the present time plans are being made to expand the teaching of hypnosis at the school.

"Every physician who is graduated from this University in the future should have a basic understanding of hypnosis and its place in the medical practice," Dr. West said, "and every psychiatrist who is trained here should be competent in its use."

As more faculty personnel are acquired and facilities become available at the O.U. Medical Center, Dr. West hopes to develop a post-graduate course in hypnosis for physicians in practice. Unlike some three-day courses offered by traveling groups of instructors or special seminars given by laymen, such a post-graduate program will follow the new AMA standards for training in hypnosis. These call for a series of lectures, clinical demonstrations and actual hypnotic work, under supervision, with patients, together with a refresher course in basic psychiatry. Such a program would require one day's work a week over the better part of a year.

Meanwhile, support is being sought for a long-range research program on basic phenomena of hypnosis. The studies will be coordinated with similar undertakings at Mt. Sinai Hospital, New York City, and Johns Hopkins University School of Medicine, Baltimore.

Because of the cold shoulder hypnotism received until very recently from the major portion of the medical profession, the gen-

eral public has a very confused picture of the technique. Misconceptions fostered by stage hypnotists and charlatans dominated the views of the public until recently. Today there are new misconceptions fostered by science fiction and television.

A street-corner poll might likely reveal these common beliefs:

1. Anyone who doesn't want to be hypnotized can resist it.
2. Only a few persons are susceptible to hypnosis and these are usually the high-strung, nervous type.
3. A person under hypnosis can't be persuaded to do anything he would not normally do.
4. Hypnotism is difficult to perform.
5. Telepathy or ESP (extra-sensory perception) can be achieved under hypnosis.

These beliefs are false.

"Theoretically anyone can be hypnotized," Dr. West said. "In practice this doesn't mean that a given hypnotist can hypnotize everybody, but another with a

Continued on Page 32

HYPNOSIS: OUTCAST SCIENCE

Continued from Page 11

different technique may succeed through perseverance. Nine out of 10 persons can be hypnotized to some extent on the first attempt. Four of these 10 can be hypnotized to a profound degree, sufficient to permit the induction of such phenomena as hallucinations, age regression, anesthesia, and very effective post-hypnotic suggestions.

"The subject's cooperation is required only up to a point. Serious mental reservations do not suffice to prevent hypnosis. Even though he may not plan to be hypnotized, anyone who follows the hypnotist's directions will probably be hypnotized.

"Also the idea that people will not do anything under hypnosis that they would not do otherwise is not strictly true. Hypnosis cannot bring someone to do something of which he is basically incapable, but many subjects can be brought to behave or function in a manner unusual or even extraordinary compared with their normal or everyday behavior.

"And any Tom, Dick or Harry can learn in 15 minutes how to hypnotize. This is one of the great dangers of hypnosis. Many outside the medical profession would advocate freer use of hypnosis, but a lay specialist has no ethical obligations to patients. To date our state laws have not come to grips with this problem, but eventually it will become necessary to do so.

"Under our legal system it usually requires a rather profound abuse to bring about a specific legal prohibition. One means is that used in England. In a lawsuit there a young woman recently sued a hypnotist for damages and the claim was upheld. This may be the route by which the objectionable practice of using hypnosis for entertainment will eventually be curbed in this country."

Hypnosis has had an up-again, down-again history as a tool in medicine, ever since it made its appearance as "mesmerism."

Franz Anton Mesmer, an 18th century physician, inaugurated the movement from which modern medical hypnosis eventually developed. He called it "animal magnetism" and subsequently it became known as mesmerism.

Using magnetism, Mesmer effected cures which caused a sensation in Vienna, but medical bodies were cool to the technique. Mesmer left Vienna for Paris and there worked his "magic" again.

According to Mesmer, animal magnetism was the influence of a magnetic fluid upon

men. The French government appointed a commission to investigate his claims and concluded there was no such liquid, ascribing magnetic cures to imagination. The commission didn't, however, consider just how imagination could effect a cure. The commission's report branded Mesmer as a quack.

However, interest continued to develop as a few other physicians used mesmerism. In the early 19th century it gained such interest and backing in Germany that professorships for animal magnetism were established at several universities.

Its wide acceptance by some was emphasized in 1812 when Prussia passed a law permitting only licensed physicians to use mesmerism. In 1818 the Berlin Academy of Science offered a prize for the best thesis on animal magnetism.

A German journal from 1817-24 carried original papers and clinical observations on mesmerism. In the years 1820-40 the popularity of animal magnetism reached its peak on the Continent and declined thereafter as mechanistic thinking began to dominate German medicine.

The new theory received its next impetus in England where two major names in the annals of hypnotism are those of the physicians John Elliotson, 1791-1868, and James Braid, 1795-1860.

There was little interest in mesmerism in England until Elliotson's investigations. He began to use the technique in treating patients as a senior physician at North London Hospital and soon became the talk of London. Attacked by a crusading magazine and without the approval of fellow physicians, he resigned from the hospital when it barred the use of mesmerism. He dedicated himself to winning approval for mesmerism.

In 1843 Elliotson started a quarterly, "The Zoist: A Journal of Cerebral Physiology and Mesmerism and Their Application to Human Welfare," which continued until 1955. It was filled with papers on cases where mesmerism had been used and with testimonials.

He also carried articles on the use of mesmerism for surgical anesthesia, which had first been done in 1829. A report to the Royal Medical and Chirurgical Society of a leg amputation in 1842 utilizing mesmerism was received with incredulous hostility, and the society decided the patient was an impostor who had been trained not to show pain. A motion was even made that no entry be made in the society's records of the paper having been presented.

This enraged Elliotson. In 1943 he published a pamphlet entitled, "Numerous Cases of Surgical Operations Without Pain

in the Mesmeric State." And in the *Zoist*, Elliotson reported use of mesmerism in dentistry and obstetrics.

Another volume of the journal contains the first report on work by James Esdaile, 1808-59, who performed a remarkable series of mesmeric operations in India from 1945-51. His was the most significant application of mesmerism for surgical anesthesia. Esdaile performed several thousand operations, of which 300 were major operations. However, with the discovery of ether anesthesia, mesmerism and surgery parted.

Even with all the evidence of actual success of mesmerism in many areas, it gained a bad name because many of its supporters exaggerated its possibilities and, in England, it was unfortunately associated with phrenology.

It was James Braid who transformed mesmerism into hypnotism and coined the names "hypnotism" and "hypnosis." He believed in the reality of the mesmeric phenomena but rejected the theory of animal magnetism with its idea of a magnetic fluid. Braid made medical respectability for hypnosis possible.

Braid's research was the stimulus which led to an upsurge of interest in hypnotism in France, but A. A. Liebault, 1823-1904, a country doctor in France, reached independently this very major conclusion: Hypnotic phenomena were purely subjective in origin.

There arose in Paris during the same period another important French school of thought on hypnotism under the leadership of Martin Charcot, 1825-93. Among his students were Sigmund Freud, Pierre Janet, Axel Munthe and many other famous neurologists. Experimenting with hypnosis in Vienna, Freud and Joseph Breuer discovered that patients under hypnosis were able to relive life experiences that they otherwise could not recall.

Breuer and Freud wrote a classical work on the treatment of hysteria. However, Freud later discarded the use of hypnosis and the "cathartic" method in favor of psychoanalysis employing the technique of free association.

Since that day the use of hypnosis in medicine has been spotty and many psychiatrists opposed to hypnotherapy because they considered it too superficial and merely symptomatic, but psychoanalytically-oriented use of hypnosis today in psychiatry circumvents this criticism.

From the sorcerer's stage to the doctor's office, hypnotism has had a varied and colorful career, but as it now moves slowly through the door newly opened by the medical profession, the chances are good that it has yet to play its most important role.