

A HISTORY OF HYPNOSIS AND ITS ENTRANCING POWER

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INTRODUCTION

During these next few minutes some of you will not be aware of some of the sounds that occur around you, nor of some of the movements within your field of vision, and your sense of time may be altered. And these things will happen because of perfectly natural phenomena that are associated with the topic of this paper. From ancient mystical beliefs of cave men, to religious rites in early Egypt, to fears of demon possession, to modern scientific investigation--hypnosis awakens from the sleep of mysticism to the alert power of the non-conscious mind.

A HISTORY OF HYPNOSIS AND ITS ENTRANCING POWER

The fact of and awareness of hypnosis has been around at least since early recorded history, but theories and ideas about what it is, and how it can and should be used have changed and evolved over time. Some cave man drawings depict instances of animals in situations where apparently it was believed that their strength was being passed into people. Priests in ancient Egypt induced a state apparently similar to, or perhaps exactly the same as, what we now call hypnosis, during a religious ceremony called "temple sleep." In this ceremony, which was popular about 200 B.C., the priests would give "healing suggestions" to the sick and disturbed in the name of their favorite god or goddess. Some have suggested that these "priest-physicians" may also have induced hypnotic trances in themselves, and it seems clear that some beneficial changes must have taken place as the result of this process.

Persian Magi reportedly produced a form of self-induced trance by staring at precious stones.

In early Christian times the phenomenon we now call hypnosis was condemned by some because of the apparent power of the hypnotist over his subject. It was believed that persons who were hypnotized were under the power of the devil. Hypnotism was associated with witchcraft and black magic--beliefs that, according to one author, persisted until the 1800's, but I have talked with some who still hold such beliefs today.

Most accounts usually credit the beginning of more modern ideas of hypnosis to the late 1700's and an Austrian physician by the name of Friedrich Anton (or Franz) Mesmer who lived from 1734 to 1815. His ideas of what was called "animal magnetism" attracted a lot of attention--good and bad. But even these ideas were not new. Paracelsus (1493-1541) was interested in the mysterious force of magnetism and considered it as having an influence on the human body; and Van Helmont (1577-1644) developed the idea of animal magnetism, "by teaching that a magnetic fluid radiates from all men and may be guided by their wills to influence the minds and bodies of others." Mesmer, however, was a "promoter" and he publicly pushed the application of his theories with what seems to have approached an obsession. This strong emphasis gave these theories and techniques his name; hence the terms Mesmerism and Mesmerized that are still familiar to us today.

Basically, Mesmer's theories of animal magnetism included the ideas that the body contained magnetic "fluids" which in a

healthy body must be equally distributed and in harmony. At first he used metal magnets to correct the uneven distribution and disharmony of the magnetic fluids in an unhealthy body. He soon abandoned the use of metal magnets claiming that animal magnetism was essentially the same as metal magnetism and the magnetism from the stars (which he believed also affected the body). He believed that some persons, including himself, had the ability to transfer this animal magnetism to other persons and thereby harmonize their disturbed magnetic fluids. He also believed that this magnetism could be transferred to inanimate objects and stored there. Persons could then be affected by touching these objects.

When Mesmer first began his practice of magnetism he used magnets that had been manufactured by a Jesuit astronomer named Maximilian Hell who got into a heated argument with Mesmer over who had first suggested the use of magnets on a particular patient. Shortly after this Mesmer became involved in a controversy over whether or not he had effected a temporary cure in a blind patient named Maria Theresa Paradis. Having to battle with both Hell and Paradis was too much, so Mesmer moved from Vienna to Paris. In Paris he developed a large practice, so large that he devised what has been called an early form of "group" therapy. This was done by constructing his famous "baquet." The baquet has been variously described as some sort of chest or tub containing iron filings and fitted with many iron rods extending from the sides, in all directions. The contents had supposedly been magnetized by Mesmer with his animal magnetism. The patients would then sit in a circle around the baquet, holding on to one of the iron rods or

handles, while Mesmer moved around the dimly-lighted, music-filled room wearing what would today look like an ancient magician's costume. This mysterious atmosphere in which Mesmerism was first practiced had a definite negative effect upon its acceptance then, and also upon the acceptance of hypnotism even today. In spite of this, Mesmer apparently experienced a great deal of success in effecting cures, and gained a substantial following of patients as well as of those who worked with his technique. However, a committee from the French Medical Commission investigated his techniques and being unable to record any "animal magnetism" on their instruments, proclaimed him a charlatan in spite of the fact that people were being cured. His results were genuine, but his theories and statements about how they happened and consequently his techniques were unacceptable.

A contemporary of Mesmer's who adopted the practice of Mesmerism was the Marquis de Puysegur (1751-1825). Puysegur believed that the rather violent behaviors which often accompanied Mesmer's sessions were unnecessary, so he tried to keep his patients and the whole procedure more calm. Through this technique he discovered what was called the "sleeping trance" or "induced somnambulism." While in this state the subject would talk even though he seemed to be asleep, and Puysegur would give verbal suggestions to him that changed his behavior. Even though this begins to sound a lot more like a psychological approach, Puysegur still attributed these phenomena to animal magnetism. He believed that his will was the driving force behind his "magnetic action," and determined the effects he produced.

One big step further was taken when the Abbe Faria (1755-1819), a Portuguese priest and student of Puysegur, became the first practitioner of animal magnetism to state that the characteristics of the subjects, rather than the activity of the magnetizer, were responsible for the production of somnambulism. The two most important of these characteristics were the liquidity of the blood and psychic impressionability. This sounds like a strange mixture of ancient and modern ideas! He was also apparently the first to suggest the use of this state of somnambulism as a means of making a person insensitive to pain during surgery.

Mesmerism got its start in England under the leadership of the physician, John Elliotson (1791-1868). It was not an easy start, for he received extreme opposition from the medical profession. Nevertheless, his determination resulted in the publication of a journal dedicated in part to Mesmerism and its applications, and in the founding of a Mesmeric infirmary in London and other cities of Great Britain. Under his influence Mesmerism was used quite extensively and rather successfully as an anesthetic by a number of surgeons, but the majority of the medical profession continued to ignore their results. Mesmerism was still something "mysterious," so it was ignored by most even though it got results.

Another surgeon who was important in the use of Mesmerism as an anesthetic was James Esdaile (1808-1859). He had tremendous success with the use of Mesmerism in India. On 161 reported cases of a particular type of operation, for example, he reduced the mortality rate from 50 percent to 5 percent by using Mesmerism as

an anesthetic. In spite of this success and the fact that the patients declared that there had been no pain during the operations, the Indian medical journals attacked Esdaile and claimed that his patients had faked anesthesia in order to please Esdaile! However, he did receive some support from the Indian government to the extent that his techniques were investigated, acknowledged, and a "Mesmeric hospital" was established. The use of Mesmerism as an anesthesia was short-lived, however, at least for that period, since chemical anesthetics were discovered about the same time.

James Braid (1795-1860), an English medical writer, has been called by some "the real father of modern scientific hypnosis," and "the discoverer of hypnotism." These statements seem rather extreme considering some of the achievements that have already been mentioned, but what he did do, which many others had not been able (or willing) to do, was to realize that the effects of Mesmerism were genuine while at the same time maintaining that the theories and techniques behind it were not what they should be. After witnessing a stage demonstration by a Swiss layman named Lafontaine, Braid publicly denounced the whole thing as a fraud. However, during a second demonstration by Lafontaine, Braid was convinced that the effects were genuine, but still did not accept the theories. Therefore, he went home and started experimenting on his family and friends. He discovered that after having his subjects fix their eyes on some small object held just above eye level for about three minutes their eyelids would close and they would be in a "sleep-like" state. He concluded that these results

were entirely physiological, being caused "by paralyzing the levator muscles of the eyelids through their continued action during the protracted fixed stare." He described this state as a "nervous sleep" and proposed for it the term "neurohypnotism," which was soon shortened to "hypnotism." Braid's findings were much more readily received by the medical profession because he had described the effects, and causes, in more acceptable physiological terms and had given the whole affair a new name, both of which tended to make the phenomena less "mysterious." His physiological explanation soon changed, however, to a psychological one when he began to look upon the effects of hypnotism as being the result of mental concentration or fixation of attention. For this he proposed the term "monoideism" (having one dominant idea). Later he began, but never completed, a third theory dealing with consciousness and posthypnotic amnesia.

Sigmund Freud's importance in the history of hypnosis lies mainly in the fact of his general influence in the fields of psychiatry and psychology. When Freud (1856-1939) first began to practice medicine he used hypnosis both to remove symptoms by direct suggestion and to investigate the past history of his patients. However, he soon dropped the use of hypnosis because of a number of incidents encountered with his hypnotized subjects which caused him to question the theoretical foundations of hypnotism. It has also often been reported that he was just not very good at using hypnosis. This was unfortunate for the progress of hypnosis because his general influence became so great that his rejection created a suspicious attitude toward hypnosis for a long

time. However, the legitimate use of hypnosis did soon receive another boost when during World War I and later in World War II it was used successfully in the treatment of war neuroses.

Another unfortunate stumbling block in this history has been the use of hypnosis as a form of entertainment. How often, especially in our lifetime, hypnosis has been used as a stage show in school assemblies, or in public places such as our own shopping mall, or as an inappropriate part of the plot for stories on TV or in the movies. Such improper uses have resulted in many misconceptions about hypnosis that are often difficult to overcome. Many of the ideas presented in movies and in TV stories are completely false and have caused much harm for the legitimate uses of hypnosis. Perhaps the worst of these false ideas is that a person can be put into complete control of the hypnotist and made to perform acts of violence that would normally be totally against their will. Because of this and other problems, some states through the influence of scientific hypnosis organizations have now made it illegal to use hypnosis for stage entertainment.

Within relatively recent years hypnosis has finally gained wide acceptance among various professions as a legitimate and useful procedure, even though there are still some questions and disagreements regarding its nature. Throughout the world national and international hypnosis organizations promote research and training for qualified persons. The Society for Clinical and Experimental Hypnosis, Inc., was organized in 1949, and the American Society of Clinical Hypnosis was founded in 1957. Both organizations are affiliated with the International Society of

Hypnosis and limit their membership to those who possess a doctor's degree in psychology, medicine, or dentistry. The American Society of Clinical Hypnosis currently has over 3,000 such members. Both organizations conduct training workshops throughout the year, an annual scientific meeting, publish journals on hypnosis, and make referrals for the public. The use of hypnosis has now gained acceptance by universities, law enforcement groups, religious bodies (including the Catholic church), and finally in 1958 was formally accepted by the American Medical Association as being valuable as a therapeutic adjunct.

It is generally agreed that the experience of hypnosis can include a number of known phenomena, and that when properly utilized can be very useful in contributing to changes in both physiological and psychological states. An adequate definition of hypnosis is quite difficult partly because there are so many facets of it. Most agree that it at least includes an altered state of awareness. One description from the American Society of Clinical Hypnosis speaks of it as, "an increased concentration and acceptance of suggestion (given by that person or a second person), as a result of which sensory and/or motor capacities may be altered in order to initiate appropriate behavior. This state of hyperacuity we call trance." Another noted author in the field (John Hartland) ventures an admittedly simple and incomplete definition as follows: "Hypnosis is essentially a particular state of mind which is usually induced in one person by another. It is a state of mind in which suggestions are not only more readily accepted than in the waking state, but are also acted upon much more powerfully than would be possible under normal conditions."

There are a number of common misconceptions that usually need correcting in doing formal inductions. During a hypnotic trance the subject, not the hypnotist, is in control in the sense that nothing will be done or said by the subject that is in opposition to that person's will. Memory can be greatly enhanced but secrets need not be revealed. One of my favorite examples of this fact is the case of the 40-year-old woman who looked 50 and claimed to be 30. While in a fairly deep state of hypnosis during a workshop demonstration she was asked to reveal her age--and she immediately came out of the trance! Perhaps the most difficult misconception to overcome has to do with awareness. Except in the deepest levels of hypnosis, unless otherwise suggested and agreed upon, the subject can be quite aware of what is being said and what is happening, and consequently can usually recall what took place during the trance. Also, there is no danger of getting into a trance and not coming out--even if the hypnotist leaves. Perhaps it will be helpful to remember that all hypnosis is self-hypnosis. It's just that in most cases a trained professional is making the suggestions.

Some of the possible phenomena that can be encountered during a hypnotic trance include the following: Enhanced memory or recall--persons may be capable of remembering events or facts that for various possible reasons have been forgotten or repressed; Age regression--being able to "return" to an earlier age and recall events, etc. (However, in both cases it is possible to have "memories" that are not completely accurate. For example, an adult female was regressed to her sixth birthday party which,

according to her mother, she described in accurate detail except for one error. She recalled that her favorite aunt was there, which in fact could not have been possible.); Time distortion--the impression that things are happening much more rapidly or slowly than they are; Altered sensory awareness--for example, the sense of pain can be reduced from a mild analgesia to complete anesthesia sufficient for major surgery. The latter, however, requires a very deep level of trance and apparently cannot be accomplished by everyone.

The reference to level or depth of trance indicates the degree of response on a continuum from the so called waking trance, that all of us experience to some degree each day, to the deepest levels now referred to as somnambulism. When you are driving a car part of your mind and body is in a state of hypnotic trance, responding automatically to stimuli around you, leaving the rest of your mind free to think about other things. You may also have had the experience of listening intently to a TV program, or lecture, or reading a good book and not being aware of what someone nearby was saying to you--a light hypnotic trance. Fortunately, only light to moderate levels of trance are necessary to accomplish most of the desired phenomena.

It is estimated that under the right conditions probably 90 percent of the population can enter some useful level of hypnotic trance. Children ages six to ten can enter deep trance, and some as young as 2 1/2 have been induced. Those for whom it appears most difficult are the very old and the mentally retarded.

Some people still doubt the validity of hypnosis or think that only "quacks" would be interested in it, but a brief sample from a recent ballot for officers in the American Society of Clinical Hypnosis might help dispel such ideas. There was, for example, a Ph.D. psychologist who is Director, Consultation Liaison Psychiatry Service, Walter Reed Army Medical Center and Clinical Associate Professor: Departments of Anesthesiology and Psychiatry, University of Texas Southwestern Medical School Health Science Center--a D.D.S. from the faculty of the University of Toronto (It might be noted that this person's total involvement with the belief in the potentials of hypnosis prompted him to put it to its ultimate test--In 1978 he had surgery to remove the gall bladder using self-hypnosis as the only anesthetic agent.)--an M.D. who among other things is an associate professor at the University of Maryland School of Medicine and a Diplomate of the American Board of Psychiatry and Neurology--and others.

Probably the foremost leader in the fields of hypnosis and of psychotherapy in our lifetime was Milton H. Erickson, M.D., who died in 1980. Erickson was without a doubt a genius in the observation and understanding of human behavior, and in understanding the functions of the non-conscious mind. He realized the amazing power of the non-conscious mind and effectively used his knowledge and artistry both in the formal application of hypnosis and in the waking state to enhance the physical and emotional health of his patients. It was not unusual for persons to travel from thousands of miles away to be seen by him. It has been said that on the same level that Freud contributed to the theory of psychotherapy,

Erickson has contributed to the practice of psychotherapy. Right now I think that I would not argue with an opinion that Erickson was the greater of the two--time will tell.

Perhaps a good way to complete the picture of the present level of acceptance and use of hypnosis is to review a few of the ways it is being used in various disciplines today. It will be helpful to remember here that the state of hypnosis is not in and of itself a direct therapy or treatment of anything, but rather a state during which various therapeutic effects or procedures can be produced or greatly enhanced. Psychotherapists who use hypnosis continue to rely on their usual therapy approaches but use hypnotic phenomena to enhance or sometimes speed up the process. Improved memory and age regression can be useful with many therapy techniques. Improved guided imagery is often used with conditioning, "behavior rehearsal" procedures and habit control methods. Analytically oriented therapists often use age regression and induced dreams under hypnosis. Some have found the use of direct suggestions during hypnosis to be effective in altering the self-concept. Direct suggestions during hypnosis have also been effective for some in changing long-standing habits.

In the area of speech therapy hypnotic phenomena such as general calmness and relaxation, enhanced ability to relax specific muscle areas, age regression for speech disorders associated with early emotional trauma, and direct suggestions for improvement have all been found to be useful additions to traditional treatment methods. The use of hypnosis has even been reported in the successful treatment of aphasia and other speech disorders that were associated with stroke and brain damaged patients.

One noted medical author lists 13 main uses of hypnosis in dentistry including the control of pain, the control of fainting, bleeding, salivation, and the toleration of impression-taking without gagging or sickness.

A rather different area of hypnosis use is in law enforcement and criminal investigation. For at least 20 years now numerous law enforcement agencies, such as the Los Angeles Police Department, have to varying degrees employed psychologists and others to use hypnosis in criminal investigation. The major use has been in the area of enhanced memory and recall on the part of witnesses to crime, especially when trauma has blocked such memory. A woman who had witnessed the brutal murder of a friend could not remember a thing about how the killer looked or much of what happened. Through a procedure under hypnosis using visual imagery of a television program to re-create the event she was able to vividly recall the scene and describe the killer in detail--including his hair style, shape of nose, eyes, head, lips and even the pattern of his necktie. Other details of the crime were given as a police artist worked from her description. This procedure led to the identification and capture of the killer with subsequent convictions on the basis of other information. Because of the possibility of incorrect recall or even of lying while under hypnosis, information obtained in this way is not usually admissible in court as direct evidence, but it can be very useful as evidence for further investigation as in the example above.

Probably the most dramatic uses of hypnosis can still be found in the field of medicine. Here hypnotic phenomena are used

at times for direct symptom removal through suggestion such as in many reports by physicians of curing even severe cases of warts through hypnotic suggestion or in cases of relieving the symptoms of asthma. Of course the actual cause of the physical symptom is important in determining whether or not suggestion for direct symptom removal can be used. Hypnosis is used in medicine much more often for varying degrees of pain control. It is being fairly widely used for controlling intractable pain in such situations as cancer patients. The use of hypnosis for producing anesthesia in surgical patients has already been pointed out as one of its earliest applications, and such use appears to be on the increase today for selected patients. So far it has been found that only a small percentage of persons can enter a deep enough trance to produce surgical anesthesia, but for those who can the results can be very beneficial, including more comfort, fewer side effects, and more rapid recovery. Sometimes hypnotic anesthesia is used in conjunction with a reduced amount of chemical anesthesia, and in some cases it is the only anesthesia. I have seen filmed cases of Caesarean section deliveries, and of appendectomies performed by Ralph August, M.D., using hypnosis as the only anesthesia. In these cases and the one involving the gall bladder removal cited earlier, the patients got up from the operating table and walked back to their room!

One interesting discovery relative to anesthesia is that persons under only chemical anesthesia for surgery still register in the non-conscious the things that are said in the operating room! During interrogations later under hypnosis some persons

have been able to recount the conversations that took place during surgery. Knowing this, some surgeons have become more cautious about what is said during surgery because of the possible effects on recovery, etc.

Having described some of the more dramatic uses of hypnosis some words of caution are now in order. Hypnosis is not magic, nor is it a panacea for all problems or for all persons. The use of hypnosis for treating physical symptoms or conditions should not be used without sufficient knowledge of the probable causes of and present state of the condition. And hypnosis should be used for the treatment of any condition only by persons trained in the use of hypnosis and qualified to treat that condition in the absence of hypnosis. For example, dentists trained in hypnosis should not use it to treat emotional problems, nor should physicians who have not had specialized training in psychiatry, and psychologists trained in hypnosis should not use it to treat physical conditions without consultation from a physician relative to the specific case in question. Individuals trained in self-hypnosis should not attempt to use it to remove any symptom without first checking with an authority to be sure that it is appropriate to do so.

Throughout the centuries the phenomenon we now call hypnosis has had various names, and there have been many ideas or theories to try to explain what it is and how it works. And there have always been and still are those who deny its existence because they do not understand it or do not accept the theories that attempt to explain it. But regardless of the theory used to try

to explain it, or the name given to it, the phenomenon obviously exists--and can be extremely useful!

And now, as I count backward from five to one you can gradually alert yourselves, and you will have an unavoidable, distinct impression that you have just heard an excellent paper. Five, four, three, two, and one!

B I B L I O G R A P H Y

Boring, E.G. A History of Experimental Psychology (2nd Edition).

New York: Appleton-Century-Crafts, Inc., 1950, 116-130.

Crasilneck, H.B., & Hall, J.A. Clinical Hypnosis: Principles and

Applications. New York: Grune & Stratton, 1975.

de Saussaure, R. "Notes on a case of pathological attacks of
anger following epidemic encephalitis." J. de Neur. et de
Psychiat., 1926, 26, 627-629.*

Donath, J.A. "The cure of stuttering by means of hypnosis."

Gyogyiszat, 1928, (Budapest).*

Gienke, E.L. "Use of hypnosis in visual corrections." Optom.

Weekly, 1957, 48, 1797-1800.*

Hartland, J. Medical and Dental Hypnosis and Its Clinical Applica-

tions (2nd Edition). Baltimore: The Williams & Wilkins
Co., 1971.

Honeygosky, R.A. "A speech pathologist looks at hypnosis and
other relaxation therapies in the rehabilitation of certain
communication problems." An unpublished paper by Dr. Honey-
gosky of Howard University, Washington, D.C.

Kline, M.V. "Psoriasis and hypnotherapy: A case report." The
Journal of Clinical and Experimental Hypnosis, 1954, 2, #4,
318-322.*

Leichti, A. "Observations on hypnotherapy in alcoholic patients."

Gesundh. u. Wohlf., 1948, 28, 183-199.*

*(Found in Psychological Abstracts for the year indicated.)

- Marcuse, F.L. Hypnosis, Fact and Fiction. Baltimore: Penguin Books, 1959, 22-37 and 117-137.
- McDowell, M. Bull. Menninger Clinic, 1949, 13, 124-126.*
- Pattie, F.A. "A brief history of hypnotism" in Handbook of Clinical and Experimental Hypnosis, Jesse E. Gordon, Ed. New York: The Macmillan Co., 1967, 10-41.
- Rausch, V. "Cholecystectomy with self-hypnosis." The American Journal of Clinical Hypnosis, 1980, 22, #3, 124-129.
- Richter, P. "Stuttering and its cure by hypnotic suggestion." Dresden: Rudolph, 1928, (Berlin).*
- Sacerdote, P. "Hypnosis in cancer patients." The American Journal of Clinical Hypnosis, 1966, 9, #2, 100-108.
- Schnek, J.M. "Hypnotherapy for symptoms associated with cataracts." International Journal of Clinical and Experimental Hypnosis, 1967, 15, #2, 54-56.
- Schultz, I.H. "The importance of primitive active methods in psychotherapy, with special reference to the treatment of alcoholics." Zbl. Psychother., 1936, 9, 193-200.*
- Wells, W.R. "The hypnotic treatment of the major symptoms of hysteria: A case study." Journal of Psychology, 1944, 17, 269-297.*
- Wolff, H. "Hypnosis, its use and abuse." Science Illustrated, 1946, 1, #6, 66-68.
- Numerous issues of The American Journal of Clinical Hypnosis and The International Journal of Clinical and Experimental Hypnosis.

*(Found in Psychological Abstracts for the year indicated.)