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The trouble with hypnosis

Offers a look at the field of hypnosis and its effectiveness of its therapy. Hypnotic induction; Terms of endearment; Bringing out the power; A talent for compliance; The importance of language; Power to people.

By K. Harary

Imagine yourself lying on an operating table in a humid hospital tent near a battle front during the Vietnam War. Writhing in agony, you plead with the medics to give you something to relieve the pain in your leg. But the supply lines were interrupted hours ago and there is no more anesthetic. What's more, the leg can't be saved. If they don't operate immediately, you hear someone saying in the background, you're going to bleed to death.

The nurse seems unexpectedly centered as she sits beside you, leans over, and looks into your eyes. "It's going to be all right," she says, and you can't help noticing the smell of the soap she uses and the tiny lines around the corners of her mouth. "I know you're a little nervous," she slowly continues, "but you're in excellent hands. You're just going to feel a little pressure while we fix you up." She is so reassuring that you find yourself wanting to believe her. You also find yourself going along with the suggestion that you're only a little nervous, and even feeling relieved to know you're in excellent hands.

As the surgeon attends to your leg, the nurse continues talking to you as though nothing unusual is happening. "You just feel a little more pressure," she says calmly, and you find yourself imagining that none of the pain you've been experiencing all along is really that bad. The operation is completed in what seems like no time at all.

It never occurs to you that you are under the influence of hypnosis, but that is what they tell you when you later ask what happened. You are thankful for the relief you experienced while the surgeon sawed off your leg. You are testimony to the popular belief that hypnosis is a special state of consciousness in which many mental feats become possible--such as enduring surgery sans anesthesia.

Ever since Franz Anton Mesmer proposed his theory of animal magnetism more than 200 years ago, hypnosis has fought an uphill battle for scientific credibility. The establishment relegated it to the domain of stage performers and quacks for most of that time. But in the past few decades the phenomenon has enjoyed an increasing amount of scientific interest, as well as widespread clinical application for an array of medical and psychological purposes, from removing warts to retrieving memories long buried in the unconscious.

This sudden ascent to respectability began a little more than 30 years ago, when psychologist Ernest Hilgard, Ph.D., a former president of the American Psychological Association, set up the Laboratory of Hypnosis Research at Stanford University. At about the same time, psychiatrist Martin Orne, M.D., of Harvard and psychologist T. X. Barber, Ph.D., of the Medfield Foundation, pioneered hypnosis research at their respective organizations. Since then, dozens of research programs on hypnosis have sprung to life in universities and medical schools in the United States, Canada, Europe, and Australia.

The burgeoning hypnosis field also supports two independent professional organizations and two major journals devoted exclusively to the topic. The Society for Clinical and Experimental Hypnosis, which publishes the International Journal of Clinical and Experimental Hypnosis, currently enrolls over 1,000 members. The American Society of Clinical Hypnosis, publisher of the American Journal of Clinical Hypnosis, boasts almost 4,000 members. Several smaller organizations flourishing in a number of foreign countries publish their own journals on the subject.

In clinical practice here and elsewhere, hypnosis has simply taken off. Inspired by the late psychotherapist Milton Erickson, M.D. (considered by many to be the father of modern medical hypnosis), thousands of self-proclaimed "Ericksonian" disciples regularly feature hypnosis therapy in their clinical repertoire. So do a large number of "classical" psychotherapists who don't remotely consider themselves Ericksonians. Then there are the thousands of practitioners, clinically unlicensed, who advertise their services as hypnotists.

Excitement is building over reports citing the effectiveness of the therapy for a growing number of medical and psychological applications. Here's a sampling:

- ✓ Hypnosis has been used in place of anesthesia to numb the pain of childbirth and major surgical procedures such as amputation, abdominal surgery, and the removal of testicular tumors, and such painful procedures as dental surgery and hemorrhoidectomies. The ability to tolerate such pain while under the influence of hypnosis is laid to an altered state that allows patients to dissociate from and become consciously unaware of it.
- ✓ Hypnosis is used in an effort to dislodge deeply buried memories relating to past events. Therapists employ "hypnotic regression"--mentally taking a subject back in time to reexperience the past. The thinking is that hypnosis affords direct access to unconscious memories without resistance or distortion, making it an exceptionally reliable tool for exploring long-forgotten details of early childhood and a powerful investigative tool for drawing out critical details of crimes.
- ✓ Numerous reports attest the effectiveness of hypnosis in the treatment of warts. In those who have been hypnotized, warts later disappear entirely on their own, without medicine or surgery. Since warts are virally induced, this striking phenomenon has fueled belief that hypnosis somehow mobilizes immune response.
- ✓ Other reports allege the effectiveness of hypnosis for quitting smoking without withdrawal symptoms. This is done by allowing direct access to the unconscious, thereby overcoming any conscious resistance to alleviating addiction.
- ✓ Hypnosis allegedly facilitates successful weight loss without the usual cravings of dieting by directly accessing and influencing the unconscious mind.
- ✓ Hypnosis is reported to alleviate longstanding phobias such as the fear of flying, overcoming the binge/purge cycle of bulimia, and resolving deep inner conflicts stemming from childhood sexual abuse, posttraumatic stress, and other serious psychological syndromes.

But what does it really mean to be under the influence of hypnosis? Many of those working most closely with it are surprisingly uncertain about exactly what hypnosis is. The absence of a standard definition is far more than a semantic quibble. It appears to signify a fatal flaw in the way we think about hypnosis--and in the way we think about ourselves. Decades of searching with sophisticated technology have not yielded a single shred of evidence that hypnosis is an altered state of consciousness. Indeed, it may not be a mysterious mental state at all. It may turn out to be a powerful confluence of much more accessible social and psychological processes rather than a single extraordinary phenomenon. In all likelihood, hypnosis is a metaphor for selling our own intrinsic mental capabilities short. Hypnosis may

be the ultimate psychic sales spiel--a way for us to disown powers we already have and buy them back under a fancy label. What is Hypnotic Induction?

The ambiguity surrounding what it means to be under the influence of hypnosis starts right at the beginning, with no standard for hypnotic induction. Induction is supposed to be a ritualized set of procedures for bringing about the special hypnotic state. But it's not like a drug that's given in measured doses. There's no definition for what constitutes a dose of hypnotic induction. And here's the rub: in the absence of a standard, it is not possible to evaluate the effects of the induction process or even to state conclusively when a person is, or is not, undergoing hypnosis.

In the stereotypical image of hypnotic induction, there's an interaction in which one person temporarily assumes authority over another. The hypnotist gives the subject suggestions to relax and focus, to become compliant, to imagine situations such as an arm becoming heavy or a fly buzzing around the room, and then to follow suggestions meant to be therapeutic, such as letting go of pain and imagining another sensation replacing it.

In reality, however, almost any exchange imaginable has been defined as hypnotic induction, even an ordinary conversation. For some therapists induction is little more than another word for a typical psychotherapy session. For others the term implies helping a patient achieve an intensely focused and dissociated state of consciousness or the skillful use of suggestions such as, "You begin to notice the pain fading into the distance," or "You will be able to let go of the habit easily." And so-called self-hypnosis doesn't require two people.

A Trance Perchance?

Even if hypnotic induction withers in the light of scrutiny, surely there's some resulting state of mind all hypnosis subjects share regardless of the means used to achieve it? The Holy Grail of hypnosis research is a measurable trance state in which people somehow gain direct access to the deeper recesses of the unconscious, transcend pain, and stimulate their immune response. Such a state would reasonably be expected to show up as a signature pattern of brain waves or physiological correlates akin to the rapid eye movements of dream sleep.

Unfortunately, attempts to find brainwave patterns that distinguish hypnosis from ordinary waking consciousness have not panned out. The rare physiological sign of hypnosis spotted in the laboratory has failed to prove the existence of a hypnotic state. When Stanford psychiatrist David Spiegel, M.D., told hypnotized subjects to focus their attention elsewhere while receiving mild electric shocks, they showed a decreased physiological response to pain. But the same effect could be elicited from subjects not undergoing hypnotic induction--just by getting them to focus their attention elsewhere. "Every time we thought there was a physiological indicator it hasn't held up," concedes Thurman Mott, M.D., editor of the *American Journal of Clinical Hypnosis*.

THE FAILURE TO SNIFF OUT OBJECTIVE EVIDENCE of a trance state has its effect. "It's nonsensical to argue that hypnosis involves some sort of special state when we can't find it no matter how long we look," says Robert Baker, Ph.D., author of *They Call It Hypnosis* and professor emeritus at the University of Kentucky, "Eventually you stop looking. It's like looking for ether." Baker has been practicing hypnosis for more than 20 years and has published original research in the field. "After doing all this work," he says, "it has become obvious to me, as it has to many people, that there is no such thing as an altered state of consciousness known as hypnosis."

It is entirely possible that hypnosis begets a state of mind that eludes current means of measurement. So, like spotting the tracks of Bigfoot, hypnosis proponents have tried to

show that such a state exists by pointing to its alleged effects. Some seemingly miraculous bit of human behavior--say, calmly enduring a root canal without anesthesia--is seen as a sign that hypnosis was there.

But that doesn't hold up either. Even without hypnosis or any other known anesthetic, people sometimes simply do not respond to pain.

Terms of Endearment

Lacking objective criteria for defining the experience, some proponents of hypnosis invoke terms that are more poetic than scientific. For clinical psychologist Jeffrey K. Zeig, Ph.D., keeper of the Ericksonian flame as founder and director of the Milton Erickson Foundation in Phoenix, hypnosis is a lot like love: "Falling in love is an experience we all know that we have, but how do you define it objectively?" Being under the spell of hypnosis is more of a subjective state of mind than an objectively measurable altered state of consciousness, he contends.

So do many other clinicians. The upshot is there's no consistent and agreed-on set of procedures among practitioners. Any therapeutic incident can be considered hypnotherapy--as long as a therapist says it is. According to Nicholas Spanos, Ph.D., a leading Canadian hypnosis researcher and coeditor of the professional tome *Hypnosis: The Cognitive Behavioral Perspective*, therapists have designated as "hypnotherapy" such diverse procedures as psychoanalytic age regression, direct suggestion for symptom removal, systematic desensitization, and other behavioral therapies. The only thing really tying these together is the name "hypnosis," with its attendant aroma of altered states and unusual psychological mechanism--"mythology" in the words of Spanos.

Then there are those who insist that hypnosis is a psychotherapeutic method favored by the late Erickson himself: the strategy of immediately directing a patient toward solving a problem rather than stopping to analyze its causes. But this so-called strategic approach is also practiced by those who do not consider it hypnosis and is widely used by family therapists and crisis-intervention centers all over the country.

In the laboratory the guiding concept behind much research is the notion that hypnosis is not only a special state of consciousness but one that some people are better than others at entering.

Roughly 15 percent of the population is held to be highly hypnotizable. About 25 percent are thought to be not hypnotizable at all. Researchers have expended a great deal of effort on attempts to identify highly hypnotizable people--they'd be proof positive of the existence of a special hypnotic state. Enter the hypnotic susceptibility scale. One of the most widely used scales was cocreated in 1959 by Stanford's Hilgard.

In the Stanford Hypnotic Susceptibility Scales, subjects who undergo hypnotic induction are given 12 suggestions--imagine a mosquito buzzing around, imagine a weight in one hand--while the hypnotist watches for evidence of responsiveness such as shifting position to avoid the insect. On a scale of zero (not hypnotizable) to 12 (highly so), subjects are scored by the degree to which they appear to heed the 12 suggestions.

Recently 50 Stanford alumni were retested and received almost the identical susceptibility scores they got 25 years ago. That, to Hilgard, is evidence that hypnotizability is a stable--that is, innate--psychological trait. "That gives you a feeling you're measuring something," he says, and that those who rate high must be entering a special state of mind in order to perform.

But measuring external responses doesn't get at internal states, points out Charles Tart, Ph.D., the famed altered-states researcher at the University of California at Davis and the

author of *States of Consciousness*. Some people just go along with the experiment and some really feel something unusual. "Those different types of involvement may or may not involve an altered state," says Tart. *A Talent for Compliance*

Pursuing hypnosis as a single state of mind may make no more sense than viewing ordinary waking consciousness as a unified state. "A whole range of things commonly go under the name of hypnosis," says Tart. "People are lumping together a lot of different states, inner experience, and external phenomena. It's only in our ignorance that we treat everyone who undergoes hypnotic induction as if they're all having the same experience."

Hypnotic-susceptibility scores may reflect little more than a person's expectations and attitudes toward hypnosis and his or her willingness to comply with the test situation. Those who rate as high hypnotizables may not be faking outright, but they may be more inclined to suspend their disbelief and do what is asked of them-- with or without entering a special state of consciousness.

Common laboratory attempts to validate distinctions between high and low hypnotizables may be similarly flawed, as they, too, rely on self-reports. In one such test, patients plunge a hand into icy water following hypnotic induction. Presumably only those very susceptible to hypnosis will report no pain. But critics see it differently.

If high hypnotizables are just those most willing to comply with the experimenter's wishes, then they are most likely to report having achieved the desired effect. "What they're really doing is selecting people who will be most responsive to manipulation," says Kentucky's Baker.

When the patients know whether they are hypnosis or nonhypnosis test subjects, the situation is even less like a scientific experiment than an exercise in placebo psychology. What's more, most clinical reports claiming success with hypnosis to cure medical and psychological ills are anecdotal--they lack control groups for comparing the effectiveness of treatments.

Calling the evidence anecdotal rather than experimental does not dismiss what happens when someone undergoes hypnotic induction and overcomes a longstanding fear of flying or a chronic case of warts. It just doesn't explain it. Nor does it easily account for such phenomena as calmly allowing a limb to be amputated without anesthesia.

A Dance, Not a Trance

It may be possible to explain the effects attributed to hypnosis without invoking the existence of a unique altered state of consciousness. Whether or not hypnosis creates a single state of mind, it clearly involves a complex combination of other social and psychological factors. Chief among them are role-playing, imagination, motivation, and powerful responses to suggestion. In the emerging view of many researchers, understanding how these factors play together in the context of a social setting may provide the real key to understanding hypnosis.

No matter how hypnotherapy is defined or applied by its practitioners, the hypnotic interaction always involves a social process in which an individual takes on the role of an hypnotic subject. Simply enacting the role of a hypnotized subject begins with a certain element of role-playing and may even be a learnable ability.

But rather than being overpowered by the hypnotist, the hypnotic subject is a deliberately willing participant in the social process--whether or not he's aware he's being hypnotized. Assuming the role of hypnotic subject means striking a peculiar kind of bargain: temporarily agreeing to allow the hypnotist to assume a position of authority and to engage in a process of communication intensely focusing on a particular goal or problem.

Once a person agrees to enact the role of hypnotic subject, the bandwagon is rolling. "Some people get so deeply involved in role-playing that it feels as though they no longer have a choice in the matter," observes Tart. Taking on the role of hypnotic subject involves a kind of willing suspension of disbelief in one's own limitations.

Bringing Out the Power

T. X. Barber, a hypnosis elder statesman, says he's known "from the very beginning" that people can bring out their own inner capabilities by direct requests to think, feel, and experience in a suggested way, without any need for hypnotic induction. "In my first study for my Ph.D., over 35 years ago," says the author of *Hypnosis: A Scientific Approach*, "the control-group subjects were simply told very seriously to feel one extended arm becoming very heavy, that they were becoming exceedingly thirsty, that they couldn't unclasp their hands, and so forth. They responded in this amazing way that showed people have unexercised capabilities to experience things that are typically associated with the word 'hypnosis.' "

Further experiments led Barber to conclude that "the secret of hypnosis has several components. One is some people are superb subjects who are able to fantasize in a hallucinatory way and provide the drama and excitement. Another is that the majority of the rest can respond to suggestions far more than hypnotists have realized if the suggestions are given firmly--and without the complexities of calling it hypnosis or administering a hypnotic-induction procedure."

"Hypnosis is the art of securing a patient's attention and then effectively communicating ideas that boost motivation and change perceptions" of what's going on, adds psychologist D. Corydon Hammond, author of the group's 600-plus-page bible, *Handbook of Hypnotic Suggestions and Metaphors*.

Metaphor is the basic language of hypnosis. So is suggestion. The hypnotist doesn't simply say to a patient who is afraid of flying, "You are no longer afraid of flying." Instead, the hypnotist might suggest that the patient imagine that riding in an airplane is like riding in a car. To a patient about to undergo a painful procedure the hypnotist does not say, "This won't hurt a bit." Instead, the hypnotist might suggest that the patient experience the pain as a feeling of warmth or pressure.

Because therapists do not know which ideas will be best received by any patient, they cast out an assortment of suggestions and metaphors. A person afraid of public speaking might be told, for example, to focus on all of the anxiety the situation engenders before getting up to speak and then let go of it, and to imagine the audience as a group of close personal friends.

The most effective hypnotherapists are therefore not those who exude some supernatural power of magnetism but those who are skilled at communicating with their patients in the language of metaphor and suggestion. Here is where the talent of Erickson is said to have revealed itself. His success as a hypnotherapist may have had more to do with language than with any supposed state of mind.

Power to the People

For every reportedly successful application of hypnosis, other possibilities than an altered state of mind readily suggest themselves. Critics offer these alternative explanations so we can know that the powers have really been ours all along.

☐ Those who seek out hypnotherapy to overthrow anxieties, phobias, or habits like smoking and overeating are, by definition, already highly motivated to change their behavior. They also have a certain amount of faith in the hypnotic process. By taking on the role of hypnotic

subject and agreeing to listen to positive suggestions, they are demonstrating their commitment to overcoming personal problems. In itself, evidence suggests, this commitment may alter a person's innermost frame of reference and impact the subtle ecology of the unconscious, with no boost needed from hypnosis.

Phobias and bulimia may be more severe disturbances, but that doesn't make them any less subjective in nature. Recent studies at Stanford and elsewhere show that people with such disorders also tend to score high on hypnotic susceptibility scales and to respond favorably to hypnotic intervention. The connection?

WHAT IS A PHOBIA IF NOT "a kind of environmentally suggested anxiety," says psychologist Joseph Barber, Ph.D., president-elect of the Society for Clinical and Experimental Hypnosis. "The very capacity that lends itself to developing the problem is the same that lends itself to solving it." Call it suggestibility. Phobias may be especially responsive to suggestions, whether or not the suggestions are wrapped in hypnosis.

Phobias are one thing; surgery is another. The truth is, though, that beyond the initial skin incision, much internal tissue is not pain-sensitive. In anecdotal reports of surgery conducted under hypnosis, it is not clear that those who are reportedly pain-free are anything more than stoic or turning their attention away from it without entering a unique hypnotic state.

As with surgery, warts respond to suggestions alone. In one set of studies, patients simply given the suggestion their warts would disappear did as well six weeks later as patients given the same suggestion under hypnosis, and both did better than a control group given no suggestion. "Now that's pretty amazing," says Canada's Spanos. "The hypnosis doesn't do anything. But what's amazing is that some psychological procedure is influencing a virally induced physiological process."

And lastly, some claims for hypnosis are not what they seem. "You can find reputable clinicians who will tell you that hypnosis can be used to recover memories of past events in a totally reliable way," says Joseph Barber. "But there's very good evidence that's not the case. Some will tell you that age regression in hypnosis really regresses people back to some early place in their life. That's also not true. Age regression is a metaphor. Nobody is really regressed to an early age. Even people who accurately remember things are not literally reliving that moment."

After examining the claims, the Council on Scientific Affairs of the American Medical Association recently found no evidence that hypnosis increases the accurate recollection of the past. In fact, it said, suggestions integral to the hypnotic process may even lead some people to fantasize freely and confuse suggested scenarios with authentic memory.

What, in the end, does it mean to be under hypnosis? Its influence resides more in a power transaction between hypnotist and subject than it does in some hypothetical paranormal state of consciousness. It's not that the claims made about hypnosis are wildly exaggerated. Many of the effects attributed to hypnosis really do occur. But packaging them under the label "hypnosis" conceals what is really going on. It doesn't even begin to suggest that they are our very own powers and there might be ways for us to get at them directly and entirely on our own.