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Sources: **Uncovering the new science of clinical hypnosis**, American Psychological Association, 2024, Vol 55, No 3
<https://www.apa.org/monitor/2024/04/science-of-hypnosis>

The use of hypnosis for therapeutic purposes is referred to as "**hypnotherapy**",^[15] while its use as a form of entertainment for an audience is known as "**stage hypnosis**", a form of **mentalism**. [Wikipedia]

Hypnosis seems to be a trance state of focused attention with reduced peripheral awareness that is guided by an outside agent who makes clinically relevant suggestions to address specific changes. In the lab, hypnotic suggestion can change executive function (e.g., the Stroop effect) and brain correlates of color vision.

"If you look across the literature, some studies use hypnosis to induce visual hallucinations, others to modulate pain or memory. Given these very different phenomena, it's not that surprising that we don't find a single brain region or network involved in hypnotic suggestion,"

Clinical hypnosis may be most effective in combination with other therapeutic approaches like cognitive-behavioral therapy (CBT).

"... people who are higher in hypnotizability tend to be lower on perseveration, more easily adopting new information that overrides previous knowledge. In other words, those who are more responsive to hypnotic suggestions appear to have more cognitive flexibility."

Some successful applications:

- 1) Smoking cessation
- 2) Pain management
- 3) Phobic desensitization through relaxation and extinction. E.g. panic attacks, PTSD
- 4) Anxiety and Depression
- 5) Weight management and eating disorders
- 6) Sleep disorders

Problems, issues and discussion questions:

- 1) Individual differences in "hypnotizability." Training / exposure effects.
- 2) Release of agency to the therapist.
- 3) Brain mechanisms include deactivation of prefrontal cortex executive functions and activation of perceptual or emotional control centers depending on the hypnotic suggestion.
- 4) Is hypnosis a placebo effect? Does it matter?
- 5) Hypnotizing an individual may aid the formation of false memories. See dubious forensic applications.

A Very Brief History of Hypnosis

Condensed from a lecture given as part of History of Pseudoscience and the Occult
Peter G. Sobol

The history of hypnosis begins in the 18th century, when the success of Newtonian physics and optics suggested that the idea of gravitation and the apparent success of treating heat, electricity and magnetism as fluids might have wider applicability. The best known of these pioneers was Franz Anton Mesmer (1734–1815) who held degrees in philosophy, law, and medicine, and who, while dismissing astrology, suspected that planetary gravitational effects created tides in the human body in the same way that, as Newton had shown, the Moon and Sun created tides in the ocean. Mesmer was also influenced in this endeavor by another Newtonian, Richard Mead, *On the Role of the Sun and Moon over the Human Body and the Diseases Arising Therefrom*, 1704. The same force that was manifest in physical gravity might also be manifest in what came to be called animal gravity.

Mesmer believed that it was magnetism, not gravity, that was affecting patients. He treated one of his first patients by making her drink iron salts and then placing magnets on her body, attempting to influence the flow of the fluid that it was believed moved through nerve cells. But later Mesmer came to believe that it was something about him, not the magnets, that affected his patients, which he called at first animal gravity, then animal magnetism, to oppose it to the physical magnetism of magnets.

Mesmer wound up leaving Vienna for Paris where his treatment attracted many patients, who were sometimes treated in groups around a wooden tub filled with “magnetized” bottles of water laid amid iron filings and powdered glass, all submerged in water. The treatment was undoubtedly popular although evidence of cures is slim because information on patient symptoms is vague. Some reputed cures have been attributed to avoidance of standard therapeutics such as bleeding. “But,” wrote Frank Podmore (1856–1910), a member of the Society for Psychical Research, “it is impossible after reading these reports to doubt that, in a large number of cases, obstinate and long-standing ailments, which had resisted all the ordinary remedies, were cured or substantially alleviated.” *From Mesmer to Christian Science: A Short History of Mental Healing*, University Books, 1963, p. 10.

Some patients became followers, including Charles Deslon, MD (1750–1786) who wrote *Observations sur la magnetisme animale*, 1780. Deslon began his own practice, forcing Mesmer to take paying pupils who would keep the technique a secret and give him a portion of their fees. But it didn’t work.

A committee formed by the Royal Academy conducted an inquiry into Mesmerism in 1784. On the committee were four physicians and five Academy members including Benjamin Franklin and Antoine Lavoisier. They concluded that there was no magnetism, and that reputed cures were attributable to the imagination of the patients. The supposed basis for the diseases and the cure was rejected, but the effects were not.

Mesmer’s work continued to attract interest in Europe. More studies were performed, reaching the same conclusion: there was no evidence for magnetism as the cause but the effects were undeniable. The fringe nature of the therapy wasn’t helped by that fact that “In particular he [Mesmer] had obtained the support of women who savored the unorthodox tactile methods of treatment, which were always carried out by male doctors behind closed doors.” Roger Hahn, *The Anatomy of a Scientific Institution: The Paris Academy of Sciences, 1666–1803*, 1971, p. 93.

James Braid (or Brade) (1795?–1860) coined the term “neurohypnotism,” later shortened to “hypnotism.”

While there was no evidence of any magnetic connection between therapist and patient, there was clearly a *rapport*. The openness of the patient/client to suggestion remains one of the hallmarks of the hypnotic trance.