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British Society of Clinical and Academic Hypnosis

## A brief History of Hypnosis in Medicine

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### The Early Years – pre 1600

If we consider hypnosis in the context of the contemporary state of knowledge, medicine and social change, we can trace the importance of belief in healing right back to primitive cultures. Since early history priests and witch doctors have attempted to bring about healing by inducing an altered state of consciousness. This was often facilitated by rhythmic drum beats or chanting, dancing and drugs, superimposed upon an elaborate ritual. When man was searching for an explanation for the inconsistencies of life he believed disease to be a Divine manifestation. The Ancient Egyptians had their Temples of Sleep, and the Greeks their Shrines of Healing, where patients were given curative suggestion whilst in an induced sleep. Hippocrates (430 BC) was aware of the importance of harmony between mind and body, and described the mind as the 'seat of emotion'. It is possible to ascribe to hypnosis many miracles described in the Bible, and later to the miracles and cures ascribed to holy men, relics and shrines. Between the times of the Romans and the sixteenth century medicine was based largely upon folklore and remedies having little scientific basis. As dissection was frowned upon it was not possible, except in a few notable cases (e.g., Leonardo da Vinci, circa 1500), to study detailed internal anatomy until well into the sixteenth century. Although Galen (170 AD) had described a circulatory system it was not until 1628 that Harvey published his work on the heart and the circulation of blood. Chemical anaesthesia did not appear on the scene until the mid-nineteenth century. Prior to this alcohol and opium had been used, but surgery had been brutal and, of necessity, carried out at high speed. (A British surgeon, William Cheseldon, is reported to have removed a stone from the bladder in 54 seconds !) The work of James Esdaile (see later) should be viewed in this context. In addition to physical trauma and shock, post operative infection almost invariably followed surgery and accounted for a huge mortality rate. Again we should view Esdaile's extremely high recovery rate in this context, and bear in mind the fact that it was not until well into the nineteenth century that surgical asepsis became recognized as being fundamentally important.

### Development of hypnosis - ongoing 1530

Paracelsus elaborated the theory that the heavenly bodies exerted an influence upon disease and healing, working through an all pervading universal magnetic fluid 1765 Franz Anton Mesmer, a Viennese doctor, stated that man could influence this magnetic fluid to bring about healing, and he established salons where patients applied magnets to afflicted parts of their body. Later he moved to Paris where he further developed his theory. It was thought that a convulsive crisis was necessary for a cure to take place.

#### 1784

Louis XVI set up a commission of investigation, which included Benjamin Franklin, M. La Guillotin, and La Voisier. Their conclusion was that magnetism with imagination produced a convulsive crisis, but magnetism alone did not. Mesmer was discredited, but his Society of Harmonies continued. Le Marquis de Puységur, a member of the Society, found that a crisis was not necessary. He believed that the magnetic power was produced in his own mind and was transferred to the patient via his fingertips. He found that he could produce a sleep in which the patient would follow his commands - very authoritarian - and introduced the terms, "perfect crisis" and "profound sleep".

#### 1837

John Elliotson, Professor of Medicine at UCH, London, organised public clinical demonstrations of a wide range of hypnotic phenomena, exhibiting effects on voluntary and involuntary muscle, analgesia, somnambulism, hallucinations etc., which he attributed to the magnetism theory. On his forced resignation he edited a journal, *The Zoist*, in which he reported the work of James Esdaile, a Scottish surgeon working in India, who had performed several hundred operations quite painlessly using hypnosis (mesmerism) alone as an anaesthetic. He or an assistant would produce a state akin to suspended animation, now known as the Esdaile State, by stroking the patient's body for several hours. He recorded that fatal surgical shock or post operative infection occurred in only 5% of cases compared with the then norm of 50%. The British medical establishment rejected these claims.

#### 1841

James Braid, a Manchester doctor, saw a demonstration of mesmerism by a French man La Fontaine, and applied the methods within his practice. He found that patients having gazed at his bright lancet case would enter a profound sleep, and in this state would accept his suggestions aimed at cure. He assumed that staring at a bright object exhausted the nervous system, and that the phenomenon was not to do with magnetism.

#### 1884

In Nancy, France, Dr. Ambroise-August Liebeault, found that he could bring about cures in this state simply by suggestion.

#### 1886

He was joined by Professor Bernheim, from Paris, and together they published 'De La Suggestion' in which they rejected the concept of magnetism. They established the Nancy School, and set up the Animalist Movement. Around this same time Jean Martin Charcot was demonstrating his views at the Salpêtrière Hospital that hypnosis was a pathological state akin to hysteria, the two phenomena being interchangeable. Following conflict between the two schools, Bernheim's view was accepted and Charcot discredited. However, two of Charcot's pupils were to have a huge impact on psychological medicine.

#### 1890

Josef Breuer and Sigmund Freud developed the application of hypnosis beyond the mere suggesting away of symptoms, and changed the approach to the elimination of their apparent cause. Breuer found that in hypnosis patients would often recall past events and in talking about them would experience an emotional outpouring, subsequently losing their symptoms. This he called his talking cure, (we would now refer to this emotional state as an abreaction). Freud was also looking at the dynamics and history of illness, but after earlier work with Breuer he left hypnosis in favour of his work in what was later to

give rise to psychoanalysis.

## 1914-18

During the Great War the Germans realised that hypnosis was of value in the immediate treatment of shell-shock, allowing soldiers to be returned rapidly to the trenches. A formalised version of hypnosis, autogenic training, was devised by a German, Dr. Schultz. Post 1945 Milton Erickson, (1901-1980) brought up on a farm in Wisconsin, was doubly qualified in psychology and psychiatry. He was apparently dyslexic, tone deaf and colour blind, being able to see only the colour purple. Like Clark Hull before him, Erickson contracted polio as a very young man, and was immobilised for many months, and physically debilitated for the rest of his life. He is quoted as saying that his physical limitations had made him more observant, and certainly his powers of observation were legendary. It is not possible adequately to describe the life and impact of Milton Erickson in this short space. Literally thousands of books and papers have been written about him and his work, and his modus operandi has been copied and distorted by a plethora of practitioners under the guise of Ericksonian techniques. Erickson perceived from his own experience that, in contradiction to the then current view, people responded in individual ways to induction, and could also vary in their degree of trance and the extent to which they would follow the hypnotist's suggestion. From this he developed the inspiration that the therapist should enter the patient's world and let them slide into trance with whatever that patient presents at that time. He wrote with great authority on techniques of trance induction, experimental work exploring the possibilities and limits of the hypnotic experience, and investigations of the nature of the relationship between hypnotist and subject. A major innovation in Erickson's therapeutic technique was that effective treatment was not necessarily dependent upon the formal induction of trance. He believed that his patients had problems because they were out of rapport with their unconscious minds, and that by using trance to reduce the demarcation between the conscious and unconscious minds the patient could regain rapport with his unconscious, and thus access his own resources. In addition, and crucially, his almost uncanny use of the power of language and imagery, of metaphors (often based on his own life), confusing statements, surprise and humour would cut instantaneously through to the patient's own experience and comprise a major part of his vast range of therapeutic tools. The fact that Erickson became a cult figure would not have pleased him, any more than the fact that therapists attempting to use aspects of his technique within 'Ericksonian Therapy' were often ignoring the intuitive and observational skills that the man had possessed which over-rode mere technique. Following Erickson, Richard Bandler and John Grinder, amongst others, have studied and codified his subtle techniques in the development of neurolinguistic programming, (N.L.P.) which currently has a very high profile not only within medicine, but also within business organisations and industry. Hypnosis is currently seen as a tool rather than as a cure in itself. It is used in simple relaxation techniques for nervous dental and medical patients; as an adjunct to chemical sedation and anaesthesia; as relaxation therapy in the handling of stress and related disorders; in obstetrics and antenatal care; in the management of intractable pain, cancer and terminal illness; as an adjunct to psychotherapy, and in the management of a wide range of phobic, anxiety and other medical and psychological problems. Hypnosis is a constantly evolving and ever changing field.

Martin Orne was born in 1927 in Austria. His family moved to the USA and in due course Orne qualified as a psychologist before obtaining a medical degree and becoming a psychiatrist. As an undergraduate at Harvard he launched a bombshell with a paper dispelling many of the myths associated with the use of hypnosis for age regression. He proposed that the adult under hypnosis is not literally reliving his early childhood but presenting it from the perspective of adulthood. The repercussions of this were to continue to rage many years later in the controversy surrounding false memory syndrome. Further repercussions occurred from his conclusion that in crime investigation hypnosis could encourage witnesses to confabulate or "remember" things they could not actually have seen or experienced. As a result of his expertise in this field Orne was often called as an expert witness in high profile cases, for example testifying on behalf of Patricia Hearst, the heiress. Dr Orne also had a particular interest in the study of multiple personality disorders, and again was able to display his skills as an expert witness in a number of nationally important cases. His high profile and his term as President of the International Society of Hypnosis were instrumental in promoting hypnosis as a respected and respectable skill within psychology and medicine as well as within the legal field.

Ernest Ropiequit Hilgard (1904-2001) was appointed Professor of Psychology at Stanford California in 1933. His major early interests were in learning and motivation, and two of his textbooks, *Theory of Learning* (1948) and *Introduction to Psychology* (1953) became classics. In the 1950s he and his wife Josephine, Professor of Clinical Psychiatry at Stanford became pioneers in bringing to hypnosis the discipline of scientific study. Hilgard recognised a need in research for a standard by which to measure depth of hypnosis and hypnotic susceptibility, and the Stanford Hypnotic Susceptibility Scale which he devised in 1959 is still in wide use today. In 1957 they established the Stanford Laboratory of Hypnosis Research. Here they experimented with hypnotic pain reduction and two books in particular, *Hypnosis in the Relief of Pain* (1975) and *Divided Consciousness* (1977), became landmarks in the objective study of hypnosis. Hilgard further developed Janet's earlier work on dissociation into his theory of neodissociation, posing three stages of consciousness within hypnosis; the distorted reality, the hidden observer and the observing consciousness. This model, when brought together with the then contemporary Pain Gate Theory of Melzack and Wall, gave an elegant paradigm which remains just as fresh today, to explain the way in which hypnotic interventions can be so effective. John Hartland was a psychiatrist, a member of the BSMDH, and editor of the *Journal of Medical Hypnosis*. His comprehensive textbook on clinical hypnotherapy, *Medical & Dental Hypnosis* was published in 1966. Hartland described straightforward techniques for ego, employing direct suggestions of a general nature, aimed at increasing the patient's self confidence. The book, now in its fourth edition, became a 'bible' for the medical or dental student of hypnosis. The study of psycho-neuro-immunology (PNI), the conduits through which our emotions and thoughts may affect our health came into prominence in the 1980s, and a major influence in this study remain Dr Ernest Rossi. In his early years Rossi worked with and co-wrote many papers with Milton Erickson, and is editor of Erickson's collected papers. In 1986 he published a major book, *The Psychobiology of Mind-Body Healing*. His painstaking research into psychobiology and state dependent learning has resulted in a large number of publications in which he describes the mind-body pathways, and applies hypnotic techniques in utilising these pathways to bring about healing.

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