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Hypnosis: A Medico-Moral Evolution

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In the United States, only three out of one hundred Americans deny the existence of God. Yet, in science, secularism is the order of the day. The more medicine has been practiced as an art and less as a science, the more it has strayed from its Source of power which regulates the destiny of Nations. Lincoln: "... in the right, with God's help I will firmly stand." Roosevelt: "We humbly beseech Almighty Being who rules over the universe to guide me in the days to come." Eisenhower: "... I ask the help of Almighty God, the God of our fathers, Who has given us a guiding light to see the right ... In the Judicial, Supreme Court Justice, Robert H. Jackson, stated: "O'er can hardly respect a system of education which would leave the student wholly ignorant of the currents of religious thought that move the world society." In 1952, Supreme Court Justice, William O. Douglas, said: "We are a religious people whose institutions presuppose a Supreme Being." In the Legislative branch, a bill enacted by both houses in 1954 added the words "under God" to the pledge of allegiance to the flag. In 1956 Congress, by a principle which Secretary of the Treasury, Salmon P. Chase, had engraved on all coins in 1863, since such are the proclamations of our national leadership, it is fitting and proper that a profession of Faith be a formal part of a national convention devoted to the profession of Faith. During the annual A.M.A. convention a Memorial Mass was offered for all deceased members; at the same time an exhibit is maintained in the Convention Hall. Make every effort to do three things when you come to Atlantic City in June. Attend the Memorial Mass at 5:00 p.m. at St. Nicholas Church. Wednesday, June 10. Register at Booth, M-26-a, the Federation Exhibit in Convention Hall. Have delegate representation at the Executive Board meeting, 9:30 a.m. at Hotel Dennis, June 10. Observers are welcome. Be a "Chapterman"! Show a personal and practical responsibility in restoring love and truth of Christ in the market-place.

WILLIAM J. EGAN, M.D.
many have thought that a state of hypnosis could not be produced by natural powers, but only by some pretended power which they ascribed to the evil spirit. As a result, the word “hypnotism” has been used to signify spiritualistic phenomena founded in superstition or in the working of the evil spirit. But the hypnotic state is not a state induced by so-called “occult” practices, nor is it associated in nature with witch-craft, black magic, spiritualistic seances, or the like. Hypnosis is not fakery or foolishness; it is not merely a sort of game or entertainment. Hypnosis is not fakery or the like. Hypnosis is not fakery or foolishness; it is not merely a sort of game or entertainment.

Today we know that the induction of an hypnotic state need not transcend the natural powers of man. Hypnosis is founded in relaxation, concentration, and suggestion. By suggestion the hypnotist induces a relaxed subject to concentrate his attention so intensely on one object that he will become aware of all things. After the subject is hypnotized the object is fully hypnotized, that is, it remains silent and inert. It has been said that the hypnotic state is “not a state induced by so-called “occult” practices, nor is it associated in nature with witch-craft, black magic, spiritualistic seances, or the like. Hypnosis is not fakery or foolishness; it is not merely a sort of game or entertainment.

As we would readily conclude the hypnotic state in the individual case can be more or less superficial or more or less deep. Some authors give as many as nine different hypnotic states according to the depth of the hypnotic state. Others, restricting the number to include the nine or ten within a certain number of four or five, ordinary distinctions are made between what are called “waking hypnotic state,” “waking hypnotic state,” “superficial state,” “somnambulistic state,” and the “coma or trance state.” Also, depending on how widely he interprets and applies the term, hypnosis, one doctor will find a state of hypnosis where another will deny its presence. One doctor will maintain, for example, that the method of so-called “natural childbirth” is not a type of hypnosis, whereas another doctor regularly using hypnosis and practicing in the field of obstetrics and gynecology maintains that it is.

There is also wide variation in the techniques of inducing the hypnotic state. Seemingly there is little superiority of one method over another, when each is competently applied. If the hypnotist is confident in his technique, if he is sufficiently persuasive and persistent, and if he knows how to shift his technique in accordance with the changing reactions of his subject, he will probably be rewarded with a maximum of induction successes. All literature on the subject agrees that it is easy to learn how to hypnotize. Judgments among hypnotists still differ markedly on two points that most intimately touch the field of morals. Some maintain that those in an hypnotic state will refuse to execute commands which in their usual state of mind they would not do because of moral objections. Others judge that they can induce a person under hypnosis to act contrary to the dictates of his conscience. To these latter the extent to which the hypnotized person will follow the suggestions of the hypnotist seems to depend on the depth of the hypnotic state. There is also definite disagreement about whether it is possible by suggestion to induce an hypnotic state in an unwilling subject.

Another type of hypnosis coming to the fore today is self-hypnosis or auto-hypnosis. This is not the same as auto-suggestion. In auto-suggestion there is no relation, real or fancied, with any other person. In self-hypnosis there is implied a relation between two individuals: the subject and his hypnotist. Certain physicians will hypnotize a particular patient and instill in him a post-hypnotic suggestion that the patient can by performing certain actions hypnotize himself when he wishes. From what has been said so far, it is apparent that although hypnosis is being used today as a medical procedure, a great deal of work must yet be done to explore more thoroughly its nature, and to determine more accurately its long-range effects as well as criteria for the selection of patients.

II. MEDICAL USES OF HYPNOSIS

In general, hypnosis today is a recognized aid to medical and psy-
hysteria. It may also be of value for a patient's personality, however, habits of thought and behavior.

4 In such conditions, as in migraine headaches, chronic pain (such as is found in final cases of cancer), and operative pain, all have been treated by hypnosis. In all three there is the obvious advantage that in these cases habit forming drugs are altogether unnecessary or needed in only relatively small amounts.

When an anesthetic during surgery is used, hypnosis has been used without any drugs, and as an adjunct to the use of drugs. By itself, hypnosis has been used frequently enough in dentistry, in painful diagnostic examinations, and in minor surgery (such as tonsillectomy and plastic surgery). When it is used in major surgery, it is usually used as a valuable adjunct to the use of drugs. By itself, hypnosis has been used more often enough in dentistry, in painful diagnostic examinations, and in minor surgery (such as tonsillectomy and plastic surgery). When it is used in major surgery, it is usually used as a valuable adjunct to the use of drugs.

In the field of obstetrics, the use of hypnosis as an anesthetic in his work at Alexian Brothers Hospital, Chicago, Illinois, has used it in doing major surgery when unfaorable reactions to chemical anesthetics have rendered their use practically impossible, hypnosis has been used successfully by itself. Doctor Joseph Tobin, who uses hypnosis as an anesthetic in his work at Alexian Brothers Hospital, Chicago, Illinois, has used it in doing major surgery when unfavorable reactions to chemical anesthetics have rendered their use practically impossible.

We would welcome a really scientific evaluation of the use of hypnosis in obstetrical practice, as it is an area of obstetric practice, as in migraine headaches, chronic pain (such as is found in final cases of cancer), and operative pain, all have been treated by hypnosis. In all three there is the obvious advantage that in these cases habit forming drugs are altogether unnecessary or needed in only relatively small amounts.

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needed is a positive answer to the question whether the patient is willing and can be hypnotized.

It is also noteworthy that according to an estimate made by Doctors Sol T. DeLee and William S. Kroger only about 10% of carefully selected patients can be hypnotized sufficiently to allow major surgery without the aid of drugs.

Doctor Lewis Wolberg in his study, "Current Practices in Hypnotherapy," (p. 230), gives the following excellent summary of the medical uses of hypnosis:

Employed by a reasonably trained professional, within the context of a structured therapeutic program, with proper awareness of limits of its application and with appropriate timing, hypnosis can make a contribution as an adjunct to any of the manifold branches of psychotherapy whether these be directive, nondirective, suppository, re-educative, or psychoanalytic. Hypnosis also has value as a reassuring and analgesic agent, both as a means of improving apprehensive patients and as a mode of lessening pain. It has been used with effectiveness as a preliminary measure in electric shock therapy, obstetrics, minor surgery, plastic surgery, dentistry, and diagnostic examinations such as bronchoscopy and sigmoidoscopy. The dangers inherent in its use are few or non-existent. If it is skillfully employed by a responsible operator.

III. DANGERS

That there are dangers from the use of hypnosis cannot be denied. The British Medical Association in their report summed up the matter this way:

The dangers of hypnosis have been exaggerated in some quarters. The Sub-committee is convinced, however, that they do exist, especially when used without proper consideration on persons predisposed, constitutionally or by the effects of disease, to severe psychosomatic reactions or anti-social behavior. In a case report of a patient who had severe changes in his life is not entirely to be relied upon.

Predisposed persons are led by some doctors to believe that they have latent, that is, or fully concealed, paranoid tendencies. But many doctors believe that paranoid patients would reject the use of hypnosis.

Doctor William J. DeLee, M.D., says that it is "very questionable whether hypnosis should be used in the case of a schizophrenic personality. I did not say schizophrenic psychosis." Doctor John W. Nurnberger adds that the primary danger for a psychiatric patient is the coercive achievement of a seemingly desired goal for which the patient is not otherwise prepared.

Another doctor, who wishes to remain anonymous, mentions the danger of what happened under hypnosis. He says that it is "very easy for the hypnotist to cancel suggestions, not specifically stated, with the result that the patient is left with an uncontrolled adverse post-hypnotic effect, the removal of symptoms without discovery of the cause, masking of possible symptoms, fears of the patient due to lack of knowledge of what happened under hypnosis and consequent distrust of the doctor.

Doctor Harold Rosen of the Johns Hopkins University School of Medicine cautions against the use of self-hypnosis. "This," he says, "is the whole of psychology with nothing added, and a potential for harm." By way of explanation he continues:

The desire for self-hypnosis, when the patient is not prepared to be hypnotized, is growing rapidly. A hypnotist, when investigating frequently out to be a desire to further familiarize the patient with the hypnotic process. The result is that he could run into psychological reactions with which he is not prepared to cope. The person hypnotized can have severe emotional upsets due to the embarrassment he experiences after hypnosis. To see others laughing at him and to be unaware of what really happened can have a permanent effect upon the subject. One doctor reports that he saw such cases. If the hypnotist actually induces a hypnotic state before an audience, there is some danger that some members of the audience also will be hypnotized. This is dangerous because the hypnotist might not even think of the need to bring these individuals out of their hypnotic state.

Before we conclude this treatment of dangers we should say something about the dangers of hypnosis used specifically for entertainment purposes. While there are exceptions, in almost all cases the high pressure and speed required in stage work leaves much to chance. The entertainer-hypnotist does not know the person he is hypnotizing. He has not had previous conferences and background material so that he would know what not to ask the person to do. Even if he knew the information, he is not trained in psychological behavior; he does not know enough about human emotions and about the emotional bases of human behavior to avoid all danger. The result is that he could run into psychological reactions with which he is not prepared to cope. The person hypnotized can have severe emotional upsets due to the embarrassment he experiences after hypnosis. To see others laughing at him and to be unaware of what really happened can have a permanent effect upon the subject. One doctor reports that he saw such cases. If the hypnotist actually induces a hypnotic state before an audience, there is some danger that some members of the audience also will be hypnotized. This is dangerous because the hypnotist might not even think of the need to bring these individuals out of their hypnotic state.

IV. MORAL EVALUATION

In the nineteenth century, from 1840 to 1899, various authoritative directives were given by Catholic ecclesiastical authorities in Rome. Two answers each were given by the Holy Office and by the Sacred Congregation of the Inquisition, and a circular letter was sent by the latter Congregation to all
Bishops. These directives condemned the abuse but not the legitimate use of hypnosis. To illustrate what was contained substantially in all the directives we cite in detail the following question and answer. In 1840 the Holy Office was asked:

Should magnetism, considered in general and in itself, be judged lawful or not? On June 23, 1840, the Holy Office replied:

Where all error, divination, and explicit and implicit calling on the devil is absent, the mere act of employing physical means otherwise lawful is not forbidden, provided they do not tend to any unlawful or sinful purpose. But the application of principles and merely physical means to explain physically things and effects which are really supernatural is nothing but unlawful and heretical deception. 10

It is clear, therefore, that all use of hypnosis to further superstitious practices is morally sinful.

Within the past few years Pope Pius XII made two statements about hypnosis. The first in his address to an audience for gynecologists, January 8, 1956, the second to members of a symposium on anesthesiology, February 10, 1956.

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taintment value is not justification for the use of hypnosis, any more than it would be for drunkenness or any other temporary deprivation of the use of reason. For this reason and because of the danger involved we agree with the condemnation in the American Medical Association's report that "the use of hypnosis for entertainment purposes is vigorously condemned." Our judgment is that it is objectively sinful to use hypnosis just for purposes of entertainment. The matter itself is serious, although it does admit of parvity of matter. In an individual case, therefore, the sin could be venial.

3) The consent of the patient must be procured, because no one has the right to deprive another against his wishes of the full use of his faculties. It is not necessary, however, always to obtain the explicit consent of the patient.

4) "There should be no unjustifiable risk of harm for the patient." This requirement is always necessary for the lawful use of drugs, surgery, or other medical procedure.

5) And finally, "professional secrecy must be rigidly observed concerning the information gained in the course of the treatment under hypnosis." 15

The final capsule medicinal condition, therefore, is: No hypnosis is medically indicated, it is morally unobjectionable, that is, it is employed by a reasonably trained professional. 16

Requirements 4) and 5) are taken from Father Gerald Kelly's book, Medical, Moral Problems, quoted above, Chapter 31, "Narcosis and Hypnosis," pp. 284, 285.

This conclusion and these five requirements, in our opinion, are in accord with the Ethical and Religious Directives for Catholic Hospitals. The Catholic Hospital Association of the United States and Canada, Second Edition 1955, and in particular with No. 45 which reads as follows: "The use of narcotics or hypnosis for the care of mental illness is permissible when consent at least reasonably presumed of the patient, provided due precautions are taken to protect the patient and the hospital from harmful effects, and provided the patient's right to secrecy is duly safeguarded."

Young Doctors! The Smaller Communities Need You!

JAMES E. BOWES, M.D.

The Editor's Comment: The Catholic Hospital Association receives numerous requests for help to augment the staffs of member hospitals. Into this vital need on the part of Dr. James E. Bowes, a young Catholic obstetrician-gynecologist engaged in practice in Salt Lake City, Utah, resulted in an extensive survey of the field. This LINACRE QUARTERLY publishes here the results of Dr. Bowes' efforts to conduct the study after contacting the 850 Catholic hospitals in the United States. Needs are grouped according to general practice and the specialties.

In the April 1957 issue of Medical Economics an article appeared, entitled "How I Found the Ideal Place to Practice" (pp. 158-165, 323-326). It was an account of Dr. Bowes' search for the right possible location for his needs. The study brought to light the fact that every year an estimated 17,000 doctors change locations (cf. Medical Economics, November, 1953). In appraising cities and climates and population to help make the decision which was vital not only to himself but also to his growing family, Dr. Bowes finally chose Salt Lake City as ideal for his purposes. It is his hope that his thorough consideration of many areas before finally deciding, may, with the publishing of the survey results, be incentive for other physicians to do likewise and give thought to areas that would welcome energetic Catholic doctors to practice medicine.

The Catholic Hospital Association expresses deep gratitude to Dr. Bowes for the many hours he must have taken from his work for the project. Hopeful, too, that among our physician readers there may be some who would be interested in establishing practice and assisting on the staffs of Catholic hospitals in the locations listed, we urge further inquiries. Kindly address:
Reverend John J. Flanagan, S.J.
Executive Director
The Catholic Hospital Association
138 So. Grand Blvd.
St. Louis 4, Missouri

May, 1959

Names of the hospitals and other details will be furnished.

Each year more than 6,000 young men and women graduate from medical schools and as many finish residency programs. Both groups have important decisions to make: Shall I become a general practitioner or shall I specialize? Where should I locate?

Recently a survey was conducted of the physician needs in the 850 Catholic hospitals throughout America. Only towns of less than one million population were considered. Some 493 hospitals, representing 466 communities, returned the questionnaire. We have gathered the following information from them to pass on to these doctors who will either establish an office or who desire to relocate.

The chief aim of the inquiry was to discover the greatest needs the hospitals had in the various specialties. The hospital administrators were also asked the number of specialists already on their staffs and what proportion were Catholic. The responses were enlightening.

There were 66 communities needing obstetricians-gynecologists; 60 require surgeons; 57 psychiatrists; 47 internists; 44 pediatricians; 30 generalists; 27 urolo-