



No mystery about hypnosis

From the editor

ypnosis' decline in psychiatric training programs is surprising, given today's emphasis on short-term therapies. Hypnosis can be very useful—particularly for patients with anxiety disorders, phobias, and posttraumatic stress disorder—as David Spiegel, MD, of Stanford University writes in his thoughtful scientific review (page 48).

My first experience with hypnosis was as a University of North Carolina undergraduate, when a psychology professor did a group hypnotic induction. I scored 7 out of 12 on the Stanford Hypnotic Susceptibility Scale (SHSS), which indicated I was "moderately" hypnotizable. I felt good because the professor said hypnotizable people are curious, brave, and open to new experiences.

Later, as a Stanford University medical student, I was hired as a hypnotist at the Stanford Hypnotic Research Center. My job was to administer a new 5-point SHSS to undergraduates who had been screened with the 12-point version. The shorter version included a 30-minute hypnotic induction—instead of the regular 60 minutes—and was designed for clinical practice.

For 6 months I immediately hypnotized every student, and they all scored at the top of the scale. Naturally, I assumed I was God's gift to hypnosis. My euphoria ended abruptly, however, when one student scored zero. Rather than going into a trance, he stared at me for a half-hour with pity and mild aggression in his eyes.

From then on, every subject behaved the same way, and none scored more than 1 point. I resigned because I couldn't take it anymore. Later, I got over my narcissistic wound when I realized I had been involved in a blinded experiment to see how well the shorter scale evaluated students who scored very high *or* very low on the longer version.

Despite this setback, I have used hypnosis over the years to help treat a variety of psychiatric conditions, with varying degrees of success. I have never, however, regained a belief in my own singularity.

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7