

The Morgan Proposition

A HISTORY of the ways in which hypnotic phenomena have been viewed is presented as a prelude to the suggestion of a more modern theoretical framework within which hypnotic phenomena can be viewed. In essence this takes as a foundation the scientifically and clinically accepted model of the human body, nervous system and brain as relying on a very large number of complex subsystems, which can each be recognised as distinct from others, though their functioning affects and is affected by them. An analysis of known hypnotic phenomena reveals that each can be seen as arising from a modification of the function of a small number (often one) of these subsystems. This leads to a definition

of hypnosis as the science of the naturalistic modification of the functioning of such subsystems. Within this framework it can be seen that other theoretical approaches to hypnosis are simply the result of considering one such modification and regarding it as the essential change which defines hypnosis.

An example is given to illustrate our increased power to describe in a detailed way what is happening in a particular hypnotic procedure. It is anticipated that this approach or paradigm will make the conceptual basis of hypnosis much more acceptable to colleagues in related fields such as medicine who have been using systems concepts for more than a generation.

Time to define a new concept of hypnosis:

A systems-oriented paradigm for hypnotic phenomena

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I. Kuhn, T. 1962. The Structure of Scientific Revolutions, University of Chicago Press.

There have been many ways in which hypnotic phenomena have been conceptualised down the centuries. Most text books make a reference to the practices of priest or shaman in earlier cultures and note that much of what they did can be related to the phenomena which we now label hypnotic.

Even more commonly are references made to the work of Mesmer as being a precursor of modern hypnosis. Yet both Mesmerists and the priests would have thought of what they were doing in a totally different way from that of a modern user of hypnosis.

Furthermore there have been a large number of other explanations and descriptions of what is involved in hypnosis in the last century, which may use phrases, now familiar, such as 'alternative state of consciousness', 'access to the subconscious' and so on, in an attempt to describe what is going on.

None of these ways of thinking about the phenomena we meet in hypnosis comes near providing a detailed description of the whole field which is rich enough to be called a complete theory. At best they provide a loose framework for thought – a paradigm, in the sense of Kuhn¹.

For evidence of this it is only necessary to pick up any book on hypnosis. Theoretical discussions are usually limited to a single

chapter, but more significant is the fact that the content of this chapter is never referred to in the rest of the book. Inductions are described, but with no theoretical rationale provided as to why or how they work or do not work.

Case histories are presented, but with no detailed theoretical explanations of why a particular approach and induction was used rather than another. In fact, compared with any other science the theory is non-existent. At best we have a rather loose framework of thought, relying on ill-defined phrases such as those quoted above. This must naturally have the unfortunate effect of reducing our credibility with those in neighbouring disciplines.

In this paper a new paradigm is suggested which promises to overcome some of these problems. It has the potential to be developed into a full and detailed theory of hypnotic phenomena, so that there will be real meat in a theoretical course, and at the same time the approach harmonises with the theoretical framework of medical science so that clinical dialogue will be very much improved.

As a preliminary, a quick overview will be presented of the many earlier conceptual frameworks used in hypnosis, and then their relationship to the new one to be suggested will be apparent and its relevance and power appreciated.

THE MAJOR PARADIGMS

Paradigm 1: The spirit world.

In this case the framework is one in which we are deemed to be surrounded by a multitude of disembodied spirits. Some of these are malevolent and can be the cause of disaster and disease. Others are benevolent and may be induced to help.

The priest, priestess, shaman, witch or witch-doctor is a specialist in the ways of these spirits and can command or invoke them for the benefit of a third party. The methods used could include a variety of ceremonies, incantations, and procedures. Some of these procedures can also be claimed by medicine as its precursors as they involve consuming healing herbs etc. or bloodletting.

One thing that distinguishes the practitioner within this paradigm is that he or she will commonly enter a 'trance' as a part of the ritual of healing. It is usually explained in terms of being possessed at that time by another spirit.

It is worth noting that this paradigm has not died out at all. It continues to exist and thrive, notably in the Spiritualist movement, where the practitioner is now called a Medium.

Paradigm 2: Animal Magnetism.

This paradigm has been named after the notion of Mesmer² that there exists a force in nature which can flow from person to person, and which can induce many of the phenomena of hypnosis as well as healing, or, through its disturbance, illness. Similar ideas have been promoted by others under different names. Early examples are the Baron von Reichenbach and his so-called 'Od' force³ and the American Grimes' theory of Electro-biology⁴.

We may note that Elliotson and Esdaile, often mentioned in the literature as early users of hypnosis, worked within this paradigm. Esdaile in particular would use 'magnetised' water to good effect as an analgesic before cauterising wounds with nitric acid⁵.

Because of the basic assumption that some force is being transmitted, the operator within this paradigm commonly uses passes with the hands which may or may not involve actual physical contact with the patient, feels no need to use any words as part of the process, and will generally not expect to be in a trance at the time.

Despite the fact that all examinations of such phenomena, from the time of the Royal

Commission⁶ which looked into Mesmerism in the eighteenth century, have revealed that they depend purely on the beliefs of the subject and show no objective physical forces in play, this paradigm has not died out.

Earlier this century we may note Wilhelm Reich with his notion of orgone energy which pervades both body and atmosphere and right up to the present day we may find the common practice of 'laying on of hands' by healers, the ideas of 'life force' and the 'cleansing of the aura' which can arise in a number of alternative therapies and involves making passes with the hands close to the patient's body.

Indeed, so little have Mesmer's ideas died out that this very year, 209 years after the report of the Royal Commission, a bulletin from a body which does NLP training carries a reference to the use within the course of Mesmerism as distinct from hypnotism, and its tendency to 'drain the resources' of the practitioner⁷.

Paradigm 3: Neurological.

This major paradigm shift was the work of the Scottish doctor Braid⁵, who with his volume of 1843 dismissed all supernatural and 'magnetic' powers and forces by means of careful and controlled experiments, and ascribed all phenomena to a change in the state of the nervous system of the subject.

Since the time of Braid no serious scientific workers have reverted to working within either of the first two paradigms, but there has been a considerable number of different attempts to reduce the understanding of the phenomena to some simple principle. We will classify these into three major categories: those which explain in terms of some low order function of the central nervous system, those which explain in terms of a higher order function of the brain and those which invoke social forces.

Paradigm 3.1: Low order neurological functions.

We will cite as exemplars of this approach Pavlov⁸ and more recently Gruzeliier⁹ who seeks to establish that hypnosis depends on inhibiting the functioning of the left (verbal) hemisphere of the brain. In a similar spirit is the model in terms of the functioning of the Ascending Reticular System of Waxman.¹⁰

When Braid coined the word Hypnotism, with its root 'hypnos' – sleep, he did so as an

². Mesmer, Anton, 1779. *Memoire sur la Decouverte du Magnetisme Animal.*

³. Reichenbach, Karl, Baron von, 1867. *Die Odische Lohe.*

⁴. Dods, M.J.B., 1850. *Philosophy of Electrical Psychology.*

⁵. Braid, J. 1843. *Neurypnology or the Rationale of Nervous Sleep considered in Relation with Animal Magnetism.*

⁶. Gauld, A., 1992. *A History of Hypnotism.* CUP.

⁷. N L Particles. *Bulletin No 11 from NHPR Ltd., July 1993.*

⁸. Pavlov, I.P., 1923. *The identity of inhibition with sleep and hypnosis.* *Scientific Monthly*, 17, 603-608.

⁹. Gruzeliier, J., 1988. *The neuropsychology of hypnosis.* In M. Heap (ed.) *Hypnosis. Current Clinical, Experimental and Forensic Practices.* Croom Helm: London.

¹⁰. Waxman, D., 1981. *Hypnosis.* George Allen & Unwin: London.

11. De Puységur, Le Compte M. de C., 1784. *Rapport des Cures Operees a Bayonne par le Magnetisme Animal* trans. by Tinterow, M.M., 1970. *Foundations of Hypnosis*, Charles C. Thomas: Illinois.

12. Bernheim, H., 1886 edn. *Hypnosis and Suggestion*, Trans. Herter, C.A., Aronson, 1973.

13. Edmonston, W.E., 1981. *Hypnosis and Relaxation: Modern Verification of an Old Equation*. John Wiley & Sons: New York.

14. Charcot, J.M., 1890. *Oeuvres Completes IX, Metallotherapie et Hypnotisme*.

15. Janet, P., 1925. *Psychological Healing*, George Allen & Unwin, London.

16. Hilgard, E.R., 1977. *Divided Consciousness: Multiple Controls in Human Thought and Action*. New York: Wiley.

17. Hilgard, E.R. & Hilgard, J.R., 1975. *Hypnosis in the relief of pain*. William Kaufmann.

18. Barber, T.X., 1969. *Hypnosis: a Scientific Approach*. Van Nostrand Reinhold: New York.

19. Wagstaff, G.F., 1986. *Hypnosis as compliance and belief: a socio-cognitive view*. In P.L.N. Naish (ed.) *What is Hypnotism?* Open University Press: Milton Keynes.

20. Spanos, N.P., 1986. *Hypnosis and the modification of hypnotic susceptibility*. In P.L.N. Naish (Ed.) *What is Hypnotism?* Open University Press: Milton Keynes.

21. Fellows, B.J. 1990. *British Journal of Experimental and Clinical Hypnosis*, 7, 81-92.

22. Rathus, S.A., 1987. *Psychology*, (third edition), Holt, Rhinehart and Winston.

23. Gardner G.G. and Olness K., 1981. *Hypnosis and Hypnotherapy with children*. Grune & Stratton.

abbreviation of his full term neurohypnotism, which is to say the sleep of (certain) nerves. He was quite clear that he was not dealing with normal or natural sleep. This has not prevented a number of workers using sleep as a paradigm.

This idea goes back at least as far as De Puységur¹¹ and the suggestion of sleep was still being used extensively by Bernheim¹², though he did not believe that hypnosis was exactly sleep. A related paradigm is that in which hypnotic phenomena are regarded as explicable in terms of relaxation. Edmonston¹³ works within this paradigm.

Paradigm 3.2: Higher brain functions.

The idea that the phenomena are best viewed as being a result of the power of suggestion may be associated with the name and work of Bernheim¹². The basic assumption is that the firm and unquestioning acceptance by the brain of an idea will lead to the transformation of the idea into reality. Practitioners working in this paradigm naturally use quite a lot of words, which may be contrasted with those who worked within the first two major paradigms, and also with Braid himself⁵.

We may mention Charcot¹⁴, Bernheim's contemporary, as the sole supporter of the idea that all hypnotic phenomena are a result of an abnormality or disorder of the nervous system. He believed it was essentially hysterical in origin.

Janet¹⁵, a co-worker of Charcot's, was impressed by certain cases which seemed to show a splitting of the mind or personality of a patient into two parts, and was led to believe that this dissociation was the key factor in hypnosis. In recent years a modified form of this theory has been advanced by Hilgard¹⁶. It emerged from his work on pain control and is termed neodissociation.

Paradigm 3.3: Social origins.

There have been a class of theories which depend on likening hypnosis to other and more common inter-personal relationships. Freud noted a similarity between being hypnotised and falling in love, while Ferenczi noted similarities between the hypnotist-subject relationship and the parent-child one.¹⁰

More recent ideas within this broad paradigm are the 'cognitive-behavioural' approach beginning with the work of Barber¹⁸. These can be regarded as centring on the idea that the

subject is in some sense willing to act the role required of him or her. The work of Wagstaff¹⁹ and Spanos²⁰ represent extensions and developments of this approach.

No account of the theoretical study of our subject – hypnology (to use a word coined by Braid) – is complete without mention of the long drawn-out trait vs. state controversy between those who regard hypnosis as a state of the human being in the sense that sleep is a state, and those who regard it as being rather more like intelligence or an ear for music: a trait which individuals possess to a greater or lesser extent. This controversy has been indecisive. A review of the relevant literature is provided by Fellows²¹.

A SYSTEMS PARADIGM

The methodological approach to our subject which underlies this new paradigm can be summarised as follows. The subject of hypnosis will be determined by the phenomena which are agreed by workers on the field to be of interest. These phenomena are comparatively fixed, whatever the theories that are woven about them. Thus such things as anaesthesia, induced amnesia, placebo effects, physical and emotional responses are phenomena which have been noted in the field we call hypnosis for centuries, though we have seen above the great variety of attempts to understand them.

By approaching our subject in this way we can avoid a lot of unnecessary controversy over mere words.

We will then draw on the vast mass of detailed understanding of the brain and nervous system which has been painstakingly gathered over the decades, and summarise its essence in the statement that:

The human brain and body is organised into many highly complex interlocking systems.

To anyone with a medical training this will be a familiar fact. To readers with a background in psychology it is perhaps a little less familiar, though most elementary texts in psychology give details of various neurological systems²².

Let us see what happens when we combine the above two ideas and run through some of the more common hypnotic phenomena, most of which will be found in any standard tests of hypnotic responsiveness^{17, 23}.

Anaesthesia: It is a well-attested fact that hypnotic processes can result in a loss of the sense of touch. The nerves which detect contact with the skin are a particular subsystem of the nervous system. They form part of a larger subsystem, which includes cells in the appropriate part of the sensory cortex of the cerebrum, the activation of which is associated with consciousness of sensation. We may say, therefore, that it is possible using hypnotic techniques or processes to alter the functioning of this subsystem of the nervous system and brain.

We do not at present have any scientific evidence on what parts exactly of the sensory subsystem are affected, and how. That is partly because earlier paradigms do not suggest such questions and partly because it is only recently that techniques such as PET (Positron Emission Tomography) have been developed which could make it possible to give a partial answer to them.

Analgesia: This is similar, except that we are dealing with that part of the nervous system which deals with pain. The use of hypnotic techniques to modify the perception of pain is detailed in Hilgard ¹⁷. It is clear that pain itself is a complex phenomenon, involving at least two neurological subsystems. But again we may say that hypnotic

techniques can modify the action of these systems.

Amnesia: Here we are dealing with the complex and many-faceted system of memory (we can remember, for example, words, images, smells and actions which are associated with the verbal, visual, olfactory and motor systems respectively.) Again we have the incontrovertible fact that hypnotic techniques can be used to enhance recall, suppress recall and even to induce the recall of spurious memories. We can, in brief, manipulate the subsystems of the memory.

Hallucinations: Here we are dealing with another recognisable function of the brain, which is associated with the visual cortex of the brain,

though not exclusively so. (Electrical stimulation of the temporal lobes can give rise to vivid images, presumably by activating in turn the visual cortex). Probably the dreaming function is also related. But again we have the conclusion that hypnotic techniques can lead to the activation or modulation (guided imagery) of this subsystem.

Ideo-motor effects: Here we have the familiar phenomenon whereby a muscular action is induced, as if involuntarily, by means of a suggestion. The action involves the relevant part of the efferent nervous system, and presumably the connected part of the motor cortex (though it is conceivable that this is bypassed, and the cerebellum is activated directly). The process is often mediated by the visual imagination ('Imagine a bright red balloon tied to your wrist'). What we can say quite definitely is that we can produce these changes in those systems by using hypnotic methods.

By now the pattern should be clear. All the hypnotic phenomena mentioned involve singling out a particular subsystem of the brain and nervous system and working to alter its functioning. We may rather quickly note a few more familiar ones.

Affective or emotional processes: These are intimately involved in the treatment of many problems, including anxiety and panic attacks. The

neurological subsystems involved include the two branches of the autonomous nervous system – sympathetic and para-sympathetic – and the limbic system in the brain.

Many *psychosomatic* problems are mediated by these same systems, for it is the autonomous nervous system that carries the signals that trigger off the excessive acid production which can lead to ulcers, the contraction of the bronchi which occurs in asthma, the contraction of the smooth muscles of the bowels involved in certain disorders and so on, and these excessive responses in such areas are in turn frequently a consequence of some very strong emotional problem. It is probable that some of workings of the *placebo effect* are an indirect consequence of

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working through the above systems.

But there is considerable evidence over the centuries that hypnosis can act to relieve such a wide variety of conditions that we may reasonably presume that the *immune system* can also be controlled to enhance recovery from many problems including forms of cancer.

The above categories consist of rather low-level systems in the brain, systems which are generally thought to be outside conscious control. It is far less contentious to observe that we may, using hypnotic techniques, alter higher order systems in the brain. Above all we may cite the *belief systems* of a person.

This is not a system which is easily localised neurologically, except that we may presume that if a belief system is couched in verbal terms then the appropriate part of the left cerebral hemisphere is highly involved. It should be apparent that there are belief systems of many kinds, at many levels and in many modes.

The belief system which includes the unspoken idea that parallel lines seem to converge with distance will be held in a visual subsystem of the brain. The belief system which includes the idea that flames are hot is held in a sensory subsystem of the brain.

The belief system which includes the idea that a particular person is sexually attractive will be distinct from the above, will be primarily non-verbal, is hard to locate in the brain, but will involve the sexual centre in the hypothalamus. It is possible to go on indefinitely in this way, but in each case we may think of cases in which it has been claimed that hypnotic techniques have produced changes in the belief systems.

Of course not only are there many belief systems held by a person: internal models of the world. There are also as many modes of action, whether the actions be muscular, chemical (e.g. hormone producing), or mental (e.g. problem solving). Each mode of action may be regarded as a subsystem in its own right.

When a person is taking a bath, for example, a particular subsystem becomes active. Much of this is automatic and mediated by the cerebellum, but it will also have sensory components and may include music. (Many will sing or listen to music in the bath.) It is clear that normally quite a different mental subsystem is active when that individual is on stage. However the stage hypnotist will happily demonstrate in certain individuals the ability to activate on stage the entire pattern of activity normally reserved for the bathroom.

That is merely a trivial example of a more

general hypnotic phenomenon. In age-regression, for example, the individual is enabled to activate again the mental subsystems which were created at the earlier age. It is not presumed that this can necessarily be done in all perfection, but it is a familiar fact in the field of hypnosis that the re-activation of earlier patterns of speech, thought and behaviour can often be quite extensive.

When we observe this multiplicity of subsystems operating in the typical individual, it is not at all surprising to find that in some individuals circumstances have given rise to two or more extensive and distinct subsystems operating as distinct personalities: the so-called split personalities. Then the ability of hypnotic techniques to switch between them is simply a special case of their general ability to enhance or suppress particular mental subsystems.

By this stage we can stop listing examples of hypnotic phenomena and come to a definition central to our new paradigm.

NATURAL MODES

Hypnosis is the practical science of altering the functioning of the multitude of internal systems of the body in a naturalistic way.

Naturalistic, in this definition, means without using drugs or other artificial aids, but rather working with the natural modes of functioning of the systems to produce desired changes.

If we now revisit our history we may see it in a new light. Braid came quite close to the above definition. He was aware that in what he called a hypnotic state it was surprisingly easy to 'prodigiously exalt' or 'depress' specific senses, nerves or faculties. In other words he was aware of the ability to raise or lower the activity in certain subsystems of the nervous system. 150 years ago he naturally did not know as much as we now do about the workings of the mind, but I like to think that he would be very happy with the above generalisation of his ideas.

Those theories within the paradigm 3.1 which draw attention to low-order systems are simply mistaking a part for the whole. Thus we may happily agree with Gruzelier that hypnosis may involve the activation of the right hemisphere relative to the left. But we now see this as merely a particular example of our general ability to enhance or suppress the activity of any subsystem of the brain relative to others.

Equally we may happily agree with Waxman that under some conditions the Ascending Reticular System is involved in hypnotic work: it is definitely involved in most matters of degrees

of arousal. But again this is now seen as only one system out of thousands that we may be acting on. The same remarks apply to sleep and relaxation as being central mechanisms.

Yes, it is possible to induce a very sleep-like condition, and when we do so we are selectively affecting the raphe system at the top of the brain stem, but this is not an essential feature of hypnotic inductions, and likewise for relaxation: the most cursory look at Mesmer's dramatic processes will show that relaxation was very far from the norm.

Those who base their theories, like Bernheim, on suggestion, are choosing our ability to alter belief systems as being central. Again they are mistaking a part for the whole. Dissociationist ideas are also correct in that in hypnosis we are often acting on separable subsystems of the mind, but again this approach fails to do justice to the entire range of phenomena.

Finally those theories in paradigm 3.3 are based on too narrow a restriction to those hypnotic phenomena which involve the activation of those subsystems of an individual which are active in inter-personal relationships.

Of course it is easy for a skilled practitioner to activate a child-like subsystem in a subject, and the hypnotist-subject relationship can then closely parallel a parent-child one. In wise hands this can be used therapeutically.

Equally it is possible for more loving feelings to be evoked, as Freud noted. Such phenomena are often seen as a form of transference in a psychotherapeutic context. But we can now see this as yet another particular example of the general pattern: the selective activation of a particular subsystem.

In this way it will be seen that all previous attempts to theorise about hypnosis in the century and a half since Braid have failed in the same way. They have concentrated on *one* phenomenon and generalised this to be the pivot for the whole. It is possible that this error has been essentially based on a linguistic fallacy. That is the assumption that the existence of a noun presupposes that there is an object to which the noun refers.

The use of the noun phrase 'hypnotic state' (coined by Braid), leads to the assumption that we must look for some concrete *thing* to which the phrase can apply. The use of the word hypnosis as a noun suggests that it is a very clear thing. Our present approach avoids these fallacies by restricting the word hypnosis to mean a science: a set of skills, techniques or processes which act to produce certain phenomena.

An analysis of the phenomena leads to the discovery that they all involve changes in the operation of specific mental or nervous subsystems of the body, changes which may in turn affect muscular or chemical subsystems.

It may be asked how this paradigm relates to the first two mentioned above. The answers are as follows. *IF* it becomes a provable fact that there is a subsystem of the human body that responds to some force or power which has yet to be taken into the fold of science, *THEN* we may easily integrate it into the general scheme outlined above, once it is understood.

Since, however, most hard evidence since the time of the Royal Commission on Mesmer's work has failed to find any evidence for such a force, the author is in favour of ruling this idea out at present.

As to the existence of a spirit world, the situation is in some ways similar, in that if it is a fact that such disembodied systems exist and can interact with us, then we can quite simply extend our framework to incorporate them. However, it remains the case that most of the phenomena of hypnosis can be understood and produced reliably without needing to invoke spirits, so for most practical purposes we can operate without such a hypothesis. We may note that despite the similarities there is a logical difference between the two historical paradigms. A Mesmeric force can be considered to be something that could be measured by an instrument and to be produced reliably for experiment. We may then dismiss the hypothesis of the existence of such a force when careful experiments fail to reveal it. Spirits, by contrast, are assumed to be intangible, unmeasurable and essentially uncontrollable. They therefore cannot be dismissed on the basis of simple experiments.

CONSEQUENCES OF THE SYSTEMS PARADIGMS

The major change in our science resulting from the adoption of the new paradigm is that it will end the tedious experimental process of trying to pin down one unique criterion which will clearly distinguish all individuals who may be said to be 'hypnotised' from all individuals who are 'not hypnotised'. Ever since the pioneering scientific experiments of Hull²⁴, such a criterion has remained consistently elusive.

Within this new paradigm we may simply say that such an objective was futile. There is no

²⁴ Hull, C.L. 1933. *Hypnosis and suggestibility. An experimental approach.* D. Appleton-Century Co., New York.

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single hypnotic state. There is simply a multitude of ways of altering, sometimes in quite dramatic ways, the functioning of a great variety of subsystems.

There are a number of related day-to-day consequences. For example, within this framework it is as meaningful to report that 'the client was hypnotised' as it would be in a medical context to state that 'the patient was medicated'.

For one doctor to tell another that he had given a patient a medicine without specifying what medicine is inconceivable. In the same way, no account of the use of hypnotic techniques should be written which does not include at least some reference to exactly what subsystems it was aimed to alter, and the process by which those subsystems were activated, suppressed or modulated. In the same way the phrase 'hypnotic state' should be used as a parallel to a 'medicated state', i.e. as a very rough-and-ready phrase, to be used by non-professionals, which indicates that something has been done, but with no specification of exactly what.

It is a familiar fact of experimental hypnosis that if you use, as an instrument to measure hypnotic responsiveness, a battery of individual phenomena, then there is no uniform pattern whereby we can say that a person who demonstrates one phenomenon such as hand levitation will therefore also be able to demonstrate another such as amnesia for suggestions. This is also shown graphically in extensive tests of the age dependency of the production of such phenomena²³. For example on a list of 12 items the eye closure response was fourth in order of frequency for adults, but *LAST* in order of frequency for children.

It is a logical consequence of these general results that the production of a specific response, such as eye closure or hand levitation need have *ABSOLUTELY NO BEARING WHATSOEVER* on an attempt to change, let us say, a habit of bed-wetting, which involves a totally different subsystem of the nervous system. These facts underlie the importance of specifying in detail

what systems a hypnotist claims to be affecting.

Perhaps the best way to demonstrate the power and clarity achievable within this paradigm is to give an example of how a treatment could be described. Let us suppose that the problem is nail-biting. A bald account of treatment might read 'The subject was hypnotised, and it was suggested that he stop biting his nails', with no details given. A more complete, systems-oriented account might run as follows.

'At a conscious level the client believed the habit to be regrettable. The behavioural pattern

behind it was that of a displacement activity, arising when the client was angry or frustrated (a motor effect of an emotional condition). It was decided that rather than attempt a direct inhibition of the action, which might result in a displacement to some other, worse, problem, the process should be displaced into a more positive channel. In this case it was agreed that he should use a hand-muscle exerciser (essentially a powerful spring) at such times, as he is an enthusiastic keep-fitter.

'There remained the task of ensuring that this new pattern should be accepted by the nail-biting subsystems of the brain active at times of stress, when the conscious mind is not in control of them. To this end the following processes were chosen. He was asked to close

his eyes. This shut-down the system dealing with external vision. He was asked to listen to what would be said. This directly enhanced the auditory channel which would already be enhanced indirectly by the shut-down of vision. It also indirectly closed down the vocal systems, as he implicitly supposed that he would now no longer speak.

It was then suggested that he imagine himself in one of the stressful situations that had been described earlier, and to nod when he could picture himself there.

This direction naturally activated the system of visual imagination, and soon led to an aroused emotional state, which could be observed in a changed pattern of breathing. (Note that there is no attempt at relaxation.) At this point he was

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directed to clench his fists intensely and rhythmically, as if flexing the exerciser (activating the motor cortex).

This action could be observed. His attention was directed to the feelings in the fists (activating the relevant sensory cortex). In this way a closer connection was being set up between the system of consciousness and the sensations and actions in his hands. By continually drawing his attention to the actions, the entire focus of his attention became fixed on that very limited subsystem, enabling the habit to be very firmly associated with a condition of strong emotional arousal.

It was recognised that after a while this process would lead to a natural fatigue in the muscles, and that the redirection of attention from the stressful imagined situation to the hands themselves would lead to a natural reduction in the feelings of anger or frustration. To synchronise with these natural processes, suggestions were made that he would soon feel wonderfully relaxed, and be no longer bothered to work the spring. When he stopped, this feeling was reinforced by taking him, via the imaginative system, to a relaxed place of his choice (in this case a ride on a horse).

The feelings of freedom and relaxation were emphasised, with continued reference to the good feeling now in his hands and the *STRONG* nails that were growing. In this way the belief system relating to his nails, his sensory awareness of his hands and an emotional condition of well-being were associated.

'The process was repeated a number of times, for different situations in his life, to ensure that the response was conditioned thoroughly. Finally, he was directed to picture himself going to the shop to buy an exerciser. This activated the system which translates visualised actions into their execution. A few frills were added in terms of general suggestions of confidence, and attention drawn at the end to how deeply relaxed and distant from the everyday world he felt (his expectation of the experience of hypnosis included this element, and it would not do to disappoint him). Then he was returned to his normal functioning condition by directions to open his eyes, stretch, etc.'

Even an account like that is an abbreviation, but it should make clear something of the *DETAIL* which *EXPLAINS WHAT IS HAPPENING* and *WHY*. If we wish to bring anything like a scientific approach to our subject, and especially when we are dealing with more

complex problems, then we must look to raise our accounts to something like the above level of detail. It is to be expected that in time our science will produce a more standardised method of describing exactly the processes which are being activated or inactivated during a hypnotic procedure, but this can only follow on from an acceptance of the general paradigm.

Another, related, consequence of this paradigm is that no-one should describe an induction without giving some rationale as to its specific purpose. We are familiar with a multitude of books giving a wide variety of inductions, but they *NEVER EXPLAIN* why one should work better than another, what are their important features or what, exactly, they are supposed to achieve.

We may perhaps compare the very early days of chemistry, when it was barely separated from alchemy, and chemical procedures amounted to collections of recipes, with no understanding of what was happening or why. Nowadays, a chemical paper which began 'A chemical compound was produced' without saying *WHAT* compound and *HOW* it was prepared, would be laughed out at once.

It is important to notice that in our field we may refer to psychological subsystems as well as neurological subsystems, for we deal not only with low-level subsystems for which neurological detail is available and appropriate, but also with high-level ones where the concepts and ideas are drawn from psychology.

We may thus, for example, use such terms as the 'adult', 'child' and 'parent' used in Transactional Analysis²⁵, as shorthand for different high-order mental subsystems, and use a variety of techniques to modify both the behaviour of these subsystems and their interactions. Others may choose to use such words as 'Id', 'Ego' and 'Super-ego' to label certain subsystems, or indeed 'Conscious' and 'Sub-conscious'. But within the present paradigm it is insisted that such labels at best single out of the multitude of subsystems a small number which may be relevant in a particular case.

To reinforce this point we may consider an analogy between the functioning of the body and the functioning of a society, in which individuals represent cells (though the body contains thousands of times more cells than the world maintains individuals). It is at once apparent that a single country has a multitude of sub-societies, large and small: families, schools, journalists,

²⁵ Berne, E. 1964. *Games People Play*. NY: Grove Press.

hospitals, police forces, sea-side landladies, dancers, hypnotherapists, local government, criminals, sailors, etc. etc.

For a sociologist to decide to simplify the incredibly complex interactions between all these subsystems by saying, for example, that the whole can be understood by considering only three classes – such as the Organisers, the Organised, the Outsiders – may give a little insight into some problems. However, this can only mislead if it is taken to represent the whole truth.

In a similar way we may note that medicine has made its enormous strides forward in recent generations through its acceptance of the sheer complexity of the body's systems. We have come a long way since illnesses were described purely in terms of the four humours.

The systems paradigm also insists that there is no one simple set of mental subsystems which does justice to the whole. The brain is *COMPLEX*. Our task is to work with that fact, and to disentangle the functioning or malfunctioning of particular subsystems in particular cases by means of general techniques, and thereby help to overcome problems.

A further consequence of this paradigm is the kind of questions it generates. (Any paradigm has its characteristic questions. Consider for example 'What spirit caused the illness?', 'What imbalance of humours is responsible for the malady?', 'How has the vital energy of the patient been blocked?', 'What virus is present?' – each question arising from a recognisably distinct paradigm.)

The question, 'Is the subject in a state of hypnosis?' belongs to an earlier paradigm of hypnosis and will not be asked in the systems

approach. In its place will be such questions as '*Which subsystems are active?*', or '*Which subsystems are quiescent?*' etc.

Finally let us note that since we are commonly focusing our attention on a limited number of subsystems, it is common practice in hypnotic procedures to activate only those which are relevant to the problem in hand, while all the rest are as quiescent as possible.

If we think of the everyday word 'sleeping' as being an approximate description of a quiescent subsystem, then we may retain a distant, though not deceptive, connection between our practice and the root word of our science. We may loosely say that we make frequent use of the principle of encouraging irrelevant or interfering subsystems into a 'sleeping' mode while the relevant or problematic systems are selectively activated and altered.

CONCLUSION

A systems-oriented approach to hypnotic phenomena has been presented which integrates the many ideas which have been current over the last century and a half since Braid as to the nature of hypnosis.

The overwhelming advantage of this paradigm is that it provides a framework within which the phenomena can be described in detail and their rationale understood in a language which will allow hypnotherapists to converse meaningfully with each other and with those in related disciplines such as medicine or psychology.

In this short paper the emphasis has been on presenting in a simple form the main ideas involved in this paradigm. It is hoped that further, and more detailed, papers will fill in the details in due course.

The Morgan Proposition: The next step – let us take this forward

Dr Morgan has identified the need for a new, clearer description of the hypnotic phenomena. The European Journal of Clinical Hypnosis believes this to be an important argument deserving serious consideration across the field of clinical hypnosis. The Journal is therefore inviting readers to submit papers to take the discussion forward. Our hope is that over the months and years ahead important, fresh insights can develop the concepts set out in what we have described as 'the Morgan Proposition.'