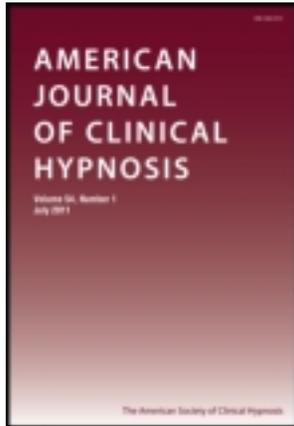


This article was downloaded by: [University of California, Berkeley]

On: 07 May 2012, At: 14:20

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



## American Journal of Clinical Hypnosis

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/ujhy20>

Best, M.A., Neuhauser, D., & Slavin, L. (2003). Benjamin Franklin: Verification and Validation of the Scientific Process in Healthcare, as Demonstrated by the Report of the Royal Commission on Animal Magnetism and Mesmerism. Victoria, B.C.: Trafford Publishing. Reviewed by John F. Kihlstrom, Ph.D. Department of Psychology, University of California, Berkeley

Available online: 21 Sep 2011

To cite this article: (2006): Best, M.A., Neuhauser, D., & Slavin, L. (2003). Benjamin Franklin: Verification and Validation of the Scientific Process in Healthcare, as Demonstrated by the Report of the Royal Commission on Animal Magnetism and Mesmerism. Victoria, B.C.: Trafford Publishing. Reviewed by John F. Kihlstrom, Ph.D. Department of Psychology, University of California, Berkeley, American Journal of Clinical Hypnosis, 48:4, 307-311

To link to this article: <http://dx.doi.org/10.1080/00029157.2006.10401542>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

understanding test-based reports, conclusions, and recommendations. Some of the cross-examination questions are quite compelling. There is so much information presented in each chapter that the reader requires time to absorb it: This is not a book to be read hastily or without depth.

**Hunter, N. (2004).** *Understanding dissociative disorders, a guide for family physicians and healthcare professional.* Williston, VT: Crown House Publishing. Reviewed by Norman L. Wilson, M.D., Private Practice, Washington, D.C.

Marlene Hunter, M.D., is a highly distinguished teacher, practitioner, and author in the fields of hypnosis and dissociative disorders. She is a family physician who has worked with dissociative patients since 1977. Past president of both the American and Canadian Societies of Clinical Hypnosis, she has given numerous lectures and workshops on topics related to dissociation and hypnosis.

The stated purpose of her book is to educate family practitioners and other health workers about the relationship between child abuse, dissociation, and a host of psychosomatic and psychiatric conditions commonly seen by physicians and psychotherapists. These include fibromyalgia, irritable bowel syndrome, certain urogenital conditions, post—traumatic stress disorder, substance abuse, eating disorders, and chronic pain syndromes. This concise, cogent, friendly, and well—structured book presents the new paradigm of understanding many physical and mental conditions on the basis of early trauma effects and mind—body unity.

Each medical condition listed above rates a separate chapter, each with very pertinent and up-to-date references. These references in turn are followed by a brief descriptive and explanatory comment by the author.

Hunter has produced a landmark text filled with practical suggestions to physicians about how best to relate to and treat patients with psychosomatic conditions, many of whom have trauma histories and related dissociative disorders. She cogently explains somatoform dissociation and its relevance to the disorders listed above. Neurophysiological underpinnings and correlations are clearly illustrated. The seminal research and writing of Van der Kolk, Melzack, Rossi and Nijenhuis are presented to clarify her points.

The reviewer's only criticism concerns her chapter on psychiatric medications, which is not as clear or well-developed as the rest of the book. While I agree with her statement about minimizing medication and maximizing non-pharmacological treatments, such as hypnosis, yoga, meditation, massage, etc, many highly dissociative patients will also need a combination of medications to control extreme depression, agitation, and switching of ego—states/alters. However, Hunter skillfully explains and illustrates the important role of hypnosis for calming, grounding, ego-strengthening, reframing, and visualization of success.

In summary, Marlene Hunter has presented a highly scientific, useful, and clearly written work which every health practitioner should read. Her kindness, patience and understanding permeate the text and humanize her astute presentation of clinical information and treatment guidance.

**Best, M.A., Neuhauser, D., & Slavin, L. (2003).** *Benjamin Franklin: Verification and validation of the scientific process in healthcare, as demonstrated by the report of the royal commission on animal magnetism and mesmerism.* Victoria, B.C.: Trafford Publishing. Reviewed by John F. Kihlstrom, Ph.D. Department of Psychology, University of California, Berkeley.

Those of us who are interested in hypnosis have a vexed relationship with Franz Anton Mesmer. Historically speaking, the roots of modern hypnosis are to be found in his practice of animal magnetism. On the other hand, Mesmer, his techniques, and his doctrine were thoroughly discredited by the “Franklin Commission” of 1784. Even though modern techniques of hypnosis look nothing like what Mesmer did, our scientific understanding of hypnosis is quite different from his theories, and we have good evidence for the clinical efficacy of hypnosis, even though we have been on the defensive ever since.

In this book, whose title has an archaic, and charming, 18th century ring to it, three health-services researchers explore the ramifications of the Franklin Commission for the modern evaluation of healthcare quality. They reprint the report itself, as well as a reply published in 1785 by B. de Mainauduc and C. D’Eslon, two disciples of Mesmer (D’Eslon was the mesmerist whom the Franklin Commission actually studied; Mainauduc had planned to transport Mesmerism from Paris to London). There is also a chronology of Mesmer’s time and brief biographies of the major players. In other chapters, Lee Slavin provides some historical background about Mesmer and his time, while Duncan Neuhauser discusses pro-Mesmer challenges to the Franklin Commission’s report. Finally, Slavin and Neuhauser present a brief portrait of Franklin, arguing that Franklin’s role as a proponent of smallpox immunization qualifies him as a pioneering health- services researcher — on top of everything else that he was.

Although the report of the Franklin Commission has been celebrated as “enduring testimony to the power and beauty of reason” and “a key document in the history of human reason,” which “should be rescued from its current obscurity, translated into all languages, and reprinted by organizations dedicated to the unmasking of quackery and the defense of rational thought” (Gould, 1991, pp. 190, 191), in fact the report has languished in relative obscurity until recently. Still and all, the book under review is not, as the authors claim (p. iv), the first time the Franklin Commission report has been reprinted since 1837. A 1785 English translation was included in Tinterow’s anthology (Tinterow, 1970), and another translation appeared in the *Skeptic* (admittedly, a popular magazine) in 1996. Nor is it the case, as claimed (p. iv), that D’Eslon’s rebuttal to the Franklin report has never before been reprinted. Crabtree (1988) may have doubted its existence, but Shor and Orne (1965) provided an abridged translation from the 1784 French original. Moreover, in October 2002 — perhaps after the present volume had gone to press — the *International Journal of Clinical and Experimental Hypnosis* devoted an entire special issue to the Franklin Commission, reprinting the *Skeptic* translation as well as the “Secret Report” which accompanied the public document (itself taken from Shor & Orne, 1965).

Still, the authors are to be thanked for directing the attention of the wider community of health-services researchers to the Franklin Commission report. We have long understood that the Franklin Commission may have, albeit unknowingly, conducted the first controlled psychological experiments. But as if that were not enough, Best et al. argue that they conducted pioneering health-services research as well. However, I think that Slavin, in his essay, goes too far in labeling Mesmer as a “medical charlatan” (p. 7) and a “mock representative of the Age of Enlightenment” (p. 8). In the first place, Mesmer thought he was doing Enlightenment science, in an environment of other Enlightenment scientists who were obsessed with the phenomena of “action at a distance” — as represented by gravity, the tides, magnetism, and perhaps animal magnetism itself.

Moreover, it is possible to argue that even before Franklin et al., Mesmer himself was a pioneer of health-services research. In 1775, before his journey from Vienna to Paris, Mesmer had been asked by the Elector of Bavaria to evaluate the cures produced by Johan Joseph Gassner, a

priest and itinerant exorcist. Mesmer verified the cures as genuine, but argued that they were achieved by the unknowing application of animal magnetism. It has been suggested that Gassner's exorcisms, not Mesmer's magnetic passes, were the true progenitors of hypnosis (Peter, 2005). That point is debatable, not least because Gassner had no better understanding of the psychological mechanisms of his treatment than Mesmer (or Franklin, for that matter) did. The important point is that, far from being a charlatan or a quack, in the Gassner episode Mesmer stood squarely for science — for a natural, as opposed to supernatural, understanding of disease and its cure. It was this work that got Mesmer his only academic honor, membership in the Munich Academy of Sciences.

Nor is much to be gained from Slavin's suggestion that pre-Revolutionary political considerations may have played a role in the decision of Louis XVI to investigate Mesmer. There is no doubt that some of Mesmer's followers were involved in politics in the run-up to the French Revolution (Darnton, 1968), just as Mesmerism continued to challenge established authority in 19th century England (Winter, 1998). But Mesmer himself was a devoted courtier of the ancient regime, and counted many of its members among his clientele. And there is reason to believe that Mesmer himself effectively blackmailed Louis into convening the Commission by threatening to cease treatment of his patients, which included many friends of Marie Antoinette (Pattie, 1994). Whatever the King's political motives, though, Slavin is surely right that Franklin himself, a "small-r" republican, would have sought to set politics to the side, and conduct a strictly objective, scientific evaluation of animal magnetism.

Mesmer had no inkling that his effects were a product of "imagination", but it is no less true that Franklin and his colleagues also labored under an impoverished conception of psychology, which after all was not yet viewed as a science. Indeed, Immanuel Kant, the great 18th century German philosopher, had decreed that psychology could not be a science because science required measurement, and the mind, being immaterial, could not be measured. For Franklin and his colleagues, the idea that a psychological technique could be part of the physician's scientific armamentarium was inconceivable, but then again, it was no less conceivable to Mesmer himself. After 100 years of psychosomatic medicine, and the emergence of the respectable fields of psychoendocrinology and psychoimmunology, we can see that in important respects, the Franklin Commission missed the boat. But they were blinded, not by science, as in the popular song by Thomas Dolby, but by a particular view of science, one which excluded psychology from its provinces, and by a particular view of mind, as not amenable to scientific understanding.

Ironically, when it came time for Mesmer to be evaluated, he was hoist on his own petard. Far from resisting scrutiny, Pattie has shown in his definitive biography (Pattie, 1994) that in fact Mesmer constantly sought it beginning in 1775, with his "Letter to the People of Frankfurt", and again in 1779, after his arrival in Paris. But Mesmer wanted to be evaluated only on his terms, that is, in terms of whether his treatments worked or not. As it happens, the Franklin Commission accepted the cures as genuine, just as Mesmer had accepted Gassner's. Instead, they sought to evaluate Mesmer's theory, just as Mesmer had evaluated Gassner's theory a decade earlier. And when that theory was disproved, Mesmer went the way of Gassner before him.

In his essay, Neuhauser expands on the lessons of the Franklin Commission for the modern evaluation of new treatments. First and foremost, it is not enough that consumers be "satisfied" with healthcare services. They deserve treatments that actually work. The treatment has to be clearly defined, so that other practitioners can replicate it. We must somehow get beyond the charisma of the individual practitioner. The patients studied should be representative of the population at large, with inclusion and exclusion criteria specified in

advance and rigidly applied. We need placebo controls for “imagination”, and random assignment to conditions is best. We should distinguish between short- and long-term outcomes. Evaluation should be conducted by disinterested parties. Clinical trials should have appropriate power to detect effects and should themselves be subject to replication. Empirical treatments, which are simply known to be effective, are not enough; we must have a theoretical understanding of why the treatment works as it does. Moreover, the theory has to be logically formulated, clearly stated, and scientifically testable.

Unfortunately, Best et al. do not extend their exploration of the Franklin Commission specifically to modern hypnosis. However, with their help we can begin to discern the lessons of this episode for the place of hypnosis in the scheme of modern healthcare. Obviously, it is more critical than ever before that we provide evidence that our treatments work. Patients may be willing pay out of their own pockets for any treatment that appeals to them. But in the emerging environment of managed healthcare, third-party payers are increasingly unwilling to pay for treatments unless there is evidence that these treatments are likely to succeed. And in the age of the Internet, when consumers have access to a vast amount of information (reliable or not) about various treatments, even those who pay out-of-pocket may be unwilling to shell out unless there are reasonable grounds for believing that the treatments proffered by their doctors will actually help them.

Moreover, the standards of evidence have been gradually ratcheted up (Kihlstrom, 2005). It is no longer enough that patients feel better after a treatment, or are satisfied with the services they receive: they actually have to get better. Outcomes research increasingly employs objective endpoints, as opposed to subjective “happiness ratings” (the best outcome, of course, is for patients to both get better and feel good about their treatment and its outcome). Moreover, it is no longer enough for practitioners to rely on their personal experience, or even on the objective outcomes of a series of cases. New treatments must be systematically compared to alternatives, and to controlled conditions, preferably in randomized clinical trials. In order to be taken seriously, a treatment must be shown to work better than no treatment, or placebo, and at least as well as other available treatments that constitute the standard of care. And the differences have to be not just statistically significant, but clinically significant as well, representing genuine improvements in the patient’s condition and quality of life. As if that were not enough, third-party payers, and some out-of-pocket consumers as well, demand that treatments be not just effective, but also cost-effective. They should be cheaper than equally effective alternatives or, failing that, they should deliver better outcomes than cheaper alternatives.

And finally — here we get back to the real significance of Mesmer and the Franklin Commission — the treatments must be grounded in a scientifically valid theory. This, of course, was exactly what the Franklin Commission demanded of Mesmer — not that animal magnetism cure disease, which everybody accepted that it did, or that Mesmer be sincere in his beliefs and practices, which (most) everybody accepted that he was, but that the theory of animal magnetism be scientifically valid as well. Clinical hypnosis will succeed only if its practices rest on a firm foundation of laboratory research.

It is here that the Franklin Commission reaches over a span of two centuries to challenge modern clinical hypnosis. Sadly, with the prominent exception of hypnotic analgesia (Hilgard & Hilgard, 1975; Patterson, 2004; Patterson & Jensen, 2003), and to a lesser extent cognitive-behavioral therapy (Kirsch, Montgomery, & Sapirstein, 1995), the clinical use of hypnosis rests on a very shaky scientific base. Lynn & Kirsch, 2006; Lynn, Kirsch, Barabasz, Cardena, & Patterson, 2000; Lynn, Kirsch, & Rhue, 1996). Even a casual survey of our journals indicates that, more than 100 years after the “Golden Age” of hypnosis, and almost 50 years after its post-war revival, we still rely too much on poorly documented “clinical experience”, anecdotes and testimonials,

impressionistic analyses, single-case reports, and uncontrolled case series. We may “know” that hypnosis can help with this or that problem; and we may well be right. But unless our claims are based on the most rigorous clinical and experimental science, they will be discounted by those who pay for healthcare. It is an entirely new game now, and if hypnosis is to survive in this new environment, it is going to have to play that game and play it well. Nothing less than the survival of clinical hypnosis is at stake.

### References

- Crabtree, A. (1988). *Animal magnetism, early hypnotism and psychical research: An annotated bibliography*. White Plains, New York: Kraus International.
- Darnton, R. (1968). *Mesmerism and the end of the enlightenment in France*. Cambridge, MA: Harvard University Press.
- Gould, S. (1991). The chain of reason versus the chain of thumbs. In S. Gould (Ed.), *Bully for brontosaurus: Reflections in natural history* (pp. 182-197). New York: Norton.
- Hilgard, E. R., & Hilgard, J. R. (1975). *Hypnosis in the relief of pain*. Los Altos, CA.: Kaufman.
- Kihlstrom, J. F. (2005). What qualifies as evidence of effective practice? Scientific research. In C. Norcross, L. E. Beutler & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 23-31, 43-45). Washington, D.C.: American Psychological Association Press.
- Kirsch, I., Montgomery, G., & Sapirstein, G. (1995). Hypnosis as an adjunct to cognitive-behavioral psychotherapy: A meta-analysis. *Journal of Consulting & Clinical Psychology, 63*, 214-220.
- Lynn, S. J., & Kirsch, I. (Eds.). (2006). *Essentials of clinical hypnosis: An evidence-based approach*. Washington, D.C.: American Psychological Association Press.
- Lynn, S. J., Kirsch, I., Barabasz, A., Cardena, E., & Patterson, D. (2000). Hypnosis as an empirically supported clinical intervention: The state of the evidence and a look to the future. *International Journal of Clinical & Experimental Hypnosis, 4:2*, 239-259.
- Lynn, S. J., Kirsch, I., & Rhue, J. W. (Eds.). (1996). *Casebook of clinical hypnosis*. Washington, D.C., American Psychological Association Press.
- Patterson, D. R. (2004). Treating pain with hypnosis. *Current Directions in Psychological Science, 13*, 252-255.
- Patterson, D. R., & Jensen, M. 3. (2003). Hypnosis and clinical pain. *Psychological Bulletin, 129*, 495-521.
- Pattie, F. A. (1994). *Mesmer and animal magnetism: A chapter in the history of medicine*. Hamilton, NY: Edmonston Publishing, Inc.
- Peter, B. (2005). Gassner's Exorcism — not Mesmer's Magnetism — Is the Real Predecessor of Modern Hypnosis. *International Journal of Clinical and Experimental Hypnosis, 53*(1), 1-12.
- Shor, R. E., & Orme, M. T. (Eds.). (1965). *The nature of hypnosis: Selected basic readings*. New York: Holt, Rinehart & Winston.
- Tinterow, M. M. (Ed.). (1970). *Foundations of hypnosis: From Mesmer to Freud*. Springfield, IL: Charles C. Thomas.
- Winter, A. (1998). *Mesmerized: Powers of mind in Victorian Britain*. Chicago: University of Chicago Press.