HYPNOSIS - BOTH POETRY AND SCIENCE*

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Abstract

The origins of hypnosis are indisputably clinical, but its current acceptability and recognition stem largely from the high calibre of academic investment and the findings in experimental laboratories in recent years. What we know has been accumulated in the context of a rigorous adherence to finely developed research methods, constructive scepticism, and cold facts. Clinical results, on the other hand, demand flexibility, imaginative phrases, deep feelings, and even lofty thoughts. The poetry and the science are both essential for survival.

INTRODUCTION

I have wondered in common with many of you I am sure, about the appropriate nature of a presidential address. It certainly is poorly timed for a political statement because it comes toward the end of the term of office, and the line of succession has already been established for the coming six years. If I were fortunate enough to be able to make some extraordinarily valuable pronouncements today in the hope of returning to office in 1989, you will surely all have forgotten them by then. On the other hand, the address might be considered to be something akin to a State of the Nation Address - a review of where the Society has been, where we are at, and where we are headed.

* Presidential Address by the President of the International Society of Hypnosis.
If it were to follow the theme currently predominant in most institutions in the United States including hospitals and academic centers, it would be like an address to the shareholders—a business report that would be filled with fiscally relevant statements and an eloquent bottom line.

I mean no disrespect to politics, to the presidency of my adopted country, or to big business. I believe I recognize the importance of all three. However, in the hope that there are other prerogatives open to the president of a society such as ours, I will choose yet another format. With your indulgence I will use the occasion, unashamedly, to elaborate on a personal perspective on hypnosis that is admittedly neither wholly original nor unique. I wish at the outset to acknowledge the many contributions of my colleagues, some of whom are in this audience or on this podium. I will, I fear, have to depend, in my presentation, on those contributions, and will try to avoid shaping their findings to my own ends.

I come not as a theorist, grappling with formulae to relate the psychological to the physiological, although I might wish that I were. I come not as an experimentalist with a keen insight into methodology and that enviable ease with statistics that resembles the skills of the trapeze artist grabbing supports out of nowhere, although I might wish that I did. I come rather as a clinician and clinical teacher who has travelled the highways and byways of clinical and academic psychiatry on two continents for more than three decades. It seemed to me that if I did not use this opportunity to confront some of what I have gathered along the way, I probably never would lay claim openly to my own ambivalence. Having spent most of my time as a clinician, and some as an investigator, I believe I am generally regarded as a clinical investigator. On the other hand, I might also qualify as an investigative clinician, or even as a curious one. Which all somewhat resembles the conflict that many of us seem to have as we grow older. Initially having preferred to see ourselves as liberals with a conservative leaning, we now find that we are really conservatives with, perhaps, a liberal bent.

I believe the essence of what I wish to address is the unavoidable complexity, uncertainty, and ambiguity in our field as I see it, and the need for us to tolerate the situation while we still struggle to understand what it is that we accomplish with the use of hypnosis. As we well know, close vision while vital to the pursuit of any details, tends to blind us to the view of the whole. In our impatience to foster ideas that we personally cherish, our nemesis lurks in a tendency to be cavalier about what others do.

As a clinical psychiatrist I am no stranger to complexity and ambiguity. Doubts, uncertain meanings, and the need to live with a combination of interpretations are a way of life in the field that has nurtured me for most of my professional life. How else can one