Observations

Medical Hypnosis

Steven F. Bierman

Centuries of misunderstanding have diverted attention away from the realization that hypnosis is simply ideas evoking responses. Thus, all physicians are hypnotists, for the ideas they communicate elicit responses. And those responses can be either harmful or salutary.

The profession of medicine is like that of music. You never stop learning and improving your technique.

— Manuel Cordova
Rio Tigre and Beyond (Lamb 1985)

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Case 1: The child came to the emergency department knowing he would need a "shot." It is time. The physician says, "I would like you to, Kevin, hold still now and *look* very closely at that orange circle-square over there. . . . And tell me whether it is getting bigger or smaller, and really *look*! Just *look* there and tell me. . . ." The injection has been given. "But I don't see it," says Kevin. "That's right," says the physician, "and you didn't feel it either!" Soon, Kevin, his mother, and the physician are all laughing.

Case 2: The child came to the emergency department knowing he would need a "shot." It is time. The physician, moved by compassion and honesty, explains the simple *truth*: "Now, Kevin, I am going to give you a shot, and you will feel a little prick, just a little prick. After that it will all be over." Kevin begins to cry and resist; but the doctor is satisfied that he has done right. For a shot is always painful, and to have failed to warn the child of inevitable pain would have been far worse.

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All Physicians Are Hypnotists

Some physicians carefully express ideas in well-crafted phrases and thereby evoke remarkable and salutary responses. Others, unaware of the power and import of their ideas, speak carelessly and thus create unfortunate and, sometimes, deleterious outcomes which they interpret as inevitable realities. Yet, as illustrated above, reality is often the consequence of self-fulfilling prophecy, of hypnotic suggestion. The pain of an injection is but one common example. The pain of electrical shock to convert arrhythmias, fracture reduction, wound repair, general surgery, postoperative healing, cancer, obstetrics, burns, and more, comprise a very real extension of the contrived-reality to which compassionate, albeit unwitting, physicians constantly contribute.

None of the aforementioned procedures or conditions need necessarily be painful for everyone; nor can these procedures or conditions be painfree for everyone. In all instances, however, hypnosis influences the outcome. Whether that influence is salutary or deleterious, noxious or beneficial, depends largely on the skill and circumspection of the physician.

What Is Hypnosis?

Cultural preconceptions require that we first state what hypnosis is not. *Hypnosis is not trance* as "trance" is commonly understood. Trance, in actuality, is no more and no less than concentrated or focused attention. Athletes, musicians, surgeons, writers—in fact, as Milton Erickson pointed out, all individuals—engage in "naturalistic" trance states. So-called hypnotic trance is merely focused attention responsive to extrinsic ideas.

The whole history of modern hypnosis is mired and muddled from having confounded hypnosis with trance. Common expressions like, "I put him in hypnosis," or "Distraction rather than hypnosis was used," or "The subject was found to be unhypnotizable, a zero"—all betray this persistent misunderstanding. Yet, when hypnosis is understood, we discover that all of us—save the lone schizophrenic ranting ineffectually at his demons on a street corner—are to some extent both doing and responding to hypnosis. Obviously, we are not all "in trance."

A Brief History of the Misconception

Therapeutic hypnotism dates back millennia to the shrouded origins of arcane shamanic tradition. Possessing all of the elements of modern hypnotherapeutic encounter—dependency, rapport, suggestion couched in image, word, and gesture, dissociation, nonordinary mental and physical constellations—shamanic ritual seems early on to have reached an immutable state of evolutionary perfection. Since then, its classic form has disseminated to occupy a global transcultural niche devoid of predators. All predators save one, that is . . . science.

In 1784, F. Anton Mesmer, with his dramatic *baquet*-ritual (*baquet* being a wooden tub in which patients sat), florid "passes," and unfortunate venue (Paris), provoked a fateful convergence of Science and Shaman. All shamans (Western European or otherwise) espouse theories as to how healing happens; most such theories are metaphorical and nonfalsifiable. Mesmer's downfall was that he propounded the theory of animal magnetism, and magnetism was susceptible of study and experiment. It was falsifiable.

King Louis XVI commissioned Benjamin Franklin, Lavoisier, and other eminent scientists to ascertain whether Mesmer was healer or humbug. Regrettably, the commissioners embarked on an errant and misguided course from which scientists in the field have yet to return. They tested theory, not patients; abstraction, not experience. And thus, they deflected attention away from the fundamental therapeutic phenomena. Then, they bitterly pronounced, "the existence of the fluid [magnetism] is absolutely destitute of proof, . . . the fluid, having no existence, can consequently have no use . . . the repeated action of the imagination . . . may be harmful. . . . Consequently . . . animal magnetism . . . cannot fail in the end of producing the most pernicious effects" (Tinterow 1970). However flawed the logic, Science had spoken, and an abiding pall of disbelief settled for centuries over not just animal magnetism but the entire world of suggestive (shamanic) therapeutics.

The next major crimp came from mistaking *trance* (referred to as "artificial sleep" or "nervous sleep") for the essence of therapy. With public attention already deflected by the Franklin commission, the observations of the British physician James Braid (1795-1860) further refracted the light of understanding. Braid, putative father of modern medical hypnotism, attributed to a "physical cause" the "peculiar condition of the nervous system" which he called the hypnotic condition. This condition, he averred, resulted from "a law of animal economy, that by a continued fixation of the mental and visual eye . . . with absolute repose . . . and general quietude . . . a state of *somnolency* is induced, accompanied with that condition of the brain and nervous system . . . which renders the patient liable to be affected . . . so as to exhibit the hypnotic phenomena" (Tinterow 1970). Thus, donning the mantle of the modern scientific reductionist (that is, eschewing psychologic elements and dissecting out apparent physical factors), Braid enshrined *state* or *trance* as the *sine qua non* of suggestive therapeutics.

Even the great French physician, Hippolyte Bernheim (1837-1919), who considered hypnosis a "physical condition of exalted susceptibility to suggestion with or without sleep"—even Bernheim, perhaps the greatest of all medical hypnotists, could not ultimately divorce himself from this fundamental misconception. Time and again, in his masterpiece *Suggestive Therapeutics* (1884), Bernheim rightly insisted that "sleep" (meaning, in today's parlance, "trance") was an inessential element of the "hypnotic condition." He observed that susceptibility to suggestion can and occasionally does occur in the waking state, and that hypnotic phenomena can, therefore, be elicited outside of trance. But Bernheim considered those who were "naturally susceptible to suggestion" in the waking state to be "hypnotaxic or charmed, which [made] them incapable of taking care of themselves, and enfeebles or suppresses all their moral resistance," in a word, "only grown-up children" (Bernheim 1964). And those who were hypnotized, he declared to be in "a peculiar physical condition." Thus, while often coming deceptively close to grasping what hypnosis really is, even Bernheim missed the mark.

The very term, hypnosis, originating as it does from the Greek god of sleep and introduced by French hypnotists early in the nineteenth century, ensnares our understanding (Gravitz 1993).

But if not sleep, if not trance . . . then what? To understand, we must retrace the steps of this misguided history, past special states and special theories, and return to the phenomena.

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Case 3: The patient, Marguerite, age 48, complained of sudden onset of palpitations and anxiety. She denied shortness of breath, chest pain, other cardiovascular symptoms. There was no history of drug use, medications, caffeine, or cigarettes. No history of palpitations or other medical problems.

Physical examinations revealed a normal appearing 48-year-old female with slightly elevated systolic blood pressure (150/86), regular pulse (204), and unlabored respirations (24). There were no abnormalities other than rapid regular heart tones, no click or murmur. The

electrocardiogram showed supraventricular tachycardia with nonspecific (ST-T wave) changes.

The drug adenosine was elected for treatment. An intravenous infusion and supplemental oxygen were initiated.

The physician, having established hypnotic *rapport*, offered the following: "Now, I would like you to, **Marguerite, listen** closely, because there are some things you can do. . . . This drug, adenosine, that I am about to give you has some transient side effects that people on whom **it works** can know. Sometimes, just as **it is beginning to work**, people like yourself **feel a certain tightness or squeeze or sensation in the chest**. . . . [The doctor tightens his fist above her chest and moves it up and down with the heaving of her respirations.] It may only last a moment, and yet [slowly unclenching his fist] as **you let go** and the sensations disappear, the heart—Marguerite, **returns to normal**." [As the physician speaks the bold printed words, he embeds them by looking deeply and directly into the patient's eyes. Other words he speaks with eyes slightly averted.]

As the last words, "returns to normal," are spoken, the cardiac monitor registers conversion to normal sinus rhythm. Adenosine, in fact, was not administered. The subsequent electrocardiogram was normal.

Note: this was the physician's second such case of conversion of supraventricular tachycardia to normal sinus rhythm using *hypnotic* technique only. No drugs; no trance (unpublished case of the author).

Medical Hypnosis Is Ideas Influencing Responses

Hypnosis is that simple—ideas influencing responses. No special state, no special relationship, no special processes. Just ideas and responses.

Thus, trance is simply one of the myriad ways in which hypnotic subjects can respond to ideas or suggestions. Comprehension, recollection, reverie, catalepsy, analgesia, anesthesia, hemostasis, and so on, are yet other responses that can occur, with or without trance.

The cardinal fact of medical hypnosis is the placebo effect. For the placebo effect establishes that an idea, however subtly or inadvertently presented, can elicit documented measurable responses across a broad range of psychologic and organic conditions, without induction of trance. In the vast majority of randomized, double-blind, placebo-controlled clinical trials performed over the last several decades, placebo (usually, an inert agent in pill form) has produced therapeutic responses in approximately 20 to 60 percent of patients (Beecher 1955; Benson & Epstein 1975). This is

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true in diabetes mellitus, angina pectoris, malignant neoplasms (Brody 1982), kidney stones (Ettinger, Tang, Cirron et al. 1986), rheumatoid arthritis (Brewer, Gianni, Kuzmina et al 1986), hypertension (Aagaard 1988), duodenal ulcer (Colgan, Faragher & Whorwell 1988), myocardial infarction (Loscalzo & Braunwald 1988), depression, and countless other maladies. The doctor merely hands the patient an inert pill (no trance, no technique), and the patient improves.

At the far other end of the technique-spectrum, the hypnotherapeutic setting, the pill disappears. The doctor becomes a practiced purveyor of ideas only. Burn patients, for example, are offered the idea "cool and comfortable," and wound healing accelerates (Ewin 1986); curiously, "warm and comfortable" elicits the same healing response (Bierman, unpublished data). Migraines are similarly relieved by suggesting either a "warm" hand or a "cool" hand (Golan 1986). And warts (skin tumors of viral etiology) are hypnotically ablated by suggesting almost anything: "warmth," "coolness," "tingling," "chanting," regression (Ewin 1992).

Thus, placebo effect and hypnotherapeutic suggestion—though vastly different in terms of technique: the one crude, the other deliberate and refined—represent salient instances wherein ideas alone influence therapeutic responses: hypnosis.

Yet, mystery has for centuries surrounded and separated these phenomena. So long as trance was featured as an essential ingredient in hypnosis, the connection between hypnosis and placebo remained obscure.

Beyond that, there exists in both placebo and hypnotherapy the mysterious absence of the wonted bug-drug paradigm of contemporary allopathic medicine. No specific idea, for example, exists for the treatment of burns. Nor is there one and only one proper idea for the treatment of headaches, warts, and so on. Rather, it seems as if some universal notion inheres in all therapeutic situations and somehow actualizes itself (to varying degrees) regardless of the idiosyncratic elements of the healing ritual. Moreover, whatever the curative notion, one need not

even present it explicitly in order to elicit a therapeutic response (witness the placebo effect).

What is this *panacea*-like idea? And by what means does it actualize?

The Curative Hypothesis

Simple and profound, what I call the Curative Hypothesis is the implied hypnotic suggestion common to all therapeutic encounters. Hypnotherapeutic responses and placebo effect differ only in the details of the technique by which they are achieved. Both are responses, at least in part, to the same idea, the Curative Hypothesis, which in the following formulations is represented by X: "*If you do X, then Y = you will be cured.*" X, "the antecedent," is the therapeutic ritual; and Y, "the consequent," is the therapeutic response. Actualization depends on many factors, including the credibility and achievability of the antecedent, the nature and possibility of the consequent, and the relationship between healer and patient.

Consider the following variations of the Curative Hypothesis:

> **Classic Hypnosis:** If you X = go into a trance and exhibit certain hypnotic phenomena, then Y = you will be cured. (If you X-warm/cool your hand/skin, then Y-migraine eliminated, burn healing accelerated, wart gone.)
>
> **Shamanism:** If you X = engage in the ritual (involving, for example, ayahuasca, spirit visions, exorcisms, etc.), then Y = you will be cured.
>
> **Psychoanalysis:** If you X = come to agreement with your analyst respecting a laboriously constructed metaphor of your past, then Y = you will be cured.
>
> **Chiropractic:** If you X = permit your body to be manipulated into nonordinary postures and your spine to be popped and cracked, then Y = you will be cured.
>
> **Allopathic Medicine:** If you X = take this medication/submit to this procedure (for example, surgery), then Y = you will be cured (the placebo effect).

This is not to imply that the Curative Hypothesis comprises the whole bulk and substance of these, and other, therapeutic disciplines. Trance may, as Ainsle Meares (1982) argued, possess intrinsic healing properties. So, too, the herbs of the shaman; the words of the analyst; the manipulations of the chiropractor; the pills and surgeries of the allopath. But implicit in each and every encounter between healer and patient is the Curative Hypothesis.

Hypnosis is the means and the method by which the Curative Hypothesis actualizes. It infuses the idea and effectuates the response. It is the driving force behind the placebo effect.

How It Works

First, the metaphysics. This aspect of understanding is commonly ignored by contemporary theorists. Nevertheless, the underlying suppositions as to how events relate, how things work—that is, the metaphysics—are always present, whether expressed or implied.

The dominant metaphysical principles governing popular understandings of psychobiological events were eloquently expressed by William James, in 1890, even as he thought he was eschewing them: "the science of finite individual minds, assumes as its data (1) thoughts and feelings, and (2) a physical world in time and space with which they coexist and which (3) they know. . . . Psychology when she has ascertained the empirical correlation of the various sorts of thought or feeling with definite conditions of the brain can go no farther. . . . If she goes farther she becomes metaphysical." In fact, Mr. James had already gone metaphysical. Only his metaphysics, his underlying suppositions, were (and still are) so embedded in the cultural matrix of his time that they escaped notice.

One can, however, posit simpler principles that allow for even greater understanding. These principles must be viewed *instead of* James' aforementioned principles, not *in addition to*. Their great advantage is that they obviate the confusing mind-body issues inherent in James' principles. Hypnosis defies the mind-body dichotomy. Moreover, these principles not only serve to explain hypnosis, they also empower the hypnotist to innovate across a limitless range of possible applications.

The principles:

1. Patterns emerge and persist.
2. Consciousness (meaning, present attention) is a *quality* which at any given time may inhere in a given pattern, while at another given time may not so inhere.
3. Consciousness is limited.

These three principles govern most of what happens in hypnosis. Like other principles of nature, they are always operative. Just as noise becomes music through attention to the fundamental principles of melody, harmony, and rhythm, so does random speech with haphazard outcomes become suggestive therapeutics (medical hypnosis) through attention to and study of the principles of communication.

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Patterns emerge and persist. Examples of this principle are as numerous and as variegated as human experience. Recognition of a human face or form in a mountain's silhouette is a

worldwide phenomenon, demonstrating persistence of a prototypic visual pattern. Phantom limb pain is a classic persisting kinesthetic pattern. In the auditory dimension, humming the opening bars of any familiar piece ("Oh say can you see. . .") inevitably conjures the subsequent strains of that piece ("by the dawns early. . ."). Classical and operant conditioning are further examples of persisting patterns (of behavioral sequences). Once a pattern is established, it will possess, as it were, momentum—a propensity to continue.

Three patterns prevail over the hypnotic situation: (1) rapport, (2) linkage, and (3) authority. Their persistence is what drives ideas to actualization.

Rapport, or the *Pattern of Semblance*, is technically achieved through mirroring or mimicking the subject (Grinder & Bandler 1981). It is the "I = You" pattern: thus, my experience equals your experience (my ideas = your ideas; my movements = your movements; my state of mind = your state of mind). Adept hypnotists use the momentum of this relationship to "entrain" subjects into trance by entrancing themselves.

While attainable by intent, there is also a natural propensity to achieve rapport. This is why people in the same space often adopt identical postures, why two men in conversation both unconsciously jingle the coins in their pockets, why siblings asleep in the same room synchronize their breathing, why females in the same dormitory cycle together, why yawning is contagious, why people ineluctably imitate their parents once they themselves are parents. Rapport. It is a fundamental fact of human psychology and a dominant pattern overarching the hypnotic encounter.

The *Pattern of Linkage* is, in a sense, a subordinate pattern equivalent to "My *words* = your experience." Establishment of this pattern allows the hypnotist to move from *description* of present experience to *prescription* of future experience, while at the same time concentrating and directing the subject's attention: in other words, the classic "hypnotic induction." Properly named (that is, described in a manner irrefutable) the experience of the subject becomes the claim, as it were, of the hypnotist. Even a subject's resistance can be linked to the hypnotist's words, and indirectly circumscribed: "And for a while you may notice yourself resisting these suggestions to some degree."

The *Pattern of Authority* derives from childhood prototypes, from primordial linkage patterns. It is essentially the "My ideas = your reality" pattern. Notwithstanding the contemporary aversion to paternalism and authoritarianism, this pattern is an inevitable consequence of mammalian child-rearing. If the species is to survive, the elders must instruct the young. Like all patterns in mental life, the pattern of authority can be readily resuscitated and utilized. One need only create and experience a reminiscent state of dependency (for example, through a threatening illness, or in a hypnotic trance), and the pattern of authority revives with tremedous power. Demagogues know this instinctively. Hypnotists must learn it, for failure to recognize that this pattern informs one's words can prove lethal: "I'm sorry," says the physician, "but you have only two weeks to live." On the other hand, since linkage and rapport are rarely attended to deliberately outside of the hypnotic setting, Authority exerts the reigning influence over most doctor-patient relationships. It informs the Curative Hypothesis and engenders the placebo effect.

With regard to *consciousness*, the aforementioned metaphysical principles while simple, have been obfuscated by an unfortunate misnomer for over a century: "the Unconscious." So ingrained is the notion of an "unconscious mind" in modern thought that it is difficult to convey how misleading and fallacious it is. Imagine an event in which you are participating happily; then, imagine happiness. It can be done, because feelings are events that can be experienced apart from the events which generate them. But now imagine a mental process about which you are unconscious: a forgotten dream, a repressed dislike for someone, an unrecognized strategy for dealing with stress. Then try to imagine unconsciousness; then, the Unconscious. It cannot be done. It is an abstraction without an experience, a moon without a planet. Consciousness is not a thing; it is a quality. Like a shaft of light, it shines at times on some experiences, some patterns, while at other times it does not. And it is limited. It can shine only on a limited number of experiences at any given time. Therefore, other simultaneous experiences (thoughts, images, etc.) remain, for that given time, unconscious.

The significance of this to hypnosis is that consciousness, the quality, is subject to the first principle—Patterns Persist. Therefore, a hypnotist able to link his or her words to all that a subject is conscious of ("My words = your conscious experience") becomes empowered to direct and concentrate that subject's entire attention. Thus, for example, in the pain patient, once consciousness (or, attention) is fully "linked" to the physician's words, it need only be redirected to other patterns or experiences that are at once both absorbing and painless.

Hypnotic technique methodologically establishes these three patterns—rapport, linkage, and authority—and utilizes their tendency to persist as the driving force to actualization.*

*(*Footnote located on page 70.)*

Hypnotic hand-levitation provides a classic case in point. This common hypnotic phenomenon entails the nonvoluntary, seemingly irresistible uplifting of a subject's hand in response to the hypnotist's suggestion.

Normally, the subject's hand lifts in response to the subject's own suggestion. But this is a learned behavior, it is not part of the newborn infant's behavioral repertoire. First, the "hand" pattern must be recognized. Then, the sequence "idea of motion-motion" established, so that ideas of motion will prompt such motion in the future. The pattern is rehearsed and rehearsed, and while this is occurring, the self-conception is forming. Eventually, it becomes "my hand" and the idea of motion becomes "my will to move it."

In the hypnotic encounter, the hypnotist, having established rapport (I-you) begins to raise his hand; the subject's tendency is to do the same, just as the hypnotist's yawn would evoke the subject's yawn—outside of voluntariness. The hypnotist's idea, "the hand will rise," similarly becomes the subject's idea, consciously or not. The pattern of linkage, whereby the hypnotist has meticulously linked his words to the subject's experience, now exerts itself as the hypnotist offers: "And the hand will begin to rise up and up and up entirely by itself." Assuming some degree of trance has been induced, the subject's sense of dependency is thereby heightened. The pattern of authority is thus resuscitated from earlier periods of dependency, from earliest childhood, when Reality required definition: "That's right . . . the hand will rise and rise. . . ."

In this way, a suggestion becomes the idea of the subject, and the idea of the subject becomes the experience of the subject. It is no small feat. For here a single idea impels the directed motion of millions of cells—muscle, bone, blood, nerve—thus accomplishing in a single act the entirety of what the infant discipline, psychoneuroimmunology, seeks to prove: namely, that mental events can influence measurable physiologic or cellular changes.

The question is not really whether ideas can direct physical (or cellular) events; the everyday experience of everyone past infancy verifies that such patterns are a commonplace. The question, rather, is by what means can one safely and indelibly structure a pattern whereby mental events (for example, the thought or wish or prayer for health) can effectuate healing and wellness.

* While the full details of hypnotic technique lie beyond the scope of this article, excellent books and courses on the subject are readily available for the interested practitioner (Grinder & Bandler 1981; Hartland 1971). Certainly most aspects of hypnotic technique can be learned during a five-day course.

Summary

Centuries of misunderstanding have diverted attention away from the realization that hypnosis is simply ideas evoking responses. That is all it is. Empowered by the simplest of principles, hypnotic technique has evolved as a way of enhancing the likelihood that an idea will actualize. Thus, all physicians are hypnotists, for the ideas they communicate (by word or by deed) elicit responses. And those responses can be either harmful or salutary. The placebo effect is an instance of unwitting and salutary hypnotism whereby the physician imparts the Curative Hypothesis and impels it to actualization. Moreover, the placebo effect is a cogent example of hypnosis without trance.

Looking back, now, on Case 1 (painless injection): The physician achieves control of the patient's attention through authority and rapport; he concentrates the patient's attention by creating a flicker of confusion, "that orange circle-square"; then, he achieves anesthesia by directing the patient's concentrated attention into the purely visual realm, "Just look. . . ." (*Just* means "and nothing else." A subject who is *just* looking is not feeling, tasting, smelling, hearing, etc. The subject is *just* looking.) This is elegant hypnosis, sans trance.

In Case 2 (painful injection), the physician directs attention by virtue of his authority. Rapport may exist; however, it has not been cultivated. Attention has been narrowed by use of the word "shot," which sounds an internal alarm and conjures memories of previous painful experiences. The suggestion, "and you will feel a little prick, *just* a little prick," is then offered. Thus, the alarmed child's attention is concentrated on feeling imminent pain and nothing else. Linkage (my words = your experience), rapport (my ideas = your ideas), and authority (my word = your reality) then conspire to drive the idea to actualization: the pain is felt. It is hypnosis, again, though somewhat less elegant.

Again, all physicians are hypnotists. Therefore, it behooves physicians to study hypnotic technique. For the greatest therapeutic benefit from such study is not the ability to induce hypnotic trance but rather the enhanced sensibility of the physician to the meaning and implication of his/her words and deeds. This sensibility, in turn, constitutes an essential first step in avoiding inadvertent harm while achieving deliberate and salutary outcomes.

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of chronic headaches, it may involve initial use of analgesics, followed by lifestyle counseling. For an ingrained cultural habit like alcohol overconsumption, the most efficient means may be societal change through education and other methods of advocacy and example. But to be fair to the physician or New Age counselor, he or she faces a client with an immediate, individual problem: sociological change is not usually an option. Hence, the emphasis in the writings of this emerging field on the "self" or on what one can do to help oneself.

It would be interesting to imagine what a spiritual healer might contribute to the debate (although such people are not given to intellectual argument as a rule). He or she might say: the ultimate determinants are not molecular or psychological or social, they reside rather in the degree of the individual's awareness of connection to his true nature, or God, or the universal order. Perhaps this healer, like all the others, would also be "right." —*Alastair J. Cunningham*

Spirit Is the Frontier of Mind-Body

Dr. Kennard Lipman provided some cogent insights on the mind-body continuum (Summer 1994), but I feel he stopped short of addressing the frontier, the spirit aspect of the mind/body/spirit continuum. He is aware of "some vague recognition" of this concept but claims such an approach can only add "a nebulous dimension of spirituality." I suggest that this is nebulous only if one focuses on the body as M.D.s do or on the mind as psychologists do. Their views are as incomplete as those of any two of the blind observing the fabled elephant.

One cannot get a grasp of spirituality by reading the writings of M.D.s and psychologists or by attending their conferences. Just as psychology has its divisions of growth, motivation, perception, and thinking, so does spirituality have its divisions of power of prayer, distant healing, faith healing (read noncontact therapeutic touch, if you wish), spirit communication, Qi Gong, reincarnation, clairvoyance, and more. There is no more psychological road to this knowledge than there is a royal road to geometry. You won't find knowledgeable people in this field at a brain/mind conference. You may find a few at the transpersonal psychology conferences and at meetings of the Institute of Noetic Sciences (475 Gate Five Road, P.O. Box 909, Sausalito, CA 94965). You will find many at meetings of the Spiritual Frontiers Fellowship (P.O. Box 7868, Philadelphia, PA 19101), and even more at those of its academic arm, the Academy of Religion and Psychical Research (P.O. Box 164, Bloomfield, CT 06002).

It is my suggestion that another view of the elephant is in order. This requires the study of the appropriate literature. It is also my suggestion that the brain/mind people organize a conference devoted to brain/mind/spirit, and see that it is heavily loaded with those knowledgeable of the spiritual dimensions who are currently speaking and writing largely among themselves. —*Frank G. Pollard*