

An Informal and Unofficial History of Professional Hypnotism in the United States

[Created as part of a dialogue with Division 30 of the American Psychological Association]
The Rev. C. Scot Giles, D.Min.

2006 Introduction: It was interesting to be asked to revise this document for distribution. It was created in 1997 as a working document to facilitate a dialogue between the National Guild of Hypnotists and Division 30 (Psychological Hypnosis) of the American Psychological Association. It was originally a long email to the President of Division 30, James Council. For many years there had been no contact between these groups and misunderstandings and confusion were the rule. This document was created to help psychologists make sense out of what they may have heard about “lay-hypnotists,” especially from organizations affiliated with psychology such as the American Society of Clinical Hypnosis, or ASCH.

At that time, the term “lay-hypnotist” designated an unlicensed person who practiced hypnotism and “professional hypnotist” designated a person who held some sort of health care license and who practiced hypnotism. However, as hypnotists have increased their professionalism the labels have all but been abandoned. In current practice, persons who practice psychology professionally are referred to as “Psychologists” and persons who practice hypnotism professionally are referred to as “Hypnotists.”

This essay intended to explain the current institutional landscape beyond the account given in the authoritative book all parties had read, The Worlds Greatest Hypnotists by John Hughes and Andrew Rothovius. As one reads this essay one must remember is was describing the hypnotic landscape of the 1990s, not the landscape of today.

This is an entirely unofficial history of the lay-hypnosis movement. Please remember that these observations are purely my own opinion. They do not reflect the opinions or positions of any of the hypnosis organizations I belong to or represent.

Let my pick up the story in the 1920s with Émile Coué. Coué was himself a lay-hypnotist, founding the New Nancy School in France which was probably the first official training institute for lay-hypnotism, along with its related Psychological Society of Lorraine (which apparently provided some sort of mail-order certification--a distressingly familiar theme in lay-hypnotism). While Coué’s theories came into disrepute, there can be little debate that they were actually sound (I’ve always noted the remarkable similarity between Coué’s methods and many of those taught by Herbert Spiegel, MD, and have wondered if there is a connection).

The Hughes/Rothovius history does good justice to this in their chapter on hypnotism in the 1920s, so I will not repeat that information here. Coué s

theories were very influential among American lay-hypnotists, who were largely self-taught practitioners in the methods of Poyen, Dods and Quimby. Most of these practitioners, including the turn-of-the-century Chicago lay-hypnotist mentioned by Hughes/Rothovius, Herbert Flint, were stage practitioners.

Remember, demonstrational hypnotism (stage hypnosis in psychological terminology) was how hypnotism was first introduced to America. Poyen and his colleagues traveled the country putting on performances in music halls, and spending the daytime hours teaching and doing the “mind cure” work for which they became famous. Then they would move on, leaving behind a reputation, one or two young ladies, and often taking with them an apprentice or two.

Until about 1930 when Hull’s work became known, hypnotism was in academic disrepute in America. Practicing lay-hypnotists had no way to earn a living if they did not do stage shows. The physicians might laugh at hypnosis and not take seriously the work of the lay-hypnotists, but crowds would still come to the music halls at night, and enough were caught up in what they saw there that they wanted to become private clients. While none of the lay-hypnotists got rich, a reasonable living could be made in this shadowy outskirts of professional practice.

The traveling stage hypnotists basically all knew each other, and often used the same booking agents and music halls. A process of “Mentorship” developed (traces of it can still be discerned in the training systems of the oldest hypnosis organizations). It was a bit like the apprenticeship/journeymanship models of the old trade guilds, and the hypnotists were informally organized into friendship circles that were often called “colleges” (some of the senior stage hypnotists began to call themselves “Professor”--a title also popular among hot-air balloonists of the age who performed at state and county fairs).

This stage in the evolution of lay-hypnotism continued throughout the 20s and well into the 30s and 40s. There is at least one surviving veteran of this period, the great stage hypnotist Ormund McGill (now in his late 80s and absolutely clear-eyed and impressive). When this time is recalled, you find yourself talking the jargon of show business, with phrases like “splitting pots” (making small talk) turning up often. McGill’s *ENCYCLOPEDIA OF STAGE HYPNOTISM* is still the classic text for those wishing to learn this craft.

Coué was vitally important to these people, first, because his system of mind cure was easy to understand and very accessible, and second because they could get credentials from him, formally or informally. The present-day standard Basic Curriculum of the National Guild of Hypnotists (which is based on the work of Harry Arons, mentioned below) has its entire Self-Hypnosis section

based squarely on Coué's system. Similarly, the present curriculum of the American Board of Hypnotherapy is heavily influenced by Coué, and the current President of that organization, Tad James, has an extensive collection of the hypnotic literature of this period.

This is the first point I intend this narrative to highlight for you--the tradition of lay-hypnosis is continuous from the 1830s to the present day, and this tradition is separate from the tradition of hypnotism within psychology, which began at a much later date. The second point that will emerge below is that psychological and medical professionals often worked with, and learned from, lay-hypnotists until fairly recently. In many cases the collaboration was extensive. I probably am overly suspicious, but my belief is that the ASCH "ethical" prohibition against its members even engaging in dialogue with lay-hypnotists is intended to keep these two facts secret. The persons who created the ethical code were well aware of them.

Let me jump ahead to the early 1940s to the New Jersey college of stage hypnotists, and to the work of the most important hypnotist of the period, Harry Arons. Arons was a stage hypnotist who practiced on the Steel Pier in Atlantic City. His shows were popular and there are many surviving stories in oral tradition about his exploits. Like most stage hypnotists he conducted a private practice during the day. In the 1940s he met a nurse named Ethel whom he married. As she saw the marvelous things he could do to help people, she became convinced of the utility of hypnotism, but because of her medical background, knew that the medical community would never accept hypnotism as it was practiced by the stage hypnotists.

Under her influence, Arons founded one of the first lay-hypnosis organizations in America, the Association for the Advancement of Ethical Hypnosis (AAEH). While the National Guild of Hypnotists, mentioned below, did exist at this time (the early 1950s) it was tiny and not well-promoted. Arons had a gift for promotion. As AAEH had little competition, it took the lay-hypnosis community by storm. It was rigorous. There was an elaborate and detailed Code of Ethical Practice that required a physician's referral even to help someone stop smoking. The Code prohibited all use of hypnotic regressions and set limits on titles. A member of AAEH could call him or herself a "Hypno-Technician," or a "Consultant in Hypnosis," but that was all. Certification with AAEH came at the end of a long process of preparation, and required a year of college psychology, many hours of supervision and passing an oral examination which included a demonstrational section and case history. The members of AAEH included medical professionals, who learned from, and also taught, lay-hypnotists, and rose to positions of prominence within the organization. The list of AAEH Presidents contains many physicians and dentists.

What AAEH did not do was develop new leadership. Each year the same small core of people were elected to the same offices, and each year the same group of people bestowed awards on each other at the annual convention. A joke among the members came to be that the acronym AAEH really stood for the “Association for the Advancement of Harry and Ethel.”

Contention began as younger members wanted a voice in running the organization. Instead of welcoming their participation, the “old guard” tried to punish them for speaking out. In the 1950s a revolt occurred, and many of the brightest and best members of AAEH withdrew to join the National Guild of Hypnotists. AAEH still does exist, but is a shadow of what it was. There are only a few hundred members, most of whom belong for “old times sake” and their last annual convention was attended by fewer than 75 persons.

In 1951, a stage hypnotist in Boston named Rexford L. North began the National Guild of Hypnotists (NGH). North was by most accounts the premiere stage hypnotist of the 1940s and 50s. He operated a Hypnotism Center that trained a number of influential people, at least one you may recognize-- psychiatrist Martin Orne, MD, who is another example of the close working relationships that sometimes existed between our respective camps. North vanished mysteriously in 1956 (the circumstances have never been explained), and the Charter Members of the NGH took over its leadership, with a chiropractor named Dwight Damon becoming President. John Hughes, DC, was also a Charter Member and is both the unofficial historian and the research editor.

As AAEH lost members, the NGH gained them. While this is purely my personal opinion, I believe that many of the policies and practices of the NGH arose in reaction to the restrictive policies of AAEH. Where AAEH was strict, the NGH was lenient. Stage hypnotism was welcome, certification was more open and a note from a physician was not required for every little thing a hypnotist might do with a client. During the 1950s and 60s the NGH began to exert a strong influence in lay-hypnotism, organizing the nation into Chapters, creating a realistic Code of Ethics and Practice, and when Harry Arons retired, purchasing the rights to his written training program, which became the standard curriculum for NGH certification. This was also the period when hypnotism began to experience a revival in academic and medical circles, largely because of the work of Erickson and Spiegel. However, no small number of psychologists and physicians trained with NGH, and Herbert Spiegel is said to have often worked with NGH members. It was Erickson who first began the separation of hypnotists into the “professional” and “lay” camps when ASCH was founded with its strict refusal to admit lay-hypnotists to membership, regardless of how gifted or educated they might be.

As years went on the leadership of NGH began to bring some of its own practices under review. In response to criticism from physicians and psychologists, certification standards were toughened and a certification program for instructors was begun. A formal department for research and another for professional development began. The scope of practice of a lay-hypnotist became divided between a short list of things that were approved for independent practice, and a longer list that could only be done on referral from a medical (or, eventually, a psychological) professional.

These reforms brought with them problems, and some of the NGH core members jumped ship at this time to form their own organizations. Steven LaVelle departed to found the Hypnodyne Foundation and the International Association of Counselors and Therapists (IACT) in Florida, reportedly because he wanted to be able to do short, high-profit, training programs. LaVelle is very much still in practice, and is infamous for his brief 2-day training programs after which he certifies people with 16 hours of training as “Certified Hypnotherapists,” and gives them a membership in IACT. When Connie Chung did her expose on lay-hypnotherapy two years ago, it was about LaVelle’s organization. Another departure reportedly was Gil Boyne, who left to form the American Council of Hypnotist Examiners (ACHE) in California. The reasons for Boyne’s departure are not clear to me. Some say he wanted training standards to be even more rigorous than the standards the NGH switched to (and ACHE’s program does require more clock hours--although much of this is video taped instruction). Others say that he lost a power battle with Dr. Damon. I honestly do not know this chapter of the story.

In a number of his public pronouncements Boyne claims a membership in ACHE of about 10,000 persons. I believe this figure is inflated, perhaps obtained by counting “inactive members” who no longer pay dues to his organization. If there were in fact 10,000 active members I would expect to run into more of them. From the reported attendance at his convention, I would guess that ACHE is an organization of about 2000 active persons. Boyne owns Westwood Publishing, a house that has done well publishing books on hypnosis, and reportedly he is independently wealthy. For all this, there is no doubt in my mind that the hypnosis training given by ACHE is quite good. Whenever I have worked with one of their people, he or she has always been well-trained.

About three years ago Corydon Hammond of ASCH attempted to promote a regulatory act for the practice of all hypnosis in America. Hammond recruited Gil Boyne to be his advocate for this among lay-hypnotists, and Boyne began to declare that at long last peace with psychologists was at hand. The proposed legislation (I believe there is a copy in Alan Scheflin’s book) created a division

between professional and non-professional hypnotism, and held professionals to ASCH standards of training. It also created a registry for lay-hypnotists, restricting their scope of operation but proclaiming that they did have a right to practice and that co-existence was possible.

At first this seemed wonderful, until I read the legislation. It stated that a non-licensed hypnotist could practice, but may not “use hypnosis to treat or work with a medical, psychiatric, psychological, or dental condition, or the defining symptoms of these conditions, as defined in generally recognized diagnostic and statistical manuals of medical, psychiatric, or dental disorders.”

Persons schooled in the categories of diagnosis know that diagnostic manuals (such as ICD9 or DSM-III) attempt to codify all human problems, even minor sub-clinical issues (my favorite example is caffeine-induced insomnia). Therefore, this wording amounted to a near total ban on the practice of lay-hypnotism. But most lay-hypnotists did not know this. They wanted to believe what Hammond and Boyne were saying, and didn't realize that what Hammond was offering was a Trojan Horse which would have resulted in legislation that said they could practice only provided they did not do anything. It seemed to me to be outright chicanery on the part of ASCH, and the most manifest example of bad faith I have ever seen. When I saw this happening I got involved and put a stop to it. I decided that if psychologists were going to try this sort of deception, then it was time for the clergy to speak out. I did.

When I blew the whistle I gave chapter-and-verse in ICD9, DSM3R and DSM4 and distributed it to every hypnosis organization I knew. I was becoming known in the Guild at the time and they helped me alert the profession. Enough hypnotists went to their local library and read what was written in those diagnostic manuals and the cat was out of the bag. The next year I was elected as Vice President of the Council of Professional Hypnosis Organizations in large measure because I had been the one to alert hypnotists to this danger.

The National Guild of Hypnotists continues to be the largest lay-hypnosis organization (about 5000) members, and has a considerable member benefit plan that includes liability insurance, credit cards, etc. The NGH is a nonprofit corporation and cannot directly be involved with political activity. Therefore, the NGH created the National Federation of Hypnotists, a “national local” of the Office and Professional Employees International Union of the AFL-CIO to be its political arm.

All of the above concerning AAEH, NGH, IACT and ACHE represents one strand of organizational development in lay-hypnotism and which is manifestly the

oldest. Let me turn to the second strand, which has a completely independent origin, and I will use it to close.

In the 1950s, a psychiatrist, William Jennings Bryan, Jr., M.D., Ph.D. J.D., who was either the grandson or the nephew of the famous trial lawyer (I have conflicting information about this and have never cared enough to track it down) began to practice. Bryan was a friend of Harry Arons, and may in fact have studied hypnosis with AAEH, although I do not know this. Bryan created an influential system of hypnotherapy called Medical Hypnoanalysis. The hallmarks of medical hypnoanalysis are: a use of the medical model of testing, assessment and treatment, a unique assessment language using a system of “syndromes,” extensive use of word-association tests, hypnotic programming of dreams and resultant dream interpretations, an analytic process that analyzes the client’s problems into a series of stages (the initial sensitizing event, the symptom producing event and the symptom intensifying event), and the use of electronic hypnosis often in a multi-chair office that allows more than one client to be hypnotized at a time.

Bryan is credited with the development of electronic hypnosis. The process is too complex to describe here, but when a hypnotist talks about using a BEAR, what he or she is referring to is a Bryan Electronic Automated Robot, which was an early audio media workstation. Most practitioners of electronic hypnosis owe a considerable intellectual debt to Bryan, although the digital BEAR systems in use today are unlike anything he considered using.

After some chaos, an organization arose to teach Bryan’s method, the American Academy for Medical Hypnoanalysis, currently based in Illinois. They admit only physicians, psychologists, Diplomate-level Social Workers and doctoral-level clergy. I do not know a great deal about them, and in all fairness I must say I have not sought out their fellowship, mostly for reasons of time. The people they have trained who practice in Illinois seem to do a good job, although many hypnotists use the medical hypnoanalytical model under different nomenclature and often without crediting the source.