The Greatest Lesson of James Braid
By Dan Short

Celebrated today as the "Father of Hypnosis," James Braid (1795-1860) developed a clinical procedure that did not exist before him, neither in name nor in technique. After coining the term "hypnosis," as a means of blending the concept of trance-sleep with the concept of suggestion, Braid then described a standard procedure that could be easily learned by future generations (as illustrated in his first and most famous work on Hypnosis, *Neurypnology*, 1843). This Braidian approach centers on relaxation and eye-fixation followed by repeated suggestions for change. These innovations separated hypnosis from the occult practice of mesmerism and established it as the first scientifically supported psychological therapy—followed half a century later by Freud's 1896 introduction of psychoanalysis.

The importance of this paradigmatic shift can hardly be overstated. It helped inspire the creation of psychosomatic medicine that was further developed by the world-renowned French clinicians Jean-Martin Charcot and Pierre Janet. But Braid also made other innovations in the practice of hypnotism that escaped historical recognition.

For example, in 1846, only three years after equating responsiveness to suggestion with hypnotic sleep, Braid came to the realization that trance-sleep is not necessary and that expectancy-effects play a greater part in facilitating outcomes. On one occasion, Braid tested this idea by having a man extend his right arm and turn his head so that he could not see what Braid was doing. Thirty seconds later, the man experienced a light aura passing down his arm and prickling sensations, as if he was being electrocuted. All of this occurred as Braid sat doing nothing, other than waiting and watching. When Braid whispered to the man's wife that her husband's fist might start to clench, the man's fist soon became tightly clenched. Commenting on these results, Braid stated, "he was not only wide awake, but had never been either Mesmerised, hypnotized, or so tested before" (Braid 1846, 242). Thus, Braid was the first to describe waking suggestion and the manipulation of situational factors to create expectancy effects in lieu of an induction procedure. As Braid latter explained, "the expectant idea will produce [hypnotic phenomena] in such subjects when no process whatever, either near or distant, is going forward; whereas if they are made to believe the contrary, through the requisite attention and expectation being otherwise engaged, they may not become affected by processes which would naturally throw them into the sleep" (Braid 1852, 146).

As Braid extended his theory to encompass mind-body interactions in the ordinary waking state, he began to recognize the importance of context and situational factors. For example, Braid wrote, "the position of the body significantly influences the emotions and the sensations…whatever the passion which one wants to express by the attitude of the patient, when the muscles necessary to this

expression are brought into play, the passion itself bursts forth suddenly and the whole organism responds accordingly" (Braid 1860, 63). Discoveries such as these led Braid to identify five classes of suggestion: 1. auditory suggestion (i.e., the use of language to convey ideas), 2. written suggestion within sight but not actively studied (i.e., what researchers now call non-obtrusive primes), 3. sympathy and imitation (i.e., behavioral modeling), 4. habit and association (i.e., cognitive linking and behavioral conditioning), and 5. muscular suggestion (i.e., embodied emotion; Braid, 1852, 151). Overall, Braid viewed hypnosis as a means of providing new options to patients, where before none existed. As stated by Braid, "…by inducing a new and altered action, we get rid of the previously existing morbid action" (Braid 1850, 217).

As monumental as these discoveries were, I do not think they represent the greatest lesson we have to learn from James Braid. While some are masters of clinical practice and others masters of theory, Braid excelled in both. Not only that, he used one to sharpen the other. For example, Braid became interested in mesmerism in November 1841, when he observed demonstrations given by a traveling mesmerist named Charles Lafontaine (1803–1892). Shortly after, Braid began to conduct experiments to determine whether a magnet was essential for achieving the desired outcomes. It was not. He learned that he could more reliably produce the same effect with verbal suggestion alone.

Next, Braid began to question whether words were necessary for hypnosis. He quickly discovered that it was not necessary to speak. He found that the use of gestures, non-obtrusive primes, and behavioral modeling could produce the same effect as verbal suggestion. This is when he recognized the importance of contextual factors in addition to the use of suggestion.

After that, Braid began to question the importance of inducing a trance. What he discovered was that the same responsiveness to suggestion could be achieved in the waking state as well as a sleep state. While the content of Braid's discoveries has great value, we learn more if we move beyond the content and observe his process. All the way until his death, Braid was never content with learning the rules for how to do something. Rather, he sought to better understand the essential principles producing outcomes and then use his applied work to further refine those principles.

Most of us know of Occam's razor—the scientific principle that emphasizes the importance of *conceptual parsimony* (i.e., do not use more assumptions for causal explanations than is absolutely necessary). In Braid's case, and later with Milton Erickson, we have an example of *procedural parsimony*. This simply means that an expert practitioner does not use any more procedural steps than is needed to achieve clinical success. If a magnet is not needed, then work without it. If words are not necessary, then convey therapeutic ideas without unnecessary verbiage. If a trance state is not necessary, then convey therapeutic ideas in whatever state the client happens to find him or herself. As we will soon see, procedural parsimony not only leads to greater clinical efficiency but also greater flexibility when responding to the idiosyncratic needs of each individual patient.

As seen in rule-bound, government bureaucracies, creative solutions and adaptive behavior are not possible when a person's actions are founded on procedure alone. In any instance of divergent problem solving, procedures must be modified. While still a student, it is natural to crave the structure of sequential, procedural steps. Yet, in order to individualize treatment, we must reject rule-based hypnotherapy in favor of principle-based experimentation.

Just as with Braid, the master clinician is always searching for a more parsimonious approach. Thus, with each and every client, we ask ourselves, "Is this clinical tradition necessary for this patient or can the same results be achieved in a more efficient way?" The successful individualization of treatment requires a procedural razor that shaves off rule-based traditions that might cause difficulty for the patient—whether that be eye-closure, sleep states, direct suggestion, or even self-disclosure (i.e., some clients need to keep the problem private—even from themselves). However, in order to engage the patient in a meaningful way we must maintain sight of an overarching principle that allows us to maneuver around obstacles without becoming lost to what it is that we are doing.

For some, this might seem impossible. Since Clark Hull's (1933) textbook on hypnosis, it has been customary to define hypnosis as a set of procedures (i.e., the use of suggestion following an induction procedure) or as a set of outcomes (i.e., a sleep-like trance state with enhanced suggestibility). This is no better than defining a car as something you start with a key or a thing that has a loud engine and emits poisonous fumes. What happens as science evolves and we progress to the use of electric vehicles? Are these keyless, fumeless things no longer cars? Thus, we must be careful how we define hypnosis lest we risk the practice becoming antiquated and obsolete.

Rather than defining hypnosis in terms of the procedures used to allegedly induce it, which is of course a circular reference (i.e., hypnosis is what occurs when you induce hypnosis), it is better to focus on the principles at work and thereby arrive at a functional definition of hypnosis (i.e., these are the practical outcomes that are achieved as a result of hypnosis). The functional definition of hypnosis that I currently use is: *any interpersonal action that reliably engages higher cognitive processes capable of producing goal-oriented results independent of conscious awareness*. This functional definition is based on the principles of social cognition and newly emerging research on unconscious processing (Short 2022). During clinical practice, I use this principle to modify nonessential hypnotic traditions that do not serve the immediate needs of the client. This parsimonious approach is not new. As stated all those years ago, by James Braid, "Having such a mighty power to work with, then, the great desideratum has been to devise the best means for regulating and controlling it, so as to render it subservient to our will for relieving and curing diseases" (Braid 1852, 139).

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