

Mesmer's Ghost: A New Approach to Treating Trauma Conjures up Shades of History

A review of



When the Past Is Always Present: Emotional Traumatization, Causes, and Cures

by Ronald A. Ruden

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Reviewed by

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Traumatic events are an important cause of psychological morbidity, and this is true not only for large-scale disasters, such as earthquakes, terrorist attacks, or tsunamis. Catastrophe on a massive scale may dominate news channels and send the world reeling in horror, but the common, everyday crises of life can also leave people bewildered and psychologically wounded. Mayou, Bryant, and Duthie (1993) reported that one fifth of road accident victims reported severe initial distress characterized by altered mood and horrific memories, with 11 percent showing evidence of posttraumatic stress disorder (PTSD) over the course of the following year. Data from the National Comorbidity Survey Replication revealed that almost 40 percent of adults in the general population reported having experienced at least one traumatic event by age 13 (Koenen, Roberts, Stone, & Dunn, 2010), and the lifetime prevalence of PTSD among adult Americans is estimated to be 6.8 percent (Kessler et al., 2005).

Whereas all of us will be exposed to loss and potentially traumatic events during our lives, for most people this will result in only transient disruptions to well-being and quality of life. However, for a significant proportion of people, the psychological consequences of trauma will become a significant clinical problem with important social, economic, and health service implications.

Effective psychological treatments are clearly needed, and a plethora of therapies are available, although regrettably, the evidence base for some of these is not always as solid as one might wish. A recent systematic review (Bisson & Andrew, 2007) found evidence that individual trauma-focused cognitive-behavioral therapy (TFCBT), eye-movement desensitization and reprocessing (EMDR), stress management, and group TFCBT are effective in the treatment of PTSD, but the authors rather disconcertingly concluded, “There is insufficient evidence to show whether or not psychological treatment is harmful” (para. 1).

The history of traumatic stress and its treatment has been a contentious one, with regular outbreaks of high-octane controversy (McNally, 2003, p. 1), so it is a brave individual who enters the fray with a new approach like the one introduced in *When the Past Is Always Present: Emotional Traumatization, Causes, and Cures*, particularly when the approach promises to “redraw the Eastern healing maps—written in the elusive ink of energy fields, energy centers and energy pathways—with the neurologist’s precise concepts and language for understanding therapeutic change” (p. xix).

Substance and Illusion

Ronald A. Ruden, author of *When the Past Is Always Present*, is a board-certified internist (general practitioner) with subspecialty training in clinical nutrition and a PhD in chemistry. He has run an internal medicine practice in Manhattan since 1983 and counts illusionist David Blaine as one of his patients (Childs, 2008). Once described in *New York* magazine as “an enthusiastic prescriber of antidepressants” (Kirkpatrick, 2000, para. 2), since 2003 Ruden’s research interest in traumatization has led him to explore alternative approaches to healing, including traditional Chinese medicine and energy psychology. He credits former stage hypnotist and self-improvement author Paul McKenna for introducing him to the practice of tapping, which subsequently led him to develop the therapeutic approach he describes in his book (p. xxv).

In tapping, it is theorized that by gently stimulating acupuncture points on a patient’s skin while the patient focuses on a specific traumatic memory, the body’s energy channels and fields can somehow be normalized, resulting in a clinical improvement. Like many traditional healing practices, this approach is grounded on vitalism, the notion that living organisms possess a nonphysical inner force or energy that gives them the property of life.

The vitalistic principle is an ancient one, known as *prana* in India, *qi* or *chi* in China, and described as *élan vital* by French philosopher Henri Bergson. Although conclusive scientific evidence for its actual existence remains elusive, accounts of incredible cures effected by means of this mysterious energy are easy to come by, and in the historical record the charismatic career of Franz Anton Mesmer stands out as worthy of particular mention.

As part of his treatments, Mesmer made “passes” with his hands around patients’ bodies in order to correct what were supposed to be magnetic imbalances and thus restore them to health. Reports of miraculous healing spread, and Mesmer’s personal animal magnetism earned him a lucrative (if not altogether uncontroversial) career in the upper echelons of 18th-century European society. Whereas Mesmer himself died in relative obscurity, his work eventually led to the development of hypnosis by the rather more respectable Scottish surgeon James Braid, who emphasized the importance of concentrated attention, imagination, and suggestion in effecting cures rather than any mysterious energy (Waterfield, 2003).

In *When the Past Is Always Present* Ruden outlines a therapy that he also believes “should be considered under the heading of ‘miraculous’,” a treatment that he describes as curing suffering arising from trauma, “literally in minutes, where all else has failed,” and without any side effects (p. xxi). Ruden calls his approach, which uses the laying on of hands and other sensory input, *havening therapy* (the term was registered as a trademark in 2010), which he derived from the word *haven*, meaning to put into a safe place.

Ruden says that the ability to find a haven while living through an intense emotional event is at the heart of both preventing and de-encoding a traumatic memory. Furthermore, he claims that when people are touched, they experience an increase in serotonin and other calming chemicals that deactivate receptors in the brain’s memory bank, and successful havening can “remove amygdala-activated traumatic emotion forever” (p. 105).

Reading through *When the Past Is Always Present*, I found myself frustrated by the scant amount of research evidence presented in support of such claims. In an author’s note prior to Chapter 1 (p. xxvii), Ruden begins by saying, “This book speculates . . .,” and speculate it does. A protracted review of literature in Chapters 1 through 7 rests heavily on references directly from the Internet “because they are easily accessible by readers” (p. xxvii), and the online encyclopedia Wikipedia is cited as having been influential in providing overviews of topics. Chapters are interspersed with lengthy case stories from Ruden’s patients, who all report full satisfaction with their treatment. But the plural of anecdote is not data.

The havening approach itself is not substantially dealt with until almost the end of the book; even then, the discussion is somewhat sketchy and falls short of the revolutionary new approach that I had been expecting. The word *hypnosis* is conspicuously absent from the book, but readers familiar with the techniques of hypnotherapy may experience a sense of déjà vu.




On a lighter note, while recognizing the importance of positive touch, anyone who has ever tried to bathe an uncooperative cat may take additional issue with the sweeping claim that “all animals are quieter when held” (p. 90). The book wraps up with 11 separate and somewhat eclectic appendices, adding to the impression that the author was loath to exclude any pet hypothesis from the volume.

Ruden traces the lineage of his approach back to the ancient shaman and the modern faith healer (p. xxi) and, while conjurer James Randi’s (1989) *The Faith Healers* (a ruthless exposé of psychic fraud and medical charlatans) may not have been the ideal citation to use at that point to support his argument, nevertheless it can be argued that the health professions might find some benefit in studying the strategies and artifices of shamans and magicians (Cardena & Cousins, 2010). The importance of rapport should not be underestimated. A recent study found physician empathy to be a unique and significant contributor to positive clinical outcomes (Hojat et al., 2011).

However, an uncritical approach to complementary and alternative treatments is not recommended (Hughes, 2008), and substantially more supportive research would be needed before the theoretical and therapeutic approach laid out by Ruden could be accepted as being evidence based. To paraphrase Carl Sagan: Skeptical scrutiny is the only means by which deep thoughts can be winnowed from deep nonsense and real substance can be separated from mere illusion.

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