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Commentary: On the Centrality of the Concept of an Altered State to Definitions of Hypnosis.

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In his well-reasoned paper, Professor Wagstaff revisits the definition of hypnosis, on which we have been spinning in circles for more than a century, getting not much further than a hamster in a cage (see also Kirsch et al., 2011). A problem throughout has been the attempt to trap the complex phenomenon of hypnosis within a single, preferred theoretical framework, and the general dictionaries have been of no help whatsoever. They have either provided statements that are uninformed (e.g., hypnosis as loss of voluntary action, or a state resembling sleep) or so vague that they are useless (access to “deeper parts of the mind”). The definitions provided by professional organizations (disclaimer: I participated in the development of the 1993 definition by the Society of Psychological Hypnosis) are better informed but often fail, as per Wagstaff’s analysis, to recognize an essential aspect of hypnosis, namely that its concept assumes changes in the state of consciousness, whether they happen or not. Instead of that, for instance, the 2003 definition of the Society of Hypnosis declares that “the subject is told that suggestions for imaginative experiences will be presented,” which is inaccurate in a number of ways. First is the issue of the term “subject,” which in the current, nonphilosophical usage implies that the person is passive. Research from psychological and neuroscientific perspectives shows quite convincingly that participants are actively engaged during the hypnotic process (Lynn & Sivec, 1992; McGeown, Mazzoni, Venneri, & Kirsch, 2009). Relatedly, terms such as “being hypnotized” falsely imply that something is done unto a passive being.

Another problem with the 2003 definition is that many inductions, and certainly those used in hypnotizability testing, do not involve telling people that they will be exposed to imaginative suggestions. Rather, what is repeated throughout is that the person will go into the undefined state of “hypnosis.” And here we get into the crux of Wagstaff’s argument because for most people in our culture using the term hypnosis implies that the person will experience alterations in consciousness, and most people adopt consequently a particular behavioral and psychological set. This aspect of hypnosis has been essential in some multidimensional models of hypnosis. In the comprehensive, but these days mostly forgotten, model of Shor (1962), hypnosis has three dimensions: depth of role taking, depth of trance, and archaic involvement. The first dimension alludes to the meaning that the term hypnosis and related social events (e.g., changes in the hypnotist’s voice) have for the typical participant (cf. Kihlstrom, 1985). The hypnotic context provides a set of explicit and implicit rules for how people should behave (e.g., not interacting with others or asking questions during the procedure), and an interpretative framework for consequent behaviors and experiences. The model of Brown and Fromm (1986) also describes sociocultural (or sociocognitive, if you will) and other aspects of hypnosis along three dimensions: expectation and suggestibility, alterations in consciousness (trance), and the special hypnotic relationship.

This does not mean, however, that using the label of hypnosis, and the associated expectations it engenders, is all there is to
hypnotic inductions, which tend to be similar in what they convey and what they avoid stating. Regarding the latter point, in my decades of acquaintance with all kinds of inductions, I have yet to come across with any that declare something along the lines of "the more your mind jumps from one thing to another, as it usually does, the more hypnotized you will become." Barber and Calverley (1965, in Barber, 1969) found that participants experienced themselves as being more hypnotized if besides using the label of hypnosis they also received suggestions for relaxation and sleep. Although they did not find that the length of those suggestions made any difference, Klinger (1970) reported markedly higher (although not significantly so, probably because of low statistical power) objective and subjective hypnotizability scores following a 10-minute induction than a 1-minute one. This was also my experience when I informally asked a group of high hypnotizables (HHs) exposed to two different types of hypnotizability testing, one induction being considerably shorter than the other. They uniformly mentioned feeling more hypnotized with the longer procedure. Transitions between states of consciousness or, at the very least, between mental sets, may require some time (Tart, 1975). Nonetheless, there seems to be a ceiling-effect because even HHs who spontaneously reported increasingly deep and unusual conscious alterations during a "neutral hypnosis" procedure reached an asymptote of experienced depth after some minutes (Cardeña, 2005), as did low and medium hypnotizables, although at lower levels (Cardeña, Jönsson, Terhune, & Marcusson-Clavertz, 2013). But not only relaxation-sleep suggestions seem to positively interact with the label of hypnosis, because physical activity paired to a focus on mental alertness produces similar results to a relaxation induction (Bányai & Hilgard, 1976; Cardena, Alarcón, Capafons, & Bayot, 1998).

So, are there common factors in hypnotic inductions, besides using the label, that help evoke changes in the state of consciousness? Here I will follow Barber’s notion (1984) that an induction helps the person disregard extraneous concerns (such as plans for the immediate future and current worries) and focus on the hypnotist’s suggestions or on what occurs spontaneously. Furthermore, inductions seek to produce an experiential rather than a conceptual mental set (cf. Tellegen, 1981), and a continuous form of attention to experience is a form of mentation that differs from the typically short and variegated mental occurrences of everyday life (Cardena & Spiegel, 1991; Killingsworth & Gilbert, 2010). Thus, a hypnotic induction fosters expectations for alterations in consciousness and facilitates such changes, independently of whether everyone does experience them (lows usually do not; Cardena et al., 2013). Hypnotic inductions, as do other procedures such as meditative techniques, interact with individual differences in the propensity to have absorptive, self-transcendence, and other alterations of consciousness independent of the hypnotic context (Cardena & Terhune, 2014).

One final point I want to discuss related to Wagstaff’s paper is whether hypnotic experiences are similar to those in other contexts. I believe that it is a mistake to invoke the concept of “trance,” which is so vague as to be close to useless, but one can nonetheless compare behavioral, cognitive, and experiential changes that occur in hypnosis with those occurring in other situations. Two contexts have been often associated with hypnosis: some culturally accepted rituals and reactions to traumatic events. A variety of rituals use different techniques (besides the expectations and interpretations elicited by the ritual space and time) such as rhythmic music, darkness, and story telling, to make the person disregard extraneous concerns and everyday worries and focus instead on the ongoing ritual (Cardena & Krippner, 2010). Traumatic events can also produce a focusing (and narrowing) of attention (Cardena & Spiegel, 1993), although within an anxiety-eliciting event. Some of the resulting phenomenology, including experiences of automaticity and phenomenal changes in the senses of time, the body, and so on, are common to all three contexts. The overlap, however, is not complete since each situation has unique features and is embedded within varying cultural interpretations of the event. To curtail conceptual spinning, we must keep in mind the complex sociocultural, cognitive, emotional, and noetic characteristics of hypnosis.
References


