HYPNOSIS

FIELDS OF STUDY

Psychology; humanistic psychology; psychoanalysis; neuroscience; philosophy of mind; placebo research; altered states of consciousness; complementary medicine; alternative healing; ethno-psychotherapy; shamanism.

SUMMARY

Hypnosis, a subfield of psychology, studies the influence of hypnotherapy (therapy undertaken in hypnosis) and hypnosis (as an altered state, social role, or response expectancy) on people, especially its impact on psychological and physical health. Hypnosis is believed to give access to the unconscious mind, and there is empirical evidence that in highly susceptible subjects, hypnosis is successful as a therapeutic treatment (or as adjunct treatment) against a variety of psychological and psychosomatic disorders, such as post-traumatic stress disorder and depression. Hypnotherapy has also proven to be helpful as a substitute for anesthetics, for pain reduction in general, and for relaxation. Finally, hypnosis is used in the context of sports, education, advertising, and marketing.

KEY TERMS AND CONCEPTS

- **Age Regression and Progression**: Attempts to focus the mental attention of a subject on an earlier or later age, which can be therapeutically constructive in the context of experiencing roles, elucidating expectations, and testing consequences but does not necessarily produce real-life memories.
- **Altered State of Consciousness (ASC)**: Mental state different from wakefulness and sleeping, includes drug-induced and trance states, as well as those brought about by mental, physical, and holistic techniques; also known as altered state of awareness or altered state of mind.
- **Hypnotherapy**: Form of psychotherapy or counseling that employs hypnosis.
- **Induction**: First set of suggestions in the hypnotic process, inducing relaxation, concentration, and the establishment of hypnotic rapport, or the definition of the roles of the hypnotist and subject; also known as hypnotic induction.
- **Nocebo Effect**: Unpleasant or harmful effect brought about by a placebo or a medical intervention that simulates the actual procedures.
- **Placebo Effect**: Positive therapeutic effect caused by a simulated medical intervention.
- **Rapport**: Subjective experience of consciously or unconsciously feeling trust or an emotional affinity with another person; also known as hypnotic rapport.
- **Suggestion**: Guidance of thoughts, imaginations, feelings, and behaviors of one person by a different person (hetero-suggestion) or by the same person (auto-suggestion, self-suggestion); also known as hypnotic suggestion.
- **Susceptibility**: Ability to be hypnotized or to respond to hypnotic suggestion, as measured by such scales as the Stanford Hypnotic Susceptibility Scale and the Harvard Group Scale of Hypnotic Suggestibility.
- **Trance**: Altered state of consciousness achievable through hypnosis, meditation, prayer, shamanistic rituals, or drug use; also known as hypnotic trance.
- **Unconscious**: Domain of the mind that is not conscious, of which people are unaware during the normal waking state.

DEFINITION AND BASIC PRINCIPLES

Hypnosis is a wakeful state in which the attention is focused on one or several issues by diminished peripheral awareness and heightened suggestibility, usually induced by suggestions (hypnotic induction). Although the word “hypnosis” is derived from the Greek word for sleep (hypnos) and a hypnotized person might at times appear to be asleep, neurological research has revealed that brain waves during hypnosis do not resemble those of sleep. Hypnosis is an altered state of consciousness and a specific interactive situation with voluntarily assumed, defined roles in which a subject follows the suggestions of a hypnotist (in hetero-hypnosis) or the subject’s own suggestions (in self-hypnosis). Some researchers think that a hypnotic state can occur without suggestion, as part of everyday life when people become extremely focused on a particular issue, for example,
during concentrated learning or the creative process. The depth and the success of hypnosis are determined by psychological factors such as positive motivation, an appropriate attitude, expectations, susceptibility, and an active imagination.

Hypnotherapy is hypnosis in a psychotherapeutic or counseling setting, with goals such as stress management, pain reduction, and the modification of attitudes, habits, or behavior.

**Background and History**

Hypnosis as a psychosocial phenomenon is as old as human culture; images from several cultures show trances in the context of what are probably religious rituals, in some cases, possibly induced for medical reasons. Hypnosis is similar to some forms of trance brought about by eastern meditative techniques and religious or shamanistic rituals in diverse traditional cultures.

In the eighteenth century, the German physician Franz Anton Mesmer (from whose name comes the word “mesmerize”) invented a treatment dubbed “animal magnetism.” The Scottish physician and surgeon James Braid developed a treatment known as neuro-hypnotism, or hypnotism, which shared some features with Mesmer’s technique. Braid is the first advocate of hypnosis and hypnotherapy to gain scientific acceptance. In France, neurologists Jean-Martin Charcot and Hippolyte Bernheim conducted research and developed clinical forms of hypnosis. Austrian neurologist and psychiatrist Sigmund Freud was trained by Charcot and initially was enthusiastic about hypnotherapy, but he later abandoned it in favor of his own psychoanalytic approaches.

In the twentieth century, psychiatrist Milton H. Erickson, who founded the American Society of Clinical Hypnosis, was an advocate of hypnotherapy. Erickson’s approaches were both innovative and controversial, according to his collaborator, André Muller Weitzenhoffer, one of the most prolific hypnosis researchers of the second half of the twentieth century.

**How It Works**

In the first hypnosis or hypnotherapy session, the subject is informed about the basics of hypnosis. Each session usually begins with an introduction in which the subject, in most cases, will be asked to recline and to relax. This is followed by the first inductive suggestions (impressions of gravity, feelings of heaviness, and the like), followed by further suggestions that guide the subject toward becoming more relaxed but also more alert and focused toward his or her inner impressions, images, and imagination. The methods vary considerably depending on the therapist’s training and philosophical worldview, the subject’s aims or problems, and the respective circumstances. For example, induction can use the eye-fixation method, whereby the subject is told to keep his or her eyes fixed on a certain object such as the hypnotist’s finger. Various other induction methods employ one or more senses and the imagination. According to the altered state theory, induction helps the subject transfer into an altered state of awareness or consciousness, and social role and response expectancy theories view the induction as a means of defining the roles of the client and hypnotist, increasing expectations, focusing attention, and increasing concentration. Posthypnotic suggestions given during the session are intended to trigger or support the subject’s therapy goals, usually to change a behavior or alter an attitude in daily life. Hypnosis can be conducted with individuals and groups. Before the end of the session, the hypnotist conducts an exit procedure, in which any suggestions that are not posthypnotic are taken back and the subject is gradually brought back to a normal condition. The session can end with a review.

Oregon Health Science University Dental School professor Dr. J. Henry Clarke, right, hypnotizes a student. Dr. Clarke has used hypnosis instead of Novocaine on patients to remove teeth, and to perform root canals and other procedures. (AP Photo)
Altered State and Dissociation Theories. Braid, Erickson, and Weitzenhoffer, among many others, believed that hypnosis is an altered state of consciousness or an altered state of awareness. American psychologist Ernest Hilgard was of the opinion that consciousness is dissociated and that parallel streams of consciousness coexist and have certain degrees of autonomy (for example, one feeling pain and the other not). Therefore, the coordination and the emphasis of such streams of consciousness can be altered by suggestions. For example, a feeling of pain can be suggested to have less gravity, while a pleasant feeling can be emphasized. Additionally, many experts believe that hypnosis can give access to more remote, subordinated, or covered streams of the consciousness.

Social Role and Response Expectancy Theories. Social role theories (like those of American psychologist Theodore R. Sarbin), sociocognitive theories, and response expectancy theories emphasize the similarity of hypnosis and a placebo. Empirical evidence and meta-analyses suggest that the two main parameters that contribute to the effect of hypnosis in a significant way are the willingness to act socially compliant and an imaginative suggestibility (about one-third of subjects respond to imaginative suggestions and social pressure). Hypnotic suggestibility is not correlated with intelligence, social position, willpower, motivation, gender, introversion, extroversion, or credulity. Researchers such as psychology professor Irving Kirsch think that the effect of hypnosis, as well as that of placebos, is grounded in a kind of self-fulfilling prophecy, namely that largely subjects experience what they expect to experience. In patients with depression, the difference between a placebo and an antidepressant drug is not clinically significant.

Research in this area attempts to prove that the altered state theories are wrong, but that the effects of hypnosis are nevertheless real and that subjects do not fake the effects of hypnosis, as social role and response expectancy theorists believe. A number of researchers hold that both altered state and social role/response expectancy theories are correct and responsible for the effect of hypnosis. Additionally, it can be argued that a hypnotic state is a deeper form of hypnosis, following a nonaltered or less altered state in which suggestions are given and taken according to the social role/response expectancy theory.

Applications and Products

Hypnotherapy, Psychotherapy, and Counseling. In clinical psychology, hypnosis, as an adjunct method, and hypnotherapy, as a stand-alone treatment, are successfully used to deal with pain reduction, psychosomatic symptoms, obsessive-compulsive disorder, post-traumatic stress disorder, anxiety disorders, and depression. Less successful is the use of hypnosis or hypnotherapy to treat problem habits such as excessive drinking, eating, and smoking, which are not manageable by self-control. Hypnosis is also used for pain and stress management, for self-improvement, and to change behavior and attitudes.

Hypnotic Analgesia. Hypnosis and shamanistic trance rituals have been used as analgesia. Hypnosis has been employed successfully to achieve relaxation and reduce anxiety, fear, discomfort, and pain before and during childbirth, in dental settings, and also during minor surgery. Hypnosis does not reduce the physical reception of pain, but its perception can be manipulated by hypnotic suggestions, whether administered by a hypnotist or the self.

Nonclinical Applications. Hypnosis and hypnotic suggestions (self- and hetero-) have been successfully used to cope with stage fright, to reduce stress levels, and to increase the degree of concentration and focus. They can also intensify relaxation and concentration in the context of creative arts, education, and sports. Research has been conducted on applications for military intelligence, investigations, and forensics, but there is no scientific evidence that such applications are of value. A number of business applications, for advertising, marketing, and improving sales, have been created; however, such applications are ethically questionable. Interest in raising athletic performance levels, losing weight, or quitting smoking has resulted in the proliferation of self-hypnosis products, usually in the form of CDs, DVDs, or books. However, self-hypnosis is best learned from a qualified practitioner. Stage hypnosis is usually considered to be neither of therapeutic interest nor an overly important issue in academic research. Leaving aside stage hypnosis, most of the applications still take place in the medical or clinical field.

Impact on Industry

Hypnosis Research and Clinical Organizations. Hypnotherapy is practiced and researched all over the world. Hypnosis and hypnotherapy organizations
exist at the international, national, and regional levels. They include the International Society of Hypnosis, the American Psychological Association’s psychological hypnosis division, and the European Society of Hypnosis. Established scholarly journals include the Society for Clinical and Experimental Hypnosis’s International Journal of Clinical and Experimental Hypnosis and the American Society of Clinical Hypnosis’s American Journal of Clinical Hypnosis. A number of medical schools and psychology departments at established universities such as Stanford University, Harvard University, and the University of California, Berkeley, deal with hypnosis in research and education.

**Dubious Fields.** Although the science-based hypnosis has advanced, an increasing number of institutes for hypnotherapy-training exist in more or less grey areas. These programs might promise anything from turning a person into a hypnotherapist after a weekend of training to turning an individual into a happy person in one evening. Therefore, anyone seeking training in hypnosis should seek out reputable organizations or institutes affiliated with them. For example, the American Society of Clinical Hypnosis offers professionals training courses that are approved by the American Psychological Association. Also, stage or show hypnosis generally is the work of actors with no actual hypnosis taking place, but if actual hypnosis were performed, it could endanger the health of participants, as it can pose, for example, cardiovascular or psychological risks.

**Careers and Course Work**

Students pursuing careers as hypnotherapists should study counseling, psychology, or medicine to become counselors, psychologists, physicians, or psychiatrists and specialize or subspecialize in hypnotherapy. Physicians, dentists, educators, social workers, nurses, counselors, psychologists, and psychiatrists can also complete diverse courses and programs to acquire the practical qualifications for using hypnosis as stand-alone or adjunct treatment.

Courses or programs in hypnosis should be part of or affiliated with accredited universities or reputable hypnosis societies. For higher positions in education, research, and the clinical field, a master’s or even a doctoral degree is recommended. If such a career path is intended, the thesis or dissertation should focus on a particular issue very closely related to hypnosis, undertaken in a traditional field such as medicine, nursing science, psychology, human biology, anthropology, ethnology, philosophy, or any other field in which a scientific approach to hypnosis is possible and credible.

**Social Context and Future Prospects**

Hypnosis still receives a lot of attention in the discourse concerning memory recovery. Debate exists as...
Hypnosis
to in which circumstances, under which conditions, and how reliably forgotten memories of past events, especially traumatic experiences, can be “recovered” through hypnosis. The more research conducted on hypnosis and more empirical data collected, the more effectively and appropriately hypnotherapy can be used and the more it will gain acceptance in mainstream medicine.

The question of whether hypnosis is a social role/expected response or a true altered state will not be conclusively answered until neuroscience advances and anthropologists use neurological tools to study shamanist-cultic and religious trance rituals. Anthropology and sociology have made it evident that the use of hypnosis as therapy is not a European invention but rather a phenomenon that can be traced back to therapeutic shamanistic rituals and religious trances in various parts of the world.

Another issue concerns the role of the subject’s imagination in the curative powers of hypnosis. A subject in a hypnosis show is similar to the subject of a traditional cultic healing ritual in that the involvement and participation of the public is taken for granted. If both subjects experience a curative effect, then hypnosis is acting like a placebo, and its actual therapeutic benefits are questionable. The subject’s own power of imagination and its neurological, biochemical, physiological, psychological, and holistic effects may be what is producing the curative effect.

Certain scholars hold that quite a number of everyday settings—such as intensive educational settings, artistic performances, and mass political events—have a hypnotic character. Research in this field will bring to light how business applications of hypnosis are possible. The ethical problem in such contexts is that subjects should not be hypnotized against their own will. Critics hold that this has already been done in the sphere of marketing.

From a feminist perspective, it can be argued that hypnosis cements and even perpetuates patriarchal structures, since most of the well-known hypnotherapists were men and the hypnotherapist exerts a kind of dominance over the patient or client, unlike as in a guided imagery setting in which the relationship is less hierarchical and less suggestive. Therefore, a unique feminist approach to hypnosis is also the subject of research.

Roman Meinhold, M.A., Ph.D.

Further Reading


Web Sites
American Psychological Association
Division 30: Society of Psychological Hypnosis
http://www.apa.org/about/division/div30.aspx

American Society of Clinical Hypnosis
http://www.asch.net

European Society of Hypnosis
http://www.esh-hypnosis.eu

International Society of Hypnosis
http://www.ish-hypnosis.org

Society for Clinical and Experimental Hypnosis

See also: Psychiatry; Somnology.