

Defining Hypnosis: Process, Product, and the Value of Tolerating Ambiguity

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

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March, 2014

Wagstaff (this issue) points to differences among and within general definitions of hypnosis, such as those in dictionaries, and technical definitions of hypnosis, such as those by professional and scientific groups. Wagstaff argues that definitions of hypnosis should be consistent across lay and scientific contexts and should be based on the etymological origins of the terms in question. He considers that defining hypnosis as an ‘altered state of consciousness’ would resolve issues that have prevented an accepted understanding of the phenomenon. Although we are comfortable with the definitional centrality of an altered state of consciousness, we consider that definitions should be built in large part on data and we are reasonably relaxed about ambiguities and inconsistencies.

Theoretical and conceptual disagreements have characterised the field and definition of hypnosis since its beginning (McConkey, 2005, 2008). These differences, however, have not prevented significant advances in understanding and using the phenomenon. Generations of researchers have progressed from characterising the properties of hypnotic phenomena, to using hypnosis as a tool for investigating other aspects of human behaviour and experience, and to developing validated adjunct treatments for a range of clinical conditions (Nash & Barnier, 2008).

Although we are generally comfortable with Wagstaff’s definition of hypnosis, we believe that, rather than focusing on ideological or etymological reasoning, a more productive

approach to establishing definitions is by ‘pushing up’ from available empirical evidence; although researchers need to know where they are pushing towards, that does not need to be overly specified. When considering most current definitions of hypnosis, we have progressed beyond earlier ones because we can draw on a large corpus of data from many years of rigorous empirical work, often from multiple theoretical perspectives. The current task then is to refine and advance by linking ideas to empirical evidence.

Wagstaff argues that an altered state of consciousness, characterised by “changes in sensations, perceptions, thoughts, or behaviour” (p. 92) should be a central feature of a definition of hypnosis; notably, however, he refers to an “alleged” altered state of consciousness (p. 102). This definition focuses on participants’ phenomenal experiences and recognises that although specific stimuli or social interactions (e.g., a hypnotic induction; the presence of a hypnotist) may facilitate hypnosis, the most important factor that allows one to say that hypnosis has occurred is that individuals’ subjective experiences of themselves and the world are altered in ways that they ordinarily would not be altered. We are agnostic about whether the term ‘altered state of consciousness’ is the best descriptor of the changes that participants undergo in hypnosis, especially since this phrase itself is poorly defined and has been used to represent a variety of different positions (Kihlstrom, 2005; Kirsch, 2011). That aside, we agree with the importance of highlighting alterations in

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participants' phenomenal experience in any definition of hypnosis (see also McConkey, 2005; Nash, 2005)

Some of the confusion that exists among and between definitions is because of different emphases on what the hypnotist does versus what the individual experiences. This distinction between hypnosis-as-procedure (what leads an individual to alterations in experience and behaviour) and hypnosis-as-product (those subjective effects) is a useful one to make. Wagstaff's definition contains both these elements with the emphasis on hypnosis-as-product. In many lay definitions and in some theoretical positions the emphasis is on hypnosis-as-process. In our view the emphasis should be on hypnosis-as-product. We are not saying that the process, primarily the hypnotic induction, is not important; rather, we are saying the induction is only one element that together with the hypnotic ability of the individual may or may not lead to alterations in experience.

As Wagstaff indicates, an induction is "a procedure designed to induce or bring about hypnosis" (p. 102). Importantly, Wagstaff does not claim that the induction is a necessary requirement for hypnosis to occur. Below we review data that shows that in some cases the induction has a profound effect on hypnotizable participants' experiences whereas in others it has little facilitative effect. An analogy may help to illustrate how an induction may relate to hypnosis-as-product. Drawing on the work of Shor (1970), we note that for many individuals the experience of hypnosis is akin to becoming absorbed in a book or watching a movie. Individuals differ in their capacity to have such experiences and there are situational factors that can influence the chances of this happening. We liken a movie theatre to the laboratory or clinic in which a hypnotic induction is administered; that is, an environment that is specifically associated with a particular type of experience (watching a movie / being hypnotised). The procedure of the lights dimming just before a movie starts is similar to a hypnotic induction and the events of the film are similar to hypnotic suggestions. As the film begins, people quieten and focus their attention, leading to a greater likelihood

of becoming absorbed in the film. For some audience members, this procedure may have little effect and they may 'watch', but not become absorbed in the movie. Others may become quickly absorbed, even if they have missed the dimming of the lights, because of their ability to focus and suspend disbelief. Similarly, an induction may increase the chances of some individuals becoming hypnotised, but it is not crucial for hypnosis-as-product to occur for those who have a high level of hypnotic ability. Finally, although the movie theatre is a strong cue for absorption, an individual may get caught up in a movie in any number of contexts—watching at home, in an airplane, or even on a mobile device. Similarly, although a laboratory or clinic may strongly cue the experience of hypnosis, it is not a necessary requirement for hypnosis-as-product to occur for some individuals if they choose to have the experience. The key point is that although an induction procedure is an important cue that can increase hypnotic responding, it is not a sufficient criterion by which to define the occurrence of hypnosis. In fact, the relationship between process and product can be complex, and that can be seen across various studies; we will give three examples.

Connors et al. (2012) administered a suggestion based on clinical face processing impairments to participants with and without a hypnotic induction. Participants who received an induction were more likely to misidentify their own face following the suggestion compared to those who did not receive an induction. In this case, the induction strongly influenced participants' behaviour and subjective experiences.

McConkey, Szeps, and Barnier (2001) gave individuals a suggestion to experience themselves as the opposite sex following either an induction or an imagination instruction given in the hypnotic setting. Participants were equally likely to respond to the suggestion regardless of whether they received a formal induction or an imagination instruction. However, their subjective experiences did vary. Those who received an induction experienced a faster onset of the suggested effects than those in the imagination condition. This

is consistent with the notion that although an induction may facilitate hypnotic experience, their own hypnotic ability and other contextual cues may be sufficient for some individuals to experience subjective alterations.

Polito, Barnier, Woody and Connors (2014) investigated participants' responses with and without an induction across ideomotor, challenge, and cognitive suggestions. Participants who received an induction were more likely to pass suggestions, although some passed without an induction. Notably, however, for those who passed each suggestion, alterations to experience in terms of reductions in feeling of control, were similar whether or not they had received a hypnotic induction. In this case, an induction influenced participants' behaviour but not the phenomenal experience of those who responded to the suggestions.

Overall, these data show that participants' experiences of hypnosis are not simple responses 'switched on' at the beginning of a session by an induction. Most participants in these studies experienced hypnosis-as-product because they had the ability to do so, and the relevance of an induction procedure was dependent on the specific context. In some cases, an induction had an effect on behaviour and experience; in other cases the

effect was minimal or subtle. These data underscore that whereas hypnosis-as-product is central to the definition of hypnosis, the place of hypnosis-as-procedure in any definition is less straightforward.

The roles of a hypnotic induction, of hypnotic ability, and of specific hypnotic suggestions in producing alterations in experience and behaviour will be part of the continued debate, and we are comfortable with definitional and theoretical plurality (McConkey, 2005). The domain of hypnosis as a research area is broad and different researchers have been working to explain different parts of the phenomenon. Although we may have been operating with a variety of theoretical and definitional frameworks, we all have discovered some part of the truth. The significant progress of the field, despite these differences, demonstrates that science can tolerate ambiguity; in fact, the tolerance of ambiguity may be essential in advancing science (McConkey, 2005). In defining hypnosis, an understanding of process and product, and a tolerance of ambiguity will move us toward a definition that is consistent with the data, useful for generating new insights, and reasonably articulates what the phenomenon is and what it is not.

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