

DISCUSSION COMMENTARIES

DECONSTRUCTING AND RECONSTRUCTING HYPNOSIS

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If there were more justice in the world, Wagstaff's (1998) article on the semantics of hypnosis as an altered state would become an instant classic. It is as cogent a discussion of the issue that I have yet seen. Unfortunately, the world is not that just, and I suspect that most believers in the trance construct will continue to disregard both data and logic.

There are two basic ways of defining the term hypnosis. It can be defined as a state or condition within the individual or as a set of procedures to which particular meanings have been attached as a result of historical coincidence. Wisely, Wagstaff proposes a procedural definition, as did APA Division 30 (Kirsch, 1994). However, Wagstaff's definition is more specific than that of Division 30. He defines hypnosis as a suggestion that one is entering a special condition called hypnosis. On the whole, this is a reasonable definition, although I wonder how it would apply to the situation in which the suggestion to enter hypnosis is accompanied by information that hypnosis is not an altered state (e.g. Kirsch, 1993, Lazarus, in press). Many of us who have rejected the altered state conception of hypnosis think of it as a social context that helps people to suspend their disbelief about their ability to respond to suggestion. As Wagstaff's (1998) case report indicates, this is an ability that can be part of the cause and the treatment of psychological complaints.

In this commentary, I expand on Wagstaff's (1998) arguments about different versions of the altered state conception of hypnosis and argue that continuing to define hypnosis as a state is likely to lead to its eventual relegation to the dustbin of history. In contrast, defining it as a set of culturally evolved procedures retains its utility as a therapeutic adjunct and as a psychological phenomenon worthy of continued investigation. This is followed by an exploration of the tenacity with which the altered state construct is held. Finally, I take issue with Wagstaff's proposed method of measuring hypnotizability.

The varieties of trance definitions

There are three different ways in which the terms state or trance are used in hypnosis (Kirsch and Lynn, 1995). For that reason, the definition of hypnosis as an altered state is really three different definitions, one corresponding to each version of the state construct. Unfortunately, none of these definitions works very well.

Wagstaff (1998) identified the strongest of the altered state constructs as the traditional nineteenth-century view, according to which, hypnosis is a state that is qualitatively different from 'waking' consciousness. Physiological data supporting a state of this sort would need to show (1) that certain changes occur following both alert inductions and relaxation inductions, (2) that these changes do not occur following

non-hypnotic procedures (e.g. relaxation training) aimed at duplicating the arousal levels of the hypnotic procedures, and (3) that they do not occur during responses to suggestions given without a hypnotic induction. To my knowledge, data of this sort have not been reported, and I suspect that they never will be. Continued failure to find any evidence of a distinctly hypnotic state will eventually lead unbiased members of the scholarly community to conclude that it does not exist. As a result, basing a definition of hypnosis on the existence of a unique state would eventually lead all but true believers to conclude that there is no such thing as hypnosis. This would be a very unfortunate end for a procedure of demonstrated therapeutic efficacy (cf. Kirsch et al., 1995).

According to a somewhat weaker version of the altered state hypothesis, the hypnotic trance is not unique to hypnosis. Instead it is a mental state like daydreaming, absorption, focused attention, or concentration, that often occurs in non-hypnotic contexts. As Wagstaff notes, this very popular type of definition is consistent with non-state formulations. It may indeed be true that responding to suggestion requires absorption or concentration, but making this the basis of a definition of hypnosis would lead to the destruction of hypnosis as a discrete field of study and a distinct therapeutic procedure. The problem is not so much that proponents have yet to agree on which non-hypnotic state it is (e.g. is it relaxed daydreaming or intense concentration?), but rather that it renders the term hypnosis obsolete. If hypnosis is identical to narrowly focused attention or absorption (which is what a definition implies), then most people are in hypnosis when studying for or taking an exam, driving a car, watching a film, or engaging in any other absorbing task. What is accomplished by calling these instances of hypnosis? It tells us nothing new about studying, driving, responding to suggestion, or any other activity that requires focused attention, and I cannot imagine us ever convincing the larger scholarly community that research on attentionally demanding tasks is by definition research on hypnosis. The term focused attention has the virtues of being more descriptive than the term hypnosis, and it has less surplus baggage associated with it. So if hypnosis is nothing more than a state of focused attention, perhaps we should consider names like *Contemporary Focused Attention* and *Society for Clinical and Experimental Focused Attention* as more accurate labels for our journals and organizations. This is another way that we can kill off hypnosis. Of course, hypnosis is more than a state of focused attention. If nothing else, it is a term with particular cultural meanings attached to it, and any definition that ignores those meanings – as all state definitions do – robs it of at least one of the factors responsible for its therapeutic benefits.

The third version of the state concept makes it a shorthand term for the changes in experience that people report following hypnotic suggestions (Kihlstrom, 1985, 1997). This seems nothing more than a face-saving attempt to retain the altered state concept while at the same time conceding the substantive issue to non-state theorists. Of course hypnotic suggestions produce altered experiences; no one has ever denied that. The problem is that all of these altered experiences also occur in situations that have not been labelled hypnosis, and contrary to Kihlstrom's (1997) assertion, this does make a difference. If these altered states are almost as likely to occur in non-hypnotic situations (i.e. when waking suggestibility is assessed), then why call them hypnosis? ¹ To their credit, proponents of this weakest of all versions of the state construct have not advanced it as a definition of hypnosis. Instead, they define hypnosis as a culturally conditioned procedure (Kihlstrom, 1985). In fact, Kihlstrom's definition of hypnosis was the starting point for the definition eventually adopted by APA Division 30.

One additional benefit of procedural definitions of hypnosis is that they put an end to such concepts as slipping into hypnosis (see Chaves, 1968). Anyone who has been put through a hypnotic induction has been hypnotized. Whether hypnosis has had any affect on the person is another question entirely.

The tenacity of the altered state hypothesis

Why do so many people in the hypnosis community cling to the trance concept in the face of consistently negative data? The answer, I think, has to do with the dramatic nature of responses to the more difficult hypnotic suggestions. For example, hypnotized subjects report and display behaviour consistent with the experience of positive and negative hallucinations in all sense modalities. Furthermore, surreptitious observations studies (e.g. Perugini et al., 1998) indicate that these reports are not the result of attempts to deceive the experimenter. Responsive subjects petted non-existent cats, nodded their heads to non-existent music, drank pure lemon juice with apparent gusto, and shooed away non-existent mosquitoes, even when they thought that they were alone and that there was no experimenter watching their behaviour. Responses to difficult suggestions lead people to conclude that the person exhibiting them must be in an altered state. After all, people do not otherwise have experiences of this sort.

The error of this train of reasoning lies in the immediately preceding sentence. In fact, people do have experiences of this sort without the induction of hypnosis (Hull, 1933; Weitzenhoffer & Sjöberg, 1961; Barber and Glass, 1962; Hilgard and Tart, 1965). That is exactly what happens when so-called waking suggestibility is assessed. Without the induction of any facilitating altered state, participants report and display responses to even the most difficult suggestions, and they do so at a rate that is not all that much lower than that observed following a hypnotic induction. Now it is possible that responding to these suggestions requires concentration, just as solving a long division problem requires concentration, but that is no reason to think that either of them is the product of a hypnotic trance.

Defining hypnotizability

Having defined hypnosis as the suggestion that one is entering a special condition called hypnosis, Wagstaff (1998) defines hypnotizability as individual differences in the response to that suggestion. Conceptually, this makes good sense. I think Wagstaff errs, however, when he attempts to operationalize this construct. He limits the measurement of this response to so-called depth scales that ask people to report how hypnotized they feel. The problem is that this is only one response to hypnosis. Other responses include increased suggestibility (Kirsch, 1997a, 1997b) and enhanced treatment outcome (Kirsch et al., 1995). The effects of the hypnosis suggestion on these responses should also be part of the definition of hypnotizability.

Wagstaff is concerned that assessing hypnotizability as the difference between hypnotic and non-hypnotic suggestibility is a problem because of the high levels of some people's non-hypnotic suggestibility. Why should that be a problem? If measures of non-hypnotic suggestibility leave little room for improvement by some participants, more room can be provided by adding a number of even more difficult suggestions to the suggestibility scale (see Weitzenhoffer and Sjöberg, 1961). It is likely that even when this is done, some people will not show an effect of hypnosis, even though they might report feeling hypnotized, but that is simply part of the

nature of the response to hypnosis. Some people who are suggestible without hypnosis may not be very hypnotizable.² Their reactions to hypnosis may be limited to a self-reported experience of trance, but in that case, they should be classified as less responsive to hypnosis than a person who is relatively unsuggestible without hypnosis, but who shows increases in suggestibility following an induction.

The subjective feeling that one is in a hypnotic state is one of the least interesting effects of hypnosis. Its impact on suggested experiences (e.g. hallucinations, amnesia, analgesia) and on therapy outcome seem much more important. In fact, these effects are the only reason for keeping the construct alive. If all that hypnosis does is to produce a mistaken judgement that one's condition has altered in some fundamental way, then why bother with it? Hypnosis is important because it maximizes the occurrence of suggested changes in experience. Because these changes in experience are not due to a special state or condition, the study of them (which is usually done in the context of hypnosis) can shed light on ordinary human functioning. By maximizing the effects of suggestion, hypnosis can also have a substantial effect on therapeutic outcome (Kirsch et al., 1995). As these are the most important effects of hypnosis, they are the effects that should be examined when assessing hypnotizability.

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Notes

1. Note the use of the plural. Kihstrom's (1997) most recent formulation is an altered states position, rather than an altered state position. After all, suggestions for arm heaviness result in a different experiential state than suggestions for arm levitation.
2. In fact, data currently being analysed in my laboratory indicate that there is a substantial minority of people for whom hypnotic inductions result in a decrease in suggestibility. These individuals might be said to have a negative hypnotizability level, because their response to hypnosis is negative. This may seem strange a strange way of thinking about hypnotizability, but that is only because of the bad habits we have fallen into by confounding hypnotizability and suggestibility for so many years (see Kirsch, 1997a, 1997b).

References

- Barber TX, Glass LB. Significant factors in hypnotic behavior. *Journal of Abnormal Psychology* 1962; 64: 222–228.
- Chaves JF. Hypnosis reconceptualized: An overview of Barber's theoretical and empirical work. *Psychological Reports* 1968; 22: 587–608.
- Hilgard ER, Tart CT. Responsiveness to suggestions following waking and imagination instructions and following induction of hypnosis. *Journal of Abnormal Psychology* 1966; 71: 196–208.
- Hull CL. *Hypnosis and Suggestibility: An Experimental Approach*. New York: Appleton-Century Crofts, 1933.
- Kihlstrom JF. Hypnosis. *Annual Review of Psychology* 1985; 36: 385–418.
- Kihlstrom JF. Convergence in understanding hypnosis? Perhaps, but not so fast. *International Journal of Clinical and Experimental Hypnosis* 1997; 45: 324–332.
- Kirsch I. Cognitive-behavioral hypnotherapy. In: JW Rhue, SJ Lynn, I Kirsch (Eds) *Handbook of Clinical Hypnosis*. Washington, DC: American Psychological Association, 1993, 151–171.

- Kirsch I. APA definition and description of hypnosis: Defining hypnosis for the public. *Contemporary Hypnosis* 1994; 11: 142–143.
- Kirsch I. Hypnotic suggestion: A musical mathaphor. *American Journal of Clinical Hypnosis* 1997; 39: 271–277.
- Kirsch I. Suggestibility or hypnosis: What do our scales really measure? *International Journal of Clinical and Experimental Hypnosis* 1997b; 45: 212–225.
- Kirsch I, Lynn SJ. The altered state of hypnosis: Changes in the theoretical landscape. *American Psychologist* 1995; 50: 846–858.
- Kirsch I, Montgomery G, Sapirstein G. Hypnosis as an adjunct to cognitive behavioral psychotherapy: A meta-analysis. *Journal of Consulting and Clinical Psychology* 1995; 63: 214–220.
- Lazarus AA. A multimodal framework for clinical hypnosis. In: I Kirsch, A Capafons, E Cardeña, S Amigó (Eds) *Clinical Hypnosis and Self-regulation: Cognitive-behavioral Perspectives*. Washington, DC: American Psychological Association (in press).
- Perugini EM, Kirsch I, Allen ST, Coldwell E, Meredith J, Montgomery GH, Sheehan J. Surreptitious observation of responses to hypnotically suggested hallucinations: A test of the compliance hypothesis *International Journal of Clinical and Experimental Hypnosis* 1998; 46: 191–203.
- Wagstaff GF. The semantics and physiology of hypnosis as an altered state: Towards a definition of hypnosis. *Contemporary Hypnosis* 1998; 15: 149–165.
- Weitzenhoffer AM, Sjöberg BM Jr. Suggestibility with and without ‘induction of hypnosis’. *Journal of Nervous and Mental Disease* 1961; 132: 204–220.

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