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Exploring hypnotist trance: the experiences of skilled practitioners

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ABSTRACT

Milton Erickson first conceptualized the hypnotist trance (HT) as a unique psychological state developed in clinicians during hypnosis sessions. This qualitative study aimed to investigate HT through the experiences of 12 skilled Clinician Hypnosis Specialists (CHS). Data were collected via semi-structured face-to-face interviews, exploring participants' attitudes toward HT, its impact on their practice, and their strategies for developing and regulating it. Thematic analysis revealed that most CHS view HT as enhancing empathy, communication, and therapeutic effectiveness. However, challenges such as time distortion, hypnotic regression, and countertransference issues were also noted. The study highlights HT's dual nature – offering significant therapeutic benefits while presenting challenges that need careful management. These findings emphasize the importance of comprehensive HT training in hypnotherapy education and advocate for further research to explore HT across diverse contexts and expertise levels to deepen understanding of this complex phenomenon.

KEYWORDS

Clinical hypnosis; hypnosis training; hypnotist trance; psychotherapy; two person

Numerous therapists and theoreticians from Freud to the present day (Oberndorf, 1947; Diamond, 1984; Ellenberger, 1981; Freud, 1912; Gilligan, 1986; Hedges & Brailow, 1996) have acknowledged and described how important it is for therapists to develop a special psychological stance during psychotherapeutic sessions. Such a stance is not easy for therapists to develop and manage. Nevertheless, clinicians point out that such a stance is an important dimension of successful psychotherapy (Alexander, 1980; Gilligan, 1986).

Therapists from diverse theoretical orientations have conceptualized this unique perceptual, cognitive and emotional therapist state as “free floating attention” (Freud, 1912), “unconditional acceptance” (Rogers, 1992), “reverie” (Ogden, 1994, 2004), “empathic confrontation” (Young et al., 2006), and more. Additionally, it appears that different therapists' therapeutic orientations may share common “altered state” characteristics (Gilligan, 1986; Lankton, 2024; Ogden, 2004; Rogers, 1996).

Those capabilities are typically developed by therapists over years of clinical training and practice. However, they can also be shaped by specific therapeutic contexts and patient-therapist interactions, including hypnotic procedures and interactions (Blatt et al., 1969; Grotstein, 2005; Nolan, 2012; Ogden, 2004).

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These concepts illustrate a general therapeutic mind-set that therapists cultivate over years of training and practice. The “hypnotist trance” can be viewed as a distinct expression of this mind-set within the context of clinical hypnosis.

Milton Erickson proposed the notion of the “hypnotist trance” in terms of an important, instrumental, multi-faceted experience that can facilitate hypnotist effectiveness during hypnotherapy (Erickson & Rossi, 1977, 1979). Over the years, the hypnotherapeutic literature has referred to the hypnotist trance as an important factor that can influence a hypnotist’s abilities to understand and empathize with patients (Lankton, 2024; Varga et al., 1994; Katalin; Varga et al., 2006; Watkins, 1978), enhance patients’ trance experiences (Tart, 1990), and provide patients with a meaningful hypnotic experience (Diamond, 1984). It has also been cited as a factor in successfully treating difficult patients, particularly those with psychosis or personality disorders (Baker, 1983, 2000; Scagnelli, 1980), and in effectively managing self-supervisory abilities and handling countertransference (Diamond, 1984, 1987; Erickson & Rossi, 1977; Gilligan, 1986; Livne, n.d.).

In the context of hypnotic interaction, the discovery of mirror neurons has been discussed as a mechanism that can assist hypnotists in inducing hypnosis, achieving empathic understanding, and diagnosing and treating patients (Antonelli & Luchetti, 2010; Balugani, 2008; Bonshtein, 2012; Rossi & Rossi, 2006). Rossi and Rossi (2006) further suggested that the theory, teaching, and training of clinicians should be adapted to incorporate these new insights into their use of hypnosis. Varga (2013) explored this phenomenon during hypnotic interactions, referring to it as “interactional synchrony,” which highlights the potential impact of the mirror neuron system on the hypnotist-patient dynamic.

During the last four decades, the research perspective on hypnotic processes has gradually changed, with more emphasis now placed on the role of the therapist (Diamond, 1984; McConkey & Sheehan, 1976; Varga et al., 2006). Indeed, the interpersonal-intersubjective perspective that considers hypnosis as a two-person endeavor has gathered quite a few advocates (Bonshtein, 2012; Diamond, 1984, 1987; Flemons, 2020; Henning, 2016; Varga et al., 1994; Whitehead et al., 2008). Hypnotists are no longer perceived as neutral instructors and guides, and their motivations (Meyerson et al., 2013), personality style (Bányai, 2002; Lazar & Dempster, 1984; Strauss, 1997), and emotional, cognitive and physiological reactions during hypnosis (Bányai, 1998; Varga et al., 1994, 2006; Whitehead, 2004; Whitehead et al., 2008) have become legitimate and important subjects of attention and research. Although the interactional phenomenology of hypnosis has received more research attention in recent years (Varga et al., 1994; Whitehead, 2004; Whitehead et al., 2008), research on the hypnotist trance has only been marginal (Blatt et al., 1969). These studies found that hypnotists reported experiencing altered awareness during hypnosis. Nevertheless, this field of study requires more comprehensive and in-depth exploration on the part of contemporary researchers (Whitehead et al., 2008).

The present study used a qualitative research approach to explore the hypnotic trance experiences of 12 Clinician Hypnosis Specialists. The objective of the study was to gain a better understanding of the hypnotist trance (HT) phenomenon, its benefits and limitations in clinical work, and to further promote intersubjective research in the field of hypnosis and hypnotherapy. The study attempted to answer the following research questions: (1) What are the attitudes of skilled hypnotists toward the phenomenon of hypnotist trance (HT)? (2) How do these hypnotists assess the influence of HT on the hypnotist’s

functioning during the hypnosis session and on the interaction with the hypnotized subject?
 (3) What are the strategies that skilled hypnotists use for developing and regulating HT?

Method

Semi-structured, face-to-face, audio-taped interviews were used to gather data from participants. This method integrates the structured and open-ended techniques often used in qualitative studies (Corbin & Strauss, 2008). This flexible approach facilitated an in-depth exploration of CHS subjective experiences and strategies regarding the hypnotist trance (HT), thus enhancing the richness of the data by enabling researchers to probe more deeply into emerging themes. Systematic thematic analysis (Boyatzis, 1998; Braun & Clarke, 2006; Roulston, 2014) was used to identify and interpret patterns within the qualitative data, aligning with the study's objective of uncovering common attitudes and strategies related to HT through an inductive, data-driven approach. This study was reviewed and approved by the Institutional Ethics Committee.

Participants

The participants of the study were contacted via a personal e-mail from the licensed hypnosis supervisors list ($n = 15$), published on the website of the Health Ministry, which included information about the research and its purpose. Each interviewee who wished to participate in the study could respond to the e-mail, to schedule a suitable time for the interview and choose a place where they would feel comfortable. Out of the 15 supervisors listed, 12 (80% response rate), readily agreeing to be interviewed about their experiences using hypnosis in therapy.

The sample ($N = 12$) comprised ten Israeli psychologists, one psychiatrist, and one neurologist. All study participants were members of the Israeli Society of Hypnosis (IsSH). They were actively engaged in hypnosis treatment, training, and education, with experience using hypnosis in their practice ranging from twenty to sixty years. Two of the participants were women, reflecting the proportion of women in the IsSH's supervisory and teaching activities. The participants ranged in age from 45 to 85. Informed consent was obtained from all individual participants included in the study. Participants were provided with detailed information regarding the purpose of the study, the procedures involved, and their rights to withdraw from the study at any time.

Data collection

The audio-taped, semi-structured, in-depth interviews were conducted by the second author and took place in the clinics of the interviewed hypnotists. The interviews typically took between 60 and 90 minutes to complete. The interviews were then transcribed verbatim as raw phenomenological data for thematic analysis. During the interviews, the participants were asked about their experiences with hypnosis during their professional practice. Each interview included some fixed questions, including the following: How do you feel during the hypnotic session? Describe one of your first important experiences in using hypnosis with patients? From your perspective as a therapist, does therapy using hypnosis differ from other forms of therapy? What are your experiences while inducing hypnosis in a patient? When you induce hypnosis in a patient do you also enter a hypnotic trance? Those questions

were developed based on hypnotherapeutic literature exploring the subjective experiences of hypnotists (Baker, 1983, 2000; Erickson & Rossi, 1977; Gilligan, 1986; Livne, n.d.; Scagnelli, 1980), as well as on the authors' discussions and consultations.

Analysis

The second author conducted manifest thematic content analysis of the qualitative data from the hypnotists' interviews (Boyatzis, 1998; Braun & Clarke, 2006). The analysis entailed several repetitive stages that were carefully validated: (1) After reading each interview to gain an understanding of the general content, the researchers reread each interview and divided the text into general content areas. (2) The researchers then conducted cross-interview analysis by identifying themes common to all the interviews. It is important to note that the analytic process was not linear but rather involved moving back and forth between the text as a whole and its parts (Boyatzis, 1998). The richness and breadth of the data led us to focus our analysis on the findings that emerged from the content area we refer to as "The Hypnotist Trance." This area included the hypnotists' reports on their personal experiences during induction, utilization, and experiencing hypnotic trance in hetero-hypnotic interactions

The flowchart of the manifest content thematic analysis process in this study includes the following stages: Stage 1: Initial Reading; Stage 2: Text Segmentation; Stage 3: Cross-Interview Analysis; Stage 4: Detailed Analysis; Stage 5: Validation.

Considering data saturation, given the study's scope, the homogeneity of the sample in terms of professional expertise, and the depth of qualitative inquiry involved, 12 participants were considered satisfactory.

Reliability and validity

To ensure the reliability and validity of this qualitative study, we employed several strategies aligned with qualitative research standards and Lincoln and Guba's (1985) criteria for trustworthiness (Adler, 2022). Credibility was enhanced by allowing participants to review their interview transcriptions and preliminary findings. We provided plausible descriptions of the participants, their professional backgrounds, and the study context to help readers assess the transferability of the findings. The thematic analysis process was thoroughly documented, from the initial reading of interviews to the final validation of themes. Regular debriefing sessions were held among researchers to discuss emerging themes and refine the analysis, while maintaining a reflexive stance throughout. The analysis was data-driven, with themes emerging inductively from the interviews, supported by direct quotes to ensure the findings reflected participants' own words and experiences.

Results

Our exploration of the multifaceted phenomenon of Hypnotist Trance (HT) employed manifest content thematic analysis as the primary methodological tool for distilling the essence of the qualitative data (Hsieh & Shannon, 2005). This meticulous process revealed three distinct sub-categories within the content area designated as "Hypnotist Trance." Hypnotists' Attitudes toward HT, Hypnotists' Experiences with HT, and Strategies Hypnotists use for Development and Regulation of HT.

To safeguard the anonymity of our study participants, some of whom are prominent figures and esteemed educators in the IsSH with well-established perspectives on hypnosis and hypnotherapy, we have judiciously limited selection and use of direct quotations from their interviews in the presentation of our findings.

Hypnotists' attitudes toward HT

Our analysis revealed that most hypnotists in our study (nine out of twelve) perceived HT as a predominantly positive and beneficial experience, albeit one that necessitates a measure of prudence in its application. Interestingly, six of these nine hypnotists also recounted specific instances in which HT elicited feelings of apprehension or discomfort, typically in response to the spontaneous emergence of full-blown self-hypnotic phenomena during their work with patients (Table 1).

In contrast, one participant characterized HT as a natural yet highly problematic and risky experience, while two participants regarded it either as irrelevant or as neutral, asserting that hypnosis is a treatment modality indistinguishable from others.

Notably, two of the three participants who described HT as risky or irrelevant reported that during the early stages of their clinical practice they experienced hypnosis as somewhat frightening and seemingly traumatic. The third hypnotist, who began his career as a stage hypnotist, claimed not to recall his initial experiences with hypnosis.

These findings suggest that the challenges and fears encountered early in one's career can have a profound and lasting impact on how therapists perceive, conceptualize, and manage HT throughout their professional lives.

CHS positive experiences with hypnotic trance (HT)

Among the positive experiences with HT, most of the participating hypnotists included: 1) hypnotist self-treatment experiences; 2) improvement in therapist-patient communication; and 3) refinement of hypnotist's skills, including creativity, fluency, openness to therapeutic insights, and "trance modelling" for patients (Table 2).

Table 1. General CHS attitudes toward HT (N = 12).

Theme	Description	Count	Notes
Positive and Useful Experience	Most CHS found HT to be a positive and useful experience in their practice. Hypnotists view HT as beneficial, aiding in communication, empathy, and skill enhancement.	9 out of 12 (75%)	Six of nine CHS mentioned specific instances in which HT was also at times scary or unpleasant, usually involving full-blown hypnotic phenomena that they developed unintentionally
Problematic and Risky Experience	HT is seen as potentially troubling, requiring cautious handling. One hypnotist specifically referred to HT as a natural but problematic and risky experience.	1 out of 12 (8.3%)	Early career experiences with hypnosis seem to exert a significant impact on practitioners' ongoing conceptualization and management of HT.
Neutral or Not Relevant	Two participants considered HT to be either not relevant or neutral, comparing it to other treatment modalities without any distinctive advantages or disadvantages.	2 out of 12 (16.6%)	Early career experiences with hypnosis seem to exert a significant impact on practitioners' ongoing conceptualization and management of HT.

Table 2. Positive experiences of CHS with HT theme frequencies ($N = 12$).

Theme	Frequency	Percentage
Therapist self-treatment experiences	3	25%
Improvement in therapist-patient communication	6	50%
Refinement of therapist skills	8	66.7%

Hypnotist self-treatment experiences

Some hypnotists with musculoskeletal issues reported that the HT they developed during sessions with patients alleviated their pain both during and after the sessions.

- “Sometimes between treatments, I take care of myself. For example, dealing with my back issues – I have back problems . . . I address not only these but all my health issues through hypnosis. I hardly ever see a doctor.”

Improved therapist-patient communication

Several hypnotists described feeling more emotionally and experientially connected with their patients during hypnosis, with enhanced access to the patients’ imaginations, memories, emotions, traumas, and life circumstances. Additionally, some of the hypnotists reported that being in a HT helps them model trance development and openness to experience for their patients.

- “That means I enter a sort of state in which I feel a much stronger connection than during a regular conversation. It’s really something. . . there’s a kind of unity, a unity that forms in such a situation, some kind of connection where I am half in a trance and half sort of managing the trance in a way. So I feel. . . I’m not quite sure how to define it even. . . but some kind of elevated connection, a different connection, an additional connection that occurs.”
- “The moment I guide someone into a trance, I enter the trance with them, accompanying them even to the extent of knowing at what depth of hypnosis they are.”
- “I know myself; I am highly hypnotizable. As a person who is easily hypnotizable, I also know that I am persuasive. I am easily convinced and can convince others with relative ease. This is both the blessing and the curse of those who practice hypnosis.”

Refinement of hypnotist’s skills

Developing HT seems to enhance creativity, verbal fluency, self-connectedness, emotional insight, mentalization abilities, self-supervisory capacities, and external concentration on the patient’s behavior, emotions, and mental state.

- “I am there with them (patients), more emotional, not so intellectual. . .”
- “During the hypnotic state, I am completely focused on you. This means I find myself reacting to things, to nuances like a moving finger or a thought that might arise regarding the patient. Suddenly, there’s an insight, whether it’s that they are annoying me at the moment or not, or suddenly I can understand why it’s hard or easy for me with them. Because I’ve entered a kind of hypnotic state, I am focused on things that normally go unnoticed.”

CHS negative experiences with hypnotic trance (HT)

Participants mentioned several negative aspects of their experiences during HT, including (1) therapist hypnotic regression, in which the therapist's role fades into the background; (2) therapist time distortion; and (3) therapist negative emotional experiences, including countertransference issues. These experiences are regarded as negative when they arise suddenly and are felt as powerful and even uncontrollable.

Therapist hypnotic regression

Several hypnotists expressed concern about the tendency to experience self-regression during hypnotic regression with patients, potentially compromising their therapeutic role.

- "I know therapists who have reported that they began to enter a true hypnotic state of disconnection, to the point where they couldn't even speak, and that's a problem."
- "There's immobility, passivity, and... verbal sparsity. I don't feel like talking, I don't want to, it feels good, it's pleasant, I'm almost drifting off to sleep. It's an experience that really resembles a hypnagogic state."
- "I have had situations in which I begin a complex suggestion while guiding the patient in regression, and I find myself at the same (regressive) age as them."
- "You can find yourself entering into primary thoughts during the process; there is a kind of primary thinking that occurs during the hypnosis with the patient."

Therapist time distortion and disorientation

Some therapists reported difficulty in maintaining awareness of time and session boundaries while in HT, occasionally experiencing disorientation.

- "I get so absorbed in the process that I lose track of myself a bit; it can happen. . . Wow, three-quarters of an hour have passed, I thought it was just ten minutes."
- "At times, some kind of disorientation developed: At some point in the therapeutic session, I asked myself, '...what's happening now, what am I doing here?' Fortunately, I really remembered all the procedures, how to do what."

Negative emotional expressions and countertransference concerns

A few therapists mentioned feeling anxious during HT, which limited their imagination and verbal fluency. One clinician, drawing on extensive supervisory experience, expressed apprehension about the potential for uncontrolled dissociative and regressive experiences in hypnotists who intentionally develop HT, possibly impairing their professional functioning during therapy.

- "...and at first it really, really scared me. I was not really inexperienced, but it was just the beginning of my work with hypnosis."
- "I know therapists who have reported that they started to enter a truly hypnotic state of disconnection, to the point where they couldn't even speak, and that's a problem."

Strategies for development and regulation of HT

During the study, participants were asked about their approach to the development and regulation of Hypnotist Trance (HT). Their responses are presented below.

Development of HT

Three of the hypnotists (25%) who participated in the study described intentional strategies and techniques for HT elicitation. These techniques included focusing on specific sensations, behaviors and techniques that are familiar to them from previous self- or hetero-hypnotic experiences. Most of the participants, however, described spontaneous HT emergence, usually by mirroring the patient or through demonstrations and explanations to the patient.

Intentional strategies

- Anchoring: “I use an anchor, as my former instructor taught me. I press my fingers together and enter hypnosis. This is also how I teach my patients to use an anchor.”
- Co-Entrance into Trance: “When I hypnotize someone else, I enter the trance with them. I guide them through the process, but it happens to me as well.”
- Self-Induced Relaxation: “When I do it for myself, I engage in a form of relaxation, focusing on my breathing and counting my breaths from one to ten. I perform a mental exercise involving my breath. Then, if I want, I tell myself, ‘Okay, enter into hypnosis, whatever feels right for you today at this moment,’ and it just happens.”

Spontaneous development

- During initial phases or relaxation stages, hypnotists may inadvertently mirror the patient’s actions: “I think that during the initial phase of entering hypnosis, in the relaxation stage, we do it simultaneously. I’ve noticed that while I’m explaining to the patient how to breathe or what to focus on, for example, I find myself doing the same things in my body.”
- “The mere act of telling a patient – now sit back and relax, - and so forth, initiates a kind of (my) trance with them.”

Regulation of HT

Four hypnotists (33.3%) who were attentive enough to recognize that their HT had begun to limit their therapeutic abilities have developed and used personal grounding techniques such as body and voice awareness, counting backward, and using verbal or hand movement, as well as managing session dynamics. Some of them reported that they used observation and professional ego state. They also indicated that these techniques were also useful for self-monitoring and self-stabilization during hypnotherapy.

Grounding techniques and managing session dynamics

- “I constantly monitored myself to avoid falling into it (HT). I used various anchors to remain alert, such as getting up and walking around the patient and completely stopping the use of my hypnotic voice and the so-called hypnotic tone. I might

drink something, take a sip, and look around and think about where I'm going next with the patient, instead of sinking into the trance together with them."

- "During the process, I also give long breaks to carry out various tasks during the trance. At times I ask the patient to engage in a dialogue, and while doing so, I can walk around and do a follow-up, which really helps me."

Observing part and professional ego-state

- "... sometimes when I feel myself drifting too deeply... some voice inside me warns me – you are the therapist, you have to be alert and keep the therapy on track."
- "With my client, my OBSERVER must be on guard to prevent myself from drifting off, disconnecting or falling asleep."

Dissociative strategies

For some hypnotists, maintaining some distance from the emotional experiences of hypnotized patients and ensuring that their HT is somewhat less deep and less developed than the patient's trance are useful as self-regulation techniques during the session. Some participants mentioned that they use "dissociation from the instrument (hypnosis)" and more "association with the patient" during hypnotherapy. A few described more flexible associative-dissociative movements during hypnotic sessions with patients:

- "I also use hypnosis to avoid becoming overly identified and to remain at a certain level of empathy. In this way, I can step back from the situation momentarily and rest."
- "I intentionally maintain this distance. Even in relation to hypnosis, I always make sure to stay slightly above the person's depth in order to protect them."
- "It's like when someone is going down the stairs and you're following behind them: you always stay two or three steps above them. That way, if they reach out their hand, you'll be able to pull them out. You can't stay up there because if something happens, you need to be readily available to pull them out."

Discussion

This qualitative study delved into the complex experiences of skilled CHS with Hypnotist Trance (HT). Based on interviews with 12 practitioners, the study revealed both the benefits and the challenges of HT, as well as strategies for developing and regulating it effectively.

The participating CHS reported significant positive experiences with HT, including self-treatment benefits such as alleviating physical ailments like musculoskeletal pain. Enhanced therapist-patient communication was another key finding, with hypnotists experiencing deeper emotional connections and better access to patients' inner experiences. HT also improved skills such as creativity, verbal fluency, and emotional insight, contributing to professional development. These enhancements are crucial for improving therapeutic outcomes and aiding in therapists' self-care, potentially preventing burnout.

Despite these benefits, HT posed challenges. Hypnotists reported experiencing hypnotic regression, which sometimes compromised their therapeutic role by causing them to enter a deep trance state. They also mentioned time distortion and disorientation, with some losing track of time during sessions, disrupting the therapeutic process. Additionally,

negative emotional experiences, including anxiety and countertransference issues, were reported, potentially limiting their effectiveness.

Our findings indicate that even experienced hypnosis supervisors may have varying beliefs about hypnosis that could benefit from additional refinement and education. This diversity in perspectives might be rooted in a view of hypnosis and psychotherapy as processes that involve only one person, rather than the more current understanding of these practices as dynamic interactions between two individuals. For instance, three participants considered HT to be either risky or irrelevant, which may reflect their early career experiences and the specific training they received. The study suggests that these initial experiences with hypnosis can significantly shape how practitioners conceptualize and manage HT throughout their careers. Regardless of the challenges associated with managing HT, it is essential for modern hypnotists to recognize HT as a process that requires active involvement and thoughtful management to maximize its therapeutic benefits.

The study highlights the dual nature of HT, offering significant benefits for therapeutic practice while presenting challenges that require careful management. Positive experiences with HT, such as improved communication and skill refinement, underscore its potential in hypnotherapy. However, risks like hypnotic regression and time distortion emphasize the need for comprehensive training and effective regulation strategies.

During the study, participants were asked about their strategies for developing and managing Hypnotist Trance (HT). Their responses revealed that while some employed specific techniques to facilitate and regulate HT, most described their approach as unintentional, leading to inconsistent success in managing HT.

These results call for a balanced approach to HT, recognizing its benefits while being cautious of its pitfalls. This approach aligns with Erickson's conceptual framework, which emphasizes HT's utility in enhancing therapeutic efficacy through self-help and self-supervision (Erickson & Rossi, 1977, 1979). Our findings echo Erickson's views, suggesting that while HT can be highly beneficial, its application requires careful handling to avoid potential negative effects on therapy.

Historically, the focus on HT within hypnotherapy research and education has been limited. Many experienced hypnotists tend to move away from HT due to the intuitive development of dissociative and grounding techniques, narrowing HT utilization mostly to externally oriented trance (Varga et al., 2014), which may lead to its underutilization in clinical practice. This approach contrasts sharply with Milton Erickson's advocacy for the active use of HT to enhance therapeutic effectiveness (Erickson & Rossi, 1977, 1979). Furthermore, the methodology proposed by Diamond (1980), involving the hypnotist entering a trance induced by the patient, underscores HT's importance in advancing therapeutic outcomes and developing therapists' skills in HT management.

Inexperienced hypnotists are often reluctant to engage fully with HT, fearing its uncontrolled aspects will influence their therapeutic role. This reluctance highlights a significant gap in hypnosis training and underscores the necessity of integrating comprehensive instruction on developing, facilitating, regulating, and utilizing HT into hypnosis education programs. Such expertise is essential for maximizing the therapeutic benefits of HT while minimizing its risks.

In conclusion, our study contributes to the hypnosis literature by providing insights into the role of HT in therapy. It advocates for a sophisticated understanding and application of HT in clinical practice to ensure that its potential is fully harnessed to

enhance therapeutic outcomes while managing its complexities effectively. This approach aligns not only with Erickson's teachings but also with contemporary attitudes concerning effective hypnotherapy practices (Baker, 1983, 2000; Scagnelli, 1980).

Limitations and future directions

While our study provides in-depth insights from experienced practitioners, future research should consider a broader sample to explore HT experiences across different levels of expertise and cultural contexts. Follow-up quantitative and qualitative longitudinal studies can offer a deeper understanding of how HT evolves with a hypnotist's practice over time.

Investigating the patient's perspective on the therapist's trance state can also provide a more comprehensive view of HT's impact on the therapeutic process and its outcomes.

Further neurocognitive research has the potential to elucidate the underlying mechanisms of HT, particularly how it influences the hypnotist's cognitive and emotional processes during therapy.

It is crucial to emphasize that the findings of our study should be considered exploratory in nature, serving as a foundation for further research in this domain. By building upon our work and addressing the limitations identified, future investigations can continue to unravel the complexities of HT and its role in the therapeutic process. This not only can contribute to the advancement of hypnosis theory and practice but also inform the development of targeted training programs that equip practitioners with the skills necessary to navigate and utilize HT effectively in clinical settings.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Data availability statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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