Whither Spontaneous Hypnosis:  
A Critical Issue for Practitioners and Researchers

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The critical aspects of recognizing that hypnotic responses are part of everyday life for those who are hypnotizable are considered. The failure of the American Psychological Association (APA) definition to include spontaneous hypnosis is discussed along with the resultant implications for misinforming clinicians, researchers and the public.

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Amidst an overscheduled day, it was time to update a couple of my immunization injections—an experience I enjoy about as much as undergoing a root canal. After asking me to remove my shirt, the nurse left the room “for just a moment”—a respite from the imminent punctures. I could see autumn leaves falling from a tree through slits in the window blinds and began to wonder how I might respond to Editor Stephen Lankton’s request for a comment on the new APA definition of hypnosis. ‘Hmm…I am neither a profound thinker nor a clever writer. Perhaps I’d better settle on one simple point…’ “You can put your shirt back on now,” said the nurse. Ten minutes had passed since I had begun my gaze at the falling leaves. I now had Band-aids holding down little cotton balls on both my left and right medial deltoids.

Was this brief experience an example of spontaneous hypnosis precluding the perception of pain? It is not, according to the APA definition of hypnosis (Green, Barabasz, Barrett, & Montgomery, 2005). The new definition ignores hypnotic phenomena as a frequently experienced part of everyday life. It favors an emphasis on the subject being “told that suggestions for imaginative experiences will be presented”… and that “when using hypnosis, one person (the subject) is guided by another (the hypnotist) to respond to suggestions for changes in subjective experience, alterations in perception …” (Green et al., 2005). Thus, the new definition, like the previous one, lends itself to gratuitous explanations of hypnotic phenomena solely on the basis of social influence variables.

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Spontaneous Hypnosis

The above example of spontaneous hypnosis is commonplace with a “subject” of about average or above average hypnotizability. Mullin (1958), a Harvard Medical School Psychiatrist, was likely the first to report systematic observations of the phenomenon. His work was followed closely by Gill and Brenman’s (1959) classic treatise, *Hypnosis and Related States*. Josephine Hilgard’s (1979a) book on imaginative involvements devotes several chapters to the explication of spontaneous hypnosis and its occurrence as part of everyday life for hypnotizable persons. Numerous other studies (referenced later in this article) are succinctly summarized by Spiegel and Spiegel’s explanation that the hypnotic trance state falls on a continuum with normal waking consciousness and that individuals with trance capacity commonly slip in and out of trance states.” (Spiegel & Spiegel, 2004, p. 11)

Given the personal example above, even the casual scientific observer might raise questions regarding the presumed essential role of social influence in the production of the hypnotic response. Where is the social influence of the hypnotist? What possible “expectations for hypnosis” might the subject have had? (There were none; the spontaneous event was a surprise.) What was the “effort to comply” (Spanos, 1986)? How might the subject have been deluding himself (Lynn, Rhue, & Weekes, 1990)? What could be construed as the “hypnotic context?” How could this be an example of entry into a hypnotic state without the use of the word “hypnosis” (Braffman & Kirsch, 1999)? How can the nonperception of the nurse’s return, comments made immediately prior to administering the injections, or the unpleasant sensations of the two needle punctures be explained? What could possibly be construed as a “hypnotic procedure” where “one person (the subject) is guided by another (the hypnotist) to respond to suggestions…” as is specified by the APA definition? The hypnotic trance state apparent in the example seems to be more accurately and simply operationalized by Spiegel and Spiegel’s (2004, p. 20) definition of hypnosis as “a form of focal concentration that maximizes involvement with one sensory perception at a time.”

Alternatively, a social psychologist invested in reconceptualizing hypnotic phenomena as mundane social constructions would likely explain the nonperceptions as some form of distraction, as hypothesized by Spanos (1982). Practitioners with little clinical experience with the differential responses of subjects based on their hypnotizability and trance depth in the hypnotic attenuation of pain might uncritically accept this presumption. Researchers who are unaware of the controlled experimental research in both laboratory and hospital settings, which disproves the distraction hypothesis as the mechanism of action for hypnotizable versus non-hypnotizable subjects might also be misled (Freeman, Barabasz, Barabasz, & Warner, 2000; Smith, Barabasz, & Barabasz, 1996).

1 The “subject’s” Stanford Hypnotic Susceptibility Scale: Form C Score = 6.
2 “Non-perception” is intended to serve as a simplified descriptor of the apparent response. It is not meant to be taken literally as did Perlini (2004) in his article “Now you hear, now you still hear it” which showed, not surprisingly, that the brain interrogates a signal when given an auditory stimulus in the midst of a negative hypnotic hallucination for deafness. The experimental data is overwhelmingly clear and consistent on this point. Negative (blocking) hypnotic hallucinations whether spontaneous or formally induced show an attenuation rather than an absolute non-recognition/perception as recorded by EEG event related potentials (Barabasz, 2000; Barabasz, 2004, Barabasz, Barabasz, Jensen, Calvin, Trevisan, & Warner, 1999; Spiegel, Cutcomb, Ren, & Pribrem, 1985; Spiegel, Bierre, & Rootenberg, 1989; DePascalis, Magurano, & Bellusci, 1999; DePascalis, Magurano, Bellusci, & Chen, 2001; Kosslyn, Thompson, Constantino-Ferrando, Alpert, Spiegel, 2000; Jensen, Barabasz, Barabasz, & Warner, 2001; Bryant, Mallard 2003; Spiegel, 2003). As in Orne’s (1959) trance logic one must hear it not to hear it, see it not to see it, or feel it not to feel it when the hypnotic state is employed with a suggestion for a negative hallucination.
Spiegel (2005) pointed out, “It is one thing to make a set of assumptions, as mathematicians do, and see what you can learn from sticking to them. It is another to treat the assumptions as facts. Hypnosis occurs outside of social contexts as well as in them. For example, in self-hypnosis [as included in the APA definition] and absorption (omitted from the definition [Barabasz, 1983; M. Barabasz, A. Barabasz, & Mullin, 1984; J. Hilgard, 1970, 1974, 1979a; Tellegen & Atkinson, 1974], among people capable of it” (p. 31). Yet, the definition itself fails to recognize such naturally occurring trance phenomena which are well documented by systematic observation (Mullin, 1958, 1960), controlled experiments in the isolation of Antarctica (Barabasz, 1980, 1989; Barabasz, Barabasz, & Mullin, 1983), in clinical practice (Hilgard & LeBaron, 1984; Spiegel & Spiegel, 2004; Watkins, 1992) and experimentally controlled laboratory research. (Barabasz, 1982, 1990a, 1990b, 1990c, 1993; F. Hilgard, 1965, 1986; J. Hilgard, 1974, 1979b; Kihlstrom, 1987)

The definition states: “While some think that it is not necessary to use the word hypnosis as part of the hypnotic induction, others view it as essential.” (Green, Barabasz, Barrett, Montgomery, 2005, p. 262) It may be fair to include such a statement because some people do harbor the belief that the use of the word hypnosis is of critical importance to the evocation of hypnotic responses, albeit based on a study (Braffman & Kirsch, 1999) which has been brought under serious question (Barabasz, 2005; Nash, 2004, 2005) and which is inconsistent with other socio-psychological research showing a trivial effect for its use or non-use (Barber & Wilson, 1978). In contrast, spontaneous hypnosis is omitted from the current definition despite a long history of recognition in scholarly writings about hypnosis and a veritable mountain of data supporting the importance of it in conceptualizations of hypnosis.

Nash (2005) reminds us of William James, who noted and named a recurrent intellectual fallacy termed “vicious intellectualism.” Vicious intellectualism involves the treating of a name as excluding from the fact named what the name’s definition fails positively to include (James, 1897/1979, p. 32). Such a descriptor may be too harsh with regard to the deliberate exclusion of spontaneous hypnosis in the APA definition because the Green et al. article notes that “…the definition was restricted to procedures that are used in research and clinical practice” and that “it is clear that shifts in consciousness can occur with and without formal hypnotic procedures in a variety of everyday situations…” (p. 262). As a co-author, I was pleased to see the caveat stipulating that “shifts in consciousness can occur without a formal hypnotic induction” met the approval of the other three authors. Obviously, the norm for research and clinical procedures is to include formal hypnotic inductions which involve some form of social interaction. For example, Barabasz and Watkins (2005) noted “Except for instances of spontaneous hypnosis in everyday life (see Chapter 3), we view hetero-hypnosis and self-hypnosis developed under the guidance of the therapist, as both an altered state of consciousness and an intensive interpersonal relationship” (p. 51).

Nonetheless, it seems that a major problem remains. The published definition “targeted toward informing clinicians, researchers, and the lay public” is disseminated and almost exclusively referred to without regard to this crucial caveat, as it is on page 259 of the present issue of the American Journal of Clinical Hypnosis. Thus, researchers are free to ignore the potential influence of spontaneous hypnosis on their findings gleaned from subjects in “nonhypnotic” conditions, which can lead to faulty conclusions about the role the hypnotic state might play.
A recent investigation of EEG event related potential (ERP) responses to alert hypnosis with a blocking auditory hallucination (Barabasz, 2000) is one salient example. In this experimentally controlled study, hypnotizability testing, informed consent mentioning hypnosis, and the “suggestion only” condition were completely separated from the hypnotic condition context. Consistent with previous research, only the hypnotizable subjects showed a statistically significant attenuation of their ERPs in response to the hypnotic induction condition plus suggestion in contrast to the identical suggestion alone. What is critically important to the spontaneous hypnosis issue is that one subject out of the five high hypnotizables responded with equivalent ERPs to both conditions. An independent postexperimental inquiry revealed that this subject spontaneously entered hypnosis in both conditions. If by chance two of the five hypnotic virtuosos had responded in this manner, and if the potential of spontaneous hypnosis was ignored by failing to conduct the inquiries, a faulty conclusion about the equivalence of the hypnotic and “nonhypnotic” conditions would have been the result. The socio-psychological hypnosis literature is littered with studies that fail to address this issue. The conclusions reached from these studies about the equivalence of hypnotic and “nonhypnotic” responses are, therefore, questionable and misleading.

Recognition of spontaneous hypnosis is just as important for clinicians, the first key group “targeted” by the new definition. As Spiegel and Spiegel (2004, p. 11) explain, “it is naïve for a clinician to assume that if he or she is not formally using hypnosis, it does not occur.” Many university researchers’ experimental subjects are drawn from normally functioning volunteer students who are specifically excluded from involvement in an experiment by the institutional review board human subjects requirements if they have any history of psychological difficulties. However, clinicians often see people at times of stress when spontaneous trance states are far more likely to occur.

The majority of experienced clinicians in learned societies recognize the spontaneity of hypnotic responses in one form or another. Thus, the notion that the state/non-state, social-psychological, and altered state of consciousness “debate goes on” (Kirsch, 2003) or that the issue is “unresolved” (Sarbin, 2005) now seems to be shared by only a few vocal members of these societies.

Christensen’s (2005) survey of published members of the Society for Clinical and Experimental Hypnosis found strong support for the conceptualization of hypnosis as “primarily an identifiable state.” The preferences were not only statistically significant, but were overwhelmingly shown by a nearly five to one ratio over the concept of hypnosis as a solely socio-cognitive phenomenon. She also found negligible support for the socio-cognitive descriptors “suggestibility” and “hypnotic suggestibility” in contrast to support for the descriptor “hypnotizability” with regard to hypnotic responsiveness. Wilmarth (personal communication, September 2004) videotape interviewed over 100 people—primarily ASCH members—and noted that only one viewed hypnosis as solely explainable by the social- psychological perspective.

Perhaps it is time to consider the “debate” resolved (Barabasz, 2005; Barabasz & Robertson, 2005) and move on, as recommended by David Spiegel (2005), to the recognition that “multi-level explanations are an absolute necessity in understanding human mind/brain/body phenomena because we are both neurally-based and social creatures who experience the world in mental-phenomenal terms. To choose one of these domains as a complete explanatory context is to be by definition wrong.”
Barabasz

(Spiegel, 2005, p. 32). It would seem that writers of the next iteration of the APA definition of hypnosis might at long last admit that the debate of the previous century has been resolved and be willing to recognize spontaneous hypnosis as essential to any fair definition of hypnosis.

References


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