An Integrative, Multi-Factor Conceptualization of Hypnosis

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The APA Division 30 definition of hypnosis (Green, Barabasz, Barrett, & Montgomery, 2005) represents a compromise that seeks to please professionals with very divergent theoretical views concerning what occurs in hypnosis. It is necessarily descriptive and its authors sought to remain theoretically neutral. I will address the theoretical diversity behind such a compromised definition.

One of the problems with existing theories of hypnosis is that they have commonly been unitary conceptualizations of a phenomenon that seems to be multidimensional in nature—a concept considered in the past by several authorities (Banyai, 1991; Barber, 1981; Hilgard, 1977; Nadon, Laurence, & Perry, 1991; Weitzenhoffer, 1989). Research evidence and factor analytic studies suggest there are several dimensions or factors involved in hypnotic response. Therefore, rather than talking of high and low hypnotizability in general, we should consider whether we are talking about high or low ability to experience amnesia and cognitive-perceptual distortions, to respond to posthypnotic suggestions, to experience ideomotor phenomena, to recall past events, and to experience anesthesia.

Various unidimensional theorists have too often emphasized such factors as biological determinants, expectations, role enactment, adaptive regression and transference, suggestibility, dissociation, absorption in imagination, and compliance as being the sole or primary determinant of hypnotic responsiveness. This seems reminiscent of the blind men and the elephant metaphor with each theorist describing a limited terrain and perspective. In reality, all of these factors may be involved to varying degrees in the response of different subjects, as well as in production of different hypnotic phenomena. It is possible that moderate hypnotic capacities may not lie on a continuum with high hypnotic talent, but may involve different mechanisms of action or combinations of factors (Hilgard, 1986; Weitzenhoffer, 1989).
The idea that hypnotic responsiveness is bimodal in nature led Hilgard (1986) to hypothesize a two-factor theory of hypnosis, although at least a four factor solution has been suggested as more realistic by others (Evans, 1991). Hilgard observed (and I wish to emphasize) that some hypnotic phenomena (e.g., ideomotor phenomena, ideosensory changes, response to simple suggestions, some degree of analgesia, hypermnesia) require minimal dissociative talent. The production of these phenomena may rest more heavily on relationship variables, desire to please (motivated cognitive commitment), expectations, role enactment, believed-in imagining, and compliance, with dissociation and absorption in imagery being relatively minor variables in the equation. On the other hand, responding to difficult suggestions for cognitive or “deep trance” phenomena (e.g., anesthesia, hallucinations, profound amnesia) may involve sociocognitive and expectancy factors only to a more limited degree. The capacity to respond to these more challenging suggestions may require greater dissociative ability (which some view as a change in state of consciousness that involves greater neurobiologic capacity), and the ability to become so absorbed in imagining that what is suggested seems almost real.

It seems an oversimplification to attribute all hypnotic behavior to the unitary variables many theorists have posited as responsible for hypnosis. Hypnosis seems to be multi-causal. Social-psychological theorist T. X. Barber (1981) demonstrated an openness in comparison with his prior stances when he suggested that there may be at least two types of “trance” experiences. He conceptualized “trance A” as including relaxation, calmness, passivity, and a detachment from or lack of concern with reality (fading of generalized reality orientation). This was a conceptualization similar to the “neutral hypnosis” concept of Edmonston (1981). “Trance A” was not perceived as essential to hypnotic response. “Trance B” referred to a subject being absorbed, engrossed, fascinated, entranced, and thoroughly involved in the words, concepts, and suggestions of the hypnotist. The latter experience was deemed necessary for responsiveness to suggestions and seems analogous to concepts of dissociation. Similarly, Hilgard (1986) moved toward a moderate position in the state versus non-state debate by deemphasizing hypnosis as a special state and using the word “state” metaphorically.

A conceptual position similar to mine was taken by Sheehan (1986). Sheehan believed that contextual variables and the cognitive strategies and response of the subject interact with the subject’s hypnotic aptitude (trait characteristics) to produce hypnotic behavior or experience. He perceived “hypnotic aptitude” (e.g., capacity for dissociation) as necessary for certain phenomena to occur, but as not being sufficient to account for the effects alone. In a similar view, Crasilneck and Hall (1985) hypothesized Level I, the organic neurophysiological substrate that is necessary but not sufficient for the emergence of Level II, the structure of the dynamic psychological state. Nadon, Laurence and Perry (1991) also advocated pursuit of a multidimensional, synergistic model where neither person nor situation is given primacy, and advocated using new multivariate designs and statistics.

I believe that there is a dynamic interaction and reciprocal influence process (Bandura, 1978; Hammond & Stanfield, 1977) between the variables summarized below, and that the elicitation of various phenomena probably involves different combinations of these factors. Instead of approaching hypnosis from a cognitive set of either/or thinking, and viewing the different theoretical perspectives (Lynn & Rhue, 1991) as mutually exclusive paths to truth, I prefer to see different theories as complementary. Several different theoretical orientations are necessary to adequately account for the production of the various hypnotic phenomena. Perhaps the most thoughtful multi-dimensional model to date has been presented
by Banyai (1991), who rejected the search for linear-causal relationships as being simplistic and fruitless. Her social-psychobiological model included the variables I discussed, perceived susceptibility as both stable and modifiable, and emphasized reciprocal interactions.

The most unique aspect of Banyai’s (1991) research is what she calls “interaction synchrony” (p. 581). She developed a modification of Sheehan’s Experiential Analysis Technique called the interactional experiential analysis technique, wherein both hypnotist and subject review videotapes of their experience and are interviewed about their subjective experiences. Her work identified two hypnotist styles: 1) a physical/organic style wherein the hypnotist frequently demonstrates synchrony by the use of bodily cues; and, 2) an analytic/cognitive style where greater distance is maintained between hypnotist and subject, emphasizing thoughts instead of nonverbal cues. She learned that the susceptibility level of subjects and hypnotists interact. Thus, when low hypnotizable hypnotherapists work with high hypnotizable subjects, they seem to interact in ways to facilitate an attunement with the subject (e.g., using rhythm). In contrast, she discovered that high hypnotizable therapists working with high susceptible subjects tend to distance themselves with more cognitive personal strategies which she believed served to maintain control or regulate the situation. In general, it seemed that when hypnotherapists were genuinely themselves and used the style with which they felt most comfortable, sessions became more facilitative and positive.

My own multifactoral, integrative conceptualization of hypnosis conceives of the following four logically constructed, but interactive, dimensions as playing a role in hypnotic response.

1. Cognitive-Motivational Variables: Expectations, attitudes, motivations, compliance, desire to please (motivated cognitive commitment), cognitive strategies and interpretational sets, and role taking or “thinking as if.”

2. Physiological-Dissociative Capacity (Native Aptitude): Hereditary and environmentally created (e.g., through emotional trauma, stimulus deprivation, head injury) dissociative ability, likely involving an interaction of gamma (40 Hz) (DePascalis, 1999), faster theta (Crawford, 1990), and perhaps alpha brainwave activity (Engstrom, London, & Hart, 1970; Williams & Gruzelier, 2001).

3. Absorption in Imagery: Capacity for, and quality of, imaginative involvement, fantasy-proneness, “imagining as if,” absorption and concentration of attention, with a fading of generalized reality orientation (subjectively experienced as an altered state of consciousness or “trance”).

4. Interpersonal, Contextual-Environmental Variables: Quality of the therapeutic relationship (perceived competence, trust), transference components and depth of archaic involvement, conducive environment, demand characteristics and contextual cues, timing with circadian rhythm, and environmental (e.g., sensory deprivation) variables.

I believe that a productive direction for future research will be to determine those phenomenon and conditions wherein interpersonal-contextual variables, cognitive-motivational and imagery variables, and aptitude (state, dissociative, biologic) variables interact in different ways. I believe our field will become more productive when theoretically oriented researchers adopt more multi-causal perspectives, stop thinking in dichotomous unidimensional terms, and emphasize the utilitarian function of theories.
Clinical Implications

There are also important clinical implications associated with an integrative or multidimensional conceptualization of hypnosis. Rather than assuming that someone either does or does not possess the aptitude for hypnosis, I believe that the clinician is well advised to do everything in his or her power to maximize the above four variables. We should establish a trusting and caring relationship, educate the patient about hypnosis, disabuse them of myths, and create positive attitudes. We should foster positive expectancy prior to, during, and after hypnosis. We should encourage patients to actively imagine in response to suggestions, and enhance and emphasize client motivations. We should encourage the use of cognitive and interpretational strategies that are facilitative and consider phrasing suggestions in a manner that provides unambiguous cognitive strategies to the patient. We should consider procedures that may, at least temporarily, enhance dissociative capacity such as time-limited sensory deprivation (restricted environmental stimulation) (Barabasz, 1982; Barabasz and Barabasz, 1989), or EEG biofeedback (e.g., alpha-theta or 40 Hz brainwave training) to alter biologic capacity and train less natively talented hypnotic subjects to increase their capacity to focus their attention in this manner (Engstrom et al., 1970; Wickramasekera, 1977).

When we conceive of multiple factors as playing a role in hypnotic response we can seek to utilize as many of these variables as possible to assist the patient in obtaining maximal therapeutic response. If a pain patient, for example, seems to have limited dissociative capacity, we may nonetheless emphasize all the other variables that may still produce some degree of positive analgesic response. I believe that pursuing these directions clinically and experimentally will prove most productive for our patients and the field.

References


