

Hypnosis and the relationship between trance, suggestion, expectancy and depth: Some semantic and conceptual issues

Graham F. Wagstaff

Abstract

In the first of two recent papers, Pekala, Kumar, Maurer, Elliot-Carter, Moon and Mullen (2010a) review what they consider to be the relationships between trance or altered state effects, suggestibility, and expectancy, and how they relate to the concepts of hypnosis and hypnotism. They also suggest that these concepts can be assessed with an instrument they term the PCI-HAP (Phenomenology of Consciousness: Inventory-Hypnotic Assessment Procedure). In the second paper (Pekala, Kumar, Elliot-Carter, Moon, & Mullen, 2010b), they set out to determine empirically whether these concepts can predict hypnotic depth scores using the PCI-HAP. They conclude that their results support the view that all of these component processes may be involved in 'hypnotism' and experiences of hypnotic depth. However, according to their conceptualization, 'hypnosis' itself involves, or consists of, only altered state or trance effects. These papers raise a number of fundamental methodological, semantic and conceptual issues that are discussed in this commentary. Topics discussed include distinctions between concepts such as 'hypnosis', and 'hypnotism,' the role of inductions and suggestion in producing hypnotic phenomena, and the measurement and conceptualization of 'hypnotic depth.' It is concluded that many of the problems relating to the definition and conceptualization of terms associated with hypnosis may be clarified by placing the terms in their historical context, and that difficulties in identifying the origins of the experiences and behaviours associated with hypnosis may stem from insufficient attention to the role of suggestion and expectancies in producing hypnotic phenomena, and an over-reliance on the role of the procedures and mechanics of the induction process.

Keywords: Altered state, expectancy, experience, hypnosis, hypnotic depth, hypnotism, suggestion, trance.

Address correspondences and reprint requests to:

Professor G.F. Wagstaff
Department of Psychology
University of Liverpool
Eleanor Rathbone Building
Bedford Street South
Liverpool, UK, L69 7ZA

In two recent papers, Pekala, et al. (2010a & b) have argued that the experiences reported following hypnotic procedures can be viewed as relating to a number of definable interacting factors. These papers make a very important contribution to the literature in a number of ways, but, in particular, they create a focus for facilitating discussions between researchers and theorists of different views and theoretical persuasions. In this respect, perhaps the most critical aspect of both papers is the centrality of the concept of ‘altered state’ or ‘trance’ to the definition of hypnosis. In fact, in their view, ‘hypnosis’ essentially means the same thing as ‘trance.’ Their analysis in this respect raises a number of fairly substantive issues regarding how the concept of hypnosis, and the various terms commonly associated with it, such as hypnotic suggestibility, hypnotizability, and hypnotic depth are to be defined and measured, and it is on these issues that the following commentary will concentrate.

Measuring the phenomenology of hypnosis

In the first paper, Pekala et al. (2010a) refer to debates about the status of the concept of ‘altered state’ or ‘trance’ in hypnosis and point out that, to illuminate this debate, we need to conduct more work on the phenomenological experience of hypnosis. Within this context, they highlight the importance of Holroyd’s (2003) idea that most of the effects we associate with hypnosis (or more strictly ‘hypnotism’ in their parlance) may be accounted for in terms of three interacting factors, imagination/suggestibility, altered state effects, and expectancy, each of which will have an effect on the experience of what they term ‘hypnotism.’ They go on to argue that the components of Holroyd’s model may be both defined and measured within an instrument they term the PCI-HAP (Phenomenology of consciousness Inventory-Hypnotic Assessment Procedure). Briefly, the PCI-HAP consists of the following.

1. A pre-assessment in which participants report whether they have experienced hypnotism before, and if so, ‘how hypnotizable they felt at the time’ (p.290). They are also asked to rate their expected level of hypnotic depth on a scale of 1 to 10. There are also other measures of imagery and their expectations of the therapeutic efficacy of the session.
2. This is followed by a hypnotic induction procedure; this includes progressive relaxation with a counting back ‘mind calm’ instruction,’ followed by a ‘mental vacation’ hypnotic dream suggestion (imagoic suggestion), a finger raising suggestion, and an eye catalepsy (motor challenge) suggestion.
3. Participants are then told to sit quietly for two minutes and ‘just experience the state you are in right now’, and afterwards, to make a mental note of their experience.
4. Hypnosis is then terminated and participants fill out a 53 item PCI which refers to their subjective experiences during the two minutes of sitting quietly. This covers 12 major dimensions and 14 minor dimensions of experience including altered state of awareness, altered experience, volitional control, self-awareness, rationality, internal dialogue, positive and negative affect, imagery, attention, memory and arousal.
5. Finally, participants receive a debriefing form, and rate their experiences of the suggestions in the pre-assessment and following hypnotic induction. Near the end of this they are asked retrospectively to report their level of hypnotic depth, on a scale of 1 to 10 (from 1 ‘not hypnotized at all’ to 10, ‘the most hypnotized you can imagine’).

This instrument yields a number of measures: srHD (self-rated hypnotic depth), the pHGS (hypnoidal state or predicted Harvard Group Scale; also referred to as ‘trance state’ p. 287) score, a prehypnotic expectancy score (expected depth and therapeutic efficacy), plus measures of suggestibility (imagoic and motor challenge).

In their second paper, Pekala et al. (2010b), look empirically at how well the various other measures predict self-rated hypnotic depth (srHD). Regression analyses indicate that the best predictors of self-rated hypnotic depth are imagoic suggestibility (the hypnotic ‘mental vacation’ suggestion), expectancy, hypnoidal or trance state, and eye catalepsy. Of these, imagoic suggestibility accounts for the largest percentage of the relative variance across the various regression analyses, followed by expectancy. Pekala et al. conclude that these factors fit with previous conceptions of ‘hypnotism,’ such as the view of Holroyd (2003), by indicating that the effects of hypnotism can be seen as a product of imagination and suggestibility, altered state effects, and expectancy. Interestingly, this conceptualization also has some overlap with earlier ideas about how participants come to label themselves as ‘hypnotized;’ for example, Wagstaff (1981) argued that attributions of being hypnotized are primarily based on three factors, inferences from responses to suggestions, feelings of altered bodily experiences, and participants’ beliefs and attitudes (see also, Barber, Spanos, & Chaves, 1974).

However, if we are to progress with this kind of multidimensional empirical approach, it may be useful first to examine some of methodological and conceptual issues raised by these two papers.

Methodological limitations of the PCI-HAP

As Pekala et al. (2010b) acknowledge, clearly there are limitations with the methodology they have employed. For example, imagoic suggestibility was measured by only one item. Given this, it might seem surprising that it was the best predictor of hypnotic depth. However, its high profile in this respect is very likely to have been influenced by its position in the order of the procedure. The ‘mental vacation’ suggestion was given after the induction but only shortly before an instruction to sit quietly for two minutes and ‘just experience the state you are in right now’ and make a mental note of it. Depth was then measured after the termination of hypnosis. The instruction to sit for two minutes ‘just experiencing’ one’s mental state would very likely have given participants even more time to contemplate and their recently experienced ‘mental vacation,’ making it particularly salient and thereby particularly likely to be used by participants subsequently to infer hypnotic depth. However, this draws attention to an important methodological issue concerning the way depth was measured.

The rating scale measure used by Pekala et al. is very similar to that found in the Long Stanford Scale of Hypnotic Depth (LSS), which is one of the most widely used measures of hypnotic depth in the literature (Bowers, 1983; Tart, 1970, 1979; Wagstaff, Cole & Brunas-Wagstaff, 2008). The LSS comes with a set of standard instructions, and standardization data are available for it. However, the depth measure used by Pekala et al. deviated from that of previous depth measures such as the LSS in an important way; the reports were given retrospectively. Virtually all standard measures of hypnotic depth involve reporting hypnotic depth *during* the hypnosis procedure as this is assumed to be the most accurate measure of the depth of hypnosis. Retrospective depth reports are additionally problematic given that a variety of evidence suggests that depth reports tend to vary at different stages during the hypnosis procedure depending on the particular instructions and/or suggestions at the time, and can be influenced by responsiveness to suggestions (i.e. they tend to be higher

after a subject has responded successfully to a particular suggestion, and lower following failure). Because of this, a number of researchers have suggested that, if one is attempting to measure depth of hypnosis per se, uncontaminated by responses to suggestions that follow the induction, depth reports should be taken during hypnosis, immediately after the induction, but before any suggestions are given (Bowers, 1983; Tart, 1970; Wagstaff et al., 2008).

These observations regarding the measurement of 'hypnotic depth' invite consideration of a number of related semantic and conceptual issues. For example, the fact that depth reports (including very high levels of reported depth) can be given before the administration of specific suggestions (Tart, 1970; Wagstaff et al., 2008) has implications for fundamental issues such as whether hypnotic depth should be considered as a construct that exists independently of 'suggestion.

Hypnosis, depth, suggestibility and hypnotizability

As background to their empirical study, Pekala et al. (2010a) decide to adopt Weitzenhoffer's (2002) distinction between 'hypnosis' and 'hypnotism.' Hypnosis is thus construed as a 'trance state', whilst 'hypnotism' is the use of hypnosis in combination with 'suggestion' (p.273). In relation to this they go on to point out that the term trance 'is often used interchangeably with hypnosis' (p.274), and to operationally define trance as 'the subjective state the highly hypnotizable person reports in response to a hypnotic induction' (p.276). From this perspective, 'hypnosis' is defined as an altered state, independent of suggestion; hence, according to Pekala et al., we can no longer talk about 'hypnosis' as involving a combination of various components (such as suggestion, expectancy, trance effects etc.); if we want to include suggestion, we have to talk about 'hypnotism.' The reason for this is that, having made the decision to equate hypnosis with 'trance', independent of factors such as suggestibility and expectancy, it makes no sense to say that 'hypnosis' is made up of, influenced by, or consists of, a number of components, one of which is 'hypnosis' (i.e. itself).

However, this distinction is problematic. Traditionally, the distinction between hypnosis and hypnotism has simply been that between the phenomenon itself (hypnosis), and the science, art or practice of inducing it (hypnotism). The idea, therefore, that hypnosis does not involve suggestion, whereas hypnotism does, seems to imply that any theories that argue that hypnotic phenomena involve the influence of suggestion, such as those of Bernheim (1889) and Hull (1933), are not actually theories of 'hypnosis,' they are theories of 'hypnotism', and conversely, any theory that describes the science, art or practice of using induction procedures to produce hypnotic 'trance' experiences, but without the introduction of, or reference to, suggestion as an influential factor in the induction of trance, such as that of Charcot (see Sheehan & Perry, 1976), is not a theory of 'hypnotism.'

Notwithstanding this, having adopted the view that the essence of 'hypnosis' is 'trance', or 'hypnoidal state' (p. 280), Pekala et al. go on to argue that the PCI-HAP is not meant to be a 'measure of hypnotic *suggestibility* (which concerns responses to suggestions) or *hypnotizability* (the skill or talent a person

has that enables him or her to respond to hypnotic tasks, such as suggestions on standardized scales).....Rather, it was developed to be used as a measure of hypnotic ‘*responsivity*’ from a more state perspective’ (p. 279). If we accept this terminology, then presumably the hypnotic depth reports given by the participants in Pekala et al.’s study were included to measure the concept of ‘hypnotic responsivity’ as distinct from hypnotic suggestibility or hypnotizability. But again, this seems problematic. In the literature, the term ‘hypnotic depth’ tends to be used synonymously with ‘depth of trance’ (Bowers, 1983; Tart, 1966, 1970, 1979; Wagstaff et al., 2008). In which case, if we accept Pekala et al.’s definition of hypnosis, ‘hypnotic depth’ should presumably correspond to something like ‘trance depth’ or ‘hypnoidal state depth,’ and is, thereby, something conceptually different from ‘suggestibility’ and ‘hypnotizability.’ But, Pekala et al. argue that hypnotic depth reports are the product of a combination of trance, imagination/suggestibility and expectancy. Accordingly, ‘hypnotic depth,’ as measured by the PCI-HAP seems to take on a different meaning; it concerns not ‘depth of hypnosis’ per se, but something more like, ‘responsiveness to hypnotism.’ Alternatively, if hypnotic depth reports are meant to measure only depth of ‘trance,’ as distinct from suggestibility and the effects of expectancy, then, in the PCI-HAP at least, it looks like they are not measuring what they are supposed to be measuring.

Semantic and conceptual problems associated with the concept of hypnotic depth are certainly not new. Consider the distinction drawn by other researchers between ‘hypnotic depth’ and ‘hypnotizability.’ According to some researchers, depth and hypnotizability are fundamentally different constructs; hence, whereas depth refers to the degree of trance or state involvement at a particular time, hypnotizability refers to the skill or talent a person has that enables him or her to respond to hypnotic tasks, such as suggestions on standardized scales (see for example, Hilgard, 1981; Sheehan and McConkey, 1982; Tart, 1970). And, indeed, Pekala et al. have decided to use the term ‘hypnotizability’ in this latter sense. However, Wagstaff et al. (2008) note that, if we allow that hypnotic depth makes sense as a construct (i.e. involvement in trance), there seems to be something wrong with the terminology here. For example, according to Bowers (1983) it is possible that, for some individuals, the experience of hypnosis may be so profound that suggestibility may be significantly diminished; indeed, if highly hypnotizable participants are led to associate deep hypnosis with resisting suggestions, this apparently can happen (Spanos, Cobb & Gorassini, 1985). However, if we adopt the aforementioned distinction between hypnotic depth and hypnotizability, there is nothing inconsistent in saying that such participants are so ‘deeply hypnotized’ (or in such a profound ‘state of hypnosis’), that they are ‘unhypnotizable.’

According to Wagstaff et al. (2008), the problem stems from a confusion between what Bowers (1983) terms, ‘the indicator and what is being indicated’ (p.92). According to Bowers (1983), responsiveness to hypnotic tasks is an *indicator* of the degree or depth of ‘hypnosis’ that the subject can achieve or has achieved; i.e. it is an *indicator* of hypnotic ‘susceptibility’ or what is now known as ‘hypnotizability.’ This fits with the notion of hypnotic depth as it was originally

construed. The construct of hypnotic depth originally derived from the idea that hypnosis involves an altered state of consciousness or trance with various degrees of depth (Bernheim, 1889; Bowers, 1983; LeCron, 1953; Sheehan and Perry, 1976; Shor, Orne and O'Connell, 1962; Tart & Hilgard, 1966; Tart, 1966, 1970). It was further assumed that the deeper one goes into this state the more suggestible one becomes (Bowers, 1983; Tart, 1966; Weitzenhoffer, 1953), hence, by measuring participants' responsiveness to a set of suggestions that increase in difficulty, one can determine their level of hypnotic depth (Davis & Husband, 1931; Friedlander & Sarbin, 1938; Orne & O'Connell, 1967; Sheehan & McConkey, 1986). In this way, it was assumed that hypnotic *suggestibility* (responsiveness to suggestions whilst in the hypnotic state) can be used as a measure of the level of hypnotic *susceptibility* (now known as hypnotizability), defined as 'maximum depth that can be achieved under the most favourable conditions' (Orne & O'Connell, 1967, p.126). Thus, for example Tart (1966) remarks, 'The total responsiveness of a subject to hypnotic test items is conventionally used as a measure of trance depth or profundity' (p.380). However, another approach to measuring depth was to assume that, in addition to, or in the absence of, effects on suggestions, the hypnotic state gives rise to other profound changes in phenomenological experience that can be indexed through self-report depth scales (Tart, 1970; 1979). Consequently, as the hypnotic state produces changes in phenomenological experience, hypnotic depth reports can be considered in the same way as responses to suggestions; i.e. as an indicator of the degree of hypnosis (the hypnotic state) the subject is capable of achieving or has achieved. As originally conceived, therefore, the distinction between hypnotic depth reports and responsiveness to hypnotic suggestions concerns a distinction between two ways of measuring the same thing, hypnotic susceptibility or hypnotizability, construed as the capacity to enter the hypnotic state; it is not a distinction between measures of 'trance experience' and hypnotizability (see, also, Shor, Orne, & O'Connell, 1962; Tart, 1966; and for further discussion, Wagstaff et al., 2008). Indeed, it was in his context that Weitzenhoffer (1980) originally made his criticisms of the standard suggestion based scales; i.e. by relying entirely on suggestions, they confounded the measurement of true 'hypnotic susceptibility,' or hypnotizability, with suggestibility per se, a point subsequently taken up by a number of other researchers (Braffman & Kirsch, 1999; Kirsch & Braffman, 1999; Wagstaff et al., 2008).

It can be noted that this rationale is implicit in Pekala et al.'s method of deriving a hypnoidal state score from the PCI using a regression equation derived from assessing those components of the PCI most predictive of the Harvard Group Scale of Hypnotic Susceptibility (hence, Pekala et al. also call the hypnoidal score, the 'pHGS' score). Taken out of this background historical context, there is potentially a conceptual difficulty here. The hypnoidal score is supposed to represent the subjective state reported after responding to a hypnotic induction; however, the Harvard Group Scale of Hypnotic Susceptibility measures experiences of a series of suggestions following a hypnotic induction (Shor & Orne, 1962). As such, like most of the standardised scales for assessing hypnotic susceptibility or hypnotizability,

it confounds the effects of the induction per se, with responsiveness to suggestions per se; as Kirsch and Braffman (1999) put it, 'Measuring suggestibility after a hypnotic induction and calling it "hypnotizability" is like assessing weight after a diet and calling it "weight loss"' (p. 226). However, notwithstanding this, if the 'hypnoidal state' score is supposed to denote something conceptually different from 'imagination/suggestibility,' it makes little sense to attempt to validate the hypnoidal state score by exploring relationships between phenomenological experiences that follow from hypnotic inductions (trance), and what primarily seems to be a measure of responsiveness to suggestions (the HGSHS). However, once we conceive of both the hypnoidal score and the HGSHS as essentially attempting to tap the same thing, depth of hypnosis or depth of trance achieved (true hypnotic susceptibility or hypnotizability), Pekala et al.'s validation procedure makes sense.

But if 'hypnosis' is to be construed in its traditional sense as fundamentally a state of trance, or altered state of consciousness, which can be indexed by responses to suggestions, reports of trance experiences, reports of hypnotic depth etc., what is it, and what is its role in the production of the experiential and behavioural effects we associate with 'hypnosis'?

Relaxation and Generic Trance Experiences

Clinicians and researchers who adhere to the notion of hypnosis as an altered state often refer to the notion of 'trance' without any prefix (such as 'the hypnotic'); indeed, Pekala et al. used 'trance' in this way when they state, 'Trance can be operationally defined as the subjective state the highly hypnotizable person reports in response to a hypnotic induction' (p. 275). Whether intentional or not, this gives the impression that *any* altered state to which we might apply the term 'trance' is, in fact, hypnosis. So, for example, a person in a profound state of relaxation, concentration or meditation, could be described as 'in trance,' and, thereby, 'hypnotized.' In line with this, a number of researchers have noted the similarities between the effects produced by standard relaxed hypnotic induction procedures and other procedures such as systematic relaxation, autogenic training and meditation (Barber, 1969; Barber, Spanos, & Chaves, 1974; Benson & Klipper, 1976; Edmonston, 1977, 1991; Morse, Martin, Furst, & Dubin, 1977). Typically, according to Benson and Klipper (1976), these procedures share in common the adoption of a relaxed, passive mode of thinking, brought about by focusing of attention on some neutral target or set of targets such as parts of the body or breathing, whilst ignoring distracting thoughts. A quiet environment and comfortable position may help to facilitate this state of mind, which has variously been referred to as the 'relaxation response' (Benson & Klipper, 1976), 'neutral hypnosis' (Edmonston, 1977) and 'anesis' (Edmonston, 1991). It is notable how many of the physiological correlates of standard relaxation hypnotic induction procedures are also to be found using relaxation and meditation techniques (Edmonston, 1991; Morse, Martin, Furst, & Dubin, 1977). Further support for this conceptualization of 'trance' comes from studies of participants' descriptions of the experience of hypnotic induction. For example, Edmonston (1977) found that, when asked what the hypnotic

state is like, what is unique about hypnosis, and how they judge themselves to be hypnotized, the overwhelming majority of highly hypnotizable participants mentioned feelings of relaxation and feeling calm and peaceful. Other changes reported by hypnotized participants following induction include changes in the size of body parts, equilibrium, floating, and detachment. Significantly, however, such reports tend to be indistinguishable from those given by participants who have undergone, relaxation training, or instructions in the use of imagery (Barber, 1969; Barber, Spanos, & Chaves, 1974; Edmonston, 1977; Kirsch, Mobayed, Council, & Kenny, 1992; Lynn, Myer, & Mackillop, 2000).

However, it has long been acknowledged that there is a problem in conceptualising hypnosis in this way. The difficulty is one of finding any evidence that this sort of 'altered state,' or what we might term 'generic trance,' by itself, plays any role in the production of the classic phenomena we associate with hypnosis (Wagstaff, 1981). A particularly telling example of problem is the study by Gandhi and Oakely (2005) in which participants were given identical relaxation/induction procedures; however, for one group the procedure was labelled as 'hypnosis' and the other 'relaxation.' The results showed significant increases in suggestibility (responses to suggestions) on behavioural and experiential measures, and also perceptions of involuntariness when the induction was labelled as 'hypnosis.' There were, however, no significant increases in these measures when the identical induction was labelled as 'relaxation.' Gandhi and Oakely conclude, 'These results indicate that the significant effects that hypnotic inductions have on suggestibility is dependent on the label hypnosis' (p. 311). Other studies also support the view that the label of 'hypnosis' is the main factor accounting for the increased responsiveness to suggestions (including changes in subjective experiences), and enhancements in therapeutic efficacy, that can follow the administration of hypnotic induction procedures (Barber, 1969; Kirsch, Montgomery, & Sapirstein, 1995). Moreover, a number of investigators have argued against simply equating hypnosis with relaxation by pointing out that, when contexts are defined as 'hypnosis,' participants will still report themselves as hypnotized and show elevated responses to suggestions even when instructions are given that counter experiences of relaxation (Banyai & Hilgard, 1976; Barber, 1969; Gill & Brenman, 1959; Barber, Spanos & Chaves, 1974; Wagstaff, 1981).

This is not to say, of course, that standard meditation/relaxation procedures have no effects on behaviour and experience (see, for example, Benson & Klipper, 1976; Wagstaff et al., 2004). However, the idea that such procedures, by themselves, can induce a 'trance' or altered state capable of accounting for hypnotic phenomena such as profound hypnotic amnesia and positive and negative hallucinations, seems to lack any substantive empirical support. Indeed, the findings of those such as Gandhi and Oakely (1995) seem to reinforce the classic 'non-state' view of Barber, Spanos and Chaves (1974) that the generic experiences and behavioural effects of hypnotic induction techniques (feeling relaxed, calm, floating, absorbed etc.) do not act directly on the mechanisms and processes responsible for responding to hypnotic suggestions. However, Barber et al. do suggest that the effects of hypnotic induction procedures may act *indirectly* to reinforce the participant's beliefs that the situation is genuinely 'hypnotic;' i.e. they may help to create a situation that corresponds with the stereotypic notion of hypnosis as some kind of altered state, which, in turn, defines the situation as one in which responsiveness to suggestions is desired and expected.

It is also important to emphasize here that, although spontaneously generated reports of generic experiences of relaxation, concentration, type induction procedures may be similar regardless of whether the procedures are labelled as hypnosis, this may not be the case with more specifically cued reports, particularly when they involve items that correspond

to stereotypic expectancies regarding hypnosis. So, for example, although the experiences relating to the standard relaxation type inductions themselves may be similar regardless of whether they are defined as hypnotic or non-hypnotic, cued reports of experiences related to subsequent suggestions, such as feelings of involuntariness and vividness of hallucinations, manifestly vary according to whether or not the induction procedure is labelled as 'hypnosis' (Barber, 1969; Gandhi & Oakely, 2005). Hence, with regard to Pekala et al.'s work, because, in the PCI-HAP procedures, the PCI taps not just the experiences of induction, but also of the suggestions that follow, one might expect responses on some dimensions of the PCI to vary according to whether or not the situation is labelled as hypnosis. Given these considerations, there may be some merit in reconceptualising the relationship between 'hypnosis' and 'suggestibility.'

Hypnosis as a Suggestion

One feature relating to the measurement of hypnotizability upon which most theorists have come to agree, is that there is a distinction to be made between hypnotic and non-hypnotic suggestibility. For instance, Evans (1967) states, 'Waking and hypnotic suggestibility are conceptually, and quite probably empirically distinct' (p.144; see also, Bowers, 1983; Hilgard, 1986; Hilgard & Hilgard, 1983; Hilgard & Tart, 1966; Kirsch & Braffman, 1999; Lynn & Rhue, 1991; Sheehan & Perry, 1976; Wagstaff, 1998). The main evidence for making this distinction is that suggestibility typically increases after hypnotic induction. However, if, as the evidence suggests, it is not the procedures or mechanics of induction per se that account for this effect, but the rather the label of 'hypnosis,' then it seems reasonable to propose that the reason why hypnotic inductions may elevate responsiveness in clinical, and other, situations is not because they induce some kind of generic trance state. Rather it is because they are a particularly effective way of delivering the *suggestion* that participants are entering a special state of awareness we call hypnosis, with its related expectancies (Wagstaff, 1998). In other words, if we want to use the term 'hypnotic state' to define the concept of hypnosis, this is best construed in the same way as proposed by those such as Bernheim and the Nancy School, that is, not as some kind of alternative to suggestion, but as the *outcome of a suggestion* itself.

Seen from this perspective, for example, the reason why participants tend to score higher on suggestibility scales, including reports of concomitant changes in subjective experiences, when the suggestions are preceded by a hypnotic induction procedure, is because the labelling of the procedure as 'hypnosis' acts as a preliminary or extra suggestion that participants will perform differently (from usual) on the remaining suggestions (thereby, for example, boosting motivation, positive expectancies, imaginative involvement, role appropriate attributions, behavioural compliance and a host of other factors that may increase responsiveness to suggestions). Indeed, this idea seems to be stated succinctly in part of a statement from Holroyd actually cited by Pekala et al. (2010b) which says, 'An altered state without suggestion is just trance or meditation' (Holroyd, 2003, p. 121).

Conclusion

To summarize, it appears that many of the common semantic problems associated with the term 'hypnosis' and related terminology have arisen because the terms have been divorced from their historical context. If hypnosis is construed as an altered state of consciousness, that (usually) follows induction procedures, and typically increases responses to suggestions, then hypnotic susceptibility (hypnotizability), as it was originally

conceived, is the capacity to enter this state. Responsiveness to suggestions during hypnosis (hypnotic suggestibility), and hypnotic depth reports, are then measures that can be used both to estimate the degree or depth of trance (hypnosis) achieved, and also the ability or capacity to achieve this depth of state (hypnotic susceptibility or hypnotizability) (Wagstaff et al., 2008).

However, if we adopt this historical conception of hypnosis, the problem remains that there is, as yet, little if any empirical evidence to link the kind of 'generic trance' likely to result from the procedures found in standard hypnotic inductions to the phenomena most commonly associated with hypnosis. However, what does appear to link inductions with reports of classic hypnosis effects is labelling the induction or context as 'hypnosis.' An alternative way of conceptualising hypnosis, therefore, that might work better than simply equating hypnosis with the notion of an unsuggested 'trance', is one that does not divorce 'hypnosis' from 'suggestion,' but, as mentioned previously, construes hypnosis *as a species or subcategory of suggestion*; i.e. hypnosis can be considered fundamentally as a type of suggestion or instruction that one is about to enter or has entered a special state or condition, usually identified with hypersuggestibility (Wagstaff, 1998, 2004; Wagstaff, Cole, Brunas-Wagstaff, 2008). So, for example, in practice, the SHSS: A,B and C, and the HGSHS measures of hypnotic susceptibility could be considered to include 13 suggestions: the standard 12 suggestions commonly identified with each scale, *plus the suggestion for 'hypnosis.'* The same terminology can then still be applied. Thus, a person who accepts this suggestion for hypnosis is 'hypnotized' and can be considered 'hypnotizable,' and the degree to which he or she accepts the suggestion corresponds to his or her level of 'hypnotic depth;' hence depth reports and changes in responsiveness to suggestions after an induction procedure can be considered measures of the degree to which this suggestion has been accepted (though arguably, the former are more direct, and, are less problematic in terms of measurement; Wagstaff, Cole, Brunas-Wagstaff, 2008).

Having considered hypnosis in this way, we can then examine the relative influence of the range of factors that may change as a result of accepting of this suggestion, and that are likely to result in the changes in behaviour and experience we associate with hypnosis (increased motivation, positive expectancies, imagination, role-consistent attributions etc.). This conceptualisation also avoids the necessity of making awkward and somewhat arbitrary semantic distinctions, such as the distinction between 'hypnosis' and 'hypnotism,' on the basis of whether 'suggestion' is deemed to be present or not.

Perhaps most important, however, from the perspective of Pekala et al.'s approach, is the implication that, if hypnosis is construed in this way, those looking for the origins of a 'hypnotic state,' with its concomitant experiences of non-volition, hallucinations, hypersuggestibility etc., in the mundane procedures, or mechanics of the induction procedure, may be looking in the wrong place. If there is anything 'special' about the experience of hypnosis beyond the mundane 'generic trance' experiences associated with simply relaxing and concentrating etc., it seems more likely that this will originate primarily from responses to the *suggestion* of hypnosis and its associated expectancies. Or, put another way, rather than considering the idea of hypnosis as some sort of trance state that has an existence independent of, or in addition to, suggestion, imagination and beliefs/expectancies, they might do better to consider altered state experiences in contexts defined as hypnosis as very much a *product* or *outcome* of such processes (Wagstaff, 1998).

Those with knowledge of the Nancy-Salpêtrière controversy in the late 19th Century on the role of suggestion in the production of hypnotic phenomena (Gauld, 1995; Sheehan & Perry, 1976), might like to reflect at this point on the familiarity of this general issue.

References

- Barber, T.X. (1969). *Hypnosis: A scientific approach*, New York: Van Nostrand.
- Barber, T.X., Spanos, N.P., & Chaves, J.F. (1974). *Hypnotism, imagination and human potentialities*. New York: Pergamon.
- Benson, H., & Klipper, M.Z. (1976). *The relaxation response*. London: Collins.
- Bernheim, H. (1889). *Suggestive therapeutics: A treatise on the nature and uses of hypnotism* (2nd ed) (C.A. Herter, Trans.). New York: Putnam.
- Braffman, W., & Kirsch, I (1999). Imaginative suggestibility and hypnotizability: An empirical analysis. *Journal of Personality and Social Psychology*, 77, 578-587.
- Bowers, K.S. (1983). *Hypnosis for the seriously curious*. New York: Norton.
- Davis, L.W., & Husband, R.W. (1931). A study of hypnotic susceptibility in relation to personality traits. *Journal of Abnormal and Social Psychology*, 26, 175-182.
- Edmonston, W.E. (1977). Neutral hypnosis as relaxation. *American Journal of Clinical Hypnosis*, 30, 69-75.
- Edmonston, W.E. (1991). Anesis. In S.J. Lynn and J.W. Rhue (Eds.), *Theories of hypnosis: Current models and perspectives* (pp. 197-240). New York: Guilford Press.
- Evans, F.J. (1967). Suggestibility in the normal waking state. *Psychological Bulletin*, 67, 114-129.
- Friedlander, J.W., & Sarbin, T.R. (1938). The depth of hypnosis. *Journal of Abnormal and Social Psychology*, 33, 453-475.
- Gauld, A. (1995). *A history of hypnotism*. Cambridge: Cambridge University Press.
- Gandhi, B., & Oakely, D.A. (200). Does hypnosis by any other name smell as sweet? The efficacy of 'hypnotic' inductions depends on the label 'hypnosis.' *Consciousness and Cognition*, 14, 304-315.
- Gill, M.M., & Brenman, M. (1959). *Hypnosis and related states*. New York: International Universities Press.
- Hilgard, E.R. (1981). Hypnotic susceptibility scales under attack: An examination of Weizenhoffer's criticisms. *International Journal of Clinical and Experimental Hypnosis*, 29, 24-41.
- Hilgard, E.R. (1986). *Divided Consciousness: Multiple Controls in Human Thought and Action*, New York: Wiley.
- Hilgard, E.R., & Hilgard, J.R. (1983). *Hypnosis in the relief of pain*. Los Altos, CA: William Kaufmann.
- Hilgard, E.R., & Tart, C.T. (1966). Responsiveness to suggestions following waking and imagination instructions and following induction of hypnosis. *Journal of Abnormal Psychology*, 71, 196-208.
- Holroyd, J. (2003). The science of meditation and the state of hypnosis. *American Journal of Clinical Hypnosis*, 46, 109-128.
- Hull, C.L. (1933). *Hypnosis and suggestibility: An experimental approach*. New York: Appleton-Century Crofts.
- Kirsch, I., & Braffman, W. (1999). Correlates of hypnotizability: The first empirical study. *Contemporary Hypnosis*, 16, 224-230.
- Kirsch, I., Montgomery, G., & Sapirstein, G. (1995). Hypnosis as an adjunct to cognitive-behavioral therapy: A meta-analysis. *Journal of Consulting and Clinical Psychology*, 63, 214-220.
- Kirsch, I., Mobayed, C.P., Council, J.R., & Kenny, D.A. (1992). Expert judgments of hypnosis from subjective state reports. *Journal of Abnormal Psychology*, 101, 657-662.
- LeCron, L.M. (1953). A method of measuring the depth of hypnosis. *International Journal of Clinical and Experimental Hypnosis*, 1, 4-7.

- Lynn, S.J., Myer, E., & Mackillop, J. (2000). The systematic study of negative post-hypnotic effects: Research hypnosis, clinical hypnosis and stage hypnosis. *Contemporary Hypnosis, 17*, 127-31.
- Morse, D.R., Martin, J.S., Furst, M.L., & Dubin, L.L. (1977). A physiological and subjective evaluation of meditation, hypnosis, and relaxation. *Psychosomatic Medicine, 39*, 304-324.
- Orne, M.T., & O'Connell, D.N. (1967). Diagnostic ratings of hypnotizability. *International Journal of Clinical and Experimental Hypnosis, 15*, 125-133.
- Pekala, R.J., Kumar, V.K., Maurer, R., Elliot-Cater, N., Moon, E., & Mullen, K. (2010a). Suggestibility, expectancy, trance state effects, and hypnotic depth: I. Implications for understanding hypnotism. *American Journal of Clinical Hypnosis, 52*, 271-286.
- Pekala, R.J., Kumar, V.K., Maurer, R., Elliot-Cater, N., Moon, E., & Mullen, K. (2010b). Suggestibility, expectancy, trance state effects, and hypnotic depth: II. Assessment via the PCI-HAP Implications for understanding hypnotism. *American Journal of Clinical Hypnosis, 52*, 271-286.
- Sheehan, P.W., & McConkey, K.M. (1982). *Hypnosis and experience: The exploration of phenomena and process*. Hillsdale, N.J.: Lawrence Erlbaum Associates.
- Sheehan, P.W., & Perry, C.W. (1976). *Methodologies of hypnosis: A critical appraisal of contemporary paradigms of hypnosis*. Hillsdale, NJ: Laurence Erlbaum.
- Shor, R.E., & Orne, E.C. (1962). *Harvard Group Scale of Hypnotic Susceptibility*. Palo Alto, CA: Consulting Psychologists Press.
- Shor, R.E., Orne, M.T., & O'Connell, D.N. (1962). Validation and cross-validation of a scale of self-reported personal experiences which predicts hypnotizability. *Journal of Psychology, 53*, 55-75.
- Spanos, N.P., Cobb, P.C., & Gorassini, D.R. (1985). Failing to resist test suggestions: A strategy for self presenting as deeply hypnotized. *Psychiatry, 48*, 282-292.
- Tart, C.T. (1966). Types of hypnotic dreams and their relation to hypnotic depth. *Journal of Abnormal Psychology, 71*, 377-382.
- Tart, C.T., & Hilgard, E.R. (1966). Responsiveness to suggestions under 'hypnosis' and 'waking imagination' conditions: A methodological observation. *International Journal of Clinical and Experimental Hypnosis, 14*, 247-256.
- Tart, C.T. (1970). Self-report scales of hypnotic depth. *International Journal of Clinical and Experimental Hypnosis, 18*, 105-125.
- Tart, C.T. (1979). Measuring depth of an altered state of consciousness with particular reference to self-report scales of hypnotic depth. In E. Fromm and R.E. Shor (Eds.), *Hypnosis: Developments in research and new perspectives* (pp. 445-477). Hawthorne, New York: Aldine.
- Wagstaff, G.F. (1981). *Hypnosis, compliance, and belief*; Brighton: Harvester/ New York: St Martin's Press.
- Wagstaff, G.F. (2004). High hypnotizability in a sociocognitive framework. In M. Heap, D. Oakley & R. Brown (Eds.), *The highly hypnotizable person* (pp. 85-114). London: Brunner-Routledge.
- Wagstaff, G.F. (1998). The semantics and physiology of hypnosis as an altered state. *Contemporary Hypnosis, 15*, 149-164.
- Wagstaff, G.F., Brunas-Wagstaff, J., Knapton, L., Winterbottom, J. Crean, V., Cole, J., & Wheatcroft, J. (2004). Facilitating memory with hypnosis, focused meditation and eye closure. *International Journal of Clinical and Experimental Hypnosis, 52*, 434-455.

- Wagstaff, G.F., Cole, J. & Brunas-Wagstaff, J. (2008). Measuring hypnotizability: The case for self-report scales and normative data for the Long Stanford Scale. *International Journal of Clinical and Experimental Hypnosis*, 7, 27-40.
- Weitzenhoffer, A.M. (1953). *Hypnotism: An objective study in suggestibility*. New York: Wiley.
- Weitzenhoffer, A.M. (1980). Hypnotic susceptibility revisited. *American Journal of Clinical Hypnosis*, 22, 130-146.
- Weitzenhoffer, A.M. (2002). Scales, scales, and more scales. *American Journal of Clinical Hypnosis*, 44, 209-220.

