

Hypnosis

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Primary Disciplinary Field(s): Psychology, Neuroscience, Medicine

1. Core Definition

Hypnosis is a state of human consciousness involving focused attention and reduced peripheral awareness, characterized by an enhanced capacity for response to suggestion. It is often described as a temporary state of heightened relaxation and suggestibility, during which individuals can become so deeply absorbed that they may experience imaginative events as if they were real. Crucially, this is not a mystical or supernatural phenomenon, nor does it equate to sleep or unconsciousness. Instead, it represents an altered state of awareness where an individual's critical faculties are temporarily suspended or diminished, allowing for a more direct engagement with suggestions. The core mechanism involves a profound focus, often achieved through a process of hypnotic induction, which directs attention inward and away from external distractions, thus facilitating a more responsive mental state.

Contrary to popular theatrical portrayals, hypnosis does not involve a loss of control or a trance-like state where an individual is compelled to act against their will or moral compass. Instead, it requires the active participation and cooperation of the subject. A hypnotist acts as a guide, facilitating the subject's entry into this state of focused absorption and delivering suggestions. The effectiveness of these suggestions is heavily reliant on the subject's willingness, motivation, and belief in the process. Individuals retain their personal agency and would generally not perform actions under hypnosis that they would find morally objectionable or fundamentally contrary to their deeply held values in a non-hypnotized state. The experience of reality can be profoundly altered, allowing for vivid imagery and sensory experiences that feel authentic to the individual, even if they are purely imagined.

2. Etymology and Historical Development

The roots of modern hypnosis can be traced back to the 18th century with the work of Austrian physician Franz Mesmer. Mesmer theorized the existence of a natural energetic transference between all animated and inanimate objects, which he called "animal magnetism." He believed that illnesses were caused by imbalances in this universal fluid and that he could restore health by manipulating it, often through passes of his hands over the patient's body, which frequently induced trance-like states. Although Mesmer's scientific claims were later discredited, his practices laid the groundwork for the study of altered states of consciousness induced by suggestion and focus. His methods, often referred to as "Mesmerism," gained significant popularity, particularly in Paris, despite skepticism from the scientific establishment of the time.

It was the Scottish physician James Braid in the 1840s who coined the term "hypnotism," derived

from the Greek word "hypnos" (sleep), as he initially believed the state to be a form of nervous sleep. Braid moved away from Mesmer's mystical explanations, proposing a physiological basis for the phenomenon, suggesting it was induced by prolonged focus on an object or idea, leading to muscular and nervous exhaustion. His work marked a crucial shift from supernatural explanations to a more scientific understanding, emphasizing the psychological rather than magnetic forces. Braid's empirical approach helped to legitimize the study of hypnotic phenomena within medical and scientific circles, paving the way for its later application in clinical settings.

Throughout the late 19th and early 20th centuries, hypnosis saw varied acceptance and application. Prominent figures like Jean-Martin Charcot at the Salpêtrière Hospital in Paris used hypnosis to study hysteria, while the Nancy School, led by Ambroise-Auguste Liébeault and Hippolyte Bernheim, emphasized the role of suggestibility and psychological factors over Charcot's neurological interpretations. Sigmund Freud, early in his career, experimented with hypnosis to treat neurotic symptoms before developing psychoanalysis, which ultimately led him to abandon its regular use, largely due to concerns about suggestibility and the uneven success rates he observed. Despite Freud's shift, other notable clinicians continued to explore its therapeutic potential, contributing to a growing body of clinical experience and research that eventually led to its re-acceptance as a legitimate therapeutic tool in the mid-20th century.

3. Key Characteristics and Mechanisms

The hypnotic state is distinguished by several key characteristics that differentiate it from normal waking consciousness. Foremost among these is **focused attention**, where the individual concentrates intensely on specific thoughts, feelings, or sensations, often to the exclusion of other stimuli. This heightened focus is typically accompanied by a reduction in peripheral awareness, meaning distractions from the environment fade into the background. Another prominent characteristic is **increased suggestibility**, which refers to the enhanced likelihood of responding to direct or indirect suggestions from the hypnotist. This does not imply blind obedience, but rather a greater receptivity to ideas and instructions that align with the individual's underlying motivations and goals.

Furthermore, individuals in a hypnotic state often experience an alteration in perception and memory. They might perceive sensory experiences, such as warmth, cold, or even pain, differently, or recall memories with heightened vividness, although this can also lead to the creation of false memories if not handled carefully. This altered perception can also manifest as dissociation, a mental process where there is a detachment from one's immediate surroundings, physical body, or emotional experiences. For example, a person undergoing hypnosis for pain management might report feeling detached from their pain, or even observing it as if from a distance, rather than directly experiencing it. This dissociative capacity is thought to be a significant component in the efficacy of hypnosis for conditions like chronic pain.

The mechanisms underlying hypnosis are a subject of ongoing scientific debate, broadly divided into "state" and "non-state" theories. **State theories** propose that hypnosis induces a genuine, unique altered state of consciousness, distinct from normal waking awareness. Proponents of these theories often point to neurological correlates observed in brain imaging studies, such as changes in activity in specific cortical regions associated with attention and executive control, as evidence for a distinct brain state. In contrast, **non-state theories**, often referred to as sociocognitive theories, argue that hypnotic phenomena are best explained by normal psychological processes, such as expectation, imagination, motivation, and the fulfillment of social roles. According to this view, individuals are not in a special "trance" but are highly motivated to comply with the hypnotist's suggestions and adopt the role of a hypnotized person, influenced by their beliefs about what hypnosis entails. Modern research often seeks to integrate aspects of both perspectives, acknowledging the complex interplay of psychological, social, and neurological factors.

4. Therapeutic Applications

Hypnosis has found numerous therapeutic applications across various medical and psychological disciplines, offering a non-pharmacological approach to managing a wide range of conditions. One of its most well-established uses is in **pain management**. Clinical trials and meta-analyses have demonstrated its effectiveness in alleviating both acute pain, such as during dental procedures, childbirth, or burn dressing changes, and chronic pain conditions, including fibromyalgia, migraines, and lower back pain. Hypnosis works by altering an individual's perception of pain, reducing anxiety associated with it, and enhancing the body's natural pain modulation mechanisms. Patients are often taught self-hypnosis techniques to manage their pain independently.

Beyond pain, hypnosis is frequently employed in the treatment of **anxiety and phobias**. By guiding individuals into a relaxed state, therapists can use hypnotic suggestions to help patients reframe their fears, reduce anxiety responses, and develop coping strategies. For example, individuals with specific phobias, like fear of flying or public speaking, can be guided to imagine themselves calmly confronting the feared situation, thereby desensitizing their emotional response. It is also used to manage generalized anxiety disorder, panic attacks, and stress-related conditions by promoting deep relaxation and fostering a sense of control and calm.

Another significant area of application is in **habit control and behavioral modification**. Hypnosis has been utilized to assist individuals in breaking undesirable habits, such as smoking cessation and weight management. Through targeted suggestions, hypnotists can reinforce positive behaviors, weaken cravings, and bolster an individual's resolve to achieve their health goals. While not a standalone cure, it can be a powerful adjunct therapy, enhancing motivation and self-efficacy. Furthermore, it has shown promise in treating irritable bowel syndrome (IBS), with studies

indicating significant reductions in symptoms for a substantial number of patients, often sustained over time, highlighting its potential in conditions where stress and psychological factors play a significant role.

5. Misconceptions and Ethical Considerations

Many pervasive **misconceptions** about hypnosis stem from fictional portrayals and stage performances, which often depict it as a form of mind control or a state of complete unconsciousness. A primary misconception, as addressed in the source material, is the belief that a hypnotist can compel an individual to perform actions completely against their will or moral code, such as committing crimes or embarrassing public acts. Scientific understanding and clinical experience unequivocally demonstrate that individuals under hypnosis retain their personal agency and would typically not engage in behaviors they find objectionable or unethical when not hypnotized. The idea that someone could be made to "take their clothes off and run around a crowded room naked" against their core values is simply untrue. However, if there is a latent willingness or a predisposition within the individual, hypnosis might facilitate actions that are already aligned with some aspect of their personality or desire.

Another common misconception is that hypnosis is a form of sleep or that one loses consciousness during the process. In reality, individuals are typically fully aware of their surroundings and the suggestions being given, albeit with a heightened focus and reduced critical filter. They can usually recall what happened during the session, though post-hypnotic amnesia can sometimes occur, either spontaneously or by suggestion, but it is not universal and can often be reversed. The idea of "getting stuck" in hypnosis is also unfounded; individuals can typically emerge from the hypnotic state at any time if they choose, or the state will naturally dissipate on its own.

Given its powerful potential to influence perception and behavior, **ethical considerations** are paramount in the practice of hypnosis. Practitioners must adhere to strict ethical guidelines, prioritizing the client's well-being, autonomy, and confidentiality. Informed consent is crucial, ensuring that clients fully understand the nature of hypnosis, its potential benefits, limitations, and risks before proceeding. Hypnotists have a professional responsibility to maintain appropriate boundaries, avoid exploitation, and ensure that suggestions are therapeutic and aligned with the client's stated goals. Special care must be taken when dealing with memory retrieval, as hypnotic suggestion can inadvertently lead to the creation of false memories, a phenomenon known as confabulation, which has significant implications, especially in legal or forensic contexts. Therefore, professional training and adherence to ethical codes are essential to ensure the responsible and beneficial application of hypnotic techniques.

6. Scientific Research and Efficacy

Modern scientific research has increasingly sought to understand the neurophysiological underpinnings and clinical efficacy of hypnosis, moving beyond anecdotal evidence and popular misconceptions. Neuroimaging studies, utilizing techniques such as fMRI and EEG, have provided insights into the brain activity patterns associated with the hypnotic state. These studies have shown altered activity in brain regions involved in attention, executive control, and sensory processing during hypnosis, particularly in highly hypnotizable individuals. For instance, research has identified changes in the default mode network and connectivity between specific cortical areas, suggesting a shift in brain dynamics that facilitates focused attention and altered perception, rather than a generalized suppression of brain activity. While no single "hypnosis center" has been identified, these findings support the notion of a distinct, albeit complex, neurocognitive state.

The efficacy of hypnosis for various conditions has been supported by numerous clinical trials and meta-analyses. For example, the American Psychological Association recognizes hypnosis as a valid therapeutic procedure, particularly for pain management and as an adjunctive treatment for conditions like anxiety, phobias, and smoking cessation. Studies on pain consistently demonstrate that hypnotic analgesia can significantly reduce pain intensity and distress in both acute and chronic pain populations. For Irritable Bowel Syndrome (IBS), hypnotherapy has shown robust and lasting effects, with many patients experiencing symptom reduction comparable to or even surpassing conventional medical treatments. However, the degree of benefit often correlates with an individual's hypnotizability, which is a stable trait varying among individuals.

Despite growing evidence, challenges remain in fully elucidating the mechanisms of hypnosis and optimizing its application. Research continues to explore individual differences in hypnotizability, identifying genetic, psychological, and neurological factors that contribute to an individual's responsiveness. The interaction between suggestion, expectation, and placebo effects is also a complex area of study, as these factors invariably play a role in therapeutic outcomes. While the exact interplay of these elements is still being mapped out, the increasing body of evidence supports hypnosis as a powerful and legitimate tool within evidence-based practice, particularly when administered by trained and ethical professionals.

7. Debates and Criticisms

Despite its growing acceptance in clinical settings, hypnosis continues to be a subject of considerable scientific and theoretical debate. A central controversy revolves around the "state versus non-state" theories, as discussed previously. Critics of the "special state" view argue that many hypnotic phenomena can be adequately explained by conventional psychological principles, such as high motivation, strong expectation, and the social demands of the hypnotic situation. They contend that what appears to be an altered state might simply be an individual playing a role,

unconsciously or consciously, consistent with their understanding of hypnosis, without necessarily entering a physiologically distinct state of consciousness. This perspective often highlights the influence of demand characteristics and the placebo effect in hypnotic responses.

Another area of debate concerns the reliability of memories retrieved under hypnosis. While some proponents suggest that hypnosis can enhance memory recall, concerns have been raised about its potential to create false memories or confabulations. The increased suggestibility characteristic of the hypnotic state means that leading questions or unconscious cues from the hypnotist can inadvertently implant false details or entirely fabricated events into a person's memory. This has significant ethical and legal implications, leading many legal systems to view hypnotically-elicited testimony with extreme caution, if not outright inadmissibility. The scientific consensus largely advises against using hypnosis for forensic memory retrieval due to the high risk of contamination.

Furthermore, methodological challenges in hypnosis research contribute to ongoing debates. It is difficult to establish truly 'blind' studies where neither the participant nor the hypnotist knows whether hypnosis is being administered, as the interaction is central to the process. Distinguishing between genuine hypnotic effects and the powerful influence of expectation and placebo remains a complex task. While neuroimaging provides insights into brain activity, translating these observations into a definitive understanding of the subjective hypnotic experience or unequivocally proving a unique "hypnotic state" is still a work in progress. These criticisms underscore the need for rigorous research methodologies and a nuanced understanding of hypnosis as a multifaceted phenomenon influenced by psychological, social, and neurological factors.

8. Further Reading

[American Psychological Association - Hypnosis](#)

[Wikipedia - Hypnosis](#)

[Wikipedia - Franz Mesmer](#)

[Wikipedia - James Braid](#)

[Wikipedia - Dissociation \(psychology\)](#)

[Wikipedia - False Memory](#)