

# NONSTATE THEORIES OF HYPNOSIS

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## NONSTATE THEORIES OF HYPNOSIS

**Primary Disciplinary Field(s):** Psychology (Clinical, Cognitive, Social)

**Proponents:** Theodore X. Sarbin, Nicholas P. Spanos, Irving Kirsch

### 1. Core Principles

Nonstate theories of hypnosis represent a fundamental challenge to the traditional view that hypnosis requires an exclusive, adapted condition of awareness, often referred to as a "trance state." Instead, these theories propose that hypnotic phenomena--such as suggested amnesia, analgesia, and hallucinations--are comprehensive variants of ordinary psychological, physiological, and behavioral facets that are characteristic of normal **waking awareness**. This perspective posits that there is no need to invoke a special, altered state of consciousness to explain the powerful effects observed during hypnotic induction; rather, these effects are mediated by standard psychological processes such as motivation, expectation, imagination, and social role enactment, which are amplified in the hypnotic context. The central tenet is that the person under hypnosis remains fully awake and mentally operative, but their responses are guided and constrained by the social context and their willingness to fulfill the role implied by the suggestion.

The rejection of the altered state model--or **State Theories**--is what primarily defines the nonstate approach. State theories, often associated with figures like Ernest Hilgard, argue that hypnosis induces a genuine, measurable change in consciousness, sometimes involving dissociation or a split in executive control, that makes subjects highly suggestible. Nonstate theorists argue that reliance on the concept of an altered state is unnecessary and lacks empirical rigor, asserting that all observed behaviors can be accounted for using established principles of cognitive and social psychology. Therefore, the hypnotic situation is merely seen as a highly focused and motivated interaction where subjects utilize their existing cognitive and behavioral capabilities to respond to suggestions, driven by powerful contextual factors and expectancies.

A significant implication of the nonstate framework is the emphasis on the **subject's active participation**. Unlike the popular image of a passive subject controlled by the hypnotist, nonstate theories view the participant as actively constructing and enacting the hypnotic role. The subject's expectations about what hypnosis involves, their underlying motivations, and their ability to vividly imagine and focus attention are deemed the true mechanisms of hypnotic response. This means that if a subject believes hypnosis requires a stiffening of the arm, they utilize their existing motor control and imagination to create that stiffness, rather than being physiologically compelled by an altered state of mind. This shift places the explanatory locus firmly within known psychological mechanisms rather than hypothetical neurological or consciousness shifts.

## 2. Historical Development and Context

The emergence of nonstate theories gained significant traction in the mid-20th century, primarily as a skeptical response to the dominant state models which had long relied on anecdotal evidence and subjective reports of trance. One of the earliest and most influential proponents was Theodore X. Sarbin, who formulated the role-enactment theory in the 1950s. Sarbin argued that the hypnotic relationship is fundamentally a social one, where the hypnotized individual learns and performs the expected behavior patterns associated with the "hypnotic role." This role performance is highly convincing both to the observer and, often, to the subject themselves, but it does not require any true alteration in consciousness.

The momentum for nonstate explanations was further propelled by the influential work of Nicholas P. Spanos in the 1970s and 1980s. Spanos systematically dismantled the evidence for the trance state, demonstrating that many hallmark hypnotic phenomena could be reproduced or explained through non-hypnotic variables such as compliance, effortful imagination, and cognitive strategies. Spanos's research showed, for instance, that subjects could achieve high levels of suggested analgesia if they were simply asked to use their imagination and focus, even without a formal hypnotic induction. This suggested that the induction procedure primarily serves to frame the situation as 'hypnosis,' thereby licensing subjects to engage in unusual, highly focused behaviors they would otherwise suppress.

In more recent decades, the nonstate tradition has been refined through models focusing on specific cognitive mechanisms, particularly the influence of **expectancy**. The work of Irving Kirsch, developing the response expectancy theory, became crucial in linking hypnotic response to placebo effects and the general power of belief. Kirsch argued that the belief that one is going to respond to a suggestion--the response expectancy--is the direct cause of the behavior, rather than any change in consciousness. The historical trajectory of nonstate theories thus moves from broad sociological role theories toward precise cognitive and psychological mechanisms that operate entirely within normal, waking cognition.

## 3. Sociocognitive Theory of Hypnosis

The Sociocognitive Theory of Hypnosis (SCT) stands as the most prominent and well-articulated nonstate framework. SCT asserts that hypnotic responding is a function of the subject's attitudes, beliefs, motivations, and their understanding of the hypnotic situation. The theory integrates two key elements: the social context (the demands of the hypnotic role, the hypnotist's authority, and the environment) and the cognitive strategies employed by the subject (such as imaginative involvement, selective attention, and effortful compliance). The subject is not merely faking their response; they genuinely experience the suggested phenomena because their cognitive resources are fully deployed in the service of enacting the suggested reality.

A critical concept within SCT is the idea of "strategic enactment." This refers to the notion that the hypnotic subject is actively strategizing how to behave in accordance with the perceived demands of the hypnotic role. If the suggestion is to forget a list of words (suggested amnesia), the subject does not actually lose access to the memory due to a dissociative break, but rather employs strategies like purposeful distraction or actively suppressing retrieval attempts, believing this is the appropriate response within the specialized context of hypnosis. The subjective experience of involuntariness--the feeling that the behavior is happening to them rather than being performed by them--is often reinterpreted by SCT as a motivated attribution, where the subject attributes the origin of their intentional, focused response to the hypnotic context rather than their own effortful strategies.

SCT also places significant emphasis on the concept of "modeling," suggesting that subjects who have never been hypnotized often base their expectations and responses on media portrayals or cultural schemas regarding what a hypnotized person does. These pre-existing schemas dictate the performance boundaries and behavioral repertoire, further reinforcing the idea that the hypnotic response is learned and socially constructed rather than biologically or neurologically induced. Thus, the depth of hypnosis is correlated not with the degree of an altered state, but rather with the subject's motivation to comply and their cognitive capacity for imaginative involvement and focusing attention, processes readily observable outside of any specialized state.

#### 4. Response Expectancy Theory

Response Expectancy Theory (RET), primarily developed by Irving Kirsch, offers a specialized nonstate view focusing intensely on the power of belief. RET proposes that the primary mechanism underlying all hypnotic responding is the subject's expectation that a suggested event will occur, often referred to as a self-fulfilling prophecy. These expectations are powerful determinants of experience and behavior across numerous psychological domains, and hypnosis is simply a formalized context that maximizes their influence. For instance, if a subject expects that hypnosis will allow them to ignore pain, that expectation itself triggers the cognitive mechanisms (like focused attention away from nociceptive input) necessary to achieve analgesia, independent of a trance state.

This theory draws heavily on the literature concerning the placebo effect, arguing that hypnosis is essentially a magnified and formalized placebo response. Just as a patient's belief in a sugar pill can alleviate symptoms, a subject's belief in the efficacy of the hypnotic procedure can produce profound subjective and behavioral changes. Kirsch demonstrated this through experiments showing that hypnotic suggestions often yield results comparable to non-hypnotic instructions that merely manipulate expectations. RET suggests that the hypnotic induction procedure primarily serves to strengthen the subject's expectancy by providing a compelling ritualistic context, thereby legitimizing otherwise unusual behavior.

RET distinguishes between two types of expectancies: outcome expectancies (the belief that a behavior will lead to a certain outcome) and response expectancies (the belief that a response will occur involuntarily). In hypnosis, the critical factor is the response expectancy--the belief that the suggested response (e.g., arm levitation) will occur automatically, without conscious effort. This belief translates into a reduction of conscious effort and monitoring, allowing the response to unfold seemingly involuntarily, which is then misinterpreted by the subject as evidence of a trance state, reinforcing the nonstate circularity. This mechanism allows RET to explain the subjective feeling of automaticity without resorting to the concept of dissociation or an unconscious mental state.

## 5. Methodology and Measurement in Nonstate Research

Nonstate research methodology focuses heavily on comparing hypnotic effects with non-hypnotic control conditions that isolate the influence of key nonstate variables such as motivation, cognitive strategy, and expectancy. A common experimental design involves comparing a standard hypnotic induction group with a simulation control group (where participants are asked to fake hypnosis) and a motivated imagination group (where participants are asked to respond to suggestions purely through voluntary effort and imagination). If the responses across these groups are highly similar, nonstate theories are supported, as the variable of the "trance state" is effectively nullified.

Researchers adhering to nonstate theories often utilize subjective measures, but interpret them within a cognitive framework. For instance, measures of subjective involuntariness are analyzed not as evidence of dissociation, but as the subject's cognitive attribution arising from the high degree of focused attention and response expectancy. Furthermore, much attention is paid to the linguistic and social cues provided by the hypnotist, demonstrating how subtle phrasing changes can drastically alter the subject's response, supporting the sociocognitive emphasis on role demands and interpretation.

Recent advancements in cognitive neuroscience have also been leveraged by nonstate theorists, seeking to find neural correlates of suggestion that do not require an altered global brain state. Studies using fMRI or EEG often focus on localized changes in brain activity related to specific cognitive functions, such as selective attention or executive control, during the performance of hypnotic suggestions. For example, neural activity associated with pain modulation during suggested analgesia might be identical to that seen during highly focused, non-hypnotic distraction techniques, supporting the idea that hypnosis utilizes ordinary brain mechanisms intensified by focused attention and expectation, rather than activating a unique neural signature of "trance."

## 6. Applications and Clinical Relevance

The nonstate approach has significant practical implications, particularly in clinical settings where hypnosis is used for pain management, anxiety reduction, and habit control. By viewing hypnosis

as fundamentally a set of concentrated cognitive strategies, clinicians utilizing the nonstate perspective often focus on teaching the client how to use their own imaginative and attentional resources effectively, rather than relying on the mystical notion of a trance state. This perspective empowers the client by framing the hypnotic response as a skill they possess and can master, thereby increasing their sense of self-efficacy and control over their symptoms.

In pain management, for example, a nonstate approach would emphasize the use of imaginative involvement--such as suggesting the transformation of painful sensations into neutral ones, or the visualization of a pleasant, distracting environment--as deliberate, highly focused cognitive acts. The success is attributed to the client's ability to sustain this highly motivated attentional focus, which effectively modulates pain signals through known descending inhibitory pathways, rather than the induction procedure itself causing a fundamental shift in consciousness. This demystification of the process makes hypnosis more accessible and integrates it more smoothly into broader cognitive-behavioral frameworks.

Furthermore, the nonstate model impacts how hypnotic suggestions are phrased and delivered. Hypnotists informed by RET or SCT often utilize language designed to maximize response expectancy, clearly communicating the potential for successful outcomes and normalizing the experience by framing it as heightened concentration rather than deep unconsciousness. This focus on expectation management and cognitive strategy application is crucial for integrating hypnotic techniques into evidence-based psychological therapies, reinforcing the idea that these techniques leverage existing psychological capabilities to achieve therapeutic goals.

## 7. Criticisms and the State vs. Nonstate Debate

Despite the comprehensive nature of nonstate explanations, the debate between state and nonstate theories remains central to the study of hypnosis. Critics of the nonstate view primarily argue that it fails to fully account for the profound subjective experience of involuntariness and the phenomenon of **dissociation** observed in highly susceptible individuals. State theorists argue that if hypnosis were purely role-enactment, subjects should be able to stop the behavior at will, yet many highly hypnotizable individuals report an undeniable inability to consciously veto suggestions, suggesting a genuine alteration in executive control that nonstate models insufficiently address.

Another key criticism targets the difficulty in experimentally separating genuine cognitive alterations from motivated compliance, especially in high-demand experimental settings. Critics assert that while nonstate theories explain average responses well, they struggle to account for the extreme responses of the top 10-15% of highly hypnotizable subjects who exhibit phenomena like profound amnesia or visual hallucinations with great fidelity. State theorists maintain that while compliance and expectation play a role, these extreme responses require a neurological or cognitive shift--

such as a dissociation of consciousness or executive function--that goes beyond mere motivated role-playing or focused attention.

The ongoing debate has led some contemporary researchers to propose integrative models that attempt to bridge the gap, often termed neodissociation or contextual state theories. These models suggest that while the hypnotic context (social demands, expectation) sets the stage (the nonstate component), the actual capacity to respond to complex suggestions relies on a genuine, albeit temporary, cognitive alteration--specifically, a compartmentalization or dissociation of cognitive systems that facilitates the experience of involuntariness. However, nonstate proponents maintain that parsimony requires exhausting all normal cognitive explanations before resorting to the concept of an altered state of consciousness.

### Further Reading

[Sociocognitive Theory of Hypnosis \(Wikipedia\)](#)

[Kirsch, I. \(1999\). Response Expectancy Theory. American Psychological Association.](#)

[Spanos, N. P. \(1998\). Nonstate theories of hypnosis. Annual Review of Psychology.](#)

[Hypnosis: Scientific and Theoretical Overview \(Wikipedia\)](#)