

TRANCE

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Primary Disciplinary Field(s): Clinical Psychology, Cognitive Science, Hypnotherapy, Anthropology

1. Core Definition

A trance is formally defined as an altered state of consciousness characterized primarily by a profound reduction in peripheral awareness and responsiveness to external stimuli not directly related to the focus of the state. This definition encompasses two main facets drawn from clinical and experimental psychology. Firstly, it denotes a state marked by greatly narrowed awareness and reactivity to specific stimuli, suggesting a highly focused internal concentration that filters out typical environmental inputs. Secondly, and often synonymously, a trance is understood as a state elicited deliberately through methods such as hypnosis or auto-suggestion. Crucially, when induced, this state is marked by an extraordinary degree of openness and accessibility to suggestion, facilitating therapeutic intervention or guided experience. While the term **hypnotic trance** is commonly used, it is important to note that not all trance states are hypnotic in origin; trances can arise spontaneously, contextually (e.g., during intense focus or ritual), or pathologically.

2. Etymology and Historical Development

The concept of trance has ancient roots, appearing in shamanic, religious, and ritualistic practices across virtually all human cultures. Historically, states resembling trance were interpreted through spiritual or metaphysical lenses, often seen as pathways to communicate with the divine or access hidden knowledge. The modern psychological understanding began to formalize primarily in the 18th and 19th centuries, largely associated with the study of animal magnetism and Mesmerism, precursors to contemporary hypnosis. Figures like James Braid in the 1840s introduced the term "hypnosis" (from the Greek word for sleep) and sought to provide a scientific, physiological explanation for the trance state, moving it away from purely occult interpretations. Despite Braid's later attempts to rename it "monodeism" (single-idea-ism), reflecting the focusing aspect, the term **hypnosis** prevailed and solidified the clinical study of induced trance, focusing on its therapeutic potential and the relationship between suggestibility and consciousness.

In the 20th century, research into trance expanded beyond clinical settings into areas of anthropology and cognitive science, notably spurred by studies of altered states experienced during religious ceremonies, music performance, and deep meditation. This broader perspective emphasizes that trance is not necessarily an abnormal state but rather a natural capacity of the human mind to shift attentional resources dramatically. Contemporary neurological studies attempt to correlate the subjective experience of trance with measurable changes in brain wave activity,

particularly shifts involving alpha and theta waves, seeking physiological markers for the characteristic dissociation and heightened concentration experienced during the state.

3. Key Characteristics: Attentional Narrowing and Suggestibility

Two defining characteristics delineate the trance state, whether induced or spontaneous. The first is **attentional narrowing**, often described as tunnel vision for conscious experience. In a state of trance, the individual exhibits a marked reduction in awareness and reactivity to peripheral stimuli--sights, sounds, and sensations that would normally capture attention are effectively screened out. This intense focus allows the subject to dedicate nearly all cognitive resources to the internal experience or to the suggestions being presented by an external source, such as a hypnotherapist. This mechanism underpins the utility of trance in managing pain or reducing anxiety, as attention is shifted away from uncomfortable somatic experiences.

The second primary characteristic is **heightened suggestibility**. Once in a trance state, the subject's critical faculties often become attenuated, leading to an increased openness or accessibility to suggestion. This does not imply a loss of free will, but rather a temporary suspension of skepticism and the typical filtering mechanisms of the conscious mind. Simple suggestions--ranging from minor physical responses like temporary inability to open the eyes, to complex post-hypnotic instructions--are often accepted and enacted without typical resistance. This enhanced responsiveness is central to the therapeutic application of hypnosis, enabling the practitioner to introduce ideas or behavioral modifications that the conscious mind might otherwise reject.

4. Degrees of Trance (Depth)

Trance states are typically categorized along a spectrum of depth, ranging from light relaxation to profound states of dissociation, often measured by the degree of responsiveness to increasingly complex suggestions. While assessment scales vary, three general levels are commonly recognized in clinical hypnosis, each possessing distinct manifestations and capabilities for suggestion.

The **light trance** is characterized by basic physical responses to suggestion. The individual might experience minor ideomotor responses, such as feeling unable to open their eyes, or developing localized sensations like rigidity or temporary absence of feeling (anesthesia) in a limb. Awareness of surroundings usually remains, but there is noticeable relaxation and focused attention on the hypnotist's voice. Moving into the **medium trance**, the subject demonstrates significantly deeper involvement. This level allows for phenomena such as **post-hypnotic suggestion**, where commands given during the trance are carried out after the subject has returned to normal wakefulness. Furthermore, the medium trance may be associated with partial or complete post-

hypnotic amnesia, meaning the subject cannot recall some or all events that occurred during the hypnotic period.

The **deep trance** represents the most profound state of hypnotic involvement, sometimes referred to as the somnambulistic state. At this depth, subjects can demonstrate highly unusual and complex phenomena without disrupting the trance state, such as maintaining eye closure despite attempts to open them without impacting the trance, or complete and spontaneous **somnambulism** (sleepwalking behavior) within the guided context. Phenomena unique to the deep trance include **positive hallucinations** (seeing, hearing, or feeling things that are not physically present) and **negative hallucinations** (failing to perceive things that are physically present). Paradoxically, deep trance may also be marked by **hyperesthesia**, an extreme sensitivity to sensory input, though typically only to inputs directed by the hypnotist.

5. Significance and Impact in Clinical Contexts

The capacity to induce and utilize a trance state holds significant value across various therapeutic and psychological disciplines. In clinical psychology and medicine, **hypnotherapy** is employed as a powerful adjunct treatment for managing chronic pain, anxiety disorders, phobias, and habit control (such as smoking cessation). The deep suggestibility characteristic of trance allows therapists to bypass conscious resistance, facilitate emotional reprocessing, and introduce adaptive coping strategies directly into the subconscious mind. By directing the narrowed attention of the subject, the hypnotist can help reframe perceptions of pain or anxiety, leading to measurable physiological and psychological relief.

Furthermore, understanding trance is vital in trauma therapy, where dissociative states--which share similarities with spontaneous trance--can be protective mechanisms. The controlled induction of trance can assist patients in accessing and processing repressed memories in a safe, contained environment, or conversely, in creating a "safe place" visualization to manage distress. Beyond clinical application, anthropological research into trance states provides crucial insights into the role of ritual and collective consciousness in social cohesion and religious experience worldwide, confirming trance as a fundamental, cross-cultural human psychological phenomenon.

6. Debates and Criticisms

The nature of the trance state remains a subject of intense academic debate, primarily concerning whether it constitutes a genuinely distinct, altered state of consciousness (a **state theory**) or if it is merely the result of extreme motivation, role-playing, and expectation (a **non-state theory**, or socio-cognitive model). State theorists argue that measurable physiological changes, such as specific EEG patterns or changes in cerebral blood flow, confirm that trance is neurophysiologically unique, granting the subject abilities, like profound anesthesia, that cannot be replicated voluntarily

in a normal waking state. They point to the remarkable differences in cognitive processing and executive function observed during profound hypnotic states as evidence of a truly altered neural configuration.

Conversely, non-state theorists, such as those advocating for the socio-cognitive model of hypnosis, contend that the observed trance phenomena--including amnesia, hallucinations, and suggestibility--are manifestations of the subject fulfilling an expected social role. According to this view, subjects are simply engaging in highly focused, goal-directed fantasy and behavior modification, driven by their expectations of what a "trance" should entail and their compliance with the hypnotist's directives. While neuroscience continues to search for definitive neural correlates that settle this debate, most contemporary researchers acknowledge that trance involves a complex interaction between genuine alterations in attentional processing and powerful psychological expectations and belief systems.

7. Further Reading

[Trance \(Psychology and Altered States\) - Wikipedia](#)

[Hypnosis - Wikipedia](#)

[American Psychological Association \(APA\) - Hypnosis](#)