

Trance

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1. Core Definition

The concept of a trance represents an altered state of consciousness (ASC) fundamentally divergent from the typical pattern of normal waking awareness. Defining the boundaries of this state is complex, yet generally, a trance is characterized by a profound shift in subjective experience, perception, and cognitive processing. Unlike unconscious states such as sleep or coma, the individual in a trance remains conscious and often responsive, though their awareness is significantly reorganized. This reorganization typically manifests as either a highly focused, narrowed attention directed toward a specific internal or external stimulus, or conversely, a state of expansive, heightened awareness where sensory gating mechanisms are relaxed. This intense focusing or broadening differentiates the **trance state** from mere daydreaming or passive contemplation, demanding a restructuring of the individual's executive functions.

The induction of a trance can occur through various methods, including direct hypnosis, intentional practices like meditation and prayer, engagement in intensive magic or religious rituals, or the ingestion of psychoactive substances. Regardless of the mechanism of induction, the resultant state involves a modification of the standard attentional allocation processes. In a hypnotic trance, for example, the subject may appear fully functional and capable of communication, yet their critical faculty is often attenuated, rendering them highly suggestible and deeply absorbed in the suggestions provided. The functional characteristic of the trance, whether heightened alertness or narrowed tunnel vision, is always predicated upon the specific condition and the immediate goals of the individual or the inductor.

Furthermore, a defining feature of the trance is the subjective experience of dissociation, where the ordinary connection between thought, emotion, and action is temporarily altered or suspended. This dissociation allows for the intense concentration necessary for deep absorption while simultaneously filtering out extraneous stimuli. For researchers, understanding the trance requires acknowledging both the behavioral manifestations--such as physical stillness or ritualistic movement--and the internal, phenomenological reports of the subject concerning their perception of time, self, and reality.

2. Etymology and Historical Development

The term "trance" originates from the Old French word *transir*, meaning "to cross over" or "to depart," historically relating to the passage between life and death, or the crossing into a non-ordinary realm of existence. Early historical usage was often conflated with conditions like catalepsy or prophetic ecstasy. Across numerous historical epochs and disparate cultures,

formalized recognition of **trance states** has played a crucial role, often serving as the primary vehicle for spiritual communication, divination, and healing. Ancient practices in Mesopotamia, Egypt, and Greece frequently incorporated rhythmic elements, chanting, and sensory deprivation or overload to facilitate these non-ordinary states, believing them to provide direct access to the divine or ancestral wisdom.

The academic study of trance states gained traction in the late 19th century, largely spurred by the rise of Mesmerism and subsequently, modern hypnotism, particularly through the work of figures like Jean-Martin Charcot and Pierre Janet. These investigations sought to categorize trance states not merely as religious phenomena but as psychological conditions amenable to scientific observation and potentially clinical intervention. The shift from a purely mystical understanding to a psychophysiological model began to solidify the concept of the trance as a measurable alteration in cognitive state, laying the groundwork for its inclusion in modern psychological and neuroscientific discourse. Anthropological studies, notably those by researchers like I.M. Lewis on possession cults, further expanded the understanding of trance as a critical social mechanism for coping with stress, expressing dissent, and establishing community identity through shared ritualistic experience.

During the mid-20th century, the study of consciousness flourished, leading to the development of specific psychological scales aimed at measuring hypnotic depth and proneness to absorption, such as the Stanford Hypnotic Susceptibility Scale. This era cemented the trance state as a legitimate area of empirical inquiry, differentiating it from mere malingering or theatrical performance, and establishing that susceptibility to entering profound trance states varies significantly among individuals based on inherent psychological factors. This historical progression illustrates the move from viewing trance solely as a spiritual anomaly to recognizing it as a fundamental, albeit variable, capacity of the human mind.

3. Neurological and Physiological Correlates

Neuroscientific research attempting to map the brain activity during various trance states--particularly deep meditation and hypnotic suggestion--has identified specific functional alterations that distinguish these states from normal waking consciousness. Functional magnetic resonance imaging (fMRI) and electroencephalography (EEG) studies often show changes in connectivity and activation patterns across key brain regions, particularly those involved in executive control, self-monitoring, and sensory integration. For instance, deep meditative trances are frequently associated with increased coherence of theta waves, particularly over frontal and central areas, suggesting deep relaxation coupled with sustained, intense focus, contrasting sharply with the dominant beta waves of normal alertness associated with active thought processing.

One critical finding relates to the **default mode network (DMN)**, a set of interconnected brain

structures active when the mind is at rest or focused on self-referential thought (such as mind-wandering or planning). During highly focused trance states, such as deep hypnotic absorption, there is often a measurable reduction in activity within the DMN. This suppression correlates with the subjective experience of diminished self-consciousness and a lessening of critical, analytical thinking, thereby facilitating a state of profound absorption and compliance with focused intention. This neural deactivation of self-referential processing is crucial for understanding how individuals can experience the world differently while in a trance, often leading to phenomena like depersonalization or heightened sensory acuity directed toward a singular focus.

Furthermore, physiological markers, including altered heart rate variability, changes in respiration patterns, and modifications in skin conductance response, often accompany the transition into and maintenance of the trance state, indicating a significant shift in autonomic nervous system regulation. Specifically, hypo-aroused trances (like deep meditation) tend toward parasympathetic dominance, promoting relaxation and stability, whereas hyper-aroused or ecstatic trances often involve massive sympathetic nervous system activation, resulting in elevated heart rate, tremor, and heightened physical energy, reflecting the intense somatic engagement required during ritualistic performance. These physiological changes underscore that trance is not purely psychological but involves measurable systemic biological shifts.

4. Typologies of Trance States

While unified by the central characteristic of altered awareness, trance states are diverse and are commonly categorized based on their induction method, emotional valence, and behavioral manifestation. Two primary typological axes frequently employed by researchers are the ecstatic-possession dichotomy, and the active-passive dimension. The **ecstatic trance** (or *mana* trance) is typically characterized by feelings of spiritual elevation, intense emotional joy, and often a sense of unity with the divine or cosmos. This state is frequently induced through rhythmic activity, such as dancing or drumming, leading to hyperarousal and often resulting in heightened, sometimes spectacular, physical displays. The goal is transcendence, or the perceived temporary exit of the soul from the body.

Conversely, the **possession trance** involves the subjective belief that the individual's body is temporarily inhabited by an external spirit, deity, or entity. In anthropological contexts, possession trance serves crucial social functions, allowing the possessed individual to communicate messages or perform acts that would be unacceptable under normal social conditions. This type of trance often involves dramatic changes in voice, demeanor, and physical capabilities, with the individual claiming amnesia for the period of the possession. While ecstatic trances emphasize internal elevation, possession trances emphasize external agency taking temporary control of the subject.

A third significant category is the **meditative trance**, which emphasizes deep concentration

(*samadhi* in Eastern traditions) and often leads to a hypo-aroused state characterized by profound stillness, reduced metabolic rate, and focused internal observation rather than outward behavioral expression. Finally, the **hypnotic trance** is defined by the high degree of suggestibility and the dyadic relationship between the subject and the hypnotist, involving a focused state where the critical mind is subdued, allowing suggested reality to take precedence over objective reality. These typologies are not always mutually exclusive, as ritualistic trances often blend elements of ecstasy, meditation, and highly focused suggestibility.

5. Applications in Clinical and Therapeutic Settings

Trance induction, particularly through standardized techniques of clinical hypnosis, has established utility within modern medicine and psychotherapy. Hypnotherapy utilizes a focused, receptive trance state to bypass conscious resistance and facilitate targeted therapeutic interventions, such as pain management, treating phobias, managing anxiety disorders, and addressing maladaptive habits like smoking cessation. The effectiveness of hypnosis relies on the heightened suggestibility inherent in the trance state, allowing the therapist to introduce constructive cognitive suggestions that are more readily integrated into the patient's underlying emotional and cognitive frameworks, often leading to rapid behavioral changes that are difficult to achieve through purely conscious effort.

Beyond formal hypnosis, techniques derived from trance induction, such as mindfulness and visualization practices, are now foundational elements of numerous therapeutic modalities, including Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT). These practices encourage patients to enter a state of focused absorption to observe internal states non-judgmentally, thereby improving emotional regulation and stress resilience. Furthermore, the use of trance in trauma therapy, particularly to facilitate dissociation in a controlled environment, allows patients to process highly charged memories without being overwhelmed, providing psychological distance necessary for integration.

In surgical and palliative care settings, hypnotic analgesia (hypnosis used for pain relief) has demonstrated efficacy in reducing the need for conventional anesthesia and accelerating recovery times. By teaching patients to enter a deep trance, clinicians can help them modulate pain perception directly via central nervous system pathways. This clinical utility highlights the powerful psychophysiological modulatory capabilities achievable through controlled **trance states**, validating them as legitimate tools for health management rather than esoteric practices.

6. Significance in Ritual and Religion

Historically and contemporaneously, trance states serve as the cornerstone of religious practice and ritual performance across nearly every culture globally. They provide a mechanism for the

direct, subjective experience of the sacred, validating faith systems and reinforcing communal bonds. In shamanistic traditions, the shaman induces a trance--often using drumming, chanting, or psychotropic aids--to undertake a spiritual journey, or "soul flight," intended to interact with the spirit world for the purpose of healing, prophecy, or retrieving lost souls. These ritualistic trances are typically highly structured and culturally sanctioned, with specific expectations regarding behavior and communication during the ASC.

Within organized religions, formalized practices like Sufi whirling (a form of moving meditation leading to trance) or glossolalia (speaking in tongues) within Pentecostal Christianity represent socially accepted forms of altered consciousness. These rituals utilize repetitive stimuli and communal intensity to facilitate a collective trance state, which strengthens the sense of shared identity and provides powerful emotional catharsis. The shared, synchronous experience of trance minimizes social friction and dramatically reinforces the belief system by providing tangible proof of spiritual presence or divine communication, thus acting as a powerful tool for social cohesion and cultural transmission.

The ability to enter a trance, therefore, often confers spiritual authority or special status upon the individual within their social structure, highlighting the critical interplay between individual subjective experience and collective cultural meaning. In many societies, the trance medium acts as an intermediary, channeling communications that resolve disputes, guide community actions, or diagnose illness. The predictability and repeatability of ritualized trance ensure its endurance as a fundamental human cultural practice.

7. Debates and Criticisms

Despite extensive research, the nature of the trance state remains a subject of significant academic debate, primarily revolving around the issue of authenticity and measurement. The fundamental question is often whether the trance represents a genuine, neurophysiologically distinct state of consciousness or merely a role-enactment phenomenon motivated by social and cultural expectations. Skeptics, particularly those adopting sociocognitive theories of hypnosis, argue that many reported trance phenomena (such as high suggestibility or apparent amnesia) can be explained by motivated compliance, focused imagination, and profound absorption rather than a fundamental shift in brain state that requires a separate "state" theory.

Furthermore, establishing objective, universal criteria for measuring and classifying the depth or quality of a trance remains challenging. While neuroimaging provides correlational data (i.e., brain changes accompany the state), it does not definitively prove the subjective experience is qualitatively distinct from intense concentration. The difficulty lies in separating the genuine subjective experience from the cultural performance demanded by the setting. Critics also point out the potential for cultural bias in interpretation; what one society labels as a spiritual possession

trance, another might categorize as a dissociative disorder or psychosis, highlighting the lack of a culturally neutral diagnostic framework.

The inherent reliance on self-reporting and subjective experience in defining trance depth also introduces measurement variability. Even standardized scales for hypnotic susceptibility show that the trance state is not a monolithic phenomenon but exists along a continuum. Therefore, contemporary research continues to grapple with integrating subjective, phenomenological accounts with objective, physiological data to create a coherent and globally applicable model that recognizes the complex interplay between neurobiology, individual psychology, and socio-cultural context in the manifestation of the **trance phenomenon**.

Further Reading

[Trance \(Wikipedia entry\)](#)

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