

The New Division 30 Definitions Regarding Hypnosis: Is “Concise” *Better*?

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Simplicity is the ultimate sophistication.

— Leonardo da Vinci

When Leonardo da Vinci asserted this viewpoint, he was speaking about designs for *physical* materials, such as new inventions or works of art. One wonders whether he could have generated a *concise but sophisticated* definition of “innovation” or “aesthetics”? In general, a brief and to the point (the defining characteristics of the word concise) definition *is* preferable to a long and convoluted one, so the Hypnosis Definition Committee’s (HDC’s) stated goal of providing a definition of hypnosis that is “a concise description that identifies the object of interest and its characteristics” does indeed seem a worthy goal. But, is it a *realistic* goal, and is concise *better* when trying to define something as complex and subjective as hypnosis?

When I was asked to offer my comments about the 2003 definition of hypnosis (Yapko, 2005), I respectfully offered my appreciation for the efforts made to try to define hypnosis. I also openly shared my skepticism that a substantive definition could be made that would achieve the goals of allaying confusion about *which* hypnosis we are trying to define.

I also acknowledged that our field is a deeply internally divided one comprised of clinicians and researchers with such widely divergent views that it seems improbable we would reach a broad consensus on *any* definition. Perhaps the best evidence for this observation is that now, all these years later, a new panel of experts is again trying to generate a definition with as much care, thoughtfulness, and inclusion as the last panel of experts.

First, Why Strive for Consensus?

With this newest effort by the HDC, I am again appreciative of the effort and positive intent in trying to define hypnosis and related terms. But, I am again struck by

the initial premise underlying this effort; the HDC writes, “The definition of hypnosis is fundamental to scientific inquiry but the endeavour to define hypnosis from differing theoretical perspectives has given rise to controversy as to the ‘real’ meaning of hypnosis” (Elkins, Barabasz, Council, & Spiegel, 2015, p. 2). The HDC unambiguously acknowledges the divisions that exist between differing theoretical perspectives and even puts the word “real” in quotes when using the phrase, “the ‘real’ meaning of hypnosis.”

It seems logically inconsistent to know that the “real” meaning of hypnosis will not be found while still striving to find it. The attribution the HDC makes regarding the lack of consensus on a definition thus far is twofold: (1) ignorance as to the mechanisms of hypnosis and (2) theoretical bias. These two attributions speak to our collective ignorance and personal bias. Will the multiple mechanisms of hypnosis and their inter-relationship be fully explained eventually and resolve the first issue? Will theoretical bias be fully eliminated in the future and resolve the second issue as well?

My attributions regarding the lack of consensus are substantively different and are also twofold. (1) The aims, methods, and consequences of hypnosis are determined in large part (not entirely) by the specific characteristics of the context in which hypnosis is performed. To attempt to define hypnosis as a singular entity that exists independently of the context in which it is applied seems an improbable goal. Learning how to define hypnosis in context-specific terms seems a more realistic one. (2) I believe it is the innate and irreversible characteristic of subjectivity that greatly—though obviously not completely—defines both hypnotic experience and practice. On subjective dimensions of experience, whether talking about hypnosis or love or patriotism, striving to obtain a widely agreed-upon definition does not seem as valuable or realistic a goal as inviting each individual or group holding a viewpoint to use scientific inquiry to develop that viewpoint and thereby make a meaningful contribution to the larger community. This is easier to do when there is no artificial push for unanimity as a goal.

I encourage respectfully accepting our inevitable differences in point of view as the more realistic aim of consensus building. I would also encourage the desired scientific inquiry we collectively value to continue to evolve within each individual’s or group’s preferred definition, area of specific interest, and methodology, just as it already has been. Those who have a viewpoint about hypnosis to express may feel a deeper sense of responsibility to the field to make substantive contributions with research and/or clinical findings that can help better explain specific facets of hypnosis.

Encouraging consensus where little or none is needed can too easily stifle a diversity of viewpoints and methods and thereby work against the field’s larger aims of embracing different points of view and appreciating how each adds to our greater knowledge of the phenomenon of hypnosis. In the remainder of this invited commentary, I will offer some of my reactions to the specific definitions generated by the HDC.

The New Definition of Hypnosis

A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion. (Elkins et al., 2015, p. 6)

The HDC considers this definition to be a “concise and heuristic description.” Is a description the same thing as a definition? This description is exceedingly general and could apply to countless experiences as easily as to hypnosis.

Focused attention occurs across many different everyday life contexts, giving rise to Milton Erickson and colleagues’ elaboration of what he considered the “common” trance (Erickson, Rossi, & Rossi, 1976). Erickson et al. famously demonstrated how readily hypnotic responses could arise in the course of normal living and social interaction. T. X. Barber reached a similar conclusion about hypnotic abilities occurring outside of ostensibly nonhypnotic contexts through his own ingenious experimentation (2000). In stark contrast, hypnosis purists, such as André Weitzenhoffer, intensely disliked the notion of an “everyday trance,” dismissing it as an evasion of what he considered to be the responsibility of clinicians and researchers to define and measure the phenomenon of hypnosis (see Weitzenhoffer, personal communication, in Yapko, 2012). This dream went unfulfilled in his lifetime, and it remains a practical issue as to whether such definition and measurement is possible to satisfy a theoretically and pragmatically diverse group of researchers and clinicians. But, the larger point stands that many experienced clinicians and researchers do, indeed, think of hypnosis as a routine aspect of human experience, blurring the lines when trying to define the phenomenon.

Beyond everyday contexts, focused attention with reduced peripheral awareness and an enhanced capacity to respond to suggestion can also occur in other parallel therapeutic modalities, such as in visualization, guided imagery, and guided mindfulness meditations. What then makes it “defined” as hypnosis and not, say, a guided mindfulness meditation? Is the goal to say there is something special about hypnosis or to say there is nothing special about hypnosis? As devotees to the art and science of hypnosis, surely we can find a way to acknowledge what is special about hypnosis that warrants our dedicated research and practice.

To elaborate slightly, mindfulness advocates encourage focused attention on attention. In fact, many describe the essence of mindfulness as “paying attention without intention.” Perhaps this could be considered a key distinguishing characteristic: hypnosis features paying attention *with* intention (Yapko, 2011). Hypnosis is an unapologetically goal-oriented process, and this goal orientation brings many other variables into play (e.g., rapport, expectancy, cognitive style, problem definition, etc.) that can lend greater substance to a meaningful definition.

The new definition also implies that an enhanced capacity for suggestion arises because of the presence of the hypnotic state. Do we know this to be true? Is someone more responsive because they are hypnotized, or are they hypnotized because they

are more responsive? This debate still goes on to this day, but the new definition seems to suggest the former rather than the latter view.

In leaving room for a variety of theories regarding mechanisms of hypnosis and the uncertainty regarding the uniqueness of the hypnotic state, the freedom to explore possibilities the HDC hoped for is indeed preserved, but at the price of saying anything precise and definitive about hypnosis. This is tantamount to saying that “hypnosis could be this, could be that, might involve this, or may involve that.” It is an exceedingly loose characterization that may be flexible and generous in spirit, but in my opinion does too little to provide the foundational definition to the term “hypnosis” the HDC had hoped to provide.

The New Definition of Hypnotic Induction

A procedure designed to induce hypnosis. (Elkins et al., 2015, p. 6)

With this exceptionally brief definition, there is now a new and higher level of ambiguity added to the mix. What are the innate characteristics of hypnotic induction that distinguish it from any other phenomenon that results in focusing, reduced peripheral awareness, and an increased responsiveness to suggestion, such as reading a captivating book or watching an engrossing movie? After all, books and movies often contain deeper messages embedded within the storyline that can have a lasting impact on many levels. Can these be considered indirect hypnotic inductions?

This definition includes a consideration of intentionality since the procedure is “designed” for the purpose of inducing hypnosis. Based on my comment above about hypnosis featuring attention *with* intention, I like the emphasis on intentionality and believe it is a valuable part of the definition.

The New Definition of Hypnotizability

An individual’s ability to experience suggested alterations in physiology, sensations, emotions, thoughts, or behavior during hypnosis. (Elkins et al., 2015, p. 6)

The ability to experience meaningful responses to suggestions given during hypnosis is mediated by a broad range of variables that fall into three major categories: (1) personal factors (e.g., cognitive style, mood, expectations, previous experience); (2) interpersonal factors (e.g., regard for the practitioner, client/subject role definition, relevance of the suggestions given, style of suggestions given); and (3) contextual factors (e.g., environmental distractions, situational and relational appropriateness).

This definition offers no insight into what might lead someone to be very responsive to hypnosis at one time and minimally responsive at another. After all, responses to

hypnosis can vary within an individual across time based on a variety of personal, interpersonal, and contextual factors, such as those previously listed. As addressed earlier, it implies that the presence of hypnosis, i.e., the person being “in hypnosis,” is what drives the individual’s ability to experience hypnotic phenomena. When is someone “officially” in hypnosis? What happens when someone is able to experience hypnotic phenomena while in hypnosis but chooses not to, perhaps because the suggestions are irrelevant or deemed unacceptable? I think a better term is one not mentioned by the HDC, “hypnotic responsiveness.” I would like greater emphasis placed on the client/subject’s willingness to respond rather than imply hypnotizability is an innate response that is stable across situations involving hypnosis.

The New Definition of Hypnotherapy

The use of hypnosis in the treatment of a medical or psychological disorder or concern. (Elkins et al., 2015, p. 7)

The HDC wrote, “The identification of ‘medical or psychological disorder or concern’ is intended to be very broad and encompass all health care disciplines and is not limited to any particular diagnosis or concern in the absence of a specific diagnosis” (Elkins et al., 2015, p. 7). Their effort in defining hypnotherapy was clearly aimed at not creating a list of possible applications of hypnosis that would in itself be limiting. This certainly makes good sense. However, it misses the chance to address the larger issue associated with the term “hypnotherapy,” namely whether hypnosis should be considered a therapy or simply a therapeutic tool but not a therapy in its own right. There are prestigious and persuasive advocates for both positions.

For those who view hypnosis as a therapy in its own right, *any* treatment that employs hypnosis, in whatever form it may be used (i.e., direct or indirect, structured or conversational), is termed “hypnotherapy.” Hypnosis is generally viewed by those who call themselves hypnotherapists as a style of treatment that is as well-defined and as distinct in character as, say, behavior therapy. *The term hypnotherapy implies that hypnosis is the principal mechanism driving the intervention.* This is the position that the HDC seems to have taken in forming their definition of hypnotherapy.

On the other side of the issue, however, are those who view hypnosis as a *tool* of treatment, inevitably integrated into a larger treatment framework that transcends the hypnotic procedures themselves. Rather than hypnosis or suggestive procedures being “standalone” methods, clinical hypnosis is used as a catalyst to further the aims of other, more well-defined interventions, such as cognitive behavioral therapy or solution-oriented therapy.

In defining *any* use of hypnosis in addressing medical or psychological problems or *concerns* as hypnotherapy, practitioners in allied fields (such as coaching or performance consulting) who may not necessarily have advanced degrees or clinical licenses routinely

address psychological concerns. If they provide hypnosis for enhanced performance in responding to their clients' psychological "concerns," are they now conducting hypnotherapy under the new definition? If so, are coaches or other non-clinicians considered qualified to be conducting hypnotherapy for psychological concerns? Why the HDC did not address this fundamental issue is not discussed.

Conclusion

I want to reiterate my appreciation for the intention and efforts of the HDC. I confess I feel somewhat apologetic to my esteemed colleagues for still needing convincing that developing an agreed-upon definition of hypnosis is somehow necessary to advance the field, as the HDC suggests. I hope that is not literally true given how very unlikely I believe that is to occur.

Instead of striving for a broad agreement about either theoretical or practical orientations regarding hypnosis, I have advocated here for a greater acceptance of the inevitable diversity of viewpoints about hypnosis. I have also advocated for encouraging those with a viewpoint to feel a broader sense of responsibility to the field to make substantive contributions with research and/or clinical findings and thought-provoking questions that can help illuminate this exceedingly complex phenomenon called hypnosis.

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