

THE MYTH OF HYPNOSIS: *The Need for Remythification*

JOSEPH MEYERSON

Tel Aviv University, Israel

Abstract: Myths or misconceptions concerning hypnosis are regarded among the major barriers to effective implementation of hypnosis. Contemporary hypnotherapists are expected to elicit patients' misconceptions and to provide explanations that distinguish between mystical and scientific perceptions of hypnosis and that offer a picture of the state of the art of hypnosis. Dealing with misconceptions on a rational and cognitive level seems to have the ability to change a patient's conscious knowledge and understanding of hypnosis. Nevertheless, deeply rooted and emotionally saturated misbeliefs with historical-cultural origins still prevail. This article focuses on the prehypnotic phase of therapy and proposes remythification to deal with the myth of hypnosis. This approach aims to promote the hypnotherapeutic process by utilizing myth-related misconceptions.

The word *hypnosis* is quite emotionally laden, at least when used by individuals living in the West today. Modern culture contains myriads of associations to this word (Pintar & Lynn, 2008), ranging from losing control to becoming a hypnotist's puppet through being stuck in a hypnotized state and performing antisocial acts (Yapko, 1994). Echoes of these associations are everywhere: in novels, songs, drawings, caricatures, theatrical shows, and especially in movies. Whether we consider the movie-making industry to be a manufacturer or a mirror of public opinion, it usually portrays hypnosis as very dangerous and shows the interaction between hypnotist and hypnotized to be seductive or exploitive (Barrett, 2006).

Modern hypnotists must take into account the public's inclination toward these archaic views and must negate them with rational and apparently scientific explanations that are sometimes verified by the hypnotic experience (Capafons, Cabañas, Espejo, & Cardeña, 2004; Hammond, 1990; Lynn, Rhue, & Kirsch, 2010; Voit & DeLaney,

Manuscript submitted March 13, 2013; final revision accepted July 15, 2013.

Address correspondence to Joseph Meyerson, The Section of Behavioral Science, S. D. Medicine, Tel Aviv University, Ramat Aviv P.B. 39040, Tel Aviv 69978, Israel. E-mail: hypnoclinic10@gmail.com

2004; Yapko, 1994). This practical and clinically oriented approach has received support from certain empirical studies showing that diverse educational procedures can change attitudes, beliefs, and practices concerning hypnosis and its use among professionals (Thomson, 2003), the general population (Hawkins & Bartsch, 2000) and the international public (Capafons et al., 2005; Martín et al., 2010).

Strangely enough, although conceptualizations, practice, and research regarding hypnosis and hypnotherapy have made considerable progress (Naish, 2011; Nash & Barnier, 2008) and although well-known and respected professionals have done a lot to change public opinion on hypnosis, for example, Nash's (2001) article in *Scientific American*, misinformation and misconceptions are still common (Green, Page, Rasekhy, Johnson, & Bernhardt, 2006; Lynn et al., 2010). In this context, Judith Pinter (2010) stated that at least during the last two centuries the "popular imagination" regarding hypnosis has remained almost unchanged.

This article's alternative and complementary approach to managing this popularly held view of hypnosis in clinical practice is partially based upon the sociocultural theory of the prominent anthropologist and mythology scholar, Claude Lévi-Strauss (1966; Segal, 2004). Additionally, it is based on the utilization approach of Milton Erickson (Erickson, Rossi, & Rossi, 1976; Geary & Zeig, 2001), as well as on the postmodern view of "truth" and "reality" according to which the "scientific truth" is a construct assembled from partial, context-related and historically and culturally defined perspectives on the surrounding world (Gadamer, 2004; Kuntz, 2012). The proposed approach encourages clinicians to treat the myth of hypnosis from a perspective that understands the sociocultural significance of myth, recognizes the pragmatic value of utilization-guided interventions and proposes remythification (defining a new myth) rather than demythification (removing the mythical aspects) in treating patients' attitudes toward hypnosis. By addressing human beings' inherent need for a mythical perspective on the world surrounding them, this alternative treatment of myth can help make the hypnotherapeutic process more effective, satisfying, and fascinating for both hypnotist and patient.

MYTH OF HYPNOSIS

The myth of hypnosis has existed for thousands of years, starting with the biblical story of Adam's sleep and the creation of Eve (Durbin, 1998) through the popular eighteenth-century novel *Trilby* (Pinter & Lynn, 2008) and continuing in contemporary movies such as *The Jungle Book*, *The Manchurian Candidate*, and *Curse of the Jade Scorpion* (Barrett, 2006). The myth is presented in the form of a story that includes the

essence of hypnosis, the interaction between hypnotist and hypnotized and short-term as well as long-term outcomes. In these stories, hypnosis is presented as an instantaneous, semi-conscious, sleep-like state produced by a powerful hypnotist who has an almost miraculous influence on the submissive hypnotized participant and usually followed by devastating long-term consequences (Battino, 2005; Pintar & Lynn, 2008; Yapko, 2012). Contemporary hypnotherapy clients as well, usually have some misconceptions concerning hypnosis, often referred to as the myths of hypnosis (Pintar & Lynn, 2008; Voit & DeLaney, 2004; Yapko, 2012).

In order to present and develop the central claims of this article, we must further clarify the conceptual framework. In the professional literature, the myths, misconceptions, and misinformation concerning hypnosis are usually considered interchangeable (Nash, 2001; Voit & DeLaney, 2004; Yapko, 2003). For purposes of clarification, these concepts must be differentiated. According to the *Oxford Dictionaries (British & World English)* (n.d.), misconceptions are views or opinions that are "incorrect because based on faulty thinking or understanding." Researchers in the field of information studies define misinformation as "a species of information" that partially can be responsible for incorrect or incomplete views, opinions, and understandings (Karlova & Fisher, 2013, p. 2). Finally, in the context of this article, myth should be recognized as the sociocultural context that mediates the ways in which information and misinformation are perceived and used (Fisher, Erdelez, & McKechnie, 2005).

Further examination of Western society's misconceptions about hypnosis reveals at least three dimensions that can be linked with the origin and development of these misconceptions: (a) personal and interpersonal experiences; (b) large group or local-national events; and (c) the historical-cultural-mythical arena. Misconceptions that develop on the personal and interpersonal levels are usually caused by previous nonpositive or semi-professional experiences with hypnosis or with hypnotic-like experiences, such as meditation, guided imagination, and stage hypnosis (Battino, 2005). Furthermore, these misconceptions can be acquired by proxy and based on stories told by relatives, friends, or acquaintances. Information from the theater, books, movies, or additional media can also affect these personal and interpersonal acquired misconceptions (Barrett, 2006; Pintar & Lynn, 2008).

Local-national false beliefs about hypnosis usually emerge from legendary and well-known events embedded in the local-national memory. For instance, in Israel one of the most frequent misconceptions among the general public about hypnosis is that the person cannot be awakened after a hypnosis session (Kleinhauz & Sela, 1987). This misconception probably has persisted due to the well-known case of a stage hypnotist who was unable to dehypnotize one of the subjects during a show (Kleinhauz, Dreyfuss, Beran, Goldberg, & Azikri, 1979). Based on

Yapko's popular and comprehensive hypnosis textbooks (Yapko, 1994, 2003, 2012), the most common misconception about hypnosis among the American public is that hypnosis is a powerful form of mind control. Australian citizens of Brisbane consider hypnosis to be an altered state of consciousness with memory enhancement qualities (Chant et al., 2006). A survey of cultural views about hypnosis in four different countries also provides information concerning the differences in attitudes about hypnosis in different nations (Green et al., 2006).

The historical-cultural-mythical elements that influence public views of hypnosis can be partially attributed to the history of modern hypnosis. Applications and theories of hypnosis by prominent and historical figures such as Mesmer, Braid, Charcot, and Freud have created an appropriate platform for such misconceptions (Gezundhajt, 2007; for review, see Rosenfeld, 2008). Some of the cultural-mythical elements that are also responsible for misconceptions about hypnosis seem to be less grounded in actual historical happenings, yet they endure and serve as symbolic descriptions of hypnotic and trance phenomena (Segal, 2004). Johnson and Hauck (1999) uncovered common themes and general consistencies in public attitudes toward hypnosis, without regard for specific sources of information about hypnosis. They concluded that a possible explanation is that "generic belief about hypnosis exists in our culture and supersedes the influence of the individual source of information" (Johnson & Hauck, 1999, p. 16).

Contemporary hypnotherapists are expected to address these aforementioned misconceptions about hypnosis, usually before the hypnotic session begins. Yet, the clinical literature indicates that such misconceptions are usually addressed on the personal or the local-national level. Subjects' mythical perceptions of hypnosis usually remain untreated (Capafons et al., 2004; Hammond, 1990; Lynn et al., 2010; Voit & DeLaney, 2004; Yapko, 2012), though at times they are overtreated by representing hypnosis as merely a label without any actual special characteristics differentiating it from other therapeutic modalities.

ACKNOWLEDGED STRATEGIES FOR TREATMENT OF MISCONCEPTIONS ABOUT HYPNOSIS

As mentioned, contemporary practitioners are encouraged to use one or more of the following strategies to deal with misconceptions about hypnosis.

Demystification

Demystification of hypnosis is a procedure that involves removing the perceptions of mysticism and mystery connected to hypnosis. This procedure aims at disconnecting clinical hypnosis from acts performed

on the stage by stage hypnotists and from historical baggage tying hypnosis to spiritualism and exorcism. This is accomplished through explanations using everyday terms, objects, and experiences while explaining hypnosis to subjects (Barabasz & Christensen, 2010; Voit & DeLaney, 2004; Weiner, 2011).

Emphasizing Scientific Findings

Practitioners who want to offer a scientific basis for hypnosis applications will emphasize scientific neurocognitive research (Spiegel & Spiegel, 2004) mostly connected to brain functioning, along with pictures of brain waves and colored brain sections. While today we know much more about hypnosis than in the past, before brain scanning was available (Naish, 2011), our contemporary knowledge is still far from comprehensive (Nash & Barnier, 2008). Nevertheless, this strategy is quite useful in treating the misconceptions of patients and professionals who believe in the medical model and for those who work in medically oriented institutes (Anbar, 2006; Raz, 2002).

Renomination

Some practitioners propose avoiding the use of the noun “hypnosis” during hypnosis sessions so as not to frighten candidate participants. These practitioners prefer to refer to the process as “guided imagery,” “deep relaxation,” “visualization,” and other such names (Battino, 2007; Graham, 1995; Ungerleider, 2005), claiming they will achieve the same therapeutic results without the burden of misconception (Baker, 1990). Sociocognitive theories of hypnosis (Lynn & Kirsch, 2006; Lynn & Rhue, 1991) that address hypnosis at large as a social convention and merely a label rather than as a special phenomenon can be used for justifying this practice of renaming the process of hypnosis. In contrast, other research has pointed to the importance of the word “hypnosis” and its implications of a “special therapeutic situation” in maximizing therapeutic results (Kirsch, 1997; Naish, 2011).

Personalization

In line with the utilization approach, Ericksonian therapists use personally tailored explanations about hypnosis and stress the patient’s personal responsibility for the success of the hypnotic process. The patient’s values, language, and therapeutic aim are mobilized to ameliorate the misconceptions (James, Flores, & Schober, 2001). For instance, by utilizing a patient’s need for control, hypnosis can be framed as a tool for enhancing self-control. On the other hand, for patients seeking deliverance from self-limiting prohibitions, hypnosis can be framed as a tool that helps lower defenses. This strategy is most effective if further “leading” information about hypnosis is added by the hypnotist after the “pacing” phase, during which the patient’s perspective on hypnosis has been accepted (Yapko, 2012).

All the aforementioned strategies generally can also have some demythification effects and positive influence on misconceptions deriving from personal and local-national sources. Yet, this demythification dimension may run the risk of “throwing out the bath water” of mysticism together with “the baby” of the fascination and excitement associated with hypnosis. It should be noted that even though some misconceptions concerning hypnosis are generally considered to have a negative influence on the hypnotic interaction (Yapko, 1994, 2003, 2012), some clinicians have identified certain positive elements concealed in the myth of hypnosis (Barrett, 2010; Chips, 2004) and thus propose “not to ‘overdo’ the disabusing process” (Nash & Barnier, 2008, p. 489). Additionally, even strenuous efforts to dispel a myth can often result only in superficial acceptance of the explanations given by the hypnotist (Barrett, 2006; Pintar & Lynn, 2008).

Furthermore, note that modern myth theories do not place the mythical and scientific views of the world in contrast to one another but rather regard them as complementary elements of human culture that may be receptive to differing human needs (Cassirer, 1946; Gadamer, 2004; Segal, 2004). Today it is not surprising to discover that myths have their own science and science has its own myths (McComas, 1996; Segal, 2004).

MYTHS IN MODERN SOCIETY

In their approach to myths, contemporary myth theorists consider not only the subject matter of a specific myth but also its origin and its function (Coupe, 2009; Segal, 2004). The subject matter of myths is diverse and widespread. The origin of myths is usually historically determined, although myths usually recur over time and tend to pertain to society’s cultural and social needs (Barthes, 1972; Segal, 2004). Indeed, modern myth researchers emphasize the function of myths in modern society. French structural anthropologist Claude Lévi-Strauss (1966), one of the major contemporary myth scholars that emphasize the necessity of myths for society, puts forward a theory concerning the function of myth in the modern age. Lévi-Strauss sees myths as popular science that permits humans to understand abstract things about the surrounding world (natural and social) on an observable and sensible level (Lévi-Strauss, 1966; Segal, 2004):

[H]ere are two distinct modes of scientific thought. These are certainly not a function of different stages of the human mind but rather of two strategic levels at which nature is accessible to scientific inquiry: one roughly adapted to that of perception and the imagination: the other at a remove from it. (Lévi-Strauss, 1966 p. 15)

Lévi-Strauss (1966) claims that humans are programmed to use classification, usually in the form of oppositional pairing, and to perceive the world surrounding them accordingly. The major contradiction that myths must contend with is the contradiction between our animal nature and our cultural, self-aware, human dimension. From this perspective, the purpose of myths is to provide a logical model capable of overcoming perceived contradictions and dichotomies.

From this theoretical perspective, the hypnosis myth as it exists today can be used to visualize and treat acknowledged and much debated hypnosis dichotomies such as voluntariness versus involuntariness, trance versus nontrance, and hetro-hypnosis versus self-hypnosis. Cultural, social, and epistemological necessities of human society usually serve to enliven and preserve myths (Coupe, 2009; Segal, 2004). Thus, as our views of history and memories change over time (Meyerson, 2010; Olick, Vinitzky-Seroussi, & Levy, 2011), so do myths change through a process of remythification (Meletinsky, 2001).

THE MYTH OF HYPNOSIS—THE NEED FOR REMYTHIFICATION

In the literature of hypnosis, treating misconceptions about hypnosis in the prehypnotic phase of treatment is seen as obligatory and is used to prevent complications and to increase prospects for successful completion of hypnotic therapy (Burrows, Stanley, & Bloom, 2001; Hammond, 1990; Kroger, 2007; Lynn et al., 2010). This prehypnotic treatment definitely has a positive effect on misconceptions deriving from personal and local-national sources.

The mythical elements of misconceptions have to be treated differently, not by eliminating the myth but rather by renewing it through a process called remythification (Meletinsky, 2001; Slabbert, 2009). This process involves intensifying the positive, useful, and constructive elements of the myth and alleviating its negative, nonuseful, and incongruent elements. In addition to the sociocultural reasons for utilizing hypnosis myths in hypnotherapy, there are also pragmatic and clinical considerations rooted in hypnosis theory, for implementing this remythification process. These considerations include the following:

1. Although the aptitude-centered perspective of hypnosis received invigoration by the latest neurocognitive research (Hoeft et al., 2012; Kirsch, 2011), expectancy is still considered to be one of the contributors to the success of hypnotic sessions (Benham, Woody, Shannon, & Nash, 2006; Kirsch, 2011). The mythical elements of hypnosis can make a major contribution to building expectations for positive and extraordinary results, using implicit motivations of the general population to using

mythical reasoning for dealing with complicated issues (Lévi-Strauss, 1966). Hypnotic language is a special language that can be attributed to poetic, symbolic, and metaphoric language, that is, mythical language (Kane & Olnes, 2004; Marinelli et al., 2012; Roberts, 2005). Preparing a patient for this type of linguistic interaction calls for mythical properties in explaining hypnosis (Barthes, 1972; Burton, 2007).

2. One of major theoretical and clinical features of the hypnotic process is dissociation: dissociation from everyday functioning, dissociation between internal-mental and external stimuli, as well as dissociation of mental functions that usually are interconnected (Edgette & Edjette, 1995; Kirsch & Lynn, 1998; Nash & Barnier, 2008). Myth can serve as an appropriate container for holding dichotomies and fragmentations in the way the subject experiences himself/herself that may appear during the hypnotic session (e.g., ego-state approach, Barabasz, 2013; Hageman & Frederick, 2013) by providing an easily comprehensible, metaphorical explanation for their existence (Lévi-Strauss, 1966; Segal, 2004).

Thus, the proposed remythification approach for dealing with the myth of hypnosis must deal with contradictions and dichotomies that are an integral part of hypnosis as it is practiced, theorized, and researched today and that can comprise the positive elements of existing myths.

PRACTICAL CONSIDERATIONS

The proposed perspective on misconceptions about hypnosis is intended to grant significance to the procedure involved in preparing subjects for hypnotic sessions. Not only can this procedure dissolve personal and local-national misconceptions, it can also utilize the mythical roots that feed misconceptions about hypnosis to maximize therapeutic results. The procedure, which is based on modern theories of myth on the one hand and clinical considerations on the other, does not involve alleviating or demythifying the myth of hypnosis but rather remythifying it.

The proposed remythification begins with eligible use of the words "hypnosis" and "trance," without the fear of eliciting an atmosphere of magic and fascination (Heap, 2012; Lynn & Kirsch, 2006). Although some research evidence reveals that referring to the hypnotic experience as a trance can elicit problematic expectations in subjects that can disrupt the process (Lynn, Vanderhoff, Shindler, & Stafford, 2002), experienced clinicians are able to neutralize such complications by counterbalancing and simultaneously representing trances as everyday phenomena. Our explanations to patients can emphasize the expectation of a long-term, powerful, and swift effect, as illustrated by existing

myths and supported by current science (Barabasz, Olness, Boland, & Kahn, 2010, pp. xv–xviii).

After that, the new proposed narrative must address the dichotomies existing in hypnosis by means of multilevel explanations. Explanations at the personal level should use everyday examples to clarify the common everyday characteristics of trance as well as to illustrate special phenomena and states occurring in everyday life (Edgette & Edjette, 1995). Local-national occurrences of a positive nature should also be emphasized, for instance Kate Middleton's hypnosis treatment during pregnancy. Problematic incidents must be discussed and explained.

Finally, the mythical level should be treated by means of remythification. At times this can be accomplished through scientifically framed descriptions such as the distinction between the "conscious" and the "unconscious" that apparently accentuates during a trance or the "left brain-right brain" differentiation that seemingly appears during hypnosis (Lilienfeld, Lynn, Ruscio, & Beyerstein, 2011; Raz, Schwartzman, & Guindi, 2008). This can also involve poetically framed depictions that are compatible with the preferences and values of the hypnotized person (Linden, 2003; Roffman, 2008).

To demonstrate the process of remythification discussed above, we outline some of the major themes relevant to the myth of hypnosis in the form of questions that patients often ask during the prehypnotic stage, along with answers that the hypnotist can offer to these questions.

Theme 1: Question Regarding the Hypnotist's Attributes

Q: Does a hypnotist have special powers?

A: A hypnotist is not born with any special powers. To become an effective, responsible, and potent, a hypnotist must have special training and professional education in the field he or she is operating along with experience.

Theme 2: Questions Regarding the Attributes of the Hypnotized Person

Q: Can I be hypnotized if I am someone who likes to be in control all the time?

A: Under hypnosis you can discover how to use your abilities in a way that is advantageous to you and to learn to make your inclinations more flexible in the places where they limit you.

Q: I am afraid to be hypnotized because I am afraid to become dependent on the hypnotist.

A: During treatment some dependence is natural and can help you develop your properties of self-reliance to a greater degree.

Theme 3: Questions Regarding the Interaction between Hypnotist and Hypnotized

Q: Is hypnosis about the hypnotist exerting control over the hypnotized individual?

A: Although hypnosis is not about control, a special kind of alliance is certainly formed between the hypnotist and the person hypnotized. Each individual involved in the hypnotic process is more attuned to the other and also to oneself.

Q: While hypnotized, can one do or say something against one's will?

A: No, but humans have different and sometimes contrasting wills. When you are hypnotized, the will that leads you to improved health can be heard more clearly and even be empowered.

Theme 4: Questions Regarding Short-Term Outcomes and the Process of Hypnosis

Q: When one is hypnotized, is he asleep or in an unconscious state?

A: Hypnosis is not sleep, but like sleep or unconsciousness it can be conceived as a special type of consciousness. The hypnotized person is more attuned to internal processes, exactly like a sleeping person is more oriented to dreams than to external happenings. Like a sleeping person, a hypnotized person can speak out loud and be oriented by external guidance, though his speech is clearer and more comprehensible and he is more attentive to external guidance.

Q: Is a hypnotic trance some sort of mystical ecstatic state that causes the hypnotized person to be someone else?

A: Hypnotic trances are interwoven in our everyday life. Surely everyone can remember times when he or she is functioning exceptionally well or is experiencing things differently than usual.

Theme 5: Question Regarding Long-Term Outcomes

Q: Is hypnosis a dangerous procedure?

A: Hypnosis is a powerful therapeutic instrument and, in the hands of an experienced clinician, it can cause a great deal of good. So as with anything, it is important to choose the "right person for the right job."

As can be seen in the above illustration, during the process of remythification the answers offered to patients are not intended to deny the mythical expectations that are posed by their questions but rather are presented in a way that is easily understood, scientifically credible, or at least scientifically framed and operationally defined. The examples presented above were chosen from a larger pool of misconceptions (Nash, 2001; Yapko, 1994, 2012) found in the hypnosis literature on the basis of their relevancy to the myth of hypnosis. As was stated above,

misconceptions on a personal, interpersonal, and large group/national basis should be treated in accordance with commonly accepted cognitive explanations supported by adapted experience (Capafons et al., 2004; Hammond, 1990; Lynn et al., 2010; Voit & DeLaney, 2004; Yapko, 2012).

The key point of this article is based upon the following notion: In clinical settings instead of struggling with cultural-mythical burdens associated with hypnosis, professionals can make use of certain aspects of the hypnosis myth to make the hypnotic interaction a more pleasurable, exciting, and fascinating endeavor. This approach to the myth of hypnosis can not only help the client population replace self-limiting reliance on old mythology but can also help them interactively reconstruct, with the help of the hypnotist, a new and mythically loaded view of hypnosis that is more compatible to modern society. The proposed approach is therefore able to dissipate misconceptions about hypnosis not only in the context of specific clinical interaction but also over the long term, through vicarious influence on the general public's culturally determined perceptions of the field.

The ideas presented here are grounded in the theoretical approach to myth and remythification borrowed from cultural studies and verified by the author's clinical experience. Further clinical experience as well as empirical studies are needed for further developing these ideas. For instance, a study to empirically test how remythification influences hypnotizability or the effectiveness of hypnotic suggestions can be important in this context.

Note that experienced clinicians often act in accordance with the presented perspective. For such professionals, this article aims at providing some theoretical basis for their clinical wisdom and actions. Newcomers can see the article as a primary map for effectively preparing patients prior to hypnosis implementation.

Finally, some words of caution should be added. The proposed strategies for treating the mythical component of misconceptions about hypnosis are grounded in the Ericksonian utilization principle as well as in contemporary theories of myth. This approach should not be confused with mystical and/or megalomaniac and irresponsible presentations and uses of hypnosis and hypnotherapy, which can cause harm by nurturing unrealistic and "magical" expectations (Yapko, 2003).

REFERENCES

- Anbar, R. D. (2006). Hypnosis: An important multifaceted therapy. *The Journal of Pediatrics*, 149, 438–439.
- Baker, R. A. (1990). *They call it hypnosis*. Buffalo, NY: Prometheus.
- Barabasz, A. (2013). Evidence based abreactive ego state therapy for PTSD. *American Journal of Clinical Hypnosis*, 56(1), 54–65.

- Barabasz, A. F., & Christensen, C. (2010). Hypnosis concepts. In A. F. Barabasz, K. Olness, R. Boland, & S. Kahn, (Eds.), *Medical hypnosis primer: Clinical and research evidence* (pp. 1–10). New York, NY: Routledge.
- Barabasz, A., Olness, K., Boland, R., & Kahn, S. (Eds.). (2010). *Medical Hypnosis primer: Clinical and research evidence*. New York, NY: Routledge.
- Barrett, D. (2006). Hypnosis in film and television. *The American Journal of Clinical Hypnosis*, 49(1), 13–30.
- Barrett, D. (2010). *Hypnosis and hypnotherapy*. Santa Barbara, CA: ABC-CLIO.
- Barthes, R. (1972). *Mythologies* (A. Lavers, Trans.). New York, NY: Farrar, Straus, and Giroux.
- Battino, R. (2005). *Ericksonian approaches: A comprehensive manual* (2nd ed.). Carmarthen, United Kingdom: Crown House.
- Battino, R. (2007). *Guided imagery: Psychotherapy and healing through the mind-body connection*. Carmarthen, United Kingdom: Crown House.
- Benham, G., Woody, E. Z., Shannon, K., & Nash, M. R. (2006). Expect the unexpected: Ability, attitude, and responsiveness to hypnosis. *Journal of Personality and Social Psychology*, 91, 342–350.
- Burrows, G. D., Stanley, R. O., & Bloom, P. B. (2001). *International handbook of clinical hypnosis*. New York, NY: Wiley-Blackwell.
- Burton, J. (2007). *Understanding advanced hypnotic language patterns: A comprehensive guide*. Bethel, CT: Crown House.
- Capafons, A., Cabañas, S., Alarcón, A., Espejo, B., Mendoza, M. E., Chaves, J. F., & Monje, A. (2005). Effects of different types of preparatory information on attitudes toward hypnosis. *Contemporary Hypnosis*, 22(2), 67–76.
- Capafons, A., Cabañas, S., Espejo, B., & Cardeña, E. (2004). Confirmatory factor analysis of the Valencia Scale on Attitudes and Beliefs Toward Hypnosis: An international study. *The International Journal of Clinical and Experimental Hypnosis*, 52, 413–433.
- Cassirer, E. (1946). *Language and myth*. New York, NY: Dover.
- Chant, D., Clohessy, D., Cowling, T., Gow, K., Mackie, C., & Moloney, R. (2006). Attitudes and opinions about hypnosis in an Australian city. *Australian Journal of Clinical and Experimental Hypnosis*, 34, 162–186. Retrieved from <http://eprints.qut.edu.au/22184/>
- Chips, A. S. (2004). *Clinical hypnotherapy: A transpersonal approach*. New Delhi, India: Sterling.
- Coupe, L. (2009). *Myth*. New York, NY: Taylor & Francis.
- Durbin, P. G. (1998). *Kissing frogs: Practical uses of hypnotherapy* (2nd ed.). Dubuque, IA: Kendall Hunt.
- Edgette, J. H., & Edgette, J. S. (1995). *The handbook of hypnotic phenomena in psychotherapy*. New York, NY: Psychology.
- Erickson, M. H., Rossi, S. I., & Rossi, E. L. (1976). *Hypnotic realities: The induction of clinical hypnosis and forms of indirect suggestion*. New York, NY: Halsted.
- Fisher, K. E., Erdelez, S., & McKechnie, L. (2005). *Theories of information behavior*. Medford, NJ: Information Today.
- Gadamer, H. G. (2004). *Truth and method* (2nd ed.). New York, NY: Continuum.
- Geary, B. B., & Zeig, J. K. (2001). *The handbook of Ericksonian psychotherapy*. Phoenix, AZ: Milton H. Erickson Foundation.
- Gezundhajt, H. (2007). An evolution of the historical origins of hypnotism prior to the twentieth century: Between spirituality and subconscious. *Contemporary Hypnosis*, 24, 178–194.
- Graham, H. (1995). *Mental imagery in health care: An introduction to therapeutic practice*. London, United Kingdom: Chapman & Hall.
- Green, J. P., Page, R. A., Rasekhy, R., Johnson, L. K., & Bernhardt, S. E. (2006). Cultural views and attitudes about hypnosis: A survey of college students across four countries. *The International Journal of Clinical and Experimental Hypnosis*, 54, 263–280.

- Hageman, J. H., & Frederick, C. (2013). Phenomenological and evidence based research in ego state therapy: Recognized and unrecognized successes and future directions. *American Journal of Clinical Hypnosis*, 56(1), 66–85.
- Hammond, D. C. (1990). *Handbook of hypnotic suggestions and metaphors*. New York, NY: Norton.
- Hawkins, R., & Bartsch, J. (2000). The effects of an educational lecture about hypnosis. *Australian Journal of Clinical and Experimental Hypnosis*, 28, 82–99.
- Heap, M. (2012). *Hypnotherapy: A handbook*. New York, NY: McGraw-Hill International.
- Hoefl, F., Gabrieli, J. D. E., Whitfield-Gabrieli, S., Haas, B. W., Bammer, R., Menon, V., & Spiegel, D. (2012). Functional brain basis of hypnotizability. *Archives of General Psychiatry*, 69, 1064–1072.
- James, T., Flores, L., & Schober, J. (2001). *Hypnosis: A comprehensive guide*. Carmarthen, United Kingdom: Crown House.
- Johnson, M. E., & Hauck, C. (1999). Beliefs and opinions about hypnosis held by the general public: A systematic evaluation. *The American Journal of Clinical Hypnosis*, 42(1), 10–20.
- Kane, S., & Olnes, K. (2004). *The art of therapeutic communication: The collected works of Kay Thompson*. Carmarthen, United Kingdom: Crown House.
- Karlova, N. A., & Fisher, K. E. (2013). A social diffusion model of misinformation and disinformation for understanding human information behaviour. *Information Research*, 18(1), paper 573. Available at <http://InformationR.net/ir/18-1/paper573.html>
- Kirsch, I. (1997). Suggestibility or hypnosis: What do our scales really measure? *The International Journal of Clinical and Experimental Hypnosis*, 45, 212–225.
- Kirsch, I. (2011). The altered state issue: Dead or alive? *International Journal of Clinical and Experimental Hypnosis*, 59, 350–362.
- Kirsch, I., & Lynn, S. J. (1998). Social-cognitive alternatives to dissociation theories of hypnotic involuntariness. *Review of General Psychology*, 2(1), 66–80.
- Kleinhauz, M., Dreyfuss, D. A., Beran, B., Goldberg, T., & Azikri, D. (1979). Some after-effects of stage hypnosis: A case study of psychopathological manifestations. *International Journal of Clinical and Experimental Hypnosis*, 27, 219–226.
- Kleinhauz, M., & Sela, P. (1987). *Hypnosis: A basic manual for professionals*. Ramat Gan, Israel: Tel Aviv University.
- Kroger, W. S. (2007). *Clinical & experimental hypnosis: In medicine, dentistry, and psychology* (2 Har/DVD). Philadelphia, PA: Lippincott Williams & Wilkins.
- Kuntz, M. (2012). The postmodern assault on science. *EMBO reports*, 13, 885–889.
- Lévi-Strauss, C. (1966). *The savage mind*. Chicago, IL: The University Of Chicago Press.
- Lilienfeld, S. O., Lynn, S. J., Ruscio, J., & Beyerstein, B. L. (2011). *50 great myths of popular psychology: Shattering widespread misconceptions about human behavior*. Oxford, United Kingdom: John Wiley & Sons.
- Linden, J. H. (2003). Playful metaphors. *The American Journal of Clinical Hypnosis*, 45, 245–250.
- Lynn, S. J., & Kirsch, I. (2006). *Essentials of clinical hypnosis: An evidence-based approach* (vol. viii). Washington, DC: American Psychological Association.
- Lynn, S. J., & Rhue, J. W. (1991). *Theories of hypnosis: Current models and perspectives*. New York, NY: Guilford.
- Lynn, S. J., Rhue, J. W., & Kirsch, I. (2010). *Handbook of clinical hypnosis* (2nd ed.). Washington, DC: American Psychological Association.
- Lynn, S. J., Vanderhoff, H., Shindler, K., & Stafford, J. (2002). Defining Hypnosis as a trance vs. cooperation: Hypnotic inductions, suggestibility, and performance standards. *American Journal of Clinical Hypnosis*, 44, 231–240.
- Marinelli, R., Bindi, R., Marchi, S., Castellani, E., Carli, G., & Santarcangelo, E. L. (2012). Hypnotizability-related differences in written language. *The International Journal of Clinical and Experimental Hypnosis*, 60(1), 54–66.

- Martín, M., Capafons, A., Espejo, B., Mendoza, M. E., Guerra, M., Enríquez Santos, J. A., . . . Castilla, C. D. S. (2010). Impact of a lecture about empirical bases of hypnosis on beliefs and attitudes toward hypnosis among Cuban health professionals. *The International Journal of Clinical and Experimental Hypnosis*, 58, 476–496.
- McComas, W. F. (1996). Ten myths of science: Reexamining what we think we know about the nature of science. *School Science and Mathematics*, 96(1), 10–16.
- Meletinsky, E. M. (2001). *The poetics of myth*. New York, NY: Routledge.
- Meyerson, J. (2010). Memory focused interventions (MFI) as a therapeutic strategy in hypnotic psychotherapy. *American Journal of Clinical Hypnosis*, 52(3), 189–203.
- Misconception. (n.d.). In *Oxford Dictionaries (British & World English)*. Retrieved from <http://www.oxforddictionaries.com/us/definition/english/misconception?q=misconception>
- Naish, P. (2011). Hypnosis: The theory behind the therapy. In L. Brann, J. Owens, & A. Williamson (Eds.), *The handbook of contemporary clinical hypnosis* (pp. 1–18). Oxford, United Kingdom: John Wiley & Sons.
- Nash, M. R. (2001). The truth and the hype of hypnosis. *Scientific American*, 285(1), 46–49, 52–55.
- Nash, M. R., & Barnier, A. J. (2008). *The Oxford handbook of hypnosis*. Oxford, United Kingdom: Oxford University Press.
- Olick, J. K., Vinitzky-Seroussi, V., & Levy, D. (Eds.). (2011). *The collective memory reader*. Oxford, United Kingdom: Oxford University Press.
- Pintar, J. (2010). On a clear day you can see forever: Hypnosis in the popular imagination. In S. J. Lynn, J. W. Rhue, & I. Kirsch (Eds.), *Handbook of clinical hypnosis* (2nd ed., pp. 669–690). Washington, DC: American Psychological Association.
- Pintar, J., & Lynn, S. J. (2008). *Hypnosis: A brief history*. Maiden, MA: Wiley-Blackwell.
- Raz, A. (2002). Hypnosis and neuroscience: A cross talk between clinical and cognitive research. *Archives of General Psychiatry*, 59(1), 85–90.
- Raz, A., Schwartzman, D., & Guindi, D. (2008). Hemihypnosis, hypnosis, and the importance of knowing right from trend. *The American Journal of Clinical Hypnosis*, 51, 201–208.
- Roberts, T. B. (2005). Haiku: Language, communication, and hypnosis. *The American Journal of Clinical Hypnosis*, 47, 199–209.
- Roffman, A. E. (2008). Men are grass: Bateson, Erickson, utilization and metaphor. *The American Journal of Clinical Hypnosis*, 50, 247–257.
- Rosenfeld, S. M. (2008). *A critical history of hypnotism: The unauthorized story*. Bloomington, IN: Xlibris.
- Segal, R. A. (2004). *Myth: A very short introduction*. Padstow, United Kingdom: Oxford University Press.
- Slabbert, M. (2009). *Inventions and transformations: An exploration of mythification and remythification in four contemporary novels* (Doctoral dissertation). Pretoria, South Africa: Unisa ETD (4206). Retrieved from <http://hdl.handle.net/10500/2267>
- Spiegel, H., & Spiegel, D. (2004). *Trance and treatment: Clinical uses of hypnosis*. Arlington, VA: American Psychiatric.
- Thomson, L. (2003). A project to change the attitudes, beliefs and practices of health professionals concerning hypnosis. *The American Journal of Clinical Hypnosis*, 46(1), 31–44.
- Ungerleider, S. (2005). *Mental training for peak performance: Top athletes reveal the mind exercises they use to excel*. Emmaus, PA: Rodale.
- Voit, R., & DeLaney, M. (2004). *Hypnosis in clinical practice: Steps for mastering hypnotherapy*. New York, NY: Routledge.
- Weiner, A. A. (2011). *The fearful dental patient: A guide to understanding and managing*. Ames, IA: John Wiley & Sons.
- Yapko, M. D. (1994). *Essentials of hypnosis*. New York, NY: Routledge.

- Yapko, M. D. (2003). *Trancework: An introduction to the practice of clinical hypnosis* (3rd ed.). New York, NY: Routledge.
- Yapko, M. D. (2012). *Trancework: An introduction to the practice of clinical hypnosis* (4th ed.). New York, NY: Routledge.

Der Mythos Hypnose : Die Notwendigkeit einer "Remythification"

Joseph Meyerson

Abstrakt: Mythen oder falsche Vorstellungen bezüglich Hypnose werden als wichtigste Hindernisse auf dem Weg der Anwendung von Hypnose angesehen. Von den Hypnotherapeuten der Gegenwart wird erwartet, daß sie die falschen Vorstellungen der Patienten aufdecken und Erklärungen bereithalten, die die Unterschiede zwischen mystischen und wissenschaftlichen Erkenntnissen bezüglich Hypnose erklären, und ein Bild der State-of-the-Art Hypnose anbieten. Es scheint als könne man die bewußte Kenntnis über und das Verständnis für Hypnose eines Patienten durch die Aufarbeitung der falschen Vorstellungen auf rationaler und kognitiver Ebene verändern. Nichtsdestotrotz überwiegen tief verwurzelte und emotional gesättigte irrige Ansichten, die historisch-kulturell begründet sind. Dieses Paper konzentriert sich auf die prähypnotische Phase der Therapie und schlägt eine "Remythification" vor, um mit dem Mythos Hypnose umgehen zu können. Dieser Ansatz zielt auf die Förderung des hypnotherapeutischen Prozesses mittels Verwendung Mythos-verbundener falscher Vorstellungen ab.

STEPHANIE REIGEL, MD

Le mythe de l'hypnose : La nécessité d'une remythification

Joseph Meyerson

Résumé: Les mythes ou idées fausses concernant l'hypnose sont considérés comme les principaux obstacles à la pratique efficace de l'hypnose. De nos jours, on s'attend à ce que les hypnothérapeutes mettent en lumière les idées fausses des patients et fournissent des explications qui différencient les perceptions mystiques et scientifiques de l'hypnose et donnent une vue d'ensemble de la situation de l'hypnose. Il appert que le fait de s'attaquer aux idées fausses à un niveau rationnel et cognitif peut changer la connaissance explicite d'un patient et sa compréhension de l'hypnose. Quoi qu'il en soit, les opinions erronées profondément enracinées et internalisées qui tirent leur source d'origines historiques et culturelles perdurent. Cet article porte sur la phase préhypnotique de la thérapie et propose la remythification pour traiter du mythe de l'hypnose. Cette approche vise à promouvoir le processus hypnotherapeutique en recourant aux idées fausses reposant sur des mythes.

JOHANNE REYNAULT
C. Tr. (STIBC)

El mito de la hipnosis : La necesidad de una remitificación

Joseph Meyerson

Resumen: Los mitos y concepciones equivocadas alrededor de la hipnosis se consideran las barreras más grandes para la implementación eficaz de la hipnosis. Se espera que los hipnoterapeutas contemporáneos conozcan las concepciones equivocadas de sus pacientes y provean explicaciones que distingan entre las percepciones científicas y los mitos sobre la hipnosis y les ofrezcan un panorama sobre el estado del arte de la hipnosis. El trabajar con las concepciones equivocadas a nivel racional y cognitivo parece cambiar el conocimiento consciente del paciente y su forma de entender la hipnosis. Sin embargo, las creencias equivocadas profundas saturadas emocionalmente con orígenes históricos culturales se mantienen. Este artículo se enfoca a la fase prehipnótica de la terapia y propone una remitificación para resolver los mitos sobre la hipnosis. Este acercamiento tiene como objetivo el promover el proceso hipnoterapéutico utilizando las concepciones equivocadas relacionadas con mitos.

OMAR SÁNCHEZ-ARMÁSS CAPPELLO, PhD
*Autonomous University of San Luis Potosí,
Mexico*