ADVANCING RESEARCH AND PRACTICE:
The Revised APA Division 30 Definition of Hypnosis

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Abstract: This article describes the history, rationale, and guidelines for developing a new definition of hypnosis by the Society of Psychological Hypnosis, Division 30 of the American Psychological Association. The definition was developed with the aim of being concise, heuristic, and allowing for alternative theories of the mechanisms (to be determined in empirical scientific study). The definition of hypnosis is presented as well as definitions of the following related terms: hypnotic induction, hypnotizability, and hypnotherapy. The implications for advancing research and practice are discussed. The definitions are presented within the article.

Hypnosis has both historical roots and support from contemporary clinical applications and research. While practices that may be identified as similar to hypnosis can be traced to ancient times (Gauld, 1995), the origin of the term is attributed to James Braid (1785–1860). In the early 1800s, Dr. Braid had adapted the method of mesmerism to his medical practice and initially thought the process was similar to sleep and thereby coined the term hypnotism from the Greek word hypnos for
sleep (Braid, 1853). However, he later realized that during hypnosis his patients were not asleep and concluded that concentrated attention and prolonged absorption were involved (Spiegel & Spiegel, 2004; Tellegen & Atkinson, 1974). Since that time, a number of definitions of hypnosis have emerged; however, one that is widely agreed upon has remained elusive.

The definition of hypnosis is fundamental to scientific inquiry, but the endeavor to define hypnosis from differing theoretical perspectives has given rise to controversy as to the “real” meaning of hypnosis. Disagreements are to be expected for two reasons. First, the nature and mechanisms that underlie the effects of hypnosis are as yet not fully known. Second, definitions with theoretical bias will inevitably result in arguments about their accuracy. For example, some have defined hypnosis as a “procedure” and at the same time others have defined it as a “product” of a procedure (Nash, 2005). Although the intent of these differing approaches has been to identify an operational definition, this has led to confusion about what is meant by the word hypnosis as well as the definition of other terms such as hypnotic induction, hypnotizability, and hypnotherapy.

**Previous APA Division 30 Definitions of Hypnosis**

Division 30 of the American Psychological Association (APA) has addressed this controversy in two previous definitions of hypnosis (1993 and 2003). However, neither of these previous definitions resulted in a clear and concise definition of the terms, thus giving rise to the need for a revised definition. This article reviews the previous APA Division 30 definitions of hypnosis, the key critiques of these prior definitions, and the process and guidelines for developing a new definition. The implications for advancing research and practice are discussed. The definitions for hypnosis, hypnotic induction, hypnotizability, and hypnotherapy are presented.

**1993 Definition of Hypnosis**

In 1993, a definition of hypnosis was approved by the executive committee of Division 30 of the American Psychological Association (Society of Psychological Hypnosis). This definition (Kirsch, 1994b) was developed with the goal of producing “a statement on which people holding divergent views of hypnosis could agree and which the members of Division 30 would find useful as something that could be given to lay persons (e.g. clients) interested in hypnosis” (p. 160). The 1993 definition reflected the positions of a number of researchers.
advocating differing theoretical perspectives but largely identified hypnosis as a procedure “during which a health professional or researcher suggests that a client, patient, or subject experience changes in sensations, perceptions, thoughts, or behavior” (Kirsch, 1994b, p. 143). The definition also included a list of several uses of hypnosis, stating that “Hypnosis has been used in the treatment of pain, depression, anxiety, stress, habit disorders, and many other psychological and medical problems” (Kirsch, 1994b, p. 143).

After publication of the official definition in 1994, it became apparent that there were a number of concerns and that the definition was unsatisfactory. The definition was criticized as being excessively long and having significant theoretical limitations. For example, the “state” concept was not mentioned at all and the definition was therefore perceived as having a theoretical bias toward preconceived social-cognitive mechanisms. Also, the list of applications described was not exhaustive and there was a concern that this could be used by hospital or clinic administrators as evidence that hypnosis was appropriate only for the conditions listed. There were recommendations that the list of applications be expanded or eliminated altogether from the definition. Also, the definition did not appear to account for concepts such as self-hypnosis or to clearly distinguish between hypnotic induction and hypnosis. There were opinions expressed that the intermingling of definition and description contributed to the limitations (Green, Barabasz, Barrett, & Montgomery, 2005; Kirsch, 1994a).

2003 Definition of Hypnosis

Almost immediately after publication of the definition in 1994, the executive committee of APA Division 30 began to address these concerns; however, the revision proved to be a very challenging task, and the 1994 definition served for more than a decade. Initially, several subcommittees were formed with the goal of examining the language and developing a more clearly stated definition. However, none of these committees succeeded in achieving a consensus, and, in 2002, the previous committees were dissolved and a new definition committee was formed with the goals of a shorter definition of hypnosis, the elimination of the list of uses of hypnosis, and the consideration of the input and previous criticisms. The committee consisted of Arreed Barabasz, Deidre Barrett, James Council, Joseph Green, Steve Kahn, John Kihlstrom, Michael Nash, Roger Page, and David Spiegel. Concurrently, the University of Tennessee Conference on Brain Imaging and Hypnosis (UTCBIH) convened and brought together 13 scholars with an interest in neurological correlates of hypnosis. The attendees included Amanda Barnier, Grant Benham, Vilfredo De Pascalis, Peter Killeen, Kevin McConkey, Michael Nash, Pierre Rainville, William Ray,
David Spiegel, Henry Szechtman, Eric Vermietten, and Erik Woody. The UTCBIH arrived at a working definition of hypnosis (Killeen & Nash, 2003) that anticipated neurological changes in the brain associated with hypnosis. The UTCBIH definition was influential in generating additional considerations by the APA Division 30 definition committee; however, although there was agreement that hypnosis involves changes in the brain, the UTCBIH definition alone was also perceived as overly focusing on neurological factors as mediators with hypnosis.

The 2003 APA Division 30 executive committee then set out to forge a definition of hypnosis that was “empirically based, theoretically neutral, and relatively concise and user friendly to promote widespread acceptance among clinicians, researchers, and the lay public alike” (Green et al., 2005, p. 261). A formal definition was formulated and disseminated for additional input. Another committee developed final wording of the definition, and it was unanimously approved by the APA Division 30 executive committee, consisting of Arreed Barabasz, Frank DePiano, Deirdre Barrett, James Council, Melvin Gravitz, Joseph Green, Brenda King, Guy Montgomery, and Chris Silva (Green et al., 2005).

The 2003 definition was “restricted to procedures that are used in research and clinical practice” (Green et al., 2005, p. 262); however, it was fully two paragraphs long, stating:

Hypnosis typically involves an introduction to the procedure during which the subject is told that suggestions for imaginative experiences will be presented. The hypnotic induction is an extended initial suggestion for using one’s imagination, and may contain further elaborations of the introduction. A hypnotic procedure is used to encourage and evaluate responses to suggestions. When using hypnosis, one person (the subject) is guided by another (the hypnotist) to respond to suggestions for changes in subjective experience, alterations in perception, sensation, emotion, thought, or behavior. Persons can also learn self-hypnosis, which is the act of administering hypnotic procedures on one’s own. If the subject responds to hypnotic suggestions, it is generally inferred that hypnosis has been induced. Many believe that hypnotic responses and experiences are characteristic of a hypnotic state. While some think that it is not necessary to use the word hypnosis as part of the hypnotic induction, others view it as essential. (Green et al., 2005, p. 262)

Details of hypnotic procedures and suggestions will differ depending on the goals of the practitioner and the purposes of the clinical or research endeavor. Procedures traditionally involve suggestions to relax, though relaxation is not necessary for hypnosis and a wide variety of suggestions can be used including those to become more alert. Suggestions that permit the extent of hypnosis to be assessed by comparing responses to standardized scales can be used in both clinical and research settings. While the majority of individuals are responsive to at least some suggestions, scores on standardized scales range from high to negligible. Traditionally,
scores are grouped into low, medium, and high categories. As is the case with other positively scaled measures of psychological constructs such as attention and awareness, the salience of evidence for having achieved hypnosis increases with the individual’s score. (Green et al., 2005, p. 263)

The 2003 definition was an advance, but the lack of parsimony and restriction to procedures were perceived as significant limitations. For example, in a special issue of the American Journal of Clinical Hypnosis, the definition was critiqued for being excessively long (Heap, 2005), contradictory in places (McConkey, 2005), restrictive in regard to allowing for alternative theories (Rossi, 2005), and having a “lack of coherence” (Heap, 2005). Also, the definition was criticized for not including reference to states of consciousness (Barabasz, 2005; Daniel, 2005; Spiegel & Greenleaf, 2005; Yapko, 2005). Notably, while it was acknowledged that “it is clear that shifts in consciousness can occur with and without formal hypnotic procedures in a variety of everyday situations” (Green et al., 2005, p. 262), this was not reflected in the definition.

Several recommendations emerged from critique of the 2003 definition. Nash (2005) identified that a clearer distinction needed to be made between hypnotic procedures and hypnosis as a product, stating that “hypnosis (the product) is not achieved just because a hypnosis procedure has been administered” (p. 268). Consistent with this was the recommendation that the phenomena of hypnotic experience be reflected in future definition of hypnosis (Araoz, 2005; Woody & Sadler, 2005). Additionally, Nash suggested that what is needed is “an optimally heuristic definition that preserves pluralism—one that recognizes the incompleteness of our concepts, generates a level epistemological playing field, enables our theories to ‘reach,’ and which is relatively resistant to the Teflon shield of pre-emptive definition” (2005, p. 266).

2014 Revised Definition of Hypnosis

In 2013, Dr. Arreed Barabasz as President of APA Division 30 appointed a new committee to revise the 2003 definition of hypnosis. The Hypnosis Definition Committee (HDC) comprised the following members: Gary R. Elkins (Chair), David Spiegel, James R. Council, and Arreed F. Barabasz. The HDC was tasked with considering the critiques of the previous definitions as well as the recommendations noted above. The HDC agreed that it is necessary that the definition of hypnosis be as free as possible from orthodoxy and allow for differing theoretical orientations about the mechanisms by which hypnosis occurs. In this regard, the HDC followed the following guidelines:

- The definition should be a concise description that identifies the object of interest and its characteristics.
• The definition should be heuristic and allow for alternative theories of the mechanisms.

The committee recognized that following these guidelines would be a different approach from that taken in the past by APA Division 30; however, learning from the previous definitions was emphasized as well as undertaking the task of addressing prior critiques and recommendations. The committee was able to successfully achieve a consensus and on March 24, 2014, the revised definition was approved unanimously by the attending members of the executive committee. The executive committee consisted of the following individuals: Arreed F. Barabasz, Marianne Barabasz, Gary R. Elkins, Joseph Green, John Mohl, Omar Sanchez-Armass, Donald Moss, James R. Council, Eric Wilmarth, Leonard Milling, Guy Montgomery, Stephanie Schilder, and Ciara Christensen. The approved definitions are listed below along with brief commentary for each.

*Hypnosis.* “A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion.”

The HDC was deliberate in seeking to craft a concise and heuristic description to simply identify the object of interest (hypnosis) and its characteristics. We believe the definition allows for alternative theories of the mechanisms (to be determined in scientific study) as well as inquiry as to whether the “state of consciousness” is in fact altered from waking consciousness, similar to other states (i.e., meditation, mindfulness, yoga), or is unique to hypnosis.

*Hypnotic induction.* “A procedure designed to induce hypnosis.”

By intentionally defining hypnotic induction, the HDC sought to distinguish between hypnosis (the product) and procedures that are designed to lead to hypnosis. The definition is designed such that it does not specify what procedures may be involved or the context in which they may occur. This may allow for procedures that involve interaction between a therapist and client, self-hypnosis procedures, or other procedures that may be identified in the future in clinical practice of research (such as through advances in technology).

*Hypnotizability.* “An individual’s ability to experience suggested alterations in physiology, sensations, emotions, thoughts, or behavior during hypnosis.”

The term *hypnotizability* was chosen over other related terms (such as suggestibility, hypnotic suggestibility, hypnotic susceptibility, or trance) to best reflect current preferences for descriptors. For example, a survey of members of the Society for Clinical and Experimental Hypnosis
revealed a strong preference for the term *hypnotizability* (50%) and hypnosis as an identifiable state (Christensen, 2005). It is recognized that research exists indicating there are individual differences in ability to experience suggestions during hypnosis. In addition, there accordingly have been several scales developed to measure the individual differences (Barber & Wilson, 1978; Elkins, 2013; Spiegel & Spiegel, 2004; Weitzenhoffer & Hilgard, 1959, 1962; Wilson & Barber, 1978). Definition and measurement are interrelated in scientific research, and both are essential to furthering empirical study of hypnosis.

*Hypnotherapy.* "The use of hypnosis in the treatment of a medical or psychological disorder or concern."

The HDC recognized that hypnosis has been applied to numerous disorders and that research is likely to continue to identify new applications and knowledge about the use of hypnosis in treatment. However, creating a list of applications is in itself limiting. The identification of "medical or psychological disorder or concern" is intended to be very broad and to encompass all health care disciplines and is not limited to any particular diagnosis or concern in the absence of a specific diagnosis.

The definitions seek to provide clarity to terms that are essential to advancing research and clinical practice in hypnosis. In critique of previous definitions, Nash (2005) commented that "Scientific understanding is advanced by defining the domain of interest with an optimal, definitional resolution that is neither too narrow nor too broad" (p. 277). We agree with this sentiment. In working toward this goal, we have sought to disentangle the definition of hypnosis from discussion of the current state of knowledge, the applications, and we kept commentary regarding differing theoretical perspectives to a minimum. Future research will be needed to fully identify the clinical applications and the mechanisms that may underlie hypnosis, whether these are social, cognitive, neurobiological, interpersonal, a combination of these, or some as yet undiscovered factors.

**References**


Die Annäherung an Forschung und Praxis: Die revidierte APA Division 30 Definition der Hypnose

Gary R. Elkins, Arreed F. Barabasz, James R. Council und David Spiegel

Abstrakt: Dieser Artikel beschreibt die Geschichte, die Argumentation und die Leitlinien, die in die Entwicklung einer neuen Definition der Hypnose durch die Society of Psychological Hypnosis, Division 30 of the American Psychological Association eingeflossen sind. Die Definition wurde mit dem Ziel, prägnant und heuristisch zu sein, entwickelt. Außerdem
sollte sie alternative Theorien der Mechanismen, die durch empirische wis-
senschaftliche Studien ermittelt wird, erlauben. Die Definition der Hypnose
wird genauso präsentiert wie die der folgenden verwandten Begriffe: hypno-
tische Induktion, Hypnotisierbarkeit und Hypnotherapie. Die Implikationen
für die Annäherung an Forschung und Praxis werden diskutiert. Die
Definitionen werden in dem Artikel präsentiert.

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Pour faire avancer la pratique et la recherche : révision des définitions du
domaine de l'hypnose par la Division 30 de l'APA

Gary R. Elkins, Arreed F. Barabasz, James R. Council et David Spiegel
Résumé: Cet article décrit l'histoire, les raisons et les lignes direc-
trices de la formulation d'une nouvelle définition de l'hypnose par la
Society of Psychological Hypnosis, Division 30 de l’American Psychological
Association. Cette définition se veut concise et heuristique, et permet la
mention de théories parallèles des mécanismes hypnotiques (à être déter-
minées à partir des résultats obtenus d'une éventuelle étude scientifique
empirique). La définition de l'hypnose y est présentée, accompagnée des défi-
nitions des termes connexes suivants: induction hypnotique, hypnotisabilité
et hypnotherapie. Leurs implications pour l'avancement de la recherche et
de la pratique y sont discutées. L’article donne l’ensemble des définitions en
question.

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Promoviendo la investigación y la práctica: La definición actualizada de
hipnosis de la División 30 de la APA

Gary R. Elkins, Arreed F. Barabasz, James R. Council, y David Spiegel
Resumen: Este artículo describe la historia, bases, y lineamientos para el
de desarrollo de la nueva definición de hipnosis de la Sociedad de Hipnosis
Psicológica, División 30 de la Asociación Americana de Psicología. La defini-
ción se desarrolló con el objetivo de ser concisa, heurística, y permisiva de
teorías alternativa sobre los mecanismos (que deberán determinarse medi-
ante investigaciones empíricas científicas). La definición de hipnosis se
presenta junto con las definiciones de los siguientes términos relacionados:
inducción hipnótica, hipnotizabilidad, e hipnoterapia. Se discuten las impli-
caciones para la promoción de la investigación y la práctica. Las definiciones
se presentan en el artículo.

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