

For the celebration of the 50th „birthday” of ISH

**THE HAPPY TRANCE:
ACTIVE-ALERT HYPNOSIS
(HISTORY, RESEARCH, AND
APPLICATIONS)**

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**Workshop presented at the
World Congress
of Medical & Clinical Hypnosis
Krakow, Poland, June 12-15, 2024**



Historical background

Traditional view: hypnosis is a sleep-like state

- Resemblance to sleep in behavior and in subjective experience
- The metaphor of sleep is commonly used in traditional hypnotic inductions

Characteristics of traditional relaxation hypnotic inductions

- Calm situation, social and sensory deprivation, decrease in activity
- Suggestions of eye closure, relaxation, and drowsiness – indirect suggestions to sleep
- The metaphor of sleep – direct suggestion to sleep
- Attention is focused on the hypnotist and on the bodily sensations of the Subject

Traditional view: Hypnosis is a sleep-like state

- Resemblance to sleep in behavior and subjective experience
- The metaphor of sleep is commonly used in traditional hypnotic inductions
- Theories of hypnosis, conceptualising this state as sleep-like

Theories of hypnosis stressing on its sleep-like quality

- **Marquis de Puységur** (1751-1825):
“Artificial somnambulism”
(Latin *somnus=sleep, dream;*
ambulo=walks)
- **James Braid** (1795-1860):
Eye-fixation → focusing attention →
tiredness → “neurohypnotism”
- **Ivan Petrovich Pavlov** (1849-1936):
Hypnosis is partial sleep

Hypnosis = sleep?



Part of the sculpture of Hypnos (the Greek God of sleep)

Doubts concerning the sleep-like nature of hypnosis

- Electrophysiological evidence:
research conducted together with
István Mészáros and Anna Csilla Gósi-Greguss
since 1970

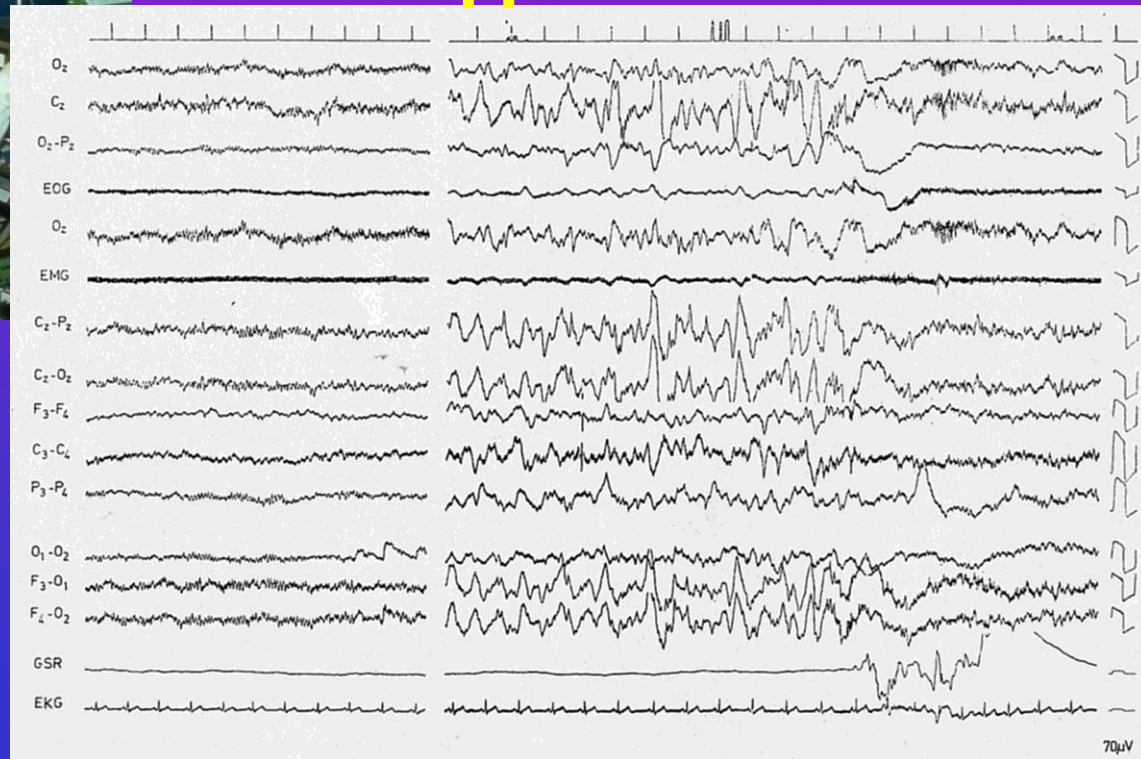
“Electrophysiological”

– in fact hypnosis research – laboratory at the
Department of Comparative Physiology at ELTE Eötvös
Loránd University, Budapest

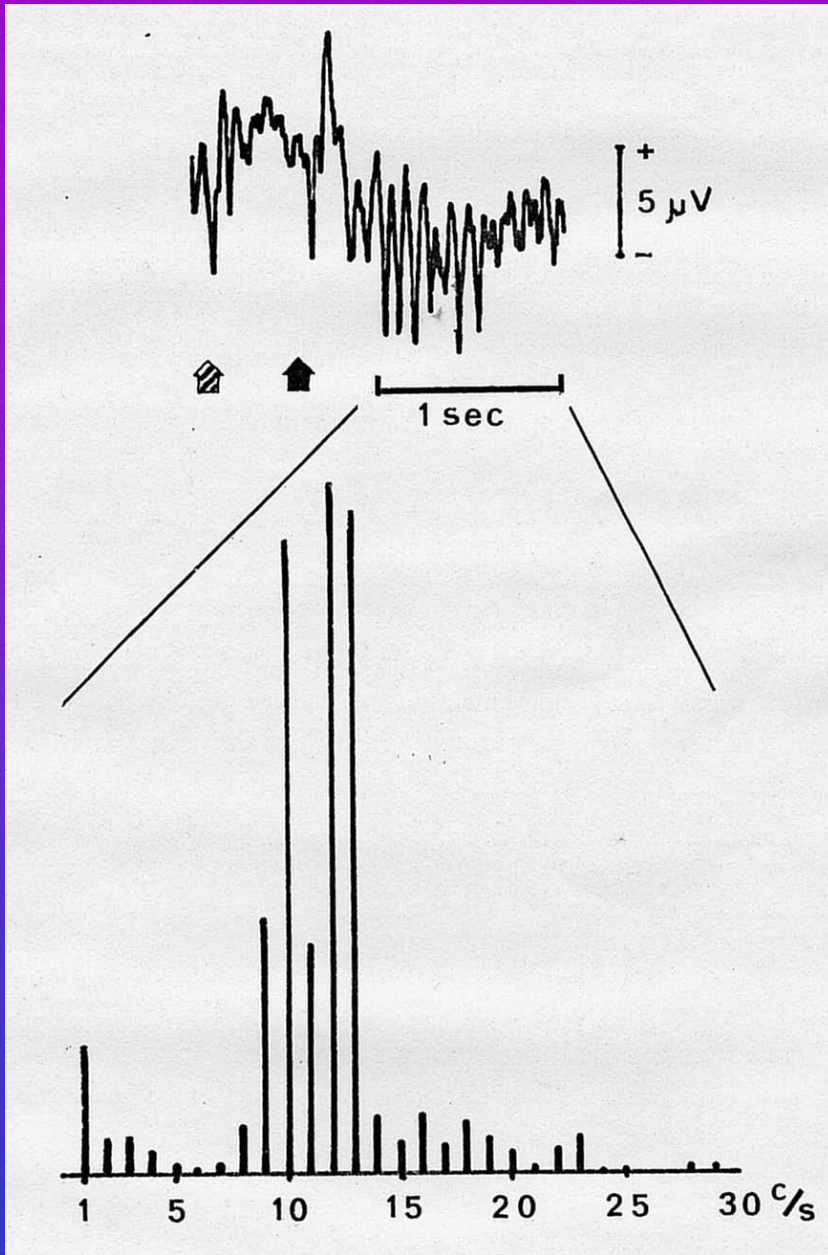
**Exceptional appearance of
slow wave sleep at the end of
hypnotic induction: The
rapport was lost**



**István Mészáros,
Éva Bányai,
Anna Csilla Gösi-
Greguss**



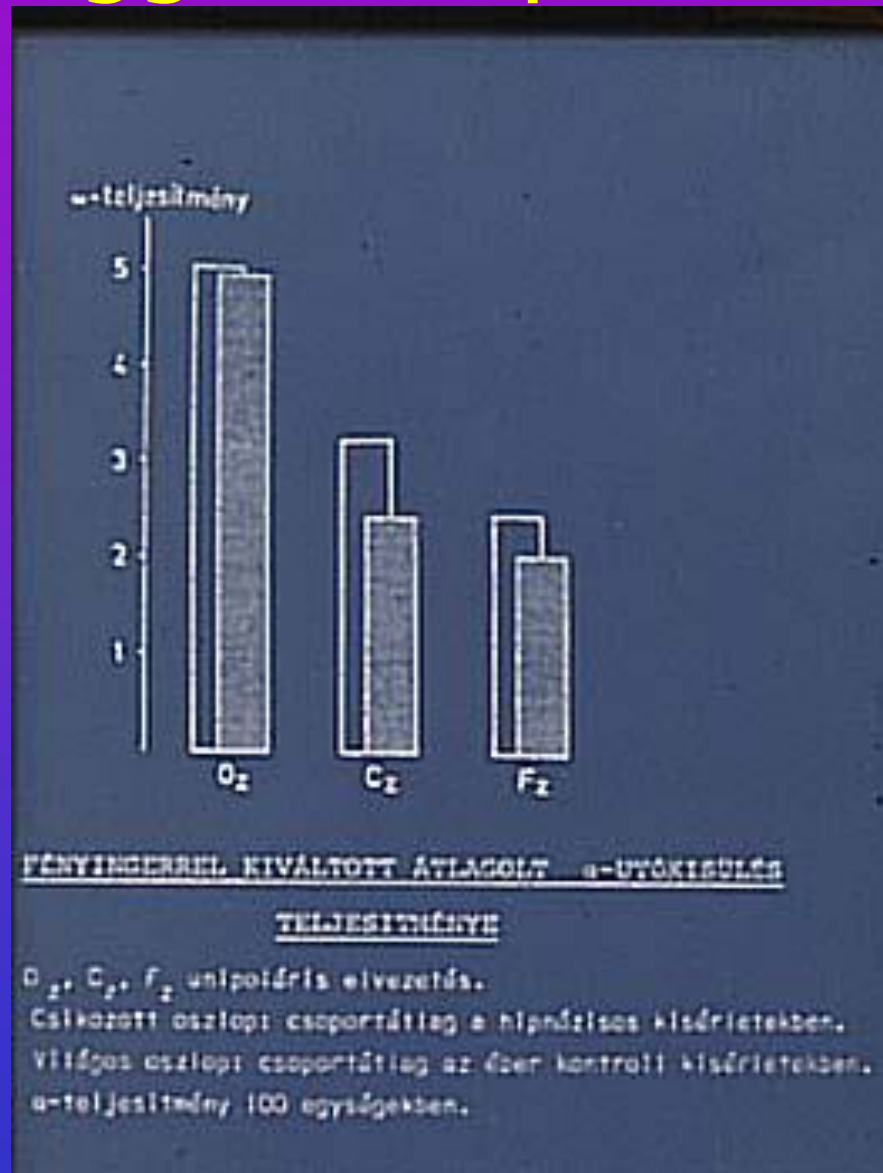
Analysis of stimulus-triggered alpha afterdischarge



← Average of 30 responses
(monopolar O_z lead)

← Power spectrum of
the second half of
the upper curve

Under hypnosis: no increment in stimulus-triggered alpha afterdischarge



Doubts concerning the Pavlovian theory of hypnosis

- Electrophysiological evidence
- 4 Ss (from 24) in my doctoral experiments on verbal learning in hypnosis showed atypical – not sleep-like – facial expression, movements, behaviour, and reported no sleep-like subjective experiences → My interpretation: perhaps hypnosis is not necessarily sleep-like

Reactions from authorities: “Those Ss are exceptions which just strengthen the rule”

Ecstatic trance of the “howling” or “whirling” dervishes



SMITH, H. (1995) *A világ nagy vallásai*. Budapest: Magyar Könyvklub, 170. old.

Ritualistic shamanistic trance



Doubts concerning the Pavlovian theory of hypnosis

- Electrophysiological evidence
- 4 Ss (from 24) in my doctoral experiments on verbal learning in hypnosis showed atypical – not sleep-like – facial expression, movements, behaviour, and reported no sleep-like subjective experiences → My interpretation: perhaps hypnosis is not necessarily sleep-like
- Naturalistic observations: trance states induced by maneuvers designed to increase tension, alertness, and physical activity

Possession trance in a revivalist group in England



Hypothesis (1972): The essence of hypnosis is not its sleep-like quality but it's being a kind of a "social bio-feedback"

- The subjective and behavioural signs associating hypnosis with sleep are only the *by-products* of the commonly used methods of inducing hypnosis:
 - Situation-induced decrease of the activity level;
 - Verbal feedback about the necessarily appearing decrease in activity, relaxation, drowsiness;
 - Metaphor of sleep.



- The S is apt to accept the hypnotist's statements about his feelings → finally relinquishes his control temporarily, and follows suggestions

Testing the hypothesis in Professor Ernest R. Hilgard's Laboratory of Hypnosis Research at Stanford University in 1973-74



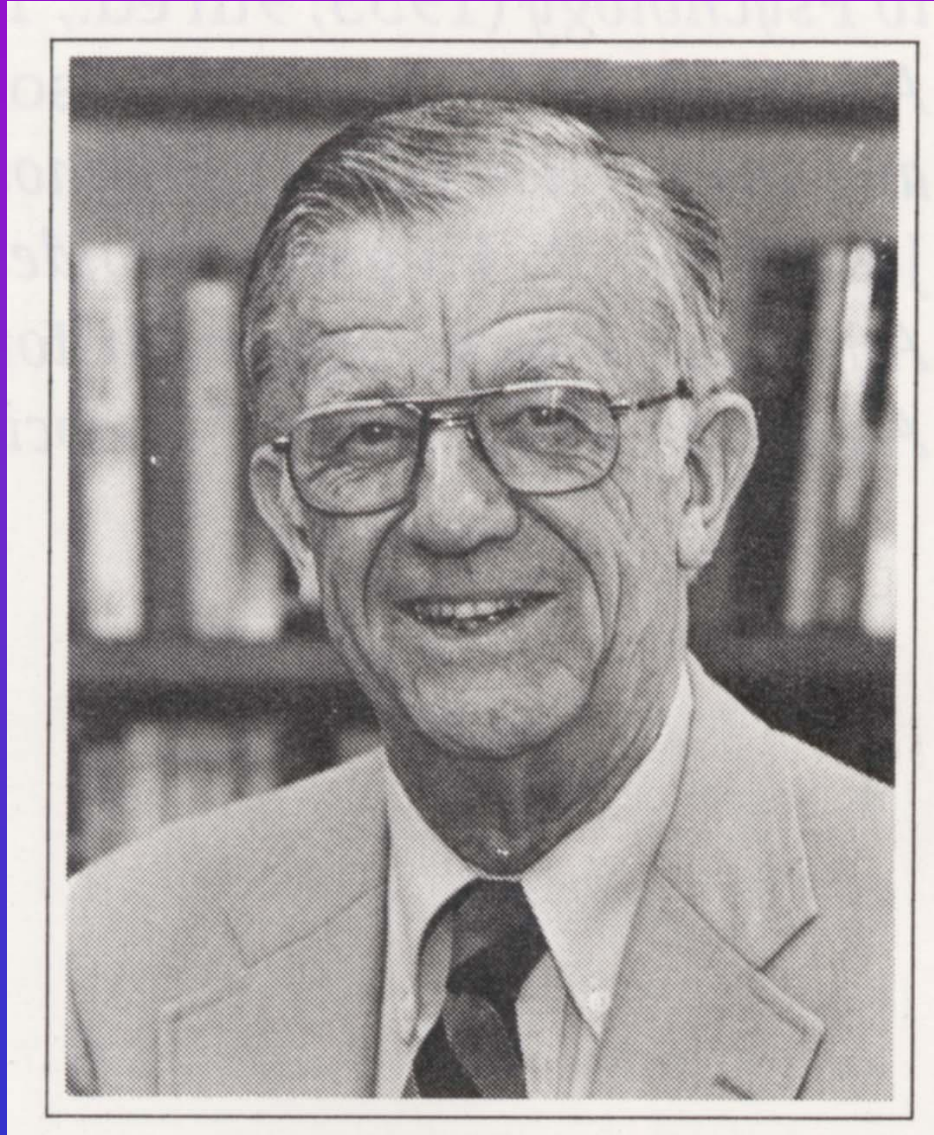
STANFORD UNIVERSITY

EVA BANYAI _____ is
associated with Stanford University as
Visiting Scholar _____
from 12-73 _____ to 4-74 _____
Eva Banyai

Signature of Card Holder

Emil J. Sarpa
Director of Personnel
and Employee Relations

Professor Ernest R. Hilgard (1904-2001): a pioneer in hypnosis research



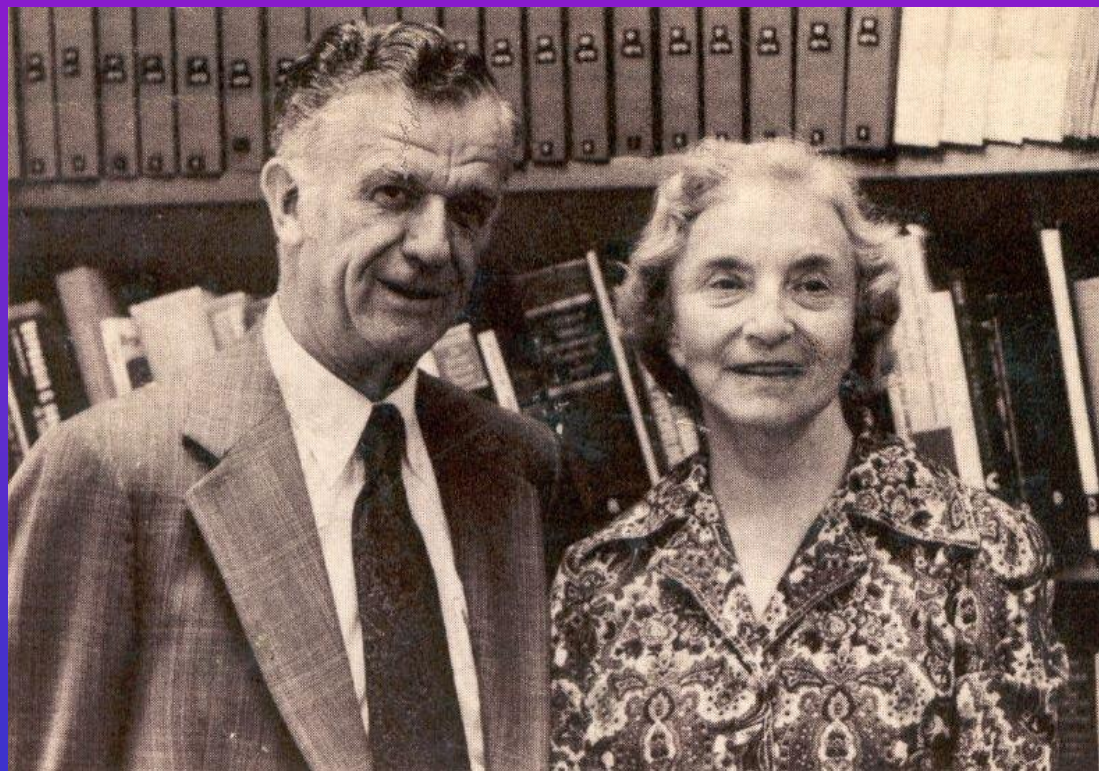
Main contributions of professor Hilgard in the field of hypnosis

- **Controlled experimental research** to explore the basic characteristics of hypnosis
- **Development of standardized hypnosis procedures: Stanford Hypnotic Susceptibility Scales**
 - Stanford Hypnotic Susceptibility Scale, Forms A and B (**SHSS:A; SHSS:B**) (Weitzenhoffer, Hilgard, 1959)
 - Stanford Hypnotic Susceptibility Scale, Form C (**SHSS:C**) (Weitzenhoffer, Hilgard, 1962)
 - Revised Stanford Profile Scales of Hypnotic Susceptibility, Forms I and II (**SPS:I; SPS:II**) (Weitzenhoffer, Hilgard, 1967)
 - Stanford Hypnotic Clinical Scale for Adults (**SHCS**) (Hilgard, Hilgard, 1975)
 - Stanford Hypnotic Clinical Scale for Children (**SHCS:Child**) (Morgan, J. Hilgard, 1978/79)
- **Description of the main phenomena of hypnosis**
- **Neodissociation theory of hypnosis**

E. R. Hilgard conducting an experiment on the "Hidden Observer"



Development of a new, activity increasing hypnotic induction in the sparkling and creative atmosphere of the Stanford Hypnosis Lab



Ernest & Josephine Hilgard



“Brown bag discussion”

Active-alert hypnosis in an experimental setting

Recruitment of Ss: advertisement in the Stanford Daily

for study. Involvement will require a small number of skin tests as well as a blood sample. Results of the tests will be forwarded to your physician upon request. Total time needed will be approximately 1½ hours. Volunteers will receive \$20 for their cooperation. Please call 327-8380, 9-5 M-F, to arrange appointment, and ask for Suzanne Maurer.

SUBJECTS FOR HYPNOSIS EXPERIMENT

Freshman students, two 1-hr. sessions \$2 per hour. Must not have been hypnotized previously. See Dr. Banyai, Psychology Dept. Jordan Hall, Room 201 sign up Monday or Tuesday, Feb. 4, 5 9:00 to 5:00.

WHO RULES AMERICA? An invisible government which plans a massive depression, terror, and torture. Details \$1.00 FACTS FOR FREEDOM P.O. Box 11306-A3, Palo Alto 94306

Lose weight with self-directed Behavior

Situation of the active-alert hypnotic induction



Active-alert hypnotic induction



Active-alert hypnotic induction



Active-alert hypnotic induction



Active-alert hypnotic induction



Active-alert hypnotic induction



Analgesia suggestion in active-alert hypnosis



Posthypnotic suggestion



Characteristics of active-alert hypnotic induction

- No deprivation of environmental stimuli
- Eyes open, vigorous activity: pedaling a bicycle ergometer
- Suggestions of alertness, attentiveness and a feeling of freshness
- Suggestion of pedaling automatically
- Attention is focussed on the hypnotist and on the bodily sensations of the Subject

Comparison of induction procedures

Traditional relaxation



Active-alert



Comparison of induction procedures

Traditional relaxation



Active-alert



Comparison of induction procedures

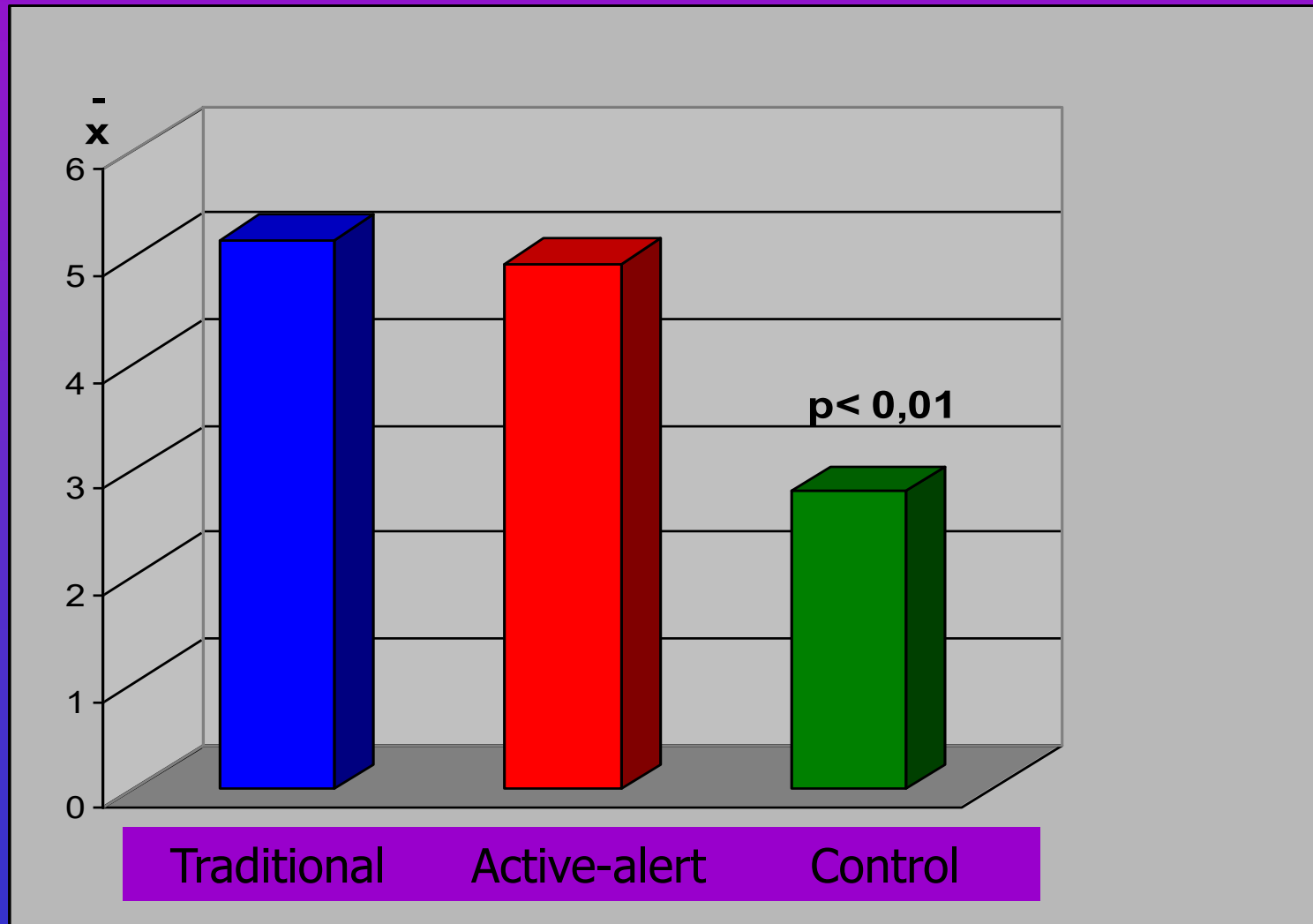
Traditional relaxation



Active-alert



Mean responsiveness to suggestions



Motor suggestions, e.g. hand lowering

In relaxational hypnosis

In active-alert hypnosis



Motor suggestions, e.g. hand lowering

In relaxational hypnosis

In active-alert hypnosis



Motor suggestions, e.g. hand lowering

In relaxational hypnosis

In active-alert hypnosis



“Challenge” suggestion, e.g. arm rigidity

In relaxational hypnosis

In active-alert hypnosis



Cognitive suggestion, e.g. auditory hallucination

In relaxational hypnosis

In active-alert hypnosis



Appearance of child-like behaviour: age regression suggestion

In relaxational hypnosis



In active-alert hypnosis



Appearance of child-like behaviour: age regression suggestion

In relaxational hypnosis



In active-alert hypnosis



Appearance of child-like behaviour: age regression suggestion

In relaxational hypnosis



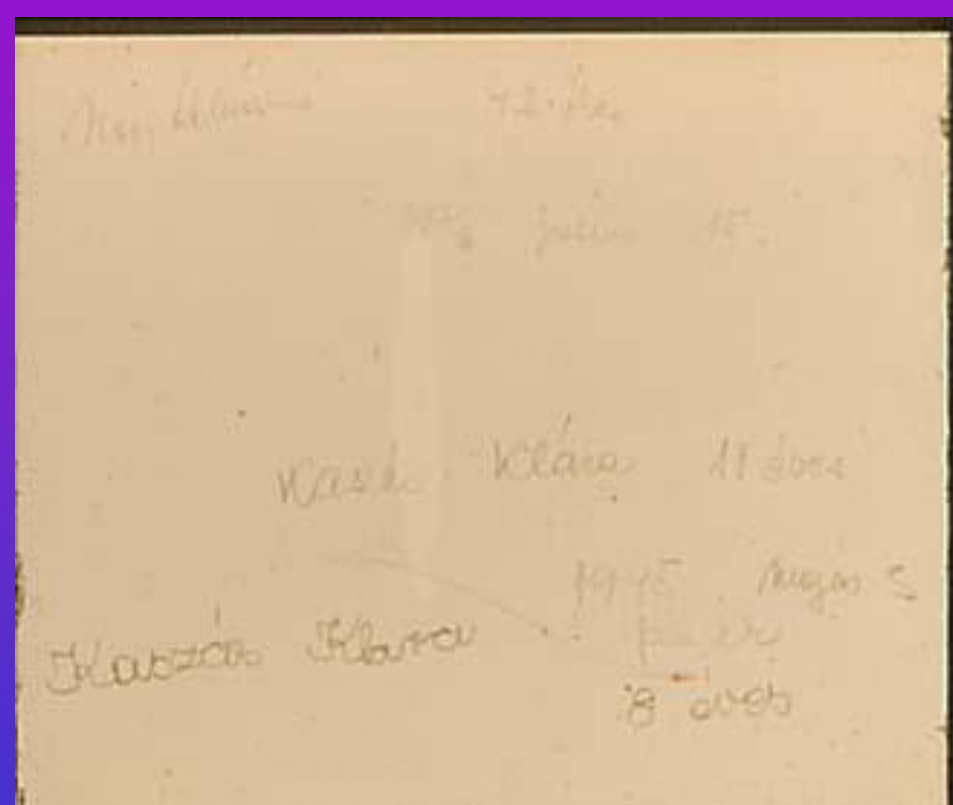
In active-alert hypnosis



Appearance of child-like behaviour: age regression suggestion

In relaxational hypnosis

In active-alert hypnosis



Analgesia suggestion in active-alert hypnosis/1



Analgesia suggestion in active-alert hypnosis/2



Removing analgesia suggestion/1



Removing analgesia suggestion/2



Suggested dream in active-alert hypnosis

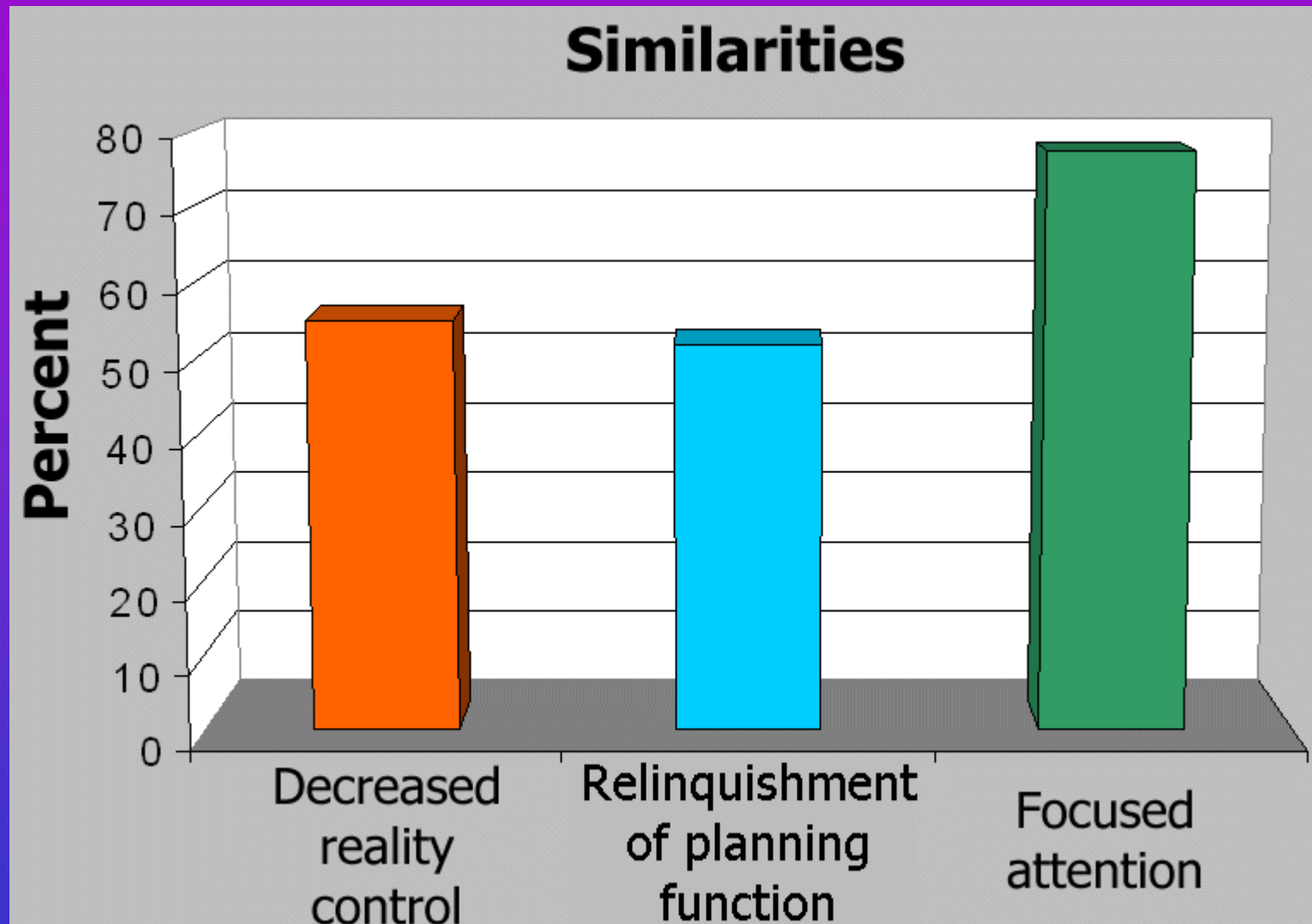


Dream experience: As I was cycling, I suddenly rose into the air...and cycled on through the clouds...and met oncoming cyclists... and I was riding the clouds with my hands... it was a great experience and a very happy feeling!

Vacant facial expression,
unfocused gaze



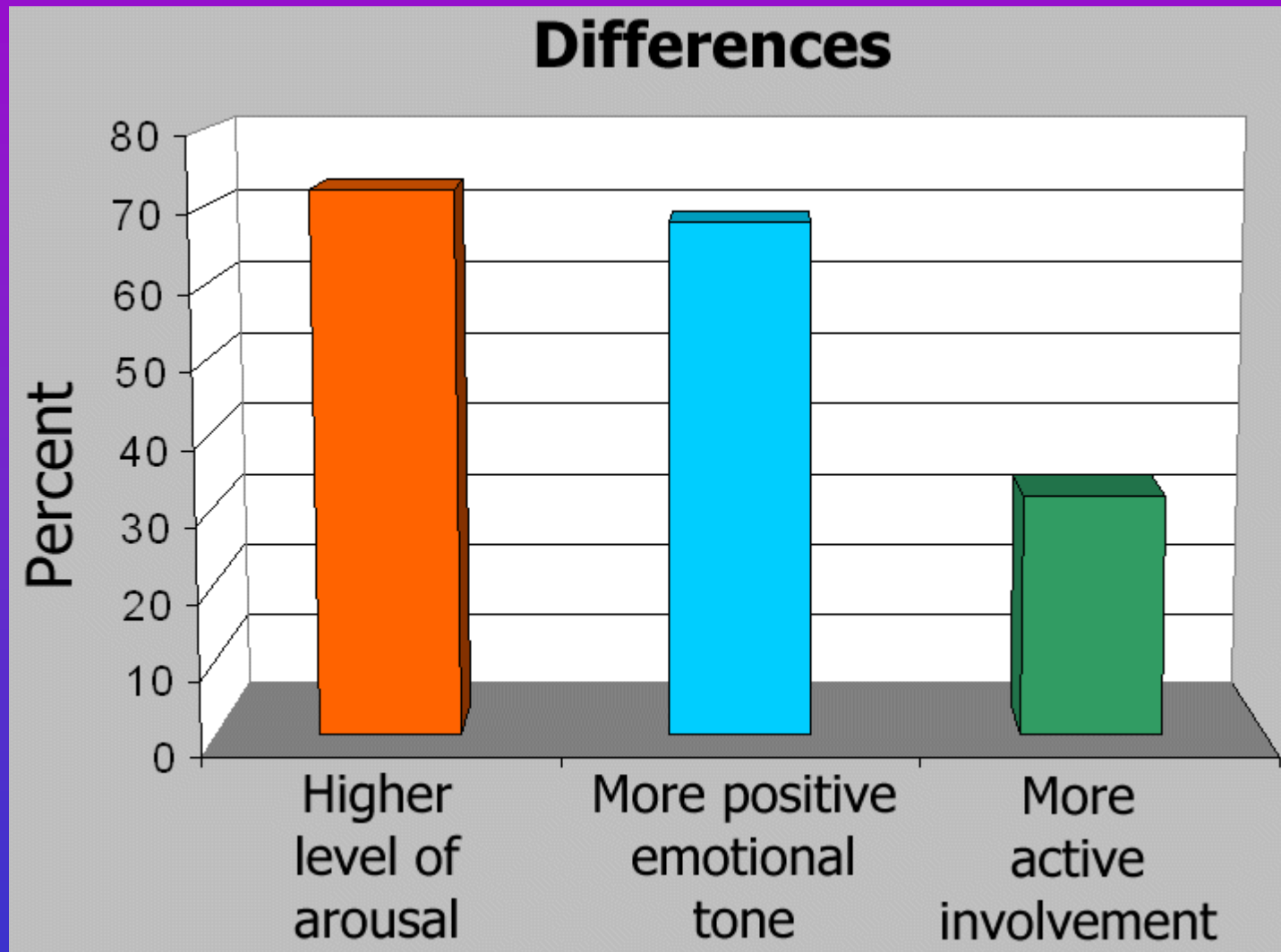
Comparison of subjective experiences



Similarities of subjective experiences to relaxational hypnosis

- **Decreased reality control (Lack of reality testing):**
 - “I was very unquestioning, and just...you know, I didn’t try to evaluate something you said as soon as you said it.”
- **Relinquishment of the planning function:**
 - “How did they [traditional vs. active-alert] differ from my usual state? Well...somehow...I wanted to do what you said... Yes, in both states, yes... I could not do anything alone, I believe, nothing, without you telling me to do.”
- **Focused attention:**
 - The feeling was like when I...when I tune other things around me out. ...If I could block out things around me all the time, I could remember my German a little bit better.”

Comparison of subjective experiences



Differences in subjective experiences 1.

- **Higher level of alertness in active-alert hypnosis:**
 - “On the bike, somehow I did not feel...tired, and was ready to pedal. And somehow, I could have gone on for a long time. Somehow...somehow...I was more alert...and in general, more awake. While here [in traditional hypnosis]...I was tired and very relaxed.”
- **More positive emotional tone:**
 - “During the induction...when you suggested that I would become fresh...suddenly I was overwhelmed by a very strong and pleasant feeling...the feeling of wholeness. As at a beautiful summer dawn...it was warm, yet freshening...and the smell of the fresh air... It’s hard to express... But it was a peak experience... Complete peace... It was unique. Last time [in traditional hypnosis] I did not feel like this.”

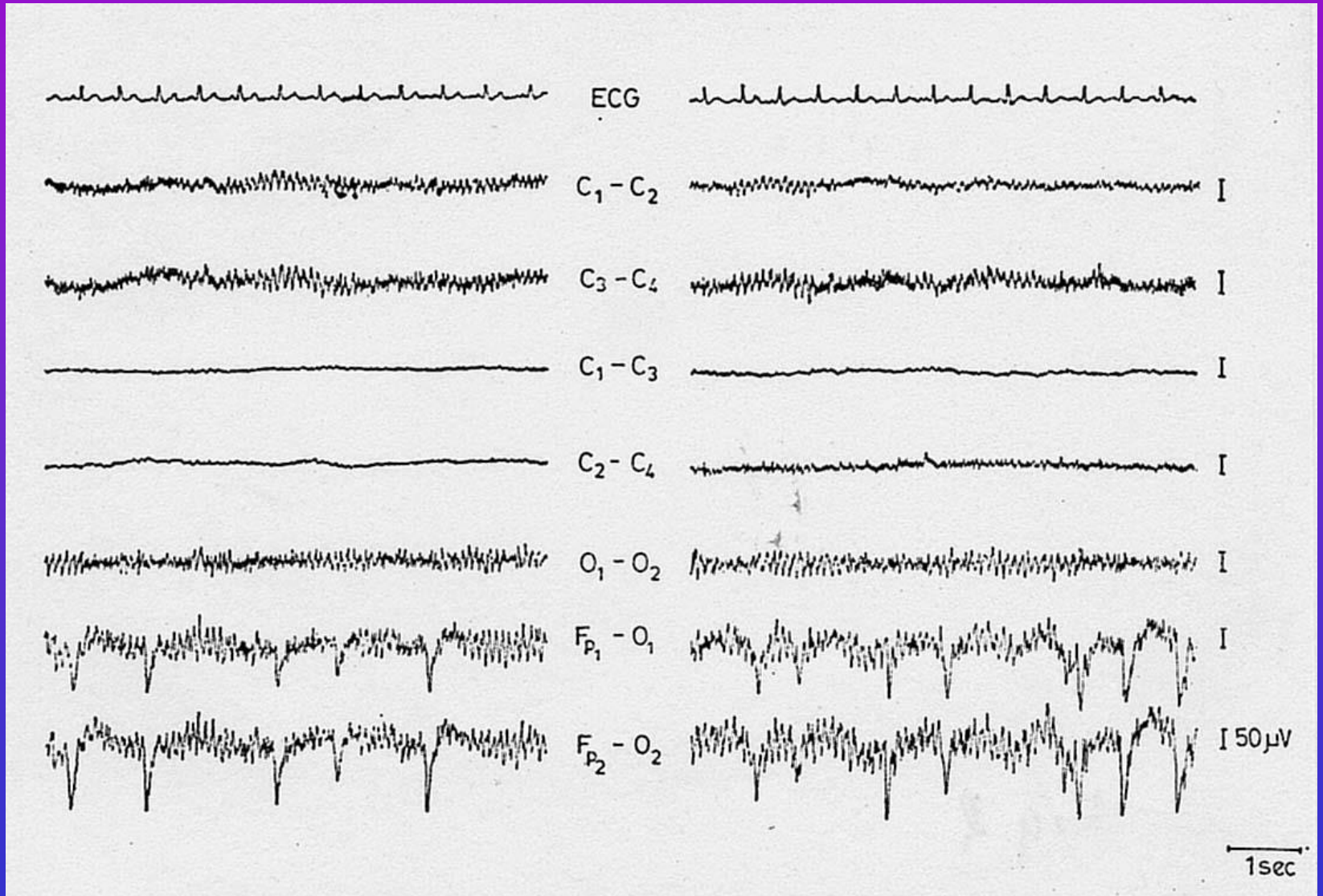
Differences in subjective experiences 2.

- **More active involvement: change in the sense of agency**
 - “The state of alertness that I felt on the bicycle was so much, so much more comfortable, because I felt like I was directing myself, like I had my choice and I was...and I felt assured that I was doing something, you know, pedaling, and I felt that I could hear whatever you had to say...but this time [in traditional hypnosis] it felt like I had no choice.”

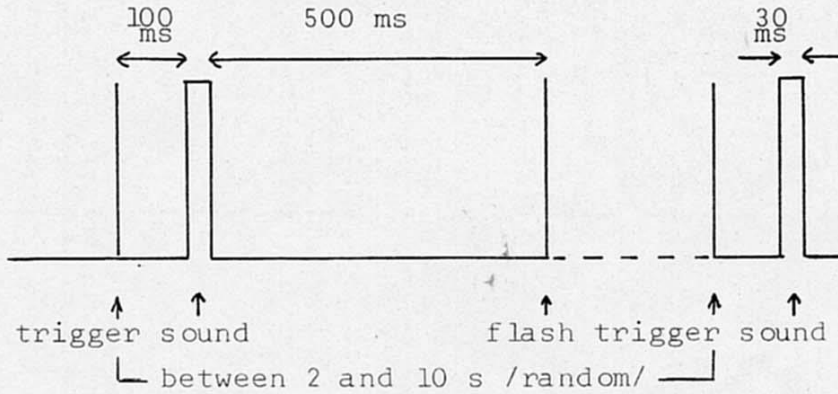
Pattern of spontaneous EEG activity

Waking control

Active-alert hypnosis

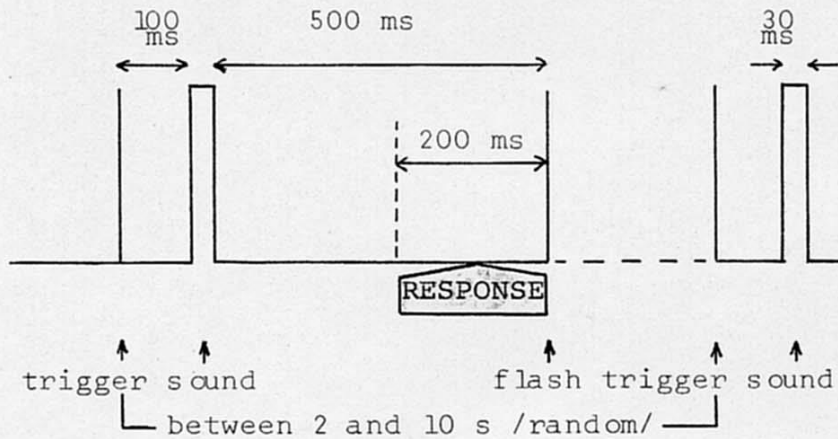


SENSO-SENSORY CONDITIONING



INSTRUCTION: "pay attention to the interval between the sound and the flash"

AVOIDANCE CONDITIONING



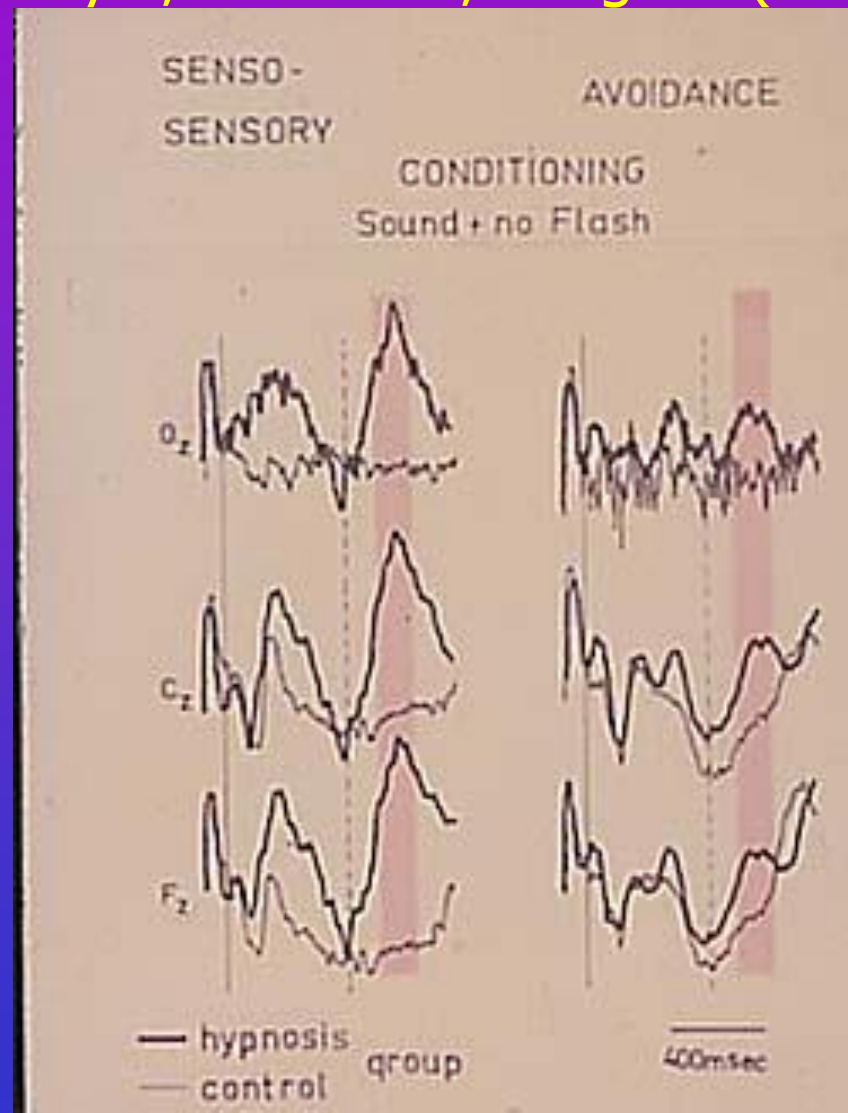
INSTRUCTION: "try to avoid the flash by pressing the button in the correct time"

Event related potential changes after traditional and active-alert induction



“Conditioned event related potential” in active-alert hypnosis

Bányai, Mészáros, Greguss (1981)



Physiological changes in active-alert hypnosis

Change

- Increased muscle tone, heart rate
- Marked conditioned event related potential
- Right hemispheric preponderance, similarly to relaxation hypnosis (Cikurel, Gruzelier, 1990; K. Kasos et al, 2018)
- Increased endorphine level
- Increment in oxytocin level (significant in bonding!) in low susceptibles (E. Kasos et al, 2018)

Function

- Increased vegetative arousal
- More focused selective attention
- More holistic and more emotional information processing, more intensive expression of emotions
- Positive mood
- Beneficial, corrective effect on social relationships in low hypnotizables.

Conclusion

- By active-alert induction procedure it is possible to induce a state in which all the important characteristics of hypnosis occur, except the resemblance to sleep.
- It is the modification of selective attention that lies behind the characteristic behavioural and subjective changes in hypnosis.
- This is the basis of the ability of the S to pay attention to the hypnotist, and to accept his/her appropriate suggestions.

Conditions of inducing hypnosis

- Relaxation is not a prerequisite.
- **Hypnosis can be induced by activity increasing procedures, in addition to/instead of decreasing the level of activity**
- if the hypnotist applies an **appropriate hypnotic induction**,
- gives feedback about the state of the subject
- that makes the subject's attention more selective and focused to his/her inner processes and to the hypnotist,
- thus, a close interpersonal relation can develop between the hypnotist and the hypnotized person.

Hypnotic induction as a social biofeedback

Biofeedback

- Instrumental feedback
- about non-conscious physiological processes (e.g. alpha-activity, heart rate, bladder tension)

Hypnotic induction

- Human feedback
- about conscious processes and about currently not conscious processes that can be easily brought under awareness (e.g. breathing)

Similarities

- Both are feedback that amplify and bring the processes under feedback into the focus of awareness

Differences

instrumental	↔	personal
amplified processes are		
non-conscious	↔	conscious and can be brought under awareness

Similarity with the social biofeedback theory of parental emotional mirroring (Gergely & Watson, 1996)

- **In infants**, initially, the **external** environment and its exploration are in the center of attention. Sensitivity to the **internal** patterns of the proprioceptive, physiological and visceral stimuli accompanying the discrete emotional manifestations develops only through a contingency mechanism that enables the perception of the **contingent relationship** between the automatic emotional expression of the child and the subsequent emotion-mirroring facial and vocal gestures of the caregiver.
- **When hypnosis is induced**, the empathic mirroring reaction of the hypnotist has a similar function: The hypnotized person gradually becomes more sensitive to his/her own internal states.

On the basis of the results of laboratory studies: Suggestion in 1977

In Bányai, É. I. (1977). A possible new method for psychotherapy: Active-alert hypnosis. Invited paper presented at the Symposium "Theorie, Praxis und Leistung der Hypnose", Rostock, DDR, October 1977.



Therapeutic use of active-alert hypnosis

Multidimensional interaction research: Paradigm

Parallel recording in hypnotist and subject

- attitudes toward hypnosis
- behavioural manifestations
 - verbal and non-verbal
- physiological parameters
 - EEG, ECG, EMG, EOG, GSR, breathing
- subjective experiences
 - oral or written reports
 - scale of subjective depth of hypnosis
- relational characteristics
 - archaic involvement
 - feelings of sympathy

Time of measurement

- prior to hypnosis
- while waiting for hypnosis
- during hypnotic induction
- during test-suggestions
- during dehypnosis
- following dehypnosis

Hypnosis styles when inducing traditional relaxational hypnosis

Maternal style

- during rapport formation: more personal style of speech
- during hypnosis: more synchronous phenomena, bodily closeness, frequent eye-contact, free expression of emotions
- after hypnosis: indications of the hypnotists' own physical involvement, harmonious subjective experiences of Ss and hypnotists.

Paternal style

- during rapport formation: hypnotist inhibiting the S's verbal manifestations
- during hypnosis: barely any sign of interactional synchrony
- after hypnosis: hypnotist rationally analysing the process of hypnosis, complementary subjective experiences of Ss and hypnotist.

Characteristic style of active-alert hypnosis: Friend-like style

- Rapport is built mainly on equal complementary relationship. The hypnotist accepts taking the role of the leader in the given situation. S/he helps to realise the hypnotised subject's desires and ideas to come true, and respects his/her sovereignty
- During hypnosis: frequent interactional synchrony
- After hypnosis in subjective experiences: signs of friendship or/and competition



Hypnotherapeutic relationship:

Corrective emotional and cognitive experiences

Maternal hypnosis

- in arousal regulation
- in rhythm-regulation
- in emotion regulation
- in emotion-awareness and self-control
- in stimulus selection
- in the development of the biogenic amine system
- in coping with stress

Paternal hypnosis

- in rhythm-regulation
- in emotion regulation
- in emotion-awareness and self-control
- in stimulus selection
- in coping with stress

Friend-like hypnosis

- in emotion-awareness and self-control
- in stimulus selection
- in coping with stress

Therapeutic implications

Maternal hypnosis

empathic experience of the hidden, internal world of the subject by the hypnotist



therapeutic use of hypnosis in

- psychosomatic disorders
- borderline personality
 - psychosis

Paternal hypnosis

the hypnotist leads and guides the subject relying more on his/her authority



therapeutic use of hypnosis with

- insecure
- helpless
- neurotic patients

Friend-like hypnosis

- increasing activity of patients
 - ego-strengthening

General characteristics of therapeutic active-alert hypnosis 1.

- Tailoring the script to each patient's unique needs and characteristics
- The resistance against which the patients pedal the bicycle is always set by the patients themselves (as therapy progresses, the resistance is a good index of increment in patients productivity!)
- In the induction phase, verbal feedback is given about patients' increased activity pedaling the bicycle

General characteristics of therapeutic active-alert hypnosis 2.

- Patients are informed that because of the vigorous physical activity, they can experience bodily sensations more keenly than usual, and thus exhibit greater control over their experiences
- Emphasis is placed on maintaining control of the speed and rhythm of pedaling (enhancement of patients' active participation!)
- Suggestions to engender positive emotions, feeling of power, energy, satisfaction, and pleasure associated with activity. (In this way, energy blocked by patients' symptoms can be released and steered in a creative and productive direction)

Therapeutic application: Swimming phobia



szerkesztő-riporter:

TUNKLI LÁSZLÓ

vágó: EGYED ILÓNA

operatőr: VÁRKONYI ZSOLT

rendező: BAKOS KATALIN

Case: Jane (age 37)

- Long history of severe depression
- Came to work to Hungary from the USA in 1995
- Symptoms: darkness from inside envelopes her completely, sleep disturbance, loss of appetite, indigestion, occasional strong pressure in the chest, and, two weeks prior to seeking for help, panic attack accompanied the basic feelings of hopelessness → inability to work
- Diagnosis: Persistent Depressive Disorder (Dysthymia) [300.4 (F34.1)] (DSM-5).
- History: second child, older brother is borderline; at age 5: enuresis nocturna (birth of younger brother) → psychotherapy (classic psychoanalysis)
- Main characteristics: achievement oriented, talented and successful businesswoman, soccer player in high school

Phases of hypnotherapy

1. Symptom oriented active-alert hypnotherapy combined with behavior-modification elements, utilizing the activity increasing and mood lifting effects of active-alert hypnosis (12 sessions) → back to work
2. Dynamic hypnoanalytic exploration of Jane's resources (12 sessions): at grandparents' farm (age 7-12), learnt horse-riding → began horse-riding and learning Hungarian
3. Working through the loss of Jane's only love (15 sessions) → ego-strengthening suggestions reinforced her feelings that as she had become able to direct and control her life actively recently, she would not become vulnerable in couple relationships, either → forming a new intimate relationship

Termination of therapy: 39th session.

28-year follow-up: symptom-free, back in the US, married happily for 27 years, has two children, works as a leading economist, → lives happily

Versions of the method adapted to the actual circumstances

- Induction by walking on an ever-accelerating treadmill
- Induction by pushing a mini "treadmill" with a foot pedal
- Induction combined with fast-paced music (e.g., Carmina Burana)
- Induction combined with repeated frequent arm lifting at an accelerating rhythm ("alert hand" technique of Cardena et al., 1998)
- Moving (e.g., dancing) freely "to each his/her own rhythm" (particularly effective in a group)
- Imaginary active-alert hypnosis (without actual movement) developed for physically very weak – e.g., cancer – patients

Active-alert hypnosis today

- Several replications in leading hypnosis- and neuroscience laboratories
- A wide range of effective ways of application in many countries around the world
 - in enhancing sporting performance,
 - in improving learning performance,
 - in treating depression, addictions.

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Special Issue: Alert Hypnosis
Guest Editors: David M. Work and David B. Reid

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Routledge
Taylor & Francis Group

Summary: *American Journal of Clinical Hypnosis, Volume 61, Number 2, 2018. Special Issue: Alert Hypnosis.* - Banyai, É. I. (2018). Active-alert hypnosis: History, research and applications. *American Journal of Clinical Hypnosis* 61(2): 88-107. (Most Downloaded Article in 2019-2020)

The American Journal of Clinical Hypnosis
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Eva I. Banyai
for the article

Active-alert Hypnosis: History, Research, and Applications
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Presented March 6, 2021

Stephen R. Lankton

Stephen R. Lankton, MSW, DABH, FASCH
Editor, American Journal of Clinical Hypnosis

ASCH

Therapeutic application of active-alert hypnosis: indications and contraindications

Indications

- Lack of initiative and energy, general inhibition, asthenic personality
- Depression (even in cases of long-standing complex symptoms)
- Anxiety, dissociative, somatophorm disorders
- Eating disorders (mainly bulimia, but including obesity)
- Contradictory results in alcohol- and drug-abuse patients
- Inhibited schizophrenic patients
- Neurotic complaints of children who cannot tolerate the immobility of relaxational hypnosis
- Autism (combined with medicines)
- Improvement of physical and mental performance in healthy individuals

Contraindications

- As in hypnosis in general
- Manic phase of bipolar affective disorder (danger of the patient becoming “stoned out”)

Literature on active-alert hypnosis in English 1.

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Live demonstration of
active-alert hypnosis

Reflexions on the experience

Discussion

Thank you for your attention!

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