

THE IMPORTANCE OF BEING EARNEST WHEN CRAFTING DEFINITIONS: *Science and Scientism Are not the Same Thing*¹

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Abstract: The APA Division 30 definition of hypnosis is laudable in some respects. For instance, the committee rightly defines the “induction” as nothing more or less than the first suggestion after the introduction. However, the definition stumbles over its nonposition on whether the word *hypnosis* must be uttered during the procedure. This equivocation invites research designs that preemptively define a hypnotic group and a control group in terms of whether or not the word *hypnosis* is used in the protocol. These designs represent a backslide into naive operationism; they reveal little new about human nature or hypnosis. The field deserves an optimally heuristic definition that preserves pluralism and is relatively resistant to the teflon shield of preemptive definition. Researchers and practitioners require a definition that recognizes the incompleteness of our concepts, generates a level epistemological playing field, and enables hypnosis theories to “reach.”

More than 100 years ago, William James noted and named a recurrent intellectual fallacy:

Vicious intellectualism is the treating of a name as excluding from the fact named what the name’s definition fails positively to include (1897/1979, p. 32).

Peterson (2004) recognizes this form of scientism in the broader context of psychotherapy research. Similar commentaries appear in the cognitive-psychology and clinical-psychology literatures (e.g., Bickhard, 2001; and Meehl, 1978, respectively). Alas, the field of hypnosis research is not immune to this problem.

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A shadow—that of vicious intellectualism—has fallen across clinical and scientific hypnosis, and its influence is nowhere clearer than in the current Division 30 definition of hypnosis. Vicious intellectualism is a rhetorical maneuver in which a theorist defines a phenomenon in such a way that alternative or contrary explanations of the phenomenon are not logically possible. The theorist excludes competing explanations by definition. We see traces of vicious intellectualism in Mesmer's definition of animal magnetism, in Freud's definition of the unconscious, in Skinner's (1938) definition of psychology as the science of behavior, and Miller's counterdefinition of psychology as the science of mental life (G. A. Miller, 1962). It is a powerful rhetoric, and to the extent it is powerful it is dangerous.

We encounter vicious intellectualism when we hear an overzealous psychotherapy researcher confidently state that the only real evidence is large-group, randomized laboratory evidence. Field studies, quasi-experimental designs, and provocative case studies are dismissed as epistemologically unsound. Or when a militant clinician defines all observation as necessarily intersubjective, exquisitely existential, and hence entirely unsuitable for inference. None of these people are vicious; yet all of us are prone to get caught-up in the excitement of our own ideas and theories. Vicious intellectualism is not "vicious" because it is malicious; it is vicious because it is toxic to real science and real intellectual inquiry.

Keeping in mind the notion that vicious intellectualism is the treating of a name as excluding from the fact named what the name's definition fails to include, here is what it looks like when we bring it home to hypnosis: Defining the word *hypnosis* in such a way as to de facto exclude from consideration phenomena that are "theory-unfriendly."

Alas, I fear that the field of scientific hypnosis has drifted casually through a series of definitional mishaps—by individual theorists and most recently by Division 30 of APA. Although the most recent APA definitional iteration (Green, Barabasz, Barrett, & Montgomery, this issue) is an improvement, it is flawed. For the most part, the Division 30 committee adopted the definition crafted earlier at the 2002 Tennessee Hypnosis-Neuroscience Conference (special issue of this journal, April and July 2003). However, there were some seemingly subtle deviations from that source document that in fact render the Division 30 definition woefully vulnerable to those who wish to exploit its flaws in service of vicious intellectualism.

What we need 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 preemptive definition. What we have is a clunky half-measure that leaves the definitional door wide open to unfortunate research designs that

are grounded in a *a priori* theoretical biases. This state of affairs is unacceptable for any field, especially one that routinely encounters raised eyebrows within the scientific community. We must do better than this. Hence in this paper, I will outline what I believe are the essential features of what an even-handed, nonvicious, and heuristic definition would look like. I also offer an example of what can happen when we do not have such a definition.

First, let us very quickly come to grips with what a definition is, and what it is not. To arrive at a really satisfying explanation of a phenomenon (one that Aristotle could endorse), one must achieve a clear definition of the entity in question. A definition is a concise description. Definitions are a sketch; descriptions are the chiaroscuro. Definitions and descriptions identify the object of interest and its characteristics. Theories (or explanations) are accounts of the causes of the phenomenon. Explanation begins with a pragmatic, nontendentious definition of the phenomenon; it proceeds through a description; and ends with causal analyses thereby providing understanding (Killeen & Nash, 2003).

Ironically, our field has not even come to grips with the *word hypnosis*. As illustrated in Table 1, the terms *hypnosis* and *hypnotized* are both ambiguous, sometimes meaning “a procedure” and sometimes meaning “the product of a procedure.” This state of affairs is tolerable in the realm of lay discourse but fully unacceptable in the realm of science—or even practice. Surely, prior to major abdominal surgery it is not enough to know that one will be “anesthetized” in the procedural sense of receiving a standard protocol of medications. That is all well and good, but as patients we want to know more. We want to know that we will be “anesthetized” in the sense of the yearned for product—no awareness.

When we fail to make the distinction between procedure and product in our field, we compromise discourse where clarity is at a premium. We must concisely define what a hypnotic *procedure* is, while capturing the domain of interest; and we must define the criteria for

Table 1
The Word Hypnosis: Does it Mean a Procedure or a Product?

WHEN WE SAY: “THE SUBJECT WAS HYPNOTIZED,” THE WORD
 HYPNOTIZED COULD MEAN

<i>HYPNOSIS AS PROCEDURE</i>	OR	<i>HYPNOSIS AS PRODUCT</i>
The subject was administered a hypnotic procedure.		The subject was in hypnosis.
The experimenter administered a standard hypnotic protocol.		The subject is in a hypnotic condition.

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inferring that the *product* is hypnosis to a reasonable degree of certainty. We all know that hypnosis (the product) is not achieved just because a hypnosis procedure has been administered. After all, low hypnotizables, unwilling subjects, and simulators of all stripes inhabit our laboratories and consulting rooms.

HYPNOSIS THE PRODUCT

Social theorists are usually the ones who balk at the word *state*. In describing hypnosis, they have rejected the appropriateness of designating hypnosis (the product) as a state. The truth is that calling a cluster of parameter settings a state is a matter of semantics and pragmatics, not ontology. It has nothing to do with what “is,” and everything to do with the mundane practicalities of simple description.

States are not sufficient causes. They are the operations of a system within a range of parameter values of key variables. An iron may be said to be hot (a state) if it glows or if its temperature is above 300° F. States may be part of the causal context; at best they are necessary causes. I did not get burned because of the state of the iron; I got burned because I touched the hot iron. It is easier to get a subject to respond in a specified manner if he or she is hypnotized, but it is the instructions that are the immediate causes.

The question of “state” is one of parsimony, not metaphysics. All events are unique, but we have neither the memory nor vocabulary to name them all. When Eve named the animals she was not calling them “Rex” and “Mitten” and “Wiggles.” It was lions and tigers and bears. How do we prudently allocate our finite capacity for names? Costs and benefits decide when a thing justifies special treatment. The cost of a category is the label and its demands on memory, the rules for using it, and associated costs such as the risk of reification. The benefits of categorization are economy of representation and enhanced ability to predict features, knowing the category.

The state of a system such as a thermostat may be given in qualitative terms—“closed”—or in quantitative terms—“within half a degree of tripping.” The binary nomenclature is simpler, because it conveys one bit of information. Temperature, humidity, and wind-speed vectors are more precise but often have too fine a point; it is usually simpler and more useful to know whether it is balmy or brisk outside. Both reports characterize the state of the weather, are convertible to one another and are each useful in their own way. In social psychology, if individuals have been subjected to attitude adjustments and are thereby different than controls, they are in a different state. States are not, after all, causal variables; they are indications that key parameters of a system are within a new range. So it is with hypnosis. For the sake of clarity, we need to shed the angst of past generations of hypnosis

theorists; we need to be pragmatic and come up with a term that describes hypnosis-the-product. The APA Division 30 definition (this issue) punts. The definition uses no term to describe hypnosis-the-product, instead it tamely notes that: “Many believe that hypnotic responses and experiences are characteristic of a hypnotic state” (p. 262)

Alas hypnosis-the-product must be called something so that we can distinguish it from hypnosis-the-procedure. It can properly be called a state because that is what it is. The term *state* is simply a molar descriptive: like a climate being subtropical and not arctic; like being angry, being in love, being surprised, being expectant. As with the hypnotic state, all of these descriptors simply designate that key parameters of a system are in a new range.

HYPNOSIS THE PROCEDURE

Now, let us turn to hypnosis-as-procedure. What is a hypnotic procedure? Here is what the Division 30’s source documents (i.e., the Tennessee Hypnosis-Neuroscience Conference definition) stated:

A hypnotic *procedure* is a protocol used to establish a hypnotic situation and evaluate responses to it. In such situations one person (the *subject*) is guided by another (the *hypnotist*) to respond to suggestions for alterations in perception, thought, and action. If the constellation of responses to standardized suggestions satisfy a criterion, we infer that the procedure induced a hypnotic *state*. Hypnotic *responses* are those responses and experiences characteristic of the hypnotic state. (Killeen & Nash, 2003, p. 208)

The hypnotic situation involves two efficient causal elements:

A preamble. There is a preamble to the procedure during which the subject is told that the nature of what is to follow involves suggestions for imaginative experiences; it is simply an explanation of what is to follow, much as is the preamble to the Minnesota Multiphasic Personality Inventory (MMPI) or a Wechsler Adult Intelligence Scale (WAIS). It is an invitation. After all, no one simply barges into a room and issues suggestions without some sort of explanation. A fully adequate preamble might be “I am going to ask you to imagine some changes in the way you think and feel. Is that OK? Lets see what happens.”

The suggestions. The imaginative suggestions are administered to the subject.

Note the implications of this definition of a hypnotic procedure—there are two elephants *not* in the room. First, what happened to “the induction?” There is no mention of it. It is unnecessary. There is no need to mention an induction because, as Ernest Hilgard stated many times, an induction *is* a suggestion. The only thing that needs to happen after the preamble for the procedure to qualify as a hypnotic procedure

is for the experimenter to administer the first suggestion. No hocus pocus, just the suggestion. What we have in the past called “an induction” is nothing more than the first suggestion after the nominal preamble. Indeed, the “induction” of the Stanford Hypnotic Arm Levitation Induction and Test (SHALIT; Hilgard, Crawford, & Wert, 1979) is the one-and-only suggestion in the six-minute procedure. Consider other prominent standardized hypnotic protocols (column 1 of Table 2). The text of some “inductions” may mention *relaxation* more than others; some may be longer than others; some use indirect suggestions, and some may not. We know these parameters to be of little or no importance. Relaxation is not necessary (Bányai & Hilgard, 1976; M. F. Miller, Barabasz, & Barabasz, 1991; Mitchell & Lundy, 1986; Pavia & Stanley, 1988); length of the “induction” does not appear to matter, with some inductions being less than a minute (Crasilneck & Hall, 1985; Hariman, 1980; Kroger, 1977; Matheson & Grehan, 1979; Page & Handley, 1989; Skiba, 1983; Syrjala & Abrams, 1996; Wicks, 1982); nor does indirect wording of the “induction” lead to differences in responding (Lynn, Neufeld, & Maré, 1993; Matthews, Bennett, Bean, & Gallagher, 1985). What matters is that all of the “inductions” used in our research scales include at least one main suggestion (and sometimes more). What the Tennessee Hypnosis-Neuroscience definition recognizes is that what we have called the “induction” is simply the first suggestion administered to the subject after the preamble. Luckily, the current APA definition followed the Tennessee model on this point as per below:

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. (this issue, p. 262)

It is a strength of the current APA Division 30 definition that it recognizes that after the preamble is delivered, whatever the first suggestion may be, it is de facto the “induction.” Even if one deletes the first suggestion of a standard hypnotic procedure (i.e., the erstwhile “induction”), the procedure is still hypnotic because the first *test* suggestion of that scale then becomes the functional “induction.” Indeed, this is quite literally true for our commonly used research scales. In the second column of Table 2, note that the first *test* suggestion (i.e., second suggestion) of all of these scales is used in some form as the “induction” suggestion somewhere among the other scales. For instance, while eye closure is the induction suggestion for the HGSHS, arm/hand movement is the first *test* suggestion of the HGSHS. It is instructive that arm/hand movement serves as the “induction” suggestion of the SPSHS:I, the SPSHS:II, and the SHALIT. Hence, if an experimenter deletes the “induction” of the HGSHS (i.e., the eye closure suggestion)

Table 2
The “Induction” Suggestion and the First Test Suggestion of Common Research Scales

Scale	“Induction” Suggestion	First Test Suggestion
Harvard Group (HGSHS: A)	Eye Closure	Arm/Hand Movement
Stanford A (SHSS: A)	Eye Closure	Arm/Hand Movement
Stanford B (SHSS: B)	Eye Closure	Arm/Hand Movement
Stanford C (SHSS: C)	Eye Closure	Arm/Hand Movement
Stanford Profile-I (RSPSHS – I)	Arm/Hand Movement	Perceptual Alteration
Stanford Profile-II (RSPSHS – II)	Arm/Hand Movement	Perceptual Alteration
Stanford Arm Levitation (SHALIT)	Arm/Hand Movement	Arm/Hand Movement
CURSS - (Modified)	Perceptual Alteration	Arm/Hand Movement
Waterloo Group Scale (WGSHS)	Eye Closure	Arm/Hand Movement

HGSHS: A, Harvard Group Scale of Hypnotic Susceptibility (Shor & Orne, 1963); SHSS:A, Stanford Hypnotic Susceptibility Scale, Form A and SHSS:B, Stanford Hypnotic Susceptibility Scale, Form B (Weitzenhoffer & Hilgard, 1959); SHSS:C, Stanford Hypnotic Susceptibility Scale, Form C (Weitzenhoffer & Hilgard, 1962); RSPSHS: I, Revised Stanford Profile Scale of Hypnotic Susceptibility, Form I and RSPSHS: II, Revised Stanford Profile Scale of Hypnotic Susceptibility, Form II (Weitzenhoffer & Hilgard, 1967); SHALIT, The Stanford Hypnotic Arm Levitation Induction and Test (Hilgard et al., 1979); CURSS, Carlton University Responsiveness to Suggestion Scale-Modified (Coney & Kirsch, 1999); WGSHS, Waterloo-Stanford Group Scale of Hypnotic Susceptibility (Bowers, 1998)

thinking that the response to the remaining 11 items is “nonhypnotic,” he is mistaken. All that is really accomplished is that the subject misses the “induction suggestion” of the HGSHS (eye closure) and then moves on to an arm/hand movement suggestion, which is itself the “induction” suggestion of three different Stanford scales. This decision by the APA definition committee to parsimoniously define “induction” as nothing more or less than the first suggestion administered is to be applauded. This has been a long time in coming.

However, there is another elephant that was out of the room in the Tennessee Hypnosis-Neuroscience Conference definition but that is awkwardly straddling the definitional threshold of the Division 30 effort. This has to do with use of the word *hypnosis*. Must the word *hypnosis* be used during the procedure for the product to be in the domain of hypnosis? The Tennessee Hypnosis-Brain Conference says “no.” Here is what that document states on the topic:

Using the word *hypnosis* as part of the hypnotic situation may be helpful but is not necessary, nor does its use ensure that the sequelae will satisfy our criteria for hypnosis [neither the procedure nor the product]. (Killeen & Nash, 2003, p. 209)

The APA Division 30 definition again punts on this one. Here is what it states: “While some think that it is not necessary to use the word *hypnosis* as part of the hypnotic induction, others view it as essential.” (pg. 262)

One wonders what tortuous discourse preceded that bold committee pronouncement. It is inconceivable that the word *hypnosis* is essential to elicit whatever behaviors or experiences interest us. If use of the word *hypnosis* was really necessary for a procedure to be hypnotic, then prior to Braid (who coined the word *hypnosis* in 1843), hypnosis did not exist at all. Did Braid transform human nature by using a word? Did the pancreas not exist until someone named it? Worse, this approach defines as *not hypnosis* any procedure that deletes the word *hypnosis*. The committee’s failure of nerve on this matter is entirely unacceptable. The committee gave the nod for researchers to insist that “it’s not hypnosis unless you use the word hypnosis.” This approach may sound like a Monty Python-esque parody of science, but it has had some very serious consequences.

Beginning back in 1999, Irving Kirsch and Wayne Braffman unveiled a new definition of hypnosis, with an accompanying research design. The article (Kirsch & Braffman, 1999) is entitled “Correlates of hypnotizability: The first empirical study.” A number of such papers were to follow (e.g., Braffman & Kirsch, 1999; Kirsch & Braffman, 2001; Milling & Breen, 2003). In these papers, Kirsch and his colleagues assert that by deleting a standard hypnotic protocol’s formal “induction” (i.e., the “induction suggestion”), the procedure is not hypnotic.

As noted above, this is inconsistent with both the Division 30 and the Tennessee Conference definitions of hypnosis, both of which identify the first suggestion as “the induction,” no matter where it occurs after the preamble (i.e., the introduction). The authors further assume that by substituting the word *imagination* for the word *hypnosis*, the procedure is rendered nonhypnotic by definition. It is worth looking more closely at the design that emerges from these assumptions, because when we do, James’s vicious intellectualism comes leaping out at us.

There are two types of conditions used in the designs of these studies. One condition is labeled the “hypnotic condition,” the other is labeled the “nonhypnotic condition” (or sometimes the “imagination condition”). For instance, the “hypnotic” and “nonhypnotic” conditions in the Braffman & Kirsch (1999) study were both fashioned from the Carleton University Responsiveness to Suggestibility Scale (CURSS-modified, Comey & Kirsch, 1999). The unaltered CURSS protocol constitutes the “hypnotic condition” (see Table 3). By extracting the word *hypnosis* from the standard CURSS introduction (substituting the word *imagination*) and by deleting the “induction” suggestion of the CURSS standard protocol (i.e., perceptual alterations), Braffman and Kirsch claim they have created a nonhypnosis condition. However, let us take a closer look (see Table 3).

First, what about the 81-word preamble (i.e., the introduction)? In both conditions, the preamble informs the subjects that they will be asked to use their imagination to change ongoing experience. This is the prerequisite for a hypnotic preamble according to both the Tennessee Conference and the Division 30 definitions. The preamble informs subjects that their ability to experience these changes “depends largely on your willingness to be receptive and responsive to ideas and to allow these ideas to act upon you without interference.” (Braffman & Kirsch, 1999, p. 579). The only difference between the two preambles is one word in the second sentence: In the “nonhypnosis” condition the word *imagination* is substituted for the word *hypnosis* (see Table 3).

Second, we have already established that even by the current APA Division 30 definition, eliminating the “induction” suggestion from the CURSS merely renders the next suggestion (arm levitation) the functional hypnotic “induction.” Indeed, an arm levitation suggestion is the standard “induction suggestion” of one of the Stanford scales (The Revised Stanford Profile Scale of Hypnotic Susceptibility, Form I, RSPSHS-I). Hence, nothing is really accomplished with this device other than that subjects in the purported “nonhypnotic” condition are not administered the first suggestion of the standard CURSS protocol. From this point onward, the conditions are identical (see Table 3). Literally speaking then, if subjects score differently in these two conditions, it represents the effect of the experimenter uttering the word *hypnosis* in the hypnosis condition (and in the induction-suggestion)

Table 3
Sequence of Events for a Hypnotic Condition and a Purported "Nonhypnotic Condition" based on the CURSS Protocol¹

HYPNOTIC CONDITION	PURPORTED NON-HYPNOTIC CONDITION
	PREAMBLE
	<p>"In this part of the study, we want to assess your ability to use your 'HYPNOSIS' OR 'IMAGINATION' to experience various things that will be described to you on audiotape. Your ability to experience them depends largely on your willingness to be receptive and responsive to ideas and to allow these ideas to act upon you without interference. So all you will need to do is close your eyes, relax, and try to imagine the experiences that I will describe to you."</p>
SUGGESTIONS	SUGGESTIONS
Perceptual Alterations ("induction" by APA definition)	DELETED
Arm Levitation	Arm Levitation ("induction" by APA definition)
Arms Moving Apart	Arms Moving Apart
Arm Catalepsy	Arm Catalepsy
Arm Immobility	Arm Immobility
Auditory Hallucination	Auditory Hallucination
Visual Hallucination	Visual Hallucination
Amnesia	Amnesia

¹As described in Braffman and Kirsch, 1999

but not in the purported “nonhypnotic” condition. We are asked to accept that this is a heuristic, fair-minded definition of what we mean when we speak of “the effect of hypnosis.” We are asked to accept that no matter what the procedure, if the word *hypnosis* is not used, the procedure resides outside the domain of hypnosis.

In describing their results, Braffman and Kirsch breathlessly note that subjects’ scores in the “nonhypnotic condition” correlate with their scores in the “hypnotic” condition at $r = .66$, approaching what one might expect the test-retest reliability of a hypnotic protocol to be. From this, the authors conclude that the determinants of hypnotic suggestibility have been found, and they are nonhypnotic suggestibility and social factors. Further, the authors claim that the best measure of the effect of hypnosis is represented by the difference in a subject’s scores between the two conditions. This would be “the hypnotic effect.” That is, the effect of using (as opposed to not using) the word *hypnosis*.

It is not surprising that responsiveness to suggestions in the two conditions correlate at a level close to the test-retest reliability of most hypnotizability measures, including the CURSS. It is not surprising at all. Both conditions are hypnosis. Both conditions have a preamble informing subjects that they will be asked to imagine changes in perception, thought, and actions. Both preambles are followed by a series of suggestions. However, because Division 30 punted on the matter of whether use of the word *hypnosis* is necessary, it leaves the door wide open to designs like this. If use of the word *hypnosis* really is necessary for a procedure to be called hypnosis, and if we allow the “effect of hypnosis” to be defined as whether or not the word *hypnosis* is used in the protocol, it is a sad day indeed for scientific hypnosis and psychological science more generally.

This would mean that the question of a hypnotic effect then pivots on: “Does using the word *hypnosis* in the protocol make a difference in how people respond to subsequent suggestions?” That is a context question of very modest interest. It is not a conceptual matter. It is a vicious use of intellectualism because even if an effect of hypnosis is found under these circumstances, it is unimpeachably a context effect—because that is all it can be. Using or not using the word *hypnosis* in the procedure is a frighteningly narrow context manipulation.

I will be blunt: this question is of no particular interest, unless it turned out (astoundingly) that use of the word *hypnosis* actually accounts for most if not all of the hypnotic responsiveness variance, which it does not. Many years ago, Barber (Barber, 1969; Barber & Wilson, 1978) already compared the effects of instructions with and without the word *hypnosis* and concluded that this is one of several independent variables that can influence responses to suggestions. However, he sensibly made this observation without presenting the finding as a pivotal revelation.

Let me take this out of hypnosis to illustrate. If I wished to study the effect of psychotherapy, I would have to define psychotherapy. Manuals do this. Would the domain of psychotherapy be adequately captured by the operational definition that: It is only psychotherapy if the word *psychotherapy* is used with the patient; that is, if the word *psychotherapy* is never used with the patient, the procedure ceases to be psychotherapy? One could go that way, but it would of course be patently absurd to do so. Using the word *psychotherapy* with the patient is neither necessary nor sufficient for psychotherapy to occur. No one would say it is. Does using the word *psychotherapy* as opposed to not using it make some sort of difference in patient improvement? I suppose it is conceivable. But is that what anyone really means by the “effect of psychotherapy”? How interesting is it to define “an effect of psychotherapy” as the difference between how much patients improve with a treatment protocol that mentions the word *psychotherapy* and the same treatment protocol that does not?

Below is a note on this subject that I received from Auke Tellegen several years ago (A. Tellegen, personal communication, June 19, 2001). It echoes what I feel when I imagine Jack Hilgard, Martin Orne, Ken Bowers, Erika Fromm, Nick Spanos, and so many other bold thinkers peering over my shoulder. Tellegen writes:

I cannot imagine explaining to James Watson or Francis Crick (of *Double Helix* fame) [Watson & Crick, 1953] that in our field one of the burning questions about how the mind works is the effect of using the word “hypnosis.” If someone’s “operational” definition of hypnosis entails this kind of nearly pointless inquiry, then, of course, the field ought to explicitly abandon that definition. At one point in time psychologists (certainly not the “hard” scientists) mistakenly committed themselves to simplistic operationism as a way of escaping fuzzy mentalism, but that period of naiveté is now behind us, or it ought to be.

I became interested in hypnosis because I was curious about, for example, Fromm’s, Hilgard’s, Spanos’, and Orne’s theoretical reconstructions of the hypnotic process, but of course I was also skeptical (as were all these theorists). Nonetheless, as far as I am concerned, that kind of (risky) theorizing is what made the field interesting, and what keeps it alive today. Likewise it seems clear that for these pioneers of the modern era the study of hypnosis was worthwhile only to the extent it promised to reveal (and sometimes did reveal) something truly interesting about the psyche.

We require our scientific theories to reach. They must remain faithful to the data, *and* they must reach. Reaching is risky of course. Indeed, grounded by definitions that define a meaningful domain of inquiry, the hypnosis theories above noted by Tellegen *do* reach: sometimes a slippery notion is finally securely grasped (e.g., hypnotic subjects are active participants), and sometimes the theory’s reach in fact exceeds

its grasp (e.g., topographic regression does not occur). But those theories do reach despite the risks. Is that not the point? An alternative is to rope off some easily operationalized, well-understood aspect of the phenomenon, define the entire phenomenon as that aspect, and then lay claim to discovery. I contend that there is small glory in a theory's grasp when its reach is autistically parochial. Scientific understanding is in fact ill served by preemptive definition.

Scientific understanding *is* advanced by defining the domain of interest with an optimal, definitional resolution that is neither too narrow nor too broad. Such a definition invites empirical and theoretical pluralism and thereby enables us to more easily ask and answer questions that matter about human nature. The field of hypnosis requires a definition that boldly recognizes the incompleteness of our concepts, generates a level epistemological playing field, and enables our theories to reach. My hope is that SCEH, Division 30 of APA, and all hypnosis societies worldwide will work toward that end. We are almost there.

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Die Bedeutung von Aufrichtigkeit bei der Erstellung wissenschaftlicher Definitionen: Wissenschaft und Szientismus sind nicht dasselbe

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Zusammenfassung: Die Definition von Hypnose der APA Division 30 erscheint bedingt löblich. So beschreibt das Komitee etwa die "Induktion"

zurecht als nichts anderes als die erste Suggestion nach der Einführung der Patienten. Die Definition scheitert jedoch an der Nicht-Stellungnahme bezüglich der Frage, ob das Wort Hypnose während der Prozedur fallen muss. Diese Unbestimmtheit ebnet den Weg für experimentelle Designs, welche vorweg Hypnosegruppe und Kontrollgruppe danach einteilen, ob das Wort Hypnose im weiteren Verlauf geäußert wird oder nicht. Solche Designs stellen einen Rückschritt auf das Niveau eines naiven Operationalismus dar; sie werden wenig Neues herausfinden, weder über die menschliche Natur noch über Hypnose. Das Gebiet verdient eine heuristisch wertvolle Definition, welche zugleich den Pluralismus bewahrt und resistent gegenüber Vorab-Definitionen ist. Wie brauchen eine Definition, welche die Unvollständigkeit unserer Konzepte anerkennt, faire epistemologische Voraussetzungen für gegenwärtige Theorien schafft und diese in die Lage versetzt, Neues zu entdecken.

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L'importance d'être constant lorsque l'on crée des définitions : science et scientisme ne sont pas la même chose

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Résumé: La définition de l'hypnose par la division de l'APA (American Psychological Association to Association Américaine de Psychologie.) est louable à certains égards. Par exemple, le comité définit à juste titre l'induction comme ni plus ni moins une suggestion qui suit la partie introductive. Cependant, la définition bute sur son manque de prise de position, à savoir est-ce que le mot « hypnose » doit être prononcé pendant la procédure ? Ce faux-fuyant est la porte ouverte aux modèles de recherches qui distinguent un groupe hypnotique d'un groupe contrôle par le fait que le mot « hypnose » soit ou non employé dans le protocole. Ces sont des modèles vers un opérationisme naïf ; ils n'apportent rien de nouveau sur la nature humaine ou sur l'hypnose. Le domaine a droit à une définition heuristique qui préserve le pluralisme et qui sera résistante à un écran téflon d'une définition préemptive. Nous avons besoin d'une définition qui reconnaît nos concepts dans ce qu'ils ont d'incomplet, qui génère un champ d'action épistémologique et qui permet à nos théories « d'atteindre » leur but.

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**La importancia de la honestidad en la construcción de las definiciones:
La ciencia y el cienticismo no son sinónimos**

Michael R. Nash

Resumen: La definición de la División 30 de la APA es loable en algunos aspectos. Por ejemplo, el comité define correctamente a la "inducción" como nada más o menos que la primera sugestión después de la introducción.

Empero, le definición tropieza fatalmente en su falta de postura con respecto a si se debe usar la palabra hipnosis durante el procedimiento. Esta equivocación invita diseños experimentales que de antemano definen al grupo hipnótico o control según se utilizó o no la palabra hipnosis en el protocolo. Estos diseños son un retoceso hacia un operacionalismo ingenuo y revelan poco sobre la naturaleza humana o la hipnosis. El campo merece una definición heurística óptimamente precisa que preserve el pluralismo y sea relativamente resistente al escudo de "teflón" de una definición a priorística. Necesitamos una definición que reconozca lo incompleto de nuestros conceptos, sea epistemológicamente imparcial, y que permita que nuestras teorías tengan "alcance."

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