

# The Role of Triggers in Inducing Hypnotic Altered States: Perceptions of Transpersonal Hypnotherapists

El Sentido de los Desencadenantes en la Inducción de Estados Hipnóticos: Percepciones de Hipnoterapeutas Transpersonales

**K. M. McCann\***  
Grand Canyon University  
Phoenix-AZ, U.S.A.

## Abstract

**Objective:** The use of triggers to induce altered states of consciousness (ASC) may be key in identifying an ease of entry into and exit from anomalous realms of consciousness. **Methodology:** Transpersonal hypnotherapists were interviewed to obtain their perceptions of levels of effectiveness for various triggers and techniques used to achieve these states. **Results:** The trigger seems to serve as a mental switch that tells the brain to “enter into” or “perform” a change in conscious states. **Conclusions:** Existing neuroplastic elements associated with trigger training may permit subjects to access various altered states without the hypnotherapist once a new layer of consciousness is obtained, experienced, and appropriately conditioned.

**Keywords:** altered states, transpersonal hypnotherapy, hypnosis, trance

## Resumen

**Objetivo:** El uso de desencadenantes para inducir estados alterados de consciencia (EAC) puede ser clave en la identificación de una facilidad de entrada y salida de los estados anómalos de la consciencia. **Metodología :** Se entrevistó a hipnoterapeutas transpersonales que fueron entrevistados para conocer su percepción de los niveles de eficacia de diversos factores desencadenantes y técnicas utilizadas para lograr estos estados . **Resultados:** El desencadenante parece servir como un mecanismo mental que induce al cerebro a "entrar en " o "llevar a cabo" un cambio en el estado de consciencia. **Conclusiones:** Existen elementos cerebrales asociados a un entrenamiento de un tipo de desencadenantes para acceder a estados alterados de consciencia, que permiten a los sujetos acceder a los mismos sin el hipnoterapeutas, una vez se ha obtenido un nuevo estado de consciencia, suficientemente experimentado y debidamente adaptado.

**Palabras clave:** estados alterados, hipnoterapia transpersonal, hipnosis, trance

Received: January 28, 2015  
Accepted: October 10, 2015

## Introduction

Throughout the course of human history, people have reported experiences that defy logical explanation. The field of psychology has a persistent interest in consciousness in all of its forms, ranging from practical clinical treatment approaches to the mysteries of the subconscious and unconscious human mind. The literature of our discipline aptly describes this interest, from psychology's roots in philosophy, to Freud's exploration of the subconscious through hypnosis, and to current modes of inquiry from holotropic breathwork to near-death experiences. The fields of anthropology (Bourguignon & Evascu, 1977; Pekala & Cardena, 2000) and neuroscience (Doidge, 2007, 2015; Ramachandran, 2011) have dramatically improved our understanding and knowledge of consciousness and altered states.

Neuroscience, and the phenomenon of neuroplasticity, has perhaps contributed one of the deepest insights into what happens on a material level during hypnosis. Despite the rigidity of many human behaviors, the brain itself, we now know, is plastic (Doidge, 2007; Rossi, 2002), that is, it is malleable and flexible, given to establishing neural and dendritic pathways (Doidge, 2007; Narvaez, 2014; Ramachandran, 2011), and an eager ally in transforming behaviors and transcending what we previously thought was a fixed state. The compatriot of plasticity, neurogenesis, shows that not only can the brain reprogram itself it also generates new neurons (Rossi, 2003). Our potential for new pathways, and therefore new behaviors, are evident as the brain enters those neuroplastic states during trance practices, such as hypnosis and meditation (Doidge, 2007, 2015; Landry & Raz, 2015; Rossi, 2002, 2005; Rossi & Rossi, 2007). Our knowledge of the human brain is rapidly shifting, and along with it our understanding of the depths of consciousness.

Hypnosis in its more contemporary form has been used for more than 200 years (Braid, 1842/1960; Mesmer, 1779/1997; Spiegel, 2013). Interest in hypnosis has continued into the 20th century and advancements in neuroscience now exist by which to measure hypnotic susceptibility (Hilgard, 1965; Landry & Raz, 2015; Rossi & Rossi, 2007) and identify the frontal lobe fluency evident in those subjects with high hypnotic susceptibility (Kallio & Revonsuo, 2005; Yapko, 2014).

## Purpose of the Study

The intent of this study was to examine which triggers transpersonal hypnotherapists identified as most commonly used to induce ASC in participants. The focus was not on the effectiveness of transpersonal hypnotherapy as a means of clinical treatment. Client perceptions of transpersonal hypnotherapy's efficacy were also not examined. The sole aim of this study was to gain insight into what transpersonal hypnotherapists perceived as the most effective triggers for their style of practice.

The point of induction, or the trigger influence, has been described as the process of doing whatever necessary to enter the individual into a hypnotic trance (Pekala & Kumar, 2000; Rossi & Rossi, 2007). Whether the trigger relies upon sensory effect, such as smell, sound, sight; whether it relies upon pre-conditioning the mental state prior to the event (i.e. educating or suggesting to the participant the possible effects of the trance state); whether it is largely environmental, such as the preparation and state of the room in which the induction takes place, most practices that occur prior to the formal induction may compose the collection of triggers employed by the hypnotherapist.

## Method

### Participants

The participants selected for this study were licensed psychologists, licensed social workers, and licensed counselors in the Northern Virginia/Washington, DC metropolitan area. All participants had prior exposure to transpersonal hypnotherapy and offered it as a treatment method within their professional practice.

Eight participants were selected for the sample as opposed to a larger array due to the qualitative nature of the study. More than eight participants may have detracted from the intent of obtaining detailed and specific narratives relayed by the participant (Creswell, 1998; Creswell & Clark, 2007).

### Procedure

The interview format chosen was semi-structured with both open and closed-ended questions (see Appendix). This format allowed for

both succinct and narrative responses from participants, and offered the advantage of permitting the researcher to insert relevant unscripted questions into the session. Structured interview aspects were employed, however, as they offered a degree of organization that complimented the generic qualitative paradigm. Reflexivity played a significant role in data collection and was given consideration in the recording and analysis phases.

The data analysis was performed using the inductive thematic analysis methodology. Because this study drew largely from theme identification via meaning unit excerpts, a recursive thematic process was employed.

## Results

To identify themes, the researcher reviewed the interview-derived transcripts, identified clustered units and collapsed them into sets of major and minor themes. The collapse yielded five major themed categories. Major themes were those that appeared in at least 75 percent of participants. Minor themes did appear, but were regarded as sub-themes or supporting themes to the major ones.

The five major themed categories were as follows: Induction, Mind-Body Duality, Concentrated Consciousness, Practitioner as Guide, and Tandem Altered States. The following section provides a review of the five primary themes that emerged from the participants' statements. Table 1 provides samples of hypnoterapist narrative and illustrates the manner in which they spoke about their perceptions. From those narratives, statements were examined and themes were identified and clustered as previously discussed.

### Theme 1. Induction

All eight participants discussed some characteristic of induction. This coincides with the extant literature reflecting a type of induction action prior to entering into altered states of consciousness (Wagstaff, 2014). The inductions vary between types of altered states, but the entrance *into* an altered state is typically preceded by some preparatory actions (Frischholz et al., 2015; Martin, 2005; Pearson, 2003; Whitehouse, 2004; Yapko, 2014). Each participant described the intake session as a fundamental part of the initiatory process. The intake session involved actions such as identifying client ethnographic, geographic, and vocational data, and was conducted while ascer-

taining the reason why the client sought transpersonal hypnotherapy. It is important to distinguish between the act of gathering client identifying data and the process of formulating an intention question. Hypnoterapists described the creation of an intention question as a separate process that immediately preceded the formal hypnosis session.

During the intake portion, the therapist educated the client on the history and practice of hypnosis, along with an overview of therapist qualifications.

Six out of the eight participants worked with the client to develop an intention question. The process of forming an intention question may also have served as an initial subconscious trigger. Further, it served as an expectation building exercise that was used to prepare the client for hypnosis. All practitioners were adamant that the client was in complete control of the process from induction to hypnosis to conclusion. The client's control dynamic, according to the participants, hinged upon the act of question formulation.

### Theme 2. Mind-Body Duality

Mind-body duality was cited in terms of "progressive relaxation" and "the need to deal with the body before the mind"; this was ultimately indicative of two separate but interconnected factions. Mind, for the purpose of this article, was described as synonymous with consciousness. In each case, the therapist identified a duality and recognized the mind and body as separate entities that required different forms of attention and handling. In all cases, the therapist addressed the body first, claiming that it was imperative to relax the corporeal before adequate work could be performed on the mental element. The impetus in this instance comes from calming the mind through breathwork and progressive relaxation to enable a calmer landscape for consciousness exploration. This idea aligns with Tart's (2008) proposition that therapist-practitioners must push the client's psychological system into a new pattern.

Stanislav Grof (2006) claims focused breathing practices are essential to entering into an ASC; indeed his holotropic breathwork technique is a trigger for ASC. Distractions from the external world often prevent subjects from turning inward, hence the need for an initial body calming. The breathwork applied during the initial body calming serves as a tool through which pathways to deeper consciousness exploration is made available.

**Theme 3. Suspension of Consciousness/Time**

All participants addressed the suspension aspect with clients as part of induction; specifically, they provided insight into what happens during hypnosis and how hypnosis is clinically defined. "Hypnosis is not sleep," said one practitioner, "it is focused concentration."

The sense of suspension was identified as requisite to the process. The participants described what they perceived as a client suspension, in addition to experiencing a suspension sensation of their own. All participants stated that their clients claimed that time "seemed to stop or slow down" during hypnosis and identified that an overall sense of timelessness infused their sessions.

**Theme 4. Practitioner as Guide**

All practitioners described themselves in language suggestive of a guiding function. All practitioners discussed equal importance in being guided back from the altered state into a waking conscious awareness. The transpersonal hypnotherapists appear to see themselves as having a dual role in the process. First, the therapist serves as the person who guides the client into the altered state. Additionally, the therapist views herself as a co-participant in the altered state experience, as discussed in Theme 5.

Six of the therapists claimed they require a client to articulate what it is. She wants to "work on", "accomplish," or "learn" during the session. While this can be considered part of the intention question, it also serves the purpose of informing

the therapist of where, precisely, she might guide the client.

**Theme 5. Tandem Altered States**

The tandem altered state concept was the most unique emergent theme. All eight participants described some type of "being pulled into", "dropping into", "aligning with", or "experiencing" a synchronous altered state while guiding the client. Six out of eight participants said they had a sense of what the client would say before it was spoken. The practitioners attributed this tandem state to intuition and a "tapping into the collective unconscious" as a result of the hypnotic process.

Although therapists described themselves as a type of Virgilian guide that accompanied their client through his altered state journey, they were adamant that they in no way influenced the client's experience. Therapists further claimed that typically clients are unable to access altered states on their own, hence the need for a guide. It is important here to distinguish between *guide* and *influencer*. A guide is an accompanied presence, whereas an influencer actually leads one toward experiences that satisfy an agenda. All therapists identified themselves as guides, but were adamant that they in no way influenced client narrative, client experiences, or the client's perception of the altered state event.

**Table 1**  
*Emergent Themes*

<b>Theme Code</b>	<b>Clustered Meaning Exemplars</b>
Mind – body connection	<p>"It is much better to have the conscious and unconscious mind working together so there can be some processing." (Participant 1)</p> <p>"My goal in therapy is two things and one is to get your consciousness to understand what it is that's affecting you. Two is your engaging your mind so you can focus on the interim just by the process." (Participant 3)</p> <p>"Transpersonal work, to me, is that which goes beyond this physical body and this physical dimension moving to understanding energy fields and the spirit." (Participant 4)</p> <p>"Usually I work with the body first. It's very difficult to relax the mind if the body is tense." (Participant 2)</p>
Question as Intention	<p>"The process...all of that is focused concentration. When you are in the conscious state you are distracted by everything. That's the beauty of the question; it focuses right in, honing right in on what it is you're looking for." (Participant 3)</p>

**Table 1 (continued)**

*Emergent Themes*

Theme Code	Clustered Meaning Exemplars
Question as Intention (continued)	<p data-bbox="507 271 1418 360">“We always talk about the intention beforehand to ensure we discuss what they would like to talk about. They will usually have one or two intentions.” (Participant 3)</p> <p data-bbox="507 394 1418 517">"They must formulate a specific question and know what it is they wish to explore during the session. Otherwise, it is chaotic and yields little benefit. Without the question the session can be like wondering aimlessly in Costco without a list. It's really big with lots of stuff to view, but a massive waste of time." (Participant 2)</p> <p data-bbox="507 551 1418 674">"And so they will go through a process where they will envision a safe space. They will usually have one or two intentions. One intention is an exit point that is what they want. For instance, 'to better understand compassionate diplomacy.'" (Participant 5)</p> <p data-bbox="507 707 1418 763">“I work with them on forming the question to make sure it is clear and concise.” (Participant 2)</p>
Focused concentration	<p data-bbox="507 797 1418 887">“Hypnosis is not sleep; it’s focused concentration. You’re very wide awake when you’re hypnotized, just focused on what it is the hypnotist is saying.” (Participant 3)</p> <p data-bbox="507 920 1418 976">“It’s where we put our attention. All the lives are being lived simultaneously. It’s just how we remember them and how we experience them” (Participant 8)</p> <p data-bbox="507 1010 1418 1066">“It’s focusing on this life and staying with it and that’s what we have to do in order to have our mental health.” (Participant 6)</p> <p data-bbox="507 1099 1418 1155">“The simple relaxation technique for hypnosis is mild. I don’t want you to go deep. I want you to disengage from the problems you have.” (Participant 4)</p> <p data-bbox="507 1189 1418 1279">“You’ve got the individual focused and they’re already partially there constructing that script. A synchronicity for me is the unconscious mind working in the non-local realm to solve a problem.” (Participant 7)</p> <p data-bbox="507 1312 1418 1435">“You don’t need formal induction at all. There’s a group called the Dutch group that uses no formal induction...it’s just focus. For instance, if you were to come to me and say ‘I want to work on this stomach pain today’, I would tell you ‘okay focus on that feeling and intensify it’.” (Participant 1)</p>
Induction process	<p data-bbox="507 1469 1418 1525">“I let them set their own induction process. It is their process so they should set it.” (Participant 4)</p> <p data-bbox="507 1559 1418 1771">“For some people I will use something like a progressive relaxation. For some people I’ll do more of an Eriksonian narrative, floating through time and space kind of thing. Very often I will do something like progressive relaxation, or some other relaxation, and then go into the going into time and space deepening. Because the first thing they have to do is relax. I don’t care if they’re here to quit smoking or deal with past lives or anything else. The first thing they have to do is take a deep breath and relax.” (Participant 6)</p> <p data-bbox="507 1805 1418 1895">"As far as induction, as I'm talking to them I try to become aware of their primary learning style. Are they visual, auditory, or kinesthetic? For people where I'm not sure I'll throw everything in." (Participant 3)</p> <p data-bbox="507 1928 1418 2018">“I feel like it prepares the conscious mind to feel safe enough to let this [hypnosis] occur [so] I do a series of inductions to be sure they are really deep and that the conscious mind is as uninvolved as possible.” (Participant 5)</p>

**Table 1 (continued)***Emergent Themes*

<b>Theme Code</b>	<b>Clustered Meaning Exemplars</b>
Induction process (continued)	<p>"I do a fairly standard induction and have them close their eyes and roll their eye-balls up to test if they're listening to me. It isn't really an induction but a susceptibility test." (Participant 3)</p> <p>"For the induction I might use favorite places. Usually I used what's called a mixed induction. I'll take from a few different types." (Participant 2)</p>
Practitioner as Guide	<p>"It's theirs. Their process. Their session. I'm only the guide." (Participant 4)</p> <p>"What happens next is <i>we</i> go down 20 stairs...I'll have you count down...you're moving the client to the non-local mind." (Participant 1)</p> <p>"Usually people aren't able to go into trance on their own. Most people need someone to guide them through it although there are people who get [trance memories/experiences] in their dreams which is a very unconscious kind of process." (Participant 5)</p> <p>"Most people prefer for me to guide them in. I create a space for you to reach altered consciousness; it's something that you do. I just create a mode...a form. Hypnosis is one model to experience or to go into altered states of consciousness." (Participant 6)</p> <p>"I'm talking with them through the process saying, 'what do you see?', 'what do you hear?', 'what do you feel?' When they step off the stepping off point I have them look down at their feet and ask what they see." (Participant 6)</p> <p>"With regression therapy I try to take them to the root cause of the issue. If that means into their childhood memories or perhaps even beginning in the womb, that is a possibility." (Participant 1)</p>
Breathing	<p>"The focus on breathing gets them into the trance. There are different ways to have a person breathe, but the final result is the physical body becomes more relaxed. The focus on breathing begins to get them into the trance" (Participant 1)</p> <p>"The body-focus part, the portion in the induction where the client is asked to focus his attention on the body and relax it. Without focusing on this and relaxing the body the altered state will not come" (Participant 4)</p>
Suspension	<p>"I encourage them to let themselves be just in the experience at the time and afterward they can do all the left brain evaluating they want to do." (Participant 3)</p> <p>"There's many ways you can leave your body to go into these other places." (Participant 2)</p> <p>"The person seems to get into a collective unconscious experience that's very archetypal and whether it's an actual past life their soul has experienced or whether it's coming from an ancestral memory or simply an energetically connected memory of an experience that human species has really doesn't matter. Because all of those experiences are healing experiences; you're getting into the real central core of what it is to have a human consciousness." (Participant 6)</p>
Intake as pre-induction	<p>"I have a lot of those left-brain types. I talk about that and tell them to leave that outside because this is a right brain activity and they need to refrain from analyzing it and just let it happen and that's the best I can do. We will analyze it later. I help them understand why." (Participant 3)</p>

**Table 1 (continued)***Emergent Themes*

<b>Theme Code</b>	<b>Clustered Meaning Exemplars</b>
Intake as pre-induction (continued)	<p>"I first do an intake session and get a sense of their energy and readiness to do the work that we do. I explain the process which I consider very important to their success. I usually have them come back from the regression which usually takes about two hours. Explanation is so important because a lot of people have some misconceptions about hypnosis." (Participant 4)</p> <p>"In the intake form I ask questions like 'what's the problem?', 'what's the reason for your visit?', 'what would you like to have happen?'. That's a way of getting their conscious to begin to look at what's there and begin to prepare for the session. That's all happening subconsciously but I think it enhances the session when people do that." (Participant 3)</p>
Tandem Altered State	<p>"I think I do drop into that relaxed state with the client when I lead them there. I have intuition. I think much of my knowledge comes from trance and intuition." (Participant 3)</p> <p>"I am still very grounded during the process, but still I am in a different state of mind." (Participant 2)</p> <p>"I enter into a more relaxed, but more focused state myself during these sessions. I guide the client because I have a sense of what they're experiencing." (Participant 8)</p>

## Discussion

### Implications

The trigger seems to serve as a mental switch that tells the brain to "enter into" or "perform" a change in conscious states. Perhaps the undeniable attachment to the physiological functions of brain necessitates a transition for movement from one type of consciousness to another. Neuroscience shows that neural pathways are established (e.g. OCD, phantom limbs) and recreated thereby confirming the plasticity of the physical brain (Gruzelier, 2005; Landry & Raz, 2015; Ramachandran, 2011). This serves to bind normal consciousness and its ability to actualize events in the three-dimensional world (i.e., to the material realm of the tangible brain). If biopsychologists are correct (Gruzelier & Warren, 1993; Doidge, 2007; Ginot, 2015; Narvaez, 2014) about the brain serving as the central repository of thought, perhaps it is not consciousness itself that requires the concentrated sensory triggers, it may be the physiological casing of the brain that needs a trigger (Hasegawa & Jamieson, 2002) in order to engage consciousness on a higher level. Trance states are "shells" that help us change our minds and may be defined as processes through which we develop "plasticity within the organic system that is us" (Hope & Sugarman, 2015, p. 214).

Evidence exists that shows default mode network (DMN) activity during hypnosis that differs from activity during non-hypnotic states (Lipari et al., 2012). The DMN is considered a critical network of the brain that encompasses self-mentation, daydreaming, and perhaps even empathy (Wickramasekera, 2015). Our unconscious mind systems tend to automatically enact what they already know (Bartocci, 2004; Ginot, 2015). However, the plasticity of the human brain enables us to create new patterns, albeit through the aide of mindful conditioning and exposure to environmental enrichment practices (e.g. hypnosis, meditation) that promotes neural generation (Baroncelli et al., 2010). From a biopsychological perspective, triggers may serve as a signal to allow the brain to behave in a manner consistent with what consciousness desires (Appel, 2014; Grof, 1998; Tart, 2004) and represent a fundamental neurocognitive element of hypnosis (Egner & Raz, 2007). The trigger seems necessary in achieving an altered state (Bartocci, 2004; Mazzoni et al., McGeown et al., 2012; Raz et al., 2006; Tart 2008): it is the green light permitting the brain-body to move from one level of consciousness to another.

By stimulating the physical brain with sensory triggers to achieve altered states we accept and reinforce the self-imposed physical requirements used to attain those states (Vaitl et al., 2005; Yapko, 2014). Consciousness may rely too heavily

ly upon the sensory trigger and thereby prevent experience of a pure transition to an altered state. The physical reliance upon the sensory trigger is the barbed fence that holds consciousness back from experiencing reality in a remarkably different way. It may be difficult to achieve altered states without acknowledging the physical and thereby finding some way to appease or quiet it while exploring otherness (Boorstein, 2000; Cardena, Lynn & Krippner, 2000; Winkelman, 1986).

Indeed, the physical body may serve as the receiver/transmitter: the radio tower that allows consciousness to explore altered states and then share those experiences, ultimately providing insight into the complexities and mysteries of the holistic human existences (Cavanna, Trimble, Cinti & Monaco, 2007; Churchland, 1995; Hilgard & Hilgard, 1983). The experiencer is free to use the tools at his disposal whether the instrument of choice is hypnosis, meditation, shamanic drumming, and so on. The experiencer can learn to train and synchronize his body-brain to achieve various conscious states through the use of trigger conditioning (Marquis & Wilber, 2008; Martin, 2005; Pekala & Kumar, 2000).

### Limitations

Choices made by the researcher influenced limitations of the study; specific to the limitations were the participant sample size and tools used for data collection. Only two out of the eight were male, while the remainder was female. Had a more gender-dispersed sampling been achieved, perhaps a more marked difference in responses would have resulted. While the sample size of eight participants is acceptable for the purpose of a qualitative study, the researcher was unable to generalize the findings to the entire transpersonal hypnotherapeutic population.

The researcher used a semi-structured interview format with both open and closed-ended questions. Each interview was unique in that the researcher encouraged the participant to explore concepts that appeared relevant to the research question. As a result, not all participants explored the same areas, and not all participants were asked identical questions. While this is permissible in qualitative collection for the purpose of achieving rich data, it may have been more standardized to ask each participant a set of identical questions. Subsequent interviews may also have promoted a richer understanding of participant experience.

### Recommendations for Future Research

For future research, several areas should be considered. While the exploration of participant perceived triggers to altered states is valuable, an in-depth study should be conducted with statistical regression analyses for triggers related to different altered states. This particular study focused upon the hypnotic ASC, but examination of triggers specific for meditative, sensory deprivation and other ASCs may prove equally beneficial. An analysis of prominent triggers and what appears to make those triggers effective across ASC experiences would provide insight into how individuals approach consciousness exploration.

Another recommended avenue for future research is to conduct a similar study and focus upon client rather than clinician perceptions. Not only would this broaden the scope of understanding triggers used to induce hypnotic altered consciousness, it would provide the actual experiencer an opportunity to describe the process in his/her own language.

It is further recommended that client brain waves be monitored through use of fMRI and PET scan devices during the transpersonal hypnotic process from induction to recovery. Visual depictions and analysis of fMRI and PET scan during this type of altered state experience would yield a quantitative basis to supplement the qualitative findings. In addition, results from the measures may provide unique insight for the researcher to actually see, in tangible form, the effect of the transpersonal hypnotic process.

### Conclusion

This researcher believes the use of triggers to induce ASC is fundamental for entry into, and exit from, anomalous realms of consciousness. The act of the hypnotherapist serving as a virgilian guide to the client is typical in accessing hypnotic altered states. It has been said that "all hypnosis is really self-hypnosis" (Spiegel, 2013, p. 343) and if this is the case, then it becomes even more important for hypnotherapists to not only be keenly attuned to signs of trace, but also highly proficient in those methods most effective in triggering the altered state.

It is a daunting task to define any type of consciousness and reach agreement. For the sake of exploration in this paper it was assumed that consciousness is multilayered, pliable, and a separate function apart from the physical shell of the brain. Rather than identifying one state as altered

and another as subconscious, unconscious and so on, it is more appropriate to talk about various states relative to their functions in the life-world. This is not to suggest that the physical world is the sole driver for all layers of consciousness, but it does present the dominant stimuli for how we experience and come to describe our perceptions both of the physical world and of the mental world. Our collection of experiences and the subsequent perceptions developed about the physical world permit production of a priori fundamentals that enable deeper exploration of the multilayered consciousness.

Through a deeper understanding of those triggers that serve as precursors of movement from one mental state to the next, we may refine our ability to experience and explore the multilayered consciousness.

### References

- Appel, P. (2014). Psychosynthesis: A transpersonal model for hypnotically mediated psychotherapy. *American Journal of Clinical Hypnosis*, 56, 249-268.
- Baroncelli, L., Braschi, C., Spolidoro, M., Begegnisic, T., Sale, A., & Maffei, L. (2010). Nurturing brain plasticity: Impact of environmental enrichment. *Cell Death and Differentiation*, 17, 1092-1103.
- Bartocci, G. (2004). Transcendence techniques and psycho-biological mechanisms underlying religious experience. *Mental Health, Religion & Culture*, 7(2), 171-181.
- Boorstein, S. (2000). Transpersonal psychotherapy. *American Journal of Psychotherapy*, 54(3), 408-423.
- Bourguignon, E., & Evascu, T. (1977). Altered states of consciousness within a general evolutionary perspective: A holocultural analysis. *Behavior Science Research*, 12, 199-216.
- Braid, J. (1842-1883/1960). *Braid on hypnotism: The beginnings of modern hypnosis* (A. E. Waite, Ed., Rev. Ed.). New York, NY: Julian
- Cardena, E., & Alvarado, C.S. (2011). Altered consciousness from the Age of Enlightenment through mid-20<sup>th</sup> century. In E. Cardena & M. Winkelman (Eds.), *Altering consciousness: Multidisciplinary perspectives. Vol. 1: History, culture, and the humanities*, (pp. 45-72). Santa Barbara, CA: Praeger.
- Cardena, E., Lynn, S. J., & Krippner, S. (Eds.). (2000). *Varieties of anomalous experience: Examining the scientific evidence*. Washington, DC: American Psychological Association.
- Cavanna, A., Trimble, M., Cinti, F., & Monaco, F. (2007). The "bicameral mind" 30 years on: A critical reappraisal of Julian Jaynes' hypothesis. *Functional Neurology*, 22(1), 11-15.
- Churchland, P. (1995). *The engine of reason, the seat of the soul: A philosophical journey into the brain*. Cambridge, MA: MIT Press.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage.
- Creswell, J. W., & Plano-Clark, V. L. (2007). *Designing and conducting mixed methodology research*. Thousand Oaks, CA: Sage.
- Doidge, N. (2007). *The brain that changes itself: Stories of personal triumph from the frontiers of brain science*. New York: Penguin Books.
- Doidge, N. (2015). Hypnosis, neuroplasticity, and the plastic paradox. *American Journal of Clinical Hypnosis*, 57, 349-354. Doi: 10.1080/00029157.2015.985572
- Egner, T. & Raz, A. (2007). Cognitive control processes and hypnosis. In G.A. Jamieson (Ed.), *Hypnosis and conscious states: The cognitive neuroscience perspective* (pp. 29-50). New York, NY: Oxford University Press.
- Frischholz, E., Spiegel, D., Trentalange, M., & Spiegel, H. (2015). The hypnotic induction profile and absorption. *American Journal of Clinical Hypnosis*, 57(2), 122-128.

- Ginot, E. (2015). *The neuropsychology of the unconscious: Integrating brain and mind in psychotherapy*. New York, NY: Norton.
- Grof, S. (1998). *The cosmic game: Explorations of the frontiers of human consciousness*. Albany, NY: New York University Press.
- Grof, S. (2006). *When the impossible happens: Adventures in non-ordinary realities*. Boulder, CO: Sounds True.
- Gruzelier, J. (2005). Altered states of consciousness and hypnosis in the twenty-first century. *Contemporary Hypnosis, 22*(1), 1-7.
- Gruzelier, J., & Warren, K. (1993). Neuropsychological evidence of reductions on left frontal tests with hypnosis. *Psychological Medicine, 23*, 93-101.
- Hasegawa, H., & Jamieson, G. (2002). Conceptual issues in hypnosis research: Explanations definitions and state/non-state debate. *Contemporary Hypnosis, 19*, 103-117.
- Hilgard, E. R. (1965). *Hypnotic susceptibility*. New York, NY: Harcourt, Brace & World.
- Hilgard, E. R., & Hilgard, J. R. (1983). *Hypnosis in the relief of pain*. Los Angeles, CA: William Kaufmann.
- Hope, A.E. & Sugarman, L.I. (2015). Orienting Hypnosis. *American Journal of Clinical Hypnosis, 57*, 212-229.  
Doi: 10.1080/00029157.2014.976787
- Kallio, S., & Revonsuo, A. (2005). Hypnotic phenomena and altered states of consciousness: A multi-level framework of description and explanation. *Contemporary Hypnosis, 20*(3), 111-164.
- Landry, M. & Raz, A. (2015). Hypnosis and imaging the living human brain. *American Journal of Clinical Hypnosis, 57*(3), 285-313.
- Lipari, S., Baglio, F., Griffanti, L., Mendozzi, L., Garegnani, M., Motta, A., & Pugnetti, L. (2012). Altered and asymmetric default mode network activity in a "hypnotic virtuoso": An fMRI and EEG study. *Consciousness and Cognition, 21*, 393-400.  
doi:10.1016/j.concog.2011.11.006
- Marquis, A., & Wilber, K. (2008). Unification beyond eclecticism and integration: Integral psychology. *Journal of Psychotherapy Integration, 18*(3), 350-358.
- Martin, L. H. (2005). Aspects of "religious experience" among the Hellenistic mystery religions. *Religion & Theology, 12* (3), 349-369.
- Mazzoni, G., Rotriquenz, E., Carvalho, C., Vannucci, M., Roberts, K., & Kirsch, I. (2009). Suggested visual hallucinations in and out of hypnosis. *Consciousness and Cognition, 18*, 494-499.  
Doi: 10.1016/j.concog.2009.02.002
- McGeown, W., Venneri, A., Kirsch, I., Nocetti, L., Roberts, K., Foan, L., & Mazzoni, G. (2012). Suggested visual hallucination without hypnosis enhances activity in visual areas of the brain. *Consciousness and Cognition, 21*, 100-116.  
Doi: 10.1016/j.concog.2011.10.015.
- Mesmer, F. (1779/1997). *Mesmerism: The discovery of animal magnetism*. (J. Bouleaur, Trans.). Sequim, WA: Holmes.
- Narvaez, D. (2014). *Neurobiology and the Development of Human Morality*. New York: Norton.
- Pearson, J. (2003). Ritual and religious experience: William James and the study of 'alternative spiritualities.' *Cross Currents, Fall*, 413-423.
- Pekala, R., & Cardena, E. (2000). Methodological issues in the study of altered states of consciousness and anomalous experience. In E. Cardena, S. J. Lynn, & S. Krippner (Eds.), *Varieties of anomalous experience: Examining the scientific evidence* (pp. 47-82). Washington, DC: American Psychological Association.
- Pekala, R., & Kumar, V. (2000). Operationalizing "trance" I: Rationale and research using a Psychophenomenological approach. *American Journal of Clinical Hypnosis, 43*(2), 107-135.

- Ramachandran, V.S. (2011). *The tell-tale brain: Unlocking the mystery of human nature*. New York: Norton.
- Raz, A., Kirsch, I., Pollard, J., & Nitkin-Kaner, Y. (2006). Suggestion reduces the stroop effect. *Psychological Science, 17*, 91-95. Doi:10.1111/j.1467-9280.2006.01669.x
- Rossi, E. (2002). *The psychobiology of gene expression: Neuroscience and neurogenesis in hypnosis and the healing arts*. New York: Norton.
- Rossi, E. (2003). Gene expression, neurogenesis, and healing: Psychosocial genomics of therapeutic hypnosis. *American Journal of Clinical Hypnosis, 45*(3), 197-216.
- Rossi, E. (2005). Prospects for exploring the molecular-genomic foundations of therapeutic hypnosis with DNA microarrays. *American Journal of Clinical Hypnosis, 48*(2-3), 165-182.
- Rossi, E. and Rossi, K. (2007). What is a suggestion? The neuroscience of implicit processing. Heuristics in Therapeutic Hypnosis and Psychotherapy. *American Journal of Clinical Hypnosis, 49*(7), 267-281.
- Spiegel, D. (2013). Tranceformations: Hypnosis in brain and body. *Depression and Anxiety, 30*, 342-352.
- Tart, C. (2004). On the scientific foundations of transpersonal psychology: Contributions from parapsychology. *Journal of Transpersonal Psychology, 36*(1), 66-90.
- Tart, C. (2008). Accessing state-specific transpersonal knowledge: Inducing altered states. *Journal of Transpersonal Psychology, 40*(2), 137-154.
- Vaitl, D., Birbaumer, N., Gruzelier, J., Jamieson, G., Kotchoubey, B., Kubler, A., Lehmann, D., Miltner, W., Ott, U., Putz, P., Sammer, G., Strauch, I., Strehl, U., Wackermann, J., & Weiss, T. (2005). Psychobiology of altered states of consciousness. *Journal of Clinical and Experimental Hypnosis, 49*, 185-286.
- Wagstaff, G.F. (2014). On the centrality of the concept of an altered state of definitions of hypnosis. *Journal of Mind-Body Regulation, 2*, 90-108.
- Whitehouse, H. (2004). *Modes of religiosity: A cognitive theory of religious transmission*. Walnut Creek, CA: Altamira Press.
- Wickramasekera, I. E. (2015). Mysteries of hypnosis and self are revealed by the psychology and neuroscience of empathy. *American Journal of Clinical Hypnosis, 57*(3), 286-317.
- Winkelman, M. (1986). Magico-religious practitioner types and socioeconomic conditions. *Behavior Science Research, 20*, 17-46.
- Yapko, M. (2014). The spirit of hypnosis: Doing hypnosis versus being hypnotic. *American Journal of Clinical Hypnosis, 56*(3), 234-248.

\***K. M. McCann, Ph.D.** is a professor of graduate psychology at Grand Canyon University. She is a transpersonal researcher whose research interests include non-ordinary states of consciousness, mystical experience, and Buddhist psychology.  
E-mail: [kmccann@gmail.com](mailto:kmccann@gmail.com)

**Appendix**

**Interview**

1. What certification/licensure do you hold and where did you obtain transpersonal hypnotherapy training?
2. Describe a typical session where you perform transpersonal hypnosis.
3. Which induction technique do you use most often? Why?
4. Which trigger do you perceive as the most effective for inducing hypnotic trance?
5. Why do you believe those triggers are most effective for achieving trance?
6. What other triggers have you found to be effective in inducing trance?
7. What makes a particular trigger/induction technique effective for a particular client?
8. How do you determine which trigger mechanism to use for each session?
9. What relationship, if any, have you noticed between the induction phase, trigger use, and the depth of the trance?