

Review Article

Critical Review of Hypnosis from the Perspective of Modern Psychological Counseling

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Abstract - This article provides a brief overview of the historical development of hypnosis, its related theories, and its branches. It explores the current conceptualization of hypnosis, delving into the manifestations under different hypnotic states. The paper analyzes the impact of hypnosis on individuals and discusses crucial factors influencing individuals' entry into a hypnotic state. In the final section, the article explores commonalities between hypnotherapy and traditional psychotherapeutic methods, highlighting the unique advantages of hypnosis. It is hoped that this comprehensive overview contributes to a better understanding and dissemination of knowledge related to hypnosis.

Keywords - Psychological counseling, Hypnosis, Hypnotherapy.

1. The History of Hypnosis

For a long time, hypnosis has seemed to be consistently associated with terms such as religion, mysticism, and witchcraft. Its distant history can be traced back to the tribal era in the East and the ancient Greek period in the West, although that name was not called at the time. However, formal recognition of hypnosis in the scientific community has only been for a relatively short period of a century. In a broad sense, Mesmer is considered the pioneer of modern hypnotism. He named hypnosis 'Mesmerism' and performed hypnotic demonstrations in Europe, causing a great sensation and response at the time. This also attracted many scientists to conduct systematic research on hypnosis.

In the early stages of hypnosis research, some well-known psychologists included James Braid, who regarded hypnosis as a sleep-like state, attributing it to visual nerve fatigue and proposing that the core of hypnosis is suggestion; Jean-Martin Charcot linked the specific manifestations of the hypnotized person with symptoms of hysteria, attempting to apply hypnosis in the field of psychotherapy; Milton Erickson, one of the most influential hypnosis specialist globally, innovatively incorporated hypnosis into the treatment of various psychological disorders with notable success.

By the late 1950s, a significant number of behavior therapists began integrating hypnosis techniques into systematic desensitization and other behavioral intervention methods. From the 1990s to the present, hypnosis has gained increasing recognition as an effective adjunctive tool in mainstream therapeutic techniques (Simpson, 2012).

2. The Definition of Hypnosis

When it comes to the question of what hypnosis really is, accompanied by psychologists' varying interpretations of hypnosis, to this day, there is still no widely accepted definition of hypnosis (Gary et al., 2015). In fact, at an early stage, the understanding of hypnosis was initially divided into different branches: Is a trance state, the core concept of hypnosis, a state of consciousness or unconsciousness? Is hypnosis a general conditioned response or a specific cognitive change? Is hypnosis a certain procedure or a product of the procedure? Supporters of these different positions formed various theories, giving rise to different schools of thought.

Among the numerous theoretical perspectives, Mesmer's 'animal magnetism' is well-known, although it is temporarily set aside due to methodological issues. Pavlov, approaching from the perspective of conditioned reflex, proposed the neurobiological theory, suggesting that the hypnotic state is the result of selective inhibition in the cerebral cortex. However, this theory cannot explain some hypnotic phenomena, such as many subjects entering a hypnotic state without practice or prior exposure to hypnosis (Wei & Yan, 2008). Janet, Hilgard and some other psychologists introduced the dissociation theory, which posits a hierarchy model of cognitive control. They believe that hypnosis weakens the executive system (cognitive controls) and alters the hierarchical relationships of subsystems, resulting in reduced autonomous actions by the hypnotized individual and activation of implicit memory systems. Although the dissociation theory has general



applicability, it lacks empirical support. Social cognitive theory suggests that the hypnotic process involves social psychological behavior. The behavior and psychology of the hypnotized person are likened to social role-playing. However, this theory cannot explain the subjective experiences and specific behaviors of some hypnotized individuals. In addition, recently, psychologists like Jensen et al. (2015) pointed out deficiencies in many hypnotic theoretical models. Therefore, they proposed a key 12-factor model, trying to integrate the hypnosis constructs.

In general, early theoretical models were mostly based on phenomenological standards, lacking a dialectical understanding of individual physiological aspects. With the in-depth application of technologies such as EEG, PET, and fMRI, scientists have gained a deeper and more accurate understanding of the brain neural mechanisms underlying psychological functions, and this has also deepened our understanding of the anatomical and functional features of hypnosis (Raz & Theodore, 2002). In the past, we knew that hypnosis could allow hypnotists to delve into the subconscious of the hypnotized individual, but the specific physiological mechanisms were shrouded in mystery. While we still cannot fully grasp the complete mechanism of hypnosis, through a series of empirical studies, we have come to understand that hypnosis alters neural pathways in the cerebral cortex and subcortex, as well as in the reticular structure and thalamic systems of the brain. Through monitoring the brains of hypnotized individuals and comparing the brain states during hypnosis with other states (such as wakefulness, sleep, etc.), it has been found that hypnosis is a conscious state but different from wakefulness (hypnosis involves frontal lobe blunting); hypnosis is also different from the sleep state (the activated areas during hypnosis are mainly in the cerebral cortex, while REM sleep activates the brainstem, thalamus, and amygdala simultaneously) (Zhou & Wang, 2011). Additionally, Rainville and Hofbauer (1999) have found increased blood flow in the individual's occipital and left frontal lobes during the hypnotic state, which is consistent with cognitive and behavioral aspects of hypnosis, confirming the existence of the neurobiological mechanisms of hypnosis. In recent years, a plethora of neurobiological empirical studies have also driven the integration of hypnosis-related theories.

Of course, these different theories have various points of divergence, but in recent years, an increasing number of disagreements have focused on whether hypnosis should be understood as a standard cognitive process (disembodied cognition) or whether emphasis should be placed on integrating both physiological and psychological aspects into the embodied cognition of mental processes. In the past, discussions about hypnosis in academic circles were more inclined towards the standard cognitive process, i.e., from the perspective of consciousness (whether conscious or subconscious). However, researchers are now increasingly

advocating for a more comprehensive analysis of hypnosis to help us better understand it (Sun & Su, 2016). For example, Wickramasekera II (2001, 2015) proposed that, from an embodied cognition perspective, combined with findings from cognitive neuroscience, the embodied basis of the hypnotic experience may likely reside in the default mode network of the brain and include mirror neurons represented in a bottom-up manner, suggesting a way to integrate dissociation theory and social cognitive theory, providing a more complete interpretation of hypnosis.

Therefore, with the continuous development of neuroscience and the increase in empirical research on hypnosis, the academic understanding of hypnosis and its related concepts is deepening, and there are ongoing changes in the definition of hypnosis. The American Psychological Association's Division 30 on Hypnosis has revised its definition of hypnosis three times (1993, 2003, 2014). Here, we cite its latest and widely accepted definition: Hypnosis is a conscious state involving focused attention, reduced peripheral awareness, and an enhanced capacity to respond to suggestions. Additionally, among concepts highly related to hypnosis, hypnotic induction refers to a designed procedure used to introduce hypnosis; hypnotic susceptibility is the ability of an individual to undergo changes in aspects such as the body, perception, emotion, thought, and behavior after experiencing suggestions during hypnosis. Hypnotherapy refers to the use of hypnosis as a method to treat psychological disorders (Christensen, 2005).

3. The Manifestations after Hypnosis

What are the manifestations of individuals when they are hypnotized? Concerning the specific manifestations of individuals under hypnosis, in a general sense, the experience of the hypnotic state may include profound relaxation of the entire body, heightened mental focus (with the occurrence of narrowed attention and increased suggestibility), decreased intentionality in judgment, movement, and supervision (reduced initiative in responses); termination of orientation to time, place, and self (possible restoration of old memories, loss of new experiences, perceptual distortions, and hallucinations); and experiences of automatic or externally controlled responses to oneself (similar to role-playing, etc.) (Zhu & Li, 2007). However, what is more important is that the expressions of individuals in hypnosis can vary widely.

Specifically, according to current operational standards for hypnosis, the depth of an individual's hypnotic experience can be classified into three levels: light, medium, and deep. The measurement of the depth of hypnosis is often based on the phenomena exhibited by the hypnotized individual during hypnosis. Among these, the manifestations of entering a shallow hypnotic state include the individual experiencing physical relaxation with muscles loosening, eyelids becoming rigid, a lack of strength in opening the eyes,

difficulty in limb movement, and slow, steady breathing. On a psychological level, the individual tends to have a relatively stable and relaxed mood, focused attention (narrowed consciousness), clear subjective awareness, reduced thought activity, and decreased psychological defense, expressing thoughts and emotions they might not typically reveal. In fact, individuals in the shallow hypnotic stage often feel as though they are still in a wakeful state and not successfully hypnotized. However, there are still significant differences between the shallow hypnotic stage and a truly wakeful state. Specifically, individuals in the shallow state find it challenging to engage in active thinking; their thought processes are passive or, in other words, guided by the hypnotist's instructions. Additionally, during this stage, the individual's responses to external stimuli (including content and expression forms) show traces of subconscious information processing, resulting in significant differences in the content and form of feedback compared to responses in a wakeful state (Wu & Tai, 2008).

Secondly, the manifestations of entering a medium hypnotic state include the individual presenting a drowsy state or deepening of the trance level; muscles throughout the body become more relaxed and weak compared to the shallow hypnotic state, and voluntary movements are essentially lost, allowing for a positive behavioral response to the hypnotist's instructions. On a psychological level, the individual's mood further relaxes, with a prominent narrow consciousness, decreased clarity of subjective awareness, further reduction in thought activity, and a sustained decline in psychological defenses. Many hypnotists have observed that in this medium hypnotic stage, the connection between consciousness and subconsciousness deepens. The hypnotist may even directly issue commands to the subconscious, such as for recovering old memories and retrieving past experiences. The subconscious can convey this information to the conscious level or undergo subconscious-conscious integration, thereby passing the information to the hypnotist and assisting both the hypnotist and the hypnotized individual in making progress. During this stage, most hypnotized individuals, due to physiological and psychological changes, experience a distinct sense of being hypnotized, although a minority may still feel that they have not been hypnotized.

In addition, the manifestations of entering a deep hypnotic state include the individual experiencing complete physical relaxation, a rigid facial expression, a lack of sensitivity to general stimuli in the surroundings, loss of self-control, and a positive response to the hypnotist's instructions. On a psychological level, there is a strong sense of self-immersion, a further emphasis on narrow consciousness, and a high level of suggestibility. In many hypnotic performances, individuals are often in a deep hypnotic state, allowing them to perform actions that are difficult or even impossible in a wakeful state, such as the famous hypnotic human bridge

performance. Regarding the psychological changes in individuals in this stage, some researchers believe that the degree of consciousness suppression is deeper than in the previous two stages, and the subconscious emerges more directly. Although there is a decrease in active thinking and activity, subconscious activity is highly active. In this stage, some hypnotized individuals may have very peculiar experiences. For example, some individuals report recalling memories not belonging to their current life (the authenticity of which remains to be verified, as there is currently a lack of authoritative empirical research). At the end of this hypnotic stage, most hypnotized individuals are unable to recall what happened during hypnosis (indirectly supporting the dominance of the subconscious during the deep hypnotic period, as the individual is unable to remember events when the subconscious takes control and memories, are missing when consciousness resurfaces after the subconscious recedes) (Wu & Tai, 2008).

Researchers have found, in a large number of clinical cases, that around 90% of the population can enter different levels of hypnotic states, while the remaining individuals find it difficult or impossible to enter a hypnotic state (Christensen, 2005; Tong & Wu, 2010; Simpkins & Simpkins, 2012). In this regard, researchers mostly analyze individual differences from the perspective of hypnotic susceptibility. Currently, most studies have found that a certain percentage of individuals exhibit susceptibility to hypnosis determined by genetics, and this susceptibility tends to remain relatively stable. Moreover, to ensure a smoother and more effective hypnosis process, researchers often pre-assess an individual's hypnotic susceptibility before the hypnosis session. To achieve this, some researchers have developed relevant hypnotic susceptibility questionnaires, with the most commonly used being the 'Stanford Hypnotic Susceptibility Scales' (SHSS) devised by Weitzenhoffer and Hilgard in 1959. This scale includes a series of hypnotic tests, such as eye fatigue, arm levitation, arm numbness, etc. Hypnotists assess an individual's hypnotic susceptibility by observing their reactions to these tests and, based on their susceptibility, determine whether the individual is suitable for hypnotic therapy. At the same time, other prominent factors influencing whether a person can enter hypnosis and the specific depth of hypnosis include the following, as indicated by some studies (Hilgard, 1984; Kirsch, 1996; Walters, 2006):

Firstly, due to the fact that most hypnotists induce hypnosis through visual and auditory means and require the hypnotized individuals to receive and follow instructions during the process, such as relaxing the body and focusing attention, physiological considerations include the need for the hypnotized individual to have a well-functioning nervous system, without severe intellectual impairments, and preferably without significant impairments in auditory or visual functions. In empirical hypnosis research, some

researchers have also found that females are more likely than males to enter (deeper levels of) hypnosis. Healthy individuals are more likely than those with illnesses to enter (deeper levels of) hypnosis and younger participants are more likely than older individuals to enter (deeper levels of) hypnosis.

Secondly, at the psychological level, the first influencing factor is the subjective willingness of the hypnotized individual. If the participant is not willing to enter a hypnotic state, the hypnotist's guidance is likely to be ineffective, making it difficult for the participant to enter hypnosis. The second factor is the level of attention of the hypnotized individual. During hypnosis, it is necessary for the hypnotized individual to concentrate their attention on the hypnotist's voice and instructions to enter the hypnotic state better.

In practical operations, especially with participants exhibiting compulsive behavior or thoughts, they may easily experience distractions and various intrusive thoughts when receiving instructions from the hypnotist, making it challenging to enter a hypnotic state smoothly. The third factor is the sense of trust; the hypnotized individual needs to establish trust in the hypnotist to relax both mentally and physically and enter deeper levels of hypnosis more effectively. Overall, the factors mentioned above are widely acknowledged in extensive research to have an impact on individuals entering a hypnotic state.

4. About Hypnotherapy

Hypnotherapy, as a psychological treatment method, refers to the guidance of a hypnotist in leading the individual into a state of deep relaxation and heightened concentration, known as the hypnotic state (Spiegel & Greenleaf, 2006). In this state, psychological counseling and therapy are conducted with the individual. Specifically, under hypnosis, the hypnotist guides the individual to explore underlying psychological issues, alter maladaptive thought patterns and problematic behaviors, or provide assistance in alleviating specific symptoms such as physical pain. As research on hypnosis continues to deepen, hypnotherapy is now widely applied in clinical medicine, sports, and the legal field.

In the field of clinical medicine, hypnotherapy is primarily used for (1) Various neurotic and mood disorders, including anxiety neurosis, phobic neurosis, somatic symptom disorders, depression, manic-depressive illness, and bipolar disorders; (2) Various behavioral issues, such as maladjustment in adolescents, smoking cessation, alcohol cessation, etc.; (3) Sexual function and psychological disorders, such as erectile dysfunction, premature ejaculation, frigidity, etc.; (4) Other conditions like psychogenic amnesia, functional pain, personality enhancement, etc. (Wu & Tai, 2008).

In fact, as one of the highly operational therapeutic approaches in psychological counseling and psychotherapy, hypnotherapy shares many commonalities with traditional therapies in psychological counseling or psychotherapy, such as psychoanalytic therapy, rational emotive therapy, behavior therapy, and others. However, there are significant differences between them. Regarding their commonalities: Firstly, these therapies share the common goal of helping individuals resolve psychological distress and improve life satisfaction. Secondly, they all emphasize establishing a trusting relationship between the counselor and the client. Full trust from the client is crucial for effectively addressing their issues. Thirdly, these therapies consider individual differences, tailoring counseling plans for each participant. Lastly, they all require a comprehensive assessment before use to ensure the therapy can be implemented safely and effectively.

As for the characteristics or advantages of hypnotherapy, firstly, hypnotherapists often can quickly and accurately grasp the core issues of the hypnotized individual through hypnotherapy. By passing conscious scrutiny, resolving resistance at the subconscious level becomes possible, making it easier to uncover the psychological conflicts behind external emotional or behavioral issues. This aligns with the previously mentioned process of subconscious consciousness. Secondly, as hypnosis enhances the sensitivity of individuals to suggestions, hypnotized individuals are often more receptive to effective suggestions from the hypnotherapist. Their irrational cognitions can be corrected more promptly and with minimal resistance, making the therapeutic process more efficient.

Additionally, through suggestions and commands during the hypnotic state, hypnotherapy can effectively intervene in some physiological discomfort symptoms, such as functional pain, which is challenging for other traditional therapies to achieve. More importantly, it is worth mentioning that, despite different individuals entering various depths of hypnotic states—whether shallow, moderate, or deep—extensive clinical practice has demonstrated that even in a shallow hypnotic state, individuals can achieve significant physical and mental relaxation and relief from negative emotions. Therefore, it is conducive to resolving psychological issues.

The moderate level of hypnotic depth is widely considered to be the most suitable stage for psychological therapy. According to Yuepeng Liao, psychological therapy in a hypnotic state requires direct communication with the subconscious and the reinterpretation and integration of past experiences by the subject. Both of these aspects can be achieved in a moderate hypnotic state, as opposed to the deep hypnotic state, where the individual's conscious state is often less clear, making it difficult to organize and reflect on information. Of course, it is not ruled out that a minority of

individuals may achieve better hypnotic effects in deep hypnotic states, especially those with particularly severe subconscious conflicts.

This is not to say that hypnotherapy is flawless. Hypnotherapy also has its inherent problems. Firstly, as mentioned earlier, hypnotherapy is not suitable for all individuals. Apart from individuals who cannot enter a hypnotic state due to insufficient hypnotic susceptibility or various physiological and psychological factors, even if individuals can enter a hypnotic state, they may not necessarily benefit from it. Due to the influence of movies, television, and some hypnosis performances, many participants encountered in real life still have significant prejudices against hypnosis. A common concern is a fear that the hypnotist may engage in unethical behavior during the hypnosis process. Due to the unique nature of hypnosis (including phenomena such as post-hypnotic amnesia and post-hypnotic suggestions), it is difficult for the hypnotist to prove innocence. Even if the hypnotist explains to the participant that, in the vast majority of cases, the participant can maintain a clear consciousness during hypnosis, it is often challenging to believe.

There may even be a situation where suggesting the use of hypnotherapy is considered suspicious. Therefore, the prerequisites for implementing hypnotherapy must include a certain level of trust in the hypnotist by the participant, a reasonable understanding of hypnotherapy, and, most importantly, voluntary use of hypnotherapy for psychological intervention. Secondly, hypnotherapy places high demands on psychological counselors and therapists. Guiding the participant into a hypnotic state through hypnotic induction is just the beginning, and it is a relatively simple process with a standard operating procedure. The real challenge lies in choosing the right timing and perspective to give instructions and suggestions after the participant has entered the hypnotic state. Since the impact of hypnotherapy on individuals is more subtle than other therapies, inappropriate, suggestive interventions may have adverse effects on the

participant, potentially worsening their condition. This is also a concern for some researchers.

5. Summary

Hypnosis, as a unique phenomenon, has long been a subject of widespread attention in the academic community. This phenomenon influences both the physiological and psychological states of individuals while being influenced by the social environment itself. Particularly in the field of psychology, the fascinating experiences brought about by hypnosis have been difficult to explain for a long time scientifically, and even today, the concept of hypnosis remains shrouded in mystery. This article first discusses the historical development of hypnosis, including its origin, the broadening influence of the concept of hypnosis, and the different schools and theoretical branches of hypnosis in later periods. Subsequently, the article introduces relevant concept definitions surrounding hypnosis, focusing on describing various manifestations after hypnosis and significant factors influencing whether individuals can be hypnotized and enter the levels of light, medium, or deep hypnosis. In the final section, this article explores hypnotherapy from the perspective of its commonalities with other traditional psychological counseling or therapy methods, as well as the unique advantages of hypnotherapy. Finally, the long-standing issues in hypnotherapy are mentioned and summarized. Overall, the rapid development of neuroscience in recent years has brought many substantial new discoveries to the field of hypnosis and supported many core points of contention among past researchers, such as whether hypnosis is a state of consciousness. However, it is undeniable that there is still no complete and convincing explanation for the reasons and mechanisms behind the effectiveness of hypnosis. Like other psychological therapies, hypnotherapy is mostly applicable to individual interventions, making it challenging to replicate and generalize results, posing significant problems for integrated research on hypnosis. Nevertheless, it is believed that with the continuous efforts of researchers, the clouds surrounding hypnosis will eventually be dispelled. Importantly, many individuals will continue to benefit from hypnosis throughout this process.

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