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Hypnosis: An altered state of consciousness

Have you ever been totally absorbed while reading a book, cooking or watching a movie? Did you zone out to the point where you didn't notice what else was going on around you? If so, you've experienced a type of trance-like state or focused attention that's similar to what happens to you during hypnosis.

Although its medical uses aren't entirely understood, hypnosis, when provided by a certified hypnotherapist or other qualified clinician, appears to help with a variety of health conditions. These range from helping to control pain to easing the symptoms of asthma.

What is hypnosis?

Hypnosis, also referred to as hypnotherapy or hypnotic suggestion, is an altered state of consciousness. This state of consciousness is usually achieved with the help of a hypnotherapist and is different from your everyday awareness. When you're under hypnosis:

- Your attention is more focused
- You're more responsive to suggestions
- You're more open and less critical or disbelieving

The purpose of hypnosis as a therapeutic technique is to help you gain more control over your behavior, emotions or physical well-being.

It's not clear how hypnosis works. However, it appears to affect how your brain communicates with your body through nerve impulses, hormones and body chemicals, such as neuropeptides. Hypnotherapists say that hypnosis creates a state of deep relaxation and quiets the mind. When you're hypnotized, you can concentrate intensely on a specific thought, memory, feeling or sensation while blocking out distractions. You're more open than usual to suggestions, and this can be used to change your behavior and thereby improve your health and well-being.

Who is hypnosis for?

Hypnotherapy has the potential to help relieve the symptoms of a wide variety of diseases and conditions. It can be used independently or along with other treatments. For example, it's one of several relaxation methods for treating chronic pain that has been approved by an independent panel convened by the National Institutes of Health.

According to preliminary studies, hypnotherapy may be used to:

- Change negative behaviors, such as smoking, bed-wetting and overeating
- Reduce fear, stress and anxiety
- Eliminate or decrease the intensity of phobias
- Treat pain during childbirth and reduce labor time
- Control pain during dental and surgical procedures
- Relieve symptoms associated with irritable bowel syndrome (IBS)
- Lower blood pressure
- Control nausea and vomiting caused by chemotherapy
- Reduce the intensity or frequency of headaches, including migraines
- Treat and ease the symptoms of asthma
- Hasten the healing of some skin diseases, including warts, psoriasis and atopic dermatitis

Although hypnosis may have the potential to help with a wide variety of conditions, it's not a magic bullet. It's typically used as one part of a broader, more comprehensive treatment plan rather than as a stand-alone therapy. Like any other therapy, hypnosis can be very helpful to some people and fail with others. It seems to work best when you're highly motivated and your therapist is well trained and understands your particular problem.

Types of hypnosis

A variety of hypnotic techniques exist. The approach you choose depends on what you want to accomplish as well as your personal preferences. Your hypnotherapist may make a recommendation regarding the best technique for your particular situation.

For example, in one method a hypnotherapist leads you into hypnosis by talking in a gentle, soothing tone and describing images that create a sense of relaxation, security and well-being. While you're under hypnosis, the hypnotherapist suggests ways for you to achieve specific goals, such as reducing pain or stress or helping to eliminate the cravings associated with smoking cessation.

In another technique, once you're under hypnosis the hypnotherapist

helps stimulate your imagination by suggesting specific mental images for you to visualize. This conscious creation of vivid, meaningful pictures in your mind is called mental imagery, and it's a powerful way to help bring about what you want to achieve. For instance, hypnotherapists can help athletes visualize what they want to accomplish before they perform it physically, such as shooting baskets or hitting a golf ball.

Self-hypnosis is a third technique. A certified hypnotherapist teaches you how to induce a state of hypnosis in yourself. You then use this skill on your own to help yourself.

Although hypnotherapists, like other health care practitioners, each have their own style, expect some common elements:

- A typical session lasts from 30 to 60 minutes.
- The number of sessions can range from one to several.
- You generally bring yourself out of hypnosis at the end of a session.
- You can usually resume your daily activities immediately after a session.

Myths about hypnosis

If you've ever seen hypnotism used as entertainment in a stage act, you've probably witnessed several of the myths about hypnosis in action. Legitimate clinical hypnotherapy practiced by a qualified professional is not the same process as that performed on stage.

Myth: When you're under hypnosis, you surrender your free will.

Reality: Hypnosis is a heightened state of concentration and focused attention. When you're under hypnosis, you don't lose your personality, your free will or your personal strength.

Myth: When you're under hypnosis, the hypnotherapist controls you.

Reality: You do hypnosis voluntarily for yourself. A hypnotherapist only serves as a knowledgeable guide or facilitator.

Myth: Under hypnosis, you lose consciousness and have amnesia.

Reality: A small number of people who go into a very deep hypnotic state experience spontaneous amnesia. However, most people remember everything that occurred under hypnosis.

Myth: You can be put under hypnosis without your consent.

Reality: Successful hypnosis depends on your willingness to experience it. Even with voluntary participation, not everyone can be led into a hypnotic state.

How to choose a qualified professional

Hypnosis as a practice is not regulated in most states, so it pays to be very careful when selecting a therapist. Certified lay hypnotists are individuals who have completed 200 or more hours of training in hypnosis but don't have additional professional health care training. Licensed health care professionals who practice hypnotherapy, such as psychologists, doctors and social workers, are trained in hypnosis in addition to their university training.

Apply the same care in choosing a hypnotist as you would a doctor. Ask someone you trust for recommendations. When you find a potential hypnotist, ask questions such as:

- Do you have training in a field such as psychology, medicine, social work or dentistry?
- Are you licensed in your specialty in this state?
- Where did you go to school, and where did you do your internship, residency or both?
- If you're a lay hypnotist, how much training have you had and from what school?
- What professional organizations do you belong to?
- How long have you been in practice?
- What are your fees?

Risks of hypnosis

Hypnosis conducted under the care of a trained therapist is considered safe as a complementary and alternative medicine treatment. Adverse reactions, such as headache, dizziness and nausea, are uncommon and may be the result of poor technique. False memories may be implanted if your hypnotist uses leading questions or suggestions — avoid this type of hypnosis.

[By Mayo Clinic Staff](#)

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What hypnosis is not: Sleep. Adults who are hypnotized do not have their eyes closed. This is not necessary in order to have a deep trance. Children prefer to have their eyes open and even to walk during hypnosis.

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Individuals may feel disappointed and say, "I didn't feel they expect their eyes to close automatically and expect state. Despite this, within a few days, their target symptoms may actually be good hypnotic treatment. Individuals expect way. Many, particularly children, do not close their eyes during the hypnosis. Some people may continue their work unconsciously after they leave the session. Other individuals may see hypnosis a failure because they have unrealistic expectations. Hypnosis may be the primary treatment of choice for certain disorders, it is often appropriate as an adjunct to other psychotherapeutic techniques

Medical versus "Amateur" Hypnosis

When I explain hypnosis to a new patient, I often have differ clinically and ethically from amateur stage hypnosis on a certain amount of peer pressure and a given individual's unconscious wishes to perform. Frequently it is not done subject's needs or vulnerabilities. I see hypnosis as a psychological procedure that should be done within the relationship. Recently a clinician from another state asked me to avoid this completely. It is important for licensed use care in determining the appropriate venue for hypnosis

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Habit Disorders: Hypnosis has been shown to be effective for habit disorders (teeth grinding) I have used it successfully to help individuals with alcoholism or other chemical dependencies. If they are seeing me for hypnosis, they also attend 12 step programs.

Nausea and other Conditions in Pregnancy: I have had good success in attenuating nausea associated with cancer chemotherapy. One individual was the ability to learn to dilate small veins in the arm. "Morning sickness," the nausea associated with pregnancy is often annoying to medically dangerous. Pregnant women often use hypnosis unless absolutely necessary. I do not see hypnosis, in childbirth preparation classes such as Lamaze or Bradley. A combination with these approaches. Women with anxiety avoid medication during early pregnancy, can often use hypnosis to decrease anxiety and minimize panic attacks.

Relaxation: Almost by definition, hypnosis induces a state of relaxation. In the short term, as when used to interrupt panic. When used with a motivated individual can often achieve longer-term results.

Anxiety states: Hypnosis can help anxiety disorders in that it can directly decrease anxiety and panic by inducing a state of relaxation. It can also use the hypnotic state to help the patient focus on what might be causing the anxiety. Often the use of fictional scenarios can give the patient a new way of looking at his or her situation. It is more permissive than direct suggestions. It gives the patient the suggestion without feeling that he is being "non-compliant."

Interruption of strong emotional state: Individuals in crisis

suggestion.. Susceptible individuals may actually disassociate from trauma or crisis. This tendency may be used therapeutically.

Psychotic Disorders: I do not use hypnosis as the primary treatment for schizophrenia or bipolar disorder. However, I occasionally will use hypnosis to help regulate an emotional state while waiting for other medical treatments. I use caution when using hypnosis with these individuals as hypnosis is absolutely contraindicated.

Psychotherapy: Hypnosis can be a useful part of exploratory therapy. A therapist often makes use of metaphorical stories to help change a way of looking at certain situations.

Hypnotizability

Some, such as the Speigels, feel that each individual has the capacity for achieving a trance state. They see this capacity as relative to the individual. They suggest that there may be inheritability of this capacity. Some use deepening techniques as much as other clinicians. The individual's personality and rapport with the therapist can influence the success of the hypnosis.

Milton Erickson emphasized less a biologically determined capacity for hypnosis and more a capacity for achieving a trance state. He attempted to find metaphors suitable for each individual's capacity for hypnosis. He felt that individuals who see themselves as having a capacity for hypnosis could still achieve trance states with a therapist. Some clinicians approach their hypnotic work from a middle ground, not assuming a sense of the patient's capacity to easily achieve a trance state, but rather trying to deepen and enhance the trance state. Additionally, some work can be done while an individual is in a light trance state.

Hypnotic Induction

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OCD

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AD/HD

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Behavior disorders.

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This is a controversial subject. Different clinicians have different appropriate uses of hypnosis. I tend to be more conservative than most experienced clinicians. Most licensed clinicians agree that hypnosis is not for public entertainment. It is not a good idea to use hypnosis on a patient who does not want it. One should not use hypnosis for anything other than the patient's wishes. Generally, it would be a good way. However, there have been reports of manipulation.

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While in hypnosis, one's attention and concentration is this is not usually the case. EEG patterns during hypnosis are usually different from those of the waking state. Hypnosis is intense focused concentration, with the patient's awareness of peripheral phenomenon. Some feel that they become intensely absorbed in an activity or daydreams. Hypnotic or trance states can occur spontaneously in the laboratory and in every day life.

Individuals may feel disappointed and say, "I didn't feel anything." They expect their eyes to close automatically and enter a hypnotic state. Despite this, within a few days, their target symptoms may actually be good hypnotic treatment. Individuals who do not close their eyes during the hypnosis. Some people may continue their work unconsciously after they leave the session. Other individuals may experience a failure because they have unrealistic expectations. Hypnosis may be the primary treatment of choice for certain disorders, it is often appropriate as an adjunct to other psychotherapeutic techniques.

Medical versus "Amateur" Hypnosis

When I explain hypnosis to a new patient, I often have to explain the difference between clinical and amateur stage hypnosis. Clinical hypnosis is done on a certain amount of peer pressure and a given individual's unconscious wishes to perform. Frequently it is not done in a way that respects the subject's needs or vulnerabilities. I see hypnosis as a psychological procedure that should be done within the context of a therapeutic relationship. Recently a clinician from another state asked me to avoid this completely. It is important for licensed professionals to use care in determining the appropriate venue for hypnosis.

Indications for Medical Hypnosis

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Pain: Some patients worry that if hypnosis helps their pain, it is "all in my head." Actually, that is true because ALL pain is in the brain. Pain related to surgery or medical conditions such as migraines responds well to hypnosis. I usually work with the patient to build a coping strategy so she will be alerted to any change or increase in the pain.

Habit Disorders: Hypnosis has been shown to be effective for habit disorders (teeth grinding) I have used it successfully to help individuals with alcoholism or other chemical dependencies. If they are seeing me for hypnosis, they also attend 12 step programs.

Nausea and other Conditions in Pregnancy: I have had good success in attenuating nausea associated with cancer chemotherapy. One individual was the ability to learn to dilate small veins in the arm. "Morning sickness," the nausea associated with pregnancy is often annoying to medically dangerous. Pregnant women often use hypnosis unless absolutely necessary. I do not see hypnosis, in childbirth preparation classes such as Lamaze or Bradley. A combination with these approaches. Women with anxiety avoid medication during early pregnancy, can often use hypnosis to decrease anxiety and minimize panic attacks.

Relaxation: Almost by definition, hypnosis induces a state of relaxation. In the short term, as when used to interrupt panic. When used with a motivated individual can often achieve longer-term results.

Anxiety states: Hypnosis can help anxiety disorders in that it can directly decrease anxiety and panic by inducing a state of relaxation. It can also use the hypnotic state to help the patient focus on what might be causing the anxiety. Often the use of fictional scenarios can give the patient a new way of looking at his or her situation. It is more permissive than direct suggestions. It gives the patient the suggestion without feeling that he is being "non-compliant."

Interruption of strong emotional state: Individuals in crisis

suggestion.. Susceptible individuals may actually disassociate from trauma or crisis. This tendency may be used therapeutically.

Psychotic Disorders: I do not use hypnosis as the primary treatment for schizophrenia or bipolar disorder. However, I occasionally will use hypnosis to help regulate an emotional state while waiting for other medical treatments. I use caution when using hypnosis with these individuals as hypnosis is absolutely contraindicated.

Psychotherapy: Hypnosis can be a useful part of exploratory therapy. A therapist often makes use of metaphorical stories to help change a way of looking at certain situations.

Hypnotizability

Some, such as the Speigels, feel that each individual has the capacity for achieving a trance state. They see this capacity as relative to the individual. They suggest that there may be inheritability of this capacity. Some use deepening techniques as much as other clinicians. The individual's personality and rapport with the therapist can influence the success of the hypnosis.

Milton Erickson emphasized less a biologically determined capacity for hypnosis and more a capacity for achieving a trance state. He attempted to find metaphors suitable for each individual's capacity for hypnosis. He felt that individuals who see themselves as having a capacity for hypnosis could still achieve trance states with a therapist. Some clinicians approach their hypnotic work from a middle ground, not assuming a capacity for hypnosis but recognizing a sense of the patient's capacity to easily achieve a trance state. They attempt to deepen and enhance the trance state. Additionally, some work can be done while an individual is in a light trance state.

Hypnotic Induction

The induction is essentially a ritual that helps formalize a focused state of consciousness. Deep or light trance states can be achieved.

spontaneously. The formal induction process serves to process so that the trance state can be more efficiently wide variety of types of hypnotic inductions. Some ther type of induction most of the time. Others vary the type the personality type and preferences of the patient. Bri more practical because the patient can often learn to u situations.

Self Hypnosis

I will often teach patients how to use self-hypnosis so tl over the process. They can use it between sessions as a long induction for when they have time and a shorter crisis situations. Individuals who have difficulty doing th from hypnosis tapes. I will often make up custom tapes

Hypnosis and Children

Children are actually more easily hypnotized than adult with a slow adult-type progressive relaxation induction. hypnotized child lie still with his eyes closed, one may (incapable of trance.

Pain

When children experience pain, they may not understa pain may be complicated by anxiety. Hypnosis along w explanations, can result in good pain relief. In severe o may want to coordinate treatment with other medical sp

Anxiety Disorders

In separation anxiety, hypnosis can compliment a comj may also include specific family guidance, psychothera medication. The hypnosis may help decrease the child' helping him or her to carry an internalized representatic

reactive anxiety, (anxiety directly related to stress) hypnosis is a good choice and further treatment may not be necessary.

OCD

Cognitive psychotherapy can help a child or adolescent with OCD. Hypnosis can be an adjunctive treatment.

AD/HD

I do not use hypnosis as a primary treatment for AD/HD. Primary treatments for this condition include parent training, behavior intervention, psychotherapy, and the use of support groups. Sometimes I augment these treatments by improving self-regulation and focusing.

Behavior disorders.

When one is treating a child or adolescent, the goals of the treatment may be different from those of the child. In such situations, the child's needs are prominent. When I use hypnosis in such situations, I use a light nature of the trance state. I do not try to use the hypnosis to make the child do what he does not want to do. I try to use the hypnosis to help the child do positive things he or she wants to achieve. The trance state can help the adolescent break out of an oppositional stance by encouraging creative solutions.

Contraindications for Hypnosis

This is a controversial subject. Different clinicians have different appropriate uses of hypnosis. I tend to be more conservative than most experienced clinicians. Most licensed clinicians agree that hypnosis is not for public entertainment. It is not a good idea to use hypnosis on a patient who does not want it. One should not use hypnosis for anything other than the patient's wishes. Generally, it would be a good way. However, there have been reports of manipulation.

hypnotherapy and other forms of therapy.

There are a number of specific patients who I might feel need another type of psychiatric intervention. In such cases, I will discuss the treatments and their potential risks and benefits. Hypnotherapy is a psychiatric treatment technique. The person doing the hypnotherapy is a well-rounded clinician with a knowledge of psychiatric medicine.

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This Is Your Brain Under Hypnosis

By [SANDRA BLAKESLEE](#)

Hypnosis, with its long and checkered history in medicine and entertainment, is receiving some new respect from neuroscientists. Recent brain studies of people who are susceptible to suggestion indicate that when they act on the suggestions their brains show profound changes in how they process information. The suggestions, researchers report, literally change what people see, hear, feel and believe to be true.

The new experiments, which used brain imaging, found that people who were hypnotized "saw" colors where there were none. Others lost the ability to make simple decisions. Some people looked at common English words and thought that they were gibberish.

"The idea that perceptions can be manipulated by expectations" is fundamental to the study of cognition, said Michael I. Posner, an emeritus professor of neuroscience at the University of Oregon and expert on attention. "But now we're really getting at the mechanisms."

Even with little understanding of how it works, hypnosis has been used in medicine since the 1950's to treat pain and, more recently, as a treatment for anxiety, [depression](#), trauma, irritable bowel syndrome and [eating disorders](#).

There is, however, still disagreement about what exactly the hypnotic state is or, indeed, whether it is anything more than an effort to please the hypnotist or a natural form of extreme concentration where people become oblivious to their surroundings while lost in thought.

Hypnosis had a false start in the 18th century when a German physician, Dr. Franz Mesmer, devised a miraculous cure for people suffering all manner of unexplained medical problems. Amid dim lights and ethereal music played on a glass harmonica, he infused them with an invisible "magnetic fluid" that

only he was able to muster. Thus mesmerized, clients were cured.

Although Dr. Mesmer was eventually discredited, he was the first person to show that the mind could be manipulated by suggestion to affect the body, historians say. This central finding was resurrected by Dr. James Braid, an English ophthalmologist who in 1842 coined the word hypnosis after the Greek word for sleep.

Braid reportedly put people into trances by staring at them intently, but he did not have a clue as to how it worked. In this vacuum, hypnosis was adopted by spiritualists and stage magicians who used dangling gold watches to induce hypnotic states in volunteers from the audience, and make them dance, sing or pretend to be someone else, only to awaken at a hand clap and laughter from the crowd.

In medical hands, hypnosis was no laughing matter. In the 19th century, physicians in India successfully used hypnosis as [anesthesia](#), even for limb amputations. The practice fell from favor only when ether was discovered.

Now, Dr. Posner and others said, new research on hypnosis and suggestion is providing a new view into the cogs and wheels of normal brain function.

One area that it may have illuminated is the processing of sensory data. Information from the eyes, ears and body is carried to primary sensory regions in the brain. From there, it is carried to so-called higher regions where interpretation occurs.

For example, photons bouncing off a flower first reach the eye, where they are turned into a pattern that is sent to the primary visual cortex. There, the rough shape of the flower is recognized. The pattern is next sent to a higher - in terms of function - region, where color is recognized, and then to a higher region, where the flower's identity is encoded along with other knowledge about the particular bloom.

The same processing stream, from lower to higher regions, exists for sounds, touch and other sensory information. Researchers call this direction of flow feedforward. As raw sensory data is carried to a part of the brain that creates a comprehensible, conscious impression, the data is moving from bottom to top.

Bundles of nerve cells dedicated to each sense carry sensory information. The

surprise is the amount of traffic the other way, from top to bottom, called feedback. There are 10 times as many nerve fibers carrying information down as there are carrying it up.

These extensive feedback circuits mean that consciousness, what people see, hear, feel and believe, is based on what neuroscientists call "top down processing." What you see is not always what you get, because what you see depends on a framework built by experience that stands ready to interpret the raw information - as a flower or a hammer or a face.

The top-down structure explains a lot. If the construction of reality has so much top-down processing, that would make sense of the powers of placebos (a sugar pill will make you feel better), nocebos (a witch doctor will make you ill), talk therapy and meditation. If the top is convinced, the bottom level of data will be overruled.

This brain structure would also explain hypnosis, which is all about creating such formidable top-down processing that suggestions overcome reality.

According to decades of research, 10 to 15 percent of adults are highly hypnotizable, said Dr. David Spiegel, a psychiatrist at Stanford who studies the clinical uses of hypnosis. Up to age 12, however, before top-down circuits mature, 80 to 85 percent of children are highly hypnotizable.

One adult in five is flat out resistant to hypnosis, Dr. Spiegel said. The rest are in between, he said.

In some of the most recent work, Dr. Amir Raz, an assistant professor of clinical neuroscience at Columbia, chose to study highly hypnotizable people with the help of a standard psychological test that probes conflict in the brain. As a professional magician who became a scientist to understand better the slippery nature of attention, Dr. Raz said that he "wanted to do something really impressive" that other neuroscientists could not ignore.

The probe, called the Stroop test, presents words in block letters in the colors red, blue, green and yellow. The subject has to press a button identifying the color of the letters. The difficulty is that sometimes the word RED is colored green. Or the word YELLOW is colored blue.

For people who are literate, reading is so deeply ingrained that it invariably

takes them a little bit longer to override the automatic reading of a word like RED and press a button that says green. This is called the Stroop effect.

Sixteen people, half highly hypnotizable and half resistant, went into Dr. Raz's lab after having been covertly tested for hypnotizability. The purpose of the study, they were told, was to investigate the effects of suggestion on cognitive performance. After each person underwent a hypnotic induction, Dr. Raz said:

"Very soon you will be playing a computer game inside a brain scanner. Every time you hear my voice over the intercom, you will immediately realize that meaningless symbols are going to appear in the middle of the screen. They will feel like characters in a foreign language that you do not know, and you will not attempt to attribute any meaning to them.

"This gibberish will be printed in one of four ink colors: red, blue, green or yellow. Although you will only attend to color, you will see all the scrambled signs crisply. Your job is to quickly and accurately depress the key that corresponds to the color shown. You can play this game effortlessly. As soon as the scanning noise stops, you will relax back to your regular reading self."

Dr. Raz then ended the hypnosis session, leaving each person with what is called a posthypnotic suggestion, an instruction to carry out an action while not hypnotized.

Days later, the subjects entered the brain scanner.

In highly hypnotizables, when Dr. Raz's instructions came over the intercom, the Stroop effect was obliterated, he said. The subjects saw English words as gibberish and named colors instantly. But for those who were resistant to hypnosis, the Stroop effect prevailed, rendering them significantly slower in naming the colors.

When the brain scans of the two groups were compared, a distinct pattern appeared. Among the hypnotizables, Dr. Raz said, the visual area of the brain that usually decodes written words did not become active. And a region in the front of the brain that usually detects conflict was similarly dampened.

Top-down processes overrode brain circuits devoted to reading and detecting conflict, Dr. Raz said, although he did not know exactly how that happened. Those results appeared in July in *The Proceedings of the National Academy of*

Sciences.

A number of other recent studies of brain imaging point to similar top-down brain mechanisms under the influence of suggestion. Highly hypnotizable people were able to "drain" color from a colorful abstract drawing or "add" color to the same drawing rendered in gray tones. In each case, the parts of their brains involved in color perception were differently activated.

Brain scans show that the control mechanisms for deciding what to do in the face of conflict become uncoupled when people are hypnotized. Top-down processes override sensory, or bottom-up information, said Dr. Stephen M. Kosslyn, a neuroscientist at Harvard. People think that sights, sounds and touch from the outside world constitute reality. But the brain constructs what it perceives based on past experience, Dr. Kosslyn said.

Most of the time bottom-up information matches top-down expectation, Dr. Spiegel said. But hypnosis is interesting because it creates a mismatch. "We imagine something different, so it is different," he said.

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