THE INDUCTION OF HYPNOSIS: INDIRECT VS. DIRECT METHODS AND THE ROLE OF ANXIETY

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ABSTRACT

THE INDUCTION OF HYPNOSIS:

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By

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The present study was designed to investigate a method of facilitating hypnotic susceptibility through an induction procedure administered without the Ss awareness of hypnotic intent. It was also intended to determine the effect of this procedure in terms of arousal as compared to an overt administration of hypnotic induction.

Twenty Ss were randomly assigned to either an RH or OH Group. Ss assigned to the RH Group received instructions describing the research as an experiment in relaxation, while OH Group members were told that the experiment was hypnosis. After some preliminary relaxation exercises, each S was administered an altered version of the Stanford Hypnotic Susceptibility Scale (SHSS) from which their susceptibility scores were tabulated. Arousal was measured by GSR frequency.

The results showed a significant difference in arousal between the two groups, but there was a nonsignificant

difference in susceptibility. The variance of susceptibility scores was significantly larger for the OH Group, suggesting that the intent to hypnotize S may either interfere with or facilitate hypnosis. It was tentatively concluded that indirect methods of inducing hypnosis are superior to direct methods only when S does not expect to be subjected to a hypnotic induction procedure.

Approved: Joseph Reyher

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By

JOHN G. WILSON

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to

Carol, who held it all together

for me

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INTRODUCTION

The most meaningful theories of hypnosis, according to Orne (1959), interpret hypnotic phenomena as falling into three major categories: a desire by the subject to play the role of a hypnotized subject (Sarbin, 1950), an increase in suggestibility (Hull, 1933), and a nebulous category that White (1941) calls "an altered state of consciousness". Orne states that much of hypnotic behavior is derived from the subject's conception of the role of a hypnotic subject, and these varied role conceptions are the source of most of the inconsistent behavior patterns observed in the hypnotic state. An increase in suggestibility is seen as the increased motivation to conform to the wishes of the hypnotist. The altered state of consciousness is considered the greatest problem for investigation and is left largely untreated in Orne's paper despite the fact that he regards it as the "essence" of hypnosis after the "artifacts" of increased motivation and role-playing are accounted for.

A theory was developed (Reyher, 1963) which for convenience is designated "$State_R$ Theory" to explain a body of presumed hypnotic phenomena. A simplified version of the theory is given below:

The induction of hypnosis succeeds because the subject has given up to the operator his usual role of analyzing and integrating sensory input to mediate adaptive behavior. In psychoanalytic terms, he abrogates executive ego functions which includes the critical evaluation of alternate response possibilities. If the subject is not made anxious by adopting the resulting passive-dependent attitude, the highest level of brain functioning, which supports adaptive functioning, cannot be maintained and more primitive levels of brain functioning become dominant and organize the overall functioning of the brain. Sleep occurs in this fashion, as does highway hypnosis and sensory deprivation phenomena. If the adoption of a passive-dependent attitude by the subject is anxiety-producing, defenses--which are adaptive in nature--maintain the highest levels of integration of brain functions. This is the same mechanism which keeps a person sleepless; anxiety and worry over personal affairs is adaptive in intent, and thereby prevents the reorganizations of brain mechanisms characteristic of sleep.

When the induction procedure (which is really sensory restriction or a kind of sensory deprivation) succeeds, phylogenetically older structures of the brain, which are now in control of over-all brain functioning, are able to mediate behavior that is difficult or impossible to produce in the waking state. The compulsive quality of suggestions indicates that the operator has assumed the ego-function of analyzing and integrating sensory input. He has become the subject's eyes and ears, and his suggestions act in the same way as spontaneous impulses in the subject. These older structures (maybe the anterior cingulate gyrus) are known to have connections with many parts of the brain and to have inhibitory and excitatory influence over these areas. It is known that phylogenetically recent acquisitions of the brain do not have this profusion of nerve tracts interconnecting different parts of the brain. These older structures also are instrumental in producing psychopathology because anxiety is assumed to be generated at this level of brain functioning, producing patterns of excitation and inhibition which produce repression, psychosomatic symptoms, and other forms of

psychopathology. (Pp. 29-30)

The hypnotic interaction proceeds most reliably in conflict free situations. If a conflict area is tapped in the hypnotic interaction, defenses are usually aroused that interfere with the hypnosis (Hilgard, 1965). Blum's (1961, 1963) model of hypnosis has as its essential ingredients an optimal level of low arousal, with controlled restriction of sensory inputs to those emanating from the experimenter. Gill and Brenman (1959) emphasize the regressive nature of hypnosis. The subject regresses to a more primitive mode of functioning, or "primary process thinking," as in dreams and hallucinations. Reyher (1963) defines primary process as merely a manifestation of the influence of a lower level of cortical integration on behavior.

The induction procedure itself has often been cited as highly similar to sensory deprivation (Kubie and Margolin, 1944; Pena, 1962). But the phenomenon of hypnosis is surrounded by an aura of fear arousing mystery and superstition for a large number of people. The induction of hypnosis without the awareness of the subject should allay anxiety, both conscious and unconscious, derived from misconceptions and negative attitudes concerning the state of hypnosis. This technique would also control for what Orne

considers to be the source of most of the inconstant behavior observed in hypnosis, that is, the role-playing tendencies of many subjects.

Evidence that awareness of being hypnotized is not a prerequisite for its taking place comes from the work of Adler and Secunda (1947), Erickson (1941), Sargent and Fraser (1938), and Rosen (1951), all of whom have used techniques aimed at preventing the subject from knowing that he was hypnotized. They reported having obtained trances comparable to those induced by the usual methods. One of Erickson's (1964) early experiments, while an undergraduate at the University of Wisconsin, was couched in the terms of introspection developed by Titchener, Wundt and others and did not involve the overt use of hypnosis. This experiment was constructed as a means of investigating some of the many unresolved questions concerning the nature of hypnosis. From this and many later studies, Erickson developed his various techniques of indirect and permissive hypnotic induction. It has been his experience, based on many thousands of subjects, that the simpler and more unobtrusive the technique, the more effective it has been.

Rosen's (1953) Sensorimotor Method, which is a modification of the hand levitation technique often used by Erickson (1945) and Wolberg (1948), is used almost exclusively in

medical situations. The doctor or therapist comments on autonomic or motor phenomena the moment they are demonstrated by the patient and often before the patient is aware of them. This is designed to strengthen the power of suggestion by the factual basis of the initial suggestions. All suggestions used in this method are permissively phrased; there are no challenge items.

Barber and Calverley (1962, 1965) found that procedures involving "task motivational instructions" (strong demand characteristics to comply with tasks on the Barber Susceptibility Scale) and a standard induction of hypnosis did not differ significantly in mean susceptibility scores. Both of these conditions obtained significantly higher scores than a base level condition in which the only instructions were that this was a test of imagination. They also found that Ss given relaxation - sleep suggestions in a situation defined as hypnosis obtained higher susceptibility scores than those not given such suggestions.

Any procedure wherein the individual transfers executive ego-functions (analysis and integration of sensory input in the service of adaptive behavior) to another individual causes him to enter into a hypnotic relationship with that individual. If the procedure is anxiety-producing, adaptive behavior

remains in the locus of the individual, or if S is hypnotized and he becomes anxious, the locus of adaptive behavior returns to himself and he awakens. Since the term "hypnosis" has anxiety-producing properties for many Ss, indirect methods such as the Utilization Techniques employed by Erickson (1964) and the Sensorimotor Method should be superior to direct methods of induction. In terms of our frame of reference, Erickson deftly manipulates S's attention and assumes control over his behavior which results in his unwitting abrogation of executive ego functions and adaptive behavior. Although the purpose of the meeting between Erickson and the patient is to discuss the prospect of hypnosis, the patient probably does recognize Erickson's unusual behavior as being an induction procedure; otherwise, the patient would become anxious or angry about his inappropriate behavior. The patient comes to Erickson because he wants to explore the possibility of hypnosis despite his ambivalent feelings about it. The indirect procedure allows him to resolve his ambivalence if his unconscious predispositions to accept hypnosis are stronger than the conscious objections. S expects an induction attempt and he goes along with it. In contrast, Rosent's sensorimotor technique neither includes expectancy of hypnosis nor intent to hypnotize; it is perceived by S as a relaxation procedure for medical purposes.

Barber and Glass (1962) reported that waking suggestions are just as effective as a formal induction. Weitzenhoffer and Hilgard (1965) verified this when using independent groups, but found that hypnotic suggestions were superior when S was used as his own control. In these investigations, S was told that it was not necessary for him to be hypnotized to respond to suggestions. In our frame of reference, hypnosis occurred nevertheless because S adopted a passive-dependent expectant attitude which includes the abrogation of executive ego functions. The state of hypnosis waa not recognized because cultural stereotypes regarding the behavior of a hypnotized person were not invoked.

There is a wide variety of interpersonal relationships which become hypnotic but are not recognized as such, and direct suggestions are not made because they would seem inappropriate, at least to the person onto whom executive ego functions have been transferred. Jacobson's Method of Progressive Relaxation (1938) and Stampfl's Implosive Psychotherapy (1971) should both be excellent indirect induction techniques because the operator focuses S's attention on a variety of sensory stimuli which he passively notices. The relationship between physician and patient can readily become hypnotic whenever the patient is anxious about the

significance of his symptoms, which is true for most patients, because he lacks the wherewithal to understand and treat his disorder. This set of circumstances causes the patient to relate to the physician in a passive-dependent, regressive manner which causes an abrogation of executive ego functions unless he is made anxious by the expressions of these dependent strivings. The authoritative demeanor of the physician and the routine manipulations (such as take a deep breath, lie down) of the physical examination rapidly and unwittingly produce a hypnotic relationship that is undetected. The hypnosis is undetected because it occurs insensibly and because S's expectations based upon cultural stereotypes of the hypnotized person are not brought into play. Faith healing occurs for the same reasons.

The rapidity of induction upon posthypnotic cue suggests that the initial induction also proceeds very rapidly, if S welcomes the opportunity to be hypnotized. We suspect that almost instantaneous initial inductions occur often, but these are undetected when conventional induction procedures are used because the schedule of suggestions graded in difficulty masks the true state of affairs. The declared intent of the operator to hypnotize S and his acceptance of this may

be sufficient to bring about the abrogation of executive ego functions and an immediate hypnosis.

Weitzenhoffer, Gough and Landes (1959) showed that eye fixation and expectancy of hypnosis was sufficient to produce hypnosis, but eye fixation alone was not. Expectancy was necessary and those Ss who were hypnotized were able to adopt a passive-dependent expectant attitude. Weitzenhoffer, et al likened the ten minute eye fixation period to sensory deprivation because of the spontaneous hallucinations that were occasionally produced. If suggestions had been given during this period rather than afterwards, successful hypnotic inductions might also have been obtained. Sensory deprivation heightens suggestibility and an induction procedure is often successful for insusceptible Ss during the sensory deprivation period, not later (Sanders and Reyher, 1967). Sensory deprivation prevents S from maintaining an adaptive transaction with the environment and forces him into a passive-dependent position and, perforce, the abrogation of executive ego functions.

Glass and Barber (1961) similarly showed that a placebo identified as a powerful hypnotic drug was just as effective as a formal induction procedure; however, there is reason to suspect that the placebo per se was not the critical factor.

A physician monitored a variety of functions to determine when S was hypnotized and E could begin. The passive-dependent relationship in which S found himself was probably reinforced by his usual mode of relating to physicians during an examination, if this, of course, was not anxiety producing. The physican-patient relationship may have potentiated the effect of S's expectancy to be hypnotized.

Wells (1924) has documented that most hypnotic phenomena can be produced without a formal induction as long as S is led to expect that certain phenomena will occur as an outcome of E's operations. Ss are informed merely of the principles of suggestion and dissociation before direct suggestions are given. Thus, hypnosis can be induced almost immediately in Ss who are able to suspend critical judgement (executive ego functions) while E conducts a given procedure which could be eye fixation, imagination instructions, direct suggestion, indirect suggestions or whatever.

When S is led to expect hypnosis, he might become anxious as the result of pressure to assume a passive-dependent role and an abrogation of executive ego functions does not occur. Anxiety motivates adaptive behavior, including critical judgement. Consequently, indirect methods which do not include the expectancy of a hypnotic induction (Sensorimotor

Technique) should be superior to any method that implicitly or explicitly includes the expectancy of hypnosis. The following hypotheses were tested:

1. An experimental situation designated as "relaxation" produces less arousal than the same situation when it is designated as "hypnosis".

2. Susceptibility to hypnotic induction in a situation designated as "relaxation" is greater than when the same situation is designated as "hypnosis".

METHOD

Subjects

Twenty female college students in an introductory psychology course volunteered to participate in an experiment in "relaxation and related phenomena".

Materials and Experimental Situation

Finger electrodes manufactured by the Yellow Springs Equipment Company were attached to the fore and index fingers of Ss' right hand, and GSRs monitored with a Grass Model #5 Polygraph. S was seated in an upright upholstered chair in sound-proof room. A 34 item questionnaire was developed to serve as a debriefing guide at the end of the research.

Procedure

Ss were randomly assigned to a Relaxation Hypnosis (RH) or an Overt Hypnosis (OH) Group by a co-experimenter. The hypnotist-experimenter was blind as to Ss' group membership. At the beginning of the experimental sessions, S was connected to the polygraph. After a basal level of skin resistance was established, S was given written instructions assigning her to either the OH or RH Groups, and which included some brief introductory remarks regarding the nature of the experiment. Depending on which group S was assigned to, the instructions

read as follows:

> This is an experiment in (relaxation or hypnosis). Your role in this research is very important. The experiment will last approximately 45 minutes. Different subjects will receive different instructions for this research, and it is important that Mr. Wilson be unaware of the particular instructions given to you. This is necessary to prevent his expectations from influencing the outcome of the research. Mr. Wilson will attempt to (relax or hypnotize) you with a well known procedure for this purpose. Please do not comment on these instructions or ask any questions until Mr. Wilson informs you that the experiment is over. At that time you may discuss any questions you have about the research. Please feel free to exempt yourself from this research if for any reason you don't wish to participate. When you have finished reading these instructions, return them to the envelope and signal Mr. Wilson that you are finished.
>
> Thank you for your cooperation.

The electrodes were disconnected. An abbreviated version of Jacobson's Progressive Relaxation Method was given

which was followed by the administration of an altered version of the Stanford Hypnotic Susceptibility Scale (SHSS). This version deletes all references to the word "hypnosis" and any other cue words that suggest the hypnotic state. The twelve tasks that appear in Form A of the SHSS were retained because of their traditionally assumed relationship to hypnosis. As with the SHSS, each task was scored pass or fail and the total number of passes was considered S's susceptibility score. Each score was tabulated before E informed himself as to the group status of S.

Frequency of GSRs of 2,000 ohms or higher was used as the measure of anxiety (CNS-ANS arousal) while S read the instructions. The duration in seconds between opening and folding the sheet of instructions was monitored to control for time as a contaminating variable.

RESULTS

Hypothesis 1 was tested (Mann-Whitney U-Test; Siegal, 1956) by comparing the GSR deflections per second of the OH ($\bar{X}$ = .04; σ = .01) and the RH ($\bar{X}$ = .02; σ = .01) Groups. The mean difference was in the predicted direction and the obtained U value of 4 was significant at the .002 level (two tailed test).

Insert Figure 1 about here

Hypothesis 2 was tested by comparing the SHSS scores of the OH ($\bar{X}$ = 6.44; σ = 4.27) and RH ($\bar{X}$ = 7.22; σ = 1.87) Groups. The obtained U value of 34 was not significant but there was a significant difference (.05 level) in variance between them. All the RH Ss scored at least 4 on the SHSS, whereas three of the OH Ss scored below 4. Figure 1 suggests that most susceptible Ss have a higher rate of GSR/sec and that the distribution of scores for the RH group is bimodal or U-shaped.

The post-test interview (Table 1) was evaluated by counting the number of Ss in each group that used the term "hypnosis" to describe their experience. The S in both groups were apparently reluctant to acknowledge being hypnotized. Although more Ss in the OH group used the term hypnosis

in answering the items, the differences were not significant (Chi square) for any of the items.

Insert Table 1 about here

The reactions to item 11, which Ss found difficult to answer, were of some interest. With two exceptions, they perceived a voice rather than a person, and there were references to the voice as being part of S and pouring over her like water. These are not unusual subjective reactions in the hypnotic situation but they take on increased meaning in Ss who are unaware of the hypnotic situation.

The reactions of S to items 22-34 are of particular interest with respect to $State_R$ Theory. Seven Ss (4 OH and 3 RH) experienced strong feelings of dissociation and three (2 OH and 1 RH) compared the experience to previous drug experiences. One RH S, who scored 10 on the SHSS, related a mystical experience in which she encountered her "true self" while in the trance state. Four RH Ss confessed to having varying degrees of suspicion that the experiment was hypnosis. Three of these Ss claimed, however, that their suspicions were despelled early in the procedure, by the procedure itself and the references to relaxation. Three RH Ss felt that they would have been more resistant had they known the procedure

was intended to induce hypnosis. Conversely, a single RH member voiced the opinion that she could have achieved a deeper state had the methods been less ambiguous.

DISCUSSION

The significant difference in GSRs between the two groups is consistent with the role of anxiety in $State_R$ Theory. The reluctance of Ss in the OH Group to acknowledge the intent of the research is additional evidence that the prospect of hypnosis for OH Ss is anxiety-producing. Although seven of these Ss admitted to being hypnotized when asked directly on item 21, only one S used the term "hypnosis" to describe her experiences on prior items. These data are consistent with our experience in inducing hypnosis, and, we presume, the experience of most investigators. The association of an increase in GSRs with higher SHSS scores is inconsistent with $State_R$ Theory and suggests that the GSR may be measuring CNS-ANS arousal because of excitement and anticipation of Ss who welcome the prospect of being hypnotized. The U-shaped curve for the RH group suggests the GSR may be measuring anxiety for Ss with low SHSS scores and excitement for Ss with high SHSS scores.

Since the procedures of the RH Group were not associeted with the explicit intent to hypnotize S, all Ss were able to experience some degree of hypnosis; however, the absence of intent or expectancy may not have permitted "deeper" degrees

of hypnosis to develop. It may be necessary for S to understand explicitly or implicitly the hypnotic intent of the procedures for a more extensive abrogation of executive ego-functions and a "deeper" level of hypnosis to occur. Also, as an S experiences the effect of suggestions, during an indirect method, he most probably wonders if the operator is trying to hypnotize him, and if he is, Why? Even though he will not spontaneously admit to these concerns, the post-test interview documents show that they were present for some SS, and were significant enough to prevent the further development of hypnosis in at least one S.

If the above psychodynamic analysis is correct, indirect methods of inducing hypnosis should be superior to direct methods only when S does not expect to be subjected to a hypnotic induction procedure. Moreover, subtle, indirect methods of inducing hypnosis, such as Utilization Techniques, should be superior to the relatively obvious character of relaxation procedures and the Sensorimotor Technique.

Although the results show that a larger number of Ss should be brought to at least a medium level of hypnosis (a score of 6 on the SHSS) by indirect methods of induction relative to conventional methods of induction, fewer Ss will be brought to the deepest levels. A modification of procedure

may enhance the success of indirect methods: to bring as many or more Ss to the deepest levels of hypnosis, the operator, after one or two suggestions have been carried out successfully, should inform S that he is entering the state of hypnosis and that its further development is contingent upon his consent. The fact that S has already experienced the effect of one or two suggestions, before the procedure is identified as hypnosis, might allay his anxiety about the prospect of hypnosis. Under these circumstances, the expectancy of hypnosis might not lead to a prohibitive intensity of anxiety.

Whatever the purpose of the relationship, it must be acceptable to S and it must place him in a passive-responsive role vis a' vis the operator. The relationship must be structured and include roles which are widely known (physician-patient) or structured by the operator (guru-student, faith healer-parishioner, psychotherapist-client) after the relationship begins. Dyadic relationships lacking this polarization of roles are informal and produce spontaneous reciprocal behavior by both individuals to maintain security operations and satisfy personal needs. An attempt by one person to structure an informal relationship in order that it places another person in a passive-responsive role will generally be resisted and seen as inappropriate.

The physician-patient relationship could easily be converted to a hypnotic relationship if procedures of the physical examination are properly utilized. During the course of the examination the physician asks the patient to open his mouth, turn his head, cough, etc. At some point he should ask S to lie down, close his eyes and let his body go limp. The physician should raise and drop S's arms and turn his head from side to side to test for relaxation while commenting (suggesting relaxation) on his growing relaxation. When S shows physical evidence of relaxation, the physician tells S--in a matter of fact tone of voice--that he is going to press a nerve in his shoulder and his arm will become very, very stiff. He then presses some spot on S's shoulder, waits for the arm to stiffen and challenges S to bend it. If S fails, he removes his finger and comments on the return of normal feelings in the arm. The physician then tells S (gives a post-hypnotic suggestion) that this will happen whenever he presses that spot, even when he is not so relaxed. The next suggestion might be an anesthesia of the arm which is done the same way, except that another spot is pressed. The physician tests the adequacy of the anesthesia, and if it is satisfactory, he gives the same kind of post-hypnotic suggestion and informs S for the first time that he had developed a good hypnosis. He then

says, "Since hypnosis has many useful medical applications from which you can benefit, do I have your permission to proceed?" If S's answer is in the affirmative, the physician resumes the induction using conventional techniques; if the answer is in the negative, he wakens S and helps him talk about the reasons for his refusal which might be easily resolved since he has already experienced a catalepsy and anesthesia of the arm.

The efficacy of this approach to induction can be assessed by comparing the relative frequency of success of the same suggestions (catalepsy and anesthesia) when S expects to be subjected to an hypnotic induction. These Ss are asked to lie down and the same suggestions are given in exactly the same way.

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Table 1. Items (1-21) of post-test interview scored for frequency with which Ss in the OH and RH Groups used the term hypnosis.

FREQUENCY		ITEM	
OH	RH		
0	0	1.	How do you feel?
0	0	2.	Can you tell me something about your experiences?
0	0	3.	What can you recall?
1	0	4.	What were your feelings at any particular time?
0	0	5.	Why did you do or not do certain tasks?
1	0	6.	What was the purpose of these tasks?
0	0	7.	How did you feel when you performed them?
0	0	8.	How did you feel when I asked you to do them?
1	0	9.	Why do you think I gave you these tasks?
0	0	10.	What else can you recall?
0	0	11.	How did you feel toward me as another person in the room during the experiment?
0	0	12.	Did you have any vivid reactions toward anything I said or did during the experiment?
0	0	13.	Did you feel a change in yourself during the experiment?
0	0	14.	At any particular time? (if applicable)

0	0	15.	If so, describe this change. (if applicable)
1	0	16.	What state of condition did you feel yourself to be in?
0	0	17.	Was it similar to sleep?
0	0	18.	Was it similar to relaxation?
1	0	19.	What was the purpose of this experiment?
1	0	20.	Have you ever experienced hypnosis?
7	5	21.	Do you feel that you were hypnotized during this experiment?

APPENDIX A

STANFORD HYPNOTIC SUSCEPTIBILITY SCALE

FORM A (ALTERED VERSION)

STANFORD HYPNOTIC SUSCEPTIBILITY SCALE

FORM A (ALTERED VERSION)

1. POSTURAL SWAY

To begin with, I want you to experience how it feels to respond to suggestions when you are relaxed.

(Saying this, stand and move to postural sway position.)

If you will now please come and stand with your back to me. Place your heels and toes together, hands by your sides. Head up. Now close your eyes and relax, just relax.

(At the end of thirty seconds go to the four-part suggestions. When the subject falls go directly to the final section (6').)

1. In a moment I will ask you to think of swaying backward. As you know, thinking of a movement and making a movement are closely related. Soon after you think of swaying you will experience a tendency to make the movement. You will find yourself actually swaying backward, more and more backward, until you sway so far that you will fall. When this happens, allow yourself to fall. I am right behind you and I promise you I will not let you fall very far. Here . . . let me show you how it will be.

(Grasp the subject by the shoulders and gently but firmly pull him backward until he falls.)

2. All right . . . listen carefully to what I say and begin to think of swaying backward, of falling backward. You are soon going to start swaying backward. You are going to sway backward, more and more backward.

3. You are now beginning to sway backward. You are swaying backward. More and more backward. You are swaying backward. You are swaying more and more backward. You are swaying more and more backward. You are going backward, backward.

4. You are falling backward, swaying backward, falling backward, swaying backward, falling backward, falling backward, falling backward, backward . . . You are falling, falling, falling . . . FALL.

5. (If no fall occurs:) That's fine. Now you see how thinking about a movement produces a tendency to make the movement. It will help you to learn to relax if you can bring yourself to give in a little more to you action tendencies. This time I want you to let youself go and actually fall, but wait until the tendency to fall is pretty strong. (Repeat paragraphs (2), (3), and (4) above.

6. (If fall occurs:) That's fine. Now you see how thinking about a movement produced a tendency to make the movement.

2. EYE CLOSURE

1. Now I want you to seat yourself comfortably; a hand on each arm of the chair and look straight ahead. I am about to give you some instructions that will help you to gradually achieve a condition of deep relaxation. Just relax and make yourself comfortable. Your ability to relax depends partly on your willingness to cooperate and partly on your ability to concentrate upon my words. You have already shown youself to be cooperative by coming here, and with your further cooperation I can help you to relax deeply. You can achieve this only if you are willing. I assume that you are willing and that you are doing your best to cooperate by listening to my voice and concentrating on my words, letting happen whatever you feel is going to take place. Just let it happen. If you pay close attention to what I tell you, and think of the things I tell you to think about, you can easily experience full and complete relaxation. Many people report that this condition feels at first like falling asleep, but with the difference that somehow or other they keep hearing my voice as a sort of background to whatever other experience they may have. But this is also an individual experience and is not just alike for everyone. All I ask of you is that you keep up your attention and interest and continue to cooperate as you have been cooperating. Nothing will be done that will cause you any embarrassment. Most people find this a very interesting experience.

(If eyes close go to 2a (2') and continue through 2a (7')

2. Just relax. Don't be tense. Just keep your eyes fixed straight ahead, if possible. Should your eyes wander, that will be all right, just bring them back to a fixed position.

After a while you may find that your vision gets blurry, or perhaps jumps about. That is all right. Should you get sleepy, that will be fine, too. Whatever happens, let it happen and keep staring straight ahead for a while. There will come a time, however, when you eyes will be so tired, will feel so heavy, that you will be unable to keep them open any longer and they will close, perhaps quite involuntarily. When this happens, just let it take place.

(If eyes close, go to 2a (2') and continue throught 2a (7').

3. Relax completely. Relax every muscle of your body. Relax the muscles of your legs . . . Relax the muscles of your feet . . . relax the muscles of your arms . . . Relax the muscles of your neck . . . Relax all the muscles of your body . . . Let yourself be limp, limp, limp. Relax more and more, more and more. Relax completely. Relax completely. Relax completely.

(If eyes close, go to 2a (2') and continue through 2a (7')

4. As you relax more and more, a feeling of heaviness perhaps comes over your body. A feeling of heaviness is coming into your legs and your arms . . . into your feet and your hands . . . into your whole body. Your legs feel heavy and limp, heavy and limp . . . your arms are heavy, heavy . . . Your whole body feels heavy, heavier and heavier. Like lead. Your eyelids feel especially heavy. Heavy and tired. You are beginning to feel drowsy, drowsy and sleepy. You are getting drowsy and sleepy, more and more drowsy and sleepy while your eyelids become heavier and heavier, more and more tired and heavy.

(If eyes close, go to 2a (4') and continue through 2a (7')

5. Your eyes are tired from staring. The heaviness in your eyelids is increasing. Soon you will not be able to keep your eyes open. Soon your eyes will close of themselves. Your eyelids will be too heavy to keep open. Your eyes are tired from staring. Your eyes are becoming wet from straining. You are becoming increasingly drowsy and sleepy. The strain in your eyes is getting greater and greater, greater and greater. It would be so nice to close your eyes, to relax completely, and just listen sleepily to my voice talking to you. You would like to close your eyes and relax completely, relax completely.

You will soon reach your limit. The strain will be so great, your eyes will be so tired, you lids will be so heavy, your eyes will close of themselves, close of themselves.

(If eyes close, go to 2a (5') and continue through 2a (7')

6. Your eyelids are getting heavy, very heavy. You are relaxed, very relaxed. There is a pleasant feeling of warmth and heaviness all through your body. You are tired and drowsy. Tired and sleepy. Relaxed. Sleepy. Relaxed. Listen only to my voice. Pay attention to nothing else but my voice. Your eyes are getting blurred. You are having difficulty seeing. Your eyes are strained. The strain is getting greater and greater, greater and greater.

(If eyes close, go to 2a (6') and continue through 2a (7')

7. Your lids are heavy. Heavy as lead. Getting heavier and heavier, heavier and heavier. They are pushing down, down, down. Your eyelids seem weighted, weighted with lead, heavy as lead . . . Your eyes are blinking, blinking, blinking . . . closing . . . closing . . .

(If eyes have not yet closed:)

8. Soon your eyes would close by themselves, but there is no need to strain them more. You have concentrated well and have become relaxed and drowsy. Now we have come to the time when you may just let your eyes close. (If no response:) That's it, now close them.

9. You are now comfortably relaxed, but you are going to relax even more, much more. Your eyes are now closed. You will keep your eyes closed until I tell you otherwise. You feel drowsy and sleepy. Just keep listening to my voice. Pay close attention to it. Keep your thoughts on what I am saying, just listen. You are going to get much more drowsy and sleepy. Soon you will be deeply relaxed but you will continue to hear me. You will not awaken until I tell you to do so. I shall now begin to count. At each count you will feel yourself going down, down, into a deep, comfortable, a deep relaxation. A relaxation in which you will be able to do what I ask you to do. One . . . you are going to be deeply relaxed . . . two . . . . down, down into a deep relaxation . . . three . . .

four . . . more and more, more and more relaxed . . . five . . . six . . . seven . . . you are sinking, sinking into a deep, deep relaxation. Nothing will disturb you. Pay attention only to my voice and only to such things as I may call to your attention. I would like you to keep on paying attention to my voice and the things I tell you. eight . . . nine . . . ten . . . eleven . . . twelve . . . deeper and deeper, always deeper . . . thirteen . . . fourteen . . . fifteen . . . although deeply relaxed you can clearly hear me. You will always hear me no matter how deeply relaxed you may feel yourself to be . . . sixteen . . . seventeen . . . eighteen . . . deeply relaxed. Nothing will disturb you. You are going to experience many things that I will tell you to experience . . . nineteen . . . twenty. Deeply relaxed. You will not awaken until I tell you to do so. You will wish to relax and sill have the experiences I shall presently describe.

(Go to Instruction 3. HAND LOWERING)

2a. EYE CLOSURE

For those who close their eyes early

(As soon as eyes close, terminate sentence appropriately, then say:)

You are comfortably relaxed, but you are going to relax much more, much more. Your eyes are now closed. Keep your eyes closed until I tell you to open them.

(2') Just relax. Don't be tense. Pay close attention to my voice. Try to pay attention to it as much as you can. Should your attention wander away from it, that will be all right . . . just bring your attention back to it. After a while you may find that my voice seems to become faint or to recede from you or again changes in quality. That is all right. Should you get sleepy, that will be fine, too. Whatever happens, let it happen and just keep listening to my voice while you become more and more relaxed. More and more relaxed. Just listen and relax. Whatever you feel is happening, just let it happen.

(3') Relax completely. Relax every muscle of your body. Relax the muscles of your legs. . . Relax the muscles of your f feet . . . Relax the muscles of your hands, of your fingers . . . Relax the muscles of your neck . . . Relax all the muscles of your body . . . Let yourself be limp, limp, limp. Relax

more and more, more and more. Relax completely. Relax completely. Relax completely.

(4') As you relax more and more, a feeling of heaviness comes over your body. A feeling of heaviness is coming into your legs and your arms . . . into your feet and your hands . . . into your whole body. Your legs feel heavy and limp, heavy and limp . . . your arms are heavy, heavy . . . your whole body feels heavy, heavier and heavier. Like lead. You are beginning to feel drowsy, drowsy and sleepy. Your breathing is becoming slow and regular. You are getting drowsy and sleepy, more and more drowsy and sleepy while your entire body becomes more and more relaxed, more and more relaxed.

(5') You are relaxed, quite relaxed. But you can relax even more if you allow yourself to do so. You will soon attain a state of deep relaxation, of complete relaxation. You are becoming increasingly drowsy and sleepy. There is a pleasant feeling of warmth and heaviness throughout your body. You feel so relaxed, you are losing interest in everything else but my voice, to which you listen sleepily. Soon there will be nothing else to attend to but my voice. All the while you keep becoming more and more relaxed.

(6') You are relaxed, very relaxed. There is a pleasant feeling of warmth and heaviness, of lethargy, all through your body. You are tired and drowsy. Tired and sleepy. Very relaxed. You want only to listen to my voice. Pay attention to nothing else but my voice. You have no cares, no worries now. You are pleasantly, deeply relaxed, getting more deeply relaxed all the time. Everything else but my voice is becoming remote, quite remote. Nothing else but my voice seems important, nothing else is important. Nothing else but my voice and what I have to say to you now seems of interest. And even my voice may come to you as in a dream as you relax more and more, as you sink deeper into this lethargy, this deep state of relaxation. Relax, relax . . . deeply relaxed. Deepr and deeper all the time.

(7') You feel drowsy and sleepy. Just keep listening to my voice. Pay close attention to it. Keep your thoughts on what I am saying, just listen. You are going to get much more drowsy and sleepy. Soon you will be deeply relaxed but you will continue to hear me. You will not awaken until I tell you to do so. I shall now begin to count. At each count you

will feel yourself going down, down, into a deep, comfortable, a deep relaxation. A relaxation in which you will be able to do all sorts of things I ask you to do. One . . . You are going to be deeply relaxed . . . Two . . . down, down into a deep relaxation . . . Three . . . Four . . . more and more, more and more relaxed . . . five . . . six . . . seven . . . you are sinking, sinking into a deep, deep relaxation. Nothing will disturb you. Pay attention only to my voice and only to such things as I may call to your attention. I would like you to keep on paying attention to my voice and the things I tell you . . . eight . . . nine . . . ten . . . eleven . . . twelve . . . deeper and deeper, always deeper relaxed . . . thirteen . . . fourteen . . . fifteen . . . although deeply relaxed, you can clearly hear me. You will always hear me no matter how deeply relaxed you may feel yourself to be . . . sixteen . . . seventeen . . . eighteen . . . deeply relaxed, nothing will distub you. You are going to experience many things that I tell you to experience . . . nineteen . . . twenty . . . deeply relaxed. You will not awaken until I tell you to do so. You will wish to relax and will have the experiences I shall presently describe.

(Go to Instruction 3. HAND LOWERING)

3. HAND LOWERING (LEFT HAND)

Now that you are very relaxed and sleepy, listening without effort to my voice, I am going to help you to learn more about how your thoughts affect your actions in this state. Not all people experience just the same things in this state, and perhaps you will not have all the experiences I will describe to you. That will be all right. But you will have at least some of the experiences and you will find these interesting. You just experience whatever you can. Pay close attention to what I tell you and watch what happens. Just let happen whatever you find is happening, even if it is not what you expected.

Please extend your left arm straight out, with the palm of your hand down. That's it. I want you now to pay close attention to this hand, the feelings in it, and what is happening to it. As you pay attention to it you are more aware of it than you have been . . . you notice whether it is warm or cool, whether there is a little tingling in it, whether there is a tendency for the fingers to twitch ever so slightly . . . I want you to pay close attention to this hand because something

very interesting is about to happen to it. It is beginning to get heavy . . . heavier and heavier . . . as though a weight were pulling the hand and the arm down . . . you can picture a weight pulling on it . . . and as it feels heavier and heavier it begins to move . . . as if something were forcing it down . . . a little bit down . . . more and more down . . . down . . . and as I count it gets heavier and heavier and goes down more and more . . . one, down . . . two, down . . . three, down . . . four . . . five . . . six . . . seven . . . eight . . . heavier and heavier, down and more and more . . . nine . . . down . . . ten . . . heavier and heavier . . . down more and more.

(Unless all the way down, allow ten seconds; then continue:)

(If not all the way down:) That's fine . . . just let your hand now go the rest of the way down to its original position on the arm of the chair and relax. You must have noticed how heavy and tired the arm and hand felt: much more so than it ordinarily would if you were to hold it out that way for a little while; you probably noticed how something seemed to be pulling it down. Now just relax, your hand and arm are now quite comfortable again. There . . . just relax.

(If all the way down:) That's fine . . . just let your hand rest there on the arm of the chair and relax. Your hand and arm are now quite comfortable again. There . . . just relax.

4. ARM IMMOBILIZATION (RIGHT ARM)

You are very relaxed. The general heaviness you have felt from time to time you now feel all over your body. Now I want you to pay close attention to your right arm and hand . . . Your right arm and hand shar in the feeling of heaviness . . . how heavy your right hand feels . . . and note as you think about this heaviness in your hand and arm the heaviness seems to grow even more . . . Now your arm is getting heavy . . . very heavy. Now your hand is getting heavy . . . so heavy . . . like lead . . . perhaps a little later you would like to see how heavy your hand is . . . it seems much too heavy to lift . . . but perhaps in spite of being so heavy you could lift it a little, although it may now be too heavy even for that . . . Why don't you see how heavy it is . . . Just try to lift your hand up, just try. Just try to lift your hand up, just try. (Allow 10")

(If hand lifts:) That's fine. You notice how you had to lift it against some resistance because of the relaxed state you are in. Now place your hand back on the arm of the chair and relax. Your hand and arm now feel normal again. They are no longer heavy. Just relax . . . relax completely.

(If hand does not lift:) That's fine . . . stop trying . . . just relax. Your hand and arm now feel normal again. They are no longer heavy. You could lift them if you wanted to, but don't try now. Just relax . . . relax completely.

5. FINGER LOCK

Now let us try something else. Put your fingers together. Interlock your fingers. That's it. Press your hands tightly together. Notice how your fingers are becoming tightly interlocked together, more and more tightly interlocked together . . . so tightly interlocked together that you wonder very much if you could take your fingers and hands apart . . . Your fingers are interlocked, tightly interlocked . . . and I want you to try to take your hands apart . . . just try . . . (Allow 10")

(If taken apart:) That's all right. You notice how hard it was to get started. Now return your hands to their resting positions and relax . . . just relax.

(If not taken apart:) Stop trying and relax . . . Your hands are no longer tightly clasped together . . . You can take them apart . . . Take them apart, return them to the arms of the chair and relax . . . just relax.

6. (ARM RIGIDITY)

Please extend your left arm straight out, and make a fist . . . Arm straight out, a tight fist. I want you to pay attention to this arm and imagine that it is becoming stiff . . . stiffer and stiffer . . . very stiff . . . and now you notice that something is happening to your arm . . . you notice a feeling of stiffness coming into it . . . It is becoming stiff . . . more and more stiff . . . rigid . . . like a bar of iron . . . and you know how difficult . . . how impossible it is to bend a bar of iron like your arm . . . See how much your arm is like a bar of iron . . . test how stiff and rigid it is . . . try to bend it . . . try. (Allow 10")

(If arm bends:) That's good. I want you to experience many things. You felt the creeping stiffness. . . that you had to exert a good deal of effort to bend your arm. Just place your arm back in resting position. It is not stiff anymore. As your arm relaxes, let your whole body relax.

(If arm does not bend:) Now relax . . . stop trying to bend your arm . . . It is not stiff any longer . . . Let it relax back to the arm of the chair . . . Just relax.

7. MOVING HANDS (TOGETHER)

Please hold both hands out in fron of you, palms facing inward, hands about a foot apart. Here, I'll help you. Now I want you to imagine a force attracting your hands toward each other, pulling them together. As you think of this force pulling your hands together, they will move together, slowly at first, but they will move closer together, closer and closer together as though a force were acting on them. . . moving . . . closer, closer . . . (Allow 10")

(If hands have not touched:) That's fine. You see again how thinking about a movement causes a tendency to make it. Let me show you how little more your hands would have had to move to come together.

(If hands have touched:) That's fine. Now place your hands back on the arm of the chair and relax.

8. VERBAL INHIBITION (NAME)

You are very relaxed now . . . deeply relaxed . . . think how hard it might be to talk while so deeply relaxed . . . perhaps as hard to talk as when asleep . . . I wonder if you could say your name. I really don't think you could . . . You might try a little later when I tell you to . . . but I think you will find it quite difficult . . . Why don't you try to say your name now . . . just try to say it. (Allow 10")

(If name spoken:) That's all right. You see again how you have to make an effort to do something normally as easy as saying your name. You can say it much more easily now. Say it again . . . That's right, now relax.

(If name not spoken:) That's all right . . . stop trying and relax. You can say your name easily now . . . Go ahead and say it . . . That's right. Now relax.

9. HALLUCINATION (FLY)

I am sure that you have paid so close attention to what we have been doing that you have not noticed the fly which has been buzzing about you . . . But now that I call your attention to it you become increasingly aware of this fly which is going round and round about your head . . . nearer and nearer to you . . . buzzing annoyingly . . . hear the buzz getting louder as it keeps darting at you . . . You don't care much for this fly . . . You would like to shoo it away . . . get rid of it . . . It annoys you. Go ahead and get rid of it if you want to . . . (Allow 10")
There, it's going away . . . it's gone . . . and you are no longer annoyed . . . no more fly. Just relax, relax completely.

10. EYE CATALEPSY

You have had your eyes closed for a long time while you have remained relaxed. They are by now tightly closed, tightly shut . . . If you tried to open them now, they most likely would feel as if your eyelids were glued together . . . tightly glued shut . . . Perhaps you would soon like to try to open your eyes in spite of their feeling so heavy and so completely . . . so tightly closed. Just try . . . try to open your eyes. (Allow 10")

(If eyes open:) All right, close your eyes again. You had a chance to feel how tightly shut they were. Now relax . . . just keep your eyes closed and relax.

(If eyes remain closed:) Now relax . . . stop trying. Your eyes are normal again, but just keep them closed and relax.

11. POST-HYPNOTIC SUGGESTION (CHANGING CHAIRS); AMNESIA

Remain deeply relaxed and pay close attention to what I am going to tell you next. In a moment I shall begin counting backwards fron twenty to one. You will gradually wake up, but for most of the count you will remain in the state you are now in. By the time I reach "five" you will open your

eyes, but you will not be fully aroused. When I get to "one" you will be fully alert, in your normal state of wakefulness. You probably will have the impression that you have slept because you will have difficulty in remembering all the things I have told you and all the things that you did or felt. In fact, you will find it to be so much of an effort to recall any of these things that you will have no wish to do so. It will be much easier simply to forget everything until I tell you that you can remember. You will remember nothing of what has happened until I say to you: "Now you can remember everything!" You will not remember anything until then. After you open your eyes, you will feel fine. You will have no headache or other after affects. I shall now count backwards from twenty, and at "five", not sooner, you will open your eyes but not be fully aroused until I say "one". At "one" you will be awake . . . A little later I shall tap my pencil on the table. When I do, you will get up from this chair and move to the chair that is straight ahead of you, and sit in it. You will do this, but forget that I told you to do so. just as you will forget the other things, until I tell you "Now you can remember everything." Ready, now: 20...19...18... 17...16...15...14...13...12...11...10...9...8...7...6...5... 4...3...2...1.

(If subject has eyes open:) How do you feel? Do you feel wide awake? (If drowsy:) The feeling will go away soon. You feel wide awake now!

(If subject keeps eyes closed:) Wake up! Wide awake! How do you feel? (If drowsy:) The feeling will go away soon. You feel wide awake now!

(If subject remains seated:) Please move into the chair that is straight ahead of you. I want to ask you a few questions about your experiences.

(If subject moves into chair:) Please move into the chair that is striaght ahead of you. I want to ask you a few questions about your experiences.

APPENDIX B

POST TEST INTERVIEW

POST TEST DATA

ITEM

1. How do you feel?
2. Can you tell me something about your experiences?
3. What can you recall?
4. What were your feelings at any particular time?
5. Why did you do or not do certain tasks?
6. What was the purpose of these tasks?
7. How did you feel when you performed them?
8. How did you feel when I asked you to do them?
9. Why do you think I gave you these tasks?
10. What else can you recall?
11. How did you feel toward me as another person in the room during the experiment?
12. Did you have any vivid reactions toward anything I said or did during the experiment?
13. Did you feel a change in yourself during the experiment?
14. At any particular time? (if applicable)
15. If so, describe this change. (if applicable)
16. What state of condition did you feel yourself to be in?
17. Was it similar to sleep?
18. Was it similar to relaxation?
19. What was the purpose of this experiment?

ITEM

20. Have you ever experienced hypnosis?

21. Do you feel that you were hypnotized during this experiment?

22. When did you think you were hypnotized? (if applicable)

23. Were you aware of this during the experiment? or Were you aware that this was an experiment in hypnosis?

24. At what point? (if applicable)

25. Did you realize it suddenly or gradually? (if applicable)

26. What were your reactions, if any?

27. What are your reactions now?

28. How do you feel about hypnosis now?

29. How did you feel about hypnosis before this experiment?

30. Do you feel any resentment concerning the methods used?

31. Can you tell me more?

32. Do you have any questions or thoughts about the experiment?

33. How old are you?

34. Are you married or single?

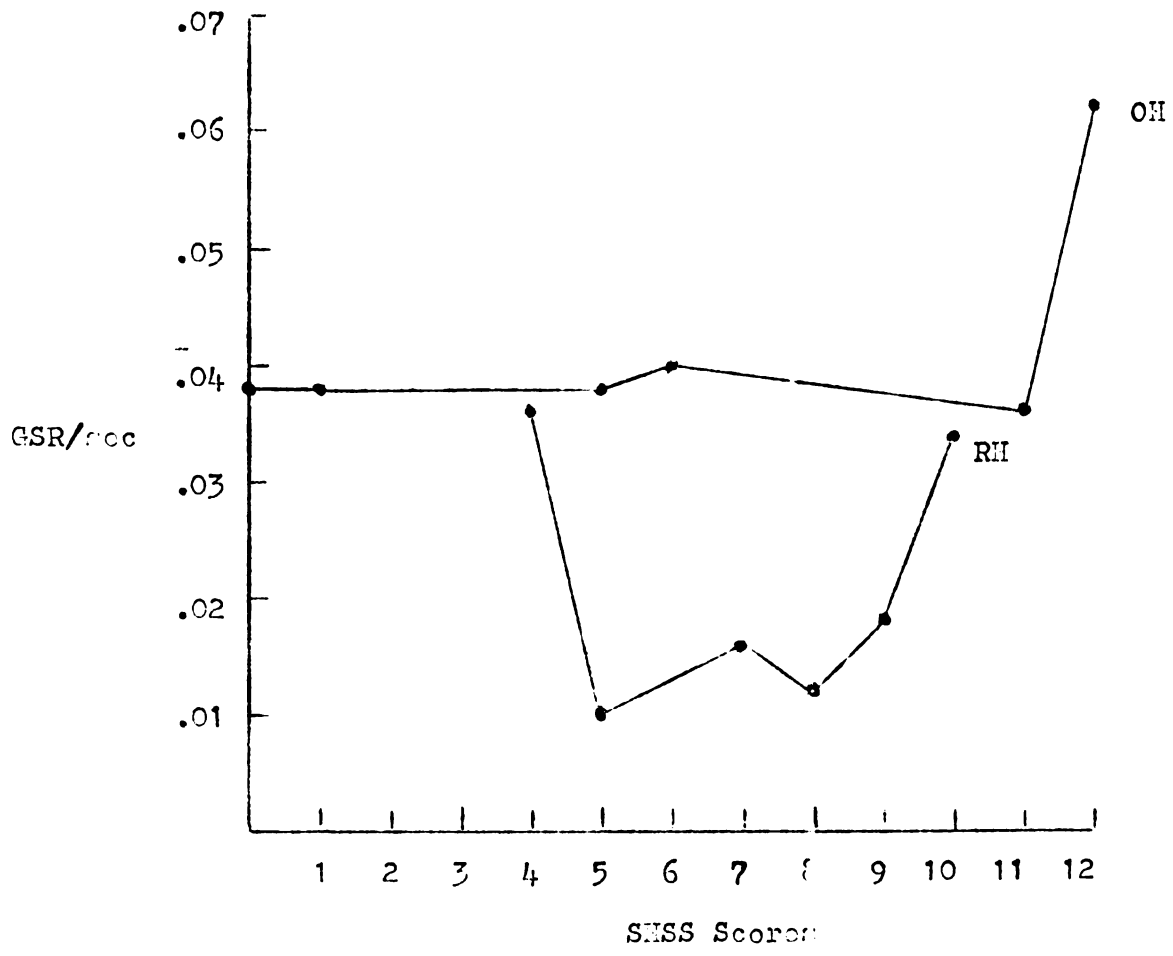

FIGURE 1: GSR deflections per second and SHSS scores for RH and OH Groups