

Hypnosis Mid-Term

Introduction:

- Some imagination needed
- Do not need to be relaxed to be hypnotized
- Some can't be hypnotized
- Hypnotized subjects are not lying (they were hypnotized)
- Hypnosis is not dangerous
- Hypnosis is not a sleep-like state. They are fully awake. (nor a dream like state) – in a trance
- Self-hypnosis = you want to be hypnotized
- Someone who is highly hypnotizable, placebo is not the same.
- People who believe hypnosis is not a personality trait therefore, so there are no personality traits that are more hypnotizable
- Cannot do something you do not want to do when in a trans
- When someone is hypnotized, can they remember more accurately? no it's not true... may increase confidence, but not accuracy
- Muscle strength may be able to increase in hypnosis ... not that much though.
- Does not enhance intelligence

What is consciousness?

- Awareness

Defining Consciousness

There is no generally agreed upon definition, ambiguous term

Some ideas include:

What it's like to be ...

- If this is so than it is conscious, otherwise it is not.
 - E.g., What its like to be a dog, human etc,
- Can we imagine being a dog? If a dog sat up and explained what its like to be a dog than is it a dog? Dogs don't talk!
 - Maybe insoluble, remain a mystery
 - We cannot call a dog conscious because it cannot speak about what it's like to be a dog. They do not know that they are dogs.
 - If this question cannot be answered, then it's not conscious (like a plant)
- Qualia (pronounced 'qua-li-a')
- Indescribable subjective qualities of experience.
 - E.g., smell of grass, redness of red, the 'feel' of red
- Qualia - experiencing it but cannot necessarily describe it is a stage of consciousness
- Subjectivity or Phenomenality
 - Subjective or phenomenal experience. The way it seems to me (versus how it is objectively)
- General State of Mind
 - Specific content

- Each one of us has a subjective experience, everyone has their own reality
- More conscious when sleeping than when we are awake.

Awareness (sense of self)

- Waking consciousness at specific moment in time
- Aware of what you are doing
- Aware that others are observing
 - Ex: perceptions, thoughts, feelings, images, desires etc.
- Sense of Self – Experience of watching self from privileged position (insider)
- Aware of being aware
 - Where is the conscious?
- Components of Consciousness
 - Attention
 - Perception
 - Orientation
 - Thought – Thinking
 - Emotion
 - Intention
 - Volition

Hypnosis: A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion.

Hypnotic Induction: A procedure designed to induce hypnosis

Hypnotizability: An individual's ability to experience suggested alternations in physiology, sensations, emotions, thoughts or behavior during hypnosis.

Hypnotherapy: The use of hypnosis in the treatment of a medical or psychological disorder or concern.

Working definition of Hypnosis: A social-psychological phenomenon induced by a ritualistic procedure, in which the subject experiences changes in perception, thinking, memory and behaviour in response to suggestions by the hypnotist (adapted from Orne, 1977).

Dissociation

The splitting or separation of normal mental, emotional and or behavioral functioning. Specifically, your awareness of self (identity), memory (past, present), perception of reality (time, yourself, world around you, etc.) and attention (mental focus or awareness of self, others, and/or surroundings in general) shifts, splits, or is otherwise compromised.

Normal and/or Pathological process

- These things shift or split.

Everyday example:

- Highway hypnosis – no memory of getting home. Where is that memory? It's dissociation (you drove, you did your stops, you turned)
- Reading: ending up at paragraph five, but do not remember reading paragraph 3 and 4. so you have to re-read it. It happened, but you don't remember.
- **Amnesia** – not remembering a traumatic event, do not recall it, eventually will recall it. (replacing **repressed memories**)

Why link hypnosis and dissociation?

Mostly for historical reasons:

- The notion of dissociation was first proposed as a description of the processes at play in hypnosis by Pierre Janet in 1889. It was seen as mostly pathological. It's original term in French was 'désaggrégation', translated later as **dissociation**.
- It was used by William James as an example of the 'stream of consciousness'.
- Janet proposed the notion of dissociation as an alternative to Freud's repression mechanism.

Origins of Hypnosis

- Coined in 1840's by a British physician James Braid
- The word "hypnosis" is of Greek origin: *hypnos*: sleep
- It is an incorrect analogy, even though hypnotized people can look like they are asleep
- The actual origin of hypnosis can be found in a movement called Animal Magnetism at the end of the 18th century proposed by Mesmer (come back to it later)
- The idea that beliefs (or the mind) can influence the body can be found earlier in many primitive healing rituals (in the case of hypnosis: exorcism)

Why study Hypnosis?

- A "trance" behavior that has had no religious connotations for the last 200 years
 - Came from a Judeo-Christian tradition
- Allows from the observation of behavior and subjective experiences that appear to be out of the ordinary
 - Atypical experiences (altered state or trance?)
- Atypical experiences led to the first psychotherapeutic system and the investigation of suggestion (at the end of the 18th century)
 - Surrounding hysteria
 - **Hysteria**: hypnosis can help, actual form of dissociation, physical
 - Dissociation was first observed in 'magnetized' patients...
- Means to study different phenomenon
 - Brain structures associated with pain
 - How memory works
 - Can enhance effectiveness of psychotherapy including CBT
 - Brain structures associated with hallucinations
 - Addressing various normal/abnormal cognitive processes
 - Through hypnosis we can reduce levels of pain
 - Psychotic – hearing voices outside of their head. However, the part of the brain that is being activated is speech production, so it is them producing these voices. Hypnosis can help with hallucinations.
 - Can produce hallucinations in hypnosis

Suggestion

Definition: Verbal and/or non-verbal communication aiming at influencing a person's behavior or experience consciously or non-consciously

- Basic trigger of hypnosis-like behaviors and experiences (as well as many other phenomena)
- Historically linked to the work of the devil

- Sub-genre: to manipulate; to work from under
- Still viewed like this by the Catholic church

Conscious and/or Non-conscious Suggestion and Involuntariness

Conscious: is similar to offering advice – except if response is deemed involuntary

Non-conscious: sub-liminal suggestion or camouflaged during hypnosis:

- Ex: post-hypnotic suggestion: creating a false memory in someone without the person knowing it is false

Involuntariness

- Linked to our sense of agency: the experience that it is “me” that controls and initiates my behaviors.
- During hypnosis as well as in some psychopathologies, and individual may lose this sense of agency, claiming he/she is not the author of their actions.
- Maybe the most important aspect of the hypnotic response

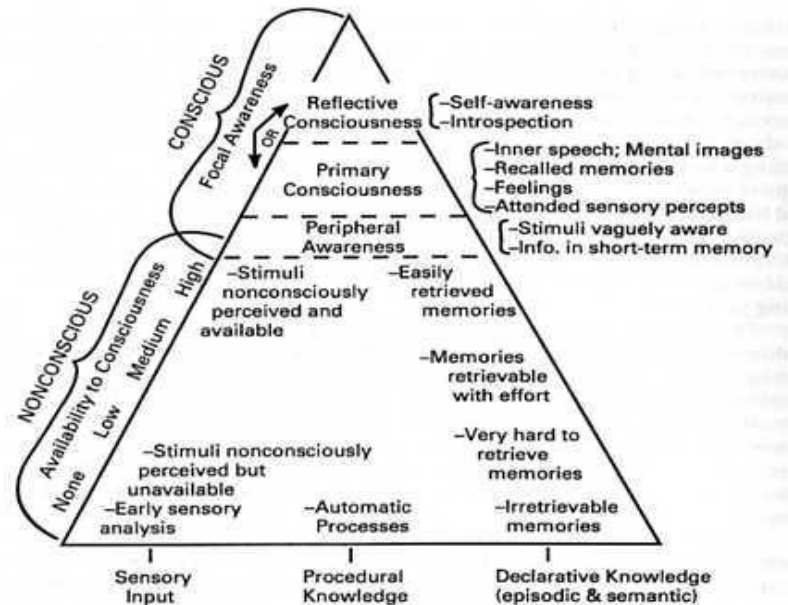


FIGURE 1.1. A descriptive model of levels of consciousness. Levels are defined in terms of the availability of contents to reflective consciousness and introspective reporting. The triangular shape of the diagram is intended to convey the idea that the total amount of content tends to decrease at successively higher levels.

Conscious: In awareness at moment

Nonconscious: Out of awareness, Nervous System takes care of business, e.g., breathing, blood pressure.

Preconscious: Available to Awareness. E.g., last weeks dinner party

Unattended Stimuli: Clock ticking, maybe sub-aware (e.g., party conversation – hear name)

Unconscious: Not readily available, e.g., grammatical rules, defense mechanisms?

Primitive Healing Rituals

“*primitive*” refers to non-medical treatment and does not imply naivety of beliefs:

- All based on the concept of *suggestion*
- All nurtured by one’s beliefs and *expectations*
- Psychological *interactions* (rituals) leading to the improvement or cure of an illness
- **Rituals:** A set of regulated behaviours expected to bring a desired outcome
 - Primitive – non medical – more rituals
 - Expectations – do you believe in this & will it help you
 - Interactions – not medical so more psychological
 - Interaction between individual that wants to help → leading to cure

of illness

- The basic goal of any healing ritual is to bring a cure → goal is to help
- These can be found in all cultures – ritual healing in all cultures & these types of rituals
- They all aim at creating a cathartic reaction in the patient
- **Catharsis**: comes from the Greek theater (drama) where the actors sought to create in the spectator an emotional reaction (think here of a book or movie that “got to you”)
- Catharsis means purging whether physical, psychological (emotional) and/or spiritual (still at the core of many therapeutic interventions today)
 - **Catharsis**: way to release your pain/anger à get in touch with whatever it is that’s inside you (emotional connection to event) – re experiencing of it à allowing it to come forward and leave (goes out)
 - Essentially mean purging
 - See this in therapy (psychodynamic)

All primate healing rituals can only be successful if...

1. The healer must believe in his own power → know it’s working
2. The patient must have faith in the healer’s power → also has to believe it – it will heal them to heal
3. There has to be social support from the group (for both) → society; subgroups; etc

Examples of primitive healing rituals

Disease Theory

- Disease-object intrusion - inside the person
- Loss of soul- find soul and restore it
- Spirit intrusion (possession) – has within them a spirit → extract the spirit from individual
- Breach of taboo
- Sorcery

Therapy

- Extraction of object
- Find and restore lost soul
- Mechanical Extraction Transference into another being Exorcism
- Confession – Propitiation
- Counter – Magic

Disease-Object Intrusion

- Disease is caused by the presence of a harmful foreign substance
- Disease usually removed by Medicine-Man (with his mouth ex: the bloody worm)
- This technique is part of a more elaborate ritual (involving dances, music and public audience)
 - Object has to be removed – by specialized individual
 - Expel the disease (worm) – exclusion of negative disease
 - Worm comes out of medicine man’s mouth
 - Believes that the whole process works

Loss of Soul

- Can occur spontaneously or by accident (sneezing)
- Is a widespread theory of disease that is based on naturalistic observation (ex: sleep

- walking, fainting and dreaming)
- The soul can be retrieved in different ways:
 - A shaman (medicine-man) travels to the world of the spirits
 - Special incantations rituals
- Key expressions: “alienation”, “estrangement”, “loss of something” etc.
 - Based on seeing natural observation (sleep walk) → interpreted that the individual lost their soul
 - Ritual to get the soul to come back
 - Or medicine man will retrieve it
 - Then person is no longer ill

Possession

- The idea that spirits, often evil, have entered the patient’s body and taken possession of it
- Characteristics of the possessed individual:
 - **Physical changes:** include voice, language, behaviours, strength and possible anesthetized areas (parts that don’t get pain)
 - **Psychological changes:** include delusions, hallucinations and aggression
- Basically, a general loss of identity

There are 2 types of Possession:

- **Artificial:** Done at will and voluntarily – inviting a spirit
- **Spontaneous:** Occurs outside of will or control

Types of spontaneous Possession:

- **Somnambulistic:** involves a passion that spurs depersonalization and amnesia
- **Lucid:** involves an obsession that becomes a conscious struggle (ex: no amnesia) – something taken over your mind → thinking of certain things that you don’t have control but you do remember
- **Circumsessio:** possession that imitated a given natural illness (ancestor of psychosomatic and somatoform disorders) – because of possession the individual becomes paralyzed/blind (no physiological cause)
- **Related to hysteria**

Three ways to get rid of body possession:

1. **Mechanical extraction:** through the use of ex: beating, whipping, bleeding, noises and smells (link to hysteria) → physical way to get rid of demon
2. **Transference:** to another substance, usually another animal → supply something else for the spirit to move into it (provide other form to enter for the spirit)
3. **Exorcism:** release the possessed body through ritual chants, prayers and incantations (this is an important one – a future tool of magnetism)

Changes in possession are directly related to changes in social and religious values of the moment and also vary from culture to culture → related to time(century)

Breach of Taboo

- The chain reaction is as follows: breach of taboo = sin → guilty feelings = illness (taboo you did leads to this)
- Resolve: involves confession (own up to it) – personal, social or cultural and/or propitiation (sacrifice to show you toned for this taboo)
- The resulting illness can take many forms ex: aphasia (loss of voice)
 - Self-imposed symptoms

- Illness depends on culture

Primitive healers

Comparison between Primitive Healers, Psychiatrists and Psychologists

Primitive	Medical	Psychological
Special position in social group	Specialist among others (still special status)	Special position in social group (expectations & beliefs)
Exerts action through his personality	Action based on biology	Mostly through his /her personality
Psycho-somatician	Dichotomy mind-body (drugs)	Psycho-somatician
Training is long and exacting: experience-based	Logical training: no experiential aspects	Training is long and exacting: maybe experience-based
Schools with tradition and beliefs	Unified field	Schools with tradition and beliefs

- Special position – they are the healer
- Have a charismatic personality – being believable
- Heal through personality
- Medical – heal through medication (biology)
- Similarity to the actual individual who is the healer
- Psycho-somatician: understand the connection of mind and body differently
- Similarity between primitive and psychologists à help people

Main Ingredients of therapeutic rituals

- Beliefs, attitudes and expectation
- Suggestions
- At the origins of the first psychotherapies :
 - Suggestive psychotherapeutics (hypnosis) and psychoanalysis
 - But also important in our own behaviours and experiences (backgrounds)
 - Bloody warm is a suggestion à saying “ive extracted this subject”
 - Or rituals → demon possessed – extracting the demon “get out you demon”
 - Suggesting connections why they are like this (psychologist)
 - Suggested interpretation

Animal Magnetism

Background to Animal Magnetism

The enlightenment (social-cultural context)

- Explaining religion away
- The rise of science and magnetic medicine

The popularization of Exorcism

- The gassner the travelling exorcist

Zeitgeist (spirit of times) and Ortgeist (spirit of place)

- Example: the Convulsionaries of Paris, magnetic medicine (used magnets to make changes in the body to move illness in body)
 - Change does not happen in a vacuum
 - Keep in mind: what was going on at the time

- **The Convulsionaries:** group religious cult
 - They would have rituals → they would end up becoming convulsive (as part of their ritual)
 - They would gather and go through their religious rituals
 - Became a political group
 - People began convulsing
- **Zeitgeist:**
 - Dominant set of ideals and beliefs that motivate the actions of the members of a society in a particular period in the time (what was the society like in that period of time)
- **Ortgeist:**
 - The impact of the physical or social surroundings on the growth of cultural, economic, artistic and scientific life in a specific place (same idea in a particular place → France)

Franz Anton Mesmer

The “father of hypnosis” (1734-1815)

- Physician (medical man)
 - Student magnetic medicine
- Realizes that the magnet is not necessary to elicit responses
 - Declares himself a magnet
 - Did the same thing but without the magnets
 - Touching his patients, through his magnets (body)
- 1778: leaves Vienna for Paris

Animal Magnetism

- From magnetic medicine to the “universal fluid”
 - Universal fluid → called it animal magnetism (connected to living things)
 - A sensitive receptor (usually female)
 - A sensitive agent (usually male)
 - You don’t need magnets → fluid that everyone has → universal (not only people have it)
 - He believed he was the agent – by which he can help the movement of fluids for a receptive person
 - People who got trained to be the agent → noble men had a lot of money – to do it for free to help others
- Mesmer vs Gassner
 - Science vs. God
 - Moving away from god – more scientific
- Why was Mesmer popular?
 - In line with zeitgeist and ortgeist
 - In line with current science (discovery of gases, electricity etc.)
 - In line with current beliefs
 - **Electricity**– can move through anything
 - So, connected it to this – since it was similar.
 - **Salutary crisis** → healing – a release of the bad

The Practice of Animal Magnetism

- Magnetizing Poles

- Activating the circulations of “the fluid”
- Long passes and short passes
- The salutary (beneficial) crisis
 - The convulsive chamber
- The Baquet
 - First group sessions

Mesmer's tub

- Image of people holding poles and each other, all connected to the tub



Mesmer's Aphorisms

Mémoire sur la découverte du magnétisme animal, 1779

- There exists a fluid that pervades the universe, and influences all animal bodies. Its mechanism of action is unknown; it does create alternative effects that are mediated in the human body by the nervous system (1-8) – medical approach
- Analogous to the magnet, it creates different poles within the body, that can be changes destructed or reinforced. It is the ability to be influenced by this flued that is called Animal Magnetism (9-10) - links to magnetic medicine
 - Trying to make that connection with the nervous system
 - “Fluid” connected among the universe among everything else
- Animal Magnetism can be communicated to other individuals; they can however be more or less susceptible to its action. (the action can be reinforced, felt over long distances, increased by the use of mirrors, sounds) (11-17)
- Some individuals have property to oppose magnetism, and anti-magnetism that has the same properties as Animal Magnetism (18-19)
- Animal Magnetism can cure nervous diseases immediately and other diseases mediately (over time) (21-23)
 - Use with another type of therapy
- Everyone is connected to the universal fluid BUT not everyone is susceptible to being helped by it (there are individual differences to the susceptibility)
- The new principle can have a universal usefulness (the physician will be able to know which medication to use, how to increase its efficiency, how to control and provoke salutary crisis)
- The physician will be able to judge the origin and the progression of the diseases, with no

side-effects for the patients. Even pregnant women will benefit (24-26)

- a critique of the then-current treatment, like electric therapy, arsenic poisoning, etc...
- this doctrine will allow medical doctors to prevent illnesses in his patients. The art of healing thus reaches its ultimate perfection (27)
 - not just cure but prevents

Summary of Major Theoretical Points

1. Scientific explanation of the cure process (universal fluid)
2. Illness stems from blockage along the different poles of the body – if fluid is not flowing there is blockage
3. Individuals differ in receptivity (how they receive it)
4. Animal Magnetism can be applied to both physical and nervous diseases
5. Convulsive crisis is the highlight of the curative process → if it worked = salutary crisis (a kind of fit)
 - Scientific explanation for why this was working

Mesmer gets in trouble...

- Why did he get in trouble?
 1. Group session and the convulsive chamber
 2. Magnetizing poles
- **The royal commission of inquiry:** Official report (1784)
 1. Double-blind experimentation
 2. Role of imagination, imitation, physical touchings
 - Led to the preparation of a secret report on morality
 - Doing things that others are perceiving as suspect
 - They find that it has nothing to do with fluid → imagination; imitation of suggestions; and touching
 - Debonqued the idea of fluids – but didn't acknowledge that it worked
 - Something was happening
 - This inquiry led to the secret report

The Secret Report

Physical Dangers

- Women have less evolved nervous system
- Women are more prone to illnesses
- Women experience the salutary crisis as a form of orgasm

Psychological Dangers

- Women are more emotional; easily disturbed

Moral Dangers

- Marital and family relationships could be threatened... from that point on, hypnosis will carry the burden of that report and have a bad reputation
 - Ex: catholic church position on hypnosis
 - Idea of hypnosis has a bad reputation

Major Landmarks in the Theory of Animal Magnetism

The Marquis de Puységur

- **Artificial Somnambulism**

- First to make the analogy with sleep
- Still believed in the magnetic fluid
 - The magnetic tree on his domain
 - Instead of big bowl → he used a tree on his property – he would magnetized the tree & people would be connected to the tree – where treatment would occur
 - At the time trees (in some group) considered trees as spiritual/special
- But...
 - Institution of dialogue
 - Elimination of convulsions
 - First use of direct suggestions
 - Age regression
 - Analgesia → inability to feel pain
 - Mood changes
- He treats his people – for free
- Starts using the practice
- People that he treats responds differently (than Mesmer)
- Instead of convulsing → looking as if they're asleep (new way of reacting)
- He introduces dialogue – talks to the person – able to have a dialogue with the person (also different)
- Getting rid of those fits – for the individuals to heal
- **Identification of the Somnambule: Somnambule → Sleepwalker**
 - 10-15% of individuals response easily
 - The magnetist becomes a facilitator or a guide rather than the agent (facilitating instead of Being the power)
 - The patient demonstrates amazing abilities
 - Diagnosis and treatment
 - Superior intelligence (talk to him differently – as an equal)
 - Clairvoyance (can see the future)
 - Spontaneous amnesia
 - The idea of the sleep notion
 - Related to sleep walking but still able to function
 - People are telling HIM what they're disorders are
 - What they're problem is – diagnosing themselves and what would be the best treatment
 - You can suggest the amnesia
- **Consequences of these Changes:**
 - Lead to the development of hypnosis
 - Use of suggestions, especially analgesia
 - Ex: breast amputation by Cloquet in 1829
 - Ex: Esdaile's Surgery in India
 - Lead to the development of spiritualism
 - The somnambule as a medium or psychic

Famous Mesmerist Surgeons

Mesmerism → Hypnotic induction believed to involve animal magnetism.

- Cloquet performing a breast amputation
- Esdaile performed more than 100 surgeries with a death rate of less than 5%

The Abbé de Faria on “lucid sleep”

- Faria was the first to emphasize the individual abilities necessary to elicit the behaviours and experiences seen during animal magnetism
- Among these abilities he identified the following ones:
 - Focused attention
 - Psychic impressionability (imagery + absorption)
 - False attribution (beliefs + expectations)
 - Intimate conviction
- Indirect consequences of these abilities:
 - Premonitions (paranormal abilities)
 - Imaginary illnesses (making it worse)
- According to Faria, *thin blood* was also a requisite of lucid sleep!
 - Which is obvious not true
 - Underestimated the role of demand characteristics

Demand Characteristics: Extrinsic influences of behavior and experiences – external cue that will influence the way you experience things

- Notices individual differences a lot

James Braid

- Coined the word neuro-hypnotism in 1843
- Linked it to **eye fixation and attention**
- **Monoideism:** fixation on a single idea
- Gave a physical explanation of the phenomena seen in Animal Magnetism
- Argued for the use of hypnosis as a clinical tool
 - From magnetism to hypnotism

Eye-Fixation Apparatus

- The “Electro-hypnotic Head Band” (1902): the band is made of rubber, and the apparatus is such that the object of focus, fixed above and between the eyes, is either a nickel ball or an incandescent light bulb
- The eyelids would close out of fatigue of the nervous system (attention)
 - Suppose to stare on the point on the forehead, person looks up

The 2 Major Theoretical Views on Hypnosis

At the end of the 19th century, from these pioneers two main positions evolved:

1. Hypnosis as suggestive therapeutics (the Liébault school or Nancy school)

- Suggestion is the main ingredient
- Individual differences matter

2. Hypnosis as a psychopathology (the Charcot school or the Salpêtrière school): linked to *hysteria*

- The altered state view of hypnosis comes from this school (meant you were ill)

These two main positions remain today, but have been further developed. The view of hypnosis as psychopathology (indicative of hysteria) has disappeared.

- 2 major theoretical views on hypnosis
- Need to be hypnotizable for it to work
- Altered state of consciousness (originally believed to be a kind of psychopathology)

Clinical Hypnosis

Why should every clinician know about hypnosis even if she/he does not use it?

- to understand and be able to deal with hypnoidal phenomena (ex: dissociation)
- Hypnosis greatly increases the efficacy of therapies of which it is an adjunct (including faster efficacy)
- Hypnosis has been shown to greatly reduce costs of surgical procedures including child birth
- To dispel myths about hypnosis and related phenomena
- To become aware of how the clinician is a source of suggestions (therapist is not a blank screen)
- To know its field of applications and make referral if necessary
 - Thinking they cannot use it, even though they can
 - Can understand other situations based on learning on hypnosis – like hallucinations
 - Used together with therapy
 - CBT + hypnosis
 - Giving suggestions to patients/clients, offering insight

Flow chart of a clinical Hypnosis Session

1. Pre-hypnosis interview (assessment of beliefs expectations, complaints, etc)
2. Induction (first evaluation of responses)
3. Deepening (transitional stage- make the person more receptive)
4. Work and therapeutic suggestions
5. Dehypnotization + Post-Hypnotic suggestions
6. Post-hypnosis interview to assess the subjective experience
 - What are their beliefs on hypnosis?
 - What do they think about it, and why do they want to do it?
 - Insure that they understand that this is not a fix, but it aids/helps
 - There are a few steps before all of the benefits
 - Mutual relationship with hypnotist and client (doing it together, not hypnotist doing it on client)
 - Induction to get you in state
 - How hypnotizable are they? Arm lift/ eye catalpas
 - Deepening, many ways you can do this, but purpose is to get them in a hypnotic state in which they can go deep in (Ex: walking done a path, or done a staircase) – already hypnotized, so it's really to bring them deeper
 - Dehypnotization = bringing person out of the trance (ex: you can count to get them out)
 - Post-hypnotic suggestion (ex: touch your left leg when you hear a tapping noise)
 - Can also be to getting into a hypnotic state easier for the next time... like feeling the marble, it will feel easier to go into the trance.
 - Can also be feeling refreshed once out of the hypnosis

What is Clinical Hypnosis?

- Hypnosis typically involves an introduction to the procedure during which the subject is told that suggestions for imaginative experiences will be presented (orienting the response)

Myths about Hypnosis

May have to clarify during pre-hypnosis interview

- Hypnosis can't harm you
- Hypnosis causes dependency
- You can't become "stuck" in hypnosis
- Hypnosis is a not "truth" serum
- Hypnosis cannot retrieve memories
- Hypnotist has no power over you
- Only a few people can be hypnotized (not true)
- Hypnosis is just relaxation
- Once hypnotized you cannot resist

What is an Induction?

- An induction procedure typically entails instructions to disregard extraneous concerns and focus on the experiences and behaviours that the therapist suggests, or that may arise spontaneously
- It evaluates the relaxation response of the individual
- First evaluation of his/her hypnotizability
 - His/her responsivity to ideo-motor suggestions
 - Ex: hands together (feel force bringing hands together)
 - His/her cooperation

Related Observations

- Hypnotic phenomena are behavioural cognitive, and experiential alternations that emerge or are enhanced by an induction
 - Sense of compulsion/ enhanced suggestibility
 - Reduction of reflective awareness/absorption
 - Unusual experiences (alternations in body image, sense of time, dissociative experiences)

Suggestion

- Meaningful communications deliberately made by one person to another, to evoke **nonvoluntary** responses (behaviour, emotion, cognition, motivation, perception) that would not take place otherwise (primary suggestibility)
- Any subtle influence exerted on an individual, unknown to him/her, that causes some sort of response without the individual having awareness of origin (or occurrence) (secondary suggestibility)
 - e.g. publicity – (Face Book!)
 - e.g. hear music in passing and brings up someone to mind
 - e.g., subliminal messages
 - Inviting patient to the suggestion
 - Influence by things all the time –advertisements on social media (suggesting to check things out, or buy things)
 - Remembering someone after not seeing them for years (the song made

you think of that person) – not aware of it

- Subliminal messages

Hypnosis as an Empirically Support Therapy 1

- Hypnosis used as an adjunct, not as the only therapy (can be integrated with CBT, dynamic therapy, etc.)
- As an adjunct, meta-analyses show significantly greater improvement than 70% of all patients receiving same treatment without hypnosis

Hypnosis as an Empirically Support Therapy 2

- Support for other psychological problems including:
 - Smoking
 - PTSD
 - Anxiety
 - Dissociative symptoms
 - Insomnia

Hypnosis as an Empirically Support Therapy 3

- Substantial Evidence shows that, with regard to pain, hypnosis can reduce:
 - Rates of pain
 - Need for analgesics or sedation
 - Nausea and vomiting
 - Length of hospital stay
- It enhances:
 - Physiological stability and outcome after treatment higher degree of satisfaction for half the price of the standard sedation procedure

Hypnosis as an Empirically Support Therapy 4

- There is also good empirical support for its use various medical conditions
 - Preoperative preparation of surgical patients
 - Asthma
 - Dermatological disorders (except 1)
 - Irritable bowel syndrome
 - Hemophilia
 - Post-chemo nausea and vomiting
 - Preparation of childbirth

Guiding Principles in Clinical Hypnosis

1. Voluntary vs involuntary component
Pleasurable vs non-pleasurable component
 - Tobacco, drugs and alcohol vs Pain, allergies and some skin diseases (ones that can potentially be related to stress)
 - Can help in all these contents, even if they are not voluntary
 - Does not work for acne, but other skin diseases
 - Making suggestions for the reaction of the body to be different
2. Illnesses (or symptoms) that have a psycho-somatic component... that is, that can be exacerbated or alleviated by modulating the stress response
3. Probabilistic relation between symptom reduction and hypnotizability
 - Differentiate effects due to contexts from effects due to an individual's hypnotizability
4. What if people are low in hypnotic susceptibility?

- No need to be high to respond to at least partially
 - Ex: Analgesia
- Alternative routes such as imagery based interventions (change context)
- Hypnosis Effects:
 - Contextual effects
 - Apply to most subjects
 - Triggered by beliefs, expectations, attitudes, motivation
 - Ex: Faria's bleeding of subjects (to improve their hypnotizability)
 - Ex: induction by yodeling?
- Hypnotizability effect:
 - Specific abilities of the subject
 - These abilities are not linked to hypnosis – individual differences
 - Can be a double-edge sword
- 5. Research has differentiated between hypnosis as treatment and hypnotizability as a potential factor in symptom formation
 - Ex. Migraines, psoriasis, asthma, bulimia, phobia, pain can all be influenced by hypnotic treatment but high hypnotizability may also be related to the onset of phobias (imagine all possible catastrophes) or bulimia (describe as being in a trance) or Dissociative Identity Disorder (DID), etc.
 - Have these traits, that put them in a trance

Clinical Suggestions

- Hypnosis is an exercise in fantasy
- All suggestions are foremost an invitation to role play these fantasies
- They can be differentiated by the proportion of fantasy/play involved
- In the real world, the different types are continuously interconnected
 - Must be able to image things, and fantasies and put oneself in that place

Types of Clinical Suggestions

- **Direct:** all direct suggestions involve the use of imagery
 - The problem focused: Addresses the problem directly
 - Depends on how hypnotizable they are, got to relate to their ability
 - Direct suggestion (directing them through the pain) – focus on pain (in order to reduce medication)
 - This is while they are hypnotized
 - Ex: low back pain: “focus on pain. As you do focus, the sensation will start to change, maybe becoming less intense or more diffuse etc.”
 - Suggesting they are going to feel less pain in the future
 - When dealing with anxiety or pain, you are telling them they will feel the necessary amount of pain or stress (but not an overwhelm amount of it)
 - **Fantasy-Focused:** Addresses the problem directly through a guided fantasy
 - Ex: Migraine “if you had to describe your migraine as a fruit, what would it be?” then the client is asked to imagine the fruit becoming smaller and smaller. What it is as small as a cherry or a grape, it is expelled from the body.
 - Using imagination/imagery

hypnotized her to baking a cake (the process) – the therapist tells she dropped the cake, which meant she could drop the cake, and she can fall asleep (she can do it by herself) – breaking of the pattern

- Suggestions must be adapted to the person's abilities to respond
- Avoid failure by evaluating first in the per-session interview what types of abilities the person has
 - Lowest type of suggestions, least difficult and then work the way up in order to avoid failure
- Build the scenario progressively over time
- Mix different types to insure a better response

Experimental Hypnosis

Measuring Hypnotic Responses:

- Development of the Stanford and Harvard scales:
 - Operationalizing responses
 - From the French 19th century literature
 - From previous attempts that looked at the depth of state of hypnosis
- From a state point of view (depth of response) to a performance-based view (number and difficulty of items)
 - How many suggestions did they do, and the difficulty
- Opened the door to scientific experimentation by providing a unified way of measuring hypnotizability
 - Scale norms have been published from more than 20 different countries

Types of Suggestions

- Ideo-motor items: thinking of a movement elicits a corresponding motor response
 - Example: arm lowering, etc.
 - Even bringing your arm out
 - Tend to be easier than cognitive ones
- Challenge items: ideo-motor item followed by a counter-suggestion
 - Example: arm rigidity, finger clasp, etc.
- Cognitive items: imagination or cognitively- based suggestion
 - Example: hallucination, regression, dream, amnesia, etc.

Measuring Hypnotic Response: Item Difficulty

- On most scales, items are listed by difficulty index (DI)
 - **Difficulty index:** proportion of subjects passing the item
 - Example: if 30% of subjects pass an arm levitation items the DI equals .30
 - Exception: the Harvard Group Scale of Hypnotic Susceptibility
- High DI means that the items is easier to do
- Higher to lower DI: ideo-motor, challenge and cognitive
 - Within each type of items, there are also different DI
- Scales can be administered with or without a hypnotic induction
 - Opens the door to compare suggestibility of any type to hypnotic responses

Stanford Scale (begin by fixating on a point – then eventually closing your eyes)

1. Hand lowering (right)

2. Moving hands apart
3. Mosquito hallucination
4. Taste hallucination
5. Arm rigidity (right)
6. Dream
7. Age regression- imagining self younger and younger
8. Arm immobilization (left)
9. Anosmia(absence of smell) to ammonia (putting something other their nose)
10. Hallucinated voice
11. Negative visual hallucination
12. Posthypnotic amnesia

The Harvard Scale (the one we did in class)

1. Head falling
2. Eye closure
3. Hand lowering (left)
4. Arm immobilization (right)
5. Finger lock
6. Arm rigidity (left)
7. Hands moving together
8. Communication inhibition
9. Fly hallucination
10. Eye catalepsy
11. Posthypnotic suggestion
12. Posthypnotic amnesia

*Measuring hypnotizability, this is not used in a clinical hypnosis (because you want to avoid Failure

Depth and Susceptibility

DEPTH AND SUSCEPTIBILITY

275

- High scores mean they were able to do the more challenging ones

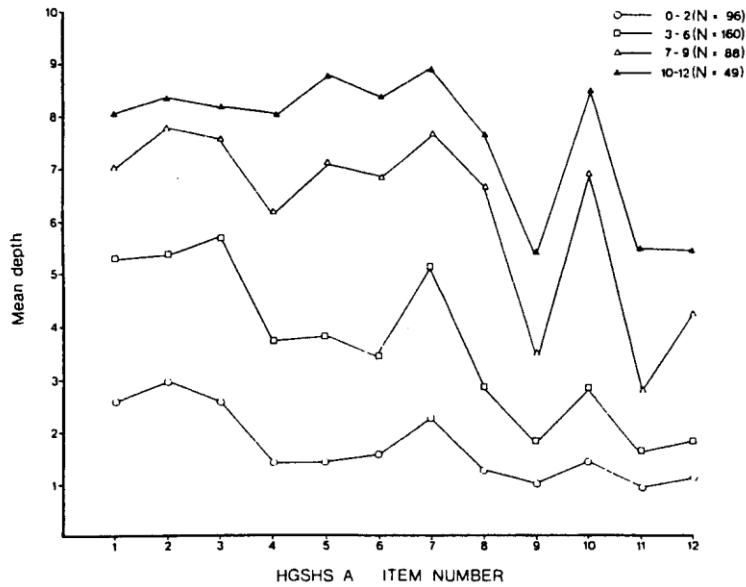


FIG. 1. Mean depth report for 398 Ss over the 12 items of HGSHS:A.

TABLE 14.3 Subjective Reports by Subjects Varying in Measured Hypnotic Susceptibility Based on an Inquiry Following Attempted Hypnosis

INQUIRY	AFFIRMATIVE REPLIES TO INQUIRY (BY PERCENTAGE)			
	HIGH (N = 48)	MEDIUM (N = 49)	LOW (N = 45)	NONSUSCEPTIBLE (N = 17)
Were you able to tell when you were hypnotized?	65	60	47	31
Disinclination to speak?	89	79	68	31
Disinclination to move?	87	77	64	50
Disinclination to think?	55	48	32	12
Feeling of compulsion?	48	52	20	6
Changes in size or appearance of parts of your body?	46	40	26	0
Feeling of floating?	43	42	25	12
Feeling of blacking out?	28	19	7	6
Feeling of dizziness?	19	31	14	0
Feeling of spinning?	7	17	0	6
One or more of prior four feelings?	60	60	39	25
Any similarity to sleep?	80	77	68	50

- Different way of approaching it
 - Highs = things that are more in dept

TABLE 17.5. Joint Distribution of Hypnotizability as Classified by the HGSHS:A and SHSS:C (*n* = 215)

HGSHS:A classification	SHSS:C classification								Total
	Low (0-4)		Medium (5-7)		High (8-10)		Virtuoso (11-12)		
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Low (0-4)	65	71	17	18	10	11	0	0	92
		60		22		11		0	
Medium (5-7)	36	39	27	29	24	26	5	5	92
		33		34		25		15	
Medium high (8-10)	7	7	29	30	44	46	16	17	96
		6		37		46		48	
Very high (11-12)	0	0	6	17	17	49	12	34	35
		0		8		18		36	
Total	108		79		95		33		315

Note. The data are condensed from Tables 1 and 2 (pp. 86 and 89) of Register and Kihlstrom (1986).

- how to read this chart?
- 92 is total from Harvard
- 71 percent of those 92 that were low on Harvard, were also low on Stanford

Are the different Scales measuring the same ability?

Correlations among various, frequently used scales of hypnotic susceptibility (see Bowers, page 66).

```

*****
SHSS:C   SPS:I   SPS:II  HGSHS:A   BSS   CURSS
*****
SHSS:A   .82    .64    .62    .74    .63
SHSS:C           .71    .72    .59    .58    .65
SPS:I                   .78
CURSS                               .62
    
```

- To conclude, they measure different things and do not match.

Distribution of scores

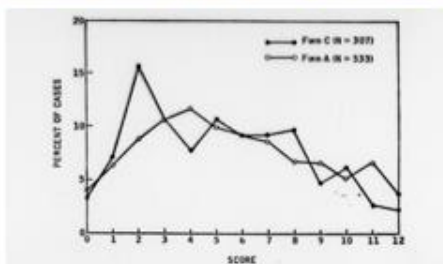


FIGURE 18. DISTRIBUTION OF SCORES ON SHSS, FORM C, AND SHSS, FORM A. The modes at score of 2 for Form C and score of 4 for Form A result from the number of very easy items in each scale.

Note: Stable measure across life span: peaks just before teen years (about 12-13) and remains stable for the rest of life. 25 years test-retest reliability over .70 (more stable than IQ)

- Hypnotizability is a trait/characteristic
- It is stable throughout your life, but it peaks in your teens

Summary:

- Allows for standardized measurement of hypnotizability or non-hypnotic suggestibility
- Makes it easier to compare results from different experiments
- If not measured, difficult to differentiate context effects from hypnotizability effects
- Hypnotizability can be looked at as a stable individual difference across lifespan
- A major factor in both intrinsic and instrumental research on hypnosis
- Intrinsic: studying hypnosis or hypnotizability per se
- Instrumental: using hypnosis to study another phenomenon (for example, memory or hallucinations)