DISCUSSION COMMENTARY

MULTIPLE PATHS INTO HYPNOSIS FOR THE MILLENNIUM

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Introduction

Barber (1999) has contributed a valuable theory of hypnosis which should be welcomed by all non-divisive professionals in hypnosis. There would seem to be general agreement that 'hypnosis' is non-unitary, a complex concept which is a function of a number of potentially measurable variables. Further, there is general agreement that there are individual differences in hypnotic responsivity.

Prior to formulating a theory one needs a definition of the particular domain with which one is concerned. The nature of the criteria measures of hypnotic responsivity is also quite important. Historically, Barber has developed a sociopsychological view of hypnosis in which beliefs, attitudes, motives and expectations are very important. Thus if a subject* has defined the context as a hypnotic one, the subject's expectations may lead to a facilitation of hypnotic responsiveness which, in itself, needs to be defined by an acceptable non-controversial scale. Hypnosis has frequently been defined in terms of a person's subjective state or condition following a so-called hypnotic induction procedure. Spiegel (1994) notes 'that it is an altered state of consciousness that involves an intensification of the focus of attention, with a corresponding suspension of peripheral awareness' (p.151).

Whatever one's theoretical view of hypnosis, an assumption is typically made following a self/hetero-hypnotic induction, task-motivating instructions or even in the absence or apparent absence of an induction, that some changes have taken place that facilitate hypnotic responsiveness.

Therefore, definitions of hypnosis have stressed the context and/or procedure used to effect any changes that may be attributed to hypnosis. Hypnotic procedures may be said to be made up of a number of components, such as suggestions for restricted attention (Shor, 1959; Lynn and Rhue, 1991), relaxation (Edmonston, 1991; Fellows and Jones, 1994) and imaginative involvement (Hilgard, 1979; Vingoe, 1987).

Clearly, a particular definition of hypnosis leads to a specific formulation of a hypnosis theory. If one accepts the idea that a successful hypnotic subject can experience changes in sensations, perceptions, thoughts, feelings and behaviours (Kirsch, 1994a, 1994b), then one needs to ask: (1) What characteristics of the subject would facilitate these changes?; and (2) What are the most proficient ways a hypnotist can catalyse an individual's ability to make these changes? The writer accepts that while there is no 'royal road' to hypnosis, there are multiple roads, depending on the total context and characteristics of the particular subject and so on.

^{* &#}x27;Subject' is used for convenience as a general term and is inclusive of the terms client, patient and person.

The basis of Barber's theory

Barber (1999) indicates that the empirical evidence available supports the contention that there are three main types of individuals who make 'excellent hypnotic subjects': (1) the fantasy-prone; (2) the amnesia-prone; and (3) positively set individuals. However, for the most part, he discusses these types as lacking common variance. Barber then notes that his formulation unifies the conflicting 'state' and 'non-state' theories.

Barber describes the fantasy-prone as having had a 'life-long history of makebelieve and fantasy, [and] vivid personal memories extending back before age 3...'. They respond well to hypnotic age-regression and are prone to psychosomatic plasticity, such as false pregnancy. Barber referred to Lynn and Rhue (1988) as also supporting this type. However, Lynn and Rhue (1991) noted that Wilson and Barber (1983) indicated that fantasy-proneness was evident in 4% of the population, and that they believed in a 'close association ... between fantasy proneness and hypnotizability' (Lynn and Rhue, 1991: 427). However, in discussing five studies on fantasy-proneness and hypnotizability, these authors noted that only a modest correlation (about 0.25) was found between hypnotizability and fantasy-proneness. It was suggested that 'negative attitudes, lack of motivation, atypical interpretation of suggestions, and poor rapport' may have been responsible for the lack of replicability of Barber's hypothesis, a suggestion accepted by Barber (1999). In concluding their chapter, Lynn and Rhue (1991) indicated the importance of 'attentional resources' and 'experiencing suggestion-related effects as involuntary' (p.430). They add, however, that 'an involuntary experience is goal-directed ... [and] "involuntary" only in the sense that subjects perceive it as such'. They conclude that 'hypnotic activity is multidetermined, multifactorial, and requires a variety of "abilities" (p.430). Thus, while fantasy-proneness can be important, one has to consider other important variables.

Barber has used the research of Pekala (1991) and Pekala, Kumar and Geddes (1995) in supporting his point of view. He notes that the Pekala group found evidence for three types of highly susceptible subjects. Basically, Pekala and colleagues measured subjects on the Phenomenology of Consciousness Inventory (PCI), which includes 12 main variables: 'altered state of awareness (AS), altered experience (AE), volitional control (VC), self-awareness (SA), rationality (RA), memory (ME), vivid imagery (VI), inward absorbed attention (IAA), internal dialogue (ID), positive affect (PA), negative affect (NA) and arousal (AR)' (Pekala, 1991: 97). Pekala et al. (1995) related these scores to the subjects' scores on the Harvard Group Scale of Hypnotic Susceptibility.

Pekala (1991) reported two very low and two very high groups of hypnotic subjects. With reference to the high groups, Pekala divided the highs into 'classic' very highs (n=32) because their phenomenology appeared to be consistent with what high hypnotic susceptibility subjects would subjectively report concerning their experiences. The other high group (n=12) 'was characterized by moderate alteration in consciousness and experience, a great deal of vivid imagery, moderate positive affect, and only mild-to-moderate losses in rationality and memory'. They were labelled by Pekala as the 'fantasy' very highs because 'a preponderance of imagery and positive affect suggested the presence of fantasy material' (p.100). This is especially interesting, in that Pekala noted that no suggestions were given for imagery in this group. Therefore, the imagery was self-generated.

Unfortunately, in the second study by Pekala and colleagues, they were not able to replicate the presence of the high-fantasy-prone group. It is felt that Barber placed too much confidence in using Pekala's work in support of his own ideas, since Pekala et al. (1995) were not able to fully replicate Pekala's (1991) results.

The second subject-type, the amnesia-prone, was based on Barrett's (1990, 1996) research. She found 15 of 34 excellent hypnotic subjects in this category from an original group of 1200. According to Barber (1999), these subjects attributed their hypnotic responsivity 'to the great skill or power of the hypnotist'. These subjects failed to remember the hypnotist's suggestion for a positive hallucination, and were generally very forgetful, failing to remember life events prior to age 5. A common factor exhibited by the amnesia-prone and the fantasy-prone was 'a striking psychosomatic plasticity'. That is, they showed significant somatic changes, such as false pregnancy, nausea, rash and so forth, following appropriate suggestions. Barber also suggested, apparently as a possible explanation for their amnesia-proneness, that most of these subjects had experienced physical, psychological or sexual abuse during their childhood. None of the fantasy-prone subjects had reported such abuse.

Barber also asserted that Pekala et al.'s (1995) first type of 'high' (n=33) resembled the amnesia-prone subject. Barber noted that this type of subject is characterized by amnesia (apparently based on high scores on the Altered State subscale of the PCI), automaticity (apparently based on lower scores in rationality) or involuntariness (apparently based on low scores on volitional control), but not by vivid imagery. While the 'fantasy very high' group in Pekala's results did experience a moderate degree of loss of volitional control, it is felt that Barber is stretching the evidence to suggest that Pekala found a group of amnesia-prone individuals who scored highly on the Harvard Scale in either of his studies.

There is no clear evidence, as far as the writer knows, that there is a close direct relationship between the amnesia-prone and hypnotic responsivity.

Interestingly enough, Pekala et al. (1995) concluded that the 'smaller group of the present study did not have those same high levels of imagery and positive affect (as was found in the earlier study)'.

Finally, the last subject-type – the positively set person – were reported as neither fantasy-prone nor amnesia-prone. These subjects were characterized by their positive 'attitudes, motivations and expectancies toward the situation; relationship with the hypnotist, and readiness to think with and not contradict the hypnotist's suggestions'.

This last subject-type is most congenial to Barber's early ideas regarding hypnosis and, as pointed out by Barber, this subject-type has been confirmed by many theorists of the socio-psychological school, such as Sarbin and Coe (1972), Spanos (1991) and Wagstaff (1991), among others. In the Pekala et al. (1995) replication study, 'the smaller [high] group (n=8) did not exhibit "those same high levels of imagery and positive affect" as found in Pekala's (1991) study'. These subjects were labelled 'compliant highs', but did not show as much 'alteration in phenomenology ... [as] is traditionally expected of highly hypnotizable individuals'. In spite of the lack of replication and the very small n, Barber used the result to support his third type of excellent hypnotic subject: the positively set person.

Of the three subject-types, the fantasy-prone and the amnesia-prone seem to be groups that are not correlated in a clear way with the degree of hypnotic responsivity. For example, in terms of the fantasy-prone individual, Lynn and Rhue (1991) pointed out that 'medium-hypnotizable subjects were no more fantasy-prone than were low-hypnotizability subjects. [They noted that], in summary, we were unsuccessful in

approximating Wilson and Barber's finding that there is a close association between hypnotizability and fantasy proneness.'

However, the positively set person group would seem to be a group whose characteristics are directly related to hypnotic responsivity. In other words, the more the subject is motivated, has an expectancy that he or she will be hypnotized, has a good relationship with the hypnotist and has a readiness to think with and to not contradict the hypnotist's suggestions, the more hypnotically responsive he or she will be. Therefore, it is the last group which seems to be the most important group, in that, by dispelling misconceptions regarding hypnosis and developing good rapport with the subject, and so on, one could increase a subject's positive set. However, it would seem to be much more difficult to modify fantasy-proneness or amnesia-proneness.

Pekala et al. (1995) suggested that different individuals may be enacting hypnotic suggestions 'via qualitatively different mechanisms that may have important clinical applications'. This is felt to be quite a valid statement. Pekala et al. (1995) conclude their article by noting that 'Some of the controversy ... between the social-psychological and the neodissociation approaches to hypnosis ... may relate to individual difference ... characteristics between different types of highs and lows that are now being confined and confused because of a lack of interest in the phenomenology of the hypnotic experience of these subjects' (p.199). These authors noted that the 'use of the PCI would help to separate out the classic lows and highs from the pseudo lows, and the compliant highs' (p.199).

Therefore, it is suggested by Pekala et al. (1995) and supported by the present writer that it may be more valuable to assess people on the PCI than to assess them on a Hypnotizability Scale, depending, of course, on the criterion in which one is interested.

Conclusions

Barber (1999) seems to base his three-dimensional theory of hypnosis on very small numbers: those who score quite highly on hypnotic susceptibility scales. However, as noted by Pekala, there are even some individuals who score very low on the Harvard Scale who, in fact, can show some high points on the PCI – information that could be put to practical use.

Barber discusses the re-evaluation of hypnotic phenomena and includes a discussion of analgesia, amnesia, age-regression, visual and auditory hallucination and skin changes. Barber bases his comments on a very small number, as he himself admitted, of amnesia-prone individuals who, in fact, may be able to show a good hypnotic analgesia response. However, Barber, Wagstaff and others who follow a social-psychological interpretation of hypnosis would surely agree that an analgesic response may occur without any hypnotic procedure. Barber admits that his three-dimensional paradigm would predict that classic post-hypnotic amnesia will be approximated by a small number of individuals.

With reference to age-regression, Barber suggests, and this seems logically feasible, that the amnesia-prone subject would have great difficulty in age-regressing. Barber discusses visual and auditory hallucinations and makes three predictions regarding his fantasy-prone and amnesia-prone subjects which can be tested experimentally.

With reference to skin changes, Barber notes that, of course, many individuals who are highly responsive hypnotically, may also respond to suggestions of skin

changes outside the context of hypnosis. Again, he relates his fantasy-type and amnesia-type subjects to their ability to produce skin changes.

Barber suggests that 'the three-dimensional paradigm can subsume and unify the conflicting "trance" versus "suggestion" schools of hypnosis ...' He reminds the reader of the social psychology of the psychological experiment with the various 'demand characteristics' involved in the hypnotic context and so on, the role of the hypnotist's personality and his or her way of communicating to subjects. Further, he reminds the reader of the effects on hypnotic responsiveness of various suggestions and instructions which can vary in meaning, be permissively versus authoritatively delivered, and so forth.

An acceptable 'global' theory of hypnosis must surely account for individual differences in hypnotic responsivity and not be restricted to the upper 10% or less of the distribution of hypnotic responsivity. Does Barber's (1999) formulation take account of the full range of individual differences in hypnotic responsivity and clearly specify the importance of restricted attention, relaxation, and imaginal ability, fantasy-proneness, amnesia-proneness and positive set? Again, while Barber seems to base his theory on a quite small group of subjects who score quite highly on hypnotic susceptibility scales, nevertheless, he is attempting to integrate what is known about hypnosis, and points the way towards further research.

As noted by Perry (1992) 'An adoption of design which incorporates selected "pet" variables of both "special process" and social-psychological positions might be a way by which a much needed dose of empiricism could be injected into hypnosis research' (p.248). It is hoped that Barber's (1999) formulation of a three-dimensional theory of hypnosis will act as a catalyst to further research in the area of hypnosis and phenomenology.

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