WAKING HYPNOSIS FOR WAKING PEOPLE: WHY FROM VALENCIA?

Antonio Capafons

University of Valencia, Spain

Abstract

This article presents a cultural analysis of the reasons that waking hypnosis is widely accepted in Spain. These reasons relate to several features of the Spanish people, including their attitude towards others, politics, religion, habits and even the climate in which they live. In general, Spaniards seem to perceive 'waking' hypnosis as a technique that better adapts to their lifestyle than more traditional forms of hypnosis. In addition, they may be able to have more confidence in 'waking' hypnosis as it appears less threatening, since it is differentiated from stage hypnosis as presented by the media. Therefore, although 'waking' hypnosis is American in origin, the particular reasons why it has developed in Spain can be easily understood.

Key words: culture, psychological intervention, psychotherapy, 'waking' hypnosis

What is 'waking hypnosis'?

To demonstrate how 'waking' hypnosis is used in Valencia, I would like to present the following scenario based on my experience with these techniques:

'Now,' I said to a group of women who were primarily homemakers, 'let's go out to the street. There, please, use the "waking" self-hypnosis exercise that you have learned here [in this case, arm dissociation], and when your brain is ready to activate the responses that you want to reproduce you'll notice that your arm feels heavy, glued to the body, or simply "different". At that time, give yourselves the suggestions.' This is the dialogue that ensued:

Group: But everybody will notice that we are doing some strange thing. We shall feel embarrassed. What can we say to the other people if they notice something odd? We are in our village, and everybody knows who we are!

Me: OK. This is a course about how to manage stress. Will going out into the street make you feel stressed?

Group: Yes!

Me: Perfect. We now have the opportunity of practising what you have learned. What suggestions should we give in the street?

Group: (speaking amongst themselves) We don't know.

Me: What do you think about the following suggestion: 'After I feel my arm get heavy, different, or dissociated, the more I walk on the street, and the more I see my neighbours, friends and relatives, the more I shall feel calm, peaceful, safe and under control. Do you like that?

Group: Yes, it sounds fine! Are you sure that those suggestions will work?

Me: I think so. The only requirement is that you need to talk yourselves into being sure that your brain will respond to your requests. If you say to your brain that your arm will feel different (heavy, etc.) and then you experience it (and you know that you do this very easily based on your practice sessions) why would your brain fail to reproduce and activate other reactions? We have done several exercises (arm lightness, feeling strong, emotions of happiness, tenderness, self-confidence, etc.) and you experienced these things easily. You know you can do this keeping you eyes open and talking to others. Ready? As I told you before, hypnosis is not necessarily meant to be relaxed, asleep, or involving some kind of trance. You don't need to close your eyes. The only thing you need is to trust yourselves, and do some exercises to demonstrate to yourselves that you can reach your goals (to feel some reactions after giving yourself some suggestions). Let's go to the street and do it!

In the street, the members of the group, while talking to the others and walking, dissociated their arms and told themselves the agreed-upon suggestions. They said to me: 'It really works. I can keep doing the things that I want to do, but I can also self-hypnotize and give myself suggestions, while feeling a strong sense of confidence. It is so different to the hypnosis that I've seen on TV and it is even very different to the hypnosis that other teachers explained to us! It really works.'

As I continued the session, I answered the group's questions. I explained that 'waking' hypnosis is as powerful for managing suggestions as traditional hypnosis, and that it is an old, but rarely used way of managing suggestions. In fact 'waking' hypnosis was conceived of by Wells in 1924 to overcome some of the difficulties intrinsic to the usual hypnotic induction, which incorporates relaxing or sleep-like suggestions. In Wells's own words:

First ['waking' hypnosis] is less mysterious in appearance, and the total impression is more desirable. The psychologist who uses hypnosis partly for the purpose of teaching against occultism desires to avoid the appearance of an occult procedure. Second, it usually takes less time. With an individual subject or with a group, one usually begins to get results in two or three minutes, if not in five or ten seconds; while sleeping hypnosis, when first used with a subject usually requires a longer time before results are obtained. Third, it is easier, requiring less effort on the part of the experimenter; and it is easier for the beginner to learn. Fourth, it can be employed on a larger percentage of subjects with success at the start than can the usual methods of sleeping hypnosis. Fifth, if for any reason sleeping hypnosis is desired, one can easily change to the methods of producing the sleeping state, with greater chance of success if the first suggestions by the method of 'waking' hypnosis have been successful (Wells 1924: 396–7).

As Wells indicates, he was influenced by Bernheim, Coué and Baudouin and probably by Carpenter (1852) who, before Bernheim, didn't view relaxation as essential for the production of suggested phenomena (Weitzenhoffer, 1978).

Wells successfully replicated phenomena typically associated with traditional relaxation induction hypnosis (specifically amnesia and post-hypnotic responding) exclusively using 'waking' hypnosis and direct suggestions. Currently some Ericksonian approaches embrace this point of view (Matthews, Conti, Starr, 1998), as well as clinicians who work with alert-active hypnosis or similar techniques (Kratochvil, 1970; Gibbons, 1979; Barabasz and Barabasz, 1996; Wark, 1998; Bányai, Zseni and Túry, 1993). In fact, many of the treatments that require that the patient do home task assignments would agree that alert-active hypnosis, or 'waking' hypnosis, is a useful strategy: keeping the patient self-hypnotized with the eyes open while talking, walking, driving, etc. makes it easier to give self-suggestions. In this way, many of the post-hypnotic therapeutic suggestions can be supported by the client in situ, where the problem occurs or arises (Capafons, 1998b; 1999). One probable difference between alert-active hypnosis approaches and our

perspective on 'waking' hypnosis is that in our case, it is advised that the induction methods and the management of suggestions be done with the eyes open and in a non-relaxation sleep-trance context (Capafons, 1998a).

Although the American Psychological Association (1993; 2004) has its own definition of hypnosis, let me suggest that hypnosis (as a name or label) is a tradition: a flexible tradition, with varying ceremonies, contents and rituals. Hypnosis is a Western invention (Schumaker, 1995) and, therefore, it is also an international tradition; hypnosis is probably the most disseminated kind of mind/body intervention in the world. But it is also one of the most misunderstood by lay people (Capafons, 2002). Depending on the country and epoch, hypnosis has had different rituals and styles of managing suggestions (Kirsch, 1993). Of course, I am referring to rituals and ceremonies that are accepted as hypnosis. not to other rituals in use before this name (i.e. Mesmerism, aesculapian temple practices, and so on) that cannot be considered strictly as hypnosis (Spanos and Chaves, 1991). Nevertheless, even in considering hypnosis in the twentieth century, the definition of hypnosis, its associated rituals, and the way of managing suggestions, depends mainly on the model of human and abnormal behaviour maintained by the 'hypnotist'. Bernstein and Nietzel (1980) have classified these models, naming them demoniac, classic (Greek-Roman), magic-ecclesiastical (Middle Age), biological (nineteenth century), and psychological (beginning of the twentieth century). Each model has had different rituals applied by different 'professionals'. From my point of view, all these models are fully present in our western cultures and hypnosis is embedded in them. Thus, demoniac and magic-ecclesiastical models are related to past-life therapies. Moreover, we must not forget that hypnosis belongs to parapsychology (and parapsychology is a part of psychology – code number: 6110.02), according to the United Nations Educational, Scientific and Cultural Organization (UNESCO) categorization. The classic model is related to centres for relaxation and health, in which hypnosis is used as a technique for natural healing; the biological model is related to the concepts of biological predisposition for hypnotic susceptibility (Spiegel and Spiegel, 1978; Bányai, 1991), and the psychological model is related to two submodels. The first, which could be called the lay model, is the more dynamic (in a broad sense), having parallels with medical models (hypnotic age regression to unconscious memories – false memories syndrome, extraterrestrial abductions, etc.), the unconscious mind, and so on. This last model is also related to the demoniac one, as is orthodox psychoanalysis (Kirsch and Winter, 1983). The second submodel is cognitivebehavioural, where unconscious forces, different dissociation constructs, etc. are rejected in favour of social, cognitive and behavioural variables. Therefore, hypnosis as a ritual currently reflects the mainstream of the belief system (Mutter, 1999) and is thus multivocal, but also reflects the coexisting models of human and abnormal psychology. Even if hypnosis is conceived of as a form of dissociation, culture and society influence how dissociation is defined and experienced (Kirmayer, 1994; Kripner, 1994). Perhaps the various ways of using hypnosis are a mirror of the coexisting values, beliefs, political rights, lifestyles, preferences, etc. of the country and its time, as are indices of pathology and normalcy (Higginbotham, West and Forsyth, 1988). Wilson and Barber (1978) suggested decades ago that as the USA became more democratic, hypnosis would become more client centred and suggestions would become more permissive. Even the way of experiencing hypnosis and its determinants can be shaped by the cultural context (Jacquith, Rhue, Lynn and Seevaratnam, 1996). In Brown's (1991: 2) own words: 'In the absence of written records, the rhythm and imagery of poetic devices allowed important information to be retained in living memory. In this sense, culture is an evolutionary process that finds new uses for the basic biological abilities.'

The Spanish preference for 'waking' hypnosis

From this sociological background, our research shows that one of our methods of 'waking' hypnosis, rapid self-hypnosis, indicates that this technique is preferred to Spiegel and Spiegel's (1978) self-hypnosis method – HIP - whilst keeping the same 'power' for promoting responses to test suggestions (Martínez-Tendero, Capafons, Weber and Cardeña, 2001). Research shows a correlation of 0.40 between pleasantness of the method and scores on the subjective scale of the Barber Suggestibility Scale (Barber, 1965). More research that has also been developed by our research group shows that a variation of rapid self-hypnosis (arm dissociation) is preferred to the 'long rapid self-hypnosis' (that implies doing all the steps of this induction method). Besides, arm dissociation promotes more response to test suggestions, too (Reig, Capafons, Bayot and Bustillo, 2001). This last result is of great value, as the short version of rapid self-hypnosis (RSH) is used fully in a 'waking state'. Other research about waking-alert (alert hand) hypnosis, our methods of heterohipnosis (Capafons, 1998a), showed that it is preferred to the active-alert hypnosis of Bányai (Bányai et al., 1993), promoting more responses to test suggestions (Cardeña, Alarcón, Capafons and Bayot, 1998; Alarcón, Capafons, Bayot and Cardeña, 1999). However, in what sense do participants prefer 'waking' hypnosis methods to the other ones? Our results indicated that waking-alert hypnosis generated only 1 dropout, vs. 19 in active-alert hypnosis in a sample of 80 participants. Besides, participants who remained in the study (and therefore, were not reluctant to use the methods) expressed, in general, that when comparing both methods, waking-alert hypnosis was more hypnotic, more pleasant, easier to do, less bothersome to do, and stated that they would use 'waking' hypnosis if needed. They also felt more hypnotized by wakingalert hypnosis (Alarcón et al., 1999). On the other hand, when participants compared the HIP to RSH, they rated RSH as significantly more coherent, pleasant, faster and easier to learn, more likely to be used in everyday life and to go unnoticed, less bothersome to use, and more likely to be used in private (Martínez-Tendero et al., 2001). Finally, when comparing RSH with the shortened variation (arm dissociation as a rapid cue for self-giving suggestions), participants preferred the latter, because they felt more comfortable with it. They also perceived that the short induction (arm dissociation) was easier to use in their everyday life, easier to learn, to remember and to pass unnoticed in public settings. Besides, they believed that with this method (short cue) they became more hypnotized, and that they would use it more than the 'long' version (Reig et al., 2001).

Why is 'waking' hypnosis preferred in Spain?

Keeping all these results in mind, allow me to speculate as to why 'waking' hypnosis is, in general, preferred to 'traditional-relaxation-trance' hypnosis in Spain, specifically in Valencia. I shall speculate why this is so, from a cultural-sociological perspective, and begin by briefly describing Valencia. The province of Valencia (as part of the Valencian Community, at the Mediterranean seashore) has several specific characteristics. It is 10.763 km² in size and has two very different zones: a mountainous range with quite extreme temperatures (for us), and the other extending from the mountains to the Mediterranean Sea. The ground in this zone is absolutely flat. Its mean temperature is about 17°C, with very small variations (typical Mediterranean weather). Eighty per cent of people (more than 1 500 000) of the province of Valencia live at the seaside, and 75%

of the wealth is created there. In fact, this is one the areas with the highest rate of people per square metre in Spain. This information allows us to understand that people in Valencia greatly enjoy being in the streets, beaches and gardens. They walk a lot and tend to have long and animated conversations. The weather allows this lifestyle, and most people have enough money to go to the movies, visit friends, shop, etc. In summary, people in Valencia like to be with their relatives and friends outdoors, and to be involved in various social activities and interactions.

Let us return to the discussion of Spain as a whole, focusing on some of the general characteristics whilst keeping this is mind. Spaniards are dispassionate, cautious, distrustful and prudent (De Miguel, 1996), but are also quite contradictory in some ways, although all these contradictions make sense and allow us to understand why hypnosis is forbidden in the Spanish public health system (BOE 10/2/94, n°35), as well as why 'waking' hypnosis is so well accepted. I will now explore some of the most relevant contradictions:

- Contradiction 1: Spain is one of the most visited countries in the world and its primary industry is tourism. Nevertheless, there are many negative attitudes on the part of Spanish people towards some foreigners. Although more than 60% of Spaniards report that they like Latin American people, less than 30% claim to like French, German or American citizens. Spaniards also have a negative opinion of immigrants (especially from North Africa). This is congruent with the fact that Spaniards are endogamic from a geographical point of view: about 77% of the marriages are between persons of the same geographical area (about 80% in Valencia) and Spaniards are very satisfied with living in their own country, city and neighborhood (De Miguel, 1996).
- Contradiction 2: Spaniards are independent individuals; we don't like to be members of associations, societies or political parties and trade unions. Spaniards have less trust in our governors, deputies, majors, and bishops than is the case in other countries. They also place less value on their army than do other countries. Their recent history was marked by Franco's dictatorship, a very corrupt system that lasted for 40 years! In 1996, 60% of the Spanish thought that the corruption was still present in most of our institutions (De Miguel, 1996). On the other hand, however, Spaniards participate in democratic elections at a high rate and we have one of the most democratic and tolerant constitutions in the world.
- Contradiction 3: As mentioned before, Spaniards do not trust our religious leaders, in general. The Catholic Church has a long tradition in Spain, with plenty of dark periods: Torquemada (1420–1498) and Cisneros (1436–1517) were tough inquisitors, and their Inquisition lasted in Spain until 1874. Under Franco's dictatorship, part of the Catholic Church was an important element of the fascist political system in Spain. Perhaps this is one of the reasons for the growing secularization of the Spaniards at the present time: about 21% have no religious belief and 50% of the Catholics are non-practising, although we tolerate other religions. In relation to this tolerance (as one of our features) 60% accept that homosexuals can get married and 30% defend the position that homosexual couples can adopt children (De Miguel, 1996). Finally, Spain is a country with a high percentage of organ donors. However, in spite of this generosity and tolerant attitude, we are mainly Catholic and are not very accepting of other religions, and this can be consdered as one form of cultural intolerance toward others). In addition, one of the most valued institutions in Spain is Caritas, a non-

governmental association, which is dependent on the Catholic Church. (The Red Cross is also highly valued; De Miguel, 1996).

From the above-mentioned contradictions, we can see that Spaniards do not like to follow the fashion in ideologies, religions, etc. incorporated from other countries, but, at the same time, we are not fanatical about our country. Spaniards lack confidence in 'power' figures, although we think that we 'need them'. Spaniards are generous with weak and poor people, but we prefer not to have immigrants. Another feature of the Spanish people is related to lifestyle. A good summary of our way of understanding life is one of our preferred sayings: 'We work for living; we don't live for working'. In De Miguel's own words: 'Life at home is reduced to a minimum, in contrast with outside social relationships with peers and colleagues' (1976: 76).

Some additional data are interesting in terms of developing a better understanding of De Miguel's assertion. About 30% of Spanish people go to bars everyday, and almost another 30% visit them several days in a week; only about 40% go rarely or never. In addition, many Spaniards spend much of their time in snack bars. A snack bar in Spain serves many purposes: drinking, eating, using the phone, transacting business, watching television, reading newspapers, dating, playing games, buying cigarettes, etc. and it always is a good place for chatting. De Miguel thinks that snack bars in Spain are an institution that demonstrates the enormous amount of leisure time that the Spaniards have. Besides the time spent in snack bars, Spaniards, according De Miguel's data, like mainly to watch television (80%), go to the movies (80%), listen to the radio (50%), and read newspapers and books (also almost 50%). But perhaps the most salient feature is that we do all of these activities in the same day, that is, about 40% of us sleep less than we need to, and 50% do not sleep more that is needed. Besides, 32% of Spaniards do not pay attention to their dreams. In this sense, we are a waking people.

We especially value people who are cheerful, fun, who tell jokes and funny stories and make good conversation. In fact, 50% of Spaniards are used to being with other people often, are expressive, and like strong physical contact (hugs, kisses, etc.). Seventy-five per cent prefer not to be in isolation, and have a very good relationship with their neighbours. However, we can be alone without becoming bored. Moreover, 37% of sons and daughters live with their parents until they reach 28 or 30 years of age. Spain is one of the European countries with a greater number of family members per family (about 5). Although the birth rate is almost zero (the lowest in the world right now), our families are still large.

Finally, Spaniards usually enjoy eating, drinking wine with meals (37%) and, less commonly, strong liquors (17%; De Miguel, 1996). In other words, we like to be alert, to have relationships with those surrounding us, to live with other people, to develop strong relationships and to be tolerant, but at the same time, remain independent. We have many hours of sunlight (especially in the Mediterranean areas), and have a habit of holding our parties and celebrations in the streets. We don't like fads, until they prove to be 'safe' or 'effective', but, at the same time, we try to innovate and to be creative.

What is the effect of this type of sociological profile on hypnosis? First, as in other countries, the Spanish know about hypnosis from and through the media. Our general impression is that false beliefs about hypnosis in Spain are similar to those in other countries (Capafons, 1998a; 2002). That is, people are afraid of losing control and being manipulated by the hypnosis. It is very common among Spaniards to fear developing a mental illness due to hypnosis (to be mad implies being different from the other people). This fear is reinforced by our legal and political institutions, which reject the use of

hypnosis in legal and health-related settings (Cangas and Wagstaff, 2000). Second, hypnosis has become fashionable on TV from time to time, where hypnotists present a very effective (quasi-magic) technique to solve the majority of people's problems, especially by using hypnotic regressions. The usual appearance of a hypnotized person (closed eyes, inactivity, lethargy, fixed gaze, and so on) and the suggestions presented by the media, confirm that the person is under the control of the hypnotist. This is terrifying for a people who are predominantly independent and who are suspicious of authority figures. Even the appearance of the hypnotized person is incompatible with the Spaniard's social needs and preferences: it is impossible to keep up interpersonal contact while seated with one's eyes closed and almost asleep! It is important to remember that Spaniards do not like to sleep (except during our well-known 'siesta'), and that our free time is not usually used for going to a calm and isolated place, but to be with others in the streets, talking, or going to the movies, shopping or snack bars (pubs at night). Finally, every town in Spain has many churches. Most cities also have old cathedrals as well as their churches. Almost every village has at least one church and one hermitage. When people need to be isolated and to meditate or think about their lives, they go to churches or cathedrals. Some people even prefer to talk with the priest. So, for many Spanish people, hypnosis and self-hypnosis can be perceived as a foreign fashion that fulfils the same function as going to churches to pray and reflect. Therefore they don't want to be hypnotized, as the hypnotist and hypnosis that includes relaxation could be perceived symbolically as foreign religious figures. Those figures are easily rejected by a society, which, although suspicious of the Catholic Church (and which believes that going to Church interferes with their regular and everyday lives) prefers it to other ways of healing its soul. In other words, hypnosis could be seen as parallel to religious activity (as Schumaker, 1995 noted, from a different perspective) but more dangerous and less effective.

Conclusions

'Waking' hypnosis allows Spaniards to feel more control over their lives, as they can keep their eyes open, walk in a natural way and talk fluently with the therapist. Besides, it is easy to learn, to remember and to use in public settings. In other words, 'waking' hypnosis does not interfere with the social interactions most liked by Spanish people (going out into the streets to share their free time with friends and relatives), and is absolutely different from the hypnosis seen on TV and from eastern practices (Zen meditation, Buddhism, etc.), which are perceived as too dangerous by these people who are almost hermetic to foreign religions, and who are sceptical about the media (De Miguel, 1996). In fact many Spaniards consider hypnosis to be a form of trickery because they don't trust TV shows. At the other end of the spectrum, some people are afraid of hypnosis due to their confidence in these kinds of shows. TV and the media can disseminate information that sometimes is helpful, sometimes not. Even post-traumatic stress disorder can be made worse by the influence of media (Maldonado and Spiegel, 1994). Perhaps this is part of the reason for hypnosis being forbidden in our public health system. I am not suggesting that traditional non-alert hypnosis used seriously is rejected or disliked by all Spaniards; in fact, many like it when they are hypnotized. What I mean, and what our research shows, is that Spaniards prefer 'waking' hypnosis. Nevertheless, as I mentioned earlier, societies are not monolithic (Higginbotham, et al., 1988), nor are ethnic minorities or cultures (Sue, Zane and Young, 1994). Spanish society, like American and European societies, contains very different cultures and traditions. Even more importantly, in each western society (Spain included) different models of human beings and abnormal behaviour coexist. Thus, I am talking in general terms. Although I have no data to support it, I am suggesting that 'waking' hypnosis is preferred in Spain more than it is in other countries and I have speculated about some possible reasons for this preference. But we have to remember that each intervention has to be tested in different cultures before assuming that they are successful (Kripner, 1994), even accepted! In Sue et al.'s (1994) words: 'Such tasks are not only theoretically meaningful (i.e. knowing the generality and limitations of theories and practices), but also consistent with psychology's goal to promote human welfare' (p. 783). And, as the authors show in their chapter, those tasks are not usually methodologically or practically easy to perform. Therefore, much more research needs to be done in other countries and cultures that are different to those in Spain.

In summary, I can conclude that 'waking' hypnosis was created and developed for waking people, who need to be active, independent, socially integrated and, above other things, who need to work and to enjoy life at the same time. In Spanish, being awake means not only not being asleep, but it also means to be *smart*. In fact, 'to sleep' sometimes means to be absent, silly and not smart. Thus, perhaps this paper could be entitled 'Waking' hypnosis for smart people'.

References

- Alarcón A, Capafons A, Bayot A, Cardeña E (1999) Preference between two methods of activealert hypnosis: not all techniques are created equal. American Journal of Clinical Hypnosis 41: 269–76.
- American Psychological Association, Division of Psychological Hypnosis (1993) Hypnosis. Psychological Hypnosis 2: 3.
- American Psychological Association (Society of Psychological Hypnosis) (2004) Division 30 new definition of hypnosis. Psychological Bulletin 13: 13.
- Bányai EI (1991) Toward a social-psychobiological model of hypnosis. In: J Lynn, JW Rhue (eds)
 Theories of Hypnosis: Current Models and Perspectives. New York: The Guildford Press,
 564-08
- Bányai EI, Zseni A, Túry F (1993) Active-alert hypnosis in psychotherapy. In: JW Rhue, SJ Lynn, I Kirsch (eds) Handbook of Clinical Hypnosis. Washington, DC: American Psychological Association, 27–90.
- Barabasz A, Barabasz M (1996) Neurotherapy and alert hypnosis in the treatment of attention deficit hyperactivity disorder. In: SJ Lynn, I Kirsch, JW Rhue (eds) Casebook of Clinical Hypnosis. Washington, DC: American Psychological Association, 271–91.
- Barber TX (1965) Measuring 'hypnotic-like' suggestibility with and without 'hypnotic induction'; psychometrics properties, norms and variables influencing response to the Barber Suggestibility Scale (BSS). Psychological Reports 16: 809–44.
- Bernstein DA, Nietzel MT (1980) Introduction to Clinical Psychology. San Francisco, CA: McGraw-Hill.
- Brown P (1991) The Hypnotic Brain: Hypnotherapy and Social Communication. New Haven, CT: Yale University Press.
- Cangas A, Wagstaff GF (2000) The current status of hypnosis in Spain. Contemporary Hypnosis 17: 42–7.
- Capafons A (1998a) Hipnosis clínica: una visión cognitivo-comportamental (Clinical hypnosis. A cognitive-behavioral perspective). Papeles del Psicólogo 69: 71–88.
- Capafons A (1998b) Rapid self-hypnosis: a suggestion method for self-control. Psicothema 10: 571–81.
- Capafons A (1999) La hipnosis despierta setenta y cuatro años después (Waking hypnosis seventy-four years later). Anales de Psicología 15: 77–8.

- Capafons A (2002) Dissemination of hypnosis: don't change the name, change the perspective. Hypnosis International Monographs 6: 225–36.
- Cardeña E, Alarcón A, Capafons A, Bayot A (1998) Effects on suggestibility of a new method of active-alert hypnosis. International Journal of Clinical and Experimental Hypnosis 45: 280–94.
- Carpenter WB (1852) On the influence of suggestion modifying and directing muscular movement, independently of volition. Proceedings, Royal Institution of Great Britain 1: 147–53.
- De Miguel A (1996) La Sociedad Española, 1995–96 (Spanish Society, 1995–96). Madrid, Spain: Editorial Complutense.
- Gibbons D (1979) Applied Hypnosis and Hiperempiria. New York: Plenum.
- Higginbotham HN, West SG, Forsyth DR (1988) Psychotherapy and Behavior Change. Social, Cultural and Methodological Perspectives. New York: Pergamon Press.
- Jacquith L, Rhue JW, Lynn SJ, Seevaratnam J (1996) Cross-cultural aspects of hypnotizability and imagination. Contemporary Hypnosis 13: 94–9.
- Kirmayer LJ (1944) Pacing the Void: Social and cultural dimensions of dissociation. In: D Spiegel (ed.) Dissociation, Culture, Mind, and Body. Washington, DC: American Psychiatric Press, 91–122.
- Kirsch I (1993) Hipnoterapia cognitivo-comportamental: expectativas y cambio de comportamiento (Cognitive-behavioral hypnotherapy: expectancies and behavioral change). In: A Capafons, S Amigó (eds) Hipnosis, Terapia de Auto-regulación e Intervención Comportamental (Hypnosis, Self-regulation Therapy and Behavioral Intervention). Valencia, Spain: Promolibro, 45–61.
- Kirsch I, Winter C (1983) A history of clinical psychology. In: CE Walker (ed.) The Handbook of Clinical Psychology. Homewood, IL: Dow Jones Irwing, 3–30.
- Kratochvil S (1970) Sleep hypnosis and waking hypnosis. International Journal of Clinical and Experimental Hypnosis 18: 25–40.
- Kripner S (1994) Cross cultural treatment on dissociative disorders. In: SJ Lynn, J Rhue (eds) Dissociation: Clinical and Theoretical Perspectives. New York: The Guildford Press, 215–41.
- Maldonado JR, Spiegel D (1994) The treatment of post traumatic stress disorder. In: SJ Lynn, J Rhue (eds) Dissociation: Clinical and Theoretical Perspectives. New York: The Guildford Press, 215–41.
- Martínez-Tendero J, Capafons A, Weber V, Cardeña E (2001) Rapid Self-Hypnosis: a new self-hypnosis method and its comparison with the Hypnosis Induction Profile. American Journal of Clinical Hypnosis 44: 3–11.
- Matthews WJ, Conti J, Starr L (1998) Ericksonian hypnosis: a review of the empirical data. In: WJ Matthews, J Edgette (eds) (1998) Current Thinking and Research in Brief Therapy, Solutions, Strategies, Narratives, Volume II. Philadelphia: Taylor & Francis, 239–63.
- Mutter KL (1999) Empowering strategies: the physician's point of view. American Journal of Clinical Hypnosis 42: 116–20.
- Reig I, Capafons A, Bayot A, Bustillo A (2001) Suggestion and degree of pleasantness of rapid self-hypnosis and its abbreviated variant. Australian Journal of Clinical and Experimental Hypnosis 29: 152–64.
- Schumaker JF (1995) The Corruption of Reality: A Unified Theory of Religion, Hypnosis, and Psychopathology. Amherst, NY: Prometheus Books.
- Spanos NP, Chaves JF (1991) History and historiography of hypnosis. In: SJ Lynn, JW Rhue (eds) Theories of Hypnosis. Current Models and Perspectives. New York: The Guildford Press, 43–78.
- Spiegel H, Spiegel D (1978) Trance and Treatment: Clinical Uses of Hypnosis. New York: Basic Books.
- Sue S, Zane N, Young K (1994) Research on psychotherapy with culturally diverse populations. In: AE Bergin, SL Garfield (eds) Handbook of Psychotherapy and Behavior Change (4th edn). New York: John Wiley & Sons, 783–817.

Wark DM (1998) Alert hypnosis: history and applications. In: WJ Matthews, J Edgette (eds) Current Thinking and Research in Brief Therapy: Solutions, Strategies, Narratives. Philadelphia: Taylor & Francis, 287–304.

Weitzenhoffer AM (1978) What did he (Bernheim) say? In: FH Frankel, HS Zamansky (eds) Hypnosis and its Bicentennial. New York: Plenum Press, 47–56.

Wells W (1924) Experiments in waking hypnosis for instructional purposes. Journal of Abnormal and Social Psychology 18: 389–404.

Wilson SC, Barber TX (1978) The creative imagination scale as a measure of hypnotic responsiveness: applications to experimental and clinical hypnosis. American Journal of Clinical and Experimental Hypnosis 20: 235–49.

Author note

An early version of this article was presented at Washington, DC to the 108th Annual Convention of the American Psychological Association.

Special thanks to Etzel Cardeña, Guy Montgomery and Yael Nitkin-Kaner for their helpful comments on the content of the English edition of this article.

Address for correspondence: Antonio Capafons Facultat de Psicologia Blasco Ibanez# 21.46010 Valencia Spain

Email: Antonio.Capafons@uv.es