IN VolUnTaRy ExPeRienCing And The PeRforMance Of HyPnotIC Test SuGgestIons

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Abstract: This experimental study examined 2 questions: (a) Does the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A) tap the “classic suggestion effect” and (b) does the wording of postexperimental questions bias subjective reports of hypnotic subjects? Results indicated that a significant minority of individuals who “passed” test suggestions by objective behavioral criteria reported performance as occurring voluntarily, and participants who “failed” test suggestions reported performance of behaviors as occurring involuntarily. Participants’ reports of the involuntariness of their experience during performance of hypnotic test suggestions were not significantly influenced by the wording of questions. Implications of these findings for experimental research and clinical practice are discussed.

The apparent involuntary alteration in volitional control over behavior following administration of a standard hypnotic induction is one of the most interesting phenomenological features of hypnosis and is commonly used both as a defining feature of the hypnotic state and as criterion to differentiate a hypnotic response from a waking one (Erickson, 1961, 1980; Erickson, Rossi, & Rossi, 1976; Field, 1965; Field & Palmer, 1969; Hilgard, 1968, 1986; Shor, 1979). Involuntary experiencing (i.e., nonconscious involvement, unconscious responding, inhibition of voluntary control) is such a key element in psychology’s historical characterization of the hypnotic state that it has been called the “classic suggestion effect” (Bowers, 1981, p. 42; Weitzenhoffer, 1980, p. 133, 1978a, pp. 197–198).

Weitzenhoffer (1980) noted that “Bernheim, his contemporaries, and his successors never specifically checked out the nonvoluntary nature of suggested acts. This was largely inferred informally . . . and has needed to be verified” (p. 134). Two hypnotizability scales commonly used in research do not systematically assess the occurrence of involuntary
experiencing during the performance of hypnotic test suggestions. The Stanford Hypnotic Susceptibility Scale (SHSS) of Weitzenhoffer and Hilgard (1959, 1962), for example, does not assess the presence of involuntary experiencing on any of its 10 test suggestions, and the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A) of Shor and Orne (1962) does so for only 2 of its 12 test suggestions (i.e., hand lowering and hands moving together). Other hypnotizability scales do routinely assess the experience of involuntariness during performance of test suggestions, including the Barber Suggestibility Scale (BSS; Barber, 1981), the involuntariness scale adapted for use with the HGSHS:A developed by Kihlstrom (2006), and the Carleton University Responsiveness to Suggestion Scale (CURSS; Spanos, Radtke, Hodgins, Bertrand, & Stam, 1981; Spanos et al., 1982). Researchers using these latter scales have found that subjects who “pass” suggestions on the basis of objective behavioral criteria occasionally report their responses as performed voluntarily (i.e., feeling as if responses are self-initiated, self-guided actions), and subjects who “fail” suggestions occasionally report their responses as occurring involuntarily (i.e., feeling as if responses “happened all by themselves”) (Barnes, Lynn, & Pekala, 2009; Bowers, 1981; Spanos, Radtke, Hodgins, Bertrand, et al., 1983; Spanos, Radtke, Hodgins, Stam, et al., 1983).

According to Bowers (1981):

If it is agreed that the experience of effortlessness, automaticity, or non-volition is critical to the concept of suggestion, it can be argued that the only way to discern whether or not a particular item of behavior represents a suggested effect (rather than simple compliance) is to ask how the behavior was experienced. (p. 43)

Such self-reports, however, may be as much a consequence of the phrasing of the postexperimental questions as they are a consequence of the desire to recall accurate and complete information (Barber, 1981). In one study conducted by Barber, Dalal, and Calverley (1968), for instance, approximately 22% of subjects reported that they were unable to resist the suggestions of the hypnotist when asked, “Did you feel you could resist?” whereas 83% of subjects reported that they were unable to resist the suggestions when asked, “Did you feel you could not resist?” What a person says about his or her subjective experience during task performance, in other words, may change as a consequence of the wording of the questions used to solicit information about the experiential aspects of suggested acts.

The present study investigated the following two questions: (a) Do subjective reports of involuntary experiencing (i.e., the “classic suggestion effect”) reliably accompany the performance of hypnotic test suggestions on the HGSHS:A? (b) Do subjective reports of involuntary experiencing during performance of hypnotic test suggestions on the
HGSHS:A vary as a function of the wording of questions administered during postexperimental inquiry?

**METHOD**

**Subjects**

Subjects were 49 female and 5 male undergraduate students (ages 18–20, median age = 18) enrolled in a general psychology course during the fall of 2010 at a midsize New England Catholic College who received experimental course credit for their participation. The size of group sessions ranged from 16 to 20 subjects on three separate occasions. Most subjects (94%) had no prior experience with hypnosis. The 54 subjects were randomly assigned to either Group A (positively worded inquiry) or Group B (negatively worded inquiry) prior to the experiment.

**Procedure**

Following preliminary remarks and after answering all subjects’ questions, the testing session began with a CD-recorded administration of the Harvard Group Scale of Hypnotizability, Form A (HGSHS:A; Shor & Orne, 1962). At the conclusion of the testing portion of the session, subjects were administered the standard HGSHS:A Response Booklet and a 12-item questionnaire derived from the Objective-Involuntariness (OI) subscale of the CURSS (Spanos et al., 1981) adapted for use with the HGSHS:A. The questionnaire—called the Involuntary Experiencing (IE) scale—asked subjects to rate on a 4-point Likert-type scale the degree to which their response to test suggestions was experienced as an involuntary (scored 3) or voluntary (scored 0) occurrence. Subjects randomly assigned to Group A (positively worded question) were administered a version of the IE Scale that contained framing statements biased to assess the involuntariness of the hypnotic experience (e.g., “During this [hand lowering] suggestion, my hand felt like it lowered by itself”). Subjects randomly assigned to Group B (negatively worded questions) were administered an identical scale but with framing statements biased to assess the voluntariness of the experience (e.g., “During this [hand lowering] suggestion, my hand did not feel like it lowered by itself”).

**Scoring**

Involuntary experiencing (IE Scale). The Involuntary Experiencing (IE) scale provided the major measure of involuntary experiencing in this study. Reverse scoring of Group B responses provided a measure of involuntary experiencing such that the higher the subjective score, the more a response was considered to reflect involuntary experiencing.
Five indices of involuntary experiencing were calculated and are described briefly below.

**Mean Involuntary dimension (Mean I index).** The Mean I index consists of the sum of a subject’s ratings of involuntary experiencing on the IE scale across all 12 HGSHS:A items divided by the number of items that the subject rated (Bowers, 1981, p. 48). The Mean I index provides a measure of the average level of involuntariness per item rated.

**Passed-Item Involuntary dimension (Passed-Item I index).** The Passed-Item I index provides a measure of the average rating of involuntariness for all items “passed” on the HGSHS:A (i.e., subjects circled alternative “A” when objectively rating their behavioral response; Bowers, 1981, p. 48).

**Failed-Item Involuntary dimension (Failed-Item I index).** The Failed-Item I index provides a measure of the average rating of involuntariness for all items “failed” on the HGSHS:A (i.e., subjects circled alternative “B” when objectively rating their behavioral response) (Bowers, 1981, p. 48).

**Objective Involuntary dimension (OI index).** The OI index reflects the extent to which subjects both (a) objectively passed suggestions and (b) experienced their responses to passed suggestions as involuntary occurrences to either a moderate or a great degree (Spanos, Radtke, Hodgins, Stam, et al., 1983). The number of suggestions passed in this manner is summed to yield a total OI score that can range from 0 to 12 for each subject.

**Voluntary Cooperation dimension (VC index).** The VC index provides a measure of voluntary cooperation and reflects the extent to which subjects both (a) objectively passed suggestions and (b) experienced their responses to the passed suggestions as voluntary occurrences to either a moderate or a great degree (Spanos, Radtke, Hodgins, Bertrand, et al., 1983). The number of suggestions passed in this manner is summed to yield a total VC score that can range from 0 to 12 for each subject.

### Results

**Equivalence of Groups Prior to Experimental Treatment**

As a check on the random assignment of subjects to groups, scores on the HGSHS:A were compared to determine whether the two groups were equivalent in hypnotic responsiveness prior to experimental treatment (i.e., before they were asked questions which differed in wording). Hypnotizability scores were analyzed using an independent t-test. Results indicated that mean (SD) hypnotizability scores—7.71 (2.8) and
8.12 (2.6) for Group A and B, respectively—did not statistically differ between the two groups ($t = 0.543, df = 52, p = 0.589$).

**Independent Variable: Positively Worded Versus Negatively Worded Questions**

Did the two groups give equivalent reports about their experience of involuntariness during performance of hypnotic suggestions after the experimental treatment (i.e., after they were asked questions which differed in wording)? As shown in Table 1, with the exception of the Failed-Item I index ($p = .025$) where subjects in Group B who received negatively worded questions gave higher involuntariness ratings for the suggested acts they failed than subjects in Group A who received positively worded questions, involuntariness ratings on the Mean I index ($p = .248$), the Passed-Item I index ($p = .791$), the OI index ($p = .988$), and the VC index ($p = .418$) did not significantly differ between the two groups.

Do these results hold if the data are analyzed separately for those subjects who could be categorized as “low-medium hypnotizable” (Score 0–8) and “high hypnotizable” (Score 9–12)? As shown in Table 2, except for the Failed-Item I index, results indicated that low-medium and high hypnotizable subjects in Groups A and B did not significantly differ from one another on four of the five indices of involuntary experiences used in this study. The significant difference between Group A (positively worded questions) and Group B (negatively worded questions) on the Failed-Item I index holds only for low-medium hypnotizable subjects and not for high hypnotizable subjects. Since there was no statistically significant difference between Groups A and B in overall hypnotizability or on any index of involuntary experiencing other than the Failed-Item I index that varied with level

### Table 1
**Mean Scores on Five Involuntary Experiencing Indices of Two Experimental Groups Asked Slightly Different Questions**

<table>
<thead>
<tr>
<th>Involuntariness Indices</th>
<th>Group A$^{a,c}$</th>
<th>Group B$^{b,d}$</th>
<th>Mean Difference</th>
<th>$t$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean I index</td>
<td>1.64 (0.6)</td>
<td>1.87 (0.7)</td>
<td>0.25</td>
<td>1.17</td>
<td>.248</td>
</tr>
<tr>
<td>Passed-Item I index</td>
<td>2.05 (0.5)</td>
<td>1.99 (0.9)</td>
<td>0.05</td>
<td>0.27</td>
<td>.791</td>
</tr>
<tr>
<td>Failed-Item I index</td>
<td>.96 (0.9)</td>
<td>1.54 (0.8)</td>
<td>0.58</td>
<td>2.31</td>
<td>.025*</td>
</tr>
<tr>
<td>OI index</td>
<td>5.82 (2.9)</td>
<td>5.81 (3.5)</td>
<td>0.01</td>
<td>0.02</td>
<td>.988</td>
</tr>
<tr>
<td>VC index</td>
<td>1.89 (1.2)</td>
<td>2.35 (2.6)</td>
<td>0.45</td>
<td>0.82</td>
<td>.418</td>
</tr>
</tbody>
</table>

$^a$Positively worded questions. $^b$Negatively worded questions. $^c_n = 28$. $^d_n = 26$. $^*p < .05$ level (two-tailed).
Table 2

Scores on Five Indices of Involuntary Experiencing for Low, Moderate, and High Hypnotizable Subjects in Two Experimental Groups Asked Slightly Different Questions

<table>
<thead>
<tr>
<th>Involuntary Indices</th>
<th>Low-Medium Hypnotizability (Score 0–8)</th>
<th>High Hypnotizability (Score 9–12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group A&lt;sup&gt;a,c&lt;/sup&gt;</td>
<td>Group B&lt;sup&gt;b,d&lt;/sup&gt;</td>
</tr>
<tr>
<td>Mean I index</td>
<td>1.2 (0.55)</td>
<td>1.6 (0.74)</td>
</tr>
<tr>
<td>Passed-Item I index</td>
<td>1.8 (0.66)</td>
<td>1.8 (0.95)</td>
</tr>
<tr>
<td>Failed-Item I index</td>
<td>.6 (0.55)</td>
<td>1.4 (0.90)</td>
</tr>
<tr>
<td>Total OI Score</td>
<td>3.6 (2.00)</td>
<td>4.0 (2.60)</td>
</tr>
<tr>
<td>Total VC Score</td>
<td>2.1 (1.40)</td>
<td>2.0 (1.80)</td>
</tr>
</tbody>
</table>

<sup>a</sup>Positively worded questions.  <sup>b</sup>Negatively worded questions.  <sup>c</sup>n = 15.  <sup>d</sup>n = 12.  <sup>e</sup>n = 13.  <sup>f</sup>n = 14.

<sup>**</sup>p < .01 (two-tailed).
of hypnotizability, Group A and Group B were combined for statistical purposes in all further analyses.

**Dependent Variable: Involuntary Experiencing**

What is the nature of the relationship between hypnotizability and the occurrence of involuntary experiencing during performance of hypnotic test suggestions? Table 3 presents a matrix of correlations between subjects’ ratings on each of the five indices of involuntary experiencing and subjects’ hypnotizability scores as measured by the HGSHS:A. A strong, positive relationship exists between hypnotizability as measured by objective HGSHS:A scores and subjective ratings of involuntariness measured by the Mean I index ($r = .710$, $p < .01$), the Passed-Item I index ($r = .412$, $p < .01$), the Failed-Item I index ($r = .335$, $p < .05$), and the OI index ($r = .771$, $p < .01$). These results indicate that the higher an individual’s capacity to experience hypnosis as measured by the HGSHS:A, the greater the probability that he or she will report performance of test suggestions as an involuntary occurrence. The significant intercorrelations among these four indices suggest that they are tapping into the same construct of involuntariness. The significant negative relationship ($p < .01$) between the VC index of voluntary cooperation and the Mean I index, the Passed-Item I index, and the OI index is a function of the indices’ operational definitions. Interestingly, voluntary cooperation did not correlate to any statistically significant degree with either hypnotizability ($r = .112$) or experiencing failed test suggestions as an involuntary occurrence ($r = .032$).

How often do subjects who “pass” or “fail” test suggestions on the basis of HGSHS:A behavioral criteria experience their responses as occurring voluntarily or involuntarily? Table 4 shows the number of failed and passed suggestions at each of four levels of rated involuntariness utilized by the IE-rating scale. Results show that 66% of “failed” suggestions received a rating of 0 (“not at all involuntary”) or 1 (“involuntary to a slight degree”) indicating that, when an item was failed, the response was more often than not experienced as a voluntary occurrence. However, 34% of the failed items were rated at Level 2 (“involuntary to a moderate degree”) or Level 3 (“involuntary to a great degree”), suggesting a moderate amount of the so-called “classical suggestion effect” present in failed suggestions. Items that were “passed” showed the opposite pattern; that is, 26% of passed suggestions were experienced as voluntary occurrences and 74% of passed suggestions were experienced as involuntary occurrences to a moderate or great degree. In other words, passed items are generally experienced as occurring involuntarily (74%), while failed items are typically reported as having occurred voluntarily (66%). A significant minority of passed items (26%), however, was experienced as voluntarily performed and a slightly larger proportion of failed items (34%) were experienced as
Table 3
Matrix of Correlations for Hypnotizability and Five Indices of Involuntary Experiencing

<table>
<thead>
<tr>
<th>Variables</th>
<th>HGSHE: A</th>
<th>Mean I index&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Passed-Item I index&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Failed-Item I index&lt;sup&gt;c&lt;/sup&gt;</th>
<th>OI index&lt;sup&gt;d&lt;/sup&gt;</th>
<th>VC index&lt;sup&gt;e&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>HGSHE: A</td>
<td>−</td>
<td>.710**</td>
<td>.412**</td>
<td>.335*</td>
<td>.771**</td>
<td>.112</td>
</tr>
<tr>
<td>Mean I index</td>
<td>−</td>
<td>−</td>
<td>.780**</td>
<td>.579**</td>
<td>.885**</td>
<td>−.437**</td>
</tr>
<tr>
<td>Passed-item I index</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>.195</td>
<td>.800*</td>
<td>−.700**</td>
</tr>
<tr>
<td>Failed-item I index</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>.269*</td>
<td>−.032</td>
</tr>
<tr>
<td>OI index</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>−.545**</td>
</tr>
<tr>
<td>VC index</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>−</td>
<td>−</td>
</tr>
</tbody>
</table>

<sup>a</sup> Mean I index is the average rating of involuntariness for all HGSHE: A items derived by dividing participants’ sum I-index score by the number of HGSHE: A items actually rated.

<sup>b</sup> Passed-Item I index consists of the average rating for all items passed on the HGSHE: A that participants rated.

<sup>c</sup> Failed-Item I index consists of the average rating for all failed items on the HGSHE: A that participants rated.

<sup>d</sup> OI index is the number of items “passed” by objective HGSHE: A criterion and subjective response is rated as involuntary.

<sup>e</sup> VC index is the number of items “passed” by objective HGSHE: A criterion and subjective response is rated as voluntary.

*p < .05 (two-tailed). **p < .01 (two-tailed).
Table 4
Relationship Between Passed and Failed HGSHS:A Items and Ratings of Involuntary Experiencing

<table>
<thead>
<tr>
<th>Ratings of Involuntary Experiencing (IE)</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
<td>To a slight degree</td>
<td>To a moderate degree</td>
<td>To a great degree</td>
<td></td>
</tr>
<tr>
<td>Passed Items</td>
<td>35</td>
<td>78</td>
<td>112</td>
<td>202</td>
<td>427</td>
</tr>
<tr>
<td>Failed Items</td>
<td>100</td>
<td>46</td>
<td>41</td>
<td>33</td>
<td>220</td>
</tr>
<tr>
<td>Total</td>
<td>135</td>
<td>124</td>
<td>153</td>
<td>235</td>
<td>647</td>
</tr>
</tbody>
</table>

Note. Because each of 54 subjects was administered 12 HGSHS:A items, the number of items in this table should total 648. The total number of entries is 647, since missing items that were not rated (n = 1) were excluded from this analysis.
performed involuntarily. Consistent with the findings of Spanos and his colleagues (Spanos, Rivers, & Ross, 1977; Spanos, Radtke, Hodgins, Bertrand, et al., 1983; Spanos, Radtke, Hodgins, Stam, et al., 1983) and Bowers (1981), the assumption that “passed” items on Stanford-type hypnotizability scales invariably reflect the “classical suggestion effect” of involuntary experience and failed items never do reflect the classical suggestion effect was disconfirmed in the present study.

Discussion

Positively Worded Versus Negatively Worded Questions

With the exception of the anomalous finding on the Failed-Item I index, the results of the present study indicated that whether or not subjects reported their responses to suggested test behaviors on the HGSHS:A as involuntary or voluntary occurrences was not dependent to any significant degree on how the postexperimental questionnaire was worded. This result is inconsistent with the finding reported by Barber et al. (1968) who found that a subject’s report of an “inability to resist” hypnotic suggestions was dependent to an important degree on the wording of the question during postexperimental inquiry. One reason for the inconsistency may be that the Likert-type response scale used in the present study offered the hypnotic subject a wider range of response options than the dichotomous format used in the Barber et al. study. Formats that allow for greater response differentiation (e.g., open-ended questions; semantic differential scales that offer a continuum of “response intensities;” forced-choice scales with an expanded range of 7 to 10 response options) may afford a subject greater latitude in interpreting his or her experience during performance of hypnotic test suggestions than formats that limit a subject’s response options to a simple “yes” or “no.”

In the present study, there was a tendency for low-medium hypnotizable subjects, but not high hypnotizable subjects, who received negatively worded questions to give higher ratings of involuntariness on test items they failed (Failed-Item I index) than subjects who received positively worded questions at postexperimental inquiry. How might this group difference be explained? Low-medium hypnotizable subjects may have been less certain than high hypnotizable subjects about how to categorize or to label a multifaceted and complex experience that could be classified in more than one way. Or perhaps their involuntary ratings simply mean that low-medium hypnotizable subjects tried to perform in the way suggested but could not. Their desire to please the experimenter may have interacted with the negatively worded questions to have led them to attribute their failure to “pass” a test suggestion to an involuntary cause rather than to a voluntary decision.
because “good” subjects are not supposed to fail voluntarily. Why subjects rate their failed items as involuntary in such a context remains a question subject to further investigation.

Involuntary Experiencing and the Performance of Hypnotic Test Suggestions

The hypnotizability means for Group A ($M = 7.71$) and Group B ($M = 8.12$) obtained in the present study are well above norms reported by Sheehan and McConkey (1979) for Australian samples ($M = 5.45$) and by Coe (1964) for a nonvolunteer California sample ($M = 5.93$) and are somewhat above the mean reported for the original normative group of Harvard University undergraduates ($M = 7.39$) (Shor & Orne, 1963). Distribution of scores in the present study is strongly negatively skewed with 7% low (Score 0–3), 43% medium (Score 4–8), and 50% high (Score 9–12) hypnotizable subjects, which may be accounted for by the predominant female composition and hypnotic-volunteer nature of the sample.

This study replicated several well-documented findings in the hypnotic literature. The present study extends Spanos et al.’s (1977; Spanos, Radtke, Hodgins, Bertrand, et al., 1983; Spanos, Radtke, Hodgins, Stam, et al., 1983) findings that individuals who objectively “pass” an item by behavioral criterion do not always report their “successful” performance as occurring involuntarily, and individuals who objectively “fail” an item by behavioral criterion do not always report their “failure” as happening voluntarily. Although not all subjects who behaviorally passed an individual test item on the HGSHS:A experienced their performance as occurring involuntarily, reports of involuntary experiencing did occur significantly more often on average for “passed” test items (Passed-Item I index) than for “failed” items (Failed-Item I index). Similar to the findings reported by Bowers (1981) for the SHSS, strong positive relationships were found between hypnotizability scores on the HGSHS:A and most indices of involuntariness used in this study.

Extending Bowers’ (1981) findings for the SHSS, results of the present study show that the so-called “classic-suggestion effect” (i.e., involuntary experiencing) can also be observed for the HGSHS:A when performance is considered as a whole across all items of the scale; that is, the hypnosis scale as a whole measures the incidence of involuntary experiencing during performance of hypnotic test suggestions better than do individual items (Spanos et al., 1977). Involuntary experiencing demonstrated itself not at the microlevel of the single item, in other words, but at the macrolevel by a collection of items (Bowers, 1981, p. 51).

Implications for Future Research

The results of this study have several important implications for the measurement of hypnotizability in experimental and clinical
settings and for advancing understanding of the nature of hypnosis. The two approaches to the measurement of hypnotizability—hypnotizability scales without involuntariness assessment versus hypnotizability scales with involuntariness assessment included—may be inadvertently appraising two different types of capacity for hypnosis. Generalizations regarding the relative hypnotizability of adults (college students) may need reconsideration in light of the presence and absence of involuntary experiencing during the performance of hypnotic test suggestions (Hilgard, Weitzenhoffer, Landes, & Moore, 1961). Individuals who behaviorally fall within the same level of hypnotic susceptibility (low-medium-high) as measured by current Stanford-type scales could be further distinguished on the variable of involuntary experiencing (Weitzenhoffer, 1974, 1978a, 1978b).

If “susceptibility” were defined as the degree to which an individual acquiesces to suggestion and thus behaviorally responds and “hypnotizability” as the degree to which an individual behaviorally responds and reports subjectively experiencing responses as involuntary occurrences—the “classic suggestion effect”—then conceptual confusion between these two terms would be clarified (Christensen, 2005). Weitzenhoffer (1980) stated that

those individuals who show an increase [in hypnotizability] when Stanford-type scales are used are only those who also show an increase when the non-voluntariness criterion is added. That is, the enhancement is strictly one of the ability to produce nonvoluntary responses. (p.134)

Including involuntary experiencing as a condition for “passing” a test suggestion would provide an additional criterion by which such increases in hypnotizability would be measured.

Including “involuntary experiencing” (i.e., nonconscious involvement, unconscious responding, inhibition of voluntary control) as an additional criterion for hypnotizability would provide another way of distinguishing “hypnotic” behaviors performed in the waking state of consciousness from trance behaviors that occur in certain dissociated states of consciousness. The incorporation of some assessment of involuntary experiencing into formal induction procedures may benefit individuals with bulimia nervosa and other disorders, for example, where dissociative qualities of experience are efficaciously important (Cavino, Jimerson, Wolfe, Franko, & Frankel, 1994; Demitrack, Putnam, Brewerton, Brandt, & Gold, 1990).

Taking into account verbal reports of individuals’ subjective experience of involuntariness when behaviorally “passing” test suggestions would also reconnect modern hypnosis research with the field’s traditional understanding of the hypnotic state of consciousness that was studied and described in the older historical literature of Braid’s,
Liébeault’s, and Bernheim’s time (Ellenberger, 1970, pp. 53–181). Although the major indices of involuntary experiencing used in the present study correlate very highly with objective HGSHS:A scores, the use of overt, behavioral responses as the sole criterion for hypnosis is arguably no longer sufficient, especially in light of Orne’s (1959, 1979) hypnosis simulation studies and Barber’s (1979) “believed-in imaginings” studies. Behavioral measures need to be supplemented with participants’ testimony regarding the involuntariness of their response to the test suggestions. The important dimension in hypnotizability appears to be the subjective one.

References


Ungewollte Erfahrung und die Durchführung von Hypnotischen Testvorschlägen

Paul F. Cunningham und Philip Ramos


Stephanie Reigel, MD

Experimentación involuntaria y el desempeño en una prueba de sugestiones hipnóticas

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Resumen: Este estudio experimental examinó 2 preguntas: (a) ¿La Escala Grupal Harvard de Susceptibilidad Hipnótica, Forma A accede al “efecto clásico de sugestión”? y (b) ¿La redacción de las preguntas postexperimentales sesgan los reportes subjetivos de los sujetos hipnóticos? Los resultados
indican que una minoría significativa de individuos que “pasaron” las sugerencias de la prueba según criterios conductuales objetivos reportaron que la ejecución ocurrió voluntariamente, y los participantes que “reprobaron” las sugerencias de la escala reportaron que la ejecución de los comportamientos ocurrió involuntariamente. Los reportes de los participantes de experiencias involuntarias durante la prueba sugerencias hipnóticas no estuvieron influenciados por la redacción de las preguntas. Se discuten las implicaciones de estos resultados para la investigación experimental y la práctica clínica.

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