

M A N U A L F O R
T H E T A I L O R E D S H S S : C

Permitting the Stanford Hypnotic Susceptibility
Scale: Form C To Be Adapted For Specialized Purposes
Without Loss Of Its Normative Significance

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Introduction

The authors, all of whom were in residence at Stanford University at the time that this version of the Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C) was prepared, shared the conviction that the selection of unusually responsive hypnotic subjects is often essential if hypnotic phenomena are to be examined in their clearest forms. Random samples can serve many useful purposes, but in hypnosis they mean the inclusion of large numbers of subjects who exhibit little, if any, talent for hypnosis.

At the same time it was recognized that selecting even a small group of unusually talented hypnotic subjects is a time-consuming and costly enterprise, and a service to investigators would be provided were some orderly method proposed and implemented that would permit a preliminary screening by a group test, followed by a single subsequent test that would serve the essential purposes of selection.

The purpose of this Manual is to describe such a procedure that has been given an empirical test, as briefly reported elsewhere (Hilgard and others, 1977). It is hoped that the existence of this procedure may simplify the task of those who wish to take advantage of investigations using highly responsive subjects capable of specialized hypnotic behavior and experience.

T H E M A N U A L

1. THE RECOMMENDED PROCEDURE

Designing an Investigation

The first essential is to initiate the investigation carefully, with full concern for the appropriateness of the design to answer the questions raised or to test proposed hypotheses. Many standard designs, which are valuable for some purposes, are inappropriate for others. If, after due thought, it is clear that a group of highly responsive subjects, capable of some specialized type of hypnotic ability is required, then the procedures proposed in this Manual may prove helpful. This does not preclude the desirability of a more general sample of subjects also, but it must be noted that a small sample, of the order of 20 to 30 randomly selected subjects, may contain only 1 or 2, or perhaps none at all who are capable of the hypnotic performance that is of most interest to the investigator. Hence, economy is served by assuring a requisite number of those with the specialized talent, no matter what other control subjects are required.

Provisional and Final Classification of Hypnotizability

To select highly responsive subjects for particular hypnotic abilities, the following practice is recommended. The first screening is done

with the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A; Shor & Orne, 1962; 1963). This is a familiar and widely used self-scoring scale. Under certain circumstances, when time is limited, it may be desirable to employ a shortened version of HGSHS:A. We have found a 10-item form, eliminating the waking suggestibility ("Head falling forward") and eye catalepsy tests, to be satisfactory for unhurried administration within a 50-minute class period. We suggest the following cutoff scores for the preliminary classification of hypnotic susceptibility according to the subjects' HGSHS:A scores: low, 0-4; medium, 5-7; high, 8 and above. Because populations differ somewhat in mean scoring levels, the cutting point is a matter of convenience. The upper 1/3 of scores will contain most of those who will score high on a subsequent individual test.

It is proposed that the next (and final) screening be done with the individually administered Tailored SHSS:C, which is simply the standardized Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C; Weitzenhoffer & Hilgard, 1962), modified to include as a replacement for one of its items an alternate special item selected to suit the purposes of the ongoing investigation. It has been demonstrated that modifying SHSS:C in this manner will not invalidate its normative use for determining the level of hypnotic susceptibility of the subject compared with a standardization sample (Hilgard and others, 1977).

Selecting or Designing the Alternate Item

Before the new scale can be used it has to be "tailored," that is, adapted for the special purposes of the study that is being pursued. This "tailoring" requires the replacement of either Item 10 (Hallucinated Voice) or Item 11 (Negative Visual Hallucination: Perceiving Only Two of Three Boxes). There are some criteria to be followed as to which one to replace, depending on the item selected as the alternate to the one replaced.

If the desired alternate item is represented among those of SPS:I or II. Many specialized hypnotic abilities are represented among the items standardized in the construction of the Stanford Profile Scales of Hypnotic Susceptibility: Forms I and II (SPS:I and II) (Weitzenhoffer and Hilgard, 1967). If one of these should suit the purposes of the investigation, instructions can be found in the data accompanying the published reports on SPS:I and II. However, the items as standardized are scored on the basis of 0 to 3 for each item, and to fit into the tailored SHSS:C it is necessary to convert the scoring to a pass-fail type of score, that is, either 1 for a pass or 0 for a fail. To facilitate doing this, Table 1 has been provided. Table 1 serves not only to indicate the variety of items available, but gives their difficulty when a pass-fail scoring is done so that a passing score will represent the intended ability as unambiguously as possible. For example, in the scoring of the double-light hallucination, some credit was given in the SPS standardization when the visual hallucination was reported only with eyes closed. Such a scoring

would be inappropriate when the purpose is to detect those subjects who have the hallucination with their eyes open. In most cases, the score of 3 on the SPS is taken as a pass for the purposes of the alternate item scoring; in two instances, a score of either 2 or 3 on the SPS scoring scale appears more satisfactory.

The standardization of the SPS:I and II was done on a selected sample of those scoring 4 or more on SHSS:A; hence, the percentages passing each item are likely to be higher than in a typical sample of students. The percentages passing may still serve as a guide, however, in designing the alternate ("tailored") form of SHSS:C. If one of the items from Table 1 is selected for inclusion, better results will be obtained if an easier item replaces Item 10 (Hallucinated voice) in the original SHSS:C than if it replaces Item 11 (Three boxes hallucination), because Item 11 is the more difficult of the two. On the other hand, if a difficult item is chosen, it is better to have it replace Item 11. The results are not critically different, however, so that if there are other reasons for preferring to retain either item, these preferences should rule.

If the desired alternate item is not represented in SPS:I or II. The investigator should feel quite free to select an alternate item from any source whatever or to invent one to suit the investigative purposes. In some instances (as in the SPS item of hand analgesia) special equipment for presenting the electrical shocks is required. Because of that, in the experimental test of substituted items we designed a self-pinching test of analgesia that requires no equipment and overcomes the aversion that some subjects feel towards even very mild electric shocks. The new item was passed by 46% of our empirical sample, compared with 31% passing hand analgesia in the SPS standardization sample, a difference well within the acceptable level for the purposes of the tailored test. If a new item is introduced for which there is no prior evidence as to difficulty, a tentative scoring along the lines of the SPS can be introduced, with several levels of passing, and the final decision made about a cutting point later on. Subjective reports of the reality of the experience will help the investigator. It is not necessary to perform a normative experiment first, although it is usually wise to do some pilot testing to be sure that the wording of the suggestion is appropriate and that the time consumed lies within appropriate limits.

Illustrative Alternate Items

The two items that were prepared especially for the project demonstrating the usefulness of the method (Hilgard and others, 1977), are presented in detail in the Appendix of this Manual. The two other items tested came from the SPS:I and II; their adaptation and results are also given. The reason for presenting the novel items is to indicate how, without pretesting, items can be adapted from any source. The humor item was suggested to us after viewing the film Hypnotic Behavior prepared by Lester F. Beck

(1949). The analgesia item was prepared as a replacement for the electric shock in SPS:I. These should serve to encourage experimenters to feel free to innovate.

Note to Users

The authors would very much appreciate hearing from users of this Manual who have incorporated items of their own that might prove useful for others. If an item can be provided in the form used for the Humor and Analgesia Items in the Appendix, they can be added, with acknowledgement of their source. There are no plans to publish or sell this Manual, but to keep it available as a service to investigators who may find it useful.

APPENDIX

ALTERNATE ITEMS USED IN THE TAILORED SHSS:C, WITH INSTRUCTIONS

AND RESULTS OF THEIR USE

The four items presented were used in a test of the procedure and results of substituting an alternate item in the tailored SHSS:C for one of the original items, either Item 10 or Item 11. In each case the wording of the suggestion is given as it was used in the actual experimental protocol, and the scoring standard also given.

In addition, the percent passing is reported within the sample, the percent of those scoring 8 to 10 on SHSS:C who pass, and the point biserial correlation of the item with the 10-point SHSS:C that will be in common for all items. These 10 points are the sum of the first 9 items plus the amnesia item, which is Item 12.

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Alternate Item #1: HALLUCINATED LIGHT (SPS:I, Item 5)

Function tested: Positive Visual Hallucination with Eyes Open

Material needed: Rectangular metal box with a 7-watt 110v. white night-light mounted near one end. The box is placed on a small table in front of the subject, the end with the light to the subject's left. The light is plugged in (on). For the purposes of the "tailored" scale, an appropriate equivalent, such as a light mounted on a board, will do.

Protocol for presented suggestion:

A little later I will ask you to open your eyes, but just remain with your eyes closed until I tell you to open them. You will remain deeply hypnotized when you open your eyes and afterwards, until I tell you that you are no longer hypnotized. When your eyes have opened, after a while, I will ask you to look at a small rectangular box that I have placed on a table in front of you. (Describe actual box, altering following description as necessary:) It is a gray metal box, about 10 inches long, and about 2 inches wide and high - a long narrow box with lights at both ends. You will see the two white lights, both of which are turned on, one on the left and one on the right. (Actually there is no light on the right.) Now, while remaining deeply hypnotized, slowly open your eyes...You are deeply hypnotized and will remain deeply hypnotized...Do you see the table in front of you? Fine...Now you see the box with the two lights turned on, don't you? Will you please describe them for me?

If the subject acknowledges two lights, say, "Fine," and go to a. If not, go to d. Termination.

Inquiry

a. Subject acknowledges two lights:

Now I am going to tell you something which will not affect the way the two lights look to you right now...Only one of the lights that you see is real, the other is imaginary, a hallucination. Now I wonder if you can tell me which of the two lights is real just by looking at them?

If unable to tell them apart, go to b.
If able to tell them apart, go to c.

b. Subject unable to tell lights apart:

Please make a guess...On what basis did you make your guess? The left light is the real one. Can you now tell them apart?...Now you can see that there never was a right light. (Unplug light.) Has anything happened?...All right, close your eyes and sit back and remain hypnotized.

c. Subject able to tell lights apart, whether right or wrong:

How do you know which is the real one?...(Record reply and unplug light.)
 Has anything happened?...All right, close your eyes. That's all for
 the lights. The left light was the real one; there never was a right
 light. Just remain deeply hypnotized.

d. Subject sees one light only: (Termination)

Just close your eyes. That's all right, not everyone sees two
 lights. Remain comfortably relaxed and deeply hypnotized.

Pass-Fail Scoring

Eyes open: Subject's description of the two lights:

(If two lights reported:)

Can you tell which is real: Yes _____ No _____

Which: _____: _____ (include guess)

left right

How can you tell which is real? Basis for guessing?

Any change when lights unplugged?

Score (+) if two lights clearly seen, whether able to distinguish
 real light or not. (The added inquiry is for the experimenter's
 information).

Results for Item (Hilgard and others, 1977)

13% passing, total sample (3 of 24)

33% passing, those scoring 8-12 on Tailored SHSS:C (3 of 9)

.55 Point biserial between item and 10 items common to SHSS:C

Alternate Item #2: POSTHYPNOTIC AUTOMATIC Writing (SPS:II, Item 9)

Function tested: Posthypnotic automatic writing with amnesia for the writing

Materials needed:

A pad of 8½" x 11" paper and a #1 soft lead pencil.

Protocol for presented suggestion:

I am going to give you a pad of paper and a pencil to write with. Just keep your eyes closed...Do you write with your right or left hand?...

Place pad in subject's lap, steadied by the non-dominant hand; place the pencil in the other (dominant) hand.

I want you to keep this pad on your lap...and to hold this pencil ready to write..That's fine...Now write your name...and the date...That's fine...Now I want you to forget about your hand and the pencil and the pad. In a moment when I tell you to do so, you will cease to be hypnotized. You will open your eyes and you will be fully alert, and feel fully alert, just as you were before I hypnotized you...Until I begin counting remain deeply hypnotized...I will remove the hypnosis by counting backward from 10 to 1. As I count you will gradually become less hypnotized, and at one, no sooner, you will open your eyes and you will no longer be hypnotized. After you open your eyes, you will remember nothing about the pad or the pencil I gave you a few moments ago, and you will not be aware of them. Even though you will no longer be hypnotized, you will not be aware of the fact that there is a pad on your lap and a pencil in your hand. However, I will ask you some questions to which you will answer "yes" and "no," and every time you answer "yes," your _____ (name which) hand will write "no." Every time you answer "no," your hand will write "yes," always the opposite of what you answer. But you will not be aware that your hand is writing or even moving, and you will not be aware of the pencil or the pad. You will have no idea that they are there, or of what you have written. Your hand will write in this manner until I take the pad and pencil away. When I do this there will be no further need for your hand to write anything more in this manner. Is this clear?... Now continue to be hypnotized and go deeper and deeper until I begin to count...

Allow 20 seconds to pass before counting, then start counting backwards from 10:

10, 9, 8...you are becoming less and less hypnotized...7, 6, 5... less and less hypnotized....4, 3, 2....at the next count you will no longer be hypnotized....One.

INQUIRY:

Allow a few moments to pass after arousing the subject, then ask:

1. Are you awake?
2. Is your name (give a false name)?
3. Is today (give a false day)?
4. Is tomorrow (state correct day)?
5. Are you writing anything?
If subject notes that he has been writing, record remarks and go to b. If he denies writing, whether or not he has been writing, go to a.

a. Subject denies writing: (Note if subject looks at pad or pencil) Look down toward your lap...Do you see anything on it?...What is in your hand?...What did I say you would do?...(Note replies; go to b).

b. For all subjects:

Did you feel any compulsion to write a few minutes ago? Please tell me about it in your own words. (Record reply.)

c. Termination: I shall now remove the pad and pencil...(Remove them)...Now close your eyes. As I count to five you will be hypnotized again...One...two...three...four...FIVE.

You are now comfortably relaxed and hypnotized again.

Pass-Fail Scoring:

Check both verbal and written responses of subjects to questions in posthypnotic period:

1. Are you awake?
2. Is your name (false name)?
3. Is today (false day)?
4. Is tomorrow (correct day)?
5. Are you writing anything?

Verbal	
Yes	No

Written	
Yes	No

After amnesia is removed: (For those who wrote:) You remember writing. Why did you write? How did you feel? (Probe for compulsion, if necessary)

Score (+) if any correct responses (How many? _____)

Results for Item (Hilgard and others, 1977)

39% passing, total sample (9 of 23)

73% passing, those scoring 8-12 on Tailored SHSS:C (8 of 11)

.64 Point biserial between item and 10 items common to SHSS:C

Comment: The item would have been better scored if the criterion were somewhat higher, e.g., 3 or more items written, with evidence for amnesia for the writing. However, this information is available in the records, even though for present purposes the item has not been rescored.

Alternate Item #3. HUMOROUS CARTOONS (Improvised)

Function tested: Affective alteration through hypnosis

Materials needed:

Small notebook containing three pairs of selected cartoons, not in themselves humorous. We successfully used matched cartoons, with captions deleted, from Harris (1977).

Protocol for presented suggestion:

I have some pictures I am going to show you in a little while. When I ask you to open your eyes I would like you to look at a pair of pictures, one on the left and one on the right. The two pictures of this and other pairs of pictures I am about to show you will affect you very differently. You will find in every case that the picture on the left will be very amusing; it is all right if it makes you wish to laugh; if it does, go ahead and laugh. The picture on the right will not seem amusing to you -- just an ordinary picture. You can recognize what is being pictured, but it will not arouse any special emotion.. Is this clear? The picture on the left will strike you as funny, and you will enjoy looking at it. However, while you are looking at the pictures you will not remember that I said anything about one of the pictures being amusing, even though you will find the left one funny.

INQUIRY

(Open the notebook to the first pair of pictures)

All right, I have placed the first pair of pictures in front of you. Open your eyes slowly and look at both the left and the right pictures, taking as much time as you wish.

(If gives evidence of amusement:) What strikes you as funny?

Let me turn now to another pair of pictures. Again, please examine both and see how they strike you.

(If gives evidence of amusement:) What do you find funny in the picture?

Here's another pair of pictures. Please look at both.

(If gives evidence of amusement:) What did you find funny this time?

Termination: That's all for the pictures. Now close your eyes. Any reactions to pictures that you have from now on will be exactly as they were before we tried this little experiment, just as they usually have been. Just sit quietly with your eyes closed and remain comfortably hypnotized.

Pass-Fail Scoring

Scoring positive affect: Amount of amusement or laughter

	<u>Left</u>		<u>Right</u>	
First pair of pictures	: : None	: : Much	: : None	: : Much
Second pair of pictures:	: : None	: : Much	: : None	: : Much
Third pair of pictures:	: : None	: : Much	: : None	: : Much

Comment:

Score (+) if distinctly more amusement to left picture on 2 of the 3 pairs of pictures.

Results for Item (Hilgard and others, 1977)

56% passing, total sample (14 of 25)
 71% passing, those scoring 8-12 on Tailored SHSS:C (10 of 14)
 .42 Point biserial between item and 10 items common to SHSS:C

Alternate Item #4: ANALGESIA TO SELF INDUCED PAIN (Improvised)

Function tested: Analgesia to direct suggestion.

Note:

Be sure that the left forearm is uncovered to the elbow. If it is not, request subject to push sleeve up.

Protocol for presented suggestion:

Let's try something else. With your right hand select a spot on the back of your left arm, about three or four inches below the elbow. In a little while I am going to ask you to make a fold in the skin by pinching it between the thumb and forefinger of your right hand, then to twist it until you feel a sharp pain; then let go promptly. OK, now pinch and twist your skin, and let go when it hurts. On a scale in which 0 is no pain and 10 a very severe pain, but not extreme pain, what number would you assign in order to say how painful the pinch was? (If pain is 2 or less, ask for a harder pinch at some nearby spot.) Thank you.

Now the left arm that you just pinched is becoming numb. The whole arm is becoming numb, from the shoulder down through the finger tips. You can imagine that the arm has become like a piece of rubber, completely numb and insensitive, without any feeling at all, completely numb and insensitive. In a few moments I shall ask you to test how numb your left arm has become, how totally insensitive to pain or any other feeling. Please pinch the skin with your right hand as before, forming a fold in the skin. Now twist it just as much as you did before and let go.

INQUIRY:

If you felt no pain, or if you still felt some pain, how strong would you say the pain was on the scale you used before, of 0 to 10 with 0 for no pain, and 10 for a very severe but not extreme pain?

That's fine. Now your arm is becoming normal again. In a few seconds it will be completely normal and comfortable, as it was before. How does it feel?

(If under numbness suggestions the pain report was reduced at all, continue; if not terminate.)

Please test your arm by pinching again, and letting go, in some new spot. How much pain did you feel this time?

Termination: That's all for the pain; please place your hands back in their original position and relax. Remain pleasantly relaxed and hypnotized. Any residual discomfort will soon disappear.

Pass-Fail Scoring

ANALGESIA TO SELF-INDUCED PAIN

Original report of pain _____ (If 1 or 2, repeat)

Enhanced report (if necessary) _____ (3 or more)

Report following numbness suggestion _____

Remarks:

Score (+) if pain is reduced from original report as follows:

If 3, then 1 or 0

If 4, then 2, 1 or 0

If 5, then 3 or less

If higher, reduced by half or more

Results for Item (Hilgard and others, 1977)

46% passing, total sample (11 of 24)

67% passing, those scoring 8-12 on Tailored SHSS:C (8 of 12)

.43 Point biserial between item and 10 items common to SHSS:C

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Alternate Items Available from SPS: I and II. (Derived from data presented in Weitzenhoffer and Hilgard, 1967, page 84).

Item	Brief Characterization	SHSS:C Pass, Based on 0-3 Scoring of SPS	Percentage Passing in SPS Standardization.
<u>Easier Items</u>			
Recall of meal	Hypermnnesia or short regression over a week	3	46%
Personality alteration	Reduced intelligence	2 or 3	36%
Agnosia: house	Loss of meaning of word "house"	3	34%
Hand analgesia	Insensitivity to mild shock	3	31%
Arithmetic impairment	Inability to do simple calculations	2 or 3	30%
Agnosia; scissors	Loss of meaning of word "scissors"	3	27%
Heat hallucination	Positive hallucination of heat in non-heated rod	3	27%
Posthypnotic automatic writing	Hand writes "yes" or "no" opposite to spoken answer	3,	27%
Hallucinated ammonia	Smells distilled water as ammonia	3	24%
<u>Harder Items</u>			
Selective deafness	Deaf to watch tick	3	17%
Missing watch hand	Hallucinates hour hand as missing	3	17%
Music hallucination	Hears hallucinated music clearly	3	14%
Hallucinated light	Hallucinates second light, in addition to one lighted, with eyes open	3	14%
Posthypnotic verbal compulsion	Says "February" to any presentation of "3"	3	13%