

## The Effects of Cognitive Skill Training on Hypnotic Responsiveness

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■ *The present paper explores the theoretical implications of recent research with the Carleton Skill Training Program (CSTP), showing dramatic improvements in hypnotic responsiveness of low susceptibility subjects following a single training session. Although opinion is divided over the interpretation of the training effects and, in particular over the role of compliance, there is little doubt about the success of the program. This research seriously undermines the concept of a stable trait of hypnotic susceptibility and reinforces the view that hypnotic responding is a learnable skill involving make believe. A preliminary study is described of the successful use of a modified CSTP with British students. However, some evidence is presented that the active strategies advocated by the CSTP may conflict with the more passive strategies employed by subjects of high susceptibility.*

The pioneering research of Nicholas Spanos and his colleagues at Carleton University in Canada is exciting and important, firstly, because it represents the first major empirical attack on the concept of a stable trait of hypnotic susceptibility, and secondly, because it confirms the central role of social compliance factors in hypnotic responding and, thus, further undermines the simple view of hypnosis as a trance state. The notion that there is a fixed level of hypnotic susceptibility has a long history and has been strongly supported by research using standard scales of hypnotic susceptibility (Hilgard, 1965). Such scales show a high degree of reliability even over many years and attempts to modify hypnotic susceptibility have been largely unsuccessful (Perry, 1977). The only real voices of dissent have come from clinicians, such as J.Barber (1980), who have argued that the large and stable individual differences produced by the standard scales are the result of rigid and authoritarian procedures; make the suggestions more flexible and permissive and most people will be responsive to hypnotic procedures. A review of the literature by Perry, Gelfand and Marcovitch (1979) also cast doubt on the relevance of hypnotic susceptibility

ty for therapeutic outcome. However, these arguments failed to impress the experimentalists since they were not backed up by hard empirical evidence.

During the last 7 years criticism of the trait theory of hypnotic susceptibility has come from another source, and this criticism the experimentalists have not been able to ignore since it comes backed up with considerable empirical support. Nicholas Spanos and his colleagues have developed a simple hypnotic training programme called the Carleton Skills Training Program (CSTP) and have shown in a series of well controlled experiments that up to 80 per cent of subjects who were initially low in hypnotic susceptibility responded well to hypnotic procedures after a single training session (Spanos, 1986).

Reactions to these findings have ranged from scepticism to disbelief. How could hypnotic susceptibility be modified so easily? Hilgard (1989) expressed the doubts of many when he put the training improvements down to 'persuasive salesmanship' and „authoritarian pressure“. Like others, Hilgard doubted whether the changes produced by the CSTP were 'genuine'. In order to understand these doubts it is necessary to examine the content of the CSTP.

The CSTP has two main components. Firstly, there is a lengthy introductory talk on hypnosis in which the idea that hypnosis is some sort of trance state is dismissed; hypnosis is not a trance, but a skill involving make believe. The fantasy of the cartoon dog character, Snoopy, is given by way of example (Schulz, 1976). Sitting on top of his kennel Snoopy fantasises that he is a World War 1 flying ace, making the appropriate flying actions and allowing himself to get completely absorbed in the experience. The CSTP encourages the hypnotic subject to approach hypnotic suggestions in this way; ie, by enacting the suggestions and by becoming absorbed in the suggested experiences. Thus, being a good hypnotic subject is presented as involving the enactment of suggestions and allowing oneself to become absorbed in the suggested experiences. It has nothing to do with going into a trance state.

The second part of the CSTP puts all these ideas into action. Four test suggestions are used for practice: arm levitation, hand lock, book hallucination and selective amnesia. Firstly, the subject is instructed on how best to respond successfully. This is the most controversial part of the program since it tells the subject to deliberately enact the suggestions; ie, to raise his arm, to keep his hands together, to report seeing a book, etc. However, this is not simple faking because, like Snoopy, the subject is encouraged to create the appropriate imagery while he is enacting these suggestions and to allow himself to become involved in, and believe in the reality of, the experiences. Secondly, the subject watches a video of a model subject responding to the suggestions successfully and talking about her experiences, emphasising the importance of imagery and absorption. Finally, the subject is given the opportunity to practice all he has been told on the four test suggestions.

The major issue arising from the Carleton work concerns the genuineness of the changes produced. But, what is 'genuine hypnosis'? One answer is that 'genuine hypnosis' only occurs when the subject is properly 'hypnotised' and is in a 'hypnotic trance'. However, as T.X.Barber (1969) pointed out, this argument is circular, for how is it possible to determine whether a person is hypnotised except by reference to how well he responds to hypnotic suggestions? Clearly, 'genuine hypnosis', in the sense that the subject has real experiences of arm levitation, hand lock, and the like, does not depend upon the induction of a trance state, for the experiences can be quite readily produced without such a state. This is not to say that subjects do not have any unusual 'trance like' experiences during hypnosis, but only that these experiences are not instrumental to hypnotic performance. So, if 'genuine hypnosis' does not involve a trance state, what does it involve? And are subjects trained on the CSTP manifesting 'genuine hypnosis'?

Let us briefly examine the main sources of evidence on these questions. This comes from two main sources: the Carleton work of Spanos and his colleagues (Spanos, 1986) and the research of Brad Bates at Washington State University (Bates, 1990) which takes a more moderate stance on the stability issue. Firstly, if the training effects are genuine then trained subjects should not simply be going through the motions, or deliberately faking; they should be having the appropriate subjective experiences. Therefore, in the arm levitation test they should experience lightness of the arm and feel as if the arm is rising on its own. The two schools of research differ on this issue, with Spanos reporting that trained subjects do in fact have the relevant subjective experiences, and Bates finding that they often do not, suggesting some degree of behavioural compliance.

Secondly, if genuine the effects of training should be relatively long lasting. Again, the research evidence differs on this point with Spanos reporting that the training effects are maintained over some years, but Bates finding that the effects of training are quickly lost. It is, of course, not surprising that subjects forget what they have learned in a single training session, which suggests that research is needed on the effects of subsequent training sessions.

Thirdly, if the training is genuine then one would expect it generalised to other tasks than those specifically used in the training. The two schools of research are fairly unanimous on this point, both reporting that trained subjects are able to perform well on a range of hypnotic tasks other than those involved in the original training.

Fourthly, if the training effect is genuine we would expect the trained subject to have similar experiences to those subjects who already have the skill, ie the naturally good hypnotic subjects. The research also differs on this issue, with Spanos finding equivalent experiences in trained and natural highs, whereas Bates reports that trained subjects lack the depth of subjective experience found in natural highs.

Finally, if hypnosis is a learnable skill then it should show progressive improvement with further instruction and practice. Surprisingly there appears to be no research evidence on this issue, all existing research having employed only a single training session. This is clearly an issue for future research.

To sum up, although there are many issues of interpretation to be clarified the research indicates that the CSTP can certainly help to raise the hypnotic responsiveness of a substantial proportion of people, at least in the short term. The argument about how these changes should be interpreted depends to some extent upon the overall theoretical perspective about the nature of hypnosis. From a social psychological viewpoint, as advocated by Spanos, the existence of compliance in hypnotic responding is not unexpected and might be seen as an inevitable ingredient of all hypnotic behaviour, just as it is of non hypnotic behaviour. So, a trained hypnotic performance, even if it contains some behavioural compliance could, from this point of view, be regarded as genuine. On the other hand, taking a more traditional state perspective, hypnosis is seen as being quite distinct from behavioural compliance, hence training, which explicitly encourages compliance, as the CSTP does, must be regarded with suspicion.

Is there a compromise position? As a relatively poor hypnotic subject myself, I do on occasion, quite deliberately enact the experimenter's suggestions, partly so as not to let the experimenter down, and partly out of curiosity to see what will happen next. I am often surprised at the ease with which some hypnotic suggestions can be experienced with a little help in the early states. With simple suggestions, like arm levitation and hand lock, after much practice I can barely detect any compliance. If mine is a common experience, then maybe the distinction between compliance and genuine hypnosis is an artificial one, with hypnotic responding being a complex mixture of the two.

Finally, a brief description will be given of the main findings from a preliminary study of hypnotic training conducted at the University of Portsmouth in which an abbreviated version of the CSTP was administered to 31 undergraduate psychology students (for full details see Fellows and Ragg, 1992). These students were chosen (a) because we knew they would be keen to talk about their experiences and (b) because some of them were well experienced in hypnosis and were familiar with the Carleton work. One important difference from previous research is that subjects were not specially selected for low susceptibility, since we were particularly interested in the reactions to the program of subjects who already were quite proficient at responding to hypnotic suggestions.

The program, despite being shortened by half and presented in group form, was reasonably successful. All but 4 of the 31 subjects showed some immediate gain in responsiveness following training. Unfortunately follow up tests could not be given so we have no data

on the permanence of the effect.

	PRE	POST	GAIN
TRAINED (31)			
OBJECTIVE	4.3	7.2	+2.9
SUBJECTIVE	5.3	7.3	+2.0
CONTROL (16)			
OBJECTIVE	3.8	3.8	0.0
SUBJECTIVE	5.4	5.2	-0.2

Table one: Mean pre and post test ratings of trained and control groups (Range: 0-12)

Table 1 shows the mean pre and post test scores of both the trained group (N = 31) and a control group (N = 16) which did not receive training. The pre and post tests consisted of 4 test suggestions which differed from those used as practice suggestions. Subjects rated their objective and subjective responses to each suggestion on a 4 point scale from 0 (no response) to 3 (great response) giving a total score from 0 to 12. The overall gains for the trained group were statistically significant for both objective and subjective ratings ( $P < 0.001$ ). The control group showed no change.

	AFTER TRAINING			
	LOW	MEDIUM	HIGH	TOTAL
BEFORE TRAINING				
LOW	6	1	1	8
MEDIUM	0	5	11	16
HIGH	0	2	5	7
TOTAL	6	8	17	31

LOW = 0 to 2; MEDIUM = 3 to 6; HIGH = 7 to 12

Table two: numbers of subjects scoring low, medium and high before and after training

Table 2 breaks the scores down into susceptibility groups and shows the numbers of subjects scoring low, medium and high before and after training. As well as showing a general trend towards higher scores after training this table shows also suggests that those who benefited most from the CSTP were subjects of medium suggestibility. Of the 8 low susceptibility subjects only 2 markedly improved their scores after training. This finding, however, probably reflects the abbreviated nature of the program used in this study and its group administration, suggesting that more effort needs to be put into the program to help

low susceptibility subjects.

Looking at those subjects who scored fairly well before training (ie, the 'natural highs') two subjects showed a sharp drop in responsiveness following training. In subsequent discussion both of these subjects were highly critical of the CSTP, saying that it encouraged them to fake their responses and to respond in a manner that was quite different from their normal manner of responding, which was essentially to allow the suggestions to work by themselves. However, the other 5 high susceptibility subjects did not appear to have been disturbed by the program and enjoyed the challenge of a new approach. The passive strategy to hypnosis is certainly quite different from the active approach advocated by the CSTP, which suggests that the latter approach may not be suitable for all subjects. This finding reinforces the view of Sheehan and McConkey (1982) that there are many ways of responding to hypnotic suggestions and in trying to impose a particular strategy the CSTP may be counterproductive, particularly for those subjects who already have a successful method of responding.

In conclusion, the CSTP is certainly a breakthrough in hypnotic training, however, further research in different laboratories is necessary to clarify the variables contributing to its success. Future research might also profitably explore more flexible training procedures in order to take into account pre existing skills of the individual subject. The long term prognosis of the skill is also a central issue requiring further attention. Finally, more attention needs to be given to the practical implications of training for clinical practice, for example, in pain control, where such training procedures could be valuable in helping patients to make full use of pain control strategies.

References

Barber, T.X. (1980) Hypnosis and the un hypnotizable. American Journal of Clinical Hypnosis, 23, 4-9.
Barber, T.X. (1969) Hypnosis: A Scientific Approach New York: Van Nostrand.
Bates, B.L. (1990) Compliance and the Carleton Skills Training Program. British Journal of Experimental and Clinical Hypnosis, 7, 159-164.
Fellows, B.J. and Ragg, L. (1992) The Carleton Skills Training Program: a preliminary British Trial. Contemporary Hypnosis, 9, 3.
Hilgard, E.R. (1965) Hypnotic Susceptibility. New York: Harcourt, Brace and World.
Hilgard, E.R. (1989) Simulation, compliance and skill training in the enhancement of hypnotizability. British Journal of Experimental and Clinical Hypnosis, 6, 9-11.
Perry, C.W. (1977) Is hypnotizability modifiable? International Journal of Clinical and Experimental Hypnosis, 25, 125-146.
Perry, C.W. Gelfand, R. and Marcovitch, P. (1979) The relevance of hypnotic susceptibility in the clinical context. Journal of Abnormal Psychology, 88, 592-603.
Schulz, C.M. (1976) It's a Long Way to Tipperary. New York: Holt, Rinehart and Winston.
Sheehan, W. and McConkey, K.M. (1982) Hypnosis and Experience. Hillsdale, New Jersey: Lawrence Erlbaum.
Spanos, N.P. (1986) Hypnosis and the modification of hypnotic susceptibility. In P.L.N.Naish (Ed.) What is Hypnosis? Milton Keynes: Open University Press.

Ericksonian Approach to Male Impotence

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This study presents an extensive experience with a special, short term, hypnotherapy method based on indirect suggestions according to Milton Erickson's verbalization (1979). The indirect suggestions are preferred to the direct ones since they evoke no resistance. During the period 1975-1986 a total of 390 patients suffering from psychogenic impotence participated in the study. All were screened for FSH, LH, testosterone, NPT, prolactin, thyroid functions, and 13 patients were found to have abnormal levels of any of these hormones and were excluded from hypnotherapy. Of the remaining 377 patients, 366 had secondary impotence and 11 primary impotence. Most patients were at the ages 30-45 and the range was 20 to over 60 years. The average number of treatment sessions was 3.9 for the whole group, for ages 20-25 old 3.0, and for those over 60 years 5.6 sessions. All patients were followed for 12-18 months. For the secondary impotence cases 344 (94.5%) showed complete remission of symptoms, 5 (1.4%) had partial improvement and 15 (4.1%) failed to respond. For the primary impotence group the corresponding results were: complete recovery - 5 (45%), partial - 1 (10%) and no response - 5 (45%).

Impotence is rapidly being recognized as one of the most common problems facing the male today. It has always been present but in the last few decades it has come increasingly to the attention of clinicians and researchers. There appear to be two basic reasons in the growing awareness and incidence of impotence:

- 1. People are more comfortable in discussing sexual dysfunction.
2. The woman acts a more aggressive sexual role which is extremely threatening to the male.

Definition: Impotence can be defined simply as the inability to execute the sexual act