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AN APPROACH TO MARRIAGE COUNSELING
BASED ON HYPNOSIS

BY

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SUBMITTED IN PARTIAL FULFILLMENT

OF THE REQUIREMENTS FOR THE DEGREE

MASTER OF ARTS

LINDENWOOD COLLEGES

DECEMBER 20, 1977

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CHAPTER I

INTRODUCTION

In recent years hypnosis has achieved an increasingly prestigious role in the fields of psychotherapy, medicine, and dentistry. To those who understand the nature of hypnosis and hypnotherapy, there is nothing surprising about the wide range of problems to which hypnosis can be constructively applied. But the rise of the hypnosis related therapeutic arts is surprising when viewed in terms of the stigma that it has been burdened with. Hypnosis was often regarded -- and indeed, often practiced -- as a bizarre gimmick, a "special effect", that was distinct from serious concerns. In part this reputation was the legacy of the stage hypnotist, and of the spectacular, celebrated, and then disgraced pioneers of the eighteenth and nineteenth centuries. But in part the cloud over hypnosis seems to have been and perhaps still is related to our cultural need for a highly philosophical psychotherapy, one which involves a complex set of concepts, and which involves a long, difficult therapeutic process. In light of these standards hypnosis would not have been regarded as a likely candidate on which to base a therapy, at least not when compared to an approach such as psychoanalysis, which exemplifies the arduous, cerebral therapies.

The rise of hypnotherapy has taken place concurrently with changes in our cultural orientation toward living "here and now"

in the present. This concern has been a common denominator of many of the therapies that have come into popularity in recent years. With this increasing value placed on the ability to live in the present, the field of psychotherapy has begun to work more and more with hypnosis without regard for its old image or for philosophical and theoretical requirements. To put the matter simply, psychotherapy has become interested in techniques which work.

One indication of the increasing acceptance of hypnosis is the recent legislative act which has given marriage counselors in the state of California permission to employ in their work a means of therapeutic intervention that they have been prohibited from using in the past -- hypnosis. This development may bring questions to the minds of members of that profession. For instance, how can hypnosis be effectively applied to marriage counseling? Due to the fact that marriage counselors have traditionally received little, if any, training in hypnosis, additional questions such as the following may arise. Why should I use hypnosis? When should I use it and, perhaps most importantly, how is hypnosis done?

Hypnosis and marriage counseling are terms that very seldom appear together in contemporary literature. Consider the fact, for instance, that was discovered by the author in a recent visit to the reference library at the University of Southern California. A scan of the article titles under the heading of

"Hypnosis" in the Psychological Abstracts covering the years 1972-74 revealed only one listing that mentioned marriage and hypnosis together in three pages of listings and no listings that dealt with hypnosis and marital therapy. It seems relevant then, especially in light of the previously mentioned legislation, to explore ways in which hypnosis might be effectively applied in marital therapy. It is this issue to which the present study is addressed.

THE PROBLEM

Hypnosis has traditionally been employed by mental health professionals as a technique that may be effective in dealing with:

- (1) Removal of habit patterns such as alcoholism, excessive smoking, insomnia, narcotic addiction, obesity, enuresis, stuttering, and tics.
- (2) Neuroses and psychoses such as phobias, obsessive-compulsive disorders, conversion hysteria, depression, schizophrenia, anorexia nervosa, delinquency and disciplinary problems.
- (3) Sexual problems such as impotence, premature ejaculation, frigidity, vaginismus, and sexual deviations.

Hypnosis has proven to be a powerful and effective method of intervention in all these areas. For some reason, though, the domain of hypnosis has not yet extended into the realm of marriage and relationship counseling. Perhaps this stems from a belief that the improvement of marital communication processes is not likely to be facilitated in a therapy that places both partners in a "trance" state, a situation where real communication could not occur. On the other hand, it is possible that hypnosis has not been appraised as a tool for marital therapy simply because of uncertainty as to how it might be applied. In either case the

fact remains that hypnosis and marriage counseling are rarely, if ever, dealt with in contemporary literature. This seems to indicate that hypnosis is seldom applied in marital therapy, even by mental health professionals such as psychologists and psychiatrists who have always had legal permission to practice hypnosis.

How, then, is a licensed marriage counselor going to know how to deal with this new tool in his/her practice? This is the problem the current study addresses in an attempt to demonstrate how certain attributes of hypnosis lend themselves to marital therapy and how hypnosis may be employed in an approach to marriage counseling.

PURPOSE OF THE STUDY

The purpose of the study is to present an approach to marriage counseling based on hypnosis. In light of the fact that very few practicing counselors have received training in hypnosis, the topic of the study seems particularly relevant now that marriage counselors are legally permitted to use hypnosis in their professional work. This study will not attempt to provide a complete understanding of the practice of hypnotic techniques, as this information is readily available from a wide range of existing sources. Rather, this study is specifically tailored to focus on the application of hypnosis to marital therapy.

METHODOLOGY

DESIGN OF THE STUDY

Following the present introductory chapter, the study continues with a survey of literature pertaining to theories of hypnosis and applications of hypnosis. This is followed by a discussion of trends in the literature regarding suggestibility, a concept that is fundamental to the approach to marriage counseling that comprises the contents of Chapter IV.

The third chapter presents a discussion of the author's clinical research and subsequent findings. In format this chapter departs from a traditional presentation in two major respects. Most notable is the use of the first person perspective in presenting the chapter. This route was chosen for the convenience of the author, who, in approaching the task of reporting thirty years of clinical experience with hypnosis, sought to utilize the most efficient manner in which to communicate. Additionally, an introductory section that occurs prior to the previously mentioned contents of this chapter briefly details the author's background in hypnosis. This is seen as necessary in that clinical observations relevant to the current study's focus were made during this time. The rationale for a presentation of this manner stems from a desire to communicate clearly to the reader the chain of events that led to the formulation of the approach presented in Chapter IV.

Chapter IV presents an approach to marriage counseling based on findings discussed in Chapter III.

A final chapter presents conclusions and recommendations for further study.

LIMITATIONS

The major limitation of the study is that all research discussed in Chapter III was undertaken in a clinical setting. This research was done in the author's private practice as a hypnotherapist over a thirty year period. Because the research was undertaken at the time primarily for the purpose of professional self improvement, a rigid scientific procedure was not adhered to as the research was occurring. For example, the research discussed in this study does not employ a control group, experimental group, or statistical analysis. Rather, research proceeded in a relatively intuitive manner, based on clinical observation and informal experimentation. Thus the study discusses correlations and trends without being able to make scientific claims concerning their validity. It does, however, report in a sequential manner the process of reasoning that developed in the author's quest for knowledge.

DELIMITATIONS AND ASSUMPTIONS

The major delimitation of the study reflects the decision not to explore alternative approaches to marital therapy in relation to the approach formulated in this study. The assumption remains at the base of this study that a study of hypnosis and its attributes for the purpose of developing a plan for marital therapy constitutes a valid undertaking which can stand on its own terms. Thus while the study does not compare a hypnotherapy based plan of intervention with alternative therapies, it hopefully provides results that could serve as a basis for the work of other students who may wish to explore this issue.

CHAPTER II

REVIEW OF RELATED LITERATURE

In the current chapter a survey of literature dealing with various theories of hypnosis will serve to demonstrate how controversial the definition of hypnosis is. The primary purpose for this presentation is to offer various ideas which will later serve as support for the marital therapy approach presented in Chapter IV. The initial section concludes by suggesting that hypnosis might best be defined by what it does rather than what it is. Following this section is a brief survey of literature that does just that -- describes hypnosis by what it does.

The final section of this chapter discusses the concept of suggestibility. This discussion is important to the study in that the remainder of the thesis details the author's clinical research, findings, and ideas concerning suggestibility. These ideas are fundamental to the formulation of the marital therapy approach proposed in Chapter IV.

THE NATURE OF HYPNOSIS

The great names in the development of hypnosis also tend to be names surrounded by controversy or buried in obscurity. The early pioneers in the line which extends from Mesmer to the Marquis de Puysegur to Father Gassner to Braid to Charcot have generally not been recognized as having made worthwhile contributions to the development of psychotherapeutic science. This reflects the popular view of hypnotism as a gimmick or specialized technique. Even in Mesmer's time, his amazing success with a large number of cases did not prevent the established medical community from degrading his work.

Throughout the early history of hypnosis, explanations of the phenomenon tended to be simplistic, external types of explanations. The subtleties involved in the theories of hypnosis which compete for our attention today indicate how difficult it would have been in any age to understand exactly and completely what this phenomenon entails.

The difference between the early days of hypnosis and today is that not only have modern researchers become more attuned to the qualities which various forms of hypnosis have in common, but the medical and psychotherapeutic communities have become much more receptive to the practice of hypnotism, whether they fully understand it or not. This is due to the fact that hypnotism has

demonstrated that it is a therapeutic intervention that works.

There are many theories of hypnosis. As Moss has pointed out, theories dominate a field and compete with each other when we do not yet know all of the relevant variables nor the interrelations between observed events. "In the absence of such knowledge the scientist must assume hypothetical interrelations, from which he is able to deduce or predict empirical events and which, in turn, lead to the eventual confirmation or refutation of his theory."¹ The existence of competing theories is not unique to hypnosis. The entire field of psychology is characterized by competition among and testing of theories.

Moss appraised the wide range of explanations of hypnosis, from Mesmer's belief in the existence of "magnetic fluid", to Charcot's belief that hypnosis was a pathological state, with the conclusion that "each theory has adequately explained some aspects of hypnosis," while none has provided an explanation which has seemed satisfying to a large percentage of interested scientists and practitioners.² He goes on to offer as the requirements for a valid, comprehensive theory of hypnosis that it "should explain the induced hypnotic state, self-hypnosis, mass hypnosis, hypnogogic reveries, waking states of suggestibility,

¹C. Scott Moss, HYPNOSIS IN PERSPECTIVE (New York: MacMillan, 1965), 44

²Ibid., 44

temporariness of hypnosis and its reactive character and the spontaneous fluctuations that occur. A theory must certainly explain wide individual differences in susceptibility: Why some subjects quickly and easily evidence many of the phenomena of hypnosis while others show little, if any, characteristic behavior after repeated attempts by numerous skilled hypnotists."³

One species of theory holds that hypnosis is produced by physical changes in certain areas of the brain. The early form of such theories held that hypnosis was a form of sleep artificially induced, and although this particular theory has been discredited, hypnosis is still widely considered a physiological brain state.

An alternative route for theory has been the interrelation of psychological and physiological causes. R. W. White interpreted hypnotic behavior as "goal-directed striving, its most general goal to behave like a hypnotized person as this is continuously defined by the operator and understood by the subject." White explained that this view of hypnosis had the advantage of doing away with the idea that the subject was a passive object in which certain levers were pulled by the operator. His theory took into account the role of the subject.⁴ In addition, however, White offers the distinct possibility that hypnosis is also "an

³ Moss, HYPNOSIS, 44-45

⁴ R. W. White, "A Preface to the Theory of Hypnotism," in Moss, PERSPECTIVE, 124-125

altered state of the person," physiologically speaking.⁵

A much more recent formulation of the view of hypnosis is an altered state of the person has been offered by Merton M. Gill (White's essay originally was published in 1941). Gill defines "altered state" as "a major reorganization of the person with the implication of reversibility." Gill argues that the altered state need not have measurably different physical dimensions, but that there can be psychological altered states, "if changes take place in major dimensions of psychological functioning and if these are integrated into a coherent state."⁶ If hypnosis is an altered state, one would expect to find, first, "transitional phenomena" during the change to the other state, as in the period just before one falls asleep. These phenomena would be "of a transitory, fragmented, and disequilibrated character," such as emotional outbursts perhaps connected with strong changes in the subject's body image. Gill finds these occurring much more often in the transition to hypnosis, particularly in clinical situations, than in the transition to sleep, and remarks that "the unexpectedness of these changes to both hypnotist and subject makes most unlikely an explanation in terms of demand characteristics."⁷

⁵White, PREFACE, 134

⁶Merton, M. Gill, "Hypnosis as an Altered and Regressed State", THE INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS, 20 (4, 1972) 224-225

⁷Ibid., 225

In the hypnotic state itself, Gill summarizes the findings of others that there is lessened reflective awareness, lessened "voluntariness" or diminished "planning function", a change in thought functioning toward more primary process organization, encouraging visual memories, dream and fantasy production, and less reality testing, an increase in role behavior, and an increase in suggestibility, which at this point may be defined in the traditional manner as one's susceptibility or responsiveness to hypnotic suggestion. The characteristic which Gill believes integrates these into a coherent altered state is "regression", and he integrates his concept with a psychoanalytic view of personality.⁸

An alternative theory which extends White's psychological emphasis is that of Sarbin, who interpreted hypnosis as a social psychological phenomenon -- as role-playing. The subject strives to take the role of the hypnotized person, just as an actor strives to take the role of a person in a script. Sarbin cited the performances of actors and their introspective accounts of their feeling states during performance directly parallels to observations and accounts of hypnosis. Thus, "hypnosis is only a word for a special type of culturally defined influence situation and, ...there is no need to postulate a special state or trance."⁹ A more contemporary and sophisticated version of the view that the postulate of a state known as "hypnosis" is unnecessary is advanced by Theodore X. Barber, one of the most unconventional theorists

⁸Gill, STATE, 226-227

⁹Moss, PERSPECTIVE, 47

in the field. Barber bases his view on demonstrations that most of the more striking hypnosis phenomena can be induced by direct suggestions in the waking subject. Thus suggestibility would seem to be a more natural or pervasive characteristic than is often assumed, and hypnosis may not be a "state that a subject enters, goes deeper into, and comes out of as a result of suggestion."¹⁰ "The failure of 'hypnotic state' theories to account satisfactorily for observed events," according to Barber, "suggests the possibility that such theories may suffer the same fate historically as the theories of the 'other' in physics and the theory of 'phlogiston' in chemistry."¹¹

The ultimate outcome of the conflicting theories of hypnosis, according to Moss, at present, is that the "best procedure" may be "to attempt to describe hypnosis by what it does rather than what it is, although... there is wide disagreement even on this fundamental point."¹² The following section, then, describes hypnosis by what it does.

To summarize this section, a survey of the literature demonstrates how controversial the concept of hypnosis is among theorists in the field, with the possible explanations ranging

¹⁰ Moss, PERSPECTIVE, 48

¹¹ Theodore Xenophon Barber, HYPNOSIS: A SCIENTIFIC APPROACH (New York: Van Nostrand Reinhold, 1969), 224-225

¹² Moss, PERSPECTIVE, 48-49

from "altered state" to "role playing." Due to the fact that each theory offers ideas based on acceptable reasoning, the author does not endorse any specific theory as being more valid than the others.

APPLICATIONS OF HYPNOSIS — WHAT IT DOES

This section is concerned with the applications of hypnosis for therapeutic purposes. It should be noted that while such applications are modest in the sense that their purpose is highly specific and oriented toward single symptoms, results achieved here can be very important to the subject and quite amazing to the lay observer.

One of the leading researchers in the area of physical concomitants of the hypnotic state has been Ernest R. Hilgard of Stanford University; the work which he has done with his colleagues will be described here very briefly to illustrate the kinds of questions which arise in the narrower applications of hypnosis. Many of Hilgard's experiments have revolved around the "cold pressor" tests, a variety of measurements of pain, both verbally reported and physically indicated, when subjects place their hand and forearm in circulating ice water. The experiments have been concerned with the effects of hypnotic "analgesia". One of the Hilgard studies determined that hypnotically induced immunity to pain was successful as a "filter" between the stimulus and the response in the cold pressor test.¹³

¹³ Ernest R. Hilgard, John C. Ruch, Arthur F. Lange, John R. Lenox, Arlene H. Morgan, and Lewis B. Sachs, "The Psychophysics of Cold Pressor Pain and Its Modification through Hypnotic Suggestion," AMERICAN JOURNAL OF PSYCHOLOGY, 87 (1-2, 1974), 17-31

Another experiment determined that when hypnotized subjects were instructed that they would experience hallucinated pain, the physical components of anticipated pain were even stronger than in the expectation of actual pain under nonhypnotized conditions.¹⁴ A third study determined that hypnotized subjects in the cold pressor test could recall the pain, when amnesia was removed, but that they did not experience the suffering component of the experiment, leading to the tentative conclusion that suffering is experienced only during felt pain.¹⁵ Another experiment, by Alan H. Roberts and his associates at the University of Minnesota, replicated earlier studies which indicated that subjects could voluntarily control peripheral skin temperature under hypnosis, and added to this finding was the use of a bio-feedback technique, under hypnosis, to increase control of skin temperature.¹⁶

These clinical experiments with hypnosis, which are simply a few of the hundreds of recent, published studies which could

¹⁴ Ernest R. Hilgard, Hugh MacDonald, Gary Marshall, and Arlene H. Morgan, "Anticipation of Pain and of Pain Control Under Hypnosis: Heart Rate and Blood Pressure Responses in the Cold Pressor Test," JOURNAL OF ABNORMAL PSYCHOLOGY, 83 (5, 1974)

¹⁵ Hilgard, Morgan, and MacDonald, "Pain and Dissociation in the Cold Pressor Test," JOURNAL OF ABNORMAL PSYCHOLOGY, 84 (3, June 1975), 289

¹⁶ Alan H. Roberts, Joanne Schuler, Jane G. Bacon, Robert L. Zimmerman, and Robert Patterson, "Individual Differences and Autonomic Control: Absorption, Hypnotic Susceptibility, and Unilateral Control of Skin Temperature," JOURNAL OF ABNORMAL PSYCHOLOGY, 84 (3, 1975), 272-279

be reported, indicate the laboratory side of the delimited applications of hypnosis. In "real life", delimited applications of hypnosis have been essential in promoting the health and well-being of many individuals. Again, there are many published studies which could be cited, and this section will refer to only a few of them in order to indicate this category of application of hypnosis.

In one study, systematic self-relaxation and self-suggestions were used to aid a cardiac surgery patient before, during, and after his operation. The relaxation and hypnosis was begun three weeks prior to surgery, and "suggestions focused on feeling comfortable and happy after the operation and on the quick return of normal physiological functions." The patient's recovery was better than average, although not in excess of normal limits. The study reports that "a feeling of comfort, a sense of well-being, and optimism prevailed throughout the recovery period," that no pain medication was required after the third day. The report was made, incidentally, by the patient himself, who wrote that although other causative factors may have had an impact in his recovery, "the suggestions seem to have had a major impact."¹⁷

In a recent study, hypnosis was used successfully for the treatment of insomnia, and the results obtained were dramatically

¹⁷ Walter Gruen, "A Successful Application of Systematic Self-Relaxation and Self-Suggestions About Postoperative Reactions in a Case of Cardiac Surgery," THE INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS, 20 (3, 1972), 143-151

superior to the experiences of a control group.¹⁸ In another case, a middle-aged male patient had experienced serious psoriasis, and had not been able to obtain relief. He had been in psychotherapy for three years, and was described as "socially withdrawn pathologically sensitive to public opinion." Upon consulting a hypnotherapist, hypnosis was induced to evoke vivid sensory imagery -- specifically, to reproduce the feelings in his skin that he had experienced while sunbathing, an activity which had always been beneficial in the past. The patient was taught to induce the hypnotic state himself, and brought about the sunbathing sensations five or six times a day for a few minutes. The psoriatic lesions, which had been stubborn and widespread, improved markedly. In addition, he seemed much more able to work in psychotherapy, achieved a needed weight loss of twenty pounds, and began talking about himself, his feelings, and his future plans in an open, optimistic way which he had never shown prior to hypnotherapy.¹⁹

A clinical test regarding the effect of hypnotic time distortion upon free-recall learning may serve to supplement these cases from actual practice, and suggest the power of hypnosis to affect cognition as well as physical state. An attempt was

¹⁸ Perry Nicassio and Richard Bootzin, "A Comparison of Progressive Relaxation and Autogenic Training as Treatments for Insomnia," JOURNAL OF ABNORMAL PSYCHOLOGY, 83 (3, 1974), 253-260

¹⁹ Fred H. Frankel and Robert C. Misch, "Hypnosis in a Case of Long-Standing Psoriasis in a Person with Character Problems," THE INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS, 21 (3, 1973) 121

made to use hypnosis to affect perception of normal "clock time", so that subjects would, in effect "have" more time available for them to learn in a free-recall situation.

If effective time is manipulated successfully by the instructions designed to produce time distortion, subjects receiving hypnotic time distortion instructions designed to stretch 3 minutes into 10 should perform as well in a free-recall learning task as subjects allotted 10 minutes of nominal time and better than subjects allotted 3 minutes of nominal²⁰ time for the task. This was found to be the case.

This experiment illustrates the general point that in all of the cases described, suggestion has profoundly altered the nature of experience.

Before turning to the nature of suggestibility, brief mention should be made of some of the basic cautionary factors in the application of hypnosis. As one of the outstanding researchers in the field has stated, although "the fears of dangers associated with hypnosis are of long-standing and mostly false, based on preconceptions of the undue influence of the hypnotist upon the person hypnotized, the excessive dependency of the hypnotized person, and the weakening of self-control," nevertheless "the hypnotic intervention may produce after-effects in some people, and practicing hypnotists need to be aware of these possibilities. An interview sample of 120 university students yielded evidence that fifteen percent had

²⁰Herbert H. Krauss, Raymond Katzell, and Beatrice J. Krauss, "Effect of Hypnotic Time Distortion Upon Free-Recall Learning," JOURNAL OF ABNORMAL PSYCHOLOGY, 83 (2, 1974), 140-144

some kind of reaction to hypnosis that endured an hour longer following an individual session subsequent to group hypnosis.²¹ Of course, this fact does not mean that there is anything wrong or dangerous about hypnosis, but it does suggest that individuals react to it, as they do to anything, based on their unique make-up and background. Another question relevant to possible "side effects" of hypnosis is that of "symptom substitution," or the phenomenon of the appearance of symptoms to replace the ones which were removed under hypnosis. A study of the subject which gives particular attention to the removal of symptoms of hypnosis, has contrasted the "medical model" argument on the subject with the "behavior modification" argument. The former holds that all symptoms result from underlying causes, and that with the removal of one symptom, the underlying condition must manifest itself in some other way -- that is, in some other symptom. The latter holds that the problem is in the "mental" disorder which is directly connected to the symptom, so that the removal of the symptom also entails removal of the condition. An exhaustive survey of the literature reporting results germane to this issue has concluded that there is conclusive evidence to accept or reject neither approach. "The studies reviewed demonstrate that when symptoms are removed by direct treatments, different symptoms may or may not appear." The authors conclude that the question deserved further examination, particularly pursuing

²¹ Josephine R. Hilgard, "Sequelae to Hypnosis," THE INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS, 22 (4, 1974), 281-298

the possibility that substitution may be more likely under some conditions than others, varying, for example, with the nature of the symptoms removed and/or the nature of the treatment used.²² This is an important issue for those in the field of hypnotherapy to keep in mind, but the evidence by no means suggests that symptom substitution is at all characteristic of the results gained in the application of hypnosis.

²² Gary T. Montgomery and James E. Crowder, "The Symptom Substitution Hypothesis and the Evidence," *PSYCHOTHERAPY: THEORY, RESEARCH AND PRACTICE*, 9 (2, Summer 1972), 98-103

SUGGESTIBILITY

In his 1965 study of hypnosis C. Scott Moss noted that although the traditional, stereotyped notions regarding hypnosis and its induction were still influential in some professional circles, experienced hypnotherapists generally were beginning to acknowledge "that the exact nature of what the hypnotist says or does in the induction procedure is not half as important as the 'set' or 'readiness' of the subject to experience hypnosis." Moss felt that if the subject has volunteered for hypnosis, he is already committing himself to cooperate in the procedure, and that it does not matter even if he has a background in a foreign language, so that he does not understand much of what the hypnotist will say.

To demonstrate this point in the classroom, the author has on occasion substituted the nonsense syllable "phoz" for the word "sleep" in the induction procedure, with highly effective results. However, belief in "word magic" is so strong that in several instances young clinical students have come up after a session to ask the exact pronunciation of the word and how to spell it!

Moss astutely relates this phenomenon to the increasingly recognized state of "waking hypnosis". Waking hypnosis at times can be taken as a sign of the suggestibility which some of us carry into a situation, regardless of what another individual or a hypnotist has to say to us. Moss refers to the possibility of "inducing" hypnosis in some subjects, including some complete novices, simply by asking the person to

"sit in that chair and go into hypnosis."²³

A recent survey of trends in hypnosis research, while noting that there has been a split in positions between the "hypnotic state" and "nonstate" points of view, has discerned a significant area of agreement regarding the phenomenon of suggestion. The authors noted that theoreticians in the area of hypnosis "are converging on the conclusion that responding to suggestions involves at least two interrelated factors." The first of these is the subject's willingness to cooperate in the fulfillment of suggestions. "The second can be described as a shift of cognitive orientation from an objective or pragmatic perspective to one of involvement in suggestion-related imaginings." The authors discuss "involvement in suggestion-related imaginings" in terms of "sustaining and elaborating imaginings... consistent with the aims of suggestions" and of disregarding inconsistent information.²⁴

The authors cite research, including that cited earlier in this study by White, that indicates the goal-directed or striving nature of involvement in suggestion. Parallel to White, a study almost two decades later concluded that the success of the hypnotist depends on converting the subject into a person who is characterized by "his willingness, indeed his eagerness, to

²³ Moss, PERSPECTIVE, 16-19

²⁴ Nicholas P. Spanos and Theodore X. Barber, "Toward a Convergence in Hypnosis Research," AMERICAN PSYCHOLOGIST, 29 (July 1974), 500-501

see, hear, think, and do what he is told to by the hypnotist."²⁵ Another study has stressed the importance of the subject's conception of his role in the therapeutic situation.²⁶ Theodore X. Barber also has presented evidence which emphasizes the relation between differences in attitudes, motivations, and expectations.²⁷

However, "involvement in suggestion-related imagining" entails more on the part of the subject than motivation and striving alone. White, again as cited in the previous chapter, also foreshadowed this other element when he characterized hypnosis as an "altered state of the person." And Gill and Brenman, again, stipulated that the willingness of the subject was just the beginning, a pre-requisite for the other ingredients of hypnotic involvement, which they chose to describe as "development of a regressed, quasi-stable ego subsystem that mediates hypnotic performance."²⁸ Spanos and Barber conclude that the view toward which theorists are converging is that of establishing involvement in imaginings as the additional element which is required besides the subject's motivation.²⁹ A recent study has suggested that the better

²⁵ M. M. Gill and M. Brenman, HYPNOSIS AND RELATED STATES (New York: International Universities Press, 1959), 10

²⁶ T. R. Sarbin and W. C. Coe, HYPNOSIS: A SOCIAL PSYCHOLOGICAL ANALYSIS OF INFLUENCE COMMUNICATION (New York: Holt, Rinehart & Winston, 1972), 10-18, 42-58

²⁷ Theodore X. Barber, LSD, MARIHUANA, YOGA AND HYPNOSIS (Chicago: Aldine, 1970), 37

²⁸ Gill and Brenman, HYPNOSIS, 78

²⁹ Spanos & Barber, CONVERGENCE, 503

hypnotic subjects are not concerned primarily with criticizing the content of what the hypnotist says, but instead are free to become involved in imagining what he is suggesting.³⁰ As Barber has reported, the successful hypnotic subject, like the person who enjoys and becomes absorbed in a motion picture or a novel, is not concerned with attending to information which is contradictory to the verity of what he is imagining.³¹ The combination of the factors of motivation and imagining has been expressed by Spanos as "goal-directed fantasy."³²

These developments provide a conceptual background for some of the work of Josephine R. Hilgard, who has devoted a great deal of attention to the relationship between personalities which seem conducive to imaginative involvement and those which are suggestible for the purpose of hypnosis. As Hilgard says,

Some individuals have the capacity for deep involvements in reading, in music, in religion, in the enjoyment of nature, and in adventure. It turns out that this capacity is related to hypnotizability, and interview with hundreds of students prior to their experience of hypnosis have been used not only to predict how hypnotizable the students will be but to see how these involvements develop and what they mean to the individual.

Hilgard makes the point that her research is directed as much to the question of personality as to the study of hypnosis.³³

³⁰ Sarbin and Coe, HYPNOSIS, 120

³¹ Barber, HYPNOSIS: A SCIENTIFIC APPROACH, (New York: Van Nostrand Reinhold, 1969) 187

³² Nicholas P. Spanos, "Goal-Directed Phantasy and the Performance of Hypnotic Test Suggestions," PSYCHIATRY, 34 (1, 1971), 86-96

³³ Josephine R. Hilgard, PERSONALITY AND HYPNOSIS: A STUDY OF IMAGINATIVE INVOLVEMENT (Chicago: University of Chicago Press, 1970), ix.

Hilgard specifically relates the study of hypnosis to the study of human awareness, and to "the popularity of existential psychology, with its emphasis upon 'being', the vogue of the strongly value-oriented humanistic psychologies, the attempts to expand consciousness... manifestations of a desire to cope with what is central... in man." In Hilgard's case, "the persistent individual differences in suggestibility among eager and willing student subjects" led to investigation of the relationship between hypnosis and personality, and thus the relationship between hypnosis and many other phenomena not conventionally associated with it.

What we found out was that the hypnotizable person was capable of a deep involvement in one or more imaginative-feeling areas of experience -- reading a novel, listening to music, having an aesthetic experience of nature, or engaging in absorbing adventures of body or mind. This involvement is one of the things the existentialist is talking about when he speaks of the breaking down of the distinction between the subject and the object of his experience...³⁴

The attributes of the kind of person about whom Hilgard is writing can be very subtle, and not always selected by gross characteristics which might seem to connote an imaginatively involved person. Hilgard compared two writers in her subject population, one of whom scored very low on her hypnosis scale, while the other scored well. Of the first, Hilgard wrote,

In college he began to write stories about people who lived in small towns that were like the small towns in which he grew up. He described different aspects of their lives: Their frustrations, their

³⁴Hilgard, PERSONALITY, 3-5

worries, and the ways they tried to solve their problems... He was clearly describing his own internal conflicts, and one might say that his stories were stimulated by separation from family and hometown. His urge to write began relatively late in comparison with that of the (other) subject.

In this case, apparently, creative writing was not particularly related to imagining, but perhaps to a relatively factual adaptation of memories and inner concerns.

The other subject was the type of person who began writing a diary when she was in the third grade, and whose imagination propelled her into the writing of romantic stories about escaping prisoners and foreign legions, just a few years later. She edited the college newspaper in her senior year, and is writing a book based on her own experiences -- not literally autobiographical, but reflective of feelings and fantasies related to the people whom she had met. Both subjects had come to Hilgard from an advanced project in creative writing, where their creativity had been vouched for emphatically. "That they should have differed so much in their experiences both outside of hypnosis and within hypnosis shows the caution that is needed in making direct assertions about hypnosis and creativity."³⁵

Reference can be made to other studies which relate to the link between personality and suggestibility. One of the most interesting of these found that the quality of "absorption"

³⁵ Hilgard, PERSONALITY, 102-103

was most strongly related to suggestibility. "Absorption" was described as "a disposition for having episodes of 'total' attention that fully engage one's representational (i.e., perceptual, enactive, imaginative, and ideational) resources." This trait was said to be accompanied by a heightened sense of reality of the object perceived, and an immunity from distraction by other objects or events. The authors' description of absorption at another point in the study seems parallel to the phenomenon of involved imagining: "Full commitment of available perceptual, motoric, imaginative and ideational resources to a unified representation of the attentional object." The authors note that their findings support Hilgard's arguments.³⁶

Another study contributes to this area of study in part by noting the limits of a subject's motivation to be hypnotized. The study makes another important contribution in noting that subjects can learn to overcome fears and rigid attitudes which may be dysfunctional at first. Problems of personality and attitude surfaced in statements of participants to the effect that "I have a big skepticism. I want things proven. I had to look and it (the suggestion) wasn't true." Or, "I was always trying to be morally perfect." Or, "Part of the problem of (my) not complete hypnosis is due to fear -- I don't completely trust my mind if I remove all controls." According to the experimenters, "these comments seem to indicate that, for some subjects at

³⁶Auke Tellegen and Gilbert Atkinson, "Openness to Absorbing and Self-Altering Experiences ("Absorption"), A trait Related to Hypnotic Susceptibility," JOURNAL OF ABNORMAL PSYCHOLOGY, 83 (3, 1974), 268-277

least, time spent in changing attitudes toward hypnosis and perhaps some type of relaxation training might have been appropriate."³⁷

Along the lines of that suggestion, another study attempted to increase suggestibility by two types of sensory experiences prior to induction: Ten minutes of recorded music, or ten minutes of silence with eyes closed. The former technique was referred to as sensory (auditory) stimulation, while the latter was a form of sensory deprivation. All subjects were to be tested with a hypnotic suggestibility scale, and the control group in the study was prepared for the test by exposure to the test scale. The experimenters reported that both music and silence were significantly effective in increasing responsivity, compared to practice only (i.e., the control group's exposure to the scale).³⁸

These results might indicate that suggestibility is related to the more flexible state of awareness which might be associated with listening to music or closing one's eyes. Another study which points in the same general direction has determined that

³⁷Jill M. Kinney and Lewis B. Sachs, "Increasing Hypnotic Susceptibility," JOURNAL OF ABNORMAL PSYCHOLOGY, 83 (2, 1974), 145-150

³⁸James M. Talone, Michael Jay Diamond, and Clarence Steadman, "Modifying Hypnotic Performance by Means of Brief Sensory Experiences," THE INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS, 23 (3, 1975), 190-199

suggestibility is significantly related to mood (where mood was interpreted as a transitory variable, not as an enduring personality trait).³⁹

In general, while most of the leading theoreticians of hypnosis seem to indicate that there are important personality correlates of suggestibility, the general consensus in the literature is that these correlates have yet to be defined satisfactorily. Even Josephine Hilgard's work, for example, falls short of offering a comprehensive set of correlates with a unifying explanation. Her correlates do seem to be linked fairly consistently with suggestibility, but they do not have explanatory power for the differences in kinds of suggestibility and in the approaches which a hypnotherapist must employ in dealing with them. The following chapter will offer a deeper exploration of suggestibility through a presentation of the author's clinical research and findings. This examination of suggestibility is important in that it lays the ground work for the formulation of an approach to marriage counseling based on hypnosis.

³⁹ Maurice J. Silver, "Hypnotizability as a Function of Repression, Adaptive Regression, and Mood," JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY, 42 (1, 1974), 41-46

CHAPTER III

CLINICAL RESEARCH AND FINDINGS

INTRODUCTION

Prior to a discussion of clinical research, this chapter will begin with a relevant presentation of the author's clinical background that provides an understanding of the events that led to research efforts. Following this, a discussion of the author's clinical research and findings that developed from that research is presented.

This chapter departs from traditional format in that it utilizes a first person perspective. This was done in order to avoid the verbosity that would have resulted in attempting to report thirty years of clinical experience and research in the traditional manner. It is the desire of the author to employ this approach as the most efficient and convenient method for communicating to the reader.

BACKGROUND

My first extensive use of techniques of hypnotis induction occurred while I was serving in the United States Navy during World War II. I entertained servicemen in the barracks and aboard ships with approximately two hundred performances of stage hypnotism during the course of the war. Those performances were very similar in nature to what one might witness today while attending a show given by a stage hypnotist. Several volunteer subjects from the audience came up in front of the group to receive hypnotic suggestions. Those subjects who were receptive to the hypnotic induction and entered hypnosis were given additional suggestions to react to. These suggestions were generally of a nature that would hold high entertainment value. I had learned everything I knew about hypnotism up to that point from my father, who had been a stage hypnotist in Europe before coming to the United States.

When World War II ended I returned home to Chicago and decided to study the art of hypnotism more thoroughly in order to learn how to use it for purposes other than entertainment. I enrolled in the only school of hypnotism existing in Chicago at the time, which was known as the Illinois Institute of Hypnosis. Unfortunately, soon after my enrollment the school closed down due to financial problems. For the next two years I supported myself by working as a stage hypnotist in a night club in Chicago

known as the Mark II Lounge.

As I became more proficient and confident in my skill as a hypnotist, I decided to leave stage hypnotism to work in an area that I felt would be more personally fulfilling. In 1947 I stopped performing as a stage hypnotist in order to develop a private practice as a hypnotherapist in Chicago. I wanted to use hypnotism to work with persons who were experiencing personal problems. Working with clients on an individual basis, I dealt with a wide range of concerns including weight control, assertiveness, phobias, stutering and insomnia. My practice also included a large number of veterans who were experienceing difficulty in adjusting to civilian life. I worked solely in private practice until 1956, at which time I began teaching classes in self hypnosis and professional hypnotism in addition to maintaining my practice. At this time there were very few places that offered instruction for persons interested in hypnotism as a profession.

In 1959 I moved to Phoenix, Arizona and began teaching professional hypnotism there. My stay in Phoenix was brief, however, and in 1960 I moved to Los Angeles to take advantage of what I thought would be a better marketplace for my skills. At the time California had a reputation as a very progressive state with respect to professional hypnotism. My experience, however, was that, generally, professionals in California were practicing in much the same manner as professionals I had

encountered elsewhere throughout the country.

In 1961 I started a school of professional hypnotism called the Hypnosis Motivation Institute. The focus of the Institute was to train persons to work as hypnotherapists in such areas as weight control, smoking, and educational and vocational self-improvement. My first class at HMI consisted of 120 students and the class ran for 22 weeks.

In 1963 I was approached by one of my students and offered a position as chief of staff for an organization he was starting called the Hypnosis Society of America. He also wanted me to train hypnotists for his organization through my school of HMI. I agreed to take this position and joined HSA, which was created to focus specifically on the area of weight control. Working for HSA in this area were two physicians, four clinical psychologists, thirteen chiropractors, and forty two hypnotherapists. The organization was very successful and by 1968 it had expanded to seven clinics and was seeing twenty thousand clients per year.

The Hypnosis Society of America experienced many therapeutic successes in its program but it also experienced a substantial number of failures. Clients dissatisfied with HSA lodged complaints focusing on a variety of targets but the three most common complaints were:

- (1) "I was not hypnotized." A person lodging this complaint typically said they felt nothing at all when the

hypnotist attempted to induce a hypnotic state.

- (2) "I don't think I was hypnotized." This complaint came from individuals who stopped short of flatly stating they had felt nothing. Rather, these people seemed uncertain as to whether they had been hypnotized due to the fact that they had felt some influence from the suggestions but had experienced little or no improvement in their efforts to lose weight.

- (3) "I felt inhibited in group hypnosis" was a complaint heard from a number of persons who felt they would have profited more from a strictly individual program of therapy. HSA employed both group and individual sessions in seeking to help its clients.

These complaints were valid, of course, although hypnotists tended to rationalize them with a number of explanations. The primary reason offered was one that hypnotists in general were accustomed to claiming; that there is a substantial segment of the population that simply does not respond to hypnotic suggestion. This was an accepted fact among practitioners in the field but that acceptance did not prevent it from being a bothersome phenomenon to me.

I left HSA in 1968 to return to private practice while I

continued to train hypnotists at the Hypnosis Motivation Institute. In my training classes I continued to confront the issue of "non-hypnotizability." Students were constantly raising the question, "Why is it that some people don't respond to hypnotic suggestions?" Another question frequently raised was "Why is it that one session a subject might go into a deep hypnotic state while in the next session that subject may go into a light state or possibly show no reaction at all?" These questions and the issue of "non-hypnotizability" became very important concerns to me. I sought to gain answers to these questions for several reasons. First, I was constantly seeking to improve my skill as a hypnotherapist. Second, I felt that gaining an understanding of this non-hypnotizable segment of the population would add to the young and developing field of hypnotherapy. In addition to these reasons I sought to improve my business at HMI. I felt that if I could find a way to effectively hypnotize these subjects as a prelude to successful therapy, the results would create a broader referral base for my business, which in turn would yield a more satisfying income. The synthesis of these factors led me to begin an intense research effort within my clinical practice to develop an approach to hypnotic induction that would successfully reach subjects labeled as "non-hypnotizable."

CLINICAL RESEARCH

As a starting point in my research into "non-hypnotizability" I chose to examine the technique of inducing hypnosis that I, along with the majority of practitioners in the field, accepted as the most effective way to hypnotize a subject for the purpose of therapy. This method of hypnotic induction was, and remains to be, an effective way to induce the hypnotic state in a substantial percentage of subjects. It seemed to me that, rather than focusing solely on the characteristics of unreachable subjects, I should dissect the method I was using to determine whether the induction itself could offer any useful clues about "non-hypnotizability." At this point I will present an example of the approach I was using in private practice at that time (1968).

Before an induction actually took place I would give a client an orientation that would provide him with an idea of what would be taking place in the session. I explained that I would be testing their suggestibility first in order to determine to what degree of depth he was capable of attaining in a hypnotic state. To remove possible misconceptions about hypnosis, I explained that while in the hypnotic state the subject would not be unconscious nor asleep. Rather, he would be in a state of increased receptivity to suggestions that could lead to personal growth and change in the direction he desired. In this state of increased suggestibility the subject would be very aware of every-

thing I was saying. To alleviate anxieties about lack of control I advised the subject that he could not nor would not do anything contrary to his will or moral standards. I concluded my orientation by explaining that upon completion of the test of suggestibility the subject would be given a series of hypnotic suggestions to begin a foundation for our therapy.

My instructions then went as follows:

Place yourself sitting in a comfortable position with your feet flat on the floor and your left hand on your left leg. Place your right hand on the table in front of you. Stretch your arm out so that your arm, from your elbow to your fingertips, is resting on the table.

Look down at your right hand for a moment and then close your eyes. Now visualize your hand and your arm. Concentrate on your hand and your arm and my voice. Your hand and your arm from your fingertips to your elbow is going to begin to feel very light. As your arm begins to grow very light it will have a tendency to lift. It's going to start to lift up, up, higher and higher, as light as a feather. With every breath you take in you will feel your hand and arm growing lighter and lighter, lifting and rising, higher and higher, lighter and lighter, as light as a feather.

Your hand and arm will continue to rise up and as it rises

your hand will move upward and inward until it touches your face. When your hand touches your face you will go into a state of deep relaxation. Your hand is pulling up and in. Imagine that there is a magnet attached to your hand and a magnet tied to your head and with every breath you take the pull between these magnets increases.

When the subject's hand touched his head I would say "Deep sleep."
Continuing,

Each and every time that I suggest sleep you will sleep quickly, soundly, and deeply. Now you will awaken at the count of five. Zero...one...two...three...four...and five, wide awake.

At this point I would ask the client to move into a more comfortable reclining chair. Then I would ask him to close his eyes and relax comfortably in the recliner. I would then begin a technique known as progressive relaxation, which was intended to relax the client:

Sit back in your chair. Uncross your legs. Eyes closed. Now begin breathing very deeply, taking five very deep breaths and with every breath you exhale, you will become more deeply relaxed.

After the fifth breath, concentrate on the weight of your shoes. Your shoes, being foreign to your normal weight,

will have a feeling of growing heavy and this relaxation, from your toes to your heels to your ankles, will become very noticeable... feel this heavy relaxation moving upward to the calves of your legs... feel the weight of your legs pushing down... heavier and heavier and feel your legs relaxing deeply... deeply relaxing... and this heavy relaxation moves into your knees, and you concentrate only on my voice.

Pay no attention to any outside sounds except my voice, for these outside sounds are everyday sounds of living and cannot distract you nor disturb you, but will tend to relax you and allow you to go even deeper into this deep, heavy relaxation.

Now, feel the relaxation moving upward into your thighs and hips and through the mid-section of your body... feel your stomach muscles relaxing deeply... deeply relaxing... your entire chest area is becoming saturated with relaxation. Breathing becomes very deep, gentle and rhythmic and the drowsy, sleepy, daydreamy feeling of relaxation is taking over... letting go... as you drift down, deeper and deeper you will feel your arms, hands, and fingers feeling a numb, heavy, pleasant feeling of relaxation.

Your neck muscles are relaxing and all the little muscles in your scalp are letting go... this relaxation moves down

over your forehead and down over your eyelids like a dark veil of sleep as your jaw muscles relax deeply... deeply relaxing... and growing heavier.

And as I count from five down to zero, each count will represent deep relaxation and you will feel the body relaxing even more and letting go...deeper and deeper... and when I reach zero, you will go deep asleep. Now, five... letting go...four...three...two...one...zero (snap fingers)... Deep asleep.

Now concentrate on my voice and you will go even deeper asleep with every breath that you exhale.

By this time it was usually very apparent that the subject was either responding to my suggestions or was not reacting to them. With the subjects that were in the hypnotic state by this point, I would begin the actual process of therapy by giving suggestions that focused directly on helping them to overcome their problem, whether it was in the area of weight control, smoking, phobias, etc. If the client had not responded to my induction it was, needless to say, a frustrating experience for both of us.

In the process of studying my technique of induction I began to make tape recordings of my sessions with clients. I accumulated a collection of some four hundred recorded sessions over a period

of two months and then began to very carefully listen to these tapes in an effort to gain some insights. I then began to take notes while listening to these tapes, with my concentration focusing on the process of communication that was occurring between clients and myself.

A trend that I began to notice was that the majority of my suggestions were literally telling the client what to do and feel. I was always conscious that this was occurring while I was inducing hypnosis with a client, but now that directive mode of communication was beginning to interest me in light of another observation I made. I began to make note of a small percentage of suggestions that were made in my sessions that were not of a literal nature. These suggestions were qualitatively different in character from literal suggestions and I began to question myself as to why I was giving two "types" of suggestions.

To clarify what I was terming as a literal suggestion and to contrast its nature with the other type of suggestion I was giving, the following examples are given:

<u>DESIRED RESPONSE</u>	<u>SUGGESTION GIVEN</u>
(1) Subject moves hand toward face.	(1) As it rises your hand will move upward and inward until it touches your face.
(2) Subject moves hand toward face.	(2) Imagine that there is a magnet attached to your hand and a magnet attached to your head and with every breath you take the pull between these magnets increases.

These suggestions, both taken from the preceding example of a typical induction, illustrate the difference in nature between a literal suggestion and the other type of suggestion I was giving. Both suggestions were given with the goal of getting the subject to touch his face with his hand. Suggestion (1) literally told the subject to perform that response. Suggestion (2), on the other hand, did not directly suggest to the subject that he would touch his head with his hand simply because I told him to. Suggestion (2) presented circumstances that the subject was to imagine. The subject then inferred what was desired and proceeded to respond accordingly. The difference between literal and inferred suggestions began to interest me a great deal.

Returning to my observation of inductions through the use of tape recordings, I began to notice another trend. This dealt with the timing involved in presenting inferred suggestions. With the majority of my suggestions being literal, I wondered what purpose inferred suggestions were serving in hypnotherapy. The reason became clear as I began to note that an inferred suggestion almost always occurred immediately after a literal suggestion that had caused discomfort in the subject. This discomfort was displayed in a number of ways, either through opening of the eyes, squirming in the chair, or absence of reaction. In my attempt to put the irritated subject back at ease I reworded the suggestion so that it was of a less directive, demanding, literal nature. This "backing off" to a more roundabout

suggestion seemed to occur more often in the actual therapy process itself than in hypnotic inductions. Still, I noticed literal and inferred suggestions occurring in both phases of hypnotherapy, with inferred suggestions generally occurring immediately after a literal suggestion that had caused an abreaction (discomfort). This led me to conclude that the subjects I was having success with were primarily susceptible to literal suggestions. However, because these literal suggestions focused on physical sensations, I began to refer to subjects that responded to them as physically suggestible.

I remained very interested in the inferred suggestions that some of my subjects responded to. I began to experiment with inferred suggestions more and more in order to test the acceptability of these suggestions with my clients. In this process I found that, while they demonstrated occasional receptivity to inferences, they responded much more readily to literal suggestions.

In late 1969, I began working with a client I shall call Joe. The knowledge I gained through working with this client proved to be a turning point in my understanding of the nature of suggestibility. Joe came to HMI reporting that he was impotent with his wife. He claimed that he loved her but found it impossible to function with her sexually. He had been advised by his physician that his was not a physical problem and that he should seek psychological help. Feeling threatened by the stigma attached to "seeking psychological help" he came to HMI.

Attempting to induce hypnosis using my customary approach proved fruitless. He did not respond to any literal suggestions at all. When I suggested his hand was growing lighter he said, "It's not. I don't feel anything." I replied that he had to feel something and he repeated, "I don't feel anything."

At this point I decided to experiment. I had him sit in the chair and stretch his hand out in front of him with his eyes closed. Then I suggested "I want you to imagine that your hand is growing very light and when I snap my fingers it's going to begin to lift."

I snapped my fingers and he made no response. I continued to experiment and as I grasped his hand I said,

I'm going to be lifting your hand up.

He responded with a slight jerk upward. I continued to suggest that I was lifting his hand up and attempted to strengthen the suggestion by saying,

With every breath you take I'm going to pull your hand up.

His hand began to lift and sink in cadence with his breathing. I continued to approach him with inferred suggestions only. I grasped him around the wrist and told him,

Imagine I'm tying a string around your wrist. Tied to the other end of the string is a helium filled balloon. In your imagination, observe as the balloon begins to rise.

At this point his hand began slowly lifting.

With every breath you take more helium is being pumped into the balloon.

His hand continued to rise and as it did I suggested,

Now it's as if there is a magnet attached to your hand and a magnet attached to your nose. The pull between these magnets is great and as I snap my fingers the attraction between these magnets increases.

As I snapped my fingers his hand began to slowly pull toward his face. I never told him literally to pull his hand near his face and I was hoping to continue to avoid making any literal suggestions. As Joe's hand continued to draw closer to his face I suggested,

When the magnets come together and your hand touches your face you will enter a state of increased suggestibility.

As his hand touched his nose I said, "Deep sleep" and I had accomplished my first induction deliberately based solely on inferred suggestions. I then suggested,

You know what we did works and you know you entered a highly suggestible state. You know that I can, by offering suggestions, cause you to enter this state again.

I gave this post-hypnotic suggestion for the purpose of increasing the likelihood that, in fact, he would go into a hypnotic state the next time we met.

From this point on I used a strict inference based approach with Joe. I developed a progressive relaxation induction for him that only inferred suggestions. In seeking to help him with his problem, I decided to give him suggestions that would give him

more confidence with his wife sexually without literally saying, "You will feel more confident." My hunch was that he would abreact to any literal suggestions. I elected to concentrate on the emotional aspects of his impotency. When he was in a relaxed state, I sought to diminish the feelings of inadequacy and embarrassment he felt as a result of his inability to function sexually. I suggested that as these feelings subsided he would begin to feel another feeling in their place. At this point he began to grin for the first time which I felt indicated a feeling of confidence. I continued to work with the emotions present in this problem until, after six months, he was able to function sexually again. However, more important to me as a hypnotherapist than this successful case was the insight it provided me with respect to inferred suggestion. As I had concentrated primarily on emotions in Joe's therapy, I tentatively labeled him and other individuals who responded to inferred suggestions as emotionally suggestible. The labeling of subjects as physically or emotionally suggestible gave new meaning to the word suggestibility for me. No longer viewing suggestibility as simply being one's responsiveness or susceptibility to suggestions, I began to think of suggestibility as a characteristic that existed in types -- physical and emotional.

Desiring to test my new technique in my practice at HMI, I began to seek clients that were labeled by other hypnotists at the Institute as "non-hypnotizable." I approached each of these subjects first with a literal approach in order to verify

my colleague's diagnosis. If, as expected, the client was unreceptive to the literal approach, I approached him again with an inferred induction. This test of my new approach paid off. As I began to work with more and more emotionally suggestible subjects, my techniques of induction and therapy improved, and the percentage of subjects I could successfully hypnotize increased tremendously. In my personal practice, I have now achieved a degree of skill in hypnotism, based on physical and emotional suggestibility, that has given me the ability to induce hypnosis in every subject I have seen since the summer of 1973.

It is not my intent to impress the reader with this information, nor is it my wish to claim complete understanding of the phenomenon known as hypnosis. Rather, the above information is included in hopes of lending credibility to the concepts of physical and emotional suggestibility. The application of hypnotic inductions based on these concepts has led to some interesting findings that are the subject of the next section of this chapter.

FINDINGS BASED ON THE CONCEPTS OF PHYSICAL AND EMOTIONAL SUGGESTIBILITY

With my increasing use of literal and inferred inductions, I began to note that a substantial number of clients were susceptible to inductions that employed both literal and inferred suggestions. These subjects formed a group that was neither purely physically suggestible nor purely emotionally suggestible in that they displayed characteristics of suggestibility displayed by both of these types. Viewing suggestibility as if it existed on a continuum I placed this group in the middle of the continuum, between physical and emotional suggestibility and labeled its members as balanced with respect to suggestibility.

Informal experimentation yielded additional information about balanced suggestibility. After inducing hypnosis in a "balanced" client I began to use strictly inferred or literal suggestions in therapy with the intent of using the opposing type of suggestion in our next meeting. Corresponding with these alternations I would make note of the client's reported progress from week to week. For example, with one client who was working on increasing assertiveness, I used this approach. I worked with him for a few weeks and determined that he was balanced with respect to suggestibility because he was making progress toward his goal through a therapy that was employing an equal amount of literal and inferred suggestions. Desiring

to accelerate his progress, I experimented in one session by using an almost pure literal approach in therapy. When he returned the following week I asked him how much improvement he made with respect to his goal. I asked him to base his assessment on a scale of 10, letting 1 represent very little improvement and 10 representing a great deal of progress. He reported a "two" with respect to his increasing assertiveness. In the following session I used an opposing approach to the previous week and employed predominantly inferred suggestions. His reported progress in the following week was "eight", indicating a substantial difference in responsiveness to inferred suggestions over literal suggestions, although he clearly demonstrated susceptibility to both approaches. I repeated the alternation of approaches with his client again, in order to confirm my conclusion. The results were the same, so from that point on I worked with him as if he were an emotionally suggestible subject.

This trend was noted with many of my "balanced" clients, with some of them responding better to literal suggestions and others responding to inferences. I concluded from this evidence that, while many subjects display the capacity to respond to both literal and inferred suggestions, most people tend to display greater therapeutic responsiveness to one type of suggestion over another.

Another, and much more interesting finding prompted the development of an approach to marital therapy based on the concepts

of physical and emotional suggestibility. The finding I refer to was an observed correlation between (1) reported marital difficulty and (2) opposing suggestibilities in the partners. In other words, I found that when a client of either suggestibility type (physical or emotional) reported marital difficulty, his spouse was invariably found, upon investigation, to be of the opposite suggestibility type.

I first began to notice this trend in the early seventies. When working with a client reporting marital difficulty, I often felt it was appropriate to see the client's spouse alone for a session. If both partners were cooperative, this is what generally occurred. In the first session with my client I would routinely induce hypnosis as the first step in therapy and, as a result, assess his or her suggestibility type. From that point the next step was to meet with the client's spouse. Invariably, the spouse required the opposite type of induction to enter hypnosis. For example, if the client was determined to be a physically suggestible person, his wife was found to be emotionally suggestible.

For the purpose of comparison, I began to study couples that felt their marriages were "good." I sought to discover whether they, too, would demonstrate opposing suggestibilities. To do this I enlisted the cooperation of approximately thirty clients over a period of about a year. Through the process of working with these people I was very aware of their suggesti-

bility types. I offered each of these individuals one therapy session free of charge in exchange for the opportunity to test the suggestibility of their spouse. This effort yielded the finding that, among "good" marriages, the suggestibilities of the partners tended to be alike. That is, husband and wife were either both physically suggestible, emotionally suggestible, or balanced in suggestibility. Within the balanced group partners displayed a slight tendency toward opposite suggestibilities. This tendency, however, operated within the bounds of what I have defined as balanced suggestibility. This tendency was measured by the frequency with which each partner abreacted to a particular type of suggestion. The results showed that when one partner abreacted more frequently to literal suggestions, for example, the partner usually abreacted more frequently to inferred suggestions.

The evidence gained from this research led me to conclude that there was a correlation between extremely opposite suggestibilities and marital conflict. Restated, a correlation was observed to exist between (1) reported marital difficulty and (2) the coupling of a purely physically suggestible individual with a purely emotionally suggestible individual.

Another finding that became significant in contributing to the development of the marital therapy approach outlined in the following chapter was the discovery that a person's suggestibility can be altered. Through a process similar to successive

approximation, I found that I could alter the receptiveness of both physically and emotionally suggestible subjects to the point that they were capable of responding to both literal and inferred suggestions. Hence, they could then be considered balanced with respect to their suggestibility. This was done by including one suggestion, the nature of which was opposite to the subject's suggestibility type, in a hypnotic session. Slowly, in a session by session process of including one or two additional opposite suggestions each time, the client would become susceptible to an equal helping of literal and inferred suggestions. For example, if my client was emotionally suggestible, in our third or fourth meeting I would at some point during the session give a literal suggestion. By this time the subject was usually so receptive to my suggestions that they would receive an opposite suggestion without abreacting. I always made sure to surround a literal suggestion with inferences that focused on getting the same response from the client. In our next session I would give one or two more literal suggestions in the same manner. This process would continue until, eventually, the client was suggestible to both literal and inferred suggestions.

As I worked with more and more couples, I began to observe another interesting trend. I noticed similarities in the ways in which certain individuals described their mates in individual therapy sessions. For example, I quite often found emotionally suggestible female clients depicting their husbands with surprisingly similar descriptions. As their husbands came to meet with me in

accordance with the marital therapy strategy, I noticed a similar trend in their descriptions of their wives. I grew interested in a possible relationship I saw developing between two variables: (1) suggestibility of the individual and (2) sex of the individual.

I began to make note of the descriptions that different "types" of clients were giving about their mates. Trends such as the following soon became observable:

- (1) Emotionally suggestible women often described their husbands as wanting to engage in sexual intercourse "all the time." These women also frequently stated that their husbands "suffocated" them with attention.
- (2) Physically suggestible males, by the same token, tended to view their spouses as having a "weaker sex drive" than was desirable. These men often depicted their wives as "moody" and "non-communicative."
- (3) Emotionally suggestible males described their wives very differently with respect to these factors. Their wives were depicted as "always ready for sex." They were also seen to be extremely "social" people.
- (4) Physically suggestible women tended to see their mates as often "unemotional" and "non-communicative" with respect to sex and social interaction.

I sought to explore these trends in greater depth and with a larger number of people. To accomplish this I asked each hypnotherapist on the staff at HMI to select from their clientele a few couples who had come to HMI to seek help with marital or relationship problems. I defined "relationship problems" as problems in communication between unmarried partners who were living together. These selected persons were then referred to me for one session each so that I could assess and confirm that opposing suggestibilities existed within the couples. From this group of people I selected twenty four couples consisting of twenty four emotionally suggestible individuals and twenty four physically suggestible individuals. Each suggestibility group was composed of twelve males and twelve females. Thus the group consisted of twelve physical-males, twelve physical-females, twelve emotional-males, and twelve emotional-females. I then met with this group of people and asked them each to list their likes and dislikes regarding their spouse or living partner. I asked them to be frank and assured them confidentiality by asking them not to put their name on their paper. I only asked that they indicate their suggestibility type, which I had previously advised them of, and their sex. I desired to discover how persons of each type of suggestibility-sex category viewed their mate with regard to his or her "good" and "bad" points. I was seeking descriptions of their personalities. I also desired to discover whether the trends of description I observed in my practice would be supported by information gathered in this exercise. A summary of their reports is outlined on the following pages.

HOW THE EMOTIONALLY SUGGESTIBLE FEMALE SEES THE PHYSICALLY SUGGESTIBLE MALE

A. HIS GOOD POINTS

1. He is a "fun" person to be with.
2. He is an eternal "little boy" whom she can mother.
3. He has a keen sense of humor.
4. He is agreeable and generally easy to get along with.
5. He is thoughtful towards his mate.
6. He is a homebody who loves and is proud of his home and family.
7. He generally tries to include her in his outside activities.
8. He is affectionate and attentive towards his mate.
9. He is both a hard worker and a good provider.
10. He is a very social type person; likes people and parties.
11. He is adept with tools in maintaining home and car.
12. His "do it yourself" projects are geared to home improvement, more often for her benefit than his own.
13. He is spectator sports oriented and will patiently explain each game or sports activity to her, interested or not!
14. He loves the outdoors and enjoys sharing these experiences with her. He likes to take her fishing and hunting with him.
15. He is openly proud of his mate and delights in showing her off.
16. He is polite and attentive to her in public or among other people.
17. He does not tend to become set in his ways but rather is always game to try new things, places or groups of people.
18. He is a good talker and an interesting conversationalist.
19. He freely and openly expresses his thoughts and opinions, either good or bad, on any subject; particularly one in which there is an element of disagreement.
20. Even though he often won't admit to being wrong he will take the initiative to make up after a quarrel or problem experience.

B. HIS BAD POINTS

1. He is stubborn and demanding, especially in sexual matters.
2. He seems obsessed with maintaining his position as the superior and dominant male.
3. He is often excessive in his tastes; tends towards extremism.
4. He forces his opinions, decisions and personal tastes upon his mate even in areas usually regarded as the sole prerogative of the female, such as home decoration and furniture selection.
5. He is emotionally immature, particularly as regards sex.
6. He will sulk and pout whenever he doesn't get his way.
7. He will listen when I express my opinions but nothing I say really gets through to him.
8. He suffocates me with attention to the point where I feel I can't breathe and have to get off by myself for awhile to get back to normal.
9. He wants me with him all the time and cannot seem to understand that there are times when I simply want to be left to myself.
10. He never gives me any privacy.
11. He dominates me and seems to want to completely possess me.
12. He is suspicious and irrationally jealous of me.
13. He seems totally incapable of any meaningful two-way communication once he feels that he has been rejected.
14. I have the feeling that he is constantly checking up on me.
15. He is continually "under foot". I wish that he'd go bowling or play poker with the boys a couple of nights a week and allow me the freedom to get together with my old girlfriends. He says he'd rather be at home or with me.
16. He is constantly pressuring me for sex, sex, sex. He cannot seem to comprehend the fact that I cannot get into the mood as rapidly or frequently as he does.
17. He appears to be very generous in that he is constantly giving me gifts. Unfortunately, they are not usually things that I want or need.
18. During our physical sexual relations he urges me to constantly tell him what a great lover he is rather than allowing me to quietly relax and enjoy it.
19. He demands continuous or at best, frequent, flattery in order to sustain his ego.

20. If I do not submit to the use of my body to gratify his every sexual desire and whim he finds ways to needle me and make my life miserable until I do so.

HOW THE PHYSICALLY SUGGESTIBLE MALE SEES THE EMOTIONALLY SUGGESTIBLE FEMALE

A. HER GOOD POINTS

1. She is sincere... often honest to a fault.
2. She is affectionate in private when her moods so dictate.
3. She is not embarrassingly demonstrative or possessive in public.
4. She allows her mate intellectual and business freedom.
5. She will compliment her mate when she feels he is deserving.
6. She lets her mate take the lead in family or social life.
7. She leaves virtually all decisions effecting them both up to her mate.
8. She allows her mate to assert his masculinity (wear the pants).
9. She follows instructions well when mate guides her activities.
10. She is trustworthy and dependable.
11. She delights in running errands and doing things for her mate.
12. She is kind and affectionate to animals and likes house pets.
13. She enjoys outdoor hobbies such as gardening.
14. She keeps abreast of the times; is often an avid reader.
15. She is an average homemaker.
16. She does not interfere in her mate's business and hobbies.
17. She likes to join mate at recreational activities, golf, tennis, etc.
18. He sees her as busying herself with housework and gardening.
19. She is emotionally distant at times and feels she needs some privacy.
20. She possesses a high degree of social consciousness.

B. HER BAD POINTS

1. She has a difficult time making decisions about her personal life.
2. Her sex drive is not as strong as her mate's.
3. She is often moody and non-communicative.
4. She tends to well-up and store real and imaginary hurts.
5. She is slow to forgive. Would rather break up than make up.
6. Often depressed for no explicable reason.
7. She is often financially irresponsible.
8. Has a tendency to "fade out" of conversation and draw into herself.
9. She has difficulty sharing her inner feelings with her mate.
10. She is often sexually unresponsive or withdrawn during sex.
11. She often refuses to bring a problem out into the open and discuss it.
12. She often entertains feelings of lack of self-worth.
13. She frequently displays a Garbo-like "alone complex".
14. She goes off by herself for long and unexplained periods.
15. She often refuses to be crowded or pinned down on a subject.
16. She has periods during which she can be as "stubborn as a mule".
17. Never forgives or forgets. Throws up mate's wrongs incessantly.
18. As relationship matures she often insists that sex be on her terms.
19. She constantly makes excuses to avoid sex.
20. She experiences periods of "frigidity" towards mate.

HOW THE EMOTIONALLY SUGGESTIBLE MALE SEES THE PHYSICALLY SUGGESTIBLE FEMALE

A. HER GOOD POINTS

1. She exudes femininity in attire, demeanor and attitude.
2. She usually possesses outstanding artistic talents.

3. She is a highly competent manager and financially responsible.
4. She is affectionate and tender.
5. She projects a superior level of mental capability.
6. She is hygienically immaculate about her person, wardrobe and home.
7. She caters to her man in all matters.
8. She doesn't require absolute freedom and privacy away from her mate.
9. She usually will not interfere in her mate's work or business.
10. She is a very adequate sexual and social partner.
11. She isn't troubled by making responsible decisions.
12. She adjusts to situations readily and aims to please.
13. She is "all woman".
14. She is faithful; dependable under all conditions.
15. She strives for harmony and is first to make up after a fight.
16. She is intellectually and culturally oriented.
17. She is fashion minded and aware of her appearance at all times.
18. She is always ready for sex whenever her mate is.
19. She is enthusiastically receptive to variations on the sex act.
20. She is always ready to join her mate in travel or entertainment.

B. HER BAD POINTS

1. She is easily physically rejected.
2. She usually buys him gifts that have no practical value to him.
3. She is excessively social.
4. Frequently petty about inconsequential matters.
5. She is easily angered.
6. She always assumes her partner wants something unless he turns it down.

7. She is constantly searching for security and acceptance.
8. She often demands too much of her mate's time.
9. She enjoys playing the role of mate's alter-ego.
10. Often tries to model herself into a "Siamese twin" of her mate.
11. She can be extremely vindictive when she feels wronged or hurt.
12. She always appears to be acting out a part.
13. When angry she will "cut off her nose to spite her face".
14. She is sometimes embarrassingly demonstrative and affectionate in public.
15. She is totally possessive of her man.
16. She often smothers mate with more attention than he desires.
17. Her sexual efficiency and adequacy often give mate an inferiority complex as regards his own sexual capabilities.

HOW THE PHYSICALLY SUGGESTIBLE FEMALE SEES THE EMOTIONALLY SUGGESTIBLE MALE

A. HIS GOOD POINTS

1. He has a better than average income potential.
2. He is ambitious, often to a fault.
3. He is completely realistic in all matters.
4. He possesses great maturity often even in early life.
5. He is a totally responsible type of person.
6. He is happy to leave social and home decisions up to his mate.
7. He is very strong and does not fall apart under pressure.
8. He is almost devoid of feelings of possessiveness or jealousy.
9. He is mentally astute.
10. He tends to pursue higher education and business activities.
11. He is very adequate in the business or professional world.

12. He is a good provider and usually generous to his mate.
13. He is quiet and unassuming in the home environment.
14. He allows his female counterpart to make all the decisions, in home decoration and management.
15. He gives his mate a free reign with home, children and social activities.
16. When something goes wrong with the house or the car he will hire qualified workmen or mechanics rather than "botching it up himself".
17. He does not insist that she join him in outside activities which are of no interest to her.
18. He is not overly demanding sexually and allows his mate to assume the aggressive and dominant role in any sex act.
19. He has a charmingly dry wit and sharp sense of humor.

B. HIS BAD POINTS

1. He is withdrawn and hides behind his own facade.
2. He practices a double set of standards demanding that his mate be constantly available while allowing himself complete freedom.
3. He presents a deadpan to mate, seldom exhibiting any facial expression.
4. Although his humor is often razor sharp when directed at others, he is usually incapable of laughing at himself.
5. He avoids sharing thoughts or plans with his mate.
6. Often displays an anti-social attitude towards friends and guests, particularly when he is preoccupied with business matters.
7. Non-communicative. Often preoccupied with his own thoughts.
8. Never hesitates to break a long-standing, often important social engagement if the slightest thing comes up in his business affairs.
9. Sometimes seems incapable of establishing meaningful lines of two-way communication with his mate.
10. He is often unable to express even his own thoughts or opinions in matters other than relating to his business.

11. Completely self-centered. Always considers himself first.
12. Often appears to be scheming to break up or terminate the relationship once it has been shaken.
13. Feels that children hamper his career.
14. Totally unemotional during arguments.
15. Adamant that his mate not allow herself to become pregnant. Often threatens to leave her if she does.
16. Appears incapable of sharing her interests. Often refuses to join her in pursuit of hobbies, recreational or social activities.
17. Often makes mate feel that she "just can't get through to him."
18. Displays a spoiled brat attitude and wants everything his way all the time.
19. Unaffectionate and undemonstrative. Often totally ignores his female counterpart in public or social gatherings.

The purpose of presenting these findings is to illustrate similarities in "personality" of persons belonging to a specific suggestibility type as reported by their mates. The reader will note two trends emerged from this information gathering process.

(1) Persons displaying a specific combination of suggestibility and sex -- for example, physical-male -- tended to describe their mates in ways similar to one another.

(2) Persons displaying a specific suggestibility, whether or not they were of the same sex, tended to describe their mates in ways similar to one another.

SUMMARY OF MAJOR CLINICAL FINDINGS

By way of summary, here are the major clinical findings discussed in this chapter.

1. Hypnotic subjects respond to literal suggestions and/or inferred suggestions.
2. Literal suggestions literally tell the subject what to do.
3. Inferred suggestions present circumstances from which the subject infers what he is to do.
4. Persons who respond only to literal suggestions are referred to as "physically suggestible."
5. Persons who respond only to inferred suggestions are referred to as "emotionally suggestible."
6. Persons who respond to both literal and inferred suggestions are referred to as "balanced" with respect to suggestibility.
7. A correlation has been observed to exist between (1) reported marital difficulty and (2) opposing suggestibilities in the partners.
8. Suggestibility can be altered through hypnosis.
9. Persons displaying a specific combination of suggestibility and sex -- for example, physical-male -- tended to describe their mates (in this case, emotional-females) in ways similar to one another.
10. Persons displaying a specific suggestibility, whether or not they were of the same sex, tended to describe their mates (of the opposing suggestibility) in ways similar to one another.

CHAPTER IV

MARITAL THERAPY BASED ON HYPNOSIS

The following section describes an approach for dealing with couples experiencing marital communication difficulty that was developed based on findings discussed in the previous section.

The first step taken in dealing with a couple reporting communication difficulty is to assess the suggestibility of each partner. This is done by meeting with the partners, one at a time, in order to determine: (1) Whether they display opposing suggestibilities and (2) if so, which partner is physically suggestible and which is emotionally suggestible. The therapist should begin with one partner by attempting to induce hypnosis using a literal induction. Depending on whether the individual responds to this induction, a second induction, based on inferred suggestions, may be necessary. At this point the therapist will know whether the client is physically or emotionally suggestible. The same procedure is then employed with the spouse in order to confirm that the partners are opposite in their suggestibilities.

The couple is then seen together so that the therapist may explain his findings. In explaining opposing suggestibilities,

it is best to explain that suggestibility has to do with the way in which a person receives messages that are influential on his entering the state of hypnosis. For example,

"You (to partner A) respond to hypnotic suggestions of a literal nature. When you are given messages that tell you what to feel, you take these messages at face value and respond to them accordingly. You are, therefore, most receptive to literal messages.

"You (to partner B) are receptive to messages of a different nature. You respond to suggestions that are known as inferred suggestions. These suggestions present circumstances from which you infer the response that is desired. You do not respond to messages of a literal nature the way your spouse does."

At this point it is helpful to further clarify what is meant by literal and inferred suggestions by offering examples of the two types of suggestions. It is also recommended that the therapist assure the couple that both types of suggestibility are normal and that neither type is valued as being preferable over the other.

The therapist may then pose the idea that it is possible that the ways in which each partner receives suggestions to enter the hypnotic state may parallel the ways in which they receive messages in everyday life and in their communication with each other. This idea is offered as a starting point from

which to begin an exploration of their communication patterns. The therapist should not assume that their different ways of receiving communication is the cause of their communication difficulty. After all, there is no hard statistical evidence to support the conclusion that a cause-effect relationship exists between the two variables. The hypnotherapist may, however, cite the observed correlation between these variables as a rationale for beginning an examination of communication patterns along these lines.

The therapist may then present the concept of communication as a process of sending, as well as receiving, information, thoughts and feelings. To open a discussion of this aspect of a couple's marriage, the therapist may pose the question, "Is it possible that, because each of you tend to receive communication in a certain manner, you tend also to express yourselves by sending messages in a similar manner?" For example,

"Since you (to partner A) respond best to literal messages, do you feel you tend to express yourself on a literal level as well?"

The same issue is then posed to the other partner, modifying it to apply to an emotionally suggestible person. To further facilitate a discussion of marital communication, the therapist may pose this idea:

"Is it possible that, if each of you tend to send and receive the majority of your messages in a certain manner, you assume that your partner communicates in

that same manner as well? For example, do you (to partner B), as a person who communicates primarily through the use of inferences, believe that your spouse also communicates primarily through the use of inferences?"

It should be noted at this point that the posing of these questions does not seek to find fault with either partner nor the couple as a unit. Rather, this process is viewed as another means by which to facilitate a discussion of communication patterns that exist within the marriage.

As the couple begins to understand that their suggestibilities possibly influence the communication pattern within their marriage, the hypnotherapist may advise the couple that suggestibility is a trait that can be altered. In marital therapy, this process is undertaken with the goal of bringing both individuals into a more balanced state of suggestibility. As this begins to occur, the miscommunicative patterns typically displayed by an extreme physical/emotional couple begin to disintegrate. The therapist can work with each partner on an individual basis, utilizing the procedure for altering suggestibility discussed in the previous section. This approach has as its basic premise the notion that if one variable in an observable correlation is changed, the other variable may change as well. In this case, if opposing suggestibilities are changed (one variable), marital communication patterns (second variable) may change as well. This is usually seen to be the case. As suggestibilities

become more balanced and old patterns of communication disappear, an improved system of communication develops stemming from each partner's increased ability to effectively send and receive both literal and inferred messages.

This strategy for marital hypnotherapy, then, is essentially a process that involves the following phases:

- (1) Assessment of each partner's suggestibility.
- (2) Education of the couple regarding the concept of suggestibility and its implications for marital communication.
- (3) Alteration of each partner's suggestibility to achieve balanced suggestibility.

This approach to marital therapy originated from findings presented in the preceding section. Steps 1 and 3 especially are directly traceable to these findings. Step 2 is partially traceable to previously discussed findings. "Education" in this sense means informing the couple that they respond to suggestions of qualitatively different natures. "Education" also refers to the clarification of what is meant by literal and inferred suggestions and messages. The second part of Step 2 -- "implications for marital communication" -- is based on intuitive assumptions that were made in an effort to explain the correlation of opposing suggestibilities and marital problems. The assumptions referred to are given as follows:

- (1) The way in which an individual receives messages

to enter the state of hypnosis parallels the way an individual receives messages in their waking state. That is, the type of suggestion that one responds to in hypnosis parallels the type of message to which he is most receptive in everyday life. Carried further, the knowledge of whether an individual is receptive primarily to literal or inferred suggestions tells us whether he is most receptive to the majority of interpersonal communication in literal or inferred terms. This assumption takes support from the ideas of several researchers. Moss referred to this phenomenon as an indication of a previously referred to state known as "waking hypnosis."⁴⁰ Hilgard cites the work of Sarbin, Shor, As, Lee, and Barber as supportive of the notion that individual differences in behavior and experience outside hypnosis are similar to those inside hypnosis. Barber, particularly, is credited with many studies that "have shown for various hypnotic phenomena that the ability is there outside hypnosis as well as inside."⁴¹ This is the key area on which the marriage

⁴⁰ Moss, PERSPECTIVE, 16-19

⁴¹ Hilgard, HYPNOTIC SUSCEPTIBILITY, 379

counselor, as a hypnotist, must focus. If aspects of a person's behavior can be altered in hypnosis, the potential exists to alter aspects of his behavior in daily life outside of hypnosis.

- (2) Each partner tends to send messages predominantly in the same mode in which he or she receives them. That is, for example, physically suggestible people tend to communicate their thoughts and feelings in literal terms, emotionally suggestible persons communicate through inference, and balanced suggestibles communicate both literally and inferentially. This assumption is based on intuition and clinical experience. Although research may exist to support this assumption, the author is unaware of its existence. This is not viewed as a drawback to therapy, however, as the introduction of this idea in a counseling session usually leads to a thorough exploration of each individual's communication style and, hence, to an exploration of the couple's communication system.
- (3) A person who communicates on either a literal or inferred level unconsciously assumes that his or her spouse communicates on that level as well. This assumption, on the part of the individual, is not a conscious one. Rather, it is unconscious and

stems from the way in which an individual has learned to receive and send information, thoughts and feelings in the process of communicating with other people. In short, it stems from the way in which a person has learned to communicate. This assumption is made in an attempt to explain the correlation of opposing suggestibilities and marital communication problems. It may be that a given individual unconsciously assumes that his spouse, because of their closeness, is tuned in on the same communication wave length. This mistake could easily lead to miscommunication. Again, this assumption is based on observations made in clinical practice, where manifestations of the assumption have often been observed.

For discussion purposes, let us examine a therapy with a hypothetical couple comprised of a physically suggestible male and an emotionally suggestible female. With the suggestibility types determined, therapy can begin with a presentation of the concept of suggestibility and its types. Suggestibility may be viewed as a learned behavior that involves thinking and expressing in inferences and/or thinking and expressing in literal terms. Each partner must first be made to understand how the other partner thinks, expresses, and relates in a way that is different from his or her own way. This understanding is the first step in pulling the suggestibilities of each individual toward a more balanced state. It is also the first step in

breaking down their communication barrier, as it allows them better understanding of one another. First, then, therapy entails working on developing a conscious understanding of communication style differences.

Therapy may then proceed with the therapist acting as an interpreter between the partners as they discuss situations that produce conflicts in their marriage. The therapist, in addition to fulfilling an interpreter role, serves as a source of feedback for each partner in pointing out to them how they are communicating their messages on either a literal or inferred level. This process should occur until both partners demonstrate an understanding of literal and inferred messages. This may be reflected by new ways in which they communicate with one another.

At this point each partner may be seen individually so that their suggestibilities may be altered through hypnosis. For example, with the physically suggestible partner, inductions to the hypnotic state will begin with purely literal suggestions. Gradually, in every session, literal suggestions are eliminated and replaced by inferred suggestions. In the actual hypnotic state, suggestions are focused on eliminating emotional hurts, feelings of rejection, and frustrations felt toward his partner in order to create greater harmony with his partner. The client is instructed to visualize himself with his partner and communicating with her. The therapist suggests to him that consciously,

when he was in the conjoint sessions, he interpreted correctly some of her communication. The therapist further suggests that the client is beginning to realize that his wife thinks and expresses herself in a different manner than he, as reflected in their attempts to communicate more clearly in therapy. A third suggestion communicates that, by being able to understand this difference, it has allowed and will continue to allow the husband to reach her in an improved manner.

It is suggested to the husband that he is beginning to feel very comfortable in his communication with his wife. He is instructed to visualize himself in specific conflict situations which offer the opportunity to exercise his new understanding of his wife's communication style. He is also instructed, through suggestion, to visualize himself communicating effectively with his partner by seeking to understand her messages in addition to making certain that his own messages are clear and understandable. This will desensitize the client with respect to any resentment he may have built up toward his partner. This idea is strengthened with the suggestion that the client's objective in coming to marital therapy is to make his relationship work, that he is involved in a learning process that entails not only a better understanding of the way his wife communicates but a better understanding of the way he communicates as well.

Suggestions may then focus on building the client's confidence in his ability to communicate more effectively. Once

resentment has been removed this confidence may be built up in the case of the physically suggestible husband by employing very literal suggestions that say,

"You are feeling very confident in your ability to communicate with your wife. You are confident in your relationship. You are putting all the necessary ingredients into this relationship to make it work. You have come to therapy and you are attempting to understand your partner's style of communication."

As this therapy is occurring with the husband, the identical therapy is done with the wife. Her suggestions, however, are based on inferences due to the fact that she is emotionally suggestible. It is this difference in suggestibility that necessitates individual sessions with the partners. During the inductions and sessions with the wife the therapist slowly increases the number of literal suggestions in each session, a process that aims at creating balanced suggestibility.

As both partners begin to respond well to both literal and inferred suggestions, they may be seen together in therapy in order to continue strengthening their new communication skills. One means of approaching this is to have them communicate about issues and areas that, in the past, were sources of conflict. Their personal lives, their sexual relationship, financial problems, and other sources of resentment and anger may be explored. These sessions are aimed at getting each partner to

take the responsibility to understand his partner. The greatest improvements in communication will be witnessed here as each partner demonstrates an understanding of what their spouse is saying. The emotionally suggestible wife, for example, will begin to demonstrate an understanding that in the past her husband took most of her communications very literally when, in fact, she wanted him to infer something else.

The issue of responsibility for communication becomes a two phased process in that each partner must learn to:

- (1) Take responsibility for making certain they are clearly understood.
- (2) Take responsibility for understanding their partner.

Each partner should be instructed to practice these responsibilities in therapy sessions by asking, after communicating a message, "What did I mean by that?" The therapist serves to mediate this process by tuning into both the verbal and non-verbal components of messages sent and received by each partner. If the receiver of a message, for instance, turns away and frowns or rolls their eyes up into their head, the therapist may point out that their reaction may indicate that they are tuning out their partner to a certain extent. Here the therapist intervenes in an attempt to make the receiver consciously aware that he or she must be as open and accepting to their partner's communication as possible.

The approach to marital therapy discussed in this chapter has a number of advantageous aspects that make it an effective mode of intervention. One of these advantages is that it directs the attention of each partner to the way in which they communicate and the way in which their partner communicates. This leads to efforts which aim toward clarification of communication, a process that is generally seen as necessary for the improvement of marital relations. A second advantage of this approach is that the examination of communication styles and resultant efforts at clarifying communication occurs in what might be referred to as a no-fault atmosphere. That is, with each partner understanding that his/her suggestibility type and communication style is normal and acceptable and that his/her partner's suggestibility type and communication style is normal and acceptable as well, therapy may proceed with each partner free from:

- (1) Blaming his/her partner for all the difficulties experienced in communication.
- (2) Blaming himself/herself and feeling guilty about being the cause of conflict.

In discussing the concept of suggestibility with a couple, it can be described as a trait that is acquired through natural learning processes and as such is a quality that no individual consciously controls as it is being developed. Consequently, the communication style one acquires is not a trait that one intentionally develops. Hence, when two individuals arrive at a point in their relationship where their communication styles

are a source of conflict, they may be presented with this line of thinking so that neither partner will attempt to attach blame for the conflict on either himself or his partner. This is advantageous in that it removes feelings of guilt, hostility, and defensiveness that may create barriers to communication between the partners.

The therapy plan may be viewed from another perspective in order to shed light on an additional advantage of this approach. The counselor is saying to the couple, essentially,

- (1) You report a problem.
- (2) My feeling is that neither of you is to be blamed for this problem.
- (3) Your difficulties lie in an area that is observable in hypnosis, that area being suggestibility.
- (4) Suggestibility influences your communication with each other.
- (5) Suggestibility is something that I, as a hypnotist, am able to work with and alter in order to improve your problem situation.
- (6) As I alter your suggestibilities, your communication with one another will improve.

This entire approach is based on the principle that makes hypnosis effective -- suggestion. The suggestion to the couple here is that their problem can be and will be solved. This suggestion is made in the "waking state" as well as in hypnotic

sessions. The power of suggestion is effective with both partners if employed as outlined here in that it literally suggests and inferentially suggests to the couple that they will improve, thereby tapping the receptive areas in both partners. The first issue to come to a critic's mind here might be that this approach will lead to symptom substitution. That is, the couple's presenting problem will disappear and be replaced by a new one. As previously discussed in this study, symptom substitution is a phenomenon for which there is no conclusive support.

SUMMARY

The key phase of hypnosis-based marriage counseling involves altering the suggestibility types of both partners to the point where each person is balanced in suggestibility. The idea here is that their individual communication styles will become more similar, messages will be more understandable to each partner, and communication will improve. While it is difficult to pinpoint a specific reason why this occurs, the fact is that improved communication does occur when suggestibility becomes balanced. It is possible that hypnotic suggestions aimed at improving marital relations combines with what might be called "joint goal-directed striving," a modification of R.W. White's term, to produce improvement. In any event, it is the process of altering suggestibility that is seen as being crucial to effective marital hypnotherapy.

The mechanical aspects of altering suggestibility have been discussed previously in the study. Briefly, it involves altering the receptiveness of an individual to the point where he or she responds satisfactorily to both literal and inferred suggestions. When applied to marriage counseling, the content of suggestions in hypnotic sessions should focus in these areas:

- (1) The difference in communication styles existing between partners. The focus here is to sensitize each person to the other's mode of communication for the purpose

of generating attempts to clarify messages.

- (2) Specific incidents that may cause conflict between the partners. These incidents can be formulated based on real incidents that prompted conflict in the couple's past or are causing conflict in the present. The plan here is to work with the client, while he/she is in a relaxed state, to visualize a potential conflict situation. The client is then given suggestions aimed at minimizing defensiveness and insensitivity and maximizing openness and understanding.

Additionally, time should be spent working with the couple in the waking state for the purpose of discussing present, past, and possible future conflict incidents with the intention of providing practice in new methods of communication.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The approach to marital therapy proposed in the previous chapter has proven in clinical practice to be an effective means for dealing with marital communication problems. Used correctly by a skilled marriage counselor, it is believed that this approach will yield satisfactory results. It is not assumed, however, that this approach is applicable to all couples that report to a therapist for counseling. Take, for example, a couple in which both partners display balanced suggestibility. Such a case demands that a counselor call upon his knowledge and skills in the employment of a more traditional approach to therapy. Problems in sexuality may require an alternative approach and/or referral to a specialist in that area. It must be emphasized, however, that the approach proposed in this study can function as an effective alternative for counselors working with couples. This belief is based on the author's experience with it in private practice.

The responsible marriage counselor who intends to employ this approach should, of course, seek training in hypnosis. Hypnosis has been dealt with in this study in a very general way, as the intent here has been to generate a hypnosis-based plan for counseling. This study has not provided a complete coverage of

numerous aspects of hypnosis with which a counselor should be familiar before implementing it in his practice. To have provided such coverage would have entailed reporting a body of information that is readily available from a great number of existing sources. This study has attempted to cover new ground by demonstrating how hypnosis can be integrated with the practice of marriage counseling.

In the course of completing this thesis a number of areas that point to a need for further research have appeared. For example, the question often arises from couples in therapy as to why they are opposite in suggestibility type. This may lead the counselor to ask himself whether:

- (1) Marital conflict leads to opposite suggestibilities.
- (2) Opposite suggestibilities lead to marital conflict.
- (3) There is no cause and effect relationship between the two variables but only a correlation.

The following theory is offered as food for thought for the researcher wishing to study this issue further. It has as a fundamental assumption the hypothesis that each partner brings his suggestibility into a relationship as opposed to the notion of a cause and effect relationship between conflict and opposite suggestibilities. Such an assumption adds to the creation of a "no-fault" atmosphere that is desirable in therapy by proposing that suggestibility is a learned trait that one does not consciously control. It must be stressed that the following

theory is merely conjecture and is offered here for consideration by a potential researcher.

"HOW SUGGESTIBILITY IS LEARNED"
AS A TOPIC FOR FURTHER RESEARCH

Any given interpersonal message is composed of two parts: The verbal content and the extraverbal (or nonverbal) content. The verbal part refers to the words and their dictionary definition only. For example, consider the common remark, "Isn't it a lovely day." Without knowing the extraverbal content of this message we must take it at face value and assume that it is, indeed, a lovely day. The extraverbal part of a message is the sum total of the speaker's gestures, expressions, and bodily attitudes that accompany the verbal message. If the verbal message above was given while the speaker was slumped in a chair with his head in his hands, we would assume that it was an awful day and that the disappointed speaker was being sarcastic when he called it lovely. If the speaker of the same message was smiling, bouncy, and glowing with excitement, we would assume that it is indeed, a glorious day. The receiver of any interpersonal message must interpret both the verbal and the nonverbal parts of the message. If the two parts express the same meaning his job will be easier than if the two parts express different things.

A person's adult suggestibility, or the way he receives and interprets input, is predicated on how he was communicated with from infancy to adulthood. Of particular importance are

the years up to the age of eight.

From the time they are born until they are two or three years of age, all children are basically physically suggestible -- they reach out for and touch everything in order to gratify their physical and mental curiosity. By the age of two or three a child will have learned verbal communication, and he will learn about his world through words instead of through physical grasping. From this time onward the child's primary caretaker (usually his mother) is responsible for setting his pattern of suggestibility. The child becomes closely attached emotionally and physically to the image of his mother. As he matures he will have the same type of suggestibility that she does, although it may vary in degree. If the child's mother uses words of affection (verbal content), treats him affectionately (nonverbal content), and does not suppress his free verbal expression, the child learns something valuable: What mother says is what mother means, and what she says is a reliable indicator of how she feels about him at the time she spoke. This produces physical suggestibility. Once begun, this physical suggestibility becomes exaggerated if the mother remains consistent in saying what she means and following through on her promises. By so doing, she is eliminating any threats to the child's basic physical needs. Her ability to communicate literally indicates that she is physically suggestible and, as indicated earlier, the child's suggestibility will be similar to hers.

The disciplinary patterns of the mother greatly influences and reinforces the suggestibility patterns of the child. If, for instance, she scolds and spansks the child when he has done something wrong, but then follows the spanking by holding and caressing and consoling the child, he will come to view the affection and physical touch as compensation for the unpleasantness of the punishment. Eventually he will develop a habit of searching for this compensation, hoping to eliminate the scolding completely. He learns to dissociate himself from the scolding and this tendency carries over into adult life, when he continues this characteristic of tuning out when he does not want to hear something unpleasant. Because physical touch is emotionally pleasurable for the child, he becomes motivated to reach for it. That which is uncomfortable for him (scolding and spanking) is ignored in order to concentrate on what is comfortable. The absence of pain is pleasure, and although pleasure might be only a minimal feeling, it is accepted as pleasurable because of the absence of pain. When discipline is followed with the rewards of touching, the child soon learns that he will be rewarded for doing something wrong. Consequently, he may disobey when he wants affection. The spanking may even become a form of reward because it is associated in his mind with physical touch, a pleasurable feeling to him.

Physical suggestibility is also reinforced if the mother starts off giving physical attention to the child (hugging, kissing, touching) and then changes and rejects him physically.

Or if she overly protects or embarrasses him in front of his friends by constantly cautioning him to be careful ("Wear a coat or you'll catch a cold," or "Don't run or you'll fall") she could cause him to be overly suggestible in relation to his physical body. In addition, the stronger the physical suggestibility will be.

There are many things that can cause a child to become emotionally suggestible, but usually it is a combination of factors. If a child is in a situation where the mother (or whoever was responsible for communication learning) is ambiguous or contradictory, or where her expression is threatening or negative, the child's understanding will become distorted and he will develop a defense whereby he will begin to suppress communication. If his mother makes statements that she subsequently contradicts by her actions (as in breaking a promise) or if the verbal and nonverbal parts of her speech do not express the same thing (as in saying, "Sure, I love you," with clenched teeth) the child will begin to search for the real message under the verbal layer. His suggestibility is then predicated on inference, and he will be affected by what he thinks his mother really meant by statements or words. Additionally, he will have doubts about how she really feels about him.

Another common cause of emotional suggestibility is a mother who is overly possessive, and who overwhelms her child to the point where he feels he has to avoid being handled physically.

Also, if he is spanked often for things he does not feel he is guilty of and then is ignored afterwards, or if he is ignored totally, eventually touch becomes like a spanking. If you reach out to touch him it causes the same reactions as if you reach out to spank him. He develops a negative association with touch and protects himself against the unpleasantness of touch (now associated with spanking or with physical smothering) by reacting with defensive emotions such as fear and anger in any situation where he anticipates touching. He does not have a reward associated with touch, as the physical does, so the absence of touch becomes the closest to a reward he receives. He seeks simply to avoid the pain or unpleasantness, but never receives the gratification that a physical seeks and receives from touch. Instead he escapes into what he is most comfortable with -- the defensive emotions. The anticipation of a spanking after every scolding causes him to put up an emotional defense to avoid the physical discomforts that will follow. In extreme cases, he may even reach the point where he will block the pain and not even feel the spanking. If he continues to suppress his feelings, he closes off the physical body, and as he grows up, he becomes emotionally suggestible.

Balanced suggestibility (equal amounts of physical and emotional) can result from one of two things: Moderate discipline by the mother coupled with an assurance of love and security, or discipline so inconsistent that the child develops a basic confusion. In the latter instance, the child develops

equal suggestibility to the physical and to the emotional so that he can block out what he feels as discomfort or pain. At times he may be capable of purposely misbehaving simply to experience the absence of pain, because that is pleasurable to him. If he misbehaves he cannot be sure if he will be punished or carressed, but if he is punished he can simply turn off the pain and thereby experience pleasure.

When children first go to school and interact with their peers, all the suggestibility conditioning from the mother comes to a head and their suggestible behavior becomes more defined and exaggerated. Since all children at school age are concerned only with how they feel, and are not interested in trying to understand the other children, each child is forced to retreat into the behavior that is most comfortable and least painful or uncomfortable to him.

Before entering school, the physical children learned a behavior pattern of running headlong into the discipline in order to get it over with, so that they could have the gratification of the physical touch and attention that followed. They may even have done something wrong purposely, in order to get attention. They continue this pattern in school, and even if their attempts at attention are rejected, they will continue to try and their need for physical acceptance will become even more exaggerated.

The outgoing and aggressive behavior of the physically suggestible children will cause the emotionals to withdraw even more behind the defense of their emotions in order to avoid any unpleasantness from a confrontation with the other children or the teacher. They also defend against any possible rejection or punishment that might result from any outward solicitation for closeness or intimacy. They avoid anything that will draw attention to their physical bodies, because they are more comfortable with their emotions than with their physical capabilities.

In adulthood, a person's suggestibility is usually in constant change within the ranges of his predominant area of suggestibility. It rarely changes from physical to emotional or vice versa unless therapeutic intervention takes place. Suggestibility remains constant only if a person ceases to expand, change, learn or relearn. In the hypnotic state, however, suggestibility can be altered. If the therapist communicates properly with the subject and creates the proper association with the subordinate suggestibility, a balanced condition is possible. Many times suggestibility will alter itself during the course of therapy as learning and expansion take place. As we begin to understand how suggestibility is learned, we can understand how emotional and physical problems are learned. If we accept the premise that most problems are learned, and that our suggestibility is the how and why we learn, then it follows that most of our problems are caused by

suggestibility. In hypnotherapy we deal with how an undesired behavior can be unlearned and how a desired one can be learned to replace it. Hypnosis is our tool, and with it we can affect the suggestibility of our clients through regression, desensitization, assertive or aversive therapy, and many other techniques. It is for this reason that the modern hypnotist may be more appropriately called a Suggestibility Behaviorist.

As mentioned previously, the foregoing theory concerning the learning of suggestibility is an area that lends itself to research. The understanding of how suggestibility is learned may hold valuable keys to be used by the marriage counselor in working with partners of opposite suggestibilities.

OTHER TOPICS FOR FURTHER RESEARCH

Another issue that seems ripe for further study is the possible linkage between attributes of suggestibility and a conceptualization of personality. As discussed in Chapter III, researchers such as Josephine Hilgard indicate that there seem to be important personality correlates of suggestibility while the general consensus in the literature is that these correlates have yet to be defined satisfactorily. She and other researchers have stopped short of offering a conceptualization of personality based on suggestibility. Some of the findings discussed in this study support the notion that there are links between suggestibility and personality such as, for example, the finding that persons displaying a specific suggestibility tend to describe their mates in ways similar to one another. This suggests a correlation between suggestibility type and observable behavioral characteristics. This orientation subscribes to the belief that one's personality can be described by "observable behavioral characteristics," a notion that is not new. The new ingredient here, though, is that these characteristics are possibly unified by an underlying mechanism -- suggestibility.

Consider, for example, descriptions of physically suggestible persons with respect to their "good points" as reported by their partners in Chapter III. A thread of commonality exists between physically suggestible males and physically suggestible

females in that they display, as good points, behaviors that are somewhat stereotyped with respect to male and female spousal roles. That is, physically suggestible males are viewed by their wives as displaying such stereotyped role behaviors as "adept with tools," "good provider," "loves the outdoors," "homebody who loves and is proud of his home and family," "strong sex drive," and so on. Physically suggestible females, at the same time, are viewed by their husbands as "feminine in attire, demeanor, and attitude," "affectionate and tender," "immaculate her person, wardrobe, and home," "adequate sexual and social partner," and "all woman."

One might view these behaviors as literal expressions of literal input received via societal expectations pertaining to what a "man" and a "woman" are. That is, for example, the physically suggestible young person, as he is growing up, hears that a husband is a good provider, adept with tools, etc., and takes it literally. His behavioral expressions in adulthood then reflect that literal understanding.

The crucial point here, however, is that it is not as important to determine whether the above explanation is accurate as it is to see the implication of some of the findings in this study for future research concerning a conceptualization of personality.

A final area in which research is recommended lies in a

comparison between the counseling approach proposed in this study and other alternatives to therapy. This study avoided such comparisons by intention as it was focused on developing a hypnosis-based approach, an undertaking that is held to be valid and worthwhile on its own ground in that there are no hypnosis based marriage counseling approaches currently known to be in existence. However, it seems possible that some aspects of other therapies would blend nicely with a hypno-therapeutic approach. A demonstration of which therapies lend themselves to such a blending might serve to provide comfort to professionals leery of putting faith into and practicing a new form of therapy.

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