Guest Editorial:
Assessing Hypnotic Responsiveness in Clinical and Research Settings

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The assessment of hypnotizability has been of longstanding interest to the hypnosis community. Since 1978, three special issues of hypnosis journals have been devoted to the topic of the assessment of hypnotic responsivity (Cohen, 1978-79; Orne, 1979, 1982). Not surprisingly, two of these issues have focused on assessment in the clinical context. Previous editors and guest editors of these special issues have included such luminaries as Sheldon Cohen, Ruben Gur, Martin Orne, and Erica Fromm. A past Editor of this journal, Edward J. Frischholz, an ardent proponent of the routine assessment of hypnotic suggestibility, deserves credit for inspiring the current issue and inviting us to assume the challenging role of guest editors.

A sampling of the content of past special issues betokens the diverse and sometimes conflicting opinions surrounding the assessment of hypnotic suggestibility. However, one unfortunate fact transcends these disparate views: clinicians do not generally assess their patients’ hypnotizability (Cohen, 1989). If hypnotizability scales were psychometrically flawed or clinically irrelevant, it would be understandable why clinicians would spurn them. However, as the reader will glean from this issue, it is by now well established that hypnotic suggestibility scores are reliable, stable, and related to both psychopathology and treatment outcome. The special issue follows in the path of distinguished contributors to the literature who have been vocal proponents of the clinical application of hypnosis scales (e.g., Hilgard & Hilgard, 1975; Spiegel & Spiegel, 1978; Wickramasekera, 1988).

This special issue presents a reasonably comprehensive picture of recent developments in the art and science of the assessment of hypnotic suggestibility. In the leadoff article, Lynn and Shindler contend that these developments render untenable the arguments that the assessment of hypnotic suggestibility is irrelevant to effective treatment. The authors’ discussion of the rationale for assessing hypnotic responsiveness, the relation between hypnotic suggestibility and treatment outcomes, and practical considerations in the assessment of hypnotizability pave the way for Council’s article, which traces the historical lineage of current scales of hypnotic suggestibility, many of which have their roots in early conceptualizations of hypnosis that date as far back as the time of Mesmer. Council’s review is a primer for the clinician faced with the challenging task of choosing an appropriate assessment
instrument from an array of potentially useful measures. Andre Weitzenhoffer’s article provides a thought-provoking critique of the failure of many hypnotizability measures to assess the state of hypnosis or the capacity to develop it. Moreover, Weitzenhoffer observes that scales are generally presumed to be equivalent and interchangeable. However, he claims that it is not likely to be the case. As a case in point, Moran, Kurtz, and Strube’s article addresses the important issue of the equivalence of individual and group methods of assessing hypnotic suggestibility. As active researchers, we are impressed with the ability of group scales to efficiently screen many individuals for hypnotic suggestibility. However, as Moran, Kurtz, and Strube’s paper implies, there may be a trade-off between convenience and the predictive power of group scales.

Whereas the way a hypnotic suggestibility scale is administered may be important, so too is the way that hypnosis is presented to participants. Lynn, Vanderhoff, Shindler, and Stafford found that when participants were informed that their responses to a standardized scale of hypnotic suggestibility depended on their ability to achieve an altered state of consciousness or “hypnotic trance,” they were less responsive to suggestions than when they received the standard instructions that accompany the scale and emphasize the importance of cooperation. The authors conclude that it may be counterproductive for clinicians to define hypnosis as an altered state of consciousness or “trance.” Instead, clinicians should endeavor to inform clients that their active cooperation is integral to optimizing their responses to hypnotic procedures.

The reason why terminology such as “trance” has been attached to hypnosis since the time of Mesmer is that hypnotic procedures often produce profound shifts in consciousness in certain individuals. Pekala’s article describes the development and clinical applications of a standardized scale that uses retrospective self-report to measure dimensions of what have historically been known as “trance experiences.”

Kronenberger, LaClave, and Morrow’s paper represents an important contribution to the literature on clinical assessment. Their novel scale, the Hypnotic State Assessment Questionnaire (HSAQ), facilitates the ongoing assessment of clients’ responses to hypnotic procedures, and can be applied to the supervision of clinical trainees working with clients as well.

Despite agreement in this special issue that assessment is a “good thing,” differences of opinion exist in terms of the necessity of implementing a formal (i.e., a standardized test administered on a routine basis) versus a more informal and delimited assessment of hypnotic responsiveness. Kessler, Dane, and Galper’s article proposes a conceptual model for assessing hypnotic responsiveness and for tailoring hypnotic interventions following an informal conversational assessment that can be undertaken in the first few sessions with a client. A key issue is whether conversational assessment will prove to be as useful as a more formal assessment with a standardized scale in terms of predicting a range of hypnotic responses relevant to treatment, and if it will be any less time consuming than a more formal assessment procedure.

This special issue underscores the necessity of assessment of hypnotic responsiveness in forensic and research contexts in which the role or effects of hypnosis have especially important implications. However, we hope that clinicians who read the articles that follow and who do not yet assess hypnotic responsiveness on a routine basis, will be persuaded to do so and have the opportunity to evaluate the strengths and limitations of assessing hypnotic responsiveness in their clientele for themselves.
References


