The Hypnotic Induction Profile in Clinical practice: A Measure of Hypnotizability and a Means for Exploring Personality Types and Relational Styles to Enhance the Therapeutic Alliance and Improve Clinical Outcomes

(John Alexander, PhD)
THE HYPNOTIC INDUCTION PROFILE (HIP) IN CLINICAL PRACTICE:
A MEASURE OF HYPNOTIZABILITY AND A MEANS FOR EXPLORING PERSONALITY TYPES AND RELATIONAL STYLES TO ENHANCE THE THERAPEUTIC ALLIANCE AND IMPROVE CLINICAL OUTCOMES

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The presenter has no financial relationship or conflicts of interest to disclose at this time.
THE AUTHORS:
HERBERT AND DAVID SPIEGEL


★ DAVID SPIEGEL, MD: Professor in the School of Medicine, Associate Chair of Psychiatry and Behavioral Sciences, and Director of the Center for Integrative Medicine at Stanford University Medical Center.
Presentations Overview

★ The APA definition of hypnosis
★ The Spiegels’ biopsychosocial model of hypnosis as it relates to the APA definition
★ The contents, structure and scoring methods of the HIP
★ The HIP as an index of hypnotizability, mental health, and capacity to change
★ The HIP as a means for gaining insights into mind and relational styles
★ The HIP as a means for tailoring treatment strategies to mind and relational styles
  ○ In brief symptom-focused therapy with hypnosis
  ○ In intensive treatment with or without hypnosis
★ The patterns of psychopathology that emerge when mind decompensate
THE APA DEFINITION OF HYPNOSIS

★ **Hypnosis**: A state of consciousness involving focused attention and reduced peripheral awareness, characterized by an enhanced capacity to respond to suggestion.

★ **Hypnotic Induction**: A procedure designed to induce hypnosis.

★ **Hypnotizability**: An individual’s ability to experience suggested alterations in physiology, sensations, emotions, thoughts, or behavior during hypnosis.

★ **Hypnotherapy**: The use of hypnosis in the treatment of a medical or psychological disorder or concern.

Hypnosis: A state of consciousness involving focused attention and reduced peripheral awareness, characterized by an enhanced capacity to respond to suggestion.

- A state and a trait
  - A psychological state
    - The crux of the hypnotic state-- dialectical relationship between peripheral awareness and focal attention
  - A biological trait, associated with the capacity for dissociation.
**SPIEGELS’ BIOPSYCHOSOCIAL MODEL OF HYPNOSIS**

- **Crux of the hypnotic state**: the dialectical relationship between focal attention and peripheral awareness.
- **Three main components of hypnosis**
  - **Absorption**:  
    - Capacity to shift from peripheral awareness to increase focal attention  
    - Like adjusting a telephoto lens
  - **Dissociation**:  
    - Capacity to separate memory, perception, motor responses from the main theme of awareness  
    - Focus on a single percept
  - **Suggestibility**:  
    - Capacity to suspend critical judgment  
    - Adopt new paradigms
THE APA DEFINITION OF HYPNOTIC INDUCTION AND THE SPIEGELS’ MODEL

★ **Hypnotic Induction:** A procedure designed to induce hypnosis.
  ○ A ceremony for signaling trance—tapping hypnotic talent
  ○ The shift into trance may occur spontaneously or be induced intentionally
  ○ Can be signaled rapidly and directly with simple instructions—without complex/convoluted language—given the capacity to respond
SPIEGELS’ TWO-FACTOR THEORY OF HYPNOSIS: FACTOR ONE; BIOLOGICAL POTENTIAL

★ A trait related to the capacity for dissociation
  ○ Inherent in the individual
    ■ Either inherited or acquired
    ■ Constant throughout adult life
    ■ Some attenuation in later years
    ■ Normally distributed

★ Eye-Roll procedure:
  ○ Ability to look upward while closing the eyelids
    ■ Biological marker of hypnotic potential
    ■ Method for rapidly signaling a hypnotic trance
  ○ Necessary but not sufficient to predict % hypnotizability (~70 to 75 % accuracy)
FACTOR TWO: PSYCHOSOCIAL ABILITY TO EXPRESS POTENTIAL

★ Ability to sustain a state of aroused focused attention
  ○ “Maintain a ribbon of concentration”
    ■ A state of “flow”: Mihaly Csikszentmihali
★ Control and direct imagination
★ Express biological potential
  ■ Experience alterations in physiology, sensations, perception, cognition and behavior
★ Individuals may meet, exceed, or fall short of their biological potential
  ○ Defines “Functional hypnotiability”
  ○ Not normally distributed
MEASURING BIOLOGICAL POTENTIAL: 
THE EYE-ROLL TEST

★ Pre-induction phase-- Up-gaze:
   ○ Look toward me ...and holding your head in that position... Now look up toward your eyebrows... Now to the top of your head

★ Induction Phase -- Eye-roll induction procedure
   ○ Now still looking upward... Slowly close your eyelids...Slowly close... Close... Close
   ○ Now with your lids closed..eyes still looking up...take a deep breath... relax your eyes... and let your body float
MEASURING UP-GAZE AND EYE-ROLL
GRADING
UP-GAZE AND EYE-ROLL

0--No sclera visible below cornea
1-- Slight sclera below cornea
2-- Sclera rises to midline of eye
3-- Sclera rises above midline
4-- Sclera rises well above mid-line

STERN, SPIEGEL AND NEE 1978
Extraocular motor nuclei controlling vertical eye movements are located in brainstem

- Interface with the reticular activating system (RAS) -- the attentional control system-- and thalamus -- likely the seat of consciousness (Hobson, 2001)

Integration of upgaze and eye-roll may reflect the general capacity of the RAS for flexibility

- The capacity of the RAS to shift from peripheral to focal attention-- sharply and rapidly-- with corresponding shifts in states of consciousness (Greenberg, 1978)

The eye-roll sign may then be an index of reticular flexibility (H Spiegel, 2007)
THE HIP: ADMINISTRATION, SCORING, INTERPRETATION

★ Method for inducing hypnosis and measuring hypnotizability
  ○ 5-10 minute procedure which profiles an individual’s capacity:
    ■ Enter into and experience hypnosis
    ■ Respond to sensory & motor suggestions
    ■ Exit hypnosis on cue
    ■ In a structured, disciplined manner
    ■ That can be measured and quantified

★ HIP also provides valuable insights for understanding and treating patients
  ■ Index of mental health and the capacity to change,
  ■ Insights into personality types, relational styles, and patterns of psychopathology during episodes of decompensation.
  ■ A method for tailoring treatment to personality styles for brief and intense psychotherapy.
PHASES 1 & 2 -- BIOLOGICAL CAPACITY

1 Pre-induction Phase
   A- Up-gaze

2 Induction Phase
   B- Eye roll
   C- Squint
   D- Eye-Roll Sign *
   E- Instructional arm levitation

Post hypnosis instruction for testing float item in phase 4.
Post-hypnotic induction instructions assessed in phase 3.
3 & 4 -- PSYCHOSOCIAL ABILITY

3 - Post-induction Phase: Begins with eye-opening procedure which ends induction ceremony

F -- Tingle
G -- Dissociation
H -- Signaled Arm Lev.
I -- Control Differential
J -- Cut-off

4 - Post-hypnotic Phase
K -- Amnesia
L -- Floating
DEMONSTRATION OF THE HIP: DIGITAL APPLICATION (HIP/APP)

Tap the button below to start an exam.

Start Exam

Test Items and Pages: To review a test item or page from the current exam, or to preview a test item or page, please make a selection from the list below. To view a playlist of videos demonstrating the complete administration of the HIP, click here.

- Registration
  - Participant and Exam Information
  - Handedness and Hand Clasp
- Test Items
  - A-D - Up-gaze/Eye-roll Sign
  - E - Instructed Arm Levitation
  - F - Tingle
  - G - Dissociation
  - H - Signaled Arm Levitation
  - I - Control Differential
  - J - Cut Off
  - K - Amnesia
  - L - Float
- Summaries
  - Item and Score Summaries
  - Demographics and Exam Information
SUMMARIZING THE HIP

★ Three summary scores
  ○ Profile Score--Biological capacity for hypnosis
    ■ Eye-Roll Sign
  ○ Induction Score-- Quantitative (traditional) measure of hypnotizability
    ■ Dissociation
    ■ Signaled Arm Levitation
    ■ Control Differential
    ■ Cut-Off
    ■ Float
  ○ Profile Grade-- Qualitative measure of functional hypnotizability (Configuration Score)
    ■ Eye-Roll Sign
    ■ Signaled Arm Levitation
    ■ Control Differential
## PROFILE SCORE (ERS): HIP/APP ITEM AND SUMMARY SCORES PAGE

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A  Up-gaze:</td>
<td>3.5</td>
</tr>
<tr>
<td>B  Eye-roll:</td>
<td>4</td>
</tr>
<tr>
<td>C  Squint:</td>
<td>0</td>
</tr>
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<td>D  Eye Roll Sign:</td>
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</table>

### Summary Scores

<table>
<thead>
<tr>
<th>Type</th>
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<tbody>
<tr>
<td>Profile Score</td>
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<td></td>
</tr>
<tr>
<td>Induction Score</td>
<td>10</td>
<td></td>
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</tbody>
</table>

**Profile Grade:** Intact 4 Regular
PROFILE SCORE (ERS): BIOLOGICAL CAPACITY FOR HYPNOSIS

Profile Score ~ Eye-Roll Sign

- B- Eye-Roll (0-4)
- C- Squint (0-2)
- D- Eye-Roll Sign (0-4+)

LOW  MID-RANGE  HIGH
INDUCTION SCORE:
ITEM AND SUMMARY SCORE PAGE -- HIP/APP

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<td>G * Dissociation:</td>
<td>2</td>
</tr>
<tr>
<td>H * Signaled Arm Lev: (Raw Score: 4)</td>
<td>2</td>
</tr>
<tr>
<td>I * Control Diff:</td>
<td>2</td>
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INDUCTION SCORE: MEASUREMENT OF HYPNOTIZABILITY

Traditional method of describing hypnotizability
- Quantitative (continuous measure): zero-to-10 scale
  - Five sensorimotor items
    - Dissociation
    - Signaled Arm Levitation
    - Control Differential
    - Cut-off
    - Float
- Defines range of performance:
  - Low
  - Midrange
  - High hypnotizability
- Bimodal distribution
  - Skewed to the left

DISTRIBUTION OF INDUCTION SCORES
Adapted from H. Spiegel, Aronson, Fleiss, & Harber, 1976
N = 1339

★

Traditional method of describing hypnotizability
- Quantitative (continuous measure): zero-to-10 scale
  - Five sensorimotor items
    - Dissociation
    - Signaled Arm Levitation
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    - Cut-off
    - Float
- Defines range of performance:
  - Low
  - Midrange
  - High hypnotizability
- Bimodal distribution
  - Skewed to the left
PROFILE GRADE: FUNCTIONAL HYPNOTIZABILITY

★ The Profile Grade: Qualitative score (nominal measure)
  ○ Compares:
    ■ Biological potential (ERS) with
    ■ Psychosocial ability (SAL & CD)
  ○ Defines functional hypnotizability (relationship between hypnotic potential and ability to experience hypnotic phenomena)
    • Meet potential
    • Exceed potential
    • Fall short potential
  ○ Index of mental health:
    ■ Capacity to change
    ■ Predicts success with short-term solution oriented therapy with hypnosis
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**Profile Grade:**

- **Profile Score:** 2
- **Induction Score:** 10
- **Notes:** Intact x Regular

**Summary Scores:**

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**Profile Grade:**

- **Profile Grade:** 25
PROFILE GRADE: UTILITY IN CLINICAL PRACTICE

★ Determines functional hypnotizability
  ○ Resonance or dissonance between
    ■ The capacity to enter into hypnosis (potential)
    ■ The ability to express one’s hypnotic potential

★ Three Profile Grade categories-- two subcategories each
  ○ Zero
    ■ Regular
    ■ Special increment
  ○ Intact
    ■ Regular
    ■ Special increment
  ○ Non-Intact
    ■ Soft
    ■ Decrement

★
PROFILE GRADE: REGULAR ZERO;
NO TESTABLE HYPNOTIZABILITY

ERS = zero - Hypnotical potential
SAL = zero - Signaled motor response
CD = zero - Experience of involuntariness

Regular Zero Profile
- No inherent capacity
- No expressive capacity

Mental health index -- No pathology per se
Predicts: Insufficient hypnotic capacity for augmenting a therapeutic strategy

EYE-ROLL SIGN: 0 - 1 - 2 - 3 - 4
SIGNALED ARM LEVITATION
No reinf. (prompt) 3 - 4
1st reinf. 2 - 3
2nd reinf. 1 - 2
3rd reinf.
4th reinf. 0

CONTROL DIFFERENTIAL

PROFILE GRADE: REGULAR ZERO
EYE-ROLL SIGN: 0 - 1 - 2 - 3 - 4

SIGNALED ARM LEVITATION
No reinf. (prompt) 3 - 4
1st reinf. 2 - 3
2nd reinf. 1 - 2
3rd reinf. 1 - 2
4th reinf. 0

CONTROL 0 - 1 - 2
DIFFERENTIAL

PROFILE GRADE: SPECIAL ZERO

★ ERS = zero
★ SAL = greater than zero
★ And/or CD = greater than zero
★ Special Zero Profile
  ○ No testable potential
  ○ No inherent capacity
★ Mental health index-- No pathology per se
★ Predicts:
  ○ Reflects strong motivation for hypnosis
  ○ Hypnosis may be a useful adjunct to therapy

SPECIAL ZERO: PARTIAL HYPNOTIZABILITY AUGMENTED BY MOTIVATION
INTACT REGULAR: POSITIVE POTENTIAL + PSYCHOSOCIAL ABILITY

**EYE ROLL SIGN:**

- 0
- 1
- 2
- 3
- 4

**SIGNALED ARM LEVITATION**

- No reinf. (prompt): 3
- 1st reinf.: 2
- 2nd reinf.: 1
- 3rd reinf.: 1
- 4th reinf.: 0

**CONTROL**

- 0
- 1
- 2

**DIFFERENTIAL**

- 4

**Intact profile grade: 4-Regular**

- ERS: Non-zero - Hypnotic potential
- SAL: Non-zero - Signaled motor response
- CD: Non-zero - Experience of involuntariness

- **Mental health index**-- Positive mental health and capacity for change

- **Predicts**: Success with brief symptom-oriented therapy with hypnosis
INTACT SPECIAL: POTENTIAL + ADDED PSYCHOSOCIAL ABILITY

EYE ROLL SIGN: 0 - 1 - 2 - 3 - 4

SIGNALED ARM LEVITATION

No reinf. (prompt) 3 - 4
1st reinf. 2 - 3
2nd reinf. 1 - 2
3rd reinf. 1 -
4th reinf. 0

CONTROL 0 - 1 - 2

DIFFERENTIAL

INTACT PROFILE: 2 SPECIAL

★ ERS: Non-zero
★ SAL: 2 + raw score points greater than ERS
★ CD: Non-zero
★ Intact profile grade-- 2 SPECIAL (Motivationally enhanced)
  ○ Ability to enter into and sustain a hypnotic state “flow”
  ○ Express potential
  ○ Internalize new concepts and paradigms
★ Mental health index --Positive capacity for change
★ Predicts: Hypnosis would be an especially effective means for augmenting brief symptom-oriented therapy
**EYE ROLL SIGN**: 0 - 1 - 2 - 3 - 4

**SIGNALED ARM LEVITATION**
- No reinf. (prompt): 3 - 4
- 1st reinf.: 2 - 3
- 2nd reinf.: 1 - 2
- 3rd reinf.: 1 -
- 4th reinf.

**CONTROL**
- 0 1 2

**DIFFERENTIAL**

**NON-INTACT PROFILE GRADE:**
- **4 SOFT**

- **ERS**: Non-zero - Hypnotic potential
- **SAL**: Zero - Signaled motor response
  - 4th prompt required (reluctant response)
- **CD**: Non-zero - Experience of involuntariness
- **Non-Intact Profile: 3-Soft**
  - Rule out:
    - Neurological complications
    - Chemical toxicity
- **Mental health index** -- Compromised mental health and capacity for change
  - Soft signal of pathology -- Possibly transitory
    - Borderline conditions
      - Mild--Mod. Neuroses
      - Adjustment D/Os
- **Predicts**: Less success with short-term symptom focused treatment with hypnosis and self-hypnosis
  - Need for psychotherapy and possibly medication to restore mental health
  - Approximately 50% recover hypnotic ability
NON-INTACT DECREMENT: POSITIVE POTENTIAL; INVOLUNTARINESS ABSENT

EYE ROLL SIGN: 0 - 1 - 2 - 3 - 4

SIGNALED ARM LEVITATION
No reinf. (prompt) 3 - 4
1st reinf. 2 - 3
2nd reinf. 1
3rd reinf. 1 - 2
4th reinf. 0

CONTROL DIFFERENTIAL
0 1 2

ERS: Non-zero - Hypnotic potential
SAL: Non-zero - Signaled motor response
CD: Zero - Experience of involuntariness
Non-Intact Profile: 3- Decrement

Rule out:
- Neurological complications
- Chemical toxicity

Mental health index-- Severely compromised mental health and capacity for change
- Severe pathology
  - Schizophrenia
  - MDD
  - Severe personality D/Os

Predicts: Unlikely success with short-term symptom focused treatment with hypnosis and self-hypnosis
- Most likely intractable

Non-Intact Profile: 4- DECREMENT
PROFILE GRADES
BIMODAL DISTRIBUTION

ADAPTED FROM H. SPIEGEL 1977

% POPULATION, N=4,300

Bimodal distribution
- ~75% hypnotizable
  - Intact range
    - 20% low
    - 48% mid-range
    - 7% high
- ~25% lack functional hypnotizability
  - Identifies two types of low responders
    - Zero capacity
    - Non-intact
      - S-- Soft
      - D-- Decrement (severe)

H. Spiegel,1977
PROFILE GRADE: IMPLICATIONS FOR TREATMENT PLANNING

★ Profile Grade:
  ○ Index of mental health and the capacity for change
    - Distinguishes patients with dysfunctional/ineffective behaviors (intact profiles)
    - From those with serious mental disease or neurological impairments (non-intact profiles)
  ○ Guide for treatment planning and medical decision making
    - Intact profiles
      - Psychotherapy (with or without hypnosis) primary--medication, a secondary consideration
    - Non-intact profiles
      - Medication and external support primary--psychotherapy, a secondary consideration
THE HIP IN CLINICAL PRACTICE: FURTHER IMPLICATIONS

★ Hip provides an index of personality types and relational styles
  ○ Response tendencies associated with different parameters of hypnotizability -- relate to larger aspects of personality
  ○ Response tendencies cluster together to form personality types on a cognitive / affective continuum -- Mind Styles

★ Mind styles provide a means for tailoring treatment strategies to individuals for brief symptom-oriented psychotherapy

★ Mind styles provide index of potential patterns of psychopathology
  ○ Under stress different mind styles decompensate in predictable patterns
  ○ Implications for making differential diagnoses and treatment decisions

★ Mind styles guide the selection of strategies for more intensive psychotherapy
  ○ Matching mind styles to a corresponding array of psychotherapies -- also arranged along a cognitive / affective continuum
THE HIP AS AN INDEX OF PERSONALITY TYPES / MIND STYLES

★ Hypnosis is a highly stable trait
  ○ r=.70 over a 25 year period (Piccione, Hilgard, Zimbardo, 1989)
★ Individuals differ in hypnotic capacity
  ○ Differences form a spectrum from low--high
    - Parameters within which they experience trance
  ○ Differences are stable over time
★ ERS define an individual’s trance potential and related mind style
  ○ Varying parameters of trance capacity are associated with unique response tendencies
  ○ Response tendencies cluster together to form an array of personality traits and mind styles
ERS REFLECT CAPACITY FOR TRANCE: ASSOCIATED WITH RESPONSE TENDENCIES, PERSONALITY TRAITS & MIND STYLES

SUGGESTIBILITY

ATTENTION

DISSOCIATION

PERIPHERAL FOCAL

1-2

2-3

3-4

LOW

LOW-RANGE

HIGH

COGNITIVE TENDENCIES AND TRAITS

APOLLONIAN STYLE

MIXED TENDENCIES AND TRAITS

ODYSSEAN STYLE

AFFECTIVE TENDENCIES AND TRAITS

DIONYSIAN STYLE
The names used to describe the three characterological styles--- associated with varying levels of hypnotizability are taken from Greek mythology:

- **Apollo** - God of rationality, order, prudence, and piety
- **Dionysus** - God of irrationality, chaos, emotions, and instinct
- **Odysseus** - Mythical man, Homer's tragic hero, a wander, subject to fluctuating moods

Apollonian-Dionysian typology has been used previously in other contexts:

- The philosopher Nietzsche (Birth of Tragedy, 1872).
  - Artistic creation depends on the Apollonian and Dionysian dialectic, the tension between the two opposing forces
- More recently, the anthropologist, Ruth Benedict, in *Patterns of Culture* (1934)
  - Classified the culture of the Indians of the southwest
    - Navajos plains tribes: Dionysian
      - Greater emphasis on feeling and activity and less structured society
    - Pueblo Zuni tribes: Apollonian
      - Greater emphasis on reason and ritual; more highly organized society, art, and architecture
Response tendencies characteristic of varying mind styles emerge in amplified form in hypnotic states:

- **Compliance with signal**
  - Response to Cut-Off signal to terminate trance, Item J
  - Complete, partial, not at all

- **Amnesia for the signal**
  - Amnesia, item- K, “The difference is gone now...Do you have any idea why”
  - Complete, partial, not at all

- **Tendency to rationalize compliance with the signal**
  - Complete, partial, not at all
TRANCE CAPACITY, RESPONSE TENDENCIES, PERSONALITY TRAITS & MIND STYLES

★ Apollonian: Low capacity for trance
  ○ Respond to hypnotic signals partially, partially amnestic, with a high need to explain compliance
    ■ Remarkably rational
    ■ Cognitive traits-- head oriented mind style

★ Dionysian: High capacity for trance
  ○ Respond to hypnotical signals fully & compulsively, amnestic, no need to rationalize compliance
    ■ Remarkably incurious
    ■ Affective traits -- heart oriented mind style

★ Odyssean: Mid-range capacity for trance
  ○ Respond to hypnotic signals moderately, mostly amnestic, moderate need to rationalize compliance
    ■ Feel some need to rationalize: confabulate - fill in memory gaps with fabrications
    ■ Mixed cognitive-affective traits--head & heart mind style
LOW HYPNOTIZABILITY: APOLLONIAN MIND STYLE

**APOLLO:** The god of reason, justice, law, and order.

**Apollonian:**
- Head Minded
- Cognitive
- Logical
- Critical/vigilant/ skeptical
- Analytical
- Organized
- Responsible
- Controlling
- Take Leadership Roles
HIGH HYPNOTIZABILITY: DIONYSIAN MIND STYLE

**DIONYSUS:** The god of the grape harvest, winemaking, wine, of ritual madness and ecstasy.

**Dionysian:**
- Heart and feeling dominated
- Intuitive
- Emotional
- Trusting
- Affiliate readily
- Intuitive / Imaginative
- Creative
- Less likely to assume leadership roles
ODYSSEUS: Homer’s tragic hero, “wanderer of fluctuating moods”, capable of heroic bravery and profound despair.

Odyssean:

- Combine cognitive and affective features
- Characteristically oscillate
  - Between periods of action/inaction
  - Absorption in life and withdrawal/despair
  - Thinking and feeling
  - Head and heart orientations
- More balanced: thinking -- feeling mind style
Different “mind styles” are more amenable to different treatment strategies

- Apollonian “lows” -- cognitive types
  - Appeal to reason / logic
  - Want to understand the nature of their problems
  - Strategies which feature analysis, learning, cognitive exploration and problem solving
  - Active involvement in decision making and treatment planning
  - Intention and motivation are very important for success

- Dionysian “highs” -- affective types
  - Appeal to emotions and high dissociative capacity
  - Approaches that provide structure, simplicity, clarity and direction
  - Strategies which focus on what to do to solve conflicts and problems
  - Emotional tone of the doctor-patient relationship is most important

- Odyssean “mid-range” -- mixed types
  - Integrated cognitive & affective appeal
TREATMENT STRATEGIES:
APOLLONIAN / COGNITIVE TYPES

Apollonian styles:
★ Appeal to reason and higher levels of logic
  ○ “We can not solve our problems with the same level of thinking that created them”. (Einstein)
★ Nine-Point Puzzle-- connect all dots with no more than four continuous straight lines without lifting pencil from paper
  ○ First order logic
    ■ Limited possibilities
    ■ Conflict and/confusion
  ○ Second order logic
    ■ Expanded logic
    ■ Think outside of the box
    ■ Transcend implicit premises
    ■ Larger perspective and other possibilities
TREATMENT STRATEGIES:
DIONYSIAN/ AFFECTIVE TYPES

★ Dionysian styles:
★ Appeal to dissociative capacity (dual awareness)
  ○ While concentrating on your floating, reflect on these thoughts too...
    ■ There is you .. and there is your body too
★ Capacity for emotional involvement
  ■ Your body is innocent... Innocent as a baby
  ■ Would you ever put an innocent child in harms way...
MIND STYLES UNDER STRESS: APOLLO DECOMPENSATION PATTERN

APOLLO: The god of reason, justice, law, and order.

APOLLONIAN: LOWS

★ Prone to despair, anxiety, cognitive impairments; disturbed thinking (“cognitive knots”)
  ○ Bind anxiety with obsessional rationalizations or compulsive rituals.
  ▪ Decompensate in direction of anxiety, obsessive-compulsive and thought disorders
    ● Axis I:
      ○ OCD; GAD; Anorexia; Schizophrenia
    ● Axis II:
      ○ Schizoid; Paranoid, Schizotypal. Avoidant Narcissistic, OCD personality disorders
MIND STYLES UNDER STRESS: DIONYSIAN DECOMPENSATION PATTERNS

**DIONYSUS**: The god of the grape harvest, winemaking, wine, of ritual madness and ecstasy.

**DIONYSIAN: HIGHS**

★ Prone to problems with intimacy, disruptions of self-integration and affective impairments (“frozen”) ○ Decompensate in the direction of dissociative or conversion disorders
  ■ AXIS I:
    ● MDD;,Dysthymia; Dissociative; Conversion/Somatization disorders; ASD; PTSD;
  ■ AXIS II:
    ● Histrionic and dependent personality disorders
MIND STYLES UNDER STRESS: ODYSSEAN DECOMPENSATION PATTERN

ODYSSEUS: Homer’s tragic hero, “wanderer of fluctuating moods”, capable of heroic bravery and profound despair.

ODYSSEAN: MID-RANGE

★ Prone to experience fluctuating beliefs and premises
  ○ Resulting in confusion, mood swings and problems with intimacy (“fluid”)
    ■ Axis I:
      ● Bipolar disorders; Dysthymia; Reactive depression; MDD; Impulse control; Bulimia
    ■ Axis II:
      ● Borderline; Passive-aggressive and Antisocial personality disorders
## Decompensation Patterns and DSM Diagnostic Categories

<table>
<thead>
<tr>
<th>Hypnotizability</th>
<th>Personality Type</th>
<th>Type of Disorder</th>
<th>Axis I</th>
<th>Axis II</th>
</tr>
</thead>
<tbody>
<tr>
<td>None--Low</td>
<td>Apollonian</td>
<td>Cognitive</td>
<td>OCD, GAD, Anorexia, Schizophrenia</td>
<td>Avoidant, Schizoid/Paranoid, Schizotypal, OCD, Narcissistic</td>
</tr>
<tr>
<td>Mid-Range</td>
<td>Odyssean</td>
<td>Mixed</td>
<td>Impulse Control, Bulimia, Reactive Depression, Dysthymia</td>
<td>Antisocial, Borderline, Passive-Aggressive</td>
</tr>
<tr>
<td>High</td>
<td>Dionysian</td>
<td>Mood / Affective</td>
<td>Dissociative, Conversion, Somatization D/O’s, DID/ASD / PTSD, Brief Psychotic</td>
<td>Histrionic, Dependent</td>
</tr>
</tbody>
</table>

**Axis I**
- OCD
- GAD
- Anorexia
- Schizophrenia
- Impulse Control
- Bulimia
- Reactive Depression
- Dysthymia
- MDD
- Bipolar D/Os

**Axis II**
- Avoidant
- Schizoid/Paranoid
- Schizotypal
- OCD
- Narcissistic
- Antisocial
- Borderline
- Passive-Aggressive

**Personalities**
- Apollonian
- Odyssean
- Dionysian

**Personality Types**
- Antisocial
- Borderline
- Passive-Aggressive

**D/Os**
- OCD
- Schizotypal
- Narcissistic
- Borderline
- Passive-Aggressive
SELECTING TREATMENT STRATEGIES FOR MORE INTENSE THERAPY

★ When psychotherapy is indicated but:
  ○ Not appropriate for brief treatment with hypnosis, eg., soft profile
  ○ Referred for or seeking more intense therapy for self-understanding/relapse prevention

★ What therapeutic modality might be most suitable?
  ○ Matches patient's specific personality style

★ Trait x Treatment approach
  ○ Seeking the “best fit” from an array of treatment strategies
  ○ Arranged along a cognitive / affective continuum
Mind styles & treatment strategies

- Apollonian: Cognitive, curious types
  - Loosen cognitive knots
    - “Why” strategies-- explorative/insight-oriented; client-centered; psychoanalytic

- Dionysian: Affective, incurious types
  - Free frozen affect
    - “What” strategies-- guidance and support; behavior-modification; hypnopedia; persuasion

- Odyssean: Fluctuating Cognitive - Affective types
  - Stabilize oscillations
    - Mix of “Why” and “What” strategies-- confrontation; consolation; interpersonal; existential; cognitive-behavioral
### Matching Mind Styles with Treatment Modalities

<table>
<thead>
<tr>
<th>Mind Style</th>
<th>Treatment Modality</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Apollonian</strong></td>
<td>Exploration</td>
<td>Question 'Why'</td>
</tr>
<tr>
<td><strong>Odyssean</strong></td>
<td>Confrontation</td>
<td>Question 'Why and What'</td>
</tr>
<tr>
<td><strong>Dionysian</strong></td>
<td>Consolation</td>
<td>Question 'What'</td>
</tr>
</tbody>
</table>

#### Treatment Modality Spectrum

<table>
<thead>
<tr>
<th>Treatment Modality</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CBT</strong></td>
<td>Behavior Modification</td>
</tr>
<tr>
<td><strong>Existential</strong></td>
<td>Counseling</td>
</tr>
<tr>
<td><strong>Logotherapy</strong></td>
<td>Existential</td>
</tr>
<tr>
<td><strong>Rational-Emotive</strong></td>
<td>CBT</td>
</tr>
<tr>
<td><strong>Persuasion</strong></td>
<td>Ecological Change</td>
</tr>
</tbody>
</table>

**Note:** The diagram illustrates the mapping of mind styles to treatment modalities, highlighting the varying approaches and the rationale behind their selection.

Jamieson and Burgess: Hypnotic Induction is followed by state-like changes in the organization of EEG functional connectivity in theta and beta frequency bands in high-hypnotically susceptible individuals. Frontiers in human neuroscience 8,2014

Kluft, R.: The revised APA Division 30 definition of hypnosis: an appreciation, a commentary, and a wish list. American Journal of Clinical Hypnosis 57.4 431-4382015


