
Stanford Hypnotic Susceptibility Scale

FORM C

*To be used in conjunction with Forms A and B
in research investigations in the field of
hypnotic phenomena*

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WARNING

THIS SCALE MAY NOT MEASURE WHAT YOU THINK IT MEASURES!

READ THE FOLLOWING CAREFULLY BEFORE USING

This scale, like all the other Stanford scales, is said to be scale of “hypnotic susceptibility.” Strictly speaking it is a scale of **suggestibility** and only of suggestibility. This is what it directly measures. What it can say about the presence of hypnosis, the depth of said hypnosis or a person’s capacity for developing hypnosis is, strictly **inferential**, of an indirect nature, and poorly empirically founded. Keep in mind that a high degree of suggestibility can exist in the absence of any obvious induction of hypnosis. Also even when used in conjunction with an induction of hypnosis procedure the scale still only directly measures the subject’s suggestibility. Details regarding these matters have previously been published (Weitzenhoffer, 1997, 2000, 2002)

The following additional remarks are offered as an aid in the use of this scale.

1. The C form is probably the most useful of the Stanford Scales
2. The use of the included induction of hypnosis is entirely optional. The scale can be used **with or without** an induction, with any other induction, or in conjunction with other procedures that might affect the subject’s suggestibility.
3. The scale is a Guttman-type scale. Because of this, **it need not be used in its entirety**. That is, after the subject has consecutively missed two items, one may stop its administration.
4. This has not been empirically documented, but in the opinion of the principal author (Weitzenhoffer) a score of 10 or above can probably be taken as an indicator the subject most likely is in a hypnotic state if an induction was first used.
5. The ability of the scale to test whether or not a subject is hypnotized can probably be improved by **not** suggesting amnesia and testing for its spontaneous appearance. The testing protocol for this will be found in Appendix II. It should be kept in mind that with this change the included standardization data will no longer fully apply. (See Weitzenhoffer, 2000 for details).
6. By way of explanation for what follows, it will be stated that this scale was published after the principal author left Stanford University. There

was still the normative data to be collected. Hilgard agreed to take charge of this last as well as of the publication details. However, without consulting the principal author, Hilgard also changed test item 11. While it may not have appreciably affected the scales ability to measure suggestibility and the standardization data, it did remove a possibly important feature of the test as originally designed, namely the presumably hypnotized subject's way of dealing with a paradoxical situation. For those who might be interested in this feature of the original test item, the latter, as originally designed and pretested, will be found in Appendix I.

7. One weakness of this and other Stanford scales is that none take into account the fact a defining and characteristic feature of responses to suggestions is that the responses are experiences as having been **nonvoluntary**. (Weitzenhoffer, 1980,2000). As has been shown (Weitzenhoffer,1974, 2000) some of the responses otherwise scored as passing on these scales **are experienced as voluntary and should therefore not be thus scored**. It is therefore recommended that administration of the scale be followed by an inquiry aimed at **subtly** eliciting information relevant to the presence of nonvoluntariness for each test item. and rescoring accordingly.
8. Attention is called to the existence of an excellent modification of form C- for group testing developed by Kenneth Bowers (Bowers, 1993,1998).
9. It was not possible to reproduce the scale quite as it was originally printed. This has resulted in some pages appearing to be missing. These actually were blank pages.

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FOREWORD

The need for hypnotic susceptibility scales serving different purposes came strongly to our attention during the studies that followed the publication of the Stanford Hypnotic Susceptibility Scale.¹ Forms A and B were designed as alternate forms to be used in assessing the general level of susceptibility to hypnosis, and any changes in level associated with repeated experiences of hypnosis. The scales lack something in the variety of hypnotic experiences that are tapped, and the present scale, Form C, is designed to increase this variety through the addition of items concerned with age-regression, dreaming, and positive and negative hallucinations in several sensory areas (vision, audition, taste, and smell). In selecting subjects for use in more advanced experimentation it is often desirable to know what kinds of experiences they can have under hypnosis, and these more varied tests add this kind of information.

In general, Forms A and B, or their equivalents in a group form,² are recommended for initial testing, and for subsequent testing where retest measures with highly similar forms are desirable. Form C is recommended for the second or later testing when alternative forms of induction are used, when it is desired to have a test with items in increasing order of difficulty, or when subjects are being selected for advanced tests in

¹Weitzenhoffer, A. M., & Hilgard, E. R. Stanford Hypnotic Susceptibility Scale, Forms A and B. Palo Alto, California: Consulting Psychologists Press, 1959; Hilgard, E. R., Weitzenhoffer, A. M., Landes, J., & Moore, Rosemarie K. The distribution of susceptibility to hypnosis in a student population: a study using the Stanford Hypnotic Susceptibility Scale. Psychol. Monogr., 1961, 75, Whole No. 512.

²Shor, R. E., & Orne, Emily C. Adaptation for group administration with self-report scoring of the Stanford Hypnotic Susceptibility Scale, Form A. Cambridge, Mass.: Studies in Hypnosis Project, Harvard Medical School, 1962.

which knowledge of their capacity to experience more varied items is required. Scores on Form C have also proved somewhat more satisfactory than those of Forms A and B as criteria when correlations are being obtained with interview data or pencil-and-paper tests thought to be predictive of hypnotic susceptibility.³ These several advantages of Form C are considered in greater detail in the section on standardization.

The relationships between Form C and the earlier Forms A and B are as follows:

1. Induction procedure. Although any procedure may be used, and responses within induction are not used in scoring, for the convenience of those who wish a complete procedure, similar to the one previously published, the standard induction of Form B has been repeated.

2. Items in common with Form B. Because Form C will often be substituted for Form B (following an earlier use of Form A) some items from Form B, other than induction, have been retained unchanged. These are: hand lowering (right hand), moving hands apart, hallucination (mosquito), arm rigidity (right), arm immobilization (left), and suggested post-hypnotic amnesia. The order of items has, however, been altered.

3. Items omitted from Form B. To keep the new scale of about the same length as the earlier forms, a number of earlier items have been omitted in order to allow time for new items. Those omitted from Form C, but found in the earlier Form B are: postural sway, finger lock (overhead), verbal inhibition (town), eye catalepsy, and post-hypnotic suggestion.

³In earlier reports bearing on these correlations Form C has occasionally been referred to as a "Consolidated Scale" because of combining items from Form A and items from a longer (17-point) scale used in some investigations in the laboratory. The items of the 17-point scale are listed in Weitzenhoffer, A. M., & Sjöberg, B. M. Suggestibility with and without "induction of hypnosis." J. nerv. ment. Dis., 1961, 132, 204-220. As an illustration of the use of Form C scores, see Ås, A., and Lauer, Lillian W. A factor-analytic study of hypnotizability and related personal experiences. Int. J. clin. exp. Hyp., 1962, 10, 169-181.

4. New items in Form C. The items new to Form C (found in neither Form A nor Form B) are: taste hallucination, age regression, dream, anosmia, hallucinated voice, and negative visual hallucination.

5. Item arrangement in Form C. In addition to the differences in content from the earlier forms, Form C differs also in having its items arranged in ascending order of difficulty (except for the amnesia item, necessarily at the end). This arrangement according to difficulty has some advantages in providing shortened tests when economy of time is imperative. The economy possible is described in the standardization section.

In the development of these scales and in their standardization we have had the assistance of a number of collaborators: Arvid Ås, R. G. Boucher, J. D. Gaines, A. I. Haimson, Josephine R. Hilgard, Lillian W. Lauer, Evelyn M. Lee, Martha F. Newman, J. W. O'Hara, Mary R. Roberts, and Bernard J. Sjoberg.

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A. M. W.

E. R. H.

September, 1962

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GENERAL INSTRUCTIONS FOR THE USE OF FORM C
OF THE STANFORD HYPNOTIC SUSCEPTIBILITY SCALE

It is assumed that Form A will ordinarily have been given before Form C is used; in that case the general instructions for Form A will already have been followed. If Form C is used for initial induction, the Form A general instructions can be referred to as appropriate.

Forms A and B were designed to be particularly impersonal and unobtrusive, and thus little likely to disturb unselected subjects. While Form C is also relatively innocuous, such items as age-regression and dreams under hypnosis occasionally tap affectively-loaded individual experiences. While all users of hypnosis should be familiar with the dynamics of personality and with the basic principles of psychotherapy, users of Form C must be prepared for idiosyncratic reactions; beginners in hypnosis, and those in training, do well to gain their experience on Forms A and B before using Form C.

The general equivalence in score distributions for the various forms is discussed in the section on Standardization.

FORM C

The Induction procedure is optional, so that, after establishing rapport, it is possible to move directly to Item 1 (Hand Lowering). The actual standardization was done, however, using the induction procedure of Form B; hence this procedure is repeated here, and will normally be the procedure used. Because eye closure is not scored, it is numbered as Item 0.

The recommendations for establishing rapport prior to induction assume that there has been an earlier experience of hypnosis (presumably of Form A), though adjustments can be made in case Form C is used as the initial form.

Materials Required

1. Stopwatch, interval timer, or clock with sweepsecond hand, in order to time 10-second intervals.
2. Pad of 8-1/2" x 11" paper; #1 soft lead pencil.
3. Small bottle with screw top, containing household ammonia.
4. Three small colored boxes (e.g., red, white, blue), about 2" x 3" and 1/2" deep; small table on which to place them before subject. The exact sizes and colors are not critical.

ESTABLISHING RAPPORT IN A SECOND (OR LATER) SESSION

What is done at this stage depends obviously upon what has happened in the interval between the use of Form A (or other earlier induction) and the intended use of Form C. In research investigations some of the subjects asked to return will have been refractory to hypnosis the first time. These remarks are designed in part to apply to them. These remarks are not intended to be read from the printed page, although the main procedures that follow in later sections are intended to be read.

Thank you for returning again. We might talk a few minutes before we start in. Today will be rather similar to the previous time, but with some differences.

Let me remind you again that you can be fully at your ease. We will do nothing to embarrass you. (For experimental subjects:) There will be nothing personal in what you are asked to do or say. (For therapeutic subjects:) This is part of our work together, and you will understand if some of it does not seem to be very closely related to your problems.

Do you have any questions or comments before we go ahead?

If the subject says something about not having been hypnotized on the previous occasion:

All you can do is to cooperate to the best of your ability. It takes a long time for some people to learn to become hypnotized. That is one reason we had you return for another hypnotic session. Just let everything happen naturally; some people not hypnotized at all on the first occasion find that they are ready for it the second time.

If the subject shows some anxiety about the prior experience:

You may rest assured that we will not do anything here that would be harmful.

There will be no troublesome after effects of your experience here; if anything, the results will be beneficial in showing you a little better how well you can relax. (Therapists may wish to add:) It is not necessary to experience deep hypnosis in order to benefit from the use of hypnosis.

For all subjects:

Let me repeat again what I said last time: you will have a better opportunity to learn about hypnotism if you just let yourself go and do not try to watch and analyze what I am doing.

Have you any questions before we begin?

Answer any questions by paraphrasing the material from ESTABLISHING RAPPOR (Form A).

Go to Instruction 0. INDUCTION BY EYE CLOSURE.

0. INDUCTION BY EYE CLOSURE (Not to be scored)

Note: This induction is optional. If another induction is used, it should end with the eyes closed. Then go to Instruction 1. HAND LOWERING.

A small bright object (button, metal thumb tack) is placed in such a way that a seated subject must turn his eyes upward to look at it. It may be placed on the ceiling, at least six feet from the eyes of the subject. A subject who wears glasses should keep them on. The subject is comfortably seated in an upright upholstered armchair, with the back high enough to support his head.

Do you see that small bright button (tack, etc.) above and in front of you? (If necessary, point to it) Good. That is what I shall mean by the "target."

(1) Now please seat yourself comfortably just as you did last time, placing a hand on each arm of the chair. You may just look straight ahead. I am about to help you to relax, and meanwhile I shall give you some instructions that will help you gradually to enter a state of hypnosis. Now turn your eyes upward and look at the target. You may tilt your head a little if you need to so that you won't strain your eyes too much. . (If wearing glasses: Can you see the target all right through your glasses?) Please look steadily at the target and while staring at it keep listening to my words. You can become hypnotized if you are willing to do what I tell you to, and if you concentrate on the target and on what I say. You have already shown your willingness by coming here again today, and so I am assuming that your presence here means that you want to experience all that you can. You can be hypnotized only if you want to be. There would be no point in participating if you were resisting being hypnotized. Just do your best to concentrate on the target, to pay close attention to my words, and let happen whatever you feel is going to take place. Just let yourself go. Pay close attention to what I tell you to think about; if your mind wanders bring your thoughts back to the target and my words, and you can easily experience more of what it is like to be hypnotized. Hypnosis is not something

supernatural or frightening. It is perfectly normal and natural, and follows from the conditions of attention and suggestion we are using together. It is chiefly a matter of focusing sharply on some particular thing. Sometimes you experience something very much like hypnosis when driving along a straight highway and you are oblivious to the landmarks along the road. The relaxation in hypnosis is very much like the first stages of falling asleep, but you will not really be asleep in the ordinary sense because you will continue to hear my voice and will be able to direct your thoughts to the topics I suggest. Hypnosis is a little like sleepwalking, because the person is not quite awake, and can still do many of the things that people do when they are awake. What I want from you is merely your willingness to go along and to let happen whatever is about to happen. Nothing will be done to embarrass you. Most people find their second experience more interesting than the first.

If eyes close, go to Instruction 0'(2') and continue through 0'(7').

(2) Now take it easy and just let yourself relax. Keep looking at the target as steadily as you can, thinking only of it and my words. If your eyes drift away, don't let that bother you . . . just focus again on the target. Pay attention to how the target changes, how the shadows play around it, how it is sometimes fuzzy, sometimes clear. Whatever you see is all right. Just give way to whatever comes into your mind, but keep staring at the target a little longer. After a while, however, you will have stared long enough, and your eyes will feel very tired, and you will wish strongly that they were closed. Then they will close, as if by themselves. When this happens, just let it happen.

If eyes close, go to 0'(2') and continue through 0'(7').

(3) Relax more and more. As you think of relaxing, your muscles will relax. Starting with your right foot, relax the muscles of your right

leg. . . . Now the muscles of your left leg. . . . Just relax all over. Relax your right hand, your forearm, upper arm, and shoulder. . . That's it. . . . Now your left hand . . . and forearm . . . and upper arm . . . and shoulder. . . . Relax your neck, and chest . . . more and more relaxed . . . completely relaxed . . . completely relaxed.

If eyes close, go to 0'(3') and continue through 0'(7').

(4) As you become relaxed your body will feel sort of heavy or perhaps numb. You will begin to have this feeling of numbness or heaviness in your legs and feet . . . in your hands and arms . . . throughout your body . . . as though you were settling deep into the chair. The chair is strong; it will hold your heavy body as it feels heavier and heavier. Your eyelids feel heavy, too, heavy and tired. You are beginning to feel drowsy and sleepy. You are breathing freely and deeply, freely and deeply. You are getting more and more sleepy and drowsy. Your eyelids are becoming heavier, more and more tired and heavy.

If eyes close, go to 0'(4') and continue through 0'(7').

(5) Staring at the target so long has made your eyes very tired. Your eyes hurt and your eyelids feel very heavy. Soon you will no longer be able to keep your eyes open. You will have stood the discomfort long enough; your eyes are tired from staring, and your eyelids will feel too tired to remain open. Your eyes are becoming moist from the strain. You are becoming more and more drowsy and sleepy. The strain in your eyes is getting greater and greater. It would be a relief just to let your eyes close and to relax completely, to relax completely. You will soon have strained enough; the strain will be so great that you will welcome your eyes closing of themselves, of themselves.

If eyes close, go to 0'(5') and continue through 0'(7').

(6) Your eyes are tired and your eyelids feel very heavy. Your whole body feels heavy and relaxed. You feel a pleasant warm tingling throughout your body as you get more and more tired and sleepy. Sleepy. Drowsy. Drowsy and sleepy. Keep your thoughts on what I am saying; listen to my voice. Your eyes are getting blurred from straining. You can hardly see the target, your eyes are so strained. The strain is getting greater, greater and greater, greater and greater.

If eyes close, go to 0'(6') and continue through 0'(7').

Your eyelids are heavy. Very heavy. Getting heavier and heavier, heavier and heavier. They are pushing down, down, down. Your eyelids seem weighted and heavy, pulled down by the weight . . . so heavy. . . . Your eyes are blinking, blinking . . . closing, closing

If eyes have not yet closed:

Soon your eyes would close by themselves, but there is no need to strain them more. You have concentrated well upon the target, and have become very relaxed. Now we have come to the time when you may just let your eyes close. (If no response: That's it, now close them.)

(7) You now feel very relaxed, but you are going to become even more relaxed. It is easier to relax now that your eyes are closed. You will keep them closed until I tell you to open them or until I tell you to wake up. . . . You feel pleasantly drowsy and sleepy as you continue to listen to my voice. Just keep your thoughts on what I am saying. You are going to get much more drowsy and sleepy. Soon you will be deep asleep but you will have no trouble hearing me. You will not wake up until I tell you to. . . . Soon I shall begin to count from one to twenty. As I count you will feel yourself going down farther and farther into a deep restful sleep, but you will be able to do all sorts of things I ask you to do without waking up. . . . One--you are going to go more deeply asleep. . . . Two

--down, down into a deep, sound sleep. . . . Three--four--more and more asleep. . . . Five--six--seven--you are sinking into a deep, deep sleep. Nothing will disturb you. . . . I would like you to hold your thoughts on my voice and those things I tell you to think of. You are finding it easy just to listen to the things I tell you. . . . Eight--nine, ten--half-way there --always deeper asleep. . . . Eleven--twelve--thirteen--fourteen--fifteen --although deep asleep you can hear me clearly. You will always hear me distinctly no matter how deeply asleep you feel you are. Sixteen--seventeen--eighteen--deep asleep, fast asleep. Nothing will disturb you. You are going to experience many things that I will tell you to experience. . . . Nineteen--twenty. Deep asleep! You will not wake up until I tell you to. You will wish to sleep comfortably and to have the experiences I describe to you.

I want you to realize that you will be able to speak, to move, and even to open your eyes if I ask you to do so, and still remain just as hypnotized as you are now. No matter what you do, you will remain hypnotized until I tell you otherwise. . . . All right, then. . . .

Go to Instruction 1. HAND LOWERING.

0'. INDUCTION BY EYE CLOSURE

For those who close their eyes early

As soon as eyes close, terminate sentence appropriately, then say:

You are comfortably relaxed, but you are going to relax much more, much more. Your eyes are now closed. Keep your eyes closed until I tell you to open them or to wake up.

Then pick up at the appropriate place and continue with the following suggestions, all of which assume that the eyes are already closed. If eyes should reopen, instruct subject to close them.

(2') Now take it easy and just let yourself relax. Don't be tense. Just listen carefully to my voice. If your thoughts wander away from it, that is all right, but bring your attention back to it. Sometimes my voice may seem to change a little, or sound as if it were coming from far off. That is all right. If you begin to get sleepier, that will be fine, too. Whatever happens, accept it, and just keep listening to my voice as you become more and more relaxed. More and more relaxed. Just listen and relax. Whatever you feel is happening, just let it happen.

(3') Relax more and more. As you think of relaxing, your muscles will relax. Starting with your right foot, relax the muscles of your right leg. . . . Now the muscles of your left leg . . . just relax all over. Relax your right hand, your forearm, upper arm, and shoulder. . . . That's it. . . . Now your left hand . . . and forearm and upper arm . . . and shoulder. Relax your neck, and chest . . . more and more relaxed . . . completely relaxed.

(4') As you become relaxed, your body will feel sort of heavy or perhaps numb. You will begin to have this feeling of numbness or heaviness in your legs and feet . . . in your hands and arms . . . throughout

your body . . . as though you were settling deep into the chair. The chair is strong; it will hold your heavy body as it feels heavier and heavier. You are beginning to feel drowsy and sleepy, drowsy, sleepy. You are breathing freely and deeply, freely and deeply. You are getting more and more sleepy and drowsy, and your whole body is becoming more and more tired and heavy.

(5') You are relaxed, very relaxed. By letting yourself go you can become even more relaxed. You can reach a state of deeper, more complete relaxation. You are becoming increasingly drowsy and sleepy. There is a pleasant feeling of numbness and heaviness throughout your body. You begin to feel so relaxed, so sleepy. It is easier to bring back your thoughts from other things and to attend only to my voice. Soon you will just listen sleepily to my voice, as you become more and more deeply relaxed.

(6') You are relaxed, very relaxed. Your whole body feels heavy and relaxed. You feel a pleasant warm tingling throughout your body as you get more and more tired and sleepy. Sleepy. Drowsy. Drowsy and sleepy. Keep your thoughts on what I am saying; listen to my voice. Soon there will be nothing to think of but my voice and my words, while you relax more and more. There are no troubles, no cares to bother you now. Nothing seems important but what my voice is saying, nothing else is important now. You are interested only in what my voice is saying to you. Even my voice may sound a little strange, as though it comes to you in a dream, as you sink deeper into this numbness, this heaviness, of deep relaxation. Relax, relax . . . deeply relaxed. Deeper, deeper, deeper.

(7') You feel pleasantly drowsy and sleepy as you continue to listen to my voice. Just keep your thoughts on what I am saying. You are going to get much more drowsy and sleepy. Soon you will be deep asleep but you will have no trouble hearing me. You will not wake up until I tell you to. . . . Soon I shall begin to count from one to twenty. As I count you will feel yourself going down farther and farther into a deep restful sleep,

but you will be able to do all sorts of things I ask you to do without waking up. . . . One--you are going to go more deeply asleep. . . . Two--down, down into a deep, sound sleep. . . . Three--four--more and more asleep. . . . Five--six--seven--you are sinking into a deep, deep sleep. Nothing will disturb you. I would like you to hold your thoughts on my voice and those things I tell you to think of. You are finding it easy just to listen to the things I tell you. . . . Eight--nine--ten--halfway there--always deeper asleep. . . . Eleven--twelve--thirteen--fourteen--fifteen--although deep asleep you can hear me clearly. You will always hear me distinctly no matter how deeply asleep you feel you are. . . . Sixteen--seventeen--eighteen--deep asleep, fast asleep. Nothing will disturb you. You are going to experience many things that I will tell you to experience. . . . Nineteen--twenty. Deep asleep! You will not wake up until I tell you to. You will wish to sleep comfortably and to have the experiences I describe to you.

I want you to realize that you will be able to speak, to move, and even to open your eyes if I ask you to do so, and still remain just as hypnotized as you are now. No matter what you do, you will remain hypnotized until I tell you otherwise. . . . All right, then. . .

Go to Instruction 1. HAND LOWERING.

1. HAND LOWERING (RIGHT HAND)

Now hold your right arm out at shoulder height, with the palm of your hand up. There, that's right. . . . Attend carefully to this hand, how it feels, what is going on in it. Notice whether or not it is a little numb, or tingling; the slight effort it takes to keep from bending your wrist; any breeze blowing on it. Pay close attention to your hand now. Imagine that you are holding something heavy in your hand. . . maybe a heavy baseball or a billiard ball . . . something heavy. Shape your fingers around as though you were holding this heavy object that you imagine is in your hand. That's it. . . . Now the hand and arm feel heavy, as if the weight were pressing down . . . and as it feels heavier and heavier the hand and arm begin to move down . . . as if forced down . . . moving . . . moving . . . down . . . down . . . more and more down . . . heavier . . . heavier . . . the arm is more and more tired and strained . . . down . . . slowly but surely . . . down, down . . . more and more down . . . the weight is so great, the hand is so heavy. . . . You feel the weight more and more . . . the arm is too heavy to hold back . . . it goes down, down, down . . . more and more down. . . .

Unless all the way down, allow ten seconds;
note extent of movement, then continue:

(If not all the way down:) That's good . . . now let your hand go back to its original position on the arm of the chair, and relax. You probably experienced much more heaviness and tiredness in your arm than you would have if you had not concentrated on it and had not imagined something trying to force it down. Now just relax. . . . Your hand and arm are now as they were, not feeling tired or strained. . . . All right, just relax.

(If all the way down:) That's good. . . now let your hand return to its original position. Just let it rest there, and relax. Your hand and arm

are now as they were, not feeling tired or strained. All right . . . just relax.

Record score. Score (+) if hand has lowered at least six inches by end of ten-second wait. Go to Instruction 2. MOVING HANDS APART.

2. MOVING HANDS APART

Now extend your arms ahead of you, with palms facing each other, hands close together but not touching. Let me show you.

Take hold of subject's hands and position them about two inches apart.

I want you to imagine a force acting on your hands to push them apart, as though one hand were repelling the other. You are thinking of your hands being forced apart and they begin to move apart . . . separating . . . separating . . . moving apart . . . wider apart . . . more and more away from each other . . . more and more. . . .

Allow ten seconds without further suggestions and note extent of motion.

(If hands have moved very little:) That's fine. You notice how closely thought and movement are related. I'll take hold of your hands and bring them together so that you can feel how much they have moved apart.

Take subject's hands and move them together fairly slowly.

(If hands have moved apart:) That's fine. Just put your hands back on the arms of the chair and relax.

Record score. Score (+) if hands are six or more inches apart at end of ten seconds. Go to Instruction 3. MOSQUITO HALLUCINATION.

3. MOSQUITO HALLUCINATION

You have been listening to me very carefully, paying close attention. You may not have noticed a mosquito that has been buzzing, singing, as mosquitos do. . . . Listen to it now . . . hear its high pitched buzzing as it flies around your right hand. . . . It is landing on your hand . . . perhaps it tickles a little . . . there it flies away again . . . you hear its high buzz. . . . It's back on your hand tickling . . . it might bite you . . . you don't like this mosquito. . . . You'd like to be rid of it. . . . Go ahead, brush it off. . . get rid of it if it bothers you (Allow 10")

It's gone . . . that's a relief . . . you are no longer bothered . . . the mosquito has disappeared. Now relax, relax completely.

Record score. Score (+) for any grimacing, any movement, any acknowledgment of effect. Go to Instruction 4. TASTE HALLUCINATION.

4. TASTE HALLUCINATION

A. Sweet Taste

I want you to think of something sweet in your mouth. Imagine that you have something sweet tasting in your mouth, like a little sugar . . . and as you think about this sweet taste you can actually begin to experience a sweet taste. . . . It may at first be faint, but it will grow and grow . . . and grow. . . . Now you begin to notice a sweet taste in your mouth . . . the sweet taste is increasing . . . sweeter and sweeter . . . How much of a sweet taste is there now in your mouth?

If the subject indicates that he tastes sweet, determine how strong the taste is. If moderately strong, go on to B. Sour Taste; if no taste or very weak, continue as follows:

It will get stronger . . . it often takes a few moments for such a taste to reach its full strength. . . . It is now getting stronger. . . stronger. . . There . . . how is it now? Stronger?

Note reply, and go on with B. Sour Taste, starting with a. or b., depending upon the experience with sweet.

B. Sour Taste

a. (If little or no perception of sweet taste) That's all right. Some hypnotized persons can experience this sort of taste well and others can not. . . . Let's see how you do with another taste. (Go on with c.)

b. (If subject reported distinct taste of sweet) Now notice that something is happening to that taste. It is changing. . . (Go on with c.)

c. You are now beginning to have a sour taste in your mouth. . . an acid taste, as if you have some lemon in your mouth, or vinegar. . . . The taste in your mouth is getting more and more sour, more acid . . . more and more sour Do you have that sour taste in your mouth now?

Note reply. If reply is "yes," ask "Is it strong? How does it compare in strength with the sweet you experienced earlier?"

d. (If sour not experienced) Not everyone can experience tastes like this when hypnotized. Your mouth feels quite normal Just relax and don't think about tastes anymore. . . . Just continue to relax . . .

e. (If sour experienced) That's fine . . . but note the sour taste is going away and your mouth feels just as it did before I mentioned any tastes at all. . . . There, it's quite normal now . . . and you just continue to relax . . . more and more relaxed

Record (+) if both tastes experienced, and either (a) one is accompanied by overt signs, such as lip movements or grimacing, or (b) one is reported as strong. Go to Instruction 5. ARM RIGIDITY.

5. ARM RIGIDITY (RIGHT)

Please hold your right arm straight out, and fingers straight out, too. That's it, right arm straight out. Think of your arm becoming stiffer and stiffer . . . stiff . . . very stiff . . . as you think of its becoming stiff you will feel it become stiff . . . more stiff and rigid, as though your arm were in a splint so the elbow cannot bend . . . stiff : . . held stiff, so that it cannot bend. A tightly splinted arm cannot bend. . . . Your arm feels stiff as if tightly splinted. . . . Test how stiff and rigid it is. . . . Try to bend it . . . try . . . (Allow 10")

(If arm bends:) That's fine. You will have an opportunity to experience many things. You probably noticed how your arm became stiffer as you thought of it as stiff, and how much effort it took to bend it. Your arm is no longer at all stiff. Place it back in position, and relax.

(If arm does not bend:) Relax . . . don't try to bend your arm any more. . . . It is not stiff any longer. . . . Let it relax back into position. Just relax.

Record score. Score (+) if there is less than two inches of arm bending in ten seconds. Go to Instruction 6. DREAM.

6. DREAM

We are very much interested in finding out what hypnosis and being hypnotized means to people. One of the best ways of finding out is through the dreams that people have while they are hypnotized. Some people dream directly about the meaning of hypnosis, while others dream about this meaning in an indirect way, symbolically, by dreaming about something which does not seem outwardly to be related to hypnosis, but may very well be. Now neither you nor I know what sort of a dream you are going to have, but I am going to allow you to rest for a little while and you are going to have a dream . . . a real dream . . . just the kind you have when you are

asleep at night. When I stop talking to you very shortly, you will begin to dream. You will have a dream about hypnosis. You will dream about what hypnosis means Now you are falling asleep Deeper and deeper asleep . . . very much like when you sleep at night Soon you will be deep asleep, soundly asleep. As soon as I stop talking you will begin to dream. When I speak to you again you will stop dreaming, if you still happen to be dreaming, and you will listen to me just as you have been doing. If you stop dreaming before I speak to you again, you will remain pleasantly and deeply relaxed. . . . Now sleep and dream Deep asleep!

Allow 2 minutes. Then say:

The dream is over; if you had a dream you can remember every detail of it clearly, very clearly. You do not feel particularly sleepy or different from the way you felt before I told you to fall asleep and to dream, and you continue to remain deeply hypnotized. Whatever you dreamed you can remember quite clearly, and I want you to describe it to me from the beginning. Now tell me about your dream, right from the beginning.

(if subject has no dream:) That's all right--not everyone dreams.

(if subject hesitates, or reports vaguely, probe for details. Then terminate:) That's all for the dream.

Record the dream as nearly verbatim as possible. Score (+) if subject dreams well (i.e., has an experience comparable to a dream--not just vague, fleeting experiences, or just thoughts or feelings without accompanying imagery). It is possible to obtain a plus score, even though the subject may insist it was not a real dream. Go to Instruction 7. AGE REGRESSION.

7. AGE REGRESSION

Material needed: 8 1/2 x 11" pad of paper and #1 soft lead pencil.

Continue to go deeper and deeper into the hypnotic state. I am going to give you a pad and a pencil. Let's see, which hand do you write with? Good, here you can hold the pad in your (left, right) hand and the pencil in your (right, left) hand in such a way that you can easily write on the pad with the pencil. (Place pad and pencil in hands, being sure eyes remain closed.) Now please write your name . . . and while you are at it, why don't you also write your age and the date. That's fine. Keep the pad and pencil in your hands and listen closely to me. I would like you to think about when you were in the fifth grade of school; and in a little while you will find yourself once again a little boy (girl) on a nice day, sitting in class in the fifth grade, writing or drawing on some paper. . . . I shall now count to five and at the count of five you will be back in the fifth grade. . . . One, you are going back into the past. It is no longer (state present year), nor (state an earlier year) or (state a still earlier year), but much earlier. Two, you are becoming increasingly younger and smaller . . . presently you will be back in the fifth grade, on a very nice day. Three, getting younger and younger, smaller and smaller all the time. Soon you will be back in the fifth grade, and you will feel an experience exactly as you did once before on a nice day when you were sitting in class, writing or drawing. Four, very soon you will be there. . . . Once again a little boy (girl) in a fifth grade class. You are nearly there now. . . . In a few moments you will be right back there. Five! You are now a small boy (girl) in a classroom in school. . . .

How old are you? . . .

Where are you? . . .

What are you doing? . . .

Who is your teacher? . . .

Continue, even if there is no evidence of regression.

You have a pad of paper and are holding a pencil. I would like you to write your name on the pad with this pencil. . . . That's fine, and now please write down your age . . . and now the date, if you can . . . and the day of the week. . . .

Presently you will no longer be in the fifth grade, but you will be still younger, back in the second grade. I shall count to "two," and then you will be in the second grade. One, you are becoming smaller still, and going back to a nice day when you were in the second grade. . . . Two, you are now in the second grade, sitting happily in school with some paper and pencil. . . . You are in the second grade. . . .

What is your name? . . .

And how old are you? . . .

Where are you? . . .

Who is your teacher? . . .

Would you please write your name on the paper That's good And now can you write how old you are? That's fine And can you tell me what the date is today? Or the day of the week? . . .

Regardless of what the responses have been:

That's fine. . . . And now you can grow up again and come right back to (state current day and date) in (name of locale of testing). You are no longer a little boy (girl) but a grown up person of (state age) sitting in a chair deeply hypnotized. How old are you? And what is the date? Where are you? That's right. . . . Today is (correct date) and you are (correct age) and this is (name place where subject is being tested). Fine, everything is back as it was. Now I'll take the pad

and pencil you have been holding. . . . (Remove pad and pencil)
 Now just continue to be comfortably relaxed. . . .

Score (+) if a clear change in handwriting between the present and one of the regressed ages. Go to Instruction 8. ARM IMMOBILIZATION.

8. ARM IMMOBILIZATION (LEFT ARM)

You are very relaxed and comfortable, with a feeling of heaviness throughout your body. I want you now to think about your left arm and hand. Pay close attention to them. They feel numb and heavy, very heavy. How heavy your left hand feels . . . even as you think about how heavy it is, it grows heavier and heavier. . . . Your left arm is getting heavier . . . heavy . . . heavy Your hand is getting heavier, very heavy, as though it were being pressed against the arm of the chair. You might like to find out a little later how heavy your hand is--it seems much too heavy to move--but in spite of being so heavy, maybe you can move it a little, but maybe it is too heavy even for that. . . . Why don't you see how heavy it is. . . . Just try to lift your hand up, just try. (Allow 10")

(If hand lifts:) That's fine. You see how it was harder to lift than usual because of the relaxed state you are in. Now place your hand back in position on the arm of the chair and relax. Your hand and arm now feel normal again. They are no longer heavy. Just relax . . . relax all over.

(If hand does not lift:) That's fine. . . . Stop trying . . . just relax. Your hand and arm now feel normal again. They are not heavy any more. Just relax . . . relax all over.

Record score. Score (+) if arm rises less than one inch in the ten second period. Go to Instruction 9. ANOSMIA TO AMMONIA.

9. ANOSMIA TO AMMONIA

Material needed: A small screw-top bottle filled with undiluted household ammonia.

In a moment you are not going to be able to smell any odors . . . Even now you are becoming less and less able to smell odors. . . you can smell odors less and less. . . less and less. . . Very soon you will be unable to smell even the strongest of odors. . . Now you can no longer smell anything at all. You can no longer smell any odors. I am going to place a bottle of an odorous substance under your nose so that you can see for yourself that your sense of smell is completely gone, and you can't smell anything. . . Your nose is completely insensitive. . . See for yourself that your nose is anesthetized, incapable of smelling any odors. . .

Bring the bottle of ammonia 3" away from the subject's nose and say:

Now take a good sniff. . .

Remove bottle after opportunity for sniffing has been given.

a. (If subject sniffs satisfactorily:) Did you smell anything just now? (If "yes") What did it smell like to you?

Note reply, and go to c. Termination.

b. (If subject fails to sniff satisfactorily:) You can take a better sniff than that. . . (Again place bottle under nose) Go ahead and take a good sniff and see that you really can't smell. . . (Remove bottle) Did you smell anything this time? What did it smell like to you?

c. Termination, for all subjects: That's fine. . . now your nose is returning to its normal state of smell. . . In a moment you will be able to smell as you have always been able to do. . . Now you can smell fine, as well as ever. Here, take a good sniff of this.

Place opened bottle under subject's nose. After removing and closing bottle, inquire:

How does this compare with what you smelled a little while ago?

All right, everything is normal again. We are through with odors. Just sit back and relax.

Score (+) if odor of ammonia denied and overt signs were absent. Go to Instruction 10. HALLUCINATED VOICE.

10. HALLUCINATED VOICE

I forgot to mention to you a while ago that there is someone in the office who wants to ask you some questions about yourself for our records, such as how old you are, where you were born, how many brothers and sisters you have, and a few other factual questions. I hope you won't mind answering these questions. The questions will be asked over a loudspeaker microphone combination which is on the wall to your right. Please talk good and loud when you answer so that you can be heard clearly. The loudspeaker has just been turned on. . . . There's the first question. . .

Allow 10 seconds. If subject begins to answer, go to c. below; if no answer, say:

Didn't you hear the question?

a. (If subject says he hears nothing:) That's fine. Let's go on to something else. There is no voice asking questions.

Score (-) and go to Instruction 11. NEGATIVE VISUAL HALLUCINATION.

b. (If subject says he has heard the question, but has not answered aloud:) I could not hear what you said. Please answer so that I can hear you, too. (An occasional subject may hallucinate his answers; if he appears to be hallucinating, repeat the request to speak more loudly.)

c. (If subject hears and responds, allow him to give three or four answers, then terminate as follows:) That's fine. I think you have answered enough questions and we had better go on to something else. There is no longer any voice asking questions.

Score (+) if subject answers realistically at least once, or gives evidence of having hallucinated his answers. Go to Instruction 11. NEGATIVE VISUAL HALLUCINATION.

11. NEGATIVE VISUAL HALLUCINATION: THREE BOXES

Material needed: Small table to be placed before subject; a small folding TV table will do. Three small colored boxes (e.g., red, white, and blue), about 2" x 3" on a side and 1/2" deep. Line up boxes from left to right in front of the subject on the table.

While you sit there with your eyes closed, I am placing a small table in front of you.

Place table; arrange the three boxes.

In a little while I am going to ask you to open your eyes and look at the table in front of you, remaining as hypnotized as you now are. I have placed two boxes on the table. In fact, that is all there is on the table: just two boxes. Two small boxes and nothing else. . . . All right, open your eyes slowly, and look at the two boxes. Do you see them? . . . Do you see anything else on the table?

a. (If subject reports three boxes:) That's right . . . there really are three boxes. Now close your eyes and relax, as I take away the table and the boxes.

Score (-) and go to Instruction 12. POST-HYPNOTIC AMNESIA.

b. (If subject accepts fact of two boxes:) That's right. You see just the two boxes. Now I want you to tell me what these boxes look like. Are they large? . . . Are they alike? . . .

Record colors named by the subject.

That's right, they are (colors named by the subject). By the way, is the (color of one box) on the right or on the left of the other box? That's right.

Termination: But now look hard. . . Aren't there really three boxes? There really are three boxes. . . . What is the color of the third box? . . . That's right. . . . Now close your eyes and relax as I take away the table and the boxes.

Score (+) if hallucination is present, whether or not sustained. Sometimes the third box is perceived vaguely as a colored spot or shadow. The score is still (+). Go to Instruction 12. POST-HYPNOTIC AMNESIA.

12. POST-HYPNOTIC AMNESIA

Stay completely relaxed, but listen carefully to what I tell you next. In a little while I shall begin counting backwards from twenty to one. You will awaken gradually, but you will still be in your present state for most of the count. When I reach "five" you will open your eyes, but you will not be fully awake. When I get to "one" you will be entirely roused up, in your normal state of wakefulness. You will have been so relaxed, however, that you will have trouble recalling the things I have said to you and the things you did or experienced. It will prove to cost so much effort to recall that you will prefer not to try. It will be much easier just to forget everything until I tell you that you can remember. You will forget all that has happened until I say to you: "Now you can remember everything!" You

will not remember anything until then. After you wake up you will feel refreshed, and not have any pain or stiffness or other unpleasant aftereffects. I shall now count backwards from twenty, and at "five," not sooner, you will open your eyes but not be fully aroused until I reach "one." At "one" you will be fully awake. Ready, now: 20-19-18-17-16-15-14-13-12-11-10 (half-way) 9-8-7-6-5-4-3-2-1. Now you feel wide awake! I want to ask you a few questions about your experience. Please tell me now in your own words everything that has happened since you began looking at the target.

Record items on scoring sheet in order of mention. If blocked ask "Anything else?" and record answers until subject reaches a further impasse. Continue:

You have forgotten (all the, many, a few) things which happened. Can you tell me a little what it feels like? (If necessary, probe in order to ascertain nature of amnesia, i.e., whether true, verbal inhibition, etc.)

Record comments, then continue:

Listen carefully to my words. Now you can remember everything. Anything else now?

Record added items in order of mention. Remind subject of any items not mentioned by him. Continue:

About your inability to recall a while ago, how real was it to you?

Record comments.

That's all now. Thank you for participating.

Score (+) if subject recalls 3 or fewer items before being told "Now you can remember everything." The recall should be specific enough to identify the item; not, e.g., "something with my arms."

SCORING BOOKLET (FORM C)

The SCORING BOOKLET is prepared in 8 1/2" x 11" size in order to allow room for detailed recording of the subject's responses. The booklet is reproduced here in reduced size, as a specimen only.

Because the SCORING BOOKLET is in this several-page form, the INTERROGATORY BLANK, which is separate for Forms A and B, is included in the single booklet for Form C.

More detail is called for than enters into the objective scores. In most cases it is desirable to have additional information as a matter of record.

SCORING BOOKLET: FORM C

To be used in connection with Weitzenhoffer and Hilgard's Stanford Hypnotic Susceptibility Scale: Form C, Consulting Psychologists Press, Inc., Palo Alto, California.

Subject No. Date Total Score
 Name Hypnotist

Summary of Scores

Details on the pages that follow	Score (+ or -)
0. Eye closure (not counted in total score)	()
1. Hand Lowering (Right Hand)	
2. Moving Hands Apart	
3. Mosquito Hallucination	
4. Taste Hallucination	
5. Arm Rigidity (Right Arm)	
6. Dream	
7. Age Regression (School)	
8. Arm Immobilization (Left Arm)	
9. Anosmia to Ammonia	
10. Hallucinated Voice	
11. Negative Visual Hallucination (Three Boxes)	
12. Post-Hypnotic Amnesia	
Total (+) score	

Record of Recall in Test for Amnesia

	Order of Mention		Order of Mention
Hand lowering	Age regression
Moving hands apart	Arm immobilization
Mosquito hallucination	Anosmia to ammonia
Taste hallucination	Hallucinated voice
Arm rigidity	Negative visual	
Dream	hallucination

Total number of items recalled

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ITEM	SCORE
<p>0. RESPONSE TO INDUCTION</p> <p>a. (If Eye Closure used)</p> <p>Eyes: _____: _____: close without forcing do do not</p> <p>b. (If other method of induction used) Method _____ Response _____</p>	<p>() (Not counted)</p>
<p>1. HAND LOWERING (RIGHT HAND)</p> <p>Remarks:</p> <p>Score (+) if hand has lowered at least six inches by end of 10 seconds.</p>	<p>(1) _____</p>
<p>2. MOVING HANDS APART</p> <p>Remarks:</p> <p>Score (+) if hands are six inches or more apart at end of 10 seconds.</p>	<p>(2) _____</p>
<p>3. MOSQUITO HALLUCINATION</p> <p>Remarks:</p> <p>Score (+) for any grimacing, movement, or acknowledgment of effect.</p>	<p>(3) _____</p>
<p>4. TASTE HALLUCINATION</p> <p>A. Taste of sweet: _____: _____: _____: _____: none vague weak strong</p> <p>Overt signs: _____: _____: yes no</p> <p>B. Taste of sour: _____: _____: _____: _____: none vague weak strong</p> <p>Overt signs: _____: _____: yes no</p> <p>Remarks:</p> <p>Score (+) if <u>both</u> tastes are experienced and <u>either</u> one strong <u>or</u> one with overt movements.</p>	<p>(4) _____</p>

ITEM	SCORE
<p>5. ARM RIGIDITY (RIGHT ARM) Remarks:</p> <p>Score (+) if there is less than 2 inches of arm bending in 10 seconds.</p>	(5) _____
<p>6. DREAM (Record dream here, if any; or any report of passing thoughts, fantasies, etc.)</p> <p>Score (+) if subject dreams well (i.e., has an experience comparable to a dream--not just vague, fleeting experiences, or just feelings or thoughts without accompanying imagery). It is possible to obtain a plus score, even though the subject may insist it was not a real dream, provided the hypnotist notes that the imagery and action are not under volitional control.</p>	(6) _____

ITEM	SCORE
<p>7. AGE REGRESSION (SCHOOL)</p> <p>a. <u>Verbal evidence: Fifth Grade</u></p> <p>How old are you? _____</p> <p>Where are you? _____</p> <p>What are you doing? _____</p> <p>Who is your teacher? _____</p> <p>Other information _____</p> <p>Rating: _____ : _____ : _____ : No regression Fair Good</p> <p>b. <u>Verbal evidence: Second Grade</u></p> <p>What is your name? _____</p> <p>And how old are you? _____</p> <p>Where are you? _____</p> <p>Who is your teacher? _____</p> <p>Other information _____</p> <p>Rating: _____ : _____ : _____ : No regression Fair Good</p> <p>c. <u>Handwriting evidence</u></p> <p>Fifth grade: _____ : _____ : _____ : no change some change striking change</p> <p>Second grade: _____ : _____ : _____ : no change some change striking change</p> <p>Score (+) if clear change in handwriting between the present and <u>one</u> of the regressed ages.</p>	(7) _____
<p>8. ARM IMMOBILIZATION (LEFT ARM)</p> <p>Remarks:</p> <p>Score (+) if arm rises less than one inch in 10 seconds.</p>	(8) _____

ITEM	SCORE
<p>12. POST-HYPNOTIC AMNESIA</p> <p>(1) Please tell me now in your own words everything that has happened from the time that (refer to induction used). (List items in order of mention. If blocked, ask, "Anything else?" until subject reaches a further impasse.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Anything else?</p> <p>_____</p> <p>_____</p> <p>You have forgotten (all the, many, a few) things which happened. Can you tell me a little what it feels like? (If necessary, probe in order to ascertain nature of amnesia, i.e., whether true, verbal inhibition, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(2) Listen carefully to my words. Now you can remember everything. Anything else now? (List in order of mention.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Remind subject of omitted items. Remarks on nature of amnesic experience ("about your inability to recall a while ago, how real was it to you?")</p> <p>_____</p> <p>_____</p> <p>Score (+) if subject recalls 3 or fewer items before "Now you can remember everything."</p>	<p>(12)_____</p>

STANDARDIZATION INFORMATION

The Form C scale was administered to a sample of 203 Stanford University undergraduate students, 101 men and 102 women, during the academic years 1960-61 and 1961-62. Each of these students had been interviewed prior to the first induction of hypnosis, then, on a later day, Form A was administered, followed by Form C on another day. The study was undertaken with research objectives other than scale construction, but analysis in terms of these other objectives will be postponed for other reports.

Norms for a Sample of University Undergraduate Students

Score distributions, based on the passing or failing of the 12 items of the scale, are presented in Table 1. For the total sample the scores have also been presented as Centile Equivalents, and as Standard Scores. The indication of very high, high, medium, and low is merely an arbitrary grouping to help in the interpretation of raw scores.

It turns out that despite the differences in test content the score distributions for Forms A and B and for Form C are very much alike, with corresponding percentages being found within the same score ranges defined as high, medium, and low. Thus, so far as general level of scoring is concerned, Form C may be considered as an alternative to Forms A and B, with raw scores similarly interpreted. The advantage of Form C lies in its richer and more varied content.

Item Analysis

The contribution of each of the 12 items to the total score is indicated in Table 2, in which the percent passing each item is indicated along with the biserial correlation of that item with the total score with that item omitted. The correlations are all positive, and they range from .49 to .87. These correlations mean that the test is highly saturated with a common factor, just as Forms A and B were.

Table 1. Form C Norms for Stanford Undergraduate Students

General Level	Raw Scores	Number of Cases			Percent of Cases	Centile Equivalent	Standard Score*								
		Male	Female	Total											
Very high	12	3	3	6	3	99	72								
	11	4	2	6	3			96	69						
High	10	6	2	8	4	92	66								
	9	5	3	8	4			88	63						
	8	9	12	21	10					81	59				
	7	11	9	20	10							71	56		
	6	8	9	17	8									62	53
	5	12	12	24	12										
Low	4	9	6	15	7	42	47								
	3	8	14	22	11			33	43						
	2	11	24	35	17					19	40				
	1	9	4	13	7							7	37		
	0	6	2	8	4									2	34
	Cases	101	102	203	100%										
	Mean	5.28	4.86	5.07											
	S.D.	3.27	2.91	3.15											

* Mean of 50, standard deviation of 10.

Table 2. Contribution of Each Item of Form C within the Total Scale
(N = 203 throughout)

Item	Percent Passing	Correlation with Total Score Minus This Item Biserial r's
1. Hand lowering	92	.60
2. Moving hands apart	88	.49
3. Mosquito hallucination	48	.80
4. Taste hallucination	46	.75
5. Arm rigidity	45	.76
6. Dream	44	.57
7. Age regression	43	.68
8. Arm immobilization	36	.81
12. Amnesia*	27	.85
9. Anosmia to ammonia	19	.65
10. Hallucinated voice	9	.63
11. Negative visual hallucination	9	.87

* Amnesia out of order because of necessity given at end of session.

It will be noted that the items have been arranged in the order of decreasing percent passing. In view of their high intercorrelations and this order, the scale approximates a Guttman-scale, although it is imperfect in that the extreme items are both too easy and too hard, there are too many items of very similar difficulty in the middle ranges, and the amnesia test is out of order. The high biserial correlations of the most difficult items (hallucinated voice and negative visual hallucination) show that these items are consistent in selecting those subjects who have scored high on other items. Amnesia again turns out to be an item well representative of the general factor in hypnotic susceptibility.

Reliability

While retest reliability is not available on Form C, because only one form is available, recourse was had to the Kuder-Richardson Formula 20. This led to an estimated reliability coefficient of $r = .85$, comparable to the retest reliability of $r = .83$ previously reported for Forms A and B.

Relationships between Scores on Form A and Form C

It will be recalled that Form C has a number of items equivalent to those from the earlier Forms A and B, although they are presented in a different order; these items are supplemented by new ones, which it is hoped might tap somewhat different hypnotic abilities. It is therefore instructive to study the correlations between Form A and Form C for the common items, for the novel items, and for the tests as a whole. These are presented in Table 3.

The three correlations are not strictly comparable because of the reduction of reliability in those cases in which the tests have been shortened. If a correction for attenuation is applied, the correlations fall in

Table 3. Correlations Between Scores on Form A and Form C
(N = 203 throughout)

Scores Correlated	"r"	"r" Corrected for Attenuation
Items common to Form A and Form C (7 items)*	.72	.97
Total scores, Form A vs. new items on Form C (12 items vs. 7 items)	.62	.79
Total scores, Form A vs. total scores, Form C	.72	.85

* The seven items include eye closure, not usually scored for Form C, but scored for this purpose. The assumption is that corresponding items of Form A and of Form B are equivalent.

their expected order, the "true" correlation being highest for the common items, lowest for the correlation between Form A and the new items of Form C, and in-between for the total scores. Nothing is to be made of the absolute values of the corrected correlations in view of the assumptions involved in the correction for attenuation, and the fact that any practical situation will involve using the fallible measures.

It is thus evident that the novel items introduced into Form C, while they correlate substantially with Form A scores, introduce some secondary factors that reduce the correlations between them and the common items.

Alternate Scoring of Form C

The arrangement of Form C items in an ascending order of difficulty (except for the amnesia test at the end), means that when early items are failed the later items are also very likely to be failed. If the test were perfect, and the order appropriate for all subjects, the test could be terminated as soon as any item was failed, without loss of information. The situation is, of course, not that simple, but we have found that by continuing the test only until the third failure little information is lost, and a good deal of time (and frustration) saved.

In practice, all subjects were carried through the whole test, but it is possible to rescore their tests to see what would have been the case had the test been discontinued after the third failure, regardless of whether or not the failures are consecutive. For those who passed no further item, this abbreviated test yields the same score as the full test; for those who may have passed one or more items beyond the third failure, the score will be an underestimate. The empirical results are shown in Table 4. The correlation of $r = .94$ between the two methods of scoring shows that not much is lost by using the shorter method. Although in practice a few subjects will be penalized by the shortened form, they are mostly the less successful subjects. This follows because any subject who scores 10, 11, or 12

Table 4. Effects of Shortening the Test by Ceasing After the
Third Failed Item (Form C)*

Change in Number of Items Passed	Number of Cases	Percent of Cases
0 (i.e., identical score)	111	55
-1	53	26
-2	27	13
-3	10	5
-4	<u>2</u>	<u>1</u>
	203	100

* Correlation between scores on short test and whole test, $r = .94$.

on the long form necessarily scores the same on the "shortened" form, because he has no opportunity to make three errors if he scores that high in 12 opportunities. One who scores 9 can conceivably score as low as 6 on the shortened form, but only if he makes three errors among the first 9 items, and is successful with the final two most difficult items and amnesia.⁴ Subjects with low scores have more opportunities to pick up a passing item after having failed three, but relatively few of them do. The saving in time with low-scoring subjects is evident, because the trials required is never more than the total score plus three.

In order to interpret scores from the short form (stopping after the third failure, whether or not the failures are consecutive) the following rule-of-thumb applies: accept scores of 9-12 as equivalent to the long form; for short-form scores of 0 through 8, add one point to the score. Scores adjusted in this way yield a distribution of scores very similar to the long form, as shown in Table 5, which is to be compared with Table 1.

⁴This unexpected pattern of scores did happen in one case; it is the kind of chance taken when any "shortcuts" are used.

Table 5. Distribution of Adjusted Short-Form Scores:
Based on Ceasing Testing after Third Failure

General Level	Adjusted Scores*	Number of Cases	Percent of Cases
Very high	12	6	3
	11	6	3
High	10	8	4
	9	11	6
	8	16	8
Medium	7	19	9
	6	21	10
	5	17	8
Low	4	16	8
	3	58	29
	2	14	7
	1	11	5
Cases		203	100%
Mean		5.25	
S.D.		2.87	

* One point added to scores 0-8.

We have explored several other methods of shortening the use of Form C. For example, if testing is limited to those who score 6 to 12 on Form A, it would be possible to start with more difficult items on Form C. We have not yet performed systematic studies of testing that start with later items. If the earlier items are assumed not to have an effect on the depth of hypnosis, so that present scores on the later items are accepted as what would be obtained if testing were started with them, it is possible to study the effects on scores of starting with the sixth item of Form C. A test started there, and continued to the third failure, is found to correlate .95 with the total score for such a restricted sample, that is, those scoring 6 or over on Form A, (N = 100). This is, of course, the most economical testing procedure. Adding four points to a score thus obtained produces a distribution very like that of the score obtained with the total scale. Any form of shortened test loses some information, but a test arranged with items in order of ascending difficulty can be used for approximate scores with much economy of time.

Experience with Form C Scores

Several investigations within the Stanford laboratory have been concerned with personal characteristics of the subject in relation to hypnotic susceptibility. The content of the Form C scale is such that in some instances it has yielded higher correlations with other measures than Form A, although this is not universally the case. Some illustrative correlations are given in Table 6. Of the 14 pairs of correlations presented, 12 are numerically higher with scores on Form C than on Form A, although the relationship is reversed for the other two. These correlations are presented merely for this comparison; many of them are unreplicated and should not be taken as indicative of established relationships between the measures and susceptibility to hypnosis. It should be noted also that Form C was given after Form A, and it may be that a second day's hypnotic scores are

Table 6. Some Correlations with Personality Measures
of scores on Form A and Form C

Measure	Sample	Correlation with Form A Scores	Correlation with Form C Scores
Prediction from 1- hour interview prior to hypnosis ^a	48 male Ss	.41	.46
60-item Experience Inventory ^b	102 female Ss	.19	.33
	100 male Ss	.26	.37
MMPI Scales ^c	50 males Ss		
	50 female Ss		
K	Male	-.20	-.26
	Female	-.12	-.15
Hs - K	Male	.13	.20
	Female	.24	.32
Pd - K	Male	.02	.20
	Female	.42	.31
Pt - K	Male	.19	.21
	Female	.20	.40
Ma - K	Male	.24	.34
	Female	.05	.17
Sc	Male	.01	.08
	Female	.15	.34
Leary Interpersonal Check List "Love" factor scale ^d	84 female Ss	.31	.28

^aData from interview project under direction of Josephine R. Hilgard.

^bData courtesy Arvid Ås.

^cStanford laboratory, unpublished data.

^dData courtesy of P. M. Bentler, based on factor analysis by Nancy Wiggins.

more representative of the subject's ability to be hypnotized than a first day's set of scores. When Form C scores are divided into two subscales, one scale representing the items in common with Forms A and B, and the other representing the unique items, it is found that the items unique to Form C tend to correlate higher than the common items, both with the interviewer predictions and with scores from pencil-and-paper tests. Thus the generally higher correlations with Form C are not to be attributed only to the fact that the test was the second one.⁵

Summary

The empirical studies of Form C indicate that it is roughly equivalent to Forms A and B in the distribution of scores, but it has several differences that are important, including the arrangement of items that permits short-form administration and scoring, and the more varied item content that in some cases leads to higher correlations with personality measures.

Because the test is designed for research use, the authors would welcome any reports of experience in its use, including norms on populations other than university students.

⁵ A special experiment would be needed to unravel the effects of test order and test content; we have thus far done no studies in which Form C was used first.

APPENDIX I

11. NEGATIVE VISUAL HALLUCINATION: THREE BOXES
(Original Version).

The original version of this test item requires you to have a penny available in addition to the three boxes. Do section, a, as already described. Section, b, now consists in doing as follows.

b. If subject accepts fact of two boxes:), say, "That's right. There are only two boxes. What do they look like?"

Record colors named by subject, then say,

"That's right they are (use colors named by subject). By the way, is the (use one of the named colors) box on the right or on the left of the other box?" ... "That's right."

Now hand the penny to the subject and say to him, "Place this penny into the middle box."

The subject will react in any number of ways. He will usually act puzzled, make tentative moves, say there is no middle box, that he cannot comply, merely look at the hypnotist and do no more, ask for clarification, etc. Repeat "Place the penny in the middle box." and wait. If the subject has not done anything with the penny after this request has been made four times, terminate as indicated below.

Usually the subject eventually does something. Usually when he sees only two boxes these are adjacent boxes and not uncommonly he eventually places the penny between these two boxes. Whatever he does, record it and then say

"Actually there really are three boxes and you can now see them all. Now place the penny in the middle box (i.e., if he has not already done so).

Hilgard never explained to the principal author why he had changed this item, which he did without consulting with the latter. It may have had to do with an early concern he had regarding stressing subjects. This is a concern he obviously no longer had when he later did his research on pain. The request with the penny is primarily to test the solidity, so-to-speak, of the negative hallucination. It may also throw some light upon the so-called "logic" of presumably hypnotized persons. Hilgard's failure to preserve the original test item may have prevented potentially informative normative data from being gathered.

Because of the order of the items, the three boxes will have to be positioned in front of the subject just prior to doing the test. However this is done it should be done in such a way that the subject get no clues regarding how many boxes there are (such as hearing them being placed one by one on a table. The boxes should also be identical in shape and size and relatively shallow. The spray painted screw tops of many jars are fine for this.

APPENDIX II

12. SPONTANEOUS AMNESIA

Stay completely relaxed but listen carefully to what I tell you next. In a little while I shall begin counting backwards from twenty to one. You will awaken gradually, but you will still be in your present state for most of the count. When I reach "five" you will open your eyes, but you will not be fully awake. When I get to "one" you will be entirely roused up, in your normal state of wakefulness. After you wake up you will feel refreshed, and not have any pain or stiffness or other unpleasant aftereffects. I shall now count backward from twenty, and at "five," not sooner, you will open your eyes but not be fully aroused until I reach "one." At "one" you will be fully awake. Ready, now: 20-19-18-17-16-15-14-13-12-11-10 (halfway) 9-8-7-6-5-4-3-2-1. Now you feel wide awake. I want to ask you a few questions about your experience. Please tell me now in your own words everything that has happened since you began looking at the target.

Record items on scoring sheet in order of mention. If blocked, ask "anything else?" and record until subject reaches a further impasse.

If **no** amnesia is present, say, "That's right, you can remember everything."

If amnesia or some amnesia is present then continue with

You have forgotten (all the, many, a few) things which happened. Can you tell me a little what it feels like? (If necessary, probe in order to ascertain the nature of the amnesia, i.e., whether true, a verbal inhibition, etc.,)

At this point several action options are possible.

One is to rehypnotize the subject and remove the amnesia. Usually this can be quickly done by telling the subject this is what is going to be done. The latter is then told to close his eyes and that he is now going back into a state of hypnosis from which he will awaken, with a full memory of everything that happened while

he was hypnotized the first time. "Your memories are now coming back," he is told. Continue with "When you next open your eyes you will be back in your normal state of consciousness, wide awake, remembering everything that happened including what we just did now."

Let subject relate what he recalls filling in such gaps as there may be.

Another option is to allow the amnesia to remain, with the comment "Not remembering (vaguely remembering) is normal. Usually these memories come back after a short while."

Hilgard did not like for subjects to stay amnesic, feeling this might be stressful. There are no data to show this is a real problem.

Having the subject open his eyes at the count of five allows the hypnotist to detect the presence of the so-called trance stare if it is present. This can be better seen by waiting a few moments before resuming the count. Its presence can be taken as further evidence the subject was and still is in a hypnotic state. (see Weitzenhoffer, 2000, for more details). This information should have been in the 1962 printing of the scale.

It should be obvious that the instructions given the subject at the start of this appendix assume hypnosis has been identified with sleep during the induction. The use of such words as "awake," "waken," etc., may not be congruent with uses of Form C in other situations where sleep is not mentioned. In such cases appropriate changes will have to be made in the instructions. (see Weitzenhoffer, 2000, for more details).

There are reasons for believing that, when present, hypnosis does not immediately vanish when a subject is told to awaken, even after he has opened his eyes. Not infrequently the subject's immediate behavior shows it. (Weitzenhoffer, 2000). In any event, this means, in particular, that amnesia **may not be immediately present** when the subject appears to have "awakened." and that one should not immediately question him. It is therefore a good practice to wait a few minutes before doing so. Telling the subject to stand up a moment and stretch is a good way to deal with this situation.