HYPNOTIC SUSCEPTIBILITY SCALES: *Are the Mean Scores Increasing?*

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Abstract: The Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C), developed and named 37 years ago, is arguably the "gold standard" of hypnotic susceptibility scales. However, it has been the impression of several researchers that means obtained on the SHSS:C are higher now than in previous years. The authors comprehensively review studies using the SHSS:C over a 4-decade period. The findings demonstrate a significant linear trend between year and SHSS:C scores, with higher obtained means in more recent work. The authors also report a similar analysis of research with the Harvard Group Scale of Hypnotic Susceptibility, Form A. Although the mechanisms underlying this trend can only be speculated upon at present, these findings underscore the importance of using local control groups in research on hypnotizability.

The observation that people differ in their general level of responsiveness to hypnotic procedures dates back to the 18th century. In the 19th century, Braid (1843) and Bernheim (1888/1964) led the way with their systematic attempts to measure hypnotic responsiveness. However, it was not until the introduction of the Stanford Hypnotic Susceptibility Scale, Forms A and B (SHSS:A, SHSS:B; Weitzenhoffer & Hilgard, 1959) in the late 1950s that a scale of hypnotic responsiveness was developed, standardized, and normed. As Perry, Nadon, and Button (1992, p. 460) noted: "At last the field had a uniform yardstick, against which experimental studies from different investigators could be gauged." In 1962, Weitzenhoffer and Hilgard introduced a third version of the Stanford scale, the Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C). With the introduction of more difficult cognitive items, the SHSS:C allowed researchers to better differentiate levels of high hypnotizability. The SHSS:C is considered by many researchers to be the "gold standard" in hypnosis research, the "touchstone against which new measures of hypnotizability are evaluated" (Perry et al., 1992, p. 467).

A number of divergent theoretical perspectives are posited to explain certain aspects of hypnosis, but there are also broad areas of agreement (see Kirsch & Lynn, 1995). One such example is the widely accepted view

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that the extent to which an individual responds to hypnosis is relatively stable over time and context. A long-term follow-up study in which subjects were readministered the SHSS:A, 10 to 25 years after it was first administered, demonstrated an overall test-retest reliability of .71 (Piccione, Hilgard, & Zimbardo, 1989). Indeed, this kind of stability compares favorably with test-retest reliabilities for IQ tests over similar time periods.

However, in spite of the apparent test-retest reliability of hypnotizability measures, recent research (e.g., Benham, Bowers, Nash, & Muenchen, 1998) has demonstrated higher SHSS:C sample means than the original Weitzenhoffer and Hilgard (1962) norms. Additionally, in a footnote of their 1986 paper, Register and Kihlstrom referenced this same apparent phenomenon in relation to the Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A; Shor & Orne, 1962), stating that the mean HGSHS:A scores obtained in 1965/1966 were "considerably lower than those obtained in the present sample and in other recent samples and may suggest a secular trend in hypnotizability." Therefore, although hypnotizability appears to be stable across time for the individual, this does not rule out the possibility that overall group means may have changed over time. Given the importance of this measure, we resolved to address two questions: (a) Has there in fact been an increase in obtained scores on the individually administered SHSS:C and (b) is this same pattern evident with the group administered HGSHS:A?

Overview of the Stanford and Harvard Scales

The original norms for the SHSS:C, based on individual administration to 307 subjects, provided a mean of 5.19 on a 12-point scale. These norms are so well established and accepted that a number of studies rely on them as comparison controls (e.g., Bliss, 1984; Bliss & Larson, 1985; Pettinati, Horne, & Staats, 1985). For example, the study by Pettinati et al. (1985) demonstrated significantly higher SHSS:C scores for a sample of bulimic patients when compared to the original Weitzenhoffer and Hilgard (1962) norms. If the original means still hold, then their use as a comparison control group is justified. If the psychometric properties of the scale as used in more recent years have changed to some degree, researchers are well advised to use a local control group.

The HGSHS:A is probably the most widely used measure of hypnotizability. It is a group version of the SHSS:A that is self-scored by each subject, based on a posttest questionnaire. Shor and Orne's (1962) scale was normed using 132 students in groups of 5 to 40 subjects and provided a sample mean score of 7.39.

In this paper, we report our attempt to ascertain whether mean scores have changed over the years since the SHSS:C and HGSHS:A were developed. This, of course, in no way challenges the notion that

hypnotizability is stable across time for the individual (test-retest reliability). Instead, we examine between-group differences across time.

METHOD

The strategy for our analysis was to harvest published studies reporting sample means on the SHSS:C or the HGSHS:A and then to examine the data for a relationship between the sample means and the year in which the study was published. We performed keyword searches for each scale on both PsycINFO® and Medline®.

SHSS:C

More than 3000 citations were returned based on keyword searches, and each was scanned for relevance to our analysis. Any citations that referred to the SHSS:C or some unspecified measure of hypnotizability were marked for more detailed evaluation. For each marked citation, the original article was retrieved and examined in full.

Samples were eliminated if the procedure had involved prescreening subjects on the HGSHS:A (or any other scale) to select a subset of highs (e.g., for brain-mapping research), lows (e.g., studies investigating the effect of training programs to increase hypnotic responsiveness), or both high and low hypnotizables. Eliminating one or more levels of hypnotizability (low, medium, and high) via screening obviously invalidated the representativeness of the subsequent SHSS:C means. Even when all of the categories (low, medium, and high) were subsequently tested on the SHSS:C, the study often used equal sample sizes for each level (e.g., 20 lows, 20 mediums, and 20 highs). By removing the normal distribution of scores and creating an artificial platykurtic distribution, the resulting SHSS:C means were again invalidated and could not be included in our analysis. Based on the sampling information provided in each study, we attempted to select only those studies in which the subjects had not been previously administered a hypnosis scale.[2] On an individual basis, we excluded a number of other studies from our analysis. Reasons for exclusion included: using a subset of the SHSS:C items (often 10 of the 12 items), watching a video about hypnosis first, or employing a non-English translation of the SHSS:C (e.g., De Pascalis, Bellusci, & Russo, 2000; Näring, Roelofs, & Hoogduin, 2001). We also excluded studies that had used a modified or "tailored" version of the scale, opting to err on the side of caution, in spite of Hilgard's

[2]Weitzenhoffer and Hilgard's norming sample was administered the SHSS:A the day before the SHSS:C. In light of this, and because later research has indicated no warm-up effects for the SHSS:C when preceded by the HGSHS:A (Kurtz & Strube, 1996), we elected to retain studies that involved prior administration of the HGSHS:A when no selection criteria were imposed and subsequent samples were shown to be representative of the original group.

(1979) report that research involving the modification of the SHSS:C by replacing certain items with "tailor-made" items (Hilgard, Bowers, Crawford, & Kihlstrom, 1979) has "only a trivial effect on scores" (p. 76).

HGSHS:A

We obtained more than 2800 citations from our HGSHS:A search that were scanned for relevance to our analysis. Any citations that made reference to the HGSHS:A or some unspecified measure of hypnotizability were marked for more detailed evaluation. For each marked citation, the original article was retrieved and examined in full.

Because the HGSHS:A is so widely used and is often the first type of scale administered (thus negating the problem of prescreening), it was easier to find sufficient samples for data analysis. We selected studies that used the original 12-item scale (whether administered orally by the experimenter or via audiotape) and subjects from nonclinical populations. Also, the subjects in the included studies had not received any specified prior training in hypnosis. Any samples in which the scale was individually administered (e.g., Angelini, Kumar, & Chandler, 1999) were excluded from our analysis. As with the Stanford studies, non-English language translations of the scale (e.g., De Pascalis, Russo, & Marucci, 2000) were eliminated from our analysis.

Results

A summary of the studies used in our analysis is presented in Table 1.

SHSS:C

A total of 26 studies were included in the final SHSS:C analysis. Results demonstrated a significant correlation between sample mean and year ($r = .680, p < .001$). Figure 1 graphically summarizes the results.

HGSHS:A

A total of 87 studies were included in the final HGSHS:A analysis. Results demonstrated a significant correlation between sample mean and year ($r = .360$, $p = .001$). Results are summarized graphically in Figure 1.

Supplemental Analysis

Although we believe the most appropriate method of analysis of our data should employ nonweighted means, we repeated our analysis using means that were weighted by the number of participants in each study. As in our nonweighted analysis, a significant correlation was demonstrated between the sample mean and year for both the SHSS:C and HGSHS:A ($r = .80$, $p < .001$, and $r = .26$, $p < .001$, respectively).

Also, when SHSS:C sample means from the 1960s were excluded from analysis, a correlation of $r = .547$ ($p < .01$) was obtained, demonstrating

Table 1
Summary of Sample Means and Number of Participants in Each Study for the SHSS:C and HGSHS:A Studies

			Sample Means		# Participants in Study		
Measure	Decade	# Studies	*M*	(*SD*)	*M*	(*SD*)	Range
SHSS:C	1960s	2	5.46	(0.382)	164.5	(201.5)	22-307
	1970s	5	6.19	(0.768)	62.2	(33.6)	29-105
	1980s	9	6.50	(0.411)	63.2	(34.1)	15-122
	1990s	10	6.78	(0.300)	47.1	(35.2)	15-134
HGSHS:A	1960s	10	5.99	(0.837)	81.0	(49.0)	35-168
	1970s	24	6.16	(0.775)	211.2	(221.9)	21-826
	1980s	30	6.55	(0.595)	316.2	(339.7)	29-1351
	1990s	23	6.73	(0.843)	367.6	(326.3)	21-1120

that the observed linear increase was not unduly exaggerated by the notably low means of the early studies.

Discussion

Our results suggest a significant linear increase in hypnotic susceptibility from the inception of the SHSS:C to the present. The question of what hypnosis scales actually measure is complex (Balthazard, 1993; Balthazard & Woody, 1985; Kirsch, 1997), however, as Neisser indicated in reference to IQ tests, "Standardized-test scores are all that we have, and they are certainly going up." (Neisser, 1997, p. 440).

There could be a number of reasons for this change, ranging from contextual differences to the possibility that changes in some latent construct of hypnotic ability have occurred over time. It is possible that, somehow, some subtle change in recruitment, sampling, or degrading (liberalizing) of scoring criteria has taken place. The demographics of college students have undoubtedly shifted over the years. Perhaps samples tested later differed in terms of gender mix, ethnicity, and socioeconomic status. Because these factors appear to have no dramatic influence on hypnotizability scores, demographics are rarely reported. Thus, our database does not allow us to rule out (or even test) the notion that procedural degrading, subtle shifts in administration or scoring, or changes in the nature of samples account for the patterns of increased scores. But we would be hard-pressed to explain why such changes could account for the individual linear trend per se. It is also important to note that many contemporary scientists have made minor alterations to the exact wording of the inductions and suggestions of the original scales, while preserving the same intent conveyed in the original version. For the most part, these wording changes reflect changing social sensibilities. For example, a phrase like "You will not wake up until I tell you to" from the

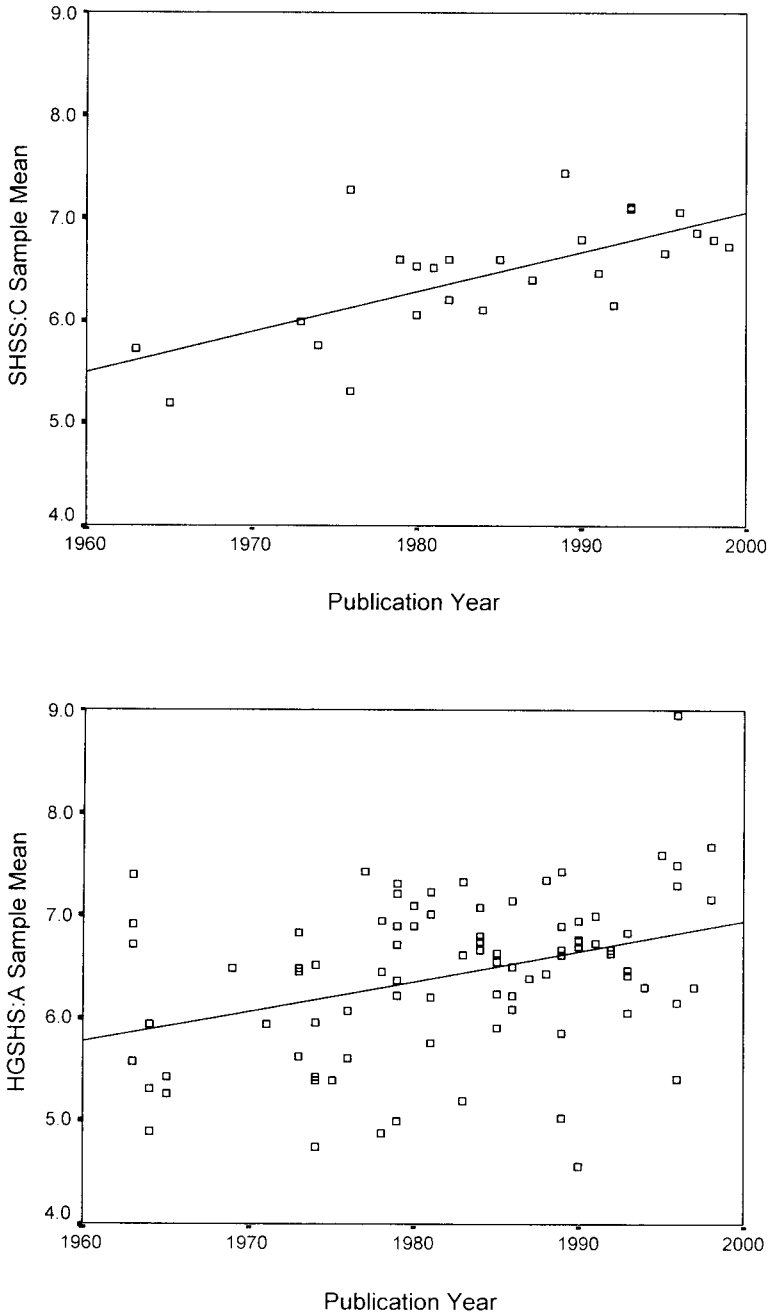

Figure 1. **SHSS:C and HGSHS:A Sample means by year.**

original SHSS:C induction (Weitzenhoffer & Hilgard, 1962) may be changed to "You will not wake up until I *ask* you to" (italics added). Although our analysis has attempted to exclude studies that do not conform to the standardized administration of the scales (e.g., excluding tailored versions of the SHSS:C in which one or two suggestions are replaced by other suggestions), certain error is likely to have been introduced by various (unreported) minor alterations.

Researchers who support the notion of demand characteristics in hypnotic responding (Coe & Sarbin, 1991; Spanos, 1991; Wagstaff, 1981, 1991) might suggest that shifting sociopsychological factors have increased the demands of the hypnotic situation, leading to greater responsiveness. Indeed, a possible relationship between hypnotic susceptibility and conformity has been suggested (Shames, 1981). Although this explanation cannot be ruled out, it is weakened by the research showing a decrease in conformity since the 1950s. A meta-analysis of U.S. studies using an Asch-type line-judgement task (Asch, 1956) demonstrated that conformity has declined over time, rather than increased (Bond & Smith, 1996). Changes in the general population's conception of and experience with hypnosis might also be proposed to explain these increases. Although there is no definitive evidence to support the notion that people's expectations about hypnotic responding will influence their hypnotizability (Benham et al., 1998), the possibility remains that the increased use of hypnosis in clinical and forensic settings and the appearance of hypnosis in stage and television shows has produced a subtle shift in attitudes toward it.

One cannot ignore that the rate of apparent increase in hypnotic susceptibility is not consistent across all scales. By far, the increase is most apparent in studies using the SHSS:C. Are the HGSHS:A and SHSS:C tapping into different aspects of hypnotic susceptibility? Although hypnotizability is seen by some as a general skill (Coe & Sarbin, 1971), others argue that there is little support for the idea that hypnotic susceptibility scales measure one general factor (Sheehan & McConkey, 1982). Distinctions have been made between easier hypnotic items and harder hypnotic items on tests of hypnotic susceptibility (Balthazard, 1993; Balthazard & Woody, 1989). Given that the SHSS:C was designed to include a larger proportion of more difficult items than the SHSS:A (Perry et al., 1992; Weitzenhoffer, 1997), and therefore the HGSHS:A, perhaps this differential use of easy versus difficult items might explain the discrepant findings between the two scales. To put it another way, perhaps the dramatic increases in SHSS:C scores are occurring because a higher percentage of subjects are now passing harder items that are represented more adequately by the SHSS:C? Unfortunately, passing percentages are rarely reported for the SHSS:C, making such an analysis impossible at present.

If the increase is in fact due to an upward shift in some latent trait of hypnotic ability over time, what might account for this? Given the analogous increase of mean IQ scores over the last few decades (the Flynn effect; Neisser, 1997), one might be tempted to surmise that increasing hypnotizability scores are a result of the creeping increase in average IQ. However, though research indicates that there is a minimum intellectual level needed for satisfactory hypnosis (corresponding to the verbal abilities of kindergarten; Sternlicht & Wanderer, 1963), Hilgard (1965) reported an "inability to find a correlation between intelligence and hypnosis" (p. 206).

Research has suggested that children exposed to the complex visual media of such things as television and video games develop specific skills in which they routinely surpass their elders (Greenfield, 1984). Is there any reason to postulate that exposure to, and interaction with, complex visual media has led to an increase in the average hypnotic susceptibility of an individual? It seems that an intriguing link between the neurological substratum involved in hypnosis and those involved in video gaming may exist. Neuropsychophysiological research on video gaming (Smith, McEvoy, & Gevins, 1999) has demonstrated increased frontal midline theta waves over the course of video game sessions. As the authors suggested, "This signal is associated with states of focused concentration, and its enhancement might reflect the conscious control over attention associated with maintenance of a task-appropriate mental set" (p. 389). In his summary of the brain dynamics associated with hypnosis, Ray (1997) presented evidence supporting the relationship between hypnotic susceptibility and enhanced theta power. A number of studies (e.g., Graffin, Ray, & Lundy, 1995; Sabourin, Cutcomb, Crawford, & Pribram, 1990) have demonstrated a strong relationship between hypnotic susceptibility and EEG theta activity, in that outside of hypnosis high hypnotizables show substantially greater mean theta power than low hypnotizables. Both Sabourin et al. (1990) and Graffin et al. (1995) found larger EEG theta differences in terms of hypnotic susceptibility in the more frontal areas of the cortex. Galbraith, London, Leibovitz, Cooper, and Hart (1970) suggested that theta activity reflects the high susceptible participant's ability to narrowly focus attention and ignore competing stimuli. Such findings add strength to the notion that increased interaction with complex visual media, and the narrowly focused processing it entails, may assist in the attainment of possible prerequisite skills for hypnosis and thus explain the observed increases in average susceptibility. Of course, this notion must be supported by experimental data that can establish a causal link.

One way to disentangle the relative impact of changing contextual factors versus changes in individual ability is to examine the data collected over time within independent labs. Such an analysis would limit the extent of possible changes in contextual factors, on the assumption

that scale administration has remained procedurally consistent over the years. One such analysis has been completed by Woody and Sadler (2000) for HGSHS:A scores obtained at the University of Waterloo over a period of almost 40 years. In contrast to our present findings, Woody and Sadler found a significant *decrease* in mean scores over the years, suggesting that our findings may perhaps be due to subtle contextual changes as new labs have come onto the scene. Additional within-lab analyses (using an assortment of hypnotizability scales) will be needed to further test this hypothesis, and the relative differences in SHSS:C and HGSHS:A increases will need to be explained.

Ultimately, we are left with a conundrum. Data support the notion that mean scores of hypnotic susceptibility are increasing. Whether these increases reflect a change in some latent construct of hypnotic susceptibility or are due to the influence of shifting sociopsychological factors remains open to debate. Analyses by individual labs with richer data sets, such as those conducted by Woody and Sadler (2000), may help to resolve the relative impact of these competing influences. It seems clear, however, that the reliance upon original norms obtained in the late 1950s and early 1960s is unjustified and that researchers must take the extra care to employ local controls in studies incorporating group comparisons based on hypnotic susceptibility. Further, we appeal to the hypnosis community to report basic data such as sample means and standard deviations so that future analyses—and checks—can be made in relation to this perplexing phenomenon.

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Skalen der Hypnosesuggestibilität: Werden die Mittelwerte höher?

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Zusammenfassung: Die Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C), die vor 37 Jahren entwickelt und benannt wurde, gilt weitgehend als "Goldstandard" der Skalen der Hypnosesuggestibilität. Einige Forscher haben jedoch den Eindruck, dass die jetzigen Mittelwerte auf der SHSS:C höher sind als die früherer Jahre. Die Verfasser untersuchen in einer übergreifenden Analyse die Anwendung der SHSS:C-Skala über einem Zeitraum von 4 Jahrzehnten. Die Befunde weisen eine signifikante Linearbeziehung zwischen Jahr und SHSS:C-Werten nach, wobei die höheren Mittelwerte in den späteren Jahren festgestellt werden. Eine ähnliche Analyse von Untersuchungen der Harvard Gruppenskala der Hypnosesuggestibilität, Form A (HGSHS:A), wird ebenfalls berichtet. Gegenwärtig kann über die Mechanismen, die diesem Trend zugrunde liegen, nur spekuliert werden, jedoch zeigen diese Befunde, dass die Verwendung von örtlichen Kontrollgruppen bei Untersuchungen zu Suggestibilität wichtig ist.

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Echelles de sensibilité hypnotique: les scores moyens augmentent-ils?

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Résumé: L'échelle de sensibilité hypnotique de Stanford, Modèle C (SHSS:C) conçue et dénommée de la sorte il y a 37 ans est incontestablement le standard majeur des échelles de sensibilité hypnotique. Cependant plusieurs chercheurs ont eu l'impression que les moyennes obtenues actuellement par le SHSS:C sont plus élevées qu'auparavant. Les auteurs ont revu de façon détaillée les études utilisant le SHSS:C sur une période de 40 ans. Les résultats montrent une relation linéaire entre l'évolution des années et les scores de SHSS:C; les plus élevés étant apparus dans les travaux récents. Une analyse similaire sur des recherches faites avec le HGSHS:A a été également effectuée. Bien qu'on ne puisse que spéculer sur les mécanismes qui les sous-tendent, ces résultats soulignent l'importance de l'utilisation de groupes locaux de contrôle dans la recherche de l'hypnotisabilité.

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Las escalas de susceptibilidad hipnótica: ¿Están aumentando las medias?

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Resumen: La Escala de Susceptibilidad Hipnótica de Stanford, Forma C (SHSS:C), desarrollada y nombrada hace 37 años, presumiblemente es el "estándar de oro" de las escalas de susceptibilidad hipnótica. Sin embargo, varios investigadores han tenido la impresión de que las medias del SHSS:C son más altas ahora que en años previos. Los autores hacen una extensa revisión de los estudios que han utilizado el SHSS:C durante las últimas 4 décadas. Los resultados demuestran una tendencia lineal significativa entre el año del estudio y la puntuación en el SHSS:C, con medias más altas en trabajos más recientes. También incluimos un análisis similar de la investigación con la Escala Grupal de Susceptibilidad Hipnótica de Harvard, Forma A (HGSHS:A). Aunque sólo podemos especular de momento sobre los mecanismos subyacentes a esta tendencia, estos resultados resaltan la importancia de usar grupos control locales en la investigación sobre la hipnotizabilidad.

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