

RESPONSIVENESS TO DIRECT VERSUS INDIRECT HYPNOTIC PROCEDURES:

The Role of Resistance as a Predictor Variable

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Abstract: Empirical research attempting to demonstrate that indirectly phrased hypnotic suggestions result in greater responsiveness than do direct approaches generally has not shown any differences on formal hypnotizability scales. However, empirical research in related areas along with clinical observation suggests that client resistance might be a crucial moderating variable. Specifically, participants with greater resistance would be expected to be more responsive to indirect approaches, whereas those with low levels of resistance would be more responsive to direct hypnotic procedures. To test this hypothesis, participants were given either a standardized test of hypnotic responsiveness that used direct suggestions (Harvard Group Scale of Hypnotizability) or a comparable indirect scale (Alman Wexler Indirect Hypnotic Susceptibility Scale) followed by administration of a measure of resistance (Therapeutic Reactance Scale). The hypothesis was not confirmed, in that those with higher (or lower) reactance/resistance did not score differently than those on either the indirect or direct hypnotizability measures.

Over the past two decades, considerable debate has revolved around the relative advantages of indirect as opposed to direct hypnotic suggestion. Much of this debate has emphasized that the appropriate combined use of both indirect and direct suggestion is likely to optimize client responsiveness. It is claimed that indirect suggestions increase rapport with the therapist and weaken client resistance (Barber, 1977, 1980; Erickson & Rossi, 1979; Groth-Marnat, 1992; Haley, 1973; Lankton & Lankton, 1983; Yapko, 1983). This increases the likelihood of greater trance depth and enhanced treatment outcome. Zeig (1980) has further elaborated, "The amount of indirection necessary is proportional to the anticipated resistance of the client" (p. 13).

Despite the above clinical recommendations, it sometimes has been quite difficult to empirically document the relative advantages of indirect approaches. Specifically, when indirect adaptations of standardized hypnotizability scales have been compared to their traditional counterparts, differences in levels of overall hypnotic responsiveness have not been found (Lynn, Neufeld, & Matyi, 1987; Lynn, Weekes, Matyi, & Neufeld, 1988; Mathews, Bennett, Bean, & Gallagher, 1985; Spinhoven, Baak, Van Dyck, & Vermeulen, 1988; Weekes, & Lynn, 1990). However, both Lynn et al. (1988) and Weekes and Lynn (1990) did note that the indirect approach resulted in a greater emotional bond with the hypnotist but also an increased fear of negative appraisal. It was further noted that females preferred the more indirect approach, whereas males preferred direct suggestions, even though there were no differences in overall hypnotic responsiveness levels (Spinhoven et al., 1988). In addition, Stone and Lundy (1985) found that indirect suggestions for body movement resulted in greater responsiveness during hypnotic procedures when compared with direct approaches. In contrast, they found that the more direct suggestions for body movement resulted in greater compliance in a nonhypnotic condition, when compared with indirect suggestions.

The relative advantages of indirect as opposed to direct suggestion within clinical contexts also has resulted in equivocal conclusions. Barber's (1977) early work with Rapid Induction Analgesia (RIA) indicated that when using permissive, indirect suggestions for pain relief, a full 99% of dental patients were sufficiently responsive so that they did not require chemical analgesia. A later study specified that low hypnotizables were most likely to benefit from the indirect procedures of RIA, whereas high hypnotizables benefited equally from either direct (standard) or indirect (RIA) approaches (Fricton & Roth, 1985). It was further found that continuous indirect suggestions (versus posthypnotic suggestions) were more effective for low hypnotizables receiving RIA (Price & Barber, 1987). In contrast to the above findings, other studies have found that RIA was no more effective than an oral placebo (Snow, 1979), was less effective than chemical analgesia (Crowley, 1980), and was no more effective than traditional procedures for reducing cold pressor pain (Maurer, Santangelo, & Claiburn, 1993; Van Gorp, Meyer, & Dunbar, 1985).

A potentially relevant area of theory and research has evolved around treatment tailoring, based on client resistance within the more general area of psychotherapy and social psychology. Specifically, Beutler and his colleagues have documented that highly resistant clients respond better to either nondirective or paradoxical interventions (Beutler, Engle, et al., 1991; Beutler, Mohr, Gaw, Engle, & MacDonald, 1991; Beutler, Sandowicz, Fisher, & Albanese, 1996). Somewhat similarly, Shoham-Salomon and Rosenthal (1987) reviewed 12 data sets and concluded that

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paradoxical interventions were more effective than other treatments (graded exposure, progressive relaxation, stimulus control, altering self statements) when used with resistant clients. The above findings are consistent with and an extension of works by Brehm and Brehm (J. W. Brehm, 1966; S. S. Brehm, 1976; S. S. Brehm & J. W. Brehm, 1981) on reactance, which indicates that when an individual's reactance (resistance) is aroused, the person is likely to assert choice by doing the opposite of what is requested. In contrast, clients with low resistance respond better to more directive approaches. Significantly, it was found that differential treatment outcomes have been found to be maintained on 1-year follow-up (Beutler, Machado, Engle, & Mohr, 1993).

The above review of work within hypnosis combined with research on differential treatment selection in general psychotherapy suggests that an important moderator variable might be level of client resistance. Thus, it was hypothesized that participants with high resistance would report greater levels of hypnotic responsiveness when given an indirect adaptation of a standard hypnotizability scale. In contrast, higher levels of hypnotic responsiveness would be expected among low resistant clients when using the more directive, standard hypnotizability scale.

METHOD

A total of 75 students at a high school for adults volunteered to participate in a hypnosis experiment. The final sample was composed of 71 participants (29 males, 42 females), whose ages ranged from 17 to 49 ($M = 23$, $SD = 9.26$). Four participants did not complete the questionnaires. Participants were recruited through a high school newspaper. No course credits were given, nor was payment received for participation.

Instruments

Therapeutic Reactance Scale. TRS (Dowd, Milne, & Wise, 1991) is a 28-item self-report instrument to assess degree of resistance to therapist directives. A single score is produced ranging from 28 to 112 with a suggested cutoff of 68 or higher to identify those who are likely to resist therapist control and direction. Internal consistency (Cronbach's alpha) has been found to range between .75 to .84, with test-retest reliability over a 3-week interval ranging between .57 to .60 and a 1-week test-retest reliability of .76 (Dowd et al., 1988; Dowd et al., 1991). Validity is suggested in that high reactant clients had lower expectations for change, less problem controllability, and more external excuses for procrastination than low-scoring clients (Dowd, et al., 1988). The TRS was also positively correlated with measures of defensiveness, aggressiveness, and dominance (Dowd & Wallbrown, 1993). Factor analysis has indicated two factors that have been labeled *behavioral reactance* and *verbal reactance* (Dowd et al., 1991).

Harvard Group Scale of Hypnotic Susceptibility, Form A (HGSHS:A). The HGSHS:A (Shor & Orne, 1962) is a self-scoring scale (range 0-12) of hypnotic responsiveness, designed to be administered in a group format. Internal consistency was .83 (Shor & Orne, 1962), and test-retest reliability was .55 for both short-term (3 weeks) and long-term (8-10 years) intervals (Gwynn, Spanos, Gabara, & Jarrett, 1988). The scale has been extensively researched and been found to correlate with other measures of hypnotic responsiveness (Bentler & Roberts, 1963; Spanos et al., 1983) as well as with such variables as absorption, imagery-related activities (Nadon, Hoyt, Register, & Kihlstrom, 1991; Nadon, Laurence, & Perry, 1987), reduction in perceived pain (Maurer et al., 1993; Zachariae & Bjerring, 1994), imaginative involvement (Dixon, Labelle, & Laurence, 1996), and various types of psychopathology (Groth-Marnat, 1991).

Alman Wexler Indirect Hypnotic Susceptibility Scale (AWIHSS). The AWIHSS (Alman & Wexler, 1988) is a 12-item self-scoring test of hypnotic responsiveness designed to parallel the induction procedure and scoring format of the HGSHS:A. Each of the 12 items were designed around the same suggestions as those in the HGSHS:A. However, the AWIHSS items have been rephrased in a more permissive, indirect manner. In contrast, the wording of the HGSHS:A is more authoritative and directive. Comparability between the scales is supported in that their means and standard deviations have been found to be identical ($M = 6.2$, $SD = 2.7$), and the correlation between the two scales was .73 regardless of the order of presentation (Spinhoven et al., 1988).

Procedure

Participants were randomly divided into groups, in which they were administered the directly worded HGSHS:A ($n = 38$) or the more permissive, indirectly worded AWIHSS ($n = 37$). In all, there were four groups for each of these two experimental conditions. Groups ranged in size from 4 to 19 participants. Two participants from one of the HGSHS:A groups and two participants from one of the AWIHSS groups did not complete all the forms and therefore, were not used in the final analysis, resulting in a final sample size of 71. The research was described as a study in which the relationship between a person's ability to become involved in hypnotic-like experiences and certain personality variables was being investigated. All participants were given an information sheet and completed a consent form. Following live administrations of the hypnotizability scales, participants were given the TRS. The total experimental session lasted 1.5 hours.

RESULTS

Comparability between the hypnotizability scales was confirmed, in that there were no differences in hypnotic responsiveness between par-

Table 1
Comparison of Hypnotizability for High- and Low-Resistant Participants Using Direct (HGSHS:A) or Indirect (AWIHSS) Hypnotic Procedures

| Reactance level | HGSHS:A (direct) | | | | AWIHSS (indirect) | | | |
|-----------------|------------------|----------|-----------|-------|-------------------|----------|-----------|-------|
| | <i>n</i> | <i>M</i> | <i>SD</i> | range | <i>n</i> | <i>M</i> | <i>SD</i> | range |
| High (> 72) | 20 | 7.50 | 2.95 | 1-12 | 16 | 7.58 | 2.53 | 2-10 |
| Low (< 72) | 16 | 6.75 | 3.30 | 0-12 | 19 | 7.00 | 1.94 | 1-9 |

Note. HGSHS:A = Harvard Group Scale of Hypnotic Susceptibility, Form A; AWIHSS = Alman Wexler Indirect Hypnotic Susceptibility Scale.

participants ($n = 36$) who were administered the direct HGSHS:A ($M = 7.16$, $SD = 3.08$) and participants ($n = 35$) who were administered the more indirect AWIHSS ($M = 7.17$, $SD = 2.20$). In addition, there were no differences in age between the two groups (HGSHS:A group: $M = 21.86$, $SD = 8.26$ versus AWIHSS group: $M = 25.43$, $SD = 9.98$). Both groups had slightly more females than males (HGSHS:A group females = 22 (61%), males = 14 (39%); and AWIHSS group females = 20 (57%), males = 15 (43%). Consistent with previous research, a small negative correlation of $-.28$ ($p < .05$) was found between age and hypnotizability.

A hierarchical regression was performed using reactance (TRS) and type of scale (HGSHS:A or AWIHSS) as the independent variables and hypnotizability (as measured by the HGSHS:A and AWIHSS) as the dependent variable. A product term was used to represent their interactive effect. A scatterplot of predicted values of the dependent variable (hypnotizability) suggested no violations of the regression assumptions of linearity, normality, and homoscedasticity. Furthermore, Cook's distance function uncovered no influential cases (including univariate and multivariate outliers). Together, reactance and type of scale accounted for a nonsignificant 1.1% of the variance in hypnotic responsiveness. The interaction term accounted for a further .3% of the variance, which was also nonsignificant.

When the mean score (71.70) of the current sample was used as the cutoff for high and low reactance (high reactance > 72 , $n = 36$; low reactance < 72 , $n = 35$), and the relationship between high and low reactance and suggestion type analyzed in a 2×2 (Type of Hypnotizability Scale \times Reactance) ANOVA, all F values were less than 1 and nonsignificant (see Table 1).

DISCUSSION

Despite a clear conceptual rationale for suspecting that resistance level would predict differential responsiveness to direct versus indirect hypnotic procedures, this was not supported in the current study. If this

conclusion is accepted, it suggests that therapist selection for direct versus indirect procedures may be based more on aesthetic preference rather than on actual superiority of hypnotic outcome.

Before the above can be accepted, however, it is necessary to reconcile the apparent discrepancy between clinical findings, which often support the superiority of indirect procedures (Barber, 1977, 1980; Friction & Roth, 1985; Price & Barber, 1987), versus experimental results (typically using formal hypnotizability scales) which have not demonstrated differences between the two types of procedures (Lynn et al., 1987, 1988; Mathews et al., 1985; Maurer et al., 1993; Spinhoven et al., 1988; Weekes & Lynn, 1990; Van Gorp et al., 1985). One potentially important difference is that in the clinical context, the use of direct versus indirect suggestions can ideally be tailored according to the therapist's ongoing observations. Thus, the lack of significant results in the present study might be due to the fact that the AWIHSS does not truly reproduce the indirect technique as it is used in clinical practice. However, this speculation should be somewhat tempered by Van Der Does, Van Dyck, Spinhoven, and Kloosman's (1989) finding that individualizing suggestions failed to increase responsiveness.

A further issue is that because the indirect approach is more permissive, it also might have made it easier for some participants to not follow the suggestions. This might have been particularly pronounced among more resistant persons. Whereas the indirect procedure might have been successful in that it did not increase their (trait) resistance, they might have found it easier to simply not follow the suggestions. It might be further speculated that if these same persons were in actual clinical situations in which they might have been highly motivated to achieve therapeutic gains (i.e., reduce chronic pain), then they might have been more responsive to indirect procedures. Most clinical situations also provide opportunities for both optimizing rapport as well as tailoring suggestions on an immediate, ongoing basis. In contrast, experimental procedures rarely provide opportunities for maximizing rapport or flexibly altering suggestions (especially in group contexts), and the participants are not as likely to be motivated to change their behavior.

The above suggests that additional research should be undertaken with a clinical population, using resistance as a moderator variable in combination with flexible, indirect procedures. Manualized rules for indirect procedures in combination with videotape monitoring could ensure that indirect procedures were employed correctly. Additional client variables might also be investigated, such as the client's coping style, severity of the disorder, motivational distress, degree of crisis the client is in, or problem-solving phase (Gaw & Beutler, 1995; Prochaska, & DiClemente, 1992; Tracy, Ellickson, & Sherry, 1989). Despite the need for further research, the current study does provide good evidence that, at least within experimental conditions using structured scales of hypno-

tizability, resistance is not a good predictor of differential hypnotic responsiveness when either direct or indirect procedures are used.

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Ansprechbarkeit auf direkte bzw. indirekte Hypnoseverfahren: die Rolle der Resistenz als Prädiktorvariable

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Zusammenfassung: Empirische Untersuchungen, die nachzuweisen versuchten, daß indirekt formulierte Hypnosesuggestionen größere Ansprechbarkeit zur Folge haben als direkte Verfahrensweisen, zeigten im allgemeinen keine Unterschiede auf formellen Suggestibilitätsskalen. Empirische Untersuchungen auf verwandten Gebieten und klinische Beobachtung legen jedoch nahe, daß Resistenz des Probanden eine wichtige einschränkende Variable sein könnte. Insbesondere besteht die Erwartung, Probanden mit größerer Resistenz würden mehr auf indirekte Methoden reagieren, aber Probanden mit niedrigem Resistenzniveau würden mehr auf direkte hypnotische Verfahren ansprechen. Um diese Hypothese zu überprüfen, wurden Probanden entweder einem standardisierten Test der Hypnosesuggestibilität (Harvard Group Scale of Hypnotizability) oder einer vergleichbaren indirekten Skala (Alman Wexler Indirect Hypnotic Susceptibility Scale), gefolgt von einem Maß der Resistenz (Therapeutic Reactance Scale), unterzogen. Die Hypothese wurde nicht bestätigt, denn Probanden mit höherer (oder niedrigerer) Reaktanz/Resistenz zeigten keine unterschiedlichen Resultate auf den direkten bzw. auf den indirekten Suggestibilitätsskalen.

Sensibilité aux procédures hypnotiques directe versus indirecte: Rôle de la résistance comme variable prédictive

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Résumé: La recherche empirique qui tente de démontrer que les suggestions hypnotiques indirectes entraînent une plus grande sensibilité que l'approche directe n'ont généralement démontré aucune différence sur les échelles d'hypnotisabilité formelle. Cependant, la recherche empirique dans le domaine des

observations cliniques montre que la résistance du client peut avoir un effet variable et de modération importante. De façon spécifique, avec des participants ayant une plus grande résistance on pourrait s'attendre à une plus grande sensibilité aux approches indirectes alors que ceux ayant des niveaux de résistance faible pourraient être plus sensibles aux procédures directes. Afin de tester standard utilisant des suggestions directes (échelle d'hypnotisabilité du groupe d'Harvard) ou une échelle comparable indirecte (échelle de sensibilité hypnotique indirecte d'Alman Wexler). L'hypothèse ne fut pas confirmée pour ceux qui avaient une réactivité/résistance plus élevée ou basse n'eurent pas de score différent que ceux qui avaient des tests de mesures d'hypnotisabilité directe ou indirecte.

Responsividad a procedimientos hipnóticos directos e indirectos El papel de la resistencia como una variable predictora

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Resumen: La investigación empírica que ha intentado demostrar que las sugerencias hipnóticas expresadas indirectamente producen una mayor responsividad que los enfoques directos, por lo general no ha mostrado ninguna diferencia en escalas formales de hipnotizabilidad. Empero, la investigación empírica en áreas conexas y observaciones clínicas sugieren que la resistencia del cliente puede ser una variable moderadora crucial. Específicamente, sería de esperar que los participantes con una resistencia elevada respondieran mejor a enfoques indirectos, y que aquellos con bajos niveles de resistencia respondieran mejor a procedimientos hipnóticos directos. Para probar esta hipótesis, administramos a los participantes una prueba de susceptibilidad hipnótica que usa sugerencias directas (la Harvard Group Scale of Hypnotic Susceptibility, o Escala Grupal de Susceptibilidad Hipnótica de Harvard) o una escala indirecta comparable (la Alman Wexler Indirect Hypnotic Susceptibility Scale o Escala Indirecta de Susceptibilidad Hipnótica Alman Wexler), seguidas por una medida de resistencia (la Therapeutic Reactance Scale o Escala de Reactancia Terapéutica). No se confirmó la hipótesis ya que no hubo diferencia en puntuación en las medidas de hipnotizabilidad directa o indirecta en función de mayor o menor reactividad/resistencia.