The Stanford Hypnotic Clinical Scale for Adults (SHCS): Validity And Reliability of The Turkish Version

Mehmet Yucel Agargun, M.D., Mustafa Gulec, M.D., Rabia Ozturk, Dilek Cimen

The purpose of this study was to provide validity and reliability of the Turkish version of the Stanford Hypnotic Clinical Scale for adults (SHCS). The Turkish version of the scale was administered to the 65 healthy participants (31 men, 34 women) meeting inclusion criteria twice in different times by two different clinicians. Cronbach’s alpha was 0.66 for internal consistency. Points of the items (0.35-0.64) were found significantly and positively correlated with the total point. There was not a significant change in two different application times. The correlation coefficient was found 0.97 among the total points. Kappa value was found 0.93. The correlation between item and total points of the SCHS and up-gaze subscale of the hypnotic induction profile (HIP) was examined by using Pearson correlation analysis. The correlation coefficients were between 0.30 and 0.62. We found the scale valid and reliable at the end of our investigation. The scale is adequate to distinguish “highly hypnotisable” and “low hypnotisable” individuals. We think that it can be used in the hypnosis studies. We hope that it will illuminate studies particularly investigating trauma-dissociation relationship. We predict that the scale will has determinative importance for the hypnotherapy option in trauma patients. (Sleep and Hypnosis 2007;9(2):71-81)

Key words: SHCS, hypnotic, hypnotisability, validity, reliability, scale

INTRODUCTION

Although the term of hypnosis was introduced to the medical literature by Avicenna in the X. century (1,2), Franz Anton Mesmer is known as the father of modern hypnosis. Hypnosis gained a strong place in the mental health area by developing throughout the centuries stably and became maybe one of the most important treatment options in the psychiatric disorders like dissociative disorders, conversion disorder and sexual function disorders. The mental health specialists who are interested in hypnosis started to feel great need for determining their patients that are going to be treated by hypnotherapy are hypnotisable or not. Besides establishing the relationship between hypnotisability and psychopathology in patients is going to provide accurate, effective and rational usage of hypnotherapy and prevent malpractices,
unnecessary effort, time and money consuming.

The first scientific studies about this subject started in the United States at the late 1950s. Lots of terms that may be close to hypnotic tendency like hypnotisability, hypnotic ability, hypnotic capacity, hypnotic susceptibility and hypnotic suggestibility were met with when English scientific literature was scanned.

Laboratory and clinical researches showed that hypnotic tendency is stable and measurable qualification. Not only facilitating the treatment, but also the hypnotic tendency has different secret meanings. It reflects a convergence of biopsychosocial phenomena (3). Hypnotisability level of a patient provides useful information about the way of communication with himself/herself and social environment. A hypnotic experience requires three components: absorption, dissociation, and suggestibility. Absorption is a capability to reduce peripheral awareness for facilitating focal attention more. While awareness of time and space orientation is decreasing, the attention becomes more intense and focused. As a result, the probability of slipping out of consciousness for the information at the periphery of awareness increases (dissociation). The relative suspension of critical judgement makes a person more suggestible.

It has been passed more than 40 years since Weitzenhoffer and Hilgard developed the first applicable measure of hypnotisability, The Stanford Hypnotic Susceptibility Scale (4). At the beginning, it was presented with two different forms, A and B. Both of the forms contain 12 items and take approximately 1 hour to administer. As a result of progressively greater item difficulty, the pass percentages reduce steadily. In 1962, same researchers (5) introduced another scale, the Stanford Hypnotic Susceptibility Scale: Form C (SHSS: C). The SHSS: C differed from its earlier counterparts in possessing greater "top"; that is, it contained not merely items of progressively greater difficulty (in common with SHSS: A & B), but, overall, a greater proportion of more difficult cognitive items.

This growing trend continued with Shor and Carota Orne (6) constructing a group version of SHSS: A, which they called the Harvard Group Scale of Hypnotic Susceptibility: Form A (HGSHS: A). It is sufficient to indicate that its implementation permitted group administration to small samples of up to twenty subjects simultaneously. Even some investigators have since utilized HGSHS: A solely for this reason. However, longer measures of hypnotisability take approximately 1 hour to administer and increase workloads of the researchers. This handicap forced involved researchers to develop briefer measures. A pioneer of this trend was H. Spiegel (7) who first introduced the Hypnotic Induction Profile (HIP) to the field. A biological marker emerged for the first time in this area with usage of HIP. Up-gaze, eye-roll and internal squint degrees are evaluated. Spiegel stated that the eye-roll takes five seconds to administer, while the HIP was reported as taking an additional from five to ten minutes.

The Barber Suggestibility Scale (8), The Children’s Hypnotic Susceptibility Scale (9), Stanford Hypnotic Clinical Scale for adults (10), Stanford Hypnotic Clinical Scale for children (11), The Alman-Wexler Indirect Hypnotic Susceptibility Scale (12) and The Waterloo-Stanford Group C Scale (13) can be counted among the scales that measure the amount of hypnotisability. In the present study providing validity and reliability of the Turkish version of the Stanford Hypnotic Clinical Scale for adults (SHCS) was aimed.

Four items are common to both scales, SHSS: C and SHCS. These items are moving hands, dream, age regression, and amnesia. The SHSS: C contains a posthypnotic suggestion item (getting up from the chair and sitting in the other empty one when a
pencil is taken from the pencil holder), for comparison with the SHCS posthypnotic suggestion of coughing or clearing the throat at a pencil tap. The HGSHS: A has a posthypnotic suggestion item of touching an ankle at a pencil tap. The means for male (2.71) and female (2.81) subjects were not significantly different in the original study of Morgan and Hilgard (11). The average score of 2.75 means subjects were able to perform correctly more than two of the five items but less than three. As a rough guide, a subject who passes four or five in the upper third of responsiveness, one who passes two or three in the middle third, and one who passes none or one is in the lowest third.

The participants were normal healthy university students in the original study. The patients’ norms are not yet available. Preliminary work with a few patients shows that the intent of the scale has been achieved. Also, it can be performed by patients who are disabled with restricted movement. If one arm is immobile, hand lowering item can be used.

Morgan and Hilgard compared SHCS with SHSS: C. the percents passing on the two scales were very nearly alike. The correlation between total scores was 0.72. The correlation between the four items common to both SHCS and SHSS: C was 0.81. For this reason, SHCS appears to be a reliable estimate of hypnotisability as evaluated by the longer measures.

The SHCS requires approximately 20 minutes for administration; this is about half the time required by the longer SHSS: C.

We think that SHCS with these positive qualifications will ease the works of mental health specialists who are interested in hypnosis and hypnotherapy and provide a fast evaluation chance before the procedure. The purpose of this study was to provide validity and reliability of the Turkish version of the Stanford Hypnotic Clinical Scale for adults (SHCS) and contribute to hypnosis and hypnotherapy researches in our country.

METHOD

Participants

The participants were selected from healthy volunteers who live in the City of Van randomly. They were recruited via the local announcements. The persons with university degree participated in the study. The education duration ranges between 13 and 17 years. The exclusion criteria: Existence of any psychiatric disorder history, psychoactive substance or alcohol abuse history, medication within 6 weeks prior to study entry, serious medical illness, being out of the 18-50 age interval, and not having a university degree. We included 31 (47.7%) males and 34 (52.3%) females in the study. The participants were aged between 19 and 40. The mean age±SD was 26.9±5.2 for the whole group. Written informed consent was obtained from all subjects after they had received a complete description of the study protocol. They were not paid for their participation.

SHCS

SHCS consists of 5 items (see Appendix II for Turkish version of the scale). These items are moving hands together (or 1a. hand lowering as an alternative), dream, age regression, posthypnotic suggestion (coughing or clearing the throat at a pencil tap), and amnesia. Patient may be seated in any kind of chair with arms, or may be in bed sitting or lying before the procedure. The scale begins with an explanation: “In a moment I shall hypnotize you and suggest to you a number of experiences which you may or may not have, and a number of effects which you may or may not produce. Not everyone can have the same experiences or produce the same effects when hypnotized. People vary greatly. We need to know which experiences you can have so we can build on them and know how to make hypnosis best
serve you. Please remember always to respond to what you are feeling, so we can use hypnosis in ways that are natural for you.” It was followed by induction stage that contains progressive muscle relaxation and mental imagination predominantly. Then 5 phenomena mentioned above are performed. Every item is scored with symbols “+” or “-” as pointed out in the instruction manual (see Appendix I for scoring booklet of the scale). The total score changes between zero and five. As a practical guide, a subject who passes four or five is highly hypnotisable, one who passes two or three has middle degree of hypnotisability, and one who passes none or one is lowly hypnotisable. The scale is easy to administer and it takes only 20 minutes to complete including induction stage.

**Administration**

SHCS was translated into the Turkish by two independent and experienced translators. Later translators compared suitability of the translations in terms of the source language. Back-translation process to the source language was performed but it was not considered in the adaptation process for some criticisms like evaluating suitability of the translation only in terms of the source language and not detecting the defects that may be formed in the source language (14). After all these, the final form was completed by comparing between the former translations. The scale was administered to every participant twice in different times by two independent clinicians for interrater reliability. It took approximately 20 minutes to evaluate every participant.

**Statistical analysis**

The SPSS, release 10.01, was used for data analyses. The validity and reliability of the scale were examined by carrying out Cronbach’s alpha statistic and Pearson correlation analysis. The intrarater reliability of the of the total SHCS scores and the scores of the each item was researched by applying dependent sample t-test, Pearson correlation analysis, and kappa statistic in two different application times. The correlation between the total SHCS scores, the scores of the each item and up-gaze subscale points of the HIP was examined by means of Pearson correlation analysis. The level of statistical significance was accepted as p<0.05 for all analyses.

**RESULTS**

**The Internal Consistency**

The reliability of the Turkish Version was pleasing. Cronbach’s alpha was found 0.66. Another evaluation that was directed towards the internal consistency of the scale was made with the Pearson correlation analysis (see Table 1). The correlation between the total SHCS scores and the scores of the each item was statistically significant. The Pearson correlation analysis coefficients (r values) were changing between 0.35 and 0.64.

<table>
<thead>
<tr>
<th>Items</th>
<th>r</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving hands together</td>
<td>0.47</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Dream</td>
<td>0.49</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Age regression</td>
<td>0.64</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Posthypnotic suggestion</td>
<td>0.35</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Amnesia</td>
<td>0.52</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

*Pearson correlation analysis coefficient

**The Interrater Reliability**

When the intrarater reliability of the total SHCS scores and the scores of the each item was investigated by using the Pearson correlation analysis (see Table 2), no statistically significant difference was found between the two different clinicians. The
results of the Pearson correlation analysis of the two different raters showed a significant and positive correlation. While the Pearson correlation analysis coefficients (r values) were changing between 0.82 and 0.92, the correlation coefficient between the total scores was calculated as 0.97. Another evaluation that was directed towards the interrater reliability was made with the kappa statistic. Kappa value was found 0.93. This finding means that the scale has high interrater reliability and concordance between the two clinicians.

Validity

The correlation between the total SHCS scores, the scores of the each item and up-gaze subscale points of the HIP was examined by means of Pearson correlation analysis (see Table 3). The correlation between the total SHCS scores, the scores of the each item and up-gaze subscale points of the HIP was statistically significant. The Pearson correlation analysis coefficients (r values) were changing between 0.30 and 0.62.

<table>
<thead>
<tr>
<th>Items</th>
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<th>p</th>
</tr>
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<tbody>
<tr>
<td>Moving hands together</td>
<td>0.88</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Dream</td>
<td>0.90</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Age regression</td>
<td>0.91</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Posthypnotic suggestion</td>
<td>0.82</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Amnesia</td>
<td>0.92</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Total</td>
<td>0.97</td>
<td>&lt;0.001</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Items</th>
<th>r</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving hands together</td>
<td>0.35</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Dream</td>
<td>0.30</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Age regression</td>
<td>0.40</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Posthypnotic suggestion</td>
<td>0.31</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Amnesia</td>
<td>0.31</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Total</td>
<td>0.62</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

**DISCUSSION**

The findings of the present study showed that the Turkish Version of the SHCS is valid and reliable enough. The Turkish Version of the scale was found to be consistent internally and having interrater reliability, positive and significant correlation with HIP. It was showed that not only it can be used in the studies that related with hypnotism in our country, but also it is useful for examining suitability of the hypnotherapy in different clinical samples. The scale is short, easy to administer and contains prehypnotic induction. Relaxation is provided before the procedure. Also, it can be administered to the patients who are handicapped with restricted movement. This is one of the most important qualifications. The SHCS can be used in selecting suitable patients for hypnotherapy as a helpful device with these advantages. There is available form of the scale for children too (12).

SHCS was used in lots of researches since its development in 1978. For instance, some of these studies are about the pain. James et al. (15) evaluated the efficacy of self-hypnosis in patients with chronic pain. It was showed that self-hypnosis is efficient in highly hypnotisable patients with chronic pain in this study. Appel and Bleiberg (16) indicated that protocols reducing severity of pain are more successful in persons with high hypnotisability.

The majority of the studies that used SHCS are trauma and dissociation studies. Putnam et al. (17) examined the correlation between hypnotic tendency, clinical dissociation and trauma in the sexually abused girls aged 6-15 years. A statistically significant correlation between hypnotic tendency and clinical dissociation was shown in the traumatised patients in comparison with healthy controls. Vanderlinden et al. (18) evaluated the hypnotisability of the patients with eating disorder by using SHCS. A significant correlation between dissociation scores and SHCS scores was found. Bryant et
al. (19) researched the correlation between acute dissociative reactions against trauma and hypnotisability. They found higher SHCS scores among the patients with acute stress disorder due to trauma. In other words highly hypnotisable patients are more vulnerable to acute stress disorder. Besides there is positive correlation between dream scores and acute stress disorder. Bryant et al. (20) found a significant correlation between high SHCS scores and avoidance scores of the acute stress disorder in 45 patients with acute stress disorder. The evaluation was made six months after the onset.

In conclusion, we think that the Turkish Version of the SHCS is valid and reliable enough and can be used in the studies that related with hypnosis in our country. Especially we hope that it may shed light on descriptive researches about trauma-dissociation connection. We think that it may have determinative importance for hypnotherapy option in treatment of the trauma patients.

REFERENCES


Appendix I. Scoring booklet SHCS

PUANLAMA ÇİZELGESİ SHCS

İsim: Tarih: Toplam Puan:
Hipnotist: Puanların Özeti
Madde
1. Birlikte elleri kaldırmak
   (veya alternatif olarak la. El düşürme)
2. Rüya
3. Yaş geriletme
4. Posthipnotik telkin (Boğaz temizleme veya öksürük)
5. Amnezi
No. Hâtrılanan madde
No. Hafızayı restore ettikten sonra düzeltilen madde
Toplam puan

Özel durumlar (İlaç alıyor mu? Ağrı var mı? Hareket güçlü var mı?)

Appendix II. SHCS

SHCS

(Hasta bir sandalyede oturabilir veya yatakta bulunabilir; oturabilir ya da yatabilir.)

Açıklamalar


İndüksiyon

Lütfen gözlerinizi kapatin ve söylediklerimi dikkatli bir şekilde dinleyin. Beni dinlediğçe giderek gevişedinizini hissedecesiniz... Tüm vücudunuzu gevişmeye bırakın... Tüm kaslarınız giderek yumuşamaya başlasın... Şimdi bazı kas gruplarınızı olduğundan daha gevişmiş hissedecesiniz. Sağ ayağınza dikkatinizi toplarsanız bu ayağınızdaki kasların gevişединini hissediyorsunuz... Sağ bacakımızın alt kısmındaki kasların gevişединini hissediyorsunuz... Sag
bacağıınız üst kısmındaki kaslarının gevşединigini hissediyorsunuz... Şimdi sol tarafta dikkatinizi verin; aynı şekilde sol ayakınızı konsantre olun... Bu ayaklarınızı kısımların gevşединigini hissediyorsunuz... Sol bacağıınızın alt kısmındaki kasların gevşединigini hissediyorsunuz... Sol bacağıınızın üst kısmındaki kasların gevşedinigini hissediyorsunuz... Birazdan sağ elinizdeki kasların gevşединigini hissedecesiniz... Sağ koluğunun alt kısmındaki kasların gevşединigini hissediyorsunuz... Sağ koluğun üst kısmındaki kasların gevşedinigini hissediyorsunuz... Sağ kolunun üst kısmındaki kasların gevşedinigini hissediyorsunuz... Gevşelikte bedenizin daha da artırılacağını hissediyorsunuz. Sandalyenin (yatağın) çok kuvvetli olduğunu hissedin. Adeta onun içinde gömülün. Sizi kuşatacak ve tutacaktır... Omuzlarınız... boynunuz... ve başınızı gevşiyor. Kafanızda ve yüzünüzdeki kaslar şimdi daha da gevşek... Başlangıçtan beri sandalyeye (yatağa) çok rahat ve çok derin bir şekilde yerleştirin.

Zihniniz çok rahat; aynı bedeniniz gibi. Tüm kaygılardınızı uzaklaştırıyorunuz. Zihniniz huzurlu ve rahat. Gidermek daha da rahatlıyoruzunuz. Bir taraftan beni dinlerken giderek kendiizi daha rahat, huzurlu ve gevşemiş hissediyorsunuz. Dikkatinizi benim şöylediklerim üzerinde toplayın... Gidermek daha da gevşeviyorsunuz ve belki de hafif bir sersemlik hissediyorsunuz. Fakat beni dinlemekte hiç bir zaman zorluk çekmeyecesiniz. Sizin bu çok gevşemiş ve rahat haliniz ben size "artık uymanız" deyincey kadar devam edeceğin... Birazdan 1 den 20 ye kadar saymaya başlayacağım. Ben saydıkça siz giderek daha derin bir hipnoz durumuna gireceksiniz. Benim şöylediklerim sizin için kabul edilebilir ve ilginç şeyler olacaktır. Bu şöylediklerimi gevşemiş halinizde bir bozulma olmaksızın yapabileceksiniz... Bir-daha derin gezemeye başvuruyorsunuz... Iki-derine, daha derine zihniniz tamamen süknets içinde olduğu bir derinlge doğruyorsunuz... Üç-dört- daha da gevşek... beş-altı-yedi-daha derine, daha derine doğru gidiyoruzunuz... Hiç bir şey sizi rahatsız etmeyecek. Şöylediklerimi çok rahat dinlidayım ve anlıyorsunuz... Sekiz-dokuz-on-yolun yarısına geldiniz... Daha derin gezemeye... on bir-on ikı-on üç-on dört-on beş... Bu kadar gevşemiş olmanızı rağmen şöylediklerimi çok açık bir şekilde duyabiliyorsunuz. Nasıl hipnotize olduğunuzun önemi yok; beni açıkça duyuyorsunuz... On altı-on yedi-on sekiz. Çok derin bir şekilde gevşediniz. Hiç bir şey sizi rahatsız etmeyecek... On dokuz-yirmi... Tümüyle gevşemiş durumduzunuz.

İstedigınız zaman pozisyonunuzu değiştirebilirsiniz. Durumunuzu değiştirensiz de rahat ve gevşemiş halinizin devam edeceğin... Çok rahatlamış ve hoş bir hipnoz durumundayız. Biraz sonra sizden bazı şeyleri yapmanızı isteyeceğim. Dikkatinizi şöylediklerime yoğunlaştırın. Kendinizi bırakın; ne olacağın olusun.

1. Elleri birlikte hareket ettirerek (ya da eger bir el immobilse 1a, el düşürme)

Tamam, o zaman ellenizini önüne doğru gergin bir şekilde uzattı; avuç içleriniz birbirine
baksin; elleriniz yaklaşık bir ayak boyu kadar birbirinden uzak olsun. Şimdi ellerinizi birbirine çeken bir kuvveti hayal etmenizi istiyorum. Bunu herhangi bir biçimde hayal edebilirsiniz. Mesela, bilekleriniz bakır bantlarla birbirine bağlı ve birbirine doğru çekiliyor veya her iki elinizde birbirini çeken miktasları var. Elleriniz birbirini çeken; birlikte hareket edeceklar, önce yavaş yavaş, fakat daha sonra kuvvetle birbirini çekeceler... Daha kuvvetli, daha kuvvetli, sanki bir kuvvet onları hareket ettiriyor... Birbirine doğru yaklaşıyorlar... Yaklaşıyorlar...

(Ileri bir telkin vermeden 10 saniye bekleyin ve hareketi gözleyin)


(Şayet eller birbirine doğru yavaşca hareket ediyorsa ve 10 saniyinin sonunda 6 inç, yaklaşık 15 cm mesafeden daha fazla ayrı durmuşsa + olarak puanlayın)

1a. El düşürme (Elleri birlikte hareket ettirmeye alternatif)

Şayet ellerden biri herhangi bir sebepten dolayı immobilse; SHSS: C’de madde 1’de verilen benzer şekilde el düşürme telkini verilir; kol omuz hizasında kaldılar, avuç içi yukarıya dönüktür. Eli aşağıda doğru iten bir ağırlığı hayal etmesi telkin edilir. Aşağıya doğru elin hareket ettiği şekilde bir kaç telkinden sonra şayet el tam olarak düşmüyor 10 saniye kadar bekleyin. Şayet 10 saniye sonunda el en az 6 inç, yaklaşık 15 cm düşerse madde geçilir.

2. Rüya


(1 dakika bekleyin. Sonra devam edin)

Şu anda rüya görüyorsunuz ve onu çok açık ve net bir şekilde haturlayabilirsiniz. Derin hipnoz durumundayken gördüğünüz bu rüya hakkında bana bir seyler anlatmanızı istiyorum. Lütfen bana rüyanızı anlatın... Başılangıçtan itibaren tüm rüyanızı anlatın.

(Harfi harfine kaydedin.)

(Eğer denek rüya görmediyse:) Tamam. Herkes rüya görmeyebilir. (Eğer denek duraksıyor ya da tereddütli bir şekilde anlatıyorsa ayrıntıları araştırın.)

Araştırma: Gördüğünüz rüyanın ne kadar gerçek olduğunu söyleyebilirsiniz? Sonlandırma: Rüya için tamam. Derin hipnoz durumunda kalıma devam edin (Eğer denegin bir rüya ile

3. Yaş geriletme

Şimdi İlkokulda mutlu bir güne doğru geriye gidiyorsunuz. Eğer bir seçme şansıınız olsaydı 3., 4., 5. sınıflardan birini tercih etmek ister miydiniz?

(Evetse) Kaçıncı sınıf?

(Eğer tercihi yoksa, dördüncü sınıfı kullanın.)

Tamam. O zaman, (4.) sınıfta bulunduğunuzu düşünmenizi istiyorum. Sanki giderek gençlinize ve çocuklunuza doğru geri döndüğünüz hissetmenizi istiyorum ve (4.) sınıf kadar küçüleceksiniz... Bir, geçmişe geri dönüyorsunuz. Artık (2006) değil, 2000 de değil, çok daha önceki bir yıl... İki, giderek gençleşmeye ve küçülmeye başlıyorsunuz. (4.) sınıf geri dönceksiniz, çok hoş bir gün... Üç, giderek daha da küçülüyorunuz. Çok geçmeden (4.) sınıfı dönceksiniz ve daha önce okulda çok hoş bir gün ve yaşamaya başlayacağız... Dört, kısa bir süre sonra orada olacağız... Az sonra oradasınız. Beş! Şimdi okulda küçük bir (oğlan) kız çocuğunuz... Neredesiniz?... Ne yapıyorsunuz?... Öğretmeninizi kim?... Kaç yaşındınız?... Neiyiniz?... Sizinle birlikte kim var?

(Uygun olan ilave sorular sorun. Cevapları kaydedin.)

Tamam, İyi... Şimdi yeniden büyüyebilirsiniz. Artık dördüncü sınıfı değil, giderek büyüyorsunuz. Şu anda (...) yaşınızdasınız. Bugünün tarihi (...) ve siz şu anda buradınız. Artık küçük bir oglan (kız) değil; bir erişkininiz, sandalyede (yatakta) oturuyorsunuz ve derin hipnoz halinizdesiniz.

Kaç yaşındınız?... Bugün günlerden ne?... Neredesiniz?... Tamam. Bugün (doğru tarih) ve (doğru yaş) yaşınızdasınız ve bu (test yapılan yerin adı). Her şey daha önceden olduğu gibi. Şimdi rahat ve gevşemiş haliniz sürdürüün.

(Puanlamayı testin sondanaki sorununun sonuna bırakın.)

4. Posthipnotik telkin (boğaz temizleme ya da öksürük)

5. Amnezi


(Eğer denek gözlerini açarsa:) Kendini nasıl hissediyorsunuz? Uyanık hissediyor musunuz?
(Eğer sersemse:) Çok geçmeden açılanız. Şimdi uyanıksınız
(Eğer gözlerini kapalı tutmaya devam ediyorsa:) Lütfen gözlerinizi açın. Kendinizi nasıl hissediyorsunuz?
(Eğer sersemse:) Kendinizi daha canlı ve tazelemiş hissetmeye başlayacaksınız... Şimdi canlı hissediyorsunuz.

(Elinizdeki kalemi iki kez masaya vurup 10 saniye bekleyin.)

(Eğer masaya vurduktan sonra denek bogazını temizler ya da öksürürse + olarak puanlayın.)

Şimdi bu yaşadıklarınız hakkında bir kaç soru soracağız. Lütfen gözlerinizi kapatın dediğim andan itibaren olup bitenleri kendi kelimelerinize anlatın.

(Denegin cevaplarını kaydedin. Eğer blok olursa "Başka" diye sorun ve denek körküğu içinde girene kadar ki cevapları kaydedin.)

Söylediklerinizi dikkatle dinleyin. Şimdi her şeyi hatırlayabilirsiniz. Şimdi başka ne?

(Denegin cevaplarını tekrar kaydedin; kaydedilmeyen her bir maddeyi hatırlatın)

(Hafıza restore olmadan önce iki maddeden daha fazla şey hatırlamazsa + olarak puanlayın.)

(Eğer denek uyanık ve rahata:) Şimdi tamam. Hipnozdan tam olarak çıktıınız, kendinizi canlı ve uyanık hissediyorsunuz. Öksürme ya da bogazınızı temizlemeye gibi bir eylem sizden tamamen uzaklaştı.

**GEREKTİĞİNDE GÜÇLÜKLERİ DÜZELTMEK İÇİN**

(Herhangi bir tortu güçlük varsa: Örneğin, uyanıklı restore etmede güçlük, öksürüğün kalıcı olması gibi; simdi gelecek olan uygun telkinleri verin)