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BEYOND THE HYPNOTIC STATE

By Lincoln Stoller

Lincoln Stoller is a NASA astronomer from Berkeley, CA (1978); with a PhD in Quantum Physics from the University of Texas at Austin (1985). His education also includes Neurofeedback Training (2006-2009). LENS at Stone Mountain Center, Tilton, New York; 2006 and EEG Institute, Woodland Hills, California; 2007: The Enhancement Institute, Houston, Texas (2009). His hypnosis education includes successful completion of the hypnosis courses taught at HPTI and ICBC



The Evidence

Charles Tart was an academic crank when I started research in the 1970's. Today, I'm happy to say, he's called "the father of altered states of consciousness theorizing." Since then, the blossoming of cognitive psychology extended his ideas to hypnosis, notably through Ron Pekala's Phenomenology of Consciousness Inventory (PCI). This is a review of that work, why it's important, and where it may take us.

Tart and Pekala work to establish a universal map of subjective states of consciousness. This is a radical departure from behaviorism and neurophysiology which focus on the objective measurement of objective stimulus and response. That is to say, artificially constrained responses to machine generated stimuli. Unfortunately for hypnotherapy, behaviorism and neurophysiology have regained favor and, as a result, measurements of artificial parameters again predominate. This resurgence is evident in the currently popular "evidence-based" psychology.

Lacking a reference and a measure, evidence does not form a basis for scientific conclusions. This is evident from centuries of theology, whose adherents have no shortage of self-referential evidence. Without measure evidence is just data; without reference evidence is a statement of relationship. So it is that most of today's evidence-based psychology fails to meet scientific standards. Unless evidence pertains to facts and the data has a measure of error, the evidence is self-referential. In avoiding the subjective experience at the heart of psychology, evidence-based psychology undermines its own truth.

For example, Cognitive Behavioral Therapy (CBT) is an evidence-based approach to Attention Deficit/Hyperactivity Disorder (ADHD). But ADHD is socially and not scientifically based, so CBT's efficacy is socially based. That is, CBT is effective in addressing a dysfunction that doesn't exist (Stoller, 2014). That's fine and it's very well received, just don't call it science. In a similar manner, religion is an evidence-based approach to anxiety, and war is an evidence-based approach to disagreements. As we pretty well know, you can find evidence for anything.

Here is the bottom line and the root of the problem: you cannot succeed in being reductive if there is nothing to reduce to. The importance of Tart, Pekala, and others lies in their not being reductive. They are not interested in operant conditioning or effective potentials, instead they are mapping the territory these actions create. To use a metaphor, they are looking for understanding in the meaning of the image, not in the dots on the photographic plate.

The alternative to reductionism is the concept of emergent structure. Emergent structures are those that evolve as the activity unfolds. They have an effective reality, and they do not exist out-

side of the context that creates them. This is the heart of humanistic psychology, autopoiesis, systems theory, and a lot of the hard science of the last 50 years, including epigenetics and chaos theory. Life emerged from chemistry, the transistor emerged from quantum physics, and consciousness emerged from — and is still emerging from — the brain. Once you've made this jump, you stop focusing on underlying atoms and start working with the modular elements.

The Modular Elements

In the book *Hypnotherapy and Hypnoanalysis*, Brown and Fromm (1986) define hypnosis as composed altered states of consciousness, expectation and suggestibility, and the hypnotic relationship. Beyond this, researchers considered the additional aspects of altered motor, perceptual, cognitive, and memory function. Not all hypnotized subjects manifest all of these features, and not all states of hypnosis involve all of these aspects. There is instead a complex of foci, like peaks in a mountain range, that localize and distinguish hypnotic from "normal" states of consciousness.

It should not be overlooked that some of the differences between hypnotic and normal states reside in the order, and duration, and connections or lack thereof between states. By taking an emergent systems approach we can understand hypnosis as dynamic relationships between the modular elements of consciousness; not simply as one state, and certainly not as one neural signature. Neurology and behaviorism are still relevant — just as a compass and altimeter are still necessary for navigation — but without a map of the territory all of these tools are useless.

Add careful experiment, statistics, many researchers and years of work and out comes the Phenomenology of Consciousness Inventory. To be sure, there are other personality inventories, from The Seven Deadly Sins to The Enneagram, but the PCI is most useful to hypnotherapy because it measures hypnotizability and trance depth. The PCI finally provides a useful language to discern highly from lowly hypnotizable people.

The difficulty in any theory, emergent or otherwise, is putting it in practice, and in this the PCI distinguishes itself. It is designed to be easy to apply and to use. Not incidentally, this also results in the PCI being Pekala's proprietary, copyrighted system. I am not authorized to present the PCI, so what follows is my interpretation of it; fault me first and give the PCI the benefit of the doubt.

The PCI's 11 major dimensions are altered experience, positive and negative affect, attention, imagery, awareness, arousal (decreased relaxation), volitional control, internal dialog, rationality, and memory. So as not to leave you feeling something has been left out, the PCI has subdimensions that include body image, time sense, perception, unusual meanings, joy, sexual excitement, love, anger, sadness, fear, direction of attention, absorption, imag-

ery amount, vividness of imagery, self-awareness, altered state of awareness. The PCI's claim is not that these are the only parameters of consciousness, but that these are the unique dimensions of hypnosis, and that all other aspects of the hypnotizable state map onto these. As I say, I am not an expert, so I must leave clarification to others.

Applying the PCI means administering a simple, 53-item questionnaire to a subject after their experience of a state of consciousness and soon after returning to "normal." In order to measure the effects of hypnosis one would administer the PCI in a quiescent normal state, and again after emerging from hypnosis. However, it can also be applied to predict a person's hypnotizability. Granted, "hypnotizability" is being used in a formulaic way, but if you're looking for generality, that's something you must accept.

What is Hypnotism?

The PCI is more interesting than other personality inventories because it distinguishes what we have for so long identified but could not previously specify as the hypnotic state. Scores on the PCI show significant differences according to a standard measure of a subject's hypnotizability using the Harvard Group Scale score.

It matters little that Harvard Group Scale obtains this score using a method that does not match your method of hypnotic induction. What matters is that this research scoring mechanism, created as a repeatable protocol used in conjunction with the PCI, quantifies significant differences in the normal mental state of those who are easily hypnotized versus the normal mental state of those who are not. That is to say, the constellation of subjective personality traits measured by the PCI can predict a person's hypnotizability.

Without the PCI we have vague and qualitative measures. We call poorly hypnotizable people "analytical resisters," and from this we infer something about their condition and our therapeutic approach. With the PCI we might have — if we can get a PCI score for our client — a set of metrics that pinpoint our client's place on a topography of possible hypnotizable highs and lows. We can go beyond our one-size-fits-all definition of hypnotizable and enter our client's territory of mind. "The hypnotic state" now becomes a plethora of paths not just to "the subconscious," but possibly many alternate subconscious states.

Measured on the PCI, highly hypnoidal subjects, according to the Harvard Group Scale, score highly for increased absorption, and decreased memory and internal dialogue. High hypnotizables also score higher for increased alterations in experience and an altered state of consciousness, along with losses in volitional control and self-awareness. These are parameters clinicians already have on their radar, in one form or another, but the PCI codifies a language, a metric, and provides a means of measuring individuals. There are other dramatic and suggestive differences in the hypnotic states of highly and lowly hypnotizable subjects. Refer to Pekala (2000) for details.

Many questions can be asked, such as regards suggestibility, imagination, expectancy, and attitude. These questions can be better focused using the PCI, and answers generated. Most of the questions researched so far have been theoretical, pertaining to theories of mind and terminology. This reflects more on the interests of those using the PCI and not intrinsic limitations of the tool.

In the hands of the more clinically, philosophically, spiritually, or artistically minded there is no limit to the questions that can be asked. For example, what are the characteristics of mind associated with introspective subjects, how do these aspects develop, and can hypnosis alter or empower people? Similar ques-

tions could be asked of any aptitude or pathology. Despite being nearly 30 years old, the PCI has hardly been applied. Disappointingly few people appreciate its potential.

What's In It For You

Pekala is a dyed in the wool researcher and a practicing therapist. He uses the PCI in his normal therapy practice, god bless him, though it's not something that fits my style. It is my feeling that much of what is extracted from the PCI is already looking for by a sensitive hypnotherapist. What the PCI gives is a complete and quantifiable measure, and this has its uses. In particular, its first use for me is as a tool to explore those aspects of my client's experience of which I am less sensitive than I should be.

You might apply these parameters to yourself and consider how thoroughly you're considering your client's altered state experience. How thoroughly are you aware of their positive and negative affect, attention, imagery, awareness, arousal, volitional control, internal dialog, rationality, and memory. How do these things change for your client in hypnosis, and how is this affecting them? Most importantly, is the manner in which you approach these aspects of the hypnotic state a reflection of your experience or theirs?

We can use the PCI to reflect on what new state of awareness we're trying to create, and along what path of awareness we and our client can navigate. That is to say, we can use the terminology of the PCI to better define the experience we seek to create.

Reductionism focuses backwards, toward reducing things to fundamental categories. Psychology, to the extent that it remains reductionist, falls victim to this. The escape from this limitation is hypnosis's great appeal. The effects of hypnosis are not limited to the concepts on which hypnosis is formulated, but allow for the emergence of new structures.

Using the PCI's cognitive map we might trace a path from our client's conflict to states of resolution. We can do even better. We can use the PCI's cognitive map to encourage new states of awareness with powers not yet conceived. For example, in some of the past life regressions I have done my clients have had life-changing experiences in merging with the divine. Before we "created" this state, it was not even in the picture.

The essential difference between the PCI and other cognitive maps is that its paths lend themselves to hypnotherapeutic navigation. The PCI is a map of your client's state in the terms of which a hypnotic toolset is designed to apply. The PCI provides an X-ray of the veins in the marble, as it were, where hypnotherapy is the chisel. Might the inscrutable subconscious now be revealed? Perhaps you'll find an answer at quantifyingconsciousness.com, Ron Pekala's website.

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