

# Validation of the Stanford Hypnotic Susceptibility Scale form C as a Hypnosis Module in Indonesia

Erydani Anggawijyantov, Thomas Dicky Hastjarjo  
*Faculty of Psychology, Gadjah Mada University, Yogyakarta*

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**Abstract:** This study determined the content validity of the Indonesian version of the Stanford Hypnotic Susceptibility Scale form C (SHSS: C) module. SHSS form C has been used and is known as a module suitable for hypnosis research so that efforts are needed to translate the module into Indonesian. Hypnosis therapy or hypnotherapy began to be recognized as a valid therapeutic technique since imaging technologies such as EEG, MRI, and fMRI were used to prove the scientific basis of the therapy. Indonesian version of SHSS: C was validated through the assessment of three hypnosis experts consisting of a clinical psychologist at a Community Health Center (Puskesmas), a clinical psychologist who is also a lecturer in a state university in Yogyakarta and a certified hypnosis practitioner in Yogyakarta. Statistical analysis with Aiken's V resulted in an adequate overall module validity coefficient, namely  $V = 0.759$ . The results of empirical measurements in 20 participants yielded a significance of  $p < 0.01$ .

## 1 INTRODUCTION

As an area of scientific interest and clinical practice, hypnosis has emerged more than 220 years ago, and until now interest in hypnosis has remained strong. Initially hypnosis was considered unscientific and difficult to study (Nash & Barnier, 2009). Hypnosis contributes to the consciousness revolution (i.e. consciousness revolution) in cognitive science and psychological repertoire (Kihlstrom, 2012). Hypnosis shows conformity with changes in the experience of consciousness and gives each other influence between the process of intentional and unintentional actions, so that hypnosis can be said to be in accordance with cognitive psychology (Hilgard, 1980). However, part of cognitive phenomena that are widely studied with the viewpoint of hypnosis is memory (Kihlstrom, 1997). The use of hypnosis methods in particular can be used to see the neurological relationship between conscious and unconscious to perception and memory (Kihlstrom, 2012).

Now hypnotherapy has undergone a scientific test of validity using brain imaging technology, especially modern medical imaging techniques such as EEG, fMRI and PET. Hypnotherapy will be considered in several applications that allow the

therapy to add value to physiotherapy practices (Wehbe & Safar, 2015). In other words, hypnotherapy will be increasingly recognized as a psychotherapy technique when used widely and shows positive results for clients.

## 2 LITERATURE REVIEW

### 2.1 Hypnosis

Hypnosis is a process of imaginative experience offered by a hypnotherapist to a subject that involves changes in perception, memory and action (Kihlstrom, 2009). The definition of hypnosis contains two elements, namely hypnosis as a procedure and hypnosis as a product. As a procedure, hypnosis requires two components, the first is an introduction where subjects are told to be given suggestions to create imaginative experiences, while the second component is an initial suggestion. In the process of hypnosis, the subject will be guided by the therapist to respond to suggestions to make some changes including subjective experiences, perceptions, sensations, emotions, thoughts and / or behavior. Hypnosis as a product occurs when the introduction stage and initial suggestion have been

made. This means that the hypnotized subjects are those who have been given a hypnotic procedure (Nash & Barnier, 2009).

In addition to these definitions, hypnosis is defined by the French Association of Medical Hypnosis Studies (AFEHM) in Wehbe and Safar (2015) as a relation process that is accompanied by sequences of physiological phenomena such as muscle changes, reduced sensory abilities and perceptions, focus on attention, physiological and behavioral changes in an effort to unite with the totality of someone's existence. Whereas according to the British Medical Association Committee, hypnosis is a temporary condition of attention modification in the subject, a condition that might be produced by someone where different phenomena may appear spontaneous or only limited to the response to the stimulus. This phenomenon includes changes in awareness and memory, increasing the susceptibility of the subject to suggestions and appearing through responses and ideas familiar to the person (Wehbe & Safar, 2015).

Hypnosis can be explained by several basic principles, namely the process of interviewing, suggestion, induction, and visualization (Wehbe & Safar, 2011). From these principles, induction is a structure of hypnosis which becomes the whole of the hypnotherapy process. Induction is the process

of changes in brain activities when the hypnosis process is carried out (Elias, 2009).

## 2.2 Stanford Hypnotic Susceptibility Scale, Form C

The Stanford Hypnotic Susceptibility Scale, Form C (SSHS: C) developed by Weitzenhoffer and Hilgard (1962) and modified by Kihlstrom (1996) is a hypnosis protocol developed for specific purposes, one of which is research. SSHS form C is known as the best tool for measuring one's response to hypnosis (Benham, Woody, Wilson, & Nash, 2006). The Stanford Hypnotic Susceptibility Scale, Form C (SHSS: C) has five main principles, namely: Words for induction by closing eyes, age regression, anosmia (olfactory ability), post-hypnosis amnesia, post hypnosis suggestion tests.

## 2.3 Validation of the Stanford Hypnotic Susceptibility Scale Module

The structure of the Stanford Hypnotic Susceptibility Scale form C module (SHSS: C) has three main parts, namely building rapport, induction procedure, and suggestion.

Table 1: The Module Structure of The Stanford Hypnotic Susceptibility Scale Form C

Sub Activity	Item No	Description
Building Rapport	1	Introduction (Perkenalan terapis dan partisipan)
	2	Education relate to hypnosis process (Psikoedukasi tentang hipnosis dan mempersiapkan partisipan)
	3	Preparation, make participant ready for therapy (Memastikan Partisipan siap menjalani penelitian, meminta untuk konsentrasi dan fokus pada terapis).
	4	Education relate to induction stage and last preparation (Edukasi terkait induksi, mempersiapkan partisipan untuk proses induksi)
Induction process by Eye Closure	5	First induction, helping participant to reach comfort and relax condition (Induksi tahap awal, membantu partisipan mencapai kondisi rileks dan nyaman).
	6	Helping participant for maintain his/her focus. Keep focus on therapist voice (Induksi membantu partisipan untuk tetap fokus dan memperhatikan suara terapis).
	7	Supporting participant to hold his/her relax condition and release the tension (Induksi membantu partisipan untuk rileks dan melemaskan ketegangan-ketegangan otot).
	8	Deep induction, make participant to feel heavy and tired (Induksi mendalam, membuat klien merasa lelah dan berat)
	9	Deep induction, ensure the participant to feel more comfort, relax and quiet (Induksi dalam, memastikan partisipan merasa tenang, rileks dan merasa nyaman ditubuhnya)
	10	Ensure the participant to attracted with therapist voice (Membuat

Sub Activity	Item No	Description
	11	klien merasa tertarik pada suara terapis dan merasa lebih rileks) More induction to make participant feel sleepy, but keep focus on therapist voice (Induksi membuat partisipan merasa mengantuk namun tetap mampu fokus pada suara terapis)
	12	Counting from 1 to 20, ensure participant in deep hypnosis condition but keep possible to hear therapist voice (Menghitung 1 - 20, partisipan jatuh tertidur namun masih bisa mendengar suara terapis).
Hand Lowering (Tahap Menurunkan Tangan)	13	Participant will asked to raise the hand, and requested to move His/Her wrist. Participant asked to imagine He/She brought a heavy item. (Partisipan diminta mengangkat tangan, menggerakkan pergelangan tangan. Meminta partisipan membayangkan membawa barang berat.)
Moving Hand Apart (Menggerakkan tangan kearah berbeda)	14	Asking the Participant to move His/Her Hand apart in different way. (Meminta partisipan menggerakkan tangan kearah berbeda, tangan kanan kearah kanan dan tangan kiri kearah kiri.)
Mosquito Hallucination (Halusinasi suara nyamuk)	15	Participant hear mosquito buzzing voice near His/Her ears. (Partisipan merasa mendengar desis suara nyamuk didekat telinganya.)
Taste Hallucination (Halusinasi Rasa)	16	Participant suggested taste sweet and sour. (Partisipan di sugesti akan merasakan rasa manis dan asam.)
Arm Rigidity (Kekakuan lengan)	17	Participant feel His/Her arm cannot be moved and feel rigid. (Partisipan merasakan kedua tangannya kaku tidak dapat dilipat)
Dream (mimpi)	18	Suggesting participant to dream about hypnosis (Memberikan sugesti bahwa partisipan akan bermimpi tentang hipnosis).
Age Regression (Regresi usia)	19	Suggesting participant that He/She younger than reality. (Memberikan sugesti pada partisipan memiliki usia lebih muda daripada usia saat ini).
(Arm Immobilization) Imobilisasi lengan	20	Suggesting participant that His/Her Arm immobilize. (Sugesti partisipan merasakan tangannya berat tidak dapat digerakkan)
Anosmia	21	Suggesting Participant that unable smell everything, although there is odorous substance near His/Her body. (Sugesti partisipan tidak mampu mencium aroma apapun, meski ada zat berbau didekatnya).
Hallucinated Voice (Halusinasi suara)	22	Suggesting participant can hear some voice that asking to them. (Mensugesti partisipan seakan-akan ada orang yang bertanya padanya).
Negative Visual Hallucination (Halusinasi visual negative).	23	Suggesting participant watching 2 boxes only, although 3 boxes is exist in front of Him/Her. (Mensugesti partisipan hanya melihat 2 kotak didepannya padahal ada 3 kotak)
Posthypnotic Suggestion and Amnesia (Sugesti pasca hipnosis dan Amnesia)	24	Start to wake up the participant from hypnosis condition (Mulai membangunkan partisipan dari kondisi hipnosis dengan hitung mundur.)
Post experimental interview (Wawancara paska eksperimen)	25	Simple interview about His/Her last hypnosis experience (Menanyakan pengalaman hari ini, pikiran, perasaan, dan komentar terkait proses hipnosis).

Module validation involves two stages namely content validity with professional judgment and functional or empirical validity by conducting experiments (Azwar, 2018). Adaptation of the SHSS: C module into Indonesian as a valid module requires confirmation procedures or judgment by a group of experts in the field (Azwar, 2018) in this

case hypnosis experts. The results of the assessment conducted by a number of experts on a module validity are the content validity coefficients formulated with the letter V (Aiken, 1985 : 2003). To get a valid module, the considered good coefficient of content validity is a score of  $V > 0.5$  (Azwar, 2013 : 2018).

Content validity places fundamental logical validity in the psychometric evaluation of a module, but the evaluation becomes less meaningful if the intervention module does not have an empirical or functional function that fits its purpose. To prove a module has an empirical/functional function, it requires experimental research (Azwar, 2018).

To determine the functional validity of a module, it can be seen from the significance of the dependent variable scores that occur after treatment (Azwar, 2018). There are several ways to find this out, one of which is comparing the average posttest score between the experimental group and the control group. In this study, the functional validity of a module was seen from the comparison of posttest average scores between the experimental group and the control group. Posttest measurement was done shortly after giving hypnosis therapy was complete.

### 3 RESEARCH OBJECTIVES

The purpose of this study was to determine the validity of the Stanford Hypnotic Susceptibility Scale form C (SHSS: C) module that has been adapted into Indonesian. So that the SHSS: C module can be used in hypnosis studies in Indonesia. To get a valid module, the content validity of the module as well as the functional or empirical validity of the module must be determined first (Azwar, 2018).

### 4 RESEARCH DESIGN

This study was a validation process of the Stanford Hypnotic Susceptibility Scale form C (SHSS: C) module that has been translated into Indonesian. The validation process used professional judgment methods carried out by three hypnosis experts. One person was a clinical psychologist who practices at one of the general health service, known as PUSKESMAS, in Yogyakarta, one Psychology Faculty Lecturer at one of the Universities in

### 5 RESULT

Yogyakarta and a certified hypnotherapy practitioner who practices in Yogyakarta.

The experts assessed the module consisting of 25 items, each item has a score between 1 and 5. Experts gave a score based on the suitability of the module items with the hypnosis therapy procedure. With this procedure it is expected that the Indonesian hypnosis module would produce good content validity.

To obtain the functional validity, the module was given to twenty participants who were divided into two independent groups randomly. The experimental group was given hypnosis therapy by a certified therapist based on the SHSS form C module which had been translated into Indonesian.

#### 4.1 Data Analysis

The analysis used is Aiken's V Statistics to obtain the module content validity coefficient. The coefficient of module validity that is considered good is the coefficient value of more than 0.50. The average result of the V score for all items is the content validity coefficient of the entire module. The content validity coefficient is obtained using the following formula:

$$V = \frac{\sum s}{n(c-1)} \quad (1)$$

$s = r - lo$

$lo =$  lowest rating (in this case = 1)

$c =$  highest rating (in this case = 5)

$r =$  the rating given by the appraiser

To determine the functional validity of the SHSS form C hypnosis module which has been translated into Indonesian, an experimental study was conducted using twenty participants who were divided into two independent groups through a randomized procedure. The statistical analysis of this study used the Mann-Whitney non-parametric test because the research data were assumed to be not normally distributed.

Table 2: The Results of The Item Evaluation and The Content Validity Coefficient (V) of Each Item

No	Activity	Expert 1	Expert 2	Expert 3	V
1	Introduction (Perkenalan terapis dan partisipan)	5	4	4	0,833
2	Education relate to hypnosis process (Psikoedukasi tentang hipnosis dan	5	1	4	0,583

No	Activity	Expert 1	Expert 2	Expert 3	V
3	mempersiapkan partisipan) Preparation, make participant ready for therapy (Memastikan Partisipan siap menjalani penelitian, meminta untuk konsentrasi dan fokus pada terapis).	5	3	4	0,75
4	Education relate to induction stage and last preparation (Edukasi terkait induksi, mempersiapkan partisipan untuk proses induksi)	2	4	4	0,583
5	First induction, helping participant to reach comfort and relax condition (Induksi tahap awal, membantu partisipan mencapai kondisi rileks dan nyaman).	2	1	4	0,333
6	Helping participant for maintain his/her focus. Keep focus on therapist voice (Induksi membantu partisipan untuk tetap fokus dan memperhatikan suara terapis).	4	5	4	0,833
7	Supporting participant to hold his/her relax condition and release the tension (Induksi membantu partisipan untuk rileks dan melemaskan ketegangan-ketegangan otot).	4	5	4	0,833
8	Deep induction, make participant to feel heavy and tired (Induksi mendalam, membuat klien merasa lelah dan berat)	3	2	4	0,5
9	Deep induction, ensure the participant to feel more comfort, relax and quiet (Induksi dalam, memastikan partisipan merasa tenang, rileks dan merasa nyaman ditubuhnya)	4	5	4	0,833
10	Ensure the participant to attracted with therapist voice (Membuat klien merasa tertarik pada suara terapis dan merasa lebih rileks)	4	5	4	0,833
11	More induction to make participant feel sleepy, but keep focus on therapist voice (Induksi membuat partisipan merasa mengantuk namun tetap mampu fokus pada suara terapis)	3	5	4	0,75
12	Counting from 1 to 20, ensure participant in deep hypnosis condition but keep possible to hear therapist voice (Menghitung 1 - 20, partisipan jatuh tertidur namun masih bisa mendengar suara terapis).	3	4	5	0,75
13	Participant will asked to raise the hand, and requested to move His/Her wrist. Participant asked to imagine He/She brought a heavy item. (Partisipan diminta mengangkat tangan, menggerakkan pergelangan tangan. Meminta partisipan membayangkan membawa barang berat.)	4	4	5	0,833
14	Asking the Participant to move His/Her Hand apart in different way. (Meminta partisipan menggerakkan tangan kearah berbeda, tangan kanan kearah kanan dan tangan kiri kearah kiri.)	4	4	4	0,75
15	Participant hear mosquito buzzing voice near His/Her ears. (Partisipan merasa mendengar desis suara nyamuk didekat telinganya.)	4	5	5	0,917
16	Participant suggested taste sweet and sour. (Partisipan di sugesti akan merasakan rasa manis dan asam.)	3	5	4	0,75
17	Participant feel His/Her arm cannot be moved and feel rigid. (Partisipan merasakan kedua tangannya kaku tidak dapat dilipat)	4	5	4	0,833
18	Suggesting participant to dream about hypnosis (Memberikan sugesti bahwa partisipan akan bermimpi tentang hipnosis).	3	5	4	0,75
19	Suggesting participant that He/She younger than reality. (Memberikan sugesti pada partisipan memiliki usia lebih muda daripada usia saat ini).	4	3	5	0,75
20	Suggesting participant that His/Her Arm immobilize. (Sugesti partisipan merasakan tangannya berat tidak dapat digerakkan)	4	4	5	0,833
21	Suggesting Participant that unable smell everything, although there is odorous substance near His/Her body. (Sugesti partisipan tidak mampu mencium aroma apapun, meski ada zat berbau didekatnya).	4	4	5	0,833
22	Suggesting participant can hear some voice that asking to them. (Mensugesti partisipan seakan-akan ada orang yang bertanya padanya).	3	5	5	0,833
23	Suggesting participant watching 2 boxes only, although 3 boxes is exist in front of Him/Her. (Mensugesti partisipan hanya melihat 2 kotak didepannya padahal ada 3 kotak)	2	4	4	0,583

No	Activity	Expert 1	Expert 2	Expert 3	V
24	Start to wake up the participant from hypnosis condition (Mulai membangunkan partisipan dari kondisi hipnosis dengan hitung mundur.)	4	5	5	0,917
25	Simple interview about His/Her last hypnosis experience (Menanyakan pengalaman hari ini, pikiran, perasaan, dan komentar terkait proses hipnosis).	5	5	5	1

Table 2 shows two items that have a poor V score, namely item number 5 with a score  $V = 0.333$  and number 8 which scores  $V = 0.5$ . The item with the highest V score is item number 25 which has a score of  $V = 1$ , which means that all experts give the highest score for this item. The average V score for all items, amounting to 0.759 which shows the overall module content validity coefficient is  $V = 0.759$ .

Table 3: Result of Posttest Analysis Between Group

Description	Result
Mean Ranks Experimental Group	15.50
Mean Rank Control Group	5.50
Asymp. Sig (2 tailed)	.000

Table 3 showed that there was a significant difference between the experimental group given the SHSS form C module and the control group with a  $p < 0.01$  score.

## 6 DISCUSSION

The results of statistical analysis carried out on the Stanford Hypnotic Susceptibility Scale form C (SHSS: C) version of the Indonesian Language resulted in the overall module content validity being 0.759, with the lowest V item score being the item 5 with  $V = 0.333$  and the highest V score. = 1 in item number 25. V values close to 1 will be interpreted as high coefficients, while those approaching 0 will be interpreted as low coefficients (Azwar, 2013, 2018). In estimating validity a very high coefficient cannot be demanded, the score  $V = 0.5$  is considered sufficient while the V score  $< 0.30$  is considered inadequate (Azwar, 2013). Because all items obtain a V value above 0.30 then all items are adequate. Functional or empirical validity by comparing posttest scores between the experimental group and the control group was also significant. This means that the validity of the Indonesian version of the SHSS: C module was adequate.

## 7 CONCLUSIONS

Hypnosis has not been accepted as a therapy in the practice of psychology in Indonesia, although in the international world hypnosis has gotten a place. APA (American Psychology Association) as an association that accommodates American psychology to place hypnosis in division 30. This situation has caused the absence of validated hypnosis therapy modules in Indonesian. This is the reason for the translation into Indonesian and the validation of the Stanford Hypnotic Susceptibility Scale form C module as an effort to provide valid hypnosis modules used in Indonesia. The results of the V Aiken statistical test for each item produced one item having a low V score, namely item number 5 with a score  $V = 0.333$ , one item received a sufficient score, namely item 8 with  $V = 0.5$ , and the rest had a score considered good. Overall, the results of the professional judgment of this module obtain a score of  $V = 0.759$ . The complete Indonesian language SHSS form C module can be considered a hypnosis module with content validity. The results of experimental research using the SHSS form C module produced a significant difference with  $p < 0.01$ , therefore so the module has adequate functional validity. The Indonesian version of Stanford Hypnotic Susceptibility Scale form C (SHSS: C) module is valid for use as a research and therapeutic tool in Indonesia.

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