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**ANNUAL SCIENTIFIC
MEETINGS & WORKSHOPS**

New Frontiers in Hypnosis:
Human Ingenuity, AI Innovation,
and Ethical Boundaries

 VIRTUAL

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ASCH 2026 Workshop

“Minding Your Client’s Mind:” Using Various Clinical Interventions across Clients of Differing Hypnotic/Imagoic Responsivity

by

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Disclosures

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This program has been approved by the American Society of Clinical Hypnosis Standards of Training Committee to be used toward Membership and Certification requirements.

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Acknowledgements:

This presentation is partially based on research done over the years (1981-2022) as Director of the Biofeedback Clinic at the Coatesville Veterans Administration Medical Center, Coatesville, PA and also my current Private Practice in West Chester, PA

[Note: This workshop is for therapists who want a more empirical approach for understanding what is happening to your client's mind during hypnosis and related relaxation-based interventions]

Preliminary Definitions

- **“Minding your client’s mind:” “Paying careful and proactive attention to your client’s thoughts, feelings, needs, and overall experience” (Google, 2025)**
- **Noetics: a reliable and valid introspective methodology to quantify the mind (Pekala, 1980, 1985, 1991, 2002, 2010, 2015, 2016, 2023)**
- **A noetic assessment using the PCI allows you to take a closer look about the contents of your client’s mind to better tailor interventions to that mind**

Preliminary Definitions (continued)

- **PCI: Phenomenology of Consciousness Inventory**
 - 53-item self-report questionnaire used to quantify subjective consciousness or the mind (Pekala, 1982, 1991)
- **PCI-HAP: Phenomenology of Consciousness Inventory-Hypnotic Assessment Procedure**
 - Assessment inventory used to measure hypnotic responsivity from a “state” perspective (Pekala, 1995a, b)
- **Website: www.quantifyingconsciousness.com**

Learning Objectives

- Review and describe the noetic model for “minding your client’s mind:” i.e. “paying careful and proactive attention to your client’s thoughts, feelings, needs, and overall experience,” via the use of the PCI/PCI-HAP assessment protocols
- Describe the rationale for a phenomenologically based assessment of hypnotic/noetic talent via the PCI (Phenomenology of Consciousness Inventory) and the PCI-HAP (Phenomenology of Consciousness Inventory – Hypnotic Assessment Procedure)

Learning Objectives (continued)

- Describe how to integrate various relaxation-based strategies into your client's treatment plan based on noetic analysis: pranayama (breathing strategies), meditation; visualization; heart rate variability (HRV) biofeedback; hypnosis
- Demonstrate how to utilize information about a client's phenomenological world during hypnosis (or other relaxation-based strategies) to generate suggestions/interventions congruent with that world with particular reference to clients of varying hypnotic/imagoic responsivity

More Recent Background Papers

- Pekala, R. J., and Rock, A.J., (2024). From Phenomenology to Noetic Analysis: The Use of Quantitative First-Person Self-Reports to Better Understand the Mysteries of Hypnosis. (pp. 105-123). In J Linden, G DeBenedittis, L I Sugarman, & K Varga (Eds). Routledge International Handbook of Clinical Hypnosis
- Pekala, R. J., and Creegan, K. (2020). Hypnotic states of consciousness, the qEEG, and noetic snapshots of the brain/mind interface. OBM Integrative and Complimentary Medicine, 5(2), doi:[10.21926/obm.icm.2002019](https://doi.org/10.21926/obm.icm.2002019) (pp 1-35)
- Pekala, R., Baglio, F., Cabinio, M., Lipari, S., Baglio, G., Mendozz., L., Cecconi, Pugnetti, L. & Sciaky, R. (2017). Hypnotism as a Function of Trance State Effects, Expectancy, and Suggestibility: An Italian Replication. International Journal of Clinical and Experimental Hypnosis, 65(2), 210-240
- Pekala, R. J. (2016). The “Mysteries of Hypnosis:” Helping Us Better Understand Hypnosis and Empathic Involvement Theory (EIT), American Journal of Clinical Hypnosis, 58, 274-285
- Pekala, R. J. (2015). Hypnosis as a “state of consciousness”: How quantifying the mind can help us better understand hypnosis. American Journal of Clinical Hypnosis, 57(4) 402-424

REMINDER:

Psychology Began with the Mind and Phenomenology:

- **William James (1890/1950) “Principles of Psychology:”**
- **“Psychology is the Science of Mental Life, both of its phenomena and their connections. The phenomena are such things as we call feelings, desires, cognitions, reasonings, decisions, and the like.” (p. 1)**
- **Why haven’t we taken James’s advice in regards to better understanding the mind during hypnosis?**
- **Controversies concerning hypnosis**

Example: What is Hypnosis?

- **“Hypnosis was originally thought to be some sort of magical force that could be radiated by any living thing,**
 - **Then it was believed to be due to spirit possession**
 - **Then it was thought to be due to hysteria or pathology**
 - **Then it was considered a form of sleep**
 - **Then a form of trance, and so on and so on**
- **Even in our own day many believe it represents an altered state of consciousness – a detachment from reality, like dreaming**
 - **Others insist it is nothing but relaxation, while others say it is nothing but suggestion**
 - **Others maintain that it is *none* of these things, and others argue that it is *all* of these things**
- **So the question remains; just what is this mysterious phenomenon called ‘hypnosis’?” (Baker, 1990, p. 23-24)**



The Lack of Current Comprehensive Empirical Phenomenologies

- Why do we keep spinning our wheels?
- Hypnosis is very much a mental or noetic phenomenon (the Greek word for mind is “nous”)
- We need to comprehensively quantify the MIND!
- Very few comprehensive methodologies are currently available to quantify the mind:
 - Two decades ago: “A growing number of cognitive scientists now recognize the need to make systematic use of introspective phenomenological reports in studying the brain basis of consciousness” (Lutz & Thompson, 2003, p. 31)
 - One decade ago: “whereas scientists have access to a plethora of advanced methods for investigating brain and behavior, they face a dearth of techniques for the empirical analysis of phenomenology” (Lifshitz, 2016, p. 9)

Current Introspective Methodologies to Quantify the Mind (Google, 2026)

- **Descriptive experience sampling (DES) (Hurlburt, 2017)**
 - Participants wear a beeper
 - When beeper goes off
 - Participants record what was on their mind at the time
 - Thought samples are then coded into categories
- **First-person neurophenomenology**
 - Participants trained to become highly sensitive to their mental state
 - Mental state quantified in reference to qEEG and/or fMRI
- **Psychometric metacognitive monitoring**
 - Participants perform a task
 - Rate the confidence of their answer
 - Quantifies how well your “inner eye” tracks your actual cognitive ability

Current Introspective Methodologies to Quantify the Mind

- **Micro-phenomenology (the explicitation interview)**
 - Interviewer guides participant through a specific moment in time
 - Participant focuses on the unfolding noeses of consciousness
 - The qualitative descriptions are mapped onto categories of consciousness
- **Ecological momentary assessment (EMA)**
 - Broader version of experience sampling
 - Participants uses smartphone apps to quantify mood, cognition, etc.
- [Note: None of the aforementioned methodologies **comprehensively** quantifies the mind the way a qEEG or an fMRI comprehensively quantifies the brain]

The Noetic Methodology:

**Comprehensively
Quantifying the Mind**

“Epistemology Precedes Metaphysics”

- Famous conundrum in philosophy:
- “Epistemology precedes metaphysics:” Epistemology, the study of the nature and grounds of knowledge, must necessarily precede metaphysics, which concerns itself with the nature of being and existence
- In short, “truth,” i.e. specifically the truth about hypnosis, is a function of HOW we know WHAT we know
- Without the microscope or the telescope: oblivious to the world of microbes or the cosmos and its quasars
- **IMPORTANT: Without comprehensively quantifying the mind, we miss the essence of hypnosis!**

Quantifying the Mind: Rationale

- **Physics - queen of the natural sciences - wedded mathematics to the description of natural phenomena**
 - **Measuring and quantifying the world around us, we have learned how to predict and control that world**
 - **Model from physics has since been applied to chemistry, cosmology, and the various sciences with great success**
 - **By quantifying a phenomenon of interest, we then use mathematical tools and models to better predict and control that universe**
- **The same quantification can be applied to the mind via noetics!**

Quantifying the Mind

- **MIND CANNOT** be found beneath a scalpel or lifted from an fMRI
- The mind can be quantified, as can quarks, the economy, or a neutron star **via retrospective phenomenological assessment (RPA)**
- Difficulty relates to the “hard problem” of consciousness: the problem of subjective experience (Chalmers, 2007)
- “Noetics:” an empirical, quantitative, phenomenological approach to quantifying the mind or subjective experience

Retrospective Phenomenological Assessment (RPA)

- RPA (Pekala & Wenger, 1983) was developed by assessing
 - Well defined and repeatable short stimulus conditions
 - Using standardized self-report questionnaires
 - Across groups of randomly selected individuals
- Approach assumes the principle of *stimulus-state specificity* (*principle of specificity*)
 - “Across groups of randomly selected individuals the same behaviors in the same stimulus setting (the same stimulus conditions)
 - Will be associated with the same intensities and patterns of phenomenological experience (the same phenomenological state)
 - While different stimulus conditions will be associated with different intensities and/or patterns of phenomenological experience” (Pekala & Wenger, 1983, p. 255)
- Principle of specificity: mind/behavioral variant of psychophysiological isomorphism (Fell et al, 2010): a one-to-one correspondence between mind and brain states

A Standardized Questionnaire

- **The 53-item *PCI (Phenomenology of Consciousness Inventory)*, Pekala, 1982, 1991)**
 - **Maps 12 major and 14 minor dimensions of subjective consciousness**
 - **Has been used to quantify various stimulus conditions**
 - **Retrospectively completed in reference to a previously experienced stimulus condition of usually 1 to 5 minutes**
 - **Reliably and validly quantifies subjective consciousness**
- **Retrospectively completed questionnaire used to rate phenomenological experience (the subjective mind) in reference to particular (sub)dimensions of consciousness**
- **Translated into 13 languages around the world**

Descriptions of the PCI Major Dimensions

Positive Affect	Positive affect consists of three subdimensions: joy, sexual excitement, and love. Joy assesses feelings of ecstasy and extreme happiness. Sexual excitement assesses the extent of intense sexual feelings. Love assesses feelings of love and loving-kindness.
Negative Affect	Negative affect consists of three subdimensions: anger, sadness, and fear. Anger assesses feelings of being very angry and upset or enraged. Sadness assesses feelings of being very, very sad or unhappy. Fear assesses feeling very frightened or being scared or afraid.
Altered Experience	Altered experience consists of four subdimensions: altered body image, altered time sense, altered perception, and altered or unusual meaning. Altered body image assesses the extent to which participants feel their bodily feelings expand into the world around them. Altered time sense assesses the extent to which the flow of time changed drastically or whether it seemed to speed up or slow down. Altered perception assesses changes in the perception of the world in terms of color, form, size, shape, or perspective. Unusual meanings assess the extent to which the reports of experiences that might be labeled religious, spiritual, or transcendental, or has feelings of awe, sacredness, or reverence.
Visual Imagery	Visual imagery consists of two subdimensions: amount of imagery and vividness of imagery. Imagery amount assesses the amount of imagery. Vividness of imagery assesses the extent to which the imagery is vivid and three-dimensional and as clear and vivid as objects in the real world.
Attention	Attention consists of two subdimensions: direction of attention and absorption. Direction of attention assesses whether the attention is directed toward an internal subjective experience or toward the environment around the participant. Absorption assesses whether the participant is absorbed in what they are experiencing or whether they are continually being distracted by extraneous impressions.
Self-Awareness	Self-awareness assesses the extent to which the participant is aware of being aware of self or whether the participant loses consciousness of self or is not aware of being aware of self.
Altered State of Awareness	Altered state of awareness assesses whether the participant is in an extraordinarily unusual and nonordinary state of awareness or is in a state of consciousness not any different than usual.
Internal Dialogue	Internal dialogue assesses the extent to which the participant is talking silently to self a great deal or did not engage in any silent talking to self.
Rationality	Rationality assesses whether the participant's thinking is clear and distinct or rational and easy to comprehend or is confused and muddled or nonrational and very hard to comprehend.
Volitional Control	Volitional control assesses the extent to which the participant has complete control over what they are paying attention to or is willfully controlling their experience, versus whether they are being passive and receptive to the experience or having images and thoughts pop into their mind without any control of it.
Memory	Memory assesses the subjective perception that the participant can remember just about everything that they experienced or whether they are not able to remember whatever they experienced.
Arousal	Arousal assesses the extent of muscular tension or the extent to which the muscles of the body are very tense and tight or not tense or tight at all.

[Note: Table composed from Quantifying Consciousness: An Empirical Approach (Pekala, 1991a, pp. 130-132). Taken and modified with permission from: Hageman, J. (2003). The interactive role of hypnotizability and dissociative capacity in the felt and lived experience of spirituality: Implications for health and well-being. PhD Dissertation, San

PCI Major Dimensions

[Table from PCI manual]

Examples of Several PCI Items

[Dipole items are separated by a 7-point Likert Scale]

1. I was forever distracted and unable to concentrate on anything.	I was able to concentrate quite well and was not distracted.
2. My thinking was clear and understandable.	My thinking was unclear and not easy to understand.
3. The thoughts and images I had were under my control; I decided what I thought or imagined.	Images and thoughts popped into my mind without my control.
4. I had an experience which I would label as very religious, spiritual, or transcendental.	I did not have any experience which I would label as religious, spiritual, or transcendental.

Other's Research Use of the PCI

- **Other researchers have used the PCI to look at such experiences as:**
 - **Listening to music (Nagy & Szabo, 2004)**
 - **Meditation (Hageman, 2008; Venkatesh et al., 1997)**
 - **Mediumship and shamanism (Beischel et al, 2021; Rock & Beischel, 2008)**
 - **Self regulation of eating behavior (Hutchinson-Phillips et al., 2006)**
 - **Agoraphobia and virtual reality (Huang et al., 2000)**
 - **Religious and spiritual experiences (Wildman & McNamara, 2010)**
 - **Remote viewing (Roe, Hodrien, & Kirkwood, 2012)**
 - **Nidra yoga and the EEG (Zaccaro et al., 2021)**
 - **Dancing and psychoactive drugs (Schafer & Kreuzburg, 2023)**
 - **Transcendental states of consciousness, meaning in life, and synchronicity (Montgomery, 2025)**

My Research Use of the PCI

- **Colleagues and I have used the PCI to quantify subjective experiences for a variety of stimulus conditions including:**
 - **Hypnosis (Pekala, 1991b, 2002, 2010, 2011, 2015, 2016)**
 - **Breathing (Pekala, Forbes, Contrisciani, 1988/89a)**
 - **Trance drumming (Maurer, Kumar, Woodside, & Pekala, 1997; Woodside, Kumar, & Pekala, 1997)**
 - **Fire-walking (Pekala & Ersek, 1992/93; partially replicated by Hillig & Holroyd, 1997/98)**
 - **An OBE within an NDE (Maitz & Pekala, 1991)**
 - **Sidhi meditation (Pekala & Creegan, 2020)**
- **Needs replicated/validated by other researchers/clinicians**

Downloadable Manual: PCI

- **Phenomenology of Consciousness Inventory (PCI): User's Manual**
 - “Using the Phenomenology of Consciousness Inventory (PCI) to Quantify the Mind: User's Manual” (39 pages)
 - **Downloadable from the website (Downloads tab):**
 - www.quantifyingconsciousness.com
 - Once registered, free to download manual, PCI Forms 1 and 2, EXCEL scoring sheet, Form 1
 - Downloadable PCI and supporting materials

Downloadable Manuals: PCI-HAP

- **Phenomenology of Consciousness (PCI) – Hypnotic Assessment Procedure (PCI-HAP): Administration Manual**
 - “The Phenomenology of Consciousness (PCI) – Hypnotic Assessment Procedure (PCI-HAP): Administrator’s Manual” (28 pages)
 - Downloadable from the website (Downloads tab) with code
 - Once given access to Downloads tab, free to download Administration manual and EXCEL PCI-HAP scoring protocol

- **Phenomenology of Consciousness (PCI) – Hypnotic Assessment Procedure (PCI-HAP): Interpretive Manual**
 - “Therapist Manual: Interpretation of the Phenomenology of Consciousness (PCI) – Hypnotic Assessment Procedure (PCI-HAP)” (58 pages)
 - Downloadable from the website (Downloads tab) with code
 - Once given access to Downloads tab, free to download Interpretive manual and EXCEL PCI-HAP scoring protocol

Important: Quantifying, Diagramming and Graphing the Mind via EXCEL (Easy to do!!)

- **PCI: Client completes the PCI in reference to a sitting quietly period – PCI manual will show you how!**
 - Therapist manually enters the 53 PCI items into the EXCEL program/spreadsheet (available from website)
 - EXCEL program automatically computes the PCI (sub)dimension scores, graphs, etc.

- **PCI-HAP: Therapist completes the pre- and post-assessments of the PCI-HAP with the client/Client retrospectively completes the PCI in reference to the two-minute sitting quietly period**
 - Therapist manually enters the pre-and post-test response items, and the 53 PCI items into the EXCEL program
 - EXCEL program automatically computes the PCI (sub)dimension scores, graphs, etc.
 - PCI-HAP manuals will show you how!

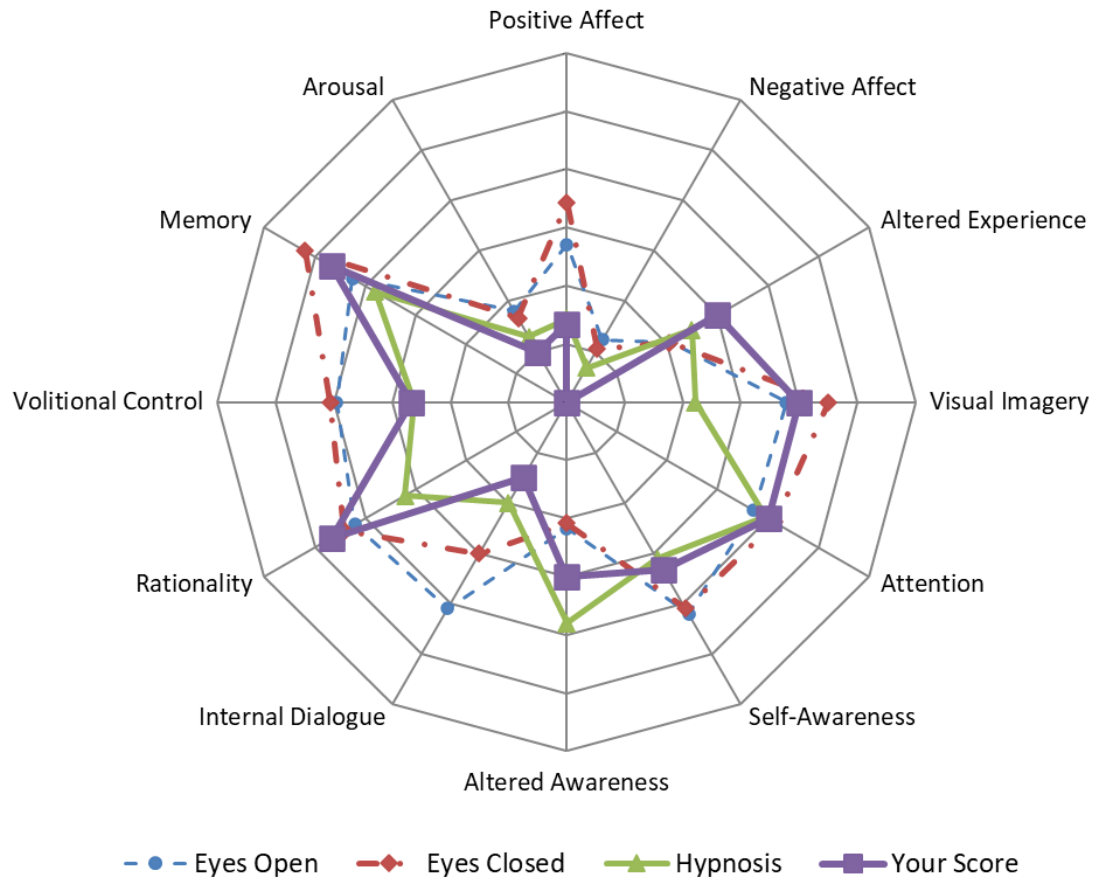
Diagramming and Graphing the Mind

- Devices to diagram and graph the mind via PCI (sub)dimension **intensity** differences:
 - Radar graphs
 - Phenomenological intensity profiles (pips)
- Devices to diagram and graph the mind via PCI dimension **pattern** or connectivity differences:
 - Psygrams

Quantifying and Diagramming Noetic Intensity Differences

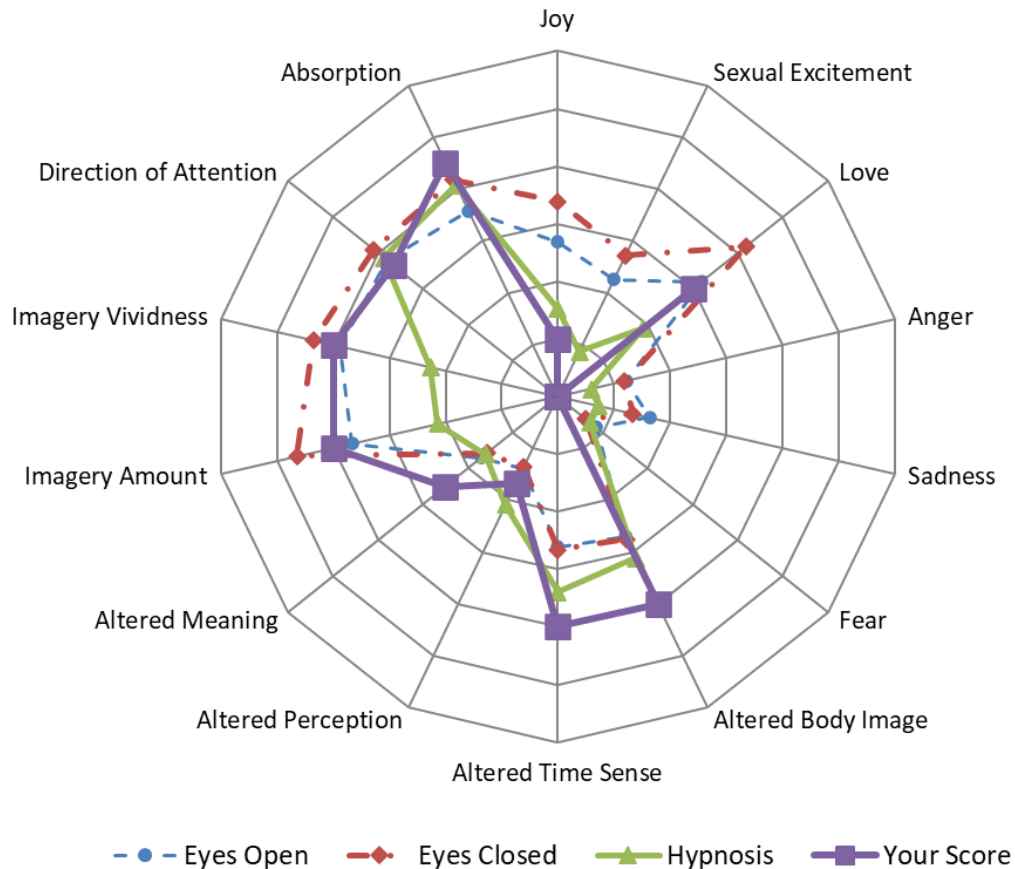
Radar Graphs

Your Score in Comparison to Hypnosis and Eyes Open and Closed Conditions

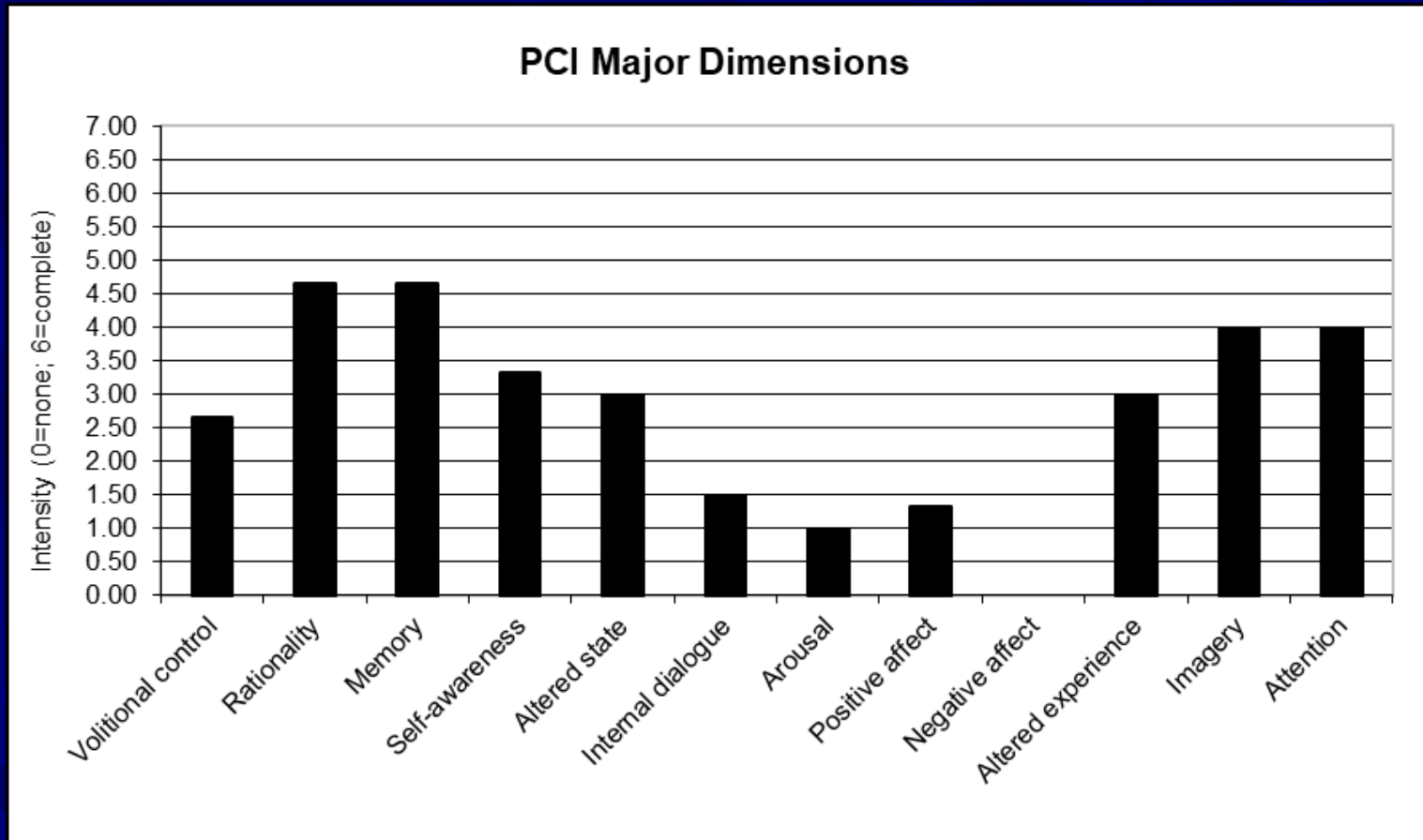


Radar Graphs

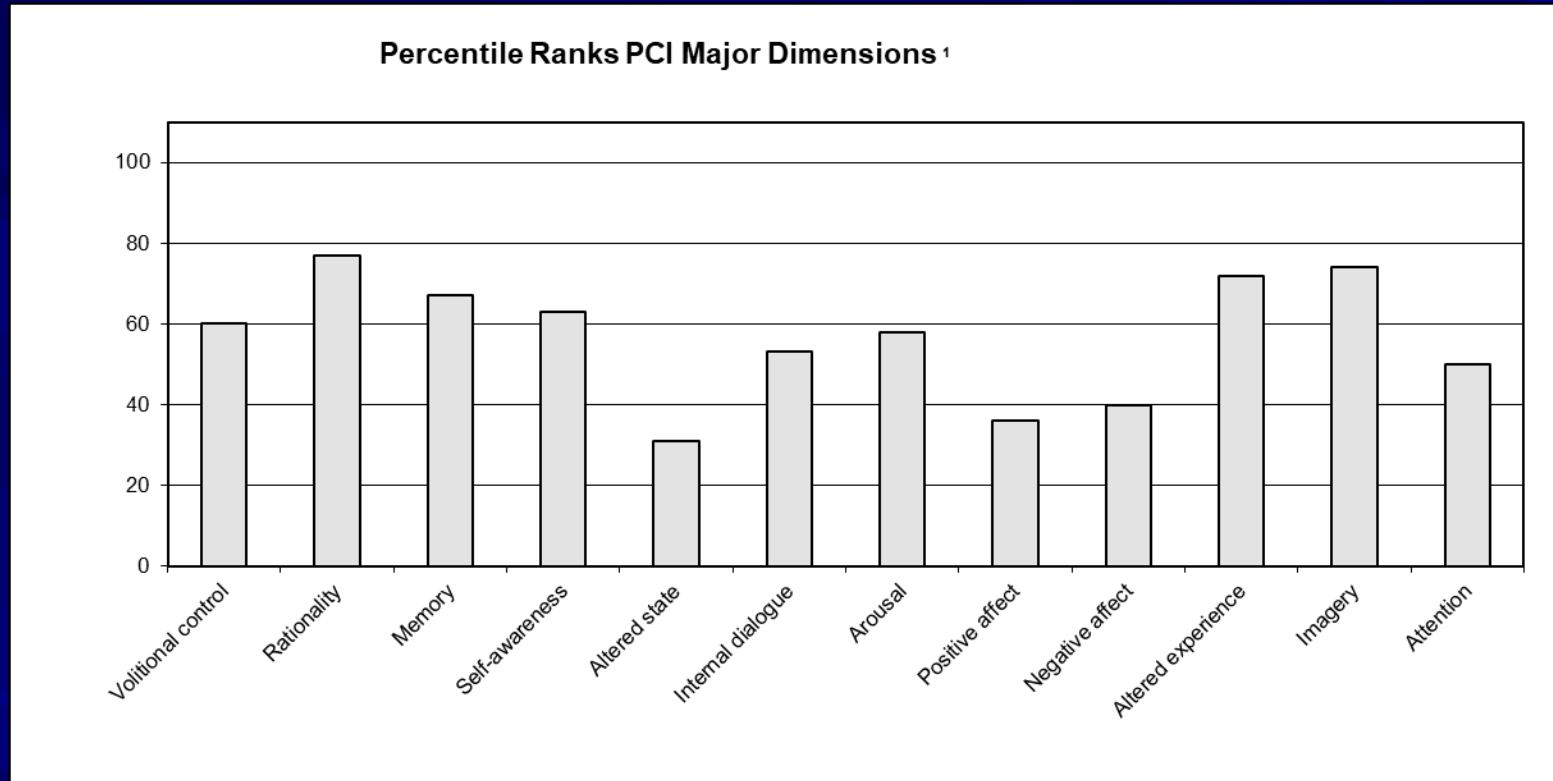
Your Score in Comparison to Hypnosis and Eyes Open and Closed Conditions



PIP (Phenomenological Intensity Profile) Raw Scores



PIP (Phenomenological Intensity Profile) Percentile Scores



Important: Interventions Based on Individual Differences

- Individuals differ in their hypnotic/imagoic responsivity
- By better understanding that hypnotic/imagoic responsivity, one can tailor intermediate/advanced relaxation strategies to the client's phenomenological world
- Individual differences factors:
 - See Wickramasekera (1988) "high risk model of threat perception"
 - See Zemen (2024): low versus high imagoics: aphantasia versus hyperphantasia
 - See Qualls and Sheehan (1981 a, b, c) low vs high absorption
 - See Cascio et al., (2016) and Lifshitz, Brahinsky, and Luhrmann (2020) on verbal affirmations
- Use the PCI/PCI-HAP to determine which kinds of interventions to implement and when

Wickramasekera (1988): Low versus High Hypnotizables: High Risk Model of Threat Perception

■ Low hypnotizables:

- “The patient with low-hypnotic ability is nearly always locked into the critical, analytic-skeptical mode of information processing. Their basic asset and liability is their perceptual rigidity” (Wickramasekera, 1988, p. 201)
- “Such patients are impressed only by objective, empirical data, graphs, curves, and hardware (p. 201)
- “Biofeedback devices provide them with credible evidence of mind-body interaction” (p. 202)

■ High hypnotizables:

- “The high-hypnotic-ability patient can generate very rich fantasy almost to the point of hallucinatory intensity and inadvertently alter perception, memory and mood in maladaptive ways (Wickramasekera, 1988, p. 196)
- “It is impossible to deal effectively with the patient of high-hypnotic ability without subscribing to a model of the psychological unconscious” (p. 197)

Zemen (2024): Imagery: Aphantasia versus Hyperphantasia

- **Aphantasia types: “the marked reduction or absence of conscious, wakeful imagery” (Zeman, 2024, p. 467)**
 - About 1% of the population have “profound” aphantasia (no imagery)
 - Aphantasic types are more likely to score higher on the autistic spectrum
 - Aphantasic types are more likely to be scientists and engineers
 - Aphantasic types more likely to report difficulties with facial recognition
- **Hyperphantasia types: “visual imagery ‘as vivid as real as seeing’” (Zemen, 2024, p. 467)**
 - About 2.6% have extremely vivid visual imagery (“as real as seeing”)
 - Hyperphantasic types are more likely to be artists; to be more mystical or spiritual
 - Hyperphantasics are more likely to report synesthesia and anomalous experiences

Positive Verbal Self-Affirmations

- **“The use of positive affirmations in increasing self-esteem (Kadian, 2023):**
 - **“Affirmations are positive statements that are repeated in order to reprogram the subconscious mind**
 - **By repeating an affirmation, the mind is encouraged to accept the statement as true (Kadian, 2023, 1)**

- **“Self-affirmation activates brain systems associated with self-related processing and reward and is reinforced by future orientation” (Cascio et al., 2015):**
 - **“The prefrontal cortex . . . plays a crucial role in various cognitive functions, including decision-making, self-control, and goal setting”**
 - **“When we engage in affirmations, the prefrontal cortex is activated, facilitating the integration of positive self-relevant information into our self-concept**
 - **“This process can enhance our ability to regulate emotions, reduce stress, and improve overall psychological resilience . . (Affirmation, 2024)**

Why an Assessment?

- **Although individuals differ in their hypnotic responsivity, 80% of clinicians “do not measure the hypnotizability of their clients/patients” (Palsson et al., 2023, p. 104)**
- **By better understanding your particular client’s hypnotic/imagoic responsivity, you can tailor strategies to the client’s phenomenological world**
 - **Approach serves as a tentative guide by determining which phenomenological processes may become activated**
 - **Which, in turn, determine which intermediate or advanced relaxation strategies to implement**
- **Administer the PCI (for a noetic assessment) and PCI-HAP (for a hypnotic assessment)**
 - **Use the PCI in reference to a relaxation-based condition to determine how the client’s experience may mimic hypnosis**
 - **Use the PCI-HAP to determine client’s potential hypnotic/visualization abilities**

Rationale for Doing a Noetic Assessment

Do a Noetic Assessment First

- **First do a noetic assessment:**
 - **PCI completed in reference to a one minute sitting quietly period/safe place during a basic relaxation protocol, i.e. “body scan”/PCI completed in reference to safe place**
 - One minute of slow deep breathing
 - One minute “safe place”: “Go to a safe place in your mind and visualize being safe and secure”
 - **Or use your own introductory relaxation protocol**
 - **PCI EXCEL program generates a 5-page report on the client’s mind during the sitting quietly period**
 - **EXCEL program normed against the Harvard: Allows the clinician to determine how much the relaxation protocol may “mimic” hypnosis from the client’s phenomenological perspective**

- **PCI noetic assessment results:**
 - **Generates a predicted Hypnotic Responsivity Index (pHRI) score**
 - **Generates a hypnoidal state score (HSS): “trance”**
 - **Generates 26 PCI (sub)dimension raw and percentile scores**

Do a Noetic Assessment First: Example

- PCI EXCEL program: Generates a **mental “snapshot”** of the client’s mind in reference a short stimulus interval referenced to a hypnosis (Harvard) data base
- **Example: Client SM**
 - Initial “apple” imagery was a “7” (1 to 10 scale: “10” = most vivid)
 - Early therapy session: Completed a “body scan” (progressive relaxation but without the tensing) and the PCI afterwards
 - PCI Hypnoidal state score (HSS): runs from 1.0 to 9.00+
 - HSS = 7.11 (“trance” is usually considered 7.00 or greater)
 - Predicted Hypnotic Responsivity Index (pHRI) score = 6.03
- **A good candidate for self-hypnosis or self-visualization?**
 - Actual HSS for hypnosis (from the PCI-HAP) was only 5.59!
 - His estranged wife was overcontrolling
 - Didn’t want to be controlled with “hypnosis,” i.e. loss of control motif
 - Did self-visualization interventions instead!!

Rationale/Research for Doing a Hypnotic Assessment

So, What is Hypnosis?

Holroyd, J. (2003), “The science of meditation and the art of hypnosis” (AJCH)

Hypnosis is a function of 3 processes:

Altered State Effects (Trance)

Suggestibility

Expectancy

Altered State Effects or Trance

- Holroyd (2003) quotes Weitzenhoffer (2002)
- Weitzenhoffer (2002) distinguished between hypnosis and hypnotism:
 - *"I will otherwise generally reserve the term hypnosis for the 'state'*
 - *And the term, hypnotism, for the production, study and use of suggestion with the state of hypnosis **presumably** being present,*
 - *Whether or not it adds anything tangible to the situation"*
 - (Weitzenhoffer, 2002, p. 210)
- Weitzenhoffer's definition: hypnotism implies the giving of suggestions, via imagination, fantasy, and/or other means, and the acceptance of those suggestions by individuals whether or not they are in the "*altered state*" of hypnosis

Trance and Hypnosis

- Weitzenhoffer (1989): the term *trance* has been used interchangeably with the term, *hypnosis*
- “Trance,” however, is an older and much broader concept than hypnosis: “Trance “
 - *“Denotes various states of being that have the appearance of consciousness but seem to differ from normal consciousness [...]*
 - *As being a sleeplike, or a half awake, half asleep state*
 - *Decreased sensitivity or responsiveness to external stimuli, including a total lack of it*
 - *A shift from voluntary to automatic activity” (Weitzenhoffer, 1989, p. 298)*

Quantifying Hypnotic Trance

- **Can we quantify “hypnotic trance?:” Absolutely!**
- **Do we need to quantify hypnotic trance:**
- **Yes: Lynn, Kirsch & Hallquist (2008):**
 - **If “researchers fail to operationally define the ‘state’ of hypnosis**
 - **And then argue that people are in a trance or altered state (even with no prior induction)**
 - **Their claim cannot be falsified and is thus not amenable to scientific scrutiny” (p. 129)**

Hypnotic Trance

- **“Hypnotic trance” has been operationally defined, quantified, and statistically assessed and compared across a variety of stimulus conditions**
- **Hypnotic trance: quantified via the “predicted Harvard Group Scale (pHGS)” score (Pekala & Nagler, 1989):**
 - **Also called the “hypnoidal state score” (HSS)**
 - **Score based on cross-validated regression analyses of the PCI in predicting total Harvard Group Scale scores**
 - **Using the unstandardized regression coefficients of 10 of the 26 PCI (sub)dimensions**
 - **The score correlates about .60 with the Harvard Group Scale (Forbes & Pekala, 1993; Pekala & Kumar, 1984, 1987).**
 - **See Pekala & Maurer (2013) for a comprehensive review: “A cross validation of two differing measures of hypnotic depth: ” IJCEH**

PCI pHGS Regression Equation: A Measure of Hypnotic Trance Depth: The Hypnoidal State Score

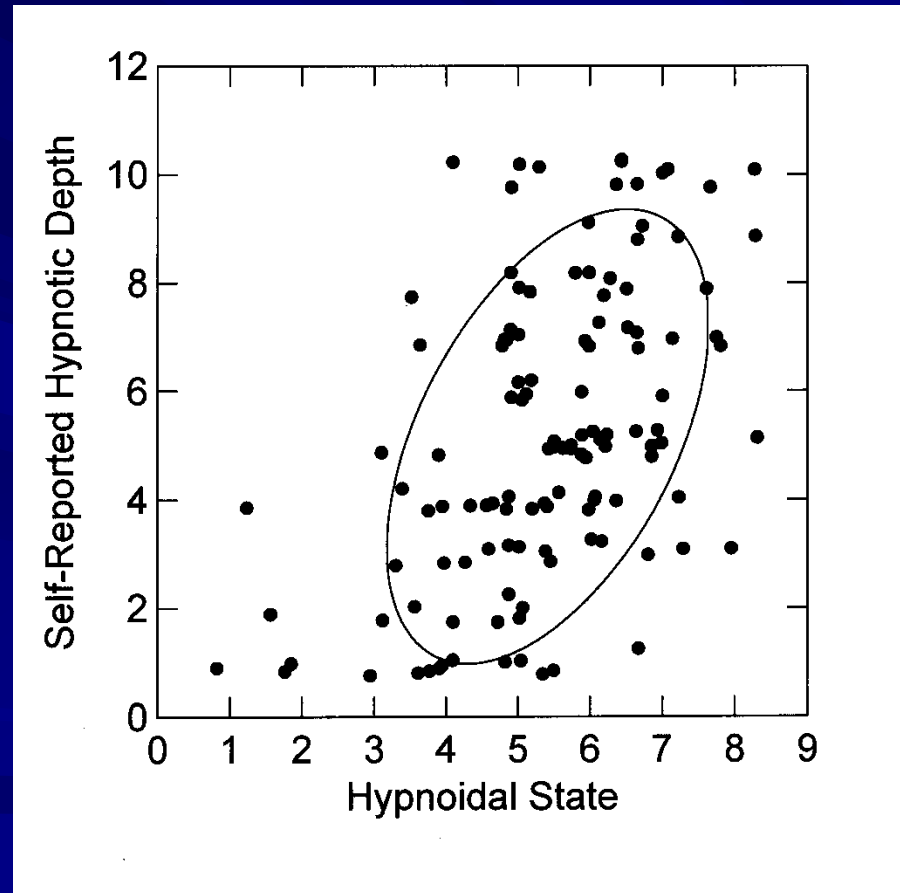
■ PCI (Sub)Dimension	x	Coefficient	Relative Percentage*
■ Altered Experience	x	+0.35	17%
■ Altered State	x	+0.31	15%
■ Volitional Control	x	-0.28	13%
■ Self-Awareness	x	-0.27	13%
■ Rationality	x	+0.23	11%
■ Absorption	x	+0.19	9%
■ Memory	x	-0.14	7%
■ Altered Time Sense	x	+0.13	6%
■ Internal Dialogue	x	-0.11	5%
■ Altered Body Image	x	-0.07	3%
Constant		+4.51	

■ *Note: Percentages indicate relative magnitude of coefficient

The Hypnoidal State Score

- Hypnoidal state score (HSS) or predicted Harvard Group Scale (pHGS) score
- The “pHGS score is the most established parameter for investigating the depth of trance states (Hempell, 2009)” (Schafer & Kreuzburg (2023, p.132))
- A measure of trance depth that correlates with self-reported hypnotic depth (srHD): not the same as srHD:
 - $r = .57$; Pekala et al., 2006
 - $r = .48$; Pekala & Maurer, 2013
 - HSS is not measuring the same construct as srHD
- HSS taps into Weitzenhoffer’s (2002) conceptualization of “hypnosis”

Hypnoidal State vs Self-Reported Hypnotic Depth



From Pekala & Maurer (2013). IJCEH

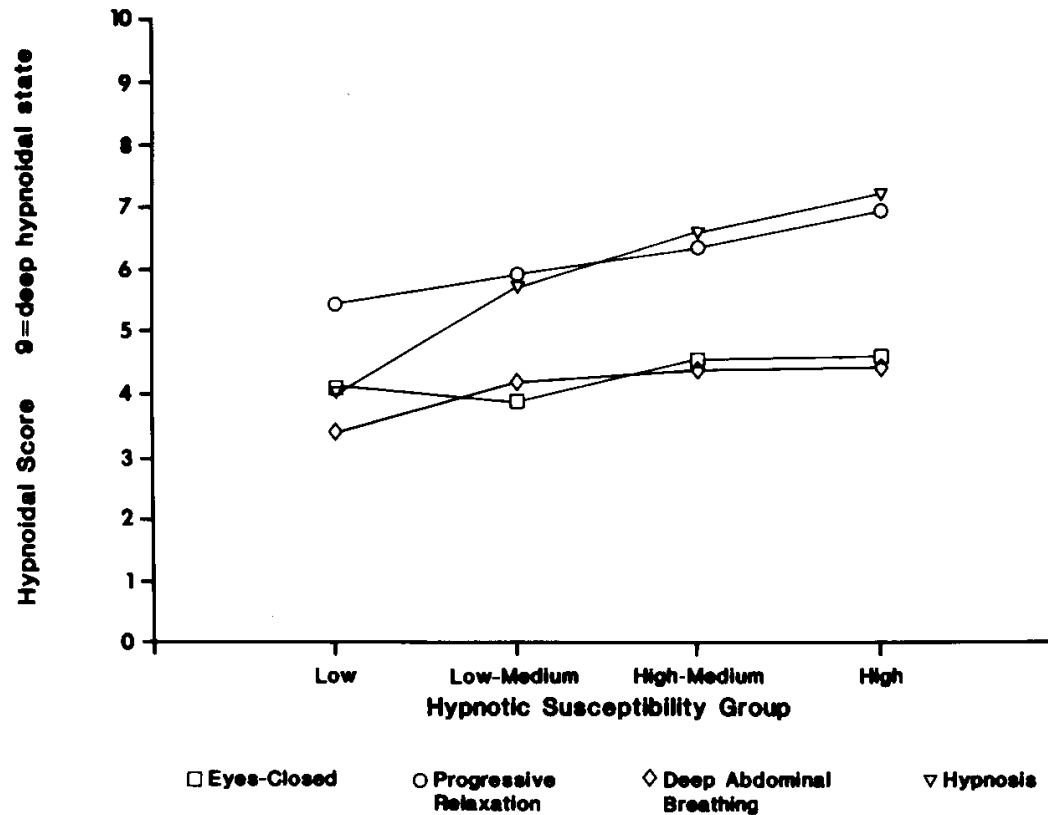
Assessing the Hypnoidal State Score Across Several Stimulus Conditions

- Earlier study (Pekala & Forbes, 1988) assessed hypnoidal state scores across 4 conditions:
 - Hypnosis (as assessed by the Harvard Group Scale)
 - Progressive relaxation
 - Deep abdominal breathing
 - A baseline period (eyes closed, sitting quietly)
- Participants divided into 4 susceptibility groups (based on their Harvard Group Scale scores)
 - Lows (0-4, $n = 68$, $M = 2.24$)
 - Low-mediums (5-6, $n = 51$, $M = 5.53$)
 - High-mediums (7-8, $n = 70$, $M = 7.56$)
 - Highs (9-12, $n = 57$, $M = 9.74$)

Assessing the Hypnoidal State Score Across Several Conditions (cont'd)

- Hypnoidal state scores were assessed in a 4 (Susceptibility Groups) by 4 (Conditions: hypnosis, progressive relaxation; deep abdominal breathing, and baseline) analysis of variance
- Significant main effects were found for Susceptibility Groups and Conditions and a significant interaction was also found
- Results need replicated; collaborative research needed!

Hypnoidal Scores for 4 Conditions as a Function of Hypnotic Susceptibility



[Taken from: Pekala, R. J., & Forbes, E. (1988). Hypnoidal effects associated with several stress management strategies. *Australian Journal of Clinical and Experimental Hypnosis*, 16, 121-132.]

SUGGESTIBILITY

Suggestibility

- **Suggestibility is commonly defined in terms of responsiveness to suggestions given during hypnosis**
- **Kirsch and Braffman: emphasized the role of imagination in suggestibility**
 - **Defined "imaginative suggestions" as "requests to experience an imaginary state of affairs as if it were real" (Kirsch & Braffman, 2001, p. 59)**
 - **And "imaginative suggestibility": the "degree to which the person succeeds in having the suggested experiences" (p. 59)**
 - **Whether such experiences occur within, or outside of, hypnosis**
- **The PCI-HAP assesses "imagoic suggestibility," a subset of Kirsch and Braffman's imaginative suggestibility**

Imagoic Suggestibility

- **The PCI-HAP measures aspects of nonhypnotic and hypnotic imagoic suggestibility**
- **Nonhypnotic Imagoic suggestibility (from pre-assessment):**
 - “. . . Imagine yourself relaxing in a hot tub”
 - Nonhypnotic imagoic visual suggestibility: “So real and vivid you can actually see yourself in the hot tub”
 - Nonhypnotic imagoic kinesthetic suggestibility: “You can actually feel yourself being gently massaged by the water jets in the hot tub”
- **Hypnotic imagoic suggestibility (hypnotic dream from induction):**
 - “I would like you to go on vacation somewhere to a beautiful place and have a very relaxing and very wonderful time”
 - “Let ‘1’ = just a thought, no image at all, and let ‘10’ = as real and vivid as actually being there”
 - “What number between ‘1 and ‘10’ best represents how vivid your imagery was?”

EXPECTANCY

Expectancy

- **Kirsch (1991): made expectancy a central concept in his theorizing concerning hypnotism:**
 - ***“The capacity of people’s beliefs and expectations to bring about changes in experience”*** (p. 461)
 - **Kirsch stated: *“attempts to eliminate expectancy as ‘artifact’ may be doomed to failure”*** (p. 461)
 - **Felt that therapist-directed changes in expectancy can lead to changes in hypnotic experience and behavior, and hence, therapeutic change**

Expectancy as Measured by the PCI-HAP

■ Pre-hypnotic expectancy:

- Estimated hypnotic depth: “Please rate yourself on a scale of ‘1,’ ‘not hypnotized at all;’ to ‘10’, the most deeply hypnotized that you can imagine, how hypnotized you feel you will be today.”
- Expected therapeutic efficacy: “Please rate on a ‘1’[to ‘10’ intensity scale, how helpful you self self-hypnosis training is going to be. Let ‘1’ equal ‘not at all helpful,’ and let ‘10’ equal ‘extremely helpful.’”

■ Post-hypnotic therapeutic efficacy:

- “Please rate on a ‘1’ to ‘10’ intensity scale, how helpful you feel self-hypnosis training is going to be. Let ‘1’ equal ‘not at all helpful,’ and let ‘10’ equal ‘extremely helpful’.”

Regression Research on the Model

Earlier Research on the Model

- **Two earlier studies (Pekala, et al., 2006; Pekala, et al., 2010a, b): assessed how well the self-reported hypnotic depth (srHD) score was predicted from the PCI-HAP variables**
 - **Participants: chronic drug and alcohol individuals residing at an in-patient program**
 - **Involved in using self-hypnosis training for relapse prevention post-discharge**
- **Both studies used step-wise regression analyses**
- **Step-wise regression analysis chosen instead of simultaneous or hierarchical regression (Newton & Rudestam, 1999)**
 - **Let the data "speak for themselves"**
 - **Without a priori theorizing about which variables should be accounting for more of the variance**
 - **The model is atheoretical**

Pekala et al. (2010b) Study: Step-wise Regression Analyses

- **Stepwise regression analyses were completed**
 - Using forward regression and an alpha-to-enter and leave of .15, the default value (Wilkinson, 1998)
 - To predict the self-reported Hypnotic Depth (srHD) score from the PCI-HAP variables
- **Results: srHD scores were found to be a function of**
 - Imagoic suggestibility
 - Expectancy (both estimated hypnotic depth and expected therapeutic efficacy)
 - Eye catalepsy effects
 - Trance state effects
- **Effects were additive and not (statistically) interactive**

Earlier Research (Pekala et al., 2010b) Regression Equation Predicting the srHD Score

Subscale	<i>R</i>	<i>R</i> ²	Unstandardize d Coefficient	Standardize d Coefficient	<i>F</i> Value ¹	<i>p</i> Value ²
Imagoic Suggestibility (Imagery Vividness Dream Item)	0.677	0.458	0.398	0.45	52.14	0.000
Total Combined Expectancy	0.782	0.611	0.486	0.35	29.64	0.000
Eye Catalepsy Item	0.796	0.633	0.781	0.14	5.73	0.018
Hypnoidal State (pHGS Score)	0.803	0.645	0.234	0.13	3.98	0.048
Constant			-2.364			

Italian Replication (2017) Study: Purposes

- **#1: To generate an Italian translation of the PCI-HAP that would hopefully be found to be as reliable and valid as the English version**
- **#2: To determine if the results of this Italian translation would be found to replicate the previous results (Pekala, et al. 2010a, b; Pekala & Maurer, 2013) in predicting self-reported hypnotic depth from the PCI-HAP variables**
- **#3: To determine how well the srHD score could be predicted from the PCI major dimensions alone, without inclusion of the PCI-HAP phenomenological-cognitive-behavioral variables**
- **#4: To assess the hypnotic responsivity index (HRI), a “composite” state measure of hypnotic responsivity generated from the PCI-HAP**

Procedure: Participants

- **One hundred and eight healthy volunteers**
 - Each participant completed an Italian translation of the hypnotic assessment procedure (PCI-HAP), including pre- and post-hypnosis assessment questionnaires as described in Pekala et al. (2010b)
 - Pekala, R., Baglio, F., Cabinio, M., Lipari, S., Baglio, G., Mendozz,, L., Cecconi, Pugnetti, L. & Sciaky, R. (2017). Hypnotism as a Function of Trance State Effects, Expectancy, and Suggestibility: An Italian Replication. *International Journal of Clinical and Experimental Hypnosis*, 65(2), 210-240
- **The presenter (RJP) not in contact with the Italian authors**
 - The Italian group ran the study based on the administration manual for the PCI-HAP that they obtained from RJP
 - RJP analyzed the results

Italian Replication Study: Analyses

- **Final sample (95 participants) experienced an Italian translation of the PCI-HAP induction, and completed all associated questionnaires**
- **Analysis 1: Similar step-wise regression analyses were completed, attempting to replicate prior study (Pekala et al., 2010b): Self-reported hypnotic depth (the srHD score) was predicted from the same PCI-HAP variables**
- **Analysis 2: Also, srHD score predicted using ONLY the PCI 12 major dimension scores (type of analysis not reported in earlier studies)**

Research Regression Equation Predicting the srHD Score from PCI-HAP Variables

Subscale	R	R ²	Unstandardized Coefficient	Standardized Coefficient	F Value	p Value
Hypnoidal State (pHGS Score)	0.742	0.550	0.773	0.446	113.71	0.000
Total Combined Expectancy	0.773	0.598	0.293	0.230	10.85	0.001
Eye Catalepsy (Numeric)	0.797	0.635	0.296	0.220	9.34	0.003
Imagoic Suggestibility	0.804	0.647	0.126	0.129	3.00	0.087
Constant			-2.668			

Implications Concerning Self-Reported Hypnotic Depth (srHD)

- **srHD score appears to be a “multidomain” phenomenon:**
 - Different processors are involved in generating a person’s perception of their perceived hypnotic depth
- **Can this result shed some light on why different investigators highlight different processes?**
- **Wickramasekera II (2015) wrote in “The Elephant, the Blind Men, and Hypnosis” (AJCH)**
 - “Each blind man get a partial glimpse of the nature of the elephant
 - “They then stubbornly dispute . . . based upon their own limited experience . . .
 - The Buddha utilizes this parable to discuss the often meaningless and unproductive characteristics of scholars who rigidly hold to limited views . . . (p. 453)

What About Using Only the PCI Dimensions to Predict Self-Reported Hypnotic Depth?

Regression Equation Using only the PCI Dimensions to Predict the srHD Score

PCI Dimension	<i>R</i>	<i>R</i> ²	Unstandardized Coefficient	Standardized Coefficient	<i>F</i> Value	<i>p</i> Value
Altered State of Awareness	0.702	0.493	0.777	0.439	90.52	0.000
Positive Affect	0.762	0.581	0.565	0.228	19.33	0.000
Visual Imagery	0.784	0.614	0.339	0.219	7.72	0.007
Volitional Control	0.795	0.632	-0.282	-0.165	4.35	0.040
Constant			1.220			

Summary: PCI Regression Analysis Results

- Regression analyses predicting the self-reported hypnotic depth (srHD) score with only the PCI dimensions generated almost identical R/R^2 results whether using
 - The PCI-HAP (cognitive/behavioral/phenomenological) variables or
 - Only the PCI major dimensions (phenomenological) variables
- QUESTION: To generalize, using Occam's razor, why use cognitive/behavioral/phenomenological variables to determine how hypnotizable a person thinks they are (the srHD score)
 - When it may be just about as effective (and simpler)
 - To retrospectively ask about one's "state of mind" during hypnosis using only the PCI?
 - I.e., only use phenomenological variables
- Future research is needed! Collaborators needed!!

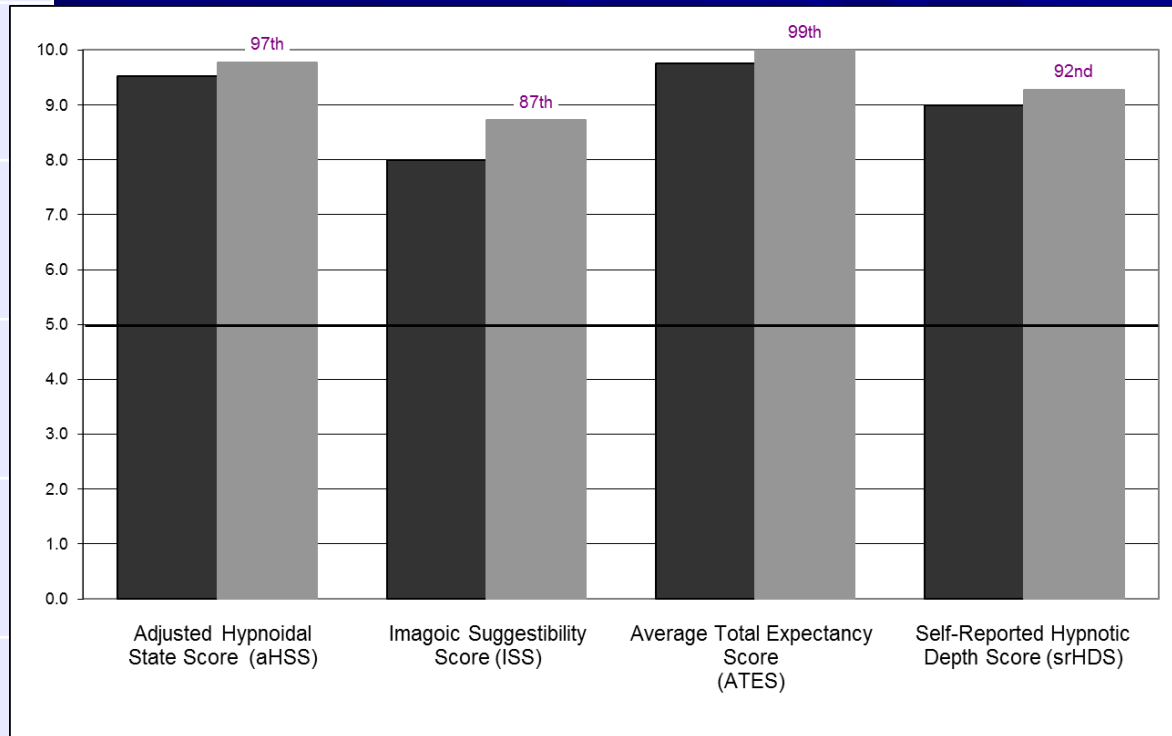
The Hypnotic Responsivity Index (HRI)

The Hypnotic Responsivity Index (HRI)

- **The HRI score: represents a “state” sample of the hypnotic responsivity of a client/participant at a particular point in time (Pekala, 2014b)**
- **No formal research has been done using the HRI score to predict success with clients in terms of therapeutic efficacy, such as**
 - **Reduction of symptoms**
 - **Increases in self-esteem**
 - **Pain control**
- **Anecdotal review of RJP’s private practice clients suggests that the higher the HRI score**
 - **The more likely hypnotism appears to be of help in terms of using a self-hypnosis recorded audio protocol**
 - **For symptom reduction, self-esteem enhancement, etc.**
 - **Provided the client practices self-hypnosis on a regular basis**

The Composite HRI Score

Hypnoidal State Score (HSS)	8.58	%ile Rank
Adjusted Hypnoidal State Score (aHSS)	9.52	97.80
Imagoic Suggestibility Score (ISS)	8.00	87.30
Average Total Expectancy Score (ATES)	9.75	99.99
Self-reported Hypnotic Depth Score (srHDS)	9.00	92.80
Hypnotic Responsivity Index (HRI)	9.07	94.47



Predicting the HRI Score

- The HRI score is a composite variable
- To what extent can it be predicted from the PCI major dimensions completed in reference to a (two minute) sitting quietly period near the end of the PCI-HAP?
 - Same type of step-wise regression analyses were completed, predicting the HRI score from the 12 major PCI variables
 - Predicting this overall composite score from the subjective contents of the **mind** of the client

Predicting the HRI

Subscale	<i>R</i>	<i>R</i> ²	Unstandar dized Coefficient	Standardiz ed Coefficient	<i>F</i> Value	<i>p</i> Value
Altered State of Awareness	0.738	0.545	0.449	0.365	111.22	0.000
Imagery	0.878	0.771	0.418	0.387	90.96	0.000
Positive Affect	0.901	0.811	0.393	0.228	19.26	0.000
Volitional Control	0.914	0.835	-0.206	-0.173	13.35	0.000
Attention	0.918	0.843	0.195	0.122	4.23	0.043
Internal Dialogue	0.922	0.851	-0.100	-0.096	4.78	0.031
Constant			2.326			

When to Use Hypnosis, Visualizations, and/or Verbal Affirmations

Clinical Use of the PCI/ PCI-HAP for Anxiety-Based Disorders

Beginning Sessions For Anxiety-Based Disorders

- **For clients with anxiety-based disorders:**
 - **Generalized anxiety disorder (GAD)**
 - **Mixed anxiety and depression**
 - **Social anxiety disorder**
 - **Panic disorder with and without agoraphobia**

- **First start out with basic relaxation training**
 - **Demonstrate body scan (BS) relaxation technique (progressive relaxation without the tensing)**
 - **Or your own variant of an introductory relaxation protocol**
 - **Give the PCI in reference to sitting quietly/"safe place" period embedded in the intervention: what I call a "noetic assessment"**
 - **Compare against hypnosis data base: Will give you an estimate as to how well the client might do with "hypnosis"**

- **Also demonstrate breathing retraining skills**

- **Then move to intermediate relaxation skill training based on individual differences factors**

Progress from Basic to Intermediate Relaxation Strategies

- **Progress from basic to intermediate relaxation strategies**
 - **First level basic relaxation strategies**
 - “Body scan” or
 - Progressive relaxation
 - **Intermediate relaxation strategies (my designation)**
 - Meditation
 - Deep relaxation strategies for anxiety and anger (see website: www.justrelx.wordpress.com)
 - Biofeedback training
 - Autogenics

Intermediate Relaxation Strategies

■ Intermediate relaxation strategies:

■ Meditation

- Insight meditation
- Concentrative (mantra) meditation
- Loving-kindness meditation

■ “Deep Relaxation Scripts:” Anxiety and Anger Reduction Protocols (available from website): www.justrelx.wordpress.com): consists of:

- Body scan
- Slow deep breathing
- Symptom reduction
- Affirmations/suggestions
- Desensitization

■ Heart rate variability (HRV) biofeedback training - Heartmath

■ Autogenics

Meditational Strategies

■ Insight meditational strategies

- Attentional strategy: “the clear and single-minded awareness of what actually happens to us and in us, at the successive moments of perception” 1975, p. 22)
- Focused attention (reflective awareness) to breath or stream of consciousness
- Excellent illustration of insight approach: “The miracle of mindfulness” (1975) by Thich Nhat Hanh

■ Concentrative meditational strategies

- Focus on a word or phrase, a mantra, said silently/repeatedly
- Become absorbed in the mantra
- Resonate mantra to one’s breathing
- Maintain reflexive awareness of the mantra within one’s stream of consciousness

■ Guided loving-kindness meditational strategies

- Short version: “May I be happy, may I be healthy, may I be filled with loving kindness”
- Long version: see website: www.justrelx.wordpress.com: “guided loving-kindness meditation”

Heart Rate Variability (HRV) Training

- HeartMath's emWave Pro/Pro Plus devices
 - From www.heartmath.com: Cost: \$399/\$499
 - Allows for a measure of the “beat-to-beat” change in heart rate
 - Shows how rhythmic breathing can affect the heart
- HRV appears to be a “dynamic window into the function and balance of the autonomic nervous system” (Heartmath Science Overview, 2008, p. 2)
- Useful across the variety of clients, especially clients with less visual and more, kinesthetic/verbal abilities (low hypnotizables/low imagoics)

Advanced Relaxation Strategies

- **Advanced relaxation strategies: record a personalized audio file for your client**

- **Some (but not all) of the various possible permutations (depending):**
 - **Use self-hypnosis training if**
 - Moderate to high HS score
 - Moderate to high IS score
 - **Use self-visualization training if**
 - Moderate to high IS score
 - Low HS score
 - **Use self-affirmation training if**
 - Moderate to high expectancy score
 - Low to moderate IS score
 - Low to moderate HS score

From Basic to Intermediate **Breathing** Strategies

■ Progress from basic to intermediate breathing strategies

■ Breathing retraining (basic)

- Deep abdominal breathing
- Slow deep breathing

■ Breathing retraining (intermediate)

- Meditational breathing
- Bastrika
- Paced breathing

Four Major Breathing Strategies

■ Deep abdominal breathing (DAB)

- Most commonly used breathing strategy
- Based on the use of the diaphragm
- Difficult for many clients to do without a lot of practice

■ Slow deep breathing (SDB)

- Used by at least 90% of my clients
- Based on the respiratory sinus arrhythmia (RSA)
 - Inhale heart rate goes up
 - Exhale heart rate goes down
- “Inhale a little more deeply; prolong the exhalation”
- Exhale: about twice as long as the inhale, i.e. 3/6 or 4/8 count
- Activates the parasympathic nervous system
 - Increases CO² levels
 - Slows down the breathing rate
 - Deaccelerates the heart
- Handouts on SDB: www.justrelx.wordpress.com (pdfs)

Four Major Breathing Strategies (cont'd)

■ Meditational breathing (MB)

- A “slow” pranayama breathing technique
- Based on kumbhaka pranayama: the pauses between inspiration/expiration
- Especially increasing the pause after the exhalation without “holding” the breath (the breath automatically “pauses”)

■ Bastrika

- A “fast” pranayama breathing technique
- 30 staccato-like inhalations/exhalations 2 per second followed by a slow deep inhalation and exhalation
- Make sure to review contraindications:
 - Emphysema
 - Asthma
 - COPD
 - Pregnancy
- Physiologically reduces CO₂ levels in the blood
- “No need to breathe, no need to think” - thought “follows” breath
- Typically “empties” out the mind

Breathing Strategies: Practice

- Practice routines
 - Massed practice (at least 5 minutes at a time)
 - Repeated practice (5 to 10 “rounds” at a time)
 - PRN (as needed practice)
- The importance of practice:
 - 15/20 minutes a day every day for several weeks
 - To normalize the bicarbonate buffer system of the blood (Ley, 1985, 1991)
- Paced breathing strategies (free phone apps):
 - Breathe2Relax
 - iBreathe
 - Mycalmbeat
 - Handout: www.justrelx.wordpress.com (pdfs)

Moving from Intermediate to Advanced Relaxation Strategies

Overview: When to Use the PCI-HAP

■ Give the PCI-HAP: general reasons

- Client interested in having a hypnotic assessment; thinks they are “hypnotizable”
- Client has been successfully hypnotized in the past
- High “apple” imagery (“intro” assessment of visual imagery)
- “Body scan” PCI EXCEL noetic assessment suggests client may be a candidate

■ Decision to give the PCI-HAP: specific reasons

- To determine self-hypnosis training versus self-visualization training versus self-affirmation training
- To determine what hypnotic domains may be activated, i.e., suggestibility, trance, expectancy, etc.
- Determine what PCI (sub)systems of subjective experience may be activated

The PCI-HAP Review

**(See PCI-HAP Interpretative
Manual: Pekala, Kumar, &
Maurer, 2009)**

Operationalizing the PCI-HAP Results:

- Several permutations of the main domain variables are possible
- Main 1st order variables to consider:
 - Hypnotic responsivity index (HRI)
 - Self-reported hypnotic depth (srHD) score
 - Hypnoidal state (HS) score
 - Hypnotic imagoic suggestibility (IS) score
 - Hypnotic type (HT)
 - Pre- and post-hypnotic expectancy scores
- PCI (sub)dimensions: tailor (hypnotic/imagoic/verbal) interventions to the phenomenological processes activated

PCI-HAP Review

- **NOTE: PCI-HAP is a “state” measure of hypnotic responsivity: Results are “tentative” and a function of (instructional) set and setting**

- **After completing the PCI-HAP the clinician reviews the major results with the client (PCI-HAP review):**
 - **Reliability index (RI) score**
 - Did the client reliably complete the PCI?
 - EXCEL printout, page 2
 - **Validity**
 - Could client have fallen asleep?
 - Wakefulness Total Score: EXCEL printout, page 4
 - Classic high status? (EXCEL print-out, page 2)
 - **HS and IS scores**
 - HS score: Depth of trance
 - IS score: Vividness of imagery
 - **Hypnotic type**
 - Qualitative type of trance
 - Trance Typology Profile: see EXCEL printout, page 2
 - **PCI (sub)dimension intensity raw and percentile scores**
 - Intensities of various subjective experiences during hypnosis
 - See EXCEL printout, page 3

PCI-HAP Review: Some Components

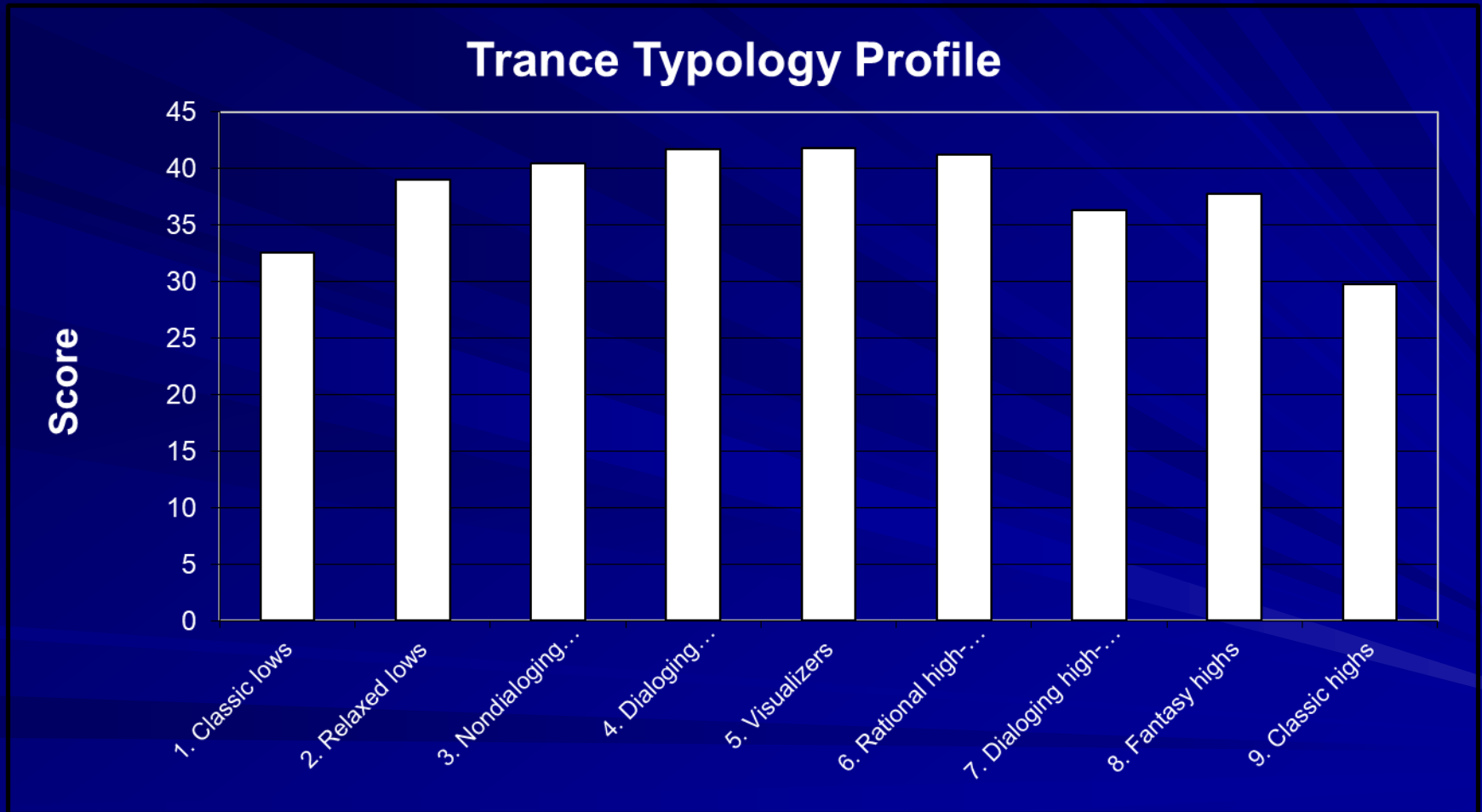
- **Reliability index (RI)**
 - Should be under 2.30 (scores greater than 2.30 are unreliable)
 - RIs of 2.01 to 2.29 are marginally reliable
 - RIs of 2.00 or less are considered reliable

- **Hypnoidal state (HS - pHGS) score**
 - 1.00-3.00: Nonhypnoidal state or only very mild hypnoidal state
 - 3.01-5.00: Mild hypnoidal state
 - 5.01-7.00: Moderate hypnoidal state
 - Greater than 7.00-9.00+ : Moderately high to high hypnoidal state

- **Low HS (hypnoidal state) versus high IS (imagoic suggestibility) scores**
 - A low HS score but a high IS score suggests that self-visualization may be better than self-hypnosis
 - But review PCI (sub)dimension scores

- **Trance typology profiles (Hypnotic Types)**
 - Allows clinician to group profile into one or two of 9 hypnotic types
 - Moderates HS/IS scores

Trance Typology Profile



TTP: Nine Hypnotic Types

The Nine Hypnotic Types, Average Trance Depth, and Distinguishing Characteristics

Hypnotic Type	Hypnotic State Score ^b	Distinguishing Characteristics of Each of the Nine Cluster Types ^a (based on intensity levels of PCI major dimensions)
CLASSIC LOWS	2.88	Highest level of arousal (muscular tension); most intact memory, rationality, and self-awareness; most internal dialogue; least drop in volitional control
RELAXED LOWS	3.68	Similar to classic lows except have low muscle tension levels and less internal dialogue
NONDIALOGING MEDIUMS	4.87	Similar to dialoging mediums except for lack of internal dialogue
DIALOGING MEDIUMS	5.01	Similar to nondialoging mediums except for more internal dialogue
VISUALIZERS	6.06	Highest level of visual imagery; highest level of self-awareness and intact memory after classic and relaxed lows
RATIONAL HI-MEDIUMS	6.81	Similar to dialoging high-mediums except for less internal dialogue and more rationality
DIALOGING HI-MEDIUMS	6.86	Second highest level of internal dialogue after classic lows; similar to rational high-mediums except for more internal dialogue and less rationality
FANTASY HIGHS	7.10	Second highest level of imagery after visualizers
CLASSIC HIGHS	7.60	Lowest level of memory, rationality, internal dialogue, imagery, and self-awareness

^aBased on Pekala & Forbes (1997) in *American Journal of Clinical Hypnosis*

^bHypnotic State Score: Average level of trance depth: Scores go from approximately 1.0 (not hypnotizable) to 9.0 (highly hypnotizable)

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PCI-HAP Interpretation: Trance Typology Profile

- **The problem with classic lows**
 - Less “hypnotized” than just sitting quietly
 - Possible problems with control, “letting go,” etc.
 - Karlin’s “unwilling” versus “unable” types
- **The problem with classic highs**
 - May have fallen asleep
 - May have moved in and out of sleep
- **Visualizers and the underestimation of “hypnotic” responsiveness**
 - Do not report the alterations in consciousness and experience typical of the other more “hypnotizable” types, i.e. those who have a higher HS score
 - HS scores are typically a point lower than fantasy or classic highs
 - Responses to hypnotic interventions are typically higher than what you would expect from their HS score

PCI/PCI-HAP Interpretation: PCI Raw and Percentile (Sub)Dimension Scores

- **Volitional control (classical suggestion effect):**
 - Phenomenological item from PCI
 - Vis-à-vis eye catalepsy item (behavioral item from post-assessment)
 - Classic Suggestion Total Score, EXCEL printout, page 4
- **Negative affect subdimensions, EXCEL printout, page 3**
 - Why the negative affect? State or trait effect?
 - “Loosening” of defenses?
- **Positive affect subdimensions, EXCEL printout, page 3**
 - With or without sexual excitement (SE)
 - Positive Practice Score, EXCEL printout, page 4
 - Without SE suggests pleasant reinforcing effects of hypnosis
- **Arousal (subjective tension – perceived muscle tension tightness)**
- **Imagery**
 - Different measures of imagery vividness
 - Imagery Vividness Difference Score, EXCEL printout, page 4
 - Ratio of PCI vividness of imagery versus hypnotic dream: Directed/Undirected Imagery Vividness Ratio (IVR), EXCEL printout, page 4

SubDimension Intensity Scores:

- **Various intensity PCI (sub)dimension scores are possible:**
 - **Internal dialogue – high internal monologue – consider SDB/meditational breathing/bastrika – “thought follows breath”**
 - **Arousal (subjective tension) – high arousal – client has very hard time physiologically relaxing**
 - **Volitional control – no loss of control – overcontrolled?**
 - **Negative affect (anger/sadness/fear) – state change due to what?**
 - **Joy and love only elevated – “positive practice” effect**
 - **High internal dialogue affects “visualizers” less**
 - **High “unusual meaning” may influence client’s attributions**
- **Use the client’s strengths to tailor the interventions to the processes activated**

PCI-HAP Interpretation: Post-assessment

- **Use post-assessment form in conjunction with aforementioned PCI/PCI-HAP variables**
- **Finger response item and sleep state item moderate validity of PCI-HAP**
- **Self-report of hypnotic depth (srHD item)**
 - **Gives the clinician an idea as to how hypnotizable the client feels himself or herself to be (self-reported hypnotic depth perception)**
 - **If the client feels they were not “hypnotized,” “hypnotic” interventions may be problematic**

Ego Strengthening Hypnosis: After the Assessment

After the Assessment: Feedback and Implementation

- Review EXCEL-generated feedback
- May utilize deepening routines
- Move into ego strengthening hypnosis/visualization/affirmation training

ESH: After the Assessment: Hypnotic Deepening

- **Will many times do a deepening routine to try to increase self-reported hypnotic depth (srHD) score**
 - **Especially if HS or srHD score is below 7**
 - **But will also usually do if score is above 7 (especially if IS score is above 7), and will likely do a hypnoprojective during part of the deepening**
 - **Have the client go into a magic kingdom or cove/cave**
 - **He/she will meet someone, find something, etc. that symbolizes the nature of the conflict, symptom, etc., finding out how to better deal with it**
- **Want moderately (“6-8” and above) deep level of self-reported hypnotic depth**
 - **Too deep and the person may fall asleep**
 - **Not deep enough and suggestions, I believe, are not as effective**

ESH: After the Assessment: Hypnotic Deepening

- **Goal is to get the patient (based on his or her self-report) to an "7" on a "1 - 10" variation of the North Carolina Scale (Tart, 1970) of hypnotic depth**
- **Why?**
 - **For srHD scores between 3 and 5: can usually increase srHD score a few (2-3) points with hypnotic deepening routines**
 - **Moderate scorers (srHD scores between 5 and 7) can usually increase srHD score 1-2 points**

Hypnotic Deepening

■ Typical strategies

- Usually use counts (“20” or “15” to “1”) to deepen
- Going down a hillside towards the beach on a beautiful day
- Going down a mountain towards a lake in a valley on a beautiful day
- Going down a elevator
- Going down an escalator
- Slow deep breathing into the chair
- Becoming a cloud
- Client’s choice

Hypnotic Deepening Routine

Name: _____ Last 4 SSN: _____ Date: _____ Time: _____

Time Started: _____ B/S: _____ Comments: _____

M/C: 10 9 8 7 6 5 4 3 2 1 Depth: _____

Comments: _____

Final Initial Ranking (rank order as to preference):
Going down a hillside towards the beach on a beautiful day
_____ _____ 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 Depth: _____

Imagery Vividness: _____ Comments: _____

_____ _____ **Going down a mountain towards a lake in a valley on a beautiful day**
20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 Depth: _____

Imagery Vividness: _____ Comments: _____

_____ _____ **Going down a elevator**
20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 Depth: _____

Imagery Vividness: _____ Comments: _____

_____ _____ **Going down an escalator**
20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 Depth: _____

Imagery Vividness: _____ Comments: _____

_____ _____ **Slow deep breathing into the chair**
Depth: _____

Imagery Vividness: _____ Comments: _____

_____ _____ **Client suggestion: _____**
20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 Depth: _____

Imagery Vividness: _____ Comments: _____

_____ _____ **Becoming a cloud**
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Depth: _____

Imagery Vividness: _____ Comments: _____

Awakening: 1 2 3 4 5 6 7 _____

Total Duration: _____

Does stopping talking deepen _____, lessen _____, or make no difference _____ with trance depth?

Length of Pauses: _____ Comments: _____

hypnoticm_rev102404.doc on c:\Parr\Presentations\ASCH2004\Annual\Appendices\Ron's Deck notebook

Hypnotic Deepening (continued)

- **Begin with body scan and mind calm (counting from “10” to “1”)**
- **Use hypnotic deepening strategies mentioned above**
- **During deepening, ask client:**
 - **“Whenever I say ‘what’s your level,’ let a number between ‘1’ and ‘10’ bubble up into your mind indicating how deeply hypnotized you feel yourself to be**
 - **“Let ‘1’ equal your normal, waking state of consciousness; let ‘10’ indicate the most deeply hypnotized you can imagine**
 - **“Talking won’t disturb you; if anything, it will allow you to go even more deeply into trance**
 - **Use deepening strategies until you get client to a ‘7’ (or greater) or you run out of time**
- **Have 1 or 2 minute period wherein you stop talking interspersed during deepening (to determine if silence deepens or lessens trance depth)**
- **Use hypnoprojective/analytic, if client is highly hypnotizable and/or highly imagoic, as time permits**

Hypnoanalytic

- **May add a hypnoprojective/analytic after the specific deepening routine (rate imagery vividness of incident on a “1” to “10” scale)**
- **Cave example**
 - “When you get to the beach, there will be a cove off to the side wherein you will find a cave
 - When you go in the cave, you may find a spiritual teacher, sage, or relative who may advise you as to how best we might help you
 - Or you may find artifacts that will help discover things about your past
 - I’m going to stop talking for a minute or two for you to explore the cave
 - After two minutes you will come out of the cave and you will remember everything that happened and report later
- **Magic kingdom example**
 - “As you get off the elevator/escalator, you will step out into a magic kingdom, which you can explore
 - You may meet people there, or find things that can help us better determine how we might be able to help you

Hypnotic Protocol Implementation

Hypnotic Protocol Implementation

- Collaboratively generate with your client
 - Visualizations, affirmations/post-hypnotic suggestions to include in your protocol
 - Congruent with the phenomenological processes activated according to the PCI/PCI-HAP/deepening results
- May use published scripts
 - *Cory Hammond's (1990) "Red" book*
 - *Gawain's (1978) "Creative Visualization"*
- Add material from the client's personal experience
- Use post-hypnotic suggestions
- Use future projection if time permits

Goal: Mind/Mood Management

- **Goal of many self-hypnosis/visualization/affirmation training sessions: mind/mood management**
 - Use post-hypnotic suggestions, positive affirmations/visualizations/affirmations to “rewire” a person’s brain for increased neuroplasticity of mind and mood
 - Record a 20-25 minute self-hypnosis/ self-visualization/self-affirmation audio file addressing the issues of concern: increased self-esteem, decreased anxiety/anger, increased sociability, etc.
 - Use noetic analysis to determine how best to change a person’s cognitions, attributions, perceptions, and emotional valences by
 - Matching the noetic processes activated with process-congruent visualizations/suggestions/affirmations
- **“Is it easier to change the world or your perception of the world?”**

Combining it all!

- **Combine deepening routine with protocol implementation to record for your client a self-hypnosis/self-visualization/verbal affirmation protocol**
- **Client should play the protocol once a day for the next 3 months and no less than 4-5 times a week**
 - **Need to practice may vary depending on client's HS, IS scores, etc.**
- **Why use self-hypnosis/self-visualization/verbal affirmation recordings?**
 - **Client has been “unconsciously practicing” getting angry, anxious, using drugs, etc. for months, if not, years**
 - **Needs to consciously practice counterconditioning procedures, i.e. using self-hypnosis/visualization/affirmation to reduce/control anger, anxiety, drug/alcohol urges to build up “opposite” habit**
 - **Research (Pekala et al., 2006) suggests drug/alcohol clients needed to play self-hypnosis CDs/audiotapes/recordings at least 4 times a week to have an impact on self-esteem, anger, abstinence two months post-discharge**

Anecdotal Case Reports

PS

- **30 year old male**
 - Diagnoses of PTSD (childhood sexual abuse); anxiety; depression; ADHD
 - Goals:
 - Increase self-esteem
 - “EMDR for my trauma
 - “Figure out a path forward
 - “Get rid of guilt and negative feelings
 - “Apple” “7” out of “10”
 - Reported anxiety: “4-5”; depression: “8-9”

- **Seen for 17 sessions of therapy to date**

- **First two sessions of therapy**
 - 1st session: intake
 - 2nd session:
 - Reviewed Beck: 33: will consider antidepressant
 - Reviewed Amen (6 ADHD types): high for inattentive and classic ADHD; overfocused ADD; Limbic (depressed) ADD: will consider supplements

PS

■ 3rd session of therapy:

- Shown “body scan” (BS)
- Shown how to access BS from website:
www.justrelx.wordpress.com
- Recommended playing BS 4 to 5 times a week
- Afterwards completed PCI retrospectively in reference to imaginal safe place (with girlfriend) during BS

■ Fourth session of therapy

- Reviewed EXCEL PCI results from safe place during body scan:
 - pHRI (predicted Hypnotic Responsivity Index): 7.11
 - HSS (Hypnoidal state score): 7.44
 - High scores for PCI altered state/altered body image/altered time sense/absorption
- Recommended considering self-hypnosis training due to PCI body scan results
- Shown slow deep breathing

BS safe place				Date:				Please type in the client's name and the date of the current PCI in the row to the left.		
Item	Circled:	Score	Dimension	Intensity	Label	Percentiles				
I01	4	4	D01	1.50	Joy	58.00				
I02	2	4	D02	4.00	Sexual Excitement	94.00				
I03	6	0	D03	3.50	Love	61.00				
I04	6	0	D04	0.00	Anger	68.00				
I05	2	4	D05	1.00	Sadness	75.00				
I06	5	1	D06	0.00	Fear	61.00				
I07	4	2	D07	4.00	Body image	75.00				
I08	1	5	D08	6.00	Time sense	100.00				
I09	3	3	D09	0.67	Perception	25.00				
I10	5	5	D10	0.25	Meaning	21.00				
I11	4	4	D11	2.00	Imagery amount	46.00				
I12	4	2	D12	2.50	Imagery vividness	50.00				
I13	2	2	D13	4.67	Direction of attention	69.00				
I14	0	0	D14	4.00	Absorption	90.00				
I15	0	6	D15	2.33	Self-awareness	40.00				
I16	6	0	D16	5.00	Altered state	72.00				
I17	4	2	D17	1.00	Internal dialogue	48.00				
I18	3	3	D18	4.33	Rationality	72.00				
I19	4	2	D19	1.67	Volitional control	34.00				
I20	4	4	D20	4.00	Memory	53.00				
I21	5	5	D21	2.00	Arousal	76.00				
I22	4	4	D22	3.00	Positive affect	62.00				
I23	6	0	D23	0.33	Negative affect	53.00				
I24	1	5	D24	2.54	Altered experience	52.00				
I25	2	4	D25	2.25	Imagery	42.50				
I26	2	4	D26	4.40	Attention	58.00				
I27	3	3								
I28	5	5								
I29	6	0								
I30	0	6	Trance Typology Profile							
I31	0	0								
I32	1	1	Type(s) = 6							
I33	6	0								
I34	2	4	C1	24.58	1. Classic lows					
I35	4	4	C2	31.90	2. Relaxed lows					
I36	4	4	C3	40.44	3. Nondialoging mediums					
I37	2	2	C4	41.31	4. Dialoging mediums					
I38	3	3	C5	39.41	5. Visualizers					
I39	0	0	C6	45.78	6. Rational high-mediums					
I40	0	6	C7	41.85	7. Dialoging high-mediums					
I41	1	1	C8	40.96	8. Fantasy highs					
I42	0	0	C9	39.02	9. Classic highs					
I43	6	6								
I44	2	2								
I45	1	1	Reliability	Difference	Items					
I46	0	0	R1	0	I05 and I35					
I47	0	0	R2	0	I08 and I28					
I48	2	2	R3	0	I12 and I44					
I49	3	3	R4	1	I21 and I40					
I50	4	2	R5	0	I06 and I45					
I51	4	4	Reliability	0.20						
I52	2	4	Index (RI)							
I53	4	4	Score							

Trance Typology Profile

Category	Score
1. Classic lows	24.58
2. Relaxed lows	31.90
3. Nondialoging mediums	40.44
4. Dialoging mediums	41.31
5. Visualizers	39.41
6. Rational high-mediums	45.78
7. Dialoging high-mediums	41.85
8. Fantasy highs	40.96
9. Classic highs	39.02

HSS = 7.44 Hypnoidal State Score

Hypnoidal State Scores typically range between 1 and 9:

1.00 - 3.00	Non-hypnoidal state
3.01 - 5.00	Mild hypnoidal state
5.01 - 7.00	Moderate hypnoidal state
7.01 - 9.00+	High hypnoidal state

RI Score = 0.20

RI scores of 2.00 or less are considered reliable
 RI scores between 2.01 and 2.29 are marginally reliable
 RI scores of 2.30 or greater are unreliable

[For interpretation of this printout when using the PCI, please see the following papers: Pekala, R. J. (2015). Hypnosis as a "state of consciousness": How quantifying the mind can help us better understand hypnosis. *American Journal of Clinical Hypnosis*, 57(4) 402-424; Pekala, R. J. (2016). The "Mysteries of Hypnosis." *Helping Us Better Understand Hypnosis and Empathic Involvement Theory (EIT)*, *American Journal of Clinical Hypnosis*, 58, 274-285; Pekala, R., Baglio, F., Cabinio, M., Lipari, S., Baglio, G., Mendozz, L., Cecconi, Pugnelli, L. & Sciaky, R. (2017). Hypnotism as a Function of Trance State Effects, Expectancy, and Suggestibility: An Italian Replication. *International Journal of Clinical and Experimental Hypnosis*, 65(2), 210-240.]

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Revised by Ron Pekala, Ph.D., Private Practice, West Chester, PA 19380; Most recently revised 07/28/23.

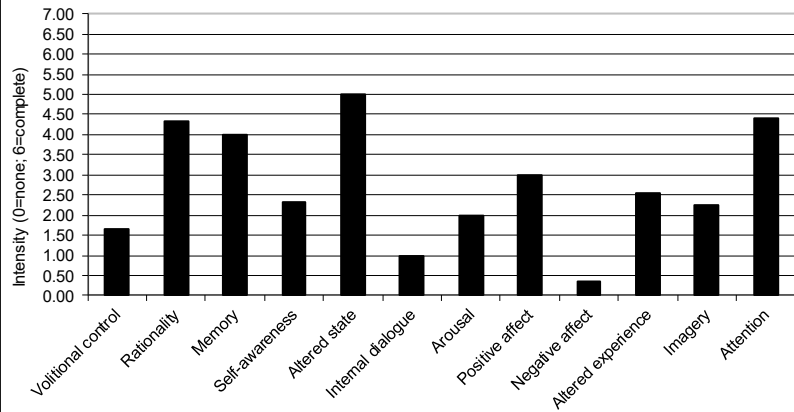
phRI (predicted Hypnotic Responsivity Index) Score 7.11

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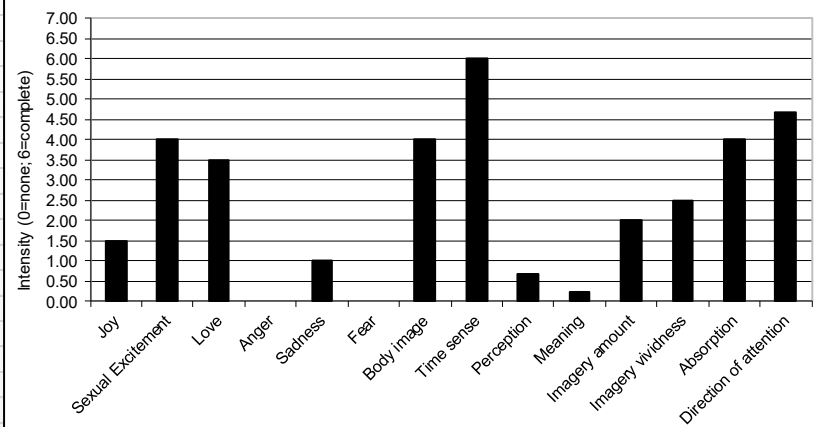
BS safe place

Date:

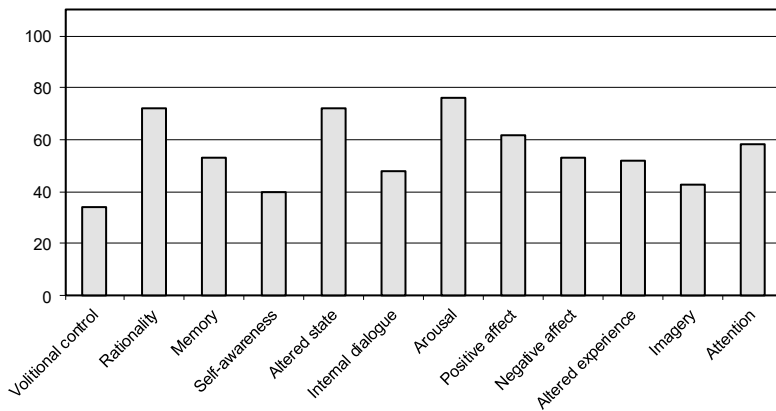
PCI Major Dimensions



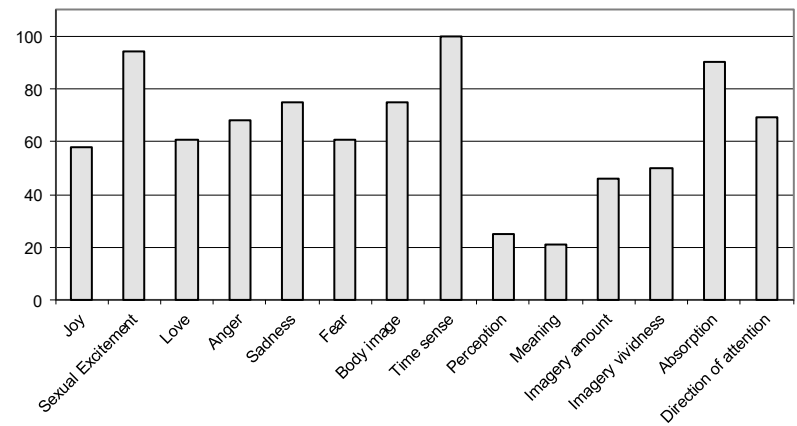
PCI Minor Dimensions



Percentile Ranks PCI Major Dimensions 1



Percentile Ranks PCI Minor Dimensions 1



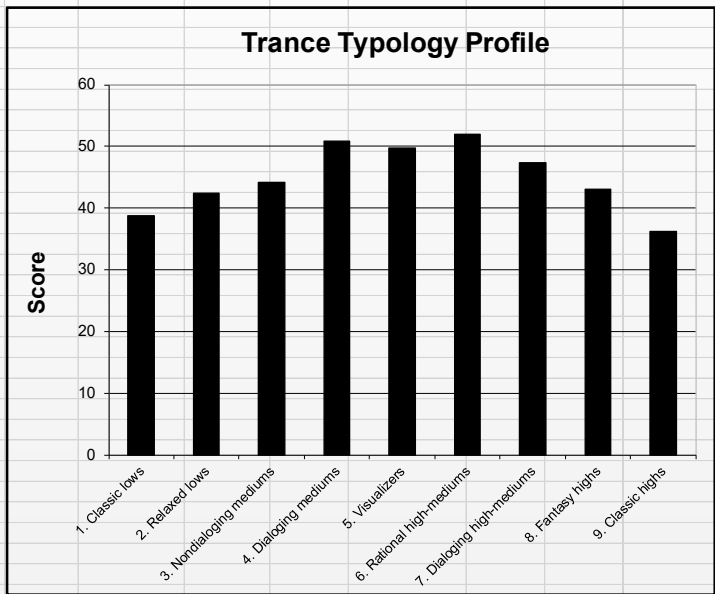
PS

- **Sessions 5 through 12 of therapy:**
 - Several sessions of EMDR re sexual trauma
 - Several sessions of talk therapy concerning parental neglect
 - Put on an antidepressant; feeling less depressed

- **Session 13: PCI-HAP:**
 - HRI score: 6.40 64th percentile
 - Hypnoidal state score: 6.28: 58th percentile
 - PCI Altered State: 6.00 100th percentile
 - Altered Body Image: 5.67 94th percentile

- **Session 14: Reviewed PCI-HAP results**
 - Will work towards recording a self-hypnosis audio file
 - To be focused more on positive affirmations than imagery
 - Given Shakti Gawain's "Creative Visualization" to read for help in generating positive affirmations

Item	Circled:	Score	Dimension	Intensity	Label	Percentiles
I01	4	4	D01	0.00	Joy	27.00
I02	1	5	D02	0.00	Sexual Excitement	59.00
I03	3	3	D03	0.00	Love	24.00
I04	5	1	D04	0.00	Anger	68.00
I05	6	0	D05	0.50	Sadness	67.00
I06	2	4	D06	0.00	Fear	61.00
I07	5	1	D07	5.67	Body image	94.00
I08	4	2	D08	1.33	Time sense	12.00
I09	6	0	D09	2.67	Perception	65.00
I10	4	4	D10	0.50	Meaning	25.00
I11	6	6	D11	1.50	Imagery amount	39.00
I12	5	1	D12	3.50	Imagery vividness	65.33
I13	4	4	D13	3.00	Direction of attention	28.00
I14	0	0	D14	4.00	Absorption	90.00
I15	2	4	D15	3.67	Self-awareness	68.00
I16	6	0	D16	6.00	Altered state	100.00
I17	2	4	D17	4.00	Internal dialogue	83.00
I18	2	4	D18	5.33	Rationality	88.00
I19	6	0	D19	2.00	Volitional control	41.00
I20	0	0	D20	5.00	Memory	74.00
I21	6	6	D21	0.50	Arousal	49.00
I22	6	6	D22	0.00	Positive affect	14.00
I23	6	0	D23	0.17	Negative affect	50.00
I24	1	5	D24	2.38	Altered experience	44.00
I25	4	2	D25	2.50	Imagery	47.00
I26	0	6	D26	3.40	Attention	33.00
I27	2	4				
I28	3	3				
I29	4	2				
I30	6	0				
I31	0	0				
I32	1	1				
I33	6	0				
I34	2	4	C1	38.71	1. Classic lows	
I35	0	0	C2	42.34	2. Relaxed lows	
I36	6	6	C3	44.23	3. Nondialoging mediums	
I37	1	1	C4	50.79	4. Dialoging mediums	
I38	1	5	C5	49.75	5. Visualizers	
I39	2	2	C6	52.02	6. Rational high-mediums	
I40	0	6	C7	47.41	7. Dialoging high-mediums	
I41	1	1	C8	43.06	8. Fantasy highs	
I42	0	0	C9	36.15	9. Classic highs	
I43	0	0				
I44	2	2				
I45	4	4	Reliability	Difference	Items	
I46	0	0	R1	0	I05 and I35	
I47	0	0	R2	1	I08 and I28	
I48	3	3	R3	1	I12 and I44	
I49	6	0	R4	0	I21 and I40	
I50	3	3	R5	0	I06 and I45	
I51	5	5	Reliability	0.40		
I52	2	4	Index (RI)			
I53	6	6	Score			



HSS = 6.28 Hypnoidal State Score

Hypnoidal State Scores typically range between 1 and 9:

- 1.00 - 3.00 Non-hypnoidal state
- 3.01 - 5.00 Mild hypnoidal state
- 5.01 - 7.00 Moderate hypnoidal state
- 7.01 - 9.00+ High hypnoidal state

RI Score = 0.40
 RI scores of 2.00 or less are considered reliable
 RI scores between 2.01 and 2.29 are marginally reliable
 RI scores of 2.30 or greater are unreliable

[For interpretation when using the PCI-HAP, please see the following: Pekala, R. J. & Kumar, V. K. (2000). Operationalizing "Trance." I: Rationale and Research Using a Psychophenomenological Approach. American Journal of Clinical Hypnosis, 43, 107-135; and Pekala, R. J. (2002). Operationalizing Trance II: Clinical Application Using a Psychophenomenological Approach. American Journal of Clinical Hypnosis, 44, 241-255; & Pekala, R. J. (2009). Therapist Manual: Interpretation of the Phenomenology of Consciousness Inventory: Hypnotic Assessment Procedure (PCI-HAP)]

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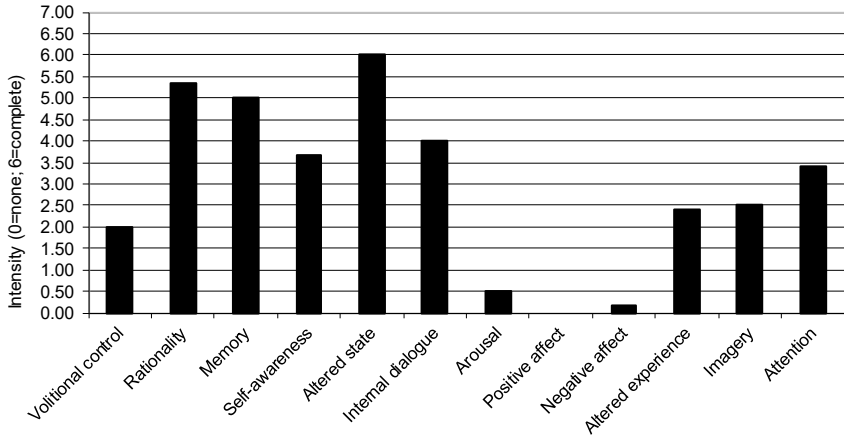
Revised by Ron Pekala, Ph.D. & Ron Maurer, MA, Coatesville VA Medical Center Biofeedback Clinic, Coatesville, PA 19320 USA

This spreadsheet was developed in Microsoft Excel 2007. Master:PCI12010.2007L.042010.092423.xlsx Last revised: 09/24/23

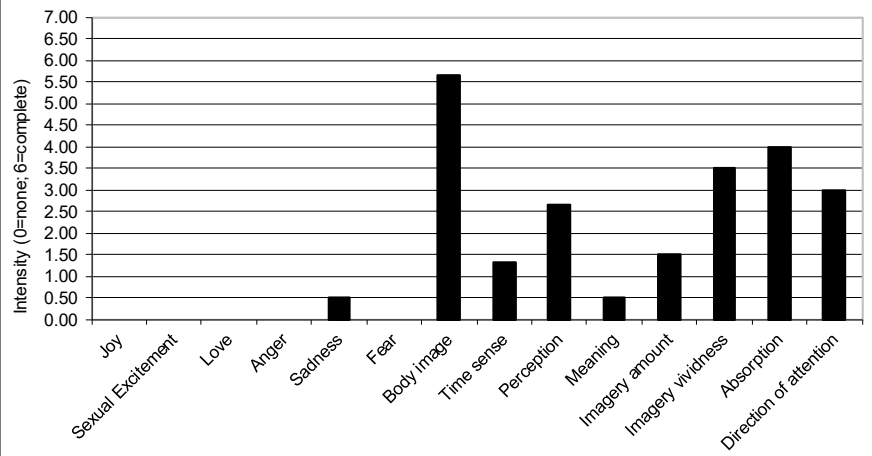
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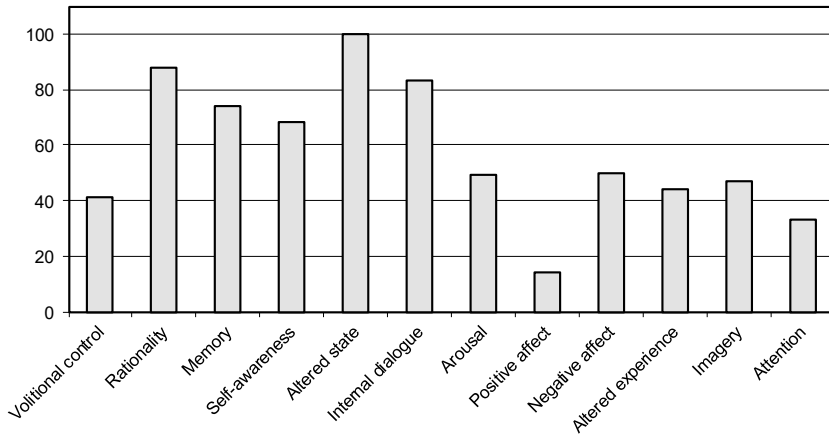
PCI Major Dimensions



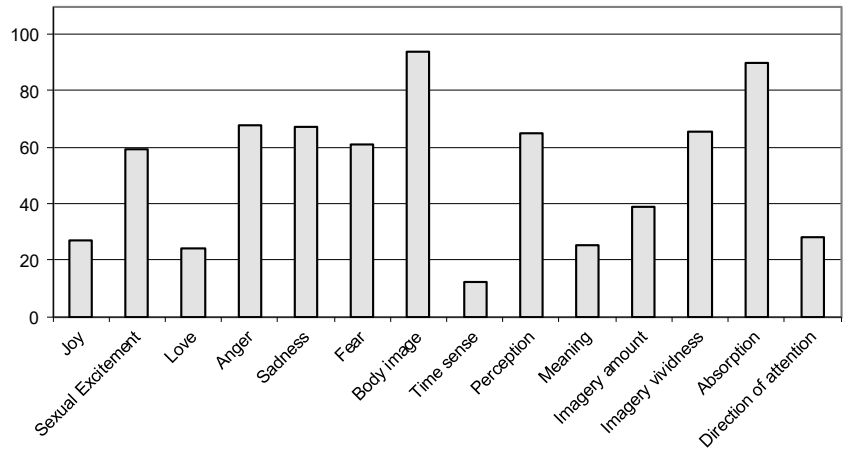
PCI Minor Dimensions



Percentile Ranks PCI Major Dimensions †

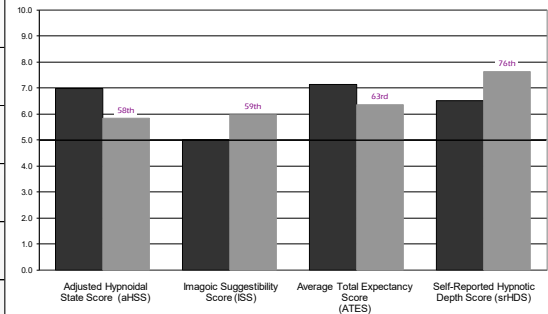


Percentile Ranks PCI Minor Dimensions †

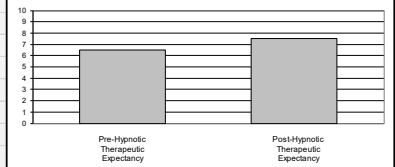
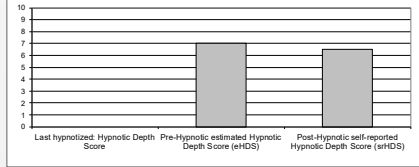


Phenomenology of Consciousness Inventory (PCI, Form 1) Summary

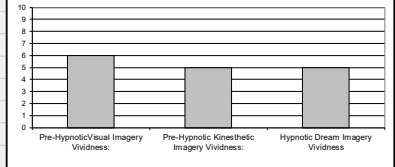
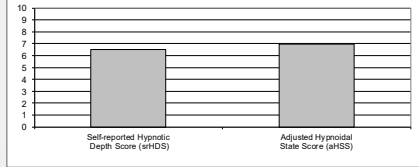
Name:	PS								Date:	-
Hypnoidal State Score (HSS)	6.28	%ile Rank								
Adjusted Hypnoidal State Score (aHSS)	6.97	58.20	1							
Imagico Suggestibility Score (ISS)	5.00	59.50	2							
Average Total Expectancy Score (ATES)	7.13	63.41	3							
Self-reported Hypnotic Depth Score (srHDS)	6.50	76.30	2							
Hypnotic Responsivity Index (HRI)	6.40	64.35								



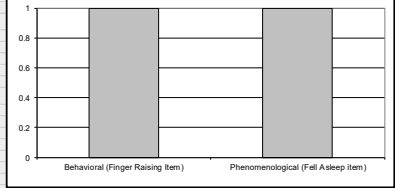
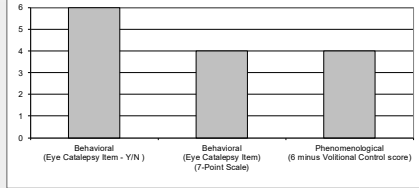
Pre-Post Hypnotic Depth Difference Score (HDDS) =	-0.50	Pre-Post Therapeutic Expectancy Difference Score (TEDS) =	1.00
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Hypnotic Depth Score/Adjusted Hypnoidal State Discrepancy Ratio (HDHSDR) =	0.93	Imagery Vividness Difference Score (IVDS) =	-1.00
---	-------------	--	--------------



Classic Suggestion Effect Total Score (CSETS) =	9.00	Wakefulness Total Score (WTS) =	2
--	-------------	--	----------



Directed/Undirected Imagery Vividness Ratio (IVR) =	0.86	Positive Practice Score (PPS) =	0.00
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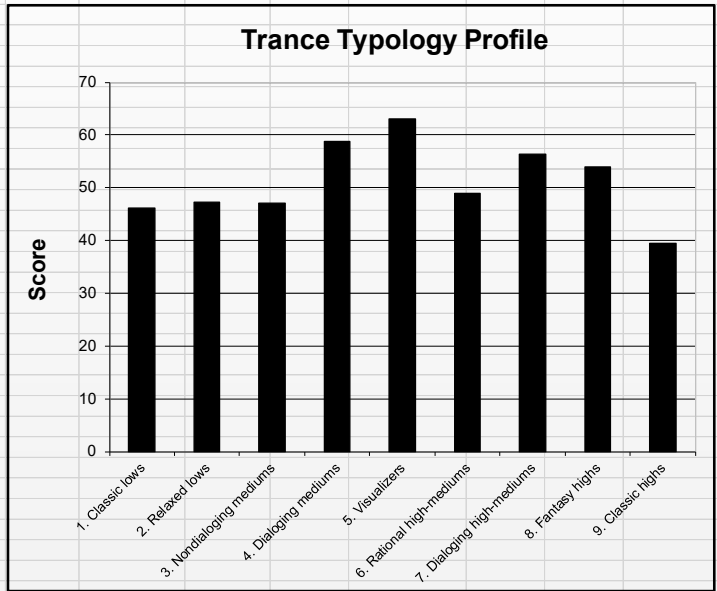
PJ

- 29 year old male
- First session of therapy
 - Referred for irritability and anxiety
 - Goals
 - “Learn why I get so rageful
 - “Learn how to identify triggers associated with my rage
 - “Learn how to control my anger
 - “Learn how to control my stress/anxiety
 - “Apple” = “9 to 10”
- Seen for 29 sessions of therapy to date
- Second session of therapy
 - Shown body scan/safe place: “spot fishing”
 - Acquainted with website to practice: www.justrelx.wordpress.com
 - Pre- versus post- body scan, anxiety dropped from an “8” (“10” being worst) to a “3”

BS safe place spot fishing **Date:** _____

Please type in the client's name and the date of the current PCI in the row to the left.

Item	Circled:	Score	Dimension	Intensity	Label	Percentiles	
I01	5	5	D01	2.50	Joy	77.00	
I02	0	6	D02	0.00	Sexual Excitement	59.00	
I03	6	0	D03	4.50	Love	76.00	
I04	3	3	D04	0.00	Anger	68.00	
I05	6	0	D05	0.00	Sadness	59.00	
I06	2	4	D06	4.50	Fear	98.00	
I07	6	0	D07	3.67	Body image	70.00	
I08	1	5	D08	5.00	Time sense	81.00	
I09	4	2	D09	4.67	Perception	94.00	
I10	6	6	D10	2.25	Meaning	72.00	
I11	3	3	D11	6.00	Imagery amount	87.00	
I12	0	6	D12	6.00	Imagery vividness	89.00	
I13	3	3	D13	5.33	Direction of attention	84.00	
I14	0	0	D14	4.00	Absorption	90.00	
I15	0	6	D15	3.00	Self-awareness	58.00	
I16	2	4	D16	4.00	Altered state	52.00	
I17	1	5	D17	4.50	Internal dialogue	87.00	
I18	0	6	D18	2.33	Rationality	35.00	
I19	5	1	D19	1.00	Volitional control	22.00	
I20	6	6	D20	6.00	Memory	100.00	
I21	5	5	D21	2.00	Arousal	76.00	
I22	6	6	D22	2.33	Positive affect	59.00	
I23	3	3	D23	1.50	Negative affect	85.00	
I24	5	1	D24	3.77	Altered experience	89.00	
I25	4	2	D25	6.00	Imagery	89.00	
I26	1	5	D26	4.80	Attention	69.00	
I27	4	2					
I28	5	5					
I29	0	6					
I30	0	6	Trance Typology Profile				
I31	0	0					
I32	3	3	Type(s) = 5				
I33	6	0					
I34	3	3	C1	46.21	1. Classic lows		
I35	0	0	C2	47.26	2. Relaxed lows		
I36	0	0	C3	47.07	3. Nondialoging mediums		
I37	3	3	C4	58.72	4. Dialoging mediums		
I38	0	6	C5	63.12	5. Visualizers		
I39	3	3	C6	48.92	6. Rational high-mediums		
I40	2	4	C7	56.35	7. Dialoging high-mediums		
I41	1	1	C8	53.86	8. Fantasy highs		
I42	5	5	C9	39.48	9. Classic highs		
I43	3	3					
I44	6	6					
I45	5	5	Reliability	Difference	Items		
I46	3	3	R1	0	I05 and I35		
I47	0	0	R2	0	I08 and I28		
I48	6	6	R3	0	I12 and I44		
I49	3	3	R4	1	I21 and I40		
I50	2	4	R5	1	I06 and I45		
I51	3	3	Reliability	0.40			
I52	0	6	Index (RI)				
I53	3	3	Score				



HSS = 6.33 Hypnoidal State Score

Hypnoidal State Scores typically range between 1 and 9:

- 1.00 - 3.00** **Non-hypnoidal state**
- 3.01 - 5.00** **Mild hypnoidal state**
- 5.01 - 7.00** **Moderate hypnoidal state**
- 7.01 - 9.00+** **High hypnoidal state**

RI Score = 0.40 RI scores of 2.00 or less are considered reliable
 RI scores between 2.01 and 2.29 are marginally reliable
 RI scores of 2.30 or greater are unreliable

[For interpretation of this printout when using the PCI, please see the following papers: Pekala, R. J. (2015). Hypnosis as a "state of consciousness": How quantifying the mind can help us better understand hypnosis. American Journal of Clinical Hypnosis, 57(4) 402-424; Pekala, R. J. (2016). The "Mysteries of Hypnosis:" Helping Us Better Understand Hypnosis and Empathic Involvement Theory (EIT). American Journal of Clinical Hypnosis, 58, 274-285; Pekala, R., Baglio, F., Cabinio, M., Lipari, S., Baglio, G., Mendozz, L., Cecconi, Pugnetti, L. & Sciaky, R. (2017). Hypnotism as a Function of Trance State Effects, Expectancy, and Suggestibility: An Italian Replication. International Journal of Clinical and Experimental Hypnosis, 65(2), 210-240.]

Originally written by Ulrich Ott, Center for Psychobiology and Behavioral Medicine University of Giessen Otto-Behaghel-Str.10 35394 Giessen GERMANY e-mail: Ulrich.Ott@psychol.uni-giessen.de

Revised by Ron Pekala, Ph.D., Private Practice, West Chester, PA 19380; Most recently revised 07/28/23.

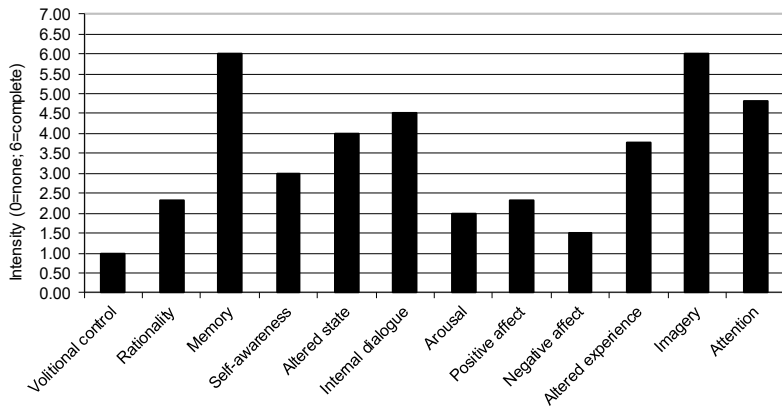
pHRI (predicted Hypnotic Responsivity Index) Score 7.83

Phenomenology of Consciousness Inventory (PCI, Form 1) (Sub) Dimension Scores

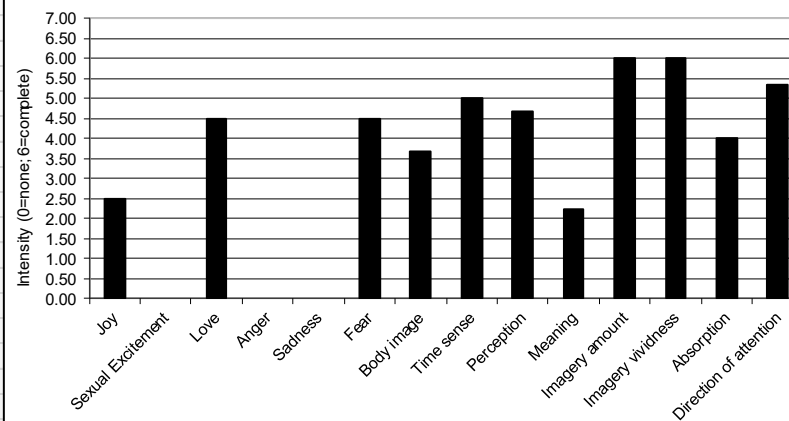
Name: **BS safe place spot fishing**

Date:

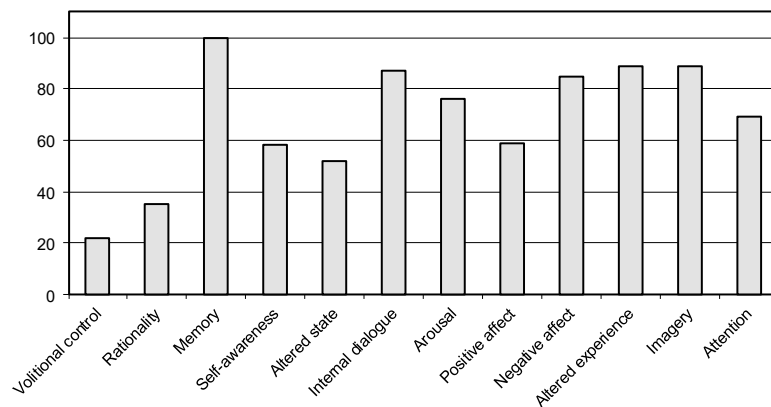
PCI Major Dimensions



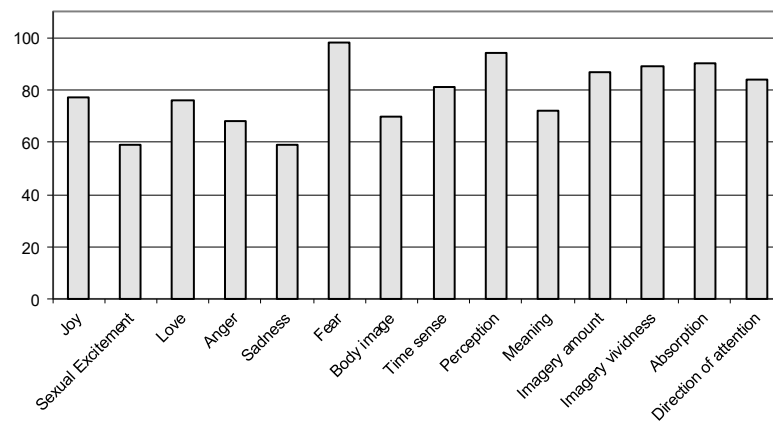
PCI Minor Dimensions



Percentile Ranks PCI Major Dimensions ¹



Percentile Ranks PCI Minor Dimensions ¹



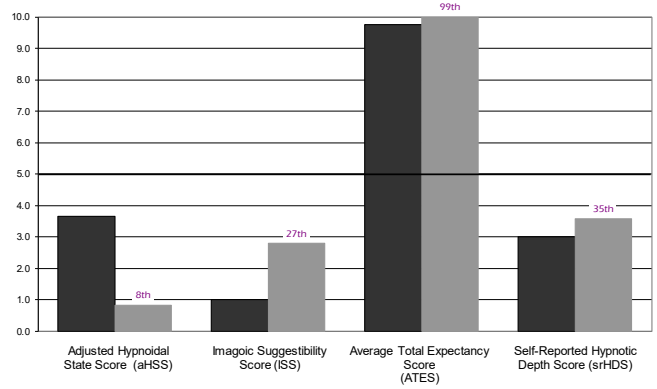
PJ

- **Third session of therapy: Reviewed PCI EXCEL results**
 - pHRI = 7.83
 - HHS = 6.33
 - Type “5”
 - PCI imagery/vividness (both 6.0)
 - Recommended to do PCI-HAP
- **Fourth session of therapy: Completed PCI-HAP**
 - Just before: reported major conflict between girlfriend and family
 - Completed PCI-HAP anyway
- **Fifth session of therapy: Reviewed PCI-HAP**
 - Beforehand: major conflict between girlfriend and family
 - State of mind: “I could not focus”
 - Hypnotic responsivity index: 4.35 43rd percentile
 - aHSS = 3.66 8.2 percentile
 - Imagoic Suggestibility score = 1 : 28th percentile

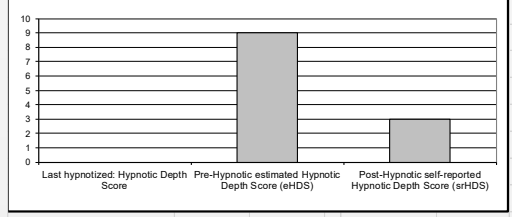
				Date:			
Dimension	Intensity	Label	Percentiles	<div style="text-align: center;"> <h3>Trance Typology Profile</h3> </div>			
D01	1.50	Joy	58.00				
D02	0.00	Sexual Excitement	59.00				
D03	1.00	Love	35.33				
D04	0.00	Anger	68.00				
D05	0.00	Sadness	59.00				
D06	0.00	Fear	61.00				
D07	1.33	Body image	17.00				
D08	0.33	Time sense	6.50				
D09	1.00	Perception	31.00				
D10	1.50	Meaning	55.00				
D11	4.50	Imagery amount	76.66				
D12	4.00	Imagery vividness	74.00				
D13	5.00	Direction of attention	76.00				
D14	3.00	Absorption	66.00				
D15	4.33	Self-awareness	79.00				
D16	2.33	Altered state	19.00				
D17	5.50	Internal dialogue	94.00				
D18	0.67	Rationality	10.00				
D19	1.33	Volitional control	28.00				
D20	6.00	Memory	100.00				
D21	3.50	Arousal	93.00				
D22	0.83	Positive affect	31.00				
D23	0.00	Negative affect	40.00				
D24	1.08	Altered experience	10.00				
D25	4.25	Imagery	78.00				
D26	4.20	Attention	55.00				
Trance Typology Profile				HSS = 3.30 Hypnoidal State Score			
Type(s) = 4				Hypnoidal State Scores typically range between 1 and 9:			
C1	45.43	1. Classic lows	1.00 - 3.00	Non-hypnoidal state			
C2	40.37	2. Relaxed lows	3.01 - 5.00	Mild hypnoidal state			
C3	39.35	3. Nondialoging mediums	5.01 - 7.00	Moderate hypnoidal state			
C4	51.14	4. Dialoging mediums	7.01 - 9.00+	High hypnoidal state			
C5	45.70	5. Visualizers		RI scores of 2.00 or less are considered reliable			
C6	33.77	6. Rational high-mediums	R I Score = 0.40	RI scores between 2.01 and 2.29 are marginally reliable			
C7	42.96	7. Dialoging high-mediums		RI scores of 2.30 or greater are unreliable			
C8	34.18	8. Fantasy highs		[For interpretation when using the PCI-HAP, please see the following: Pekala, R. J. & Kumar, V. K. (2000). Operationalizing "Trance." I: Rationale and Research Using a Psychophenomenological Approach. American Journal of Clinical Hypnosis, 43, 107-135; and Pekala, R. J. (2002). Operationalizing Trance II: Clinical Application Using a Psychophenomenological Approach. American Journal of Clinical Hypnosis, 44, 241-255; & Pekala, R. J. (2009). Therapist Manual: Interpretation of the Phenomenology of Consciousness Inventory: Hypnotic Assessment Procedure (PCI-HAP)]			
C9	24.86	9. Classic highs		Originally written by Ulrich Ott, Center for Psychobiology and Behavioral Medicine University of Giessen Otto-Behaghel-Str.10 35394 Giessen GERMANY e-mail: Ulrich.Ott@psychol.uni-giessen.de			
Reliability	Difference	Items	Revised by Ron Pekala, Ph.D. & Ron Maurer, MA, Coatesville VA Medical Center Biofeedback Clinic, Coatesville, PA 19320 USA				
R1	0	I05 and I35	This spreadsheet was developed in Microsoft Excel 2007. Master:PCI12010.2007L.042010.092423.xlsx Last revised: 09/24/23				
R2	0	I08 and I28					
R3	1	I12 and I44					
R4	0	I21 and I40					
R5	1	I06 and I45					
Reliability Index (RI) Score	0.40						

Name: **1st PCI-HAP** Date: **-**

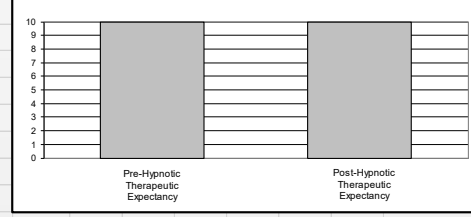
Hypnoidal State Score (HSS)	3.30	%ile Rank	
Adjusted Hypnoidal State Score (aHSS)	3.66	8.20	1
Imagoic Suggestibility Score (ISS)	1.00	27.80	2
Average Total Expectancy Score (ATES)	9.75	99.99	3
Self-reported Hypnotic Depth Score (srHDS)	3.00	35.80	2
Hypnotic Responsivity Index (HRI)	4.35	42.95	



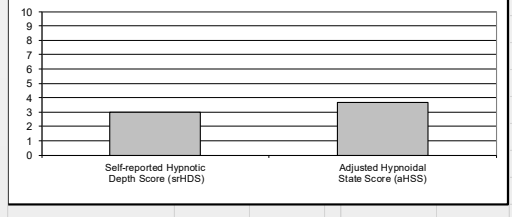
Pre-Post Hypnotic Depth Difference Score (HDSD) = **-6.00**



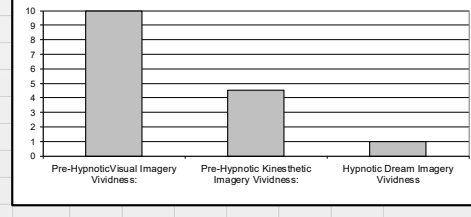
Pre-Post Therapeutic Expectancy Difference Score (TEDS) = **0.00**



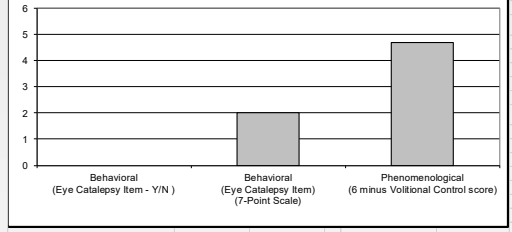
Hypnotic Depth Score/Adjusted Hypnoidal State Discrepancy Ratio (HDHSDR) = **0.82**



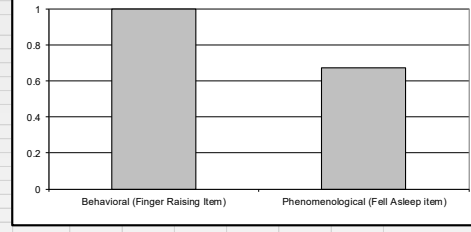
Imagery Vividness Difference Score (IVDS) = **-9.00**



Classic Suggestion Effect Total Score (CSETS) = **5.67**



Wakefulness Total Score (WTS) = **1.67**



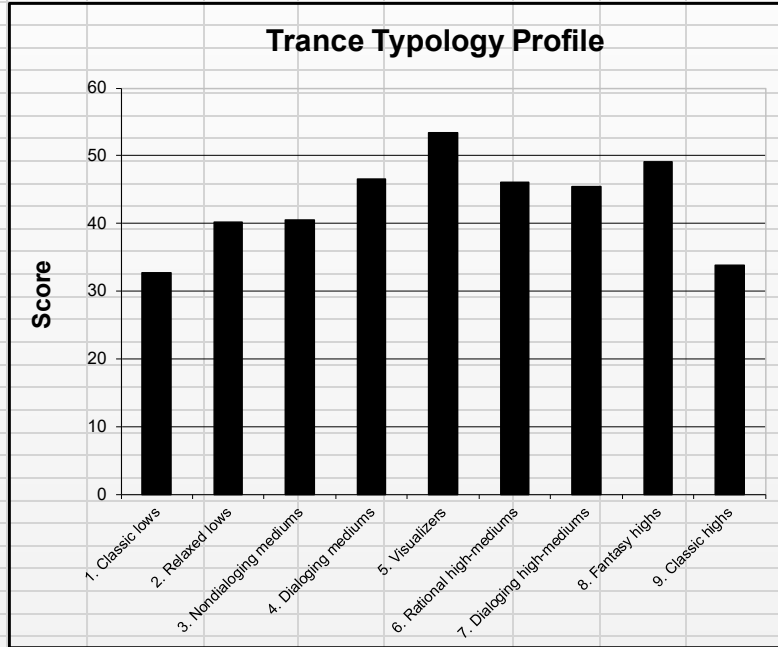
Directed/Undirected Imagery Vividness Ratio (IVR) = **0.15**

Positive Practice Score (PPS) = **0.00**

PJ

- **Ninth session of therapy: Completed PCI-HAP again**
 - “Taking a break from girlfriend and also family: not seeing either
 - Been practicing the body scan from website: www.justrelx.wordpress.com
- **Tenth session of therapy: Reviewed results of 2nd PCI-HAP**
 - Hypnotic Responsivity Index (HRI) = 8.73: 91st percentile
 - Adjusted Hypnoidal State score (aHSS) = 8.65 90th percentile
 - Imagoic Suggestibility (IS) score = 9.0: 92nd percentile
 - Average Total Expectancy Score = 9.5 99th percentile
 - Self-reported Hypnotic Depth Score (srHD) score = 7.5: 84th percentile
 - Classic Suggestion Effect Total (CSET) score: 10.92 (12 = total loss of both behavioral and phenomenological control)

2nd PCI-HAP			Date: _____			
Item	Circled:	Score	Dimension	Intensity	Label	Percentiles
I01	5	5	D01	3.50	Joy	91.00
I02	0	6	D02	0.00	Sexual Excitement	59.00
I03	6	0	D03	3.50	Love	61.00
I04	3	3	D04	0.00	Anger	68.00
I05	6	0	D05	0.00	Sadness	59.00
I06	4	2	D06	0.00	Fear	61.00
I07	6	0	D07	3.67	Body image	70.00
I08	4	2	D08	5.67	Time sense	91.00
I09	5	1	D09	2.67	Perception	65.00
I10	6	6	D10	2.25	Meaning	72.00
I11	3	3	D11	6.00	Imagery amount	87.00
I12	0	6	D12	6.00	Imagery vividness	89.00
I13	2	2	D13	2.67	Direction of attention	21.00
I14	0	0	D14	5.50	Absorption	99.00
I15	0	6	D15	3.00	Self-awareness	58.00
I16	6	0	D16	5.00	Altered state	72.00
I17	3	3	D17	3.00	Internal dialogue	72.00
I18	0	6	D18	4.67	Rationality	77.00
I19	6	0	D19	0.33	Volitional control	9.00
I20	3	3	D20	6.00	Memory	100.00
I21	4	4	D21	0.00	Arousal	34.00
I22	6	6	D22	2.33	Positive affect	59.00
I23	3	3	D23	0.00	Negative affect	40.00
I24	2	4	D24	3.46	Altered experience	83.00
I25	5	1	D25	6.00	Imagery	89.00
I26	1	5	D26	3.80	Attention	44.00
I27	2	4				
I28	5	5				
I29	5	1				
I30	0	6				
I31	0	0				
I32	3	3				
I33	6	0				
I34	0	6	C1	32.74	1. Classic lows	
I35	0	0	C2	40.26	2. Relaxed lows	
I36	4	4	C3	40.45	3. Nondialoging mediums	
I37	0	0	C4	46.50	4. Dialoging mediums	
I38	0	6	C5	53.32	5. Visualizers	
I39	4	4	C6	46.11	6. Rational high-mediums	
I40	1	5	C7	45.40	7. Dialoging high-mediums	
I41	0	0	C8	49.16	8. Fantasy highs	
I42	0	0	C9	33.89	9. Classic highs	
I43	5	5				
I44	6	6				
I45	4	4	Reliability	Difference	Items	
I46	6	6	R1	0	I05 and I35	
I47	0	0	R2	3	I08 and I28	
I48	6	6	R3	0	I12 and I44	
I49	2	4	R4	1	I21 and I40	
I50	3	3	R5	2	I06 and I45	
I51	3	3	Reliability	1.20		
I52	5	1	Index (RI)			
I53	6	6	Score			



HSS = 7.80 Hypnoidal State Score

Hypnoidal State Scores typically range between 1 and 9:

1.00 - 3.00	Non-hypnoidal state
3.01 - 5.00	Mild hypnoidal state
5.01 - 7.00	Moderate hypnoidal state
7.01 - 9.00+	High hypnoidal state

RI Score = 1.20 RI scores of 2.00 or less are considered reliable
 RI scores between 2.01 and 2.29 are marginally reliable
 RI scores of 2.30 or greater are unreliable

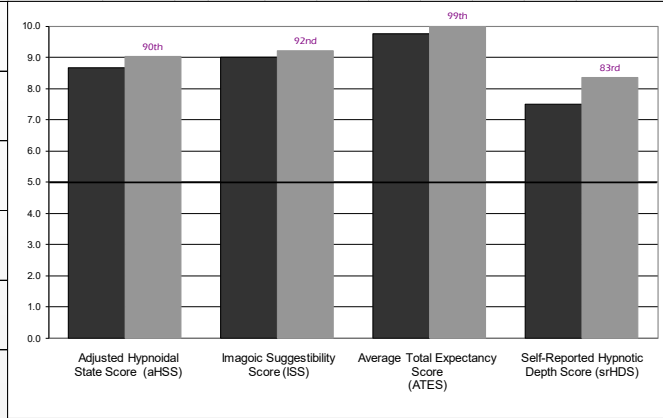
[For interpretation when using the PCI-HAP, please see the following: Pekala, R. J. & Kumar, V. K. (2000). Operationalizing "Trance:" I: Rationale and Research Using a Psychophenomenological Approach. American Journal of Clinical Hypnosis, 43, 107-135; and Pekala, R. J. (2002). Operationalizing Trance II: Clinical Application Using a Psychophenomenological Approach. American Journal of Clinical Hypnosis, 44, 241-255; & Pekala, R. J. (2009). Therapist Manual: Interpretation of the Phenomenology of Consciousness Inventory: Hypnotic Assessment Procedure (PCI-HAP)]

Originally written by Ulrich Ott, Center for Psychobiology and Behavioral Medicine University of Giessen Otto-Behaghel-Str.10 35394 Giessen GERMANY e-mail: Ulrich.Ott@psychol.uni-giessen.de

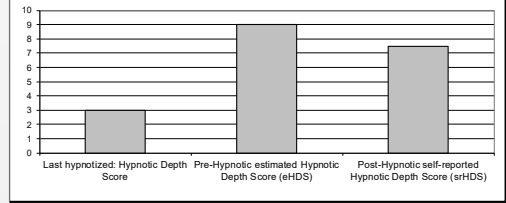
Revised by Ron Pekala, Ph.D. & Ron Maurer, MA, Coatesville VA Medical Center Biofeedback Clinic, Coatesville, PA 19320 USA

Name: **2nd PCI-HAP** Date: **-**

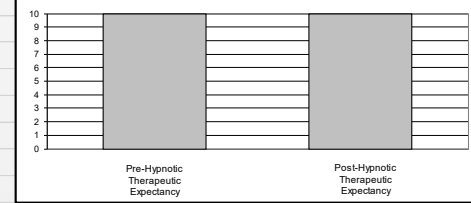
Hypnoidal State Score (HSS)	7.80	%ile Rank	
Adjusted Hypnoidal State Score (aHSS)	8.65	90.20	1
Imagoic Suggestibility Score (ISS)	9.00	92.00	2
Average Total Expectancy Score (ATES)	9.75	99.99	3
Self-reported Hypnotic Depth Score (srHDS)	7.50	83.50	2
Hypnotic Responsivity Index (HRI)	8.73	91.42	



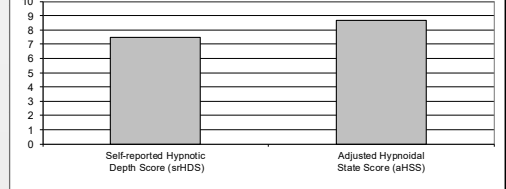
Pre-Post Hypnotic Depth Difference Score (HDDS) = **-1.50**



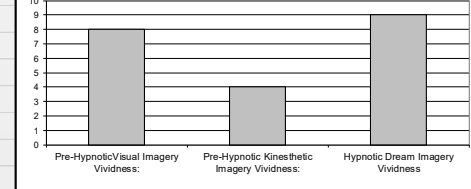
Pre-Post Therapeutic Expectancy Difference Score (TEDS) = **0.00**



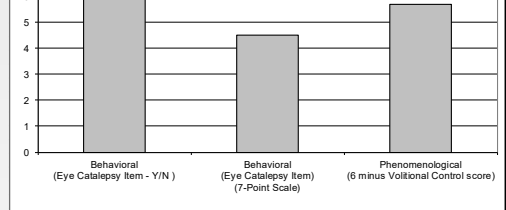
Hypnotic Depth Score/Adjusted Hypnoidal State Discrepancy Ratio (HDHSDR) = **0.87**



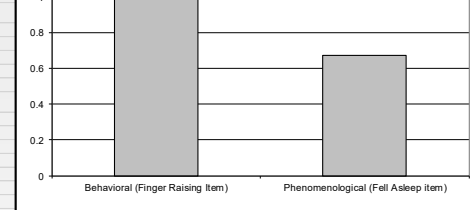
Imagery Vividness Difference Score (IVDS) = **1.00**



Classic Suggestion Effect Total Score (CSETS) = **10.92**



Wakefulness Total Score (WTS) = **1.67**



Directed/Undirected Imagery Vividness Ratio (IVR) = **0.90**

Positive Practice Score (PPS) = **5.25**

PJ

- **Eleventh session of therapy: Set up anger management protocol**
 - BS/ 20 to 1 MC
 - Post hypnotic suggestion
 - Verbal: PHS: 2 minute: “Causally calm and composed; composed and causally calm
 - Visual: “Hitting golf balls on the driving range . . . Relaxed and at ease
 - Future progression: “3 - 2 – 1: six months from now:’
 - Post hypnotic suggestion
 - Verbal: PHS (1 minute): “I will be composed and in control
 - Visual: “Stepping up to the ball . . . Go, and all the anger is gone; just gone
- **Twelfth session of therapy: Recorded anger management protocol**
- **Thirteenth session of therapy: “I feel like a completely different person”**

PJ

■ Sessions 12 through 29

- Many subsequent sessions addressed with verbal conflict with girlfriend and as a consequence, alienation from his family (due to girlfriend's dislike of family)

- Started seeing a couple's therapist
- Girlfriend most likely anxious attachment
- Girlfriend most likely very overcontrolled
- Client's mother likely anxious attachment
- Client is acting out parataxic distortions of mother with girlfriend

■ Most recent sessions: Broke up with girlfriend

- Working on setting boundaries
- Now that he is separated from the girlfriend, he feels his life is "returning to normal"

NJ

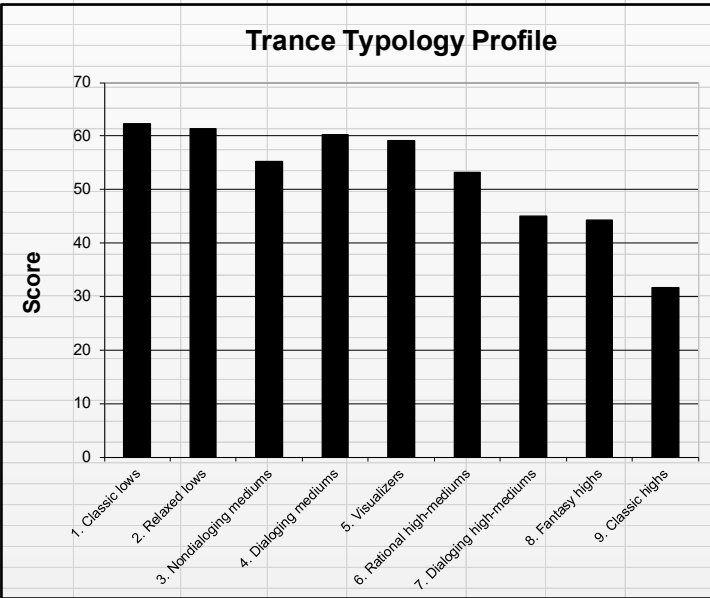
- **45 year old male**
 - **“I want to stop chewing my tongue:” “Morsicatio Linguorum”**
 - **Been unconsciously chewing tongue “for years”**
 - **Wanted to try hypnosis**
 - **“Apple” was a “7-8” out of “10”**

- **Seen for 5 sessions of therapy**

- **First session of therapy**
 - **Shown body scan/”safe place”/Jamaica**
 - **Acquainted with website to practice: www.justrelx.wordpress.com”**
 - **Pre- versus post- body scan, anxiety dropped from a “6” (“10” being worst) to a “2”**
 - **Completed PCI in reference to body scan/safe place (one minute sitting quietly) at Jamaica**
 - **HSS was 3.92**
 - **pHRI was 4.83**

EXCEL Scoring Sheet for the Phenomenology of Consciousness Inventory (PCI, Form 1)

Client Name:					N safe plac			Please type in the client's name and the date of the current PCI in the row to the left.
Instructions In the column labeled "Circled" please replace the numbers typed there with the current client's PCI item scores.	Item	Circled:	Score	Dimension	Intensity	Label	Percentiles	
	I01	4	4	D01	0.00	Joy	27.00	
	I02	3	3	D02	0.00	Sexual Excitement	59.00	
	I03	0	6	D03	0.00	Love	24.00	
	I04	5	1	D04	0.00	Anger	68.00	
	I05	6	0	D05	0.00	Sadness	59.00	
	I06	5	1	D06	0.50	Fear	69.00	
	I07	6	0	D07	1.00	Body image	12.00	
	I08	2	4	D08	1.67	Time sense	15.00	
	I09	6	0	D09	0.33	Perception	19.00	
All other cells are "protected", and you cannot edit them.	I10	6	6	D10	0.50	Meaning	25.00	
	I11	2	2	D11	5.00	Imagery amount	81.66	
	I12	1	5	D12	3.50	Imagery vividness	65.33	
	I13	5	5	D13	3.33	Direction of attention	38.00	
	I14	0	0	D14	4.50	Absorption	94.00	
All scores will be computed automatically...	I15	5	1	D15	5.33	Self-awareness	90.00	
	I16	6	0	D16	2.67	Altered state	25.00	
	I17	5	1	D17	2.50	Internal dialogue	65.00	
	I18	3	3	D18	5.00	Rationality	82.00	
Results will be graphed automatically too.	I19	4	2	D19	4.67	Volitional control	89.00	
	I20	0	0	D20	6.00	Memory	100.00	
	I21	3	3	D21	2.50	Arousal	82.00	
	I22	6	6	D22	0.00	Positive affect	14.00	
	I23	6	0	D23	0.17	Negative affect	50.00	
	I24	0	6	D24	0.85	Altered experience	7.00	
	I25	1	5	D25	4.25	Imagery	78.00	
	I26	6	0	D26	3.80	Attention	44.00	
	I27	0	6					
Item Numbers:	I28	3	3					
Joy: 9*, 46	I29	6	0					
Sexual Excitement: 5*, 35	I30	6	0					
Love: 20, 49*	I31	0	0					
Anger: 14, 33*	I32	1	1					
Sadness: 7*, 31	I33	6	0					
Fear: 16*, 42	I34	1	5	C1	62.27	1. Classic lows		
Body image: 11, 26*, 51	I35	0	0	C2	61.40	2. Relaxed lows		
Time sense: 15*, 30*, 43	I36	6	6	C3	55.32	3. Nondialoging mediums		
Perception: 17*, 29*, 39	I37	3	3	C4	60.27	4. Dialoging mediums		
Meaning: 4*, 23*, 32, 47	I38	0	6	C5	59.15	5. Visualizers		
Imagery amount: 12*, 44	I39	0	0	C6	53.25	6. Rational high-mediums		
Imagery vividness: 18*, 48	I40	5	1	C7	44.94	7. Dialoging high-mediums		
Direction of attention: 8*, 28, 52*	I41	3	3	C8	44.32	8. Fantasy highs		
Absorption: 1, 34*	I42	1	1	C9	31.70	9. Classic highs		
Self-awareness: 13, 27*, 50*	I43	4	4					
Altered state: 21, 40*, 53	I44	5	5					
Internal dialogue: 6*, 45	I45	4	4					
Rationality: 2*, 24*, 36	I46	0	0	R1	0	I05 and I35		
Volitional control: 3*, 25*, 41	I47	0	0	R2	1	I08 and I28		
Memory: 10, 22, 38*	I48	4	4	R3	0	I12 and I44		
Arousal: 19* 37	I49	6	0	R4	2	I21 and I40		
	I50	1	5	R5	3	I06 and I45		
An asterisk (*) denotes items which must be reversed before intensity scores are computed.	I51	1	1	Reliability Index (RI)	1.20			
	I52	3	3					
	I53	4	4	Score				



HSS = 3.92 Hypnoidal State Score

Hypnoidal State Scores typically range between 1 and 9:

- 1.00 - 3.00 Non-hypnoidal state
- 3.01 - 5.00 Mild hypnoidal state
- 5.01 - 7.00 Moderate hypnoidal state
- 7.01 - 9.00+ High hypnoidal state

RI Score = 1.20
 RI scores of 2.00 or less are considered reliable
 RI scores between 2.01 and 2.29 are marginally reliable
 RI scores of 2.30 or greater are unreliable

[For interpretation of this printout when using the PCI, please see the following papers: Pekala, R. J. (2015). Hypnosis as a "state of consciousness": How quantifying the mind can help us better understand hypnosis. American Journal of Clinical Hypnosis, 57(4) 402-424; Pekala, R. J. (2016). The "Mysteries of Hypnosis." Helping Us Better Understand Hypnosis and Empathic Involvement Theory (EIT). American Journal of Clinical Hypnosis, 58, 274-285; Pekala, R., Baglio, F., Cabinio, M., Lipari, S., Baglio, G., Mendozz, L., Ceconi, Pugnetti, L. & Sciaky, R. (2017). Hypnotism as a Function of Trance State Effects, Expectancy, and Suggestibility: An Italian Replication. International Journal of Clinical and Experimental Hypnosis, 65(2), 210-240.]

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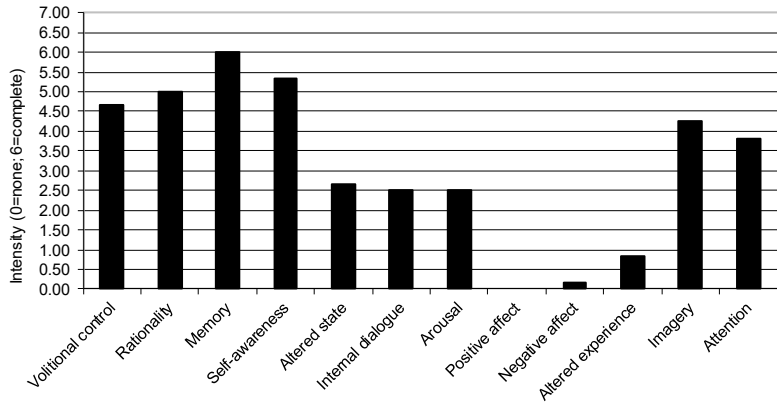
Revised by Ron Pekala, Ph.D., Private Practice, West Chester, PA 19380; Most recently revised 07/28/23.

pHRI (predicted Hypnotic Responsivity Index) Score 4.83

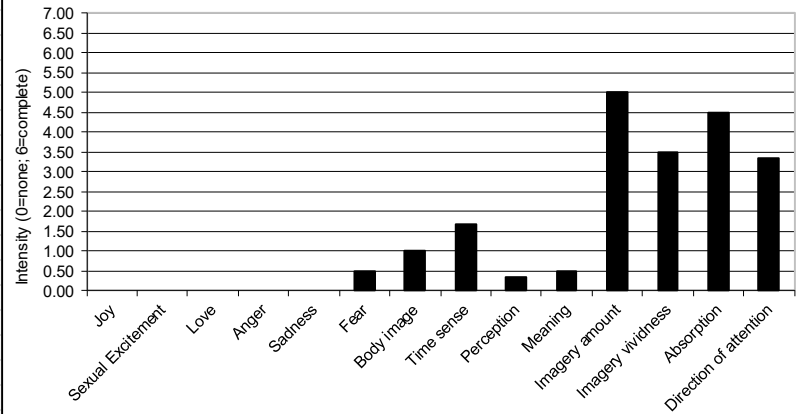
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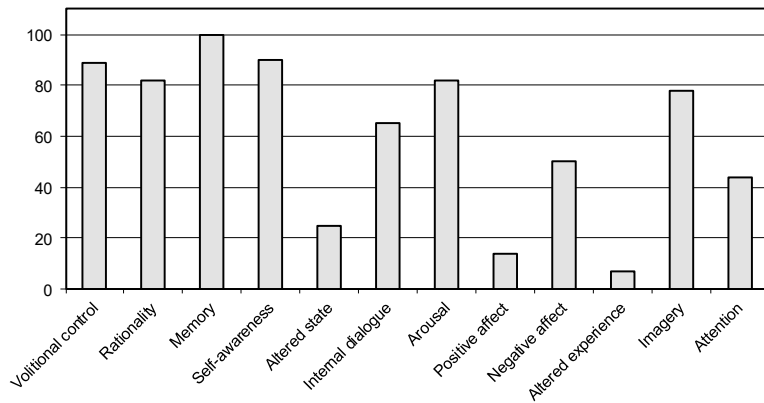
PCI Major Dimensions



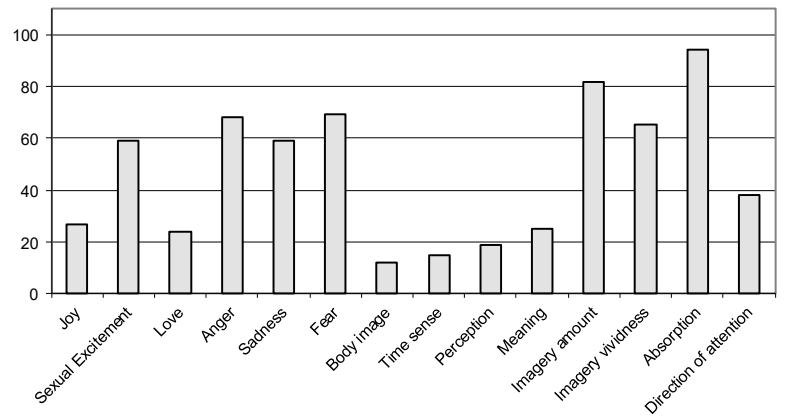
PCI Minor Dimensions



Percentile Ranks PCI Major Dimensions



Percentile Ranks PCI Minor Dimensions



NJ

■ Second session of therapy: PCI-HAP

- HRI = 53 percentile
- HHS = 5.60 40th percentile
- Prehypnotic visual imagery (hot tub) = “9” (“10” most)
- Hypnotic dream = only a “5”
- Typology (“1/2”); Classic/relaxed low

■ Third session of therapy

- Recommended doing self-visualization training instead of self-hypnosis training
- Rationale:
 - Pre-hypnotic imagery (hot tub) was a “9”
 - Imagery during hypnosis was only a “5” (sometimes imagery vividness during hypnosis is less vivid than non-hypnotic imagery)
 - HSS 40th percentile
 - “1/2” typology: “classic/relaxed low”
- Set up self-visualization protocol:
 - Whenever he noticed he was chewing his tongue
 - Would visualize maggots coming out of his mouth

NJ

- **Fourth session of therapy**
 - Recorded 18 minutes self-visualization protocol
 - Body scan; “10 to 1” mind calm; “20 to 1” going down a mountain towards a lake in the valley on a beautiful summer’s day
 - Counterconditioning affirmations:
 - “When I chew, maggots come out of my mouth”
 - “When I chew, it tastes and smells like vomit”

- **Fifth session of therapy**
 - Tongue chewing 98% reduced
 - Client himself added in vivo desensitization
 - Added YouTube videos of actual maggots hatching
 - If feasible, played YouTube video; if not feasible, did in vitro desensitization

- **One month phone follow-up: no tongue chewing**

- **Eighth month email follow-up: “100% cured; zero relapses”**

HC

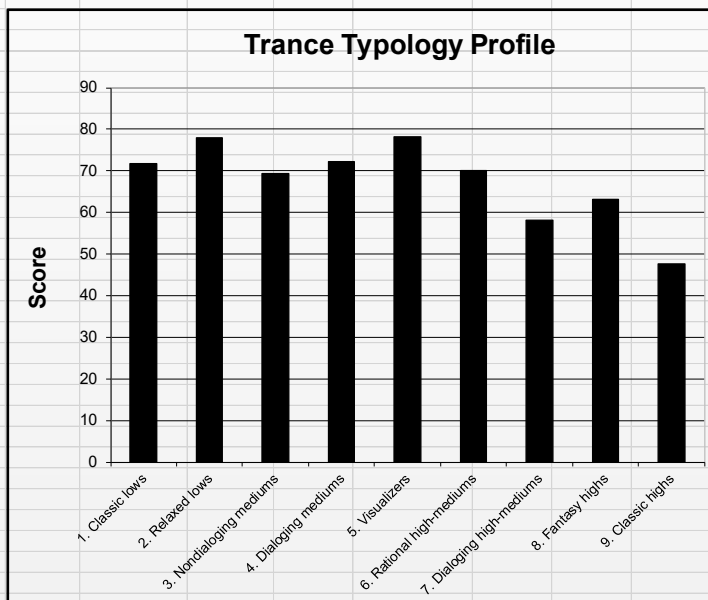
- **28 year old male**
 - **“Not sleeping,” worrying a lot; anxious**
 - **Insomnia and anxiety precipitated by medical test results**
 - **“Apple” was a “9-10” out of “10**
 - **Ambien and trazadone “didn’t work”**
 - **Overcontrolled demeanor/pressured speech**

- **Seen for 6 sessions of therapy**

- **First session of therapy**
 - **Shown body scan/”safe place”**
 - **Acquainted with website to practice: www.justrelx.wordpress.com”**

		Date:				
Item	Circled:	Score	Dimension	Intensity	Label	Percentiles
I01	6	6	D01	3.50	Joy	91.00
I02	0	6	D02	0.00	Sexual Excitement	59.00
I03	0	6	D03	2.00	Love	47.33
I04	6	0	D04	0.00	Anger	68.00
I05	6	0	D05	0.00	Sadness	59.00
I06	6	0	D06	0.00	Fear	61.00
I07	6	0	D07	3.33	Body image	62.00
I08	0	6	D08	3.33	Time sense	51.00
I09	3	3	D09	1.33	Perception	39.00
I10	6	6	D10	2.00	Meaning	67.00
I11	6	6	D11	6.00	Imagery amount	87.00
I12	0	6	D12	6.00	Imagery vividness	89.00
I13	6	6	D13	6.00	Direction of attention	100.00
I14	0	0	D14	6.00	Absorption	100.00
I15	2	4	D15	5.67	Self-awareness	93.00
I16	6	0	D16	2.67	Altered state	25.00
I17	3	3	D17	0.50	Internal dialogue	37.00
I18	0	6	D18	6.00	Rationality	100.00
I19	5	1	D19	5.67	Volitional control	94.00
I20	4	4	D20	6.00	Memory	100.00
I21	5	5	D21	1.50	Arousal	69.00
I22	6	6	D22	1.83	Positive affect	53.00
I23	3	3	D23	0.00	Negative affect	40.00
I24	0	6	D24	2.46	Altered experience	52.00
I25	1	5	D25	6.00	Imagery	89.00
I26	5	1	D26	6.00	Attention	100.00
I27	1	5				
I28	6	6				
I29	6	0				
I30	3	3	Trance Typology Profile			
I31	0	0				
I32	5	5	Type(s) = 5 - 2			
I33	6	0				
I34	0	6	C1	71.82	1. Classic lows	
I35	0	0	C2	77.94	2. Relaxed lows	
I36	6	6	C3	69.31	3. Nondialoging mediums	
I37	2	2	C4	72.13	4. Dialoging mediums	
I38	0	6	C5	78.13	5. Visualizers	
I39	1	1	C6	70.00	6. Rational high-mediums	
I40	5	1	C7	58.09	7. Dialoging high-mediums	
I41	6	6	C8	63.20	8. Fantasy highs	
I42	0	0	C9	47.54	9. Classic highs	
I43	3	3				
I44	6	6				
I45	1	1	Reliability	Difference	Items	
I46	4	4	R1	0	I05 and I35	
I47	0	0	R2	0	I08 and I28	
I48	6	6	R3	0	I12 and I44	
I49	6	0	R4	4	I21 and I40	
I50	0	6	R5	1	I06 and I45	
I51	3	3	Reliability	1.00		
I52	0	6	Index (RI)			
I53	2	2	Score			

Please type in the client's name and the date of the current PCI in the row to the left.



HSS = 4.91 Hypnoidal State Score

Hypnoidal State Scores typically range between 1 and 9:

1.00 - 3.00 Non-hypnoidal state
 3.01 - 5.00 Mild hypnoidal state
 5.01 - 7.00 Moderate hypnoidal state
 7.01 - 9.00+ High hypnoidal state

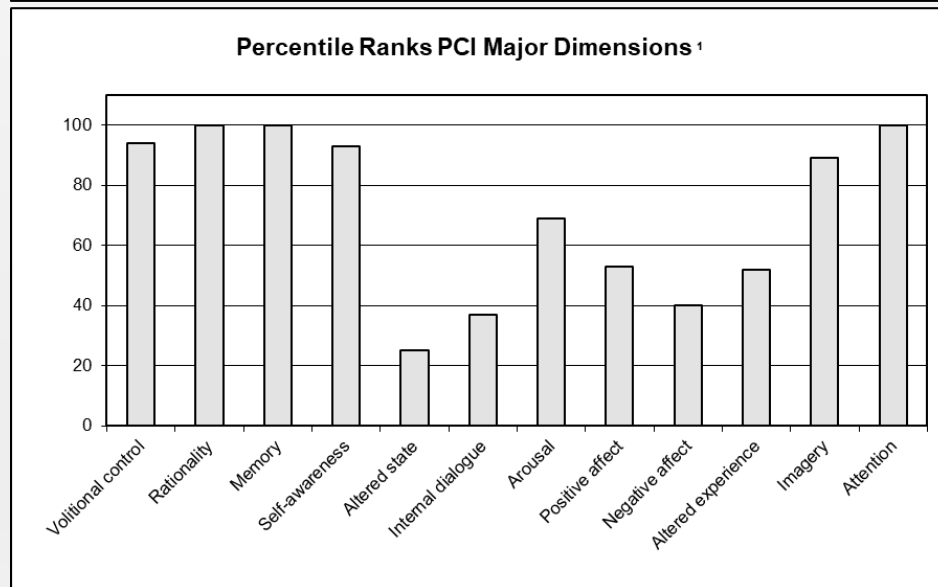
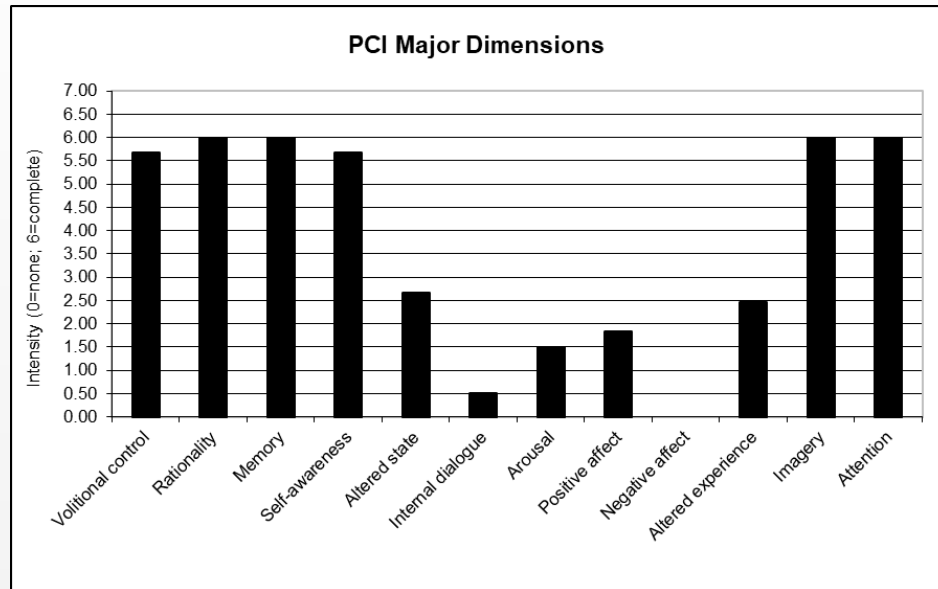
RI Score = 1.00
 RI scores of 2.00 or less are considered reliable
 RI scores between 2.01 and 2.29 are marginally reliable
 RI scores of 2.30 or greater are unreliable

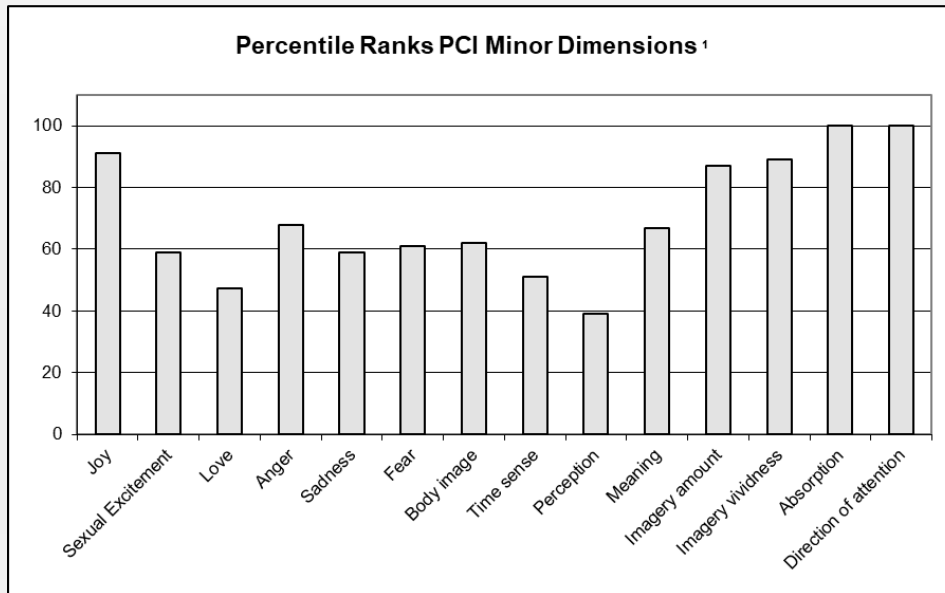
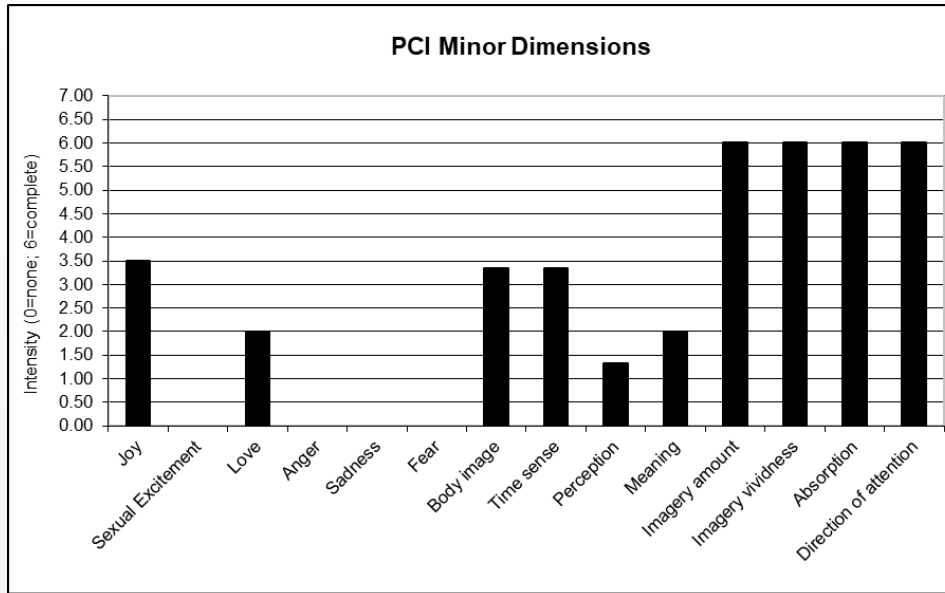
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Revised by Ron Pekala, Ph.D., Private Practice, West Chester, PA 19380; Most recently revised 07/28/23.

pHRI (predicted Hypnotic Responsivity Index) Score 6.70





HC

■ 2nd session of therapy

- Reviewed PCI EXCEL results (body scan/safe place)
 - HSS was 4.91
 - pHRI was 6.70
 - Typology: 5/2
 - PCI Imagery amount/vividness scores: 6.0 out of 6.0
- Stronger mind/body interface
- Reviewed neuroplasticity and need to practice

■ 3rd session of therapy

- Shown slow deep breathing and awareness training triggers
- Reported doing 20 minutes of relaxation a day
- Sleeping much better
- Reviewed neurophysiology of meditation

HC

- **4th session of therapy**
 - Shown bastrika and meditational breathing
 - Reviewed negative thinking
 - Given Shakti: “Creative Visualization”

- **5th session of therapy**
 - Shown loving kindness meditation (LKM): short form
 - LKM reminded him of prayer: endorsed spiritual/religious background
 - Now sleeping 6 hours a night

- **6th session of therapy (final)**
 - Loves LKM short form
 - Shown mind-mood management (handout)
 - Shown mantra meditation
 - Now sleeping 80% better; wanted to stop: “have the skills”

EA

- **65 year old female**
 - **Widow for 10 years**
 - **Past 2 years relationship with a boyfriend ended abruptly**
 - **“Apple” was a “9” out of “10”**
 - **“Broken Heart” syndrome**
 - **“Cannot stop thinking about him (boyfriend)**
 - **Wanted hypnosis to reduce/stop memories of boyfriend with whom she was deeply in love with and**
 - **Whom, after a period of time, rejected her**

- **First session of therapy**
 - **Reviewed current situation**
 - **Shown body scan/”safe place”**
 - **Acquainted with website to practice: www.justrelx.wordpress.com”**
 - **Completed PCI in reference to body scan/safe place (one minute sitting quietly)**
 - **Safe place was to be in the arms of widowed husband**
 - **Instead, visualized herself in the arms of rejecting boyfriend**

							Date:			Please type in the client's name and the date of the current PCI in the row to the left.		
Item	Circled:	Score	Dimension	Intensity	Label	Percentiles						
I01	5	5	D01	0.00	Joy	27.00						
I02	0	6	D02	0.00	Sexual Excitement	59.00						
I03	5	1	D03	2.50	Love	55.00						
I04	5	1	D04	0.00	Anger	68.00						
I05	6	0	D05	5.50	Sadness	100.00						
I06	0	6	D06	2.00	Fear	87.00						
I07	0	6	D07	0.00	Body image	4.00						
I08	3	3	D08	1.00	Time sense	10.00						
I09	6	0	D09	0.33	Perception	19.00						
I10	0	0	D10	2.75	Meaning	80.00						
I11	0	0	D11	6.00	Imagery amount	87.00						
I12	0	6	D12	6.00	Imagery vividness	89.00						
I13	6	6	D13	3.67	Direction of attention	44.00						
I14	0	0	D14	3.50	Absorption	79.00						
I15	6	0	D15	6.00	Self-awareness	100.00						
I16	5	1	D16	2.00	Altered state	16.00						
I17	5	1	D17	5.50	Internal dialogue	94.00						
I18	0	6	D18	6.00	Rationality	100.00						
I19	4	2	D19	2.33	Volitional control	50.00						
I20	5	5	D20	4.00	Memory	53.00						
I21	3	3	D21	2.50	Arousal	82.00						
I22	6	6	D22	0.83	Positive affect	31.00						
I23	0	6	D23	2.50	Negative affect	96.00						
I24	0	6	D24	1.15	Altered experience	13.00						
I25	3	3	D25	6.00	Imagery	89.00						
I26	6	0	D26	3.60	Attention	40.00						
I27	0	6										
I28	4	4										
I29	6	0										
I30	6	0	Trance Typology Profile									
I31	5	5	Type(s) = 5									
I32	4	4										
I33	6	0										
I34	4	2	C1	66.85	1. Classic lows							
I35	0	0	C2	65.10	2. Relaxed lows							
I36	6	6	C3	51.21	3. Nondialoging mediums							
I37	3	3	C4	67.07	4. Dialoging mediums							
I38	0	6	C5	70.99	5. Visualizers							
I39	0	0	C6	55.84	6. Rational high-mediums							
I40	6	0	C7	58.64	7. Dialoging high-mediums							
I41	3	3	C8	52.61	8. Fantasy highs							
I42	3	3	C9	33.24	9. Classic highs							
I43	3	3										
I44	6	6										
I45	5	5	Reliability	Difference	Items							
I46	0	0	R1	0	I05 and I35							
I47	0	0	R2	1	I08 and I28							
I48	6	6	R3	0	I12 and I44							
I49	6	0	R4	3	I21 and I40							
I50	0	6	R5	1	I06 and I45							
I51	0	0	Reliability	1.00								
I52	2	4	Index (RI)									
I53	3	3	Score									

Trance Typology Profile

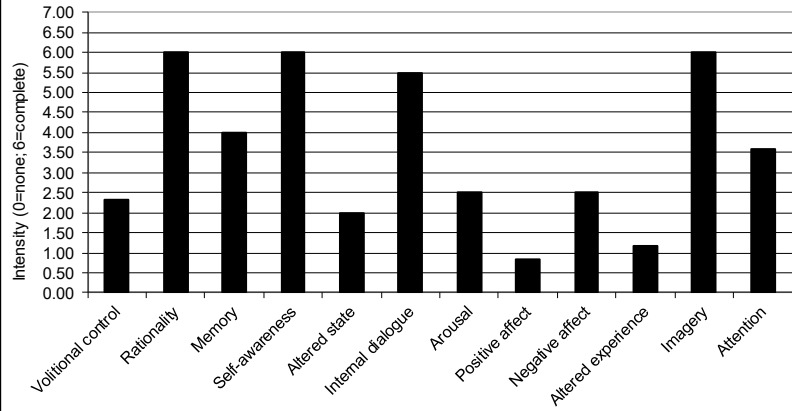
Category	Score
1. Classic lows	66.85
2. Relaxed lows	65.10
3. Nondialoging mediums	51.21
4. Dialoging mediums	67.07
5. Visualizers	70.99
6. Rational high-mediums	55.84
7. Dialoging high-mediums	58.64
8. Fantasy highs	52.61
9. Classic highs	33.24

<p>HSS = 4.27 Hypnotic State Score</p> <p>Hypnotic State Scores typically range between 1 and 9:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>1.00 - 3.00 3.01 - 5.00 5.01 - 7.00 7.01 - 9.00+</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Non-hypnotic state Mild hypnotic state Moderate hypnotic state High hypnotic state</p> </td> </tr> </table> <p>RI Score = 1.00</p> <p>RI scores of 2.00 or less are considered reliable RI scores between 2.01 and 2.29 are marginally reliable RI scores of 2.30 or greater are unreliable</p> <p><small>[For interpretation of this printout when using the PCI, please see the following papers: Pekala, R. J. (2015). Hypnosis as a "state of consciousness": How quantifying the mind can help us better understand hypnosis. American Journal of Clinical Hypnosis, 57(4) 402-424; Pekala, R. J. (2016). The "Mysteries of Hypnosis:" Helping Us Better Understand Hypnosis and Empathic Involvement Theory (EIT). American Journal of Clinical Hypnosis, 58, 274-285; Pekala, R., Baglio, F., Cabinio, M., Lipari, S., Baglio, G., Mendozz, L., Ceconi, P., Pugnetti, L. & Sciaky, R. (2017). Hypnotism as a Function of Trance State Effects, Expectancy, and Suggestibility: An Italian Replication. International Journal of Clinical and Experimental Hypnosis, 65(2), 210-240.]</small></p> <p><small>Originally written by Ulrich Ott, Center for Psychobiology and Behavioral Medicine University of Giessen Otto-Behaghel-Str.10 35394 Giessen GERMANY e-mail: Ulrich.Ott@psychol.uni-giessen.de</small></p> <p><small>Revised by Ron Pekala, Ph.D., Private Practice, West Chester, PA 19380; Most recently revised 07/28/23.</small></p>	<p>1.00 - 3.00 3.01 - 5.00 5.01 - 7.00 7.01 - 9.00+</p>	<p>Non-hypnotic state Mild hypnotic state Moderate hypnotic state High hypnotic state</p>	<p>pHRI (predicted Hypnotic Responsivity Index) Score 5.73</p>
<p>1.00 - 3.00 3.01 - 5.00 5.01 - 7.00 7.01 - 9.00+</p>	<p>Non-hypnotic state Mild hypnotic state Moderate hypnotic state High hypnotic state</p>		

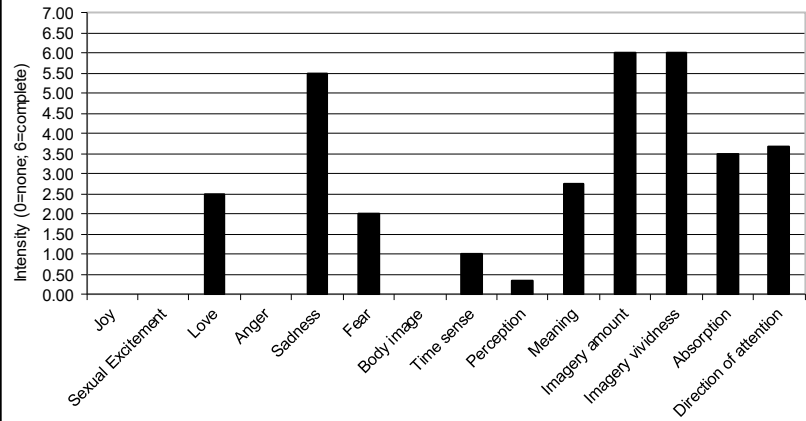
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Date: _____

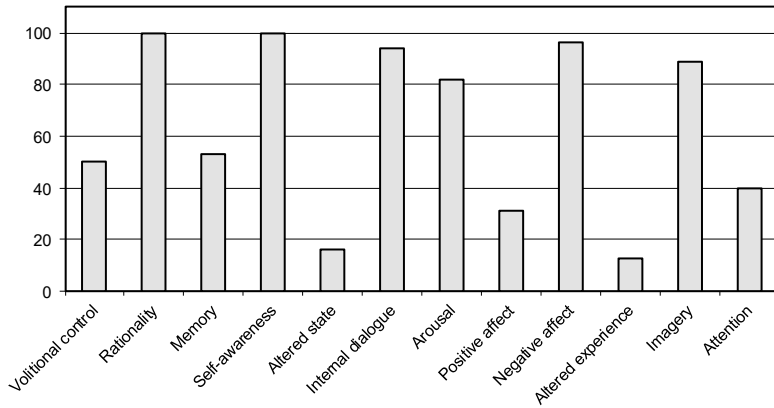
PCI Major Dimensions



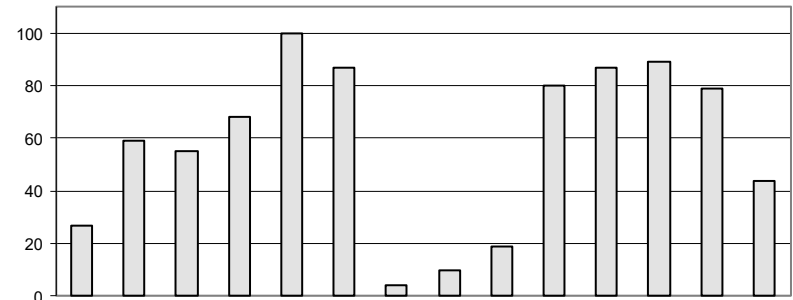
PCI Minor Dimensions



Percentile Ranks PCI Major Dimensions ¹



Percentile Ranks PCI Minor Dimensions ¹



EA (cont'd)

■ Second session of therapy

- Reviewed noetic analysis of body scan/safe place (EXCEL spread sheet)
- Agreed to send her Shakti Gawain's "Creative Visualization" to start reading
- Tentatively scheduled in two weeks
- Client called and cancelled
 - "Needed more time to heal
 - Wanted to read book first
 - Body scan from website "was helping a lot"
 - "Was starting to date a new boyfriend

LS

■ 35 year old male

- Anxiety and panic attacks (2 emergency room visits)
- Also suffered uncued panic: “big panic attack came out of nowhere”
- In IT; worked for Big Pharm; but not interested in medication
- Goals: reduce anxiety and panic
- Apple imagery was a “2 out of 10”
- Body scan (BS) pHRI= 4.6
- BS hypnoidal state score= 5.55
- Internal dialogue= 91st percentile

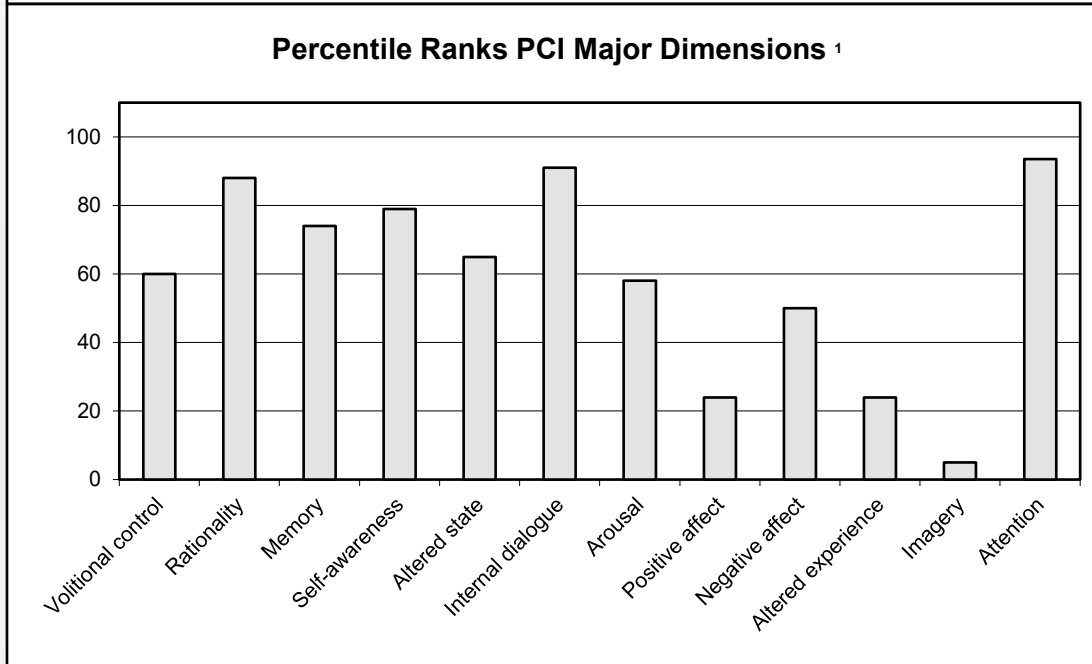
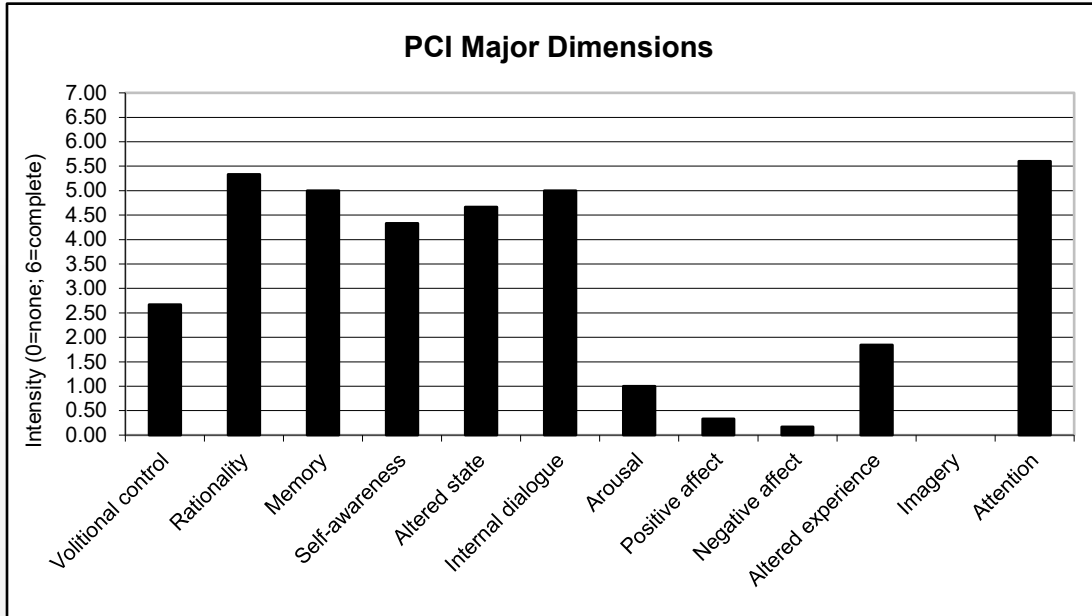
■ Seen for 7 sessions of therapy

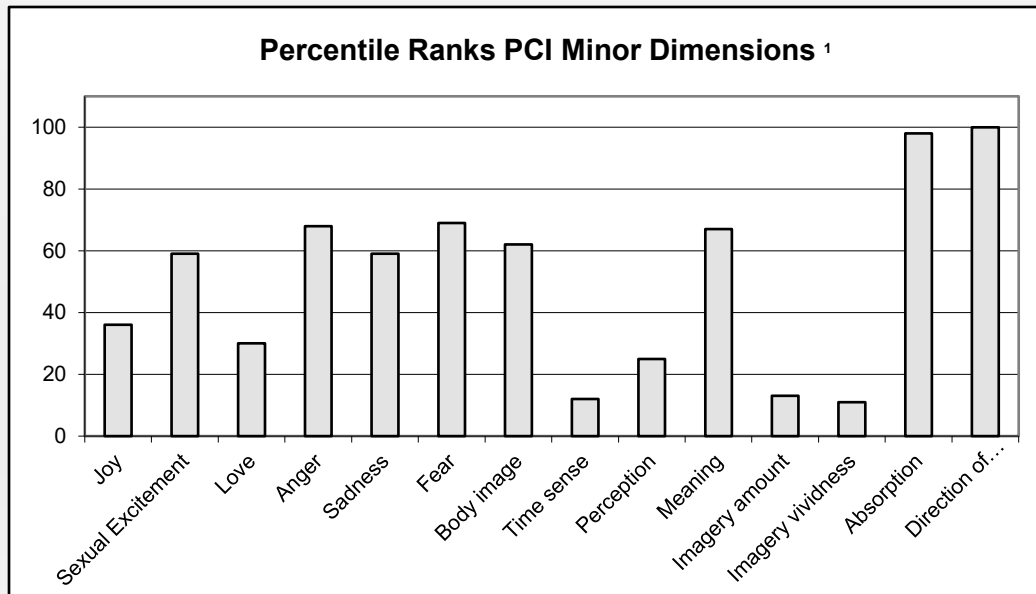
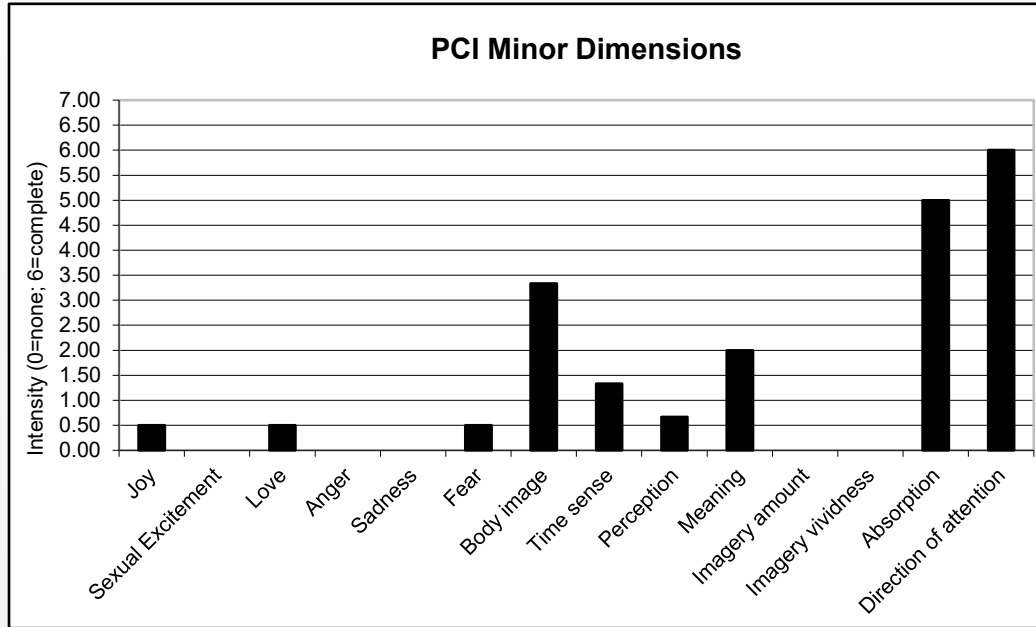
- Shown body scan; slow deep breathing; insight meditation
- Really liked slow deep breathing: 3/6 count; at least 20 minutes/day
- Progressed to meditational breathing (longer pause after the exhale)
- Did heart rate variability – Heartmath – 5 breaths/minute
- Started back doing own version of insight meditation

■ Final session

- “Coping pretty well”
- “No panic attacks”
- “Little day-to-day anxiety”

Date:		Please type in the client's name and the date of the current PCI in the row to the left.	
Intensity	Label	Percentiles	<p>Trance Typology Profile</p> <p>Score</p> <p>1. Classic lows 2. Relaxed lows 3. Nondialoging mediums 4. Dialoging mediums 5. Visualizers 6. Rational high-mediums 7. Dialoging high-mediums 8. Fantasy highs 9. Classic highs</p>
0.50	Joy	36.00	
0.00	Sexual Excitement	59.00	
0.50	Love	30.00	
0.00	Anger	68.00	
0.00	Sadness	59.00	
0.50	Fear	69.00	
3.33	Body image	62.00	
1.33	Time sense	12.00	
0.67	Perception	25.00	
2.00	Meaning	67.00	
0.00	Imagery amount	13.00	
0.00	Imagery vividness	11.00	
6.00	Direction of attention	100.00	
5.00	Absorption	98.00	
4.33	Self-awareness	79.00	
4.67	Altered state	65.00	
5.00	Internal dialogue	91.00	
5.33	Rationality	88.00	
2.67	Volitional control	60.00	
5.00	Memory	74.00	
1.00	Arousal	58.00	
0.33	Positive affect	24.00	
0.17	Negative affect	50.00	
1.85	Altered experience	24.00	
0.00	Imagery	5.00	
5.60	Attention	93.50	
HSS = 5.55 Hypnoidal State Score			
Typology Profile			
yp(e)s = 4 - 6			
Hypnoidal State Scores typically range between 1 and 9:			
53.15	1. Classic lows	1.00 - 3.00	Non-hypnoidal state
57.11	2. Relaxed lows	3.01 - 5.00	Mild hypnoidal state
54.43	3. Nondialoging mediums	5.01 - 7.00	Moderate hypnoidal state
63.68	4. Dialoging mediums	7.01 - 9.00+	High hypnoidal state
56.80	5. Visualizers		
60.81	6. Rational high-mediums		
58.08	7. Dialoging high-mediums	RI Score = 0.20	RI scores of 2.00 or less are considered reliable
45.05	8. Fantasy highs		RI scores between 2.01 and 2.29 are marginally reliable
44.00	9. Classic highs		RI scores of 2.30 or greater are unreliable
Difference Items			
0	I05 and I35		
0	I08 and I28		
0	I12 and I44		
1	I21 and I40		
0	I06 and I45		
0.20			
<p>[For interpretation of this printout when using the PCI, please see the following papers: Pekala, R. J. (2015). Hypnosis as a "state of consciousness": How quantifying the mind can help us better understand hypnosis. <i>American Journal of Clinical Hypnosis</i>, 57(4) 402-424; Pekala, R. J. (2016). The "Mysteries of Hypnosis." <i>Helping Us Better Understand Hypnosis and Empathic Involvement Theory (EIT)</i>, <i>American Journal of Clinical Hypnosis</i>, 58, 274-285; Pekala, R., Baglio, F., Cabinio, M., Lipari, S., Baglio, G., Mendozz, L., Cecconi, Pugnetti, L. & Sciaky, R. (2017). Hypnotism as a Function of Trance State Effects, Expectancy, and Suggestibility: An Italian Replication. <i>International Journal of Clinical and Experimental Hypnosis</i>, 65(2), 210-240.]</p> <p>Originally written by Ulrich Ott, Center for Psychobiology and Behavioral Medicine University of Giessen Otto-Behaghel-Str.10 35394 Giessen GERMANY e-mail: Ulrich.Ott@psychol.uni-giessen.de</p> <p>Revised by Ron Pekala, Ph.D., Private Practice, West Chester, PA 19380; Most recently revised 07/28/23.</p>			
pHRI (predicted Hypnotic Responsivity Index) Score 4.60			



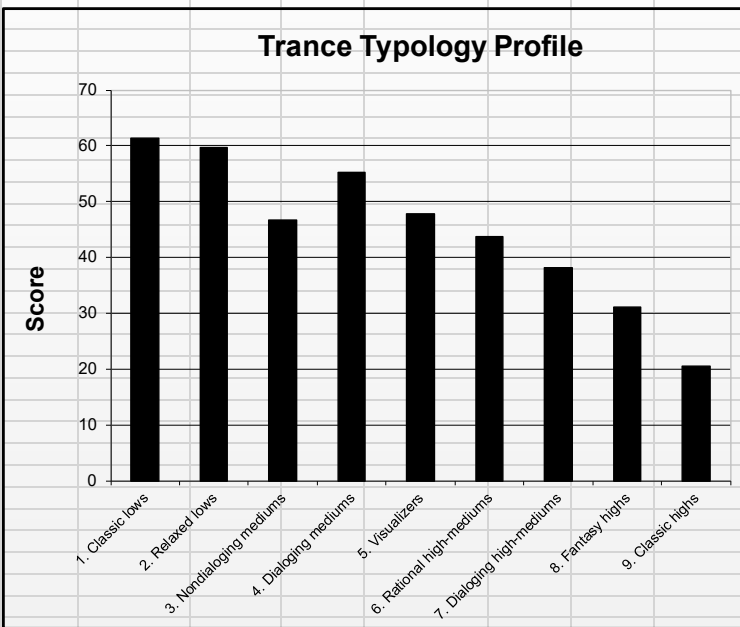


RA

- **53 year old male**
 - Anxiety, panic and bridge phobia
 - Goals: reduce anxiety, panic, and bridge phobia
 - Apple imagery was a “3 to 4 out of 10”
- **First session: body scan**
 - pHRI (predicted hypnotic responsivity index) = 3.34
 - BS hypnoidal state score = 2.98
 - Internal dialogue = 87th percentile
 - Arousal (subjective tension) = 76th percentile
 - TTP = 1/2 (classic low/relaxed low)

Date: _____ Please type in the client's name and the date of the current PCI in the row to the left.

Item	Circled:	Score	Dimension	Intensity	Label	Percentiles
I01	4	4	D01	0.00	Joy	27.00
I02	0	6	D02	0.00	Sexual Excitement	59.00
I03	2	4	D03	3.00	Love	57.00
I04	6	0	D04	0.00	Anger	68.00
I05	6	0	D05	0.00	Sadness	59.00
I06	2	4	D06	0.00	Fear	61.00
I07	6	0	D07	0.33	Body image	5.00
I08	4	2	D08	0.00	Time sense	6.00
I09	6	0	D09	0.00	Perception	12.00
I10	6	6	D10	0.00	Meaning	15.00
I11	0	0	D11	2.00	Imagery amount	46.00
I12	3	3	D12	2.00	Imagery vividness	42.00
I13	6	6	D13	2.33	Direction of attention	16.00
I14	0	0	D14	3.50	Absorption	79.00
I15	6	0	D15	5.67	Self-awareness	93.00
I16	6	0	D16	1.00	Altered state	11.00
I17	6	0	D17	4.50	Internal dialogue	87.00
I18	5	1	D18	6.00	Rationality	100.00
I19	4	2	D19	3.67	Volitional control	77.00
I20	6	6	D20	6.00	Memory	100.00
I21	1	1	D21	2.00	Arousal	76.00
I22	6	6	D22	1.00	Positive affect	34.00
I23	6	0	D23	0.00	Negative affect	40.00
I24	0	6	D24	0.08	Altered experience	1.00
I25	2	4	D25	2.00	Imagery	38.00
I26	6	0	D26	2.80	Attention	18.00
I27	0	6				
I28	2	2				
I29	6	0				



HSS = 2.98 Hypnoidal State Score

Trance Typology Profile

Hypnoidal State Scores typically range between 1 and 9:

Type(s) = 1 - 2

- 1.00 - 3.00 Non-hypnoidal state
- 3.01 - 5.00 Mild hypnoidal state
- 5.01 - 7.00 Moderate hypnoidal state
- 7.01 - 9.00+ High hypnoidal state

RI Score = 0.80
 RI scores of 2.00 or less are considered reliable
 RI scores between 2.01 and 2.29 are marginally reliable
 RI scores of 2.30 or greater are unreliable

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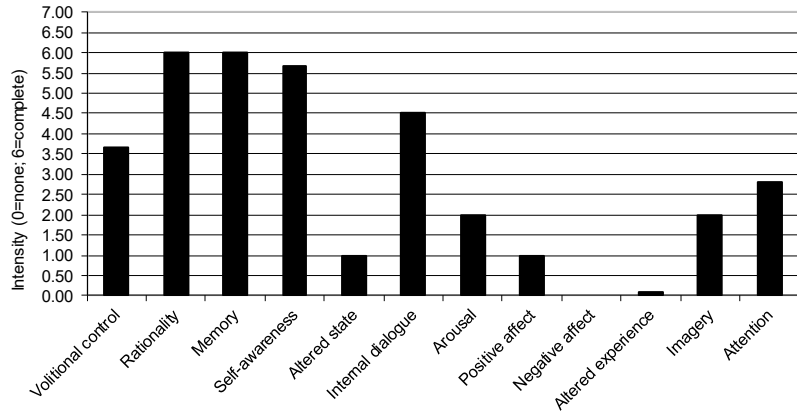
phRI (predicted Hypnotic Responsivity Index) Score 3.34

Item	Circled:	Score	Dimension	Intensity	Label	Percentiles
I30	6	0				
I31	0	0				
I32	0	0				
I33	6	0				
I34	3	3	C1	61.33	1. Classic lows	
I35	0	0	C2	59.66	2. Relaxed lows	
I36	6	6	C3	46.66	3. Nondialoging mediums	
I37	2	2	C4	55.32	4. Dialoging mediums	
I38	0	6	C5	47.80	5. Visualizers	
I39	0	0	C6	43.63	6. Rational high-mediums	
I40	6	0	C7	38.12	7. Dialoging high-mediums	
I41	3	3	C8	31.14	8. Fantasy highs	
I42	0	0	C9	20.51	9. Classic highs	
I43	0	0				
I44	1	1				
I45	5	5	Reliability	Difference	Items	
I46	0	0	R1	0	I05 and I35	
I47	0	0	R2	0	I08 and I28	
I48	3	3	R3	2	I12 and I44	
I49	6	0	R4	1	I21 and I40	
I50	1	5	R5	1	I06 and I45	
I51	1	1	Reliability	0.80		
I52	3	3	Index (RI)			
I53	2	2	Score			

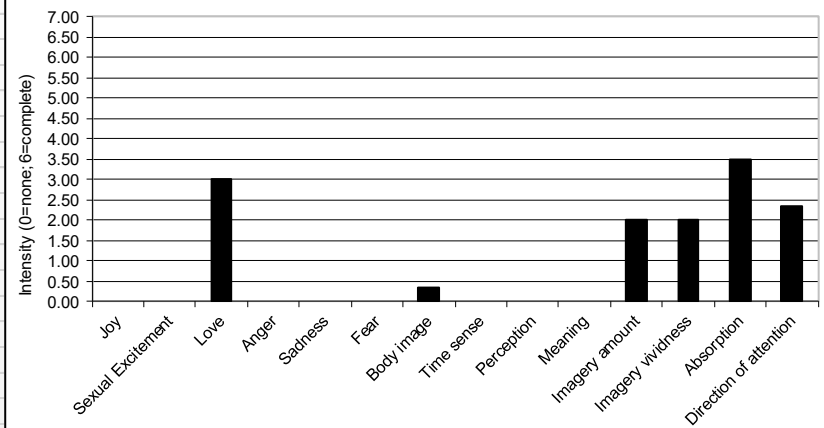
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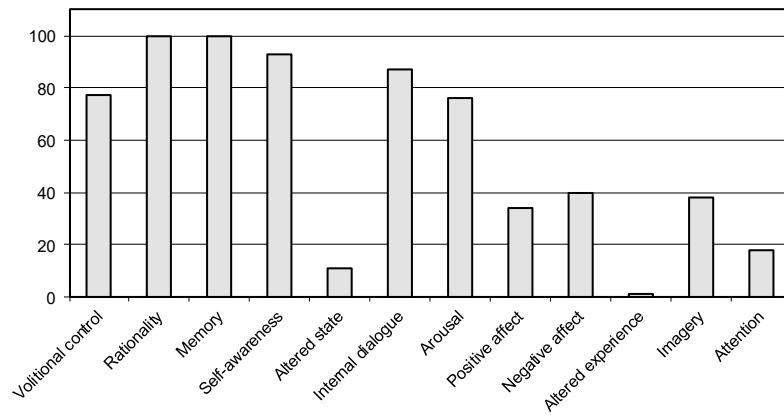
PCI Major Dimensions



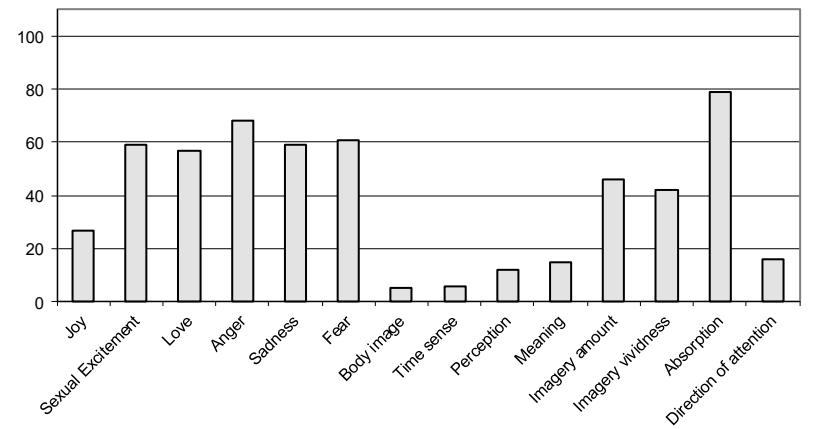
PCI Minor Dimensions



Percentile Ranks PCI Major Dimensions 1



Percentile Ranks PCI Minor Dimensions 1



RA

■ Seen for 10 sessions of therapy

- 2nd session: slow deep breathing/meditational breathing
- 3rd session: bastrika/paced breathing
- 4th session aerobic exercise/talk therapy about son
- 5th session: insight meditation/neurophysiology of meditation
- 6th session: 75% better: “I don’t think about my anxiety
- 7th session: talk therapy: son
- 8th session: mind mood management: over bridge
- 9th session: concentrative and loving-kindness meditation
- 10th session: anxiety no longer a problem; bridge phobia (one particular bridge only) 90% reduced; rest: 100% reduced

SA

- **29 year old male**
 - **Symptoms: anxiety/sweaty palms; overcontrolled**
 - **Goals**
 - “Understand how to get my mind to work better
 - “Better sense of self
 - “More relaxed/more confident
 - “Need to learn how to “chit-chat”
 - **INTJ on MBTI (25 T responses; 1 F response)**
 - **Apple imagery: “3-4”**
 - **Moderate physical punishment/verbal abuse by dad in childhood: per client dad had “explosive personality”**

- **26 sessions of cognitive-behavioral therapy to date**
 - **Read/reviewed “The Heartmath Solution” by Childre/Martin to “open the heart”**
 - Practiced freeze-frame
 - Practiced appreciation
 - **Read/reviewed “Messages” by McKay/Davis/Fanning to increase conversational skill training: “chit-chatting”**
 - **Reviewed the dilemma of being an INTJ**

SA (cont'd.)

- **Most helpful interventions**
 - 1st: Heartmath “freeze frame”
 - 2nd: slow deep breathing: 3/6 count

- **PCI EXCEL 1st Body scan results**
 - pHRI = 5.28
 - HSS = 5.60
 - Type = 6 (Rational high-medium)

- **Wanted to possibly consider “hypnosis” given therapy work to date**

- **PCI EXCEL 2nd Body scan results**

- **Completed PCI at home via website (“body scan” sitting quietly period):**
 - pHRI = 7.08
 - HSS = 6.20
 - Type = 5/4 (Visualizer/dialoging medium)
 - Sitting quietly period: image (hypnagogic?) of dad slapping him as a toddler

- **PCI-HAP recently completed**
 - HRI = 7.52
 - HSS = 6.93
 - Type = 5 (Visualizer)
 - ISS= 8.5 (his initial “apple” was a “3.5”)

SM

■ 50 year old male

- Symptoms: anxiety, depression, nonassertiveness
- Loss issues (father died – age 2; mom died age 10 – raise by aunt)
- Emotional neglect; low self-esteem
- Apple imagery: “7”

■ PCI EXCEL Body scan results

- Body scan 6th session; referred to website to practice
- “Trance” HS score = 7.11
- pHRI = 6.03
- Absorption = 100%
- No arousal (subjective tension)

SM (cont'd)

■ PCI-HAP EXCEL results

- HSS = 5.59 (HSS was 7.11 for body scan)
- HRI = 6.55 (was 6.03 for body scan)
- 3/2 type (Nondialoging medium/relaxed low)
- Absorption = 90th percentile
- Arousal = again zero

■ Did “self-visualization training/deepening”

- No hypnosis: estranged wife too controlling; hypnosis associated with loss of control; did self-visualization deepening routine:
- “Body scan
- “Mind calm
- Slow deep breathing
- 20-1 mountain to lake in a valley
- 15 – 1 elevator (step out into magic kingdom)
- Completed PCI in reference to magic kingdom (after elevator)

SM (cont'd)

- **Self-visualization deepening EXCEL results (magic kingdom)**
 - HRI = 7.56; HSS trance = 6.54
 - ISS = 8.0 87th%
 - Typology “5/8”: (visualizer/fantasy high - two best types to work with)
 - Positive practice = 6.0 (high joy and love; no sexual excitement)
 - Absorption 100%
- **Self-visualization: deepening: magic kingdom**
 - Visualization deepening: stepped off elevator into a “magic kingdom”
 - Mom took kids for several years before she died, to Disneyworld for the summer vacation
 - When SM stepped off elevator, he was with mom in Disneyworld at the ice cream shoppe!
- **Eventually recorded a self-visualization protocol where SM would be older, talking to his mom at the ice cream shoppe**
 - She wouldn't talk but he would and tell her all the things he was never able to tell her, during an embedded 5-minute sitting quietly period
 - Could even do protocol on his own, without the recording

CJ

■ 35 year old male

- Symptoms: ADD; anxiety, irritability (verbal aggression – no physical) towards wife; PTSD (childhood)
- Trauma: no sexual abuse; moderate physical/emotional abuse by dad
- Goals: better focused; less anxiety and irritability; better communication
- Easily critical of others

■ PCI Body scan EXCEL results

- Apple: “3”
- Body scan pHRI = 5.09; BS trance (HSS) = 5.66
- RI = 0.00 (perfect agreement with 5 pairs of reliability items)
- Absorption = 100%

■ After 12 sessions of therapy

- Several sessions of talk therapy
- SDB (4/8 count) 10 to 15 minutes/day
- Bastrika: once a day
- Loving-kindness meditation (short form)
- Meditation app on phone: mindfulness every day
- Irritability now a “2”; marital fights less than once a week

C.J.body scan				Date:			Please type in the client's name and the date of the current PCI in the row to the left.		
Item	Circled:	Score	Dimension	Intensity	Label	Percentiles			
I01	6	6	D01	0.00	Joy	27.00			
I02	0	6	D02	0.00	Sexual Excitement	59.00			
I03	3	3	D03	3.00	Love	57.00			
I04	6	0	D04	0.00	Anger	68.00			
I05	6	0	D05	0.00	Sadness	59.00			
I06	6	0	D06	0.00	Fear	61.00			
I07	6	0	D07	2.67	Body image	41.00			
I08	1	5	D08	0.00	Time sense	6.00			
I09	6	0	D09	0.00	Perception	12.00			
I10	2	2	D10	0.00	Meaning	15.00			
I11	3	3	D11	0.00	Imagery amount	13.00			
I12	6	0	D12	1.50	Imagery vividness	35.33			
I13	3	3	D13	4.67	Direction of attention	69.00			
I14	0	0	D14	6.00	Absorption	100.00			
I15	6	0	D15	4.67	Self-awareness	82.00			
I16	6	0	D16	4.00	Altered state	52.00			
I17	6	0	D17	0.00	Internal dialogue	26.00			
I18	3	3	D18	5.67	Rationality	92.00			
I19	5	1	D19	3.67	Volitional control	77.00			
I20	0	0	D20	2.00	Memory	21.00			
I21	4	4	D21	1.00	Arousal	58.00			
I22	2	2	D22	1.00	Positive affect	34.00			
I23	6	0	D23	0.00	Negative affect	40.00			
I24	1	5	D24	0.62	Altered experience	6.00			
I25	0	6	D25	0.75	Imagery	13.00			
I26	3	3	D26	5.20	Attention	86.00			
I27	0	6							
I28	5	5							
I29	6	0							
I30	6	0	Trance Typology Profile						
I31	0	0							
I32	0	0	Type(s) = 6						
I33	6	0							
I34	0	6	C1	23.37	1. Classic lows				
I35	0	0	C2	36.06	2. Relaxed lows				
I36	6	6	C3	42.02	3. Nondialoging mediums				
I37	1	1	C4	37.87	4. Dialoging mediums				
I38	4	2	C5	31.84	5. Visualizers				
I39	0	0	C6	46.76	6. Rational high-mediums				
I40	2	4	C7	36.05	7. Dialoging high-mediums				
I41	2	2	C8	33.46	8. Fantasy highs				
I42	0	0	C9	36.12	9. Classic highs				
I43	0	0							
I44	0	0							
I45	0	0	Reliability	Difference	Items				
I46	0	0	R1	0	I05 and I35				
I47	0	0	R2	0	I08 and I28				
I48	0	0	R3	0	I12 and I44				
I49	0	6	R4	0	I21 and I40				
I50	1	5	R5	0	I06 and I45				
I51	2	2	Reliability	0.00					
I52	2	4	Index (RI)						
I53	4	4	Score						

Trance Typology Profile

HSS = 5.66 Hypnoidal State Score

Hypnoidal State Scores typically range between 1 and 9:

1.00 - 3.00	Non-hypnoidal state
3.01 - 5.00	Mild hypnoidal state
5.01 - 7.00	Moderate hypnoidal state
7.01 - 9.00+	High hypnoidal state

RI Score = 0.00

RI scores of 2.00 or less are considered reliable
RI scores between 2.01 and 2.29 are marginally reliable
RI scores of 2.30 or greater are unreliable

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pHRI (predicted Hypnotic Responsivity Index) Score = 5.09

TM

- **45 year old male**

- **Goals:**

- **“Be more honest with my wife**
- **“Be more present centered**
- **“Be more emotionally connected**

- **Apple imagery “10 out of 10”**

- **Body scan completed**

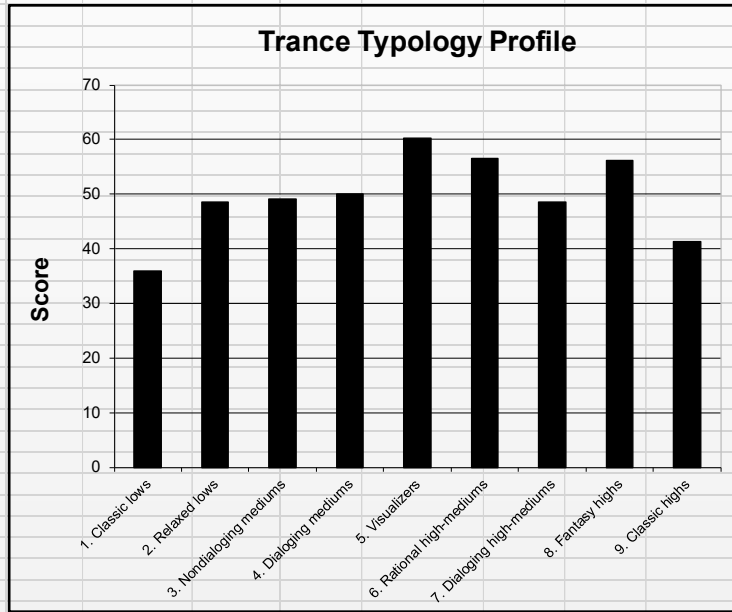
- **Due to reported phenomenological differences between sitting quietly period during body scan, and body scan itself**
- **PCIs completed in reference to each**

TM (cont'd)

- PCI results: Body scan (averaged across whole period):
 - Reported extremely vivid imagery
 - **pHRI = 8.52**
 - HSS = 7.80
 - TTP = Type 5: Visualizer
 - PCI (sub)dimensions
 - Altered state = 72%
 - Intact Memory = 100%
 - Imagery Amount and Vividness = 89%
 - Absorption = 99%
 - Altered body image = 100%
 - Altered time sense = 73%
 - Internal dialogue = 37%
 - Arousal (subjective tension) = 34%

Date: _____ Please type in the client's name and the date of the current PCI in the row to the left.

Intensity	Label	Percentiles
2.00	Joy	71.00
0.00	Sexual Excitement	59.00
3.00	Love	57.00
0.00	Anger	68.00
0.00	Sadness	59.00
0.00	Fear	61.00
6.00	Body image	100.00
4.33	Time sense	73.00
3.00	Perception	73.00
0.75	Meaning	36.00
6.00	Imagery amount	87.00
6.00	Imagery vividness	89.00
4.67	Direction of attention	69.00
5.50	Absorption	99.00
3.33	Self-awareness	63.00
5.00	Altered state	72.00
0.50	Internal dialogue	37.00
6.00	Rationality	100.00
0.67	Volitional control	17.00
6.00	Memory	100.00
0.00	Arousal	34.00
1.67	Positive affect	47.00
0.00	Negative affect	40.00
3.31	Altered experience	80.00
6.00	Imagery	89.00
5.00	Attention	80.00



HSS = 7.80 Hypnoidal State Score

Typology Profile

Typology Profile(s) = 5

35.97	1. Classic lows
48.54	2. Relaxed lows
49.17	3. Nondiialoging mediums
50.08	4. Dialoging mediums
60.24	5. Visualizers
56.47	6. Rational high-mediums
48.61	7. Dialoging high-mediums
56.24	8. Fantasy highs
41.24	9. Classic highs

Hypnoidal State Scores typically range between 1 and 9:

1.00 - 3.00	Non-hypnoidal state
3.01 - 5.00	Mild hypnoidal state
5.01 - 7.00	Moderate hypnoidal state
7.01 - 9.00+	High hypnoidal state

RI Score = 0.60
 RI scores of 2.00 or less are considered reliable
 RI scores between 2.01 and 2.29 are marginally reliable
 RI scores of 2.30 or greater are unreliable

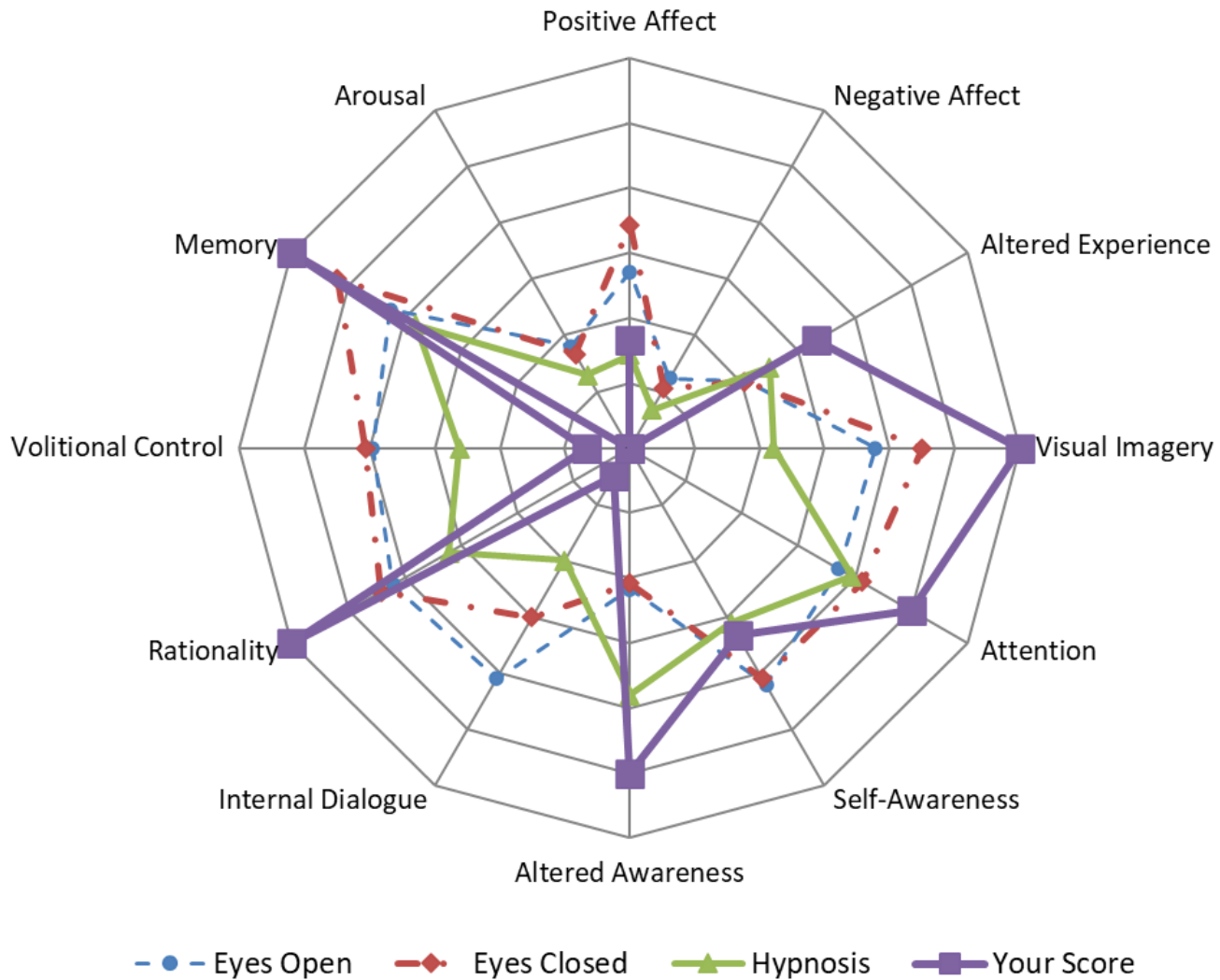
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pHRI (predicted Hypnotic Responsivity Index) Score 8.52

Your Score in Comparison to Hypnosis and Eyes Open and Closed Conditions

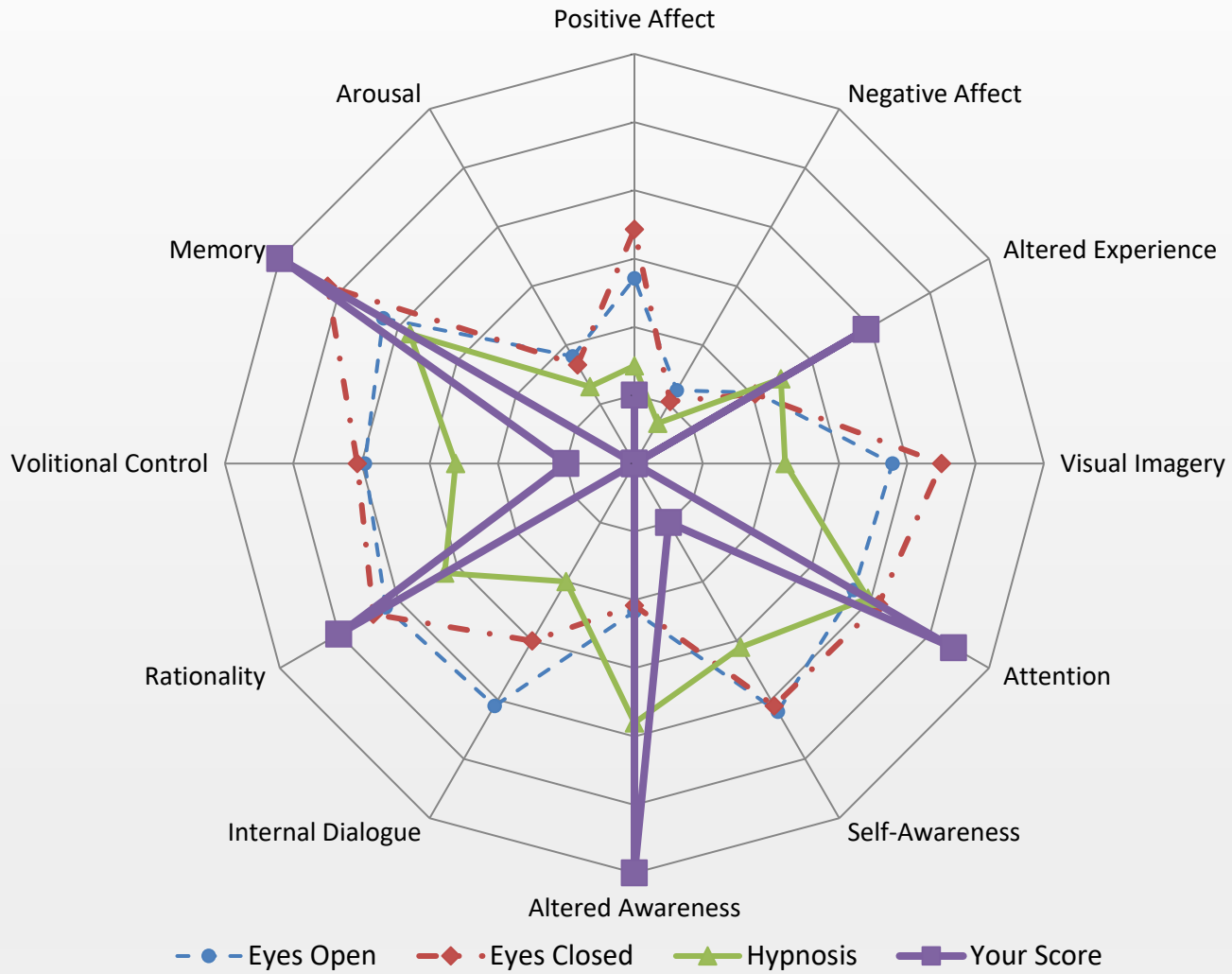


TM (cont'd)

- **PCI results: One minute sitting quietly period during body scan:**
 - Reported “void – emptiness”: Buddhist void?
 - pHRI = 6.26
 - **HSS = 9.0 (extreme “trance”: highest score obtainable = 9.11)**
 - TTP = Type 6: Rational high-medium
 - PCI (sub)dimensions
 - Altered state = 100%
 - Intact Memory = 100%
 - Imagery Amount and Vividness = 5%
 - Absorption = 100%
 - Altered body image = 100%
 - Altered time sense = 100%
 - Internal dialogue = 26%
 - Arousal (subjective tension) = 34%

Date:		Please type in the client's name and the date of the current PCI in the row to the left.		
Intensity	Label	Percentiles	<p>Trance Typology Profile</p> <p>Score</p> <p>1. Classic lows 2. Relaxed lows 3. Nondialoging mediums 4. Dialoging mediums 5. Visualizers 6. Rational high-mediums 7. Dialoging high-mediums 8. Fantasy highs 9. Classic highs</p>	
1.50	Joy	58.00		
0.00	Sexual Excitement	59.00		
1.50	Love	40.00		
0.00	Anger	68.00		
0.00	Sadness	59.00		
0.00	Fear	61.00		
6.00	Body image	100.00		
6.00	Time sense	100.00		
4.00	Perception	92.00		
0.75	Meaning	36.00		
0.00	Imagery amount	13.00		
0.00	Imagery vividness	11.00		
5.00	Direction of attention	76.00		
6.00	Absorption	100.00		
1.00	Self-awareness	12.00		
6.00	Altered state	100.00		
0.00	Internal dialogue	26.00		
5.00	Rationality	82.00		
1.00	Volitional control	22.00		
6.00	Memory	100.00		
0.00	Arousal	34.00		
1.00	Positive affect	34.00		
0.00	Negative affect	40.00		
3.92	Altered experience	92.00		
0.00	Imagery	5.00		
5.40	Attention	88.00		
				HSS = 9.00 Hypnotic State Score
Typology Profile				Hypnotic State Scores typically range between 1 and 9:
Score(s) = 6				
17.60	1. Classic lows	1.00 - 3.00	Non-hypnotic state	
31.75	2. Relaxed lows	3.01 - 5.00	Mild hypnotic state	
44.13	3. Nondialoging mediums	5.01 - 7.00	Moderate hypnotic state	
39.07	4. Dialoging mediums	7.01 - 9.00+	High hypnotic state	
36.98	5. Visualizers			
50.07	6. Rational high-mediums			
39.90	7. Dialoging high-mediums	RI Score = 0.00	RI scores of 2.00 or less are considered reliable	
39.95	8. Fantasy highs		RI scores between 2.01 and 2.29 are marginally reliable	
42.25	9. Classic highs		RI scores of 2.30 or greater are unreliable	
Difference Items				
0	I05 and I35			
0	I08 and I28			
0	I12 and I44			
0	I21 and I40			
0	I06 and I45			
0.00				
			<i>Originally written by Ulrich Ott, Center for Psychobiology and Behavioral Medicine University of Giessen Otto-Behagel-Str.10 35394 Giessen GERMANY e-mail: Ulrich.Ott@psychol.uni-giessen.de</i>	
			Revised by Ron Pekala, Ph.D., Private Practice, West Chester, PA 19380; Most recently revised 07/28/23.	
pHRI (predicted Hypnotic Responsivity Index) Score			6.26	

Your Score in Comparison to Hypnosis and Eyes Open and Closed Conditions



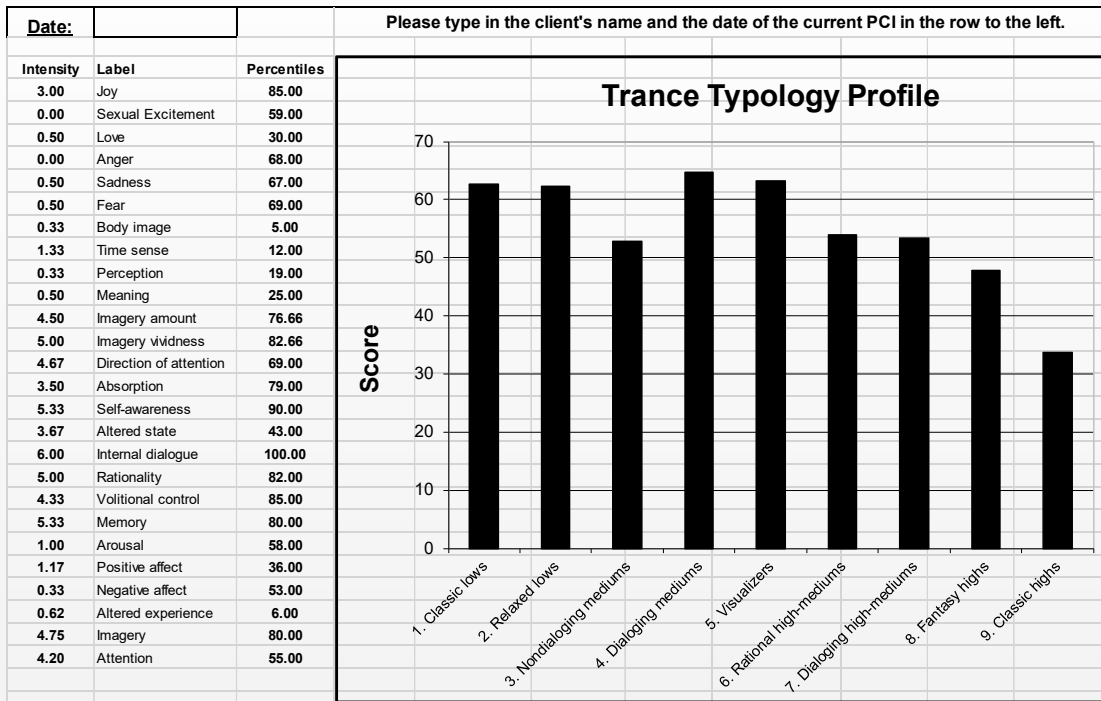
CE

■ 35 year old female

- Symptoms: anxiety, depression, PTSD
- Mom and dad both emotionally abusive and neglectful
- Cried easily, especially when talking about abuse and neglect by mom and dad
- Goals: feel more in control; less anxious; sleeping better; less crying

■ Preliminaries/Body scan/PCI

- Apple imagery was a “5 out of 10”
- Body scan (BS) pHRI score = 5.74
- BS HHS (hypnoidal state score) = 3.77 13th%
- Internal dialogue = 100%
- Hypnotic typology profile (TTP) = 4/5



HSS = 3.77 Hypnotic State Score

Typology Profile

Typology = 4 - 5

Hypnotic State Scores typically range between 1 and 9:

62.74	1. Classic lows	1.00 - 3.00	Non-hypnotic state
62.26	2. Relaxed lows	3.01 - 5.00	Mild hypnotic state
52.87	3. Nondialoging mediums	5.01 - 7.00	Moderate hypnotic state
64.75	4. Dialoging mediums	7.01 - 9.00+	High hypnotic state
63.28	5. Visualizers		
53.98	6. Rational high-mediums		
53.46	7. Dialoging high-mediums		
47.90	8. Fantasy highs		
33.62	9. Classic highs		

RI Score = 0.60
 RI scores of 2.00 or less are considered reliable
 RI scores between 2.01 and 2.29 are marginally reliable
 RI scores of 2.30 or greater are unreliable

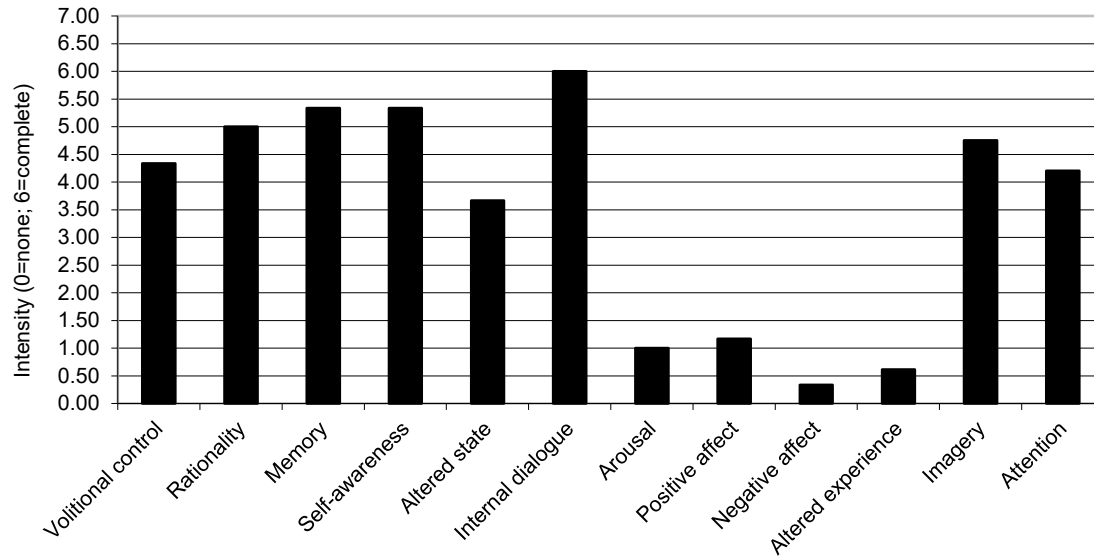
[For interpretation of this printout when using the PCI, please see the following papers: Pekala, R. J. (2015). Hypnosis as a "state of consciousness": How quantifying the mind can help us better understand hypnosis. *American Journal of Clinical Hypnosis*, 57(4) 402-424; Pekala, R. J. (2016). The "Mysteries of Hypnosis." Helping Us Better Understand Hypnosis and Empathic Involvement Theory (EIT). *American Journal of Clinical Hypnosis*, 58, 274-285; Pekala, R., Baglio, F., Cabinio, M., Lipari, S., Baglio, G., Mendozz, L., Ceconi, Pugnetti, L. & Sciaky, R. (2017). Hypnotism as a Function of Trance State Effects, Expectancy, and Suggestibility: An Italian Replication. *International Journal of Clinical and Experimental Hypnosis*, 65(2), 210-240.]

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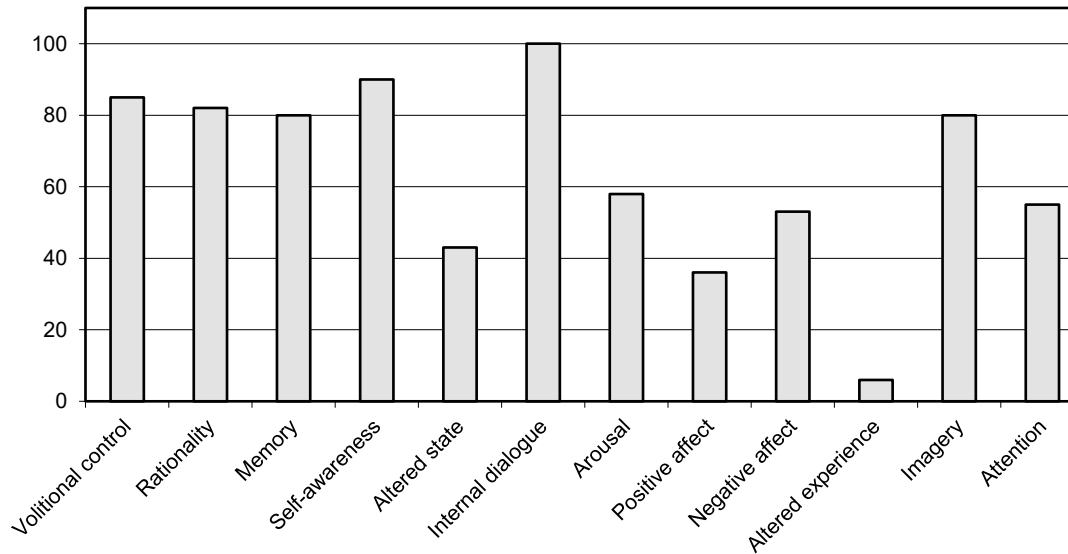
Revised by Ron Pekala, Ph.D., Private Practice, West Chester, PA 19380; Most recently revised 02/03/18.

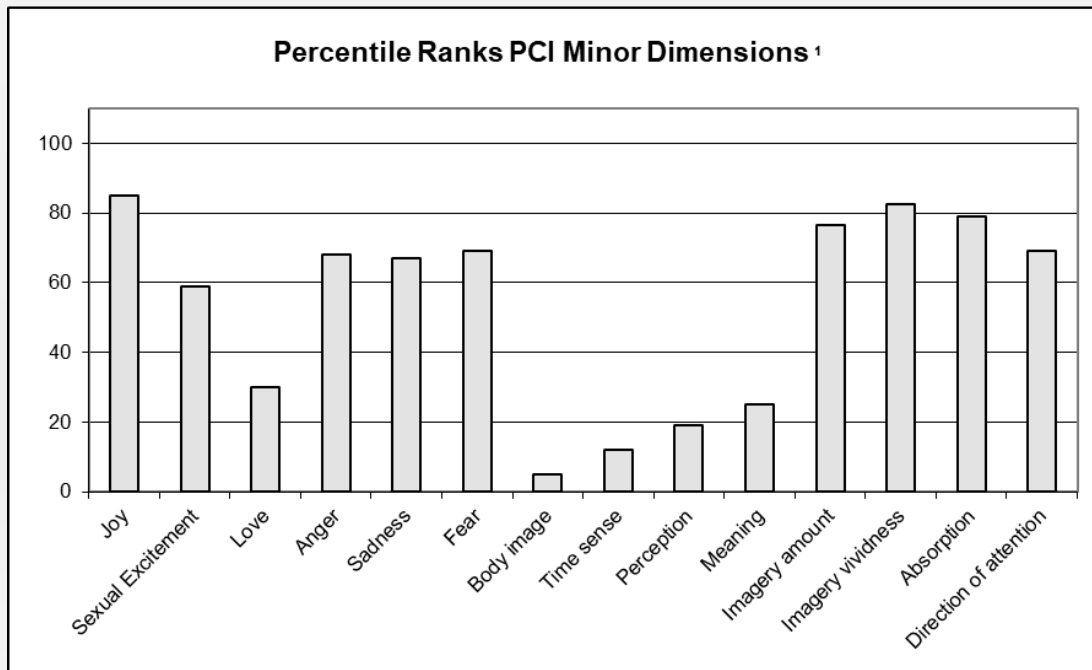
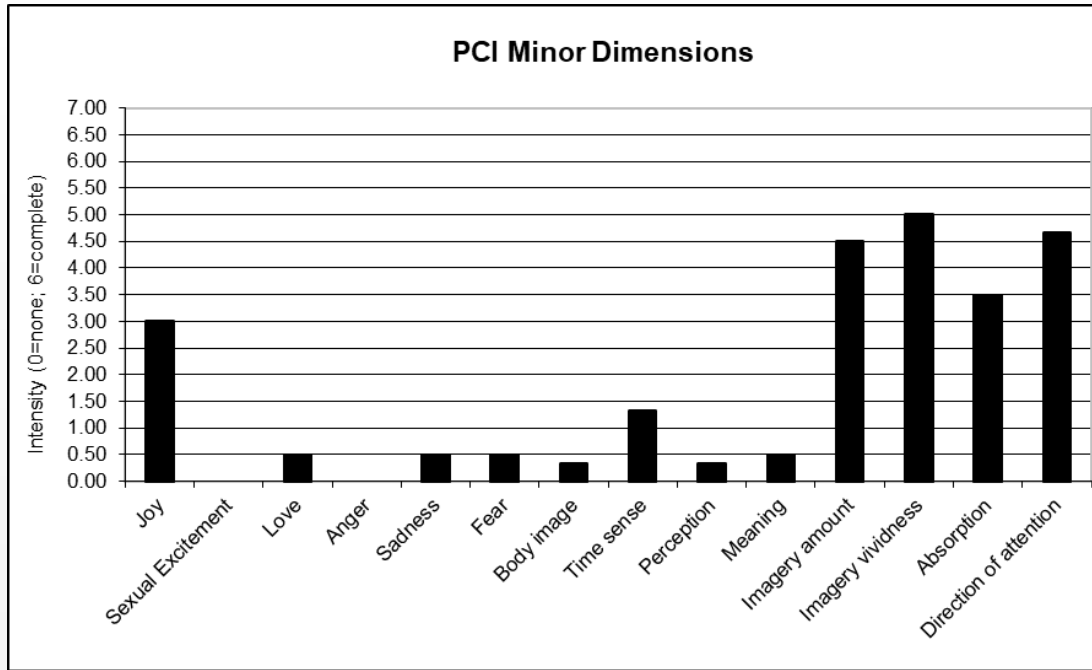
pHRI (predicted Hypnotic Responsivity Index) Score = 5.74

PCI Major Dimensions



Percentile Ranks PCI Major Dimensions 1



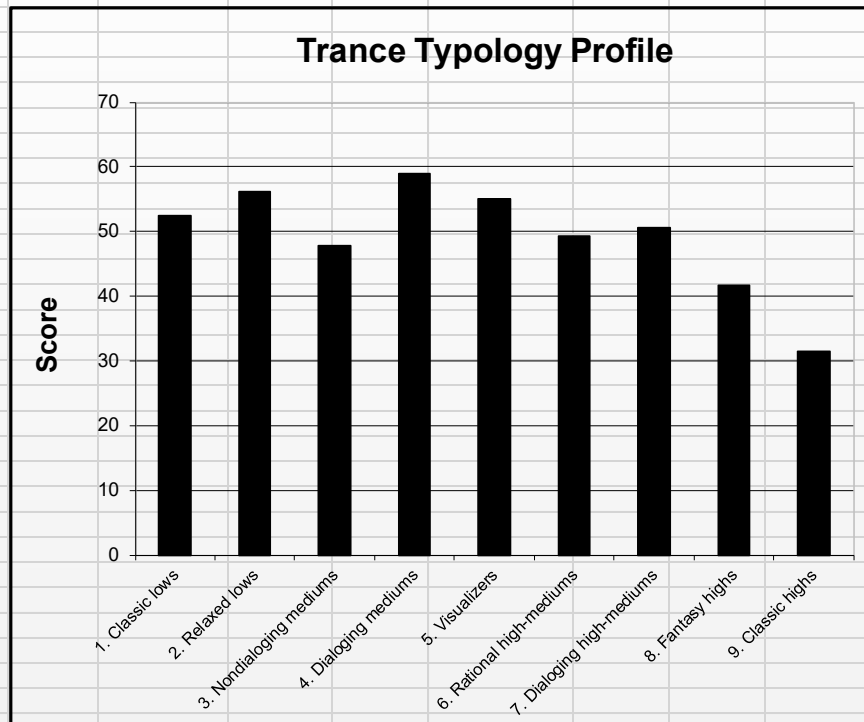


CE

■ PCI-HAP completed

- HRI score = 4.27 (59th percentile)
- (HSS) Hypnoidal state score = 4.27 (21st percentile)
- Internal dialogue = 100% (incessant)
- Fear = 95 percentile
- Hypnotic typology profile (TTP) = 4/2 (dialoging medium/relaxed low)
- No arousal (no muscular tension)

Client Name:	CE				Date:		
Instructions	Item	Circled:	Score	Dimension	Intensity	Label	Percentiles
In the column	I01	3	3	D01	2.00	Joy	71.00
labeled "Circled"	I02	1	5	D02	0.00	Sexual Excitement	59.00
please replace	I03	4	2	D03	0.50	Love	30.00
the numbers	I04	6	0	D04	0.00	Anger	68.00
typed there with	I05	6	0	D05	0.00	Sadness	59.00
the current	I06	0	6	D06	3.50	Fear	96.00
client's PCI	I07	6	0	D07	3.00	Body image	51.00
item scores.	I08	1	5	D08	3.00	Time sense	44.00
	I09	2	4	D09	2.33	Perception	58.00
All other cells are	I10	6	6	D10	0.00	Meaning	15.00
"protected", and	I11	4	4	D11	2.00	Imagery amount	46.00
you cannot edit	I12	4	2	D12	2.50	Imagery vividness	50.00
them.	I13	6	6	D13	5.33	Direction of attention	84.00
	I14	0	0	D14	2.50	Absorption	43.00
All scores will	I15	3	3	D15	5.33	Self-awareness	90.00
be computed	I16	2	4	D16	3.33	Altered state	37.00
automatically...	I17	6	0	D17	6.00	Internal dialogue	100.00
	I18	4	2	D18	4.33	Rationality	72.00
Results will	I19	6	0	D19	2.33	Volitional control	50.00
be graphed	I20	0	0	D20	6.00	Memory	100.00
automatically	I21	4	4	D21	0.00	Arousal	34.00
too.	I22	6	6	D22	0.83	Positive affect	31.00
	I23	6	0	D23	1.17	Negative affect	80.00
	I24	3	3	D24	1.92	Altered experience	32.00
	I25	3	3	D25	2.25	Imagery	42.50
	I26	4	2	D26	4.20	Attention	55.00
	I27	1	5				
Item Numbers:	I28	6	6				
Joy: 9*, 46	I29	3	3				
Sexual Excitement: 5*, 35	I30	3	3				
Love: 20, 49*	I31	0	0				
Anger: 14, 33*	I32	0	0				
Sadness: 7*, 31	I33	6	0				
Fear: 16*, 42	I34	4	2	C1	52.43	1. Classic lows	
Body image: 11, 26*, 51	I35	0	0	C2	56.22	2. Relaxed lows	
Time sense: 15*, 30*, 43	I36	5	5	C3	47.78	3. Nondialoging mediums	
Perception: 17*, 29*, 39	I37	0	0	C4	58.90	4. Dialoging mediums	
Meaning: 4*, 23*, 32, 47	I38	0	6	C5	55.02	5. Visualizers	
Imagery amount: 12*, 44	I39	4	4	C6	49.39	6. Rational high-mediums	
Imagery vividness: 18*, 48	I40	2	4	C7	50.56	7. Dialoging high-mediums	
Direction of attention: 8*, 28, 52*	I41	2	2	C8	41.64	8. Fantasy highs	
Absorption: 1, 34*	I42	3	3	C9	31.48	9. Classic highs	
Self-awareness: 13, 27*, 50*	I43	3	3				
Altered state: 21, 40*, 53	I44	2	2				
Internal dialogue: 6*, 45	I45	6	6	Reliability	Difference	Items	
Rationality: 2*, 24*, 36	I46	0	0	R1	0	I05 and I35	
Volitional control: 3*, 25*, 41	I47	0	0	R2	1	I08 and I28	
Memory: 10, 22, 38*	I48	3	3	R3	0	I12 and I44	
Arousal: 19* 37	I49	5	1	R4	0	I21 and I40	
	I50	1	5	R5	0	I06 and I45	
An asterisk (*) denotes items w hich must be reversed before intensity scores are computed.	I51	3	3	Reliability	0.20		
	I52	1	5	Index (RI)			
	I53	2	2	Score			



HSS = 4.27 Hypnoidal State Score

Hypnoidal State Scores typically range between 1 and 9:

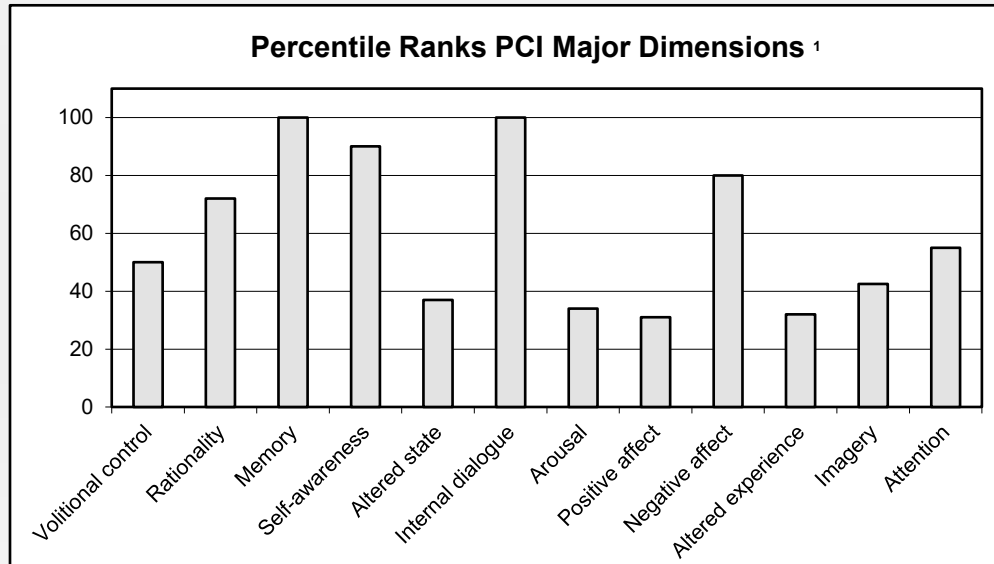
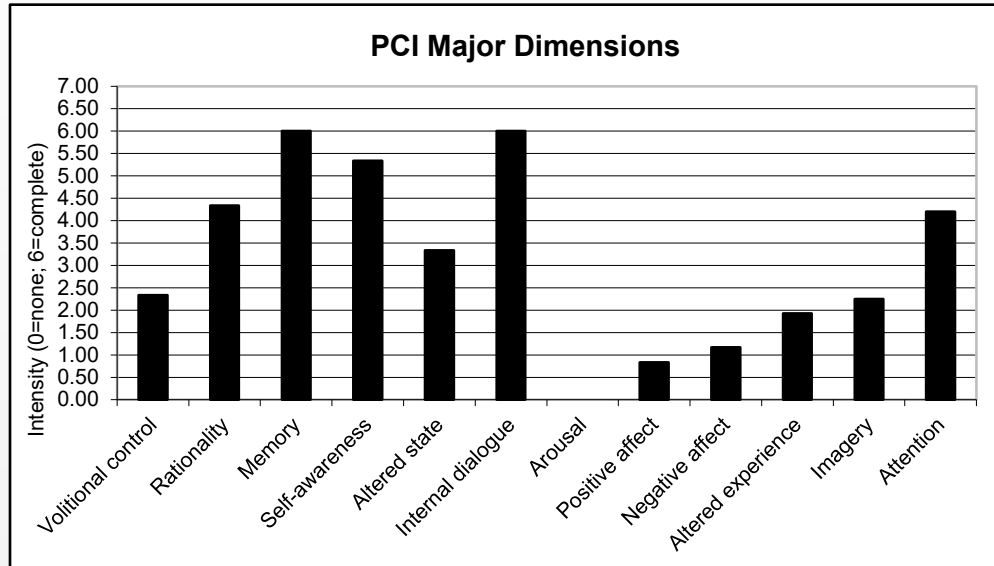
1.00 - 3.00 Non-hypnoidal state
3.01 - 5.00 Mild hypnoidal state
5.01 - 7.00 Moderate hypnoidal state
7.01 - 9.00+ High hypnoidal state

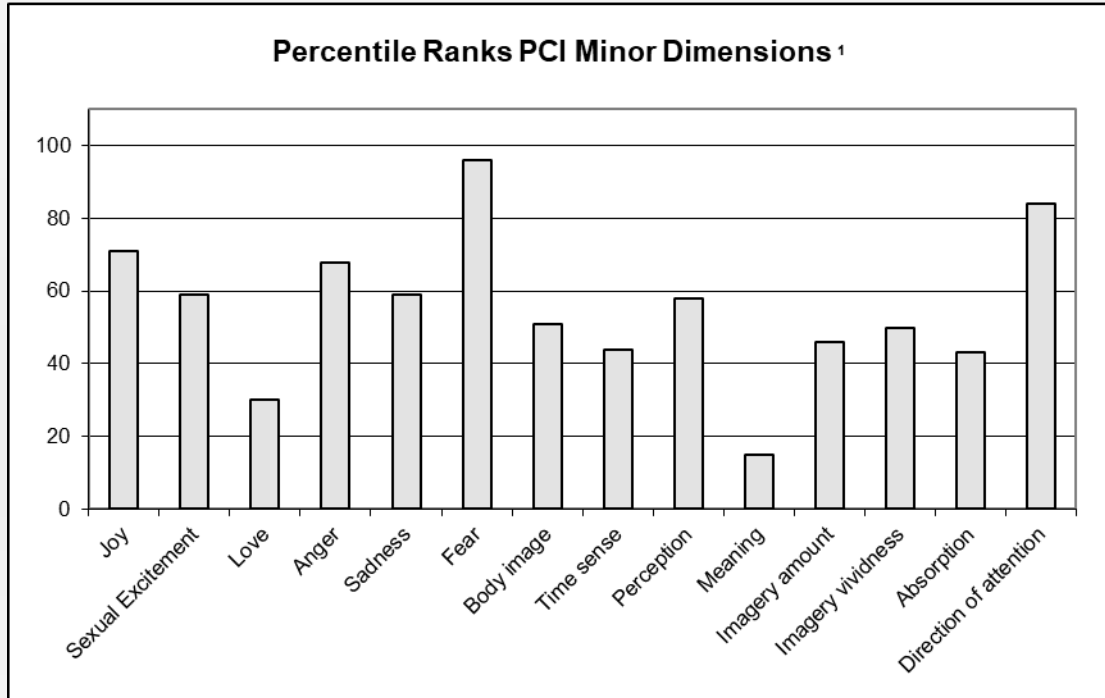
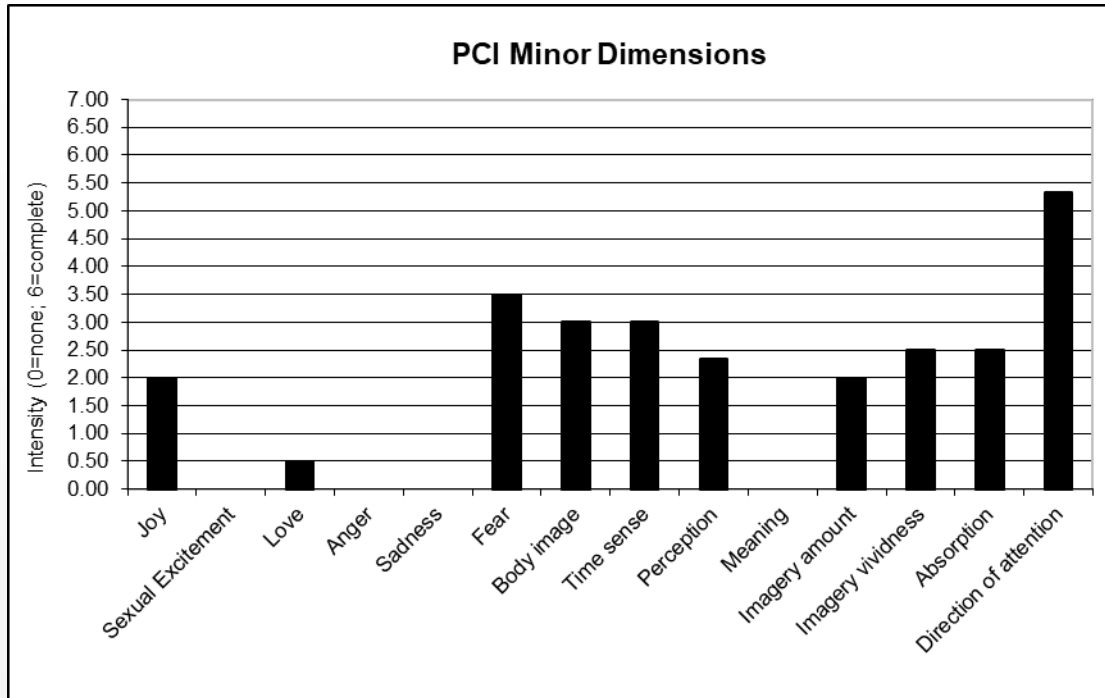
RI Score = 0.20
 RI scores of 2.00 or less are considered reliable
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 RI scores of 2.30 or greater are unreliable

[For interpretation when using the PCI-HAP, please see the following: Pekala, R. J. & Kumar, V. K. (2000). Operationalizing "Trance:" I: Rationale and Research Using a Psychophenomenological Approach. American Journal of Clinical Hypnosis, 43, 107-135; and Pekala, R. J. (2002). Operationalizing Trance II: Clinical Application Using a Psychophenomenological Approach. American Journal of Clinical Hypnosis, 44, 241-255; & Pekala, R. J. (2009). Therapist Manual: Interpretation of the Phenomenology of Consciousness Inventory: Hypnotic Assessment Procedure (PCI-HAP)]

Originally written by Ulrich Ott, Center for Psychobiology and Behavioral Medicine University of Giessen Otto-Behaghel-Str.10 35394 Giessen GERMANY e-mail: Ulrich.Ott@psychol.uni-giessen.de

Revised by Ron Pekala, Ph.D. & Ron Maurer, MA, Coatesville VA Medical Center Biofeedback Clinic, Coatesville, PA 19320 USA





Phenomenology of Consciousness Inventory (PCI, Form 1) Summary

Name:	CE						Date:	
Hypnoidal State Score (HSS)	4.27	%ile Rank						
Adjusted Hypnoidal State Score (aHSS)	4.74	21.70	1					
Imagoic Suggestibility Score (ISS)	6.00	70.00	2					
Average Total Expectancy Score (ATES)	7.25	63.41	3					
Self-reported Hypnotic Depth Score (srHDS)	7.00	82.40	2					
Hypnotic Responsivity Index (HRI)	6.25	59.38						

Pre-Post Hypnotic Depth Difference Score (HDDS) =	1.00
Pre-Post Therapeutic Expectancy Difference Score (TEDS) =	1.00

Hypnotic Depth Score/Adjusted Hypnoidal State Discrepancy Ratio (HDHSDR) =	1.48
Imagery Vividness Difference Score (IVDS) =	-1.00

Classic Suggestion Effect Total Score (CSETS) =	9.17
Wakefulness Total Score (WTS) =	2

Directed/Undirected Imagery Vividness Ratio (IVR) =	1.44
Positive Practice Score (PPS) =	2.25

CE (cont'd)

- **Therapy sessions included:**
 - **Breathing strategies (SDB, paced, meditational) due to high internal dialogue**
 - **Practiced meditational breathing 3/3/6/3**
 - **Practiced loving-kindness meditation – short form: “liked a lot”**
 - **No longer crying when talking about abuse/neglect issues**
- **Recorded modified anxiety management training protocol – see below - (from “www.justrelx.wordpress.com” website)**

CE (cont'd)

- **Recorded modified anxiety management training protocol from website:**
 - Included body scan/meditational breathing
 - Short form loving kindness meditation:
 - “May I be happy (3 sec), may I be healthy (3 sec), may I be filled with loving kindness (6 sec);” final pause (3 sec)
 - Visual cue: holding Misty (cat): visual imagery “6 to 8” out of “10”
- **12th session of therapy**
 - Playing recorded audio file 4 to 5 times a week
 - Doing meditational breathing with short form loving-kindness meditation at least 20 to 30 minutes a day
 - Anxiety “is 100% better”
 - Depression down 70%: sleep disturbance down 90%

CC

- **41 year old male**
 - Symptoms: anxiety, ADD, lack of confidence
 - Goals:
 - “Perform tasks without distraction
 - “Build my confidence
 - “Reduce my anxiety

- **Preliminaries/Body scan/PCI**
 - Apple imagery was a “ 5 out of 10”
 - pHRI score = 5.22
 - BS HHS (hypnoidal state score) = 5.08
 - Internal dialogue = 94%
 - Hypnotic typology profile (TTP) = 4 (Dialoging Medium)

- **PCI-HAP completed**
 - **Average Total Expectancy = 86th% (highest of 4 domain scores)**
 - Hypnoidal state score = 6.73 (65st percentile)
 - ISS 59th percentile; HRI score = 73.5%
 - Internal dialogue = 87th%
 - Hypnotic typology profile (TTP) = 7/4 (dialoging high medium/dialoging medium)

CC (cont'd)

■ Hypnotic deepening

■ Extended hypnotic deepening routine

- BS M/C
- 20 - 1 hillside towards beach
- Slow deep breathing 4/8
- 15 - 1 elevator

■ Hypnotic deepening results

- HRI = 79th %
- HSS = 7.57 (85th %)
- Total average expectancy (86th %)
- Positive practice = 6.50
- Hypnotic typology: 5/4 (visualizer/dialoging medium)

CC (cont'd)

■ Results

- 25 sessions supportive/cognitive-behavioral therapy
- SDB throughout the day (4/8 count) 20 minutes/day 5 days a week
- Recorded self-hypnosis “positive affirmations” audio file: played several times a week
- Audio file helps him remain focused when he practices
- “I feel I have the tools to cope better when things go wrong

LE

- **45 year old male**
 - Apple imagery: “10”
 - ICMI = 43 (fantasy proneness > 37)
 - Bullied in grade school (when in Europe)
 - DES = 17%
 - Goals:
 - “Take adversity more in stride
 - “More predictable in my reactions
 - “Less irritable; less anxious
 - “Better relationships

- **PCI EXCEL Body scan results**
 - “Trance” HSS = 6.82
 - pHRI = 6.74
 - Absorption = 100%
 - No arousal (subjective tension)

Date:		Please type in the client's name and the date of the current PCI in the row to the left.		
Intensity	Label	Percentiles	<div style="text-align: center;"> <h3>Trance Typology Profile</h3> </div>	
3.50	Joy	91.00		
0.00	Sexual Excitement	59.00		
3.00	Love	57.00		
0.00	Anger	68.00		
1.50	Sadness	81.00		
0.00	Fear	61.00		
1.33	Body image	17.00		
5.67	Time sense	91.00		
4.33	Perception	93.00		
4.50	Meaning	98.00		
4.50	Imagery amount	76.66		
4.50	Imagery vividness	78.00		
4.67	Direction of attention	69.00		
5.00	Absorption	98.00		
4.33	Self-awareness	79.00		
3.33	Altered state	37.00		
2.00	Internal dialogue	61.00		
4.67	Rationality	77.00		
2.67	Volitional control	60.00		
4.67	Memory	67.00		
1.00	Arousal	58.00		
2.17	Positive affect	56.00		
0.50	Negative affect	58.00		
4.00	Altered experience	92.00		
4.50	Imagery	79.00		
4.80	Attention	69.00		
				HSS = 6.82 Hypnoidal State Score
Typology Profile				Hypnoidal State Scores typically range between 1 and 9:
ype(s) = 5				
				1.00 - 3.00 Non-hypnoidal state
45.71	1. Classic lows			3.01 - 5.00 Mild hypnoidal state
52.05	2. Relaxed lows			5.01 - 7.00 Moderate hypnoidal state
49.81	3. Nondialoging mediums			7.01 - 9.00+ High hypnoidal state
55.48	4. Dialoging mediums			
58.52	5. Visualizers			
54.04	6. Rational high-mediums		R I Score = 1.60	
51.08	7. Dialoging high-mediums		RI scores of 2.00 or less are considered reliable	
50.89	8. Fantasy highs		RI scores between 2.01 and 2.29 are marginally reliable	
40.73	9. Classic highs		RI scores of 2.30 or greater are unreliable	
Difference	Items			
0	I05 and I35			
1	I08 and I28			
3	I12 and I44			
4	I21 and I40			
0	I06 and I45			
1.60				
			[For interpretation of this printout when using the PCI, please see the following papers: Pekala, R. J. (2015). Hypnosis as a "state of consciousness": How quantifying the mind can help us better understand hypnosis. American Journal of Clinical Hypnosis, 57(4) 402-424; Pekala, R. J. (2016). The "Mysteries of Hypnosis." Helping Us Better Understand Hypnosis and Empathic Involvement Theory (EIT), American Journal of Clinical Hypnosis, 58, 274-285; Pekala, R., Baglio, F., Cabinio, M., Lipari, S., Baglio, G., Mendozz, L., Ceconi, Pugnetti, L. & Sciaky, R. (2017). Hypnotism as a Function of Trance State Effects, Expectancy, and Suggestibility: An Italian Replication. International Journal of Clinical and Experimental Hypnosis, 65(2), 210-240.]	
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			Revised by Ron Pekala, Ph.D., Private Practice, West Chester, PA 19380; Most recently revised 07/28/23.	
pHRI (predicted Hypnotic Responsivity Index) Score			6.74	

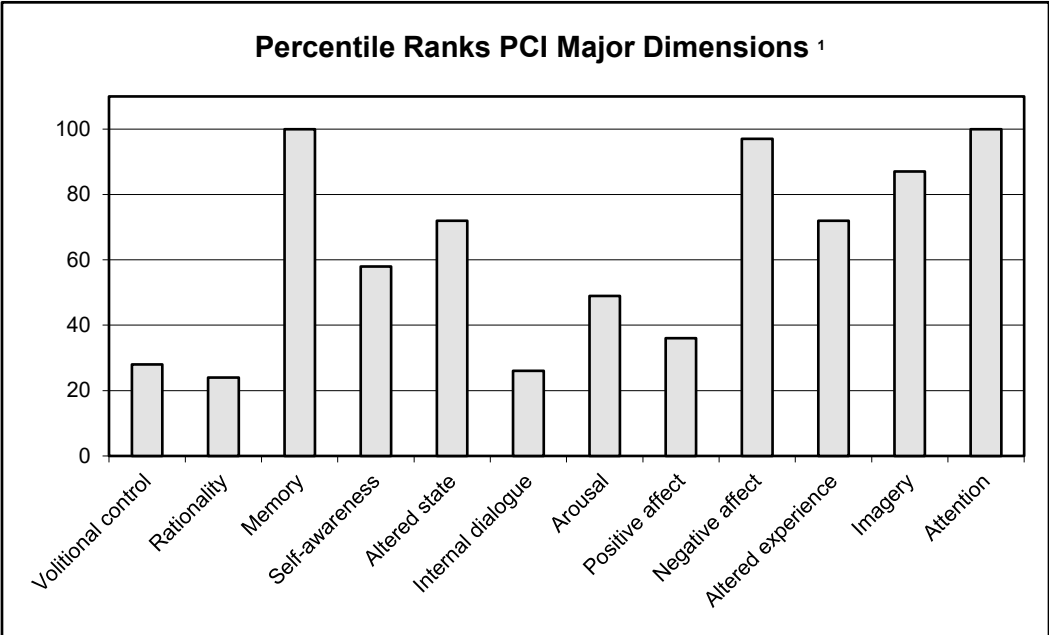
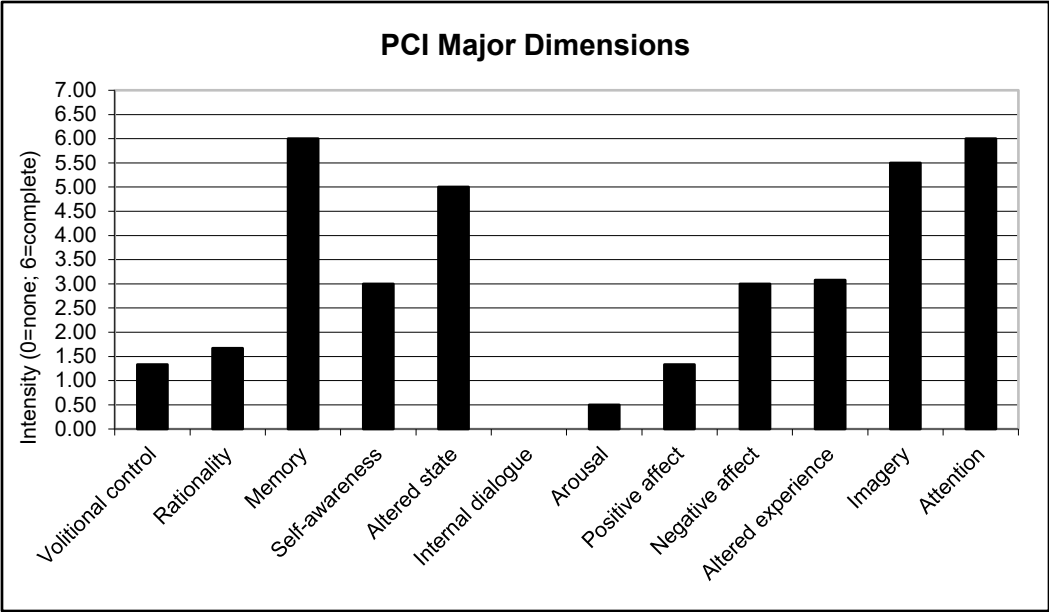
LE (cont'd)

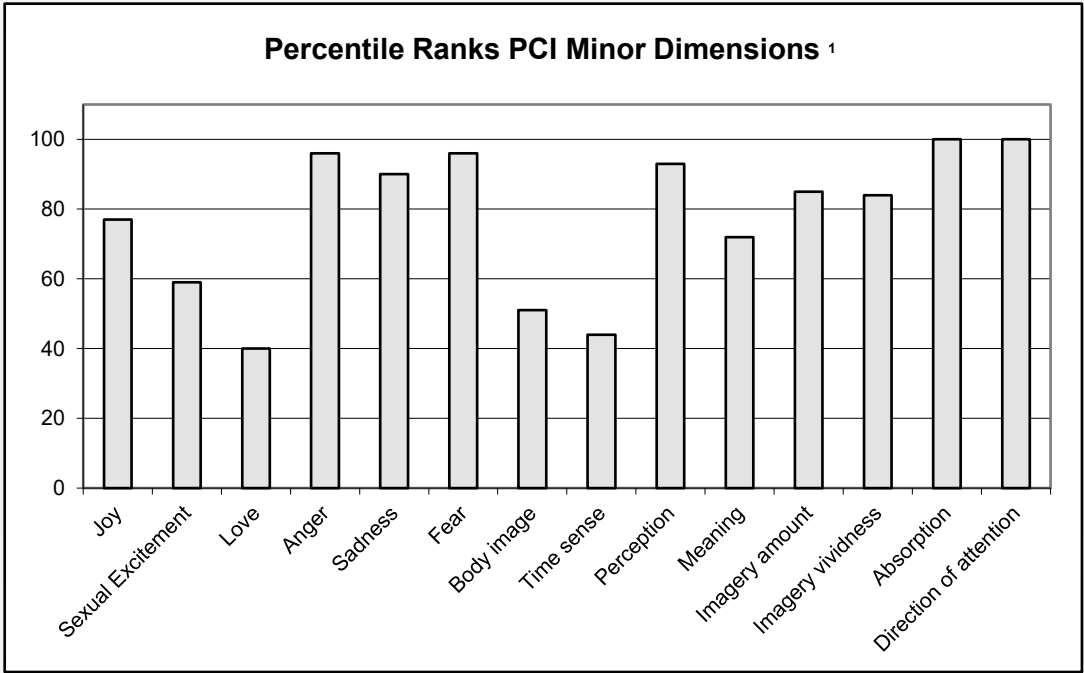
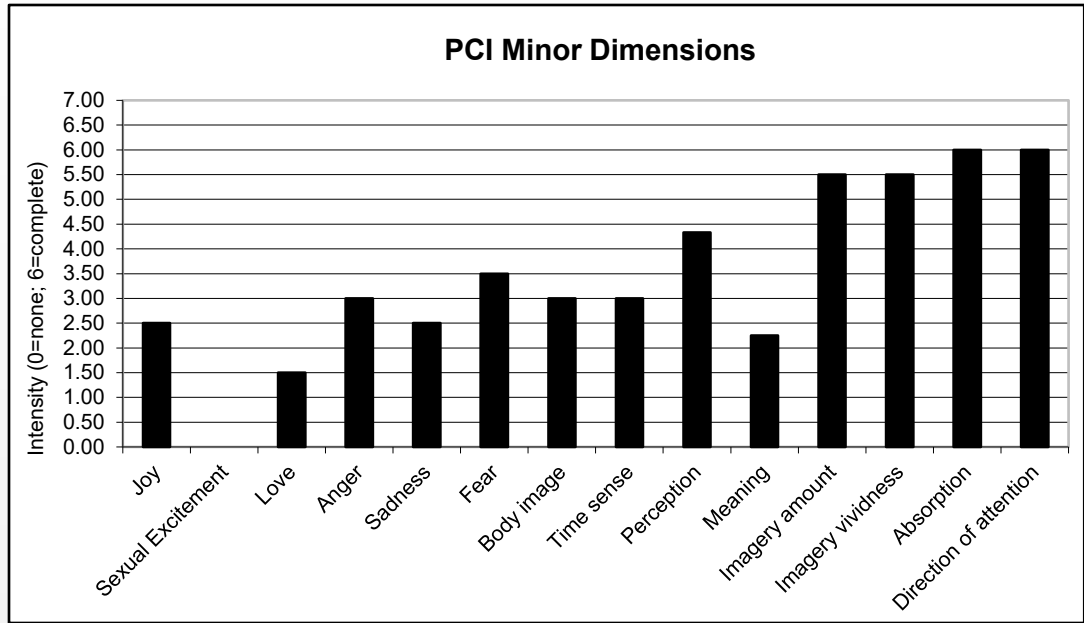
■ PCI-HAP EXCEL results

- HRI = 6.24 61%
- 6/5 type (rational high-medium/visualizer)
- Absorption = 100th percentile

■ Did hypnotic deepening with magic kingdom (PCI combined with earlier PCI-HAP EXCEL results)

- Body scan
- Mind calm
- 15-1 mountain to lake in a valley srHD = 9; imagery = 8
- 20-1 back yard/spring: srHD = 9; Imagery = 9.5
- Completed PCI in reference to magic kingdom
 - Anger = 3.00 96%
 - Sadness = 2.50 90%
 - Fear = 3.50 96%
- Magic kingdom: was back in Europe as a kid; being bullied and mocked for being an American and not being able to talk the language
 - Bullying went on for several months
 - Did not tell parents





LE (cont'd)

- Did not realize he “stuffed” so much negative affect from grade school
- Hypnotic abreaction seemed helpful
- Recorded self-hypnosis audio file
 - Body scan
 - Mind calm
 - Hypnotic deepening: mountain towards lake in the valley
 - Client generated a variety of hypnotic suggestions, imagining himself:
 - “Calm, cool, collected” (post hypnotic suggestion)
 - “More open and patient
 - “Confident about financial situations
 - “Giving the benefit of the doubt to others
 - “Can be honest, confident and direct without being guarded
 - Imagery was a “9”
- Reported 50% reduction in irritability/hostility; much better at dealing with “family stress” issues
- But needed to practice on a regular basis

DN

■ 35 year old female

- Symptoms: anxiety including rumination, “unwanted thoughts,” “unwanted images,” internalized anger
- Interested in EMDR
- Apple imagery was a “ 8 out of 10”
- Flat affect
- At least moderate physical punishment, verbal abuse, and emotional neglect by dad
- ICMI = 18, but had imaginary friends: 1 good and 1 bad dragon
- DES = 3% (too low!)
- MBTI: INFJ and INTJ
 - 11 “F” responses; 11 “T” responses

■ First session: Shown slow deep breathing (SDB)

- 10 rounds of SDB
- Wearing an Apple iWatch
- Lowered heart rate 5 beats per minute (63 to 58)
- 2nd session: feels SDB is helping

DN (cont'd)

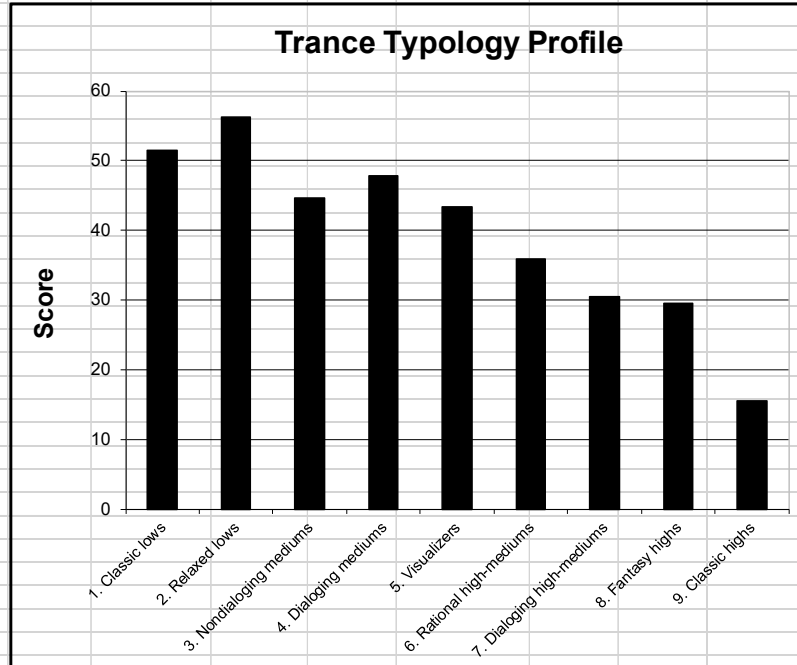
- **Second session: shown body scan/safe place (home in bed)**

- **Completed PCI in reference to safe place**
 - pHRI score = 3.60
 - Hypnoidal state score = 2.60
 - TTP = 2 (relaxed low)
 - RI score = 0.20 "exacting" (4 of 5 pair of items exact)
 - PCI (sub)dimensions:
 - Imagery = 78%
 - Altered experience = 1%
 - Volitional control = 90%
 - Memory = 100%
 - Internal dialogue = 83%
 - Mild sadness = 67%

Date:

Please type in the client's name and the date of the current PCI in the row to the left.

Intensity	Label	Percentiles
0.00	Joy	27.00
0.00	Sexual Excitement	59.00
0.00	Love	24.00
0.00	Anger	68.00
0.50	Sadness	67.00
0.00	Fear	61.00
0.00	Body image	4.00
0.00	Time sense	6.00
0.00	Perception	12.00
0.00	Meaning	15.00
4.00	Imagery amount	75.00
4.50	Imagery vividness	78.00
3.00	Direction of attention	28.00
5.50	Absorption	99.00
5.67	Self-awareness	93.00
0.33	Altered state	9.00
4.00	Internal dialogue	83.00
5.00	Rationality	82.00
5.00	Volitional control	90.00
6.00	Memory	100.00
0.00	Arousal	34.00
0.00	Positive affect	14.00
0.17	Negative affect	50.00
0.00	Altered experience	1.00
4.25	Imagery	78.00
4.00	Attention	50.00



HSS = 2.60 Hypnoidal State Score

Typology Profile

Hypnoidal State Scores typically range between 1 and 9:

type(s) = 2

51.48	1. Classic lows
56.30	2. Relaxed lows
44.63	3. Nondialoging mediums
47.80	4. Dialoging mediums
43.35	5. Visualizers
35.95	6. Rational high-mediums
30.55	7. Dialoging high-mediums
29.51	8. Fantasy highs
15.44	9. Classic highs

1.00 - 3.00	Non-hypnoidal state
3.01 - 5.00	Mild hypnoidal state
5.01 - 7.00	Moderate hypnoidal state
7.01 - 9.00+	High hypnoidal state

RI Score = 0.20
 RI scores of 2.00 or less are considered reliable
 RI scores between 2.01 and 2.29 are marginally reliable
 RI scores of 2.30 or greater are unreliable

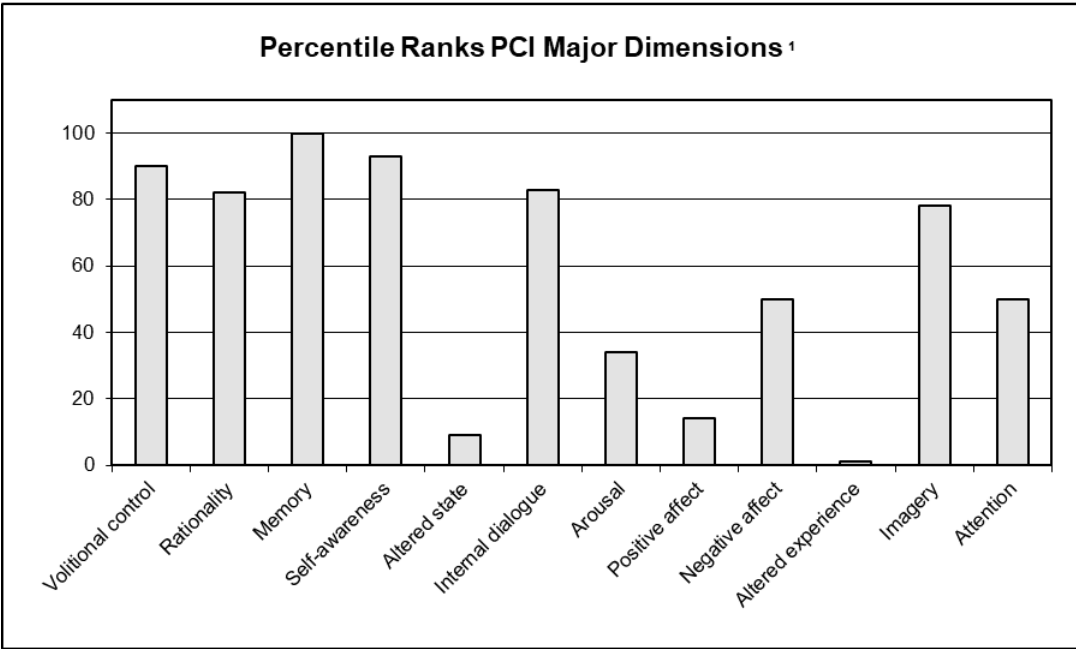
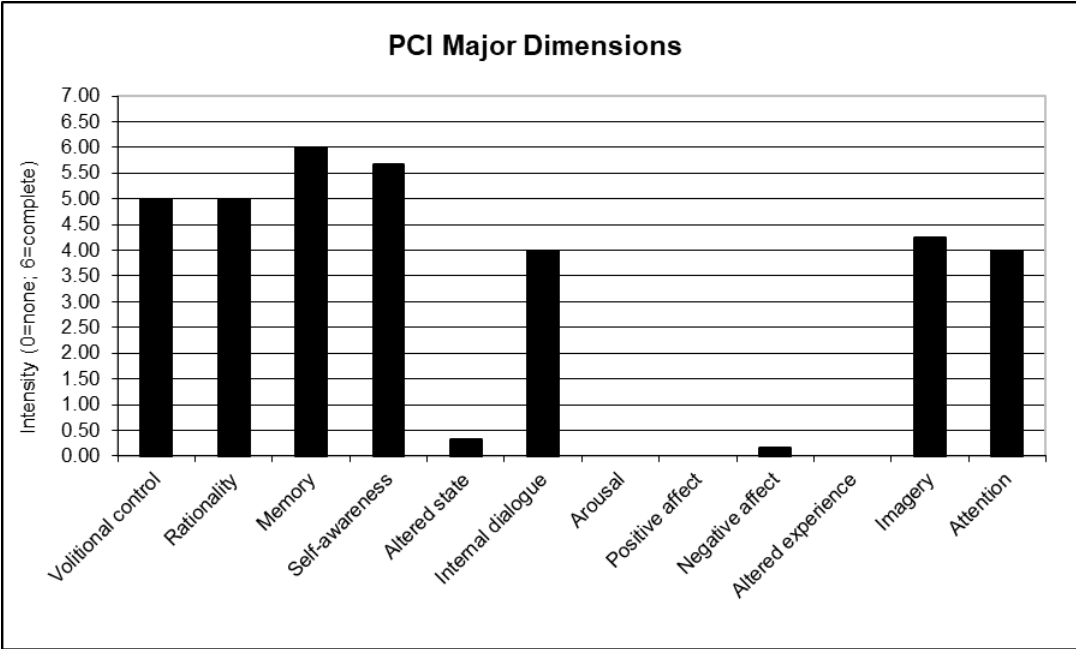
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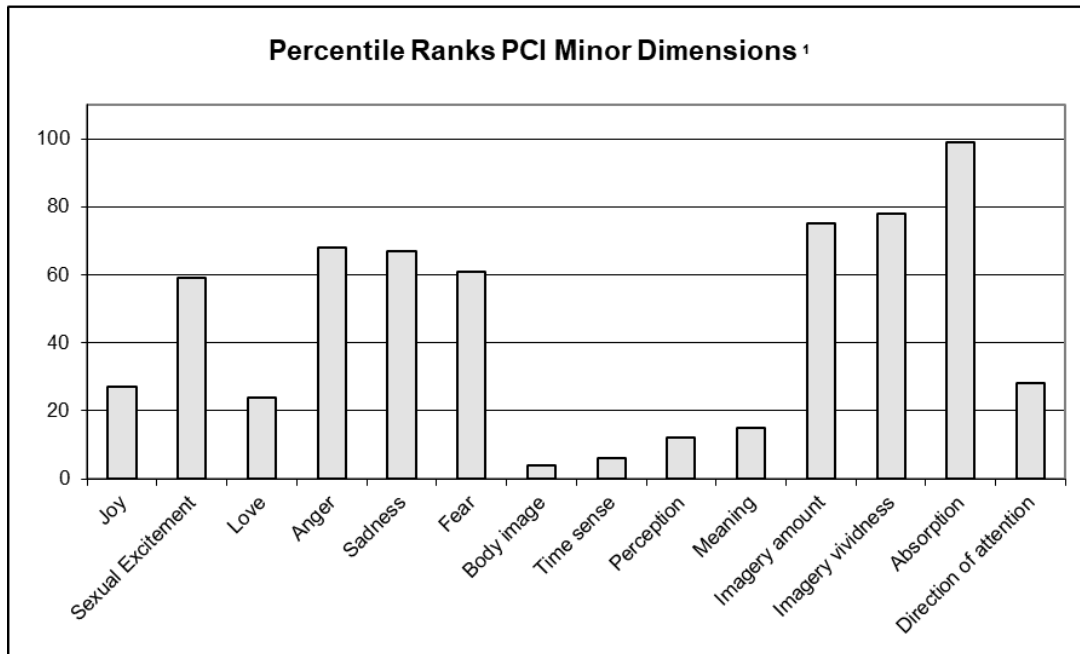
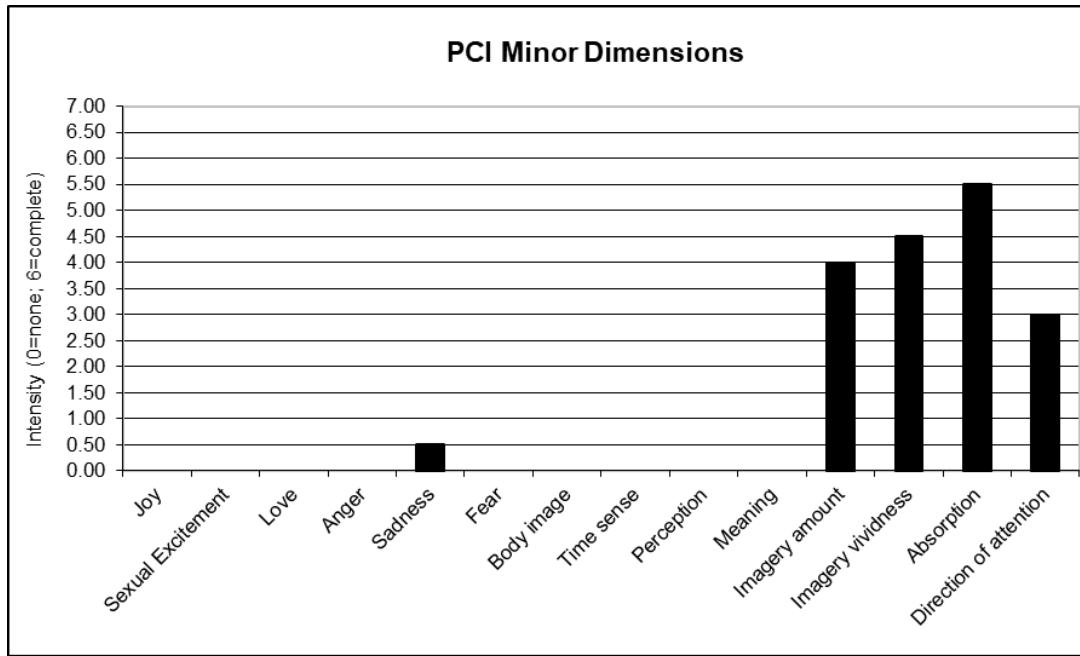
Difference	Items
0	I05 and I35
0	I08 and I28
0	I12 and I44
1	I21 and I40
0	I06 and I45
0.20	

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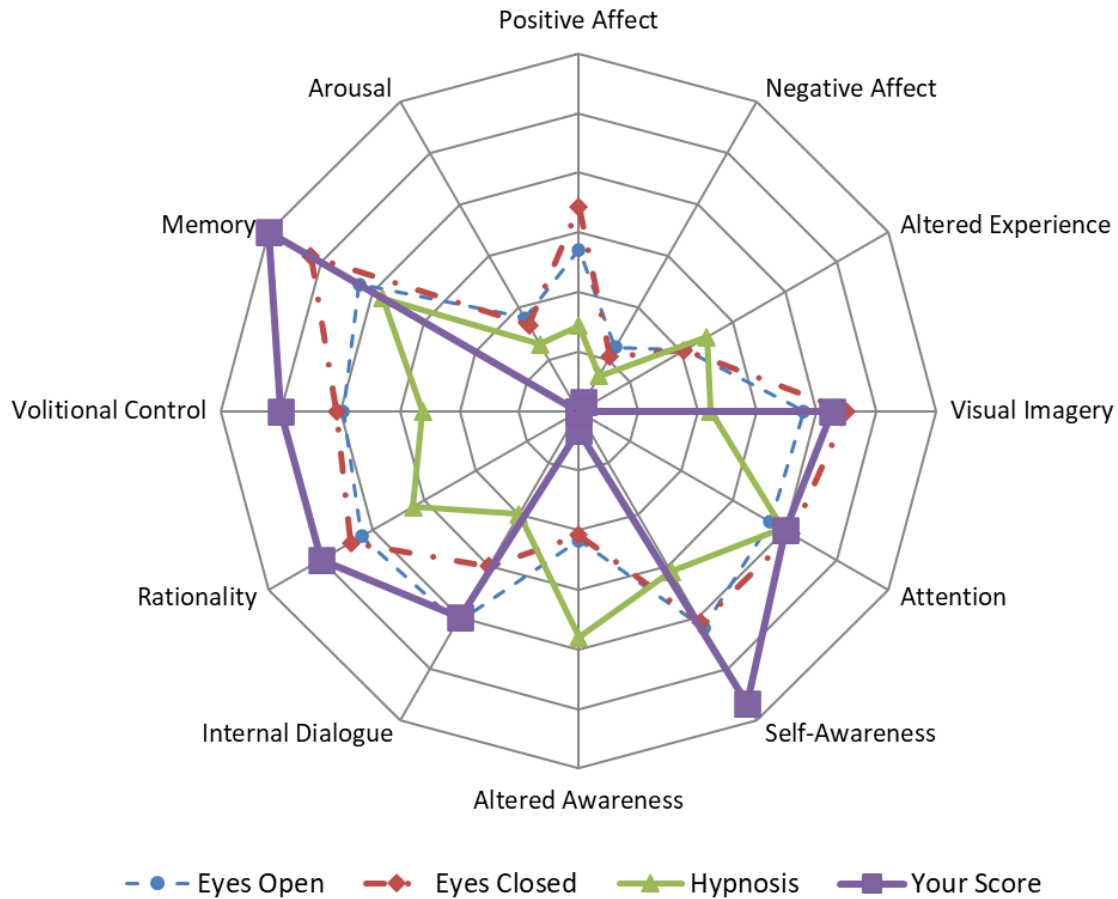
Revised by Ron Pekala, Ph.D., Private Practice, West Chester, PA 19380; Most recently revised 07/28/23.

pHRI (predicted Hypnotic Responsivity Index) Score 3.60

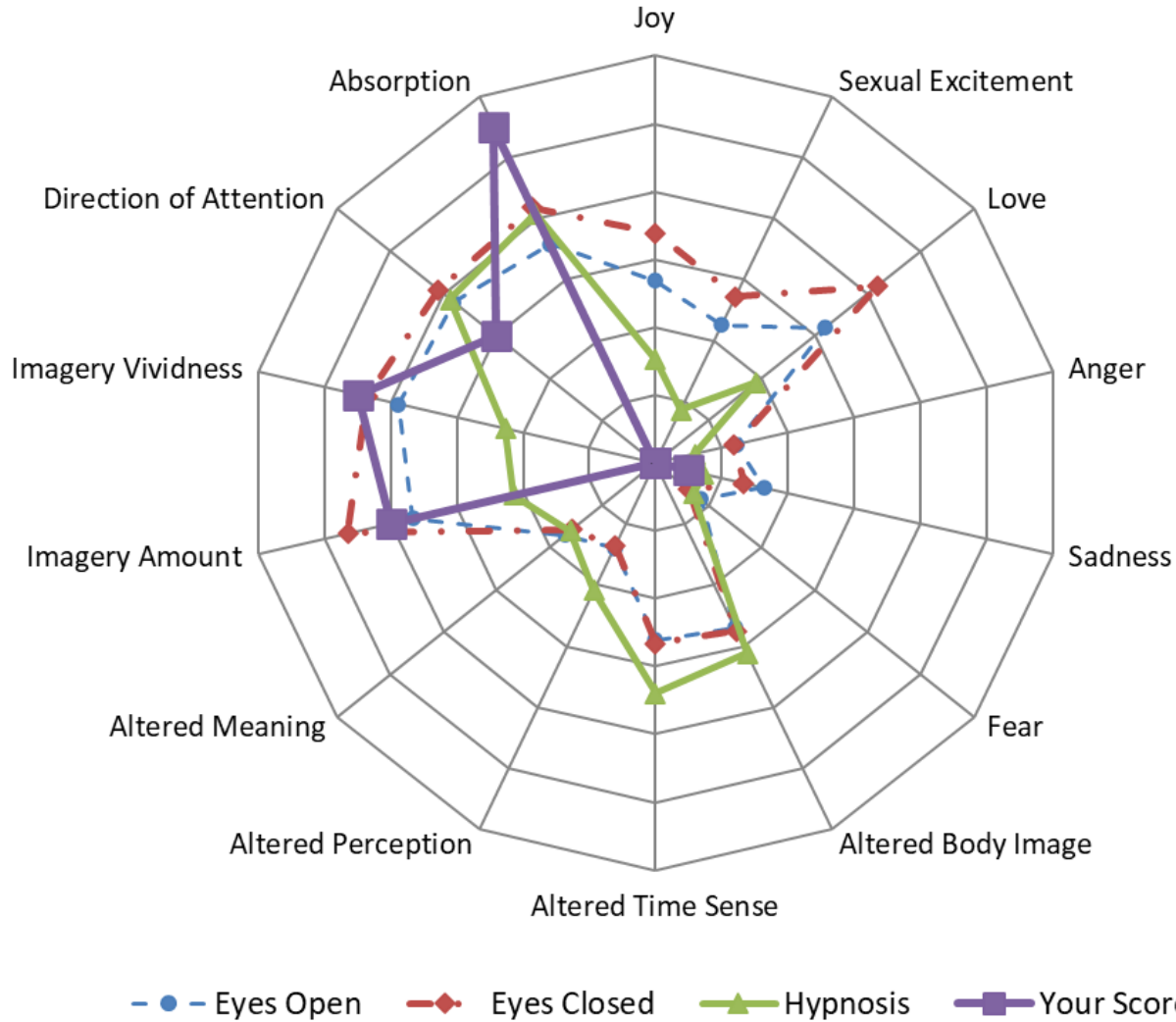




Your Score in Comparison to Hypnosis and Eyes Open and Closed Conditions



Your Score in Comparison to Hypnosis and Eyes Open and Closed Conditions



DN (cont'd)

- **Seen for 10 sessions of therapy**
 - **3rd session: reviewed PCI; shown paced breathing**
 - **4th session: reviewed MBTI; mix of INTJ and INFJ**
 - **5th session: reviewed abuse at hands of father**
 - **6th session: reviewed PTSD and dissociative disorders**
 - **7th session: completed PCI-HAP**
 - **8th session: reviewed PCI-HAP results; set up anger management visualization protocol**
 - **9th session: recorded anger management protocol**
 - **10th session: EMDR**

DN (cont'd)

■ PCI-HAP results:

- Hypnotic Responsivity Index (HRI) = 60th percentile
- Adjusted hypnoidal state score = 3.47 7.6 percentile
- Trance typology profile (TTP) = “2/1”: Relaxed low/classic low
- Phenomenological intensity profile
 - PCI Internal dialogue = 94th percentile
 - No arousal (subjective tension)
 - Absorption = 98th percentile
- No loss of volitional control, rationality nor memory
- Classical suggestion effect total score = 1: almost no loss of control whatsoever

Date:			
Dimension	Intensity	Label	Percentiles
D01	1.50	Joy	58.00
D02	0.00	Sexual Excitement	59.00
D03	0.00	Love	24.00
D04	0.00	Anger	68.00
D05	0.00	Sadness	59.00
D06	0.00	Fear	61.00
D07	0.00	Body image	4.00
D08	3.00	Time sense	44.00
D09	0.00	Perception	12.00
D10	0.00	Meaning	15.00
D11	5.50	Imagery amount	85.00
D12	5.00	Imagery vividness	82.66
D13	5.67	Direction of attention	90.00
D14	5.00	Absorption	98.00
D15	5.67	Self-awareness	93.00
D16	1.00	Altered state	11.00
D17	5.50	Internal dialogue	94.00
D18	6.00	Rationality	100.00
D19	6.00	Volitional control	100.00
D20	6.00	Memory	100.00
D21	0.00	Arousal	34.00
D22	0.50	Positive affect	26.00
D23	0.00	Negative affect	40.00
D24	0.69	Altered experience	6.00
D25	5.25	Imagery	87.00
D26	5.40	Attention	88.00

Trance Typology Profile

Category	Score
1. Classic lows	71.86
2. Relaxed lows	74.56
3. Nondialoging mediums	58.33
4. Dialoging mediums	67.38
5. Visualizers	65.87
6. Rational high-mediums	53.58
7. Dialoging high-mediums	49.74
8. Fantasy highs	45.97
9. Classic highs	29.43

HSS = 3.13 Hypnoidal State Score

Hypnoidal State Scores typically range between 1 and 9:

1.00 - 3.00	Non-hypnoidal state
3.01 - 5.00	Mild hypnoidal state
5.01 - 7.00	Moderate hypnoidal state
7.01 - 9.00+	High hypnoidal state

RI Score = 0.60

RI scores of 2.00 or less are considered reliable
RI scores between 2.01 and 2.29 are marginally reliable
RI scores of 2.30 or greater are unreliable

[For interpretation when using the PCI-HAP, please see the following: Pekala, R. J. & Kumar, V. K. (2000). Operationalizing "Trance." I: Rationale and Research Using a Psychophenomenological Approach. American Journal of Clinical Hypnosis, 43, 107-135; and Pekala, R. J. (2002). Operationalizing Trance II: Clinical Application Using a Psychophenomenological Approach. American Journal of Clinical Hypnosis, 44, 241-255; & Pekala, R. J. (2009). Therapist Manual: Interpretation of the Phenomenology of Consciousness Inventory: Hypnotic Assessment Procedure (PCI-HAP)]

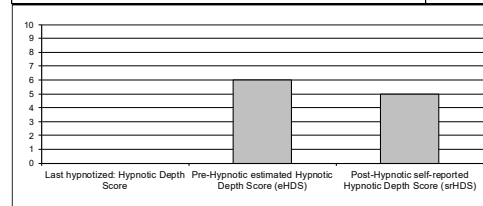
Originally written by Ulrich Ott, Center for Psychobiology and Behavioral Medicine University of Giessen Otto-Behaghel-Str.10 35394 Giessen GERMANY e-mail: Ulrich.Ott@psychol.uni-giessen.de

Revised by Ron Pekala, Ph.D. & Ron Maurer, MA, Coatesville VA Medical Center Biofeedback Clinic, Coatesville, PA 19320 USA

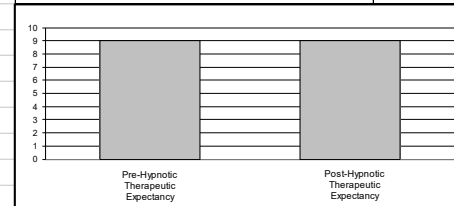
This spreadsheet was developed in Microsoft Excel 2007. Master:PCI12010.2007L.042010.092423.xlsx Last revised: 09/24/23

Name: DN				Date: .		
Hypnoidal State Score (HSS)	3.13	%ile Rank		<p>Adjusted Hypnoidal State Score (aHSS): 3.13 (7th) Imagigoic Suggestibility Score (ISS): 8.00 (87th) Average Total Expectancy Score (ATES): 8.25 (82nd) Self-Reported Hypnotic Depth Score (srHDS): 5.00 (62nd)</p>		
Adjusted Hypnoidal State Score (aHSS)	3.47	7.60	1			
Imagigoic Suggestibility Score (ISS)	8.00	87.30	2			
Average Total Expectancy Score (ATES)	8.25	82.11	3			
Self-reported Hypnotic Depth Score (srHDS)	5.00	62.50	2			
Hypnotic Responsivity Index (HRI)	6.18	59.88				

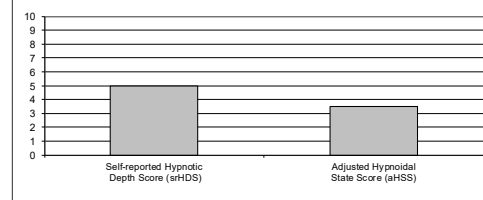
Pre-Post Hypnotic Depth Difference Score (HDDS) =	-1.00
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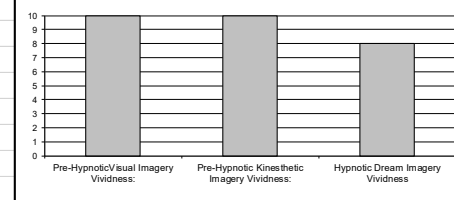
Pre-Post Therapeutic Expectancy Difference Score (TEDS) =	0.00
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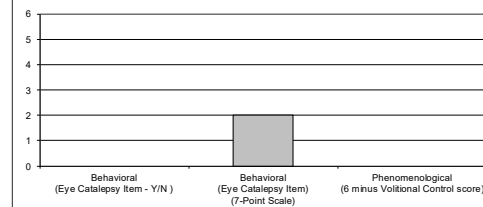
Hypnotic Depth Score/Adjusted Hypnoidal State Discrepancy Ratio (HDHSDR) =	1.44
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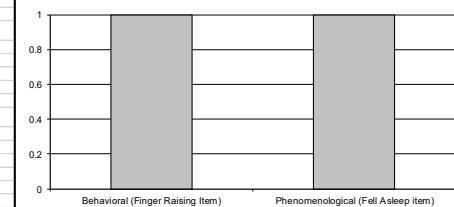
Imagery Vividness Difference Score (IVDS) =	-2.00
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Classic Suggestion Effect Total Score (CSETS) =	1.00
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Wakefulness Total Score (WTS) =	2
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Directed/Undirected Imagery Vividness Ratio (IVR) =	0.96
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Positive Practice Score (PPS) =	0.00
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DN (cont'd)

- **Session #8: Set up anger management self-visualization protocol**
 - Used anger management protocol from website: www.justrelx.wordpress.com
 - “15 “ to “1” anger from childhood bubbling and boiling away
 - Positive affirmation/visualization:
 - Visual: Crossing the finish line (was a runner; 5 to 10 K): exhilarated and happy
 - Verbal: “Healthy and happy; happy and healthy

- **Session #9: Recorded anger management self-visualization protocol**

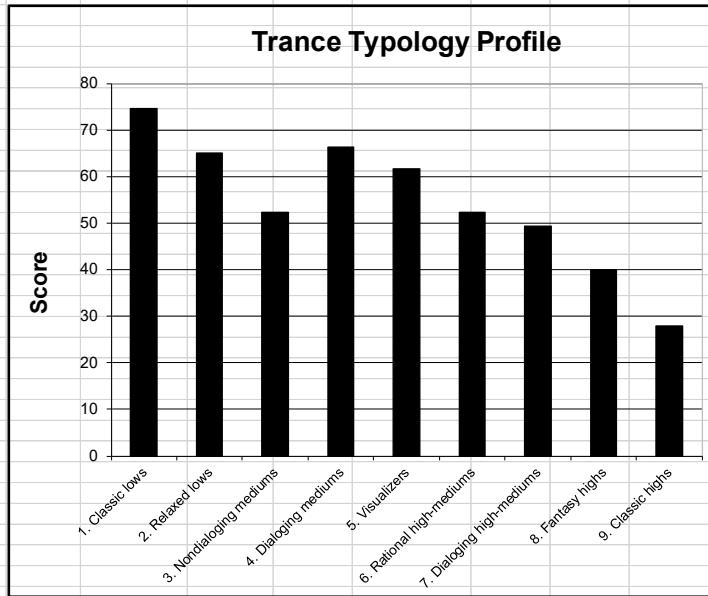
- **Session #10: Did session of EMDR**
 - Focused on angry conversation that never happened at work
 - Said she was unsure whether she wanted to continue with the EMDR; never did reschedule
 - My belief: Not ready to deal with issues – more dissociative than what she tested out to be

MA

- **35 year old female**
 - Symptoms: anxiety (“8”), depression, lots of rumination; past panic attacks (none recently)
 - Teacher: “very stressful”
 - Goals: “Work through emotions; tools to regulate better; possible EMDR (“worked for a friend”)
 - Apple: “6”
- **1st Body Scan: Type “1/4” during body scan**
 - HSS= 4.05; pHRI = 3.21
 - High fear: 98%
 - High arousal and internal dialogue
- **2nd Body Scan: Competed PCI in reference to body scan at home (using website), “when I was relaxed”**
 - Type = 1; HSS= 3.63; pHRI = 3.47
 - Still high arousal and internal dialogue
 - Still fearful: 79%
- **After 7 sessions of therapy**
 - Shown body scan/website and SDB (4/8 count)
 - “No longer constant anxiety”
 - But had difficult time practicing: a very strong “P” on the MBTI

Date: _____ Please type in the client's name and the date of the current PCI in the row to the left.

Intensity	Label	Percentiles
0.00	Joy	27.00
0.00	Sexual Excitement	59.00
0.00	Love	24.00
0.00	Anger	68.00
0.00	Sadness	59.00
1.00	Fear	79.00
1.00	Body image	12.00
3.67	Time sense	60.00
0.00	Perception	12.00
0.00	Meaning	15.00
3.50	Imagery amount	66.00
2.50	Imagery vividness	50.00
3.00	Direction of attention	28.00
2.00	Absorption	26.00
5.67	Self-awareness	93.00
1.00	Altered state	11.00
4.50	Internal dialogue	87.00
5.67	Rationality	92.00
3.00	Volitional control	67.00
5.67	Memory	86.00
4.50	Arousal	97.00
0.00	Positive affect	14.00
0.33	Negative affect	53.00
1.08	Altered experience	10.00
3.00	Imagery	57.00
2.60	Attention	16.50



HSS = 3.63 Hypnoidal State Score

Typology Profile

Hypnoidal State Scores typically range between 1 and 9:

rpe(s) = 1

74.66	1. Classic lows
65.12	2. Relaxed lows
52.37	3. Nondialoging mediums
66.33	4. Dialoging mediums
61.75	5. Visualizers
52.25	6. Rational high-mediums
49.38	7. Dialoging high-mediums
39.97	8. Fantasy highs
27.83	9. Classic highs

1.00 - 3.00	Non-hypnoidal state
3.01 - 5.00	Mild hypnoidal state
5.01 - 7.00	Moderate hypnoidal state
7.01 - 9.00+	High hypnoidal state

RI Score = 0.40
 RI scores of 2.00 or less are considered reliable
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Difference Items

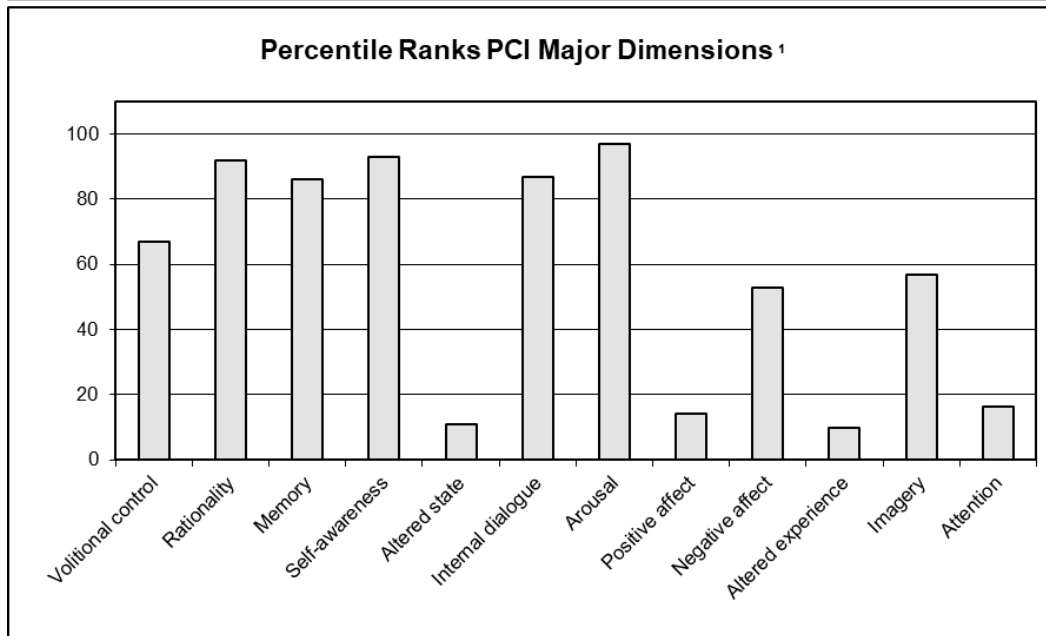
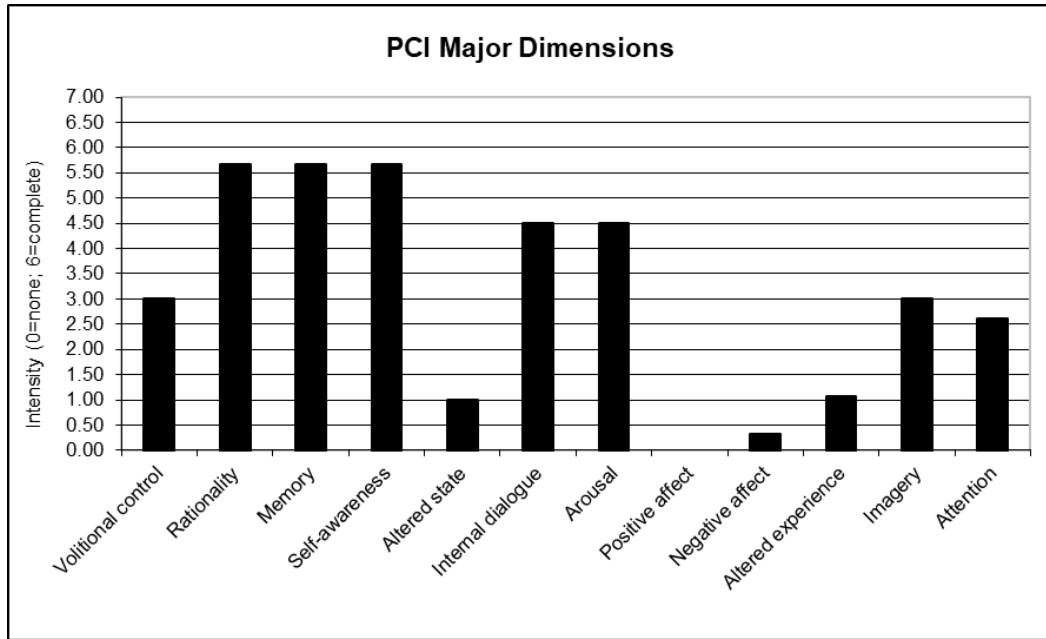
0	I05 and I35
0	I08 and I28
1	I12 and I44
0	I21 and I40
1	I06 and I45
0.40	

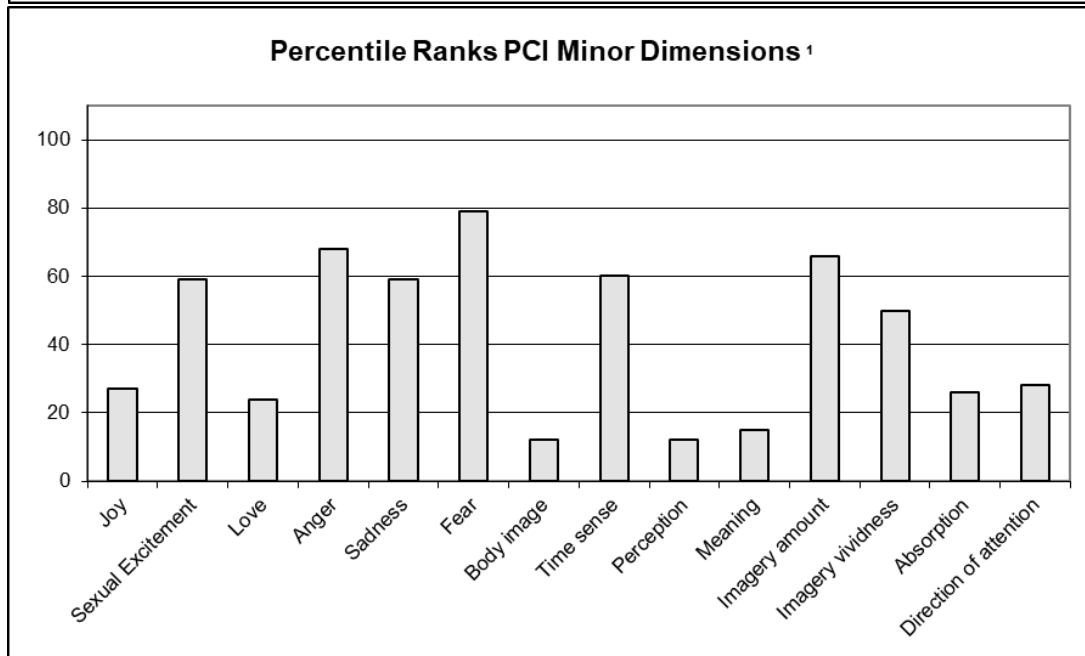
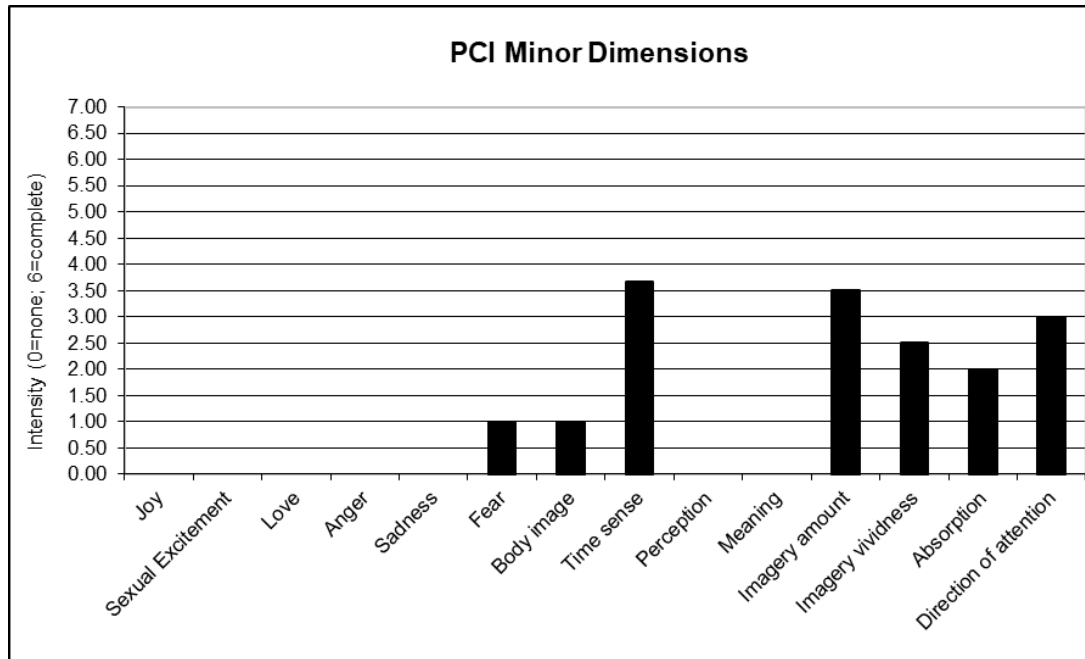
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Revised by Ron Pekala, Ph.D., Private Practice, West Chester, PA 19380; Most recently revised 07/28/23.

pHRI (predicted Hypnotic Responsivity Index) Score 3.47





SK

- **45 year old female**
 - Symptoms: anxiety, depression, communication issues; lack of confidence
 - Specific goal; land a job as an executive secretary
 - Apple imagery was a “ 7.5 out of 10”

- **PCI-HAP completed**
 - HRI score = 6.87 (64th percentile)
 - Hypnoidal state score = 4.27 (25th percentile)
 - Little loss in volitional control; low altered experience
 - Absorption = 94th percentile

- **Self-visualization recording**
 - Recorded a “self-visualization” recording (instead of a “self-hypnosis” recording)
 - Positive affirmation (“smart and sassy; sassy and smart” “confident and self-assured; self-assured and confident”)
 - Visualization: “nice outfit, in high heels; walking into a business meeting, taking control, and freely talking about your own ideas”
 - Landed a job as a wedding consultant

Limitations

- **More research is needed**
 - **Much of the data reported above needs replication and validation, especially concerning the Hypnotic Responsivity Index (HRI)**
 - **Additional research comparing the PCI/PCI-HAP, as a state instrument, against trait instruments like the Harvard or the Stanford C scales or the HIP (Hypnotic Induction Profile: Spiegel and Spiegel, 2004), is also needed**
- **Welcome potential consultation/collaboration with interested clinicians and researchers**

Conclusions

- **The PCI, given in reference to an initial relaxation session, can allow you to generate some hypotheses about your client's hypnotic and imagoic responsivity**
- **The PCI-HAP, given as an initial introduction to hypnosis, not only allows the client to get an idea about what hypnosis might be like, but it allows you, as the clinician, to get an idea of the hypnotic talents of your client**
- **By knowing which phenomenological processes are activated, you can then more easily tailor suggestions congruent with those processes**
- **The PCI/PCI-HAP may be a great way to teach hypnosis/hypnotism to beginning hypnosis students, since it can help map for the student those subjective processes activated by hypnosis/visualization/affirmation**

Website & Additional Information

- A website is available to obtain the PCI, the PCI-HAP, the administrative and interpretative manuals, and the EXCEL scoring protocols:

- www.quantifyingconsciousness.com

- Note: Manuals for hypnosis researchers/clinicians (PCI-HAP administrative/interpretative manuals) down-loadable from the website after correspondence with RJP to obtain key

- Interested individuals can also email me: ronald.pekala@gmail.com for additional information (please allow time for delayed responses)





"If you don't have anything profound to say, don't say anything at all."

Thank-you!

