

THE GRADE 5 SYNDROME: THE HIGHLY HYPNOTIZABLE PERSON¹

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Abstract: On a 0-5 hypnotizability range, as measured by the Hypnotic Induction Profile, the grades 4-5 are identified as highly hypnotizable persons. This group tends to exhibit a clinically identifiable configuration of personality traits. Knowledge of the nature and interplay of these traits can help us to formulate appropriate treatment strategies. The features which together identify the grade 5 syndrome are: the high eye-roll sign; the high intact Hypnotic Induction Profile score; readiness to trust; a relative suspension of critical judgment; an ease of affiliation with new experiences; a telescoped time sense; an easy acceptance of logical incongruities; an excellent memory; a capacity for intense concentration; an overall tractability, and, paradoxically, a rigid core of private beliefs. Role-confusion and a subtle sense of inferiority are often evident. For these persons, treatment strategy requires clarification of central versus peripheral beliefs; increasing sensitivity to positive and negative field-forces; awareness of secondary gain-loss issues; aid in establishing guidelines to implement with action the integrity of their own beliefs, especially their perception of alternatives and their right to use them. Under duress, the grade 5 becomes the so-called hysterical patient. Differential diagnosis is critical because, during acute stress, introspective inquiring therapy can compound their confusion harmfully. "What" therapies are more effective than "why" therapies. If secondary gain is not formidable under appropriate therapy, these patients have a very good health potential.

Since 1968 over 4000 patients were tested with the Hypnotic Induction Profile (HIP) of Spiegel (1973) during the first interview. This simple 5- to 10-minute clinical procedure measures trance capacity on a 0-4 scale. Zero indicates non-hypnotizability, and 4 indicates high hypnotizability. The HIP is standardized and measures hypnotic capacity via sensory-motor and verbal responses by tapping the altered ribbon of concentration elicited by an eye-roll arm-levitation technique.

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Those subjects whom the literature refers to as classic somnambulists or deeply hypnotizable individuals are grade 5s. In terms of initial measurement, a grade 5 is a grade 4 whom additional testing reveals to have such epiphenomena as experiencing age regression in the present tense, sustained bizarre posthypnotic motor alterations and posthypnotic hallucinatory responses to a cue, and/or global amnesia for the entire hypnotic episode. This group comprises not more than 10% of the population.

This paper will describe some of the behavioral and personality attributes which we have observed in this relatively rare group of patients. It should be noted that we will be discussing the characteristics of highly hypnotizable individuals who have presented themselves for psychiatric treatment; and some of their characteristics may or may not be as evident as those of highly hypnotizable subjects who do not seek psychiatric help. Further, we will not seek to present quantitative data on specific attributes but rather to outline our observations and clinical impressions of patients in the 4-5 range and to point out the relevant implications that determine appropriate treatment strategies. Although these features are most obvious at the 5 level, they are not exclusive to this group; they appear to taper off as trance capacity decreases to the 3 level.

CONFIGURATION OF TRAITS AND CHARACTERISTICS OF THE GRADE 5

1. *Eye-roll.* The first identifying characteristic is a *high eye-roll* (Spiegel, 1972) with a high intact Profile. Clinically, it is observed that the eye-roll (ER) is relatively constant: even after practice, there is at best only minimal increase. The constancy of the ER strongly suggests that the biological circuitry which accounts for this kind of eye-roll is either genetically determined or acquired at an early imprint-like phase of learning. This observation recalls the old debate between Charcot and Bernheim about the biological-psychological axis of hypnosis; further, it supports Charcot's view that trance capacity is essentially a biological phenomenon with a psychological overlay.

2. *Posture of trust.* In an interpersonal situation the grade 5s exude an intense, beguilingly innocent expectation of support from others in a somewhat atavistic pre-linguistic mode. This incredibly demanding faith can well be described as a *posture of trust*, in that the faith or trust goes beyond reasonable limits to become postured and demanding. Grade 5s demand that all attention and concern be focused upon them. This demand is often so tenacious as to feed the grandiosity strivings a therapist may have. The therapist must therefore know where he ends and the subject begins in order to avoid entrapment. Undoubtedly, this

is the patient Bernheim (1889) had in mind when he admonished his students it is a wise hypnotist who realizes who is hypnotizing whom.

In conjunction with the feeling of trust, the grade 5s have an enduring feeling of hope together with a lack of cynicism. Whatever the difficulties of their therapy, they retain faith, hope, trust, and the conviction that therapy is "good" for them; that the therapist has real concern for their well-being.

3. *Suspension of critical judgment.* A third predictable trait of the grade 5s is a willingness to replace, if necessary, old premises and beliefs with new ones, without the usual cognitive screenings and scrutinizings of the 1s, 2s, or the 0s. During the trance experience an apparent *suspension of the usual level of critical judgment* is concomitant to the posture of trust. Tenacious clinging to the past is absent.

This receptivity is an asset in applying treatment strategy. It is postulated that all of us live with a more-or-less organized (conscious and unconscious) premise system—a combination of assumptions, beliefs, convictions, myths, biases, prejudices, and knowledge which forms the cloud through which we perceive our world, a "myth-belief constellation" or possibly a "metaphor-belief cluster" or simply a "metaphor mix." Some of us are better able to cope with some aspects of these metaphors that we live by than others. The grade 5s are the most prone to shift the components of this metaphor-mix to reach new treatment goals.

Ortega y Gasset maintains that "The metaphor is probably the most fertile power that man possesses" (cited by Marias, 1970, p. 283). Since we use it anyway, we may as well use it with more knowledge. If metaphors were ignored our language would be largely ineffective (Marias, 1970). If we as therapists avoid metaphors, we miss one of our best therapeutic devices (Spiegel & Shainess, 1963).

4. *Affiliation with new events.* The grade 5s have an incredible ability to *affiliate with new events*—either concrete events or perspectives—an almost magnetic attraction to them.

There is Dorothy, for example, a grade 5. She said that even though she had overcome the major crisis in her life, she still remained a grade 5 (once a 5, always a 5); but she had learned the advantage of artfulness in using these traits. She cited her own case of seeing a friend's dog sick with nausea, whereupon she promptly became nauseated herself; such was her receptiveness to others. Under therapy, she became aware of these empathic sensitivities and that she need not relate these symptoms to herself. Her ability to affiliate led to receptiveness to treatment, especially when in the state of intense concentration called hypnosis.

5. *A relatively telescoped sense of time.* Grade 5s' perspective seems

to be significantly different from that of the other grades. They seem to have a *relatively telescoped time sense*, focused almost exclusively in the present, not on the past or the future. The paradox is that only the grade 5s can regress as they do. Typically, when a grade 5 regresses to, say, a first or fourth birthday it is actually experienced as a first or a fourth birthday. When anybody under grade 5 is similarly regressed, he may get some fragmental experience, but is always aware of the present time and that "I am recalling an event of the past." So, although a grade 5's regression may uncover spectacularly revelatory memory recall, he does not relate the memory to present considerations or comprehensions. Layer upon layer of memory is available to him, but he will keep them dormant and not apply them to current decision-making.

6. *Trance logic*. They are strikingly unaware of even extreme incongruity. This is the phenomenon that Orne (1959) has identified as *trance logic*. Although more-or-less evident in almost everybody, it is less subtle and even more dramatically observed in the grade 5s. Those below grade 5 tend to relate to fragments of past memories in a more judgmental way. Because they are more prone to assay critically each new life experience as it unfolds, they usually retain judgmental distillates of the events rather than of the entire detailed sequence and its affects. They focus more on derivation than on affiliation, hence past time perspective remains intact. (In the incongruous world of today, it might be less jarring to all of us if we shared more of this feature which is so extreme in the grade 5s. For example, when we are told by the military in Viet Nam that in order to secure a village we have to destroy it, we might then be able to understand and accept without disturbance the Army-logic of the statement. For most of us, of course, it is very difficult to make peace with that kind of "logic" because it violates so many other premises as well as our ordinary means of dealing with them.)

Trance-logic can be comfortable, making it easier for the subject to produce and accept changes. A delightful example of this logic can be found in one of Sholem Aleichem's stories. Tevya, a milkman, listening to two friends arguing—one taking the "a" position, and the other the opposite "b"—is called upon to decide which is right. Tevya listens to "a" and says, "You're right." He then listens to "b" and says, "You're right." A third man protests this judgment as impossibly illogical, and Tevya says, "You're right, too."

7. *Excellent memory*. A somewhat less discernible trait of the grade 5s is the possession of an *excellent memory*: their great capacity for total recall makes regression feasible to them. They are especially

talented in rote and eidetic (visual) memory, and when highly motivated to learn something, they can do so almost the way a sponge absorbs water. This learning is uncritical; it takes in everything. Critical judgment does come later, calling upon the information already there.

One example of this kind of memory was provided by a student who is a grade 5. He said that, after seeing an anatomy diagram, he could so vividly revivify his visual experience that, when answering exam questions on the subject, he felt as though he were actually copying from the diagram. So strong was his memory that he sometimes found himself with a minor moral problem: was he cheating?

Another illustration of this, in contrast to the 1s and 2s, came from a dental student. Academically, he was a whiz. Whatever the professors said, he could be counted on to remember so vividly that he could answer exam questions perfectly. However, when it came to integrating this knowledge with his finger movements while dealing with patients, he discovered that he had to relearn it all, in a new way. On the other hand, the 1s and 2s, who had not learned as fast or were not able to reiterate as well verbally, generally synthesized and integrated what they had learned into their muscle-learning patterns.

8. *Capacity for concentration.* They have an *intense capacity for concentration*, dissociating while doing so. This ability caused Jackson Pollock to comment, "When I paint, I have no knowledge of what I am doing. Only after a moment of returning consciousness do I become aware of what I have been doing. Then, however, I have no hesitation about making changes or destroying images because the painting has a life of its own. My mission is to bring forth that life." This is an eloquent description of such involvement in an encounter with the creative experience that only after it is over is one able to assess the creation objectively. It is almost as if the creation were on another plane from the creator.

A similar example comes from a New York playwright who has learned this hypnotic method of concentration and visual imagination. He visualizes a stage and, having decided, say, to work upon Act 1, Scene 2, he enters a trance state. He places three actors on his imaginary stage and, in effect, says to them: "Go ahead; I'll listen." After about 5 minutes, he brings himself out of the trance state and writes down what "they" have said and done.

In the intense concentration state that everyone experiences from time to time, there exists a more or less concomitant dissociation, but the grade 5s can experience that dissociation more vividly. Many times painters or writers—novelists especially—say of a finished work:

"That character fascinates me; it's as if I didn't write him; he created himself—and I kept getting more and more amazed at what he was doing as we went along in the story." This intense concentration is what makes the creator able to be both with his creation and alongside it at the same time: to relate to that concentration in a guided, disciplined, yet dissociated way.⁸ This is the critical feature that emphasizes the perceptual alteration common to all hypnosis; the observed motor phenomena are secondary to the perceptual shift.

9. *Fixed personality core.* Underneath this wonderful, malleable overlay is a narrow, hard, *fixed core*: a dynamism so fixed that it is subject to neither negotiation nor change. This core corresponds to "imprint learning" or, perhaps, a "foundation experience" (Spiegel, 1965), and is a special kind of learning that occurs at critical times and remains relatively intact throughout the subsequent development of sophisticated, associative forms of learning. Aspects of this kind of learning can be found within all grade groups, but it is especially prominent and clinically significant in the grade 5s. It is expressed linguistically in a primitive, paleological mode. An amusing illustration of this at a sociological level was provided by a Haitian native. When asked what the distribution of the different religious beliefs in Haiti is, he replied without hesitation: "70% Catholics, 20% Protestants, and 95% Voodoo." In sum, this is an illustration of the hard core's non-negotiability.

Another example of hard-core non-negotiability was a 38-year-old woman with a psychogenic bladder. She was unable to initiate urination, despite all forms of medical-surgical treatment. Her condition was uncovered when her bladder became so distended that it kinked her ureters, and she had to be catheterized to relieve her.

This woman is so profoundly hypnotizable that her score is beyond a grade 5. Under hypnosis it was found that her perceptual alteration is so precise that, regressed into a fourth-birthday setting, she perceived the illusions of the Titchener Circle Illusion Test as would a 4-year-old child. That is, with the subtle perceptual accuracy that many very young children have, but few adults. Nonetheless, despite her hypnotizability, repeated therapeutic counseling, and ability to urinate when in formal trance and under firm hospital control, the patient still refused

⁸ With the emergence of our new knowledge, the label "hypnosis" has become increasingly inappropriate, since it derives from the Greek root meaning "sleep." Now that we know more about sleep, we also know that whatever sleep is, hypnosis is not. If we were to discard the term "hypnosis," a possibly intriguing replacement for it might be something like "multiple awareness," or "dual perception," or "parallel perception," or "para-perception," or "paragnosis." These terms perhaps more concisely capture the central feature of the phenomenology.

to assert control over her bladder when on her own. The apparent basis for this refusal lay in secondary-gain factors. She is, and has been, engaged in a complicated sibling-rivalry situation.

The patient is married to a man whom she feels is inadequate. Her younger sister's husband is visibly successful and also prosperous. Her physical difficulty, she discovered, made it impossible for her to engage in sexual relations with her husband, a situation she apparently preferred. Moreover, the patient had taught herself to catheterize herself, with the intricate use of a mirror, and was thus able to accommodate her bladder invalidism. A secondary "advantage" was gained by the extra care-taking and affection she received from her sister and brother-in-law. Rather than give up these secondary gains for bladder control, she stubbornly insisted upon maintaining her symptoms, however discomforting they were. For several months, her family was unwilling to alter their behavior to reduce the secondary gains. Although her neurologist and urologist were both certain that her bladder-control mechanisms were intact, the patient requested and was about to receive further surgical manipulation of the bladder sphincter. At that point, her entire family became alarmed enough to alter their perspective radically, thus removing all possible gains from her invalidism. She then re-established bladder control. What had been non-negotiable in one setting became negotiable in another.

For about 6 months of relative discipline by the family and the patient, the problem seemed resolved. Then the family relaxed its guard; surprisingly, the bladder symptom returned. Since that time, the bladder has served as a fairly accurate indicator of the family-patient relationship.

Another such patient was a woman with hysterical seizures. Once she perceived that these seizures could be induced and terminated by hypnotic signal, she insisted on retaining a certain cycle of response. She would predictably take about a minute to come out of the seizure after having been signalled to do so. This minute gradually was reduced, but she still insisted on holding onto a little hard-core refractory period.

These cases reveal that the surface malleability, flexibility, and ability to change that grade 5s possess can provide a remarkable area to work within therapeutically; however, totally resolving the hard-core dynamism is highly unlikely.

10. *Role confusion.* The paradoxical relationship between hard-core dynamism and chameleon-like malleable overlay, so sensitive to both supportive and antithetical field-forces, can provoke *role confusion* with a *reactive sense of inferiority*. If the shifts and internal permutations of the metaphor occur too frequently because of environmental

fluctuations, a profound and chronic sense of embarrassment along with the inferiority may evolve. For example, even when the grade 5 performs so competently or creatively that he evokes praise from others, such is the dissociation from the performance that there is little recognition that "I" did it. "It" just happened. The medical student mentioned earlier who felt embarrassed and guilty about his ability to recall in vivid detail an anatomy diagram is a case in point. Because he felt that he had "simply copied" the diagram from his eidetic memory, it seemed to him that he had done nothing himself. Praise for his work by his professor merely increased his guilty sense of separation from the act and, hence, his role confusion. In a subtle way, this self-evaluation is basically honest because his affiliation with rote knowledge was not authentic knowledge. He appeared to know more than he actually did.

TREATMENT CONSIDERATIONS

Important treatment strategy follows from this discussion of these 10 features of the grade 5 syndrome.

Central vs. peripheral values. Because of the grade 5s' proclivity for affiliating with new premises, without the critical scrutiny they would ordinarily apply when not in this state of high motivation and intense concentration, it is very useful to learn about their life-values. The relevant areas of their knowledge can thus be explained to them, so that they recognize more clearly where their expertise lies. In other words, they must understand clearly the difference between peripheral and basic decisions.

A colorful example of differential decision-making is the case of a brilliant research-scientist, a man with an I.Q. exceeding 180 and a HIP of grade 4-5. He is an outstanding scientist, thoroughly conversant with the literature of his field. In addition, he is an expert at his hobby: the commodities market. This specialty is highly complicated and he is very successful at it. His expertise in these two fields enables him to do much as he pleases. However, there is a catch: this man might go to, say, Macy's, and let an enthusiastic salesperson convince him that what his family needs most is a new refrigerator; and he will, without particular thought, order one. Needless to say, when the purchase arrives, his wife will be left with the chore of returning it.

This illustrates the differential in decision-making processes. Whatever their cleverness and confidence within their central areas of competence, in their more peripheral areas, the grade 5s are likely to be guileless.

Another instance of this behavior is evidenced by a local actor who

made a good deal of money, if not as much as he would like to imagine. When people would invariably "touch" him for money for various charities, he would readily write checks to comply. Admonitions from his advisors had little impact on him. Finally, an answer was found: he agreed to have his business manager countersign all of his checks. Now, when people approach him for donations, he can still sign a check, but he also informs them: "Now you have to go to my manager," and then he shakes the person's hand and adds, "and I wish you luck." Because the theater remained his central interest, and his check-writing was to him a peripheral issue, he had no interest in or enthusiasm for learning how to internalize this discipline. Therefore, his manager serves as an external and surrogate disciplinary support.

In other words, the best defense against exploitation, for vulnerable people, is to offer as surrogate another person with better judgment than their own. This re-enforcement is apparently essential, and is an important factor of the treatment program.

Protection from negative field forces. Because they so urgently need direction, certainty, and faith, grade 5s are likely to be receptive to all kinds of forces, even those antithetical to their best interests. They are uncritical and thus have difficulty in distinguishing between what is and is not good for them. The therapist must help the patient to deal sharply with conflicts between the two.

Secondary gain-loss. The critical factor of secondary gain and secondary loss is related therapeutically to the above. Assuming a disability on the part of the patient, any resultant secondary gain must not go unchallenged, lest enormous damage be done before the secondary loss manifests itself. The therapist must anticipate this secondary loss in order to prevent its dangers being beclouded by the secondary gain. He can then prepare the patient to veer from this secondary-gain syndrome in time to prevent its being overcome by secondary-loss involvement. Thus, timing of the intrusion is critical.

An example of this secondary gain-loss situation is a 15-year-old boy who injured his knee in a bicycle accident. Surgery was required and, after 3 months his surgeon and his physiotherapist agreed that full leg movement should have returned; nevertheless, partial paralysis remained. After a year he was still using a crutch, despite no remaining physical damage. This, of course, interfered with some of his school work and his social life, and was of great concern to his parents. When, in the boy's presence, the parents complained about the situation, it became evident that the boy was enjoying their concern and attention.

Because he was a grade 5, a trance state was induced, during which he was very responsive. At this point, remembering Al Capone's obser-

vation: "You can get much further with kindness and a gun than you can with kindness alone," the therapist decided to confront the young man with some options. He told him that he was perfectly able to discard the crutch, and they both knew it—therefore the boy must make certain choices. The parents, of course, knew nothing of this discourse and the therapist promised that he would not disclose it. He then offered the following choices: either the young man could walk out of the office without his crutch, or he could discard it within the next few days; however, if, when the father called the following Tuesday, the boy was still using it, the therapist would tell the father that the paralysis was a posture and a fake.

When he emerged from the trance state, the boy claimed to have no memory of the experience; the therapist simply announced his conviction that the chap knew how to re-establish mastery over his leg and that he looked forward with great joy to discarding his crutch.

Two days later, the boy's father asked the therapist whether it would be all right to honor his son's request to go to school without his crutch, providing that he be allowed to use it when he came home (if he felt it necessary). The therapist agreed with alacrity, and when the young man returned he announced that he did not need his crutch anymore. His happy parents congratulated him.

Here the trance mode was employed as a façade behind which the patient could salvage his self-respect and avoid total exposure and humiliation. In this case, the secondary gain and loss factors were most prominent, though not openly discussed. The boy needed a way to be honorably released from the situation he had created, and the therapy gave him this. Thus, the secondary gain he had achieved from the extra attention he had been getting, having been superseded by the secondary loss, was no longer useful.

Action compliance. Grade 5s do not simply derive and formulate new abstractions, but require immediate *action* to retain its value. They tend as well to look at a simple proposal as a demand, and to concretize a proposal without appreciating the full metaphorical meaning of it; so much so that they may at times mistakenly use a metaphor as a concrete command to perform.

A young New Yorker, for instance, had been suffering with a general despair about life for some time. He went from doctor to doctor, and eventually consulted a well-known neurologist. This doctor was well informed about the patient's family background: he knew that the wealthy parents were obsessively self-preoccupied, and was aware as well that if the young man continued to live at home the outlook was

bleak. During their second session, in an effort to arouse him, the doctor blurted out: "John, why don't you go to Alaska and get away from it all? Start all over again." When the patient left, he felt mildly dazed and profoundly reluctant to return home. Instead, he drove to a travel agent, where he obtained railway and airline schedules of trips to the West Coast. He kept thinking about Alaska, while at the same time telling himself that it was silly. Two days later he flew to Alaska, where he felt relieved, owing to the new possibilities before him. But after he reminded himself of the advantages of fresh air, etc., and after a few months, he realized the absurdity of what he was doing and returned to New York. He had taken the neurologist's metaphorical suggestion and acted upon it as if it were a literal command.

To safeguard against such a mistaken use of the metaphor, it is well for the therapist to choose one appropriate both to therapeutic transformation and the patient's understanding, even if the patient acts literally on the proposal offered.

Supportive guidance. The most useful therapy for the grade 5s involves a great deal of guidance and direct support, with emphasis on guidelines to help the patient perceive the metaphor-mix in his life. By clarifying the relative importance of his values, the patient's goals become clear. In other words, he learns what can and cannot be changed in his life, and the therapist is able to encourage the patient in his choice. Not only does he recognize his options, but he has the *right* to exercise them.

A humorous approach is sometimes invaluable: what better way to perceive the irony or the uncertainty of what one is doing? Often, by laughing with (never at) the patient, it becomes possible to offer alternatives which would otherwise be inconceivable.

A 28-year-old woman began treatment because of a life-long terror of dogs. She had allowed her phobia to dominate her life; shopping, for instance, between 11:00 a.m. and noon because that was the hour in which she was least likely to encounter any dogs in her neighborhood. Also, her fear prevented travel and caused other life-limiting situations.

In just one session this woman was presented with a step-by-step strategy for programming herself (see previous section): first, touch a dog, then embrace it, and finally let the dog come to her and lick her hand. Within 2 weeks her fear began to recede. She asked me if I would approve her owning a dog; I enthusiastically encouraged it. About a year later, I invited her to recount her experience to the doctors attending a course in hypnosis at Columbia University. Her son answered the phone and said, "Oh, you're the doctor who helped my

mother. You know, Spiegel is in heat!" The patient came to the class with her dog, and a picture of a birthday cake to the dog, inscribed: "Happy Birthday, Spiegel."

The outstanding point in this case was the patient's ability to alter her premise-mix. The therapy began with one simple concept, presented with casual humor: the fear of animals is natural and understandable. I admitted that I, too, was afraid of animals. She was startled at my confession and looked ready to flee the office, asking "Then what am I doing here?" I pointed out that the fear of animals is a sensible fear; however, there is a substantial difference between being afraid of tame animals and being afraid of wild ones, and we laughed together. I also reminded her that when a dog sees a frightened person it senses the fright; a dog feels more secure in the presence of secure humans. This gave her the option, not previously realized, of offering a dog security and comfort, rather than dwelling on her own anxieties. She left the office muttering to herself, "Dog, friend; dog, friend." That single concept, providing the option of changing her premise-mix, was enough to help her overcome a life-long fear.

Duress evokes hysteria. Under duress, the grades 4-5 may develop a syndrome that today is called "hysteria." It is a transient, mixed state, often of frightening appearance—even mistakenly thought to be in fact a psychosis. The duress and confusion may intensify to such an extent that they lead to "hysterical psychosis." However, the grade 4s and 5s rarely become schizophrenic. When the treatment strategy is to alleviate stress, clarify somatic metaphors and account for secondary gain-loss, these patients usually go right back to their previous state.

All too often these people are misdiagnosed and hospitalized as schizophrenics. It is not surprising to find grade 4s and 5s in the back wards of many hospitals. People with high ER and high intact HIP, that is, highly hypnotizable people, may have been there for years. Unfortunately, they have been conditioned by society, and the hospital milieu, to in fact behave insane. Indeed, this misdiagnosis has been repeatedly re-enforced in the field. Further, the old-fashioned notion of hysteria phenomenon as being limited to women is sheer nonsense: it occurs equally in men. Thus is the old theory discredited that an aberration of the uterus is a necessary prerequisite to the illness.

Differential diagnosis. Another feature of grades 4-5 is their dramatic surface malleability, which can falsely appear as a psychiatric syndrome—from the relatively healthy to the severely ill. Thus, under situational stress, they may simulate the critical characteristics of the various psychotic categories. This is why the differential diagnosis of the condition is so crucial. It is like the role of syphilis in internal

medicine: many internists believe that if a diagnostician can understand the differential diagnosis of symptoms, with all its subtleties, he has pretty well mastered the field of diagnostic medicine.

The same situation prevails in psychiatry when dealing with the grade 5 syndrome and hysteria. An understanding of the chameleon-like quality of the grades 4-5, especially under duress, and the multiple forms and shapes of their hysteria, enables the clinician to differentiate with more precision the stressed grade 5s from the authentic psychotics, schizophrenics, psychopaths, character disorders, mental defectives, neurological deficits, and so on. With this clarification, treatment choice can be more precise.

An illustration of this is a doctor who, after an unhappy experience with surgery, was carelessly given too much Demerol. He left the hospital a Demerol addict. At the time of his treatment he had been addicted for 3 years, and was vividly aware that if he did not overcome the habit he would be discovered. He thus was strongly motivated.

Examination revealed him to be a grade 4-5. Hard work enabled him to reorient his metaphor-mix, learn more about the clinical assets and liabilities of a 5, and subsequently break through his problem. The therapist and the patient freed themselves from the discouraging customary addict connotation; instead, the patient was seen as a grade 5 caught in a series of blunders and blunder reinforcements. With appropriate therapy he extricated himself from the situation, and has been drug-free now for more than 3 years.

Appropriate psychotherapy. Probably the most grievous issue of all involves people trapped into introspective methods of therapy (including formal psychoanalysis) because they are not recognized as grade 5s, and their psychiatric syndrome has been misdiagnosed. These patients are so responsive and demanding of help that doctors often prefer to treat them with psychoanalytic, introspective therapy. Further, they are frequently regarded by therapists as "good" patients: that is, responsive to attention.

If ever there is an instance of psychoanalysis being unnecessary and even harmful, it is in the case of the grade 5s. The essence of the psychoanalytic procedure is the development of a "why" atmosphere; i.e., via such questions as "what makes this connection," "how did you arrive here from there," "how did this lead to that"—"why?"

No matter how sincere the therapist's question is, the grade 5 does not respond with an inquiring turn inward, but desperately seeks cues from the doctor. The grade 5 transposes them into "what am I supposed to say now?"

The "why" approach is particularly detrimental to grade 5s because they think rather in terms of "what" and "tell me what to believe in and what to do." The analyst may be raising profound questions, but the patient is simply searching for appropriate cues from him.

A case example of this was a brilliant, troubled young man in intensive psychoanalysis who felt more despairing and disjointed after a year of therapy than when he had begun. Further, during the analyst's month-long vacation the patient felt much better—his old gloom gone—until the doctor's return. His emotional difficulties led to his being granted a leave-of-absence from his college. But the Selective Service informed him that his student-deferment status was valid only if he remained in school. His analyst wrote to the Selective Service on his patient's behalf. Not surprisingly, the man opened that letter and read that he was, among other things, psychotic. The man had the self-protective sense to ask the doctor, "When you called me psychotic, did you really mean that, or did you say it in order to get me a medical deferment?" The doctor responded with silence, whereupon the patient grew anxious and raised the question again. The analyst said, "Why do you ask?" The patient, of course, pressed further, and finally the doctor replied, "Well, if you noticed, I didn't say that you were irreversibly psychotic."

While such an approach may be useful in treating grades 1 and 2, it created appalling anxiety in that young man. His mother intervened during his psychoanalysis, seeking help for her son. Examination revealed him to be a grade 5 and this new insight altered the therapeutic approach to his problem. The patient shifted into a new treatment setting where, within a few weeks, using the knowledge of his grade 5 characteristics, his clinical picture was transformed from one of chronic panic to an acceptance of responsibility for his actions. In a few months, he was able to return to his pre-illness level of excellent academic work. Now, 3 years later, he has completed his schooling successfully and is well-launched upon his chosen career.

Often the grade 5s have to be literally salvaged from the confusion and abrasiveness of "why" therapy. They require a transition period in which they can re-orient themselves and experience the relief and support of establishing guidelines for a new therapeutic perspective.

There is a growing accumulation of clinical data which suggests that introspective psychoanalytic therapy is contra-indicated for the grade 5s and, in some instances, might seriously aggravate the patient's turmoil without concurrent clinical insight or benefit. One could argue that, after the crisis period is alleviated, there may be a limited role for introspective therapy in such cases, provided it does not exceed the

pace of the patient's curiosity. At the same time, it is interesting to observe how little curiosity these patients have about themselves once their crisis is resolved and their new guidelines established.

CONCLUSIONS

To briefly reiterate these major points:

1. The high eye-roll, the high intact profile, tend to be found in a trusting person who easily suspends his critical judgment, readily affiliates with new metaphors, emphasizes the present without too much concern for past-future perspectives, is comfortable with incongruities, has an excellent memory, is capable of intense concentration, and has a hard-core dynamism around a malleable overlay. This may provoke role-confusion and a sense of inferiority.

2. Because of these traits, the treatment strategy is one of clarification of the central and peripheral areas of his life (consensual validation is essential to the exercise of the latter); an increase in his sensitivity to and protection from exploitative or antithetical field-forces; awareness of secondary gain-loss factors; clarification of his premise metaphor-mix with guidelines for acting upon them; and, especially in the treatment situation, provision of ample opportunity in a supportive guidance atmosphere to perceive his alternatives, and then the appreciation and exercise of his right to use those alternatives.

3. Under duress, the grade 5s can assume symptoms conventionally diagnosed as hysteria and, under severe distress, "hysterical psychosis." Because of the highly favorable therapeutic potential of this group, an accurate differential diagnosis is crucial.

4. Specifically, they must be identified so that, if they do come for help, they can be offered appropriate therapy of that "what" rather than "why" variety—at least during the crisis period.

REFERENCES

- BERNHEIM, H. *Hypnosis and suggestion in psychotherapy: A treatise on the nature and uses of hypnotism*. (Orig. ed. 1889), C. A. Herter (Trans.), New Hyde Park, N. Y.: University Books, 1964.
- MARLAS, J. *José Ortega y Gasset: Circumstance and vocation*. F. M. López-Morillas (Trans.), Norman, Okla.: Univ. of Okla. Press, 1970.
- ORNE, M. T. The nature of hypnosis: Artifact and essence. *J. abnorm. soc. Psychol.*, 1959, *53*, 277-299.
- SPIEGEL, H. Imprinting, hypnotizability and learning as factors in the psychotherapeutic process. *Amer. J. clin. Hypnosis*, 1965, *7*, 221-225.
- SPIEGEL, H. An eye-roll test for hypnotizability. *Amer. J. clin. Hypnosis*, 1972, *15*, 25-27.
- SPIEGEL, H. *Manual for Hypnotic Induction Profile: Eye-roll levitation method*. (Rev. ed.) New York: Soni Medica, 1973.

SPIEGEL, H., & SHAINESS, N. Operational spectrum of psychotherapeutic process. *Arch. gen. Psychiat.*, 1963, 9, 477-488.

Das "Grad 5" Syndrom: Die hoch-hypnotisierbare Persönlichkeit

Herbert Spiegel

Abstrakt: In einem Hypnotisierbarkoitsbereich von 0-5, mit dem Hypnoseinduktionsprofil gemessen, zeigen die Grade 4-5 hoch-hypnotisierbare Personen an. Diese Gruppe neigt dazu, eine klinisch identifizierbare Struktur von Persönlichkeitszügen zur Schau zu stellen. Erfahrungen über die Natur und die Interaktion dieser Züge können uns in der Bildung von geeigneten Behandlungskategorien helfen. Die folgenden Merkmale tragen dazu bei, das "Grad 5" Syndrom zu bilden: Das hohe Augenrollen, das hohe, intakte Ergebnis bei dem Hypnoseinduktionsprofil, bereitwilliges Vertrauen, ein relatives Aussetzen des kritischen Urteilens, mühelos Aufnahme von neuen Erlebnissen, ein teleskopischer Zeitsinn, mühelose Billigung von logischen Widersinnigkeiten, ein ausgezeichnetes Erinnerungsvermögen, eine Fähigkeit für starke Konzentration, ein durchweg Gefügigsein und, als Paradox, ein unbeugsames Innere mit privaten Überzeugungen. Oft sind ein Verwechseln der Rolle und ein leichtes Minderwertigkeitsgefühl offenbar. Die Behandlungsstrategie für solche Personen verlangt eine Klärung der zentralen gegenüber den peripherischen Überzeugungen, ein Steigern der Sensitivität für positive und negative Grundkräfte, ein Bewusstsein für sekundäre "Gewinn-Verlust"-Ergebnisse, Hilfe in der Bildung von Richtlinien, um durch Handeln die Integrität ihrer eigenen Überzeugungen zu bestätigen, insbesondere ihr Wissen um Alternativen und ihr Recht, von ihnen Gebrauch zu machen. Unter Druck wird die "Grad 5" Persönlichkeit zum sogenannten hysterischen Patienten. Kritisch ist eine Differentialdiagnose, denn wenn diese Persönlichkeit sich unter starkem Druck befindet, kann eine Therapie des introspektiven Examinierens ihre Verwirrung in schädlicher Weise komplizieren. Eine Therapie, die sich mit dem "Wie" befasst, hat mehr Effekt als eine, die das "Warum" behandelt. Wenn ein sekundärer Gewinn in geeigneter Therapie nicht gewaltig ist, so haben diese Patienten ein sehr gutes Gesundheitspotential.

Le syndrome de niveau 5, ou syndrome de la personne nettement hypnotisable

Herbert Spiegel

Résumé: Les Ss qui atteignent les niveaux 4 ou 5 au Profil d'induction hypnotique (dont les scores varient de 0 à 5) sont identifiés comme des personnes nettement hypnotisables. Ce groupe tend à manifester une configuration de traits de personnalité identifiables par la méthode clinique. Une connaissance de la nature et de l'interaction de ces traits peut aider à formuler des stratégies de traitement appropriées. Les aspects qui, dans leur ensemble, permettent d'identifier le syndrome de niveau 5 sont les suivants: un score élevé à l'épreuve du roulement d'yeux, un score intact au Profil d'induction hypnotique, une disposition à la confiance, une capacité relative de suspendre le jugement critique, une af-

fnité pour les expériences nouvelles, une altération "télescopique" du sens du temps, une tolérance pour l'incongruité logique, une excellente mémoire, une capacité de concentration intense, une docilité totale et, paradoxalement, un noyau rigide de croyances personnelles. La confusion des rôles et un sentiment subtil d'infériorité sont souvent évidents. Pour ces personnes, la stratégie de traitement implique une clarification des croyances centrales par opposition aux croyances périphériques, une sensibilité accrue aux champs de forces positifs et négatifs, une prise de conscience des questions de gain et de perte secondaires, une assistance dans l'établissement de la marche à suivre pour mettre en oeuvre dans l'action l'intégrité de leurs propres croyances, spécialement en rapport avec leur perception des alternatives et leur droit de s'en servir. Sous la contrainte, le sujet de niveau 5 devient le soi-disant patient hystérique. Le diagnostic différentiel est crucial, parce que, dans un état aigu de stress, une thérapie fondée sur l'introspection peut accentuer leur confusion d'une façon nocive. Les thérapies du "quoi" sont plus efficaces que les thérapies du "pourquoi". Lorsque ces patients sont soumis à une thérapie appropriée, le pronostic est très bon, pourvu que les gains secondaires ne soient pas excessifs.

**El Síndrome de Nivel 5, o Síndrome de la
Persona Terminantemente Hipnotizable**

Herbert Spiegel

Resumen: Los Ss que alcanzan los niveles 4 o 5 del Perfil de inducción hipnótico (cuyos pro-medios varían de 0 a 5) son identificados como personas terminantemente hipnotizables. Este grupo tiende a manifestar una configuración de rasgos de la personalidad identificables por el método clínico. Un conocimiento de la naturaleza y de la interacción de estos rasgos puede ayudar a formular estrategias de tratamientos apropiados. Los aspectos que, en su conjunto, permiten identificar el síndrome de nivel 5 son los siguientes: un pro-medio elevado a la prueba de la rotación de los ojos, un prociudad relativa para suspender el juicio crítico, una afinidad para las experiencias nuevas, una alteración "telescópica" del sentido del tiempo, una tolerancia para la incongruencia lógica, una excelente memoria, una capacidad de concentración intensa, una docilidad total y, paradójicamente, un núcleo rígido de creencias personales. La confusión de los papeles y un sentimiento sutil de inferioridad son a menudo evidentes. Para estas personas, la estrategia del tratamiento implica una clarificación de las creencias centrales, por oposición a las creencias periféricas, una mayor sensibilidad en los campos de fuerzas positivas y negativas, una toma de conciencia de las cuestiones de ganancias o de pérdidas secundarias, una asistencia en el establecimiento de la marcha a seguir para poner en obra en la acción la integridad de sus propias creencias, especialmente en relación con la percepción de los alterativos y el derecho de utilizarlos. Bajo la constricción, el sujeto de nivel 5 se vuelve el, digamos: paciente histérico. El diagnóstico diferencial es crucial, porque, en un estado agudo de "stress," una terapia fundada en la introspección puede acentuar su confusión de una manera nociva. Las terapias del "que" son más eficaces que las terapias del "porque." Cuando someten a estos pacientes a una terapia apropiada, el pronostico es muy bueno, con tal que las ganancias secundarias no sean excesivas.