Hypnotizability Is Associated With a Protective but Not Acquisitive Self-Presentation Style

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Published online: 21 Feb 2013.


To link to this article: http://dx.doi.org/10.1080/00207144.2013.753830

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HYPNOTIZABILITY IS ASSOCIATED WITH A PROTECTIVE BUT NOT ACQUISITIVE SELF-PRESENTATION STYLE

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Abstract: Self-presentation refers to the behavioral strategies a person adopts to convey desired social images of oneself to other people. The Concern for Appropriateness Scale (CAS) measures a defensive and fearful social approach aimed at avoiding social threats whereas the Revised Self-Monitoring Scale (RSMS) measures an active and flexible social approach aimed at gaining power and status. In this study, a significant correlation was found between hypnotizability, as measured by the Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C) scores and CAS ($r = .43$, $p = .002$) but not between hypnotizability and RSMS ($r = .070$, $p = .631$). These results suggest that a protective self-presentation style may incline certain individuals to cooperate with hypnotic suggestions.

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Self-presentation is a social-psychological term that refers to the behavioral strategies people use in order to adopt desired social images and to convey them to other people (Bachner-Melman, Bacon-Shnoor, Zohar, Elizur, & Ebstein, 2009). Historically, self-presentation emerged from Mark Snyder’s “self-monitoring” construct (Gangestad & Snyder, 2000; Snyder, 1974), involving impression management and responsiveness to changes in the social environment. Snyder described high self-monitors as people particularly sensitive to interpersonal cues and the impression they make on others and who shape their behavior accordingly. Snyder devised the self-monitoring scale (SMS) as an assessment tool for the trait. However, the SMS was widely criticized for combining negatively correlated constructs (Lennox, 1988). To correct this psychometric issue, Lennox and Wolfe (1984) divided the SMS into two self-report instruments measuring different aspects of self-presentation: The Revised Self-Monitoring Scale (RSMS) assesses “acquisitive” self-presentation, an active, flexible approach aimed at gaining status (“getting ahead”), while the Concern For Appropriateness Scale (CAS) assesses “protective” self-presentation, a passive, fearful approach aimed at gaining acceptance (“getting along”). The RSMS and the CAS are psychometrically sound (Day, Schleicher, Unckless, & Hiller, 2002).

The sociocognitive theory of hypnosis views hypnotic behavior as goal-directed role enactment, no different from everyday actions, except insofar as the roles are different. Situational demands guide the behavior of both the hypnotist and the hypnotized. In pursuit of their goals, participants in hypnosis retain control of their thoughts and behaviors (Lynn & Green, 2011; Lynn, Kirsch, & Hallquist, 2008). However, this does not imply that the hypnotized participant is faking or consciously play-acting the role or intentionally manipulating one’s behavior. As recent formulations of the sociocognitive perspective stress, the response to hypnosis can be experienced as involuntary. A person’s intentions and expectations produce a response set (Lynn & Kirsch, 2006) that can induce automatic activation in response to stimuli under the appropriate circumstances. This is supported by much recent research and theorizing that suggest that the decision to act is separate from, and not necessarily the cause of, a particular action or behavior (Custers & Aarts, 2010; Wegner, 2002). This sociocognitive approach to hypnosis does not necessarily deny the existence of a special trance state in hypnosis; however, it would deny that such a state is the explanatory or requisite condition for hypnotic behavior (Kirsch, 2011).

A favorable self-presentation, then, can be seen as one of the goals of social interaction, which may unconsciously affect the way a person behaves in a particular environment. The hypnotic relationship, according to the sociocognitive approach, involves the compliance of
the hypnotized person with the suggestions of the hypnotist. We would therefore expect people whose self-presentation style inclines them on a daily basis to adapt their behavior to the expectations of those around them to comply naturally with the demands of the hypnotic situation. In this study, we propose that people who seek to fit in with others in social situations may tend to be more easily hypnotized than those less eager to adjust to their environment. We therefore hypothesized that hypnotizability would be related to self-presentation styles, whether acquisitive or defensive.

Correlates of hypnotizability have been difficult to find. Demonstrating a connection between hypnotizability and self-presentation could be an important contribution to this area of research and would also argue for a sociocognitive component in hypnotic response.

Earlier studies have sought to find a correlation between hypnotizability and self-presentation. Kihlstrom et al. (1980) found no correlation between SMS scores and scores on the Harvard Group Scale of Hypnotic Susceptibility, Form A (Hilgard, 1965). Bachner-Melman, Ebstein, and Lichtenberg (2002) similarly found no correlation between SMS scores and scores on the Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C; Weitzenhoffer & Hilgard, 1962). They argue that this nonfinding may be due to the lack of a single, general factor in Snyder’s SMS, calling the validity of the underlying construct into question. A lack of validity probably underlies the results of studies showing that SMS scores are unrelated to situational cues for appropriate behavior (Dabbs, Evans, Hopper, & Purvis, 1980; Schlenker, Miller, & Leary, 1983).

In this study, we therefore explore a possible link between hypnotizability and self-presentation by using the measures of Lennox and Wolfe (1984), the RSMS and CAS, which as noted are more psychometrically sound than the SMS. We hypothesized that we would find significant correlations between hypnotizability and both acquisitive (RSMS) and defensive (CAS) styles of self-presentation.

**METHOD**

**Participants**

Participants in this study were 50 young adults (33 women, 17 males, mean age = 23.6, SD = 4.1), who had previously served as healthy controls in a large study on eating disorders (Bachner-Melman et al., 2005). These people, who had completed the RSMS and the CAS in the previous study, agreed to undergo hypnosis in exchange for a small fee. Exclusion criteria were a history of psychiatric or neurologic disease, drug abuse, head trauma, or treatment with psychotropic medications.
The current study was approved by the Herzog Hospital Institutional Review Board. All subjects provided written informed consent.

**Instruments**

The *Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C)*. The SHSS:C (Hilgard, 1965) was used to assess hypnotizability. This widely used test includes an individually administered hypnotic induction followed by 12 tasks. Scoring is on a 12-point scale, with each suggested task carried out by the participant corresponding to a point.

The *Revised Self-Monitoring Scale (RSMS)*. The RSMS (Lennox & Wolfe, 1984) is a self-report questionnaire with 13 items scored on a 6-point Likert scale. The two factors have consistently identified using both exploratory and confirmatory factor methods. A six-item scale measures Sensitivity to Expressive Behavior of Others (SEBO; for example, ‘I can read others’ emotions through their eyes’) and a seven-item scale measures the ability to modify self-presentation (AMSP; for example ‘I can control the way I come across to people’).

Modest positive correlations (.22–.34) have been reported between the two subscales. Internal consistency estimates for the whole scale have ranged from .75 (Lennox & Wolfe, 1984) to .87 (O’Cass, 2000), with a meta-analysis of 13 studies reporting Cronbach’s alpha of .81 (Day et al., 2002). Alpha coefficients for the subscales were .77–.86 for the AMSP and .70–.85 for the SEBO (Lennox & Wolfe, 1984; O’Cass, 2000). Test-retest correlations were found to be .6–.7 for a 3-week period and .55, .52, and .53 for the total scale, SEBO, and AMSP, respectively, over a 2-year period (Anderson, 1991).

The Concern for Appropriateness scale (CAS; Lennox & Wolfe, 1984) is a self-report questionnaire containing 20 items scored on a 6-point Likert scale. The CAS comprises two subscales: a 13-item scale measuring attention to social comparison information (ASCI; for example “If uncertain how to act, I watch others for cues”) and a seven-item scale measuring Cross Situational Variability Subscale (CVS; for example “I show different sides to different people”). The CAS has excellent psychometric properties (Celuch, Slama, & Schaffenacker, 1997; Cutler & Wolfe, 1985; Johnson, 1984; Miller, Omens, & Delvadia, 1991). Coefficient alpha values are consistently above .80. The internal reliability of the ASCI subscale was found to be around .80, and that of the CSV subscale around .78 (Lennox & Wolfe, 1984). The CAS has yielded a test-retest correlation of .84 after 3 weeks (Johnson, 1984).

For ease of reference, we schematically present the various scales and subscales of the RSMS and the CAS in Figure 1.

A validated Hebrew translation of the SHSS:C (Lichtenberg, Shapira, Kalish, & Abramowitz, 2009) was used. The RSMS and the CAS...
were translated into Hebrew by a psychologist whose mother tongue is Hebrew and who has excellent knowledge of English and was then professionally edited. Every effort was made to ensure semantic, idiomatic, and conceptual equivalence and to preserve overall meaning and nuances. An independent psychologist, also a native speaker of Hebrew, back-translated them. Translators resolved discrepancies and agreed on the final wording. The Hebrew translations were validated on an Israeli sample of 1294 participants (Bachner-Melman, Bacon-Shnoor, et al., 2009).

**Results**

As hypothesized, a significant correlation was found between SHSS:C total scores and CAS scores ($r = .43$, $p = .002$). SHSS:C scores were significantly correlated with both subscales of the CAS, ASCI ($r = .37$, $p = .009$), and CVS ($r = .32$, $p = .023$).

Contrary to our hypothesis, SHSS:C scores were not observed to be significantly associated with the RSMS ($r = .07$, $p = .631$), nor with either of its subscales. It should nevertheless be noted that the correlation between SHSS:C scores and the SEBO subscale ($r = .27$, $p = .062$) approached significance. Full results are presented in Table 1.
Table 1
Correlations Between Hypnotizability and Self-Presentation Scales

<table>
<thead>
<tr>
<th></th>
<th>SHSS:C</th>
<th>CAS</th>
<th>CVS</th>
<th>ASCI</th>
<th>RSMS</th>
<th>SEBO</th>
<th>AMSP</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHSS:C</td>
<td>—</td>
<td>r = .43</td>
<td>r = .32</td>
<td>r = .37</td>
<td>r = .07</td>
<td>r = .27</td>
<td>r = .13</td>
</tr>
<tr>
<td>CAS</td>
<td>r = .43</td>
<td>—</td>
<td>r = .74</td>
<td>r = .90</td>
<td>r = .34</td>
<td>r = .22</td>
<td>r = .31</td>
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<td></td>
<td>p = .002</td>
<td></td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
<td>p = .016</td>
<td>p = .130</td>
<td>p = .026</td>
</tr>
<tr>
<td>CVS</td>
<td>r = .32</td>
<td>r = .37</td>
<td>—</td>
<td>r = .47</td>
<td>r = .38</td>
<td>r = .16</td>
<td>r = .43</td>
</tr>
<tr>
<td></td>
<td>p = .023</td>
<td>p = .009</td>
<td></td>
<td>p = .001</td>
<td>p = .007</td>
<td>p = .274</td>
<td>p = .002</td>
</tr>
<tr>
<td>ASCI</td>
<td>r = .37</td>
<td>r = .90</td>
<td>r = .47</td>
<td>—</td>
<td>r = .21</td>
<td>r = .08</td>
<td>r = .24</td>
</tr>
<tr>
<td></td>
<td>p = .009</td>
<td>p &lt; .001</td>
<td>p = .001</td>
<td></td>
<td>p = .149</td>
<td>p = .575</td>
<td>p = .098</td>
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<tr>
<td>RSMS</td>
<td>r = .07</td>
<td>r = .34</td>
<td>r = .38</td>
<td>r = .21</td>
<td>—</td>
<td>r = .76</td>
<td>r = .82</td>
</tr>
<tr>
<td></td>
<td>p = .631</td>
<td>p = .016</td>
<td>p = .007</td>
<td>p = .149</td>
<td></td>
<td>p &lt; .001</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>SEBO</td>
<td>r = .27</td>
<td>r = .22</td>
<td>r = .16</td>
<td>r = .08</td>
<td>r = .76</td>
<td>—</td>
<td>r = .25</td>
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<tr>
<td></td>
<td>p = .062</td>
<td>p = .130</td>
<td>p = .274</td>
<td>p = .575</td>
<td>p &lt; .001</td>
<td></td>
<td>p = .076</td>
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<tr>
<td>AMSP</td>
<td>r = .13</td>
<td>r = .31</td>
<td>r = .43</td>
<td>r = .24</td>
<td>r = .82</td>
<td>r = .25</td>
<td>—</td>
</tr>
</tbody>
</table>

Correlations between SHSS:C scores and the CAS scores, RSMS scores and its subscales. SHSS:C = Stanford Hypnotic Susceptibility Scale, Form C; RSMS = The Revised Self-Monitoring Scale; SEBO = Sensitivity to Expressive Behavior of Others; AMSP = The Ability to Modify Self-Presentation; CAS = The Concern For Appropriateness Scale; ASCI = Attention to Social Comparison Information; CVS = Cross Situational Variability Subscale.

Discussion

In this study, we used Lennox and Wolfe’s (1984) constructs of Concern for Appropriateness and Revised Self-Monitoring, which tap into two different aspects of self-presentation. In accordance with our hypothesis, we found that hypnotizability, as assessed by the SHSS:C, correlates with Lennox and Wolfe’s passive, “getting along” self-presentation style, or Concern for Appropriateness, as measured by the CAS. However, contrary to our hypothesis, the more active, “getting ahead” self-presentation style, evaluated by the RSMS, did not correlate significantly with hypnotizability.

Neither Kihlstrom et al. (1980) nor Bachner-Melman et al. (2002) found significant associations between hypnotizability and self-presentation as measured by Snyder’s (1974) SMS. To our knowledge, this is the first study to find a correlation between hypnotizability and any form of self-presentation.

Concern for Appropriateness reflects a more defensive, protective self-representation style than Revised Self-Monitoring (Wolfe, Lennox, & Cutler, 1986). CAS scores have been found to be negatively associated with self-esteem, extraversion, and emotional stability and positively...
associated with perfectionism, maladaptive social behavior, and eating pathology (Bachner-Melman, Zohar, et al., 2009; Miller et al., 1991). This study suggests that a protective self-presentation style inclines certain individuals to cooperate with hypnotic suggestions out of a fear of failing as hypnotic subjects and a need to play it safe, so to speak.

The RSMS assesses an active, acquisitive, and adaptive form of self-representation. Scores correlate positively with self-confidence, self-esteem, extraversion, and leadership and correlate negatively with neuroticism and social anxiety (Miller et al., 1991). Although it appears from the results of this study that such adaptive social image shaping does not contribute to compliance with hypnotic suggestions, the non-significant trend we observed for sensitivity to the expressive behavior of others to predict hypnotizability may be significant in a larger study with greater statistical power.

We find, then, that in the context of the hypnotic situation, individuals scoring high on the RSMS adapt themselves less to the suggestions of the hypnotist than do those scoring high on the CAS. Why this should be so is not entirely clear. Hypnotic induction with the SHSS:C does not imply that the subject must comply, but is more permissive, with statements such as “let happen whatever is about to happen.” The fear of failure for the high-CAS subject may be a greater prod to compliance with suggestion than the drive for success of the high-RSMS subject.

Significantly, CAS rather than RSMS scores have been found to correlate with measures of social and interpersonal suggestibility such as sensitivity to social and cultural influences (Netemeyer, Bearden, & Teel, 1992), consumer conformity (Bearden & Rose, 1990), and susceptibility to peer pressure (Johnson, 1989). It therefore makes good sense that this suggestibility should extend to the hypnotic context.

A strength of this study is that the self-presentation questionnaires were administered at a time when none of the participants knew that they were to be hypnotized; indeed, at the time of completion of the CAS and RSMS, hypnotizability testing was not even part of the study, so the researchers also had no idea. This removes the possibly confounding effects of context, which have complicated evaluation of other correlates of hypnotizability, such as the Tellegen Absorption Scale (Barnier & McConkey, 1999; Zachariae, Jørgensen, & Christensen, 2000).

The results reported here should be replicated in future studies, to confirm whether Concern for Appropriateness may be added to the growing list of correlations between hypnotizability and measures of personality and cognition. A larger sample could be assessed and further measures added, such as fear of failure, drive for success, and correlates of Concern for Appropriateness, such as disordered eating and sociocultural attitudes towards appearance (Bachner-Melman, Zohar, et al., 2009). Meanwhile, a correlation between how a person presents him/herself and how one reacts to the challenge of being
hypnotized makes intuitive sense and provides a degree of support for sociocognitive elements in determining hypnotizability.

References


Hypnotisierbarkeit ist mit einer beschützenden, jedoch nicht mit einer erwerbsorientierter Eigenpräsentation assoziiert

Raz Levin, Rachel Bachner-Melman, Shany Edelman, Richard P. Ebstein, Uriel Heresco-Levy und Pesach Lichtenberg

Abstrakt: Eigenpräsentation bezieht sich auf die Verhaltensstrategien, die eine Person annimmt, um ein gewünschtes soziales Bild von sich selbst gegenüber anderen zu vermitteln. Die Concern for Appripriate Scale (CAS) mißt einen zurückhaltenden eher ängstlichen Typ, der soziale Bedrohungen eher vermeidet während die Revised Self-Monitoring Scale (RSMS) das aktive und flexible soziale Verhalten, der auf Macht und Status aus ist, mißt. In dieser Studie wurde eine signifikante Korrelation zwischen der Hypnotisierbarkeit, wie sie durch die Stanford Hypnotic Susceptibility Scale, Form C (SHSS:C) gemessen wird, und der CAS gefunden (r = 0,43, p = 0,002) nicht jedoch zwischen der Hypnotisierbarkeit und der RSMS.
(r = 0,070, p = 0,631). Diese Ergebnisse lassen darauf schließen, daß durch eine zurückhaltende Haltung einige Menschen eher dazu neigen mit hypnotischen Suggestionen zu kooperieren.

**Stephanie Reigel, MD**

L’hypnotisabilité est associée à un style de présentation d’auto-protection et non acquisitif


Résumé: La présentation de soi fait référence aux stratégies comportementales qu’une personne adopte pour communiquer une image sociale désirable d’elle-même. L’Échelle d’inquiétude pour les convenances (CAS) mesure une approche défensive et craintive en société visant à éviter les situations sociales inconfortables, alors que l’Échelle révisée de monitorage de soi (RSMS) mesure une approche sociale active et flexible, visant l’acquisition de pouvoir et d’un certain prestige. Cette étude révèle une corrélation significative entre l’hypnotisabilité, mesurée par l’échelle de susceptibilité hypnotique de Stanford, formulaire C (SHSS:C) et la CAS (r = 0,43; p = 0,002), mais aucune entre l’hypnotisabilité et la RSMS (r = 0,070; p = 0,631). Ces résultats semblent indiquer qu’un style d’auto-présentation misant sur la protection peut inciter certaines personnes à obéir aux suggestions hypnotiques.

**Johanne Reynault**

C. Tr. (STIBC)

La Hipnotizabilidad se Asocia con un Estilo de Autopresentación de Protección pero no Codicioso


Resumen: La autopresentación se refiere a las estrategias conductuales que adopta una persona para transmitir imágenes sociales deseables de uno mismo a otras personas. La Escala de Preocupación por lo Apropiado (CAS) mide un acercamiento social defensivo y temeroso dirigido hacia la evitación de amenazas sociales, mientras que la Escala Revisada de Automonitoreo (RSMS) mide un acercamiento social activo y flexible dirigido a la adquisición de poder y estatus. En este estudio, se encontró una correlación significativa entre Hipnotizabilidad, medida por la puntuación en la Escala Stanford de Susceptibilidad Hipnótica, Forma C (ESSH:C), y la CAS (r = .43, p = .002) pero no entre Hipnotizabilidad y la RSMS (r = .07, p = .631). Estos resultados sugieren que un estilo de autopresentación de protección pudiese predisponer a ciertos individuos a cooperar con las sugerencias hipnóticas.

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