



DEPARTMENT OF THE ARMY
HEADQUARTERS, US ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND
810 SCHREIDER STREET
FORT DETRICK, MARYLAND 21702-5000

July 30, 2019

Office of the Secretary of the General Staff
FOIA #FP-19-021992/FA-19-0038

Mr. John Greenewald
27305 W Live Oak Road
Suite 1203
Castaic, CA 91384

Dear Mr. Greenewald:

This is in response to your May 21, 2019 Freedom of Information Act request that was referred to us from DTIC for the document "An Empirical Investigation of Trance Phenomena". The determination to delimit this document has been authorized. Your FOIA request has been granted in full and is enclosed.

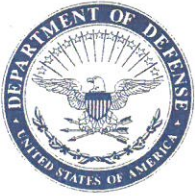
Should you have any questions pertaining to the processing of the document I may be reached at (301)-619-7438 or email shalli.l.keller.civ@mail.mil

Respectfully,

A handwritten signature in black ink that reads "Shalli L. Keller".

Shalli L. Keller
Staff Action Control Officer
Freedom of Information Act Officer
U.S. Army Medical Research and
Development Command

Enclosure



DEFENSE TECHNICAL INFORMATION CENTER

8725 JOHN J. KINGMAN ROAD
FORT BELVOIR, VIRGINIA 22060-6218

IN REPLY
REFER TO: DTIC-R (FOIA 2019-121)

MAY 24 2019

MEMORANDUM FOR U.S. ARMY MEDICAL RESEARCH AND DEVELOPMENT
COMMAND (MRDC)

SUBJECT: Freedom of Information Act (FOIA) Request

Reference: Freedom of Information Act (FOIA) request from Mr. Greenewald,

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activity. The controlling activity currently identified for the document is:

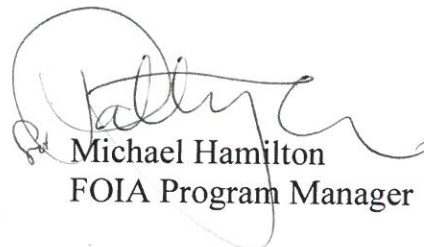
U.S. Army MRDC
810 Schreider Street
Fort Detrick, MD 21702-5000

Therefore, we are forwarding this request to you for processing and direct response back
to Mr. Greenewald. We have notified him of this action (attachment 1). A copy of the
document is provided at attachment 2.

Should your review of the above document result in a determination to delimit it (make
available to the public) or a determination that the distribution statement should be
changed, please advise this office in writing so we may mark our records accordingly.

The category of request was "other." To date, Mr. Greenewald has incurred no
assessable fees for services from DTIC. Please call me at (703) 767-9204 if you have
any questions.

FOR THE ADMINISTRATOR:


Michael Hamilton
FOIA Program Manager

Attachments:
As stated



DEFENSE TECHNICAL INFORMATION CENTER
8725 JOHN J. KINGMAN ROAD
FORT BELVOIR, VIRGINIA 22060-6218

IN REPLY
REFER TO: DTIC-R (FOIA 2019-121)

MAY 24 2019

Mr. John Greenewald Jr.
27305 W. Live Oak Rd
Suite #1203
Castaic, CA 91384

Dear Mr. Greenewald Jr.:

This is in response to your request dated May 21, 2019, requesting information under the Freedom of Information Act (FOIA) (enclosure 1). Under Department of Defense rules implementing the FOIA, published at 32 CFR 286, your request was categorized as "other". The document that you have requested, AD840632, entitled "An Empirical Investigation of Trance Phenomena; Final Report," is limited to U.S. Government agencies and their contractors only; therefore we are forwarding this document to the organization listed below for processing and direct response back to you. Please direct all future correspondence related to the document to:

U.S. Army MRDC
820 Chandler Street
Fort Detrick, MD 21702-5014

To date, there are no assessable fees for services from DTIC. Please understand that other members of the public may submit a FOIA request for copies of FOIA requests received by this office, or the names of those who have submitted requests. Should such occur, your name and, if asked for, a copy of your request will be released; however, your home address and home telephone number will not be released. Other private citizens who have obtained your name by using such a request may contact you; however, correspondence from the DoD about your request will be on official letterhead. Please contact me at (703) 767-9204 if you have any questions. Thank you for your interest in obtaining information from DTIC.


Sincerely,


Michael Hamilton
FOIA Program Manager

Enclosure

This document is made available through the declassification efforts
and research of John Greenewald, Jr., creator of:

The Black Vault



The Black Vault is the largest online Freedom of Information Act (FOIA) document clearinghouse in the world. The research efforts here are responsible for the declassification of hundreds of thousands of pages released by the U.S. Government & Military.

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Li.
AD840632

AN EMPIRICAL INVESTIGATION OF TRANCE PHENOMENA

FINAL REPORT

by

Martin T. Orme, M. D., Ph. D.

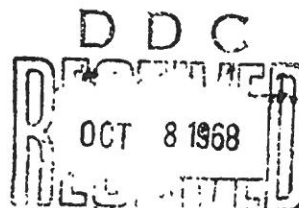
May, 1968

(For the period of 1 May, 1965 through 31 August, 1967)

Supported by

U. S. ARMY MEDICAL RESEARCH & DEVELOPMENT COMMAND
Office of The Surgeon General, Washington, D. C. 20315

Contract No. DA-49-193-MD-2744
The Contributors to the Pennsylvania Hospital
Philadelphia, Pennsylvania 19139



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**BEST
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This report is intended to summarize the work carried out under Contract No. DA-49-193-MD-2744 from May 1, 1965 through August 31, 1967. The studies reported were carried out at The Institute of the Pennsylvania Hospital.

The major purposes of the work done under this present grant were twofold: (a) to extend the investigation begun by Dr. Dittborn of the relation between suggested sleep and hypnotizability as measured by standardized test procedures and assessed by clinical ratings, and (b) to familiarize Dr. Dittborn with procedures developed in our laboratory for the evaluation of hypnotizability with a view toward future research, taking advantage of the clinical facilities available to Dr. Dittborn in Chile. Further experience with experimental procedures formed an integral part of the second aim.

While the many similarities of interest between Dr. Dittborn and those at our laboratory initially suggested a program of research along broad lines in the areas of differing states of consciousness not primarily associated with hypnotic procedures, it soon became apparent that this would be less likely to result in specific experimental results than the planning of several studies designed to answer specific questions more limited in nature. These could then provide both substantive findings as steps for future research and important methodological experience useful for the furtherance of that research.

Dr. Dittborn has now returned to Chile, where he has taken a professorship in medical psychology and is actively continuing research in hypnosis and related areas. Collaboration on a consulting basis between his laboratory and our own is planned in the future.

Effectiveness of Intermittent Photic Stimulation

In order to provide Dr. Dittborn with participant experience in the planning and execution of a major experimental design, as well as to obtain data necessary for the selection of Ss for a later experiment directly investigating the relationship between diagnostically assessed hypnotizability and sleep suggestibility, an experiment was designed in which he participated as a primary investigator.

The purpose of this experiment (Dittborn & Shor, in press) was to attempt to confirm a previously reported differential effectiveness of intermittent photic stimulation in the alpha range in facilitating hypnotic performance (Arkins, 1962; Hammer & Arkins, 1964).

The importance of doing this study was derived from the fact that no physiological change has yet been reliably shown to be associated intrinsically with either hypnotic induction or the hypnotic state itself. If an intrinsically hypnogenic stimulus were found that facilitated the induction of hypnosis or increased its depth, this would have very great theoretical import. This was particularly the case in the present instance, since the rate of photic stimulation claimed to be hypnogenic was in the well-known range of alpha activity of the EEG, which itself has been the subject of extensive experimental investigation. Such a differential effect might provide a long-awaited door into some understanding of the neurophysiology of hypnosis.

The experiment provided Dr. Dittborn with experience in the procedures for the solicitation of Ss and their subsequent diagnostic

evaluation. Electroencephalographic activity was recorded in all Ss, thus providing a basis for the selection of Ss showing a high average density of waking alpha activity, which was a prerequisite for participation in the second study planned (to be described below).

All Ss were also given the Harvard Group Scale of Hypnotic Susceptibility, Form A (Shor & E. Orne, 1962) and later the Stanford Scale of Hypnotic Susceptibility, Form C (Weitzenhoffer & Hilgard, 1962). This provided experience with these widely used standardized tests of hypnotizability.

Dr. Dittborn was then given extensive training in the use of the diagnostic rating procedures developed in our laboratory (Orne & O'Connell, 1967). In a series of 13 Ss, diagnostic ratings made by Dr. Dittborn and a second E correlated .98, which demonstrates almost complete inter-comparability of judgment.

No evidence was found confirming any greater efficacy of photic stimulation in the alpha range than that in other ranges in interaction with suggestion. For a number of theoretical and statistical reasons, these results were not unexpected.

Sleep Suggestibility and Hypnotizability

A major goal of the collaborative research supported by this grant was the investigation of the relationship between conventionally evaluated hypnotizability and the sleep suggestibility procedure developed by Dr. Dittborn and his colleagues (Borlone, Dittborn, & Palestrini, 1960; Dittborn & Aristequieta, 1962; Dittborn & Armengol, 1960a, 1960b; Dittborn, Gutiérrez, & Godoy, 1960; Dittborn & Kline, 1958; Dittborn, Muñoz, & Aristequieta, 1963).

Preliminary studies were carried out on the effectiveness of several modifications in the original procedure used by Dittborn. Instead of the light flash and pushbutton response key used in the original investigations, a buzzer signal and telegraph response key were used. These modifications did not seem to interfere with the sleep suggestion effects.

Three measures of sleep suggestibility were used:

1. Behavioral sleep, measured by the number of signals to which S responded.
2. Physiological sleep, defined by currently used classification of EEG activity.
3. Subjective sleep, based on postexperimental subjective report obtained from S.

The prediction was made that these three operationally distinct definitions of sleep would show a high degree of coincidence. It was further predicted that they would show a significant correlation with

diagnostically rated hypnotizability, those Ss showing the greatest propensity to fall asleep being the ones who would tend to rate highest in hypnotizability.

The unexpected finding was made that instances occurred in which an apparent dissociation was found between behavioral and subjective sleep, on the one hand, and EEG-defined physiological sleep, on the other.

While propensity for susceptibility to suggested sleep was not found to correlate significantly with hypnotizability as rated by diagnostic procedures, nor by previous standardized tests, a significant relation was found between sleep dissociation and hypnotizability. A significantly greater proportion of Ss showing dissociation of sleep indices were found to be high in hypnotizability than could be attributed to chance. These highly hypnotizable Ss reported that they were subjectively asleep even though their physiological records denied this report. Their behavior in failing to respond to the auditory signal was consonant with their subjective conviction rather than with their physiological state as measured by the EEG.

This finding is in agreement with the previously reported observation that deeply hypnotized Ss may report being out of contact with their surroundings and of feeling dissociated or in an abnormal state even though their EEG activity appears to differ not at all from their waking pattern.

Although the sleep suggestion test was not found to correlate with hypnotizability as expected, this does not preclude its usefulness in other

contexts and with other sample populations. The effectiveness of hypnotherapy is widely held frequently not to depend on the depth of hypnosis achieved. Suggestions of a therapeutic nature given after sleep suggestion might prove effective in patients low in hypnotizability, which could extend the usefulness of suggestive procedures to this group.

A further evaluation of the relation between performance on the sleep suggestion test and hypnotizability evaluated by other procedures should be made in subject populations holding expectations about the nature of hypnosis different from those of American college undergraduates.

Daydreaming Ability Test

The development of procedures for assessing hypnotizability that have low face validity, thus allowing the testing of this trait without the necessity of giving the S an expectation of experiencing hypnosis, is of both practical and theoretical interest. There are experimental situations where it is desirable to select Ss extreme in hypnotizability without informing them that they will later be hypnotized. For example, it has been pointed out that expectation of later hypnosis may result in a depression of waking performance levels, thus giving a spurious impression of the effectiveness on performance of hypnotic suggestion (Evans & Orne, 1965; London & Fuhrer, 1961; Rosenhan & London, 1963a, 1963b).

Theoretically, it would be of considerable interest to demonstrate that hypnotic induction can occur without knowledge on the part of the hypnotized S, since role-taking models of hypnosis postulate that such knowledge is necessary for the definition of appropriate role behavior (Sarbin, 1950).

A technique has been developed for the evaluation of hypnotizability using a nonthreatening procedure not obviously related to standard hypnotic induction procedures (Dittborn, 1968). The test is presented as a measure of daydreaming and involves both an objective behavioral output and clinical signs that can be used to assess hypnotic propensity. It has been shown to reflect significantly the diagnostic rating procedures described by Orne and O'Connell (1967), which have previously been used to provide a rigorous classification of Ss in a variety of experiments in our laboratory.

The procedure is based on a previously reported clinical study (Dittborn & Armengol, 1960), in which hypnosis was induced by first bringing about a state of behavioral sleep. For the majority of Ss, this procedure seems relatively innocuous and does not produce appreciable anxiety. It should be particularly suited for estimating the hypnotizability of Ss with cultural or ethnic affiliations where hypnosis is viewed as a highly dangerous or threatening experience. Clinically, it should be of value in the selection of patients suitable for hypnotherapy.

Both an English and a Spanish version of the test have been developed, which will facilitate future cross-cultural comparisons.

DAYDREAMING ABILITY TEST

Try not to read this text before taking the test. If you did so, state it in the final comments.

Before taking the test, make sure you have something at hand to write with and a suitable flat surface for writing. Try to use the sitting position without crossing your legs.

Please fill in the following information:

Name: _____

Age: _____ Date: _____ Time: _____

Address: _____

Occupation: _____ Telephone _____

Approximately how many hours of sleep did you get last night? _____ hours

Have you slept again since then (taken a nap)? Yes _____ No _____

If so, how long? _____

WHILE DOING THE TEST, DO NOT PAY ATTENTION CLOSELY TO THE TASK.
JUST LET YOURSELF GO. NOW PLEASE. READ CAREFULLY THE INSTRUCTIONS
ON PAGE 2.

INSTRUCTIONS

PLEASE READ THE INSTRUCTIONS UNTIL THEY ARE CLEAR TO YOU. DO NOT BEGIN THE TEST UNTIL YOU UNDERSTAND THE INSTRUCTIONS. TAKE ALL THE TIME YOU NEED.

Write the word "sleep" repeatedly as shown on the next page. Write the word very slowly each time, thinking as you do so that the more times you repeat writing "sleep" the more sleepy you will feel. Just let yourself go - let the sleepiness grow.

While you are writing the word "sleep" one of two things may happen:

1. It may happen that you only feel a bit sleepy, or even not at all so. If this is the case, just keep on writing "sleep" until you complete the page. Then, and only then, close your eyes.
2. It may happen that you feel so sleepy while writing that it may become difficult to go on. When this happens, just stop writing and let your eyes close.

Whichever happens, once your eyes are closed, please bring to mind a pleasant memory or imagine a pleasant fantasy situation. Remember that fantasies are similar to dream-situations. After you have developed a strong memory or fantasy, it will disappear. You will forget it.

After this has happened, after you have forgotten it, you will open your eyes and be wide awake, feeling fine.

Then, turn to pages 4 and 5 where you will be asked to answer several questions about your experiences and will be given further instructions.

PLEASE TURN TO NEXT PAGE

PLEASE DO NOT TURN THIS PAGE UNTIL YOU HAVE ANSWERED ALL THE
QUESTIONS

1. WRITING "SLEEP"

At the beginning you were asked to write over and over the word "sleep." We would like to know whether you felt sleepy or not. Please circle the letter in front of the phrase that best describes your feelings.

A. I felt quite sleepy.

B. I felt only slightly sleepy or not at all so.

2. MEMORY OR FANTASY

You were asked then to bring to mind a pleasant memory or fantasy. In the space below, please describe what you can of that memory or fantasy. If you do not remember it well, just write down what you can recall. If you remember nothing at all about it, please indicate that this is the case.

PLEASE TURN TO NEXT PAGE

PLEASE DO NOT TURN BACK TO PAGE 4

Feeling fine and refreshed, read carefully the following sentences:

"NOW I CAN REMEMBER EVERYTHING"
"NOW I CAN REMEMBER EVERYTHING"

3. Please write out what you remember now about your memory or fantasy that you did not remember while you were filling out the last page.

4. "VIVIDNESS" OF MEMORY OR FANTASY

Now that you are wide awake, read the two sentences below describing the "vividness" or "intensity" of the memory or fantasy that you may have had. Please circle the letter in front of the sentence that best describes what you experienced.

- A. I felt more as though I were living in my memory or fantasy than here.
- B. I felt more here than living in my memory or fantasy.

We would now appreciate any further comments or observations you have about this test and your experiences during it. If needed, use the back of this page for more space for your writing.

PRUEBA DE CAPACIDAD DE ENSONACION

Prepárese a ejecutar la prueba sobre una superficie dura (mesa, escritorio, tabla, trozo de cartón, etc.).

Por favor, antes denos la siguiente información (si le es posible escriba con lápiz corriente o de pasta, no con tinta):

Nombre y apellido:.....Sexo.....

EdadFecha.....Hora.....

Dirección:Ocupación.....

Teléfono propio:(o el de su trabajo).....

SAQUE AHORA EL CORCHETE QUE CIERRA ESTE LIBRETO Y PASE A LA PAGINA SIGUIENTE. ALLI LEA LAS INSTRUCCIONES QUE SE LE DAN PARA EJECUTAR LA PRUEBA.

INSTRUCCIONES

1. Va a escribir líneas horizontales de 3 palabras "duermo," una debajo de la otra hasta completar la página y tal como está indicado en el ejemplo de la página siguiente - si quiere, mire ahora esa página -. Escriba las palabras despacio pensando que, a medida que escribe más y más palabras "duermo" va a sentir más y más deseos de dormir. Déjese llevar por este deseo de dormir. Escoja la posición sentada, sin cruzar sus piernas.
2. Al escribir una y otra vez la palabra "duermo" pensando mientras las escribe que le va a venir sueño, pueden ocurrirle dos cosas:
(1) puede ocurrirle que sienta bastante sueño mientras escribe y le cueste seguir escribiendo. Si eso le pasa, deje de escribir y cierre sus ojos. (2) Puede ocurrirle que sienta poco o casi nada de sueño mientras escribe. Si eso le pasa, siga escribiendo hasta completar la página. Entonces, y sólo entonces, cierre sus ojos.
3. Ocurráale lo que le ocurra y cuando haya dejado de escribir, ya sea porque le dio sueño o porque terminó la página, va a llevar a su mente el recuerdo de un momento agradable de su vida, o bien va a formar en su mente una fantasía agradable. No olvide que las fantasías se parecen a las cosas que soñamos.
- 3a. Después que haya logrado ver claramente en su mente el recuerdo o la fantasía, va a olvidar la imagen que tuvo en su mente dejando su mente en blanco. Cuando se encuentre con su mente en blanco habiendo olvidado la imagen del recuerdo o la fantasía, va a abrir los ojos sintiéndose muy bien.

En suma, la prueba consta de 4 partes: (1) Escribir repetidamente la palabra "duermo," (2) a ojos cerrados formar en su mente la imagen de un recuerdo o una fantasía, (3) olvidar esta imagen y abrir sus ojos, (4) pasar a las páginas 4 y 5 de este libretto y allí contestar lo mejor que pueda las preguntas que se le hacen.

LEA ESTAS INSTRUCCIONES CUANTAS VECES QUIERA. INICIE LE PRUEBA SOLO CUANDO TENGA BIEN CLARO LO QUE DEBE HACER. PARA COMPLETARLA TOMESE TODO EL TIEMPO QUE QUIERA.

NO PASE A LA PAGINA SIGUIENTE HASTA NO COMPLETAR ESTA PAGINA

1. ESCRIBIR "DUERMO."

En un comienzo se le pidió que escribiera de corrido la palabra "duermo." ¿Estima Ud. que mientras escribía "duermo" sintió o no sintió sueño? Subraye a continuación la frase que corresponda a lo que Ud. cree que sintió.

- A. Sentí bastante sueño
- B. Sentí poco sueño
- C. No sentí nada de sueño

2. DESCRIBIR RECUERDO O FANTASIA.

Después se le pidió que llevara a su mente la imagen de un recuerdo agradable de su vida, o bien que hiciera una fantasía de su agrado. En el espacio a continuación describanos en pocas palabras el recuerdo o la fantasía que tuvo en su mente. Si no se acuerda bien, escriba lo que recuerde. Si no se acuerda de nada, escriba "no me acuerdo de nada."

AHORA PASA A LA PAGINA 5.

NO VUELVA A ESCRIBIR NADA EN LA PAGINA ANTERIOR

Habiendo despertado bien, lea cuidadosamente e las frases siguientes:

AHORA PUEDO RECORDAR TODO

AHORA PUEDO RECORDAR TODO

2a. A continuación escriba en pocas palabras el recuerdo o la fantasía que hubiere olvidado, o bien, complete le que ahora recuerde y no recordaba antes.

3. REALIDAD DE LA IMAGEN

A continuación encontrará escritas dos frases que se refieren a la "realidad" or "intensidad" con que vivió el recuerdo o la fantasía. Subraye la frase que corresponda mejor a lo que sintió.

- A. Me sentí más, "allá en mi imaginación" que "acá en es este lugar."
- B. Me sentí más, "acá en este lugar" que "allá en mi imaginación."

A continuación le agradeceríamos que nos hiciera cualquier comentario sobre esta prueba (si lo necesita continúe escribiendo a la vuelta).

Clinical and Laboratory Research Potentialities

A paper was prepared for presentation to the Clinical Hypnosis Section of the Panamerican Medical Association meeting in Buenos Aires, Argentina, in November, 1967. Abstracts of this presentation in English and Spanish are appended to this report.

It is suggested that recently developed standardized scales of hypnotizability which are read verbatim may be of less value in a clinical situation than in the laboratory, specifically the scales developed at Stanford (Weitzenhoffer & Hilgard, 1959, 1962) and their modification for group administration made in our laboratory (Shor & E. Orne, 1962).

The Daydreaming Abilities Test, described above, and the diagnostic rating procedures described by Orne and O'Connell (1967) are considered as alternate means of evaluating hypnotizability in the clinical situation, the first being particularly useful for its low face validity, and the second being a freer, more adaptable test procedure.

Several projected areas of research using these procedures were discussed. These include the measurement of hypnotizability in women experiencing natural childbirth and the induction through hypnosis of involuntary reflex behavior in chronic alcoholics and other suitable patient groups.

ABSTRACT

Potentialities for reciprocal contributions between clinical and
laboratory research in hypnosis¹

Julio Dittborn

Institute of the Pennsylvania Hospital and University of Pennsylvania

1. Rating Patients' Hypnotizability

Several standardized verbatim scales of hypnotizability have been devised and evaluated in the laboratory. These, however, are unsuited to clinical use. A diagnostic rating scale has now been developed that is more suitable and whose relation to verbatim scales is known. It is proposed that clinicians adopt this scale, which would improve reliability of communication among them and also between clinicians and their laboratory colleagues.

2. Methodology for Clinical Research

In the clinical context phenomena can be elicited that seem attributable to hypnosis but actually arise from factors such as compliance, placebo effect, cultural determinants, etc., either alone or in interaction with hypnosis. Some experimental designs are more suitable for clinical use in detecting such effects than others. The advantages and drawbacks of several are presented.

3. Involuntary Behavior and Hypnosis

Deep hypnosis has been defined as essentially a state facilitating major modifications of subjective experience. Few clearcut demonstrations of changes in voluntary behavior uniquely reflecting these subjective effects have been demonstrated in the laboratory. Such demonstration requires special experimental designs difficult to achieve. The availability in the clinical situation of involuntary behavior amenable to hypnotic modification presents an alternative means of investigating the functional reality of hypnosis.

1. Supported by grant DA-49-193-MD-2744 from the U.S. Army Medical Research and Development Command.

RESUMEN

Posibilidades de Intercambio entre la investigación clínica y
la investigación básica en hipnosis¹

Julio Dittborn

Instituto del Hospital de Pensilvania y Universidad de Pensilvania

1. Evaluación de la hipnotizabilidad de los pacientes

Ultimamente se han diseñado, estandarizado y evaluado toda una serie de escalas textuales de hipnotizabilidad para uso en el laboratorio. Tales escalas no son, sin embargo, adecuadas para uso clínico. Actualmente, se cuenta con una escala para uso clínico cuya relación con las escalas textuales estandarizadas es conocida. Se propone que los clínicos adopten esta escala. Ello permitirá una comunicación de resultados más confiable tanto entre ellos como con sus colegas de laboratorio.

2. Metodología en la investigación clínica

En el contexto clínico pueden observarse fenómenos que, junto con poder ser atribuidos a la hipnosis, podrían ser atribuidos a complacencia, efecto placebo, determinantes culturales, etc., o a una mezcla de alguno de ellos con hipnosis. Sería necesario contar con buenos diseños experimentales para elucidar hasta que punto la hipnosis es el factor principal en un logro determinado. Se presentan y discuten las ventajas y desventajas de varios diseños.

3. Hipnosis y conducta involuntaria

La hipnosis profunda se ha definido como un estado que facilita modificaciones extremas de la experiencia subjetiva. Pocas-en su mayor parte efectos en la conducta voluntaria-han sido las contribuciones que el laboratorio ha aportado a dilucidar este aserto. Tales contribuciones requieren diseños difíciles de lograr. Un gran campo de investigación para este estudio se presenta al clínico en la medida que dispone de un gran espectro de conducta involuntaria influenciada por hipnosis.

1. Financiado por la donación DA-49-193-MD-2744 del Comando para el Desarrollo e Investigación Médica del Ejército de los Estados Unidos.

Development of a Spanish Version of a Standardized Test

In relation to the foregoing aims, a Spanish version of the Harvard Group Scale of Hypnotic Susceptibility, Form A of Shor and E. Orne (1962) was developed by Dr. Dittborn. This test is primarily intended for laboratory use with subject populations comparable to those used in hypnotic research in the United States, particularly college undergraduates. It is hoped that comparability of testing procedures will allow cross-cultural comparisons of the distribution of hypnotizability as measured by this instrument.

Opportunities for Future Collaboration

A major outcome of the support given by this grant has been the close relationships formed between Dr. Dittborn and those working at our laboratory. Exchanges of ideas and research techniques have been particularly stimulating. Frequent exchanges during staff meetings and informal discussions occurred to the benefit of all parties concerned.

We look forward with pleasure to continued collaboration with Dr. Dittborn and through him with his coworkers in South America.

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Crawford, Patricia A CIV DTIC RM (USA)

From: National.FOIAPortal@usdoj.gov on behalf of National FOIA Portal
<National.FOIAPortal@usdoj.gov>
Sent: Tuesday, May 21, 2019 8:30 AM
To: DTIC Ft Belvoir RM Mailbox FOIA
Subject: [Non-DoD Source] New FOIA request received for Defense Technical Information Center
Attachments: FOIA Request confirmation #61841.pdf

Hello,

A new FOIA request was submitted to your agency component:

The following list contains the entire submission, and is formatted for ease of viewing and printing.

Contact information

First name John
Last name Greenewald
Mailing Address 27305 W Live Oak Rd.
Suite 1203
City Castaic
State/Province CA
Postal Code 91384
Country United States
Phone 8004562228
Company/Organization The Black Vault
Email john@greenewald.com

Request

Request ID 62366
Confirmation ID 61841

Request description To whom it may concern, This is a non-commercial request made under the provisions of the Freedom of Information Act 5 U.S.C. S 552. My FOIA requester status as a "representative of the news media." I am a freelance television producer often working on documentaries related to my FOIA requests, my work is commonly featured throughout major news organizations, and I freelance writer for news sites as well. Examples can be given, if needed. I prefer electronic delivery of the requested material either via email to john@greenewald.com, FAX 1-818-659-7688 or via CD-ROM or DVD via postal mail. Please contact me should this FOIA request should incur a charge. I respectfully request a copy of records, electronic or otherwise, of the following document: Accession Number: AD0840632 Corporate Author: PENNSYLVANIA HOSPITAL PHILADELPHIA UNIT FOR EXPERIMENTAL PSYCHIATRY Unclassified Title: (U) AN EMPIRICAL INVESTIGATION OF TRANCE PHENOMENA. Descriptive Note: Final rept. 1 May 65-31 Aug 67, Personal Author(s): Orne, Martin T Report Date: May 1968 Thank you so much for your time, and I am very

much looking forward to your response. Sincerely, John Greenewald, Jr. 27305 W. Live Oak Rd. Suite #1203 Castaic, Ca. 91384 FAX 1-818-659-7688

Supporting documentation

Fees

Fee waiver no

Expedited processing

Expedited Processing no

The following table contains the entire submission, and is formatted for ease of copy/pasting into a spreadsheet.

request_id	confirmation_id	address_city	address_country	address_line1	address_line2	address_state_province	address_zip_postal_code	company_organization	email	expedited_processing
62366	61841	Castaic	United States	27305 W Live Oak Rd. Suite 1203	CA	91384	The Black Vault	john@greenewald.com	no	no

John Greenewald 8004562228 To whom it may concern, This is a non-commercial request made under the provisions of the Freedom of Information Act 5 U.S.C. S 552. My FOIA requester status as a "representative of the news media." I am a freelance television producer often working on documentaries related to my FOIA requests, my work is commonly featured throughout major news organizations, and I freelance writer for news sites as well. Examples can be given, if needed. I prefer electronic delivery of the requested material either via email to john@greenewald.com, FAX 1-818-659-7688 or via CD-ROM or DVD via postal mail. Please contact me should this FOIA request should incur a charge. I respectfully request a copy of records, electronic or otherwise, of the following document: Accession Number: AD0840632 Corporate Author: PENNSYLVANIA HOSPITAL PHILADELPHIA UNIT FOR EXPERIMENTAL PSYCHIATRY Unclassified Title: (U) AN EMPIRICAL INVESTIGATION OF TRANCE PHENOMENA. Descriptive Note: Final rept. 1 May 65-31 Aug 67, Personal Author(s): Orne, Martin T Report Date: May 1968 Thank you so much for your time, and I am very much looking forward to your response. Sincerely, John Greenewald, Jr. 27305 W. Live Oak Rd. Suite #1203 Castaic, Ca. 91384 FAX 1-818-659-7688

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Request

Request ID 62366
Confirmation ID 61841

Request description

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Supporting documentation

Fees

Fee waiver

no

Expedited processing

Expedited Processing

no