

"As someone who has also been involved in subliminal research for a number of years, I feel that Dr. Swingle's book is likely to become a classic. The more I read, the more enthusiastic and interested I became. He discusses complex concepts in a clear and understandable fashion and presents a great deal of useful practical information, research findings, and clinical treatment procedures. There is also appropriate emphasis on the importance of evaluative procedures, systematic data recording, and ethical considerations. This book is essential reading for both researchers and clinicians who are interested in subliminals. It is a courageous work that provides benchmark data and procedures for future scientific and clinical work in this complex and controversial field."

*François Borgeat, MD, MSc*, Professor and Chairman,  
Department of Psychiatry, School of Medicine, University of Montreal

"Professor Swingle's book presents a courageous, heavily documented and informative look at the positive side of the subliminal controversy. It is courageous because it flies in the face of the prevailing belief in the academic psychology community that subliminal techniques have no effect on behavior or attitude.

Swingle's approach to his ten years of research is thorough and careful. No doubt he is well aware of the significance of the publication of this material and the fact that it would draw the fire of much of the media and the psychological establishment who have taken a very negative position on the effects of subliminal audio presentation.

Dr. Swingle's landmark research provides much needed information about the phenomenon of audio subliminal presentation. His meticulous studies, for example, define the important parameter of which threshold is best for optimal absorption.

I believe that many purchasers of subliminal audiotapes who have found benefit from their use, and who have felt quite discouraged and disillusioned by the recent negative media reports based on a few studies, will take heart from this serious presentation of ten years of painstaking research. Researchers interested in the subliminal area will have much to digest with the exciting studies detailed by Professor Swingle."

*Thomas H. Budzynski, PhD*, Behavioral Medicine Coordinator,  
St. Luke Medical Center, Bellevue, Washington

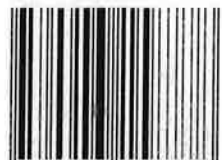
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Subliminal Treatment Procedures A Clinician's Guide SWINGLE

# Subliminal Treatment Procedures

## A Clinician's Guide

PAUL G. SWINGLE

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**A CAUTIONARY NOTE**

This book is intended to provide accurate and authoritative information about its subject. However, no book is a substitute for scientific study, formal academic/clinical training, and supervised experience in acquiring expertise in using clinical procedures such as those described in this book. Readers are cautioned to carefully assess their professional competence and preparedness for utilizing the procedures described in this book prior to utilizing this material with clients or patients. It shall be the sole responsibility of the reader to insure that he or she is practicing in an ethically appropriate fashion in accord with appropriate practice standards.

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## Introduction

During the era of World War II, Niels Bohr, the Danish atomic physicist, and, at the time, strident pacifist, freely communicated his findings on atomic research. His scientific and political colleagues attempted to persuade him that such free dissemination of this information was very likely to contribute to the Third Reich's development of the atomic bomb. I do not wish to appear to be presumptuous by offering this analogy, for I do not believe that subliminal technology is as potentially destructive as nuclear technology. Early reactions to subliminal procedures, however, did indeed indicate profound disquiet: ". . . the most alarming and outrageous discovery since Mr. Gatling invented his gun" (*Nation*, 1957, p. 206); ". . . take this invention and everything connected with it and attach it to the center of the next nuclear explosive scheduled for testing" (Cousins, 1957, p. 20).

Let me immediately state that subliminal effects are real and it is not my purpose to attempt to persuade any reader of this fact. Readers interested in cogently presented arguments regarding the probity of the phenomenon of subliminal perception should see the reviews by Dixon (1971, 1981), Holender (1986), and Bornstein (1989). What is in question is the *therapeutic* efficacy of subliminal technology. Hence, I feel that a guide is needed to assist clinicians in the preparation of subliminal materials and the necessary methodological procedures for the application and assessment of subliminal treatments. I believe that it will be most beneficial for clinicians to know how to use subliminal technology and to become involved in systematic research investigating the areas of beneficial application. In my judgment, clinical practice will provide the

appropriate research milieu for examining the treatment efficacy of subliminal effects.

Although I review several modalities of subliminal application, the major emphasis in this guide is on auditory and, to a lesser extent, visual procedures. The emphasis on auditory procedures results largely from the greater convenience afforded in clinical application of auditory material. Auditory subliminal material can be readily prepared for easy use by clients outside of the clinical context. Visual procedures are much more restrictive and cumbersome, although very useful in clinical settings.

With regard to the general issue of subliminal effects, the scientific and clinical communities appear to be divided into two highly polarized groups. This polarization is not along the axis of the traditional experimental-clinical or scientist-professional lines. Rather it appears to be simply polarized across the axis of those who know that subliminal messages work and those who know that they do not. Those individuals who know that subliminal messages work form companies. These companies sell tapes or acoustic devices to government, industry, or the public at large emphasizing the powerful effects of subliminal treatment, offering testimonials or perhaps demonstrations, but being extraordinarily guarded with regard to the technical details associated with the preparation of such materials. Such commercially available materials usually have music with embedded subliminal messages on one side of a tape and relaxing music on the flip side. Companies that market subliminal tapes to the general public have experienced remarkable growth. One such company offers more than 175 titles covering everything from weight loss to attracting love. This company sold more than 600,000 tapes in 1987 at about \$10 each. A different company claimed sales exceeding 450,000 tapes in 1988. The weight-loss market alone accounts for well over 250,000 tapes per year considering the several companies that offer such titles. Hence, although the debate regarding the efficacy of subliminal treatment procedures rages on, the potential to sell the products in the self-help market appears strong indeed. I would not be completely straightforward if I did not acknowledge that once one discovers how to reliably elicit subliminal effects, latent entrepreneurial motivations start to manifest themselves.

On the other hand, there are individuals whose understanding of physiology and cognitive psychology is such that they dismiss the possibility of subliminal effects. They view those individuals who are attempting to commercially exploit subliminal technology as charlatans as opposed to opportunists.

Recently, I attended the Behavioral Medicine Society meetings, and the sentiments expressed by one clinician and one nonclinical health researcher exemplify the view of those who do not accept the concept of

subliminal effects. One individual was ridiculing subliminal relaxation tapes, indicating that every once in a while you would hear a little whisper on the tape telling you to relax and that this was silly and he had thought that we had put this whole area to bed 30 years ago. The other individual commented at length about one company's recent media blitz attempting to sell their subliminal technology. His criticisms, however, were based on the belief that subliminal technology did not work. He thought that any effects that did occur were based purely on expectation, demand characteristics, and the like and that this particular company, like so many others in the health field, was simply exploiting the public's naivete.

The present guide is divided into four chapters. The first chapter reviews in detail the concept of subliminality, in particular as it applies to the auditory modality. The concept of subliminality, the technical properties of the stimuli, and the technical properties associated with the content of the messages are reviewed. This section also reviews the technical details associated with the preparation of subliminal materials. Although the equipment required for this work is not formidable or expensive, attention to detail is critical so that the subliminal stimuli are presented within certain well-established ranges.

The second chapter of this guide focuses on research on the effects of subliminal material on emotion and behavior. In addition to reviewing the available literature, I report the results of research conducted on nonclinical populations over the past 10 years. This research was supported by the Social Sciences and Humanities Research Council and by research funds maintained by the University of Ottawa.

The third chapter of this book is the one that I consider to be the most important. In this section, I review research methodology that is required for the ethical application of subliminal technology. The methods discussed in this section are not limited to the area of subliminal treatment but are appropriate for any clinical research. I believe strongly that clinicians are in the best position to do important research on new treatment procedures. Unfortunately the methodologies that are often used are not only unethical but, more important, are ecologically invalid. Furthermore, clinical research practices must be consistent with the evolving new treatment model, perhaps best captured by the metaphor *mind/body healing*. The old model in which the patient is a passive recipient of treatments administered by the health professional is simply wrong. The evidence that is accumulating that suggests alternative models for health interventions is compelling. Unfortunately, many individuals, although they subscribe to the new concepts of mind/body healing and patient involvement in treatment, still embrace the traditional experimental versus control group metaphor as the gold standard against which treatment procedures should be assessed. Undoubtedly, there are occasions in

which this is necessary but increasingly scientist-practitioners are developing research methods that are statistically powerful, ecologically more appropriate, and ethically more acceptable.

The fourth chapter examines research that has been done on clinical populations or research that appears directly relevant to clinical applications. What we know about the potential clinical efficacy of subliminal procedures is limited. However, the research and case studies that are available suggest exciting possibilities for clinical application and important challenges for research-oriented clinicians.

I have been conducting research in the area of auditory subliminal effects for 10 years, and with one exception, I have not published any of my results. There are several reasons for this reticence. My decision to consolidate my work in this form reflects a rather profound change in my own thinking with regard to the compelling evidence that is being accumulated with regard to mind/body healing. Over 10 years ago, I was conducting a workshop for members of various police and military agencies. As is my practice, following the workshop I socialized with the participants, one of whom was moved to unusual candor by spirits. He described a demonstration of subliminal auditory effects in which he had participated. My response to this revelation, consistent with my conservative empirical orientation, was predictably that the whole area was a sham and commercial exploiters of these procedures were, either deliberately or inadvertently, capitalizing on demand characteristics and expectations of participants. I proceeded to relate to this individual what I recalled of the subliminal literature, which generally dismissed subliminal effects as trivial. My informant shook his head and described a procedure which I now know will elicit a subliminal effect. The question is not the effect, the question is whether these procedures have a meaningful clinical usefulness for the treatment of health related complaints.

The reticence of "going public" with this research is obvious given the heated controversy associated with the area. It is reminiscent of the sentiments of the scientific community regarding clinical hypnosis over the last 4 decades or so. The strong bias against a critical assessment of the concept of an auditory subliminal effect is nicely captured by comments I received from a reviewer of one of my grant applications. Although I recognized that it was bad form to complain about specific reviewers of grant applications because one is likely to be characterized as a poor sport or a sore head, I was able to reverse the judgment of the granting committee simply because of the blatant bias of the reviewer. For example, the reviewer's comment about effects in response to a 0 db signal (i.e., a signal at the same sound level as room ambient) as measured at the loudspeaker, which was 8 feet away from the subject, was that "the finding is not that surprising: It may have been a discriminable

stimulus." The reviewer further commented that a subject in a stressful situation would "hardly be receptive to a minimal message." The reviewer's comments on a lever-pressing situation: "as S becomes fatigued, how could the stimulus 'faster' possibly have an effect?"

However, the situation has clearly changed. After all, now articles with the word "subliminal" and even "unconscious" in the title appear in our mainline psychology journals. Now that psychology has regained its mind, the time appears propitious for suggesting that systematic research on applications of subliminal technology with clinical populations is warranted.

Practicing practitioner-scientists who understand the mind/body healing paradigm will be receptive to adding subliminal procedures to their therapeutic armamentarium for the treatment of those human disorders that they find respond in a clinically meaningful manner to subliminal auditory techniques.