

**HYPNOSIS, DISSOCIATION,  
AND ABSORPTION**



Second Edition

# HYPNOSIS, DISSOCIATION, AND ABSORPTION

Theories, Assessment, and Treatment

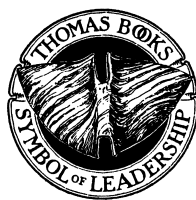
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CHARLES C THOMAS • PUBLISHER, LTD.

*Springfield • Illinois • U.S.A.*

*Published and Distributed Throughout the World by*

CHARLES C THOMAS • PUBLISHER, LTD.  
2600 South First Street  
Springfield, Illinois 62704

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ISBN 978-0-398-08132-4 (paper)  
ISBN 978-0-398-08133-1 (ebook)

*First Edition, 2000*  
*Second Edition, 2014*

Library of Congress Catalog Card Number: 2014036259

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*Printed in the United States of America*  
*MM-R-3*

**Library of Congress Cataloging-in-Publication Data**

Sapp, Marty, 1958-, author.

Hypnosis, dissociation, and absorption : theories, assessment, and  
treatment / by Marty Sapp. -- Second edition.

p. ; cm.

Includes bibliographical references and indexes.

ISBN 978-0-398-08132-4 (paper) -- ISBN 978-0-398-08133-1 (ebook)

I. Title.

[DNLM: 1. Hypnosis--methods. 2. Mental Disorders--therapy. WM  
415]

RC495  
616.89'162--dc23

2014036259

## PREFACE

*Hypnosis, Dissociation, and Absorption: Theories, Assessment, and Treatment* (Second Edition) presents the psychological theories and applications of how to use hypnosis with clients who display dissociation, absorption, fantasy proneness, and imaginative capabilities. This second edition adds information on the history of Division 30 (The Society of Psychological Hypnosis) of the American Psychological Association. In addition, this second edition presents sociophenomenological, regression, relaxation, and other contemporary theories of hypnosis. Applications of eye-movement techniques and hypnosis for children are included within the second edition. This book discusses hypnosis, dissociation, and absorption from a theoretical, assessment, and clinical perspective. Moreover, this text discusses the clinical implications of applying hypnosis to several overlapping psychological disorders such as dissociative identity disorder, borderline personality disorder, somatoform disorder, acute stress disorder, and posttraumatic stress disorder. This second edition also presents applications of hypnosis to type II diabetes. A new section on multicultural applications of hypnosis is presented in the second edition. Also, applications of hypnosis for African American and Latino patients are described. In addition, the uses of hypnosis for pain control, anxiety and stress, ego strengthening, unipolar depression, smoking cessation, weight loss, and rehabilitation are described. This text provides treatment transcripts including, but not limited to, the following theoretical approaches: cognitive-behavioral, psychodynamic, Adlerian, and Ericksonian.

This text clearly brings together assessment, research, dissociative disorders, and hypnotic treatment in one place. Even though the treatment of dissociative disorders is a widely published area, this book adds to the literature by providing a step-by-step approach to the clinical interview and preparation of the client for hypnosis. Many clinicians will clamor for this current information. The presentation of verbatim transcripts allows a clinician to employ quality transcripts within a self-teaching format. A chapter on reliability, validity, effect sizes, and confidence intervals in hypnosis is presented.

Finally, this text combines theory, research, and applications of hypnosis across a diversity of topics.

M.S.

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**HYPNOSIS, DISSOCIATION,  
AND ABSORPTION**



## **Chapter 1**

### **HISTORY OF DIVISION 30 OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION**

**T**he following were past presidents of the division:

#### **Past Presidents**

- 1968–1969 Adel Mahran (Interim Chairman)
- 1969–1970 Ernest R. Hilgard
- 1970–1971 Milton V. Kline
- 1971–1972 Theodore X. Barber
- 1972–1973 Erika Fromm
- 1973–1974 M. Erik Wright
- 1974–1975 William E. Edmonston, Jr.
- 1975–1976 John G. Watkins
- 1976–1977 Ronald Shor
- 1977–1978 Theodore R. Sarbin
- 1978–1979 Frederick Evans
- 1979–1980 Kenneth Graham
- 1980–1981 Eugene E. Levitt
- 1981–1982 Shirley Sanders
- 1982–1983 Michael Jay Diamond
- 1983–1984 John F. Chaves
- 1984–1985 Helen J. Crawford
- 1985–1986 Billie S. Strauss
- 1986–1987 William C. Coe
- 1987–1988 Elgan L. Baker, Jr.
- 1988–1989 Donna R. Copeland

- 1989–1990 Steven J. Lynn
- 1990–1991 Michael R. Nash
- 1991–1992 Richard P. Horevitz
- 1992–1993 William P. Morgan
- 1993–1994 Irving Kirsch
- 1994–1995 Melvin A. Gravitz
- 1995–1996 Ian Wickramasekera
- 1996–1997 James R. Council
- 1997–1998 Stanley C. Krippner
- 1998–1999 Edward J. Frischholz
- 1999–2000 Cynthia V. Wickless
- 2000–2001 Etzel A. Cardena
- 2001–2002 Roger A. Page
- 2002–2003 Arreed F. Barabasz
- 2003–2004 Joseph P. Green
- 2004–2005 Frank A. DePiano
- 2005–2006 Guy H. Montgomery
- 2006–2007 Deirdre Barrett
- 2007–2008 Brenda King
- 2008–2009 Ian Wickramasekera II
- 2009–2010 Eric Willmarth
- 2010–2011 Don Moss
- 2011–2012 Marty Sapp
- 2012–2013 Joseph Green
- 2013–2014 Arreed F. Barabasz
- 2015–2016 Gary Elkins
- 2016–2017 Steffanie J. Schilder

Dr. Steffanie J. Schilder was my student, and on March 12, 2014, she gave birth to a beautiful daughter, Madelyn Grace Schilder.

### **Formation of Division 30 of the American Psychological Association**

Division 30, The Society of Psychological Hypnosis, was during the summer of 1967. The purpose of this division was to address interests in experimental and clinical hypnosis (Council, Gravitz, Hilgard & Levitt, 2000).



### **The Official Division 30 Definition and Description of Hypnosis**

Hypnosis typically involves an introduction to the procedure during which the subject is told that suggestions for imaginative experiences will be presented. The hypnotic induction is an extended initial suggestion for using one's imagination and may contain further elaborations of the introduction. A hypnotic procedure is used to encourage and evaluate responses to suggestions. When using hypnosis, one person (the subject) is guided by another (the hypnotist) to respond to suggestions for changes in subjective experience, alterations in perception, sensation, emotion, thought, or behavior. Persons can also learn self-hypnosis, which is the act of administering hypnotic procedures on one's own. If the subject responds to hypnotic suggestions, it is generally inferred that hypnosis has been induced. Many believe that hypnotic responses and experiences are characteristic of a hypnotic state. Whereas some think that it is not necessary to use the word "hypnosis" as part of the hypnotic induction, others view it as essential.

Details of hypnotic procedures and suggestions will differ depending on the goals of the practitioner and the purposes of the clinical or research endeavor. Procedures traditionally involve suggestions to relax, although relaxation is not necessary for hypnosis and a wide variety of suggestions can be used including those to become more alert. Suggestions that permit the extent of hypnosis to be assessed by comparing responses to standardized scales can be used in both clinical and research settings. Although the majority of individuals are responsive to at least some suggestions, scores on standardized scales range from high to negligible. Traditionally, scores are grouped into low, medium, and high categories. As is the case with other positively scaled measures of psychological constructs such as attention and awareness, the salience of evidence for having achieved hypnosis increases with the individual's score. (This definition and description of hypnosis was prepared by the Executive Committee of the American Psychological Association, Division of Psychological Hypnosis. Permission to reproduce this document is freely granted.)