

**HYPNOSIS, DISSOCIATION,
AND ABSORPTION**

HYPNOSIS, DISSOCIATION, AND ABSORPTION

THEORIES, ASSESSMENT, AND TREATMENT

By

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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 0-398-07054-7 (cloth)
ISBN 0-398-07055-5 (paper)

Library of Congress Catalog Card Number: 99-086788

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Printed in the United States of America

JS-R-3

Library of Congress Cataloging-in-Publication Data

Sapp, Marty, 1958-

Hypnosis, dissociation, and absorption : theories, assessment, and
treatment / Marty Sapp.

p. cm.

Includes bibliographical references and indexes.

ISBN 0-398-07054-7 (hardcover) --ISBN 0-398-07055-5 (pbk.)

1. Hypnotism--Therapeutic use. I. Title.

RC495 .S334 2000
616.89'162--dc21

99-086788

*To the students in my clinical hypnosis course and the students of
my hypnosis research team.*

PREFACE

HYPNOSIS, DISSOCIATION, AND ABSORPTION: THEORIES, ASSESSMENT, AND TREATMENT presents the psychological theories and applications of how to use hypnosis with clients who display dissociation, absorption, fantasy proneness, and imaginative capabilities. 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, and posttraumatic stress disorder. In addition, the uses of hypnosis for pain control, anxiety and stress, ego-strengthening, unipolar depression, smoking cessation, weight loss, and rehabilitation are described. Finally, this text provides treatment transcripts including, but not limited to, the following theoretical approaches: cognitive-behavioral, psychodynamic, 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 specific information. The presentation of ver-

batim transcripts allow a clinician to employ quality transcripts within a self-teaching format. Finally, this text provides a diversity of topics and a variety of treatment techniques.

M.S.

ACKNOWLEDGMENTS

SEVERAL INDIVIDUALS HELPED BRING THIS TEXT INTO PRESS. First, I would like to thank students in my clinical hypnosis course, especially Ms. Khyána Pumphrey, for proofreading this entire manuscript. Moreover, I would like to thank the students who were members of my hypnosis research teams. Second, I offer thanks to Ms. Cathy Mae Nelson and the University of Wisconsin–Milwaukee School of Education word-processing pool for typing this entire manuscript. I thank Dr. Walter Farrell, the Department of Educational Policy and Community Studies at the University of Wisconsin–Milwaukee, who served as my academic mentor. I offer thanks to my University of Cincinnati connections: Dr. Patricia O’Reilly, Dr. Judith Frankel, Dr. Marvin Berlowitz, Dr. Purcell Taylor, and Dr. James Stevens. I offer special thanks to Dr. David L. Johnson of Xavier University in Cincinnati, who taught me how to embrace the scientist-practitioner model of being a psychologist. Finally, thanks also go to Dr. Cheryl L. Johnson at Miami University of Ohio. In closing, comments or discussions concerning this text—both positive and negative—are encouraged. My address is The University of Wisconsin–Milwaukee, Department of Educational Psychology, 2400 E. Hartford Avenue, Milwaukee, Wisconsin 53211. My telephone number is (414) 229-6347, my e-mail address is sapp@uwm.edu, and my fax number is (414) 229-4939.

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AND ABSORPTION**

Chapter 1

USES OF HYPNOSIS

HYPNOSIS IS AN ADJUNCTIVE PROCEDURE that can be used to treat many psychological disorders such as substance-related disorders, mood disorders, anxiety disorders, somatoform disorders, dissociative disorders, sexual disorders, eating disorders, adjustment disorders, attention-deficit disorder, and obsessive-compulsive disorder. For any psychological disorder in which a clinician has training, regardless of his or her theoretical orientation, hypnosis is an adjunctive procedure that can enhance clinical practice. For example, hypnosis has an effect size, a quantitative measure of effectiveness, larger than any other procedure (Sapp 1997b).

In addition, meta-analyses, statistical methods for summarizing several studies, have shown that hypnosis increases the effect sizes of cognitive-behavioral and psychodynamic therapies. Moreover, hypnosis can change clients' expectations, which is probably the ultimate goal of psychotherapy.

Hypnosis is particularly useful for clients who display dissociation, absorption, fantasy proneness, and imaginative capabilities. Clinically, this is one reason why hypnosis is the treatment of choice for several overlapping disorders that have dissociation as the central feature, such as dissociative identity disorder, borderline personality disorder, somatoform disorder, and posttraumatic stress disorder.

Farthing, Venturino, Brown, and Lazar (1997); Chaves and Dworkin (1997); Patterson, Adcock, and Bombardier (1997); Tan and Leucht (1997), Dinges et al. (1997); and Perry, Gelfand, and Marcovitch (1979) found that conditions such as pain, asthma, and warts were moderated by bodily functions that are nonconscious and can be changed by altering clients' perceptions through hypnosis. Moreover, Hilgard and Hilgard (1994) documented how pain relief and hypnosis were related. For example, clients' levels of hypnotizability were directly correlated with the amount of relief received from pain. Specifically, for clients with high levels of hypnotizability, hypnosis produced more analgesic relief than could morphine (Stern, Brown, Ulett & Sletten 1977).

This explains how hypnosis has been used as the sole analgesic in surgeries ranging from tooth extractions to cardiac surgeries. Moreover, hypnosis has been applied to the field of obstetrics. Likewise, hypnosis has been used to reduce pain associated with redressing burn wounds, as well as to reduce migraine headaches, and it has been used to control bleeding during and after surgeries (Morgan & Hilgard 1973; Orne & Dinges 1984). Finally, in terms of psychoanalytic and psychodynamic therapies, hypnosis can be used to facilitate clients' ability to uncover unconscious information, and hypnosis can be used to facilitate transference during the analysis of transference phase of psychotherapy.

The following chapters were established in a hierarchical order. Chapter 2 discusses the early psychological theories of hypnosis that have roots which predate psychoanalysis. Chapter 3 provides a description of the phenomena of hypnosis such as dissociation, absorption, repression, suppression, catalepsy, amnesia, hyperamnesia, analgesia and anesthesia, hyperesthesia, ideomotor and ideomotor exploration, somnambulism, hallucinations, age regression, age progression, time distortion, depersonalization, and derealization. Chapter 4 provides a clinical discussion of the domain of dissociation such as dissociative identity disorder, borderline personality disorder, somatoform disorder, and posttraumatic stress disorder. Chapter 5 describes how to prepare a client for hypnosis, and treatment transcripts are provided for direct hypno-

sis, indirect hypnosis, cognitive-behavioral hypnosis, psychodynamic hypnosis, cognitive behavioral hypnosis, psychodynamic hypnosis, dissociation, and regression phenomena of hypnosis. Moreover, transcripts are provided for pain control, anxiety and stress, ego strengthening, unipolar depression, smoking cessation, weight loss, and rehabilitation. Chapter 6 provides information on contemporary hypnosis theories and research such as hypnotizability scales, dissociation scales, absorption scales, and hypnosis and memory. Finally, Chapter 7 presents a synthesis concerning the complex meanings of hypnosis, and it concludes by showing why hypnosis, dissociation, and absorption are related.