Forging Ahead: The 2003 APA Division 30 Definition of Hypnosis

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FORGING AHEAD: THE 2003 APA DIVISION 30 DEFINITION OF HYPNOSIS

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Abstract: The article describes the rationale for and the process of developing a new definition of hypnosis by the Society of Psychological Hypnosis, Division 30 of the American Psychological Association. Both theoretical and practical implications led to the production of the definition, which is targeted toward informing clinicians, researchers, and the lay public alike. The definition is presented at the conclusion of the article.

In 1993, the executive committee of the American Psychological Association’s Division 30 (Society of Psychological Hypnosis) approved a definition and description of hypnosis (hereafter referred to as DDH). This definition (see Kirsch, 1994a) served as the official definition within the organization for more than a decade. As noted by Irving Kirsch, chair of the committee that produced the document, the “. . . goal in writing this definition and description of hypnosis was to produce a statement on which people holding divergent views of hypnosis could agree and which the members of Division 30 would find useful as something that could be given to lay persons (e.g., clients) interested in hypnosis” (1994b, p. 160). To this end, we believe that the DDH statement successfully fulfilled its mission and that overall the document has served the division well.2


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2See the 1994 issue of Contemporary Hypnosis, Volume 11, pp. 142–162, for the original publication and a number of discussion commentaries.
Following the publication of the DDH in 1994, a number of Division 30 members concerned about the document alerted members of the executive committee to what they perceived as limitations of the DDH. Some members viewed the DDH as having a theoretical leaning. For example, Holroyd (2003) cited Kirsch’s finding that most therapists view hypnotic inductions as producing an altered state of consciousness, yet neither the state concept nor the word *state* appears in the DDH. The absence of the word *state* was perceived as possible theoretical bias in favor of a socio-cognitive perspective on hypnosis. Because of this perceived bias, a number of members questioned the appropriateness of Division 30 endorsing the DDH. Others complained that by intermingling elements of a definition with descriptions of some common hypnotic experiences and certain potential clinical uses of hypnosis, the DDH was too long for easy use. Still others criticized the DDH because it specifically mentions a few of the conditions for which hypnosis has been shown to be helpful while omitting other conditions for which hypnosis is commonly used. To the credit of the authors of the DDH, the document reads, “Hypnosis has been used in the treatment of pain, depression, anxiety, stress, habit disorders and many other psychological and medical problems” (Kirsch, 1994a, p. 143; italics added). Some, however, were not satisfied with this generic phrase and have argued for either broadening the specific list of conditions responsive to hypnosis or completely eliminating any reference to specific conditions that might be helped by hypnosis. They complained that in some cases hospital or clinic administrators construed the wording of the DDH as evidence that hypnosis was not appropriate for conditions other than those specifically mentioned. Another limitation of the DDH, as acknowledged by Kirsch (1994b), was that *self-hypnosis* was not referenced within the definition.

For nearly a decade, Division 30 executive committee members attempted to address the concerns raised regarding the DDH by forming several subcommittees charged with examining the language of the DDH and offering a new, modified, or more clearly stated definition. None of these subcommittees succeeded in generating an alternative statement for the executive committee to consider. Finally, in 2002, the executive committee formally dissolved the previous committees and decided to start anew. A new definition committee was formed and charged with the task of generating a shorter definition of hypnosis, omitting a list of potential uses of hypnosis, and addressing the input of the Division 30 membership. The committee consisted of the following individuals (in alphabetical order): Arreed Barabasz (chair); Deirdre Barrett (cochair); James Council; Joseph Green; Steve Kahn; John Kihlstrom; Michael Nash; Roger Page; and David Spiegel. This committee critically examined the strengths and weaknesses of the DDH as well other previously published definitions of hypnosis.
Simultaneously, a group of 13 scholars interested in the neurological correlates of hypnosis convened at the University of Tennessee’s Conference on Brain Imaging and Hypnosis (UTCBIH). In a subsequent publication, Killeen and Nash (2003) reported the conference’s working definition of hypnosis. This definition was distributed to members of the Division 30 committee for consideration. However, like the DDH that preceded it, some viewed the UTCBIH definition as lacking theoretical neutrality. Although all would agree that hypnosis involves changes within the brain, the causes, effects, and the specificity of these brain changes have not been fully elucidated to the satisfaction of all researchers within the field. Because the literature on explanatory models of hypnosis continues to evolve, the revised Division 30 definition does not include any reference to neurological or any other mechanistic explanation of hypnosis. Overall, the UTCBIH definition was instrumental in jump-starting the work on the eventual Division 30 definition, and it is appropriate at this point to acknowledge the attendees of the Tennessee conference: Amanda J. Barnier; Grant Benham; Vilfredo De Pascalis; Peter Killeen; Kevin McConkey; Michael Nash; Pierre Rainville; William Ray; David Spiegel; Henry Szechtman; Eric Vermetten; and Erik Woody.

With the UTCBIH definition (Killeen & Nash, 2003) in hand, a list of concerns and perceived limitations of previous definitions, and suggestions for new language collected by the latest Division 30 committee, the 2003 Division 30 outgoing executive committee attempted to forge a definition that was first and foremost empirically based, theoretically neutral, and relatively concise and “user friendly” to promote widespread acceptance among clinicians, researchers, and the lay public alike. The executive committee was able to reach general consensus about the language of the new definition and hoped that it would have broad appeal to our membership. Because the final product was to be a division document, the executive committee felt that all division members should have an opportunity to view the proposed definition and be able to make constructive comments about the language. To this end, the proposed definition was disseminated on the Division 30 e-mail list.

Another committee (Joseph Green, chair; Arreed Barabasz; Deirdre Barrett; and Guy Montgomery) reviewed these comments and developed the final wording of the revised definition. It was hoped that the revised definition would serve to demystify hypnosis and encourage its use by both consumers and providers. On November 5, 2004, the definition was approved unanimously by the executive committee, which consisted of the following individuals: Arreed Barabasz; Frank DelPiano; Deirdre Barrett; James Council; Melvin Gravitz; Joseph Green; Brenda King; Guy Montgomery; and Chris Silva.

Given the various theoretical viewpoints within the field, this new definition of hypnosis will not be completely satisfactory to everyone.
One of the most contentious issues that surfaced during the deliberations regarding a new definition was the concept of spontaneous hypnosis. Whereas some workers in the field have used the word hypnosis to include spontaneous shifts in consciousness that include hypnotic-like or “trance-like” experiences such as absorbed attention and altered somatic experiences, others have suggested that the term spontaneous hypnosis is problematic because it is not operationally defined, and it is difficult to say when a person has entered such a state. However, despite ongoing controversy, there is a convergence of opinion that individuals can respond positively to imaginative suggestions (i.e., self-administered or otherwise, implicit or explicit; Braffman & Kirsch, 1999; Meyer & Lynn, 2004) and have hypnotic-like experiences (e.g., absorbed attention, focused concentration, and vivid imagination; Kihlstrom, 1987; Spiegel & Spiegel, 2004; Tellegen & Atkinson, 1974) in the absence of a formal hypnotic induction. Indeed, although the definition was restricted to procedures that are used in research and clinical practice, it is clear that shifts in consciousness can occur with and without formal hypnotic procedures in a variety of everyday situations.

In describing the process of developing the 1993 DDH, Kirsch concluded, “The current definition and description need not be considered a finished product. Hopefully, it will continue to evolve as various hypnosis organizations grapple with it and as new data add to our understanding of hypnosis” (1994b, p. 162). We strongly agree with these sentiments. We echo the call for future committees and groups to evaluate research that makes it possible to critique, update, and ultimately challenge the following definition. The intent is to welcome improvement of our science as well as informing the public about hypnosis.

**DIVISION 30 DEFINITION OF HYMNOSIS**

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. While 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, though 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. While 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.

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Die Definition von Hypnose der APA-Division 30 von 2003

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Résumé : cet article décrit la rationalité et le processus de développement d’une nouvelle définition de l’hypnose par la Société d’Hypnose Psychologique, division 30 de l’Association Américaine de Psychologie. Les implications à la fois théoriques et pratiques ont amené à la production d’une définition qui soit plus dirigé vers l’information des cliniciens, des chercheurs et du public en général. La définition est présentée à la fin de l’article.

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Hacia adelante: La definición de la hipnosis de 2003 de la División 30 de la APA

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Resumen: Este artículo describe la justificación y el proceso de desarrollo de una nueva definición de la hipnosis de la Sociedad de Hipnosis Psicológica, la División 30 de la Asociación Psicológica Americana. Tanto las implicaciones teóricas como prácticas llevaron a la creación de la definición, que tiene como objetivo informar a los clínicos, investigadores, y al público lego. La definición se presenta en la conclusión del artículo.

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