

YELLOW PAGES® ADVERTISERS OF HYPNOTHERAPY: A SURVEY OF HYPNOSIS BELIEFS AND PRACTICE

Paul Northcott

The University of the West of England, Bristol

ABSTRACT

All people advertising under the category of 'hypnotherapy' in the British Yellow Pages® telephone directories were surveyed by post. Beliefs about hypnosis were measured and information was sought concerning their professions. Of the 1155 questionnaires distributed, 52% were returned. Seventy-four per cent of respondents reported using hypnosis as their main form of therapy; the remainder practised a diverse range of therapies. In contrast to findings of other surveys, results suggest the current sample had beliefs similar to present scientific views. The need for more research involving this group of hypnosis users is recommended.

INTRODUCTION

One group of therapists who have received no formal attention in the literature are those advertising themselves under 'hypnotherapists' in the British Yellow Pages® telephone directories. Most regional directories will reveal a considerable number of entries in this section. Those advertising are presumably using hypnosis to a considerable degree. They are a first choice for a survey of hypnosis opinions if one wishes to sample what is probably the biggest group of clinical hypnosis users in the UK.

Numerous studies have now surveyed hypnosis opinions, either on focused areas (e.g., forensic hypnosis) or hypnosis generally. Many have sampled students (e.g., Channon, 1984). Some have included the general public (e.g., Wagstaff & Dockar, 1985). Only two studies have surveyed therapists; Bryant (1993) looked at pain therapists and Yapko (1994) psychotherapists. Other surveys of potential hypnosis users have been done, but on attitudes to hypnosis and its use (e.g., Vingoe, 1982). Risking generalization, the common finding of these studies is that the conceptions of hypnosis are discrepant with contemporary scientific views. In particular, they are inaccurate, hypnosis being endowed with many stereotypical properties that have no empirical basis.

No study has specifically looked at the hypnosis opinions of therapists who call themselves hypnotherapists. Members of hypnosis societies have been surveyed (e.g., Sheehan & McConkey, 1979), but these have involved a mixed professional background and have focused on the uses of hypnosis and members' backgrounds. How hypnotherapists' opinions compare with other groups and with scientific conceptions is not known. Perhaps one reason why hypnotherapists have been ignored is the very term 'hypnotherapy'. There have been many calls in the literature for the abandonment of the term, a central argument being that hypnosis is only one of a range of therapeutic tools, an adjunct to therapy which is not a therapy by itself (e.g., Gibson & Heap, 1991). However, many therapists do call themselves hypnotherapists, and do use hypnosis as a main form of therapy. There are many books dedicated to hypnotherapy (not all

dismissible as 'pop psychology') and the call for the term's abandonment is not universal. As hypnotherapists are a reality, they should not be ignored. Views of hypnotherapy should not lead to the exclusion of its practitioners from objective study.

To address this omission, the current study aimed to survey the beliefs of those who advertise themselves as hypnotherapists and to derive various demographic details. This information will lead to a more complete picture of the usage of therapeutic hypnosis in the UK. It could also better inform professional issues and have clinical implications.

METHOD

Subjects

Names were drawn from the 'hypnotherapists' section from each of the 71 British Yellow Pages® directories. All entries in a given directory were not contacted because of multiple advertising in directories of adjacent areas. The intention and hopeful result was to sample all hypnotherapists. This totalled 1155.

Materials

The questionnaire sent contained 48 statements about hypnosis. Level of agreement was given on a five-point scale, from strongly disagree to strongly agree. The statements pertained to six dimensions of hypnosis beliefs. These were called: 'will', (reflecting hypnosis as involving a loss of will or control); 'worth' (which concerns the usefulness of hypnosis); 'transcend' (describing hypnosis as enabling the enhancement of abilities or achievement of feats not normally achievable); 'cynical' (indicating a negative or realistic view of hypnosis); 'ASC' (representing hypnosis as involving an altered state of consciousness); and 'weird' (involving hypnosis as being strange and related to esoteric variables). The questionnaire was derived from a factor analytic study to identify the dimensions of hypnosis beliefs. Its construction was part of the author's PhD thesis (the questionnaire and its psychometric properties are available from the author).

Respondents were also asked if hypnotherapy was their principal therapeutic method (yes or no). If it was not, they were open-endedly asked to give their principal method/healing profession. Finally, self-rated hypnotizability was requested (low, medium or high).

Procedure

The questionnaires were posted between September 1993 and January 1994. A covering letter explained that the 'research involves looking at people's thoughts and views on the subject of hypnosis and it would therefore be extremely helpful to know the views of those employing hypnosis in a therapeutic situation'. Confidentiality was assured and a prepaid envelope was provided.

RESULTS

The data collected consisted of agreement level on the 48 statements, what the main therapeutic method was, and the hypnotizability level. The number of scorable questionnaires returned was 601 (52% response rate). Of the respondents, 355 (59.1%) were male, and 233 (38.8%) were female. Forty-four (7.3%) rated themselves to be of low hypnotizability, 346 (57.6%) as medium, and 167 (27.8%) as high.

Principal Method/Healing Profession

There were 444 (74.4%) respondents who affirmed that hypnotherapy was their main method. One hundred and fifty (25%) gave other methods/healing professions as their principal practice; these are presented in Table 1 with their frequencies. The entries are as reported by the respondents, without being categorized by the author. A wide range of practices are shown. Those with the highest frequency are the better known ones, such as psychotherapy and counselling. Many practices only had a few respondents. Slightly more than half of the listings consisted of two or more methods/professions, the remainder had only one.

Beliefs about Hypnosis

The percentages of respondents who agreed or disagreed with the questionnaire statements for each belief dimension are presented in Table 2. Figures are collapsed across the response categories of 'strongly agree' and 'agree', and across 'strongly disagree' and 'disagree'. Few respondents thought hypnosis involved a loss of will. Even

Table 1. Frequency of principal methods/healing professions for respondents whose principal method was not hypnotherapy (n=140).

Principal Method/Healing Profession			
Psychotherapy	30	Osteopath	1
Counselling	18	Process psychology	1
Counselling/psychotherapy	13	Hypnotherapy/acupuncture	1
General practitioner (GP)	11	NLP/hypnosis/autogenics	1
Hypnotherapy/psychotherapy	5	Psychotherapy/homoeopathy	1
Neuro-linguistic programming (NLP)	5	NLP/Massage	1
Psychoanalysis	3	Social work/counselling	1
Clinical psychology	3	Acupuncture/NLP	1
Nurse	3	Manipulation massage	1
Psychologist	3	Chiropractic/physiotherapist/ psychotherapist	1
Cognitive therapy	3	Eclectic psychodynamic	1
Hypnotherapy/reflexology	2	Psychotherapy/NLP	1
GP/psychotherapist	2	Cognitive/analytic	1
Counselling/NLP	2	Hypnotherapy/psychoanalysis	1
Neuro-developmental therapy	2	Hypnotherapy/nutrition/ manipulation massage	1
Psychological counselling	2	Gestalt psychotherapy	1
Homeopathy	2	Hypnotherapy/counselling	1
Chiropractic	2	Hospice care	1
Stress management/analytical counselling	1	Psychodynamic counselling	1
Health kinesiology	1	Hypnosis/sophrology/psychology	1
Reflexology	1	Primary cause analysis	1
Hypnotherapy/NLP	1	Analytical psychotherapy	1
Consultant psychiatrist	1	Psychologist/rebirther	1
Medical	1		

Note: Five cases indicated more than three methods and five cases did not specify what their principal method was. These are not included in the table.

fewer thought it was weird. Nearly all thought it could achieve transcendence and that it had worth. Most agreed that it was an ASC, but not in an extreme sense (e.g., that it was similar to sleep). On the cynical dimension, realistic conceptions of hypnosis were evident.

Comparison of Their Beliefs with Other Samples

The hypnotherapists' beliefs were compared with those of samples from eight other surveys. This is illustrated in Table 3, which shows percentages of respondents in the different samples agreeing with 10 statements about hypnosis. All levels of agreement have been collapsed into one category. The statements used were chosen because they have identical or near identical wording and meaning; therefore statement reliabilities would be very similar. The statements are worded in abbreviated form in Table 3. The agreement percentages of the current sample were much lower than the other samples on six statements (suggestions given cannot be resisted; hypnosis produces uncharacteristic behaviour; hypnosis produces responses against the will; unaware of surroundings; hypnosis can be experienced by everyone; hypnosis can make people tell the truth). For two statements the current sample had agreement percentages comparable with the other samples (responses happen automatically; hypnosis improves memory). For another two dimensions the current sample had a higher agreement rate than the other samples (hypnosis produces pain insensitivity, hypnosis involves an ASC).

The responses of the current sample were also compared with those of 434 psychology undergraduates on identical hypnosis statements (tested during the questionnaire construction). Mean scores across the eight items of each hypnosis beliefs scale was used. Hypnotherapists scored lower than the students on the will, weird, ASC and cynical dimensions; they scored higher than the students on the transcend and worth dimensions. All differences were significant at the $P < 0.005$ level or above.

DISCUSSION

The profile of the 'average' Yellow Pages® hypnotherapist sampled is that of a male, of medium self-rated hypnotizability, who uses hypnotherapy as a main method. A quarter of respondents principally used other methods or belonged to other professions. These findings may not apply to all Yellow Pages® hypnotherapists; only half the population responded and it is unknown if there was any response bias. For example, the respondents may have felt obliged to answer in a certain way to somebody at a 'university address'. (In fact such an address may have contributed to non responding).

In contrast to the beliefs of other samples, Yellow Pages® hypnotherapists tended towards a pattern of beliefs that were more compatible with contemporary scientific conceptions. As mentioned, previous studies have generally found views on hypnosis at variance with current scientific knowledge about hypnosis. The hypnotherapists though did not endorse the will and weird beliefs, and were inclined towards cynical beliefs. On balance, they also had less ASC beliefs. Most agreed with the specific ASC statement, and a higher percentage agreed with this than in the published surveys; however they agreed far less on the 'unaware of surroundings' statement than these samples. Also on the actual ASC dimension most hypnotherapists did not subscribe to all the statements, and agreed less than the student sample. Hypnotherapists only agreed more than the other samples on the transcend and worth dimensions. This pattern has professional and clinical implications.

Table 2. Percentage of respondents who disagreed and agreed with statements on each hypnosis belief dimension (n = 601).

Statements	Percentages	
	Disagreed	Agreed
<i>Will</i>		
Hypnosis can make a person do things he/she would not normally do	63.8	23.6
Hypnosis can be used for mind control	46.5	35.0
Hypnosis can make a person powerless	86.0	6.3
Suggestions given during hypnosis cannot be resisted	86.9	5.3
Hypnosis can make a person lose control of their thoughts and/or behaviour	78.9	11.0
Hypnosis can be dangerous	52.3	29.4
During hypnosis hypnotically produced phenomena can be experienced as happening automatically	4.3	69.0
Hypnosis can make a person do things against their will	87.0	6.2
<i>Weird</i>		
Hypnosis is related to the paranormal	77.7	7.0
Hypnosis is related to the occult	90.5	2.5
Hypnosis is 'weird'	94.3	2.7
Hypnosis is mysterious	73.2	12.5
Hypnosis involves some sort of magic	96.3	1.5
Hypnosis is related to 'New Age' phenomena	73.4	4.1
Hypnosis can lead to a person being possessed	87.7	3.3
Hypnosis involves a special power/process	62.1	19.0
<i>Transcend</i>		
Hypnosis can make the crossover to another plane of existence possible	43.0	21.8
With hypnosis, previously hidden power in an individual can be tapped	3.7	84.4
Hypnosis can heighten intellectual ability	19.7	58.4
Hypnosis can heighten spirituality	18.6	33.5
Hypnosis can make age regression possible	3.0	91.5
Hypnosis can produce anaesthesia (total insensitivity to pain)	1.6	93.5
During hypnosis, suggestions can change bodily processes/ responses not ordinarily under voluntary control (e.g., heart rate, blood pressure, etc.)	1.2	95.0
Hypnosis can improve one or more of the human senses	4.6	80.7
<i>ASC</i>		
Hypnosis involves an altered state of consciousness	2.7	94.7
Hypnotic-like mental states induced by situations such as being absorbed in a television programme, concentrating on driving or working, etc., are different from mental states induced through proper hypnosis	47.8	33.0
During hypnosis a person is unconscious	96.9	1.0
Hypnosis is similar to sleep	66.8	17.0

Hypnosis can have effects similar to mind altering drugs	39.3	31.5
Being in hypnosis is similar to dreaming	37.4	33.6
Being in hypnosis is distinct from normal waking consciousness	4.4	88.5
During hypnosis a person is not conscious of their surroundings	71.3	10.5
<i>Worth</i>		
Hypnosis can help in the treatment of a wide range of problems	2.1	97.3
Hypnosis can help in the treatment of psychological problems	1.7	97.8
Hypnosis can successfully be used for therapy or counselling	1.7	97.5
Hypnosis can make a person remember things that he/she could not remember without it	3.9	89.9
Hypnosis can benefit most people in one way or another	1.0	84.4
Hypnosis has a place in modern medicine	1.7	98.4
Hypnosis can help in the treatment of physical problems	1.3	93.4
Hypnosis is a legitimate alternative therapy	1.9	95.3
<i>Cynical</i>		
A person is able to stop the effects of hypnosis	3.5	87.7
A strong willed person cannot be hypnotized	79.9	10.7
Hypnosis cannot be experienced by everyone to a similar degree	17.8	72.0
Most claims of hypnosis are exaggerations	60.0	9.0
A hypnotized person can lie if it suggested that the truth has to be told	10.4	63.1
Apparently genuine hypnotic behaviour is largely faked	80.9	5.7
A person's attitude towards hypnosis affects whether it works	18.7	67.8
Hypnosis is a load of 'mumbo jumbo'	95.8	3.3

Note: For a given statement, percentages given may not add up to 100. The difference represents the proportion who neither agreed nor disagreed.

Hypnotherapists like those sampled are commonly held in low esteem by health workers with a more conventional background. It could be argued that this observation lacks evidence. However, few of either party could honestly deny this disparity exists — or indeed that different hypnosis users are often grouped in this way. But because the current sample did not have views widely deviating from scientific conceptions, they may be undeserving of some of this lack of regard (or certainly any based upon their views about hypnosis). This suggestion is strengthened because there were no differences on five of the belief dimensions between the 447 'dedicated hypnotherapists' and those who did not use hypnotherapy as a main method. (Hypnotherapists were, not surprisingly, significantly higher on the worth scale.) Some malignment of hypnotherapists may be well intentioned, albeit still contestable (e.g., the 'hypnotherapy is not a total therapy' argument and associated issues over what constitutes proper training). Anecdotal observations suggest, however, that there is an element of professional self-protection by those who would consider themselves to have a more 'orthodox' background; the expression of this seems to be a negative bias against hypnotherapists.

Future studies should identify and specifically contrast the hypnosis beliefs of all groups that use hypnosis therapeutically, including hypnotherapists. The others could be health workers whose use of hypnosis would not so readily attract negative views, or value-laden labels such as 'lay hypnotist' — despite a possible adherence to erroneous views about hypnosis.

Table 3. Percentages of respondents from different studies agreeing with statements about hypnosis.
Study and Sample

Statement	Students, n = 203, (McConkey & Jupp, 1986)	Psychology students, n = 203, (McConkey & Jupp, 1985)	Psychology students, n = 645, (London, 1961)	Psychology students, n = 357, (Wilson, Greene & Loftus, 1986)	Medical & psychology students, n = 184, (Daglish & Wright, 1991)	Medical students, n = 372, (Channon, 1984)	Pain therapists n = 189, (Bryant, 1993)	Psycho- therapists n = 869, (Yapko, 1994)	Current hypno- therapists n = 601
Suggestions cannot be resisted	31	81			32	19.4	5.3		
Hypnosis produces uncharacteristic behaviour	67.5	41				49.7	23.6		
Hypnosis produces responses against the will		14	47				6.2		
Responses happen automatically	60.1		74				69		
Hypnosis improves memory	94.6	95.1	91.6		90		84.9		89.9
Hypnosis produces pain insensitivity	63.1			82			66.1		93.5
ASC	82.8	56		87			68.5		94.7
Unaware of surroundings	69		56				52.6		10.5
Hypnosis can be experienced by everyone			46.7		60		42.2		17.8
Hypnosis can make people tell the truth	78.3	62.1	46.1		86		46.8	18	10.4

More importantly, the practice of hypnosis by different groups should be contrasted, in particular their effectiveness in using hypnosis. For example, an issue raised here concerns the implications of therapists having a high belief in the worth of hypnosis and believing that it can achieve transcendence. These beliefs could have two consequences. One concerns the misapplication of hypnosis by the therapist. Such beliefs could lead to the process of therapeutic hypnosis not being of sufficient overall duration, thoroughness, or scope, for what is required (believing that hypnosis can so easily provide a treatment). Alternatively, it could lead to the over application of hypnosis (believing that it can treat problems that actually it can not, and not accepting that other methods are in fact indicated). Both of these misapplications would be damaging for patients. The second consequence of therapists strongly believing in the worth and transcendent-achieving qualities of hypnosis concerns the influence that this may have on patients' expectations of the therapy and outcome. The recognized importance of patients' expectations in psychotherapy and hypnosis (Kirsch, 1990) would imply that the therapists' conveyance of these beliefs could be beneficial. To excess, though, they could be harmful. They could inspire unrealistic optimism in patients; any resulting disappointment could also be very damaging. But until the suggested contrasts are made between hypnosis users, there is no scientific basis for the apparent two-tier system of professionalism in hypnosis use.

An accompaniment to these endeavours would be to survey the numerous hypnosis/hypnotherapy societies and schools. Little is known about these organizations concerning entry requirements, training, titles and qualifications awarded. Getzlaf and Cross (1988) conducted such a study of hypnosis associations in major US cities and revealed considerable diversity. Such research is needed in the UK; again it would provide objectivity in consideration of hypnotherapists and hypnosis users.

Of course it is misguided to say that any health worker who uses hypnosis must subscribe to certain beliefs or practices. Poor understanding may lead to poor outcomes though, and the professional blanket of a 'proper qualification' does not exempt one from being 'lay' with regard to beliefs about hypnosis. Equally the title of 'hypnotherapist' does not preclude a good understanding of hypnosis. Much has been written about public misconceptions and stereotypes of hypnosis. Professional misconceptions and stereotypes of hypnotherapists also appear to be harboured, but have yet to be addressed. Hopefully this study will provide an impetus to such research.

REFERENCES

- Bryant, R.A. (1993). Beliefs about hypnosis: A survey of acute and chronic pain therapists. *Contemporary Hypnosis* **10**, 89–98.
- Channon, L.D. (1984). Some preconceptions about hypnosis among preclinical medical students. *The International Journal of Clinical and Experimental Hypnosis* **32**, 356–361.
- Daglish, M.R.C. & Wright, P. (1991). Opinions about hypnosis among medical and psychology students. *Contemporary Hypnosis* **8**, 51–55.
- Getzlaf, S.B. & Cross, H.J. (1988). Hypnotists' associations: A consumer's confusion. *International Journal of Clinical and Experimental Hypnosis* **36**, 262–274.
- Gibson, H. B. & Heap, M. (1991). *Hypnosis in Therapy*. Hove: Lawrence Erlbaum Associates.
- Kirsch, I. (1990). *Changing Expectations: A Key to Effective Psychotherapy*. Pacific Grove, CA: Brooks/Cole.
- London, P. (1961). Subject characteristics in hypnosis research: A survey of experience, interest, and opinion. *International Journal of Clinical and Experimental Hypnosis* **9**, 151–161.

- McConkey, K.M. & Jupp, J.J. (1985). Opinions about the forensic use of hypnosis. *Australian Psychologist* **20**, 283–291.
- McConkey, K.M. & Jupp, J.J. (1986). A survey of opinions about hypnosis. *British Journal of Experimental and Clinical Hypnosis* **3**, 87–93.
- Sheehan, P.W. & McConkey, K.M. (1979). Hypnosis in Australia: A survey of the Australian Society of Clinical and Experimental Hypnosis. *Australian Journal of Clinical and Experimental Hypnosis* **7**, 43–101.
- Vingoe, F.J. (1982). Attitudes of clinical and educational psychologists towards hypnosis training and treatment. *Bulletin of the British Society of Experimental and Clinical Hypnosis* **5**, 37–41.
- Wagstaff, G.F. & Dockar, S. (1985). Conceptions of forensic hypnosis: A Preliminary investigation. Paper presented to the British Society of Experimental and Clinical Hypnosis Annual Conference, London.
- Wilson, L., Greene, E. & Loftus, E.F. (1986). Beliefs about forensic hypnosis. *International Journal of Clinical and Experimental Hypnosis* **34**, 110–121.
- Yapko, M.D. (1994). Suggestibility and repressed memories of abuse: A survey of psychotherapists' beliefs. *American Journal of Clinical Hypnosis* **36**, 163–171.

Address for correspondence:

Paul Northcott,
School of Psychology,
St Matthias Campus.
The University of the West of England,
Fishponds,
Bristol BS16 2JP,
UK.