The effectiveness of hypnosis counseling

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Abstract
The following paper is a review of literature concerned with the issue Is hypnosis an effective counseling tool? The paper focuses on four sequential and related topics: suggestibility, nonspecific treatment factors, efficacy, and locus of control. The paper presents both supportive and contrained uses of hypnosis.

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THE EFFECTIVENESS OF HYPNOSIS IN COUNSELING

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Introduction

The following paper is a review of literature concerned with the issue "Is hypnosis an effective counseling tool?" The paper focuses on four sequential and related topics: suggestibility, nonspecific treatment factors, efficacy, and locus of control. The paper presents both supportive and contraindicated uses of hypnosis.

Review of Literature

Throughout history hypnosis has been difficult to define, perhaps because of the magical connotation attributed to it. The difficulty still remains. Today hypnosis is defined either as a process or in terms of the behaviors one demonstrates while undergoing the process.

Milton H. Erickson defines hypnosis as a process. He states that hypnosis is an extension of everyday living experience. Most people, he contends, have experienced periods of internal preoccupation which may lead to specific problem solving. It is this phenomenon that Erickson states can be stimulated through indirect suggestion (Erickson, Rossi; Rossi, 1976). Indirect suggestion in the form of stories, jokes, metaphores, and imagery offers the client different perspectives from which the subject can choose to alter his or her own belief system. The choice always belongs to the client (Erickson, Rossi & Rossi, 1976).
Erickson also states that hypnosis is a free period in which individuality can become manifest. Clinical hypnosis requires accurate symbolic interpretation of both verbal and nonverbal subject communication. According to Erickson, communication that can evoke and utilize the subject's own associations, potentials, and natural mechanisms which are usually experienced involuntarily, are the key to therapeutic success (Erickson, Rossi & Rossi, 1976).

A different definition of hypnosis given by (Chaplin, 1983), is "a sleeplike state induced artificially by a hypnotist and characterized by greatly heightened suggestibility." The word "sleeplike" used in this definition is a misnomer since the client is fully aware of his or her own cognitive processes. Even though the word "sleep" has nothing to do with the hypnotic condition, it is used repeatedly in current literature to describe the state of heightened internal preoccupation (Erickson, Rossi & Rossi, 1976).

Erickson's definition implies that hypnosis can be defined only in terms of a process while the Chaplin definition refers to it as an acquired state. Whichever way one chooses to conceptualize it, a process is involved. On this point, Chaplin and Erickson agree. The process usually involves an induction whereby the hypnotherapist proceeds to help the subject focus on his or her internal process by reasoning from the particular to the general. (Erickson, Rossi & Rossi, 1976).

The importance of suggestibility has been and still is a controversial issue. Many clinicians believe that suggestibility
is not significant in the clinical use of hypnosis while others maintain that it is imperative for therapeutic success (Mott, 1979). Until recently there has been a lack of useful tests to determine suggestibility. One reputable measurement is the Stanford Hypnotic Clinical Scale for Adults (Morgan & Hilgard, 1979). Mott (1979), contends that his review of the literature reveals examples of a high correlation between suggestibility and therapeutic responsiveness as well as a possible relationship between suggestibility and diagnosis and/or etiology. He concludes that clinicians should test suggestibility to be used as a diagnostic tool and to add to the body of knowledge concerning the importance of suggestibility.

Bowers & Kelly (1979) also support Mott's stand on the importance of suggestibility; however, their study focuses exclusively on Somatic disorders. Bowers and Kelly (1979) go so far as to postulate that hypnotic suggestibility may be a hidden factor that helps to promote successful healing for people suffering from a variety of physical illnesses (Bowers & Kelly, 1979).

Knox & Shum (1977) determined that hypnotic suggestibility may be a relevant factor in individual differences relating to responsivity in acupuncture. Consequently, a compelling postulation might be that high-suggestibles may merely be more responsive to the placebo aspects of acupuncture.

Conversly, even though hypnosis is frequently used to treat obesity, the relationship between suggestibility and weight loss
is unclear according to the (Deyoub, 1979) study. In this study, suggestibility tests failed to predict weight loss for twenty women. All twenty subjects were white middle-class married Protestants, with a mean education of 12 years. Each woman had a history of at least one attempt at weight loss, usually through dieting. All reported temporary weight loss with re-gaining that sometimes exceeded the pre-diet weight (Deyoub, 1979).

Hilgard et. al. (1978) conducted a study that compared high-suggestibles with simulators. Non-suggestible subjects were treated exactly the same as highly-suggestible subjects, except for a prior instruction to do their best to respond as they think a highly suggestible subject would. The non-suggestible subjects proved to be highly successful in estimating and, therefore, were able to simulate the direction in which the suggestibles would change pain reports. In the crucial condition of hypnotic analgesia, the non-suggestibles tended toward over-estimation of the reduction in pain to be achieved by the highly suggestible subjects. Honesty interrogations were used to determine what was actually experienced during hypnotic experiments. The genuineness of hypnotic analgesia was attested by the differences between the honesty reports (Hilgard et. al, 1978).

As the previously mentioned studies indicate, a great deal of consideration has been given to suggestibility in clinical research concerned with the effectiveness of hypnotherapy. However, other unspecified factors may equally influence therapy outcome. Such
factors are referred to as nonspecific treatment factors, according to (Kazdin, 1979). The word "nonspecific" indicates that these factors may extend to many different techniques in psychotherapy. Kazdin (1979) states that the task for therapy research is not to demonstrate that treatment operates free from such factors; but rather, to examine the conceptual and methodological issues raised by nonspecific treatment factors and to interpret the problems these factors pose for selected outcome questions.

McGlashan et. al. (1969) conducted a study to determine the nature of hypnosis, analgesia, and placebo response to experimental pain. Highly motivated subjects who were either very responsive or essentially insusceptible to hypnosis, performed a task which induced ischemic muscle pain. Specific procedures and modified double-bind condition were adopted to establish expectations in both groups that both treatments would effectively reduce pain. The results indicated there are two components involved in hypnotic analgesia: One component is accounted for by the nonspecific, placebo effect hypnosis provides; the other is the distortion of perception specifically induced during deep hypnosis.

Another nonspecific treatment factor that emerged in the literature as being significant is the issue of efficacy. According to (Bandura, 1977), it is important to distinguish between efficacy expectations and response-outcome expectancy. "An outcome expectancy is defined as a person's estimate that a given behavior will lead
to certain outcomes. An efficacy expectation is the conviction that one can successfully execute the behavior required to produce the outcome" (Bandura, 1977, p. 192).

Graham et. al. (1975) compared the effectiveness of hypnosis and relaxation training in the treatment of 22 insomniacs. Using a subjective rating scale, subjects in both the hypnosis and relaxation conditions reported substantial improvement in their sleep patterns following training, but objective records showed that only subjects in relaxation condition achieved a significant reduction in the actual incidence of insomnia. According to (Graham et. al, 1975), the difference between conditions may have been the result of lower expectation of success on the part of hypnosis subjects. The correlation data suggested the relatively poor performance of hypnosis subjects may have resulted from experiences during hypnotic suggestibility testing that some subjects perceived as failure. The average subject failed several items and may have concluded that he or she was not a good hypnosis subject. Graham et. al. (1975) points out that applying suggestibility tests is a valuable research tool; and that in this study suggestibility tests emphasize the importance subjects expectation of success has on the determination of treatment outcome.

Conversely (Campbell et. al., 1979) along with other clinical investigators tend to see suggestibility as irrelevant to therapeutic outcome. These investigators view motivational and interpersonal
variables as more essential to the therapeutic change. In the treatment of pain, less suggestible subjects are able to benefit from hypnotic treatment; however, cigarette smokers tend not to benefit from hypnosis. Campbell et. al. (1979) contend that persons suffering from physical pain are more motivated than are persons who engage in a self-initiated behavior such as smoking.

Another study conducted by (Stam et. al., 1980) contradicts the hypothesis that hypnotic analgesia is intrinsically more effective in reducing reports of pain than waking analgesia. Instead hypnotic analgesia was found to be more effective than, less effective than, or equally effective as waking analgesia, depending on the expectations conveyed to subjects. Henderikus et. al. (1980) did verify, however, that the higher the percentage of time that the subjects engaged in coping imagery, the less pain they reported. Also subjects who were predominantly catastrophizers on their last immersion reported significantly more pain at this time than those who were predominantly copers. The findings replicate a number of studies which found that subject's levels of reported pain were influenced by their ongoing cognitive activity. Stam et. al. (1980) states that hypnotic responding is often both strategic and automatic. Subjects modify their subjective experiences as well as their overt behavior to conform with treatment induced expectations.

Motivation and positive treatment outcome expectancies were studied by (Stanton, 1976) as he evaluated the impact fee-paying versus free hypnotic treatment had on subjects being treated for
weight loss. The findings indicated that fee-paying patients recorded significantly greater weight loss than non-fee paying patients. The difference was explained in terms of expectancy.

Central to the issue of efficacy is the issue of locus of control. Cohen & Alpert (1978) suggest that locus of control measures might potentially serve as a screening tool for selecting a suitable treatment plan.

Paul (1969) conducted a study comparing the effectiveness of relaxation training with hypnotic suggestion, and found that both relaxation training and hypnotic suggestion produced significantly greater effects than did the control group; however, relaxation training resulted in superior diminution of stress effecting response systems not under direct voluntary control. Katz (1979) also indicates that for subjects of low and medium hypnotic suggestibility, social-learning procedures are a more effective way of increasing suggestibility than a sleep/trance induction. Katz (1979) suggests that suggestibility is conceptions of hypnosis, particularly in terms of moving toward self-control.

Katz (1979) states that if hypnosis could be construed as a self-control procedure instead of a something that is done to the subject, the subject could make hypnosis be more effective. First, the subject must be given information correcting misconceptions about hypnosis. Second, the subject must be provided with a principle (the idea of ideomotor action and involvement in fantasy) and told it is up to them to utilize this principle. Third, the
responses are modeled for the subject by the hypnotist, and then the subject is urged to try them alone. The instructions urge the subject to take responsibility for the behavior on his/her own. The subject is alert and awake and able to use cognitive strategies. When subjects attempt the modeled behaviors, they are given the choice between various cognitive strategies they could use to achieve the desired results, thus insuring that they feel it is their own activities - and not the hypnotist's - that are of primary concern.

Katz's (1979) move toward viewing hypnosis as an exercise in developing self-control has positive implications for those suffering from psychosomatic disorders. De Piano et. al. (1979) state that hypnosis may be valuable in facilitating one's capacity to gain insight into how one's symptoms developed and are maintained. Also hypnotic procedures have proven to be successful in indirectly alleviating symptoms by altering how individuals perceive their disorders and how these disorders effect their lives.

Deyoub (1980) conducted a study to test the importance of suggestion with and without hypnotic induction in a weight reduction program. The findings revealed that subjects in the hypnosis group were concerned about their ability to be hypnotized, and for this reason they may have believed that their success in the program was dependant on their ability to be hypnotized. They may have approached the situation in a passive manner waiting for the suggestions to change their behavior. Deyoub (1980) concurs with
Katz (1979) that misconceptions regarding hypnosis may narrow the chances of success.

Conclusion
The question "Is hypnosis effective?" is too general a question to answer. The question needs to be narrowed to read which types of hypnotic treatments in what contexts are successful in treating which individuals suffering from what disorders. Clearly there is enough empirical data to conclude that hypnosis is effective under some circumstances and not effective under other circumstances. Therefore, it is time to abandon the mysticism surrounding hypnosis and embark on a rigorous experimental pursuit of improved clinical service using hypnosis appropriately.


