What are the Dangers of Hypnotherapy?

Introduction

There are a lot of myths about hypnosis. It is difficult to define accurately and completely what it is. Cambridge Dictionary On-line describes hypnosis as ‘a mental state like sleep, in which a person's thoughts can be easily influenced by someone else’. According to Merriam-Webster On-line Dictionary it is described as ‘a trance-like state that resembles sleep but is induced by a person whose suggestions are readily accepted by the subject’.
Hypnotherapy is the therapeutic aspect of hypnosis. Many say there is nothing mysterious, dangerous or dubious about hypnotherapy at all. Others state it is just a tool, which can be used for good or bad purpose. Several books and psychologists state that hypnotherapy in competent hands is safer than most forms of drug therapy and there are minimal side effects.

Jaffrey Mason's book called *Against therapy* attacks psychotherapy from Freud to Jung, Fritz Pearls to Carl Rodgers. This book addresses the weaknesses of the profession, disputing that since therapy is stating to change people, and this is achieved according to therapists' notions and prejudices, this psychological process is necessarily corrupt. Mason states that every therapy he has examined in his book ‘displays a lack of interest in social injustice and in physical and sexual abuse’ (1997, p. 285).
I think this book does not have enough scientific evidence to underpin the author’s opinion. Also he generalised his opinion mostly in reference to a therapist who worked in 19th century and in the first half of 20th century. Psychotherapy has improved since that time, so his argument is less acceptable, but it is not inconceivable psychotherapists still have certain

biases and they make similar mistakes. In my opinion, Mason's book is not a relevant source of information, but I think issues brought up in this book might need more attention. My opinion is that other professionals often do not have interest to promote critical view, because it can reduce the popularity of this complementary therapy. However, it makes it more difficult to discover why, how and to what extent psychotherapy might be corrupt. Besides, experimental literature on hypnosis is diverse, scientific results are often contradicting and confusing.

The hypnotherapy and the law

If there is a health issue it is suggested to visit the GP before going to a hypnotherapist. It is also recommended to ask for advice from a GP or doctor, and if the hypnotherapy is the right treatment, NHS can suggest a qualified therapist. The qualification claimed by the hypnotherapist can be enquired from the District Psychological Department. The British Society of Medical and Dental Hypnosis and the British Society of Experimental and Clinical Hypnosis are professional bodies, which can be enquired as well. An ethical practitioner consults with the patient's doctor, because he needs to know whether the treatment he has in mind is appropriate. Also the therapist should understand the specific strengths and weaknesses of the client and adjust the therapy accordingly (Karle, 1988, p. 81).

NHS informs patients to ensure a qualified hypnotherapist is chosen with a solid healthcare background. Most health professionals who practise hypnotherapy belong to The British Society of Clinical Hypnosis. There are a lot of independent institutions which train practitioners of hypnotherapy, but they are completely beyond the arm of the law. Hypnotherapy is practised by some doctors, dentists, psychologists and counsellors, but it is

also offered by non-professionals with little training. This is because in the UK, hypnotherapists do not have to join any organisation by law, or have any specific training (NHS Choices, 2013). The only law regarding hypnosis is *Hypnotism Act 1952*, which is only concerned with the licensing by the local government of public demonstrations of stage hypnosis. This act was slightly amended in 1989, but nothing in this Act prevents exhibition, demonstration or performance of hypnotism for scientific or research purposes or for the treatment of physical or mental disease.

If the consulted hypnotherapist is not a medical practitioner or a qualified member of a recognised profession, there is no body you can complain to if something goes wrong. This means patients have no protection. Independent institutions are answerable to no one, have no legal status and have no control over their members in the way that the General Medical Council controls and is answerable for the medical profession. They have their own ethical standard, rules and they do not have any control of what they teach or practice.

Sadly, sometimes the motivation of these institutions is to make money out of selling something to members of the public that is fashionable or popular; the aim is exploitation, not therapy (Karle, 1988, p. 82-84).

Is this the right treatment for everyone?

Qualified therapist would not choose to treat anyone who had a severe drink problem, unless there is a residential clinic where the patient can remain for several weeks. The reason is that no one is cured of a problem in one session. If the patient leaves the clinic and goes home and past pubs and off-licences, the tension set up by the conflict between wanting to stop and the temptation to drink would probably make the problem worse rather than better. No patients who used hard drugs should be accepted to be treated; they are usually sent to a local clinic

which specialises in such treatment. According to Markham, epileptic patients never should receive hypnotic treatment, even the condition seems to be under control (Markham, 1987, pp. 26-27). Many institutions both within orthodox medicine and outside of it also suggest that hypnotherapy should not be used on epileptic patients, because hypnosis could trigger a seizure. The General Hypnotherapy Register (GHR) has not seen any compelling evidence to support this view. They continue to advise that some manifestations of epilepsy could contra-indicate hypnotherapy in certain circumstances and as a general rule they confirm that it is perfectly acceptable to proceed with therapy provided that the therapist concerned is entirely comfortable in doing so. There are other instances in which this kind of therapy may be contra-indicated. These could include some manifestations of depressive illness, psychosis (e.g. schizophrenia) and some breathing problems (General Hypnotherapy Standards Council & General Hypnotherapy Register, 2013). NHS recommends not using hypnotherapy if someone suffers from psychosis or has a personality disorder, as it could make these conditions worse (NHS Choices, 2013).

Hypnoanalgesia

The effectiveness of hypnosis to decrease patient sensitivity for pain is called hypnoanalgesia. There are concerns in promoting hypnoanalgesia. Because of the important function of pain in providing sensory information about potential or actual serious bodily conditions, it is important to address ethical concerns when using hypnosis to alter a patient's experience of pain. For example, someone not consulting with a doctor and with recurrent headaches may decide to visit an unskilled hypnotherapist. Having done so, pain is reduced

or suppressed altogether. In time headaches may return, become uncontrollable and other symptoms may occur. At last, when the patient visits the doctor, after an investigation it can find something quite seriously wrong that needs medical treatment, of which the headaches were the first sign. By the time the doctor was contacted, the condition has become more serious, because of the lack of appropriate attention in early stages. Or suppose someone has a chronic indigestion and pain in stomach, which is supposed to be from daily stress. Again, perhaps the person goes to an unqualified hypnotherapist, who helps them to relax to feel better. One morning the subject wakes up vomiting blood, when the stomach ulcer that has been developing perforates. At this stage of condition the person is in serious danger (Karle, 1988, pp. 77-78).

I would add that not alone the therapist is to blame here, since people should take some responsibility for their own life. Patients often know more about their own medical condition than the therapist, but they do not share the information. Also, people can purchase painkillers without prescription and they can use them irresponsibly, still the pharmacists are not to blame if anything goes wrong. Of course, I would still argue that the therapist should be qualified in order to provide the best treatment and mistakes be avoided.

The greatest danger from consulting and being treated by a hypnotherapist without medical qualification is that they are not equipped to make a full and thorough diagnosis. Many cannot recognise the symptoms, which they can treat successfully in the short term, but it should be taken much more seriously from beginning, because they are signals of something going wrong in an aspect of the mind and body (Karle, 1988, p. 78).

Analysing motivation and meeting needs

Sometimes certain perversely motivated people are seeking hypnosis. They do not go for the relief of any symptom, but rather for the experience of hypnosis itself. When a patient asks for help by hypnosis in preference to other methods of treatment we should always seek real reasons. Over-dependent people are often motivated in this since they unconsciously hope to make a dependent relationship in hypnosis which will satisfy their inner needs. Similarly, masochistic women may seek hypnosis to satisfy their unconscious hope to be overpowered. Masculine-aggressive women often seek hypnosis for the opposite reason. They believe that they will not be hypnotized, so they seek hypnosis to prove to themselves that they need not yield to any man. It is well-known that pre-psychotic schizophrenics often seek hypnosis for some long-standing symptom in the unexpressed belief that hypnosis will help to free them from ideas of influence. People of either sex may seek hypnosis from a male physician from unconscious erotic drives.

Perverse motivation of these natures is a potential danger to the patient in medical practice and they need to be recognised and treated in the right way. They are part of the day-to-day experience of physicians who work in medicine whether using hypnosis or not.

Unfortunately, the dangers of perverse motivation are often not confined to the patient. Meares's believes many physicians satisfy inner drives of their own personality when they are hypnotizing patients'. This is not necessarily harmful to the patient. But the situation may present a danger to the patient because this motivation might distort the physician's judgement. As an authority person he or she can overpower the patient and the process of hypnotizing the patient can unconsciously satisfy aggressive, sadistic, hysteric, or erotic drives within the physician (Meares, 1961, pp. 90-91).

I think, whatever we do, we need to consider that in some degree we all satisfy our inner drives and need as individuals, but we need to recognise that we are affected, this awareness can help us and avoid mistakes in order to make better decisions.

A suggestion made to a hypnotized person that specifies an action to be performed after awakening is called post-hypnotic suggestion. It is serious and yet an easily avoided danger. If the patient is, either by external environmental factors, unable to carry out the suggestion, he or she may develop disturbance, anxiety or psychosomatic disorder or by internal psychological factors. The patient may be prevented if the right pre-hypnotic suggestion is used. Should be used very cautiously, while the careful wording is also important.

Traumatic insight may occur when the repressed material, which is intolerable to the patient, suddenly comes to his awareness during hypnosis. The patient may be overwhelmed by the impact of panic and anxiety. Traumatic insight is an acute medical emergency. The patient must immediately be re-hypnotized and given suggestions of calm and ease. These considerations show how important it is for any physician who uses hypnosis to be skilled in more than one technique so that he can meet whatever emergencies may arise. There could appear a sudden panic reaction either from the patient's sudden fear of the closeness of the emotional relationship with the physician, or from his sudden awareness that he has in fact been hypnotized. There could be danger of incomplete waking. Different patients take varying times to go into hypnosis; the same applies to the waking up periods. The patient needs to have enough time to completely wake up after hypnosis, to get back to normal state and to leave the room safely (Meares, 1961, pp. 92-97).

Hypnotherapy and free will

There is no likelihood of staying in a trance and not coming out of it during therapy with a competent therapist and if the therapist dies of a heart attack while the patient is in trance, the patient will wake up in his own time. If there is a real emergency, a fire, for example, the patients' mind would take complete control and bring them back to a state of full awareness to cope with the situation. The dangers of self-hypnosis are also considered negligible. Stage hypnosis is a completely different matter. The danger may occur when untrained people practise the use of hypnosis for entertainment or for their own benefit. Subjects become ridiculous during the course of performance and seem to have no knowledge and no recollection of anything around them. The stories of mishaps following stage hypnosis often point out the dangers of such situations. The unfortunate part about stage hypnosis is that it often frightens away those people who may benefit from hypnotherapy, but they are afraid of losing control, they are unconscious and they are made to something they do not wish to do, however, many say it would not happen if someone visits a qualified therapist. Markham said that during the course of hypnotic treatment patients are able to think and hear, they are aware of their surroundings, aware of the voice of the hypnotherapist. Because they understand precisely what is going on and because they have their own minds, they cannot be made to do anything they do not wish to do (1987, pp. 27-31). Kirsch and Braffman (2001) assumed hypnosis does not involve any special power which can induce people to behave against their own will (cited in Passer, 2008, p. 204). Also, contrary to popular belief, people cannot be hypnotized against their will. Even if people want to be hypnotized, they have different response to hypnotic suggestions (Passer, 2008, p. 203).

A subject's experience of hypnotic responding is often described as automatic or involuntary, however, it is not the same as extreme obedience or automatism (Nash and

Barnier, 2008, p. 746). Nevertheless, it is also a fact that a legitimate authority figure can induce people to commit dangerous acts (e.g. Milgram experiment, 1974) whether they are hypnotized or not. In this case people subjectively experience their actions to be involuntary (Passer, 2008, pp. 203-204).

Dissociation theory

Hilgard (1994) speculated that hypnosis has several distinguishable effects on the executive system. It can reduce planning, initiative functions and monitoring functions of the executive system, including their own volition in hypnotic experiences. Also, hypnosis may disturb the 'balance' between the monitoring and executive control functions. According to Hilgard, this is all the result of dissociation as certain mental processes are splitting from the main body of consciousness (cited in Nash and Barnier, 2008, pp. 83-84).

Indeed, hypnosis itself is considered a form of dissociative behaviour. Dissociation theory views hypnosis as an altered state involving a division (dissociation) of consciousness. One stream responds to the hypnotist's suggestion, while the second stream remains in the background ('hidden observer') but it is aware of everything that happens (Hilgard, 1977, cited in Passer, 2008, p. 206). It has been hypothesized that symptoms of dissociative identity disorders (DID) may be created by therapists using techniques to "recover" memories such as hypnosis to "access" alter identities, facilitate age regression or retrieve memories on suggestible individuals (Rubin and Zorumski, 2005, p. 280).

There are hypotheses which contradict to the idea that dissociative identity disorder is created by the therapists; they propose that it is just the reaction of trauma (Watkins and Barabasz, 1992, p. 193).

According to Meares, as I have mentioned earlier, pre-psychotic schizophrenics often seek hypnosis to somehow clear ill-formed ideas of ideas of influence which are on the threshold of their awareness. So if they had been hypnotised, it would seem likely that their already existing latent ideas of influence would have been crystallized, and it would have become obvious to all that the patient had become schizophrenic following but not because of hypnosis. This is the danger of not recognizing the pre-psychotic schizophrenic. This danger is very small with the physician who has had adequate training, but with others it may be quite real (1961, p. 93).

Hypnotherapy and consciousness

There are a lot of experiments and studies about consciousness, but still Frackowiak et al. (2004, p.269) stated, that they do not have an idea how consciousness emerges from the physical activity of the brain. They said: 'we all use the term *consciousness* in many different and often ambiguous ways, since consciousness has not yet become a scientific term that can be defined'. Psychologists are still trying to find out whether and in what respects hypnosis represents an altered state of consciousness (Kallio and Revensuo, 2000, 2003 cited in Nash and Barnier, 2008, p.35).

At the moment there is no clear definition how hypnosis works, what consciousness is, and how hypnosis affects consciousness. Consequently, potential dangers are unidentified.

Hypnotherapy and memory distortion

If we examine the memory after a traumatic or stressful event, we can find the memory is distorted, because stress affects the encoding of the memory. Stress may also cause the

memory to be repressed out of conscious awareness. Another way how memory can be affected is when the person involved in a traumatic event experiences dissociation; he or she mentally removes themselves from the situation, which may serve as a coping mechanism (Cowan and Hulme, 1998, pp. 301–341).

Taking in account this information, we can consider patients' memories are often already changed before hypnotherapy.

The increased suggestibility during therapy can cause (further) memory distortion (Scoboria, 2002, cited in Passer, 2008, p. 205). So Passer posed the question if a therapist is using hypnotherapy to help the patient recall memories of sexual abuse, shall we conclude these horrible memories real, or are they pseudo memories created during therapy (2008, p. 205).

People often fail to recognise from where, when and how they acquired certain memories. Studies have demonstrated that false recognition and leading questions also can alter memory recall. Experiments indicated when people witness a particular event and when later they are given misleading information about it, they often fail to remember whether the critical information was part of the original event or was only suggested to them later (Zaragoza and Lane, 1994, cited in Schacter and Coyle, 1997, p. 15). Since hypnotised individuals accept instructions relatively uncritically, people with high suggestibility are especially vulnerable to this issue, because they are less likely to distinguish an instruction coming from another person than themselves. This phenomenon is known as hypnotic source amnesia (cited in Schacter and Coyle, 1997, p. 131). Several studies have provided evidence that these high-hypnotisable subjects are especially prone to produce false memories in respond to suggestion. (Lynn and Nash, 1994, cited in Schacter and Coyle, 1997, p. 29). Therefore, we can consider hypnosis not only as a cure of memory distortion, but often the cause of the

distortion as well. False memories retrained from the patient may mislead therapists. For that reason, the reliability of forensic hypnosis is also questionable in police investigations.

Therapeutic relationship and transference phenomena

I believe, the relationship between therapist and the client is very important. The relationship depends a lot on the therapist's personality, attitude, education, practice, belief; the therapist's psychological state affects the relationship and the effectiveness of the therapy. But unwanted abuse or control of the patient might appear even if the therapist's approach is person-centred or non-directive.

Transference phenomena are part of every therapy, and they are present in everyday life as well. Humans tend to perceive present figures in their lives and react to them like if they were significant individuals in their earlier life, such as a father, mother, sibling, or teacher. Thus, the patient often endows the therapist unrealistically, with characteristics of the earlier person. They may begin to feel that the therapist is uncaring and manipulative of him or her even though the therapist is just listening passively to the patient's memories. The therapist is in position to point out to the patients their view is in contradiction with his or her true behaviour. The patient takes a significant step towards maturity when realises that perhaps his or her feelings are not justified toward the therapist (and perhaps toward some other people). "The transference reaction is a powerful technique, because it involves a "relieving" of the past, not merely a remembering" (Philips, 1994, cited in Watkins and Barabasz, 2007, p. 273). The goal of the hypnoanalitic therapy and hypnoanalitic treatment is to uncover unrealistic transferences and promoting maturity and reality behaviour. Therapists are often

somewhat "seduced" by the patients into behaving like the certain individuals in their past, because they are also influenced by transference reactions. When the therapist unconsciously views the patient as perhaps a younger brother, behaves and talks to the patient like he or she is a younger brother, then the therapist is experiencing counter-transference (Watkins and Barabasz, 2007, pp. 273-274). In the therapeutic relationship this can be normal, but sometimes it can be challenging for the therapist. There are clues by which the therapist might recognise his or her counter-transference (Stein, 1970, cited in Watkins and Barabasz, 2007, p. 283). These can be, for example, alteration in fees, signs of familiarity, overlooking failures to take prescribed medication, allowing telephone abuses, etc. The manner of the therapist (aggressive, seductive, etc.) may represent clues to counter-transference (Gruenewald, 1971, cited in Watkins and Barabasz, 2007, p. 283). Erika Fromm (1968, cited in Watkins and Barabasz, 2007, p. 273) noted that these reactions need to be considered counterproductive therapeutically, and unless they are understood and resolved, the therapist is unlikely to help the patient. But because all people are subject to counter-transferences, perhaps instead we should consider that counter-transference may interfere with therapy and should optimally be understood, analysed and resolved. However, helping humans does not have to be perfect (Watkins and Barabasz, 2007, pp. 283-284).

Conclusion

I have pointed out many dangers which can be recognised – perverse motivation or who can be treated – but there are still other potential dangers which are not easy to identify. It is still not clear how hypnosis works and how it affects consciousness. There are a lot of unanswered questions regarding free will and interpersonal relationship between therapist

and patient. Hypnotherapy can cure memory distortion, but it can also cause memory distortion. Mental processes seem to be very sensitive and subtle and the reactions of the patients to a suggestion are different and not always predictable. Hypnotherapy hypnosis is a powerful tool which can be tremendously helpful but it can equally be harmful, especially if a mental disorder is treated. The issues regarded to the dissociation theory also need to be considered but evidences of the potential dangers are not clear, so further research is required.

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