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What the public think about hypnosis and hypnotherapy: A narrative review of literature covering opinions and attitudes of the general public 1996–2016



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ABSTRACT

Objectives: To describe the public's understanding of hypnosis and openness to hypnotherapy. *Methods:* A comprehensive search of English language peer reviewed journal articles from 1st January 1996-11th March 2016 was performed over 9 databases (Medline, PubMed, PsycARTICLES, CINAHL, Embase (excerpta medica), PsychInfo, Cochrane, Science citation index-expanded, Conference citation index) and a title-only search of Google scholar. 39 keyword combinations were employed: hypnosis, hypnotherapy, hypnotic, perception, beliefs, knowledge, view, opinion and understanding, in singular and plural where appropriate. A search of the bibliographies of eligible articles was undertaken.

Inclusion criteria – Articles containing original data regarding the general public's attitudes towards hypnotherapy or hypnosis.

Exclusion criteria – Non-therapy hypnosis (forensic, entertainment) materials and those concerned with groups likely to possess prior or professional knowledge of hypnosis, (hypnotists, clinicians and psychologists). Analysis was conducted in line with the questions.

Results: 31 articles were identified, covering diverse populations. Most people believe that: hypnosis is an altered state which requires collaboration to enter; once hypnotized perception changes; hypnotherapy is beneficial for psychological issues and is supportive of medical interventions; hypnosis can also enhance abilities especially memory. People are open to hypnotherapy subject to validation from the psychological or medical establishment. Similarity of opinion is more apparent than difference.

Conclusion: Most people are positive towards hypnotherapy, and would consider its use under the right circumstances.

1. Introduction

The use of complementary and alternative medicine (CAM) is widespread in the UK with between 21 and 41% of people using some form of CAM every year.¹ Of the CAM approaches hypnotherapy enjoys only moderate popularity.² Hypnotherapy is however one of only a few CAM therapies included in National Institute of Health & Care Excellence (NICE) guidelines^{3,4} and enjoys the support of general practitioners.⁵ The public's lack of enthusiasm may be because they lack an adequate understanding of hypnotherapy, or that they may distrust it due to negative concepts derived from popular culture.^{6,7,8}

Numerous reviews have been conducted on hypnotherapy, covering such topics as: irritable bowel syndrome,⁹ chronic pain,¹⁰ cancer patients' symptoms,¹¹ insomnia,¹² labour pain,¹³ fibromyalgia,¹⁴ migraine,¹⁵ nausea,¹⁶ anxiety,¹⁷ and temporomandibular disorders.¹⁸

However no review covers the public's conception of hypnotherapy, despite nearly 80 years of research.^{19,20} The motivation behind previous public opinion research has varied, exploring how beliefs predict outcomes,^{21–23} how changing attitudes may affect outcomes,^{24,25} how a patient group perceive hypnotherapy²⁶ and gathering data towards a general picture of CAM.²⁷ Some research has tried to get a picture of the beliefs of the general public,^{28,29} but this is inevitably limited to a single population group or culture. A broad understanding of the general public's perception of hypnotherapy would provide valuable information for health practitioners considering referring to or offering hypnotherapeutic services and in particular those considering establishing services, either external to or within an existent healthcare framework.

Therefore the aim of this study is to use existing research to gain an understanding of:

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- What people understand by the concept of 'hypnotizability': the ability to enter trance.
- What people understand by the state of hypnosis and the phenomena associated with it.
- Whether people have preferences and biases with regard to who conducts hypnotherapy and where.
- Whether certain population groups have differing perceptions of hypnotherapy.
- Whether people are open to hypnotherapy.

As hypnosis is currently poorly understood even amongst hypnotists,³⁰ only minimal interpretations of the validity of public opinion will be forwarded. A broad definition can be offered in that 'hypnosis' refers to an interaction between a hypnotist and one or more subjects in which the hypnotist focuses the attention of the subject away from their surroundings towards their inner experience and creates changes of perception and experience through suggestion.³¹ Hypnotherapy is when the suggestions are made towards a specific therapeutic outcome.³²

2. Materials and methods

It was apparent from scoping the literature that several different assessment tools were used in different papers with variable, often uncomparable, outcome measures. In addition, a broad series of aims were proposed for the paper, which would be unachievable in a single systematic review. The narrative review approach, however, can allow the breadth and interpretation required, and was considered appropriate.³³

2.1. Inclusion and exclusion criteria

2.1.1. Types of studies

Studies that included definable cross sectional data, from 1st January 1996 to 11th March 2016, were included. The period was chosen as it covered a sizeable increase in CAM usage.^{34,35}

2.1.2. Type of participant

Adult participants $80\% \ge 18$ years.

2.1.3. Inclusion criteria

Articles were included if they contained original data regarding the general public's attitudes, opinions and perceptions of hypnotherapy or hypnosis. This did not extend to the characteristics of hypnotherapy users or non-user. Only English language publications were included, this decision was driven by pragmatic considerations of time and resources.

2.2. Exclusion criteria

Articles were excluded if they were about hypnosis used for nontherapy reasons, such as forensic hypnosis, used predominantly to recover memories in legal proceedings, or for entertainment purposes i.e. stage hypnosis. We excluded articles about groups with participants who predominantly had previous experience of hypnosis. We also excluded groups which were likely to have professionally formed opinions of hypnotherapy, including: hypnotists, who have direct experience; clinicians and post graduate level psychologists who are likely to have encountered hypnosis during training, by being approached by hypnotherapists promoting services or training, or through patient enquiry and as such will have been forced to formulate opinion with a professional slant. No exclusions were made on grounds of quality of study.

2.3. Search strategy

Relevant literature was identified by a systematic review of

computerized databases (Medline, PubMed, PsycARTICLES, CINAHL, Embase (excerpta medica), PsychInfo, Cochrane, Science citation indexexpanded, Conference citation index) for English language articles in peer reviewed journals. Several key word combinations were employed (Hypnosis + Perception/s, Hypnosis + attitude/s, Hypnosis + belief/ s, Hypnosis + Knowledge, Hypnosis + view/s, Hypnosis + Opinion/s, Hypnosis + understand/ing, Hypnotherapy + perception/s, Hypnoth erapy + attitude/s, Hypnotherapy + Belief/s, Hypnotherapy + Knowledge, Hypnotherapy + View/s, Hypnotherapy + Opinion/s, Hypnotherapy + Understand/ing, Hypnotic + Perception/s, Hypnotic + attitude/s, Hypnotic + belief/s, Hypnotic + Knowledge, Hypnotic + view/s, Hypnotic + Opinion/s, Hypnotic + understand/ing.)

A multiple stage process of inclusion/exclusion was undertaken with titles alone examined first, then titles and abstracts or titles and introduction, if no abstract was available, then finally full-text articles. At each stage those articles clearly ineligible were excluded. Additionally, a series of Google Scholar searches were conducted using the same keyword combinations in 'title only'; with citations and patents excluded. This was sorted by the article titles and subsequently by abstract; or introduction if no abstract was available; using the same inclusion/exclusion criteria. Eligible articles' reference lists were searched for further articles that might meet the criteria. Some papers were removed upon close reading of the full article because they failed to meet the criteria. Six articles were unobtainable.

2.4. Data extraction

Data were extracted by one author (MK). A structured quality assessment of studies was not undertaken.

3. Results

3.1. Characteristics of the studies

Thirty-one articles met the inclusion/exclusion criteria. These fell into three broad types: those which directly addressed people's attitudes, opinions and perceptions of the use of hypnosis (n = 9); those which gathered attitudinal data for some other purposes, such as assessing the differences hypnotic experience makes (n = 17); and those which looked broadly at CAM approaches and included some data on hypnotherapy (n = 5). The characteristics of the included studies are in Table 1. The majority of the papers drew exclusively on quantitative data (n = 30), specifically survey data with some repetition of standardized tools, such as the Opinions About Hypnosis (OAH) questionnaire³⁶ (n = 5), Attitudes Towards Hypnosis (ATH) questionnaire³⁷ (n = 3) and variants of the Valencia Scale of Attitudes and Beliefs Towards Hypnosis- Clients Version (VSABTH-C)³⁸ (N = 2). A number of studies used both OAH and ATH (N = 3).

There was a bias towards undergraduate populations (n = 15). This is ameliorated by the remaining studies being sampled from a variety of patient populations (n = 10), and studies which made attempts to recruit diverse populations (n = 6). The literature has a general bias towards populations with English as a first language, but includes multiple nationalities, including samples from Iran, Germany, Hong Kong and non-English speaking U.S. Latinos. Most of the studies had a gender bias with a larger representation of women.

3.2. Hypnotizability

The concept of hypnotizability, meaning the ability to enter the state of hypnosis can be seen to have two distinct elements: the transition from 'normal' state to 'hypnotized'. No information was found on this topic, other than that most people think it requires relaxation.³⁹

A number of studies have addressed the question of control $(n = 5^{22,28,38,40,41})$ within the transition into trance, these have found

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