TURF WAR BATTLE

Who Owns Hypnosis ?

Clinical vs. Lay Hypnosis: A Hopeless Battle?

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The October 1996 issue of the ASCH Newsletter contains an interesting tidbit: a "**Request for Information on Lay Hypnotherapy** " by James R. Council, President of Division 30 (Psychological Hypnosis) of the American Psychological Association and Chair of the ASCH Legislative Committee. I have also read and heard elsewhere that several prominent members and officials of Division 30 and **ASCH plan to make squashing "lay hypnotherapists" a priority over the next several years.** I find this goal to be interesting--and one that I am at best highly ambivalent about.

Clarification of Terms

To simplify reading this article, I will refer to those clinicians who have received (or would qualify for) ASCH-approved training as "clinical hypnotists" who practice "clinical hypnosis." I will refer to all others as "lay hypnotists" who practice "lay hypnosis." Therefore, clinical hypnotists are individuals who possess at least a Masters degree from a regionally-accredited program in the healing arts, and whose training (if not received directly from an ASCH-approved rganization or individual) matches the guidelines set forth in Standards of Training in Clinical Hypnosis (Hammond and Elkins, 1994).

Who are the "lay hypnotists?" **A lay hypnotist is anyone who is not trained and credentialed as an advanced-degreed** health professional, and practices hypnosis or "hypnotherapy." Since ASCH will not train anyone who is not at least in formal training toward an advanced-degree in the health sciences, it is safe to assume that lay hypnotists are generally trained by one of dozens of lay hypnosis training institutes and/or organizations, many of which also offer some form of credentialing in hypnosis and/or hypnotherapy. Among the larger (or at least more vocal) lay hypnosis organizations are the National Guild of Hypnotists (NGH), the American Board of Hypnotherapy (ABH), and the American Council of Hypnotist Examiners (ACHE). One of the earliest such organizations,the Association to Advance Ethical Hypnosis (AAEH) appears to be inactive and/or no longer exists, with many of its former leaders now actively involved with NGH or other similar organizations.

What's the big deal?

The official position held jointly by ASCH, the Society for Clinical and Experimental Hypnosis (SCEH), and APA Division 30 is that lay hypnosis and the training of lay hypnotists are unethical. The ASCH By-Laws and Ethics Code are clear and specific:

hypnosis is a treatment modality--not a treatment in and of itself--that should be strictly limited to qualified practitioners of the healing arts. **Of course, ASCH has over the years modified its view of who is "qualified." For example: When I first inquired about membership in ASCH, I was a Masters-level licensed psychologist and was told I could not join (as a full member) because I lacked a doctorate. ASCH has since changed this requirement,and now allows Masters-level mental health professionals to become full members,and to seek certification**. Nobody knows how many lay people have received training in hypnosis, and how many of those are practicing lay hypnotists. NGH claims thousands of certified members. It is safe to assume that there are several thousand more who have been trained and certified by other lay hypnotist organizations. I do not know how many patients or clients have paid for the services of lay hypnotists over the past decade or so, but it is probably safe to assume they number well into the tens of thousands. At worst, this means thousands have received incompetent treatment, or treatment of at least dubious value. **Certainly, lay hypnotists have (wrongly, according to organized clinical hypnosis) cut into the practices (and incomes) of clinical hypnotists.**

Conflicting Paradigms After examining the literature, brochures, and training protocols of the NGH, ABH, and ACHE (as well as those of ASCH and SCEH), I found two fundamental--and defining--differences that distinguish the paradigms of hypnosis espoused by lay vs. clinical hypnotists. Commitment to science. Clinical hypnosis is predicated on rigorous scientific investigation. SCEH and ASCH distinguish between "soft science" (e.g., case studies, nonexperimental research) and "hard science" (e.g., quasi- and "true" experimental research), and shares the bias of all formal sciences that the latter is ultimately more valid than the former. Lay hypnosis does not appear to make this distinction.

There is a very clear preponderance of uncontrolled anecdotal studies in the lay hypnosis articles I have read. In fact, "hard" research is almost entirely missing from this literature, and in some cases is even denigrated. The exception (in my limited reading) has been when hard research appears to support the aims and purposes of lay hypnosis (e.g., I found several references to NIH's recent positive review of hypnosis as a valuable adjunct to traditional medical treatment of cancer and pain).Hypnosis as a distinct profession. The other difference between lay and clinical hypnotists is more olitically volatile. ASCH and SCEH are quite adamant in their belief that hypnosis is a valuable clinical activity but does not by itself constitute treatment. Lay hypnotists vehemently disagree. They view hypnosis as a treatment that can be used in addition to, but is distinct from, other medical and/or psychological treatments; consequently, hypnosis is viewed as a distinct profession. The ABH informational brochure, for example, states that among its purposes are "to promote the recognition of hypnosis as a viable therapeutic modality" and "to promote the recognition of hypnotherapy as a separate and distinct profession" (American Board of Hypnotherapy, 1994).

Implications

The political ramifications of this paradigm dispute are manifold. If one accepts hypnosis

as a distinct profession, then hypnotists can and should be separately trained and credentialed, and perhaps even licensed. In a sense, this question can be reframed as **"Who owns hypnosis?"** There are **several precedents** to this conflict. **Organized medicine's initial opposition to the licensing of psychologists was based on a rejection of clinical psychology as a distinct profession separate from the practice of medicine. A similar battle has been waged by organized psychology against the licensing of counselors; several state psychology associations (including, at one point, the Pennsylvania Psychological Association) argued that counselors and other Masters-level therapists should not be licensed because "counseling" or "psychotherapy" are activities performed by psychologists, and as such do not merit recognition as distinct professions. I imagine organized psychology might have taken clinical social work to task on this point as well, had well-recognized forms of social work credentialing (e.g., the ACSW) not preceded psychology licensure in many states**. [Side note: A primary issue here involves two terms whose presence in a licensing law are central to the health professional's right to independent (i.e., medically unsupervised) practice: diagnosis and treatment. Since treatment (as we have all been taught) ensues from diagnosis, to be truly independent a health professional must be legally authorized to perform both. **Just as physicians once argued that, without formal medical training, psychologists are not competent to diagnose and then treat mental disorders, psychologists have argued that "counselors" are inadequately trained to diagnose and treat individuals with psychological problems.**

During its early battles for licensure, organized psychology successfully pointed to organized medicine's inability to prove that patients were being harmed by psychologists who in fact were already practicing independently (or under very nominal medical supervision). **Organized counseling has made the same argument when faced with opposition to counselor licensure from state psychology associations**. Now we are hearing the same argument being espoused by organized clinical hypnosis **in our efforts to shut down lay hypnotists** . It is important to note here that anecdotal evidence of harm has been found by most state legislatures to be inadequate as an argument against licensure. For the same reason, state attorneys have been hesitant to prosecute uncredentialed/unlicensed mental health practitioners on the sole basis of practicing a healing art without a license. **Clearly, one hears far more anecdotal complaints against physicians and psychologists than against lay hypnotists**.

Where is the hard evidence that lay hypnotists are harming people? Or is this battle merely part of a larger turf war, waged to protect practitioners (as opposed to consumers) in an era of shrinking health dollars? If the latter is the case, do we want our limited resources to be used in the pursuit of the professional equivalent of the Vietnam War?

Hypnosis as Technology

Although many questions about the nature of hypnosis remain, the one characteristic all experts seem able to agree on is that hypnosis involves a specialized form of rapport.

Rapport, as we all know, is the core ingredient of all therapeutic conversations. Therefore, hypnosis can be described as a specialized form of therapeutic conversation. One argument used to combat the false memory syndrome proponents is that a growing body of research indicates that hypnosis is no better (and no worse) than other forms of therapeutic conversation at persuasion or undue influence (e.g., iatrogenic distortion of memory).

Here I find that the clinical hypnosis community engages in some double-talk. On the one hand, we state that clinical hypnosis is no more dangerous than any other form of therapeutic conversation; on the other hand, we say it is too dangerous to allow individuals without graduate-level training to learn and utilize it. Yet logically, if hypnosis is no more dangerous than other forms of therapeutic conversation, then we should be able and willing to teach it to the same populations we teach counseling to including, for example, addictions counselors, B.A.-level mental health workers, and peer counselors--in other words, "lay" people. There was a time when the "technology" of psychotherapy (e.g., techniques for establishing and maintaining empathy and rapport) was considered too difficult to learn outside formal graduate-level training programs. **Many psychologists were suspicious of programs that involved training peer or "lay" counselors**. As peer counseling programs like Women in Transition and Women Organized Against Rape proliferated in the 1960s and 1970s, however, a growing body of research began to allay our fears: With supervision, and when generally limited to problem-focused and/or time-limited approaches (e.g., short-term support groups), well-trained lay counselors were found to be at least as effective as professionals with a broad range of problems, including serious psychological disturbances. I am unaware of any research indicating that lay counselors pose a greater threat to client wellbeing than professional therapists. Therefore, I wonder: What really is the harm in teaching the "technology" of hypnosis to lay people, especially if the content of their education were regulated, and the practice of hypnotechnology" were supervised, by professionals? **[Side note: Many qualified clinical hypnotists have, at one time or another,trained with lay hypnotists. In fact, while I was attending APA in Toronto this past summer, one prominent member of Division 30 confided to me that, prior to entering graduate school, he earned part of his living as a stage hypnotist.**

Problems Galore

The lay hypnosis organizations I have studied profess to define, support, and adhere to a limited scope of practice. An article about the Council of Professional Hypnosis Organizations (COPHO), a lay hypnosis umbrella organization that includes the National Guild of Hypnotists, states that:The member organizations in COPHO [the Council of Professional Hypnosis Organizations] teach hypnotherapy as a vocational practice. That is, hypnosis is understood as a helping tool to assist persons with non-clinical or non-medical issues such as routine smoking cessation, minor weight management, the finding of lost objects, general relaxation, time management and performance enhancement at work. The member organizations of COPHO do not teach or allow members (unless qualified to do so by another credential) to use hypnosis as a tool for the diagnosis or treatment of mental or medical conditions. (Giles, 1995, p. 10) After studying lay

hypnosis literature, however, I find that lay hypnotists consistently violate this limited scope of practice with what appears to be the sanction of their lay hypnosis organizations.

I analyzed the content of the 1995 "NGH Annual Convention and Educational Conference and Summer Institute" published in the June 1995 issue of The Journal of Hypnotism. The Summer Institute listed 30 courses, 12 of which were concerned with material I would consider appropriate only for graduate-level counselors or therapists (e.g., "The Application of Hypnoanalytic Technique in the Practice of Clinical Hypnosis," "Addictions Hypnotherapy," "Parts Therapy as Practiced by Charles Tebbets"). The conference itself listed well over 100 seminars and workshops. Some (with titles like "Hypnosis for Drug Addiction," "Rational[-Emotive Hypnotherapy," and "Dealing with Traumatic Memories in Hypnotherapy Practice") sounded completely inappropriate for lay hypnotists. Other seminars and workshops appeared to involve attempts to teach medicine, however as I am not a physician or dentist, I do not feel qualified to make a judgment about these topics. An opportunity to set professional standards? Clearly, lay hypnosis is a problem, and it is a problem that is not going away. Because lay hypnotists are not regulated (I have great difficulty accepting as legitimate the dozens of self-proclaimed "certifying" organizations whose requirements for certification seem dubious at best), there is nothing that even comes close to uniformity of training and education standards. In my opinion, there are three realistic possibilities regarding lay hypnotists: Maintenance of the status quo, in which lay hypnotists will continue to be trained by other lay hypnotists, and will practice without regulation; or Lay hypnosis will achieve some form of legitimization, either through licensing and/or state registration acts, or through unionization (the latter is already occurring, through the National Federation of Hypnotists,OPEIU Local 104 of the AFL-CIO); or Clinical hypnosis could "adopt" lay hypnosis as a legitimate paraprofessional activity, and have a voice in the training, supervision,and regulation of lay hypnotists. Notice that I do not see the outlawing of lay hypnosis as a realistic option here. The above implies that clinical hypnosis organizations can do one of three things: **Actively combat lay hypnotists;** Nothing; Engage is some form of partnership with lay hypnotists. The first option is, as I have already opined, **a waste of valuable resources**. The second option is easiest, and has the additional emotional advantage of "keeping our hands clean." The third option, while very difficult, holds the most promise. Given that it is highly improbable (at best) to outlaw lay hypnosis, this option holds the most promise of regulating it. It also presents clinical hypnosis with a unique economic opportunity: if we are to **continue to lose our traditional "turf" to lay hypnotists,** why not gain new turf by engaging in their training and supervision?However, if we completely miss the boat--if lay hypnosis achieves some form of legitimization without input from clinical hypnosis--it is unlikely that we will gain much of anything. **Lay hypnotists will continue to capture a slice of our "pie" as they continue to train and supervise their own with little or no input from us.**

References

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