

# Hypnotherapy: Benefits, Risks & What to Expect

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## Introduction: The Dual Nature of Attitudes Toward Hypnotherapy

Attitudes toward hypnotherapy, a therapeutic modality utilizing focused attention and suggested relaxation to achieve a heightened state of awareness, are complex and often polarized within the general population and even among healthcare professionals. These attitudes range widely, spanning from profound cynicism and outright rejection based on historical misconceptions or sensationalized media portrayals, to enthusiastic acceptance stemming from personal positive experiences or robust clinical evidence. Understanding this duality requires an examination of how hypnotherapy is perceived not merely as a medical intervention, but as a phenomenon deeply intertwined with notions of **mind control**, **suggestibility**, and the perceived boundaries of human consciousness. The prevailing societal attitude often forms a critical barrier to access, as patient willingness to engage in treatment is heavily influenced by their pre-existing beliefs regarding the legitimacy and safety of the process, making the study of these attitudes crucial for the advancement of clinical practice and public health literacy.

The initial disposition an individual holds toward hypnotherapy--often referred to as their attitude set--is highly predictive of their responsiveness to treatment, indicating that psychological preparation is nearly as important as the technique itself. A positive attitude set typically involves the belief that hypnosis is a legitimate, effective tool for therapeutic change, coupled with a willingness to passively yet actively engage with the suggestions provided by the therapist. Conversely, a negative attitude, characterized by beliefs that hypnosis is ineffective, dangerous, or requires a loss of personal autonomy, creates significant resistance that diminishes the likelihood of achieving the requisite hypnotic state. Therefore, clinicians frequently dedicate initial sessions not to induction, but to psychoeducation aimed at correcting erroneous beliefs and fostering a cooperative, trusting environment, recognizing that the patient's attitude is a primary determinant of treatment outcome across diverse applications, including pain management and anxiety disorders.

Furthermore, the investigation into attitudes must differentiate between various demographic groups, recognizing that cultural, educational, and religious backgrounds significantly mediate acceptance. For instance, populations with higher levels of scientific literacy may be more receptive to the evidence-based clinical applications of hypnotherapy, while others might remain wary due to historical associations with mysticism or fringe practices. Research consistently suggests that individuals who perceive themselves as possessing a high internal **locus of control**--the belief that they control their own destiny--may initially harbor skepticism, fearing that hypnosis represents a surrender of control, whereas those educated on the true nature of therapeutic hypnosis understand it as a collaborative process that ultimately enhances self-mastery. The variance in these foundational beliefs underscores the necessity for tailored educational outreach to demystify the practice and integrate it successfully into mainstream healthcare.

## Historical Context and the Persistence of Stigma

The historical trajectory of hypnotherapy has profoundly shaped contemporary attitudes, often burdening the modality with persistent stigma derived from its unregulated and sensationalized origins. The 18th-century practice of **Mesmerism**, popularized by Franz Anton Mesmer, introduced concepts of "animal magnetism" and therapeutic trance states, but its theatrical presentation and lack of scientific grounding led to its eventual discreditation by scientific commissions. Although later pioneers like James Braid attempted to refine the practice into what he termed "neurypnology" (later shortened to hypnosis), emphasizing psychological suggestion rather than fluid transfer, the early associations with spectacle, charlatanry, and unverified cures cemented a public image that continues to haunt modern clinical practice. This historical baggage means that even today, when a patient encounters the word "hypnosis," their initial cognitive response is often framed by centuries-old narratives of mystery rather than modern medical understanding.

The rise of **stage hypnosis** in the late 19th and early 20th centuries further exacerbated negative attitudes, transforming the therapeutic tool into a form of entertainment where participants appeared to lose control, perform absurd acts, or reveal private information against their will. These theatrical displays, designed purely for dramatic effect and profitability, fundamentally misrepresented the clinical process, which relies on the subject's active cooperation and maintenance of ethical boundaries. The pervasive imagery of the hypnotist as a Svengali-like figure capable of commanding obedience instilled a deep-seated fear in the public psyche regarding the potential for manipulation and loss of autonomy during a hypnotic state. This fear is perhaps the single greatest obstacle to widespread acceptance, compelling clinical practitioners to spend considerable time deconstructing these media-driven myths before beginning any actual therapeutic work, highlighting the voluntary and collaborative nature of modern hypnotherapy.

Despite significant efforts by professional psychological and medical associations throughout the 20th century to standardize training and establish ethical guidelines, the historical shadow remains long. The formal recognition of hypnosis by organizations such as the British Medical Association (BMA) in 1955 and the American Psychological Association (APA) in 1960 provided legitimacy, yet these endorsements often failed to penetrate the popular imagination saturated with earlier, negative depictions. Consequently, many individuals hold two parallel attitudes: recognizing hypnotherapy as potentially legitimate for specific, narrow conditions (e.g., smoking cessation), while simultaneously maintaining a guarded skepticism about its broader application or safety, reflecting a deeply ingrained societal discomfort with altered states of consciousness outside of conventional medical frameworks.

## Common Misconceptions and Media Representation

A significant driver of negative attitudes toward hypnotherapy is the prevalence of deeply ingrained

misconceptions, largely perpetuated by inaccurate and sensationalized media representations across film, television, and literature. The most damaging misconception is the belief that hypnosis involves a complete loss of consciousness or **mind control**, suggesting that the subject is rendered helpless and vulnerable to the hypnotist's arbitrary commands. Clinically, however, the hypnotic state is characterized by enhanced focus and suggestibility, where the subject remains fully aware of their surroundings and maintains the capacity to reject any suggestion that violates their moral code, personal values, or desire for safety. The persistence of the "zombie" or "puppet" narrative severely undermines trust and discourages potential patients who fear relinquishing their personal agency during treatment.

Another critical misunderstanding revolves around memory retrieval, often fueled by fictional portrayals of using hypnosis to uncover "repressed memories" of trauma with perfect accuracy. While hypnotherapy can aid in accessing memories, it does not function as a perfect truth serum; research has demonstrated that the heightened suggestibility inherent in the hypnotic state can inadvertently lead to the creation of **false memories** or confabulations, especially when leading questions are used. This misconception has serious ethical and legal implications, particularly in forensic settings, and professional guidelines now strongly caution against using hypnosis solely for memory recovery, emphasizing that any memories retrieved must be corroborated independently. The failure of media to accurately represent this nuance contributes to a generalized anxiety about the reliability and potential harm associated with the technique.

Furthermore, many hold the unrealistic expectation that hypnotherapy offers a magical, instant cure, viewing it as a passive fix rather than an active, collaborative process requiring commitment and effort. This attitude stems from stage hypnosis routines where instantaneous changes (e.g., forgetting one's name) appear effortless. When patients enter clinical settings expecting immediate, profound change without personal investment, they are often disappointed, leading to negative reviews and a detrimental impact on the overall perception of the therapy's effectiveness. Expert practitioners emphasize that successful hypnotherapy is a skill-based intervention where the patient learns self-hypnosis techniques, empowering them to manage their symptoms actively, fundamentally contradicting the passive, instant-cure myth propagated by popular culture.

## Clinical Applications and Empirical Efficacy

In stark contrast to public skepticism, attitudes toward hypnotherapy within evidence-based medicine and psychology have become increasingly favorable, particularly regarding specific clinical applications where empirical support is robust. The most widely accepted applications are in the management of chronic pain and anxiety-related disorders, where randomized controlled trials have demonstrated significant positive outcomes. For example, hypnotherapy is frequently recommended as an adjunctive treatment for Irritable Bowel Syndrome (IBS), a condition where the mind-body connection is highly relevant, showing sustained symptom reduction comparable to,

or sometimes exceeding, traditional pharmacological interventions. This clinical success in managing highly distressing, chronic conditions lends strong credibility to the modality among medical specialists who prioritize measurable, quantifiable improvements in patient quality of life.

The integration of clinical hypnosis into pain management protocols, often termed **hypnoanalgesia**, represents a crucial area of acceptance. Research utilizing neuroimaging techniques has provided tangible evidence showing how hypnotic suggestion can modulate activity in brain regions associated with pain perception, demonstrating a verifiable biological mechanism rather than relying solely on subjective patient report. This empirical validation helps shift professional attitudes away from viewing hypnosis as merely a placebo effect towards recognizing it as a powerful, non-pharmacological tool for mitigating both acute and procedural pain, such as during dental work, burn dressing changes, or childbirth (hypnobirthing). The safety profile of hypnotherapy, coupled with its efficacy in reducing reliance on opioids, further enhances its attractiveness to healthcare systems grappling with issues of pain management and addiction.

Beyond pain, attitudes are highly positive regarding the use of hypnotherapy in managing anxiety disorders, phobias, and Post-Traumatic Stress Disorder (PTSD), largely because the technique directly addresses the underlying hyper-arousal and cognitive rigidity characteristic of these conditions. By facilitating deep relaxation and increasing the capacity for imaginative rehearsal, hypnotherapy allows patients to process fearful stimuli or traumatic memories in a safe, controlled environment. However, professional acceptance is strictly contingent upon the practitioner's qualifications; favorable attitudes are reserved for hypnotherapy delivered by licensed psychologists, physicians, or clinical social workers who have received specialized, rigorous training, differentiating them sharply from lay hypnotists whose practices lack standardization and ethical oversight.

## Professional and Ethical Perspectives

Attitudes within the professional psychological and medical communities are highly structured by official guidelines concerning training, ethics, and scope of practice, resulting in a cautious but affirming acceptance. Organizations like the American Society of Clinical Hypnosis (ASCH) and the Society for Clinical and Experimental Hypnosis (SCEH) advocate for the use of hypnosis exclusively by licensed healthcare professionals, emphasizing that the therapeutic application must be integrated within the practitioner's existing area of expertise (e.g., a dentist using it for anxiety control, or a psychologist using it for phobia resolution). This professional stance is designed to protect the public and delineate clinical hypnosis from the unregulated, often irresponsible practices of stage or lay hypnotists, thereby safeguarding the integrity of the modality.

The ethical framework surrounding hypnotherapy is critical in shaping positive professional attitudes, focusing heavily on informed consent and maintaining strict boundaries. Ethical practice

mandates that the practitioner thoroughly explains the process, dispelling myths about mind control, and confirming that the client retains control throughout the session. Furthermore, the use of hypnosis must be clinically indicated and supported by empirical evidence for the specific condition being treated. Professionals adhere to the principle that hypnosis is a tool to facilitate therapy, not a form of therapy in itself, ensuring that it is utilized responsibly within a comprehensive treatment plan, often alongside cognitive-behavioral techniques or psychotherapy.

Training standards represent a key factor in professional acceptance. The establishment of rigorous certification programs requires hundreds of hours of supervised training and adherence to strict competency standards, which serves to build confidence among peers and regulatory bodies. The commitment to high-quality, standardized education ensures that practitioners understand the potential contraindications, such as severe psychotic disorders where induction might destabilize the patient, and are equipped to handle complex cases ethically. This institutional commitment to professionalism gradually reinforces positive attitudes by mitigating risks and demonstrating that clinical hypnotherapy is a serious, evidence-guided intervention.

## Factors Influencing Individual Attitudes

Individual attitudes toward hypnotherapy are not uniform but are shaped by a confluence of psychological, experiential, and personality factors. One major predictor is the individual's level of **suggestibility** and hypnotizability; those who naturally score higher on standardized scales (like the Stanford Hypnotic Susceptibility Scale) often possess more positive attitudes, viewing the process as natural and accessible. Conversely, individuals who believe they are resistant to suggestion may preemptively dismiss hypnotherapy as ineffective for them, creating a self-fulfilling prophecy of low responsiveness. Educational interventions that explain that hypnotizability is a measurable trait, not a failure of will, can sometimes mitigate these initial negative perceptions.

The perceived compatibility of hypnotherapy with an individual's worldview or philosophical orientation also plays a significant role. People who generally embrace alternative or complementary medicine may be more open to hypnotherapy than those who adhere strictly to a biomedical model of illness that prioritizes pharmacological or surgical solutions. Furthermore, personal experience--either direct participation in hypnotherapy or witnessing a trusted friend or family member benefit--is one of the most powerful drivers of positive attitude change. Negative personal experiences, often related to poorly trained practitioners or unmet expectations, are equally powerful in generating lasting skepticism.

Finally, the factor of **trust** is paramount. An individual's attitude toward the specific therapist--their perceived competence, empathy, and trustworthiness--often supersedes their general attitude toward the modality itself. If a patient trusts their practitioner, they are far more likely to suspend initial skepticism and engage fully in the hypnotic process. This emphasizes the relational aspect of

hypnotherapy and highlights why referrals from trusted primary care physicians or mental health specialists often lead to higher patient compliance and better outcomes, as the initial barrier of skepticism is lowered by the endorsement of a trusted authority figure.

## Measuring and Changing Attitudes

The scientific measurement of attitudes toward hypnotherapy is essential for research purposes and for designing effective educational interventions aimed at increasing acceptance. Researchers utilize various psychometric instruments, such as the **Hypnosis Attitude Scale (HAS)**, which assesses beliefs across several dimensions, including fear of control loss, perceived effectiveness, and general willingness to participate. These instruments allow researchers to quantify the relationship between pre-treatment attitudes and subsequent hypnotic responsiveness, consistently finding a moderate correlation where positive expectations predict better clinical outcomes. Analyzing these scores helps identify specific areas of public misunderstanding that require targeted psychoeducation.

Interventions designed to change negative attitudes typically focus on providing accurate, evidence-based information to demystify the hypnotic process. These educational programs often involve short video presentations or detailed pamphlets that explicitly contrast clinical hypnosis with stage hypnosis, emphasizing the voluntary, collaborative, and empowering nature of the therapeutic state. Furthermore, clinicians often employ a "mini-induction" or simple demonstration during the initial consultation, allowing the patient to experience the pleasant, focused state firsthand, which can be far more effective in altering attitudes than verbal explanation alone, transforming abstract fear into concrete, positive experience.

Effective attitude change also requires engaging with the medical community to ensure that accurate information is propagated through trusted channels. When primary care physicians and specialists possess favorable, informed attitudes toward hypnotherapy, they are more likely to refer patients confidently, thereby legitimizing the practice in the eyes of the public. Integrating basic training on clinical hypnosis into medical and psychological curricula serves to normalize the modality among future healthcare providers, ensuring that attitudes are formed based on scientific evidence rather than historical anecdote or media distortion.

## Conclusion: Future Directions and Integration

The trajectory of attitudes toward hypnotherapy is moving steadily toward greater acceptance, driven primarily by rigorous empirical research and the increasing demand for non-pharmacological interventions in chronic health management. As neuroscientific research continues to delineate the objective neural correlates of the hypnotic state, the perception of hypnotherapy as a fringe or mysterious practice will continue to diminish. The future integration of hypnotherapy into

mainstream healthcare hinges on the continued commitment of professional organizations to maintain high ethical standards and consistent, evidence-based training, thereby ensuring the quality and safety of practice.

To fully capitalize on this positive shift, ongoing public health campaigns must prioritize the correction of persistent misconceptions, particularly those concerning autonomy and control. Emphasizing hypnotherapy as a powerful form of self-regulation and focused concentration, rather than a passive treatment, empowers potential patients and aligns the modality with contemporary psychological paradigms that stress personal agency and self-efficacy. This reframing is essential for overcoming the residual historical stigma and encouraging broader utilization across diverse clinical populations.

Ultimately, the attitude toward hypnotherapy will transition fully from one of skepticism to one of qualified acceptance when it is universally viewed not as an alternative therapy, but as an established, specialized technique within the broader spectrum of psychological and medical interventions. Continued collaboration between researchers, practitioners, and regulatory bodies will solidify its role as an indispensable tool for managing pain, anxiety, and behavioral health issues, ensuring that attitudes reflect the robust scientific evidence supporting its efficacy and safety.