A Survey of Attitudes toward Hypnotherapy with Children

Virginia Traphagen M.A., M.S.W. a

a Psychological Clinic, Detroit Public Schools, USA


To cite this article: Virginia Traphagen M.A., M.S.W. (1960): A Survey of Attitudes toward Hypnotherapy with Children, American Journal of Clinical Hypnosis, 2:3, 138-142

To link to this article: http://dx.doi.org/10.1080/00029157.1960.10401811

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A SURVEY OF ATTITUDES TOWARD HYPNOTHERAPY WITH CHILDREN

by Virginia Traphagen, M.A., M.S.W.¹

With delinquency and emotional disturbances in children at an all-time high, with the waiting lists for treatment at child guidance centers and children's mental hospitals necessitating a year's wait, with the case loads of school social workers and probation officers too heavy to give adequate aid, there is a demand either for shorter methods of treatment or for vastly larger public funds to meet the problem. Since monetary resources seem to be running short rather than increasing, the need for an immediate search for shorter methods is obvious. More than most people realize, hypnosis in one of its forms—positive suggestion, symptom removal, or hypnoanalysis—offers itself as a method for conserving time and money as well as for covering more ground in helping our children.

Prejudice toward the use of hypnosis in the treatment of adults has been considerably reduced because of its successful application with disturbed men during and after World War II. But prejudice toward its use with children still exists—or, rather, professional workers believe it exists—and as a consequence most of us are hesitant to recommend hypnosis as a therapeutic tool. In the United States so few cases of hypnotherapy with children have been reported that it is difficult to find literature to support the belief that hypnosis could be applied safely and effectively. As a public school psychologist and social worker, I have not been encouraged by my superiors to initiate a technique which is still thought of with suspicion and fear.

More out of curiosity than anything else I began asking the mothers and teachers of the problem children I was counseling what they thought of hypnotherapy as a possible way of adjusting their youngsters. When my idle questioning met with more positive response than negative, I decided to take a one-semester leave of absence at Smith College with W. S. Taylor, Ph.D., where I could study hypnosis as it might be used in the treatment of children. But first, in order to determine whether such a subject of study was timely and one whose fruits the public was ready to share, I conducted a survey of opinion among parents, teachers, social workers, psychologists, and administrators.

Questionnaires were deliberately not presented to those in the medical profession. Their prestige is high enough to permit them to employ whatever tool, be it medical or psychological, they consider appropriate. Of more concern to me was the reaction of the psychologists and social workers who are paid by public funds and whose functions are determined by a hierarchy of superiors. It was important, too, to understand the attitude of teachers and their superiors, for it is they who, in large part, refer the children to the therapist or his agency. And finally, the mothers? If their reactions were found to be those of fear or superstition, then it would be foolhardy to spend time studying a technique which I could never use.

The questionnaires were distributed principally by someone other than myself in order that my own influence might not be exercised, either positively or negatively. They were given to Parent-Teacher Association groups, mothers' clubs, and individuals from different social-class areas, the majority being middle class. Questionnaires were sent also to social agencies, to

¹Psychological Clinic, Detroit Public Schools. Author’s address: 8102 E. Jefferson Avenue, Detroit 14, Michigan.
public and private school teachers, principals, supervisors, superintendents, and directors in Detroit and elsewhere. While no attempt was made to cover the entire country, there are many responses from New Jersey, Massachusetts, New York, and South Carolina, as well as from various parts of Michigan. Though the majority came from Detroit, there are enough from different sections of the country to warrant the conclusion that there are no geographical differences in attitudes toward hypnotherapy with children as far as the survey extended.

As shown in the questionnaires reproduced below, a brief explanation of the nature and purpose of hypnosis is given. While this may have a persuasive effect, it was nevertheless necessary as a guide for those who are completely ignorant of it. There were in fact two questionnaires, the more specific one being for parents. This may have been unnecessary, for when some parents were given the one for professionals, their reactions seemed to be the same as those given by parents who marked the other one.

The Form for Parents

A psychologist in Boston, who is an expert in hypnotherapy with adults, wants to know how the public feels about hypnotherapy with children.

Hypnotherapy is a method which uses hypnosis to find the cause of a person's problem and to help him to a better adjustment. Not every problem lends itself to this kind of technique, but there are certain ones on which it would be appropriate to use it, thereby cutting the length of treatment and consequently making for economy in child guidance work.

Criticism can be made of both questionnaires: that the explanations are too limited, thus giving a false or biased picture of hypnotherapy, or that no explanation whatsoever should have been made. Bear in mind, however, that the purpose of the questionnaire was to determine current attitudes towards the use of hypnosis with children, not to sell it nor explain it. On the other hand, some explanation was necessary in order to motivate an answer other than "I don't know what it is." As a matter of fact, so many people (particularly college graduates) refused, on the ground of ignorance, to give any answer whatsoever that it was impossible to take an accurate count of them. Consequently, only those who actually marked the questionnaire are included in the survey.

In totaling the results, there were so many conditional answers that in addition to the categories for "opposed" and "in favor" it was necessary to make a third category called "reservations." This included such statements as "after all else has been tried," "as a last resort," and "in only the most serious cases," which were the most common reservations. Three or four wrote, "in favor of medical profession only;" and "in favor of begin-
TRAPHAGEN

The numbers in this survey may not be large enough to constitute a true poll of opinion, they present a sampling from which certain trends can be deduced. Parents seem to be more open-minded, more free of prejudice, and more willing for hypnotherapy to be exercised with the problems of their children than many people believe. Teachers, too, indicated they have the same accepting attitude. Psychologists are more receptive than social workers, perhaps because of their basic studies in the processes of the mind. But the objections and doubts of administrators represent rather a formidable block, for they are the school principals, supervisors, superintendents, directors of agencies and graduate schools, who are either the referral agents or those who set up the policies under which techniques of therapy proceed. And they have every right to advance cautiously when recommending an innovation which will affect the children whose care they are pledged to support.

On the positive side there were some comments of particular interest. Several people said in effect, "I don't know why people should be afraid of hypnosis when they think nothing of that frightening technique called shock therapy." And still others said, "It must be less threatening or harmful as a way of helping people than tranquilizers and antibiotics with their dangerous side-effects." Many mothers and teachers with problem children exclaimed, "Anything that would help a problem child!"

Since, however, the voice of a prejudiced minority can be stronger than that of the majority, the nature of this voice should be understood and heeded. An inspection of the stated objections to hypnotherapy reveals two serious points: The first is lack of information on the scientific characteristics of hypnosis and now it is used as a therapeutic tool. Many of the old superstitions derived from tales, movies, and stage entertainments definitely color the present attitudes of educated as well as of uneducated people. Several parents in this group asked, "Would the child develop dependency on this type of treatment and on the therapist? And would it not weaken his will?" Several other parents gave a conditional answer: "I would agree if it could be proven that there is no danger of harmful after-effects." A social worker stated, "I would be concerned about the disorientation of the child." Many people expressed worry by the question, "How do you wake
him up?" Several teachers and school principals were of the belief that hypnotherapy would have no lasting effect and that it did not reveal cause and therefore could not treat cause. A supervisor of psychiatric case work was against it "... because I believe that the patient's conscious participation should be engaged, both in determining the causes and in enabling him to cope with his conflicts or situation." One child psychiatrist maintained, "The technique is too superficial and does not permit 'working through.' Also I would see it as very threatening to the patient." Another child psychiatrist was in favor of extensive investigation, but stated, reasonably, "A major problem is the qualification of the therapist. It is far easier to hypnotize than it is to know what to do with the potent forces that are brought into play with hypnosis. Removal of symptoms through suggestion without ego strengthening and redistribution of psychic energy is harmful. Symptoms have a protective function."

The second outstanding point was suspicion in regard to the qualifications of the therapist. A number of people of all categories who declared themselves for hypnotherapy nevertheless underlined "qualified" therapist. Several principals and one psychologist who is the director of a school clinic believed it would be dangerous for anyone but a trained physician, preferably a psychiatrist, to practice hypnotherapy. (The director agreed, however, that because of the long waiting lists experimentation should begin.) Another director of a large school clinic wrote, "Unless more general information about present research and practice is available I would say 'no.'" Three superintendents felt the public was not ready for this method and that it would engender fear and suspicion if used by workers in community-fund or municipally supported agencies.

Implied fear and doubt are revealed in the many answers under the category of "reservations." The most frequent conditional acceptance was accompanied by such statements as: "as a last resort," "after all else has been tried," "only in the most severe cases," and "only if I am convinced that the therapist is qualified and the problem suited to the technique." Many who were against hypnotherapy reflected the same attitudes, but more negatively, declaring that they could never be sure the therapist was qualified or that the problem was suited to this technique. Some social workers were against it on the grounds that there are many other good and known techniques for helping children and that hypnosis was therefore unnecessary.

The most dramatically stated objection was from a male teacher, who wrote that he was strongly against hypnotherapy because "a child may become greatly frustrated once put in this condition. He may even perform ridiculous actions and carry out feats of skill and strength impossible to him under normal conditions. The child has not developed fully enough in either physical or mental makeup to encounter the pressures and strains placed upon him under this condition. This method may in certain cases bring about complete loss of memory. Under this condition the faculties of the conscious brain become dulled and lose connection with the body and with each other. I feel a child is not..."
able to retain himself in this condition. I can honestly say that it cannot be too strongly emphasized that the practice of hypnosis may produce the most serious mental disturbances!"

CONCLUSIONS

Such criticism and skepticism cannot be taken lightly. The concern over who is a qualified therapist is of particular importance. Indeed the public should be concerned, since there are few states with certification laws to designate the qualifications of therapists. As things stand now, any one can counsel, whether he has gone past the eighth grade or not. In the Detroit newspapers one sees daily this advertisement: "Hypnotist. Counseling on emotional problems, tensions, speech defects, allergies," with a telephone number but no name. I undertook to call him and found that he had no degrees and had taken no college courses in the psychodynamic field. But he was doing a booming business. Also in Detroit hypnosis is being taught by dentists and by an engineer in classes in which any one can enroll. Those commentators who felt "a qualified therapist" should be of the medical profession should go further and demand that the physician be trained in psychotherapy as well as in medicine and, if he is to use hypnosis, trained in the special knowledge and arts of that branch of therapy also.

The conclusions to be drawn from both the positive and negative answers in this survey are:

1. A two-fold, widespread educational program should be undertaken by the American Society of Clinical Hypnosis:

   (a) To inform the public through newspapers and popular magazines of the nature, purposes, scientific processes, and advantages (with case material) of hypnotherapy.

   (b) To inform the public that whenever a parent sends his child to a hypnotist for treatment he should expect proof that the therapist has degrees which guarantee his having undergone supervised training in psychotherapy, as well as special training in hypnotherapy.

2. That when laws are presented to legislatures for the certification of psychologists and social workers as therapists, those laws contain specifications that these therapists should have additional special training in hypnotherapy before being permitted to practice it; and further, that none but such specially trained therapists (including those of the medical profession) should practice hypnosis in any form.

3. That experimentation with hypnotherapy be initiated in public agencies with these limitations:

   (a) With written consent of the parents of the child.

   (b) With the recommendations for such therapy in each case having been made by a clinical staff of psychologists, social workers, and psychiatrists.

4. That trained hypnotherapists make it a point to publish full accounts of their work with children and to do so whenever possible in the journals of other disciplines in order to educate the workers in these disciplines in the possibilities of hypnotherapy with children.