

## Public Acceptance on Hypnotherapy as a Complementary Alternative Health Service

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### Abstract

Despite the pros and cons, the practice of hypnotherapy is growing in Indonesia. How are the hypnotherapy clients aware about hypnotherapy? Is the process of acceptance in line with the pattern of adoption of the innovation? Theoretically, there are five stages of the process of adoption of an innovation: awareness, interest, evaluation, first-trial, and confirmation. This study was conducted in four major cities in Java. A sequential-explanatory mixed method was applied. There were two stages for this method, quantitative survey and then followed by qualitative study. The conclusion suggested that the acceptance of hypnotherapy by clients depended on its effectiveness in helping them to cope with their problems. The finding also corroborated and slightly added to the five-stages theory of the process of innovation adoption. The most effective communication channel in the process of adopting hypnotherapy was face-to-face and interpersonal, with the hypnotherapy clients as diffusion agents. The most important message in the context of developing the hypnotherapist profession was that hypnotherapy is an evidence-based professional service.

**Keywords:** hypnotherapy; innovation; adoption; diffusion; agent of innovation

### Introduction

Hypnotherapy begins to develop in Indonesia since 2004, especially in some major cities such as Jakarta, Surabaya, Yogyakarta, and Bandung. Institutions or teachers can freely teach hypnosis and hypnotherapy as well as certifies hypnotherapists without standards. As time goes on, more and more people take hypnotherapy training and then provide consultation or therapy services. This is because Government Regulation No. 103 of 2014 concernig Traditional Health Servives as the legal umbrella of this practice has

not regulated the implementation of quality standards of hypnotherapy practices in detail, ranging from standards of facilities and infrastructure, trainers, certification of practitioners, methods and qualifications of hypnotherapy practitioners.

Moreover, there are misguided things due to the absence of standardization that can be implemented from Government Regulation No. 103 of 2014 in terms of public understanding of hypnotherapy. For instance, some people do not fully understand that hypnotherapy is very different from stage hypnosis that is commonly seen in entertainment shows on TV.

Since hypnotherapy has not been regulated in detail and comprehensively through the current regulations, it is necessary to conduct a study in the framework of policy preparation (research for policy) so that the proposed policy items governing the practice of hypnotherapy have enough academic arguments and empirical support to be able to protect the hypnotherapist client and also hypnotherapy practitioners. This paper is part of a larger study that aims to not only expose and explain the development of hypnotherapy, hypnotherapy training patterns, and hypnotherapy service practices, but also public acceptance of hypnotherapy to formulate public policies related to hypnotherapy.

Institutionally, as a new form of medication services that included into the category of complementary alternative medicine, there is no any ideal examples of how hypnotherapy services are introduced or marketed to the public, minimum standards of infrastructure and facilities, and standard for service costs. Technically, there is also no standard that can be used and accepted by all parties in connection to aspects of hypnotherapy methods and techniques used, the duration and sessions of hypnotherapy services, evaluation of therapeutic success, and post-therapy follow-up.

The point of view of social communication places hypnotherapy as an innovation, can not only be seen as a new solution to a problem, but also as a disruptor to the practice and practitioners whose field of service intersects with hypnotherapy services such as psychiatrists, clinical psychologists and counselors. The estuary of this response and view is acceptance (adoption) or resistance to hypnotherapy.

### *Hypnotherapy as an Innovation*

Theoretically, as a method or technique, hypnosis is not an innovation because it has a long history. Similarly, as a condition,

hypnosis is also not a new phenomenon as it has also been researched by academics. Following in the footsteps of Bateson and Mead as well as Jay and Haley who researched trans conditions in Balinese dance, Haley Richeport-Haley (2015) made a detailed and in-depth study of the phenomenon of autohypnosis and trans in Balinese dance. As a show, hypnosis is also well known around the world, including in Indonesia.

Unlike hypnosis which is no longer an innovation, hypnotherapy or also known as clinical hypnotherapy is seen as an innovation especially in the field of education, health, and mental well-being. Innovation, as has been widely discussed, is a set of methods, tools, products as a result of translating an idea whose novelty is contextual. Following the concept of such innovation, hypnotherapy is a set of methods, techniques and ways that are translated from the idea of hypnosis which has existed before with a higher benefit value.

Regarding the higher benefits of hypnotherapy, of course it is being recognized based on not only based on practicality, but also effectiveness and efficacy of hypnotherapy in helping individuals to solve psychological and behavioral problems. Observing the effectiveness and efficacy, a large-scale library review project had been undertaken by the Australian Federation of Psychotherapists and Counsellors (PACFA). It was stated that the purpose of the extensive literature study was to test the success of clinical hypnotherapy in various areas of service (Cowen, 2016).

The literature study concluded that the efficacy of clinical hypnotherapy was being established. It was also confirmed that studies regarding middle hypnotherapy showed very beneficial results. Nevertheless, higher quality research was required to test the validity of hypnotherapy as a clinical modality to deal with various problems (Cowen, 2016).

As an innovation, hypnotherapy is also developing in Indonesia. The search

for the development of hypnotherapy in Indonesia runs parallel to the development of hypnotherapy in other countries. It is started from the practice of entertainment hypnosis to experiencing enrichment and or expansion which gave birth to a new specificity in the form of hypnotherapy for therapeutic purposes.

When hypnotherapy practitioners and the general public view hypnotherapy as an innovation, it is not impossible for professionals who have the same service and view hypnotherapy as a threat or at least as a disruptor (disruption). Therefore, if the adoption process needs to be understood and explained from publics' perspective, then the reasons for objections and even rejection also need to be understood and explained from professionals' perspective.

Acceptance and dissemination of innovation into a social system, as described by Rogers and Shoemaker (1971), can be through individual as community members or collective through the authority of the stakeholder. Both through individual and collective means, acceptance and dissemination of innovation always concern the decision process. Innovation decisions, in addition to follow the principles of decision making in general, also show characteristics and stages of a special nature.

From the point of view of the audience of hypnotherapy clients, the adoption stage of hypnotherapy shows five main stages, namely (1) *awareness*, when a person becomes aware of the existence of hypnotherapy services; (2) *interest*, when a person has a desire to know about hypnotherapy services; (3) *assessment (evaluation)*, when one assesses the goodness and usefulness of hypnotherapy services; (4) *first-trial*, when one first tries hypnotherapy services; and (5) *acceptance (adoption)*, when one receives with confidence based on personal judgment and experience.

Of the factors that are thought to influence the process and decision of innovation

adoption, the characteristics of innovation are paramount. These include complexity, relative advantages, and observability. All these characteristics are very important during the adoption stages of innovation (Backer et al. 1986; Graham and Logan, 2004; Greenhalgh et al., 2004; Oldenburg and Glanz, 2008; Simpson, 2002). Other characteristic factors that are also concluded to influence innovation processes and decisions are the efficacy of innovation and cost feasibility (Feldstein and Glasgow, 2008; Mitchell et al., 2010; Stetler, 2001). Two other characteristics that also influence innovation processes and decisions are fit and proof (Meyer and Goes, 1988; Mitchell et al. 2010; Stetler 2001).

The initial process of adoption of an innovation, as the results of the study of Damanpour and Schneider (2006), Gallivan (2001), and Mendel et al. (2008), usually begins with a need or problem. Furthermore, potential adopters of an innovation move to find solutions to solve the problems they face. The next step is to make an initial decision to try an innovation in order to solve the problem. Finally, if all goes well, then real decisions will be made to continue to use innovation.

According to Greenhalgh et al. (2004), the process of adoption of an innovation shows a series of important events, namely pre-adoption, characterized by awareness of innovation; an adoption, characterized by the activity of seeking continuous information about innovation; and finally, the adoption stage is well established, which is characterized by the commitment of the adopter to the adoption decisions that have been made.

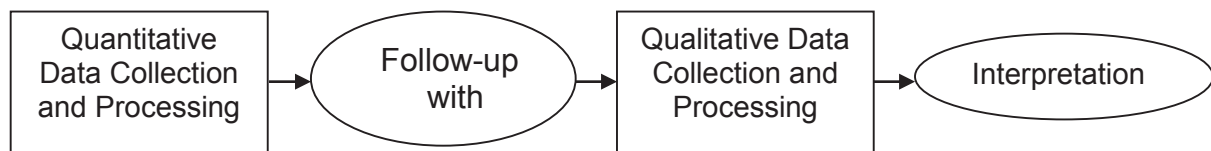
The initial decision to try innovation was not always followed by established adoption. Gallivan (2001) as well as Frambach and Schillewaert (2002) argue that the decision to try an innovation could have ended in de-adoption. According to Mendel et al. (2008), the process of adoption of innovation will

be better understood as a storied state. It is stated that the better the adoption process can be understood, the greater the adoption challenges that can be overcome leading to implementation.

Cultural norms and values are essential for the pre-adoption and adoption of innovation (Aarons et al. 2011; Solomon and Spross 2011). During the adoption phase, cultural value factors that are in line with innovation have a positive relationship with the adoption of innovation. The culture of problem solving in a society or organization is also positively related to the adoption of innovation (Oldenburg and Glanz 2008).

## Method

This was a research for policy with two main issues, namely the issue of description-explanation and the issue of policy formulation. Furthermore, the study of public acceptance of hypnotherapy includes the issue of descriptions that applies the combined research design, variants of explanatory sequential sequential mixed method proposed by Creswell (2014).



**Figure 1.** Research Stage

In this study, the results of quantitative data collection and analysis provided information about the subjects and informants that were chosen deliberately based on research objectives to be studied qualitatively. Similarly, the results of quantitative data collection and processing helped researchers to determine the type of questions to be asked for qualitative subjects or informants. Thus, the main purpose of implementing this design was that the results of qualitative data collection and processing would help explaining in more detail about the results of quantitative data collection and processing. The usual procedures in this draft included collecting survey data, analyzing the data, and then following up with qualitative interviews to help explain the results of survey.

The research was conducted in four major cities in Java Island including Jakarta, Bandung, Yogyakarta, and Surabaya. Of the

four major cities, an estimated population of hypnotherapy clients was 715 people. Furthermore, the subjects were withdrawn by 15%, so that 107 hypnotherapy client subjects were obtained.

The questionnaires were developed based on the stages of innovation adoption according to Rogers and Shoemaker (1971), asked and answered by hypnotherapy clients who are selected as research samples.

Furthermore, in-depth interviews of 12 (twelve) hypnotherapy clients were purposively conducted with snow-balling patterns. As a single interviewer, researchers started the interviews from Surabaya with 7 (seven) clients as subject to approach theoretical saturation for the Surabaya site. Furthermore, researchers conducted interviews for the Jakarta site with 5 (five) subjects. The interview was stopped only until 12 hypnotherapy clients because in fact on the 10th client, there was absolutely no

new information even though the client is added to 11 and 12. Thus, the diversity of data coming from hypnotherapy clients was adequately covered.

As suggested by Creswell (2014), quantitative data analysis in a combined method of sequential explanation can simply be done with descriptive analysis techniques, including the use of percentages to know common tendencies. For qualitative data, the data was analyzed in steps as recommended by Bogdan and Taylor (1975), which are (1) initiating analysis from field activities, conducted by asking analytical questions; (2) finding themes, which were done by carefully reading field notes, marking important conversation topics, developing typology, and studying library materials and comparing them with field data; (3) questioning the adequacy of support for

provisional conclusions; and (4) examining and being careful about the possible influence of researcher presence.

## Finding

### *Introduction to Hypnotherapy*

Table 1 displays subjects communication channels on finding out the hypnotherapy. As much as 79 (73.83%) subjects get information about hypnotherapy through social media. It is followed by closest person such as family, friends, and work friends, as much as 18 (16.82%) subjects. From this question, it was also obtained information that hypnotherapy seminars and mass media advertisements were less important in introducing hypnotherapy services to the subject of hypnotherapy clients.

**Table 1. Communication Channels on Finding Out the Hypnotherapy**

Communication Channels	Number	%
Closest Person	18	16.82
Hypnotherapy Seminar	3	2.80
Mass Media Advertisement	7	6.54
Social Media	79	73.83
Total	107	100.00

Source: Primary Data

Further research showed that hypnotherapy clients had understood and lived hypnotherapy in different meanings and flavors. Some understood hypnotherapy as applied psychology, subconscious therapy, suggestion utilization, counseling, or just some kind of consultation.

**Table 2. Client's Perception on the Right to Hypnotherapy**

Perception	Number	%
Applied Psychology	22	20.56
Subconscious Therapy	35	32.71
Suggesty Utilization	41	38.32
Counseling	7	6.54
Consultation	2	21.87
Total	107	100

Source: Primary Data



Table 2 shows clients' perception on the right to hypnotherapy. Based on table, the largest number of 41 (38.32%) clients define hypnotherapy as the use of suggestions by hypnotherapists to help his client solve the problems they face. Similar in concept, a number of 35 (32.71%) considere hypnotherapy as subconscious therapy. Furthermore, it is followed by a group of hypnotherapy clients who considere hypnotherapy as part, particularly the applied dimension, of psychological science, which is put forward by 22 (20.56%). The rest, in relatively small amounts, equate hypnotherapy with counseling and even just consultation.

There was an interesting and important phenomenon of answering this open question that not a single client of hypnotherapy stated hypnotherapy as a shamanic science, or even *gendam*. This was very contrary to the answers that may be given by people who have never studied or attended hypnotherapy service sessions.

### *Interest in Hypnotherapy*

In line with the categorization carried out in government regulations, therapy, which hypnotherapy can be included, is one form of complementary alternative medicine. Complementary alternative medicine will be logically obtained by anyone who has health problems and has already tried to solve the problem with conventional treatment. Therefore, the important question posed to the hypnotherapy client was how long he has been experiencing his/her problem before finally asking the hypnotherapist for help to overcome it.

As has been assumed, hypnotherapy as an alternative treatment tends to be chosen after the client tries to solve the problem with conventional treatment. To check if this assumption was correct, the clients were asked the question of whether before hypnotherapy, he/she ever tried to solve the problem in other ways.

Of the 107 subjects of hypnotherapy clients, it was turned out that most clients or 81 (75.70%) precisely had not tried to solve the problem in the conventional way. From the beginning, the client believed that the way to solve the problem he faced was hypnotherapy. For this group, hypnotherapy was not just a complementary alternative, but complementary or even considered a conventional treatment. Moreover, the number of subjects of hypnotherapy clients who made hypnotherapy a complementary alternative was 26 (24.30%).

Cases of phobias, low self-esteem, panic attacks, stress, irritability, mental wounds, trauma, job delays, fear of public speaking, self-conflict, obesity, various addictions, psychosomatic symptoms, lying, and alexthimia were some of the problems that encourage clients (sometimes parents) to make hypnotherapy as the first choice to solve problems. This group of clients from the beginning tended not to be convinced that conventional means could effectively and efficiently solve problems.

As a form of interest in hypnotherapy services, hypnotherapy clients sought more in-depth information not only on the effectiveness and effectiveness of hypnotherapy, but also on the credibility of hypnotherapy practitioners. With regard to this, the client was also asked about the information they were looking for when they became interested in using hypnotherapy services. From this question, it was obtained that all (100%) prospective hypnotherapy clients sought information about the hypnotherapist experience and the types of problems that can be addressed, testimonials from previous clients, and hypnotherapist educational and training backgrounds. Especially for education and training, prospective clients sought the importance of formal education background and hypnotherapy training that had been followed by hypnotherapist practitioners.

“There is no way we ask hypnotherapists whose education is not clear, if our goal is to solve the educational problems faced by our children. When people don’t graduate, they have credibility and can suggest a doctoral program student?” said one client.

*Assessment of Hypnotherapy*

Before a client decided to use hypnotherapy services, they almost certainly assessed the goodness and usefulness of hypnotherapy. From the question (*multiple responses*) submitted to the subject of hypnotherapy clients, with five options provided, developed from previous instrument trials, it was obtained that all

clients (100%) stated that hypnotherapy met the criteria of goodness because it was in line or not contrary to their religious beliefs, and in line with the health rights of every citizen. Furthermore, 101 (94.39%) clients stated that hypnotherapy was also in line with the availability of their time as it was believed to be more efficient and effective. A total of 93 (86.92%) clients stated that hypnotherapy was in line with their economic capabilities, in the sense of being affordable by their economic capabilities. Lastly, with relatively small number, 59 (55.14%) clients suggested that hypnotherapy had good value because it was in line with modern science, in the sense that it was proven not to be part of shamanic practice.

**Table 3. Assessment on the Goodness of Hypnotherapy**

<b>Assessment on the Goodness of Hypnotherapy</b>	<b>Number</b>	<b>%</b>
In line with religious belief	107	100
In line with science	59	55.14
In line with citizen health right	107	100
In line with economy capability	93	86.92
In line with time availability	101	94.39

Source: Primary Data

Regarding to the continuity of hypnotherapy with science, there were quite interesting testimonials. Clients stated that although it could not yet be fully categorized as a scientific approach, it was clear that based on existing evidence, hypnotherapy was quite beneficial especially for those who wanted to have better achievements and lives, through self-hypnotherapy, and overcome problems more efficiently and effectively through hypnotherapy performed by hypnotherapy practitioners or hetero-hypnotherapy.

*It may not yet be a “true” science, but it has become a “useful” science. I mean, hypnotherapy may not be scientific, but it is useful for everyone who wants to be better and better, especially in terms of self-hypnotherapy. I mean*

*the science that is “true” means it has been accepted as one of the branches of science that meets the foundation of ontology, axology and epistemology (Sakban Rosidi, 52 years old, director of graduate school).*

Before making the decision to choose hypnotherapy as an effort to solve their problems, hypnotherapy clients or representation undoubtedly conducted an assessment with the conclusion of their confidence level of the benefits of hypnotherapy to solve the problem. Concerning the beliefs before first trying hypnotherapy services, as many as 85.98% expressed that they were confidence enough to be very confident (21.50%) that they would benefit from hypnotherapy.

*Experience of Being a Hypnotherapy Client*

From the answers of 107 hypnotherapy clients, it was found that 17 (15.89%) clients stated that the therapy session he underwent was not the first. The rest, 90 (84.11%) clients, stated that the session they had been in was their first session.

*I have had two therapies, put on hypnotherapy. The first, two years ago. The results are good. Then, I had a little more trouble, but it is a different problem than last year. I asked for more therapy (Raynard, 29 years old, hypnotherapy client in Bandung).*

*I was afraid of being hypnotized because of I was on TV. But after being reassured by my parents, this was safe, I finally went to hypnotherapist for therapy (Sari, 23 years old, a hypnotherapy client in Jakarta).*

From stating that the session was not the first, it was also revealed that they were convinced that hypnotherapy could help them, but that hypnotherapy practitioners who treated them had previously been judged to be incompetent to help them. Therefore, they followed hypnotherapy from more competent practitioners.

In addition, several respondents stated that the sessions they participated in to

resolve their problems were part of a series of sessions. They endured hypnotherapy sessions to the fullest because they felt that the previous session had shown progress and improved their conditions.

*I have body dysmorphic disorder or BDD. I have been to psychologists, psychiatrists, and priests for help. But my problem is not solved. Then I had hypnotherapy, therapy up to three therapists. The first and second therapists, they were good, but I couldnot get the results I expected. There is progress but not maximum. I still continue to feel uncomfortable with my body. I searched for another hypnotherapist, over the internet and asked some friends, I finally got one therapist's name in Surabaya. Now with this third therapist, my BDD problem was successfully solved (Rosa, 42 years old. hypnotherapy client in Surabaya)*

The presence of clients to meet hypnotherapy practitioners undoubtedly brought problems to be solved. There were many problems that encourage a client to meet a hypnotherapist. The obtained data showed that some problems that could be solved through hypnotherapy were (1) psychosomatic diseases, (2) sleep disorders, (3) addictions, (4) deviant behaviors, (5) trauma, (6) emotional disorders, and (7) low performance.

**Table 4. Types of Hypnotherapy Client's Disorder**

Types of Client's Disorder	Number	%
Psychosomatic disease	5	4.67
Sleep disorder	6	5.61
Addiction	5	4.67
Deviant behaviors	26	24.30
Trauma	27	25.23
Emotional disorder	35	32.71
Low performance	3	2.80
Total	107	100

Source: Primary Data



Table 4 reveals the types of hypnotherapy clients' disorder. The most common problem entrusted to hypnotherapy is emotional disorders by 35 (32.71%), followed by 27 (25.23%) of trauma problems, and then 26 (24.30%) of deviant behaviors. Problems of psychosomatic diseases, sleep disorder, addictions, and low performance are also included in problems entrusted to hypnotherapists, but not in large enough portions.

In relation to the place of hypnotherapy practice services, it was also obtained a variety answers, ranging from home to carrying out hypnotherapy services over the phone. Here were the answers of hypnotherapy clients regarding the place of hypnotherapy services.

Rather encouraging data appears from the results of questions about the place of hypnotherapy practice, 67 (62.62%) clients voiced that they get hypnotherapy services in a special practice room provided by hypnotherapist practitioners. It suggests that hypnotherapist practitioners have become increasingly confident and professional, with indicators of having performed hypnotherapy practice activities in the place of practice that they specifically provided.

*I was asked to come to his therapist's practice. It turned out to be at his house. The therapist is there for one special room in his house and this is used for the therapy of clients who want to consult or hypnotherapy. (Raynard, 29 years old, hypnotherapy client in Bandung).*

*I was hypnotized in one room, on the second floor of the shophouse. The first floor shophouse is made of offices, a kind of place of sale, and the second floor is used for therapy. (Sari, 23 years old, hypnotherapy client in Jakarta).*

However, there were still worrying symptoms as there were still hypnotherapists who practice hypnotherapy in hotel rooms and simply over the phone.

*I was treated in a hotel room. The hypnotherapist who therapies me originally from out of town. He came and opened a practice in Jakarta. I was known to a friend and finally met a therapist and I was treated in a hotel room, the room he used to stay in. (Yonas, 34 years old, hypnotherapy client in Jakarta).*

There was a longstanding diversity of hypnotherapy in each of its sessions among hypnotherapists. Client answers indicated the length or duration of a service session per meeting between 1 hour to more than 4 hours. Based on data collected from dominant hypnotherapy clients, the duration of a service session lasted a maximum of one hour for 31 (28.97%) clients, then between 1 - 2 hours for 27 (25.23%) clients, between 2 - 3 Hours for 24 (22.43%) clients, between 3 - 4 Hours as much as 19 (17.76%) clients, and the smallest number was more than 4 hours as much as 6 (5.61%).

**Table 5. Hypnotherapy Service Session Duration by Client**

Category	Number	%
Maximum of one hour	31	28.97%
Between 1 - 2 hours	27	25.23%
Between 2 - 3 hours	24	22.43%
Between 3 - 4 hours	19	17.76%
More than 4 hours	6	5.61%
Total	107	100%

Source: Primary Data

The diversity of service fees that clients had to pay was quite high, ranging from less than IDR 250,000 up to more than IDR 2,000,000 for a session with a duration of between two hours to five hours. Of the categories of hypnotherapy service fees, the most common was between IDR 1,010,000

to IDR 2,000,000 as it was stated by 32 (29.91%) hypnotherapy clients. A number of 24 (22.43%) clients claimed to pay more than IDR 2,000,000. This data of clients had the same tendency as the data from hypnotherapist subjects.

**Table 6. Category of Hypnotherapy Service Fee by Client**

Category	Jumlah	%
Less than IDR 250,000	17	15.89%
IDR 250,000 – IDR 500,000	21	19.63%
IDR 510,000 –IDR 1,000,000	13	12.15%
IDR 1,010,000 – IDR 2,000,000	32	29.91%
More than IDR 2,000,000	24	22.43%
Total	107	100%

Source: Primary Data

In various studies on the adoption of innovation by Rogers & Shoemaker (1987) and the process of becoming a marijuana addict by Becker (1993), the first experience of applying something new will determine whether the person will continue to do or repeat it or not. Therefore, it is very important to ask the hypnotherapy client about the experience and impressions when first attending a hypnotherapy session.

Based on research data, it could be concluded that 99 (92.52%) hypnotherapy clients stated that his first experience of undergoing a hypnotherapy session was quite enjoyable, and even very enjoyable. Therefore, in the future, there would be a high possibility that this hypnotherapy clients will receive hypnotherapy again as alternative treatment for himself and recommend it to their acquaintances.

*“... My experience was pretty good. I was scared before. I think the process would be similar to the one I saw on TV. They would make me unconscious,*

*then my secret would be disclosed. The process was totally different. I was asked to relax and kept talking to by the therapist. The therapist then gave me a suggestion a few times, I forgot how many times exactly. After giving me the suggestion, the therapist woke me up.”* (Sari, 23 years old, hypnotherapy client in Jakarta).

*Acceptance of Hypnotherapy*

The goal of hypnotherapy clients to meet and then get hypnotherapy services is of course to do medication, healing, or self-development. The most important benchmark, therefore, is whether or not the goal is achieved. Thus, questions about the effectiveness of hypnotherapy in helping clients to solve their problems re the most important questions regarding the client’s acceptance of hypnotherapy. Client’s assessment of the effectiveness of hypnotherapy in helping them to solve their problem is displayed in table 7.

**Table 7. Client's Review on the Effectiveness of Hypnotherapy**

Client Review	Number	%
Effective	47	43.93
Effective	34	31.78
Fairly Effective	16	14.95
Less Effective	7	6.54
Ineffective	3	2.80
Total	107	100

Source: Primary Data

Table 7 shows that 97 (90.65%) clients testified that hypnotherapy was an effective treatment in addressing the problems they faced. The rest 10 (9.35%) client stated hypnotherapy was less effective or even ineffective. These findings were in line with findings about the first impressions of following hypnotherapy and should also be brought together simultaneously with the types of problems faced by hypnotherapy clients. This meant that hypnotherapy was effective to assist clients primarily in solving problems of psychosomatic diseases, sleep disorders, addictions, deviant behaviors, trauma, emotional disorders, and low performance.

There are two further implications when some hypnotherapy clients rate hypnotherapy as effective in solving problems and with a pleasant impression. First implication is the willingness to reuse hypnotherapy to solve problems. The second implication is the willingness to recommend hypnotherapy or hypnotherapist to closest acquaintances. If the findings of the two implications are positive, it can be concluded that the hypnotherapy client in question has adopted hypnotherapy as an innovation that benefits him and will, therefore, be involved in the process of further dissemination.

Regarding the first implication, whether in the future client is willing to reuse hypnotherapy, 81 (75.70%) clients whose problems were solved by hypnotherapy claimed that they would likely ask hypnotherapist assistance in the future.

Hypnotherapy client is willing to reuse hypnotherapy to assist it in solving problems based on their judgment, including those that can be helped through hypnotherapy. Although there was no correlation analysis, for example, it was very clear that there is a concomitant-variation between the assessment of the effectiveness of hypnotherapy and the client's willingness to return to hypnotherapy.

In relation to the second implication, whether in the future, the hypnotherapy client is willing to recommend or advise others to use hypnotherapy services when facing a problem that is more or less than the ones they experienced before, 96 (89.72%) clients was willing to suggest the use of hypnotherapy for their acquaintances. 11 (10.28%) clients expressed somehow objections or strongly objection to suggest their acquaintances to use hypnotherapy.

## Discussion

Based on the findings, there appeared to be consistency since the introduction, interest, assessment, experience, and acceptance of hypnotherapy by clients. The consistency of these findings was actually quite a question because in common sense there would be a relatively irregular decrease. First, not everyone has a problem that has the potential to be resolved with the help of hypnotherapy. Second, not everyone who has problems knows about the existence of hypnotherapy services that have the potency to solve the

problem. Third, not all who knows about the existence of hypnotherapy services has an interest in hypnotherapy services. Fourth, not everyone who is interested in hypnotherapy services will seriously give an assessment of hypnotherapy services. Fifth, not all who give an assessment on hypnotherapy services really wants to experience for the first-time using hypnotherapy services. Lastly, not all who have experience using hypnotherapy services will accept and endure to reuse hypnotherapy services in the future.

With such reasoning, there is almost certainly a gradual drop-outs, from the introduction stage to the acceptance stage. This means that the number of people who adopt hypnotherapy services is undoubtedly smaller than the number of those who have used hypnotherapy services. The number of people who have used hypnotherapy services is smaller than those who have assessed hypnotherapy services. Therefore, until the number of those who know the presence of hypnotherapy will be smaller than the population of a region.

The findings of this study tend to differ from the logic of declining numbers as occurs in many adoption studies and innovation diffusion. This different tendency, as far as the study researcher did, was the result of unintended and unrecognized sampling techniques and sample criteria that researchers set. First, sampling techniques of this research location was set in four major cities of Jakarta, Bandung, Yogyakarta and Surabaya that from the initial study are known to have a significant population of therapists and clients. Second, the sample was determined to be 20% of the hypnotherapist population that actively provide hypnotherapy services to at least two clients each month. Third, the hypnotherapy client subject was drawn by 15% with reference to the number of hypnotherapist samples.

With such patterns and criteria of hypnotherapist samples and hypnotherapy clients, the most likely to be a sample

of hypnotherapy clients were those who get services from active hypnotherapists. Meanwhile, it is also known that active hypnotherapists are those who also tend to be effective in providing hypnotherapy services. Thus, it can be concluded that the hypnotherapy clients netted in this study were those who tend to get effective services. Logically, clients who get effective hypnotherapy services will receive well or adopt hypnotherapy services not only now, but also in the future, not only for themselves, but also for their closest acquaintances. In the case of ineffective hypnotherapy clients, it will itself be ruled out in the process of sampling this research.

Referring back to the first problem about how the acceptance of hypnotherapy by the clients in Indonesia, it could be concluded that a potential audience of hypnotherapy service tends to receive hypnotherapy services if it is proven, whether through their own experience and their acquaintance experience, that hypnotherapy services are really effective in helping them to solve their problems. Those who prove the effectiveness of hypnotherapy services based on their personal experience were not stopping at the innovation stage, but also voluntarily engaging in the diffusion process. In other words, they were not just adopters of innovation, but also agents of innovation. This conclusion was also supported by the findings of research related to the process of introducing hypnotherapy as an innovation. Psycho-socially, the agents of hypnotherapy innovation will deliberately become and serve as reference group for the community experiencing problems, which has the potential to be solved by hypnotherapy.

Furthermore, does the process of acceptance of hypnotherapy by clients take place following the adoption pattern of innovation? The findings of this research had corroborated the theory that the process of innovation adoption takes place in several stages, from the introduction stage to the

acceptance stage. A small improvement needed to be done to the channel of communication innovation used and proven effective.

In the case of hypnotherapy services, the most effective communication channel was inter-personal communication channel. Mass communication channels was only serving for introduction, while the level of attraction to acceptance was almost all possible due to the use of interpersonal communication channels. Similarly, a trusted innovation communication agent for hypnotherapy services was not a hypnotherapy practitioner, but rather a hypnotherapy client who successfully solves problems through hypnotherapy services.

## Conclusion

The acceptance on hypnotherapy by clients in Indonesia depended on whether the claim of effectiveness of hypnotherapy services was proven to solve their problems by the client or not, either through their own experience or the experience of their close acquaintances. Those who prove the effectiveness of hypnotherapy services based on their personal experience, did not stop at the stage of innovation, but were also voluntarily involved in the diffusion process, becoming a kind agent of innovation in the study of innovation communication or reference groups in the study of social psychology. The most important message in the framework of the development of the hypnotherapy profession was that hypnotherapy is an evidence-based professional service.

The findings and discussion of this study reinforced the theory that the innovation adoption process takes place in several stages, from the stage of introduction, interest, assessment, experience, and acceptance. Small but important additions should be given to the innovation communication channels used and proven effective. In

hypnotherapy, the most effective channels of communication were face-to-face and inter-personal communication. Mass communication channels (mediated and mass communication) were more efficient for introduction, while the level of attraction to acceptance was almost all possible due to the use of interpersonal communication channels. In addition, it was also concluded that the trusted innovation communication agent for hypnotherapy services was not hypnotherapy practitioners, but rather hypnotherapy clients who successfully solve problems through hypnotherapy services.

## References

- Aarons GA, Hurlburt M, Horwitz S. 2011. Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research* 38(1), 4–23.
- Backer TE, Liberman RP, Kuehnel TG. 1986. Dissemination and adoption of innovative psychosocial interventions. *Journal of Consulting and Clinical Psychology* 54(1), 111–118.
- Becker, P. 1993. Chronic insomnia: Outcome of hypnotherapeutic intervention in six cases. *American Journal of Clinical Hypnosis*, 36, 98-105.
- Bogdan, R. and Taylor, S.J. 1975. *Introduction to Qualitative Research Method*. New York: John Wiley and Sons.
- Cowen, L. 2016. Literature Review into the Effectiveness of Hypnotherapy. *ACR Journal* 10 (Volume 1). Pages 1-55.
- Creswell, J. W. 2014. *Research Design. Qualitative, Quantitative and Mixed Methods Approaches. Fourth ed.* Lincoln: Sage Publications.
- Damanpour F, Schneider M. 2006. Phases of the adoption of innovation in organizations: Effects of environment, organization and top managers. *British Journal of Management* 17(3), 215– 236.



- Feldstein AC, Glasgow RE. 2008. A practical, robust implementation and sustainability model (PRISM) for integrating research findings into practice. *Joint Commission Journal on Quality and Patient Safety* 34(4), 228–243.
- Frambach RT, Schillewaert N. 2002. Organizational innovation adoption: A multi-level framework of determinants and opportunities for future research. *Journal of Business Research*. 55(2), 163–176.
- Gallivan MJ. 2001. Organizational adoption and assimilation of complex technological innovations: Development and application of a new framework. *DATA BASE for Advances in Information Systems* 32(3), 51–85.
- Graham ID, Logan J. 2004. Innovations in knowledge transfer and continuity of care. *The Canadian Journal of Nursing Research* 36(2), 89–103.
- Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. 2004. Diffusion of innovations in service organizations: Systematic review and recommendations. *Milbank Quarterly* 82(4), 581–629.
- Haley Richeport-Haley. 2015. Autohypnosis and trance dance in Bali. *International Journal of Clinical and Experimental Hypnosis* 63(4), 455-468.
- Mendel P, Meredith L, Schoenbaum M, Sherbourne C, Wells K. 2008. Interventions in organizational and community context: A framework for building evidence on dissemination and implementation in health services research. *Administration and Policy in Mental Health and Mental Health Services Research* 35(1), 21–37.
- Meyer AD, Goes JB. 1988. Organizational assimilation of innovations: A multilevel contextual analysis. *Academy of Management Journal* 31(4), 897–923.
- Mitchell SA, Fisher CA, Hastings CE, Silverman LB, Wallen GR. 2010. A thematic analysis of theoretical models for translational science in nursing: Mapping the field. *Nursing Outlook* 58(6), 287–300.
- Oldenburg, B. and Glanz, K. 2008. Diffusion of innovations. In: Glanz, K., Rimer, BK., Viswanath, K. editors. *Health behavior and health education*. San Francisco: Jossey-Bass. p. 313-333.
- Rogers, E.M. and Shoemaker, F.F. 1971. *Communication of Innovation: A Cross Cultural Approach*. New York: Free Press.
- Simpson DD. 2002. A conceptual framework for transferring research to practice. *Journal of Substance Abuse Treatment* 22(4), 171–182.
- Solomons NM. and Spross JA. 2011. Evidence-based practice barriers and facilitators from a continuous quality improvement perspective: An integrative review. *Journal of Nursing Management* 19(1), 109–120.
- Stetler CB. 2001. Updating the Stetler Model of research utilization to facilitate evidence-based practice. *Nursing Outlook* 49(6), 272–279.