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**Quebec Hypnotherapists' Social Representations of Hypnosis
and Power.**

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ABSTRACT

Hypnosis appears as a practice that features practitioners who deliberately display their power and the power of their technique. During a therapeutic interaction, the actors involved will mobilize representations and knowledge related to their membership groups. The aim of this research was to highlight the hypnotherapist's social representations of hypnosis and power. A qualitative research was carried out based on semi-structured interviews with hypnotherapist (n = 21) in private practice in Quebec (Canada). According to our data, we observed and interpreted hypnosis as a staging, where power games take place between the practitioner and client. A common hypnotic dialectic is articulated including words, representations and a narrative discourse of the hypnotic experience, definition and categorization of the hypnotic phenomenon. Also the results revealed three conceptions of power: a) power-resource; b) power-substance; and c) egalitarian power. Legitimacy is a prerequisite for the exercise of power by individuals and appeared as a central element of the research study on power. The search for legitimacy is carried out through strategies, games of power, that take place in the interaction at several levels of interaction. Legitimacy appears not as an objective fact, but rather as a feeling. In fact, not feeling legitimate fits into the intersubjective space and could be thought of in terms of an absence of recognition. The discourses of practitioners have proved relevant in the development of themes and have allowed for an original interpretation of hypnosis and power relations. This study can serve as a starting point for expanding and animating discussions on power, hypnosis, and on psychotherapeutic practices in general.

Keys words: social representation, hypnosis, power, intervention, legitimacy

INTRODUCTION

This research focuses on the distribution of power within therapeutic interactions. This subject was developed from the reflections that emerged from my practice as a social worker and hypnotherapist. This double qualification may appear ambiguous. At first glance, these two terms undeniably conceal very different ideological postures of power. On the one hand, we have the social worker that advocates the alleviation of social inequalities, and who is dedicated to the most deprived and considers all forms of power with circumspection. Then on the other hand, there is the hypnotist who deliberately uses their power to subjugate the subject and their will. Also, through my practice as a clinician in private office and in a psychiatric department, I have been confronted with different effects of power: for example, the submission to bureaucracy and budget pressures that require the expeditious deployment of efficient and effective techniques of intervention; therapy that appears as a form of colonialism with the aim of subjugation of the other; the attitude of resistance, abandonment even hostility of the patient/customer when faced with therapeutic procedure; and difficult professional relationships within the same care institution. Therefore, I am interested in the subjective experience of power, particularly the one experienced by my peers, practitioners and hypnotherapists. This subject has certainly been scrutinized by other researchers, but I have the desire to bring forward a new perspective whether it be by my epistemological posture. It is through the study of social representations that this research takes place. Social representations are at the interface of psychology and social work and allow us to share: language, culture, material and social objects, etc. They also allow us to communicate amongst ourselves and to be recognized. Moreover, reality, dependent on our perceptions and interpretations, is constantly evolving and the theory of social representations is ideally suited to study it. For Moscovici (2014), reality is constructed by individuals through interactions, actions and communications, and it is the foundation of common sense. Social representations are the foundation of common sense and, by their individual

aspect, they go beyond collective consciousness or collective representations. Social representations are therefore at the heart of the constitution of reality.

Before diving into the results of this research and the interpretations, I will present the concepts of social work, interventions, power and influence and I will draw a portrait of hypnosis and its practice in Quebec. Subsequently, I will describe the theoretical and methodological frameworks through which this research has evolved.

Social Work and Intervention

Social workers are concerned by social justice (AETS, 2001 cited in Molgat, 2007). Research and the establishment of egalitarian relations are at the heart of their practices. Thus, during interventions, the social worker will be wary of the influence that their interpretation of the problematic situation might have on the patient by emphasizing the interpretation of the patient (Lemay, 2004). This egalitarian ideology gave rise to approaches and practices of empowerment, anti-oppression, feminist intervention, peer intervention, narrative approach, concepts of agencies, and gap-mending. Moreover, the principle of non-interference or neutrality of the practitioner, advocated by these different approaches, has been questioned. For example, Devereux (2003) points out that it is difficult to dismiss the power and influence that affects individuals at the heart of the interaction, most of which is unconscious.

Perrenoud (1996) argues that intervention is defined by the action of a stranger interfering in a social space from which he or she does not come from. The stranger will try, through his influence, to improve the situation, behaviours, attitudes and finally the stranger will have no control over the influence he or she can exercise on the other. It appears that intervention is a specific form of interaction; it is an ideal place for power games and the exercise of social influence.

Social Influence

We are fascinated by social influence, these irrational and unconscious forces that lead people "à accepter des idées, des jugements qu'elles ne partageaient pas, ou à imiter des gestes, adopter des expressions qui ne leur appartenaient pas" (Moscovici & Ricateau, 1972, p.199). These forces of social influence that have an impact on thoughts, attitudes and behaviours seem to share common places. Social influence is a central concept of social psychology (*Ibid.*). It is considered as a force or an action, voluntary or not, that subject A exerts on subject B, and by which things are done differently than they would have been without this influence (Falomir Pichastor & Mugny, 2004).

All human relations are subject to social influence and "chaque individu, même s'il est le plus passif et le plus silencieux, provoque des réactions chez tous ceux qui l'approchent ou s'en éloignent" (Roustang, 2011, p.44). In addition, Moscovici (2000) states that "plus des relations interpersonnelles sont étroites, plus deux personnes sont en contact fréquent, plus elles cherchent à avoir une emprise l'une sur l'autre et moins chacune peut résister à l'emprise de l'autre." As a force, social influence "est un processus réciproque qui implique action et réaction et de la source et de la cible" (Moscovici, 1991, p.82). For example, in therapeutic intervention, it has been shown that physiological characteristics such as sex, height, appearance of the face, tone of voice are able to influence both the speaker and the client/patient. It is the same for cognitive characteristics such as the intellectual and moral posture of the actors involved. (Watzlawick & Weakland, 1981). It therefore appears that it is not possible to not influence. By our presence or our absence, we always influence situations.

Considering the therapeutic interaction, Moscovici (1991) specifies that in the case where "the intervention of a" mediator "between the individual and his environment is indispensable," when for example "the individual is unable to confront the reality," the speaker can take advantage of his role of experts and exert his influence "to modify the point of view or the opinion of the other" (*Ibid.*, p.38). Moscovici (1991) adds that "moins une personne est

certaines de ses aptitudes sensorielles et intellectuelles, plus elle est disposée à accepter l'influence de quelqu'un à qui elle attribue des capacités sensorielles et intellectuelles supérieures" (p.38). The reasons for exercising, seeking, or accepting influence are always related to uncertainty (Moscovici & Ricateau, 1972, p 212).

Power

Power can take several forms: authority, manipulation, leadership or domination, and several types of power can be evoked: political power, power over oneself, power over things and nature, and magical power.

Considering the intervention milieu, researchers have highlighted different conceptions of the role of power in intervention. For example, some deny the existence of power within the therapeutic relationship (Lopez, 1988); others are cautious of power as it is a force with destructive potential (Enns, 1988); others view the therapeutic relationship as a process of empowerment that will empower the client/patient (Erickson, 2009); finally, power can be considered as a resource to acquire, to hold, to use, to exchange between the therapist and the client/patient (Gaventa & Cornwall, 2008). These different conceptualizations of power have an impact on the intervener's modalities of intervention (Devaris, 1994). For example, psychoanalytic approaches consider that the therapist must stand in the wrong position of the therapeutic relationship in order to preserve objectivity and avoid any form of suggestion and/or influence (Orange et al., 2015). We find the same kind of reflection concerning the intervener's non-interference in cognitive-behavioural and humanistic approaches. For example, Carl Rogers (1979) supported the renunciation of the practitioner to any takeover on the client/patient's destiny. It is also necessary to avoid any interference on the decision-making of the client/patient and to offer the necessary space so that they can claim their power on their own without relying on the power of the practitioner.

Holding or exercising power means that the individual or group A, through their actual or possible actions, will have an impact on the actions and

determinations of the group or individual B, either by limiting it or by hindering its freedom of action (Van Dijk, 2012). Thus, "toute relation qui permet à un individu de modifier le comportement d'une autre peut alors être considérée comme une relation de pouvoir" (Poitou, 1973, p.76).

On a macroscopic scale, Moscovici considers institutional power through action and recognition. According to the author, the power of one person over another can only be exercised on condition that "la nation, la classe ou la masse ait foi en lui, ne conteste pas sa légitimité" (Moscovici, 1988, p.242). According to Arendt, power corresponds to man's ability to act, and to act in concert. Power belongs to a group and continues to belong to it as long as the group is not divided. "Lorsque nous déclarons que quelqu'un est « au pouvoir », nous entendons par là qu'il a reçu d'un certain nombre de personnes le pouvoir d'agir en leur nom." Thus enunciated power is not a "pouvoir-sur," but a "pouvoir en commun" (Arendt, 1972, p.144 quoted in Quelquejeu, 2001). At the microscopic level, power is also "being able to," constructing its reality, making sense, but this power is also limited by the recognition of others (Jovchelovitch, 2008).

For Arendt, power must be legitimized to be exercised. It is based on a back-and-forth between legitimacy and constraint, and must maintain a balance between the two. The power is delegated to agents belonging to various organizations recognized by their ability to maintain order. They have power in only one specific area, namely politics, the economy, education, or in certain contexts such as the hospital, classroom or court (Van Dijk, 2012). The resources needed to enforce order and exercise power "sont généralement constituées d'attributs ou de biens socialement valorisés, mais inégalement répartis, tels que la richesse, la position, le rang, le statut, l'autorité, les connaissances, l'expertise ou les privilèges ou même la simple appartenance à un groupe dominant ou majoritaire" (*Ibid.*, p.3). In order to maintain order, legitimized authorities may use coercion, but it is first through encouragement and persuasion that individuals will be called upon to accept the prescribed conduct.

Foucault (1982) argues that power relationships act through the actions of a subject acting on another acting subject. This relational view of power holds that power is inherent in all relationships. By interpreting this perspective, power is everywhere, because it comes from everywhere (Foucault, 1969).

72-Seeking to elucidate the mechanisms involved in the permanent enslavement and subjugation to which humans are subjected, Foucault has linked notions of knowledge and power. For Foucault (1969), the exercise of power relies essentially on knowledge. In addition, this device of knowledge diffuses and instills social norms which make it possible to separate the deviants from the normal ones. Most of the power-knowledge relationship does not belong to individuals. Admittedly, individuals may possess knowledge, govern and direct, but no one has *the* knowledge nor has *the* power. Foucault cites the bourgeoisie as an example who, since the nineteenth century, have benefited from forms of knowledge-power, but no one knows how to get and maintain this power relationship. Knowledge and power are neither possessed nor exercised. The power exists only in the act and it is not consented to because the Foucauldian power-knowledge is an unconscious mechanism. When it is conscious, it is domination and, since there is no longer any space for freedom, it is no longer a question of power-knowledge (Foucault, 1969).

Moreover, power presupposes beliefs and ideologies to be practiced (Van Dijk, 2012). It is through the control of speech and its production that legitimate instances maintain order and exercise power. It is the elite who produce and distribute "connaissances [...], des croyances, des attitudes, des normes, des valeurs, de la morale, et des idéologies. Leur pouvoir symbolique est aussi une forme de pouvoir idéologique" (*Ibid.*, p.5). Production is controlled by the "symbolic elites," such as journalists, writers, artists, academics and other groups who exercise their power on the basis of "symbolic capital" (Bourdieu, 1979). Moreover, speaking is usually reserved and controlled by the most powerful. "Moins les gens sont puissants, moins ils ont accès à différentes formes d'écrit ou de parler" (Van Dijk, 2012, p.4). " [C]'est le cas pour les enfants, les prisonniers, les accusés et (dans certaines cultures, y compris

parfois les nôtres) les femmes," the less educated, the sick, the elderly, the young, etc. (*Ibid.*, p.4). These less powerful groups will only be allowed to speak on demand, so will the police station, doctors, the unemployment or welfare office, and other institutional settings (*Idem*).

According to Foucault, practitioners (doctors, psychologists, social workers, etc.) implement knowledge – *les jeux de vérité* - through power relations. The knowledge used by the speaker and legitimized by the institution gives them full authority to impose a form of truth that will also become the help-seeker's truth in order to "heal" (Foucault, 1982). Thus institutional discourse is in many ways different from the informal discourse that we hold between us each day. The first distinction is the fact that one of the actors in this speech is an expert legitimized by the institution and who is also subject to rules. Another distinction is the content of the speech. For example, in the doctor-patient encounter there is an imbalance in the information exchange between the actors. The doctor will ask the patient very personal questions, who in return can only address a specific type of question to the doctor. West (1984) compares the doctor to a God who cannot be questioned. In addition, individuals in contact with the institution and its experts can also exercise a form of power: the counter-power. For example, studies (Jorm, 2000; Mond et al., 2007) have revealed reluctance amongst the population towards mental health professionals (doctors, psychiatrists and psychologists) and doubt about the long-term effectiveness of treatments for "disorders." The doubt about medicine will lead a person living with difficulties to first seek help from their immediate environment (family and friends). Sometimes, the shame and feeling of guilt of not being able to control behaviour considered pathological by the institution, will lead the person to first try self-intervention (Mond & Phillipa, 2008) before being forced to turn to their entourage or to health professionals.

Power of Alternative Practices

The doubt about medicine and the effectiveness of its therapeutics (Jorm, 2000, Mond et al., 2007) also results in an increase of alternative health practices¹. The MIVILUDES (2012) survey recently identified in France more than 400 "therapeutic" practices described as "mild, alternative, global, natural, heterodox, etc." This can be divided into four categories based on the theoretical paradigms and/or the techniques employed: the field of "thérapies psycho-corporelles, des médecines dites populaires [ou traditionnelles], le domaine des "para-sciences" et celui des croyances et pratiques religieuses" (Bouchayez, 1986, p. 322). These practices are inspired by Eastern religions and by the revival of myths, rituals and ancestral traditions that have led to the appearance of pseudo-sciences and/or pseudo-religions² such as transcendentalism, spiritualism, theosophy, the movement for human potential and the New Age (Pike, 2004).

Moreover, alternative practices that favour the development of consciousness and the predominance of intuition over reason (Tessier, 1998) appear very attractive to the public. As Van Meerbeek and Jacques point out:

Dès qu'[...]apparaît un nouveau guérisseur, cela vaut la peine d'aller voir à quoi il ressemble, comment il fonctionne, ce qu'il promet, ce qu'il fait et comment il travaille. C'est fascinant et l'on a toujours un petit peu envie d'y croire [...]. Mais peut-on s'empêcher de se dire qu'après tout, on ne sait jamais, d'envisager des pouvoirs « occultes » ? Pourquoi n'y aurait-il pas de la magie blanche et pas uniquement de la noire ? Pourquoi est-ce qu'il n'y aurait pas des choses dans le champ de l'invisible, encore ignorées et qui influenceraient néanmoins l'humanité ? (Van Meerbeek & Jacques, 2009, p.246)

¹ In this document the term "alternative practices" is used in contrast to "official medicine." Theories and knowledge of official medicine are validated by experience and consensus among the scientific community. It is this type of medicine that is today taught in the medicine faculties of universities.

² The prefix pseudo which comes from the Greek language means "faux, trompeur et / ou mensonge" (Larousse, 2004). To give weight and value to their theoretical argument, pseudosciences use terminology belonging to the scientific field without respecting the criteria of the scientific method. Otherwise, spiritual movements proposing beliefs which differ from traditional religions generally accepted by all (<http://www.olivierbobineau.com/Revue%20de%20presse/article/rue89.html>), are considered to be pseudo-religions. In both cases they become pseudo as they more or less clash with the scientific or religious doxa.

The attraction of the population to magical solutions is, according to some researchers, a "reliquat de la mentalité primitive [qui] subsiste toujours sous une forme latente dans le psychisme de tout un chacun" (Ceccarelli & Lindenmeyer, 2012, p. 41) that neither the Enlightenment, nor the modernity, nor the positivist philosophy of Comte seem to have succeeded in eradicating. Van Meebeek and Jacques (2009) consider that this way of looking at reality is always present in us and that it "infiltré la demande de soins" (p.245).

Hypnosis: A Peculiar Alternative Practice

Hypnosis is also an alternative practice (OMS, 2002b) with a magic potential. Like other alternative practices, hypnosis arouses a lot of enthusiasm among the public, but also among mental and physical health professionals (Cabillat, 2013). In Quebec the exact number of practitioners of hypnosis is not known. Although this interest in hypnosis has not been quantified, some figures attest the phenomenon; for example, in Europe, more than 50% of hospital centres practise it, compared to 30% ten years ago (Benhaïem & Roustang, 2012). At the 20th International Congress of Hypnosis (Paris, 2015), the number of experts increased by 600% (from 400 to 2,400) compared to the 2005 congress. As another proof in interest, the term "hypnosis" in Google generates more than 13 million references compared to less than 200,000 for the term "brief therapy".

Theoretical Aspects of Hypnosis

Hypnosis probably fascinates people because of its mysterious aspects. Indeed, just like consciousness, unconsciousness, love or power, hypnosis is a human phenomenon that is difficult to define. Despite 200 years of research, it is still difficult today "de mettre en place une définition satisfaisante de l'hypnose" (Bioy & Keller, 2009, p.11) which brings together all the empirical, phenomenological and philosophical dimensions of the hypnotic phenomenon. In 2014, the APA's Society of Psychological Hypnosis (APA) 30 committee reached a consensus and presented a revised definition of hypnosis and related

terms with the intention of rallying supporters of psychosocial and state theories of psychosis:

Hypnosis : A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity in response to suggestions (APA, 2016).

Two major schools of thought emerge historically from the theories of hypnosis. One of these currents emerges from the work of Jean-Martin Charcot, a neurologist at La Salpêtrière Hospital in Paris who was particularly interested in the neurological study of convulsions in women and used hypnosis to reproduce and interpret certain pathological states. The other current of thought is associated with the School of Nancy and the reflections and experiences of Hippolyte Bernheim, who considers hypnosis as a form of nervous sleep reproducible by suggestion. Unlike Charcot, Bernheim considers hypnosis and suggestions as therapeutic power. The debate between the School of Nancy, which advocates hypnosis and suggestion as therapeutic, and the School of La Salpêtrière, which supports the pathological nature of hypnosis, has gone down in history. Today this century-old debate has softened quite a bit, but sometimes resurfaces. For example, in the 1980s, in the United States, The Amazing Kreskin proposed \$100,000 to whoever could scientifically prove the existence of the hypnotic state. For mentalists, the state of hypnosis does not exist, only suggestion, imagination and role playing can explain the conduct of volunteers live on a hypnotic stage.

Practice of Hypnosis and Its Representations

Stage hypnosis is not only a form of entertainment, it also has effects on social representations. Didier Michaux (2005) was interested in the social representations of hypnosis and their effects on this practice. The clinician found that social representations of hypnosis have not changed much since the beginning of the twentieth century. Despite a century of research and experimentation, hypnosis remains a nebulous and ambiguous practice, a provoked lethargic state in which an individual without conscience or obeys

the hypnotist's orders. The hypnotist is perceived as a magician or miracle worker exerting their power through the voice, the gaze or through the use of the hands (Michaux, 2005). Andriopoulos (2008) adds that hypnosis shows, cinema³, literature⁴ and comic strips⁵ propagate a rudimentary representation of hypnosis and the subconscious based on the medical theories of the Charcot epoch which pointed out the risks of hypnotic possession and depersonalization.

Practice of Hypnosis in Quebec

Therapeutic hypnosis has been practiced in Quebec since the 1940s. Already at that time, Montreal psychiatric physicians were interested in the phenomenon and carried out studies and scientific publications. Hypnosis was taught in a hospital environment. For many decades hypnosis would belong to the medical field. Hypnosis, which has important psychological aspects, interested psychologists who, in the 1950s, were increasingly numerous in hospitals (Prud'homme, 2008). During this period, there was disinterest vis-à-vis the medical community, and it then moved away little by little from the practice of hypnosis until it was completely abandoned. The interest of psychologists infuses the Quebec world of hypnosis with new developments.

In the 1980s, the rise of alternative practices also favoured the growth of the practice of hypnosis. Therapeutic hypnosis training schools emerged which allowed non-professionals to practise the therapy. New therapists, including hypnotherapists were equal to psychologists, from a status point of view. They expressed their demands to the lawmakers so that the exercise of psychotherapy could be established. The recriminations of psychologists finally succeeded in 2009 with the adoption of Bill 21 amending the Professional Code. This law redefines the acts reserved for different

³ *Le Diabolique Docteur Mabuse*, Friz Lang (1960) ; *Hypnose*, David Koepp (1999) ; *L'Hypnotiseur*, Lars Kepler (2012) ; *Trance*, Danny Boyle (2013) ; etc.

⁴ *Ursule Mirouët*, Honoré de Balzac (1842) ; *La Vérité sur le cas de Monsieur Valdemar*, Edgar Allan Poe (1869) ; *Retour à Whitechapel*, Michel Moatti (2013) ; etc.

⁵ *Les Sept Boules de cristal et Le Temple du Soleil*, Hergé (1948-1949) ; *La Marque jaune*, Edgar P. Jacobs (1956) ; *La Griffes noire*, Jacques Martin (1959) ; etc.

professionals and supervises the exercise of psychotherapy: the name of psychotherapist is henceforth reserved for a specific category of duly accredited professionals.

Practitioners of hypnosis then found themselves under observation and in order to protect their company and the training market, the owners of hypnosis schools also addressed demands to the College of Psychologists to define the criteria of practice for non-professional hypnotherapists. An agreement was signed in 2015 between EFPHQ⁶ and its director Normand Sévigny, principal representative of non-professional hypnotherapists, and the Ordre des psychologues du Québec (the psychology association of Quebec). As a result, hypnotherapists in Quebec can continue to practise hypnosis and use techniques of relaxation, autohypnosis, suggestions or visualization to treat specific problems such as: pain management, insomnia, addiction and lifestyle, phobias, anxiety, depression and burnout. It is also permitted to use hypnosis to help build a person's self-confidence in order to overcome their difficulties or better cope with their difficulties. In addition, the practice of age regression is no longer allowed since this practice is reserved for psychotherapists.

Hypnotherapy Marketing

In Quebec, unlike other therapies, hypnosis is not, to our knowledge, practised in institutional intervention settings such as CLSCs⁷ or psychiatric hospital units. It is practised privately by psychologists and alternative therapists and can be practiced at the dentist's office. Hypnosis practitioners are essentially entrepreneurs responsible for their own marketing, so they must organize their office and advertise their services amongst the public. The therapist must slowly build their reputation as it will become the key to attracting clients.

Hypnosis is often presented as a powerful tool used to reprogram the human being and to relieve physical and psychological discomfort:

⁶ École de formation professionnelle en hypnothérapie du Québec (www.efphq.com).

⁷ In Quebec, the local community service centre (CLSC) is a public organization offering frontline health services (doctors, nurses) and social services (psychologists, social workers), preventive services, rehabilitation and reintegration (www.sante.gouv.qc.ca).

« Cet outil de changement puissant vous offre la possibilité de modifier et de reprogrammer votre esprit inconscient de façon efficace et durable. [...] L'état d'hypnose favorise la réception et l'activation de suggestions visant à vous redonner entièrement le contrôle de votre vie. [...] Il n'y a pas de limites à ce que peut faire l'hypnose sauf celles, évidemment, que vous vous imposez. L'hypnothérapie peut vous aider à vous libérer de : différentes peurs... la dépression, le « burn-out »... estime de soi, confiance en soi... stress, anxiété, angoisse... « patterns » répétitifs...relations difficiles...malaises et maladies du corps... dépendances de toutes sortes... surplus de poids, obésité... difficultés de concentration... phobies simples et multiples... troubles de comportement... insomnie » (www.suzannejennings.com/hypnotherapie).

According to practitioners, hypnosis is one of the most effective and economical treatments in terms of time and money. It is possible to treat many ailments, whether psychological or physical, or both, as it is in fact always the case. The web-based offer encompasses a broad area of expertise. It is therefore possible with hypnosis to lose weight, to give birth, to stop smoking, etc. Other entrepreneurs also offer training for hypnotherapists and also texts and specific metaphors for certain problems that can be sold in the form of ready-to-use formulas for treating various symptoms.

THEORETICAL FRAMEWORK

Intervention practices and representations are indissociable and mutually determined. Any intervention supposes that the actors involved (practitioner and subject) activate their representational systems (Negura & Lavoie, 2016). This leads Renaud and Thoer (2007) to say that "l'analyse des représentations sociales s'avère un prérequis à toute intervention, à toute pratique de proximité favorisant un rapprochement à l'autre et nécessaire pour le cerner davantage. Elle est une condition pour développer des interventions congruentes avec la conception de la santé des acteurs" (p. 352). Moreover, the symbolic universe of man is filled by his imagination; it is made of language, myths, legends, stories, scientific knowledge, beliefs and social representations. So many elements that organize human reality, govern our life and shape our desires (Harari, 2015). This is why the theory of social representations seems unavoidable to us in the study of social objects and human phenomena.

Theory of Social Representations

"Représenter ou se représenter correspond à un acte de pensée par lequel un sujet se rapporte à un objet. Celui-ci peut être aussi une personne, une chose, un évènement matériel, psychique ou social, un phénomène naturel, une idée, une théorie, etc. ; il peut être aussi bien réel qu'imaginaire ou mythique, mais il est toujours requis" (Jodelet, 1989, p. 54). Thus, every representation is a representation of an object, but "cet objet est inscrit dans un contexte actif, ce contexte étant plus ou moins partiellement conçu par la personne ou le groupe, en tant que prolongement de son comportement, de ses attitudes et des normes auxquelles il se réfère. Autrement dit, le stimulus et la réponse sont indissociables : ils se forment ensemble " (Abric, 1994, p.12).

Representation is considered social since "son élaboration repose sur des processus d'échange et d'interaction [au sein du groupe] qui aboutissent à la construction d'un savoir commun " (Moliner, 2001, p.8). For example, this refers to institutions (education, religion), social phenomena (deviance, money) or even human creations (psychotherapy, the arts). The social context and the individual values which interact at all stages of the process of elaboration of social representations, make these representations susceptible to transformation.

Social representations are both *product* and *process*. The product is the images, the "representational traces," that the individual constructs from their environment (Abric, 1994). Process refers to the development of a system of interpretation, an action guide that allows interactions, exchanges and communication within social circles (Jodelet, 1989). Some criteria are required for a social object to be represented socially: first, this object must appear to us in several forms; secondly, the notion that is linked to it must represent an identity issue for the social groups concerned; and finally, this object must be general in scope (for example, mental illness or work). Another condition is that social representation can only be developed within a group that is not

subject to an ideology regulating the production and control of information and knowledge about this social object (Moliner, 1996).

Functions of Social Representations

Social representations serve to interpret the world, to explain reality, to guide practices and behaviours. This shared knowledge within the group also allows individuals to interact with others and to interact in the most appropriate way in the context (Tremblay, 2005), to justify their actions and behaviours, and thus allows them to take a stand within the group (Abric, 1989) while respecting the norms and values conveyed within it, according to the time and place of insertion (Abric, 1994, p.16). These shared representations make it possible to identify the group with certain social objects and to organize its cohesion. For example, in our society psychiatrists are thought to be associated with mental illness, psychologists with psychotherapy, and social workers with marginality. As Moscovici (1992) points out, representations provide individuals with a common code that makes communication possible and to distinguish oneself from one group to another.

Genesis of Social Representations

Social representations are essentially constituted within the group of belonging. With society constantly changing, social representations are therefore part of a changing context, and at the same time they have a history: they are born, have a life during which they stabilize, transform, and finally disappear (Rateau, 2007). Several generations of social representations can succeed one another. Throughout the ages, images take turns and changes are influenced by cultural practices, but with a common denominator that sometimes reveals itself according to the emotional and cognitive content of representations.

Moscovici (2014) described the sequence of phenomena that participate in the formation of social representations in two major phases: objectification and anchoring. These two processes reveal the way individuals transform scientific

knowledge into representation, and how the same representation helps to redefine aspects of reality.

Objectification

The objectification process allows to synthesize information about a phenomenon, a substance or a law that bursts into the social environment. These social objects are transformed into concrete and comprehensible images that can be used in communication within the group (Moscovici, 2014). The process of objectification involves three stages: selective construction, structuring schematization and naturalization. In the first stage, the elements of the object appearing in the social space are taken out of their initial context and selected according to cultural criteria (access of individuals to sources of information according to their social status) (Abric, 1994) and normative criteria (the retained elements coincide with the system of values of the group). Subsequently, during the stage of structuring schematization, the selected elements form a nucleus, a coherent image/ diagram which represents the object in a concrete way and is coherent with the culture and social norms of the group (Rateau, 2007). Finally, by virtue of its cultural and normative coherence, the new representation is integrated by the group and substitutes itself for the reality of the object; it has "a status of evidence" (*Ibid.*, p. 171). This is the stage of naturalization.

Anchoring

The new representation is integrated into the reference system based on representational elements already in place (Doise & Palmonari, 1986). The objectification process having made the object "manipulable" by the mind, anchoring makes it possible to inscribe it into the experience of the group. Thus, people have adopted the concepts of psychoanalysis by summoning notions such as conversation and confession: they "stuck" them onto something familiar, to create meaning and to be able to speak about it (*Ibid.*). This anchoring process makes it possible to integrate the representation and its

object with a "univers d'idées, de normes, de modèles de pensée déjà présents" (Rateau, 2007, p.172).

At the end of the objectification and anchoring process, representation is "présente comme un ensemble de croyances, d'opinions et d'attitudes spécifiques à un groupe donné, à propos d'un objet donné" (*Ibid.*, p. 171). "La société [a converti] l'objet social en un instrument dont elle peut disposer " (Moscovici, 2014, p.171).

These are the processes at work in the genesis of social representations to understand, assimilate, master and finally use an object that bursts into the social space. Note that the development of social representations can also be done by individuals who come into contact with objects already present in a given social space; for example an immigrant discovering a culture or an apprentice initiated into a new profession. The processes of objectification and anchoring then proceed in the same way.

Context and Practices of Acquisition and Transformation of Social Representations

Jodelet (2013) has identified the places of production and exchange of social representations and present it in three spheres of places and contexts: subjective, intersubjective and trans-subjective. It is within the subjective sphere that cognitive processes take place in order to develop or transform the social representations set in motion by the individual during his experiences of interaction with the environment. The processes of elaboration and transformation are themselves subject to intrinsic factors on the one hand, and to extrinsic factors on the other hand. Intrinsic factors are, for example, the interests, desires or emotions of the subject. The following are extrinsic factors: the particular characteristics of the environment and interlocutors, and the position of the individual within this social space (Willem Doise, 1990), which constitute the intersubjective sphere, the place of interactions and verbal communication. The trans-subjective sphere corresponds to the culture, norms and values in force in the public and social space, place of circulation and

development of social representations: economic, political, social, medical institutions, etc., relayed by the mass media, which transmit patterns of behaviour and images used to colour our individual identities. The development of the Web and social networks like Facebook has created a new space of social interaction that has an impact on the way people perceive themselves and represent their reality (De Rosa, Fino, & Bocci, 2016). In the medical field, publications such as the diagnostic and statistical manual of mental disorders (Apa, 2003) and the abundant literature on personal development and individual empowerment (Marquis, 2014), or the proliferation of often conflicting nutritional information (Carpenter et al., 2015) and the stereotypical images of the ideal body in the cinema world and on the Web (Savard, et al., 2008), all have a major impact on the interpretation of mental health issues by the population and professionals (psychiatrists, psychologists, social workers, etc.). The trans-subjective sphere is also the symbolic and ideological structure that dominates and directs both individuals and contexts of interaction, as well as the construction of discursive and inter-subjective systems ensuring social connection and collective identity (Doise, 1990).

RESEARCH QUESTION

Previously we have presented therapeutic interventions as specific forms of social interactions involving rules and norms. At the heart of these interactions are power and social influence. Also, the different conceptions of power have an impact on the practitioner's posture. Hypnosis appears as a practice that features practitioners who deliberately display their power and the power of their technique. They are often represented as a thaumaturge which possesses the panacea. As a last resort to healing, individuals who are suffering surrender themselves to the hypnotist.

Moreover, during a therapeutic interaction, the actors involved, both practitioner and client, will mobilize representations and knowledge related to their membership groups, lifestyles and their respective visions of the world.

Sometimes these representations are shared by the practitioner and the client, so there may be a confrontation between these actors, which may lead the client to disinvest in the therapeutic interaction. Client disinvestments, their reactions and motivations in these circumstances have been the subject of several research studies (Cohen & Lazarus, 1979, Miller & Rollnick, 2002, Prochaska & Diclemente, 1982). However, few studies have been devoted to the motivations and reactions of the speakers. Moreover, few studies have analyzed the role of power in intervention other than in terms of domination. It was above all the transgression of sexual boundaries and minority discrimination that were then explored (Dineen 1996, Givazolius & Davis 1999, Moussaieff Masson 1989, Walter 2003, Zur 2007). In most cases, power is thus viewed with suspicion and research work presents it as something to be beware of.

It is by considering these last elements that we wish to answer the following question: how do practitioners of hypnosis experience power in hypnotherapy interaction? And more specifically, how do they represent power and the distribution of power in the interaction?

METHODOLOGY

Our Epistemological Position

We consider social representations as "formes de connaissances socialement élaborées et partagées, ayant une visée pratique et concourant à la construction d'une réalité commune à un ensemble social" (Jodelet, 1989, p.36), therefore, they are interpreted in terms of a constructivist paradigm. As a researcher, constructivist posture involves an interpretative construction of the realities of the social world by the social actors. This approach of the researcher results in the deconstruction of social reality not only from the point of view of the other, but also from the researcher's own point of view. According to this posture, the researcher is involved in the construction/deconstruction and is aware of this (Poupart, 2011). Moreover, to adopt the constructivist paradigm is to be in

opposition to this tendency in social psychology to attach "plus à la façon dont les données sont traitées qu'à celle dont sont construits les objets de recherche et produites les données" (Jodelt, 2002, p.130 cited in Apostolidis et al., 2008).

The Population and the Sample

To answer our research question: How do hypnotherapists represent power in therapeutic interaction? We contacted hypnosis practitioners who met the following criteria: 1) they have integrated hypnosis into their practice for at least two years; 2) they appear on the Web as a hypnotherapist.

Also to draw a portrait of the context of hypnosis in Quebec, we have contacted directors of hypnosis training school as well as naturotherapist associations which bring together hypnotherapists in Quebec. In addition, a television interview with a Quebec hypnotherapist was found on the Web.

Recruitment

The question of how many participants were needed for our sample was evidently posed as soon as the research proposal was put in place. The literature on qualitative research brings different perspectives depending on the type of research. For example, Creswell (1998 cited in Savoie-Zajc, 2000) considers for phenomenological research, that a sample of 10 people is sufficient, and that for anchoring theorization 20 to 30 interviews are sufficient to reach a certain scientific validity. The theoretical saturation criterion developed by Glaser and Strauss (1967, cited in Savoie-Zajc, 2000) seems to be schooled in qualitative research. As Savoie-Zajc (2000) explains, the question of the sample remains arbitrary since there is no precise rule that frames it. We therefore set a target of 30 participants.

Recruitment of participants was done in three stages. The first was done through Quebec's hypnosis training schools. We contacted two hypnosis schools (Montreal and Sherbrooke) as well as a Montreal association of health professionals (psychologists, dentists) who practise hypnosis in order to

distribute an advertisement about our study project amongst their students and members. Both schools responded to our call and a solicitation message was sent to students who met our selection criteria. This first wave of advertising made it possible to recruit 10 participants. Subsequently, the same method used in hypnosis schools was reproduced via Facebook. We broadcasted an advertisement among the Hypnose Québec group and managed to recruit 3 more participants. The third step was to generate a list of 50 hypnotherapists who met our selection criteria based on info from the Web, and contact them via email. This first solicitation presented a summary of the purpose of our research and its modalities. Eight hypnotherapists were interested in participating in our study. It was by email exchanges that the consent form was sent and the appointments were scheduled. We therefore compiled a sample of 21 participants for our study (Table 1).

Data Collecting Tool

Two tools were used in order to highlight participants' social representations, namely, practitioners' accounting of two clinical vignettes, about critical moments they consider to be a failure. Considering the question of power struggles through "difficult moments" seemed a good way of obtaining an absolutely free narrative from the participants, without having them feel judged. Then, an interview conducted following a thorough interview questionnaire gathered the data on the practice and definition of hypnosis, as well as the practitioners' opinion of power and its manifestations through therapeutic interactions.

Interviews were conducted, as Jodelet (2003) suggests, under the "forme d'une conversation où le chercheur manifeste son désir, son intention de bien comprendre le point de vue de l'autre" (p.156). This is why the interview questionnaire wasn't rigidly followed. The practice narrative and the open questions weren't presented in the same order from one interview to the other. Following the participants' answers, questions were asked to ensure that their reflexive process was respected. Only larger themes about hypnosis and

power's social representations were respected. According to Glaser et Hotlon (2004), interview flexibility allows researchers to deepen certain questions and also to screen less relevant ones throughout the whole process; which in turn favours the generation of new knowledge.

60 to 90-minute interviews were individually conducted and recorded on audio media. They took place between October and December 2017. Given the geographical dispersion of our participants from the lower St. Lawrence region, Outaouais, Laurentides, Eastern Townships, to the largest Montreal region, interviews were conducted in person in the practitioner's professional environment, via Skype or by telephone. The average interview duration is about an hour and a half.

Data Analysis

Data analysis proceeded according to social representation studies (Negura, 2006) acknowledged thematic analysis method. The first step was to transcribe collected data into verbatim, after which theming was manually carried out using codes of colours and commentaries inserted directly into the transcriptions. Simultaneously with "la démarche ininterrompue d'attribution de thèmes se déroulait la construction de l'arbre thématique" (Paillé et Mucchielli, 2012, p.237), which made it possible to highlight base units in the practitioner's narratives. Thus, a thematic tree was built continuously throughout the readings. Being more demanding and complex, this inductive method allows for a more "fine et riche du corpus" (*Ibid*) analysis. Then we proceeded to the interpretation by referring to the research question as well as the literature on social representations, and also the various theories of power. We then compared our analysis with those made by other researchers. These chapters make it possible to organize the data in a logical sequence and to choose the most representative extracts of the verbatim.

Trustworthiness

We made sure that the coding was stable by proceeding to various readings to ensure that the statements were representative of the categories we had developed. Then we submitted the chapter devoted to the results to be critiqued by five participants who graciously accepted to answer our questions. This exercise also included a validation form of the analysis carried out. Moreover, the theoretical saturation appeared towards the 15th interview, which assures us of a certain validity as for the content of the opinions on power and hypnosis.

As well, we compared our results about social representations of hypnosis with international studies (Johnson and Hauck, 1999; Green et al., 2006; Mendoza et al., 2009; Bosc, 2013; Krouwel et al., 2017) concerning opinions and beliefs about hypnosis. Most of the studies we have listed have been conducted by university students using a quantitative methodology. Besides the study done by Bosc (2013), we did not find any qualitative studies on hypnosis based on the theory of social representations. In this sense, Bosc's work is original. The researcher highlighted aspects of the social representation of hypnosis that did not appear in quantitative studies.

Finally, another form of validity is based on numerous trips made to meet our research director during the writing of the chapters of this thesis. Also it was through the meetings, discussions and patient re-readings of Professor Negura that questions relevant to our research results, their interpretation and how to argue and present them were raised.

RESULTS AND DISCUSSION

Social Representations of Hypnosis and Power

According to our data, practitioners regard hypnosis as a natural state similar to, as well as different from, relaxation. It is a modified natural state of consciousness that allows the hypnotized to access its resource reservoir.

Hypnosis also has a dissociative effect that allows the subject to create distance from oneself and to observe oneself in a more objective way. The state of hypnosis is subjective and only the hypnotized subject is able to validate and describe their hypnotic experience. Under hypnosis, the subject is always master of themselves and in full control of the experience. To enter into hypnosis, a strong bond of trust must be established between the practitioner and the subject. Hypnosis is a technique, an effective and powerful tool, which by itself is only an adjuvant: it doesn't bring anything new. Hypnosis can also have effects on the memory and allow the subject to find hidden memories.

It appears from the results that the social representation of hypnosis crosses time, cultures and transports meanings between individuals and groups. This representation of hypnosis is not only shared by Quebec practitioners, it is reflected in studies of the beliefs and opinions of the population of hypnosis (Johnson and Hauck, 1999, Green et al., 2006; Mendoza et al., 2009, Bosc 2013, Krouwel et al., 2017).

Few researchers have examined the reasons underlying these intergroup and intercultural similarities. Johnson and Hauck (1999) put forward the hypothesis that "cette cohérence reflète la manière dont l'hypnose est dépeinte dans les différentes sources d'information ou encore qu'il existe une croyance générique présente dans notre culture et qui supprime l'influence des sources d'information individuelles" (p.16).

Thus, communication plays a key role in the development, constitution, modification and disintegration of representations (Moscovici, 1994). In return, representations are central to communication as they are part of beliefs that are essential to the exchange and creation of meanings (Moscovici, 2014). In this regard, the communication relationships that allow, through language, the transport and exchange of information, systems of signs and symbols, have effects of power because "communiquer, c'est toujours une certaine manière d'agir sur l'autre ou les autres" (Foucault, 1984, p. 309). "La langue n'est pas seulement un instrument de communication ou même de connaissance, mais un instrument de pouvoir. On ne cherche pas seulement à être compris, mais aussi

à être cru, obéi, respecté, distingué" (Bourdieu, 1977, p. 20). The results make it possible to observe the effects of power of communication and words . For example, during their interventions practitioners sprinkle the word "hypnosis" during discussions prior to and during hypnosis to describe the client's experience. *"Je saupoudre le mot « hypnose » parce que le mot « hypnose » a beaucoup de... de puissance, parce que les gens voient l'hypnose à la télé, connaissent un peu l'histoire parce que c'est une histoire qui a deux siècles, donc il y a eu beaucoup de choses dans l'hypnose"* (Gilbert, psychologist). The social representation of hypnosis will act on the client as a suggestion. For example, the description and definition of the client's state of relaxation as a form of hypnosis will result in the client switching to hypnosis and the adjustment of their behaviour and the interpretation of his experience in accordance with the representation of hypnosis.

Different Conceptions of Power

Results revealed three conceptions of power among hypnosis practitioners: a) power-resource; b) power-substance; and c) egalitarian power.

Power Resource

All the practitioners met are unanimous: "chaque individu est dépositaire d'un réservoir de ressources intérieures" and this form of power is accessible to all. *"C'est tout le monde, là, [qui possède] ce pouvoir-là. C'est vraiment juste d'accéder à cette ouverture-là de conscience"* (Sylvie, hypnotherapist⁸). Hypnosis is the key that gives access to these inner resources of tools that allow the individual to heal and to relieve themselves, as well as to regain control of their life.

This representation of power as an individual resource is rooted in the teachings of Milton Erickson. He forged the concept of the unconscious-

⁸ Extracts from the verbatim have been modified to ensure the confidentiality of the comments and the anonymity of the participants. Thus all references to places or institutions that can identify participants have been eliminated or modified. The names of participants were replaced by fictitious names, except for sex and profession which reflect the reality.

resource in contrast to the Freudian unconscious, reservoir of the complexes. Thus the "incapable" person who cannot get out of a dead-end, will find that by connecting to their reservoir of resources, they will have the power to overcome. Erickson developed his concept of the unconscious-resource in the United States, a society that considers that the individual is master of their destiny. This came about at a time when the myths of meritocracy and self-made-men are the pillars of the American ideology (Duru-Bellat, 2009).

Power-Substance

Another conception of power among practitioners is to consider it as a substance that can be transmitted and/or received. "*Redonner le pouvoir aux gens, c'est essentiel*" (Andréanne, psychologist). "*Moi je ne pense pas que j'ai du pouvoir. Je pense qu'on m'en donne*" (Rosanne, psychologist). According to Russ (1994), the interpretation of power "comme une substance constitutive d'un être, comme un attribut [du] sujet" (p.176) is fatalistic and preceded the concept of power-relationship developed by Foucault. For example, the sovereign power, turned to the law and subjugation, is based on the concepts of *vital and sacred power* that a king of divine right or the thaumaturge king and of *Libido dominandi* possesses as a desire for domination. It is only by understanding this concept of power that is it possible to receive and give power.

This representation of power-substance is also found in a study by Vala (1989). In this representation, positions of power are fixed, a clear boundary exists between those who hold power and those who do not. For Vala (1989), the poorest and/or uneducated people are the most willing to perceive power as inevitable and to submit to it.

Egalitarian Power

In recounting their experiences of intervention, practitioners described moments of cooperation and alliance with the client in order to achieve therapeutic goals. "*Ben, le pouvoir est entre les deux individus... [Inaudible,*

00:26:17] et c'est les deux ensemble qui ont le pouvoir. J'ai zéro pouvoir sur l'autre, mais les deux ensemble, on a du pouvoir" (Mathieu, psychotherapist). This means that the parties have an equivalent power. In this egalitarian representation of power, the power dynamics appear neutralized, the positions of power seem equal and the fear of subjugation is absent. Parties fully trust and support each other. According to Vala (1989), this conception of power is more present among trade unionists or among people with political opinions on the left. This egalitarian power lies between meritocratic and fatalistic conceptions of power.

Pratto (2016) points out that, indeed, one could say of a therapeutic intervention that the power between the speaker and his client is equally distributed, since both are engaged in a therapeutic situation from which neither can get out of easily. This equality is illusory. On the one hand, the practitioner usually has resources that are often not available to the client. On the other hand, considering that the goal pursued during the therapeutic intervention is to help the client, Pratto (2016) signals that it is the therapist who is at the service of the client, and that their energies are entirely dedicated to the client's well-being.

For other researchers, this representation of power as equitably distributed among the actors is utopian. Perrenoud (1996), while mentioning teamwork, points out that even if individuals are of the same hierarchical status and have "compétences et des moyens équivalents, l'égalité des pouvoirs n'est qu'une moyenne, qui masque une alternance de situations où ce sont tantôt les uns, tantôt les autres, qui prennent le leadership" (p.25). For the author, this balance of power between the actors is fragile and momentary, since individuals are essentially different in terms of means and skills.

Pejorative Aspect of Power

During the interviews, the question of the concept of power gave pejorative representations to all practitioners "*Pour moi, il y a quelque chose de péjoratif dans ça. Au mot 'pouvoir' . Si je lui parle de pouvoir, ben là, il y a bien des*

gens qui vont être réfractaires à ça, ils vont rester en état de vigilance" (Richard, hypnothérapeute). It therefore appears that power is not understood by these practitioners as an inherent component of the helping relationship.

Literature has confronted this negative attitude towards power, for power suggests manipulation and domination, or even different types of sexual and psychological harassment and abuse (Perrenoud 1996, Guilfoyle 2006, Pratto 2016). Power has a negative connotation, especially in the "métiers de l'humain" where it is "mal perçu, mal vécu, dénoncé pour des raisons idéologiques dans la tradition antiautoritaire, ou facilement associé à une volonté de puissance "pathologique" " (Perrenoud, 1996, p.38).

Ambivalence and Dissonances Toward Power

The pejorative aspects of power and the desire to use a powerful and effective technique has the effect of maintaining a certain ambivalence among practitioners. Indeed, we noticed in the practitioners' narrative that they are, on the one hand, prone to hold power and to make use of it, and on the other hand, refuse having any: "*Oui, ça, c'est clair. Je ne suis pas son égal. [...] Moi, je suis le consultant, j'ai une expertise, pis il vient la chercher. Ça fait que c'est sûr que ça me positionne*" (Richard, hypnothérapeute). Thus, all practitioners, at some point during the interviews, refer to the position of an expert or authority, either to qualify their role as a practitioner or to highlight knowledge they possess in order to enable them to effectively help the other: "*[J'ai] peut-être une connaissance, peut-être la compréhension de ce que c'est, du phénomène, mais non, pas de pouvoir*" (Sylvie, hypnothérapeute).

The exercise of power brings benefits to practitioners. For example, individuals in positions of power are generally more likely to experience positive emotions, happiness, desire, and less inhibition (Anderson and Berdahl, 2002). Otherwise, as we have seen, there are certain fears about power because of the derogatory aspects of power and the potential abuse that results from it. As well, research shows that power-deprived individuals feel constrained and

threatened, they experience negative emotions more frequently such as fear, anxiety, and guilt (Langner and Keltner, 2008).

To minimize dissonance, practitioners deny possessing power and adopt representations that allow them to deflect aspects of hypnosis linked to takeovers and influence in order to be able to conduct the therapeutic relationship. In addition, therapists are increasingly driven to the search for productivity and hypnosis with its power and efficiency meets the performance standards set in our society (Gusew, 2011), which probably also allows practitioners to ignore its subjugation potential.

Why Accept Submission to the Hypnotist and Risk Losing Power?

The client is also likely to experience ambivalence about the use of hypnosis. There are sometimes hesitations and/or a prolonged reflection for certain individuals before deciding to resort to hypnosis. *"Les gens qui sont plus un peu désespérés parce qu'ils ont tout essayé, vraiment les trois quarts du temps, les nouveaux clients, c'est ça. Ils ont essayé plein de choses, pis il n'y a rien qui fonctionne"* (Nicole, hypnotherapist). So why does one choose to give up one's power and voluntarily surrender to another?

It appears that the tipping point that brings one out of ambivalence is reached when the threshold of tolerance to suffering is reached and/or exceeded. Then the individual will agree to give up some of their power to be relieved. *"Ça peut venir de l'amplitude de sa souffrance [...] ça peut-être une souffrance tellement énorme que là, elle est propulsée vers une autre direction"* (Adrien, hypnotherapist). Stuck between suffering and submission, one resolves dissonance by adopting a representation that will allow the application to be made to the hypnotherapist, which in turn will prepare oneself to momentarily give up one's freedom in the hope of being relieved or cured. Even if this bracketing of power is temporary, the fact remains that the recovery of a stronger will is hoped, and at the end of the exercise, liberation from the aforementioned suffering. Then we can hypothesize that there is never a

complete abdication of the will, but a game of speech-power where the customer is sometimes powerful, sometimes impotent, where the power must be born from the alleged absence of will.

Through the circumstances that drive someone to consult, we can also consider the myths of self-made man and meritocracy, which together form a set of dominant representations and norms in our society, to which the individual must imperatively submit. Ehrenberg (2011) reports on the ideological conjuncture and liberal thinking that drives the individual to mobilize and become the entrepreneur of themselves. The impossibility for the individual to join this ideal image will result in depression and mental disorder, a form of suffering that can drive the individual to use a powerful technique that will allow him to rejoin the race for autonomy.

Conditions for the Exercise of Power and Areas of Legitimacy

Until now we have highlighted the role of social representations in the conception of power and the hypnotic experience. We now wish to emphasize this role in regards to an essential element of the exercise of power: legitimacy.

Considering the fact that social representations are the basis for legitimacy in the exercise of power, in our analysis, we have taken into account the various spheres in which this activity occurs. Jodelet (2008) has argued that this activity be organized into three spheres: transsubjective, intersubjective and intrasubjective. As stated by Negura and her collaborators (2019), "These different levels continually interact within representational dynamics. As such, any analysis of the construction of social representations, or of the way they operate, must consider each of these levels. The same is true with regard to the role they play in the construction, continuity and transformation of relations of power" (p. 10).

Knowledge-Power of Social Representations and Legitimacy

As we have seen, the question of legitimacy runs throughout the literature about power, and this condition of exercise for power is present in all spheres of society. For example, the state has put in place laws that regulate professions and particularly the exercise of psychotherapy. The Quebec legislature instructed the Ordre des psychologues du Québec to enforce them. Thus, certain speeches and acts are reserved for a specific class of actors. This legislative framework gives authority to the therapist. Practitioners we met expressed their concerns about this situation. "*La seule crainte, c'est avec la loi 21, tu sais, dans le sens, tu sais, de faire attention, de rester dans le cadre maintenant qui est plus réglementée par la Loi*" (Adrien, hypnotherapist).

The nature of the help relationship lies in the manner with which legitimacy will occur between the therapist and the client. What must be achieved is that what is stated be accepted as legitimate in order to then be integrated into the internal reorganization of the subject's thought. "Une science adéquate du discours doit établir les lois qui déterminent qui peut (en fait et en droit) parler et à qui et comment. Ceux qui parlent estiment ceux qui écoutent dignes d'écouter et ceux qui écoutent estiment ceux qui parlent dignes de parler" (Bourdieu, 1977, p.20).

Seeking Legitimacy from the Client

The results suggest that the hypnotist's intention is important in achieving the state of hypnosis. Thus, the practitioner, to be legitimized by the population in the exercise of therapy and hypnosis must show honesty and a real desire to help the other. "*Tu sais, le centre d'hypnose pour lequel j'ai travaillé [...], il a fait faillite, ce centre-là, puis moi, j'ai comme senti, à un moment donné, que j'étais moins confortable, puis j'ai quitté cet endroit-là, [...], en parlant avec le propriétaire, je me suis aperçue que lui, il voulait bien plus faire de l'argent que d'aider le monde. Puis le monde le sent, ça*" (Suzanne, hypnotherapist). As the results imply, dishonest attempts are eventually felt, which is likely to end

the therapeutic encounter. Thus it appears that the power is never acquired, but legitimacy is also not unquestionable and can be challenged.

Also, all practitioners insisted on the trust that must be established between them and their client so that hypnosis can be realized. "*[Je vais] prendre le temps de leur expliquer des choses, je les mets vraiment, vraiment en confiance*" (Nicole, hypnotherapist). "*On ne fait pas d'hypnose tant que je n'ai pas l'accord 100 % de la personne, tant [qu'il y a de] la résistance, je suis dans la psychopédagogie de l'hypnose avec le pendule, [etc.] On démystifie tout le temps ça*" (Arianne, social worker). The notion of trust appears in the very etymology of the word "belief" (Rey and Hordé, 2006, p. 576). It is the belief in the other that allows the exchange. The notions of trust and exchange also imply that of "adherence": we adhere to beliefs that we share within our community. We recognize each other through these beliefs, and this adherence has the particularity of being "relativement permanente, souvent irrationnelle" (Jodelet, 2002, p. 164). The notion of adherence leads to those of "seduction" and "influence," and to the excesses associated with power. The priest, the astrologer, the scientist, or other possessors of knowledge and truth seduce us and/or influence us by their authority. Marc Bloch (1983) has illustrated this aspect in his book *The Thaumaturges' Kings* which is a study of the supernatural nature associated with royal power, especially in France and England.

Moreover, the results revealed the emotional reactions of therapists when legitimacy is questioned and, as a result, their power. This situation may generate emotions and a more or less intense form of disarray: "*Écoute, après la rencontre... pendant la rencontre, je suis venu en sueur de bord en bord, tu sais, quand tu essaies d'improviser des techniques en file, pis qu'il n'y a rien qui marche, tu sais. [...] pis ce n'est pas le fun, là, tu sais, ce n'est vraiment pas le fun. Tu as un inconfort, tu ne te sens pas compétent non plus*" (Adrien, hypnotherapist). For the practitioner, a reconfiguration of power positions can be interpreted as a desire to disconnect from the client. As you move away, the client tries to evade the interaction. The therapist experiences a disconnect

from the therapeutic relationship which corresponds to the loss of a position of power. The client judges that the therapist no longer has the legitimacy of an expert to help them solve their problems.

Hypnosis Experience and Self-Legitimation

Regarding the intrasubjective sphere, the results reveal a crucial moment in the adoption of the hypnotic technique by practitioners: the personal experience of hypnosis.

When we question practitioners about their learning path to hypnosis, we learn that everyone has had a personal hypnotic experience. This experience may have occurred during the consultation of a hypnotherapist to resolve an issue or discomfort, or during the learning of the technique, but in any case this experience proved to be decisive for the addition of hypnosis to their professional practice. "*[Quand] je me suis laissé aller, je me suis complètement abandonné à l'expérience et là j'ai vraiment vécu une petite révélation et je me suis dit : My god, cette révélation-là va me servir pour le reste de l'année, je vais en profiter pour nourrir ça, cette révélation-là*" (Arianne, social worker). As Arianne says, the hypnotic experience was experienced as a revelation and resulted in the adherence to the practice of hypnosis. The same experience applies to all practitioners met.

Jodelet was interested (Jodelet, 2006) in the role of lived experience in the formation of social representations. The lived experience has two dimensions: a cognitive dimension and an emotional dimension. The first corresponds to the integration of experience in the representational system and allows for "la construction de la réalité selon des catégories ou des formes qui sont socialement données" (p .241). The second contains the role of emotions on the lived state that Jodelet compares to the aesthetic or amorous experience. It is also in this dimension that the person "prend conscience de sa subjectivité, de son identité." The state then felt is at the limit of the unspeakable, as mystical experiences can be, and is capable of modifying social representations.

While social representations are acquired through discourses and in contact with information circulating in the social environment under the implementation of the mechanisms of objectification and anchoring described by Moscovici, it appears that the belief in hypnosis is acquired in a special way because it implements positive emotions such as surprise and astonishment. The lived perceptual experience during hypnosis becomes a belief. According to Echeverri (2014) the causal inference attributed to a single experience is the foundation of belief, here an inner state felt in particular circumstances is attributed to hypnosis.

The process is carried out as if the practitioner, in addition to being legitimized by the society and his entourage, also had to receive a self-approval of the hypnotic experience by living it in his own body. Convinced of the positive effects of the technique, practitioners invite their clients to live the same type of experience. As Aebischer (1983) explains, "pour que la parole devienne agissante, pour que le mot produise son effet, le praticien pense activement ce qu'il dit et le ressent sur son propre corps. Son propre état lui sert alors d'indication et de mesure de l'état du patient. Par son empathie, le corps joue le rôle de l'échantillon de preuve de ce que le patient est en train de vivre" (p.82).

Power Games in the Therapeutic Relationship

The results allowed us to establish the importance of social representations on the necessary legitimacy of the exercise of power. We now want to draw attention to the strategies deployed by practitioners to maintain and reinforce this legitimacy. These strategies, similar to games of power (Foucault), are defined as "relations de domination souple et par moments amorphes, caractérisés par une certaine liberté de manœuvre [...], des stratégies [...], des actions coordonnées menées par des individus privés et visant un certain résultat. Les participants poursuivent donc un objectif tendant au renforcement de leurs avantages" (Russ, 1994, p.176). In the case of practitioners of hypnosis the advantage is the maintenance of the legitimacy of their expert position that allows the exercise of the helping relationship and especially to define and

make use of hypnosis. On the other hand, these strategies " sont à la fois intentionnelles et non subjectives " and aim for goals, but are not related "[au] choix ou de la décision d'un sujet individuel" (Russ, 1994, p.197).

Thus, four games of power emerge from the results: the effects of language and the making of meaning; the spectacularization or staging of hypnosis; the search for scientific credibility; and finally the discourse of fear about hypnosis.

Language Effects and Making of Meaning

We saw in the results that practitioners used analogies to define hypnosis. For example, practitioners explain the hypnotic experience by comparing it to similar states of consciousness that are regularly experienced in our daily lives. "*La plupart des gens ne savent pas que l'hypnose, c'est un état naturel.* » « *Les gens ne réalisent pas, mais tous les jours, quand ils vont prendre l'auto, ils sont en transe. Tous les jours, dès qu'ils sont concentrés sur quelqu'un qui parle ou sur la TV, sur un livre, n'importe quoi, tu sais, ils ont l'accès, l'accès, il est là* " (Sylvie, hypnotherapist). The knowledge of known and harmless "natural" states gives the subject a practical understanding of hypnosis. This reference to a normal and safe state neutralizes the esoteric side of hypnosis. Larivée (2014) specifies "la notion de concept naturel permet de circonscrire des phénomènes au contour flou, " as can hypnosis, and "pour lesquels plusieurs caractéristiques peuvent être pertinentes. Pour y parvenir, plutôt que d'en donner une définition univoque, on recourt à l'énumération de prototypes, c'est-à-dire des exemples typiques et représentatifs du concept en question " (p.143). "De fait, on considère spontanément ce qui est familier comme inévitable et ce qui n'est pas familier comme inconcevable" (Selltiz et al., 1976, p.38 cited in Larivée, 2014).

What we have just described is similar to the anchoring mechanism described by Moscovici. The difference with the mechanism described by Moscovici is that in the case of practitioners of hypnosis they are the ones who propose the category which allows for a better understanding of the phenomenon.

Otherwise, the data show a tendency among practitioners to consider many states or reactions as hypnosis . For example, when the client is immersed in any form of reflection or introspection or when they are confused or more or less conscious. Thus, visualization exercises, relaxation, mindfulness, having a story told, or techniques of desensitization and self-control commonly used by other therapeutic approaches such as cognitive-behavioural therapies, are likely to be assimilated to hypnosis. Hypnosis is a set of precise phenomena that have as common denominators the use of attentional control mechanisms. Some participants described the *ratification*⁹ process, which aims to interpret client behaviours and reactions in hypnotic terms. As practitioners point out, validating the subject's hypnotic behaviour as part of a state of hypnosis will allow the subject to adhere to the practitioner's interpretation and slip into hypnosis.

Through this discourse, descriptive and interpretative, the client will literally live the experience of hypnosis. The discourse, which is a narrative created by the therapist of the client's experience, can be interpreted as a discourse of power since it is the therapist who interprets the experiential situation of the client with the help of their expert knowledge. Moreover, we can observe here an inversion of the pole of the narrative because generally in the psychotherapeutic encounter, it is the client who puts themselves into narrative by telling their own story.

Spectacularization: The Staging of Hypnosis

As practitioners point out, hypnosis is the only therapeutic practice on stage. This exceptional situation contributes to the jamming of representations. The magic that accompanies stage hypnosis gives therapeutic hypnosis an aura of fantasy that scares some and seduces others.

⁹ In Ericksonian hypnosis the ratification aims to make the client aware of the appearance of an unconscious phenomenon. For example, an involuntary movement of the fingers.

Lalancette (2009) studied the effects of spectacularization. These findings about the political scene can be broadened to include other concepts such as hypnosis and psychology. One of the effects of spectacularization is to make the "spectator" apathetic; they only have to let go to follow the show without effort, without thinking. Another effect that stems from the first is to weaken the critical discourse. Finally, the last effect is to reduce the portrait of the phenomenon which is given in the show by simplifying it to a few caricatural elements. As Lalancette (2009) explains, "la simplification [est] une caractéristique clé du fonctionnement des représentations" (p. 190), which makes it possible to synthesize information coming from a phenomenon that bursts into the social environment and to transform it into an explanatory image, concrete and understandable, and usable in communication.

The effects of spectacularization of hypnosis on the knowledge, beliefs and attitudes of the population were studied and did not provide a clear answer. Some of these studies report negative effects (Large & James, 1991); other results show both positive and negative effects (Echterling & Whalen, 1995); and finally, some say the show has no effect on people's beliefs, attitudes or knowledge about hypnosis (Hawkins & Bartsch, 2000). Quebec practitioners adopt a favorable-critical attitude towards Mesmer's spectacular presentations. *"C'est qu'il y a de plus en plus d'émissions à la télé, donc, de shows, de Mesmer [...], moi, personnellement, je suis très content [...], depuis qu'il y a ça, je suis sûr que ça amène plus de gens à venir vers l'hypnose"* (Adrien, hypnotherapist). *"Mesmer a dit dans une entrevue qu'il n'avait [pas] le contrôle, mais il l'a dit une fois ou deux... Pis dans d'autres entrevues, il a dit le contraire "* (Gilbert, psychologist). They remain critical about the trivialization of their intervention tool and the impact of the show on the social representations of hypnosis, but do not oppose it formally since the show offers them a form of advertising that allows them to educate the population. Thus, by putting forward their knowledge combined with scientific facts, practitioners explain and define the hypnotic phenomenon to a curious and intrigued public, and as a result, hypnotherapists become experts in the eyes of the people.

Also we must consider the fact that some of the practitioners met use short induction, and like Mesmer the fascinator, they resort to a form of staging of hypnosis. *"Ils remontent dans leur tête, puis ils se mettent à douter. Moi, je ne leur donne pas le temps de douter. Je vais plus vite qu'eux autres. Ça fait que ça devient un peu comme un truc de magie, si tu veux, mais tu veux déjouer le conscient. Moi, je connais tellement, je maîtrise tellement l'induction, parce que je l'ai fait des centaines et des milliers de fois, que ça boum !, boum !, boum !, boum !, boum !, boum !"* (Richard, hypnotherapist). Moreover their methods follow those of the conjurers who foil the mechanisms of attention of the spectators, which fascinates them. Luc Langevin, the illusionist, summarizes his technique of fascination: *"l'idée est d'anticiper les réactions mentales [du sujet], d'apprendre à les déjouer ou les détourner, pour qu'il relâche progressivement ses résistances et renonce à ses tentatives d'analyse rationnelle"* (Langevin, 2018, p.61). Using short induction requires some skill and the practitioner needs to be assertive. The practitioner must be very attentive to the client's reactions, anticipate them and quickly interpret his situation by suggesting that he is experiencing a state of hypnosis. Other practitioners have linked short induction to the show by showing they were uncomfortable with this form of induction, which creates a placebo effect among the clients .

Search for Scientific Credibility

Another strategy to maintain and strengthen the practitioner's legitimacy with the public is to base their credibility and expertise on scientific knowledge. Thus several participants evoke brainwaves or scientific research on brain activity to explain hypnosis, to justify its use and to reassure their customers. *"Pis moi, je leur dis souvent : "À peu près tout ce qu'on fait ici est prouvable scientifiquement, là, c'est juste une question d'ondes cérébrales", je leur dis comme ça : "Tu sais, il n'y a rien de mystique dans ce qu'on fait, c'est juste une capacité à ton cerveau de relâcher pis recevoir une instruction différemment"* (Richard, hypnotherapist). Neuroscientists who attempt to patent

a neuronal signature of hypnosis using expensive and sophisticated devices are highly prized by hypnosis practitioners.

Practitioners engage in a strategy to scientifically prove hypnosis and practice it as scientifically valuable, and so they sprinkle the word "scientist" onto their explanations and definitions concerning hypnosis. According to Charaudeau (2007), proving is a cognitive activity which is the foundation for the value of positioning. Thus in their practice, practitioners will report on the physiology of hypnosis. This will validate their choice of position and at the same time, give the client the opportunity to judge the validity of the statements of the practitioner, and then obey or not.

Charaudeau (2007) explains that this influence strategy aims to satisfy three relational issues: the legitimation issue, the issue of credibility and the capture issue. The challenge of legitimation is to determine the authority position of practitioners. Generally, legitimacy comes from the social identity insofar as it is attributed to it by a recognition derived from a social status; in this case the position of the speaker or professional granted by the legislator. The issue of credibility aims to determine the degree of truth of the arguments of the practitioner vis-à-vis his client, so that they can admit that the practitioner who speaks to them is legitimate. Practitioners also bet that science is credible to their customers. And finally, the issue of capture aims to bring the client into the universe of discourse of the practitioner, the latter wondering, "How do I make the other adhere to what I say? ". In the case of hypnosis practitioners, this issue is partly achieved through the therapeutic encounter; it is the client who goes to the therapist for the purpose of receiving a service.

Fear Discourse About Hypnosis

Our analysis identified some ambiguities in practitioners' hypnosis discourse, including that related to the safety of the technique. On the one hand, practitioners define hypnosis as a natural state similar to relaxation, a safe and harmless practice. They assure us that under hypnosis we retain our free will and to prove their assertion they evoke moments of their practice where a client

is unexpectedly out of their hypnosis after hearing from the hypnotist a word or a suggestion that did not match their expectations or that ruffled their ego. "*Ça va arriver que quelqu'un va réagir, même ne serait-ce qu'à un mot qui est non directif, puis qui pourrait être attaché à tout un paquet de choses, tu sais, qui va la faire sortir de la transe, réagir.* » « *Une personne peut sortir de l'état d'hypnose soudainement, tu sais, pour n'importe quelle raison* " (Adrien, hypnotherapist). On the other hand, practitioners warn us against the dangers or excesses that it can cause if the technique is used by the unqualified. "*Les gens vont utiliser [l'hypnose] sans comprendre jusqu'où ils peuvent aller, [...] c'est un outil efficace, mais dangereux dans des mains innocentes. Oui, oui, je trouvais ça dangereux parce que tu sais, eux autres, ils allaient faire du traitement* " (Rosanne, psychologist). It appears in this discourse that practitioners, like Mesmer the captivator, maintain doubt and ambiguity about the nature of hypnosis. The power granted to hypnosis and/or the hypnotist and the dangers of abusing this power are therefore never totally ruled out and leave the population in bewilderment. The consequence of this ambiguity is to reinforce the anchoring of its representation in the secular/initiated thema: the holder of a powerful technique cannot leave it in the hands of the profane (Negura et al., 2019).

Jodelet (2011) focused on the concept of fear and its effect on social dynamics. For the author, the concept can be applied to individuals or the community. At the individual level it includes manifestations such as "anxiety, fear and dread" and more broadly, "panic and terror" (p. 240). Fear emerges from situations where physical and/or psychological integrity is threatened. This may also be the case for "*périls indirects comme la mort de personnes connues, le surnaturel, l'action de forces extérieures* " (*Ibid.*). This emotion, which disturbs reflection and reasoning, leads to "*une activité de production de sens*" (p. 241) that allows the adaptation of the individual. "*Les individus perdant leur cadre de pensée [...] auraient alors tendance à se soumettre à des leaders qui offrent des lignes directrices simples et autoritaires* " (Jodelet 2011, p. 245). This insight into the consequences of alarmist and anxiety-provoking discourses makes Chomsky and Herman (1992) say that information circulating via the

media as well as speeches loaded with terms that stimulate fear serve the interests of the political and economic elites. Regarding the nature of speeches, scientists who have studied hypnosis also somehow participate in the mystery and power of hypnosis through the use of terms such as levitation, catalepsy, positive or negative hallucination, used to describe neuropsychological phenomena that develop during the hypnosis of subjects. Concepts that are found in the description of certain mental disorders such as schizophrenia or psychosis or in the trance states of mystics¹⁰.

CONCLUSION

This research has highlighted the importance of social representations not only in the course of practice hypnosis, but also in its nature. Hypnosis is an approach that is essentially based on representations and beliefs. It has also been possible to observe the action of the representation of hypnosis when, for example, the practitioner invokes the word "hypnosis" to describe the state of relaxation of their client. The word evoked becomes a suggestion and the client adopts and interprets their behaviour as a state of hypnosis. The client's social representation of hypnosis allows them to live a hypnotic experience. Representations are also involved in resolving dissonances of the practitioner and the client. The first faced with the use of power, and the second faced with the momentary loss of will against the hypnotist. We also emphasize the importance of the lived experience of hypnosis and the positive emotions it can bring about, not only on the representation, but on the beliefs and attitude of the practitioner towards this technique. In addition to the fact that it becomes, in Aebischer's words, "the sample of evidence," this practitioner's belief may explain the overconfidence of some hypnotherapists with respect to web-based advertising about the efficacy of the technique and the magnitude of the symptoms it is able to relieve. Thus presented, hypnosis is almost a miracle.

¹⁰ Joachim Boufflet, *La Lévitacion chez les mystiques*, Le Jardin des Livres, Paris, 2006 (ISBN 978-2914569279).

As we have seen throughout this research, power is part of social interactions and social representations play a crucial role. Discourse through social representations conveys meanings that allow the exercise of power. Otherwise, by the role of the representations on the legitimization of the practices and the actors confer in themselves effects of power to the social representations. We therefore conclude from the practitioners' representations that power is at the very heart of hypnosis. It is also a key element of the motivation of practitioners and clients to engage in this form of therapy. We have been able to observe and interpret hypnosis as a staging, where power games take place between the practitioner and client. A common hypnotic dialectic is articulated including words, representations and a narrative discourse of the hypnotic experience, definition and categorization of the hypnotic phenomenon.

We have also seen that the exercise of power was conditioned by legitimacy. Through our results we have highlighted several levels of legitimacy necessary for hypnotherapeutic exercise. It has become apparent that practitioners must make constant effort to maintain this legitimacy. The search for legitimacy is carried out through strategies, games of power, that take place in the interaction at several levels of interaction: a) facing society; b) facing the customer; and c) the individual facing themselves. So all these levels are inextricably intertwined. As we have seen, the practitioner must be very skillful and show finesse in the implementation of strategies to maintain legitimacy. Hypnosis requires constant work of legitimation (probably more than any other form of therapy) because of the nature of its representations and the ambiguities it arouses. Thus the therapist who chooses to make use of hypnosis bases their choice on a number of beliefs and representations of hypnosis that allow them to legitimize their choice in their own eyes. The therapist will also strive to make a speech that will make their own choice legitimate in the eyes of the client. In addition, a client who consults a practitioner in power deficit due to difficulties and suffering they are experiencing, is also in search of legitimacy that will allow them again to exercise their power. Also as a monitor of power games, the client will update them in order to achieve their goals.

We are witnessing here a real exploration of the legitimacy of power between the actors of the intervention. This prospect appeared to us as a central element of the research study on power. Legitimacy is a prerequisite for the exercise of power by individuals. As the results have shown, the emotional responses that the reconfiguration of positions of power has allowed us to interpret legitimacy not as an objective fact, but rather as a feeling, the feeling of being legitimate or not. In fact, not feeling legitimate fits into the intersubjective space and could be thought of in terms of an absence of recognition which, for example, does not allow the practitioner with a loss of legitimacy to relate positively to themselves. This last reflection opens an avenue for future research on legitimacy.

Moreover, the results of this research have highlighted the limited space granted to the psychosocial theories of hypnosis. As we have seen, no single theory can provide an explanation that completely encompasses the hypnotic phenomenon. This perspective deserves to be presented to students of hypnosis schools. By expanding the theoretical curriculum it is a more objective image of hypnosis that could be disseminated and in our opinion it would not have the effect of not losing credibility to hypnosis, but rather to strengthen it.

The discourse of practitioners, by the richness of the ideas generated, have proved relevant in the development of themes and have allowed for an original interpretation of hypnosis and power relations. This study can serve as a starting point for expanding and animating discussions on power, hypnosis, and on psychotherapeutic practices in general.

Table1 : List of Participants

| CODE | OFFICE LOCATION | SEX | AGE | PROFESSIONNEL TITLE | EXPERIENCE OF HYPNOSIS | PERFORMING INTERVIEW | MINUTES OF INTERVIEW |
|-----------|-------------------|-----|------------|---------------------|------------------------|----------------------|----------------------|
| Richard | Montréal | M | 41-45 | Hypnothérapeute | 6 à 10 | 2017-11-17 | 53,00 |
| Jacob | Montréal | M | 61 et plus | Hypnothérapeute | 15 et plus | 2017-12-01 | 75,00 |
| Alexis | Montréal | M | 41-45 | Hypnothérapeute | 15 et plus | 2017-12-01 | 60,00 |
| Emile | Montréal | M | 41-45 | Hypnothérapeute | 15 et plus | 2017-12-01 | 53,00 |
| Martine | Montréal | F | 51-60 | Social Worker | 6 à 10 | 2017-12-04 | 93,00 |
| Suzanne | Montréal | F | 61 et plus | Psychothérapeute | 15 et plus | 2017-12-04 | 51,00 |
| Adrien | Laurentides | M | 46-50 | Hypnothérapeute | 15 et plus | 2017-12-04 | 74,00 |
| Gilbert | Montréal | M | 51-60 | Psychologist | 15 et plus | 2017-12-05 | 67,00 |
| Nicole | Montréal | F | 36-40 | Hypnothérapeute | 2 à 5 ans | 2017-12-06 | 63,00 |
| Andréanne | Laurentides | F | 61 et plus | Psychologist | 15 et plus | 2017-12-07 | 55,00 |
| Mathieu | Québec | M | 46-50 | Psychothérapeute | 11 à 15 | 2017-12-08 | 85,00 |
| Charles | Montréal | M | 36-40 | Massage Therapist | 2 à 5 ans | 2017-12-16 | 35,00 |
| Sylvie | Québec | F | 51-60 | Hypnothérapeute | 11 à 15 | 2017-12-18 | 52,00 |
| Ariane | Estrie | F | 41-45 | Social Worker | 2 à 5 ans | 2018-01-09 | 60,00 |
| Rosanne | Laurentides | F | 46-50 | Psychologist | 2 à 5 ans | 2018-01-10 | 158,00 |
| Jean | Québec | M | 61 et plus | Practical Nurse | 15 et plus | 2018-01-18 | 75,00 |
| Sarah | Outaouais | F | 46-50 | Hypnothérapeute | 11 à 15 | 2018-01-20 | 57,00 |
| Alice | Bas-Saint-Laurent | F | 46-50 | Psychothérapeute | 6 à 10 | 2018-02-06 | 96,00 |
| Louise | Estrie | F | 51-60 | Psychologist | 6 à 10 | 2018-03-28 | 84,00 |
| Victor | Outaouais | M | 61 et plus | Hypnothérapeute | 11 à 15 | 2018-04-03 | 91,00 |
| Marie | Montréal | F | 46-50 | Social Worker | 15 et plus | 2018-04-09 | 48,00 |

BIBLIOGRAPHIE

- Abric, J.-C. (1989). L'étude expérimentale des représentations sociales. In D. Jodelet (Ed.), *Les représentations sociales* (pp. 205-223). Paris: Les Presses Universitaires de France.
- Abric, J.-C. (1994). Les représentations sociales: aspects théoriques. In J.-C. Abric (Ed.), *Pratiques sociales et représentations* (pp. 11-36). Paris: Les Presses Universitaires de France.
- Aebischer, V. (1983). Le pouvoir du mot. *Langage et société* (25), 75-85.
- Anderson, C., & Berdahl, J. (2002). The experience of power : examining the effects of power on approach and inhibition tendencies. *Journal of personality and social psychology*, 83(6), 1362-1377.
- Andriopoulos, S. (2008). *Possessed hypnotic crimes, corporate fiction, and the invention of cinema*. Chicago: University of Chicago Press.
- APA. (2003). *DSM IV-TR : Manuel diagnostique et statistique des troubles mentaux* (J. D. Guelfi & M.-A. Crocq, Trans.). Paris: Masson.
- APA. (2016). Definition and Description of Hypnosis. from <http://www.apadivisions.org/division-30/about/index.aspx>
- Apostolidis, T., Madiot, B., & Dargentas, M. (2008). Pour une démarche de recherche holistique. In A. Arruda, É. Lage & B. Madiot (Eds.), *Une approche engagée en psychologie sociale : l'oeuvre de Denise Jodelet* (pp. 133-143). Toulouse, France: ERES
- Benhaïem, J.-M., & Roustang, F. (2012). *L'hypnose ou les portes de la guérison*. Paris: Odile Jacob.
- Bioy, A., & Keller, P.-H. (2009). *Hypnose clinique et principe d'analogie. Fondements d'une pratique psychothérapeutique*. Bruxelles: Éditions de Boeck.
- Bloch, M. (1983). *Les rois thaumaturges. Étude sur le caractère surnaturel attribué à la puissance royale particulièrement en France et en Angleterre*. Paris: Gallimard.
- Bosc, A. (2013). *Représentations sociales de l'hypnose chez les patients de médecine générale n'ayant jamais eu recours à l'hypnose*. (Doctorat), Université Paris XI, Paris.
- Bouchayez, F. (1986). La nébuleuse des autres médecines. *Recherche et avenir*, 365(4), 317-330.
- Bourdieu, P. (1977). L'économie des échanges linguistiques. *Langue française* (34), 17-34.
- Bourdieu, P. (1979). *La distinction. Critique sociale du jugement* Paris: Éditions de minuit.
- Cabillat, C. (2013). L'hypnose médicale : de plus en plus d'applications. *Femme actuelle*, Juin.
- Carpenter, D. M., Geryk, L. L., Chen, A. T., Nagler, R. H., Dieckmann, N. F., & Han, P. K. J. (2015). Conflicting health information: a critical research needs. *Health Expectations*, 19(6), 1173-1182
- Ceccarelli, P., & Lindenmeyer, C. (2012). Les avatars de la pensée magique. *Cliniques méditerranéennes*, 1(85), 41-49.
- Charaudeau, P. (2007). *Argumentation, Manipulation, Persuasion*. Paris: L'Harmattan.
- Chomsky, N., & Herman, E. (2008). *La fabrication du consentement : de la propagande médiatique en démocratie*. Marseille: Agone.
- Cohen, F., & Lazarus, R. S. (1979). Coping with the stresses of illness. In G. C. Stone & N. E. Adler (Eds.), *Health psychology* (pp. 217-254). San Francisco: Jossey-Bass.

- DeRosa, A. S., Fino, E., & Bocci, E. (2016). Les réseaux sociaux, nouvel espace interactif pour les représentations sociales et l'intervention. Les discussions autour des notions de psychanalyse, de psychiatrie et de santé mentale dans Facebook, Twitter et Yahoo! questions/réponses. In L. Negura (Ed.), *L'intervention en sciences humaines : l'importance des représentations*. Sainte-Foy: Presses de l'Université Laval.
- DeVaris, J. (1994). The dynamics of Power in Psychotherapy. *Psychotherapy: Theory, Research and Practice*, 31(4), 588-593.
- Devereux, G. (1994). *De l'angoisse à la méthode dans les sciences du comportement*. Paris : Aubier.
- Dineen, T. (1996). *Manufacturing victims: what the psychology industry is doing to people*. Montréal: R. Davies Publications.
- Doise, W. (1990). Les représentations sociales In R. Ghiglione, C. Bonnet & J.-F. Richard (Eds.), *Traité de psychologie cognitive, vol. 3. Cognition, représentation, communication* (pp. 111-174). Paris: Dunod.
- Doise, W., & Palmonari, A. (1986). *Texte de base en psychologie : L'étude des représentations sociales*. Neuchâtel: Delachaux & Niestlé.
- Duru-Bellat, M. (2009). *Le mérite contre la justice*. Paris: Presses de Sciences Po.
- Echeverri, S. (2014). Perception et justification. In J. Chevalier, M. & B. Gaultier (Eds.), *Connaître. Questions d'épistémologie contemporaine* (pp. 175-200). Paris: Ithaque.
- Echterling, L. G., & Whalen, J. (1995). Stage hypnosis and public lecture effects on attitude and beliefs regarding hypnosis. *American Journal of Clinical Hypnosis*, 38, 13-19.
- Ehrenberg, A. (2011). La société du malaise. *Adolescence*, 3(77), 553-570.
- Enns, C. Z. (1988). Dilemmas of power and equality in marital and family counseling: Proposals for a feminist perspective. *Journal of Counselling and Development*, 67, 242-247.
- Erickson, M. (2009). *L'hypnose thérapeutique. Quatre conférences* (J.-A. Malarewicz & J. Fleiss, Trans.). Issy-les-Moulineaux: ESF Éditeur.
- Falomir Pichastor, J. M., & Mugny, G. (2004). *Société contre fumeur : une analyse psychosociale de l'influence des experts*. Grenoble: Presses Universitaires de Grenoble.
- Foucault, M. (1969). *L'archéologie du savoir*. Paris: Gallimard.
- Foucault, M. (1982). Le sujet et le pouvoir (F. Durand-Bogaert, Trans.). In H. Dreyfus & P. Rabinow (Eds.), *Michel Foucault: Beyond Structuralism and Hermeneutics* (pp. 208-226). Chicago: The University of Chicago Press.
- Foucault, M. (1984). Deux essais sur le sujet et le pouvoir (F. Durand-Bogaert, Trans.). In H. Dreyfus, L. & P. Rabinow (Eds.), *Michel Foucault un parcours philosophique : au-delà de l'objectivité et de la subjectivité* (pp. 297-321). Paris : Gallimard.
- Gaventa, J., & Cornwall, A. (2008). Power and Knowledge. In P. Reason & H. Bradbury (Eds.), *Handbook of Action Research* (pp. 2-23). London: Sage Publications.
- Givazolius, T., & Davis, P. (1999). Power imbalance and sexual contact in therapy: effects on clients and implications for ethical, legal and training issues. *Counselling psychology review*, 14(2), 4-14.
- Glaser, B., & Holton, J. (2004). Remodeling grounded theory. *Forum: Qualitative Social*, 5(2), 1-16.
- Green, J., P., Page, R., A., Rasekhy, R., Johnson, L. K., & Bernhardt, S., E. (2006). Cultural Views and Attitudes about Hypnosis: A Survey of College Students Across Four Countries. *International Journal of Clinical and Experimental Hypnosis*, 54(3), 263-280.

- Guilfoyle, M. C. (2006). *Concealing and revealing power in the therapeutic relationship*. (Doctorat), Utrecht University, Utrecht, Netherlands.
- Gusew, A., & Berteau, G. (2011). *Le développement professionnel d'intervenants sociaux assignés à des services d'accueil ou de court terme en contexte d'urgence ou de crise*. Rapport de recherche. Montréal : École de travail social, UQAM
- Harari, Y. N. (2015). *Sapiens. Une brève histoire de l'humanité* (P.-É. Dauzat, Trans.). Paris: Albin Michel.
- Hawkins, R., & Bartsch, J. (2000). The effects of an educational lecture about hypnosis. *Australian journal of clinical and experimental hypnosis*, 28, 82-99.
- Jodelet, D. (1989). Représentations sociales : un domaine en expansion. In D. Jodelet (Ed.), *Les représentations sociales* (pp. 47-78). Paris: Les Presses Universitaires de France.
- Jodelet, D. (2002). Perspectives d'étude sur le rapport croyances/représentations sociales. *Psychologie & Société*(5), 157-178.
- Jodelet, D. (2003). Aperçus sur les méthodologies qualitatives. In S. Moscovici & F. Buschini (Eds.), *Les méthodes des sciences humaines* (pp. 139-164). Paris: Presses Universitaires de France.
- Jodelet, D. (2006). Place de l'expérience vécue dans les processus de formation des représentations sociales. In V. Hass (Ed.), *Les savoirs du quotidien. Transmissions, Appropriations, Représentations* (pp. 235-255). Rennes: Les Presses universitaires de Rennes.
- Jodelet, D. (2008). Le mouvement de retour vers le sujet et l'approche des représentations sociales. *Connexions*, 89(1), 25-46.
- Jodelet, D. (2011). Dynamiques sociales et formes de la peur. *Nouvelle revue de psychosociologie*, 2(12), 239-256.
- Jodelet, D. (2013). Interconnections between Social Representations and Intervention. In A. M. De Rosa (Ed.), *Social Representations in the 'Social Arena'* (pp. 77-88). New York: Routledge.
- Johnson, M., E. , & Hauck, C. (1999). Beliefs and opinions about hypnosis held by the general public: a systematic evaluation. *American Journal of Clinical Hypnosis*, 42(1), 10-20.
- Jorm, A. F. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. *British journal of psychiatry*, 177, 396-401.
- Jovchelovitch, S. (2008). Reflections on the Diversity of Knowledge: Power and Dialogue in Representational Fields. In T. Sigima, K. J. Gergen, W. Wagner & Y. Yamada (Eds.), *Meaning in action. Constructions, Narratives, and Representations*, (pp. 23-26). Hong Kong: Springer.
- Krouwel, M., Jolly, K., & Greenfield, S. (2017). What the public think about hypnosis and hypnotherapy: A narrative review of literature covering opinions and attitudes of the general public 1996–2016. *Complementary Therapies in Medicine* (32), 75-84.
- Lalancette, M. (2009). *Représentations sociales et opérations discursives en politique : enjeux de spectacularisation*. (Doctorat), Université de Montréal, Montréal.
- Langevin, L. (2018). *La Science de l'illusion : décrypter le réel, découvrir les failles du cerveau et repousser les limites de l'impossible*. Montréal: Michel Lafon.
- Langner, C. A., & Keltner, D. (2008). Social power and emotional experience : actor and partner effects within dyadic interactions. *Journal of experimental social psychology*, 44, 848-856.
- Large, R. G., & James, F. R. (1991). Public expectations of hypnosis. *Australian journal of clinical and experimental hypnosis*, 19, 103-106.

- Larivée, S. (2014). *Quand le paranormal manipule la science. Comment retrouver l'esprit critique*. Grenoble: Presses universitaires de Grenoble.
- Lemay, L. (2004). *Conditions et conséquences des pratiques d'empowerment. Une étude interdisciplinaire et intersystémique des rapports de pouvoir Professionnels <-> Clients*. (Docotorat), Université de Montréal, Montréal.
- Lopez, F. G. (1988). Is society sick? Comments on Zerbe Enn's article. *Journal of Counselling and Development*, 67, 504-582.
- Marquis, N. (2014). *Du bien-être au marché du malaise. La société du développement personnel*. Paris: Presses Universitaires de France.
- Mendoza, E., Capafons, A., Espejo, B., & Montalvo, D. (2009). Creencias y actitudes hacia la hipnosis de los psicólogos españoles. *Psicothema*, 21(3), 465-470.
- Michaux, D. (2005). La représentation sociale de l'hypnose : conséquences sur la connaissance et la pratique de l'hypnose. *Perspectives Psy*, 44(5), 341-345.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change (2nd ed.)*. New York: Guilford Press.
- MIVILUDES, Mission interministérielle de vigilance et de lutte contre les dérives sectaires. (2012). *Santé et dérives sectaires*. Paris: La documentation française.
- Molgat, M. (2007). Définir le travail social. In J.-P. Deslauriers & Y. Hurtubise (Eds.), *Introduction au travail social (2ème édition)* (pp. 19-40). Québec: Presses Université Laval.
- Moliner, P. (1996). *Images et représentations sociales. De la théorie des représentations à l'étude des images sociales*. Grenoble: Les Presses Universitaires de Grenoble.
- Moliner, P. (2001). *La dynamique des représentations sociales : Pourquoi et comment les représentations se transforment-elles?* . Grenoble : Presses universitaires de Grenoble.
- Mond, J. M., Marks, P., Hay, P. J., Rodgers, B., Kelly, C., Owen, C., & Paxton, S. J. (2007). Mental Health Literacy and Eating-Disordered Behavior: Beliefs of Adolescent Girls Concerning the Treatment of and Treatment-Seeking for Bulimia Nervosa. *Journal Youth Adolescence*, 36, 753-762.
- Mond, J. M., & Phillipa, J. H. (2008). Public Perceptions of Binge Eating and Its Treatment. *International Journal of eating disorders*, 41(5), 419-426.
- MOSCOVICI, S. (1988). *La machine à faire des dieux*. Paris: Fayard.
- Moscovici, S. (1991). *Psychologie des minorités actives. 3e édition* (A. Rivière, Trans.). Paris: Les Presses Universitaires de France.
- Moscovici, S. (1992). Présentation. Nouvelles voies en psychologie sociales. *Bulletin de psychologie*, 405(4-7), 137-143.
- Moscovici, S. (2000). Influences conscientes et influences inconscientes. In S. Moscovici (Ed.), *Psychologie sociale des relations à autrui* (pp. 141-160). Paris: Nathan.
- Moscovici, S. (2014). *La psychanalyse son image et son public. 3ème édition, 2ème tirage*. Paris: Les Presses Universitaires de France.
- Moscovici, S., & Ricateau, P. (1972). Conformité, minorité et influence sociales. In S. Moscovici (Ed.), *Introduction à la psychologie sociale Tome 1. Les phénomènes de base* (pp. 139-191). Paris: Librairie Larousse.
- Moussaieff Masson, J. (1989). *Against Therapy. Emotional tyranny and the myth of psychological healing*. London: Untreed reads publishing.
- Negura, L. (2006). L'analyse de contenu dans l'étude des représentations sociales *SociologieS*, octobre.

- Negura, L., & Lavoie, C. (2016). La pensée sociale et professionnelle dans l'action : l'intervention au carrefour des représentations. In L. Negura (Ed.), *L'intervention en sciences humaines. L'importance des représentations* (pp.11-40). St-Nicolas: Les presses de l'Université Laval.
- Negura, L., Plante, N., & Lévesque, M. (2019). The Role of Social Representations in the Construction of Power Relations.
- Orange, D. M., Atwood, G. E., & Stolorow, R. D. (2015). *Working Intersubjectively*. New York: Routledge.
- Paillé, P., & Mucchieli, A. (2012). *L'analyse qualitative en sciences humaines et sociales*. Paris: Armand Colin.
- Perrenoud, P. (1996). *Pouvoir et travail en équipe*. Paper presented at the Travailler ensemble, soigner ensemble, Lausanne.
https://www.unige.ch/fapse/SSE/teachers/perrenoud/php_main/php_1996/1996_10.html
- Pike, S. (2004). *New Age and Neopagan Religions in America*. New York: Columbia University Press.
- Poitou, J.-P. (1973). Le pouvoir et l'exercice du pouvoir. In S. Moscovici (Ed.), *Introduction à la psychologie sociale. Tome II*, (pp. 74-130). Paris: Librairie Larousse.
- Poupart, J. (2011). D'une conception constructiviste de la déviance à l'étude des carrières dites déviantes. Retour sur la sociologie interactionniste et sur le courant de la réaction sociale. In H. Dorvil & R. Mayer (Eds.), *Problèmes sociaux. Théories et méthodologies* (pp. 79-111). Montréal: Presses de l'Université du Québec.
- Pratto, F. (2016). On power and empowerment. *British Journal of Social Psychology*, 55, 1-20.
- Prochaska, J. O., & DiClemente, C. C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy : Theory, Research and Practice*, 19, 276-288.
- Proudhon, J. (2008). Professionnelles des soins et marchés de la santé : Les trajectoires analogues des physiothérapeutes et des psychologues québécoises, 1950-2010. *Revue d'histoire de l'Amérique française*, 62(2), 253-287.
- Quelquejeu, B. (2001). La nature du pouvoir selon Hannah Arendt. Du 'pouvoir-sur' au 'pouvoir-en-commun' *Revue des sciences philosophiques et théologiques*, 85(3), 511-527.
- Rateau, P. (2007). Les représentations sociales. In J. P. Pétard (Ed.), *Psychologie sociale* (pp. 164-225). Rosny: Bréal.
- Renaud, L., & Thoer, C. (2007). Les représentations sociales : un vecteur-clé des interventions en santé publique. *Santé Publique*, 19(5), 351-352.
- Rey, A., & Hordé, T. (2010). *Dictionnaire historique de la langue française : contenant les mots français en usage et quelques autres délaissés, avec leurs origines proches et lointaines*. Paris: Dictionnaire Le Robert.
- Rogers, C. R. (1979). *Un manifeste personnaliste : fondements d'une politique de la personne*. Paris: Dunod.
- Roustant, F. (2011). *Influence*. Paris: Les éditions de minuit.
- Russ, J. (1994). *Les théories du pouvoir*. Paris: Librairie générale française.
- Savard, N., Bernard, J., Roy, N., Grenier, G., & Sénéchal, P. (2008). *Le sexe dans les médias: obstacles aux rapports égalitaires*. Québec: Conseil du statut de la femme.
- Savoie-Zajc, L. (2000). L'analyse de données qualitatives: pratiques traditionnelles et assistée par le logiciel NU-DIST. *Recherches qualitatives*, 21, 99-123.

- Tessier, M. (1998). *Le déplacement du sacré dans l'expression de l'idéologie du nouvel-âge*. (Maîtrise), Université du Québec à Montréal, Montréal.
- Tremblay, P. (2005). Les représentations sociales de la dépression: vers une approche pluriméthodologique intégrant noyau central et principes organisateurs. *Journal international sur les représentations sociales*, 2(1), 44-56.
- Vala, J. (1990). Identités sociales et représentations du pouvoir. *Revue internationale de psychologie sociale*, 3(3), 451-470.
- Van Dijk, T. A. (2012). Structures of Discourse and Structures of Power. In J. Anderson (Ed.), *Communication Yearbook 12* (Vol. 12, pp. 18-59). New York: Routledge.
- Van Meerbeeck, P., & Jacques, J. (2009). *L'inentendu: Ce qui se joue dans la relation soignant-soigné*. Louvain-la-Neuve, Belgique: De Boeck Supérieur.
- Walter, U. (2003). Autour des questions éthiques en psychothérapie. *Psychothérapies*, 23(2), 75-80.
- Watzlawick, P., & Weakland, J., H. (1981). *Sur l'interaction. Palo Alto 1965-1974. Une nouvelle approche thérapeutique*. Paris :Éditions du seuil.
- West, C. (1984). *Routine complications: Troubles with talk between doctors and patients*. Bloomington: Indiana University Press.
- Zur, O. (2007). *Boundaries in Psychotherapy: Ethical and Clinical Explorations*. Washington: American Psychological Association.