

## CHANGE OF ATTITUDES TOWARDS HYPNOSIS AFTER A TRAINING COURSE

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*The aim of this study was to examine the changes of attitudes towards hypnosis after attending a training program about hypnotic techniques and their clinical applications. An Adjective Check List was developed specifically for this research and was administered to a sample of undergraduate and graduate Psychology students (N = 80) to assess their attitudes before, and after, attending the training program. The results showed that after the training program, the negative attitudes towards hypnosis had vanished, the positive attitudes that had already existed were reinforced, and several new positive attitudes related to the contents explained during the training program emerged. Therefore, to facilitate a clinical use of hypnosis that benefits the patients, it is crucial to develop theoretical-practical training programs about hypnosis that foster proper attitudes towards this technique among health professionals.*

Recently, there has been a growing interest in the study of the attitudes towards hypnosis since it had been found that positive attitudes are related to positive outcomes of the therapy (Chaves, 1999; Schoenberger, Kirsch, Gearan, Montgomery, & Pastyrnak, 1997) and they are very important in the establishment of rapport and the increase of sensations of relaxation and well-being (Sheehan, 2001).

There are three major approaches to the study of attitudes. The first one is focused on the relationships of attitudes with other constructs or characteristics of hypnosis, such as hypnotic suggestibility and absorption. A second approach has focused on the development and validation of scales to

measure the attitudes towards hypnosis of different population groups, namely, health professionals, patients, and the general public. Finally, the third approach has studied the changes in attitudes after giving different kinds of information to the subjects, or after they had been hypnotised. Some of these relevant studies are detailed in the next paragraphs.

### **Research About the Relationship of Attitudes and Other Constructs**

Spanos and McPeake (1975) assessed absorption (i.e., involvement in imaginary activities of everyday life), attitudes towards hypnosis, and hypnotic suggestibility in a sample of 183 subjects. They found relationships among absorption, positive attitudes towards hypnosis, and hypnotic suggestibility. This indicated that subjects high on absorption tended to have positive attitudes towards hypnosis, whereas low absorption subjects tended to keep less positive attitudes. A possible explanation of this tendency may be that people who like to be involved in different everyday situations also like, and do not feel threatened by, the opportunity of getting involved in unusual psychological activities (e.g., the hypnotic situation). This result was replicated in the study by Spanos, Brett, Menary, and Cross (1987), with the peculiarity that in the latter study, taking into account the correlation between positive attitudes and absorption, the lineal combination of attitudes and absorption predicted better the hypnotic responsiveness than just attitudes and absorption alone.

### **Research About the Attitudes Held by the General Public**

Large and James (1991) interviewed a sample group of people randomly selected from the population of Auckland (New Zealand), and another group of outpatients visiting Auckland Hospital Pain Clinic. These authors concluded that all those subjects who had seen hypnotic shows on television, or on stage, felt reluctant to use hypnosis and had built up in their minds a negative impression of this technique. Hence, Large and James warn us about the consequences of using hypnosis as entertainment, since they consider that the way that hypnosis is shown in the media promotes wrong assumptions or beliefs that may deter people from the benefits of clinical hypnosis.

On the other hand, Johnson and Hauck (1999) studied four different samples comprised of people of different ages, interests, geographic locations, and socio-economic level inside the United States. The attitudes towards hypnosis, as well as the sources from where the subjects had based their opinions, were

analysed, with the result that although the subjects had obtained information from different sources, their ideas and beliefs about it were quite consistent. The main misconceptions found were the following: 98% of the subjects thought that hypnosis is a special state of consciousness; 86% of the surveyed people thought that the success accomplished by hypnosis depended on the hypnotist's skills; 78% of the respondents agreed that the hypnotised person does not realise what is going on around him/her; and most people considered hypnosis as a powerful tool to remember accurate memories that took place both as far back as birth (74%) and past lives (58%).

### **Studies About the Student's Attitudes**

McConkey and Jupp (1985–1986) carried out research on an Australian population that replicated the results obtained by McConkey (1986) with a population in the USA. The results emphasised the fact that the subjects consider hypnosis is like an altered state of consciousness and that they think that hypnotic suggestions can improve memory, make the person tell the truth about facts they usually would lie about, and forget everything that took place during the hypnotic session. The same results were found in a subsequent study carried out in Scotland by Daghish and Wright (1991), although with some differences that show that Australian students are better informed than those from Scotland. For example, Australian students knew that the hypnotised person could ignore any suggestion s/he wanted to, while the Scottish students did not know how to answer that question.

In 2004, Yu published his research on attitudes towards hypnosis on Asiatic students. It was the first important approach to the international cross-cultural replication of Chinese versus English speakers (Yu, 2004a). This author found that the Chinese held the same beliefs about hypnosis that had been found in studies carried out with American, Australian and British population. A significant number of Chinese students considered that hypnosis improves memories, even those referring to the time of birth and previous lives. Also, those subjects more likely to be hypnotised tended to have more positive attitudes towards hypnosis and to show less sceptical attitudes towards hypnosis. This differs from the findings of Daghish and Wright (1991) and McConkey and Jupp (1986). In the latter study, subjects considered as medium hypnotisables had a less accurate knowledge of hypnosis than those who considered themselves as being either low or high hypnotisables. However, the Chinese subjects, who were considered as medium and low in hypnotisability

seemed to adopt relatively more sceptical viewpoints. These subjects tended to believe less, for example, that the hypnotic experience depends on the ability of the hypnotist, rather than on the hypnotised person's ability. On the other hand, those subjects considered high on hypnotisability seemed to have more positive attitudes towards the use of hypnosis (Yu, 2004a).

Finally, Capafons, Espejo, and Cabañas (2005) compared the attitudes towards hypnosis of a sample of Cuban medical students with a sample of Spanish, Honduran, Argentine, and Chilean students. Cubans believe that hypnosis is a useful technique, and are less reluctant to use it than the other Latinos in the sample. Cubans also believe that hypnosis fosters memory and that hypnotised people cannot lie. In this way, they believe that memories recovered under hypnosis actually confirm the recalled facts as true. This may be because they believe that hypnosis makes people lose control. Thus Cubans believe that everything that has been recalled under hypnosis is true and this can lead to a misuse of hypnosis. This problem becomes complex if we take into account the finding that Cubans believe that hypnosis is a non-scientific discipline (Capafons, Espejo, & Cabañas, 2005).

### **Studies About Health Professionals' Attitudes**

Yapko (1994) developed and administered a questionnaire of attitudes towards hypnosis to a sample of 869 psychotherapists in the USA, finding that they had a favourable attitude towards hypnosis. However, this attitude was based on misconceptions about this technique. As a consequence, wrong beliefs — such as that memories recovered through hypnosis are accurate — can lead to an iatrogenic use of hypnosis, especially when it is applied to recall repressed episodes of abuse in childhood, that can be more the result of suggested rather than actual memories.

In 1982, Vingoe published his research on British health professionals' attitudes towards hypnosis. In this study, a questionnaire about attitudes was applied to a group of clinical and educational psychologists and their responses were compared. This questionnaire was focused on the attitudes towards the use of hypnosis and its perceived effectiveness, rather than on the misconceptions of the professionals. Overall, the results showed that educational and clinical psychologists had a positive attitude towards the use of hypnosis and considered it an effective technique for the treatment of some emotional problems, since it helps to reduce the time of the treatment and its benefits last much longer. However, educational psychologists showed

a greater interest in hypnosis, and tended to consider it more effective as a treatment of choice, whereas clinical psychologists were more reluctant to use hypnosis. The author suggests that this difference could be due to the fact that these groups of psychologists deal with a different kind of patients. Finally, both groups think that they do not have enough training for adding hypnosis to their treatments, and believe that more training courses in hypnotherapy should be made available (Vingoe, 1982).

Yu (2004b) carried out a subsequent research program with health professionals in Hong Kong, using the same questionnaire. It was observed that the surveyed professionals had the same misconceptions about hypnosis and its applications as did students. However, the professionals had a more sceptical attitude. This could be considered a positive approach, taken in order to avoid a misuse of this technique, although it would also prevent the patients from receiving the benefit that hypnosis could offer to them. Finally, this study shows that there is little access to training about hypnosis in Hong Kong universities, and this lack of training may perpetuate both misconceptions about, and misapplications of, hypnosis (Yu, 2004b).

Finally, a research project, combining three different groups of population from Indiana (USA), was carried out by Chaves (2004). A questionnaire about attitudes towards hypnosis was administered to undergraduate students, faculty members, and patients of a dental clinic. The results indicated that all surveyed groups had positive attitudes towards hypnosis, although faculty members were more positive than students or patients. It was also observed that those subjects who had already had some experience with hypnosis were more positive about it, as were staff members who had attended a course in hypnosis. Although caution must be exercised in generalising these results, it may be surmised that if positive attitudes have been found in a large Midwestern dental school, located in a relatively conservative state, the same attitude might also be found in other less conservative areas of the same country (Chaves, 2004).

### **Studies Assessing Changes in Attitudes**

McConkey (1986) developed and administered a questionnaire of opinions about hypnosis to a sample of Australian students, before and after they had experienced hypnosis, in order to assess pre- and post-test differences. The author concluded that having a personal experience with hypnosis could reduce the misconceptions about this technique. Subsequently, Green (2003) pointed out that this research did not take into account the possible attitudinal

changes due to the repeated testing or the passage of time. For that reason, he carried out another research project administering the same questionnaire to a sample of American students, both before and after giving them a suggestibility scale. Another group of subjects filled in the questionnaire, but did not have any experience with hypnosis. The results showed that the experience of being hypnotised modified the misconceptions that the subjects showed in the pre-test. The inclusion of the control group established the test-retest reliability of the questionnaire and also proved that the changes of opinion in the experimental group were a result of their personal experience with hypnosis (Green, 2003).

In a similar study conducted by Thomson (2003), 300 health professionals attended a lecture about the nature of hypnosis and its therapeutic uses. The lecture included slides, videos, and written material followed by a question and answer period. Those subjects who wanted to experience hypnosis were hypnotised for the purpose of relaxation. Their attitudes towards hypnosis were assessed before the lecture, after it, and three months later. The researcher concluded that the subjects' attitudes changed after having received correct information about hypnosis, and that being hypnotised promoted a positive attitude towards this technique.

With regard to the impact of stage shows on attitudes to hypnosis, it is worth mentioning the studies by Echterling and Whalen (1995), and MacKillop, Lynn, and Meyer (2004). According to their results, it was stage hypnosis fostered a positive attitude towards hypnosis.

A common characteristic of all these studies (except for Green, 2003) is that participants already had a positive predisposition towards hypnosis since they had attended both the lectures and the stage hypnosis event voluntarily. As a contrast, a research study, conducted in Spain, used a sample of subjects who showed a negative attitude towards hypnosis. (Capafons et al., 2005). The researchers developed a scale to measure attitudes towards hypnosis (Capafons, Cabañas, Espejo, & Cardeña, 2004) and administered it to first year Psychology students. Those subjects who had shown a negative attitude to be hypnotised were chosen for participating in the second part of the study. They were given different explanations about hypnosis: The control group received the minimum information; one of the experimental groups received a cognitive-behavioural explanation of hypnosis; and the second experimental group was given a presentation where hypnosis was defined as an altered state of consciousness or trance. All participants were taught a self-hypnosis procedure and then completed Barber Suggestibility Scale (BBS: Barber 1965;

Barber & Wilson, 1979). It was concluded that both the cognitive-behavioural and the trance presentations, followed by the experience of hypnosis, had a significant impact on the attitudes towards hypnosis and tended to correct the misconceptions about it (Capafons et al., 2005).

In a subsequent study (Capafons et al., 2006), the same scale and design were used, but in this case the subjects did not learn self-hypnosis, but the Barber Suggestibility Scale was administered to them with hetero-hypnosis. The results of the previous study were replicated with the difference that the cognitive-behavioural explanation led to more positive changes in the attitudes towards hypnosis and fostered the ideas that people keep the control of their behaviour while hypnotised and that, when applied properly, it was a useful technique. When a trance explanation was given to the subjects, their attitudes towards hypnosis did not change to positive attitudes, as occurred when the subjects received the cognitive-behavioural explanation. Also, subjects receiving the trance explanation made fewer responses to test suggestions than subjects receiving the cognitive-behavioural explanations. Finally, subjects receiving the trance explanation dropped out of the research more than those who had been given the other explanations. This difference could be due to the fact that, in the first study, the subject hypnotised him/herself and this helped him/her maintain a greater perception of control, whereas in the second study, the subjects were hypnotised by the experimenter, which could have reinforced his/her idea that the hypnotist maintains control over the subject's behaviour (Capafons et al., 2006).

All these studies have assessed attitudes towards hypnosis through questionnaires. As a contrast, this research used a different methodology, namely, the adjective check list. The aim of this study is to examine the changes of attitudes about hypnosis detected by the adjective check list developed specifically for this research, with a group of psychologists after they had attended a theory and practice training course of hypnosis.

## **METHOD**

### **Subjects**

The sample consisted of 80 (60 women and 20 men) undergraduate and graduate Psychology students from different Spanish universities who registered for four training courses of hypnosis techniques offered at different times. The age of the subjects varied from 19 to 43, with an average age of 24.5 ( $SD = 5.1$ ).

## **Procedure**

### *Instrument Construction*

The adjective check list, created by Katz and Braly (1933), has been utilised for a long time in many studies on stereotypes (Gonzalez et al., 1990; Molina, 2000; Molina & Caballero, 1999). There has also been a neuro-cognitive study by Rainville et al. (1999) that proves the hypnotic state is an altered state of consciousness. (See also Gow, 2006.)

In this study, we used the modification of the original check list by Sangrador (1981). First, it was necessary to develop a specific adjective check list for each attitude to be assessed, using an independent sample to the ones that would be used in the experimental study. Consequently, the sample of the pilot study comprised undergraduate Psychology students from the University Complutense of Madrid ( $N = 34$ ). They attended an introductory course about hypnotic techniques, and then were asked to write a minimum of three positive adjectives and three negative adjectives describing hypnosis.

The descriptors gathered were selected eliminating all those words that were not adjectives, making groups of synonyms, and choosing those that were mentioned more often. The “surviving adjectives” were classified according to their theoretical favourability and unfavourability and their frequency in being mentioned. In this way, the final 40 adjectives that formed the final checklist (20 positive and 20 negatives) were obtained. This number of adjectives was considered adequate since a wide range of possible responses was covered, and the resultant test does not request a long time to be administered.

Five different lists were prepared to avoid the possible recency and primacy effect. The order of the adjectives in the lists was changed at random, and positive and negative adjectives were inserted alternatively. Table 1 depicts the 40 adjectives used in this study.

The instructions to fill in the adjective check list given to the subjects of the experimental group ( $N = 80$ ), were as follows:

1. Read carefully the adjectives of the list. (All of them were printed on the same page to make their visualisation easier.)
2. Choose those adjectives that better describe hypnosis. (It was considered as a criterion to choose a maximum of 5 adjectives.)
3. Assess the favourability and unfavourability ratings of the chosen adjectives using a 5-point Likert scale, where “1” represents the highest unfavourability rating and “5” the highest favourability rating.

**Table 1:** Adjective Check List About Hypnosis

Positive Adjectives	Negative Adjectives
Different	Discredited
Applicable	Unknown
Beneficial	Wasted
Enriching	Fraudulent
Effective	Spectacular
Special	Esoteric
Exploratory	Fake
Mysterious	Deceiving
Interesting	Marginal
Liberating	Incredible
Painless	Mystifying
Striking	Useless
Therapeutic	Unpopular
Useful	Manipulative
Quick	Limited
Relaxing	Occult
Revealing	Dangerous
Practical	Unexplored
Innovative	Scary
Easy	Embarrassing

The assessment of attitudes towards hypnosis through the adjective check list was applied at two different times, before starting the training program (pre-test) and after concluding the training program (post-test).

### *Training Program*

The average duration of the program was eight hours and had the following stages.

*Informative Stage* In this stage, subjects received information about what hypnosis is and how it works from a cognitive-behavioural perspective. Some of the myths dispelled were the following: hypnosis is like sleeping and involves the lost of consciousness; hypnotised people lose control of their behaviour; the hypnotist has a “special power” to induce hypnosis; hypnotised people cannot lie and they can even recover memories of their past that they

would not recall otherwise; hypnotised people obey everything the hypnotist asks them to do; hypnotised subjects are passive and hypnosis does not require any effort from them; hypnosis produces dependence from the hypnotist; and hypnosis is dangerous. Also, participants learned about some induction methods and some of the applications that hypnosis can have in therapy.

*Stage of Modelling* The instructor modelled the application of different hypnotic test suggestions and some induction techniques, and explained the reinforcement and generalisation of hypnotic effects. The modelling was performed in two different ways: (a) an individual application to a specific subject, which was observed by the rest of the audience; and (b) a collective application to the whole audience, in a way that each individual could report what was his/her subjective experience of what “to feel hypnotised” means.

*Stage of Reinforced Practice* In small groups, participants administered to each other the hypnotic techniques they learned in the former stage, while supervised by an instructor.

## **RESULTS**

Once the adjective check list had been completed by all subjects (before and after the training program), the theoretical probability that each adjective had to be chosen at random was calculated. All the adjectives that surpassed that limit were considered as possible content of the stereotype about hypnosis. In order to get the most representative adjectives, the threshold was increased adding a confidence limit of 5% (González, 1988).

Thus, the previous and subsequent stereotypes of hypnosis were configured. Tables 2 and 3 show the adjectives that surpassed the minimum significant percentage, the frequency and percentage of each one of them, and the unfavourability-favourability ratings of all the adjectives. Following this, the previous stereotype was compared to the subsequent one. To achieve this aim, the average proportions of each of the adjectives that conformed both stereotypes were contrasted using McNemar's Test. Table 4 shows the proportion, before and after the training program, for each of the adjectives, the difference between both stereotypes, and the  $p$ -value for statistical significance.

**Table 2:** Stereotypes About Hypnosis Before the Training Program

Adjectives	Frequency	Percentage	Unfavourability– favourability ratings (Rate 1–5)
Interesting	43	53.7	4.30
Therapeutic	27	33.7	4.18
Unknown	26	32.6	2.23
Striking	22	27.5	3.54
Relaxing	21	26.2	4.30
Mystifying	21	26.2	1.95
Discredited	20	25.1	2.05
Useful	18	22.5	4.30
Unexplored	15	18.7	1.93
Practical	15	18.7	4.07

*N* = 80  
 Number of choices: 397  
 Mean of choices: 4.96  
 Percentage of choices at random: 12.4  
 Minimum significant percentage: 17.4  
 Minimum frequency to be included in the stereotype: 14  
 Total mean of unfavourability (1)–favourability (5) ratings: 3.39

**Table 3:** Stereotypes About Hypnosis After the Training Program

Adjectives	Frequency	Percentage	Unfavourability– favourability ratings (rate 1-5)
Relaxing	46	57.5	4.35
Interesting	43	53.7	4.26
Therapeutic	41	51.2	4.32
Practical	35	43.7	4.23
Useful	34	42.5	4.18
Applicable	28	35.1	4.11
Beneficial	28	35.1	4.29
Quick	20	25.0	4.40
Effective	19	23.7	3.90

*N* = 80  
 Number of choices: 399  
 Mean of choices: 4.99  
 Percentage of choices at random: 12.47  
 Minimum significant percentage: 17.47  
 Minimum frequency to be included in the stereotype: 14  
 Total mean of unfavourability (1)–favourability (5) ratings: 4.24

**Table 4:** Differences Between Stereotypes Before and After the Training Program

Adjectives	Proportion pre-training	Proportion post-training	McNemar's test	p-value
Interesting	.537	.537	1.0000	n.s.
Therapeutic	.337	.512	0.0450	*
Unknown	.326	.100	0.0013	**
Striking	.262	.012	0.0000	***
Relaxing	.262	.435	0.0005	***
Mystifying	.262	.000	0.0000	***
Discredited	.251	.112	0.0266	*
Useful	.225	.425	0.0120	*
Unexplored	.187	.087	0.0770	n.s.
Practical	.187	.437	0.0011	**
Applicable	.162	.351	0.0108	*
Beneficial	.125	.351	0.0013	**
Effective	.075	.237	0.0010	**
Quick	.000	.250	0.0000	***

Note: n.s. = not significant. \*  $p < 0.05$ . \*\*  $p < 0.01$ . \*\*\*  $p < 0.001$

## DISCUSSION

An examination of the stereotypes that the subjects had before the training course revealed that the evaluation of hypnosis was neither especially positive nor negative, with the mean score of the unfavourability–favourability ratings being near the neutral point (3.39). This may have been due to the fact that participants were previously interested in the potential application of hypnosis in the clinical field, and therefore their attitude did not seem to be especially critical, but rather expectant before so many potentialities. It is worth pointing out that, from the very beginning, there were positively valued adjectives: *interesting*, *therapeutic*, *relaxing*, *useful*, and *practical*, which reflects a favourable attitude towards hypnosis. That could be the reason why they may have decided to attend this program. However, there are also negatively valued adjectives, namely: *unknown*, *mystified*, *discredited*, and *unexplored*. Finally, the adjective *striking* is close to the neutral point.

The stereotype the subjects exhibited after attending the training program revealed that they had a more positive attitude towards hypnosis, since the mean score of the unfavourability–favourability ratings was 4.24, and there were no more negatively valued adjectives. The stereotype of hypnosis, according to the frequency in which the adjectives were chosen and to their

favourability ratings, includes the following: *relaxing*, *interesting*, *therapeutic*, *practical*, and *useful*. Furthermore, some new positively valued adjectives came up: *applicable*, *beneficial*, *quick*, and *effective*.

Relative to the results of contrasting both stereotypes, it can be observed that:

1. The change in the unfavourability–favourability ratings of all the adjectives were statistically significant, except for the terms *interesting*, that had not changed from one application to the other, and *unexplored*, that showed a considerable decrease on the choice proportion although it was not statistically significant.
2. There was a significant increase in the choice proportion of the following adjectives: *therapeutic*, *relaxing*, *useful*, *practical*, *applicable*, *beneficial*, *effective*, and *quick*.
3. There was a significant decrease in the choice proportion of the following adjectives: *unknown*, *striking*, *mystifying*, *discredit*, and *unexplored*.
4. The adjective *interesting* kept exactly the same choice proportion, before and after the application of the hypnosis training program.

## CONCLUSION

Overall the data demonstrated that, after the training program, the negative attitudes about hypnosis had already disappeared and the positive ones, that had already existed had been reinforced, and several new ones closely related to the contents studied during the training program, had emerged.

To sum up, the empirical evidence indicates that subjects' misconceptions about hypnosis may be modified as follows:

1. Giving proper information about the underlying features that form the hypnotic process;
2. Clarifying myths and incorrect beliefs associated with it;
3. Offering specific performing models for the application of hypnotic techniques; and
4. Giving subjects the opportunity to practise the aforesaid techniques by themselves.

Therefore, to facilitate a clinical use of hypnosis that benefits the patients, it is crucial to develop informative training programs about hypnosis that foster correct attitudes towards this technique among health professionals.

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