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clinical hypnosis

Norman R. Barling*

Danielle A. G. De Lucchi†

*Bond University, Norman.Barling@bond.edu.au

†Bond University

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KNOWLEDGE, ATTITUDES, AND BELIEFS ABOUT CLINICAL HYPNOSIS

Norman R. Barling
Bond University

Danielle A. G. De Lucchi
Bond University

This study investigated knowledge, attitudes, beliefs, and motivation regarding clinical hypnosis. A comparison was made between those who had previous experience with hypnosis and people who had no previous experience with hypnosis. Results indicated that previous experience with hypnosis was associated with significantly more accurate knowledge, more positive attitudes and beliefs about hypnosis, and greater intention to use clinical hypnosis. There were no significant differences between younger and older non-experienced or hypnosis-experienced participants in relation to accuracy of knowledge, positive beliefs about hypnosis, beliefs about the mental stability of hypnotisable people, or fear about hypnosis. Those who obtained their information about hypnosis from personal experiences had significantly more accurate knowledge about hypnosis than those who obtained their information from stage hypnosis/television presentations. They also had significantly more positive beliefs and less fear about hypnosis than those who obtained their information from stage hypnosis/television presentations

Past research into knowledge, attitudes, and beliefs about hypnosis has focused on how these factors have related to the sources of their information about hypnosis, their level of hypnotic responsiveness, and how compatible commonly held public views of hypnosis have been with scientific knowledge. Johnson and Hauck (1999) noted that misconceptions on the part of the general public have been thought by many researchers to be due to stage

Requests for reprints should be sent to Norman Barling, School of Humanities and Social Sciences, Bond University, Qld 4229.

hypnotists, sensationalistic media stories, or superstitions passed from one person to another (Marcuse, 1964; Wallace, 1979). This past research relating to sources of information about hypnosis has mainly focused on stage hypnosis demonstrations and their effects on perceptions of hypnosis (Echterling & Whalen, 1995; Large & James, 1991). However, results in this area have been mixed. Some studies have reported that stage hypnosis has a very negative effect on audience members' knowledge, attitudes, and beliefs about hypnosis (Large & James, 1991); others have reported that it has both positive and negative effects on audience members' attitudes, beliefs, and knowledge about hypnosis (Echterling & Whalen, 1995); and yet others have reported that stage hypnosis has no effect on audience members' attitudes, beliefs, and knowledge about hypnosis (Hawkins & Bartsch, 2000).

The findings of Hawkins and Bartsch (2000) highlighted a considerable difference between obtaining information about hypnosis from an educational lecture, which significantly increased the respondents' levels of accurate knowledge about the subject, and obtaining information about hypnosis from a stage performance, which resulted in no such increases in knowledge. The Hawkins and Bartsch study was particularly noteworthy because of (a) the comparability of different treatment groups consisting of the lecture-exposed, past experience of hypnosis, and control groups, in terms of age, sex, and previous clinical or stage hypnotic experience; (b) the comparability of experienced and inexperienced groups on age and gender; and (c) the use of a standardised, highly reliable measure, the Attitudes Towards Hypnosis Scale (Spanos, Brett, Menary, & Cross, 1987). However, their results need to be cautiously interpreted as their sample only represented a small subgroup of society (77 undergraduate university students). This may have posed a threat to the external validity of the study.

Interestingly, results from a study by Johnson and Hauck (1999) indicated that although respondents obtained their information from a variety of different sources (clinicians, television shows, movies, stage hypnosis presentations, friends, fiction, and teachers), their beliefs about hypnosis were remarkably consistent. From these findings, Johnson and Hauck concluded that there might be a general consistency in the way hypnosis has been portrayed across the various sources or that a generic cultural belief about hypnosis might supersede the influence of any one source of information. Results from this study also suggested that younger people were less likely to fear the possible effects of hypnosis than older people, thus they were

consequently more motivated to consider using hypnosis in the future. This was a methodologically sound study utilising a large representative sample of 272 Americans.

Hawkins and Bartsch's (2000) study also found that knowledge, attitudes, and beliefs about hypnosis are critical factors in determining responsiveness to hypnotic suggestions. Their findings may be explained through a theory of social behaviour: Ajzen and Fishbein's (1980) theory of reasoned action. This theory states that a causal sequence of behaviour stems (a) from an individual's beliefs and attitudes, (b) from what the individual considers to be the "social norm," which influences (c) the intention behind the individual's behaviour, and finally (d) determines whether or not the actual behaviour is performed (see Figure 1). This theory is also influenced and modified by the knowledge the person has about the specific action. Thus, Hawkins and Bartsch (2000) found that an individual will respond to hypnotic suggestions at their optimal level of hypnotic responsiveness if they have accurate knowledge and positive attitudes about hypnosis, few fearful beliefs about the possible effects of hypnosis, and few negative beliefs about the mental stability of hypnotisable people.

Results from Hawkins and Bartsch's (2000) study also showed that those who had been hypnotised in the past were more likely to have an accurate concept of hypnosis and hypnotisability, and, as a result, were less likely to fear the possible effects of hypnosis than those with no previous experience.

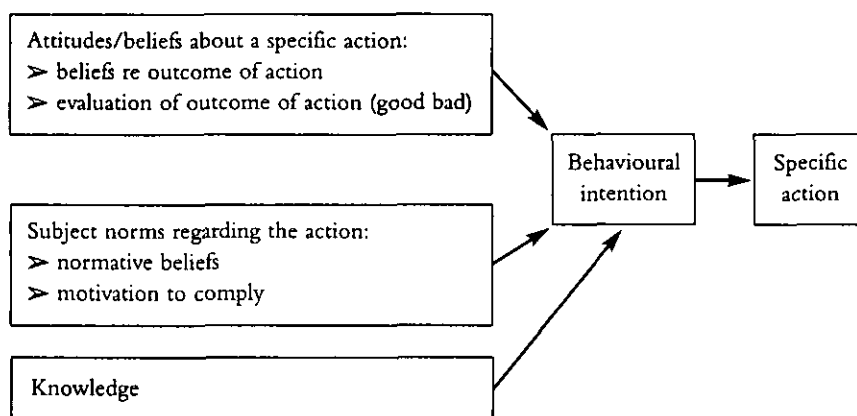


Figure 1: Theory of Reasoned Action (Adapted From Ajzen & Fishbein, 1980)

However, no significant differences were found between these two groups in relation to positive attitudes toward hypnosis or beliefs about the mental stability of hypnotisable people (Hawkins & Bartsch, 2000).

In order to add to the body of knowledge in this area, the current study was undertaken specifically to address the following. First, to investigate how knowledge, attitudes, and beliefs about hypnosis influence motivation to use clinical hypnosis in the future. This important link had not been previously investigated and reported in the literature. Second, to further investigate the recommendation of Hawkins and Bartsch (2000) that potential clients receive adequate information prior to the use of hypnosis (a position which has been held in good quality training programs). Third, to test for significant differences between those who had previous experience with hypnosis and those who had not, in relation to attitudes, beliefs, and knowledge about hypnosis. In order to investigate differences that occurred as a function of experience with clinical hypnosis, two groups were recruited: those who had previously experienced hypnosis and those who had not. Thus, to further investigate these areas of ambiguity and lack of knowledge, the following hypotheses were proposed.

- H1: Hypnosis-experienced participants would have (a) significantly more accurate knowledge about hypnosis; (b) more positive beliefs about hypnosis, hold fewer stereotypical/negative beliefs about the mental stability of hypnotisable people, have less fear of hypnosis; and (c) be more likely to consider using hypnosis in the future for clinical purposes than those who had not had previous experience with hypnosis.
- H2: Younger participants in the non-experienced group would (a) have significantly more accurate knowledge about hypnosis; (b) have positive beliefs about hypnosis, hold fewer stereotypical/negative beliefs about the mental stability of hypnotisable people, and have less fear; and (c) be more likely to consider using hypnosis in the future for clinical purposes than those who are older.
- H3: No significant differences would be found between younger and older hypnosis-experienced participants in relation to (a) knowledge about hypnosis; (b) attitudes and beliefs; and (c) motivation and consideration of future use of hypnosis.
- H4: Those who obtain their information about hypnosis from personal experience would have (a) significantly more accurate knowledge about hypnosis; (b) positive beliefs about hypnosis, fewer stereotypical/negative

beliefs about the mental stability of hypnotisable people, and less fear of hypnosis; and (c) more motivation to consider using clinical hypnosis than those who gained their information from other sources.

METHOD

Participants

Hypnosis-experienced participants (84) were recruited from the waiting rooms of psychological practices of members of the Australian Society of Hypnosis (ASH). The ASH members who advertised their services under the "hypnotherapists" section of the Gold Coast, Brisbane, and Sunshine Coast Yellow Pages were recruited for the study. Non-experienced participants (102) were recruited from the waiting rooms of medical centres. Other data of the sample, including the mean age of males and females in each group, is also shown in Table 1.

Table 1: Means and Standard Deviations of Age by Experience and Gender

Experience and gender	Mean age (<i>SD</i>)	<i>N</i>
Hypnosis-experienced		(84)
Males	40.12 (2.72)	26
Females	44.00 (1.95)	49
Did not specify gender		9
Non-experienced		(102)
Males	37.92 (2.19)	39
Females	39.51 (2.04)	57
Did not specify gender		6

A median split was performed to categorise those aged 38 years and younger as the "younger group" ($M = 28.11$, $SD = .60$) and those aged 39 years and older as the "older group" ($M = 52.40$, $SD = .92$).

Measures

Participants completed a 4-part questionnaire: part 1 related to demographics and sources of information regarding hypnosis; part 2 measured attitudes/beliefs about hypnosis; part 3 measured the accuracy of their knowledge about hypnosis; and part 4 measured their intention to use hypnosis in the future for clinical purposes.

The Attitudes Towards Hypnosis Scale (ATHS; Spanos et al., 1987) is 14-item scale that measures three factors: (a) how positive participants' beliefs were about hypnosis; (b) their beliefs regarding the mental stability of hypnotisable people; and (c) how fearful they were of the possible effects of hypnosis. Each item was rated on a 5-point scale ranging from "Strongly Agree" to "Strongly Disagree." High scores indicated: (a) an openness to the idea of hypnosis and being hypnotised, (b) the view that hypnosis is not a fear-provoking procedure, and (c) the notion that those who can be hypnotised are not weak minded, nor are they mentally unstable.

Spanos et al. (1987) report good internal consistency of the ATHS. Using Chronbach's (1951) alpha, they found that reliability was highest for the total scale ($\alpha = .81$), and reasonably high for each of the subscales (Positive beliefs, $\alpha = .72$, Mental stability, $\alpha = .62$, and Fearlessness, $\alpha = .70$). In the present study the Cronbach alpha coefficients for the total ATHS ($\alpha = .92$) and for each subscale (Positive beliefs, $\alpha = .90$, Mental stability, $\alpha = .77$, and Fearlessness, $\alpha = .87$) were all high.

Knowledge about hypnosis was measured by 12 true/false hypnosis questions, which were adapted from Hawkins and Bartsch (2000) and an undated pamphlet by R.L. Perry Hypnosis Centre. Correct answers were given a score of 1, while incorrect answers (wrong answer or unsure) were given a score of 0, giving a possible range of 0–12. High scores on this scale indicated greater accuracy in relation to knowledge about hypnosis. The Knowledge scale had good internal consistency, with a Cronbach alpha coefficient of .75. This scale also had good face validity and content validity, for it reflected common misconceptions about hypnosis found in the literature and in clinical practice.

Intention to use clinical hypnosis to treat a number of psychological and medical conditions was measured by a 9-item scale. Each item was rated on a 5-point scale ranging from "Highly Likely" to "Highly Unlikely." High scores indicated a greater intention to use clinical hypnosis. This scale was developed from research relating to the common uses of clinical hypnosis, for no comparable measure existed in the current literature. The Intention scale had good internal consistency, with a Cronbach alpha coefficient of .92. This scale had good face validity and content validity, because the conditions specified reflected common uses of clinical hypnosis found in the literature. A number of experts also confirmed that the conditions specified in the Intention scale reflected common uses of clinical hypnosis.

Design

A between-subjects factorial design was used to investigate the extent to which hypnosis-experienced participants and non-experienced participants differed in relation to their attitudes, beliefs, and knowledge about hypnosis, and their intention to use hypnosis in the future for clinical purposes. There were three independent variables in this study. The first was hypnosis experience (hypnosis-experienced group vs. non-experienced group). The second was age category (younger group vs. older group). The third was source of information about hypnosis (four information-source groups: personal experience, stage/television presentations, from others, and books/literature). The three dependent variables were the scores on the ATHS (Positive beliefs, Mental stability, and Fearlessness), Knowledge scale, and Intention scale.

Procedure

Once approval was obtained to recruit participants from the various psychology practices/medical centres, signs were posted in the waiting rooms to solicit interest. Questionnaire packages were left beneath these signs. Individuals who were interested in participating each took a questionnaire package, completed questionnaires, and returned them in the envelope that was provided in the package, sealed, and put it into the box that was provided.

The data from the completed questionnaires was then entered into SPSS 10.0 for analysis.

RESULTS

Descriptive Statistics

Descriptive statistics were computed for each of the groups across all of the dependent variables and are displayed in Table 2. The mean scores for the two experience groups appeared to differ, with the hypnosis-experienced group scoring higher than the non-experienced group on the ATHS, the Knowledge, and the Intention scales.

The mean scores for the younger and older hypnosis-experienced groups also appeared to differ in relation to the Positive beliefs subscale of the ATHS and the Intention scale, with the younger hypnosis-experienced group scoring higher than the older hypnosis-experienced group. The mean scores for these two groups also appeared to differ in relation to the other two ATHS

Table 2: Descriptive Statistics for Dependent Variables by Experience, Experience x Age Category, and Information Source

Groups	ATHS means (SD)			Knowledge scale means (SD)	Intention scale means (SD)
	Positive beliefs	Mental stability	Fearlessness		
Experience					
Hyp.-experienced	19.41 (.42)	17.02 (.30)	20.40 (.44)	7.95 (.25)	36.07 (.64)
Non-experienced	15.26 (.49)	15.42 (.28)	15.12 (.42)	5.50 (.27)	29.84 (.82)
Experience x age category					
Younger hyp.-exp.	20.10 (3.99)	16.65 (2.85)	19.90 (4.25)	7.84 (2.82)	34.87 (6.84)
Older hyp.-exp.	18.74 (3.64)	17.15 (2.69)	20.49 (3.96)	7.98 (1.91)	36.66 (5.18)
Younger non.-exp.	16.33 (4.52)	15.64 (2.41)	15.71 (3.86)	5.31 (2.85)	29.72 (7.54)
Older non-exp.	13.88 (5.16)	15.22 (3.31)	14.20 (4.73)	5.56 (2.49)	29.76 (9.37)
Information source					
Personal experience	19.42 (.82)	16.38 (.51)	19.58 (.69)	7.33 (.41)	36.04 (1.07)
Stage/television	14.38 (.88)	15.79 (.52)	14.14 (.91)	4.97 (.49)	30.21 (1.59)

subscales, with the older hypnosis-experienced group scoring higher than the younger hypnosis-experienced group.

Further analyses were conducted to determine whether the hypotheses were supported and if the differences were statically significant.

Analyses

The two groups hypnosis-experienced, non-experienced were compared to confirm that they matched in relation to age, gender, education, and source of information. The only variable on which these groups were not completely matched was source of information. The hypnosis-experienced group (95.1%) were significantly more likely than the non-experienced group (4%) to have obtained their information about hypnosis from personal experience ($\chi^2 (1) = 148.42, p = .001$), whereas the non-experienced group (74.3%) were significantly more likely than the hypnosis-experienced group (34.4%) to have obtained their information from stage/television presentations ($\chi^2 (1) = 26.34, p = .001$). However, the hypnosis-experienced were no more likely to have obtained their information about hypnosis from other people or books/literature than the non-experienced group. The assumption of minimum expected cell frequency was not violated, for at least 80% of cells had expected frequencies of five or more. An alpha level of .05 was used to test for significance.

Table 3: Univariate Tests for the Knowledge Scale by Experience and Age Category

Source of variation	<i>F</i> -ratio	<i>df</i>	<i>p</i>	η^2	Power
Experience	39.86	1,173	.001	.19	1.00
Age category	.25	1,173	.62	.00	.08
Experience x age category	.02	1,173	.89	.00	.05

The results for hypotheses that tested the differences between the hypnosis-experienced, non-experienced groups and the age category groups in relation to knowledge about hypnosis (H1a, H2a, and H3a) are presented in Table 3.

There was a significant main effect of experience ($F(1, 173) = 39.86, p = .001$), with the hypnosis-experienced group scoring significantly higher on the Knowledge scale than the non-experienced group. The results therefore supported H1a, that hypnosis-experienced participants had significantly more accurate knowledge about hypnosis than non-experienced participants. The results also supported H3a, that there was not a significant difference between younger and older hypnosis-experienced participants in relation to knowledge about hypnosis.

The results for hypotheses that tested the differences between the experience groups (hypnosis-experienced, non-experienced) and the age category groups in relation to attitudes and beliefs about hypnosis (H1b, H2b, and H3b) are presented in Table 4. At the multivariate level, there was a significant finding for the main effect of experience ($F(3, 171) = 22.69, p = .001$). At the univariate level, there was a significant main effect of experience on the Positive beliefs subscale ($F(1, 173) = 40.83, p = .001$), with the hypnosis-experienced group scoring significantly higher than the non-experienced group. There was also a significant main effect of experience on the Mental stability subscale ($F(1, 177) = 11.64, p = .001$), with the hypnosis-experienced group having higher scores than the non-experienced group. On the Fearlessness subscale there was a significant main effect of experience ($F(1, 177) = 66.53, p = .001$). Once again, the hypnosis-experienced group had higher scores than the non-experienced group. The evidence therefore supported H1b, that the hypnosis-experienced group had significantly more positive beliefs about hypnosis, held fewer stereotypical/ negative beliefs about the mental stability of hypnotisable people, and had less fear of hypnosis than the non-experienced group. The results also supported H3b, that there was not a significant difference between younger and older hypnosis-experienced participants in relation to attitudes and beliefs about hypnosis.

Table 4: Multivariate and Univariate Tests for the AHS by Experience and Age Category

Source of variation	Multivariate F-ratio (Wilk's lambda)	Univariate F-ratio	df	p	η^2	Power
Experience	22.69		3,171	.001	.29	1.00
Positive beliefs		40.83	1,173	.001	.19	1.00
Mental stability		11.64	1,173	.001	.06	.92
Fearlessness		66.53	1,173	.001	.28	1.00
Age category	3.47		3,171	.02	.06	.77
Positive beliefs		7.91	1,173	.01	.04	.78
Mental stability		.01	1,173	.92	.00	.05
Fearlessness		.52	1,173	.47	.00	.11
Experience x age category	.96		3,171	.42	.02	.26
Positive beliefs		.66	1,173	.42	.00	.13
Mental stability		1.15	1,173	.29	.00	.19
Fearlessness		2.66	1,173	.12	.02	.39

The results for hypotheses that tested the differences between the experience groups (hypnosis-experienced, non-experienced) and the age category groups in relation to intention to use clinical hypnosis (H1c, H2c, and H3c) are presented in Table 5.

There was a significant main effect of experience ($F(1, 173) = 28.1, p = .001$), with the hypnosis-experienced group scoring significantly higher on intention than the non-experienced group. The results therefore supported H1c, that hypnosis-experienced participants were significantly more likely to consider using clinical hypnosis than non-experienced participants. The results also supported H3c, that there was not a significant difference between younger and older hypnosis-experienced participants in relation to intention to use clinical hypnosis.

Table 5: Univariate Tests for the Intention Scale by Experience and Age Category

Source of variation	F-ratio	df	p	η^2	Power
Experience	28.10	1,173	.001	.14	1.00
Age category	.64	1,173	.42	.00	.13
Experience x age category	.60	1,173	.44	.00	.12

To test whether those who obtained their information about hypnosis from personal experience differed from those who obtained their information about it from stage/television presentations in relation to knowledge about hypnosis (H4a), an independent-samples *t*-test was performed. A significant difference was found between these two sources of information in relation to knowledge about hypnosis ($t(51) = 3.62, p = .001$). The results therefore supported H4a, that those who obtained their information about hypnosis from personal experience had significantly more accurate knowledge about hypnosis than any other source. Results showed that those who obtained their information about hypnosis from personal experience scored significantly higher on the Knowledge scale than those who obtained their information from stage hypnosis/television presentations. The magnitude of the differences between the means ($MD = 2.37$) was large ($\eta^2 = .20$).

The results for H4a which tested the difference between the two main sources of information (personal experience, stage/television presentations) in relation to attitudes and beliefs about hypnosis (H4b) are presented in Table 6.

At the multivariate level, a statistically significant difference was found between those who obtained their information about hypnosis from personal experience and from stage hypnosis/television presentations ($F(3, 49) = 8.09, p = .001$). At the univariate level, the only differences to reach statistical significance were positive beliefs ($F(1, 51) = 17.09, p = .001$) and fearlessness ($F(1, 51) = 21.19, p = .001$), with those who obtained their information about hypnosis from personal experience scoring significantly higher than those who obtained their information from stage hypnosis/television presentations on both factors. The results therefore only partly supported H4b, that those who obtained their information about hypnosis from personal experience had more positive beliefs and less fear about hypnosis than any other source.

Table 6: Multivariate and Univariate Tests for the ATHS by Information Source

Source of variation	Multivariate F-ratio (Wilk's lambda)	Univariate F-ratio	df	p	η^2	Power
Information source	8.09		3, 49	.001	.33	.99
Positive beliefs		17.09	1, 51	.001	.25	.98
Mental stability		.62	1, 51	.44	.01	.12
Fearlessness		21.19	1, 51	.001	.29	1.00

To test whether those who obtained their information about hypnosis from personal experience differed from those who obtained their information about hypnosis from stage/television presentations in relation to intention to use clinical hypnosis (H4c), an independent-samples *t*-test was performed. The results supported H4c, that those who obtained their information about hypnosis from personal experience were more motivated to consider using clinical hypnosis than those who obtained their information from stage hypnosis/television presentations. The magnitude of the differences between the means (5.83) was large, ($\eta^2 = .15$).

DISCUSSION

The aims of this study were to investigate attitudes, beliefs, and knowledge about clinical hypnosis. Furthermore, the second aim was to investigate whether or not there was a significant relationship between views of hypnosis and intention to use hypnosis in the future for clinical purposes. The theoretical underpinnings of the study were embodied in Ajzen and Fishbein's (1980) theory of reasoned action. Two groups were compared (hypnosis-experienced, non-experienced) in order to investigate differences that occurred as a function of experience with clinical hypnosis.

The first hypothesis tested was whether there were significant differences between the two experience groups (hypnosis-experienced, non-experienced) in relation to attitudes, beliefs, knowledge, and motivation regarding hypnosis. The results supported this hypothesis as the hypnosis-experienced group had significantly more accurate knowledge about hypnosis than the non-experienced group. They also had significantly more positive beliefs about hypnosis, held fewer stereotypical/negative beliefs about the mental stability of hypnotisable people, and had less fear about hypnosis than non-experienced participants. As a result, they were significantly more likely to consider using hypnosis in the future for clinical purposes than the non-experienced group. These results have been conceptualised in Figure 2.

This result supports the notion that various researchers have claimed that the assessment of attitudes, beliefs, and knowledge about hypnosis is a critical part of the therapeutic process, in order for clinicians to modify any common fears and misconceptions that potential clients may have (Hawkins & Bartsch, 2000; Spanos et al., 1987).

The current findings suggest that experience is an influential factor that determines accuracy of knowledge about hypnosis, favourability of attitudes

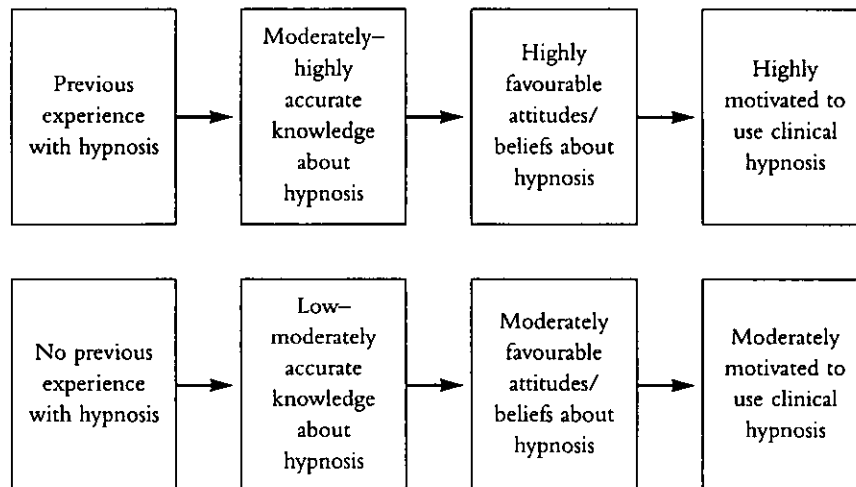


Figure 2: Model of Experience of Hypnosis and Dependent Variables

and beliefs about hypnosis, and motivation to consider using clinical hypnosis. Hawkins and Bartsch (2000) also suggested that adequate education positively affects hypnotic responsiveness. This may explain why the hypnosis-experienced group members were more motivated to consider using clinical hypnosis. This result supports past research by McConkey and Jupp (1986), which indicated that the experience of hypnosis appears to positively affect opinions about hypnosis and its effects, and that those who hold extreme misconceptions about hypnosis would probably not expose themselves to such an experience.

The results of the present study were slightly different from the results of Hawkins and Bartsch's (2000) study. Although these researchers found a significant difference between the experience groups on knowledge and fearlessness about hypnosis, no significant differences were found between the two groups on positive beliefs about hypnosis or beliefs about the mental stability of hypnotisable people. The difference may be attributed to the larger sample size that was employed in the present study. It may also be attributed to the selection criteria that were utilised in the present study and the selection of psychology practices for the recruitment of hypnosis-experienced participants.

The second hypothesis tested whether there were significant differences between younger and older non-experienced participants in relation to attitudes, beliefs, knowledge, and motivation regarding hypnosis. The results did not support this hypothesis.

The third hypothesis tested whether there were significant differences between younger and older hypnosis-experienced participants in relation to attitudes, beliefs, knowledge, and motivation regarding hypnosis. This hypothesis was supported by the results. In relation to H3, no significant differences were expected because both age groups would have obtained at least part of their attitudes, beliefs, and knowledge about hypnosis from the same source — their previous experience with hypnosis.

The results indicated that younger and older non-experienced participants had low accurate knowledge about hypnosis, moderately favourable attitudes and beliefs about hypnosis, and were moderately motivated to use clinical hypnosis. The results also indicated that younger and older hypnosis-experienced participants had moderately accurate knowledge about hypnosis, moderately high to favourable attitudes and beliefs about hypnosis, and were moderately to highly motivated to use clinical hypnosis. As opposed to Johnson and Hauck's (1999) findings, the current findings suggest that age is not an influential factor that determines accuracy of knowledge about hypnosis, favourability of attitudes and beliefs about hypnosis, or motivation to consider using clinical hypnosis.

The fourth hypothesis tested whether the sources of information about hypnosis would significantly affect attitudes, beliefs, knowledge, and motivation in relation to clinical hypnosis. The results partly supported this hypothesis. Those who obtained their information about hypnosis from personal experiences had significantly more accurate knowledge about hypnosis than those who obtained their information from stage hypnosis/television presentations. They also had significantly more positive beliefs and less fear about hypnosis than those who obtained their information from stage hypnosis/television presentations. However, a significant difference was not found between the participants' two main sources of information about hypnosis in relation to beliefs about the mental stability of hypnotisable people. Despite this, those who obtained their information about hypnosis from personal experience were significantly more likely to consider using clinical hypnosis than those who obtained their information from stage hypnosis/television presentations. These results have been summarised in Figure 3.

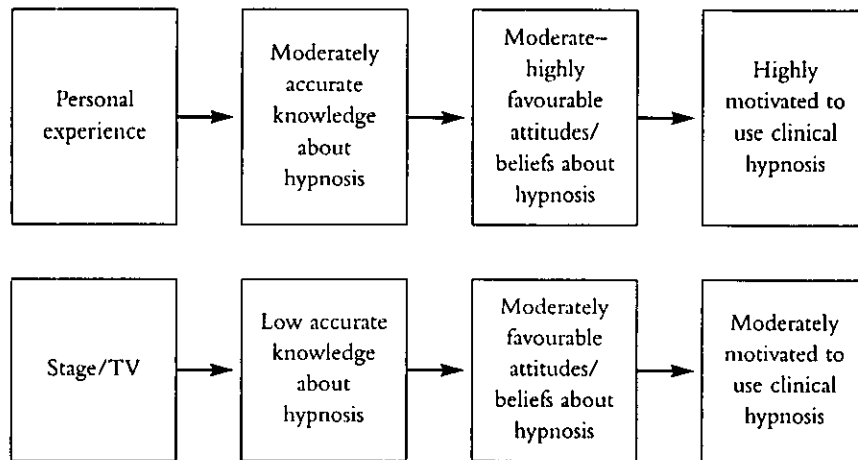


Figure 3: Model of Source of Information and Dependent Variables

These results can best be explained by the research conducted by Echterling and Whalen (1995) and Watkins (1999), which suggested that the contrasting effects of clinical and stage hypnosis stem from the fundamentally different purposes and methods. Watkins (1999) stated that the purpose of stage hypnosis is to entertain, whereas the purpose of clinical hypnosis is to alleviate painful symptoms and behavioural maladjustments. Because of these differences, subjects would have been given different information about hypnosis, which would have influenced the accuracy of their knowledge about hypnosis, the favourability of their attitudes and beliefs about hypnosis, and finally, their motivation to consider clinical hypnosis.

The findings of Echterling and Whalen's (1995) study suggested that those exposed to a stage hypnosis show and those exposed to an educational lecture on hypnosis may come to treatment with very different beliefs. In relation to the findings of the present study, those who obtained their information about hypnosis from stage hypnosis/television presentations may also expect to be controlled by the hypnotist. Additionally, those who obtained their information about hypnosis from personal experience may also expect to gain greater personal power. They may even gain more personal power than those who obtained their information from an educational lecture because they are exposed to education about hypnosis from the clinician as well as from their subjective experience with clinical hypnosis.

Overview

The aim of this study was to investigate attitudes, beliefs, knowledge, and motivation in relation to clinical hypnosis. Several implications were drawn from the results of this study. First, the experience of hypnosis appears to positively affect perceptions about hypnosis, and motivation to consider using hypnosis to treat an array of psychological and medical conditions.

Second, no previous experience with hypnosis appears to have a less favourable effect on perceptions about hypnosis, and motivation to consider using hypnosis to treat an array of psychological and medical conditions. Therefore, these results implied that those who had no previous experience with hypnosis had mostly inaccurate knowledge about hypnosis, that they were uncertain about hypnosis, and about being hypnotised, and as a result were not really sure if they would consider using hypnosis for clinical purposes.

These two important findings highlight the importance of receiving accurate information about clinical hypnosis prior to the use of hypnosis, since effectiveness and future motivation to use treatment modality are likely to be affected. The results indicated that personal experience with clinical hypnosis, in combination with receiving adequate information about hypnosis, appears to be the best way to improve knowledge, attitudes, and beliefs about hypnosis, and therefore the best way to promote the use of clinical hypnosis as an efficacious treatment.

Third, the results of the hypnosis-experienced group appeared to match the results of those who obtained their information about hypnosis from personal experience across all variables. These similarities implied that obtaining information about hypnosis from an educational source rather than an entertainment source leads to (a) more accurate knowledge about clinical hypnosis, (b) more favourable attitudes and beliefs about hypnosis, and (c) more motivation to consider clinical hypnosis if recommended.

The findings also implied that age was not an influential factor in determining accuracy of knowledge about hypnosis, favourability of attitudes and beliefs about hypnosis, or motivation to consider using clinical hypnosis. An explanation for such results could only be speculated. This may have been due to the fact that people of all ages now have the same amount of access to information about hypnosis (the Internet). Another possibility could be that differences between younger and older people's knowledge, attitudes, and beliefs about hypnosis was balanced out due to the increased life experiences

of older people, and the increased access to information about hypnosis that is more familiar to younger people.

In conclusion, it was evident that the words of Spanos et al. (1987) still apply today: "Clinicians who employ procedures that are labeled as hypnotic would do well to assess patients' attitudes toward hypnosis and to modify common fears and misconceptions before initiating treatment" (Spanos et al., 1987, p. 149).

Further, psycho-education about the phenomena of hypnosis and its efficacious treatment for a range of problems may serve to positively influence clients' (and the public's) knowledge, attitudes, beliefs about hypnosis, and their intentions to utilise hypnosis in future treatments.

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