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Change of Attitudes Toward Hypnosis: Effects of Cognitive-Behavioural and Trance Explanations in a Setting of Hetero-Hypnosis

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This paper deals with the effects on attitudes toward hypnosis when it is introduced in three different ways to people who explicitly indicated that they did not want to be hypnotised. One hundred and ten participants (university students) were assigned to three experimental conditions, namely: minimum information control group, trance group, and cognitive-behavioural group. After hypnosis was introduced, those participants who agreed to continue were hypnotised and their suggestibility levels were assessed. The results revealed that trance explanation produces an attitudinal change, since a very high

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percentage of participants dropped out of the study. Cognitive-behavioural explanation decreased the misconceptions that hypnosis makes people lose control over themselves and remains in the hands of the hypnotist. Thus, this explanation reduces the gullibility, the participant's fear of being hypnotised, and changes the initial opposition to allow someone to hypnotise him/her. The trance explanation only proves to be superior by increasing the participants' interest in hypnosis. No differences between the three groups were found with respect to hypnotic suggestibility.

Despite the fact that studies about attitudes and beliefs about hypnosis are recent (Green, 2003), some of them have shown that attitudes have an influence on hypnotic suggestibility (Barber & Calverley, 1964; Sheehan & Perry, 1977; Spanos & Barber, 1974), and that they affect the results of those interventions that use hypnotic techniques as an adjunct to treatment (Barber, Spanos, & Chaves, 1974). Some authors even argue that having positive attitudes and expectancies toward hypnosis at the start of the sessions predicts the therapeutic change better than suggestibility does (Schoenberger, Kirsch, Gearan, Montgomery, & Pastyrnak, 1997).

However, currently there is no agreement about the extent of the influence that attitudes have on hypnotic suggestibility. Views differ depending on the theoretical approach of the research (De Groh, 1989). According to the cognitive-behavioural approaches, the role of attitudes and expectancies is very important, since they account for a greater proportion of the variance than other variables (Kirsch & Council, 1992; Kirsch, Silva, Comey, & Reed, 1995; Wickless & Kirsch, 1989). On the other hand, state approaches consider socio-psychological variables to be of secondary importance (Bowers, 1976; Kilhstrom, 1985; Perry, 1977). The authors advocating the latter approach think that attitudes are not stable enough to explain the stability of hypnotic suggestibility (Hilgard, 1965; Perry, 1977; Shor, Orne, & O'Connell, 1966). Nevertheless, there is a consensus between both perspectives that having positive attitudes and beliefs toward hypnosis is a necessary condition, but not sufficient to achieve high levels of hypnotic suggestibility (Perry, Nadon, & Button, 1992; Spanos, 1982; Spanos, Robertson, Menary & Brett, 1986). Finally, cognitive-behavioural perspectives advocate that there is a non-linear relationship among attitudes and beliefs and hypnotic suggestibility, giving attitudes a moderating role, since they only increase the levels of suggestibility along with other conditions (Spanos et al., 1986).

From our point of view, the first step in creating positive attitudes and appropriate expectancies is the establishment of rapport. This implies generating a relationship of trust between the therapist (researcher) and the client (participant). The way hypnosis is introduced has an influence on the rapport (Capafons, 2001, 2004), and it is intended to make the participant experience relaxation and well-being (Sheehan, 2001), as well as acceptance of hypnosis and greater adherence to the treatment. In fact, the way hypnosis is explained and introduced may have decisive importance in changing misconceptions and negative attitudes (Capafons, Cabañas, Espejo, & Cardeña, 2004) and in fostering good rapport.

From a cognitive-behavioural approach, several authors (Capafons, 2001, 2002; Kirsch, 1994, 1999) have emphasised the problems with introducing hypnosis to the client as a trance. It may make therapists reluctant to use it and may also produce resistance in some clients due to fear. It even might inhibit those people who are not afraid of being hypnotised and would like to cooperate. At the same time, it can reduce the experience of feeling hypnotised, since it facilitates the creation of inaccurate criteria to assess whether they are hypnotised or not. Given that there is no empirical support confirming the hypothesis that an altered state of consciousness defines hypnosis (Kirsch, Mobayed, Council, & Kenny, 1992), the existence of the trance should be considered as another myth to be clarified.

In a previous study, similar to this one but carried out with self-hypnosis (Capafons et al., 2005), it was found that all groups changed positively and that the trance concept did not jeopardise the change of attitudes. The fact that there were no differences could be explained by the use of self-hypnosis, which gives the person a greater perception of control.

On the other hand, Lynn, Vanderhoff, Shindler, and Stafford (2002) found that introducing hypnosis as an altered state of consciousness produces lower scores in an objective scale of hypnotic suggestibility than introducing it in terms of cooperation. The authors concluded that emphasising cooperation, instead of trance, in the introduction increases the sensitivity to test suggestions.

The main goal of this study is to explore the effect of introducing hypnosis, in three different ways in a setting of hetero-hypnosis, on attitudes toward hypnosis. This effect has been studied with those subjects who made it explicit that they did not to want to be hypnotised and would not let somebody hypnotise them.

Even though Capafons et al. (2005) did not find these differences by using self-hypnosis, we assume that defining hypnosis as a trance state and dissociation may generate rejection and problems as stated by Kirsch (1994) and Capafons (2002). Therefore, our predictions are as follows: (a) The cognitive-behavioural explanation will produce a greater positive change in attitudes toward hypnosis compared to trance explanation (which will make that change difficult) and minimum information control explanation; (b) There will be more responses to test suggestions (especially the subjective responses) when the cognitive-behavioural explanation is given than when the participants receive a trance explanation; even though this difference might not be large, since there seems to be no linear relationship between the attitudes and the responses to the test hypnotic suggestions (Spanos, Brett, Menary, & Cross, 1987).

To sum up, we assume that in a setting of hetero-hypnosis, the trance explanation produces greater rejection and resistance to the hypnotic suggestions, as well as less change in negative attitudes toward hypnosis and less acceptance of the hetero-hypnosis technique. Furthermore, the participants may give fewer responses to the hypnotic suggestions when the criteria they create to assess, whether they have been hypnotised or not, are not realistic (Kirsch, 1994). In a recent study, Lynn, Green, Jaquith, and Gasior (2003) confirmed this idea. These authors concluded that the criteria adopted by the participants to assess their performance under hypnosis have an influence on the responses they give to the hypnotic suggestions, in such a way that the more strict those criteria are, the greater the difficulties the participants will have in responding to hypnosis, both in objective and subjective terms.

METHOD

Participants

The sample consisted of 110 undergraduate students of Psychology and Psychopedagogy (25 men [22.7%] and 85 women [77.3 %]). They did not receive any economic or academic reward for their participation. Participants were assigned to the three groups: control group or minimum information (CG) (N = 30; 7 [23.3 %] men; 23 [76.7 %] women), trance group (TG) (N = 30; 10 [33.3 %] men; 20 [66.7 %] women), and cognitive-behavioural group (CBG) (N = 30; 7 [23.3%] men; 23 [76.3 %] women). Age ranges were 18–47 years for the CG (M = 20.77; DT = 6.5), 18–40 years for the TG (M = 21.03; DT = 4.77), and 18–22 years for the CBG (X = 19.3; DT = 1.26). One individual dropped out in the CG (3.2%), four in the CBG (11.76%),

and 15 in the TG (33.3%). We decided to consider another group comprised of those people who had dropped out the study since there was a high level of attrition ($N = 20$; 1 man [5%] and 19 women [95 %]). This group consisted of 5% of the CG (1 participant), 20% of the CBG (4 participants) and 75% of the GT (15 participants). Age range for this group was 17-24 years ($M = 19.45$, DT = 2.09).

Measures

The Valencia Beliefs and Attitudes Toward Hypnosis Scale-Client (VBAHS-C; Capafons et al., 2004). This scale consists of 34 items assessing beliefs and attitudes toward hypnosis. The items are rated on a 5-point scale from 1 (do not agree) to 5 (totally agree). This scale is the result of a confirmatory factor analysis of an old version of the "Beliefs and Attitudes Toward Hypnosis-Client" (BAH-C; Capafons, Alarcón, Cabañas, & Espejo, 2003). The items are distributed in eight factors: Control (14, 15, 21, 24, 25), Help (1, 10, 12, 23), Automaton (7, 11, 18, 19, 22), Magical Solution (3, 5, 6, 9), Collaboration (2, 8, 13), Interest (26, 27, 28), Memory (30, 31, 32), and Marginal (33, 34, 35). The test-retest correlations were close to .60, except for the factor "Collaboration" ($r_{xy} = .39$) (Capafons et al., 2003). Items 4 ("Hypnosis scares me") and 17 ("Hypnosis encourages self-control") were retained, despite their high loading on more than one factor because they fulfilled theoretical criteria.

Barber Suggestibility Scale (BSS) (Barber, 1965; Barber & Wilson, 1979). The BSS can be applied with, and without, a hypnotic induction. It consists of two scales, one objective and another subjective, each containing eight items which are the responses to different kinds of suggestions. The experimenter completes the objective scale that has a score ranging from 0 to 8. The participant completes the subjective scale, rating the score from 0 to 24. The test-retest correlation is over .80 for both scales. Split-half reliability is between .70 and .84 for objective scores and .84 to .88 for subjective ones. We used the BSS for the following reasons: It does not take long to be completed; it includes both objective and subjective scales; it can be used with or without a hypnotic induction; and it correlates with the SHCS: A, showing good validity and reliability (Council, 1999).

Procedure

The VBAHS-C was administered to the students of an Introductory Psychology and Psychopedagogy course in Spain. Subjects responding 1 or 2

(disagree or slightly disagree) to item 26 ("I would like to be hypnotised") and 3, 4 or 5 (moderately agree; quite agree; completely agree, respectively) to the item 27 ("I would not let myself be hypnotised if somebody tried to do it") were selected to participate in the study.

Assignation to groups could not be done randomly, due to the lack of availability of experimenters and research rooms. That lack of availability was due to the difficulty of getting participants, as they were absolutely reluctant to be hypnotised. In fact the completion of the sample took two years. The timing of the completion of the groups was: first, CG; second, CBG; and finally, TG.

Three experimenters, two women and a man, blind to the starting hypothesis, contacted the candidates by phone to set up an appointment to participate. A total of 53.4% of the selected people agreed to participate in the research. Each experimenter set up a meeting with the participants and gave them scientific information about the techniques they were about to receive. Then, if the participant agreed, hetero-hypnosis, along with test suggestions, were administered.

In each condition, one of the researchers gave a different presentation of hypnosis. Thus, CG participants received information as follows: Hypnosis is not dangerous, it is similar to other everyday life experiences, it may be useful for different problems, and the person's willingness and cooperation are necessary in order to be hypnotised. The CBG received the same information, but the cognitive-behavioural presentation of hypnosis was added (Capafons, 2001, 2004), as in the Capafons et al. (2005) study, where the complete script verbatim can be found. In Capafons' (2004) own words:

> In implementing this introduction, it is important to transmit several ideas to the clients: a) the responses to the suggestions are actions committed by the clients and therefore they are not dependent on any power that the therapist might have — therapists only help the clients to experience the suggested responses; b) such actions are automatic but voluntary, given that clients are the ones who do or do not initiate them; c) what happens during hypnosis depends mainly on the clients' utilization of certain resources (the resources which are activated are similar to the many other actions in everyday life); d) hypnosis implies reactions in everyday life which can be activated or deactivated at will at any given moment; e) from this point of view, hypnosis is seen as a form of self-control, even if less conscious effort is required on behalf of clients to regulate certain behaviors; and f) to be hypnotized does not imply entering into a trance or altered state of consciousness, but rather involves preparing the mind for setting off the resources which, in everyday life, also lead us to activate responses that we perceive as automatic. (p. 188)

Finally, everything was the same for the TG, but hypnosis was defined as an altered state of consciousness or trance produced by the cognitive dissociation that hypnotic induction causes. The exercise using the pendulum and the metaphor of movies included in the cognitive-behavioural presentation was adapted to trance explanations.

The following procedure was the same for the three groups. Once the participants came to the appointment and signed the informed consent form they received information about hypnosis in accordance with the experimental condition everyone had been assigned. Some participants decided to drop out of the experiment at this point. Both type of participants, those who continued the research, and those who left, were given a sealed envelope containing the VBAHS-C. However, the experimenters did not know the content of the envelopes. They did not answer any questions about the scale, and they left the room while the subjects completed it. When they had finished, they put the scale into the envelope and the experimenter came back into the room to seal the envelopes and write down the reasons the subjects decided to drop out of the study. Thus, there were two scores of the objective scale of the VBAHS-C for every participant, including those who decided not to continue. The first score had been taken in the classroom and the second one was taken after receiving one of the presentations (control or minimum information, trance or cognitive-behavioural). After this, the method of induction was applied to the participants who agreed to continue.

The hetero-hypnosis procedure was carried out using relaxation. Thus, before starting the procedure the participants were warned about the possible reactions they could experience due to the relaxations experience (i.e., tingling in the arms, strong heaviness, etc.). Doing so reduced the probability of subjects misinterpreting their reactions, or some participants dropping out. When the participants indicated that they felt hypnotised, the BSS was applied to assess their hypnotic suggestibility. This was the only part of the study recorded in video. The tape was assessed both by the experimenter and by an independent observer.

When a suggestion had discrepant ratings, the experimenter and the independent observer watched the tape together to decide if the discrepancies in the score were maintained. However, there was no case in which discrepancies had to be maintained.

Analyses

Dropouts

In order to find out if dropouts depended on the experimental condition to which the participant was assigned, proportion contrasts were carried out among the proportions of people leaving the study in each of the three experimental groups. Bonferroni adjustment ($\alpha = 0.05/3 = 0.017$) was applied in order to avoid Type I error accumulation. Moreover, a qualitative analysis of the participants' reasons to give up the study was undertaken.

Attitudes Toward Hypnosis

The dependent variables considered were the items 4, 17, 26, and 27, and the score in every factor of EVCAH-C. Therefore, there was a total of 12 variables and Bonferroni adjustment was applied ($\alpha = 0.05/12 = 0.0042$).

Differences Between Dropouts and Participants who Continued The following analyses were carried out:

1. *T*-test to determine whether there were differences in the pre-test between the participants who left the study and those who continued.
2. Analysis of covariance (ANCOVA) for each of 12 dependent variables in order to demonstrate whether there were differences in the post-test between the participants dropping out of the study and those continuing, excluding the possible influence of the previous levels of the dependent variables in the pre-test.
3. Twelve analyses of variance (ANOVA), one for every dependent variable, considering two independent variables in each analysis: *abandonment* and *moment* were carried out. The *abandonment* variable is an inter-subjects variable. This variable has two levels: participants who left the research, and the participants who remained. The *moment* variable is between subjects, and also has two levels: before and after the different explanations belonging to each experimental condition. The goal of these ANOVAs was to study the interaction between both independent variables.

Differences Among Experimental Groups The following analyses were carried out:

1. Analysis of covariance (ANCOVA) for each of the 12 dependent variables, in order to verify whether there were significant differences among the

three experimental groups (CG, CBG, and TG) in the post-test, removing the influence that previous levels of the dependent variables may have had in the pre-test.

2. Twelve ANOVAs, one for each dependent variable, were conducted, considering two independent variables in each analysis: *group* and *moment*. The *group* variable refers to each experimental condition (CG, CBG, and TG), and the *moment* variable indicated again when the measures of the dependent variables were taken (before and after each experimental intervention).

Response to Hypnotic Suggestions

To verify whether there were differences between the experimental groups (CG, CBG, and TG) in the subjective and objective subscales of scores (Barber, 1965; Barber & Wilson, 1979), two ANOVAs were carried out, one for each dependent variable. Bonferroni adjustment ($\alpha = 0.05/2 = 0.025$) was applied, since two analyses were addressed.

RESULTS*

Dropouts

As reported previously, the dropout rate in the three experimental groups was: 3.2% in the CG group, 11.76% in the CBG group, and 33.3% in the TG group.

The rate contrasts, conducted to test whether the dropouts of the study depend on the group they were assigned to, showed that differences between CBG and TG ($Z = -2.22$, $p < 0.016$), and between CG and TG ($Z = -3.15$, $p < 0.016$) were statistically significant. For both cases, there were more participants dropping out in the TG group. However, differences between CG and CBG were not statistically significant ($Z = -0.41$, $p > 0.016$). In terms of participants' reasons for dropping out of the study, the participants who left the CG said they were very afraid of being hypnotised because of the way in which this technique was represented in books and movies. In the CBG, three participants stated that they were scared, also one of them reported having respect for and reservations about hypnosis, these being the main reasons for their not continuing. In this group, there was a participant

*Tests of differences and graphics for significant interactions are not included. Interested readers can obtain them from the first author.

with very negative attitudes and indifference about being hypnotised. Finally, in the TG, the reasons were the following: "I do not find the experimenter's presentation convincing" (three participants); "I think that hypnosis is something mysterious" (two participants); "my mother would not like my being hypnotised", "I do not know anybody who has been hypnotised and it is something new for me", "I am afraid of losing control", "I am afraid of the effects it may have", "I consider hypnosis to be a non natural and unnecessary manipulation", "hypnosis gives me the creeps," and "I am not very fond of hypnosis" (each given by one participant). Three participants did not give any reason for dropping out of the study.

Attitudes

Differences Between Dropouts and Participants who Continued Results obtained from *t*-tests showed differences for the "Magical Solution" factor only ($t = 2.15$, $p < 0.0042$); that is, participants who finished the study had a higher score in this factor in the pre-test ($M = 1.41$) than the participants who dropped out ($M = 1.18$). However, the effect size was not significant ($\eta^2 = .041$).

Results of the ANCOVAs revealed significant differences between the group of participants who dropped out of the study and the group of those who continued. The differences were in the factor "Interest" ($F_{(1,107)} = 42.827$, MSE = .550, $p < 0.0042$; $\eta^2 = .864$), and in the item 26 "I would like to be hypnotised" ($F_{(1,107)} = 1.675$, MSE = .666, $p < 0.0042$; $\eta^2 = .666$), and the score was lower in both cases for the group of dropouts. Also, there were differences in the items 4 "Hypnosis scares me" ($F_{(1,107)} = .216$, MSE = 1.578, $p < 0.0042$; $\eta^2 = .726$), and 27 "I would not let myself be hypnotised if someone tried to do it" ($F_{(1,107)} = 1.473$, MSE = .550, $p < 0.0042$; $\eta^2 = .864$), being higher for the group who left. The corrected averages of these two groups (dropouts and people who continued) for each of the 12 dependent variables under study are shown in Table 1.

Results of ANOVAs indicated that the interaction between the *abandonment* variable and the *moment* variable was statistically significant for the item 26 "I would like to be hypnotised" ($F_{(1,108)} = 21.970$, MSE = 0.789, $p < 0.001$; $\eta^2 = 0.280$); and for the factor "Interest" ($F_{(1,108)} = 15.649$, MSE = 0.424, $p = 0.000$; $\eta^2 = 0.127$).

Table 1: Table of Corrected Means From ANCOVAs

	Dropouts	Participants who continued	CBG	CG	TG
Item 4	3.329	2.194	2.377	2.044	2.145
Item 17	2.784	2.959	2.658	3.252	3.024
Item 26	1.283	2.959	2.509	3.022	3.369
Item 27	3.023	4.050	3.889	4.263	4.014
Control	3.197	3.325	2.758	3.702	3.520
Automaton	1.826	1.730	1.940	1.382	1.885
Help	3.118	3.421	3.425	3.451	3.499
Magic	1.310	1.462	1.288	1.466	1.679
Collaboration	4.478	4.272	4.152	4.471	4.243
Interest	1.829	2.994	2.711	3.095	3.194
Memory	2.685	2.437	2.525	2.369	2.495
Marginal	2.537	2.162	1.945	1.903	2.630

Differences Among the Experimental Groups ANCOVAs, carried out for the group variable, show significant differences for the following factors: "Control" ($F_{(2,87)} = 10.359$, MSE = .718, $p < 0.0042$; $\eta^2 = .194$), "Automaton" ($F_{(2,87)} = 6.92$, MSE = .392, $p < 0.0042$; $\eta^2 = .139$), and "Marginal" ($F_{(2,87)} = 12.78$, MSE = .386, $p < 0.0042$; $\eta^2 = .229$). In order to determine in which groups there were differences, the Bryan and Paulson test (1976) was applied. The results are shown in the Table 2.

Table 2: Results Obtained After the Application of Bryan-Paulson test on Corrected Means of ANCOVAs

Differences between means for every factor				
Groups		Personal control	Marginal	Automaton
CG	CBG	- 0.994**	0.042	0.558**
	TG	- 0.762**	-0.685**	0.055
CBG	TG	0.182	-0.727**	- 0.503*

* $p < 0.05$, ** $p < 0.01$.

The results of ANOVAs indicated that the interaction was statistically significant for item 26 ($F_{(2,87)} = 5.467$, MSE = .830, $p < 0.0042$; $\eta^2 = .112$), and for the following factors: "Automaton" ($F_{(2,87)} = 10.486$, MSE = .277, $p < 0.0042$; $\eta^2 = .194$), "Control" ($F_{(2,87)} = 7.903$, MSE = .404, $p < 0.0042$; $\eta^2 = .154$), and "Marginal" ($F(2,87) = 10.844$, MSE = .309, $p < 0.0042$; $\eta 2 = .200$).

Hypnotic Suggestibility

ANOVAs carried out for each of two subscales of the BSS did not show statistically significant differences among the groups.

DISCUSSION AND CONCLUSION

Firstly, as participants were not assigned randomly, our conclusions should be treated with caution. Nevertheless this assignment does not invalidate our result, as all participants were pre-selected, taking into account their very negative attitudes towards hypnosis. Moreover, the various groups did not show differences in the dependent variables in the pre-test. However, further research should be conducted to overcome this weakness in our research. The prediction that cognitive-behavioural presentation would be more effective than trance presentation and produce fewer dropouts was confirmed. However, it did not improve the results of the minimum presentation or control, in which there were no explanations about how the hypnotic responses work.

Therefore, it has been demonstrated that introducing hypnosis as an altered state of consciousness in a hetero-hypnosis setting produces more rejection and less reduction of the fear of being hypnotised than any other explanation which does not use terms like trance, alteration of consciousness, or similar ones. Moreover, participants who dropped out of the study showed more fear (item 4), less desire to be hypnotised (item 26), less willingness to be hypnotised (item 27), and less interest in hypnosis, in comparison to those participants who continued participating in the study.

On the other hand, as we predicted, the gullibility ("Marginal" factor) increased for the TG, while it decreased for the CG and CBG. That is, participants belonging to the TG had the following beliefs: Hypnosis is a trance state in which dissociation is produced; hypnosis is a technique developed without considering scientific research; and overall hypnotisable people's characteristics are: gullibility, ignorance, dependence, and presence of psychological alterations. In saying this, the prediction may be made that the trance explanation may increase some misconceptions about hypnosis (for instance, that it is not a scientific technique).

Furthermore, the hypothesis that the trance explanation jeopardises the change in misconceptions about hypnosis is partially demonstrated, insofar as the minimum explanation produces more positive changes than the trance ones. These changes can be observed by the fact that the person is not considered an automaton in the hypnotist's hands ("Automaton factor") and gullibility ("Marginal" factor) decreases.

With regard to hypnotic suggestibility, our prediction was that trance explanations would produce a lower score on the Barber scale. This result was achieved to the extent that participants who dropped out, after the trance explanation, decided not to continue with the BSS either. Nevertheless, the prediction of a higher score of the CBG in comparison with the other two groups was not demonstrated to be true. A possible explanation for this may be that, as Capafons et al. (2005) state, the BSS seems to give a better performance using a trance wording (Barber, Wilson, & Scott, 1980); and also that there was a great change in the attitudes of the participants who continued the study produced by the three explanations.

This could explain why we have not found differences in suggestibility in this study similar to those found by Lynn et al. (2002) in the study mentioned previously (taking into account what we have said about the dropouts produced by the trance explanation). Also, the fact that the presentation used by Lynn et al. emphasises that the experimenter has the control, whereas we stressed that it is the participant who has the control, may have had an influence as well. Another possible explanation could be related to the hypnotic induction. In the Lynn and colleagues study, the induction is given by a tape recorder and the participant assesses his/her own suggestibility, completing both subjective and objective scales. However, in our research the objective scale was completed by the experimenter and also it was recorded on video to be assessed again by an independent observer.

To sum up, the cognitive-behavioural presentation surpasses the trance and non-explicit explanations, since it produces more positive change in attitudes toward hypnosis. Furthermore, results confirm that trance explanation (in the same way it has been given to the participants in this study) makes the change of attitudes in a positive direction difficult. It also decreases the responses to the test suggestions, since it produces a high number of dropouts. It would be convenient to study what happens when trance is defined as a state making the participant dependent on the hypnotist, since this is a usual impression that lay hypnotists and showmen give to the people they hypnotise.

Finally, it has been shown that the most important variable in fostering a positive rapport is that the participant believes that s/he maintains control while being hypnotised, that hypnosis is not iatrogenic, and that the person applying hypnosis is using this technique properly (Capafons et al., 2005). Those issues are relevant for clinical practice: If hypnosis is introduced as an altered state of consciousness or dissociation, the client will most probably drop out of the therapy using hetero-hypnosis. On the other hand, introducing

hypnosis in cognitive-behavioural terms can create a higher acceptance of the therapy including hypnosis and a greater adherence to the treatment.

Future research should investigate if the same results can be reached using clinical samples, as well as what the results would be if the participants have initial attitudes that are excessively positive and have very high expectations about hypnosis, and how the different presentations would affect the change of attitudes.

Further investigation also needs to assess the effects of the three explanations on participants not belonging to the student population, since we do not know if the students of psychology are more trusting than other groups of participants in the explanations given in the university by expert researchers (Green, Rasekhy, Johnson, & Bernhardt, 2000). Also, the possible influence of the experimenter's gender on the participants should be considered in other studies. In this case, the experimenter in the trance condition was a male (while in the other conditions, they were females) and 100% of dropouts were women. Nevertheless, the studies about conformity and the susceptibility to being influenced predict the opposite effect, that is, that women are more susceptible to influence when the researcher is a male (Martínez & Bonilla, 2000).

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