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Attitudes Towards Clinical Hypnosis in Medical Care: On the Necessity to Examine Cognitive and Emotional Characteristics as Moderators and Mediators

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As recent research shows, the general public holds positive attitudes towards the use of hypnosis in medicine,[1] but there exist other third variables that should be incorporated and examined in any future research attempt.

The specific demographic and medical characteristics of the healthy individuals and patients are usually not examined in a systematic way (eg age, gender, medical and non-medical education, specific type of injury for which hypnosis is proposed, type of therapy-surgery, prior pain duration and intensity in the case of patient participants, prior mood disorders, psychopathology etc.).

In this line, a mediator variable explains the process through which 2 variables are related and is in between the effect of independent variable (hypnosis) and dependent variable(s) (eg stress, quality of life, pain perception, attitudes), while a moderator variable affects the strength and direction of the relationship(s).

First of all, a possible moderator not only for the actual influence of hypnosis on the individual(s), but also regarding the output of formation of attitudes on this matter, is the degree of hypnotic suggestibility-hypnotizability, which is a basic variable that should be considered. Patients that benefit from the preoperative hypnosis session or those who hold positive attitudes (before and/or after hypnosis) may be only those that are (more) susceptible to hypnosis and not the refractory subjects, as highly susceptible individuals derive increased benefits from hypnotic pain interventions.[2]

It is of interest to examine not only the patients as individuals, but also as participating in complex social contexts such as those in medical settings (which may be) conducive to positive expectancies about hypnosis, because 'medical settings are a social situation where patients are likely to trust their providers and are motivated to experience symptom relief'.[3] Therefore, direct personal experiences, family and peer group attitudes, socioeconomic status, and mass media messages regarding medicine and hypnosis should be incorporated as data in multilevel analyses as a helpful alternative in the classic statistical analyses.

When previous knowledge about hypnosis and past experiences being hypnotized in nonmedical settings are considered,[4] those who report no previous knowledge about hypnosis or who did acquire their knowledge from nonscientific sources hold more negative beliefs.[4]

The implementation of hypnosis among patients undergoing surgical procedures and the dissemination in healthcare settings is a promising field of research. Intra-personal characteristics such as the aforementioned cognitive and emotional (within-level) variables can and must be measured either by self-reports (questionnaires) or additional objective measures (tests or other objective sources of information, such as the family members, caregivers, healthcare professionals' reports), but we must also remember that attitudes and beliefs are not expressed in a social and/or cultural vacuum.[5] The investigation of mediation and moderation of multiple third variables regarding attitudes towards hypnosis is unquestionably demanding, but it is the only way to uncover the underlying mechanisms, the differing effects on unique populations, or conditions under which an effect may be pronounced or diminished.

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