

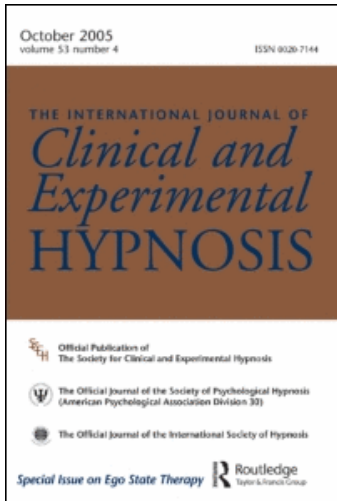
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Confirmatory Factor Analysis of the Valencia Scale on Attitudes and Beliefs Toward Hypnosis, Therapist Version

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CONFIRMATORY FACTOR ANALYSIS OF THE VALENCIA SCALE ON ATTITUDES AND BELIEFS TOWARD HYPNOSIS, THERAPIST VERSION

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Abstract: Health professionals' beliefs and attitudes toward hypnosis may make them reluctant to use it or even to foster misapplications and iatrogenic uses of hypnosis. The Valencia Scale on Attitudes and Beliefs toward Hypnosis-Therapist version (VSABH-T) is a specific instrument to evaluate therapists' attitudes and beliefs. The aims of this study are to evaluate the 8-factor structure of the VSABH-T proposed from a confirmatory perspective. The sample comprised 1,661 licensed psychologists who are members of the Spanish Psychological Association for the initial test and 787 for the retest. Results confirmed the 8-factor structure obtained in a previous exploratory study, namely: Fear, Memory, Help, Control, Collaboration, Interest, Magic, and Marginal. The scale also showed adequate psychometric properties, including good internal consistency and test-retest reliability.

Nowadays, there is a widespread consensus that hypnosis is a potentially valuable clinical intervention whose efficacy is now well established in certain clinical applications, especially pain management and several medical conditions (Chaves & Dworkin, 1997; Montgomery, DuHamel, & Redd, 2000; Montgomery & Schnur, 2005; Pinell & Covino, 2000). It also has been demonstrated that hypnosis can double the effectiveness of treatments for obesity (Lynn & Kirsch, 2002), and it is cost effective as an adjunct to cognitive-behavioral therapy in treating anxiety disorders (Schoenberger, 2000) and smoking cessation (Green & Lynn, 2000; Mendoza, 2000). Further, it is worth mentioning that in those cases in which patients cannot take medication (i.e., pregnant women trying to quit smoking, surgery patients allergic to anesthesia, etc.), psychological interventions, particularly those adding

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hypnosis, are the choice techniques because of their noninvasive nature.

Despite all the empirical evidence of benefits and advantages of adding hypnosis to psychological interventions (Lynn, Kirsch, Barabasz, Cardena, & Patterson, 2000), many health professionals are reluctant to use it in their practices. This is mainly because the clinicians' myths and misconceptions about this technique make them fear and lose interest in considering using hypnosis. Further, due to the lack of training in hypnosis offered to health professionals in universities, these beliefs and myths have fewer chances to be dispelled (Capafons, Morales, Espejo, & Cabañas, 2006; McConkey & Jupp, 1985–1986; Vingoe, 1982; Yu, 2004).

The myths and misconceptions most frequently found when surveying therapists, students, and the general public are the following: (a) hypnosis is an altered state of consciousness or trance (London, 1961; McConkey, 1986); (b) hypnotized people are not in control of their behavior; (c) hypnotized people might not wake up from hypnosis; (d) only gullible or disturbed people respond to hypnosis; (e) hypnosis can be used to induce individuals to perform antisocial acts; (f) hypnotized people reveal information and tell the truth about things they would otherwise lie about; (g) memories recovered through hypnosis are more accurate than those simply recalled (Capafons, Cabañas, Espejo, & Cardena, 2004; Golden, Dowd, & Friedberg, 1987). When therapists hold some of these misconceptions, their use of hypnosis may be iatrogenic. According to Capafons and Mazzoni (2005), the most iatrogenic beliefs are those implying that hypnosis fosters the accuracy of memories and that hypnotized people lose control over their behavior. The former are risky because they enhance the development of false memories. Thus, therapists who use hypnosis to help patients recall "hidden memories" may inadvertently ask them leading questions that not only increase the likelihood that subjects will answer in line with the questions but also tend to increase the person's confidence in the accuracy of the memories, even though they may be false (Wagstaff, Brunas-Wagstaff, Cole, & Wheatcroft, 2004).

Relative to the incorrect belief that hypnotized people lose control over themselves, the problem is that it can lead to misinterpretations of common reactions experienced under hypnosis and the person can get scared. For example, the feeling of heaviness can be misunderstood as a sign of being in a cataleptic state, in which people think they could get stuck or paralyzed and unable to defend themselves from a hypothetical aggression of the hypnotist; this is what makes them be afraid of being hypnotized.

In a study carried out by Yapko (1994), the results showed that psychotherapists have positive attitudes toward hypnosis, but these attitudes are based on misconceptions about this technique, such as the belief that hypnosis is a tool to recover accurate memories not only from

a patient's early childhood but also from his or her past lives. Since many therapists treat their patients on the basis of their personal beliefs instead of the empirical evidence available, their misinformed views can lead to an iatrogenic use of hypnosis (Frauman, Lynn, & Brentar, 1993).

Therefore, in order to prevent these misapplications, it is very important that health professionals have access to training in and experiencing of hypnosis. Many studies have found that having scientific training in and/or experience of hypnosis are associated with significantly more accurate knowledge of and more positive attitudes and beliefs about hypnosis and thereby a greater intention to use clinical hypnosis in a correct way (Barling & De Lucchi, 2004; Capafons, Morales, et al., 2006; Chaves, 2004; Molina & Mendoza, 2006).

Moreover, in studies exploring the factors involved in changing attitudes toward hypnosis, it has been found that having personal hypnotic experiences help correct misconceptions, decrease fears, and change negative attitudes to positive (Capafons et al., 2005; Capafons, Selma, et al., 2006; Green, 2003; McConkey & Jupp, 1985–1986; Thomson, 2003).

Given the relevance of knowing health professionals' attitudes toward hypnosis and that there were not specific instruments to assess them, several scales have been elaborated. Chaves (2004) modified the Attitudes Toward Hypnosis Scale developed by Spanos and his colleagues at Carleton University in Ottawa (Spanos, Brett, Menary, & Cross, 1987) and adapted one version for clients, another one for dental students, and a third one for faculty-practitioners. This modification includes items designed to assess beliefs about hypnosis. More recently, Gwynn and Mohan (2006) developed a more detailed questionnaire and administered it to clinical psychologists who use hypnosis in their practice. This questionnaire explores not only the misconceptions that the therapists and their clients keep about hypnosis' characteristics and how it works but also the information the clinicians provide to dispel these misconceptions.

In Spain, Capafons, Morales, et al. (2006) developed the Valencia Scale on Attitudes and Beliefs toward Hypnosis-Therapist version (VSABH-T) based on a previous version elaborated for clients (Capafons, Alarcón, Cabañas, & Espejo, 2003; Capafons et al., 2004).

A previous study of the VSABH-T (Capafons, Morales, et al., 2006) showed that the scale has good internal consistency and reliability. The exploratory factor analysis (EFA) carried out in this study revealed an eight-factor structure (Fear, Memory, Help, Control, Collaboration, Interest, Magic, and Marginal). Internal consistency for the eight factors was adequate. Test-retest stability was sufficient (about .75), although Magic and Marginal factors showed lower coefficients (about .65). Finally, a pool of variables were related to right beliefs and positive attitudes toward hypnosis: having scientific knowledge; having received practical training in hypnosis; using hypnosis; and showing interest in

learning more about hypnosis. Thus, the scale showed good factorial and psychometric properties, which merited confirmatory research.

Therefore, the goals of this study are: (a) to evaluate the eight-factor structure of the VSABH-T proposed from a confirmatory perspective; and (b) to get more data about the reliability of the scale.

METHOD

Sample

In the first testing, 1,661 licensed psychologists who are members of the Spanish Psychological Association answered the scale; 78.7% were females and 21.1% were males; the average age was 35.69 ($SD = 9.23$), and 21.1% had been hypnotized previously. In this group, 64.7% had information on hypnosis; 29.1% had received practical training in hypnosis; 36% had received information at the University; 19.4% had received training in courses; 19.4% had received information on hypnosis through scientific journals; and 7.8% reported using hypnosis.

The retest sample comprised 787 participants; 21.3% were males and 78.7% were females; the average age was 35.27 ($SD = 8.90$). In this group, 22.3% had been hypnotized previously; 38.2% had received information about hypnosis at the University; 18.7% had received training in courses; 11.4% had read about hypnosis in scientific journals; 29.1% had attended practical training in hypnosis; 7.6% reported using hypnosis in clinical practice; and 7.8% had access to new information about hypnosis since the last time they responded to the test of this study. Participation was voluntary and did not include any type of compensation.

Procedure

The scale along with a letter was sent to a sample of 10,000 psychologists who are members of the Spanish Psychological Association (see Appendix for scale items). People who responded to the scale were retested 1 month afterward. The retest version of the scale included an item asking whether the professional had had access to new information about hypnosis since the first time he or she had completed the scale.

Analyses

The exploratory dimensionality of the scale was as follows (Capafons, Morales, et al., 2006):

Fear (i.e., *I am fearful about hypnosis; I believe that, under hypnosis, a person is like an automaton at the mercy of the individual who is doing the hypnosis; hypnosis is a safe technique and poses few risks of the individual who is doing the hypnosis*); Memory (i.e., *the client must be in a hypnotic trance in order to fulfill the goals of the intervention; what is recalled under hypnosis is always the truth; it is impossible to lie under hypnosis, even if the person who is hypnotized wants to do so*); Help (i.e., *hypnosis can be very help-*

ful to my clients; hypnosis can be very helpful in improving the efficacy of treatments for which it serves as an adjunct; hypnosis is a complement or a tool for improving psychological therapy); Control (i.e., A hypnotized person may "come out" of hypnosis whenever he or she wishes; under hypnosis, a person maintains his or her volition, in terms of doing whatever he or she wants; everything that occurs under hypnosis is caused by the hypnotized person); Collaboration (i.e., hypnosis implies effortful cooperation between the person performing the hypnosis and the client; hypnosis requires effort on the part of the person being hypnotized; in order to hypnotize a person, his or her collaboration is necessary); Interest (i.e., I would like to be hypnotized; I would allow myself to be hypnotized if the opportunity presented itself; I would like to be very hypnotizable); Magic (i.e., under hypnosis, achievements can be reached without any effort on the part of the client; hypnosis can be used as a magical solution to my client's problems; hypnosis is all that is necessary in treating most of my clients' problems); Marginal (i.e., hypnosis developed external to the scope of scientific investigation; in general, some of the fundamental characteristics of persons who are highly hypnotizable include gullibility, ignorance, and psychological dependence; a person who is hypnotized appears dissociated).

It was confirmed by means of a confirmatory factor analysis (CFA) of the polychoric correlation matrix and the asymptotic covariance matrix among the items. We used the maximum likelihood estimation method, as implemented in LISREL 8.30 (Jöreskog & Sörbom, 1999). LISREL (LInear Structural RELationship analysis) is a software for structural equation modeling and other types of analysis. One of them is CFA, an analysis that confirms a previous factor analysis obtained by means of an exploratory factor analysis with another sample. In this type of estimation method, when the asymptotic covariance matrix is provided, standard errors are estimated under nonnormality and the Satorra-Bentler scaled chi-square statistic is obtained. This chi-square is used in LISREL to obtain many fit statistics that depend on chi-square and is automatically used in the case of nonnormality (Jöreskog, Sörbom, Du Toit, & Du Toit, 1999). Subsequently, some goodness-of-fit indices provided by LISREL were used, including the standardized root mean square residual (SRMSR; Steiger, 1990; Steiger & Lind, 1980). A value of about .05 for the SRMSR or less indicates a close fit of the model in relation to the degrees of freedom, and a value of about .08 or less indicates a reasonable error (Browne & Cudeck, 1993; Browne & Du Toit, 1992). The nonnormed fit index (NNFI; Jöreskog & Sörbom, 1985, 1989) was used as well. It takes into account the degrees of freedom and lies between 0 and 1. Thus, a NNFI index value between .90 and 1 indicates a close fit. The p -value significance of the χ^2 is not considered as a goodness-of-fit parameter in this study, since it is very sensitive to sample size so that when using large samples, almost every model would be rejected (Ullman, 1996).

The results obtained in the CFA allowed an estimation of internal consistency for each factor with the procedure developed by Jöreskog (1971).

In classic test theory, an observed score X_i is decomposed into a true score and an error score. It is assumed that true and error scores are the same for each component and that error scores for different components must be uncorrelated. Therefore, the most commonly used measure of reliability, Cronbach's alpha, is an unbiased estimate of reliability of a composite only if the true score variances of its component scores are equal. When the component scores are measuring one common factor but both their factor loadings and their error variances cannot be considered equal, Cronbach's alpha underestimates the reliability of the composite score, and alpha is only a lower bound of reliability (Lord & Novick, 1968; Novick & Lewis, 1967). The procedure developed by Jöreskog (1971) provides a correct estimation of the internal consistency of the factors of the scale.

Test-retest reliability of the factors was examined through Pearson correlations among them in the test and the retest. Confirmatory methodology could not be used because there were not enough participants for the analysis in the retest (the necessary sample size would be about 2,500 participants).

RESULTS

The goodness-of-fit indices provided by LISREL indicate a good fit of the proposed eight-factor model ($\chi^2/df = 6.18$, $p < .001$; SRMSR = .073; NNFI = .93) (see Table 1).

As is shown in Table 1, all factor loadings were satisfactory, except for Item 3 ($\lambda = .38$) in the Memory factor, and Item 21 ($\lambda = .33$) in the Control factor. Since the elimination of these items did not improve the model, they were retained. Also, reliability for each factor was satisfactory, being the lowest one for the Fear factor ($\rho_{xx} = .82$).

Moreover, all factors correlate significantly with one another, except for Magic with Help. Two other correlations were low but significant, probably due to the sample size: Help with Memory ($\phi = -.11$), and Magic with Interest ($\phi = -.09$) (see Table 2).

As far as internal consistency and test-retest reliability are concerned (see Table 3), results point out that all factors have good reliability indicators, except for factors Collaboration, Magic, and Marginal, whose test-retest reliability is lower (.62, .50, and .61, respectively).

DISCUSSION

This study showed that the VSABH-T is a reliable instrument for assessing attitudes and beliefs toward hypnosis in therapists. Results confirmed the eight-factor structure obtained in the previous exploratory study (Capafons, Morales, et al., 2006). The scale also showed adequate psychometric properties, including good internal consistency and test-retest reliability. Therefore, both the clients' and the therapists' ver-

Table 1
Factor Loadings of the Final Model, Reliability of Items (ρ_{ii}), and Reliability of Each Factor (ρ_{xx})

	ρ_{ii}	Fear	Memory	Help	Control	Collaboration	Interest	Magic	Marginal
t1	.47	-	-	.69	-	-	-	-	-
t2	.46	-	-	-	-	.68	-	-	-
t3	.15	-	.38	-	-	-	-	-	-
t4	.39	.63	-	-	-	-	-	-	-
t5	.46	-	-	-	-	-	-	.68	-
t6	.68	-	-	-	-	-	-	.83	-
t7	.55	.74	-	-	-	-	-	-	-
t8	.37	-	-	-	-	.61	-	-	-
t9	.33	-	-	-	-	-	-	.57	-
t10	.62	-	-	.79	-	-	-	-	-
t12	.61	-	-	.78	-	-	-	-	-
t13	.61	-	-	-	-	.78	-	-	-
t14	.63	-	-	-	.80	-	-	-	-
t15	.75	-	-	-	.87	-	-	-	-
t16	.44	-.66	-	-	-	-	-	-	-
t17	.40	-	-	.63	-	-	-	-	-
t18	.54	.74	-	-	-	-	-	-	-
t19	.62	.79	-	-	-	-	-	-	-
t20	.63	.79	-	-	-	-	-	-	-
t21	.11	-	-	-	.33	-	-	-	-
t22	.53	-	-	-	-.73	-	-	-	-
t23	.68	-	-	.82	-	-	-	-	-
t24	.18	-	-	-	.43	-	-	-	-
t25	.74	-	-	-	.86	-	-	-	-
t26	.84	-	-	-	-	-	.91	-	-
t27	.93	-	-	-	-	-	.96	-	-
t28	.45	-	-	-	-	-	.67	-	-
t29	.23	-	-	.47	-	-	-	-	-
t30	.52	-	.72	-	-	-	-	-	-
t31	.74	-	.86	-	-	-	-	-	-
t32	.64	-	.80	-	-	-	-	-	-
t33	.20	-	.45	-	-	-	-	-	-
t34	.45	-	-	-	-	-	-	-	.67
t35	.61	-	-	-	-	-	-	-	.78
t36	.38	-	-	-	-	-	-	-	.62
t37	.48	-	-	.69	-	-	-	-	-
ρ_{xx}		.82	.85	.92	.84	.86	.95	.86	.86

sions of the scale have shown to be good instruments to measure beliefs and attitudes toward hypnosis. Their factorial structure seems to be generalizable as shown in a study conducted in Portugal. Carvalho et al. (in press) have done an exploratory factor analysis with the Client version of VSABH using Portuguese participants. Results indicate that factor structure is similar to those obtained with Spanish

Table 2
Correlations Among Factors, Estimated by LISREL ($p > .01$)

	Fear	Memory	Help	Control	Collaboration	Interest	Magic
Memory	.42						
Help	-.57	-.11					
Control	-.81	-.52	.53				
Collaboration	-.37	-.22	.44	.42			
Interest	-.53	-.13	.62	.48	.30		
Magic	.48	.58	-	-.34	-.46	-.09	
Marginal	.72	.38	-.53	-.54	-.37	-.44	.37

Table 3
Internal Consistency and Test-Retest Reliability of the Factors

FACTOR	Internal consistency	Test-retest reliability
FEAR	.82	.76
MEMORY	.85	.70
HELP	.92	.79
CONTROL	.84	.78
COLLABORATION	.86	.62
INTEREST	.95	.78
MAGIC	.86	.50
MARGINAL	.86	.61

and Latin American participants. Therefore, the structure found in this study appears to be generalizable, at least in Latin cultures.

A limitation of this study, as previously mentioned, may be that the retest sample size does not allow obtainment of reliability coefficients from a confirmatory perspective. Nevertheless, it is true that coefficients usually tend to increase with a confirmatory methodology. However, that conjecture has still to be demonstrated for our scale.

To sum up, this study confirms the validity of the Valencia Scale on Attitudes and Beliefs toward Hypnosis-Therapist to detect the attitudes and beliefs about hypnosis that may lead professionals to reject the use of hypnosis, or to misuse it.

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APPENDIX

THE VALENCIA SCALE ON ATTITUDES AND BELIEFS TOWARD HYPNOSIS-THERAPIST^{3, 4}

Next you will find certain questions that will help inform us about your opinion regarding hypnosis. It is not necessary for you to have previous experience with regard to the questions being asked; rather, it is important that you consider what could happen in certain situations. Please indicate the degree to which you agree with the following statements by circling the number that best reflects your opinion, based on the scale presented below:

1. Completely disagree
2. Disagree considerably
3. Disagree
4. Agree
5. Agree considerably
6. Completely agree

PLEASE REMEMBER THAT THERE ARE NO CORRECT OR INCORRECT ANSWERS, AS WE ARE ONLY TRYING TO GET AN IDEA OF YOUR OPINION

1. Hypnosis can be very helpful to my clients.....1 2 3 4 5 6
2. Hypnosis implies effortful cooperation between the person performing the hypnosis and the client.....1 2 3 4 5 6
3. The client must be in a hypnotic trance in order to fulfill the goals of the intervention.....1 2 3 4 5 6
4. I am fearful about hypnosis.....1 2 3 4 5 6
5. Under hypnosis, achievements can be reached without any effort on the part of the client.....1 2 3 4 5 6
6. Hypnosis can be used as a magical solution to my client's problems1 2 3 4 5 6
7. I believe that, under hypnosis, a person is like an automaton at the mercy of the individual who is doing the hypnosis.....1 2 3 4 5 6
8. Hypnosis requires effort on the part of the person being hypnotized1 2 3 4 5 6
9. Hypnosis is all that is necessary in treating most of my clients' problems1 2 3 4 5 6
10. Hypnosis can be very helpful in improving the efficacy of treatments for which it serves as an adjunct.....1 2 3 4 5 6
11. A hypnotized person is passive.....1 2 3 4 5 6

³Translation of instructions and items of the original scale used in this study into English by Yael Nitkin, University of Connecticut.

⁴For a copy of the complete scale contact Antonio Capafons.

12. Hypnosis is a complement or a tool for improving psychological therapy.....1 2 3 4 5 6
13. In order to hypnotize a person, his or her collaboration is necessary1 2 3 4 5 6
14. A hypnotized person may "come out" of hypnosis whenever he or she wishes.....1 2 3 4 5 6
15. Under hypnosis, a person maintains his or her volition, in terms of doing whatever he or she wants..... 2 3 4 5 6
16. Hypnosis is a safe technique and poses few risks.....1 2 3 4 5 6
17. Hypnosis enhances one's capacity for self-control.....1 2 3 4 5 6
18. I am afraid that a client could get "stuck" in a hypnotic transc..1 2 3 4 5 6
19. I believe that under hypnosis, it is possible to lose control over oneself1 2 3 4 5 6
20. I believe that hypnosis is inherently dangerous.....1 2 3 4 5 6
21. Everything that occurs under hypnosis is caused by the hypnotized person.....1 2 3 4 5 6
22. Under hypnosis, people can be forced to do things that they do not want to do.....1 2 3 4 5 6
23. Hypnosis facilitates therapeutic success.....1 2 3 4 5 6
24. If people do not agree with a suggestion, they may ignore it completely.....1 2 3 4 5 6
25. People who are hypnotized maintain control over themselves1 2 3 4 5 6
26. I would like to be hypnotized.....1 2 3 4 5 6
27. I would allow myself to be hypnotized if the opportunity presented itself.....1 2 3 4 5 6
28. I would like to be very hypnotizable.....1 2 3 4 5 6
29. One learns more quickly under hypnosis.....1 2 3 4 5 6
30. What is recalled under hypnosis is always the truth.....1 2 3 4 5 6
31. It is impossible to lie under hypnosis, even if the person who is hypnotized wants to do so.....1 2 3 4 5 6
32. One way of confirming whether an event occurred is if a person recalls it under hypnosis.....1 2 3 4 5 6
33. Hypnosis involves a trance state.....1 2 3 4 5 6
34. Hypnosis developed external to the scope of scientific investigation.....1 2 3 4 5 6
35. In general, some of the fundamental characteristics of persons who are highly hypnotizable include: gullibility, ignorance, and psychological dependence.....1 2 3 4 5 6
36. A person who is hypnotized appears dissociated.....1 2 3 4 5 6
37. Hypnosis is a complement to or a tool for improving medical treatments.....1 2 3 4 5 6

Konfirmatorische Faktorenanalyse der Valencia Skala zur Messung von Einstellungen und Überzeugungen gegenüber Hypnose (Therapeutenversion)

Antonio Capafons, Begoña Espejo und M. Elena Mendoza

Zusammenfassung: Überzeugungen und Einstellungen bezüglich Hypnose bei medizinischem Personal können zu Abneigung gegenüber ihrem Einsatz führen oder gar ihre fehlerhafte Anwendung begünstigen. Die Valencia Scale on Attitudes and Beliefs toward Hypnosis (Hypnosetherapeuten-Version, VSABH-T) stellt ein spezifisches Instrument dar, um Überzeugungen und Einstellungen von Therapeuten gegenüber Hypnose zu evaluieren. Ziel dieser Untersuchung war es, die 8-faktorielle Struktur der VSABH-T konfirmatorisch zu analysieren. Die Stichprobe bestand aus 1661 lizenzierten Psychologen, die Mitglieder der Spanischen Psychologischen Vereinigung waren. 787 Teilnehmer nahmen an einer zusätzlichen Retest-Untersuchung teil. Die Ergebnisse bestätigten die 8-faktorielle Struktur aus einer früheren explorativen Untersuchung (die Faktorbezeichnungen lauten: fear, memory, help, control, collaboration, interest, magic und marginal). Die Skala wies außerdem angemessene psychometrische Eigenschaften auf, darunter gute interne Konsistenz und Retest-Reliabilität.

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Analyse des facteurs confirmatoires de l'échelle de Valence sur les attitudes et les convictions à l'égard de l'hypnose, version du thérapeute

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Résumé: Les convictions et attitudes des professionnels de la santé au sujet de l'hypnose peuvent les rendre hésitants à y recourir ou même encourager un usage impropre ou iatrogène de l'hypnose. L'échelle de Valence sur les attitudes et convictions vis-à-vis de l'hypnose – version du thérapeute (ÉVACH-T) est un instrument conçu expressément pour évaluer les attitudes et convictions des thérapeutes. L'objet de cette étude consiste à évaluer la structure à huit facteurs de l'ÉVACH-T, proposée d'après une perspective confirmatoire. Pour le test initial, l'échantillon comprenait 1661 psychologues agréés, membres de l'Association espagnole des psychologues, et le contre-essai en comprenait 787. Les résultats ont confirmé la structure à huit facteurs obtenue lors de l'étude préliminaire précédente, à savoir: la peur, la mémoire, l'aide, le contrôle, la collaboration, l'intérêt, la magie et la marginalité. L'échelle a également démontré les propriétés psychométriques adéquates de cette étude, y compris une bonne logique interne et la fiabilité du test et du contre-essai.

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Análisis factorial confirmatorio de la Escala de Valencia sobre Actitudes y Creencias hacia la Hipnosis, Versión de Terapeuta

Antonio Capafons, Begoña Espejo, y M. Elena Mendoza

Resumen: Las creencias y actitudes de los profesionales de la salud hacia la hipnosis pueden hacer a los clientes reacios a la hipnosis o incluso fomentar usos incorrectos o iatrogénicos. La Escala de Valencia sobre Actitudes y Creencias hacia la Hipnosis- Versión de Terapeuta (VSABH-T) es un instrumento específico para evaluar actitudes y creencias de los terapeutas. El fin de este estudio fue evaluar la estructura de 8 factores del VSABH-T desde una perspectiva confirmatoria. La muestra comprendió 1,661 psicólogos licenciados miembros de la Asociación Psicológica Española para la prueba inicial y 787 para la confirmatoria. Los resultados confirmaron la estructura de 8 factores obtenida en un estudio exploratorio previo, específicamente: miedo, memoria, ayuda, control, colaboración, interés, magia, y marginal. La escala también mostró propiedades psicométricas adecuadas, incluyendo buena consistencia interna y confiabilidad prueba-reprueba.

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