

## **BELIEFS AND OPINIONS REGARDING HYPNOSIS AND ITS APPLICATIONS AMONG CHINESE PROFESSIONALS IN MEDICAL SETTINGS**

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### **Abstract**

Following the earlier report (see Yu, 2004) on how Chinese college students perceive hypnosis, this second paper proceeds to examine specifically the beliefs and opinions of Hong Kong Chinese health professionals regarding the notion of hypnosis and its clinical applications. In addition to the 457 college students initially reported in the first paper, 75 professionals working in medical settings are included in this study. The present findings indicate that while the professionals share similar beliefs and misconceptions about the general nature of hypnosis with the college students as a whole, the professionals very much resemble those students without psychology training who hold noticeably different opinions on the dimensions of the worth and transcendence-achieving quality of hypnosis.

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**Key words:** beliefs, Chinese professionals, hypnosis, medical settings, misconceptions, opinions

### **Introduction**

This is the second in a dyad of papers considering beliefs about hypnosis and its applications in Chinese culture. Findings generated from the university student sample have been discussed in the first article (Yu, 2004). To reiterate, Chinese college students demonstrated precisely the same set of beliefs and ‘misconceptions’ that were reported in Western samples. In contrast to the Western studies, which involved primarily psychology students as subjects, however, the Chinese study underscored that students from different disciplines embraced distinct attitudes towards the uses of hypnosis and the idea of being hypnotized. Following in the footsteps of the first paper, which depicted a broad picture of Chinese students’ conception of hypnosis, this second article focuses on a direct comparison of Chinese students and Chinese professionals in medical settings with respect to their beliefs in hypnosis and its applications.

Quite unexpectedly, misunderstanding of hypnosis is not limited to the general public and undergraduate students. Professionals trained in hypnosis or health-related areas, as highlighted by several Western studies, hold similarly false impressions about hypnosis much like the university students, particularly with respect to memory and conscious alteration. In Bryant’s study (1993), for instance, respondents including 127 burn therapists and 62 rehabilitation therapists considered hypnosis to be a significant altered state

of consciousness, in which subjects were not aware of their surroundings and possessed enhanced memory. Moreover, the therapists expressed the belief that these responses occur effortlessly, and cannot be faked. According to Bryant, these opinions do not suggest familiarity with core issues in the current debate concerning the nature of hypnosis, or with the clinical ramifications of these issues. The pattern of responses is consistent with reported misconceptions of hypnosis in non-medical populations (e.g. McConkey and Jupp, 1986; Daghish and Wright, 1991), and indicates that naïve perceptions of hypnosis also exist among professional groups who are potentially influential within the context of clinical applications of hypnosis.

Likewise, it is argued that many psychotherapists and hypnotherapists treat their patients on the basis of their personal beliefs and philosophy, and not according to an objective consideration of the facts. Through mailing, Northcott (1996) surveyed the opinions regarding hypnosis of 588 therapists who entitled themselves 'hypnotherapists'. Seventy-four per cent of respondents reported using hypnosis as their main form of therapy; 95% of these practising hypnotherapists agreed that 'hypnosis involves an altered state of consciousness'; and consistently 89% deemed that 'hypnosis is different from normal waking consciousness'. Furthermore, the hypnotherapists agreed significantly more than the other samples (i.e. helping professionals) on the dimensions of transcendence-achieving quality and the usefulness of hypnosis. In another study by Yapko (1994), 43% of respondent therapeutic professionals stated that they had received formal training in hypnosis. Despite this figure, more than 43% of the respondents (53%) used hypnosis in their work. Still, 8% of respondents frequently used hypnosis to recover memories, while an additional 28% did so occasionally. Many psychotherapists in this sample even believed in past lives, the retrievability and accuracy of infantile memories, and the infallibility of hypnosis as a tool for recovering accurate memories.

Notwithstanding these, Vingoe (1995) did provide evidence that medical training may promote more 'accurate' understanding of hypnosis. In this study, the Forensic Hypnosis Understanding Beliefs Scale was administered to 75 criminal law students and 70 medical students, who are potential lawyers and expert witnesses respectively. These results were compared with a consensus of 15 experts in forensic hypnosis. A significantly higher proportion of medical students than law students believed that a rapport between the hypnotist and subject, and the personality of the hypnotic subject, were important factors in achieving a hypnotic response. A higher proportion of the medical students also agreed that the subject is aware during hypnosis, and a lower percentage of the medical students believed that spontaneous amnesia is a result of hypnosis. With reference to these issues, the medical students were closer in their responses to that of the criterion group.

### **Research objectives**

On the one hand, it is argued that the misunderstanding of hypnosis has an undesirable impact on people's attitudes (see Yu, 2004) and therefore their subsequent responses to the use of hypnosis for the purpose of research or therapy (McConkey and Jupp, 1986). On the other, Northcott (1996) highlighted the implication that the invalidated beliefs can foster a potentially very dangerous situation, which may result in the misapplication and abuse of hypnosis by the therapist. A reasonably detailed assessment prior to treatment, as well as systematic research into the misconceptions of both the public and professionals, are therefore of great clinical relevance.

Although most therapists working within a medical context may not directly employ

hypnosis, they are in reality the very persons who 'decide' whether hypnosis is a proper and scientifically validated approach for treating medical problems. Moreover, these therapists and medical staff play a significant role in the influence of patients' perceptions of the nature of hypnosis and its involvement in the management of medical problems (Bryant, 1993). The opinions of health and helping professionals are thus regarded to be of paramount importance.

The beliefs and opinions of professionals regarding hypnosis have been investigated in Western countries, albeit less extensively than the university student counterparts. There is, however, currently no single study about the misconceptions of professionals towards hypnosis in Chinese culture. The primary purpose of this second study is to depict the beliefs and understanding of Chinese professionals with regards to hypnosis and its perceived application values, and compare them with those held by Chinese college students as presented in the former paper (Yu, 2004).

## **Method**

In considering these primary subject matters under enquiry, two samples with a total of 532 respondents were included in the present study: (1) college students, and (2) medical- and mental health-related professionals. Participation was completely voluntary. Ninety per cent of all the potential professional participants and 98% of the potential college students completed the questionnaire. The entire procedure used for both students and professionals was identical, except that the survey was administered in groups for the student sample, whereas professionals completed it individually.

### *Participants*

#### **Sample 1: college students**

Four hundred and fifty-seven Hong Kong college students initially reported in Yu (2004) formed the first sample, comprising of 153 males (33.5%) and 304 females (66.5%). The average age was 21.32 (S.D. = 2.27, minimum = 18, maximum = 46). (See the first article for more details and findings of this student sample.)

#### **Sample 2: professionals in medical settings**

Seventy-five medical and helping professionals composed the second sample of the current study. Most of them (72%) were drawn from a psychiatric hospital in Hong Kong, and approximately half of them were psychiatric nurses (see Table 1). There were also social workers, occupational therapists and a counsellor from other medical settings. This sample was comprised of 32 (42.7%) males and 43 (57.3%) females. The mean age was 33.47 (S.D. = 7.20, minimum = 21, maximum = 49). None of the respondents in this sample had received hypnotherapy before, though 5 of them (6.7%) had had the experience of being hypnotized. Twenty-seven (36%) had carried out counselling or psychotherapy before, and 9 (12%) had used hypnosis as a part of counselling or psychotherapy. Among the 75 respondents, two (2.6%) had studied hypnosis albeit without using it in their practice.

### *Measures*

The 41-item questionnaire used in this research is primarily comprised of two sections, which are intended to measure the general beliefs about hypnosis and the perceived value of hypnosis. The first part of the protocol (25 statements) is equivalent to McConkey's

**Table 1.** Types of profession

Profession	Frequency	Percentage
Psychologist	2	2.7
Counsellor	1	1.3
Social worker	16	21.3
General practitioner	9	12
Psychiatrist	1	1.3
Pharmacist	3	4
Psychiatric nurse	37	49.3
Allied health worker	1	1.3
Occupational therapist	2	2.7
Ward manager	1	1.3
Psychiatric researcher	2	2.7
Total:	75	100

inventory (1986), concerning the nature, experience and effects of hypnosis and hypnotic suggestions. The second part (16 statements) sourced from Northcott's questionnaire (1996) contains two dimensions: 'transcend' (describing hypnosis as enabling the enhancement of abilities or achievement of feats not normally achievable) and 'worth' (which concerns the usefulness of hypnosis) (see also Yu, 2004 for details).

## Results

A salient identical pattern of beliefs about hypnosis is evident in the professional sample throughout the 41 questions, compared with their student counterpart (see Tables 2 and 3). All the corresponding means, standard deviations and percentages of agreement for the two samples are very close to each other, and none of the mean discrepancies are greater than 1 point. The professionals in general have subtly lower mean scores than those of the students for 30 (73%) of the 41 statements. In resemblance to the student sample, they express high agreement with statements 1 (a special state of consciousness), 9 and 11 (experiencing suggestions without conscious effort and involuntarily), 20 and 29 (memory recovery), 21 (forced truth telling), 22 (doing things that one would not normally do), and 27 and 28 (the usefulness of hypnosis for managing psychological problems and counselling).

Regardless of the mean scores, a relatively high number of students and professional respondents agree that hypnosis only involves thinking along with and imagining the suggestions given by the hypnotist (statement 4). The discrepancies between the student and professional respondents as regards their percentages of agreement with statement 3 (a normal state), 35 (tapping hidden power), 38 (age regression) and 40 (controlling involuntary physiological processes) are noticeable, to the effect that more student respondents give affirmative answers to these statements except statement 40.

Notwithstanding the noticeable resemblance between the belief sets of Chinese students and professionals as indicated by the mean scores, the Mann-Whitney test shows some significant discrepancies in the beliefs between Chinese professionals with psychology major and non-psychology major students respectively. It should, however, be made immediately clear that agreement or disagreement are only comparative terms. It is important to understand that establishing that the professionals have a tendency to agree

**Table 2.** General beliefs about hypnosis (means and standard deviations)

Statements	Student		Professional	
	Mean (SD)	Percentage	Mean (SD)	Percentage
<b>Hypnosis</b>				
1. Hypnosis is an altered state of consciousness, it is quite different from normal waking consciousness.	2.99 (0.57)	86.0	3.01 (0.76)	80.0
2. Hypnosis is a normal state of consciousness, it simply involves the focusing of attention.	2.44 (0.62)	42.8	2.39 (0.72)	41.3
3. Hypnosis is a normal state of consciousness, it simply involves being very deeply relaxed.	2.66 (0.65)	62.4	2.41 (0.79)	38.7
4. Hypnosis only involves thinking along with and imagining the suggestions given by the hypnotist.	2.77 (0.63)	71.1	2.63 (0.61)	61.3
5. Hypnosis can be experienced by everyone to a similar degree, under the right circumstances.	2.27 (0.63)	32.1	2.48 (0.76)	48.0
6. Hypnosis can be faked such that even an experienced hypnotist could not detect the fake.	2.52 (0.67)	51.8	2.43 (0.62)	44.0
<b>The experience</b>				
7. The experience of hypnosis depends on the ability of the subject, not on the ability of the hypnotist.	2.28 (0.63)	31.5	2.18 (0.63)	24.0
8. The experience of hypnosis depends on the ability of the hypnotist, not on the ability of the subject.	2.18 (0.61)	23.2	2.08 (0.59)	18.6
<b>During hypnosis</b>				
9. During hypnosis, responsive subjects experience the suggested effects without having to consciously try to make them happen.	2.73 (0.53)	70.7	2.76 (0.57)	70.6
10. During hypnosis, responsive subjects can experience the suggested effects only if they consciously think in a way to help them happen.	2.59 (0.56)	58.2	2.55 (0.62)	58.6
11. During hypnosis, responsive subjects experience the suggested effects as happening involuntarily.	2.89 (0.49)	83.4	2.86 (0.53)	80.0
12. During hypnosis, responsive subjects are aware only of what the hypnotist is suggesting, and are not aware of anything else.	2.53 (0.65)	51.4	2.47 (0.71)	50.7
13. During hypnosis, responsive subjects have a sort of double-awareness where they experience what is suggested but also know things that are in contradiction to the suggestions.	2.57 (0.61)	54.9	2.57 (0.55)	56.0

**Table 2.** Contd.

Statements	Student		Professional	
	Mean (SD)	Percentage	Mean (SD)	Percentage
14. During hypnosis, responsive subjects seem to understand things better.	2.35 (0.59)	37.0	2.24 (0.59)	29.3
15. During hypnosis, responsive subjects feel that everything happens automatically.	2.63 (0.63)	60.8	2.54 (0.60)	50.7
16. During hypnosis, responsive subjects feel that time stands still.	2.30 (0.64)	35.2	2.34 (0.58)	36.0
17. During hypnosis, responsive subjects feel that they are more than one person, with one part experiencing things and the other part observing things.	2.34 (0.65)	37.9	2.19 (0.63)	25.4
18. During hypnosis, responsive subjects are not conscious of their surroundings.	2.56 (0.66)	55.1	2.50 (0.67)	50.7
Suggestions given				
19. Suggestions given during hypnosis can make responsive subjects insensitive to pain.	2.52 (0.68)	51.2	2.64 (0.61)	57.4
20. Suggestions given during hypnosis can make responsive subjects remember things that they could not normally remember.	3.11 (0.58)	90.6	3.01 (0.45)	90.7
21. Suggestions given during hypnosis can make responsive subjects tell the truth about things that they would normally lie about.	3.05 (0.54)	89.0	2.89 (0.46)	82.6
22. Suggestions given during hypnosis can make responsive subjects do things that they would not normally do.	2.90 (0.54)	82.3	2.83 (0.50)	77.3
23. Suggestions given during hypnosis will only work if the subjects want them to work.	2.50 (0.66)	47.0	2.68 (0.62)	64.0
24. Suggestions given during hypnosis cannot be resisted by subjects.	2.26 (0.67)	33.4	2.20 (0.62)	28.0
After hypnosis				
25. After hypnosis responsive subjects cannot remember those things that happened during hypnosis.	2.39 (0.69)	40.4	2.45 (0.62)	44.0

*Note:* For mean ratings, 1 = disagree strongly, 2 = disagree, 3 = agree, 4 = agree strongly; standard deviations appear in parentheses. Percentages reflect those subjects who agree with the statements (i.e. gave a rating of 3 or 4); McConkey used reversed ratings (i.e. 4 = disagree strongly and 1 = agree strongly).

**Table 3.** Worth and transcendence of hypnosis (means and standard deviations)

Statements	Student		Professional	
	Mean (SD)	%	Mean (SD)	%
<b>Worth</b>				
26. Hypnosis can help in the treatment of a wide range of problems.	3.56 (0.83)	63.5	3.21 (0.98)	48.0
27. Hypnosis can help in the treatment of psychological problems.	3.97 (0.64)	88.1	3.67 (0.94)	76.0
28. Hypnosis can successfully be used for therapy or counselling.	3.99 (0.59)	88.6	3.81 (0.75)	82.7
29. Hypnosis can make a person remember things that he/she could not remember without it.	4.03 (0.65)	90.5	3.92 (0.59)	85.3
30. Hypnosis can benefit most people in one way or another.	2.96 (0.74)	19.0	2.88 (0.68)	14.7
31. Hypnosis has a place in modern medicine.	3.54 (0.76)	58.2	3.28 (0.78)	44.0
32. Hypnosis can help in the treatment of physical problems.	3.07 (0.87)	33.4	3.12 (0.97)	44.0
33. Hypnosis is a legitimate alternative therapy.	3.26 (0.84)	41.8	3.16 (0.86)	34.7
<b>Transcend</b>				
34. Hypnosis can make the crossover to another plane of existence possible.	3.34 (0.87)	48.6	3.05 (0.91)	38.7
35. With hypnosis, previously hidden power in an individual can be tapped.	3.64 (0.79)	69.6	3.24 (0.96)	52.0
36. Hypnosis can heighten intellectual ability.	2.53 (0.79)	9.9	2.47 (0.81)	8.0
37. Hypnosis can heighten spirituality.	2.69 (0.88)	17.1	2.60 (0.84)	14.7
38. Hypnosis can make age regression possible.	3.72 (0.77)	73.7	3.33 (0.99)	52.0
39. Hypnosis can produce anaesthesia (total insensitivity to pain).	2.75 (0.97)	24.7	2.76 (0.88)	21.3
40. During hypnosis, suggestions can change bodily processes/ responses not ordinarily under voluntary control (e.g. heart rate, blood pressure, etc.).	3.09 (0.92)	38.5	3.37 (0.88)	53.3
41. Hypnosis can improve one or more of the human senses.	3.12 (0.85)	35.7	3.09 (0.86)	36.0

*Note:* For mean ratings, 1 = strongly disagree, 5 = strongly agree; standard deviations appear in parentheses. Percentages reflect those subjects who agree with the statements (i.e. gave a rating of 4 or 5).

less with certain statements than the students, does not necessarily mean that they disagree with those statements. In fact, the professionals express a similar set of beliefs to that of the students in general.

There are significant differences between the responses of the non-psychology majors and the professionals according to McConkey's scales for 3 statements, including statement 3 ( $z = 3.43$ ,  $p < 0.001$ ; mean rank: non-psychology students = 176.31, professionals = 137.07), 21 ( $z = 2.67$ ,  $p < 0.01$ ; mean rank: non-psychology students = 172.92, professionals = 146.30) and 23 ( $z = 2.57$ ,  $p < 0.01$ ; mean rank: non-psychology student = 160.42,

professionals = 190.01), for the worth and transcendence scales, as well as for statements 31 ( $z = 3.29$ ,  $p < 0.001$ ; mean rank: non-psychology students = 175.35, professionals = 138.28), 35 ( $z = 2.83$ ,  $p < 0.01$ ; mean rank: non-psychology students = 174.73, professionals = 142.53) and 40 ( $z = 2.87$ ,  $p < 0.01$ ; mean rank: non-psychology students = 159.74, professionals = 194.31). While the professional respondents give significantly less credit to four of the six above statements, they show more credence of the notion that suggestions given during hypnosis will only work if the subjects want them to work, and that suggestions can change bodily processes or responses not ordinarily under voluntary control.

There is a significant difference between the psychology majors and the professionals according to McConkey's scales, for statement 5 only, in which the professionals are more inclined to believe that hypnosis can be experienced by everyone to a similar degree under the right circumstances ( $z = 2.59$ ,  $p < 0.01$ ; mean rank: psychology students = 134.36, professionals = 159.24). In contrast to relatively few significant statements enumerated above in comparison of the professionals and the non-psychology students, the professional respondents show evidently different opinions from the psychology students in 7 statements of the worth and transcendence scales (Table 4). In all these 7 statements, the psychology students score significantly higher. This implies that the psychology students tend to give more credit to the worth and transcendence of hypnosis than the professionals. Regardless of the significant levels, the professionals rate lower than the students in all but one statement (statement 40) with regard to the scales of worth and transcendence-achieving qualities of hypnosis.

**Table 4.** Professionals vs psychology students: worth and transcendence of hypnosis (Mann-Whitney Test)

Worth	Mann-Whitney Test
26. Hypnosis can help in the treatment of a wide range of problems.	$z = 3.29$ ; $p < 0.001$ (mean rank: psychology students = 150.17; professionals = 117.58)
27. Hypnosis can help in the treatment of psychological problems.	$z = 3.49$ ; $p < 0.001$ (mean rank: psychology students = 149.13; professionals = 120.43)
28. Hypnosis can successfully be used for therapy or counselling.	$z = 2.58$ ; $p < 0.01$ (mean rank: psychology students = 147.17; professionals = 125.85)
29. Hypnosis can make a person remember things that he/she could not remember without it.	$z = 2.66$ ; $p < 0.01$ (mean rank: psychology students = 146.56; professionals = 125.72)
Transcend	
34. Hypnosis can make the crossover to another plane of existence possible.	$z = 2.57$ ; $p < 0.01$ (mean rank: psychology students = 148.49; professionals = 122.21)
35. With hypnosis, previously hidden power in an individual can be tapped.	$z = 3.97$ ; $p < 0.001$ (mean rank: psychology students = 151.48; professionals = 113.96)
38. Hypnosis can make age regression possible.	$z = 4.32$ ; $p < 0.001$ (mean rank: psychology students = 152.22; professionals = 111.91)



## **Discussion**

Daglish and Wright (1991) argued that the Australian sample surveyed by McConkey and Jupp (1986) was better informed than the population surveyed in Scotland. It appears that Australian students starting university know more about hypnosis, or they receive more teaching earlier in their courses than their British counterparts. According to Fellows (1985), approximately one-third of the psychology departments in British universities gave any formal teaching in hypnosis to undergraduates. Only four taught any practical techniques, and one no longer teaches any at all. In Hong Kong, the situation is in no way better than any Western countries: no single university offers formal undergraduate or postgraduate teaching in hypnosis or practical hypnosis. There are very few, if any, classes dealing directly with issues in relation to hypnosis, and Chinese psychology students' knowledge of the nature and implications of hypnosis is no better than that of the students from other departments.

The professionals or clinicians in the current study appear to share, albeit to a lesser degree, the same beliefs and misconceptions as university students as regards hypnosis and its applications such as memory recovery and forced truth telling. This may reflect similar insufficient formal teaching with regard to hypnosis provided by the specialist and clinical training programmes at universities and professional bodies in Hong Kong. The professionals seem to adopt a relatively more sceptical and 'professional' attitude, which possibly leads to a more 'accurate' view of hypnosis and its applications. While this sceptical attitude may protect against the misapplication and abuse of hypnosis, it may however also spotlight the possibility that professionals are comparatively less open to the potential applications of hypnosis (as compared with individuals with a psychology background). Note that most of the professional respondents of the current study engage in front-line services, with most constant and direct contact with patients or service users. They are therefore the important sources for consultation and information, and potentially play a significant role in modulating patients' perceptions of the nature of hypnosis and its involvement in treatments. It is worth reiterating that quite a number of participants in the current sample had used hypnosis as a part of their counselling or psychotherapeutic practice, though none of these participants had studied hypnosis.

Indeed, the clinical uses of hypnosis have not received enough formal attention in the professional fields in Hong Kong, and the professional background is by no means effective at buffering against misconceptions with respect to hypnosis and its applications. In Hong Kong, there are a very limited number of sources that provide the general public with accurate information regarding hypnosis, or that offer the professional services of hypnosis. The limited information and services are provided primarily by profit-making companies, whose 'hypnotherapists' are less well trained (i.e. not qualified or accredited by universities or professional societies). Although most of them lack any basic psychology background, they are nevertheless the main source of information about hypnosis, as well as the major providers of hypnotherapeutic services in Hong Kong. This is alarming, as Northcott's study (1996) implied, in that hypnotherapists are prone to unrealistic perspectives and misapplications of hypnosis.

Some variances between psychology and non-psychology students in the beliefs and attitudes towards hypnosis have been elucidated in the former paper. This paper again underscores the psychology background in mediating the beliefs as regards the applications of hypnosis. Psychology training has significantly positive effects on the beliefs of the usefulness of hypnosis and openness to hypnotic practices, though at the moment neither psychological training nor even professional background necessarily ensure correct beliefs and perspectives about hypnosis.

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