COGNITIVE HYPNOTHERAPY INTERVENTION FOR TEST ANXIETY

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Abstract - In the present Era, scholastic-accomplishment connects essentially with desirable employment-opportunities and success. So the students are under tremendous pressure to perform academically. Test –Anxiety is most common phenomenon impacting academic-performance. To have an optimum-level of arousal is facilitative of performance but when goes beyond a certain level, it hampers the performance. So when concern with respect to academic-performance goes to the level of manifestation of the symptoms of anxiety, it hampers academic-performance or may also impair day-day functioning. The present paper is a case study, demonstrating the effectiveness of cognitive-behaviour and Clinical Hypnotherapy techniques in managing and treating Test-Anxiety. A teenager suffering from Test-Anxiety is presented in this case study. She was provided with 12 sessions of a Cognitive Hypnotherapy during the time span of 21 weeks. Measurements of Test-Anxiety, Depression, Fear of negative–evaluation, Thought-suppression and Self-esteem were taken pre-treatment, after 7th session and post-treatment. Two follow-up sessions were also conducted after the time gap of three months and six months respectively. Results showed observable difference in all measures throughout treatment except thought-suppression.

Keywords - Test –Anxiety, Depression, Fear of Negative Evaluation, Self-esteem, Cognitive Behaviour Therapy, Clinical Hypnotherapy

Test anxiety is "the set of phenomenological, psychological, and behavioral reactions that go with concern about possible negative result or failure on an exam or similar evaluative situations" (Chapell, Blanding, Takahashi, Silverstein, Newman, Gubi, & McCann, 2005).Sansgiry and Sail (2006) defined test anxiety as the "responses to stimuli that are related to an individual‟s experience of testing or evaluative situations". There are various research evidences indicating the relation between Exam anxiety and poor academic performance (Culler & Holahan, 1980; Dendato & Diener, 1986; Musch & Bröder, 1999; Wine, 1971; Wittmaier, 1972).

Cognitive-behavioral therapy (CBT) refers is a therapeutic technique which is based on the basic premise that any psychological disturbance takes place because of faulty information-processing. It is a generally considered the first-line treatment approach for anxiety disorders (Hofmann and Smith 2008). The therapeutic use of trance is found essentially in every culture across the world and most likely extends back to ancient times. The most recent definition of Hypnosis provided by American Psychological Association " a state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion" (Elkins, Barabasz, Council & Spiegel, 2015).

Cognitive Hypnotherapy is an elective therapeutic approach utilizing the interventions of both Cognitive Behaviour Therapy and Clinical Hypnotherapy. It is also known as Cognitive-behavioural Hypnotherapy (CBH), an integrative approach because of containing the techniques of Behavioural Therapy, Cognitive Therapy and Clinical Hypnotherapy.

CLIENT CHARACTERISTICS

Ms. Amanda was a 19 years old female. She was in the first –year of her bachelor –degree program. She belongs to a middle class family and was the single-child. She reported the problem of Test-Anxiety, because of which she tries to run-away or avoid the evaluative-situations and it also interferes with her academic-performance. According to her she was not aware when exactly the problem started but it became noticeable for her since last four years. Ms. Amanda's suitability for Cognitive Hypnotherapy was checked-

1. **Interest**-she was highly interested in Cognitive hypnotherapy as a treatment for her.
2. **Preference for non-drug treatment**- she was highly motivated for non-drug management of anxiety.
3. **High Suggestibility** -The handclasp test was carried out as an assessment of suggestibility. Ms. Amanda was asked to clasp her hands together tightly and to place them above her head with the palms facing outwards. She was then asked to close her eyes and to squeeze the fingers tightly together until her hands were locked so tightly together that she would find it very hard to separate them. The fact that Ms. Amanda found it hard to pull her hands apart indicated a relatively high degree of suggestibility
4. **Good Visualization**- Her ability to visualize was also tested. She was asked to close her eyes and imagine a scene. He was then asked to give details of the scene and was

able to do so with great vividness. This suggested good visualization ability, which would be useful in hypnosis.

5. **No Contraindications** -like a paranoid illness and psychotic tendencies were not found.

TREATMENT PLAN

It was decided that therapeutic sessions would consist of interventions utilizing the techniques of Cognitive Behaviour Therapy and Clinical Hypnotherapy.

1. Initially Cognitive Behaviour Therapy techniques will be utilized to identify the cognitive distortions and negative core beliefs leading to Test –Anxiety.
2. At the commencement of each session we would review the present status and the progress since the last session.
3. Clinical Hypnotherapy techniques will be used to explore any unconscious reasons contributing to reported problem and resolve that.
4. Hypnotic induction would be done through the techniques of Catalepsy and Hand-magnetism preferably.
5. Deepening techniques like Principle of Association and Bubbles technique would be used to make her to experience a deeper level of trance to facilitate emotional venting.
6. After Ms. Amanda would come out of the trance state in every session, she would be given freedom for a more cognitive exploration of the images and symbols, arising out of hypnotic session.
7. Ms Amanda would be taught self-hypnosis for making the improvement speedy and more and more permanent with time.

TREATMENT GOALS

The following treatment goals were negotiated by Therapist and Client

1. To decrease the level of Test-Anxiety.
2. To identify and work with cognitive-errors.
3. To decrease thought-suppression in Ms. Amanda
4. To decrease the fear of negative -evaluation
5. To improve the level of Self-esteem

SESSION 1 and 2

As a precursor to effective therapeutic-alliance, rapport was established with the client. Case-History was also taken. Her goals and expectations were explored and unrealistic goals were counteracted. The focus of the therapist was not only on the symptoms reduction only, but finding the underlying cause and the unconscious purpose. Assessment was done to quantify the baseline behavior, so that the level of improvement could also be quantified. Tools used are mentioned below-

1. Test Anxiety questionnaire by Nist and Diehl (1990)
2. White bear suppression Inventory by Daniel M. Wegner & Sophia Zanakos (1994)
3. Rosenberg self-esteem questionnaire by Morris Rosenberg (1965)
4. Brief Fear of Negative evaluation scale by Mark R. Leary (1983)
5. Beck Depression Inventory-Aron T Beck (1961)

Table Showing Baseline Performance

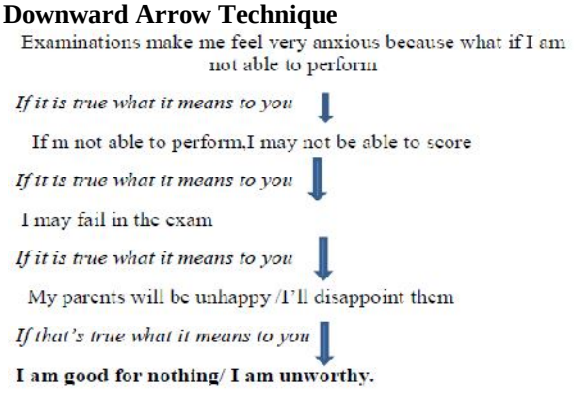
SN	Variables	Score	Interpretation
1	Test Anxiety	39	Unhealthy level of Anxiety
2	White Bear Suppression Inventory	20	Low level of thought - suppression
3	Self-esteem	14	Low level of self -esteem
4	Fear of Negative Evaluation	20	Fearful in some situations
5	Depression	12	Mild mood disturbance

SESSION-3, 4, 5 and 6

These sessions were more of oriented towards exploring the areas requiring intervention. Case Conceptualization was done on the basis of these sessions.

Thus Downward arrow technique was used to identify the cognitive-distortion working in the problem-scenario. Socratic-questioning specifically the "Clarification" "Probing-assumptions" and "Synthesizing and Summarizing" was used, which helped in identifying the cognitive-triad, client was facing. For homework a copy of cognitive-distortions containing names, definitions and examples of cognitive distortions was provided to her. Also, she was asked to write down her own examples of cognitive distortions in the space identified as "My Cognitive-distortions" as an intervention based on Psycho-education.

Downward Arrow Technique

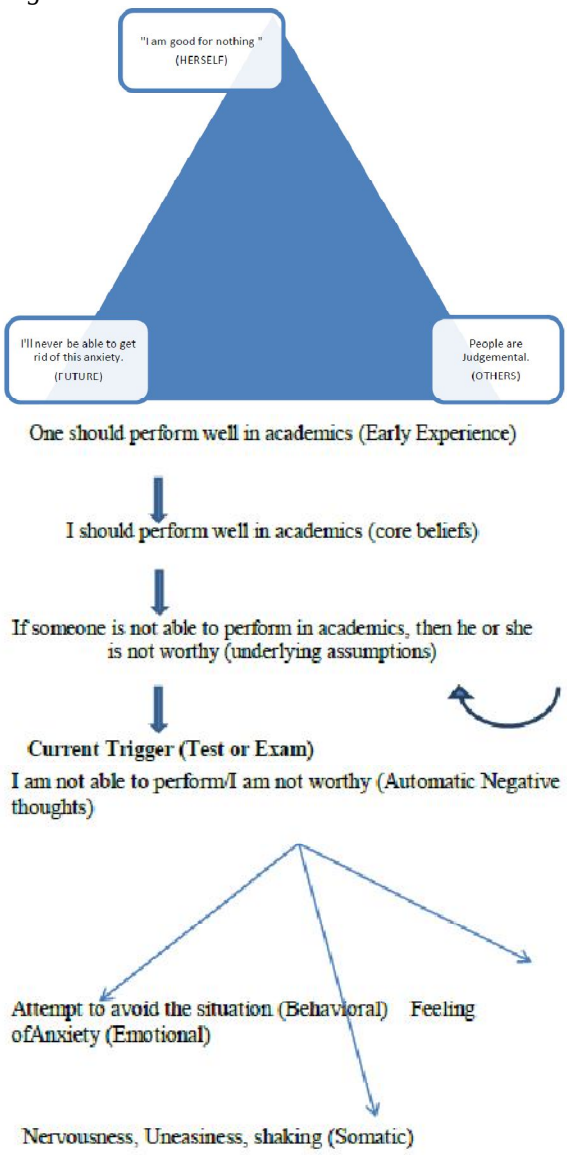


COGNITIVE-DISTORTIONS IDENTIFIED-

1. **All or nothing thinking** -"*In case of not qualifying the test or exam I am good for nothing*".
2. **Should-statements**- *"I should make my parents happy by scoring well in exams and academic internal-evaluations"*.
3. **Catastrophizing** -"*No matter how hard I try, I won't perform well*".
4. **Overgeneralizing**-"*I'll always be anxious during exams or any academic-evaluation situations.*"

COGNITIVE –TRIAD-

*Negative views about **HERSELF**----I am good for nothing*
*Negative views about **FUTURE** -----I'll never be able to get rid of this anxiety.*
*Negative views about **OTHERS**- People are Judgmental*



SESSION 7 and 8

In this session, she was asked to go back to a situation where she was experiencing test-anxiety in recent-times. As per her verbatim report, Automatic negative thoughts and associated feelings of discomfort and anxiety were recorded. Then cognitive-restructuring was done with the help of Socratic-questioning specifically "Probing –assumptions", "Questioning the view –point" by humbly asking her is there any alternative way to interpret the problem- situation and "Probing implications" by asking for worst-case scenario. Take Home message was---

*"**Events don't define people. Even if I am not able to qualify the test, this is not a question on me as a person**."*

Take Home message Card was given to her and she was asked to place it in her room, where she can see it daily. In the next session, assessment was again done. And practice of Daily Record of Dysfunctional Thought was done in session. Copy of the format was given to her for Homework and her doubts were clarified.

SESSION-9 & 10

Progress, since last session was discussed. She was given a session of Jacobson progressive relaxation. For homework she was given an audio of Jacobson progressive relaxation and asked to practice it daily. Next appointment was fixed after 15 days.

In the next session, first of all, Daily record of Dysfunctional thought was discussed with her, which according to her was very useful in finding out the cognitive-distortions and working with them. Assessment was done one more time. For inducing trance catalepsy technique was used. She was made to experience light trance. For Age-regression script of California-Hypnosis Institute U.S.A. was used. Hand-magnetism was used for trance-induction and Principle of Association for deepening of the trance. In the session she went back in time at the age of 13 years. She narrated an incidence of being at home and studying while her father was helping her with her homework. She was trying to solve a Mathematics-equation but was not able to. Her father was assisting her patiently but when it could not happen after three –trials. Her father got really angry and scolding her saying that ***if she keeps behaving in the same way, she is going to disappoint her parents one day for sure.***

She never saw her father to be so much angry with her. She was scared as well as embarrassed. She felt lonely and devalued and could not even cry at that time because she was really scared. And she thought if she cries, she will be getting even more scolding. Emotional –venting was facilitated and she was encouraged to express herself comfortably and completely. The insight she got in the session was

"***My father was angry because he loves me a lot and was concerned about my future. He expects me to perform well not because it defines what I am for***

him, but he wants me to be successful and happy in this highly competitive-world."

After that with her permission, she was taken out of the trance. She reported a feeling of relaxation and satisfaction, after coming out of the session and conscious unawareness of the so many details of the event she reached during the trance state.

SESSION 11 and 12

It was scheduled after a gap of one month. Progress was discussed. Progress was checked through the Assessment and verbal –report of the client. A session of Therapeutic-Interview was given after the induction of trance." Catalepsy was used to induce trance and bubble-technique was utilized as a deepening technique. In the session she was asked to keep a situation in mind where she generally feels test-anxiety. A feeling of being calm and relaxed in the similar conditioning was facilitated. Anchoring was done for that by evoking a metaphor. After it she was taken out of the trance. As the homework a practice of Self-hypnosis was given, in which she was supposed imagine her as that metaphor every night while going to sleep. After this session, she was again called with a gap of fifteen-days, for the termination-session.

FOLLOW-UP SESSIONS

Two-follow-ups sessions were conducted telephonically. One after three months and second was held after six months. She reported that she is able to maintain the gains of the therapeutic – sessions. She reported a bit of Test-Anxiety, but it does not force her to avoid the situation and also does not interfere with her academic-performance.

RESULTS

Assessment measures were used to track the changes which are indicative of improvement.

OUTCOME MEASURE

SN	Variables	Pre-treatment	Baseline performance	8th session	Post-treatment	Outcome
1	Test Anxiety	39	Unhealthy level of Anxiety	31	20	Exhibit some characteristics of Test-Anxiety (Range 20-35)
2	White Bear Suppression Inventory	20	low level of thought - suppression	21	16	Low (Range 15-21)
3	Self-esteem	14	Low level of self -esteem	18	25	High (Range 25-30)
4	Fear of Negative Evaluation	20	Fearful in some situations	14	11	Low (Range 0-12)
5	Depression	12	Mild mood disturbance	13	9	Normal ups and downs Range(1-10)

DISCUSSION & CONCLUSION

In this case study a teenager experiencing Test-Anxiety was treated with 12 sessions of Cognitive hypnotherapy within a time span of more than 21 weeks. It was reduced from Unhealthy level to exhibiting few characteristics of it. This study adds to the small body of literature on the effectiveness of CBT and Clinical Hypnotherapy as a treatment for Anxiety. This case indicates that, in some cases, where the therapies working only at the level of conscious mind not giving good results, a combination of the Interventions at conscious as well as Unconscious level can lead to improvement.

The main limitation case study has is that effect-size could not be calculated, as only one observation of pre-treatment baseline behavior was done, can be taken care in future research endeavors.

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