



STUDY ON THE EFFECT OF SELF-HYPNOSIS IN REDUCING EXAM ANXIETY

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ABSTRACT

Exam anxiety can impact on a student's ability to cope in both negative and positive ways. It is normal for students facing examinations to experience anxiety known as exam anxiety. It is also true that over anxiousness disregulates their homeostasis at physical, emotional, and cognitive levels which can result in poor examination performance. The current study has analyzed past reviews regarding test anxiety and its impact on students' performance in their examinations. The purpose of the study is to develop an awareness of the benefits which self-hypnosis can bring in promoting a healthy anxiety response, which would benefit students in coping with their exams. A literature review was completed using electronic databases for this study. The current study reviewed 30 articles from the year 1961 to 2018. The articles reviewed focused on test anxiety, positive and negative effects of anxiety on students, self-hypnosis and anxiety management. The study concludes that although test anxiety is common amongst students it has a positive effect on students in their preparatory stage. On the other hand, abnormal or over anxiousness negatively impacts on the students' functional level, thereby affecting performance and achievement. The current study suggests that training students in self-hypnosis and the practicing of self-hypnosis would promote the overall health and wellbeing in student populations.

KEYWORDS: Normal Anxiety, Abnormal Anxiety, Test Anxiety, self-hypnosis.

Normal and abnormal anxiety

Anxiety is a feeling that makes a person nervous or leads to the experience of unease about something. It is characterized by a feeling that the outcome is uncertain. This promotes anxious thoughts and worries that are disturbing and interfere with the person feelings of safety and well being and interfere with actions and reactions in their daily life. Definition of anxiety is a state of tension, apprehension and increased neural activity perceived at conscious level. (Spielberger et.al 1970).

In the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by the American Psychiatric Association (APA) (2013), anxiety is defined as the anticipation of future threats and is distinguished from fear, which is the emotional response to a real or perceived imminent threat. Further, in DSM-5, the term worry added gradation refers to the cognitive aspects of apprehensive expectations. Anxiety experiences are normal reactions to different life situations, however prolonged anxiety; negatively affect both the health and wellbeing of individuals. Anxiety is considered normal and adaptive, and is an experience that promotes an individual's functional level/wellbeing. Abnormal

anxiety is a chronic condition that impairs the individual's functioning and interferes with their physical, psychological and emotional well being (APA, 2013).

Abnormal anxiety affects a person's daily functioning, such as job performance, schoolwork, and relationships. The clinical threshold between normal adaptive anxiety and distressing pathological anxiety requiring treatment is subject to clinical judgment. Since the 20th century, pathological anxiety is considered to be a medical problem that has been classified as an anxiety disorder under psychiatric classification. Analysis of previous literature reveals that anxiety is a disorder or illness (Crocq, 2015). There are numerous types of pathological anxieties, classified by manifestations or symptoms and behavioral characteristics, such as specific phobia, social phobia, panic disorder, agoraphobia, and generalized anxiety disorder (DSM-5, 2013).

A person with a specific phobia has an intense, irrational fear of something that poses little or no actual danger. Specific cognitive ideation is not included in this disorder, and is categorized in other anxiety disorders.

The fear, anxiety, or avoidant behavior is instantly triggered by the phobic situation at all exposure to the triggering event. It is persistent and out of proportion to the actual risk posed. There are various types of specific phobias; animal, natural environment, heights, elevator, etc. (DSM-5, 2013). Social phobia is also known as a social anxiety disorder. The individual with this phobia becomes scared or anxious when exposed to or thinking about social interactions and seeks to avoid them in all instances. Anxiety is triggered by situations where the possibility of being scrutinized by others is present. These include social interactions such as meeting new or unfamiliar people, situations in which the individual may be observed while eating or drinking, and situations in which the individual is the center of the attention (for example, presenting a speech). The individual with social phobia is scared of being negatively evaluated by others, by being embarrassed, humiliated, or rejected, or of offending others (DSM-5, 2013).

On the other hand, individuals with panic disorder experience sudden attacks of terror. They are also persistently concerned or worried about having more panic attacks and change their behavior in maladaptive ways due to this fear. They may avoid doing certain exercises or visiting unfamiliar locations. Panic attacks are abrupt surges of intense fear or intense discomfort that reaches a peak within minutes, accompanied by physical/cognitive symptoms (DSM-5, 2013). Individuals with agoraphobia are fearful and anxious about situations such as using public transportation, being in open spaces, being in enclosed places, standing in line, being in a crowd, or being outside of the home or alone in other situations. The fear of these situations originates from the thoughts that escape is difficult, and help is not available when the panic-like symptoms or other incapacitating embarrassing symptoms manifest. These thoughts induce fear and anxiety, the individuals try to avoid the situations or need the presence of a companion (DSM-5, 2013).

The abnormal anxiety in co-morbid anxiety disorders specified in DSM5 such as generalized anxiety disorder includes persistent and excessive anxiety and worry about various things, which are difficult to control as main symptoms. This anxiety affects performance at work and at school. The individual with a generalized anxiety disorder also experiences physical symptoms, such as feeling restless, sick or nauseous, difficulty concentrating, irritability, muscle tension, and frequently experiences sleep disturbance (DSM-5, 2013).

Prevalence of exam anxiety

The prevalence of exam anxiety in the literature reviewed demonstrates approximately 25-40 percent of university students suffer from exam anxiety in the United States. (Gibson 2014) Literature review has evidenced that exam anxiety ranges from 6-64 percentages. (C. S., 2014). The percentage of exam anxiety evidenced globally, and observed in the previous

literature is, Pakistani 64%, Iran 40.3%, German 29.9%, Taiwan 7%, and India 6%. (Hashmat *et al.*, 2008; Miri *et al.*, 2013; Tektas *et al.*, 2013) Studies have evidenced that 52% of medical students' experience exam anxiety in Malaysia. This analysis provides an overall context regarding the prevalence of exam anxiety and signifies the need to develop an awareness of exam anxiety, its impact on functional and dysfunctional living and its consequences on examination performance. Such information could help students better manage their exam anxiety, the impact on their daily life as well as potentially improve their performance during the examination. A study on Canadian University students' experience of severe exam anxiety is evidence in nursing students (52.3%) and computer science students (42.9%). Gerwing *et al.*, (2015).

Another study, in the United States, identified 30% of nursing students experience higher levels of exam anxiety. The rates are nearly double the rate in comparison to the general public and college students (Driscoll *et al.* 2009). This current study signifies the need for students in universities to be informed about the disadvantages to them regarding the high level of exam anxiety and to be motivated and trained in techniques for managing their anxiety.

Self-hypnosis

The self-hypnosis is a way of creating a hypnotic state for oneself. It is done by the individual and is different from hetero hypnosis, which requires an operator called the hypnotherapist. Self-hypnosis is a relaxed state created by the individual. The usual method is to narrow the focus of attention and directing attention inward towards something specific. It usually includes an image accompanied by a group of words called a suggestion. Self-hypnosis creates a relaxed state, which enhances the efficacy of self-suggestion; these are suggestion that the individual repeats during the state of self-hypnosis. Self-hypnosis is also known as autosuggestion; the nature of the auto-suggestive practice is characterized by intense concentration on a group of words. Autosuggestion like self-hypnosis directs the individual's attention onto a specific group of words, which are designed to bring about a specific outcome. Commonly utilized suggestions include general statements such as - feeling better in every way; I am feeling better and better. During the auto-suggestive state the individual is required to avoid intrusive or distracting thoughts and to maintain their focus on the autosuggestion. The self-hypnosis process also includes thoughts, emotions, memories, and feelings, which reflect the meaning of the suggestion to that individual.

Erika Fromm and Stephen Kahn's (1990) identified that there are significant variation and diversity in the practice and application of self-hypnosis. This means that creating one definitive model of self-hypnosis is difficult. The Scottish physician and surgeon James Braid coined the English term hypnotism in 1841. Braid

first employed self-hypnotism two years later, first using it on him-self and later teaching it to his patients. Braid together with colleagues instituted self-hypnosis on the 1st May 1843, which formed the first experiments of its kind. Each demonstration was successfully performed by Braid; later observations on Trance or Human Hybernation (1850).

Braid provided the first explanation of self-hypnosis as the use of hypnotism on one's own self. Émile Coué originally associated with the Nancy School of Hypnosis also added to the understanding and nature of suggestion both in autosuggestion and in self-hypnosis. Coué work contributed significantly to the self-help system at the start of the 20th century. He is internationally renowned for his contributions to the subsequent development of self-hypnosis; employing self-hypnosis on his followers, such as Charles Baudouin. Regard Coué as part of the field of modern hypnotherapy.

The German psychiatrist Johannes Schultz introduced autogenic training as a relaxation technique. The technique involves a progressive relaxation that begins from learning physiological control, such as muscle relaxation, breathing, and heart rate control. Schultz also includes psychological learning in advance stage of relaxation through the use of mental imagery and audio stimulation.

The British physician, John Hartland included Schultz techniques in the training of self-hypnosis creating a technique called Hartland's Progressive Relaxation Induction. This method formed the cornerstone of the British medical model of hypnosis in the 20th century. Hartland adapted Coué suggestions and combined them with his progressive relaxation induction model to create self-hypnosis training for his patients. Hartland observed that these methods were particularly effect for patients presenting with anxiety or neurotic disturbances. John Hartland contributed significantly to the medical use of hypnosis as is often referred to as the father of modern medical hypnosis.

Impact of exam anxiety on immune system

This study analyzed previous literature and observed that self-hypnosis/ relaxation training is evidenced as effective in reducing symptoms of psychological distress reflected in the moderate immune system reactivity to examination. Over anxiousness and stress effect immune function, which can result in psychosomatic, related problems. Self-hypnosis training has a positive impact on both the psychosocial and immune effects and is found to be useful in stress management with self-hypnosis evidence at better immune outcomes in students.

Common uses self-hypnosis

In recent decade's self-hypnosis has become a regular component of a hypnotherapy session. Self-hypnosis provides patients with a method to reinforce suggestions and continue to relax between sessions. It is therefore

usually offered as a homework exercises. Subjects are taught how to enter the state of hypnosis for themselves and to repeat the suggestions established during the therapy session. This form of self-hypnosis is usually carried out daily as part of a routine and can be used to manage health conditions such as chronic pain, anxiety, depression, insomnia, obesity, asthma, skin allergies, stress, low self-esteem and to maintain behavioral change and motivation. Patients and clients are encouraged to practice once a day for between three to six weeks. Once the subject has mastered the technique they will additionally experience enhanced positive affect and reduced negative affect, improved feelings of well being and personal confidence. Other common experiences are improved concentration, memory recall, enhanced problem-solving abilities, reduced stress and anger responses, an alleviation of tension headaches, and even an improved sense of control over their emotional responses.

The practice of self-hypnosis requires motivation and repetition. Subjects will repeatedly enter structured progressive relaxation, focus on their suggestion and imagine the goal or outcome. Subjects often describe the experience as pleasurable, relaxing, enjoyable and satisfying. The skills learned to relax and manage stress during self-hypnosis are easily retained and subjects can easily recall these skills for future use at times of stress or anxiety.

Self-hypnosis for reducing abnormal exam anxiety

Self-Hypnosis is evidenced as effective in the management of healthy exam anxiety, and stress among university students. It is evidenced in the literature that self-hypnosis audio program help to prepare a person mentally for any type of test. Experienced hypnotherapists can train individuals in self-hypnosis, which is simple to learn and can be done effectively and quickly in one or two sessions. The duration of these sessions is between 30 minutes and one hour. Learning self-hypnosis helps them to stay calm and feel confident before and during the examination and can directly and indirectly contribute to reduce exam anxiety.

Hypnosis is described as the most powerful naturally occurring relaxant known to man. It is drug free, affordable with no evidence for negative side effects in stable individuals. Training is most effective when made by an operator (hetero hypnosis) who can assist the individual to make specifically meaningful suggestions. The individual can easily reproduce the experience in the form of self-hypnosis. Regular practice either with the operator or individually (self-hypnosis) means that subjects can enter states of deep relaxation at will. This state of self-hypnosis is effective in helping individuals to manage their examination anxiety. The combination of self-hypnosis and autosuggestion can further improve individuals to focus of specific outcomes or reduce specific anxieties. A hypnotherapist, through autosuggestion and even via generic audio CD, can make

the delivery of both the hypnosis and suggestion. CDs are regularly sold as a generic means of achieving relaxation and suggestion easily and with minimum effort. Autosuggestions can be directed and specific or delivered as a general suggestion or even as a metaphor. All methods mentioned are effective and the delivery method usually depends of the suitability to each patient or client, the preference of the operator and the accessibility of hypnotherapist to the patient or client.

CONCLUSION

In conclusion, the current study by Menon S and Bhagat V identifies the positive benefits of self-hypnosis training for students during their preparatory stage for exams. It adds to the knowledge, which identifies the prevalence of exam anxiety and the benefit of self-hypnosis to promote healthy anxiety. It also identifies the benefits of self-hypnosis in reducing over anxiousness in students thereby preventing deteriorates in their performance and achievement during examination. The current study also suggests that training and practice of self-hypnosis promotes an overall health and wellbeing to student populations. Additionally the reduction of stress caused by academic demands will have a positive impact on immune function. The practice of self-hypnosis reduces distress and cessations differential immune effects. In this study the authors communicate their suggestion to schools, colleges and universities; to include training programs for self-hypnosis on a regular basis, by appropriately trained professionals. This will help students in their preparation and performance during examinations. It will additionally provide them with beneficial life-skills for the future and enhance the overall health and wellbeing for the community and nation as a whole.

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