

COGNITIVE-BEHAVIOURAL HYPNOTIC TREATMENT FOR MANAGING EXAMINATION ANXIETY AND FACILITATING PERFORMANCE

Calvin Kai-Ching Yu

Abstract

This paper delineates a treatment group, including three Chinese undergraduate participants, run for managing examination anxiety and facilitating performance, principally derived from the stress management programme designed by the Hypnosis Unit of University College London. The treatment group comprised four sessions spread over two weeks and was carried out just before, in between and immediately after the examinations. Hypnosis was utilized as an adjunct to cognitive-behavioural therapy in tackling the stress in relation to examinations, and in facilitating revision, sleep and examinations. Although formal assessments of achievement anxiety showed only mild changes, personal reports reflected improvements in both anxiety management and performance during examinations along with changes of perspectives towards learning and examinations. Copyright © 2006 British Society of Experimental & Clinical Hypnosis. Published by John Wiley & Sons, Ltd.

Key words: Chinese, cognitive-behavioural therapy, examination anxiety, hypnosis, performance facilitation, treatment efficacy

Introduction

Evidence supporting that hypnosis is a promising intervention in assisting students to study has been documented in clinical reports as well as experimental studies (e.g. Goldburgh, 1968; Stewart, 1980; Channon and Jackson, 1985; Galyean, 1986; Stanton, 1988, 1993, 1996; Palan and Chandwani, 1989; Sapp, 1991; Nath and Warren, 1995; Whitehouse, Dinges, and Orne, 1996; Hart and Hart, 1996; Pearce, 1997, 1999; Gruzelier, Smith, Nagy, and Henderson, 2001; Laidlaw et al., 2003). In these studies, the uses of hypnosis range broadly from preparation for examinations, through to sitting examinations and alleviating the related anxiety.

Likewise, the mechanisms underlying various hypnotic interventions for examination anxiety seem to be multifaceted. In the first place, hypnotic visualization can overcome performance anxiety in the achievement of personal goals (Stewart, 1980; Pearce, 1997). In a less direct way, self-hypnosis also buffers the effects of examination anxiety on depression, confusion and fatigue (Laidlaw et al., 2003), and prevents the stress-related decline of cell-mediated immunity (Whitehouse et al., 1996; Gruzelier et al., 2001).

More than managing anxiety relating to examinations, it appears that the uses of hypnosis can facilitate learning or performance. In Gruzelier et al.'s (2001) study, for instance, participants were given self-hypnosis training involving imagery directed at increasing energy, alertness and concentration. It has also been suggested that the use of hypnotic visualization facilitates participants to see their ideal self and therefore directs their mind in a positive direction (Garver, 1990).

Nevertheless, the efficacy of applying hypnosis to facilitating school performance is far from conclusive. In an early study (Palan and Chandwani, 1989), medical student participants were invited to attend eight group hypnosis sessions once a week with general ego-strengthening and specific suggestions for study habits, with a ninth session of age progression and mental rehearsal. The participants improved significantly in coping with examination stress, but no significant changes in performance on examinations were noted. In another study, Stanton (1988) investigated sixty secondary school students with high test anxiety scale scores. They were instructed on the use of the clenched-fist technique with or without prior hypnotic induction. In contrast to the findings of the aforementioned study, both groups showed significant improvements in examination performance, with the one trained in the hypnotic state achieving the better results. The efficacy of using hypnosis for improving performance was even more dramatically demonstrated in Stanton's (1993) later study, in which after receiving individual hypnotherapeutic training, ten of eleven medical practitioners passed their fellowship examinations that they had previously failed.

In the preceding clinical report (Yu, 2005), the author suggested that the application of cognitive-behavioural-based hypnotic procedures amongst Chinese people for general anxiety management is encouraging. This paper describes a treatment group run for tackling specific examination anxiety and facilitating performance through the use of hypnosis combined with cognitive-behavioural methods. The treatment protocol was principally derived from the undergraduate stress management programme designed by the Hypnosis Unit of the University College London (Walters and Oakley, 2000).

Presenting problems of participants

The treatment group included three Chinese undergraduates: one male (NL) and two females (FN, HL). All participants manifested different presenting problems and symptoms in relation to examinations. FN's mind drifted away for such a long time in her revision, and so frequently, that her revision lagged much behind her premeditated schedule. She complained that although she looked at a text, her mind could not concentrate but instead drifted away so that for every quarter of an hour of revision, she daydreamed for half an hour. HL's examination anxiety blended with theatrical emotional frustrations, in particular when she came across something that she did not understand during revision. This emotional frustration very much disturbed her revision. Worse still, she also had quite serious sleep problems and was extremely exhausted during the examinations. NL, interestingly, was not aware of his anxiety until he noticed his own behavioural symptoms. Instead of getting ahead with his revision in the face of the impending examinations, NL indulged in junk foods and above all sweets, surfed the web for information 'relevant' to his study, and engaged in perpetual and rigorous exercises, chores and anything that had the potential to kill time.

In identifying the sources of their anxiety, NL found that he feared forgetting or missing some points during examinations (i.e. retrieval problem). HL was anxious about the 'possible catastrophe' that she could not graduate because of unsatisfactory results. If so, she thought that she would have squandered the past several years and her parents' financial support, and more importantly would disappoint her parents. FN was simply afraid of bad results, and more crucially of her own self-reprimand.

Overall, more than the actual performance stress during examinations, their anxiety was manifested in the hindrance during revision. Despite the diversity of their difficulties and symptoms, the participants shared the belief of 'possible' poor performance during

examinations and unsatisfactory outcomes. In view of these, their difficulties could generally be understood in terms of dysfunctional beliefs and cognitions about the danger posed by the *pending* anxiety situations (Beck and Emery, 1985).

Assessment

A Subjective Units of Discomfort Scale (SUDS; Miltenberger, Fuqua, and Woods, 1998) from 0 to 10 (10 being at the most severe end of the scale) for measuring the general anxiety level about examinations, and the Achievement Anxiety Test (AAT: Alpert and Haber, 1960) were administered both before and after the programme. The AAT is a 19-item instrument designed to measure anxiety about academic achievement. The AAT consists of two separate scales, a 'facilitating scale' which assesses anxiety as a motivator, and a 'debilitating scale' which assesses the degree to which anxiety interferes with performance. In the facilitating scale, the smaller the number, the more facilitating the anxiety is as a motivator. In the debilitating scale, the larger the number, the less debilitating the anxiety is. The mean score on the facilitating scale found by the original study is 27.28 (range from 9 to 45), and on the debilitating scale, 26.33 (range from 10 to 50).

The three participants had in general better scores than the average (Facilitating Scale: HL: 28; NL: 25; FN: 25; Debilitating Scale: HL: 32; NL: 26; FN: 34), except HL's facilitating score, which was just bit higher than the average. Paradoxically, although they felt subjectively that they were very anxious about examinations and as measured by the SUDS their anxiety levels were high (NL: 7, FN: 7, HL: 8), the objective scores as measured by the AAT indicated quite the opposite. Their anxiety seemed more to be facilitating than debilitating their performance, and perhaps what really disturbed them were their cognitive beliefs. On the other hand, this might also reflect that instead of the anxiety interfering *during* examinations, it was anxiety *towards* examinations in other times (e.g. revision) that interfered. Note that the AAT focused specifically only on performance anxiety *during* examinations.

Corresponding to the CBT model of stress management, a checklist (Palmer and Dryden, 1995) was included in the investigations for the participants to identify psychological and emotional, behavioural, and physical signs of their stress with a scale from 1–10 (10 being at the most severe end of the scale) for each symptom in the first session. The three participants showed all three kinds of stress symptoms (see Table 1). All of them shared the symptoms of 'difficulty in concentrating', 'increased caffeine intake', 'procrastination', 'lethargy', and 'mild headaches'. The results were consistent with the aforementioned clinical pictures of their presenting problems.

In the second session, a checklist (Burns, 1980) was used to help participants recognize their distorted thoughts, which might be associated with their stress with or without causal relations. All of them had had individual dysfunctional thoughts that might potentially interfere with their revision and performance in the examinations. HL identified five kinds of her distorted thoughts including 'all or nothing thinking', 'jumping to conclusions', 'mind reading and fortune telling', 'should statements', 'labelling herself with her shortcomings' and 'over-generalization'. Both NL and FN identified three sorts of distorted thoughts with themselves, for NL: 'mental filters', 'discounting the positives', and 'over-generalization', and for FN: 'minimization (shrinking the value of her examination results)', 'emotional reasoning', and again 'over-generalization'.

Specifically, NL for instance, habitually self-deprecated himself and attributed any of his success to luck. It was difficult for him to give credit to himself. HL took every

Table 1. Anxiety symptoms

Symptom	Rating		
	HL	NL	FN
Psychological and emotional signs			
Sleep problems		3	1
Difficulty in concentrating	7	5	3
Confused thoughts		3	1
Relationship problems		3	
Difficulty in 'switching off'		7	
Feeling emotionally 'up and down'	7		2
Loss of enthusiasm		4	
Loss of self-esteem		4	
Behavioural signs			
Increased nicotine, caffeine, alcohol intake	1	5	3
Over-eating or under-eating	3	3	
Putting things off (procrastination)	6	7	5
Lethargy	7	3	7
Irritability/aggression			
Accident proneness			
Talking, eating, walking faster			3
Clenched fists, grinding of teeth			
Crying	7		1
Physical signs			
Palpitations		2	
Nausea, indigestion		4	
Sexual problems			
Dry mouth		3	
Frequent urination	3		
Allergies/skin problems			
General lowering of the immune system		2	3
Headaches	1	3	2

opinion given by others 'very seriously'. When someone modified her work or corrected her mistakes for her, she would think how stupid she was. Also, HL found that she used quite a lot of 'should' statements in conversations. For example, she frequently thought that she 'should' understand every text she read, she 'should' pass and 'should' graduate, as if otherwise something terrible would happen.

Cognitive-behavioural hypnotic interventions

In view of the clinical picture that all participants suffered corresponding cognitive and behavioural stress symptoms, the cognitive-behavioural-based hypnotic treatment was an appropriate choice for helping them to tackle their problems and facilitate performance via generating more positive attitudes. The four sessions were planned based on the University College London Hypnosis Unit programme (Walters and Oakley, 2000), with the purpose of providing the participants with task-oriented coping techniques to replace their passive or defence-oriented ones (e.g. engaging in irrelevant activities,

defensive kind of self-reprimand, etc.). In the light of the assessment, it seemed necessary to address the problems in relation to revision, in addition to the actual performance during the examinations.

Session 1: introducing hypnosis as a general stress management technique in controlling emotional, behavioural, and physiological anxiety

The first session introduced the cognitive-behavioural-physiological model of anxiety, some handy concepts of hypnosis, and its uses in stress management. After helping the participants identify their symptoms of stress, the psychologist introduced hypnotic relaxation and self-hypnosis to them by exploring the situations in which they could feel relaxed and comfortable (i.e. 'special places'). The hypnosis began with a warm-up exercise of imagining the anxiety situation and paradoxical injunction (i.e. self-talk or images that aroused their anxiety about examinations). The psychologist reinforced the vividness of their anxiety situations by guiding them to explore their imagery. The participants were then asked to open their eyes and talk about their feelings. In general, they were able to experience the anxious feelings as though they had really stepped into the anxiety situations. It was emphasized that they could simply increase or instigate their anxiety by changing the images in their heads.

After that, the standard procedure, aiming at introducing the general hypnotic techniques and giving posthypnotic suggestions of stress management, was started, from progressively shifting attention to the inner experience and thereafter the breathing technique. With the aid of symbolic breathing imagery for both relaxing and releasing their tension, their feelings were further reinforced by the progressive relaxation with special emphasis on reciprocally facilitating mind and body relaxation. In the meantime, they were asked to detect their physiological feedbacks and changes. In synchronizing their physiological reactions, the psychologist gradually paced their breathing and the movement of their abdomens with his words.

The progressive relaxation was followed by visualizing a flight of steps as the deepening technique, bringing them to their own 'special places'. In their 'special places' they were guided to experience positive feelings through different sensory modalities. Up to a point the positive emotions and deep relaxation were shown in their changing body manifestations and physiological tempos. Gesture anchoring was used, along with the posthypnotic suggestions. These included safeguarding against any possible undesirable outcomes in doing hypnosis, encouraging internal locus of control, and facilitating their future hetero- or self-hypnosis and relaxation reflexes in reaction to their anxiety situations.

Session 2: using hypnosis to break the dysfunctional cognitive cycle of stress and to facilitate performance

This session was arranged to help the participants identify their dysfunctional cognitions and the vicious negative hypnotic cycle (Araoz, 1981) in relation to their examination anxiety. Hypnosis was used for alleviating the cognitive part of anxiety, encouraging positive attitudes towards learning and examinations, and thus facilitating performance.

Having filled out the checklist for identifying their dysfunctional thoughts (Burns, 1980), the psychologist engaged them in discussion about their own unfounded beliefs and how such beliefs may self-fulfil and hinder their revision, examinations or performance in context with vicious auto-hypnosis. For instance, FN thought that if the result of one module was unsatisfactory, then everything went wrong. She thereafter simply

gave it up, or worse still gave everything up. She was once upset by the grade of one of her papers in a certain module in that it was very much lower than what she got before. After that, she found that she could no longer continue her effort on that module. She lost her previous enthusiasm and was even tired of that lecturer.

After raising their awareness and concern about dysfunctional cognitions, the psychologist prepared the participants for the hypnosis practice. They were given some ideas as to how hypnosis may help in generating a more positive attitude or cognitive style towards learning in breaking the vicious cycle of self-fulfilling prophecy or negative self-hypnosis.

Simplified induction by attention shifting and re-experience of the previous hypnosis was adopted in this hypnosis practice. This was followed by breathing with colour imagery for both deepening and stress management, with particular emphasis on the suggestions of intuition, flexibility, and widened latitude of thinking. Gesture anchoring was once again suggested to associate with the positive feelings including basically the confident and relaxation feelings experienced in their 'special places'.

With the purpose of preparing them for the examinations, the participants were led through benign progression to the examination situation. The psychologist linked the image and concept of examinations with the preceding breathing exercises for rehearsing instantaneous stress management, and with their upbeat 'special places'. In rehearsing the examinations in the hypnotic state, the participants were invited to see themselves in control and just as they would like to be. It was suggested that they read the paper and planned answering the questions calmly. Up to a point the participants, as indicated by the ideomotor response, reached the peak of the vivid examination experience with strong, confident, relaxed, energized or other good feelings associated with their 'special places'. The posthypnotic suggestions for a sharp and clear mind as well as natural and efficient performance were given. Prior to alerting them, they were invited to conceptualize the examinations and learning in any way that was constructive or useful to them.

With regard to their feedback, the participants found the examination part was extraordinarily vivid and *pleasurable* for all of them. They had a very good feeling (i.e. pleasurable excited and confident) towards examinations. At the end of the session, the psychologist summarized the use of hypnosis in anxiety management, and in facilitating learning and performance in examination.

Session 3: problem solving and task-oriented coping via rapid self-hypnosis

Having reviewed the experience of anxiety, examinations and self-hypnosis for the past week, the session went on to identify the possible sources of their anxiety and other specific problems relating to learning, resolving the difficulties in doing self-hypnosis and their relevance by the rapid self-hypnotic methods.

Some examples of the problems and solutions are as follows:

Problem 1: FN felt 'stuck' during revision.

Solution 1: Some simple hypnotic techniques may be helpful for unwinding and relaxing her mind. She could even try to revise the 'learnt' information and materials within the hypnotic state, which probably helped her to absorb and organize the materials.

Problem 2: As pointed out by HL, the participants had examinations on three consecutive days. The extremely tight examination schedule meant that they were unable to practise the self-hypnosis routine regularly 'in the service of' revision. They thought that practising self-hypnosis would hinder their revision. In the previous two sessions, the psychologist used quite a standard and extended approach in leading the participants

to get as deep as possible into the state. This might lead them to believe that it should take a long time for them to do self-hypnosis.

Solution 2: The participants could use *rapid* self-hypnosis for future progression, anxiety management, or posthypnotic suggestions for confidence and success, instead of the standard one. Alternatively, they could practise self-hypnosis *during sleep*. This had a secondary advantage of facilitating sleep for HL. NL very much agreed in that he found that by using self-hypnosis the quality of his rest and sleep showed great improvement. Rapid hypnosis, which did not take much time, could indeed also be used for facilitating revision (e.g. to clear and focus mind quickly, and to facilitate absorption, etc).

Problem 3: It was difficult for NL to focus his attention on his self-hypnosis routine because of the noisy environment, including at home.

Solution 3: After group discussion and clarification by the psychologist, it seemed that it was not necessary to practise self-hypnosis in quiet situations. In dealing with this problem, he could try paying attention to the noise first instead of circumventing it, and by then shifting his attention internally.

After briefly discussing their individual problems, the psychologist led a group rapid hypnosis. This simply involved focusing attention, dealing with noise, and a breathing exercise. None of the participants dwelt on any unnecessary or irrelevant issues during this rapid hypnosis. This proved to them how self-hypnosis could clear and focus their minds quickly. It was recapitulated that this rapid self-hypnosis could be applied to a wide spectrum of problems related to learning and examination stress. The whole process could be finished within 30 seconds.

Session 4: consolidation

Having collected their feedback and compared their experiences between the examinations this time and the previous ones, the psychologist summarized and consolidated the uses of hypnosis in various areas of learning, besides managing stress and improving examination performance. The group likewise discussed what they had learnt from this examination experience, and what they could improve and prepare for the next one, in relation to their attitudes, beliefs and behaviours towards examinations and learning.

By the end of the session, the psychologist restated their new perspectives with respect to learning and taking examinations in order to provide them with a clear and concrete concept of what exactly they wanted and expected from examinations and learning. Surprisingly, after these several sessions, they did not find the results of their examinations were as important as they had previously thought. In general they had more open attitudes towards learning instead of limiting their attention and purpose to gaining good examination results. In terminating the session, a transient hypnotic state was created via a rapid induction, in which the participants were directed to think of the good feelings and new perspectives.

Outcome of treatment

As mentioned in the assessment section, the participants' pre-AAT scores were above the average. This was even more so after the treatment group. Both NL and FN showed a mild improvement in AAT, in both anxiety as a motivator (as measured by the facilitating scale) and the degree to which anxiety interfered with performance (as measured by the debilitating scale), although HL showed no significant difference in pre- and post-AAT (see Table 2). SUDS indicated a decline of general examination anxiety throughout

Table 2. AAT before and after treatment

AAT Treatment	Debilitating scale		Facilitating scale	
	Before	After	Before	After
HL	32	32	28	29
NL	26	33	25	22
FN	34	35	25	21

the sessions (final SUDS: NL: 4; FN: 5; HL: 5). All psychological, behavioural and physical signs were likewise rated lower in the stress symptoms checklist (Palmer and Dryden, 1995) administered in the intermittent follow-ups for a month. This decrease in examination anxiety is however not unexpected in that all the post-tests were done after the examination period. It is also worth noting that there were a number of uncontrollable factors that might have affected the outcomes of the current treatment group. First, the four sessions were finished within two weeks, and therefore the participants might not have had sufficient time to consolidate the uses of hypnosis and the counselling experience. Second, their examination schedule was unusually tense, and this surely burdened them with additional pressure. Third, although there was no compelling evidence of resistance against hypnosis or the psychologist, they did not practise the hypnotic routine regularly, which is a critical factor for effective hypnosis. Notwithstanding these, individual reports from the participants indicated better performance and evident changes in attitudes towards learning and examinations.

Compared with their previous experience, all participants had done their best during the examinations without any memory retrieval problems that they expected before. In particular, NL was refreshed and energized even after a very brief rest with the aid of hypnosis. He could also write and think fluently during the examinations, which went surprisingly smoothly. Likewise, HL thought she wrote quite smoothly and confidently during the examinations, in addition to experiencing a better quality of sleep. When she was anxious previously, she did nothing to manage her anxiety and just allowed it to overwhelm her. After the group, she felt less helpless in that she could take a more active role by letting herself relax, slow down and enjoy the feeling of tranquillity and peacefulness that she learnt from hypnosis. FN found everything went more smoothly, especially thinking. She developed her own method of revision, that is, not forcing herself to memorize everything, but remaining confident that she had learnt the materials. Although she sometimes did not find the material in her conscious thinking after revision, she found that she could write a lot of things, which interestingly came out effortlessly from her 'deeper mind'.

More than improving their performance, HL and FN who originally found it difficult to motivate themselves to read and learn especially during the examination-free periods, became motivated towards learning after the treatment group. In general they had a more open attitude towards learning instead of limiting their attention and purpose to gaining good examination results.

Discussion and conclusion

Anticipation is not merely carried on for its own sake; it is carried on so that future reality may be better represented. It is the future which tantalizes man, not the past. Always he reaches out to the future through the window of the present. (Kelly, 1955: 49)

Both formal and informal investigations indeed suggested that the participants' functioning was interfered with by their anticipated anxiety towards examinations during other times such as revision, rather than the examinations per se. Cognitive-behavioural modification and benign progression were therefore clearly implicated in tackling the problems arising from the debilitating anticipation of 'the future through the window of the present'.

In hypnotherapy, as underpinned by Gibson (2001), it may be necessary deliberately to provoke a certain degree of anxiety in therapy to give the patient practice in coping with distressing situations, at first in imagery and later in life if possible. Another example of the therapist using hypnosis as a means whereby anxiety can be used constructively is the deliberate provocation of abreaction in a more psychodynamic sense. This is usually in cases where patients find it difficult to express their emotions, or admit to themselves that they feel both anxiety and anger (Gibson, 2001). In any case, the three participants in the current programme seemed to present a mild tendency to block themselves from the relevant emotions by, for instance, engaging in some irrelevant activities (e.g. NL kept himself busy with chores and exercises) or simply disengaging oneself from the activities related to one's learning (e.g. HL lost interest in the subject that fascinated her before, daydreaming etc).

The above two arguments give the rationale for the imagery of anxiety situations along with the paradoxical injunctions, which provided an opportunity for the participants to experience a reasonable amount of anxiety. This might be a good and constructive introduction for anxiety management before associating the anxiety situation with positive feelings, for both a transient abreaction effect and increasing their hypnotizability, in addition to facilitating their confidence and skills in control.

Besides the three sessions built in to the original University College London protocol, the current treatment group included a session for problem solving and task-oriented coping via rapid self-hypnosis (session 3). It seems that an additional session is required in order to deal directly with some common misunderstandings about the uses of hypnosis. Reverberating the previous clinical report (Yu, 2005), a cultural preference for rapid hypnosis, the time-effective and solution-focused approach is indicated. Furthermore, this report reaffirms the previous suggestion that hypnosis is effective in fostering positive attitudes amongst Chinese participants.

Although the formal assessments of achievement anxiety showed no obvious changes, probably due to the nature of the participants' examination anxiety, personal reports reflected an improvement in their management of stress. In addition to the improvements in motivation, self-esteem, confidence, coping attitudes and techniques, and stimulating memory during the examinations as opposed to being interfered with by anxiety, the participants demonstrated changes of perspective towards examinations, and gained a clear purpose of learning. The immediate effect of the benign hypnotic progression of examination was impressive. After this practice, they felt pleasurable excited and confident towards examinations. In general they trusted their bodies and perhaps preconscious minds more, letting themselves write naturally and perhaps automatically without too much deliberate control of their minds during the examinations.

The treatment responses of the participants in the current group implied that it is persuasive to apply hypnosis for managing examination stress, facilitating performance and consolidating experience amongst the Chinese population. It also provides encouragement for the cross-cultural generalization of empirical evidence on hypnotic treatment accumulated in the West.

References

- Alpert R, Haber RN (1960) Anxiety in academic achievement situations. *Journal of Abnormal and Social Psychology* 61: 207–15.
- Araoz DL (1981) Negative self-hypnosis. *Journal of Contemporary Psychotherapy* 12(1): 41–52.
- Beck AT, Emery G (1985) *Anxiety Disorders and Phobias: A Cognitive Perspective*. New York: Basic Books.
- Burns DD (1980) *Feeling Good: The New Mood Therapy*. New York: William Morrow.
- Channon LD, Jackson JA (1985) The patient can be the last to know about therapeutic change. *Australian Journal of Clinical and Experimental Hypnosis* 13(1): 69–70.
- Galyean BC (1986) The use of guided imagery in elementary and secondary schools. *Hypnos: Swedish Journal of Hypnosis in Psychotherapy and Psychosomatic Medicine* 13: 50–5.
- Garver RB (1990) Suggestions for studying, concentration and test anxiety. In: D Corydon Hammond (ed.) *Handbook of Hypnotic Suggestions and Metaphors*. New York: W. W. Norton, p. 445.
- Gibson HB (2001) Hypnotherapy and anxiety. In: M Heap, Windy Dryden, *Hypnotherapy: A Handbook*. Buckingham: Open University Press, 31–47.
- Goldburgh SJ (1968) Hypnotherapy, chemotherapy, and expressive-directive therapy in the treatment of examination anxiety. *American Journal of Clinical Hypnosis* 11(1): 42–4.
- Gruzelier J, Smith F, Nagy A, Henderson D (2001) Cellular and humoral immunity, mood and exam stress: the influences of self-hypnosis and personality predictors. *International Journal of Psychophysiology* 42(1): 55–71.
- Hart BB, Hart C (1996) Managing examination anxiety. *Contemporary Hypnosis* 13(2): 84–8.
- Kelly G (1955) *The Psychology of Personal Constructs (Vols 1 and 2)*. New York: Norton.
- Laidlaw TM, Naito A, Dwivedi P, Enzor NA, Brincat CE, Gruzelier JH (2003) Mood changes after self-hypnosis and Johrei prior to exams. *Contemporary Hypnosis* 20(1): 25–49.
- Miltenberger RG, Fuqua RW, Woods DW (1998) Applying behaviour analysis with clinical problems: review and analysis of habit reversal. *Journal of Applied Behaviour Analysis* 31: 447–69.
- Nath S, Warren J (1995) Hypnosis and examination stress in adolescence. *Contemporary Hypnosis* 12(2): 119–24.
- Palan BM, Chandwani S (1989) Coping with examination stress through hypnosis: an experimental study. *American Journal of Clinical Hypnosis* 31(3): 173–80.
- Palmer S, Dryden W (1995) *Counselling for Stress Problems*. London: Sage.
- Pearce M (1997) Hypnosis and imagination visualisation. *The Australian Journal of Clinical Hypnotherapy and Hypnosis* 18(1): 33–8.
- Pearce M (1999) A case study in the use of hypnosis to assist with exam preparation and anxiety. *Australian Journal of Clinical Hypnotherapy and Hypnosis* 20(1): 55–7.
- Sapp M (1991) Hypnotherapy and test anxiety. *The Australian Journal of Clinical Hypnotherapy and Hypnosis* 12(1): 25–31.
- Stanton HE (1988) Improving examination performance through the clenched fist technique. *Contemporary Educational Psychology* 13(4): 309–15.
- Stanton HE (1993) Using hypnotherapy to overcome examination anxiety. *American Journal of Clinical Hypnosis* 35(3): 198–204.
- Stanton HE (1996) Self-empowerment and the 15-minute solution. *Australian Journal of Clinical and Experimental Hypnosis* 24(2): 137–44.
- Stewart W (1980) Hypnosis in study improvement. *The Australian Journal of Clinical Hypnotherapy and Hypnosis* 1(2): 91–4.
- Walters V, Oakley D (2000) Stress management in an educational setting (unpublished project).
- Whitehouse WG, Dinges DF, Orne EC (1996) Psychosocial and immune effects of self-hypnosis training for stress management throughout the first semester of medical school. *Psychosomatic Medicine* 58(3): 249–63.

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Address for correspondence:

Calvin Kai-Ching Yu

Department of Counselling and Psychology

Hong Kong Shue Yan College

10 Wai Tsui Crescent

Braemar Hill Road

North Point

Hong Kong

E-mail: calyu2000@hotmail.com