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self-hypnosis

by Margot Gordon

Dr. Irv Cooper has been a counsellor at York's Counselling and Development Centre (CDC) since 1972 but it wasn't until he became interested in self-hypnosis that he embarked upon his PhD studies in Clinical Psychology. For Cooper, the PhD was a means to an end.

The restrictions of the *Hypnosis Act* prohibit anyone but doctors, dentists, psychologists and students working towards certification in one of these professions, from practicing hypnosis or training people in the use of self-hypnosis. Cooper started his part-time PhD studies to enable him "to use hypnosis in his counselling and psychotherapy work with clients." He attended the two training workshops provided by the Ontario Society of Clinical Hypnosis in 1979 and 1980, and has participated in a number of other training opportunities, including the 10th International Congress of Hypnosis and Psychosomatic Medicine that was held in Toronto in 1985.

With regard to his use of self-hypnosis training, initially Cooper's work was primarily with athletes. He trained these clients in the use of self-hypnosis for the purpose of performance enhancement. Cooper counselled York athletes as well as athletes competing at the national level. His subjects ranged from gymnasts to volleyball players.

But the majority of Cooper's early work was with runners, who felt self-hypnosis not only improved their performance but also reduced their risk of injury by making them intuitively aware of when they were exceeding their bodies' limitations.

Self-hypnosis has innumerable applications, from the relief of anxiety, phobias and migraine headaches, to its use as a substitute for anesthetics used during child birth or surgery (it is particularly useful when the patient is allergic to anesthetics). Cooper's position at York's CDC, naturally resulted in his use of self-hypnosis to treat students who complained of exam anxiety or memory blank out, or sometimes to simply reduce the students' level of procrastination.

Cooper found that students had

a greater interest in using self-hypnosis than athletes, who were often sceptical. When he began his actual research two years ago, with the goal of recruiting a sufficient number student volunteers, he directed his study towards the use of self-hypnosis as a means of **enhancing academic achievement.**

His calls for those who identified themselves as academic underachievers interested in improving their academic performance elicited hundreds of responses. Cooper had to turn down volunteers after the number of recruits reached 348 students.

The students were divided into three groups. One group was administered four, one-hour sessions where the students were taught self-hypnosis. The sessions were given to groups of 10 to 12 students in a cosy room that was relaxing and easy to get comfortable in. Here Cooper taught the students how to enter an altered state of consciousness and self-administer hypnotic suggestions.

A second group was placed in Study Skills Training sessions offered by James Fitchette, the learning skills counsellor in the CDC. These sessions were aimed at teaching students more effective reading, notetaking and examination skills, as well as providing some memory training. A third group, serving as a no-treatment control condition, was given no immediate treatment. Individuals in this group were promised positions in the next available hypnosis and study skills sessions and "were advised to do whatever they could to improve their academic standing in the mean time."

Of the 364 volunteers, there was close to a 50 per cent drop out rate which left Cooper with 167 subjects: 64 in the self-hypnosis group, 44 in the study skills group and 59 in the no-treatment group.

The results of Cooper's research are fascinating, when one bears in mind that the self-hypnosis and the study skills training are very different in orientation, and actually treat very different academic ailments. While the students in the no-treatment group had a drop in academic achievement (measured by grade point average), the stu-

dents in the self-hypnosis and the study skills training groups both showed significant (and roughly equivalent) improvement.

Cooper measured academic orientation with a self-devised questionnaire which had subscales measuring study habits, attitudes, test anxiety, ability to concentrate, memory, procrastination, level of self confidence and motivation. Groups in self-hypnosis and study skills training both showed comparable improvement in their academic orientation.

The only area in which self-hypnosis surpassed the effectiveness of study skills training was in the reduction of state anxiety. State anxiety is situation specific, as opposed to trait anxiety which is a personality variable, or tendency in an individual. While the study skills training was found to reduce state anxiety, the self-hypnosis was found to be even more effective.

When averaged out, self-hypnosis and study skills training appear to be roughly equivalent in aiding academic underachievers. It is really up to troubled students to identify their areas of weakness and seek out assistance accordingly. If you are a rotten speller, or a hopeless notetaker, no amount of self-hypnosis is likely to improve upon these things and enrolment in the study skills training is highly advisable. Yet if you possess the academic skills necessary and simply need a boost in confidence, a deterrent to procrastination, a bit of motivation, it would probably be more beneficial to enrol in Cooper's self-hypnosis sessions.

The intriguing and appealing part of using self-hypnosis to improve academic achievement is that, despite the positive results, no one really knows how and why it works. Having worked with self-hypnosis for almost a decade now, Cooper readily acknowledges our ignorance of its mechanics. His research has lead him to speculate that self-hypnosis produces a chemical reaction in the body, but he stresses that this is only speculation.

As a result of the successful findings of his PhD work, Cooper will continue to offer sessions in self-hypnosis through the CDC.