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Ericksonian Hypnosis in the Treatment of Clients with Examination Panic

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Milton H. Erickson's procedure in the treatment of clients with examination panic is outlined. A useful diagnostic framework is given and Exaggerated Information Gathering and How-to-Fail Questions are explained as two important diagnostic techniques. Their immediate therapeutic Impact is described by case vignettes. Case examples of Ericksonian hypnotherapy with clients with examination panic illustrate the use of time distortion, time progression, relaxation, automatic writing and the utilization of Symptom phenomena as trance phenomena.

In 1965 Milton H. Erickson reported his method of handling examination panics involving nearly 100 persons. "The procedure employed with these various applicants for help was essentially constant in Character. First a trance was induced that might range in depth from light to somnambulistic. The subjects were then told, in essence: "You may not want to agree with me but you must remember that your own ideas have led only to failures. Hence, though what 1 say may not seem exactly right, abide by it fully. In so doing you will achieve your goal of passing the examination. That is your goal and you are to achieve it, and 1 shall give you the instructions by which to do it.... First of all you are to pass this examination, not trying in the unsuccessful ways you have in the past but in the way 1 shall now define" (Erickson, 1965, pp. 188-189). Here is Erickson's instruction (somewhat condensed): "You are to pass it (the exam) with the lowest grade—not an A or a B.1 know you would like a high grade, but you need a passing grade—that's all, and that is what you are to get. To this you must

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agree absolutely, and you do, do you not? (An affirmation was always given)" (p. 189).

The results of Erickson's "uniform procedure" have been consistent. "A's were common, B's less so, and C's only occasional. There was no instance of a grade of D being received even though, for some of the students, their daily class work was sufficiently good that a final examination grade of D would have led to a passing grade of C" (p. 190). "There have been a few failures, all of whom returned to explain that they, not the author, were at fault, that they had found themselves mistrusting the help offered, and did not use it, with a consequent failure" (p. 191).

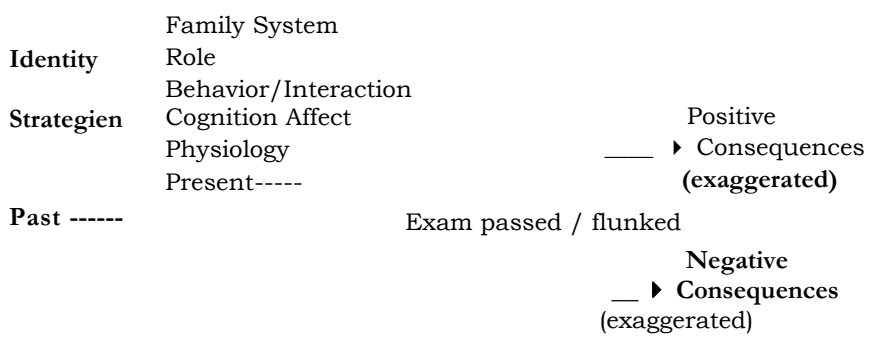
This method of handling examination panic seems to me especially useful with clients whose perfectionistic ambitions are, to quote Paul Watzlawick and hin colleagues (1974), part of the solutions which form the problem. But not all clients fit into this category.

Therapeutic(-ally Relevant) Diagnosis

Clients with examination panic often need immediate one-shot, brief therapy. Therefore, with this population even more than with customary psychotherapy clients, the situation requires a limitation of diagnosis to what is essential for therapy. Moreover, it will be especially useful if the therapist gathers diagnostic Information in a way that also has a therapeutic effect.

When I Start therapy, I have a horizontal time line and a vertical diagnosis line in mind as a model for my diagnostic exploration. The time line consists mainly of the present situation and state, the time till the exam, the actual exam, and the time and/or the consequences following passing or flunking the exam. The past is important for my diagnosis only if the client invites me to consider regression as an easy way to do therapy and to Orient toward the Future.

DIAGNOSTIC MODEL



Building on what the client offers, and generally starting with the present, I am interested in each of the points in time. My main questions aim at:

1) What is the time focus of the fear: the preparation phase (Is the fear perhaps an adequate expression of having bad preparation strategies?), the exam (What could happen there?), or the time afterward?
2) What does the client fear at this point? (What affective/emotional/physiological, behavioral, cognitive, and/or relational/communicativeespecially in relation to the examiner—components does this fear have?)
3) How much does the fear also have identity (self-image) and family systems components? These components can be imagined as vertically marked on each point of time.)

The last two points may seem at first sight to be somewhat exaggerated or unimportant. Two Gase vignettes may illustrate the importance of identity and family System issues.

Case 1 (identity issues)

A women asked for therapeutic help for her exams. As I usually do, I asked at the beginning how many sessions she wanted in Order to be cured. She said, "Three sessions if possible." She explained that this was mainly because of lack of money. In the course of these three sessions, she stated over and over that passing the exam was a matter of being capable of working hard and of consistently doing something. Thinking back, she could not find that she had ever consistently done anything useful in her life. If she could not succeed in preparing and passing the exam, it would mean that she really was just a lame, lazy, and useless creature. This seemed to be her self-image.

I concentrated mainly on preparation strategies and on the exam, without considering or trying to disrupt the close identification between passing the exam and being a worthy person. After three sessions, not much had changed, and the client did not continue therapy. However, she said that she was going to seek help from other therapists who were covered by medical insurance. One year later 1 heard that she was an outpatient in a psychiatric clinic. I think that ignoring the involved identity and self-image issues was the main point in my failure with this client.

Case 2 (Family System Issue)

A Woman requested an appointment because of terrible examination fears. In the first Session, she told me about panic attacks that paralyzed her with nervousness. This resulted in a broad spectrum of psychosomatic(-

grievances, which extended from nausea to pain in heart and head, excessive perspiration, and dizziness. At our first session on Friday, I learned that she had previously flunked a final exam in law and must decide by Monday whether she would again do a six-week preparatory paper, followed by the oral and written exam. As soon as she had told me this, she burst into tears of anger and desperation. In a torrent of words, she explained that in relation to the exam, she had never been able to do what she thought was right, that she had always followed the directives and advice of her husband. She described how, in his family, women were treated as dummies, and he treated her exactly as he had learned at home. If she decided to take the exam now, as he advised her, she would have the feeling of obeying his directives and not acting on her own. Ort the other hand, obeying him was an easy and often reasonable thing to do. During this session the psychosomatic disorders were seen less as an expression of her examination panic, and more as an expression of her wish and efforts to pass the exam in her own way. The pros and cons of taking the exam at this point in time were investigated during the session, with me withholding advice. I did not want her to feel that she was simply following my advice. In the next session, she told me that she had decided to take the exam now. This was her own decision, and to her surprise her husband had said, "If you want to take the exam, it is better that you make your own decision."

Exaggerated Information Gathering

When exploring the components and dimensions of examination panic, I am interested in eliciting exaggerated information. I may ask, for example, "What is the very worst thing that you imagine could happen, that really would not happen, because you are exaggerating, but just exaggerate for a moment." This follows a dictum of Theodor W. Adorno: *"Übertreibung ist das Medium von Wahrheit"* (Exaggeration is the medium of truth). This often helps the client to really understand, face, and integrate what he "deep-down" fears and/or helps him to reduce his fear as a polarity response to the therapist's emphasis on fear. Having asked several of these Exaggeration Questions, I might, for example, summarize (using my client's own words and, at the same time, expressing my empathy with his fears), "So, in the exam you will sweat like a horse and stand in fear and trembling. You will be tongue-tied, and you won't be able to say a single word. The professors will shout at you and slap your face. Your miserable performance will go into the annals of worst-euer exams and become a part of the everlasting and repeatedly told examination folklore. After you flunk the exam, your parents will throw you out of the house, and never again in your life will they talk to you. You will suddenly end up in the Butter, lonely and

worthless, totally unable to do anything useful ever again in your life." As you can imagine, it is quite likely that the client will laugh, and check or change his attitudes and fears.

How-to-Fail Questions

After this exaggerated information gathering, which often has therapeutic effects, I almost always ask, "How could you make the panic worse? How could you make sure that you flunk the exam?" These How-to-Fail Questions often reveal very useful information. However, it is crucial that the client feel and understand: (a) that these questions are asked to enable the therapist to better understand the client's specific techniques for being a client; and (b) that they are asked for hermeneutic and therapeutic purposes (following the wisdom that "if we know how to make it worse, we perhaps can find out how to make it better").

There are clients who are afraid of being told what to do and who resist doing what they are advised to do. With these clients especially I usually spend some time exploring how I could use the clients' techniques to flunk the exam. In conclusion, 1 might summarize as feedback: "If you do want to flunk—which we both know you don't want to do, but if you do want to flunk—you would continue to say to yourself, 'Everything is useless.' You would see yourself in your mind's eye flunking. You would not think, 'I will succeed!' and see yourself succeeding. You would continue to avoid preparing by getting up late, watching TV, making phone calls, and so on, and so on."

Thus, discussing seemingly uncontrollable problematic habits in detail and assuming voluntary behavior helps, beyond diagnosis, to change "automatic" "involuntary" problem behavior into voluntary behavior. It often has the effect of implicitly blocking problematic habits and sequences. Moreover, the problem sequence sometimes reveals its humorous aspects. In Zeig's words, "Pursuing in depth the issue of how the patient maintains the problem can create pattern disruption. It is akin to the old saw about querying a centipede regarding the pattern just before and immediately after the movement of leg 42. Invariably, it causes stumbling" (1988, p. 374). By blocking the old symptom-producing strategies, new and better strategies often evolve spontaneously or can be suggested by conversationally seeded indirect suggestions.

Case 3

The Case of a 17-year-old who wanted help with his practical drivers license exam illustrates the use of How-to-Fail Questions. 1 le answered the How-to-fail Questions by saying, "13y just thinking too much." He

explained after further questioning, "If I make a mistake during the exam and keep on thinking about what was wrong and why, 1 will make further mistakes, because then I won't pay attention to the traffic." This seemed plausible to me, and I said that this would also happen to me. My question as to what would be a better strategy was answered with, "Say to myself, 'Don't think about the mistakes!– I suggested that he think about the mistakes after the driving, because, as Bernhard Trenkle would say: "Aus Fehlern wird man klug, drum ist einer nicht genug." (Mistakes make you tough, that's why one is not enough). It was easy for him to close his eyes and pretend he was sitting in a car driving around town, like in the exam. When he made a mistake, the new strategy was to say to himself, "Think about mistakes afterwards! Concentrate on what is important now!" When he opened his eyes he said, "Test passed—one mistake." I asked, "And have you thought about it yet?" He had not. So I asked him to do so and to keep to his promise.

He had two friends who made it difficult for him to pass the exam because of the stigma it would have been for him if he had flunked. The two friends flunked, while he passed.

Symptom Phenomena and Potentially Therapeutic Trance Phenomena

Concerning diagnosis, I also want to mention that, especially during the first phase of the Interview, I always keep in mind the question: What problem phenomena can 1 utilize as trance phenomena for more effective hypnotherapy? This helps me to choose the easiest way to transform symptom phenomena into therapeutic trance phenomena (Gilligan, 1988).

Ericksonian Hypnotherapy

The actual hypnotic part of the therapy for the written exam mostly includes the utilization of: (a) time distortion; (b) relaxation; (c) automatic writing; and (d) time progression. Often I Start therapy with relaxation.

Case 4

I will give an example of a medical Student who had always been a good learner but who had always failed to get good grades because of extreme nervousness. Her next exam would last four hours and consist of more than 100 multiple-choice questions. With the client, 1 developed relaxation techniques and instructed her to get increasingly faster access to this relaxation by taking three deep breaths and letting the relaxation spread all over the body. 1 explained that this would work especially well if she had previously

been working hard. After periods of concentration, she would enjoy these three breaths for long, long seconds. Seconds which seem to be long minutes in subjective time. I tied this fast relaxation to time expansion.

After this had been achieved, I asked her to continue to focus on her relaxation and on all her abilities. She was to see in her mind's eye the room where the examination would take place. Then we practiced several times a technique in which she closed her eyes and, after mentally answering 40 multiple-choice questions, took these three long-lasting deep breaths to help refresh herself and replenish her energy. Each time we practiced it, she got better and better. When she said and signaled that she was satisfied with her acquired ability, I told her that 1 have given some of my clients what they humorously call "the magic pen." This is a very special pen, which knows more than they know, "a pen that writes the correct answer all by itself, if you let it do so ...especially if you are somewhat insecure about what the correct answer is." Of course she also wanted such a pen, and 1 put a pen in her hand. Furthermore, I gave her a sheet of white paper on which she Gould see one of the multiple-choice questions and see how the magic pen is pulled to the correct answer and marks it all by itself.

This was both startling and amusing for her and gave her the impression—as she later told me—that there was something to rely on even if she was not sure about the correct answer. She found that this gave her a Chance to unconsciously mark the correct answer. In other words, it was not necessarily a catastrophe if she did not know the answer; there was still the magic pen, which knew far more than she.

Seeding suggestions in a mosaiclike style over and over again, rather than building them up by an explicit step-by-step procedure, 1 made it plausible that in the focused state of attention she would be in, she would be able to remember far better than she normally would. 1 compared this focused state of attention to a laser, which Illuminates the important things more clearly, or to a directional mike, with which you can listen to the important things better. The Image she would experience in the exam is of the focus of the laser or directional mike aimed inward at her knowledge. Thus, hypermnesia is tied not only to the magic pen, but also to the special state one is in when one takes an exam. In this way, the patient is implicitly trained to ignore irrelevant Stimuli. We did mental rehearsing of the written exam until she said she was mentally well prepared.

Oral Exams: Kneeling and Standing up— Regression of the Professors

After she had passed the written exams, the patient asked for help with her oral exams. In her opinion, she had never been a good speaker. She was afraid of anxiety and nervousness. When she imagined being in front of the

professors, she discovered that she was more angry than anxious because "they have the power over my life, over my future. I must be submissive, and I feel so small. But I want to feel grownup and be my own master. I am angry that they have the power and I have to kneel down." I asked her to check whether this was true and what the effect was when she did so. So she physically kneeled down and looked at the professors and their reactions in her mind's eye. She said, "They want me to stand up." This was followed by: "But I feel so small." I asked her how little she felt—whether it would be two millimeters, four millimeters, or like Tom Thumb. She showed me a size a bit larger than her kneeling size. I then discussed how her professors had once been little in a way that "regressed" the professors in her Imagination. Gradually, she could see the professors as little assistants, as students, as insecure, anxious students in exams, as pupils, as pupils sitting at desks in school, taking tests, etc. In other words, I did not regress my client but the feared, huge, omnipotent professors. And I did it in such a way that she could vividly see them becoming smaller and smaller, while she remained as big as she was. Her reactions upon actually seeing the professors regress were, of course, incompatible with her fear and anxiety. She was amused and laughed. Temporarily she even felt a little bit sorry and sympathetic with them. When the professors had returned to their normal size and age, she stated, "Yes, yes, they are only human." When I asked her how big she felt now, she indicated her full and normal size.

Half a year Tater, when she applied for a job, she told me, "Somehow I am really good in a job interview. Somehow I simply see the Interviewers as human beings." When she got her first job under a dominant and authoritarian medical Superintendent, she told me that she was the only one who got along with him. When I asked her how she did so, she said, "1 talk with him as one person to another. And I always ask myself, 'Does he want you to kneel down or does he want you to stand up?' And he always wants you to stand up. Only when you kneel down does he put you down."

Utilization of Time Progression

Besides the utilization of relaxation, time distortion, and automatic writing, I often Start with time progression (cf. Erickson, 1954) as the method of Choice with most of my clients. My somewhat "uniform procedure" is to ask the client to imagine the immensely satisfying and relieving feeling they would have if they passed the exam. "How wonderful that would be! Just talking about it ... and just for a moment imagine it fully and thoroughly with all your senses (it is best with your eyes closed) ... can make you feel satisfied and relieved. How nice it is then

to be able to really relax, find a nice place to rest and look back at all the small steps you have taken to achieve this goal:,'

I then accompany the client step-by-step back to where we are now, here in the Consulting room. Clients literally and visibly can learn from themselves what steps to take, and how, in order to succeed. Depending upon client and his or her strategy for failing, I stress the individual points of importance I have learned from the diagnostic part of the interview (internal dialogue, preparation strategies, relaxation, useful behaviors or attitudes, and so forth).

Clients usually follow this procedure easily and smoothly because it paces their own symptom strategy of having fear. Having fear usually means they go internally into the future (time progression) and feel (in the symptom case, badly). The therapeutic strategy follows the same structure: go into the future and feel (Zeig, 1988). In addition, the little decisive twist to the positive outcome transforms the symptom strategy and the symptom phenomena into constructive trance phenomena and therapeutic strategies (Gilligan, 1988), followed by the useful regression from the time-progressed state. In ordinary language one could say: "If you can imagine how to flunk the exam and thus obtain access to your depressing feelings (which would most likely put you in a detrimental state of mind for the exam and would have the effect of a negative self-fulfilling prophecy), you can also imagine how to pass the exam. You can thus get access to your good feelings (which most likely would put you into a state of mind favorable for passing the exam and would have the effect of a positive self-fulfilling prophecy). It is better to learn from your imaginary success than to be depressed by your imaginary failure. Moreover, if you imagine your success you Orient to the future."

This method of transformation of examination panic with time progression may work with most of the clients if delivered in an adequate and individualized way. But beyond that, of course, almost any symptom phenomena of clients with examination panic can be transformed individually into therapeutic trance phenomena.

Case 5 (A Different Kind of Utilization)

1 will close with a report of the first therapy Session of a psychology Student who flunked her first written exam (she had to pass several in succession) because of what she called a certain lack of panic. She described her problem state as "panic only in my head." In her head she said to herself during the exam, "Hurry up! lf you don't hurry up, if you don't write faster, you will flunk!" But the more she said this to herself, the more her body resisted. She felt her head had been separated from her body, with her

body being so slow, lethargic, terribly relaxed, and unfeeling. Actually she did not describe an unpleasant feeling. She felt relaxed, only too relaxed, unwilling to move, too slow, too indifferent. She totally missed the "prickling" feeling necessary to activate her System.

I asked her to describe where she felt the line of separation was, whereupon she pointed to a line below her breasts. Then I asked her to say to herself, 'For some slow moments—all the time I need-1 can allow this relaxation to further develop from my neck down." I continued to explain to her that her body, by and by, Gould begin to enjoy more and more relaxation, with no need to move or feel. It may even become so pleasant that later she will not feel her body at all and allow the numbness to spread. After 1 talked like this for some moments, she developed deep relaxation, heaviness, immobility, and numbness in her body.

This trance contact with her made it easy for me to seed and emphasize with conversational indirect suggestions and metaphors the resources she needed and to connect and associate the further experience of this special state with developing more and more sensitivity to what lies in her heart with automatic movements, light thoughts, or light feelings. I Said, for example, "And, behind the protective shield the numbness develops, by and by you can become so sensitive to what you took to your heart and what really lies in your heart." When she came out of the trance spontaneously, she reported that the separation line in her body had lowered. Spontaneously she began to talk about her husband, who had tried to help her with her fear by imposing his coping strategy of "not feeling" on her.

In the second interview, she reported that she had regained all her "prickling" feelings on her way home from the first interview. The second and last interview focused mainly on the subject of partnership. She passed all her exams after therapy with good grader.

Closing Remarks

This chapter has presented some ideal about what to do to help an examination-panic-struck client. In this Situation, a therapist can do more than give the well-known and sometimes still effective suggestion: "Just imagine your professor clothed only in a glass of Champagne!"

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