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FACULTY OF SOCIAL AND HUMAN SCIENCES

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Exploring the experiences of participants involved in a hypnosis intervention for test-anxious school students

by

Lindsay Clare Patterson

Thesis for the degree of Doctorate in Educational Psychology

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<u>ABSTRACT</u>

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EXPLORING THE EXPERIENCES OF PARTICIPANTS INVOLVED IN A HYPNOSIS INTERVENTION FOR TEST-ANXIOUS SCHOOL STUDENTS

Lindsay Clare Patterson

Subclinical stress and anxiety are associated with negative physical and mental health outcomes (Kroenke, Spitzer, Williams, Monahan & Lowe, 2007; Wittchen et al., 2002). There is a large body of quantitative research into interventions for stress and anxiety, but little experiential literature in the qualitative paradigm. A meta-ethnographic review was carried out to better understand the experiences of participants who received a relaxation, mindfulness or hypnosis intervention for subclinical stress and anxiety. Third order constructs derived from the literature suggest that participants were more self-aware and better able to manage their emotions following the interventions. Cognitive de-fusion is suggested as a mechanism for these effects.

The empirical paper sought to address a gap in the anxiety and hypnosis literature suggested in the review. Test anxiety can impair students' performance in exams (Zeidner, 1998). Hypnosis has been suggested as a useful intervention to help students to manage their test anxiety (Hammond, 2010), but there is little research in this area and almost no qualitative research that explores students' experiences of hypnosis. The purpose of the current study was to explore secondary school students' experiences of a manualised group hypnosis intervention for test anxiety; the study was part of a mixed methods evaluation of the group hypnosis intervention, and uniquely trained the school's Emotional Literacy Support Assistant (ELSA) to deliver the hypnosis intervention. Student participants in the qualitative study (n = 11) underwent the hypnosis intervention and were interviewed about their experiences using a semi-structured format; the ELSA was also interviewed. Inductive thematic analysis was then used to explore the participants' experiences, as well as to consider the viability of the intervention for future use. The students found the hypnosis intervention very helpful for test anxiety, and the intervention was viewed positively by the school staff too. However, many students had unhelpful preconceptions of hypnosis, and one student found that the hypnosis increased their anxiety. The findings are discussed with reference to prior research.

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DECLARATION OF AUTHORSHIP

I, Lindsay Clare Patterson, declare that the thesis entitled 'Exploring the experiences of participants involved in a hypnosis intervention for test-anxious school students' and the work presented in the thesis are both my own, and have been generated by me as the result of my own original research. I confirm that:

- this work was done wholly or mainly while in candidature for a research degree at this University;

- where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;

- where I have consulted the published work of others, this is always clearly attributed;

- where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;

- I have acknowledged all main sources of help;

- where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;

- none of this work has been published before submission.

Signed: ……………………………………………………………………..

Date:……………………………………………………………………….

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I would also like to express my heartfelt gratitude to my family and friends for all of the love, support and cups of tea they have given me over the past three years.

Definitions and Abbreviations

ACT Acceptance and commitment therapy

CASP Critical appraisal skills programme

CDI Childhood Depression Inventory

EEG Electroencephalographic or electroencephalogram

ELSA Emotional Literacy Support Assistant

EP Educational Psychologist

fMRI functional Magnetic Resonance Imaging

GCSE General Certificate of Secondary Education

M Mean

MBSR Mindfulness-based stress reduction

N Total number of participants

NICE National Institute for Health and Care Excellence

Ofqual Office of Qualifications and Examinations Regulation

p Probability of getting results if null hypothesis is true

r Pearson's correlation

RTA Revised Test Anxiety scale

SD Standard deviation

SE Standard error

SEN Special Educational Needs

t t-test value

x

Chapter 1: Review Paper

What are the experiences of participants who receive a relaxation, hypnosis or mindfulness intervention to support their subclinical stress or anxiety?

Word Count: 9357

1.1 Introduction

If a person encounters something that they are unable to cope with then they will often experience stress (Selye, 1956). Anxiety is defined as feeling negative anticipation about known or unknown events (Rachman, 2013). At a subclinical level, however, an individual often experiences both anxiety and stress if they become overwhelmed by events in their life such as exams, challenges at work or difficult personal relationships (Rachman, 2013). In turn, subclinical stress and anxiety are also linked to various negative physical and mental health outcomes (Kroenke et al., 2007; Wittchen et al., 2002). Yet subclinical stress and anxiety can be disregarded by the people experiencing them (Andrea et al., 2004), and are difficult to treat as sufferers must alter their cognitive processes (Heimberg, 2002).

At a clinical level the National Institute for Health and Care Excellence (NICE) has approved a variety of cognitive and relaxation interventions to treat anxiety and stress within the National Health Service (NHS). These include interventions such as cognitive behavioural therapy (CBT) and mindfulness (NICE, 2011). CBT is the most common and well-researched nonpharmacologic approach for supporting people with anxiety disorders (Heimberg, 2002; Hofman & Smits, 2008). It has been subjected to rigorous meta-analysis (Butler, Chapman, Forman & Beck, 2006; Coull & Morris, 2011; Hofman & Smits, 2008; Olatunji, Cisler & Deacon, 2010; Stewart & Chambless, 2009), and researchers have also synthesised qualitative papers to explore participants' experiences of using CBT (Papworth, 2006; Waller & Gilbody, 2009). However, CBT is not appropriate for everyone (Rodebaugh, Holaway & Heimberg, 2004), and it can be costly and time consuming for people presenting with subclinical stress and anxiety who must often self-fund their treatment (Andrea et al., 2004).

As such, there is ongoing interest in the potential of other interventions for both clinical and subclinical stress and anxiety (Airosa et al., 2011). Thus, relaxation interventions for stress and anxiety have also been subjected to meta-analysis, with favourable results (Manzoni, Pagnini, Castelnuovo & Molinari, 2008). In addition, interventions such as mindfulness have been gaining researchers' interest (Hofmann, Sawyer, Witt & Oh, 2010), and hypnosis already has a research base for treating anxiety (Hammond, 2010). However, unlike CBT, these interventions are still viewed as

emerging therapies by some practitioners (Eifert & Forsyth, 2005), and there has been little qualitative research into them; this is troubling since a qualitative exploration of an intervention allows insights into participants' and facilitators' experiences of using the intervention 'in the field' (Dixon-Woods & Fitzpatrick, 2001; Kovshoff et al., 2012).

Therefore, the current paper seeks to synthesise the qualitative literature on interventions to support people who are experiencing subclinical levels of stress and anxiety; the review will focus on subclinical levels due to their prevalence in the general population (Rachman, 2013), and the author's professional interest in this group. The synthesis will exclude CBT, due to its extensive research base, and will instead focus on relaxation, hypnotic and mindful interventions. Although some may question the integration of these three types of intervention, the author would argue that relaxation, hypnosis and mindfulness are united in their attempts to alter the cognitive processes which underlie stress and anxiety (Hammond, 2010; Lifshitz & Raz, 2012; Yapko, 2011).

The purpose of any review is to synthesise a body of research (Noblit & Hare, 1988). Meta-analysis is often appropriate for synthesising quantitative research and is a well-established method, particularly within medicine and psychology (Britten et al., 2002). However, meta-analysis is not appropriate for qualitative work because it is based on a quantitative paradigm (Britten et al., 2002; Campbell et al., 2003; Noblit & Hare, 1988). Instead, one needs to employ methods of synthesising qualitative research which fit the epistemological paradigm of the research that one is synthesising (Britten et al., 2002).

The current review aims to investigate participants' subjective experiences of interventions for subclinical anxiety and stress; thus the review sits within an interpretivist epistemological paradigm (Heshushius & Ballard, 1996). It doesn't seek to find and synthesise 'truth', but rather to construct explanations and to explore experiences (Reeves, Kuper & Hodges, 2008). Thus, the synthesis will be conducted as a meta-ethnography. This approach seeks to compare and analyse texts and is more explorative than a traditional literature review (Noblit & Hare, 1988); it attempts to understand and explain (Walsh & Downe, 2005).

1.1.1 Review question

Therefore, this meta-ethnographic review will seek to answer the question, 'What are the experiences of participants who receive a relaxation, hypnotic or mindfulness intervention to support their subclinical stress or anxiety?'

1.2 Review Methodology

Noblit and Hare (1988) were the first researchers to present a way of synthesising linked ethnographies, and their method still remains the blueprint for most meta-ethnographical research (Walsh & Downe, 2005). The current study therefore followed the seven phases that they recommend (Nobilt & Hare, 1988) – see Table 1 for an overview.

In order to maintain clarity the current paper talks of 'constructs' instead of 'themes' or 'metaphors' (the term preferred by Noblit and Hare, 1988). This reduces confusion when synthesising a range of papers. So, first order constructs refer to the experiences of the participants in the original papers reviewed. The second order constructs are the themes identified by the authors of each of the papers as they presented their participants' experiences. Finally, third order constructs are the meta-constructs identified by this current paper as a means of synthesising the original studies.

Table 1
A summary of Noblitt and Hare's (1988) phases of meta-ethnography, showing how it was applied to the current meta-ethnographic literature review

Phase	Description of Noblitt & Hare's (1988) phase	Applying the phase to the current literature search
1	Identify an interest in the literature, in the form of a 'how' or 'why' question. Thus one is able to explore whether a synthesis of the current literature might add value	The current paper was interested in exploring participants' experiences of relaxation interventions. Following an initial exploration of the literature and investigating terms used previously by researchers, the guiding question was devised.

Phase	Description of Noblitt & Hare's (1988) phase	Applying the phase to the current literature search
2	Decide the parameters of the literature base that should be included for review. A systematic search of the literature may be appropriate, although it's a positivist process. Justify search terms, as well as inclusion and exclusion criteria.	A systematic literature search was appropriate so as to find qualitative papers in an area of predominantly quantitative research. The search was conducted through three databases – PsycInfo, Web of Knowledge and ERIC.
3	Read and re-read the studies, noting interpretive metaphors.	The researcher made notes on each of the papers, identifying all the second order constructs, along with finding illustrative first order constructs. See Appendix A for an example.
4	Determine how the identified studies are related to one another. The studies must be 'put together'.	The second order constructs were used to create visual diagrams for each of the studies, allowing the researcher to see similarities and differences between the papers more easily. See Appendices B and C for examples.
5	Translate the studies into one another; seek synthesis and comparison, whilst also protecting the individuality and holism of each study.	The researcher created interconnecting diagrams of second order constructs from the data, identifying where different studies were comparable, but also allowing the researcher to always track the individual study and its defining features. See Appendix C.
6	Synthesise the studies; compare various translations with one another to try and develop a deeper understanding of the subject.	The current meta-ethnographic analysis employed two methods of synthesis that Noblitt and Hare (1988) recommend – reciprocal translational analysis (RT) and refutational synthesis. RT requires the researchers to translate concepts from individual studies into one another, creating superordinate constructs (Barnett-Page & Thomas, 2009). This process has resulted in the third order constructs presented in the 'findings' section below. Refutational synthesis requires the researcher to explore contradictions between individual studies. There are examples of this within the 'findings' section below.

Phase	Description of Noblitt & Hare's (1988) phase	Applying the phase to the current literature search
7	Express the synthesis must be expressed – this can be in a written format, or could also be pictorially or verbally.	The current study has presented the final stage of the synthesis process in a written format; please see the 'findings' section, below.

As Table 1 shows, after identifying the research question in phase one, phase two involved conducting a systematic search of the literature. A systematic literature search was felt to be the most appropriate method of identifying relevant papers, since the researcher needed to find a relatively small number of qualitative papers in an area where there is lots of quantitative research, and it allowed for the search to be transparent and replicable. The main search was conducted through three databases – PsycInfo, Web of Knowledge and ERIC (Education Resources Information Centre). The search terms were finalised following extensive exploration, and use of the thesaurus function in platforms that offered this. The search carried-out in each of the databases was as follows, and is represented visually in Figure 1.

1.2.1 Database searches

The search terms used were: 'Mindfulness' OR 'hypnosis' OR 'hypnotherapy' OR 'autohypnosis' OR 'relaxation therapy' AND 'test anxiety' OR 'anxiety management' OR 'anxiety' OR 'stress' OR 'stress management'.

There was no time parameter set; 'English' was set as the language preference, and 'all journals' was requested as the source. The term 'qualitative study' was added to the search parameters to yield qualitative research papers only, or the word 'qualitative' was added to the search string if a qualitative search parameter was not available.

Articles were excluded from the meta-ethnography if participants were recruited because of an existing and diagnosed medical or psychological condition, since the current study wanted to explore a subclinical population. However, papers were included if the participants presented with a medical condition which was not the reason

they had been recruited to the study. In addition to the systematic literature search outlined above, a few additional articles were included after hand searching the reference lists of identified articles (see Figure 1).

1.3   Findings

1.3.1 Identifying papers

The database search resulted in 126 references, of which four were duplicates and so were removed at this stage. In addition to the database search, three articles were identified through hand searching reference lists of included articles and were added to the reference list. There were, therefore, 125 references relevant for initial screening (see Figure 1). Of the 125 studies, 98 did not meet the inclusion criteria: a large number of the papers reported research where participants had been recruited to the study due to a mental health or medical diagnosis, which was outside the remit of the current study. In addition, other studies were excluded since they did not address the research question, and some papers contained no qualitative data. There were, therefore, 27 studies eligible for full-text screening. Of these, three papers were excluded since on closer reading it was found that participants were recruited because of their medical or mental health diagnoses, one paper was excluded as it represented a synthesis of two of the other papers and presented no new data, two of the papers didn't show sufficient qualitative data, and two of the papers did not address the research question. Thus, the eligible sample of articles consisted of 19 studies which explored participants' experiences of a hypnosis, mindfulness or relaxation intervention to support their subclinical stress or anxiety.

All of the studies included in this eligible sample were published in English, between 2004 and 2013. Two pairs of eligible studies reported on the same research, but were all included since they introduced new or different results; these were two papers which reported on a mindfulness-based intervention with vulnerable young people (Kerrigan et al., 2011; Sibinga et al., 2011), and two papers which reported on a mindfulness intervention during counsellor training (Christopher, Christopher, Dunnagan & Schure, 2006; Schure, Christopher & Christopher, 2008).

The key features of the included studies are detailed in Table 1. Of the studies eligible for inclusion, 12 explored a mindfulness based intervention (Beddoe & Murphy, 2004; Birnbaum, 2008; Christopher et al., 2005; Cohen-Katz et al., 2005; Dellbridge & Lubbe, 2009; Hick & Furlotte, 2010; Himelstein, Hastings, Shapiro & Heery, 2012; Kerrigan et al., 2011; Lau & Hue, 2011; Schure et al., 2008; Sibinga et al., 2011; Walach et al., 2008). Airosa et al. (2011) investigated a combined hypnosis and tactile massage intervention for nurses, whilst Dundas, Wormnes and Hauge (2009) combined elements of CBT with hypnosis for their intervention to support exam anxious students. Bormann et al. (2006) considered mantram repetition as an intervention for veterans. Two of the papers - Kim, Yang and Schroeppel (2013) and Wall (2005) - explored the use of more physical interventions, kouk sun do and tai chi respectively. Pakenham and Stafford-Brown (2013) investigated the use of an acceptance and commitment therapy (ACT) intervention for student clinical psychologists, and Wetzel et al. (2011) taught surgeons a stress management technique.

Identification

Records identified through database searching
(PsycInfo n = 19)
(Web of Knowledge n = 100)
(ERIC n = 7)

Additional records identified through hand searching
(n = 3)

Screening

Records after duplicates removed
(n = 125)

Records screened
(n = 125)

Records excluded (n = 98), because not relevant to research question, lack of qualitative data or because participants recruited due to a medical or mental health condition

Eligibility

Full-text articles assessed for eligibility
(n = 27)

Full-text articles excluded, (n = 8)

(n = 3) excluded as participants were recruited due to a clinical condition

(n = 1) excluded because synthesis of two papers already included

(n = 2) excluded because they didn't answer the research question

(n = 2) excluded due to insufficient qualitative data

Included

Studies included in qualitative synthesis
(n = 19)

Note. The figure is based on the PRISMA template (Moher, Liberati, Tetzlaff & Altman, 2009)

Figure 1. *Flow diagram showing the identification and screening process for eligible papers*

Table 2
Literature review study characteristics

Author (Year of publication)	Intervention	Design	Data collection method	Data analysis method	Setting (Country)	Sample size	Sample characteristics
Airosa et al. (2011)	Hypnosis and tactile massage	Qualitative study	Focus groups	Qualitative content analysis	University hospital (Sweden)	16	Nurses and assistant nurses based in emergency ward; self-selecting convenience sample
Beddoe & Murphy (2004)	Mindfulness based stress reduction (incorporating yoga, sitting meditation and walking meditation)	Mixed methods pilot study	Written journals	Unknown	University (USA)	16	Undergraduate nursing students; convenience sample; all participants were female and aged 20-39
Birnbaum (2008)	Mindfulness meditation	Qualitative study in phenomenological paradigm	Stream of consciousness writing; notes taken by facilitator	Thematic analysis	University (Israel)	7	Undergraduate social work students; two men and five women
Bormann et al. (2006)	Mind-body spiritual technique including mantram repetition	Qualitative study	Telephone interviews using 'critical incident interviewing'	Organising outcomes into a taxonomy of incidents	Veterans' Association (USA)	64	30 war veterans and 34 Veteran Association employees

Author (Year)	Intervention	Design	Data collection method	Data analysis method	Setting (Country)	Sample size	Sample characteristics
Christopher et al. (2006)	Mindfulness, meditation and qi gong	Qualitative study	Focus groups	Content analysis	University (USA)	33	Master's level postgraduate students; 6 male and 27 female
Cohen-Katz et al. (2005)	Mindfulness based stress reduction	Mixed methods study	Evaluation forms, emails, interviews and focus groups	Thematic analysis	Hospital (USA)	25	Nurses with regular patient contact; all were female
Dellbridge & Lubbe (2009)	Mindfulness sessions	Case study	Participant's journal, interviews, field notes, researcher's journal	Typological analysis	University (South Africa)	1	A purposefully sampled 17-year-old female
Dundas et al. (2009)	Cognitive behavioural intervention incorporating self-hypnosis and positive self-statements	Qualitative study	Semi-structured interviews	Grounded analysis	University (Norway)	36	Test anxious university students; nine male and 27 female; aged from 19 to 46 years

Author (Year)	Intervention	Design	Data collection method	Data analysis method	Setting (Country)	Sample size	Sample characteristics
Hick & Furlotte (2010)	Radical mindfulness training	Qualitative study	Written feedback	Unclear, but potentially thematic analysis	Community health centre (Canada)	7	Convenience sample of participants, majority homeless
Himelstein et al. (2012)	'Mind body awareness project' – a mindfulness based intervention	Qualitative study	Semi structured interviews	Thematic analysis	Juvenile offenders institution (USA)	23	Convenience sample; male adolescents, aged from 14-18 years; 14 Latino, four African-American, three Caucasian-American, and two Pacific-Islander
Kerrigan et al. (2011)	Mindfulness-based stress reduction, incorporating yoga, meditation and body scan techniques	Mixed methods study	Semi-structured interviews	Content analysis	Hospital outpatient clinic (USA)	10	Convenience sample; Adolescents of 13-19 years old; all African-American origin; eight females and two males
Kim et al. (2013)	Kouk Sun Do intervention, incorporating yoga, meditation, tai-chi, Zen and martial arts	Mixed methods pilot study with wait list control	Open ended written questions	Grounded theory coding	University (USA)	18	University students with self-reported anxiety symptoms; seven participants in treatment group

Author (Year)	Intervention	Design	Data collection method	Data analysis method	Setting (Country)	Sample size	Sample characteristics
Lau & Hue (2011)	Mindfulness-based stress reduction, stretching, body scan, loving kindness	Mixed methods research	Open-ended written questions	Unknown	Secondary schools (Hong Kong)	48	Adolescents aged 14 to 16 years old; convenience sampling
Pakenham & Stafford-Brown (2013)	Acceptance and commitment therapy	Mixed methods study	Qualitative questionnaires	Thematic analysis	University (Australia)	56	Postgraduate clinical psychology trainees; mean age 28.45; 49 female and 7 male
Schure et al. (2008)	Mindfulness course, incorporating yoga, meditation and qi gong	Qualitative study	Participant journals	Content analysis	University (USA)	33	Master's level postgraduate students; 6 male and 27 female
Sibinga et al. (2011)	Mindfulness based stress reduction for urban youth	Mixed methods study	Semi structured interviews	Content analysis	Hospital outpatient clinic (USA)	10	Convenience sample; Adolescents of 13-19 years old; all African-American origin; eight females and two males
Walach et al. (2007)	Mindfulness-based stress relief	Mixed methods pilot study	Semi structured interviews and open-ended written questions	Unclear	Service centre (Germany)	29	Convenience sampling; 12 treatment group; 17 control group

Author (Year)	Intervention	Design	Data collection method	Data analysis method	Setting (Country)	Sample size	Sample characteristics
Wall (2005)	Tai chi and mindfulness-based stress reduction	Qualitative study	Researcher's comments	None	Public middle school (USA)	11	Six girls in 6th grade; Five boys in 8th grade; convenience sampling
Wetzel et al. (2011)	Stress management training	Mixed method, randomized control trial	Open-ended written feedback	Content analysis	University Hospital (UK)	16	Surgical residents with a minimum two years residency; 15 male and one female

The 19 papers included in this meta-ethnographic review offer a variety of qualitative research. In order to identify which papers represent better quality research, the Critical Appraisal Skills Programme (CASP) guidance was used to rate the papers out of a possible high score of 10. The results of this analysis are presented in Table 3, and are referred to in the 'Third order constructs' section below. All of the papers were explored during the meta-ethnographic process. However, better quality papers are inevitably cited more since they tended to produce more interesting and developed qualitative data. The third order constructs identified through a meta-ethnographic analysis of the included papers are presented below.

Table 3
CASP ratings for each paper

Author (year)	Clearly states aims	Appropriate qualitative method	Research design explained	Recruitment method explained	Data collection explained	Researcher/ participant relationship considered	Ethical issues considered	Rigorous data analysis	Clear statement of findings	Valuable research?	Total CASP rating (out of 10)
Airosa et al. (2011)	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	8
Beddoe & Murphy (2004)	Yes	Yes	No	Yes	Yes	No	No	No	Yes	Yes	6
Birnbaum (2008)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	9
Bormann et al. (2006)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	9
Christopher et al. (2006)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	8
Cohen-Katz et al. (2005)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	8

Author (year)	Clearly states aims	Appropriate qualitative method	Research design explained	Recruitment method explained	Data collection explained	Researcher/ participant relationship considered	Ethical issues considered	Rigorous data analysis	Clear statement of findings	Valuable research?	Total CASP rating (out of 10)
Dellbridge & Lubbe (2009)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	9
Dundas et al. (2009)	`Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	9
Hick & Furlotte (2010)	Yes	Yes	No	Yes	No	No	Yes	No	Yes	Yes	6
Himelstein et al. (2012)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	9
Kerrigan et al. (2011)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	9
Kim et al. (2013)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	9
Lau & Hue (2011)	Yes	Yes	No	Yes	No	No	Yes	No	No	Yes	5

Author (year)	Clearly states aims	Appropriate qualitative method	Research design explained	Recruitment method explained	Data collection explained	Researcher/ participant relationship considered	Ethical issues considered	Rigorous data analysis	Clear statement of findings	Valuable research?	Total CASP rating (out of 10)
Pakenham & Stafford-Brown (2013)	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	7
Schure et al. (2008)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	8
Sibinga et al. (2011)	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	9
Walach et al. (2007)	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	7
Wall (2005)	No	Yes	No	Yes	No	No	No	No	No	No	2
Wetzel et al. (2011)	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	8

1.3.2 Third order constructs

1.3.2.1   Emotional and physical awareness and change

Given the aims of the studies to variously reduce anxiety, to help people to manage stress and to increase mindful awareness, it is unsurprising that many of the second order constructs reported were focused on participants' increasing awareness of their emotional and physical states.

In some of the papers, second order constructs revealed that participants had become more aware of stressors in their lives and the impact that these were having. This was most notable in Sibinga et al. (2011) and Kerrigan et al. (2011), where both papers were written about the same study which explored the impact of a mindfulness-based stress reduction (MBSR) programme on adolescents in Baltimore, USA; both papers also presented very detailed information about their data collection and analysis methods (see Table 3). All of the participants in this stage of the study were African-American and had been recruited through an outpatient clinic in the city. Some of the participants had a diagnosis of HIV, all of them had absent fathers, and five of them had absent mothers. It is not surprising, therefore, that 'External stressors and reactions to stressors prior to MBSR' should appear as a main construct for Kerrigan et al. (2011), and 'Daily stressors and coping prior to participation in MBSR' for Sibinga et al. (2011). Both papers cite various stressors reported by the participants - such as drug violence, bereavement, conflict and anger problems – which would undoubtedly have exerted an emotional and physical toll on participants.

Cohen-Katz et al. (2005), in a similarly thorough presentation of their findings, also demonstrated that participants had become more aware of the stressors impacting them. Since the authors were exploring the potential of mindfulness to support nurses who were experiencing stress and burnout, it is foreseeable that one of the second order constructs from the qualitative data was entitled 'Reasons for MBSR participation' and covered stressors such as conflict, demanding jobs, bankruptcy, illness, performance anxiety at work, and balancing work with family.

In other papers, participants' increased awareness of their emotional and physical states was revealed to have taken place more gradually during the intervention. For example, Beddoe and Murphy (2004) noted that their nursing student participants

found that mindfulness provided them with 'Increased acceptance and awareness of thoughts and feelings'. Also, Beddoe and Murphy (2004) cited that their nursing participants experienced a greater awareness of their physical selves, since 'Breath awareness' and 'More sensory awareness' also appeared as constructs. In turn, Christopher et al. (2006), in their study which explored counselling students' experiences of an MBSR intervention through focus groups, stated that they identified 'Learning about mind and body' as a second order construct. However the presentation of findings is unclear in this study, so one is forced to infer the authors' meanings at times.

Other studies suggested that their participants went further than becoming conscious of their physical and emotional selves; rather participants experienced changed feelings and emotions. For example, although a poor quality study with no analysis, Wall (2005) reported that the middle school students to whom he taught Tai Chi and mindfulness experienced new feelings of 'calmness' following the intervention (p. 237). Birnbaum's (2008) more robust paper recounted a main theme for her social work student participants of 'Containing and regulating emotions/fears' following their mindfulness training. Schure et al. (2006), using journal data collected from the same participants as Christopher et al. (2006), reported 'emotional changes' as a sub-construct within 'short term course impacts' for counselling student participants following MBSR. It is particularly thought-provoking that social work and counselling students should have found interventions to help them to become more aware of their emotions, since their future jobs will require a high degree of emotional attunement.

Both Himelstein et al.'s (2012) and Sibinga et al.'s (2011) participants were living in stressful circumstances during the intervention – a young offender's institute and a deprived inner city respectively. Thus the reported constructs of 'Physical health' and 'Increases in subjective wellbeing' represent outcomes of very tangible physical and emotional change for these challenged participants. Although Airosa et al.'s (2011) nursing participants were experiencing stress at work rather than in their social environment, the second order construct of 'Relieving physical and psychological pain' recognises that they experienced a similar emotional and physical change - another desirable development for healthcare professionals.

Thus, this third order construct suggests that many participants had been experiencing multiple stressors in their lives at the time of the intervention – ranging from profound stressors for some of the participants living in underprivileged circumstances (Himelstein et al., 2012; Kerrigan et al., 2011; and Sibinga et al., 2011), to work related stress for other participants (Airosa et al., 2011; Beddoe & Murphy, 2004; Birnbaum, 2008; Christopher et al., 2006; and Schure et al., 2006). However, many of the participants appear to have found that the various interventions have allowed them to acknowledge these stressors, and in many cases the interventions have supported participants to cope with these stressors with resulting improvements in psychological and physical health.

1.3.2.2   Knowledge of the self

Just as the construct above shows participants' increased understanding of their psychological and physical selves, this construct shows some participants also learned to become more self-aware.

Whether the studies in this review were exploring mindfulness, meditative, physical or hypnotic techniques, all of them required participants to experience moments of calm and quiet as they learnt then practised the intervention skills. It is not surprising, therefore, that many of the studies reported that participants experienced an increased knowledge of themselves as a result of the interventions – for example, some of these constructs were described as 'Increase in self-awareness' (Himelstein et al., 2012); 'Expanding and observing the self' (Birnbaum, 2008); and 'Knowing oneself' (Airosa et al., 2012).

Cohen-Katz et al.'s (2005) nurse participants learned an eight week MBSR programme, and the researchers used a variety of qualitative data such as interviews, emails, focus groups and journals to explore the nurses' experiences. Although the main second order construct was described as 'Benefits of MBSR program participation', the sub-constructs of 'self-awareness', 'self-care', and 'self-acceptance/compassion' show that the participants found the MBSR intervention gave them greater insight into themselves. Airosa et al. (2011) worked with nurses, who were taught hypnosis and massage techniques; here the authors identified 'Knowing oneself' as a second order construct, with sub-constructs of 'increased self-awareness' and 'increased self-control'. This was seen as a positive thing for the majority of

participants, but interestingly some participants reported that hypnotic techniques actually made them feel like they were losing control; rather than being helpful, one participant cited that this altered state could feel frightening. As the research design is not clearly presented in this paper it is difficult to know what may have provoked this participant's response; it would be interesting to hear more about this negative reaction.

Birnbaum (2008), Pakenham and Stafford-Brown (2013), and also Schure et al. (2008) all reported on studies carried-out with postgraduate students. Birnbaum (2008) and Schure et al. (2008) taught mindfulness techniques to social work and counselling students respectively. In both studies the participants reported that, following the intervention, they were more open and conscious of themselves; a participant in Schure et al. (2008) explained that mindfulness allowed them to '[open] myself up to see beyond the grind towards alternative ways of living and thinking' (p.50). In turn, the postgraduate clinical psychology students in Pakenham and Stafford-Brown's (2013) study reported that they were better able to identify their core values following their ACT intervention.

Dellbridge and Lubbe (2012), Himelstein et al. (2012) and Kerrigan et al. (2011) all undertook detailed and thoughtful explorations of adolescents' experiences of mindfulness. Within the second order construct of 'Increases in self-awareness', Himelstein et al.'s (2012) incarcerated adolescents reported that mindfulness allowed them self-contemplation and cognitive awareness; similarly one of the urban youths in Kerrigan et al.'s (2011) study reported that he was more self-aware, and able to think 'about the world and how [his] life is going to fit into it' (p. 99). By contrast, Dellbridge and Lubbe's (2012) sole participant found that mindfulness encouraged her to 'let go', and to moderate her perfectionism; the authors reflected that the participant was a high achieving and very conscientious individual.

This is a particularly interesting third order construct. 'Knowledge of the self' is something that many people never achieve – and the second order constructs reported here demonstrate the value that participants have placed on this effect of the interventions. It is interesting to reflect that 'Knowlegde of the self' has been particularly valuable for certain groups of participants. The nurse participants in Cohen-Katz et al. (2005) and Airosa et al. (2011) worked in an environment where they were called upon to be calm and caring at all times – thus, one could hypothesise that

becoming more aware of oneself could be valuable for these nurses as they sought to regulate their emotions. In turn, some of the papers explored the experiences of younger participants. Dellbridge and Lubbe's (2012) participant was reported to be a conscientious over-achiever by the researchers, thus an improved sense of self could help to promote her resilience. By sharp contrast, Himmelstein et al.'s (2012) and Kerrigan et al.'s (2011) participants were all young people experiencing stress associated with challenging backgrounds, illness and young offenders' institutes. Yet here, too, these interventions aided participants to feel more connected with themselves, and thus to feel more self-aware and better able to cope with their difficult situations.

1.3.2.3   Managing thoughts, emotions and behaviour

Some studies reported that their participants felt that the interventions had offered them more than a heightened self-awareness; many participants described an increase in self-regulation or self-control over their emotional, cognitive or physical selves. Therefore, 'Managing thoughts, emotions and behaviour' is presented as another third order construct.

Himelstein et al. (2012) reported 'Increase in self-regulation' as a second order construct in their study into the experience of a mindfulness-based intervention with incarcerated adolescents. The authors explained that participants spoke of an improved ability to regulate both mental and emotional content, and some participants reported being better able to regulate their physical action as well. The authors cite one participant who recollected:

 "Very first time I started doing meditation I was just the type a dude that just really, didn't care and, I hit somebody if they was talking mess, but, for me being in this class, it taught me how to control myself...and when I'm calmed down and I'm thinking, I will think about the whole problem, and just solve it throughout the day, and meditate." (Himelstein et al., 2012, p. 234).

These findings are of particular pertinence for participants who may have been incarcerated due to their inability to regulate their own emotions, thoughts and physical reactions to situations. Of similar importance for their participants were Beddoe and Murphy's (2004) findings that 'More patience' and 'Preventing mind wandering' were second order constructs in their exploration of mindfulness as an intervention for

nursing students. Similarly, Airosa et al. (2011) reflected on the value of their second order construct of 'Dealing with workload' for their nursing participants who had received a hypnosis and tactile massage intervention. Both sets of authors considered the value of an intervention which could help people in the caring professions to maintain their patience and attention when they are working for long hours in challenging situations.

Another study which specifically mentions participants developing the skills to manage their emotional and physical selves was Bormann et al. (2006).   As this study was particularly interested in stress management for veterans, it is perhaps not surprising that all of the second order themes were reported as actively 'Managing' some psychological or physical symptom: 'Managing emotions other than stress'; 'Managing sleep/insomnia'; 'Managing stress'; and 'Managing unwanted thoughts'. In the 'Managing emotions other than stress' construct, participants reported learning to control emotions and anxiety; for example one participant explained, "The mantram has really calmed down my outbursts at people who frustrated me!" (Bormann et al., 2006, p. 507). Bormann et al. (2006) also reported that the mantra repetition helped some participants to manage recurring nightmares and supported sleep; one of the veteran participants stated, "Repeating the mantram seemed to stop post-traumatic stress disorder type dreams that had recurred for 10 to 11 years" (p. 508). The final second order construct reported by Bormann et al. (2006) was 'Managing unwanted thoughts'. Here the authors noted that participants found the simplicity and ease of the technique appealing – it was quick for the participants to repeat their mantram and then to move on with their day:

 "I have racing thoughts. I think about a ton of things – what I'm going to do about this and what I'm going to do about that – and then I just start the mantram, and it helps" (p. 508).

The ability of mantram repetition to have supported a group of people as vulnerable to psychological and physical symptoms as veterans is clearly interesting – particularly as it appears to have enabled participants to exert control over thoughts, feelings and behaviours which they had previously found unmanageable and unhelpful.

Similarly, Pakenham and Stafford-Brown (2013) recounted that their ACT stress management intervention (SMI) supported postgraduate clinical psychology students to

manage their anxiety; they reported 'Reduced anxiety' as a sub-construct within their second order construct of 'Perceptions of the ACT-SMI'. Equally, in their study, Dundas et al. (2009) reported a second order construct that their participants were able to 'Use positive self-statements to gain confidence' following a combined CBT and self-hypnosis intervention. This theme was particularly important to this study, since it was exploring the use of interventions to support students with test anxiety, so helping students to manage their anxiety levels was of paramount importance. Prior to the intervention students were reporting 'panic', feeling 'a punch in the chest' and 'a nervous breakdown' (Dundas et al., 2009, p. 32). However, as a result of the intervention 31 participants (n=36) reported that they were now better able to manage their anxiety with the use of positive self-statements and by arguing against dysfunctional thoughts.

For a meta-ethnography considering participants' experiences of interventions for stress and anxiety, this construct provides much for consideration. Regardless of the participants' differing backgrounds, stress and anxiety appear to have had a pervasive effect on them. Thus, to find so many papers reporting constructs suggesting that the interventions have aided participants to bring about cognitive change is heartening and exciting.

1.3.2.4   Change in perspective

The three constructs already discussed all demonstrate that participants have reported being better able to recognise and makes changes to their emotional and physical selves. As an extension of these three constructs which focus on 'the self', some of the studies assert that their participants also experienced a change in their views about other people and situations. 'Change in perspective' is therefore raised as another third order construct.

Interestingly, Hick and Furlotte (2010) and Kerrigan et al. (2011) reported this construct in very similar language – 'Reperceiving: a shift in perspective' and 'Shifts in perspective' respectively. For Hick and Furlotte (2010), the construct of 'Reperceiving: a shift in perspective' followed their introduction of mindfulness to economically deprived participants in Canada. The authors described this construct as 'a shift in perspective concerning each participant's relationship to their lived experience' (Hick & Furlotte, 2010, p. 294). They explained that through the mindfulness intervention, the

participants appeared to have gained a greater capacity for self-regulation as an internal change in perspective, but they also became better able to view the world around them with different eyes.

Meanwhile, Kerrigan et al. (2011) reported the second order construct of 'Shifts in perspective' following the introduction of an MBSR programme for urban youth in Baltimore, USA. The majority of participants reported changes in perspective which allowed them to be less negative and judgemental in their everyday interactions with others. Kerrigan et al. (2011) also presented two more detailed case studies to illustrate the type of 'shifts and reframing' experienced by some of the participants (p. 99). One of these in depth case studies, 'James', was a 19 year old who was taking anti-retroviral medication as a result of having been born with HIV; he had recently lost his mother and his father was in prison. Prior to the MBSR intervention James reported that he found it difficult to manage his temper. However, after the MBSR intervention James reported to the interviewer that he felt "better than he had ever felt before", that the breathing exercises he had learnt had become as important to him as his anti-retroviral medication and he mentioned a sense of "calmness" and "reduced stress" (Kerrigan et al., 2011, p. 99).

The only other paper to report shifting perspective as a second order construct was Sibinga et al. (2011), reporting on the same study as Kerrigan et al. (2011), where they named the construct, 'Perceptions of and experiences with MBSR'. The authors explained that this theme covered the participants' surprise that they actually "enjoyed" the MBSR intervention, as well as their change from perceiving the intervention as "strange" or "weird" initially, but finally all reporting that they were continuing to use the intervention in some way (Sibinga et al., 2011, p. 215-5).

Himelstein et al. (2012), Kerrigan et al. (2011) and Sibinga et al. (2011) all worked with participants from areas of social and economic deprivation. They also all presented high quality studies (see Table 3); they interviewed their participants and then explored their transcripts through either detailed content or thematic analysis. It is therefore particularly interesting that these three studies presented perspective change as a construct. By contrast, many of the other studies in this review used participants who were either in further education or employment. It is possible to speculate, therefore,

that for the three studies named above, the participants perhaps had a greater need and scope for a change of perspective in their lives.

1.3.2.5   Developing skills

Many of the studies also reported second order constructs which demonstrate that participants felt they had learnt new skills from the interventions. For some participants these skills were technical, for some they were specific to school or work, and for some the skills were generalizable to other areas of their lives. All of them fall under the third order construct of 'Developing skills'.

In their study exploring the viability of MBSR as an intervention for personnel development with stressed call centre staff, Walach et al. (2007) presented a second order construct of 'Useful to learn coping skills', which participants felt were helpful both in the workplace and outside it. A similar construct was reported by Kim et al. (2013), whose thorough pilot study explored the effects of Kouk Sun Do - an intervention combining yoga, meditation, tai-chi, zen and martial arts with Korean origins - on university students with anxiety symptoms. The authors presented a second order construct of the 'Usefulness of relaxation technique in everyday life', with one participant reporting that, 'I feel like I'm able to focus my energy better during the day using breathing techniques learned in session' (p. 102).

For some of the studies, participants credited the intervention they experienced with an improvement in their technical skills. For example, the surgeon participants in Wetzel et al. (2011) found the stress management intervention helpful for their professional development. Although the findings are not subjected to detailed analysis, 'Enhanced surgical performance' was cited as a second order construct by the researchers. For example, one surgeon talked about 'improved focus under stress', and five surgeons talked about 'improved decision making'. For the student counsellors in Schure et al. (2008) and the trainee clinical psychologists in Pakenham and Stafford-Brown (2013), the participants were starting to transfer the skills that they had learned through the interventions into their professional lives. Schure et al. (2008) reported 'Influence on counselling practice' was a second order construct, with 'More attentive to therapy as an example sub-construct. Pakenham and Stafford-Brown (2013) reported second order constructs of 'Helpful professionally' and 'Helpful to discover wider range of therapies', both of which suggest that the trainee clinical psychologists were using

their developing understanding of the ACT intervention to further their practice as psychologists.

Many of the studies were comprised of participants who were still in education, and academic skills improved for some participants following the interventions. Sibinga et al. (2011) identified 'School achievement' as a second order construct following their MBSR programme - various participants reported 'increased concentration', 'reduced stress', and 'more confidence' at school. In their intervention designed to support exam anxious students, Dundas et al. (2009) classified 'Making exams a manageable task' as a second order construct, with participants giving examples of techniques they had adopted such as, 'one step at a time', 'just work' and 'accepting you can't remember everything'.

Thus, regardless of the age of the participants, and the setting in which they were based, many of the studies found that the various interventions were able to teach the participants useful skills. For the student participants, improved academic skill was a powerful outcome. Equally, doctors and nurses reported an improvement in their own coping and technical skills following the interventions, which could be of real interest to health service managers.

1.3.2.6   Relationships with others

So far the third order constructs have reflected the participants' understanding of themselves and their emotions and behaviours, how the interventions have impacted participants' perspectives of the world, and the skills they have learned. Some papers also reported second order constructs which suggested that the interventions were able to help participants to improve their interpersonal relationships. Thus, the construct of 'Relationships with others' is proposed.

Birnbaum (2008), in her research with social work students, identified 'Exploring relationships with significant others' as one of the second order constructs in her participants' stream of consciousness writing which she analysed. Similarly, Hick and Furlotte (2010) found that when they scrutinised their written feedback data from their severely economically disadvantaged participants who had undergone radical mindfulness training, 'Relating to others: interpersonal benefits of RMT' was one of the main second order constructs arising. Some of the participants reflected that they now

enjoyed 'Better relationships with family', they were 'Better able to relate to people', and 'Better at listening'. Hick and Furlotte (2010) reflect that these were particularly useful skills for their participants to have developed; the participants lived on the margins of society, many of them were homeless, so improved interpersonal skills were likely to be of benefit to them as they tried to manage their challenging social situation.

Sibinga et al. (2011) worked with a similarly marginalised group of participants in their study – adolescents from socially deprived backgrounds, some of whom had an HIV diagnosis. The researchers identified 'Interpersonal relationships' as a second order construct in this study, with participants indicating during their interviews that they felt calmer and more able to talk to people following the mindfulness intervention. Once again, for young people dealing with stressors such as 'interpersonal dynamics' and 'violence' in their daily lives, enhanced interpersonal relationships could be seen as a hopeful construct for these participants.

1.3.2.7   Importance of relaxation and mindfulness

Perhaps unsurprisingly, considering the diversity of the third order constructs discussed already, many studies reported constructs that expressed how much participants had valued the interventions. And so, 'Importance of relaxation and mindfulness' is offered as the next third order construct.

Three of the papers with student participants reported constructs concerning the importance of relaxation – Kim et al. (2013), Lau and Hue (2011), and Dundas et al. (2009). It was perhaps of particular benefit for these participants to recognise that relaxation was an important part of life, since they were still young and so would be able to apply these skills as they moved into the world of work. Kim et al. (2013) reported the second order construct of 'Relaxation' following interviewing their anxious university student participants; many of the participants talked of continuing to use the Kouk Sun Do techniques to manage their stress levels in the future.

Lau and Hue (2011) reported a study on using mindfulness-based techniques with Hong Kong adolescents who had experienced stress and depressive symptoms. The qualitative data was limited in the study, and Lau and Hue (2011) did not analyse their data or produce second order constructs (see Table 3). They did, however, present direct quotes from their participants, two of which, 'Now I understand that relaxation is

important in life' and 'I found that people and things which are close to me should be appreciated' suggested that some of the participants developed a greater appreciation of the importance of relaxation and mindfulness approaches.

Dundas et al. (2009) explored the use of CBT and hypnosis interventions to help exam anxious university students; one student identified a second order construct 'Reduction of arousal via self-hypnosis or visualizing the exam in a relaxed state and using positive self-statements'. Although not succinctly named, this category described how students learnt skills to manage their arousal during the intervention, and that they found the skills useful enough to want to continue to use them in the future. The participants recognised that if they could approach their future exams in a more relaxed manner then they stood a better chance of being successful.

Some of the papers which explored the value of mindfulness-based approaches reported similar constructs about the use of mindfulness for everyday life. Pakenham and Stafford-Brown (2013) titled their second order construct 'Helpful being in the present moment'. The postgraduate clinical psychology students who were participants in the study reflected during their interviews that the ACT intervention had allowed them to worry less about the future, particularly their upcoming academic commitments. One participant stated, 'Being in the present moment has helped me get through some stressful moments as a student' (Pakenham & Stafford-Brown, 2013, p. 60.) Beddoe and Murphy (2004) noted 'Taking a moment to stop and notice the world' as a second order construct in their research. The authors used nurses' journals as qualitative data following a mindfulness intervention, and discovered that some of the nurses were able to generalise the mindfulness technique into their daily lives. In a similar way, Dellbridge and Lubbe (2009) identified 'Present-centred attention and awareness' as a second order construct resulting from their single adolescent participant's experience of mindfulness. The sub-constructs of 'Present-centred attention', 'Mindful eating and breathing', 'Task orientation' and 'Focus on external things' suggested that the participant felt that mindfulness was important and generalised many of the skills she had learnt to her everyday life.

It is useful to reflect on this construct for a moment; the value that many of the participants have placed on the interventions they have experienced, whether mindfulness, meditation or hypnosis, suggests that the interventions could have value

for the participants in the longer term; in turn these findings suggest that the interventions could be useful to the wider population.

1.3.2.8   The bigger picture

A few of the studies raise second order constructs which are broader than any discussed above – they explore deeper questions and ideas. Thus, these wider issues have been collated into 'The bigger picture' third order construct.

Firstly, in Birnbaum's (2008) paper exploring social work students' experiences of mindfulness, she proposed a second order construct of 'synchronicity'. Although the meaning of this construct is not immediately clear, if one visits the first order construct presented by the participant, one can develop an understanding. The participant said:

"I felt it's ok for me to give up the phony sense of self control, always needing to be in full control… Surprisingly, I wasn't afraid to think of letting it all go, even when I cease to exist" (p. 845).

This quote indicates that the participant was exploring ideas wider than the researcher initially have intended – issues around control and death. For Dellbridge and Lubbe (2009) too, a second order construct of 'Universalism' identified that their single adolescent participant was considering wider issues around science and religion:

"He spoke about, I think, the mind being a sixth sense, that also stood out a lot … He said that, …. Okay back to my dad, he believes strongly in science, okay, and Jon spoke about scientists, as well as about like Buddhists I think, discovering that the mind is a sixth sense, so yeah, seeing it from both views stood out a lot." (p. 177)

Dellbridge and Lubbe (2009) discussed their participant's conflict around her father's scientific beliefs versus her own experiences of religion and her understanding of mindfulness' Buddhist origins. The authors reflected that this second order construct demonstrated the participant's uncertainty of where mindfulness is located in the paradigms of science and religion.

Although this construct is only introduced by two papers, both of the papers were good quality according to the CASP ratings (Table 3) and used detailed analysis methods, with Dellbridge and Lubbe (2009) choosing typological analysis, whilst Birnbaum (2008) used thematic analysis. Thus, it is appropriate to consider the wider

implications of some of the interventions. For example, mindfulness has originated from Buddhist teaching, and although it is now considered to be a secular practice, it is not surprising that it should encourage participants to think more widely about existential questions. Similarly, hypnosis can be profound for participants, who may not be used to experiencing such deep relaxation or who may hold misconceptions about hypnosis. So this third order construct raises the idea that researchers should consider the wider implications of some of these interventions in future research, since there is limited exploration of it within the papers currently under review.

1.3.2.9   Appraising the interventions

All of the third order constructs explored thus far have considered the interventions in terms of the development opportunities they have afforded participants. However, the majority of papers also presented second order constructs which were more focused on evaluating the interventions; these constructs considered the expediency of the interventions, and their potential for future research. These second order constructs have therefore been collected into the third order construct of 'Appraising the interventions'.

For some of the studies, appraising the intervention was one of their clear research aims, and they questioned participants about it during interviews or with qualitative questionnaires. For example, in their study which explored counselling students' experiences of an MBSR intervention through focus groups, Christopher et al. (2006) asked participants 'What did you like most about the class?', and reported that participants' responses resulted in a second order construct of 'Instructor's mindfulness and openness'. Christopher et al. (2006) were so interested in appraising their MBSR intervention that they asked the participants further directed questions, resulting in clearly evaluative second order constructs such as, 'a desire for the class to be taught annually going forwards'.

Whilst Christopher et al. (2006) wanted a very detailed evaluation of their intervention, other studies sought a more general overview. Himelstein et al. (2012) wanted to establish whether their intervention was 'helpful or not' (p. 233), and they reported a second order construct of an 'Accepting attitude toward the treatment intervention'. The authors reflected that this was particularly interesting to them, since their participants were young offenders in juvenile detention that may have been

reluctant to try a mindfulness intervention. Instead, Himelstein et al. (2012) recorded first order experiences, such as "I say everybody should right here [in the juvenile hall] just try it. Every youth in here, it's gonna help them a lot." (p. 235). Equally, Walach et al. (2007) asked their service centre staff participants about their satisfaction with the course, and then reported a second order construct of 'Positive experiences' for their participants. Cohen-Katz et al. (2005) found that their research into the uses of MBSR for nurse stress and burnout produced the second order construct of 'Overall value of MBSR'. Here, with a similar sentiment to that of Himelstein et al.'s (2012) juvenile participant, a participant states, "I hope many others get to do this class!" (p. 82). Similarly, the nurse participants in Airosa et al.'s (2011) study into the use of hypnosis and tactile massage as an intervention for busy nurses created the second order construct of 'Being treated' during their interviews. As one participant explained: "To have a treatment during your shift was exhilarating, otherwise we would never have the time for it, and it was fantastic. Very much appreciated by all!" (Airosa et al., 2011, p. 87). Airosa et al. (2011) hypothesise that this sort of intervention may therefore have a possible additional benefit for improved staff motivation and wellbeing.

Not all of the studies reported that their participants found the interventions useful. Dundas et al. (2009) used hypnotic and CBT-based interventions with test anxious university students. Whilst the three main second order constructs suggested that the participants found the intervention helpful – the researchers also report a second order construct where the 'intervention was not useful' to some students. The authors discussed this construct in further detail, exploring each of the participants' individual transcripts that contributed to this construct in detail to see why this might have been the case. One of the participants who reported that the intervention was not helpful found that her test anxiety was so profound that she was unable to attend the exam at all – explaining, "I didn't manage to get to the exam yesterday, because the anxiety hit me too hard" (Dundas et al., 2009, p. 36). A second participant mentioned that he felt it was necessary to feel more nervous to get a better grade in his exams, although he also reported that he did better in the exam where he had used the positive self-statements recommended by the intervention. However, he still felt that his expectations of increased grades as a result of the intervention had not been met. A fourth student commented that she felt she needed to relax more deeply and to practice the intervention more to gain a benefit from it, and a fifth student felt that the intervention had not really

addressed his concern – which was lack of motivation rather than anxiety (Dundas et al., 2009, p. 36-7).

As part of the 'Appraising the interventions' construct, two of the studies note that the interventions required practice, time and commitment; for some participants this was a barrier. Birnbaum (2008) observed that some participants experienced difficulty engaging with the mindfulness meditation intervention; she termed this construct 'Exploring ambivalence'. Birnbaum (2008) noted that some participants appeared to experience an 'inner struggle' as they practised the mindfulness exercises (p. 844), trying to establish to what extent they wanted to engage in the meditation. As one participant reflected in their journal, "I'm afraid I'll lose consciousness if I go too deep in. If I do, will something new happen? Will I be different when I wake up?" (p. 845).

Cohen-Katz et al. (2005) noted that all of their 25 participants reported some sort of challenge associated with MBSR practice. The authors called this second order construct 'Challenges of MBSR participation', with sub-constructs of 'difficult emotions', 'restlessness' and 'physical pain/ medical issues'. The authors reported that typical comments from participants were, "My mind is everywhere" and, "my body feels restless" (p. 83). So, although the interventions offer participants many benefits, the practice and commitment required to use the interventions regularly may become a barrier for some people.

1.4 Discussion

1.4.1 Review

This meta-ethnography sought to answer the question, 'What are the experiences of participants who receive a relaxation, hypnotic or mindfulness intervention to support their subclinical stress or anxiety?' Participants ranging from incarcerated adolescents to medical surgeons reported an array of stressors (Himelstein et al., 2012; Wetzel et al., 2011), and most then described an improvement in their outcomes following whichever intervention they received. Despite the variety of participant backgrounds and interventions, many of the participants described similar experiences. Participants talked about becoming more emotionally and physically aware (Sibinga et al., 2011; Kerrigan et al., 2011; Beddoe & Murphy, 2004; Cohen-Katz et al., 2005), with some

identifying that they had gained a better understanding of themselves through the interventions (Himelstein et al., 2012; Birnbaum, 2008; Airosa, 2011). In turn, almost all of the participants felt that the relaxation and mindfulness skills they had learnt were very important to them (Kim et al., 2013; Lau & Hue, 2011; Dundas et al., 2009; Pakenham & Stafford-Brown, 2013; Dellbridge & Lubbe, 2009). Some participants also experienced better relationships with others and improved professional skills following the interventions (Birnbaum, 2008; Hick & Furlotte, 2010; Sibinga et al., 2011).

The interventions included in this meta-ethnography ranged from mindfulness, MBSR, hypnosis and mantram repetition to physical interventions such as yoga, t'ai chi and qi gong. Although at first this appears to be a diverse list, the identification of many common themes from participants' experiences suggests that these interventions are more interrelated than they first seem. For example, almost all of the participants reported increased self-awareness of some kind after learning and practising their intervention. Thus, one could suggest that for all of the interventions there was a requirement for the participants to develop a meta-cognitive awareness of their thoughts and their body's responses to these thoughts. In the psychological literature this meta-cognitive awareness is often defined as 'cognitive de-fusion' (Mennin, Ellard, Fresco & Gross, 2013; Pilecki & McKay, 2012).

1.4.2 Cognitive de-fusion

The overarching process of cognitive de-fusion provides a succinct working hypothesis for the reason that this diverse set of interventions all seemed to help reduce participants' stress and anxiety in similar ways. This apparent shared function is useful, since this array of relaxation interventions can initially appear confusing to both practitioners and the public alike (Yapko, 2012). For example, there is currently a strong movement towards using mindfulness as an intervention in schools (Burnett, 2011; Gold et al., 2010; Huppert & Johnson, 2010), yet there seems to be limited awareness of the similarities between mindfulness activities and those proposed in mantram repetition and hypnosis (Shapiro, Oman, Thoresen, Plante & Flinders, 2008; Yapko, 2011). Although this division may not seem problematic, the similarities between these interventions could actually help them to become more widely disseminated. One of the difficulties often cited with MBSR, for example, is that it

requires adherence to an eight week intervention programme (Mendelson et al, 2010), and as such is not always appropriate for use in schools or workplaces. However, interventions such as hypnosis, mantram repetition and yoga could be used more flexibly, and the findings of the current paper suggest that the experiences and benefits for participants could be similar. There is a small but increasing body of research which seeks to draw comparisons between interventions such as hypnosis and mindfulness, and the current paper suggests that this may be an advantageous area for future research (Hammond, 2010; Yapko, 2011).

1.4.3 Interventions were not always useful

However, not all of the participants in the reported studies found that the interventions were useful to them. For example, Dundas et al. (2009) explored the use of CBT and hypnosis interventions for exam anxiety, and whilst one participant still found her anxiety too overwhelming after the intervention, others felt disappointed that the intervention had not improved their grades. This finding highlights the importance of participants' expectations when they are trained in interventions for stress and anxiety. These interventions should be considered as a tool for people to use; they are not in themselves a total solution to the stresses that people will experience throughout life. In their book designed to help people learn mindfulness techniques, Williams and Penman (2011) suggest that people be aware that mindfulness is an approach to life as much as it is an explicit intervention, and the same could be said of many of the interventions explored here.

1.4.4 Methodological considerations

There is an increasing interest in qualitative meta-synthesis within psychology and healthcare, as researchers seek to explore which interventions are efficacious and cost effective, but also participants' experiences of interventions (Walsh & Downe, 2005). However, creating a meta-ethnographic review of qualitative literature is not without its critics. The 'data' in meta-ethnography are the interpretations of participants' raw data as inferred by the papers' researchers (Doyle, 2003; Weed, 2005). Thus, some feel that the method is reductivist and loses the subtler inferences of individual qualitative research (Campbell et al., 2003; Sandelowski et al., 1997; Weed, 2005). However, Noblit and Hare (1988) recommend that meta-ethnographic

researchers seek to maintain the holism of the papers they are reviewing, and the current paper has sought to do this. In addition, Silverman (1997) makes the pragmatic point that if qualitative researchers want to influence practice in medicine and psychology, then they need to find a way of representing an overview of their research.

Many meta-analyses report the limitation of publication bias. Some of the studies reviewed here have a mixed methods design. As a consequence, mixed methods studies which have shown non-significant quantitative results may not have been published, and thus the papers reviewed here may present a slight bias towards participants who have had positive experiences of the interventions; certainly the third order constructs presented here show very positive outcomes for participants. In addition, publication bias may occur in qualitative research as well – papers reporting positive and detailed findings are more likely to be of interest to readers, and so are more likely to be published. An additional factor with qualitative literature is that participants are more likely to talk to researchers if they have experienced the intervention positively; participants who have not had a good experience are more likely to become disengaged and withdraw from the research (Willig, 2008). Once again, this means that the qualitative research base exploring interventions can easily become biased. It is notable in the current study that it was only Airosa et al.'s (2011) and Dundas et al.'s (2009) paper that discussed any negative constructs as a result of the interventions. It seems unlikely that only two interventions out of 19 had participants who did not feel they had benefitted from the interventions.

It is also worth noting that in order to identify sufficient papers to conduct a meta-ethnography, the search terms used were wide-ranging. It was too restrictive to search for specific interventions - hence t'ai chi interventions delivered to mainstream school children have been compared to relaxation interventions delivered to medical surgeons (Wall, 2005; Wetzel et al., 2011). However, many of the third order constructs presented here show a similarity between participants' experiences, suggesting that the diversity of interventions did not adversely influence the findings.

This meta-ethnography also set-out to review papers where the participants were from a non-clinical population. This meant that certain interventions were under-represented, such as hypnosis which has a strong tradition in the medical research literature for people who are experiencing pain or pain anxiety (Hammond, 2010).

Equally, interventions such as mindfulness have become over represented, since they appear more often in the non-clinical literature as practitioners do not require a specific qualification to practise them (Kuyken et al., 2010).

Finally, although the current meta-ethnography was interested in exploring participants' experiences of the interventions, it is disappointing that none of the studies extended their discussions of their participants' subjective experiences into wider theorising. As a result, the papers provided little opportunity to extrapolate participants' experiences into broader psychological theories.

1.4.5   Possible implications for practice

The current paper has considered the experiences of participants who have received a variety of interventions for stress and anxiety, and the findings have largely been positive. Thus it is appealing to consider whether similar interventions could be helpful for other individuals who are struggling with non-clinical levels of stress and anxiety. Qualitative findings are interested in the specific experiences of individuals (Willig, 2008) – they cannot and should not be easily extrapolated. However, the participants in these studies have spoken of positive outcomes following these interventions which have ranged from improved self-regulation, to reduced anxiety, to a stronger sense of self. Since interventions such as hypnosis and mindfulness do no harm to people if used correctly (Yapko, 2012), and stress and anxiety seem to be an increasing problem (Siddique, 2014), these interventions would appear to have much potential for practitioner psychologists to use them in their work.

1.4.6   Opportunities for future research

One of the key elements for many of these interventions was that they were delivered to groups of participants; this could make them a cost-effective psychological intervention within workplaces, the NHS, as well as schools and universities. The potential and need for ongoing research, therefore, is very wide in scope.

In addition, the CASP ratings for these studies (see Table 3) indicate that there is the opportunity for better quality research to be conducted in this area. Only one of the papers reviewed here explored the relationship between the researcher and the participants (Birnbaum, 2008). This relationship is known to affect qualitative findings

(Cresswell, 2013), particularly when the researcher holds power over the participants; this is the case for some of the studies reviewed here, where course lecturers were researching their students' experiences of the course they had delivered (Beddoe & Murphy, 2004; Christopher et al., 2006; Schure et al., 2008; Wall, 2005). Plus, some of the studies have not described their research design in sufficient detail, meaning that it is hard to be sure that the participant experiences they have reported are accurate and representative (Airosa et al., 2011; Beddoe & Murphy, 2004; Hick & Furlotte, 2010; Lau & Hue, 2011; Wall, 2005).

The author's interest in subclinical populations within education raises some interesting areas for potential research. Many of the studies explored in the current meta-ethnography have revealed teenagers' and young people's positive experiences of relaxation interventions. Since there is a strong argument within psychology for early intervention (Ramey & Ramey, 1998), particularly when supporting children with anxiety (Dadds et al., 1999), it would be useful to conduct further research into these interventions with UK-based populations. Indeed, there is a good quantitative research base for using interventions such as mindfulness and hypnosis with children (Bluth & Blanton, 2013; Etzrodt, 2013; Felver, Frank & McEachern, 2013; Kohen, 2011). However, as has been revealed by the current meta-ethnography, there is a paucity of qualitative research with UK-based young people. As such, the author would propose that further mixed methods and qualitative research should be conducted into the use of interventions such as mindfulness and hypnosis to support young people struggling with stress and anxiety in the UK.

1.4.7   Conclusion

This meta-ethnography sought to explore the experiences of participants who received a relaxation, hypnotic or mindfulness intervention to support their subclinical stress or anxiety. Through presenting third order constructs derived from the selected papers the review has identified that participants found the interventions they received useful to better understand and manage their subclinical stress and anxiety. These are encouraging findings and suggest that relaxation, mindfulness and hypnosis should be explored further as interventions for subclinical anxiety. The author would recommend that some of this research should be in a qualitative paradigm so that researchers can better understand participants' experiences of the interventions.

Chapter 2: Empirical Paper

What are the experiences of participants involved in a hypnosis intervention, delivered by an Emotional Literacy Support Assistant (ELSA), to test-anxious school students?

Word Count: 8850

2.1   Introduction

Test anxiety is defined as a situation-specific state anxiety experienced when facing a test or exam (Hammond, 2010). Zeidner defined it as 'the individual's disposition to react with extensive worry, intrusive thoughts, mental disorganisation, tension, and physiological arousal when exposed to evaluative situations' (Zeidner, 1998, p. 18).

Theories about the psychological processes underpinning test anxiety consider how the body's response to anxiety disrupts cognitive function. Attentional control theory suggests that high levels of anxiety focus attention on the perceived threat, removing attention from important executive functions such as planning (Elliott, 2003; Eysenck, Derakshan, Santos & Colvo, 2007). Zeidner and Matthews (2013) propose a similar model, where test anxiety disrupts metacognition. As a result, test anxiety sufferers experience 'extensive worry', 'intrusive thoughts' and 'mental disorganisation' which can hamper their ability to think clearly and perform effectively during a test (Derakshan & Eysenck, 2009; Eysenck et al., 2007; Owens, Stevenson, Norgate, & Hadwin, 2008; Sena, Lowe & Lee, 2007; Von der Embse, Barterian & Segool, 2013; Zeidner & Matthews, 2013). In addition, sufferers often report physiological symptoms associated with general anxiety such as nausea, poor sleep and trembling (Kring, Davison, Neale & Johnson, 2007).

There has been increasing interest in test anxiety in the UK recently, perhaps because it is thought to affect between 10 and 40 per cent of school-age students (Gregor, 2005).   In addition, Putwain (2008) notes that school quality is increasingly evaluated on students' test performance; since test performance is often worse for test anxious students than their less test anxious peers of equal ability, perhaps it is unsurprising that test anxiety should interest educators (Bhoola-Patel & Laher, 2011; Daly, Chamberlain & Spalding, 2011; Eum & Rice, 2011; Hembree, 1988; Putwain, 2009a; Putwain, 2009b).

Test anxiety tends to have an adverse rather than a positive effect on student achievement (Hembree, 1988; Putwain, 2009a; Putwain, 2009b); although Owens, Stevenson, Hadwin and Norgate (2012a) have shown that for some more able students a limited amount of test anxiety can improve their motivation to prepare for a test and their performance. However, due to the negative impact of test anxiety on the general

student population, Von der Embse and colleagues (2013) recently reviewed interventions to reduce and prevent test anxiety, including interventions based on cognitive-behavioural therapy (CBT), developing academic skills, muscle relaxation and biofeedback. Von der Embse et al. (2013) concluded that CBT was one of the most successful interventions for cognitive factors of test anxiety, but they also recommended biofeedback methods as a way to improve physiological symptoms of test anxiety.

Interestingly, one aspect of the interventions not considered by Von der Embse et al. (2013) was the identity and skill level of the facilitator. This is an important factor in school-based interventions due to the number of school staff who are trained to deliver therapeutic interventions to their students (Corrieri et al., 2013; Fisak, Richard & Mann, 2011; O'Leary-Barrett, Mackie, Castellanos-Ryan, Al-Khudhairy & Conrod, 2010; Neil & Christensen, 2009). Indeed, in some areas of the UK pastorally-focussed teaching assistants, known as Emotional Literacy Support Assistants (ELSAs), are trained and supervised by Educational Psychologists (EPs) to deliver therapeutic support to individuals and small targeted groups (Burton, 2008), with encouraging results (Bravery & Harris, 2009; Burton, Traill & Norgate, 2009). However, in their recent systematic review on the effectiveness of school-based interventions for anxiety, Neil and Christensen (2009) found that interventions delivered by school staff were not as effective as when the same interventions were delivered by mental health professionals. Nonetheless, Neil and Christensen (2009) noted that they still consider the school staff-led interventions to be effective, and worth considering due to their lower cost implications and their potential to reach many more students.

It is also interesting that Von der Embse et al. (2013) did not consider hypnosis as an intervention in their review, perhaps since it is used infrequently as a school-based intervention (Hammond, 2010). However, hypnosis has been researched as an intervention for test anxiety, and interests researchers due to its ability to address both the emotional responses and cognitive impairment often experienced by test anxiety sufferers (Baker, Ainsworth, Torgerson & Torgerson., 2009; Coelho, Canter & Ernst, 2007; Hammond, 2010).

Hypnosis has long been used as an intervention in medicine and psychology (Elkins, 1984; Flammer & Bongartz, 2003); it has a wide research-base – having been demonstrated to be a successful intervention for pain management, addiction, weight

loss, anxiety, fear, stress and even as a form of anaesthesia (Elkins, Jenson & Patterson, 2007; Elkins & Rajab, 2004; Goldmann, Ogg & Levey, 1988; Liossi, White & Hatira, 2006; Liossi, White & Hatira, 2009). Despite this, however, there is not a clear definition of hypnosis (Stanton, 1993), and there are ongoing discussions about its neuropsychological functions (Kihlstrom, 2013).

Fundamentally, hypnosis is thought to function by moderating attentional control (Spiegel, 2013; Raz, Shapiro, Fan & Posner, 2002). Liossi, Kutner, Wood and Zeltzer (2013) propose that hypnosis creates a "heightened state of self-awareness and focused attention, in which critical faculties are reduced and receptiveness to ideas is greatly enhanced" (p. 560). Attentional processes have long been suggested as the functional explanation for hypnosis (Kihlstrom, 2013; Tellegen & Atkinson, 1974). For example, a neurophysiological model of hypnosis proposed by Crawford (1994) and Gruzelier (1998) posits that hypnotic induction involves three stages. First, there is an initial engagement in the attentional network (including thalomocortical systems and parietofrontal connections) as the subject is asked to focus their attention intently on an object or image. Second, the subject closes their eyes and relaxes deeply, which inhibits these frontolimbic attentional processes and suspends critical evaluation. Finally, a hypnotic state is achieved and neural activity in the frontal lobes is redistributed depending on the hypnotic suggestion that the individual receives. However, despite repeated and continued electroencephalographic (EEG) and functional magnetic resonance imaging (fMRI) studies into the functions of hypnosis (for a list of EEG studies see Hinterberger, Schoner & Halsband, 2011; for fMRI examples see Egner, Jamieson & Gruzelier, 2005; Oakley & Halligan, 2009), its underlying processes are still debated (Kihlstrom, 2013).

Regardless of the exact processes at work, Stanton (1993) considers hypnosis to be a cognitive-based practice that endeavours to "alter specific perceptions, images, thoughts, and beliefs to help people behave more effectively" (p. 199). When used by someone afflicted with anxiety, hypnosis is thought to be effective since it is able to reduce physiological symptoms through relaxation, and also encourages the individual to develop more helpful cognitive approaches to the stimulus through positive suggestion (Ainsworth et al., 2010; Heap & Dryden, 1991).

Researchers conducting reviews into the evidence base for hypnosis as an anxiety intervention have already been calling for increased research into the area (Baker et al., 2009; Coelho et al., 2007; Hammond, 2010; Milling & Constantino, 2000). Although it was over a decade ago, Milling and Costantino (2000) conducted a review into the evidence base for hypnosis as an intervention for various physical and mental health problems – they suggested that the evidence base for hypnosis as an intervention for anxiety was intriguing but required further research. Coelho et al. (2007) reviewed hypnosis as an intervention to alleviate clinical and subclinical anxiety - they found consistent evidence of hypnosis as a successful intervention. Hammond's (2010) review of the use of hypnosis to treat various types of anxiety found that it was particularly effective as an intervention to alleviate state anxiety, and that it is a 'rapid, cost-effective, non-addictive and safe alternative to medication for the treatment of anxiety-related conditions' (Hammond, 2010, p. 263). In addition, Baker et al.'s (2009) review sought to look at hypnosis as an intervention for test anxiety exclusively. An extensive literature search produced five randomised controlled trials into whether or not a hypnosis intervention could diminish test anxiety, and Baker et al. (2009) found that overall hypnosis showed a moderate effect size of -0.39, significant to a 5% level. Thus, there are recommendations within the hypnosis research community for continued investigation into the use of hypnosis as an intervention for test anxiety (Baker et al., 2009; Coelho et al., 2007; Hammond, 2010; Laidlaw et al., 2003; Milling & Constantino, 2000).

In particular, Putwain, Connors and Symes (2010) and Putwain (2009b) note that there is remarkably little data available on test anxiety samples taken from UK school children – especially considering the volume of exams used in the UK education system (Ofqual, 2014). There is also a gap in the current literature around experiential research into the impact and usefulness of hypnosis as an intervention for test anxiety (Putwain, 2009b; Woodard, 2003). In his own qualitative investigation into the experience of test anxiety for UK school children taking their General Certificates of Secondary Education (GCSEs), Putwain (2009b) argues that the body of literature investigating test anxiety and interventions to mitigate its effect are all in the quantitative paradigm, with researchers using the same test anxiety measures without considering how students experience and understand the intervention. He argues persuasively that it is only through encouraging a student to talk about the impact of the cognitive distortions they experience in the grip of their test anxiety that we as

researchers can begin to consider ways to support and help them. In addition, Smith (2003) argues that qualitative exploration of interventions allows researchers to better understand their participants' experiences and can illustrate quantitative results. Kam and Midgley (2006) support this qualitative methodology, explaining that experiential research in child psychiatry and psychology allows practitioners to consider what it's like to actually use interventions 'in the field' (Kam & Midgley, 2006).

2.1.1 Research questions

Following these recommendations, the current study was part of a wider mixed-methods investigation into the potential impact of an ELSA-administered hypnosis intervention for test anxiety. My colleague sought to explore whether hypnosis was able to reduce test anxiety for school students through quantitative means. My study used a qualitative methodology to investigate the same students' experiences of hypnosis as an intervention for test anxiety.

It was guided by the research question, 'What are the experiences of participants involved in an ELSA-led group hypnosis intervention for test anxious school-age students?'

Additional research aims were:

- to explore students' experiences of test anxiety; to identify the facilitators and barriers to students using hypnosis independently;
- to establish students' perspectives on the viability of this intervention;
- to explore the ELSA's experience of training to deliver a hypnosis intervention for test anxiety;
- to explore the ELSA's experience of delivering a hypnosis intervention for test anxiety.

2.2   Method

2.2.1 Mixed Methods Design

The current study was part of a wider mixed methods piece of research exploring the potential impact of an ELSA-administered hypnosis intervention for test anxiety. The rationale for this mixed methods approach was identifying whether hypnosis could demonstrate a significant reduction in test anxiety when administered in

this way, but also exploring the viability of the hypnosis intervention through participants' experiences and perspectives. The mixed methods design was an embedded one (Creswell, 2013), where the qualitative research was embedded within the quantitative methodology and the qualitative findings were used to illustrate and explore the quantitative results (Bishop & Holmes, 2014). This approach was guided by a pragmatic epistemology (Johnson & Onwuegbuzie, 2004), which recognises that combining quantitative and qualitative methods can often result in research which is more useful to practitioners in the field (Teddlie & Tashakkori, 2011).

2.2.2   The intervention

A school was recruited to the study through the researchers' professional networks (see Appendix E for further detail), and provided with the 'Information for schools' sheet (see Appendix F). Through discussion with the participating school it was decided that the school's ELSA would be the most suitable person to facilitate the hypnosis intervention; this held ecological validity since ELSAs have the flexibility in their timetable to deliver interventions, and they often help students with their wellbeing. The ELSA was trained in the hypnosis intervention through two 90 minute training sessions from Dr Christina Liossi (Senior Lecturer in Health Psychology at University of Southampton); one session took place at the University of Southampton and one at the participating school during normal working hours.

Following the training, the ELSA was asked to deliver three 45 minute sessions of a manualised hypnosis intervention to participants in the intervention group (see Appendix G). The manual provided the ELSA with a script for the three sessions of hypnosis, and ensured fidelity as well as participant safety. Three sessions of hypnosis were deemed appropriate by Dr. Liossi, had ecological validity in a busy secondary school, and Stanton (1994) showed a reduction in test anxiety after just two 50 minute sessions of hypnosis - an effect ($p < 0.01$) which was maintained at the six month follow-up. At the end of the three sessions the participants were asked by the ELSA to try to practise hypnosis on their own whenever they felt able to; the participants were given a stress ball shaped like a brain to help remind them to do this.

2.2.3   The quantitative component

The students were recruited to the mixed methods study as outlined in Figure 2. All of Year Nine (n = 112, male = 56) were invited to complete an initial Revised Test Anxiety (RTA) scale through opt-out parental consent and opt-in assent from the students (Benson & El-Zahhar, 1994; see Appendix H). The 40 students who scored above the designated cut-off on the RTA were then invited to take part in the full study, and 30 students' parents provided opt-in consent, with the students also assenting (see Appendix I). Exclusion criteria applied at this stage excluded any participants who were receiving any psychological therapies, and any students with a diagnosed psychiatric disorder or taking psychiatric medicine since the hypnosis intervention could have affected their treatment (Huynh, Vandvik & Diseth, 2008). The study also excluded any student their teacher deemed unable to follow the hypnosis intervention whether due to language difficulties, a learning difficulty, or vulnerability (Coelho et al., 2007). These participants were then screened for high depression scores using the Children's Depression Inventory (CDI). Four pupils scored above the CDI's suggested cut off (> T score .65; Kovacs, 1984) and were excluded from the study and their parents were informed. Two pupils were absent during the pre-questionnaire phase and so were also excluded from the study. Of the remaining 24 pupils, 12 (six males; M_{age} = 13 years, 8 months) were randomly assigned to the intervention group, 12 (five males; M_{age} = 13 years, 9 months) were randomly assigned to the control group.

As an additional note, hypnotic susceptibility measures were not used to screen potential participants. Although some hypnotherapy research suggests screening participants in this way (Baker et al., 2009), it would not have ecological validity for the purpose of a school-based intervention; Montgomery, David, Winkel, Silverstein and Bovbjerg (2002) have suggested that most people are sufficiently hypnotisable for clinical interventions.

The key results from the quantitative study showed that participants in the experimental group reported significantly lower test anxiety following the intervention (M = 69.42, SE = 5.12) than prior to the intervention (M = 77.08, SE = 3.65), $t(11)$ = 2.52, $p < 0.05$, $r = 0.6$ (Tayler, 2014). For the control group, there was no significant difference between TA scores prior to the intervention (M = 77.08, SE = 2.85) and after the intervention (M = 79.22, SE = 4.65), $t(11)$ = -0.554, $p > 0.05$. This indicates that the

hypnosis intervention successfully reduced test-anxiety for participants in the experimental group and that the control group experienced no change (Tayler, 2014).

The quantitative study also explored whether or not the manualised hypnosis intervention had an impact on academic achievement for participants. An independent t-test was conducted to compare Maths and English exam grades between the experimental and control groups after the intervention. There was no significant difference between the experimental group's Maths grades ($M = 4.33$, $SE = .47$) and the control group's Maths grades ($M = 4.36$, $SE = .36$), $t(22) = .96$, $p > .05$), and there was no significant difference between the experimental group's English grades (M = 4.45, SE = .53) and the control group's English grades ($M = 3.7$, $SE = .76$), $t(22) = .42$, $p > .05$). These results suggest that the intervention did not have a positive impact on the experimental group's academic achievement (Tayler, 2014).

2.2.4 The qualitative component

2.2.4.1 Design

As has been stated above, the mixed methods research was guided by a pragmatic epistemology (Johnson & Onwuegbuzie, 2004), yet the current study was also epistemologically located in the interpretivist mode since it sought to explore participants' experiences of the hypnosis intervention from their own perspective and understanding (Braun & Clarke, 2006; Guest, MacQueen & Namey, 2012; Smith, 2003).

The qualitative study was designed to explore more than whether the hypnosis intervention was able to reduce participants' test anxiety – the aim was to find out what it was like to experience the intervention from start to finish (Willig, 2008). The researcher wanted to know how the participants felt from when they heard about the intervention to after they had sat their exams. Thus, the qualitative study was able to hear the participants' experiences rather than imposing their own assumptions about what was taking place within the intervention (Kovshoff et al., 2012).

2.2.4.2 Participants

Participants were recruited as shown in Figure 2. All of the students randomised to the quantitative intervention group were invited to participate in the qualitative

interviews; in this way, all students who received the intervention were given the opportunity to reflect on their experiences if they wanted to. Eight participants attended interview one and seven participants attended interview two; four participants attended both interview one and interview two, therefore 11 participants were interviewed in total.

In addition, the ELSA was invited to attend an interview following her delivery of the intervention since she held a unique perspective about training and delivering the manualised hypnosis intervention.

2.2.4.3   Materials

Semi-structured interviews were used to gain information from participants about their experience of the hypnosis technique and applying (or not applying) this technique as they moved towards an examination. Semi-structured interviews are commonly used in interpretative qualitative research (Guest et al., 2012; Willig, 2008), and are a particularly appropriate method of data collection when working with young people since the interviewer can modify questions as appropriate during the interview (Robson, 2011).

A combination of open-ended questions along with more specific prompts and probes ensured that the interview had structure and purpose (Kvale, 1996), yet was interactive and encouraged participants to offer the detail of their experiences (Guest et al., 2012). To devise the interview schedules I looked at those used by previous researchers who had qualitatively explored hypnosis interventions (Airosa et al., 2011; Dundas et al., 2009), and I adhered to Gall, Gall and Borg's (2007) guidance on interviewing students in secondary education. My own experience as a secondary school teacher meant that I was able to pitch the questions at an appropriate level. The interview schedules can be found in Appendix M.

2.2.4.4   Procedure

Participants were invited to attend interviews at two time points; after their initial session of hypnosis and after the hypnosis intervention had finished and they had sat their exam. The procedure of the mixed methods study, and when the qualitative interviews took place within this, is outlined in Figure 3.

Approached secondary schools listed on Southampton University's list of approved research partners

Researchers contacted schools via professional networks and identified a school in Hampshire that wanted to participate.

School in Southampton agreed to participate, but then withdrew from study

Negotiated terms with school, including inviting Year Nine to participate in research, and invited ELSA to act as facilitator

All Year Nine (n = 112) students screened for test anxiety (opt-out parental consent, see Appendix H).

40 most test anxious students invited to participate in the mixed methods study; they attended an information sharing assembly with researchers and their parents/carers were sent information letters and asked for opt-in consent. (See Appendices H, J and K)

Received parental consent for 30 students who assented to participate in the study. Students were randomly assigned to either intervention group or wait list control.

All 12 students assigned to the intervention group were invited to attend two interviews for the qualitative study. N = 8 for the first interview, and n = 7 for the second interview. (11 participants interviewed in total, four interviewed twice)

Facilitator (school's ELSA) invited to attend an interview as part of the qualitative study.
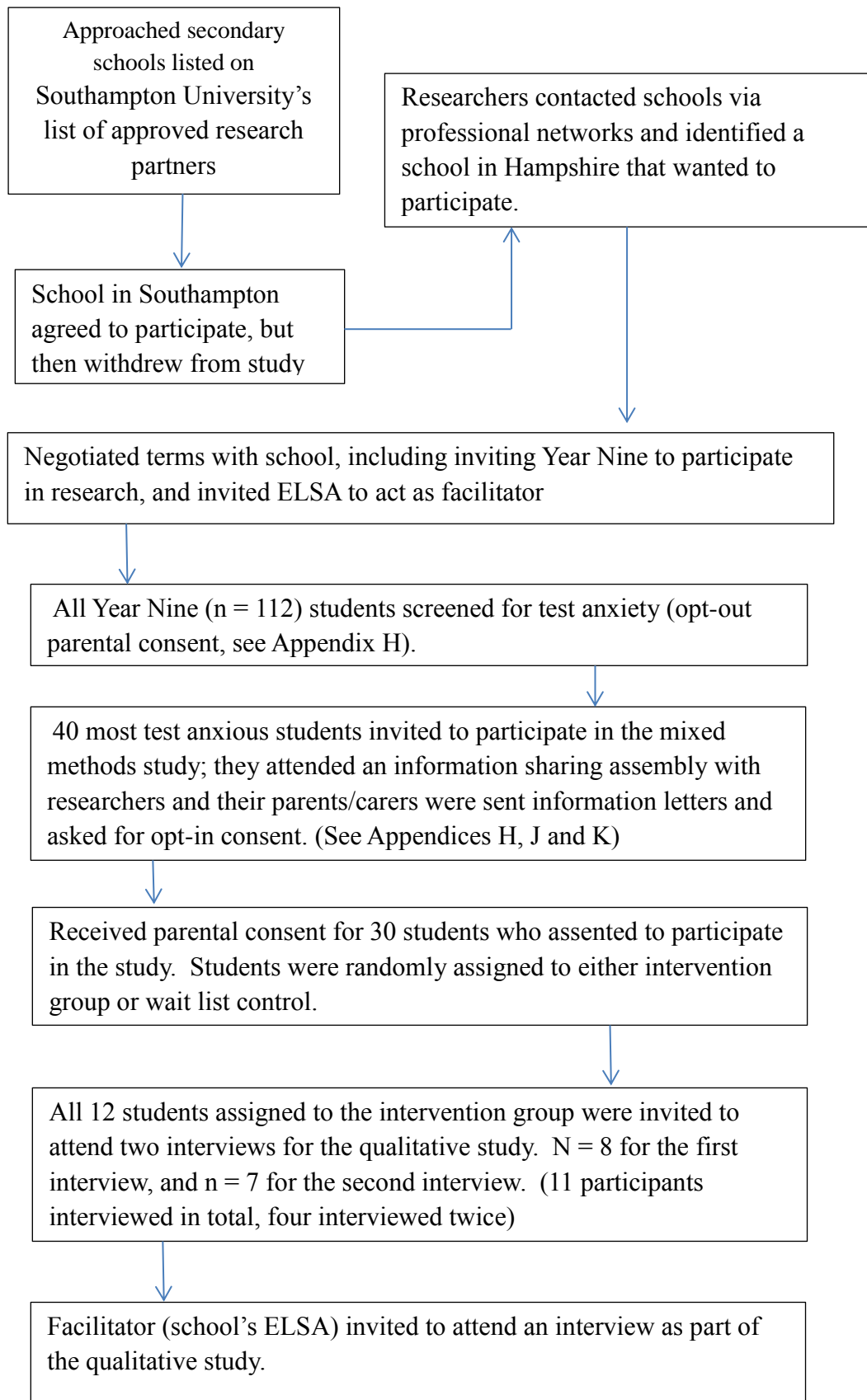
Figure 2
Flow diagram showing the recruitment of participants

As the sole researcher, I conducted all of the interviews myself. Each of the participants had met me previously when I had spoken to all of the students during the information sharing assembly (see Appendix N), and also when I had helped the quantitative researcher to collect some of his data. In addition, I am an experienced secondary school teacher so am used to talking to young people in this age group. Thus I was hopeful that my interviews would allow the participants to be open and honest with me, since I held no power over them and was interested to hear their honest experiences (Kvale, 1996). With the participants' permission I recorded the interviews onto a dictaphone.

In order to allow the participants to decline their interview, I asked the ELSA to display a sign-up sheet for the students. This meant that students were able to come and meet with me at a time convenient to them during the school day, and there was no pressure from school staff if they did not want to attend an interview. I was also aware that some of the students would only feel confident to talk to me if they were in a quiet room away from their peers. As a result I negotiated with the school and was able to use an office in the learning needs department. This meant that students felt comfortable in an environment they knew, there were teachers and teaching assistants nearby if required, but the room was removed from the busy secondary school environment.

2.2.4.5   Data handling and analysis

Data was analysed using inductive thematic analysis, following Braun and Clarke's (2006) six phase process (see Table 5). Thematic analysis considers the participants' interpretations of their own actions and thoughts to be rich data (Creswell, 2013; Hatch, 2002), thus was particularly appropriate for the current study which sought to explore participants' experiences of the intervention through their own interpretations of it. In addition, thematic analysis can be used for research which takes place at more than one time point and allows the researcher to explore known concepts in more detail (Creswell, 2013; Marks & Yardley, 2004), unlike other constructivist methods of analysis which often insist on the analysis being completely inductive (Braun & Clarke, 2006).
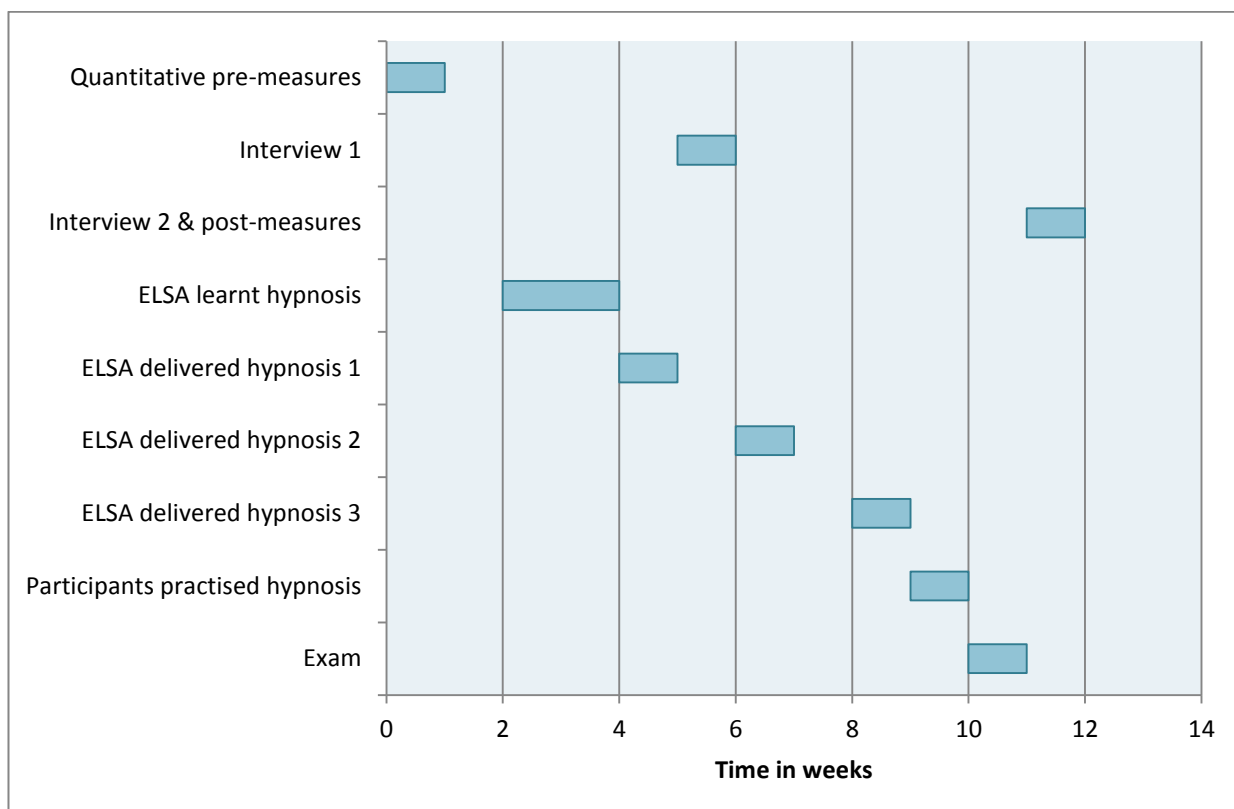
Figure 3

A Gantt chart to outline the mixed methods procedure, showing when interviews occurred

In order to thematically analyse the data I created 'codes' which fitted the data at a unit of meaning level; a unit of meaning was a short section of the transcript where the participant was discussing one idea or topic, and provided more coherent coding than using sentences or lines to separate codes. I then combined these codes to create 'subthemes' and 'themes' (see Table 4 for an example; Braun & Clarke, 2006). Examples of this process can be found in Appendices O and P. Within the student participant interviews, 50 subthemes were identified; these themes were explored further and finally classified into eight over-arching themes.   Within the facilitator participant's transcript, 16 subthemes were identified, and these were developed into five over-arching themes (see Figure 4 for a thematic map).

I aimed to predominantly use manifest codes, however Willig (2008) acknowledges that some element of latent coding will always be present in thematic analysis as all researchers bring their own interpretations to the data. The aim of the resulting themes was that they should describe and organise the participants' thoughts and reflections whilst also aiding the interpretation of the participants' views for the researcher and the paper's audience (Boyzatis, 1998). Please see Appendix Q for the

coding manual which explores all of the themes and subthemes in detail, plus provides examples of codes.

Table 4
An example of a theme, a subtheme and a code

Over-arching theme	Subtheme	Example Code	Example quote
Experiencing exam anxiety	Physical symptoms of exam anxiety	Butterflies as a symptom of exam anxiety	*I....I get, like, butterflies when I think about how many of them [exams] there are!*

I transcribed and coded all the data alone; I then discussed the first two coded transcripts with a psychology colleague who was familiar with the technique. I also used Braun and Clarke's (2006) analysis checklist (see Appendix R) in order to ensure that I was following the thematic analysis process correctly, and to help manage the accusation that 'anything goes' in thematic analysis (Braun & Clarke, 2006).

All interviews were transcribed at the earliest opportunity and were then deleted from the dictaphone. Anonymised transcriptions were stored on the researcher's university computer system in a password protected file. Consent forms were stored in a locked filing cabinet and were not cross-referenced to the anonymised transcriptions.

Table 5
A summary of Braun and Clarke's (2006) phases of thematic analysis

Phase	Description of the process
1	Familiarising yourself with your data
	Transcribing data, reading and re-reading the data, noting down initial ideas.
2	Generating initial codes
	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3	Searching for themes
	Collating codes into potential themes, gathering all data relevant to each potential theme.

Phase	Description of the process
4	Reviewing themes
	Checking if the themes work in relation to the coded extracts and the entire data set generating a thematic 'map' of the analysis.
5	Defining and naming themes
	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6	Producing the report
	Selection of vivid, compelling extracts examples, final analysis of selected extracts, relating back of the analysis to the research question and literature.

2.2.4.6   Ethical considerations

The mixed methods study received approval from the University of Southampton School of Psychology Ethics Committee and Research Governance (see Appendix T). The researchers also gained consent from the participating school's head teacher before approaching staff and pupils (see Appendix U). Particular consideration was given to Etzrodt's (2013) ethical guidelines for using hypnosis with children. Therefore the hypnosis process was explained carefully to parents/carers and participants; the process was explained in a detailed 'Information Sheet' for participants (Appendices K and L) and parents (Appendix J), plus participants were invited to attend an information sharing assembly with the researchers to better understand hypnosis and the research process (for slides see Appendix N). In addition, participants were excluded if they were receiving any psychological therapies, or if they scored above the recommended cut-off on the CDI.

Participants' parents or guardians were asked to give informed opt-in consent for their children to participate in the study. Participants were asked to give informed assent before taking part in the intervention and interviews; they were assured of the confidentiality of all the information they provided (with normal exceptions for their own safety which were made clear on the 'Information Sheet'; see Appendices J, K and L).

2.3   Findings

In line with Braun and Clarke's (2006) recommendations, thematic maps and tables are available to steer the reader through the data (see Figure 4, and Appendices V and W). Each theme is discussed below with illustrative examples.
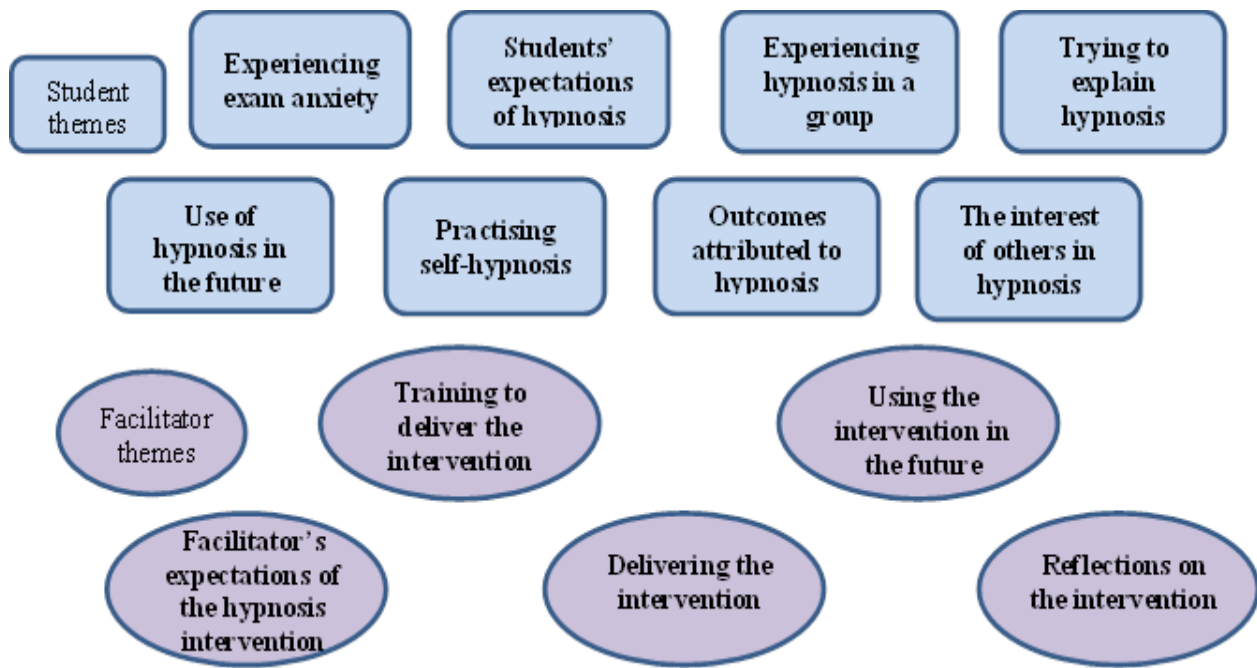

Figure 4
Thematic map showing the student participants' eight overarching themes and the facilitator participant's five overarching themes

2.3.1   Presenting the student participants' experiences

The findings from the student participants' interviews are presented first.

2.3.1.1   Experiencing test anxiety

Participants had been screened for test anxiety prior to being included in the intervention group. It was unsurprising, therefore, that this was a key theme in the interviews. The students typically described test anxiety negatively and talked about experiencing physical symptoms of anxiety such as nausea:

"I feel really anxious and worried, I feel sick" (participant G; interview 1; line 25. This will now be noted as G; 1; 25)

Reflecting much of the literature about test anxiety, students spoke about the impact that they perceived anxiety to have on their exam performance; they felt that test anxiety affected their ability to recall and process information effectively during the test. The students talked about their minds wandering or noticing that their peers were writing whilst they themselves were not:

"When you're in the exam you struggle to, like, remember anything…" (B; 1; 23-4)

"Sometimes people all round you are just writing stuff… and, and you just can't think of nothing" (D; 1; 26-7)

Interestingly, students also extrapolated their test anxiety into the future, expressing their concern that anxiety could impact their performance in future exams that they considered to be particularly important:

"And we do have more GCSEs coming, and they really count, so I worry that…that I'll do badly in those too" (C; 2; 117-8)

One student, however, also mentioned that they thought test anxiety could have a positive effect on some people, suggesting it could be a motivating factor for revision:

"I think it [test anxiety] makes me revise more" (C; 1; 25)

2.3.1.2   Students' expectations of hypnosis

The students' expectations of hypnosis formed another prevalent theme in the participants' interviews, with some participants' preconceptions having been influenced by the way that hypnosis is portrayed in the media:

"I thought it was like, um, on films and that, you see people being hypnotised and being able to, like, going round and trying to hurt people and that…? I thought… something like that would happen?" (G; 2; 66-8)

"I thought we was gonna get hypnotised with a coin" (A; 1; 22)

Participants had internalised images that they had seen of hypnosis on television and in stage shows, and understandably they thought that their experience of hypnosis

would replicate this. In reality, however, the process of inducing hypnosis is very relaxed, requires no props, and cannot induce people to do things they do not want to.

However, these misconceptions did not seem to prevent participants from wanting to experience hypnosis for themselves. On the contrary, the participants were excited and interested to experience hypnosis:

"I thought it was going to be fun!" (E; 1; 31)

2.3.1.3   Experiencing hypnosis in a group

One of the key elements of the intervention was that students received their hypnosis sessions in a group. Some of the participants spoke about the mechanics of the group hypnosis experience – for example where they sat in the room, and how long it took them to close their eyes. However, two of the more notable subthemes here were the impact that social factors and self-consciousness had on the group. For some students the social mix of the group was a problem, meaning that they felt unable to close their eyes and relax into the hypnosis:

"And there's X, we don't get along. And there's Y, we don't get along… So there's like, a lot of people like that/ **[Interviewer: Ok, so it was a bad combination for you?]**/ Yeah, I couldn't…I couldn't get into it [hypnosis] cos I was thinking about those people being there" (K; 2; 158-162)

Other students felt self-conscious at the beginning of the group hypnosis session, often struggling to close their eyes, but they found that they were able to overcome these feelings and enjoy the experience of hypnosis:

"A bit weird at first 'cos I thought, 'Now everyone's going to start laughing at me', and then I thought, 'I don't actually care; I'm just gonna close my eyes" (A; 1; 48-49)

2.3.1.4   Trying to explain hypnosis

This was a theme incorporating a wide variety of codes as participants struggled to verbalise their experiences of hypnosis. The current theme reveals that participants were excited by their hypnosis experience:

"Um, and we were all just chatting about it, quite excited, like talking to everyone else about how it felt for them." (C;1;125-6)

Some of the participants also reported that the hypnosis promoted strange physical sensations:

"But when you stood up your legs felt like really numb and jelly, because they're really relaxed." (B; 1; 115)

The participants found it hard to explain what hypnosis had felt like for them, using words such as 'weird' and 'difficult to describe' – although perhaps this is unsurprising considering how problematic it is to define and describe hypnosis. Some participants explained hypnosis in relation to sleep; they depicted hypnosis as feeling like the moments before drifting off to sleep, and also they described hypnosis as a dream-like state:

"It felt, like, I was floating. I had, like, like I was resting on nothing… like, like resting on a really soft bed…" (E; 1; 52)

One of the strongest messages that I observed when coding and analysing the interviews was that participants had found the hypnosis to be very relaxing, and participants often reflected that they didn't always get to relax very often:

"Once you've actually, like, proper relaxed it feels really nice. But a bit weird at the same time, cos you're used to your muscles being, like, quite tense [pause]" (B; 1; 94-6)

And it was also very clear during coding that the participants had enjoyed their experiences of hypnosis, creating the subtheme of hypnosis being 'enjoyable':

"Um, it was pretty fun to do!" (G; 2; 48)

This was with the exception of one female participant (K), who did not find that hypnosis helped her to relax and thus I created the subtheme of 'Hypnosis was not enjoyable'. Participant K found that hypnosis was not helpful for her, so she opted-out of the third session:

"Um, it just, it just didn't help me that much? So the… The third time I didn't go…" (K; 2; 75-6)

2.3.1.5   Practising hypnosis

The researchers had intended that participants should practise hypnosis on their own once they had learned the technique. However, participants reported they were confused about how they could do this:

"I tried to [practise] but it didn't really work" (G; 2; 41)

Some of the participants were unconvinced that they would be able to practise unless they had a copy of the script, or a recording of the hypnosis script to help them:

"On the last two sessions that we had, I was thinking to myself, 'Would it be alright, or would it be too much, to have it, to ask if there could be, like, a recording for all of us?" (J; 2; 87-8)

That said, some of the more confident participants were able to practise the hypnosis techniques, attempting to remember the script on their own in their bedroom or whilst lying on their beds:

"I think it was a couple nights before the exam week, um, in bed, I, I laid back, um, and closed my eyes and just thought about the staircase and opening the door and stuff" (C; 2; 79-80)

The participants also mentioned that, although they couldn't remember all of the hypnosis script, they were able to practise the slow breathing techniques, with some participants using the techniques to calm themselves before or during their exams:

"I started doing the breathing and stuff" (A; 2; 31)

Thus, a number of factors appear to have impeded the participants' hypnosis practice. Notably, the participants found it difficult to remember the script, and they felt that a recording or a copy of the script would have helped them. Some participants managed to practise elements of hypnosis; they found the breathing exercises easier and they needed peace and quiet to practise.

2.3.1.6   Outcomes attributed to hypnosis

All of the participants interviewed, except for participant K, felt that they had experienced positive outcomes of some sort as a result of their hypnosis sessions. As

has been mentioned, the participants felt that hypnosis relaxed them during the intervention, but they also felt that an improved generalised sense of calm and relaxation was an ongoing benefit, for example in the exam hall:

"I sat down and, like started writing my name and stuff on the front, I just calmed down and felt relaxed" (G; 2; 11-12).

"I was really calm… **[Interviewer] Ok, more calm than normal?** Yeah" (F; 1; 80-2)

Improved concentration was also an interesting benefit that students reported, for example two of the participants felt that they were more able to concentrate during their lessons which immediately followed one of the hypnosis sessions:

"I was able to get on with my work" (F; 1; 84)

"Like, I could concentrate a lot more…like, cos it's quite noisy with everyone, and I didn't have to, like, focus as much" (G; 1; 103-5)

One of the most interesting subthemes in this section was that for some students, hypnosis was perceived to have improved exam performance, with students variously reporting that they were more able to concentrate in exams, more likely to finish their exams, and that they attributed their improved exam grades to the hypnosis:

'I think that's [hypnosis] had a great impact, and that, on the exams' (J; 2; 72-3)

There were also some more individualised benefits reported by participants following their hypnosis intervention. For example, a participant found that practising hypnosis techniques helped them to fall asleep more easily:

"I ended up falling asleep at, like, 7 'o' clock!" (C; 2; 12)

Some of the participants also reported that hypnosis helped to reduce their general worrying rather than just their test anxiety specifically:

"I found I was just worrying less about… about stuff in general really" (F; 2; 54)

Another interesting finding was that many of the participants mentioned that they thought hypnosis could be useful to others, particularly their friends and peers who were facing quite a few more years of exams:

"It's like a good experience and it works, well it worked for me. So, I'd want them to try it as well" (G; 2; 60-61)

Again, participant K's experiences of hypnosis differed from the other participants. She did not find hypnosis to be a helpful experience; conversely, she felt that the intervention had increased her exam anxiety by encouraging her to spend time actively thinking about her exams, and she had found it very difficult to experience hypnosis:

"I think it was 'cos we were mainly doing it to calm, make us relaxed, so it was making me think, 'Ooh, is it going to work? What if I get a bad grade even though it, even if it does help me?" (K; 2; 25-6)

 "Instead of thinking about other things I couldn't stop worrying about them." (K; 2; 20-1)

All but one of the participants found hypnosis helpful, with some reporting that the hypnosis helped them to reduce their worry, to feel more relaxed and confident, and to do better in their exams. Other participants explained that hypnosis had specifically helped them with academic skills such as improved concentrations and improved clarity of thought. Some of the benefits that the participants reported, such as improved sleep and reassurance, were not predicted by the researchers, but were interesting nonetheless.

2.3.1.7   The interest of others in hypnosis

All of the participants reported that other people (their family, teachers and friends) had been interested to hear about their hypnosis experience. Some of the participants even commented that their teachers had been particularly keen to find out about hypnosis and whether or not the students had found it useful. Unfortunately these conversations did not seem to have been particularly detailed, perhaps reflecting the conversations that 13-14 years olds tend to have with their parents and teachers.

"Yeah, my Mum was like, 'How did the hypnosis go?' And I was like, 'It was really good'…" (B; 1; 149)

2.3.1.8   Use of hypnosis in the future

Almost all of the participants wanted to continue using hypnosis in the future, whether this was on their own, reflected in the 'Want to keep practising hypnosis' subtheme, or whether this was participating in facilitator-led sessions, reflected in 'Want to participate in more hypnosis sessions'. The participants who wanted to keep using the hypnosis techniques felt that they would be particularly helpful for their GCSEs and further academic exams in the future:

"If it's, like, helped me focus now, it's gonna help me focus in the future, so I'd definitely use it" (J; 2; 101-2)

The current theme captures the sense that participants wanted to practise hypnosis on their own in the future. However, this theme was closely linked with the subtheme 'Ways to make practising easier' in the 'Practising hypnosis' theme, where participants talked about ideas such as receiving a recording of the intervention, or being given the hypnosis script, in order to better facilitate their desire to continue practising hypnosis.

2.3.2   Presenting the ELSA's experiences

The findings from the interviews with the ELSA who facilitated the hypnosis intervention are now presented.

2.3.2.1   Facilitator's expectations of the hypnosis intervention

The facilitator expressed that she was open to the intervention, and interested to be involved with it. However, she also admitted that she had felt concerned before beginning the intervention; these concerns were firstly that the students would not want to engage with hypnosis as they would only have heard of it through the popular media, and secondly she was concerned that the students would not behave when they were receiving the intervention:

"I was a little concerned how the students would take to it" (line 8 of the interview, hereafter shown as 8)

2.3.2.2   Training to deliver the intervention

The facilitator was happy with the level of training that she had received prior to delivering the intervention to students. However, she did mention that it had required a fair amount of extra work on her part, including receiving training from the University, and practising the script beforehand. The facilitator felt that the workload was not excessive, however, especially since she had felt motivated to run the intervention:

"If you're going to, kind of, buy into it then you ned to be prepared to put a little bit of effort and work in" (34)

2.3.2.3   Delivering the intervention

The facilitator was very reflective about her experiences of delivering the intervention. She was also clearly attuned to the students, since her reflections of their experiences matched the themes arising in the students' interviews very closely. The facilitator was pleased with the level of engagement that the students had shown with the intervention, although she was aware that some social difficulties within the group meant that a couple of the participants had not engaged as much as she had hoped they would:

"they were pretty good really, more sensible than I'd expected" (62)

"I think self-consciousness was a problem for a few of the girls. A couple of the girls in that group don't get on that well" (96-7)

2.3.2.4   Reflections on the intervention

The facilitator was positive about her experiences of the intervention – she had found it enjoyable to deliver and her colleagues had held the project in high esteem. In fact, the facilitator had received comments from staff about the positive impact that they had perceived the hypnosis intervention to have had on some students:

"After the first session I had a comment from X's history teacher, Mr. W, and basically, it was, 'Can you please make sure that you give X a hypnosis session before she comes to any of my lessons?' He said, 'cos she was lovely, she did work, she was a different student, she was just so much more relaxed!" (169-172)

The facilitator did reflect, however, that the research elements of the intervention (for example asking students for their consent letters and questionnaires) had placed a large demand on her time:

"I guess collecting the, uh, getting the questionnaires and that answered for the study that you're doing, that was, that was the hassle really" (40-41)

2.3.2.5   Using the intervention in the future

Perhaps the best indication of the facilitator's positive response to the intervention was that she now wishes to train to use hypnosis in the future:

"I am still very interested in the hypnosis process and I think it might be something, an area that I look at once I've completed my counselling degree" (23-4)

Within her current role at the school, the facilitator is hopeful that she will be able to continue to use the intervention with groups of Year 11 students who are exam anxious, whilst receiving supervision from an EP.

2.4   Discussion

2.4.1   Participants' experiences of test anxiety

Wren and Benson (2004) proposed that test-anxiety in children and young people consisted of three main components: 'thoughts', such as self-criticism; 'autonomic reactions', such as sweaty palms, and 'off-task behaviours' such as fidgeting. These descriptions of test anxiety match the findings of the current study, where participants reported experiencing unhelpful thoughts about failure, physiological symptoms of anxiety such as nausea, and behavioural responses such as freezing. Whilst many people would recognise these symptoms, researchers have demonstrated that some individuals are unable to overcome the effects of test anxiety, and therefore their results suffer as a consequence (Eum & Rice, 2010; Owens, Stevenson, Hadwin & Norgate, 2012b; Von der Embse & Hasson, 2012). The participants' reports of experiencing test anxiety are of particular relevance to educators at the moment, due to the initiative to reduce assessment by coursework and instead to increase exams in the British education system (Ofqual, 2014).

2.4.2   Participants' experiences of hypnosis

The literature suggests that children and young people often find hypnosis particularly effective since they have active imaginations and are less self-limiting (Rhue, 2010), thus they are often more easily hypnotised than adults (Huynh, Vandvik & Diseth, 2008). Indeed, the theme 'Trying to explain hypnosis' suggests that the majority of participants were able to experience hypnosis. One of the key subthemes here is 'Physical responses to hypnosis', where participants reported coming out of hypnosis and feeling physical sensations such as limbs that felt 'tingly' or 'like jelly'. These sensations sit comfortably with the dissociation literature around hypnosis. Dissociation is used to describe a wide range of phenomena which individuals can experience as a result of hypnosis, where behaviour, thoughts and emotions can become separated from one another (Avdibegovic, 2012). Many of the participants here describe sensorimotor dissociative symptoms in their limbs, which interestingly are common in individuals who are more hypnotisable (Bell et al., 2011). Another indicator that the majority of the participants experienced hypnosis was their description of hypnosis as being 'like a dream' or 'drifting off to sleep'. Although EEG studies have found that hypnosis is not the same as sleep (Crawford & Gruzelier, 1992), many researchers in the field of hypnosis recognise that the perceived change in consciousness during hypnosis is often described by participants as feeling dream-like (Gruzelier, 1998).

2.4.3   Hypnosis was useful

The themes of 'Outcomes attributed to hypnosis', 'Practising hypnosis' and 'Use of hypnosis in the future' suggest that participants did find hypnosis to be a useful intervention for test anxiety. As has been discussed, test anxiety can be so detrimental because it is both physiological and cognitive (Wren & Benson, 2004; Von der Embse et al., 2013; Zeidner, 1998). However, the students in this study found that hypnosis was able to alleviate some of their physiological and cognitive symptoms; students reflected that hypnosis reduced their physical symptoms of anxiety such as nausea and shaking, whilst also helping them to gain greater control of their thoughts, supporting them to be more relaxed, and giving them greater clarity of thought and focus during their exams. These findings have been echoed by other researchers (Ainsworth et al.,

2010; Wark, 2011; Yu, 2006), where both quantitative and qualitative studies have demonstrated hypnosis' capability to support people to manage their anxiety symptoms.

The 'Positive outcomes attributed to hypnosis' theme also introduces numerous ideas for discussion. Students attributed a wide range of benefits to their hypnosis intervention, many of which are recognised in the wider hypnosis literature. For example, students reported that they slept better following hypnosis, which is supported by research into hypnosis as an intervention for sleep difficulties and disorders (Graci & Hardie, 2007). Also, some students explained that they felt hypnosis had helped more widely with their anxiety and stress, echoing Mellinger's (2010) detailed consideration of hypnosis as an intervention for generalised anxiety problems. Additionally, some participants cited the hypnosis intervention as a factor in their improved exam performance, and other studies exploring hypnosis as an intervention for test anxiety have also seen an outcome of improved exam performance (Stanton, 1988; Wark, 2011). However, the quantitative study of the current participants did not find this to be the case (Tayler, 2014). In discussing these results, Tayler (2014) reported that the academic measure of predicted grades was contentious, since teachers do not always accurately estimate their pupils' grades (Hoge & Coladarci, 1989; Jussim & Harber, 2005), and in the current study teachers may have been providing predicted final GCSE grades, whereas the participants are still at the beginning of their GCSE courses (Tayler, 2014). Thus, although the quantitative and qualitative findings differ in the current study, hypnosis appears to warrant further research as an intervention to support exam achievement through reducing test anxiety.

2.4.4   The challenge of group hypnosis

Hypnosis was not a positive experience for all of the participants. A key feature of the current study was that participants were receiving their hypnosis intervention as part of a group. For some of the participants this was not problematic; however, for other participants the social pressures of the group acted as a barrier to hypnosis. It may be that this was a particular concern because of the age of the participants. Physiological and neurological changes during adolescence, along with sociocultural factors, mean that teenagers are particularly sensitive to self-consciousness (Somerville, Jones & Casey, 2010; Somerville et al., 2013). As a result the random allocation of

participants to the experimental group, and subsequent social friction evidenced by the subthemes 'Self-consciousness as a barrier to group hypnosis' and 'Social difficulties amongst the group', appears to have prevented some participants from experiencing the benefits of hypnosis. In addition, there was one particular participant (K) who found that hypnosis increased her level of test anxiety by encouraging her to focus on her upcoming exams. In his exploration of hypnosis as an intervention for anxiety, Mellinger (2010) recognises that hypnosis does not work to reduce everyone's anxiety. Entering hypnosis requires the individual to focus on the hypnotic induction (Yapko, 2011), and people who are better able to focus their attention and to not become overwhelmed by other thoughts or worries are more hypnotisable (Crawford, 1994); Mellinger (2010) also noted that some individuals experience too many anxious thoughts to be able to develop this focus; having re-read participant K's interview, I believe this may have been the problem for her. She explicitly mentions that she finds it very difficult to relax, and talks extensively about her constant anxious thoughts.

2.4.5   Hypnosis in schools

The theme 'Students' expectations of hypnosis' gives an insight into some misconceptions surrounding hypnosis, which are arguably the greatest barrier to using hypnosis in schools. These misconceptions were captured by the 'Negative preconceptions of hypnosis' participant subtheme, and the 'Others' misconceptions of hypnosis' facilitator subtheme; the misconceptions generally centred around the media representation of hypnosis, which led students to believe they might be controlled through hypnosis, made to impersonate animals, or could even be trained to hurt people. A clear indication of the gravity of these misconceptions of hypnosis was when the initial research partnership school withdrew from the current mixed methods research after five months of working with the researchers (see Appendix E). Their reason for withdrawing from the research was that a member of the senior leadership team had reservations about an 'unqualified' ELSA delivering hypnosis, and they also cited a suicide in America that had been linked to hypnosis. Misconceptions about hypnosis are recognised in the literature. Mottern (2010) explains that there is a reluctance to use hypnosis, despite its therapeutic benefits, because of the negative connotations associated with the process. Both Mottern (2010) and Rossi (2005) suggest that the confusion around hypnosis' mechanisms and the disagreement about how it is defined

confuses both practitioners and the public alike, and limits its progress as a health intervention. Another point raised by Rhue (2010) is that images from stage hypnosis are detrimental to its use in clinical work – they perpetuate the myths and misconception. Certainly the participants' negative preconceptions of hypnosis in the current study were all derived from its misrepresentation in the media and popular culture. Yet other researchers who have faced this difficulty have managed to overcome them; Thomson (2003) found that through educating professionals about the more scientific side of hypnosis – its benefits, processes and history, she was able to change the individuals' beliefs and misconceptions. Indeed, the participants in the current study responded very differently to the hypnosis intervention once they had experienced it – as indicated by the students' 'Use of hypnosis in the future theme' and the facilitator's 'Using the intervention in the future' theme. Therefore the future use of a hypnosis intervention for test anxiety in UK schools would undoubtedly require an element of education about hypnosis and its benefits.

2.4.6   Hypnosis facilitated by an education professional

Another defining feature of the current study was that student participants received a manualised hypnosis intervention from a member of their school staff who had been trained to deliver the intervention rather than a health or psychology professional. This is a particularly pertinent feature of the study, considering that there is an increasing interest in school-staff administering therapeutic interventions in schools so as to maximise the scope of interventions and reduce cost (Neil & Christensen, 2009).

However, as is reflected in the facilitator participant's 'Delivering the intervention' theme, the facilitator in the current study had a specific set of skills. She worked as an ELSA, so was trained to support students experiencing stress, and also received regular supervision from an EP. In addition, the facilitator was training to be a counsellor and had experienced hypnosis herself; as Green (2003) notes in his exploration of why people misconstrue hypnosis, those who have experienced it themselves are far less vulnerable to the misconceptions surrounding it. It is questionable whether other potential facilitators would be quite so proficient.

2.4.7   Strengths

It is difficult to conduct field research in schools, as they are busy places and it can be challenging for researchers to gain consent (Burgess, 2002). A clear strength of the current study, therefore, is that it has explored the experiences of students and a facilitator involved in an ecologically valid intervention. Additional factors helped to make the research as ecologically valid as possible. For example, the researchers ensured an even gender mix in the intervention group, and 11 of the 12 intervention participants were interviewed in the qualitative part of the study, so quantitative and qualitative data could be compared meaningfully.

Unlike some research conducted in the areas of psychology and education, the current study has also sought to hear participants' own perspectives, rather than to assume that the researcher has privileged insight or knowledge (Kovshoff et al., 2012). The researcher has also been reflective throughout the process – considering the impact of the intervention and subsequent research on the participants, and using these reflections to inform the structure and location of the qualitative interviews, as well as being careful to represent the participants' views accurately through analysis and presentation of findings.

Perhaps one of the greatest strengths of the current study is in its wider role as part of a mixed methods piece of research. Embedded in a pragmatic epistemology (Johnson & Onwuegbuzie, 2004), the mixed methods research sought to investigate both the quantitative impact of a manualised hypnosis intervention on test anxiety, but also to understand and consider the experiences of those who delivered and received the intervention. In this way, the research is useful for practitioners trying to mitigate the effects of test anxiety, since it has really been considered for use in schools (Kam & Midgley, 2006; Teddlie & Tashakkori, 2011).

2.4.8   Limitations

There are undoubtedly limitations to the current study. Firstly, due to the misconceptions surrounding hypnosis, the students who were willing to take part in the intervention (and their parents who gave consent) may have represented a very particular sample; for example, despite our best efforts to keep the information letters brief and easy to read, these may have put off some parents and pupils. Therefore,

although many of our participants had misconceptions about hypnosis, they were all willing to experience it, and this may not have been the case across a wider sample of students. This issue may have been exacerbated since we had a member of school staff rather than a mental health professional delivering the intervention, perhaps meaning that some parents were less willing to give their consent (Raz & Shapiro, 2002).

The school-staff aspect of the study was a unique feature of the study. However, there is strong evidence to suggest that the therapeutic relationship is a greater predictor of client outcome than the type of therapeutic intervention (Lambert & Barley, 2001). Given the unique skills that the ELSA facilitator possessed, and the fact that she had an existing relationship with most of the participants, it is not possible to rule out the possibility that the effect found in the present study was due to the positive relationship between the facilitator and the young people, not the hypnosis. It could also have been the result of participants simply having time out or feeling as though they are part of something special (Osterman, 2000). Therefore, further exploration is needed.

An additional consideration is that the participants in the current study were younger than the population we had hoped to research. Due to the late withdrawal of the original research school, it was necessary to work with year nine pupils rather than the year 11 pupils who had originally been identified. As has been discussed above, year nine students are generally in the middle of their adolescence (13 to 14 years old), and thus are particularly prone to the self-consciousness associated with this age (Somerville et al., 2010; Somerville et al., 2013). As a consequence, the qualitative data was not quite as rich as the researcher had hoped, therefore the researcher's questions had to be included in the coding process and on occasions meaning may have been inferred rather than explicit.

In addition, there were only four participants who attended both interviews. Sadly, a participant's father died during the intervention, and so some of the participants did not feel able to attend the second interview. This meant that it was harder to establish a sense of how the participants were developing their understanding and practice of hypnosis.

2.4.9   Future research

The current study and its quantitative counterpart (Tayler, 2014), contribute to the small body of literature which explores hypnosis as an intervention for test anxiety. The positive findings of both studies should encourage researchers to continue to explore hypnosis as an intervention for test anxiety in the future. Given the unique experiences of the facilitator used in the current study, it would be advisable to explore whether other school staff were willing and able to deliver a manualised hypnosis intervention to test anxious students, particularly since there is a strong cost-based argument for disseminating therapeutic support to anxious students through school staff (Neil & Christensen, 2009).

In addition, it has already been noted that test anxiety can be challenging to address, since it comprises of both emotional and cognitive factors (Rachman, 2013); evidence suggests that both of these systems need to be enlisted in order to change an individual's perceptions (Haidt, 2012; Kahneman, 2011). In his review of interventions for test anxiety, the only intervention explored by Von der Embse (2013) which could address both emotional and cognitive factors was cognitive behavioural therapy (CBT). Whilst this has a clear evidence base, it takes at least eight weeks to deliver properly (Shafran, Brosan & Cooper, 2013), and requires self-motivation from students to complete homework activities (Mausbach et al., 2010). Arguably hypnosis provides a more passive alternative for those who don't respond to effortful interventions available, such as CBT (Mausbach et al., 2010), and so should be considered by further test anxiety research.

Another finding from the current study which should be explored further was the theme 'Ways to make practising easier'. One of the weaknesses of the current study was that not many students practised the hypnosis intervention outside the three facilitator-led sessions. Within the health psychology literature it is widely acknowledged that it is difficult to encourage people to make a behaviour change to support their health and wellbeing (Michie, Johnston, Francis, Hardeman & Eccles, 2008). However, many of the participants suggested that were they provided with an audio recording of the intervention then they would have been more willing to practise. Audio recordings are a recognised way of guiding self-hypnosis (Cardeña, Svensson & Hejdstrom, 2013); they would function as a reminder for students to change their behaviour and practise hypnosis (Michie, Van Stralen & West, 2011), particularly if

they were linked to a website which could provide students with new hypnosis recordings and other online tools (Webb, Joseph, Yardley & Michie, 2010). Given the promising results of the current study, audio recordings and online hypnosis support could provide an interesting direction for future research.

2.4.10   Conclusion

This study sought to explore the experiences of participants involved in a manualised hypnosis intervention for test-anxious students. The current qualitative study was part of a wider mixed methods piece of research, where the quantitative researcher investigated the impact of the hypnosis intervention on students' test anxiety levels and their exam performance.

Although small in scale the findings of the mixed methods research are very encouraging. Both the qualitative and the quantitative studies found that the hypnosis intervention was able to reduce students' test anxiety (Tayler, 2014), and the current study also found that participants felt the hypnosis had improved their exam results through calming their anxious thoughts and helping them to concentrate. As the UK education system moves towards increasingly exam-based assessment these findings are particularly pertinent (Ofqual, 2014).

The current paper has also highlighted the perceived mystery of hypnosis, not least the misconceptions surrounding it and the complexity of its proposed functions (Kihlstrom, 2013). However, this should not dissuade researchers from exploring it further. The findings from this study are very encouraging; participants have reported benefits such as reduced anxiety, increased relaxation, improved concentration and better sleep. In addition, the current study presented these findings following the delivery of a manualised hypnosis intervention provided by a trained member of school staff. With this model of provision the potential for hypnosis to help other test-anxious students is promising.

Appendix A: An example of identifying second order constructs

- Tactile massage & hypnosis
- Delivered by qualified professionals

- 38 nurses in interview
N=16 for focus groups
- Nurses & asst. nurses at a Uni. Hosp. in Sweden in short term emergency ward.
- Convenience, self selected sample

(Although RECOMMEND INTERVIEWS (p. 7))

QUAL METHODS: w. interview guide
- 4 semi-structured focus group discussions
- content analysis - seems rigorous
☹ No division between massage & hypnosis

☺ Lots in place already - exercise classes, gym, biking, weight loss, yoga, meditation.

☺ Scope analysis + discussion

Airosa et al., 2011

" Tactile massage & hypnosis as a health promotion for nurses in emergency care - a qual. study "

Own well-being affects work + leisure time

Help with stress issues

1. Feeling relaxed & gaining more energy & work ability
It is positive to be cared for
more energy

2. Dealing with workload
Increased work ability. Helps with stress issues

Relaxation creates feeling of harmony & tranquility

3. Relieving physical & psychological pain
Give pain relief

Positive response to treatments connected to the workplace

- Affects self-awareness.

4. Being treated
Need for health promotions

5. Knowing oneself
Increased self-control

FEAR of hypnosis mentioned - loss of control!

Appendix B: An example of comparing and contrasting literature review papers

(Himelstein et al, 2012)   N=23   CASP= 9/10

" A qualitative investigation of the experience of a mindfulness-based intervention with incarcerated adolescents "

(THEMES)

✓ Increases in self-awareness

· Increases in subjective well-being ✓

· Increase in self-regulation ✓

· Accepting attitude toward the treatment intervention ✓

(Semi-structured interviews
↳ Thematic analysis)

(Kim et al., 2013)   N=7   CASP= 9/10

" A pilot study examining the effects of Kouk Sun Do on university students with anxiety problems/disorders symptoms "

(THEMES)

· relaxation ✓

✓ Usefulness of relaxation technique in daily life

(Wrote open-ended questions
↳ coded using grounded theory)

(Kerrigan et al, 2011)   N=10   CASP=9/10

" Perceptions, experiences and shifts in perspective occurring among urban youth participating in a mindfulness-based stress reduction programme "

(THEMES)

✓ · External stressors & reactions to stressors

✓ · Perceptions & experiences

✓ · Positive changes in relation to coping with daily stressors

✓ Shifts in perspective

Case study:
✓ · Transformational shifts in sense of self, life orientation

(Semi-structured interviews & content analysis)

(Lau & Hue, 2011)   N=48   CASP= 5/10

" Preliminary outcomes of a mindfulness-based programme for Hong Kong adolescents in schools: well-being, stress & depressive symptoms "
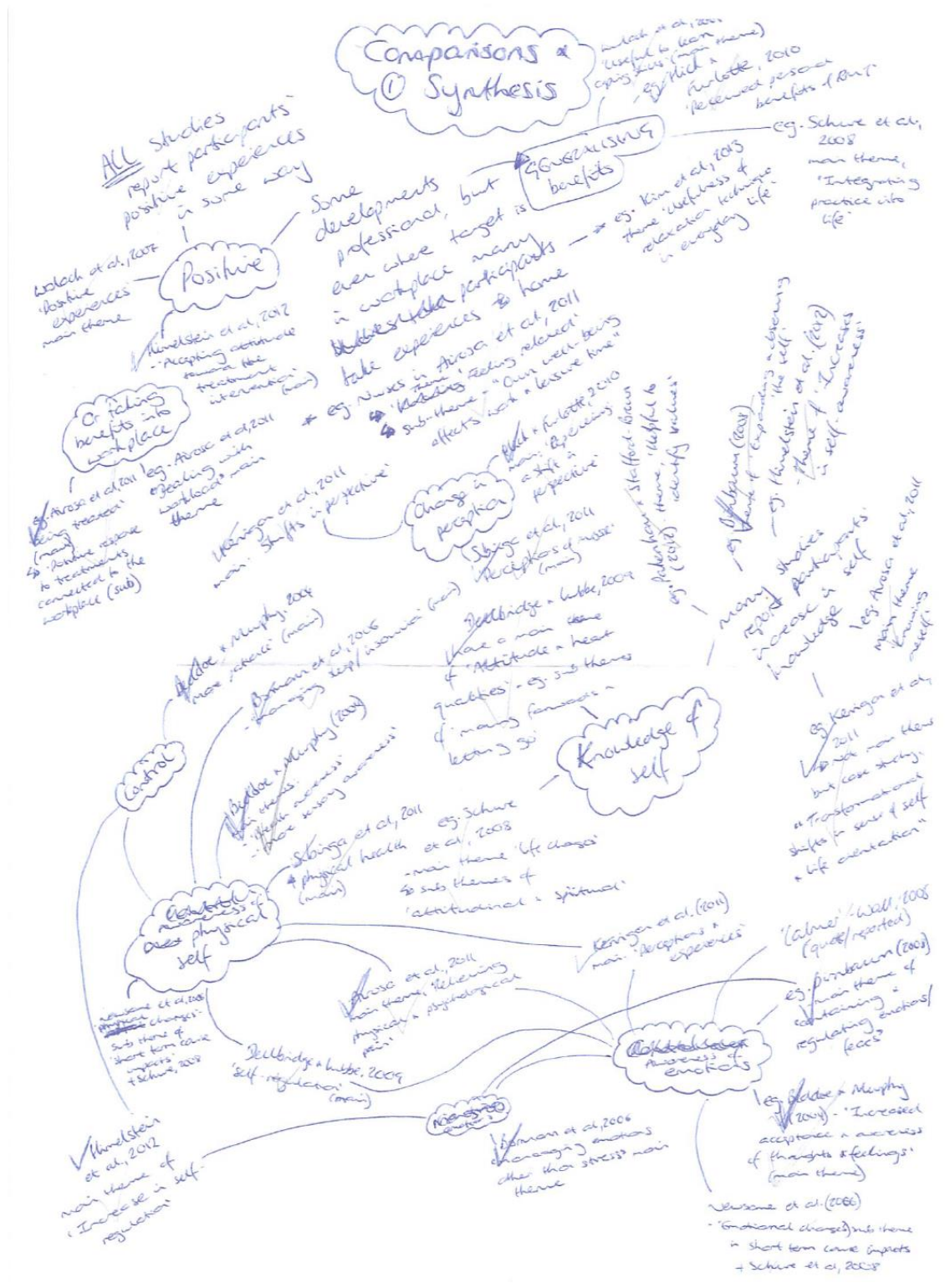
(THEMES)   Only verbatim comments

NONE!!

✓ eg. "I could feel the happiness when I was practicing with many others, now I understand that relaxation is important in life"

(Students' journals
↳ no analysis)

Appendix C: An example of synthesising literature review papers

Appendix D: Table of first, second and third order constructs

Author and year	First order constructs (Experiences of participants)	Second order constructs (Key themes with subthemes if required)	Third order constructs (imposed by me at synthesis stage)
Airosa et al., 2011	1) 'Your approach and attitude is better towards your colleagues and patients, and the nursing care improved' (FG 3) and 'You are calmer and have more energy to enjoy your time off instead of going home and lying on the sofa, no more feelings of exhaustion' (FG 3)	1) Feeling relaxed and gaining more energy and work ability	1) Importance of relaxation and mindfulness
	2) 'You calm down and get a new lease of energy when you get back to work' (FG 1)	2) Dealing with workload	2) Managing thoughts, emotions and behaviour
	3) 'I could not have dealt with this difficult time in my life without tactile massage treatment. I received bad news in November, and have since had a mastectomy for breast cancer. During this awful time in my life I received tactile massage treatment and felt an enormous relief afterwards, the therapist with her hands played a big part in my healing; it was her and the therapy that got me through this difficult stage in my life.' (FG 4)	3) Relieving physical and psychological pain	3) Emotional and physical awareness and change

	4) 'To have a treatment during your shift was exhilarating, otherwise we would never have the time for it, and it was fantastic. Very much appreciated by all.' (FG 1) and 'You learn how to relax, the fact that you could have it during working hours! Well, I think this was and is tremendous.' (FG 3)	4) Being treated	4) Appraising the interventions
	5) 'In the beginning of the study I felt that I could be very irritated and had difficulty in nursing patients who felt angry, difficult or frustrated, but I managed to change my attitude, thanks to hypnotherapy' (FG 3)	5) Knowing oneself	5) Knowledge of self
Beddoe & Murphy, 2004	1) 'Analysis of descriptive data revealed that 75% of participants found breath awareness beneficial in coping with stressful situations' (p. 308)	1) Breath awareness helpful for stressful situations	1) Emotional and physical awareness and change
	2) 'Participants…. Felt more patient' (p. 309)	2) More patience	2) Managing thoughts, emotions and behaviours
	3) 'Participants… Had a greater appreciation for small aspects of daily life, including sensory awareness' (p. 309)	3) More sensory awareness	3) Emotional and physical awareness and change
	4) "After meditating, I feel more relaxed. Before, my mind wandered very fast, but now when my mind starts to wander, it seems like I have	4) Preventing mind wandering	4) Managing thoughts, emotions and behaviours

	another mind saying I need to go back to my breathing" (p. 309)		5) Importance of relaxation and mindfulness
	5) "As I am driving to school at 6.00am, my body is groggy and tired, but as I look out at my commute ahead, I focus on the beautiful horizon. I never really reflected on or noticed the pleasant feelings that it brings" (p. 309)	5) Taking a moment to stop and notice the world	
	6) "I didn't block or shut off my feelings; I actually acknowledged and dealt with them." (p. 309)	6) Increased acceptance and awareness of thoughts and feelings	6) Emotional and physical awareness and change
Birnbaum, 2008	1) "I can't afford therapy… there are so many people who are supposed to help me observe myself … but when they do I sometimes feel anxious … there is a need for some accompanying place" (p. 841)	1) Desire to create a safe place	1) Emotional and physical awareness and change
	2) "I had a sense of previous self-acquaintance … especially the hidden parts … it's time to reveal them." (p. 842)	2) Expanding and observing the self	2) Knowledge of self
	3) "Fear is here … helplessness too, feeling small, it's connected to an early childhood fear that has recently returned, I'm aware of it in field work … first I tried focusing on the fear itself trying to figure out its source. All of a sudden my mind wandered to asking what I would achieve if I continued looking at it.	3) Containing and regulating emotions/fears	3) Managing thoughts, emotions and behaviour

	Then I felt an immediate relief … felt free." (p. 843)		
	4) "I'm afraid of my field supervisor, I feel small and unskilled next to her, I realize. Often when we have an argument, I'm afraid I'll just disappear" (p. 844)	4) Exploring relationships with significant others	4) Relationships with others
	5) "Why do I allow my fears to come forth in meditation and just when they transform into peace and calmness, all of a sudden I stop? These fears are part of my identity, maybe I'm not ready to let go of them." (p. 844)	5) Exploring ambivalence	5) Emotional and physical awareness and change
	6) "I felt it's ok for me to give up the phony sense of self-control, always needing to be in full control … Surprisingly, I wasn't afraid to think of letting it all go, even when I cease to exist." (p. 845)	6) Synchronicity	6) The bigger picture
Bormann et al., 2006	1) "The mantram has really calmed down my outbursts at persons who frustrated me!" (p. 507)	1) Managing emotions other than stress	1) Managing thoughts, emotions and behaviour
	2) "Well, lots of times when I am working, you know, I'm working and there's something happening around the area and I get stressed about it and I want to do something about it … so I just do some of my mantrams, just to take my mind out of it. It works." (p. 508)	2) Managing stress	2) Emotional and physical awareness and change

	3) "Repeating the mantram seemed to stop post-traumatic stress disorder-type dreams that had recurred for 10 to 11 years." (p. 508)	3) Managing sleep/insomnia	3) Managing thoughts, emotions and behaviour
	4) "I have racing thoughts. I think about a ton of things – what I'm going to do about this and what I'm going to do about that – and then I just start the mantram, and it helps." (p. 508)	4) Managing unwanted thoughts	4) Managing thoughts, emotions and behaviour
Christophe r et al., 2006	1) "It forced me to kind of take a deep breath, an internal look at some things that I might have avoided" (p. 502)	1) What is the first thing that comes to mind when you consider the course? – change; being present; focus on present	1) Managing thoughts, emotions and behaviour
	2) "Well, just basically what I was saying about being able to recenter myself and just taking a couple minutes to do that". (p. 502)	2) Why did you take the course? – learn about mind and body; self-care appeal	2) Emotional and physical awareness and change
	3) "I really value, he really walks his talk and that's, when I think about the people that have really influenced me over my life, it's those people, you know, that, because, you pick that up and carry it with you." (p. 503)	3) What did you like the most about the class? – instructor's mindfulness and openness	3) Appraising the interventions
	4) "I felt that what I was writing was very real and I got really angry and resentful and ctually I almost went to go an talk to [the instructor] and say this is real	4) What did you like the least about the class? – Journal writing; presentations	4) Appraising the interventions

stuff and so what's important, do you want quality or do you want quantity?" (p. 504)

5) "I think it kind of extended the practice of being present in the moment and by not cutting things off, if there was a good conversation, there was depth there we stuck with it." (p. 505)	5) Discuss the strengths/weaknesses associated with the class organisation – lack of structure	5) Appraising the interventions
6) "In a lot of ways, I feel like this was the most important class I've taken, just learning to be present in a different way." (p. 505)	6) Any other comments? – want course to be taught annually	6) Appraising the interventions
Cohen-Katz et al., 2005	1) "I'm parenting two teenagers, my mother is aging and lives with us, and my father died in the past year. Also, my eldest child is in Iraq." (p. 82)	1) Reasons for MBSR participation - Family - Learning a new job - Balancing work & family - Performance anxiety at work - Parenting issues - Anxiety - Demanding job - Conflict - Moving	1) Emotional and physcial awareness and change
	2) "It's very hard to stay focused and concentrate. My mind is everywhere." (p. 82) 3) "I'm starting to become aware of	2) Challenges of MBSR participation - Difficult emotions - Restlessness	2) Challenge of practicing the interventions

other people's needs when I communicate. I listen more and talk less." (p. 82)

4) "I'm learning to focus more on the moment" (p. 82)
5) "I totally enjoyed being part of the stress management program. It's a very effective method to help healthcare workers. Patients and coworkers benefit from the change in me. I hope many others get to do this class!" (p. 82)
6) "I want you to know I just bought a book on mindfulness and am enjoying it tremendously!" (p. 82)

- Physical pain/ medical issues

3) Impact of MBSR on relationships

4) Benefits of MBSR participation
   - Relaxation

   - Self-care

   - Self-awareness
   - Self-acceptance/compassion
5) Overall value of MBSR

6) Maintaining MBSR practice

3) Relationships with others

4) Importance of relaxation and mindfulness
5) Managing thoughts, emotions and behaviours
6) Knowledge of self

7) Knowledge of self

8) Appraising the interventions

9) Developing skills

Dellbridge & Lubbe, 2009

1) 'The study suggested that Lia experienced mindfulness as directing her attention to a specific task in the present, as opposed to directing both attention and awareness to the general unfolding of experiences, as they occur in each moment.' (p. 172).
2) 'In Lia's experience of this dimension of mindfulness, the theme

1) Present-centred awareness and attention – focused on external; task oriented; favoured person-centred attention; mindful eating & breathing

2) Attitude and heart qualities – movement towards 'letting

1) Importance of relaxation and mindfulness

2) Knowledge of self

	of understanding mindfulness emerged, that is, as her awareness of what mindfulness is increased, so too did her intention to be mindful.' (p. 174)	go'; reduced perfectionism	
	3) 'Firstly, it became clear that Lia's self-regulation of attention in general is interest-driven. This applied to her mindfulness practice as well; as her interest in mindfulness developed, as did her ability to self-regulate her attention and awareness in mindfulness.' (p. 175)	3) Self-regulation – can improve; interested in mindfulness; needing silence to focus	3) Managing thoughts, emotions and behaviours
		Secondary themes:	
	4) 'Lia experienced an increase in her awareness of when she engages in mindless as opposed to mindful behaviour' (p. 176)	4) Mindlessnes – eg. eating mindlessly; unawareness of habitual behaviour	4) Importance of relaxation and mindfulness
	5) "I learn a lot every time and it's quite hard to explain it in words … so I know now it's a way of life … because I'm applying it every day and I think that it could help whoever, whenever, wherever." (p. 177)	5) Universalism – can apply to everyday life; 'big issues' (science vs. religion)	5) The bigger picture
Dundas et al., 2009	1) 'Students were told that developing a habit of thinking in a less anxiety-evoking manner will, over time, reduce arousal in stressful situations' (p. 28).	1) Reduction of arousal via self-hypnosis or visualizing exams in a relaxed state	1) Importance of relaxation and mindfulness
	2) 'the goal of the intervention was to help them develop and practice	2) Using positive statements to gain confidence	2) Managing thoughts, emotions and behaviour

	alternative (more positive) statements over time'. (p. 28)		
	3) 'This core category comprised coping strategies that each individual student clearly perceived as within his or her capabilities and control. It comprised accepting that the problem was real, doing something students had no doubt they could do, accepting real limitations, accepting physical needs and the need to take time, choosing individualised goals, taking one step at a time and attending to sub-tasks rather than outcome.' (p. 37).	3) Making exams a manageable task	3) Developing skills
	4) 'He admitted to feeling a bit deceived in having participated in the intervention, since his expectations of increased grades were not met'. (p. 37)	4) Intervention not useful	4) Appraising the intervention
Hick & Furlotte, 2010	1) "It [the course] helped me become aware of what my mind does. It taught me how to notice my thoughts. I learnt how to be a better person and how to respond to difficult situations. I learnt what it is like to have some peace and happiness" (p. 292)	1) Perceived personal benefits of RMT	1) Positive responses
	2) "It [the course] helped me in my life day to day. It has changed the way I see other people and the world. I	2) Relating to others: interpersonal benefits of RMT	2) Relationships with others

		view people with more compassion and understanding." (p. 293)		
	3)	"I worry a lot about the world with so many people suffering and hurting each other. This program has helped me to somehow understand that everyone just wants to be okay and that life takes us on so many different paths." (p. 294)	3) Reperceiving: a shift in perspective	3) Change in perspective
Himelstein et al., 2012	1)	"I was just able to relax, all my troubles went away." (p. 233)	1) Increases in subjective well-being	1) Importance of relaxation and mindfulness
	2)	"Like it [the treatment intervention] made me think more about myself, it made me get to know me better. The things we would talk about would make me think back to my past and see how it made me now." (p. 235)	2) Increases in self-awareness	2) Knowledge of self
	3)	"It [the treatment intervention] was cool … I just, able to control my emotions a little better, you know my anger. Kinda like, I used to have hella problems, [now I] just go to my bed and just chill, relax … take a deep breath." (p. 234)	3) Increase in self-regulation	3) Managing thoughts, emotions and behaviour
	4)	"I say everybody should right here [in the juvenile hall] just try it. Every youth in here, it's gonna help them a lot. Even though they may think they're too tough for this, and they can't show they're weak, but I say every youth should try it in here	4) Accepting attitude toward the treatment intervention	4) Appraising the interventions

to help them. Maybe to clear their mind, open their mind." (p. 235)

Kerrigan et al., 2011			
	1) "Several participants reported living in households in which verbal fighting occurred on a daily basis among family members." (p. 98)	1) External stressors and reactions to stressors	1) Emotional and physical awareness and change
	2) "Mindfulness is like, well, you get to know your environment. It's what's happening, not zoning off, remembering where you at, breathing, taking chances." (p. 98)	2) Perspectives and experiences	2) Emotional and physical awareness and change
	3) 'Many participants spoke about being able to avoid conflicts with friends and families, stay more focused and perform better in school, and take more care of themselves physically by exercising or taking needed medicines as a result of their participation in MBSR, all significant achievements in their own right' (p. 99)	3) Shifts in perspective	3) Change in perspective
	4) '[Stacey] was reportedly taken a bit aback by some of the exercises which she initially found a bit "weird", she later described them as "helpful", stating that she had become much more "aware" of her behaviour using the guided meditations once or twice a week on an ad hoc basis.' (p. 100)	4) Positive changes in relation to coping with daily stressors	4) Emotional and physical awareness and change
	5) 'James stated that even after just the	5) Case study theme –	5) Knowledge of self

	first night of the practicing the breathing and meditation exercises he reported waking up and feeling "better than he had ever felt before" and literally looking at the world with an entirely new perspective and patience.' (p. 99)	Transformational shifts in sense of self and life orientation	
Kim et al., 2013	1) "I liked all the stretching involved especially after the breathing segment. It really helped me relax and stretch my body and mind. I always felt relaxed and energized after the session." (p. 102)	1) Relaxation	1) Importance of relaxation & mindfulness
	2) "I feel like I'm able to focus my energy better during the day using breathing techniques learned in session." (p. 102)	2) Usefulness of relaxation techniques in daily life	2) Importance of relaxation & mindfulness
Lau & Hue, 2011	1) 'I think walking meditation was my favourite activity because it was a lot of fun. Additionally, from loving-kindness practice, I learnt how to forgive myself and others. Now I understand that I can enjoy a tasty meal when I eat quietly without talking.'	NO identified themes	1) Importance of relaxation and mindfulness
	2) 'I could feel the happiness when I was practising with many others. Now I understand that relaxation is important in life. Moreover, I appreciate nature so much!'		2) Importance of relaxation and mindfulness

	3) 'When we were practising loving-kindness meditation, I sent my best wishes to Ms Law who had been ill recently.		3) Emotional and physical awareness and change
	4) 'The lying down body scan was the most impressive activity in the programme. I feel very happy that I can relax my mind and body. I reminded myself not to be too nervous in daily life, and to be more patient. I have learnt how to relax. And I found that people and things which are close to me should be appreciated.'		4) Managing thoughts, emotions and behaviours
	5) 'I think that the lying down body scan was my favourite activity as I could observe the sleeping faces of others, though I would finally fall asleep. I realised that it is not difficult to keep good relationships with others. It is about simply opening your heart to understand others. I like a quiet place for meditation'.		5) Relationships with others
		Perspectives of the ACT Stress Management Intervention:	
Pakenham & Stafford-Brown, 2013	1) "I have ceased feeling anxious (physically anxious). I notice at times when I would have anticipated anxiety that it no longer arises." (p. 60)	1) Reduced anxiety	1) Managing thoughts, emotions and behaviours
	2) "Being in the present moment has	2) Helpful being in present	2) Importance of relaxation and

helped me get through some stressful moments as a student" (p. 60)	moment	mindfulness
3) "A realization of the importance of my values and clarification that I am in most areas of my life working with these values as well as identification of the areas in which I need to get back to my values" (p. 61)	3) Helpful to identify values	3) Knowledge of self
4) "I really connected a lot with ACT. I see the value in not focussing on symptom removal. I will use it personally" (p. 61)	Perspectives of ACT: 4) Helpful personally	4) Knowledge of self
5) "Yes. I can see many possible benefits and applications for client use … especially in helping clients deal with situations that they cannot change." (p. 61)	5) Helpful professionally	5) Developing skills
6) "Provides an opportunity to gain a broad range of experience/knowledge in different therapies." (p. 61)	6) Helpful to discover wider range of therapies	6) Developing skills

Schure et al., 2008	1) Physical – "As far as physical ailments, I feel as if I know my body a lot better and I am able to recognize when I am starting to feel ill and then I slow down and take care of myself" (p. 50)	1) Short term effects of the course on life - Physical changes	1) Emotional and physical awareness and change
	2) Emotional – "This course has given me the time, space and urging to		2) Emotional and physical awareness and change

increase awareness, slow down and be more present, and to continue to let go of fears, anxiety, self-criticism, and doubt" (p. 50)

- Emotional changes

3) Spiritual – "Regarding spirituality, my connection with a higher power seems to have been strengthened" (p. 50)

3) The bigger picture

- Spiritual awareness

4) Interpersonal – "I have increased my compassion, which in turn, has given me an increased capacity to have more genuine compassion for others" (p. 51)

4) Relationships with others

- Interpersonal changes

5) Attitudinal – "Through exploring the required readings, I have become more aware of what it means to be 'whole' and have begun to see the importance of integrating the aspects of myself that I had previously abandoned" (p. 50)

5) Knowledge of self

- Attitudinal/mental changes

6) Yoga – "I like yoga because I feel as if I am learning more about my body. I am learning about its capabilities, limits, cycles and changes" (p. 51)

2) Preferred practices for self-care

- Yoga

6) Importance of relaxation and mindfulness

7) Meditation – "Meditation especially helps. Sitting quietly and concentrating on self are useful in order to clear and organize my mind."

- Meditation

8) Qigong – "I think innately I am most drawn to qigong. I love the fluidity

and feel of doing it, the sensuous movement, almost as though my body remembers. I particularly love how quickly it changes me – my breath, mood, energy, and awareness." (p. 51)

9) Increased comfort with silence – "I am finding that it is much easier to sit with a client when they are having a difficult time, or not wanting to talk" (p. 52)

10) More attentive to therapy process – "I think that this course has helped me to feel less anxious in the room with clients. I think that this results in me being able to be more present and being able to have more empathy for experiences they share with me." (p. 52)

11) Change in how therapy is viewed – "I also think that my view of counselling has changed somewhat in that this class seemed to emphasize the importance and power of having a spiritual orientation and practice on my well-being" (p. 52)

- Qigong

3) Influence on counselling practice
   - Increased comfort with silence

   - More attentive to therapy process

   - Change in how therapy is viewed

7) Developing skills

Sibinga et al., 2011

1) 'Most participants discussed stress related to school achievement, interpersonal dynamics (in particular, frequent verbal and physical arguments), and violence in

1) Daily stressors and coping prior to participation in MBSR

1) Emotional and physical awareness and change

their environment.' (p. 215)		
2) 'For most participants, the ideas and practices of meditation and yoga were quite new, and many came into the course thinking that such methods were "strange" or "weird" …, all participants found that there was at least one method that thy really "enjoyed" and continued to practice after the course was over.' (p. 216)	2) Perspectives of and experiences with MBSR	2) Change in perspective
3) 'Several participants commented on the positive effects that the MBSR course had on their physical health.' (p. 216)	3) Physical health	3) Emotional and physical awareness and change
4) 'The MBSR methods seem to have a positive effect in terms of ameliorating HIV-specific stressors such as taking medicines, fearing illness and death, experiencing stigma and discrimination, and disclosing HIV status.' (p. 217)	4) Helping HIV-related stressors	4) Emotional and physical awareness and change
5) 'Doing better in school appeared to be connected to reduced stress, increased concentration, and greater confidence' (p. 216)	5) School achievement	5) Developing skills
6) '[A] practice termed the "three breaths break" in the group (stopping to take three breaths when you notice you are tense or stressed) was used by many to reduce the intensity of interpersonal conflicts.' (p. 216)	6) Interpersonal relationships	6) Relationships with others

Walach et al., 2007	1) 'Participants reported mainly positive experiences during the course: the experience of stillness and one's own reactions as well as that of the environment point towards a realization of mindfulness' (p. 194)	1) Positive experiences	1) Positive responses to the intervention
	2) 'not having to bring job problems home to the family' (p. 194)	2) Separating work and home	2) Managing thoughts, emotions and behaviour
	3) 'Most responses referred to more mindful ways of dealing with stress such as not experiencing immediate panic, or taking some time before answering phone calls.' (p. 194)	3) Change in dealing with stress	3) Emotional and physical awareness and change
	4) '9 of 11 participants thought the course was a useful instrument to learn coping skills at the work place.' (p. 194)	4) Useful to learn coping skills	4) Developing skills
Wall, 2005	Verbal comments reported by researcher/facilitator, but not analysed (p. 237):		
	1) 'Well-being'		1) Managing thoughts, emotions and behaviour
	2) 'Calmness'		2) Managing thoughts, emotions and behaviour
	3) 'Relaxation'		3) Managing thoughts, emotions and behaviour
	4) 'Improved sleep'		4) Emotional and physical awareness
	5) 'Less reactivity'		5) Managing thoughts, emotions and behaviour

	6) 'Increased self-care'		6) Knowledge of self
	7) 'Self-awareness'		7) Knowledge of self
	8) 'Sense of interconnection with nature'		8) The bigger picture
Wetzel et al., 2011	1) "I found I was able to concentrate more and think more clearly. I felt more focussed, my brain was solving the problem, my brain worked; worries can make my brain stop working." (p. 492)	1) Enhanced surgical performance	1) Developing skills
	2) "I did not know how I cope with my stress, but now I know how I identify it and I can apply some of the strategies." (p. 492)	2) Enhanced surgical stress management	2) Emotional and physical awareness and change
	3) "The training made me more confident. I had less uncertainty." (p. 492)	3) Other – increased confidence; & experience of operating in a crisis situation	3) Managing thoughts, emotions and behaviour

Appendix E: School recruitment information

In May 2013 a school was recruited through Southampton University's list of approved research partners. The school was provided with the 'Information for Schools' briefing form (Appendix F) which informed them of the mixed method study's aims and process. The school's head teacher approved the study and the mixed methods researchers met with the relevant school staff and planned the logistics of the research. The school agreed that the researchers could work with Year Ten students (ages 14 to 15) who were sitting a module of their GCSE English exam in December 2013. Unfortunately, in September 2013 the school withdrew from the research. This appeared to be due to a change in the senior management team structure, and one of the senior management team expressed disquiet about using hypnosis as an intervention within the school.

The researchers, therefore, were left with a short time period to recruit a new school for the mixed methods study. In late September 2013 the researchers managed to recruit another school through their professional networks. Again, the school was provided with the 'Information for Schools' briefing form (Appendix F) which informed them of the mixed method study's aims and process. The school's head teacher approved the study and the mixed methods researchers met with the relevant school staff and planned the research. Due to the times of this school's exams, the researchers were required to work with Year Nine students (ages 13 to 14), who were sitting a mixture of internal school exams and GCSE modular exams in January 2014.

Appendix F: Information for schools form

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- ### RESEARCH IN PARTNERSHIP SCHEME
INFORMATION FOR SCHOOLS

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Project Title.
A study into the potential for self-hypnosis to manage test anxiety

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Background.
Our research supervisor, Dr Christina Liossi, has had success using self-hypnosis techniques with children to help manage pain (Liossi, White & Hatira, 2006; Liossi, White & Hatira, 2009). We are two Trainee Educational Psychologists (and former secondary teachers) who have an interest in trying to support students to manage their anxiety around exams. We want to investigate, both qualitatively and quantitatively, whether a self-hypnosis intervention can support students to manage their own anxiety. In previous research, hypnosis has been found to be effective at helping students to manage their anxiety levels (Baker, 2009). However, most previous research has involved undergraduate students rather than those in Secondary School, and the researchers are keen to investigate the potential for self-hypnosis to support Secondary students to manage their test anxiety.

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Aims of the project.
The project aims to explore the extent to which hypnosis is helpful to students as a means of controlling test anxiety (quantitative measures), and also to explore with some students the ways in which they applied hypnosis techniques prior to their exam and the extent to which they found it unhelpful or helpful (qualitative measures).

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Who is conducting and supervising the project?
The research will be conducted by two Year 2 Trainee Educational Psychologists (TEPs), who are both qualified and experienced secondary teachers. They are currently undertaking their Doctorate in Educational Psychology through the University of Southampton, and work as TEPs for XX and XX Councils respectively. Both TEPs are fully CRB-checked.
The TEPs are supervised by Dr Christina Liossi and Dr Felicity Bishop from the School of Psychology at the University of Southampton.

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What is the proposed start date and time frame?
We are due to submit a research proposal at the end of March 2013. Once this is approved we will need to seek ethical clearance through the University of Southampton. We are therefore unlikely to be ready to conduct the research in time for major summer exams in 2013, so would look to synchronise the self-hypnosis intervention with any mock or modular exams that the school undertakes in the Autumn term of 2013.

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What is the age group and gender?

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We do not have any specific requirements around age group, beyond the fact that students are of Secondary School age and will be able to reflect on their own experiences. We would aim for a mixed-gender group if possible.

What will we ask the school to do?

The school will be asked to allow the researchers and Dr Christina Liossi to come into school and provide two self-hypnosis training sessions to ELSAs who would like to engage with the project. We will then ask these ELSAs to work with groups of 10 students to disseminate the hypnosis strategies to them (we wondered if citizenship/ mentoring/ psychology lessons might be most appropriate for this). Prior to students undertaking the self-hypnosis training they will be asked to complete a pre-intervention measure. Once the students have used the hypnosis intervention to try to manage their anxiety for a few weeks, and once their exam/ test is out of the way, the students will be asked to complete a post-intervention measure. Participating students will also be asked if they are willing to discuss their experiences of the hypnosis intervention as a means to manage their test anxiety with researchers both before and after their exam.

If the project is successful and the school would like us to, then there will be scope for the rest of the chosen year group to experience the hypnosis intervention. In this way the school will be undertaking a psychologically research-led approach to supporting students with test anxiety.

What will we ask the young person to do?

Initially, the young person will be asked to complete a pre-intervention questionnaire in order to establish their levels of anxiety around an upcoming test/exam. The young person will then be asked to engage with some self-hypnosis training which will be delivered by their own teacher; this involves simple techniques of managing one's breathing and using mindfulness and one's imagination to calm the mind and body. The young person will be asked to use their learnt self-hypnosis techniques at regular intervals in the run-up to their test/exam. After using the technique the young person will be asked to complete a post-intervention questionnaire; all the participants will also be invited to attend an interview with the researcher once they have received the hypnosis intervention and once they have completed their exam. All of the training and research will be conducted on school property. The young people involved will be asked for fully informed assent, and will understand that they are free to withdraw from the research at any point in time; we will make it clear that if the students withdraw from the research then none of their information will be used by the researchers. We will provide information letters and consent forms for each participant's parent/guardian and would be happy to come into school to discuss the project with parents/guardians if they would like us to.

What are the benefits for the school and/or the young person?

Many students suffer from exam anxiety – this can make exam periods unpleasant, and for some students can hinder their exam success. We are hopeful that we will be able to demonstrate that self-hypnosis is a helpful intervention to support students to manage their test anxiety. If our findings are positive, then both the school and students will know that there is a technique which can support their own and their peers' test anxiety in a positive way. If we find no positive results, then self-hypnosis is a technique which will do no harm, and will allow the students some time to reflect on their body's reaction to stress and anxiety.

The school will have the benefit of being involved in current psychological research into a possible intervention to support students' mental wellbeing surrounding the stressful experience of exams. An involvement in this type of research could feed into the School's Development Plan – with particular relevance to their Ofsted criteria of 'Achievement of Pupils' and also feeding into the mental wellbeing elements of both the 'Behaviour and Safety' of pupils, as well as the 'Spiritual, Moral, Social and Cultural Development' of pupils.

If the project is successful then the school will be able to train all their staff and pupils in the self-hypnosis techniques – thus all students could benefit from an intervention to support themselves during the exams they will encounter throughout their academic lives.

How will the project help us to understand child and adolescent development?
The project feeds-in to prior research around the potential benefits of self-hypnosis as an intervention to reduce test anxiety. Thus, it is increasing the body of evidence in a relatively under-researched area of both Educational and Health Psychology. If the research is found to be successful, then the researchers would aim to seek publication in academic journals in order to share their findings with the wider academic and practitioner psychologist communities.

Appendix G: Hypnosis manual

UNIVERSITY OF Southampton

SELF-HYPNOSIS
MANUAL

Study: Teaching self-hypnosis lessons in school to reduce test anxiety

Ben Tayler and Lindsay Patterson (Yr. 3 DEdPsy, University of Southampton)

Dr Christina Liossi and Dr Felicity Bishop (Supervisors, School of Psychology, University of Southampton)

Contents

Materials and Preparation

Ensure you have the following equipment:
- Flip-chart/white board
- Flip chart/white board pens
- Stress Balls

Ensure the environment is suitable for hypnosis:

- Sufficient seating and space to allow students to sit comfortably
- Quiet location, free from excessive/disruptive noise
- Free from interruptions (may want to consider putting a sign on the door)

Prior to Session 1:
- Familiarise yourself with the information, exercises and activities that you will you need in the session.

- Copy out the structure of the session plan onto a flip chart/white board:
  - *Welcome*
  - *Hypnosis experience 1*
  - *Closing Discussion*

Prior to Session2:
- Copy out structure of session onto a flip chart/white board:
  - *Welcome*
  - *Hypnosis experience 2*
  - *Closing Discussion*

Note: Instructions will be given in normal font, pauses are emphasised in **bold** and sections you will need to read out will be in *italics.*

Session 1 - Welcome & Introductions
(10 minutes)

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_____

1. Welcome the group, thank them for agreeing to take part and introduce yourself.

2. Tell the group that before you get started, it's important to discuss confidentiality:

ALL INFORMATION SHARED WITHIN THE GROUP MUST STAY IN THE GROUP - Unless a group member shares information that indicates that you or someone else is at risk of harm.

3. Check the group understands the rules around confidentiality before moving on.

4. Ask each member of the group to introduce themselves by stating their name (if necessary) and volunteering one good thing that has happened to them recently (optional – can pass if they want to)

Reassure them that it can be big or small, giving examples of "*had my favourite dinner last night*", "*someone opened a door for me this morning*" or "*went fishing at the weekend*" – You start with your own example.

5. Thank the group for their contributions. Explain briefly what will happen in today's session.

6. Tell the group that you are now going to start the first hypnosis experience but before you do, check if the group have any questions and are happy to continue. Remind the group of the celebrities that Ben and Lindsay talked about who use hypnosis to improve their performance – for example Lennox Lewis and Lilly Allen.

7. Hand each member of the group a stress ball. Explain that these are going to help them to experience hypnosis and also to practise hypnosis at home.

Session 1 – Hypnosis Experience 1
(30 minutes)

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1. Ask the students to make themselves comfortable. Suggest sitting with their feet flat on the floor and hands on their thighs or whatever they feel would be most comfortable.
2. If students are giggling or struggling to settle then you can use the script at the end of the manual to help settle them
3. Once everyone is comfortable and settled, read the following script (ensuring that you speak in a calm and soft tone, at a slow and gentle pace):

"I'd like you to begin by just resting back, very comfortably; just rest back in the way that is most comfortable for you.

I'm going to ask you to hold your hand out here in front of you. Hold it a little higher than eye level, perhaps. Just hold it out in front of you like this. **[Demonstrate holding out your arm for them to see]**. *Just leave your hand limp and relaxed.* **[Again, demonstrate with your own hand]**. *As you do this, I want you to notice your arm and hand. I want you to find a spot that you can focus on, on the back of your hand. Maybe there's a hair on the back of your hand, or a mole or a mark on your skin. Maybe you have a bracelet you can see, or the cuff of your jumper or shirt. Find a spot that you can focus on. Keep your eyes focused on that spot as you keep your arm rigid in the air with your hand limply relaxed. Focus on that spot.* **[Pause]** *And as you focus you can take a deep breath in and out again.* **[Pause, then say the following timed with your own breathing]** *Breathe in, and breathe out.* **[Pause]** *As you focus on this spot, you might notice your arm begins to feel a little bit heavy. That is a normal sensation. Arms are heavy. Just hold your arm out straight as you are doing now, with your hand limply relaxed, and as you continue to stare at that spot on the back of your hand.* **[Pause]** *Now, close your eyes. Let them relax.* **[Pause]** *Keep your eyes closed from this point forward. Picture in your mind the suggestions that I offer to you. As your hand is extended out in front of you, I am going to place an imaginary sand bucket, one that a child might have at the beach, over the back of your hand. It's going to hang from your hand. It's very light. It's not heavy at all. It's a plastic sand bucket that a child might take to the beach. It, of course, comes with a little plastic spade. What I am going to do is take one scoop of sand with the spade. I'm going to put it in that bucket. It's not very heavy, but the added weight of the sand is something that you can feel. As you feel the added weight of the sand in the bucket hanging from your wrist, you become more relaxed.*

[Pause]

I'm going to add another scoop of sand to the bucket. As I do, you can feel the increased weight begin to draw your hand closer to your knee. The bucket is not heavy, but it is in fact a little bit heavier with an extra scoop of sand. I add a third scoop of sand to the bucket. As I do that, you can feel the increased weight of the sand bucket as you relax. Relaxation becomes more and more intense and the bucket becomes a little bit heavier and a little bit heavier. I'm going to add a fourth scoop of sand to your bucket. As I do, the weight of that sand begins to pull your arm down deeper as all of the muscles in your body become relaxed. **[Pause]** *Go ahead and rest your hand on your knee.* **[Students' arms should fall to their laps - if not ask them to just let them rest on their lap]** *That's fine. In fact, you can go ahead and move about so that you feel comfortable if you want to.* **[Pause]** *Go ahead and allow yourself to experience just a moment of tranquillity and relaxation. Take a breath. Feel the air fill your lungs. As you exhale, note that you feel a sensation of peace and relaxation. In your mind, you have the ability to relax at any time, especially if you are going to enter hypnosis. You know that if you wanted to you could open eyes, but you simply don't want to at the moment.*

And as you settle comfortably, this will be an opportunity for you to become even more comfortable, and to experience a relaxed state, very easily, and very gently, and very comfortably.

And as you rest, you can begin noticing the feelings, and sensations in your body right now. Just notice some of the sensations that you can be aware of right now. For instance, as you keep listening to me you may become aware of the sensations as you breathe, noticing, for example, that the sensations are different when you breathe in **[timed to inhalation]** *and breathe out* **[timed to exhalation**].

*Just notice those feelings as you breathe in **[timed to inhalation]** and breathe out **[timed to exhalation]**, and fill your lungs; and then notice the sense of release, as you breathe out* **[said while exhaling simultaneously with the students**]. *And now I'd like you to concentrate particularly on the feelings in your toes and feet. Just allow all the muscles and fibres in your toes and feet to become very deeply relaxed. Perhaps even picturing what that would look like, for all those little muscles and tissues to relax, loosely and deeply. Allowing yourself to get the kind of feeling you have when you take off a pair of tight shoes that you've had on for a long time. And you can just let go of all the tension in your toes and feet, and feel the relaxation spread.* [**Brief pause]**

And now imagine that this comfort and relaxation is beginning to spread and flow, like a gentle river of relaxation, upward, through your ankles and all through your calves. Letting go of all the tension in your calves, allowing them

*to deeply, and restfully, and comfortably relax. And when it feels as if that comfort has spread all the way up to your knees, gently nod your head to let me know. [**Pause**]… [**Even if you don't receive many responses**:] Good.*

[This signal is a double check that the students are responding and it also allows the facilitator to gauge the amount of time needed for purposes of timing the rest of the induction].

…And allow that comfort to continue, flowing upward, into your knees and behind your knees and through your knees, and into your thighs, letting go of all the tension in your thighs. Perhaps once again imagining what that might look like, for all those large muscles and tissues to become soft and loose and deeply relaxed. Perhaps already noticing that sense of gentle heaviness in your legs, as they just sink down, limply and comfortably. And when you notice that sense of heaviness in your legs, gently nod your head again. **[Pause]**

…And continue to allow that comfort to flow and spread upward, at its own pace and speed, into the middle part of your body. Flowing into your tummy, [pause] through your hips and into your lower back. Letting that soothing, deep comfort spread, inch by inch, through your body, spreading from muscle group to muscle group. Gradually, progressively flowing into your chest, **[brief pause]** *into your back,* **[brief pause]** *between your shoulder blades,* **[brief pause]***, and into your shoulders. Just allow all the tension to loosen and flow away. As if somehow, just the act of breathing is increasing your comfort. As if somehow, every breath you take, is just draining the tension out of your body, taking you deeper,* **[timed to exhalation]***, and deeper into comfort, with every breath you take. And allow that comfort to flow into your neck and throat. Perhaps imagining once again what that would look like, for all of the little fibres and muscles in your neck and throat to deeply, softly, comfortably relax. Let that relaxation sink deep into your neck. And it can gradually flow up your neck, up into your scalp, and all out across your scalp, as if it's just bathing your head with waves of comfort and relaxation. And that relaxation can flow down into your forehead, and like a gentle wave, down across your face, into your eyes, your cheeks, your mouth and jaw, allowing those tissues and muscles to droop down, slack and relaxed.*

And now allow that comfort to flow back down your neck, and across your shoulders, and down into your arms. Letting that comfort flow down your arms, through your elbows, **[pause]** *through your wrists, through your hands and fingers, right down through your fingertips. Letting go of all the tension and tightness, letting go of all the stress, and strain, all through your body. Just allowing your body to rest and relax.* **[Pause]**
So, as you start to feel increasingly relaxed, safe, comfortable and in control, I'm going to ask you to imagine yourself at the top of a staircase. **[Pause]** *This staircase has ten steps, and it is entirely personal to you, you don't have to share it with anybody, it is something that you will enjoy walking down, somewhere where you feel safe and relaxed and calm. Your staircase might*

have thick, deep carpet that feels warm and soft under your feet. Your staircase may have a bannister running down it that you can hold as you walk down the steps. Your staircase might be wide and straight, filled with light from a window, or it could be a spiral staircase, gently curving its way to the bottom. **[Pause]** *Whatever your staircase looks like, I'm now going to ask you to stand at the top of it and to really look carefully as your staircase stretches out in front of you.* **[Pause]** *I want you to admire the colours you see before you, I want you to notice whether your staircase is made from rich, elegant oak wood, or maybe it is crafted from cold and smooth steel that glistens in front of your eyes, or perhaps your staircase is simpler and softer, made from a warmly yellow pine wood.* **[Pause]** *As you stand at the top of your staircase and admire its colours and textures, you are still feeling that your whole body is totally relaxed. Your legs and arms feel soft and heavy, you feel warm and happy as you stand there looking down at your staircase.*

I'm now going to ask you to take the first step down onto your staircase. **[Pause]** *This is step number 10, and you are breathing deeply as you take your first step down your staircase. As you take your first step down your staircase, notice how the steps feel under your feet. Notice if your step feels soft because of the thick, deep carpet under your foot, or does the step feel firm and well-worn where your foot rests onto the floor board; I want you to notice the sensation of feeling your foot on the step and to enjoy that feeling for a moment.* **[Pause]** *Now I'm going to ask you to gently take steps number 9 and 8 down your staircase.* **[Pause]** *I'm going to ask you to stop for a moment on step number 8. You are still breathing deeply and you are noticing that you are feeling more and more relaxed as you move down the steps of your staircase.* **[Pause]**

I'm going to ask you to take three more steps down your staircase in a moment, as you take each step you're going to keep noticing that you are becoming more and more relaxed with each step. As you walk down onto **[timing each step down with an exhalation]** *step 7,* **[pause]** *step 6,* **[pause]**, *and step 5* **[pause].**

Now you are on step 5 you are halfway down your staircase and your body feels heavy with relaxation. You are feeling warm and comfortable as you stand on step 5, ready to take some more steps down, feeling more and more relaxed with every step that you take down your staircase. **[Pause]** *You then step down onto step 4,* **[pause]** *then onto step 3* **[pause].** *You stop for a moment on step 3, breathing slowly and feeling very, very relaxed and heavy now. As you stand on step 3 you look ahead of you to the bottom of the staircase, where you can see a door in front of you. Again, this door is personal to you. Only you know what your door looks like* **[pause]**. *I want you to spend a moment looking at your door ahead of you. Look at what the door is made of and what colour it is. Your door might be wooden,* **[pause]** *it might be painted in your favourite colour,* **[pause]** *look at what the handle is made of and which side of the door the handle is on.* **[Pause]**

Now you can see your door clearly ahead of you, I'm going to ask you to take the last three steps down into even better relaxation. As you take these last three steps you are going to find that your body feels heavier, your breathing is slower, and you feel warm and comfortable – you feel totally calm, relaxed and happy. **[Pause]** *You then move down onto step 2,* **[pause],** *then you move onto step 1* **[pause],** *then finally you step down onto the ground in front of your door* **[pause].**

You are totally and completely relaxed now. You feel calm and relaxed as you reach your hand out to the door handle on your door. As you do so you notice exactly what the door handle feels like under your hand **[pause]** *you notice whether it's rough or smooth, whether you have to turn the handle or push it down to open the door.* **[Pause]** *I now want you to gently and slowly open the door.* **[Pause]**

You then step through the door into a place where you feel relaxed and safe. A place where you feel calm and in control. This may be a place that you know very well - it might be a favourite beach, or your bedroom, or the middle of a quiet field **[Pause].** *Wherever you find yourself when you step through your door, you feel calm, safe and completely relaxed there. You can move around in your favourite place, noticing the sounds, the sensations and the smells around you.* **[Pause]** *You are alone in this safe and special place, you feel quiet and content as you look at everything surrounding you. The colours in your special place are beautiful and vivid, the air is clean as you breathe it in slowly and breathe it out slowly.* **[Timing this to inhalation and exhalation].**

As you concentrate gently on your steady breathing you decide to sit down in this special place. You decide to relax down onto the ground or a seat beneath you, feeling warm and very relaxed, **[pause].** *You sit down and your body feels heavy and still, and your breathing is calm and regular; you sit there noticing as you breathe in…. and out…. And in…. and out….* **[timed to inhalation and exhalation].**

Over the coming weeks, as you are revising for your tests, you will feel calm and confident. When you sit down to revise, your mind will be clear and you will feel ready to read and learn. When you pick up your revision book your breathing will be steady and you will feel confident that you are able to take-in all the information that you need to. You will feel happy in the knowledge that you are preparing for the tests in the best possible way. You will give yourself plenty of time to learn everything that you need to for the test, and you will also allow yourself enough time to relax and have fun over the school holidays as well. You will be able to write yourself a simple revision timetable which will allow you to feel confident that you have plenty of time to revise, as well as time for enjoyable activities and seeing your friends and family.

When you are revising you will feel relaxed and creative so that you are able to use drawings and images to help you to remember the information you need.

You will feel confident about asking your teachers, friends or family if you need some help to understand anything when you are revising, and you will feel happy that you are able to use your revision time constructively and effectively.

When you think about your tests over the coming few weeks you will think positively about them. From now on, you will be able to approach your tests calmly and to feel relaxed and confident as you take them. When you enter the room in which the test is being given, the act of walking through the door will act as a trigger for your body to release a wave of confidence, helping you feel calm, prepared and in control. As you sit down at your desk, you will feel calm and ready. You will start to become aware of your breathing….as you slowly breathe in…and out…in…and out…. **[timed to inhalation and exhalation]** *it will relax your body and mind, making you feel confident, calm and in control.* **[Pause]** *As you begin to look at the questions on the exam paper in front of you your mind and body will feel alert but focussed. The knowledge that you have learned will come flooding back to you effortlessly; you will be able to write your ideas and thoughts easily onto the exam paper.*

As you continue to practise hypnosis over the next few weeks, you are going to be thrilled and delighted at how much easier the entire process of taking tests is going to be, and at how much better you will be able to perform. You will feel positive about your approaching exams, looking forward to them as a chance to show your teachers and yourself how hard you are working and how much of your school work you understand.

In a few seconds, I will count backwards from five. When I do, and when you are ready, you will gradually become more aware of what is happening around you.

You will remember the suggestions given to you that you will feel calm and confident in your exam and that you will be able to remember lots of information and be able to concentrate, which will enable you to perform at your very best. You will remember to practise your hypnosis as your exam approaches, and you will understand that the more you practise the hypnosis the better you will become at training your mind and body to be ready for your exam. **[Pause]** *At the end of the session today I'm going to give you a stress ball to help remind you to practise your hypnosis. As you take the stress ball in your hands today it will remind you how relaxed and positive hypnosis makes you feel.* **[Pause]** *Every time that you see your stress ball you will be reminded to practise your hypnosis so that you can feel calm and prepared for your exams in January and in the future.* **[Pause]**

When I start to count backwards from five in a moment, you will also remember to breathe in relaxation and confidence and breathe out tension and worries to help you feel calm, confident and in control.

When you open your eyes, you will feel deeply relaxed. You will remember this experience as an enjoyable and helpful experience. Ready now…
I am going to count to backwards from five and, when you are ready, your attention will return to the room...
Five…
Four…
Three
Two...
One…

When you are ready, open your eyes and return your attention to the room and the rest of your day..."

Give the group time to re-focus. If any of the pupils are still in hypnosis at this point then use the script at the end of the manual.

Session 1 – Closing
(10 minutes)

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1. Once the group seem ready, and if you feel there is time, ask them for their thoughts on the experience and have a short discussion.

2. Suggest to the group that, **if they would like** to experience the same sensation again at any time, they can simply:
    a. Close their eyes
    b. Concentrate on and pay close attention to their breathing
    c. Think of a place they feel, calm, confident and relaxed

3. Explain that the more often they practise, the more effective it will become and that before bed, before school and when they feel stressed would be particularly useful times to practise.

4. Explain to the group that you are giving them each a stress ball to remind them to practise their hypnosis over the coming weeks. It is shaped like a brain to remind them to look after their brain through practising hypnosis. The stress ball is theirs to keep, and is designed to act as a reminder to encourage them to practise the hypnosis whenever they have time.

5. Check whether the group has any further questions or comments.

6. Thank the group for taking part and that you look forward to seeing them again after the holidays.

End of Session 1

Session 2 – Welcome
(10 minutes)

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1. Welcome the group and thank them for coming to the second session.

2. Remind the group that:

ALL INFORMATION SHARED WITHIN THE GROUP MUST STAY IN THE GROUP - Unless a group member shares information that indicates that you or someone else is at risk of harm

3. Check that everyone in the group would still like to take part in the final session via verbal consent.

4. Lead a short discussion by asking the group:

    a. *What did we do in the session before the holidays?*

    b. *How did you feel when you left that session?*

    c. *Has anyone felt or done anything differently since the last session?*

5. Thank the group for their contributions. Explain briefly what will happen in today's session.

Session 2 - Hypnosis Experience 2
(30 minutes)

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1. Ask the students to make themselves comfortable. Suggest sitting with their feet flat on the floor and hands on their thighs or whatever they feel would be most comfortable.
2. If students are giggling or struggling to settle then you can use the script at the end of the manual to help settle them
3. Once everyone is comfortable and settled, read the following script (ensuring that you speak in a calm and soft tone, at a slow and gentle pace):

"I'd like you to begin by just resting back, very comfortably; just rest back in the way that is most comfortable for you.

I'm going to ask you to hold your hand out here in front of you. Hold it a little higher than eye level, perhaps. Just hold it out in front of you like this. **[Demonstrate holding out your arm for them to see]**. *Just leave your hand limp and relaxed.* **[Again, demonstrate with your own hand]**. *As you do this, I want you to notice your arm and hand. I want you to find a spot that you can focus on, on the back of your hand. Maybe there's a hair on the back of your hand, or a mole or a mark on your skin. Maybe you have a bracelet you can see, or the cuff of your jumper or shirt. Find a spot that you can focus on. Keep your eyes focused on that spot as you keep your arm rigid in the air with your hand limply relaxed. Focus on that spot.* **[Pause]** *And as you focus you can take a deep breath in and out again.* **[Pause, then say the following timed with your own breathing]** *Breathe in, and breathe out.* **[Pause]** *As you focus on this spot, you might notice your arm begins to feel a little bit heavy. That is a normal sensation. Arms are heavy. Just hold your arm out straight as you are doing now, with your hand limply relaxed, and as you continue to stare at that spot on the back of your hand.* **[Pause]** *Now, close your eyes. Let them relax.* **[Pause]** *Keep your eyes closed from this point forward. Picture in your mind the suggestions that I offer to you. As your hand is extended out in front of you, I am going to place an imaginary sand bucket, one that a child might have at the beach, over the back of your hand. It's going to hang from your hand. It's very light. It's not heavy at all. It's a plastic sand bucket that a child might take to the beach. It, of course, comes with a little plastic spade. What I am going to do is take one scoop of sand with the spade. I'm going to put it in that bucket. It's not very heavy, but the added weight of the sand is something that you can feel. As you feel the added weight of the sand in the bucket hanging from your wrist, you become more relaxed.*

[Pause]

I'm going to add another scoop of sand to the bucket. As I do, you can feel the increased weight begin to draw your hand closer to your knee. The bucket is not heavy, but it is in fact a little bit heavier with an extra scoop of sand. I add a third scoop of sand to the bucket. As I do that, you can feel the increased weight of the sand bucket as you relax. Relaxation becomes more and more intense and the bucket becomes a little bit heavier and a little bit heavier. I'm going to add a fourth scoop of sand to your bucket. As I do, the weight of that sand begins to pull your arm down deeper as all of the muscles in your body become relaxed. [Pause] Go ahead and rest your hand on your knee. **[Students' arms should fall to their laps - if not ask them to just let them rest on their lap]** *That's fine. In fact, you can go ahead and move about so that you feel comfortable if you want to. [Pause] Go ahead and allow yourself to experience just a moment of tranquillity and relaxation. Take a breath. Feel the air fill your lungs. As you exhale, note that you feel a sensation of peace and relaxation. In your mind, you have the ability to relax at any time, especially if you are going to enter hypnosis. You know that if you wanted to you could open eyes, but you simply don't want to at the moment.*

And as you settle comfortably, this will be an opportunity for you to become even more comfortable, and to experience a relaxed state, very easily, and very gently, and very comfortably.

And as you rest, you can begin noticing the feelings, and sensations in your body right now. Just notice some of the sensations that you can be aware of right now. For instance, as you keep listening to me you may become aware of the sensations as you breathe, noticing, for example, that the sensations are different when you breathe in **[timed to inhalation]** *and breathe out* **[timed to exhalation**].

*Just notice those feelings as you breathe in **[timed to inhalation]** and breathe out **[timed to exhalation]**, and fill your lungs; and then notice the sense of release, as you breathe out* [**said while exhaling simultaneously with the students**]. *And now I'd like you to concentrate particularly on the feelings in your toes and feet. Just allow all the muscles and fibres in your toes and feet to become very deeply relaxed. Perhaps even picturing what that would look like, for all those little muscles and tissues to relax, loosely and deeply. Allowing yourself to get the kind of feeling you have when you take off a pair of tight shoes that you've had on for a long time. And you can just let go of all the tension in your toes and feet, and feel the relaxation spread.* [**Brief pause]**

And now imagine that this comfort and relaxation is beginning to spread and flow, like a gentle river of relaxation, upward, through your ankles and all through your calves. Letting go of all the tension in your calves, allowing them

*to deeply, and restfully, and comfortably relax. And when it feels as if that comfort has spread all the way up to your knees, gently nod your head to let me know. [**Pause**]… [**Even if you don't receive many responses**:] Good.*

[This signal is a double check that the students are responding and it also allows the facilitator to gauge the amount of time needed for purposes of timing the rest of the induction].

…And allow that comfort to continue, flowing upward, into your knees and behind your knees and through your knees, and into your thighs, letting go of all the tension in your thighs. Perhaps once again imagining what that might look like, for all those large muscles and tissues to become soft and loose and deeply relaxed. Perhaps already noticing that sense of gentle heaviness in your legs, as they just sink down, limply and comfortably. And when you notice that sense of heaviness in your legs, gently nod your head again. **[Pause]**

…And continue to allow that comfort to flow and spread upward, at its own pace and speed, into the middle part of your body. Flowing into your tummy, [pause] through your hips and into your lower back. Letting that soothing, deep comfort spread, inch by inch, through your body, spreading from muscle group to muscle group. Gradually, progressively flowing into your chest, **[brief pause]** *into your back,* **[brief pause]** *between your shoulder blades,* **[brief pause]***, and into your shoulders. Just allow all the tension to loosen and flow away. As if somehow, just the act of breathing is increasing your comfort. As if somehow, every breath you take, is just draining the tension out of your body, taking you deeper,* **[timed to exhalation]***, and deeper into comfort, with every breath you take. And allow that comfort to flow into your neck and throat. Perhaps imagining once again what that would look like, for all of the little fibres and muscles in your neck and throat to deeply, softly, comfortably relax. Let that relaxation sink deep into your neck. And it can gradually flow up your neck, up into your scalp, and all out across your scalp, as if it's just bathing your head with waves of comfort and relaxation. And that relaxation can flow down into your forehead, and like a gentle wave, down across your face, into your eyes, your cheeks, your mouth and jaw, allowing those tissues and muscles to droop down, slack and relaxed.*

And now allow that comfort to flow back down your neck, and across your shoulders, and down into your arms. Letting that comfort flow down your arms, through your elbows, **[pause]** *through your wrists, through your hands and fingers, right down through your fingertips. Letting go of all the tension and tightness, letting go of all the stress, and strain, all through your body. Just allowing your body to rest and relax.* **[Pause]**
So, as you start to feel increasingly relaxed, safe, comfortable and in control, I'm going to ask you to imagine yourself at the top of a staircase. **[Pause]** *This staircase has ten steps, and it is entirely personal to you, you don't have to share it with anybody, it is something that you will enjoy walking down, somewhere where you feel safe and relaxed and calm. Your staircase might*

have thick, deep carpet that feels warm and soft under your feet. Your staircase may have a bannister running down it that you can hold as you walk down the steps. Your staircase might be wide and straight, filled with light from a window, or it could be a spiral staircase, gently curving its way to the bottom. **[Pause]** *Whatever your staircase looks like, I'm now going to ask you to stand at the top of it and to really look carefully as your staircase stretches out in front of you.* **[Pause]** *I want you to admire the colours you see before you, I want you to notice whether your staircase is made from rich, elegant oak wood, or maybe it is crafted from cold and smooth steel that glistens in front of your eyes, or perhaps your staircase is simpler and softer, made from a warmly yellow pine wood.* **[Pause]** *As you stand at the top of your staircase and admire its colours and textures, you are still feeling that your whole body is totally relaxed. Your legs and arms feel soft and heavy, you feel warm and happy as you stand there looking down at your staircase.*

I'm now going to ask you to take the first step down onto your staircase. **[Pause]** *This is step number 10, and you are breathing deeply as you take your first step down your staircase. As you take your first step down your staircase, notice how the steps feel under your feet. Notice if your step feels soft because of the thick, deep carpet under your foot, or does the step feel firm and well-worn where your foot rests onto the floor board; I want you to notice the sensation of feeling your foot on the step and to enjoy that feeling for a moment.* **[Pause]** *Now I'm going to ask you to gently take steps number 9 and 8 down your staircase.* **[Pause]** *I'm going to ask you to stop for a moment on step number 8. You are still breathing deeply and you are noticing that you are feeling more and more relaxed as you move down the steps of your staircase.* **[Pause]**

I'm going to ask you to take three more steps down your staircase in a moment, as you take each step you're going to keep noticing that you are becoming more and more relaxed with each step. As you walk down onto **[timing each step down with an exhalation]** *step 7,* **[pause]** *step 6,* **[pause],** *and step 5* **[pause].**

Now you are on step 5 you are halfway down your staircase and your body feels heavy with relaxation. You are feeling warm and comfortable as you stand on step 5, ready to take some more steps down, feeling more and more relaxed with every step that you take down your staircase. **[Pause]** *You then step down onto step 4,* **[pause]** *then onto step 3* **[pause].** *You stop for a moment on step 3, breathing slowly and feeling very, very relaxed and heavy now. As you stand on step 3 you look ahead of you to the bottom of the staircase, where you can see a door in front of you. Again, this door is personal to you. Only you know what your door looks like* ***[pause]***. *I want you to spend a moment looking at your door ahead of you. Look at what the door is made of and what colour it is. Your door might be wooden,* **[pause]** *it might be painted in your favourite colour,* **[pause]** *look at what the handle is made of and which side of the door the handle is on.* **[Pause]**

Now you can see your door clearly ahead of you, I'm going to ask you to take the last three steps down into even better relaxation. As you take these last three steps you are going to find that your body feels heavier, your breathing is slower, and you feel warm and comfortable – you feel totally calm, relaxed and happy. **[Pause]**   *You then move down onto step 2,* **[pause],** *then you move onto step 1* **[pause],** *then finally you step down onto the ground in front of your door* **[pause].**

You are totally and completely relaxed now. You feel calm and relaxed as you reach your hand out to the door handle on your door. As you do so you notice exactly what the door handle feels like under your hand **[pause]** *you notice whether it's rough or smooth, whether you have to turn the handle or push it down to open the door.* **[Pause]** *I now want you to gently and slowly open the door.* **[Pause]**

You then step through the door into a place where you feel relaxed and safe. A place where you feel calm and in control. This may be a place that you know very well - it might be a favourite beach, or your bedroom, or the middle of a quiet field **[Pause].** *Wherever you find yourself when you step through your door, you feel calm, safe and completely relaxed there. You can move around in your favourite place, noticing the sounds, the sensations and the smells around you.* **[Pause]** *You are alone in this safe and special place, you feel quiet and content as you look at everything surrounding you. The colours in your special place are beautiful and vivid, the air is clean as you breathe it in slowly and breathe it out slowly.* **[Timing this to inhalation and exhalation].**

As you concentrate gently on your steady breathing you decide to sit down in this special place. You decide to relax down onto the ground or a seat beneath you, feeling warm and very relaxed, **[pause].** *You sit down and your body feels heavy and still, and your breathing is calm and regular; you sit there noticing as you breathe in…. and out…. And in…. and out….* **[timed to inhalation and exhalation].**
From now on, you will be able to approach your tests calmly and to feel relaxed and confident as you take them. When you enter the room in which the test is being given, the act of walking through the door will act as a trigger for your body to release a wave of confidence, helping you feel calm, prepared and in control. As you sit down at your desk, you will feel calm and ready. You will start to become aware of your breathing….as you slowly breathe in…and out…in…and out…. **[timed to inhalation and exhalation]** *it will relax your body and mind, making you feel confident, calm and in control.*

As you pick up your pen, you will feel focused, calm and in control. You will feel in just the right mood to perform at your very best. You will be keen to get started so you can show how much you know and who skilfully you can demonstrate your knowledge and understanding.

You will be able to remember lots of information, your thinking will be faster and more flexible, and you will be able to focus completely on the task. You will be able concentrate much more easily on the questions and think carefully and confidently in how you will answer them.

You will be able to remain perfectly calm and confident throughout the entire test as the ideas, facts and concepts continue to flow smoothly into your awareness. You will organise your thoughts naturally and almost spontaneously, as if they were flowing onto the paper by themselves.

You are going to be thrilled and delighted at how much easier the entire process of taking tests is going to be, and at how much better you will be able to perform. You will enjoy the feeling of confidence that you have throughout your tests, and you will feel satisfied and calm once the tests are over, knowing that whatever the outcome of your results, you will have done your best and worked hard.

In a few seconds, I will count backwards from five. When I do, and when you are ready, you will gradually become more aware of what is happening around you.

You will remember the suggestions given to you in regards to how you will feel calm and confident in your exam and that you will be able to remember lots of information and be able to concentrate, which will enable you to perform at your very best.

You will also remember to breathe in relaxation and confidence and breathe out tension and worries to help you feel calm, confident and in control.

When you open your eyes, you will feel deeply relaxed. You will remember this experience as an enjoyable and helpful experience. Ready now…
I am going to count to backwards from the five and, when you are ready, your attention will return to the room...
Five…
Four…
Three
Two...
One…

When you are ready, open your eyes and return your attention to the room and the rest of your day...”

Give the group time to re-focus. If any of the pupils are still in hypnosis at this point then use the script at the end of the manual.

Session 2 – Closing
(10 minutes)

_____
____

1. Once the group seem ready, and if you feel there is time, ask them for their thoughts on the experience and have a short discussion.

2. Remind the group that, **if they would like** to experience the same sensation again at any time, they can simply:
    a. Close their eyes
    b. Concentrate on and pay close attention to their breathing
    c. Think of a place they feel, calm, confident and relaxed

3. Remind them that the more often they practise, the more effective it will become and that before bed, before school and when they feel stressed would be particularly useful times to practise.

4. Remind the group that their stress ball is shaped like a brain to remind them to look after their brain through practising hypnosis. Re-iterate that the stress ball is designed to act as a reminder to encourage them to practise the hypnosis whenever they have time.

5. Check whether the group has any further questions or comments.

6. Thank the group for taking part and wish them good luck in their upcoming tests.

End of Session 2

For session 3, please repeat the script from session 2.

What to do if…

1. <u>A student starts giggling:</u>
"It's natural to feel a bit silly when you start to relax. It's ok if relaxing feels strange or makes you giggle to begin with. ***[Pause]*** *I want to focus on this hypnosis session which is going to help all of you to prepare for your exams, so I'm going to ask you to continue to breathe deeply in* ***[breathing in with students]*** *and breathe deeply out* ***[breathing out with students]****.*

I'm going to ask you to re-focus by settling back comfortably in your chair. And as you return to rest, you can begin noticing the feelings, and sensations in your body right now. Just notice some of the sensations that you can be aware of right now. For instance, as you keep listening to me you may become aware of the sensations as you breathe, noticing, for example, that the sensations are different when you breathe in **[timed to inhalation]** *and breathe out* **[timed to exhalation]***.*

Just notice those feelings as you breathe in ***[timed to inhalation]*** *and breathe out* ***[timed to exhalation]****, and fill your lungs; and then notice the sense of release, as you breathe out* [**said while exhaling simultaneously with the students**]*. And now I'd like you to concentrate particularly on the feelings in your toes and feet. Just allow all the muscles and fibres in your toes and feet to become very deeply relaxed. Perhaps even picturing what that would look like, for all those little muscles and tissues to relax, loosely and deeply. Allowing yourself to get the kind of feeling you have when you take off a pair of tight shoes that you've had on for a long time. And you can just let go of all the tension in your toes and feet, and feel the relaxation spread up through your body."* **[Carry on with the hypnosis session where you were interrupted from here]**

[If students are still struggling to settle then you can ask them to leave the room and re-settle the rest of the group by repeating the script above again]

2. <u>A student walks out the room:</u>
"It's a shame that **[X]** *doesn't want to stay and join us in hypnosis today, but that's his/her choice. I want to focus on this hypnosis session which is going to help all of you to prepare for your exams, so I'm going to ask you to continue to breathe deeply in* ***[breathing in with students]*** *and breathe deeply out* ***[breathing out with students]****.*

I'm going to ask you to re-focus by settling back comfortably in your chair. And as you return to rest, you can begin noticing the feelings, and sensations in your body right now. Just notice some of the sensations that you can be aware of right now. For instance, as you keep listening to me you may become aware of the sensations as you breathe, noticing, for example, that the sensations are

different when you breathe in **[timed to inhalation]** *and breathe out* **[timed to exhalation]**.

Just notice those feelings as you breathe in **[timed to inhalation]** *and breathe out* **[timed to exhalation]**, *and fill your lungs; and then notice the sense of release, as you breathe out* [**said while exhaling simultaneously with the students**]. *And now I'd like you to concentrate particularly on the feelings in your toes and feet. Just allow all the muscles and fibres in your toes and feet to become very deeply relaxed. Perhaps even picturing what that would look like, for all those little muscles and tissues to relax, loosely and deeply. Allowing yourself to get the kind of feeling you have when you take off a pair of tight shoes that you've had on for a long time. And you can just let go of all the tension in your toes and feet, and feel the relaxation spread up through your body.* **[Carry on with the hypnosis session where you were interrupted from here]**

 3. <u>A student becomes distressed:</u>
"It's ok if you feel a bit sad when you start to relax. **[Pause]** *Sometimes our feelings can overwhelm us suddenly when we start to relax and unwind. That's why, when you are in hypnosis, I ask you to imagine yourself in a safe place where you are comfortable. This safe place is personal to you, but I want it to be somewhere that you feel safe, secure and happy.* **[Pause]** *You know where you feel safe, secure and happy, and I want you to imagine that you are there in that place as we focus on this hypnosis session which is going to help all of you to prepare for your exams.* **[Pause]** *So, as you imagine your safe and secure place I'm going to ask you to continue to breathe deeply in* **[breathing in with students]** *and breathe deeply out* **[breathing out with students]**.

I'm going to ask you to re-focus by settling back comfortably in your chair. And as you return to rest, you can begin noticing the feelings, and sensations in your body right now. Just notice some of the sensations that you can be aware of right now. For instance, as you keep listening to me you may become aware of the sensations as you breathe, noticing, for example, that the sensations are different when you breathe in **[timed to inhalation]** *and breathe out* **[timed to exhalation]**.

Just notice those feelings as you breathe in **[timed to inhalation]** *and breathe out* **[timed to exhalation]**, *and fill your lungs; and then notice the sense of release, as you breathe out* [**said while exhaling simultaneously with the students**]. *And now I'd like you to concentrate particularly on the feelings in your toes and feet. Just allow all the muscles and fibres in your toes and feet to become very deeply relaxed. Perhaps even picturing what that would look like, for all those little muscles and tissues to relax, loosely and deeply. Allowing yourself to get the kind of feeling you have when you take off a pair of tight shoes that you've had on for a long time. And you can just let go of all the tension in your toes and feet, and feel the relaxation spread up through your*

body. **[Carry on with the hypnosis session where you were interrupted from here]**

4.   A student doesn't end the hypnotic experience initially:
"I know you are having a wonderful time relaxing in hypnosis, but it is now time to leave hypnosis and to re-focus on your day at school. I am going to give you one more minute to enjoy the hypnosis, and remember that you can come back to hypnosis any time you want to enjoy this feeling of relaxation again. So, in thirty more seconds I am going to count backwards from five once again and your attention will return to the room. **[Pause for 20 seconds]**

So, anyone who is still enjoying hypnosis is going to prepare themselves to return to the room.

When you open your eyes, you will feel deeply relaxed. You will remember this experience as an enjoyable and helpful experience. Ready now…
I am going to count to backwards from five and, when you are ready, your attention will return to the room...
Five…
Four…
Three
Two...
One…

When you are ready, open your eyes and return your attention to the room and the rest of your day..."

Acknowledgements

Appendix H: Opt-out parental consent and pupil assent for the Revised Test Anxiety Scale

UNIVERSITY OF
Southampton

School of Psychology

PARENT/CARER QUESTIONNAIRE INFORMATION SHEET

ERGO Study ID number: 7071

Exploring test anxiety

Dear Parents/Carers of Year 9,

We are starting a research project at the school where we are investigating whether or not Year 9 students feel anxious about their exams and tests. We are then going to explore ways to help students feel less anxious about their exams or tests.

For the first stage of this research we are asking the whole of Year 9 to complete a questionnaire. It is called the Revised Test Anxiety Scale, and it will help us to see if people in Year 9 are feeling worried about their upcoming tests and exams.

We aren't going to give your son/daughter their score once they have completed the questionnaire, but we will use the results to inform the school if there are any students who need support with their test anxiety.

Please note that unless you send the slip attached to this letter back into school we are assuming that you agree for us to give this questionnaire to your son/daughter.

We will also send a letter to your son/daughter explaining to them about what we are doing.

If you are worried about this questionnaire then please talk to Mr X (Individual Learning Needs Coordinator) or Ms X (Emotional Literacy Support Assistant). You can also contact us, the researchers, by email at lcp1g11@soton.ac.uk.

If you do not want your child to complete the questionnaire then please return the slip below by Friday 11th October.

Many thanks for your help,

Ben Tayler and Lindsay Patterson

University of Southampton

UNIVERSITY OF
Southampton
School of Psychology

PARENT/CARER QUESTIONNAIRE INFORMATION SHEET

ERGO Study ID number: 7071

Exploring test anxiety

By returning this slip I am **withdrawing my consent** for researchers from the University of Southampton (Lindsay Patterson and Ben Tayler) to ask my child to complete the Revised Test Anxiety Scale.

Name of child …………………………………………………………………………

Form Group …………………………………………………………………………...

Parent/carer name …………………………………………………………………..

Parent/carer signature ……………………………………………………………….

Please return this slip to either your child's form tutor, Mr X (Individual Learning Needs Coordinator) or Ms X (Emotional Literacy Support Assistant).

Thank you

UNIVERSITY OF
Southampton
School of Psychology

PARTICIPANT QUESTIONNAIRE INFORMATION SHEET

ERGO Study ID number: 7071

Exploring test anxiety

Dear Year 9,

We are starting a research project at the school where we are investigating whether or not Year 9 students feel worried about their exams and tests. We are then going to explore ways to help students feel less worried about their exams or tests.

For the first stage of this research we are asking the whole of Year 9 to complete a questionnaire. It is called the Revised Test Anxiety Scale, and it will help us to see if people in Year 9 are feeling worried about their upcoming tests and exams.

We aren't going to give you a score once you complete this questionnaire, but we will use the results to inform the school if there are any students who need support with their test anxiety.

Please note that if you are receiving this letter then your parent/carer has already given their consent for you to do this questionnaire, but we wanted to check that you were happy to complete it. You do not have to complete this questionnaire if you don't want to.

If you are worried about this questionnaire then please talk to your form tutor, Mr X (Individual Learning Needs Coordinator) or Ms X (Emotional Literacy Support Assistant) if you want to. You can also contact us, the researchers, by email at lcp1g11@soton.ac.uk.

Many thanks for your help,

Ben Tayler and Lindsay Patterson

University of Southampton

Appendix I: Opt-in consent forms and student assent form for study

Name of participant (print name) ……………………………………………………

UNIVERSITY OF Southampton

Study title: **Teaching self-hypnosis lessons in school to reduce test anxiety**

Researchers' names: Lindsay Patterson and Ben Tayler

ERGO Study ID number: 7071

Please initial the boxes below and sign the assent form:

- I confirm that I have read and understand the participant information sheet (dated 04/10/2013, Version 3). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

- I understand that my child's participation is voluntary and that they are free to withdraw or I am free to withdraw them at any time without giving any reason, without my or their rights being affected. ☐

- I understand that my child will participate in a study investigating the use of self-hypnosis as an intervention for test anxiety. I understand that my child will be invited to attend two self-hypnosis lessons at school and that they will also be asked to complete questionnaires which explore the level of their test anxiety. ☐

- I understand that they will be invited to attend two interviews with Lindsay Patterson, one of the researchers, during the school day at XXX. These interviews will be arranged at a mutually convenient date and time and will last for approximately 30 minutes each. ☐

- I agree for this interview to be audio-recorded. This data will be stored anonymously and will be destroyed after 10 years. ☐

- I consent to the published reporting of the study so long as my child's name or any other personal or identifying information is never used in the reports. ☐

- I give consent to the use of word for word quotes from the interviews so long as my child's name or any other personal or identifying information is not included with them. ☐

- I agree to my child taking part in the above study. ☐

Signature of consent…………………………………………………………………

Date……………

UNIVERSITY OF Southampton

Study title: **Teaching self-hypnosis lessons in school to reduce test anxiety**

Researchers' names: Lindsay Patterson and Ben Tayler

ERGO Study ID number: 7071

Please initial the boxes below and sign the assent form:

I confirm that I have read and understand the participant information sheet (dated 04/10/2013, Version 3). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. ☐

I understand that I will participate in a study investigating the use of self-hypnosis as an intervention for test anxiety. I understand that I will be invited to attend two self-hypnosis lessons at school and that I will also be asked to complete questionnaires which explore the level of my test anxiety. ☐

I understand that I will be invited to attend two interviews with Lindsay Patterson, one of the researchers, during the school day at XXX. These interviews will be arranged at a mutually convenient date and time and will last for approximately 30 minutes each. ☐

I agree for this interview to be audio-recorded. This data will be stored anonymously and will be destroyed after 10 years. ☐

I assent to the published reporting of the study so long as my name or any other personal or identifying information is never used in the reports. ☐

I give assent to the use of word for word quotes from the interviews so long as my name or any other personal or identifying information is not included with them. ☐

I agree to take part in the above study. ☐

UNIVERSITY OF Southampton

Study title: **Teaching self-hypnosis lessons in school to reduce test anxiety**

Researchers' names: Lindsay Patterson and Ben Tayler

ERGO Study ID number: 7071

Please initial the boxes below and sign the assent form:

- I confirm that I have read and understand the participant information sheet (dated 14/01/2014, Version 1). I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. ☐

- I understand that I will participate in a study investigating the use of self-hypnosis as an intervention for test anxiety. ☐

- I understand that I will be invited to attend an interview with Lindsay Patterson, one of the researchers, during the school day at XX. This interview will be arranged at a mutually convenient date and time and will last for approximately 30 minutes. ☐

- I agree for this interview to be audio-recorded. This data will be stored anonymously and will be destroyed after 10 years. ☐

- I consent to the published reporting of the study so long as my name or any other personal or identifying information is never used in the reports. ☐

- I give consent to the use of word for word quotes from the interviews so long as my name or any other personal or identifying information is not included with them. ☐

- I agree to take part in the above study. ☐

Appendix J: Information letter for parents/carers

UNIVERSITY OF
Southampton
School of Psychology

PARENT/CARER INFORMATION SHEET

ERGO Study ID number: 7071

Teaching self-hypnosis lessons in school to reduce test anxiety

Dear Parent/Carer,

We would like to invite your son/daughter to take part in a study which explores whether self-hypnosis can help students to worry less about taking tests and exams. We call this worry 'test anxiety'. Before you decide whether or not you would like your son/daughter to take part we would like you to understand why the study is being carried out and what it would involve.

What is the purpose of the research?

Research has found that test anxiety can affect students in the following ways:

- Students may feel worried about their approaching tests
- Students could feel stressed and unwell before and during their test
- Students may not be able to concentrate and remember as well as they normally can do in their tests.

Our current education system in the UK values the use of tests as a way of measuring students' progress and achievement; tests can determine whether students are able to go to college, university or to train for certain careers.

However, there is increasing interest in finding ways to support students who become anxious about their tests. The current project, therefore, aims to research whether self-hypnosis can help students to reduce their test anxiety; the project also aims to ask students whether or not they found the self-hypnosis intervention helpful, whether they would use it for future tests and if they think it is something which could help other students.

The two researchers, Ben Tayler and Lindsay Patterson, both used to be Secondary School teachers – they have always been interested in helping students to reduce their test anxiety. Ben and Lindsay are now training to be Educational Psychologists at the University of Southampton. This research forms part of their Doctorate in Educational Psychology.

Why has my son/daughter been invited to take part?

We would like to conduct this research with students who are beginning Year 9; it is at this age that students can start to become aware of the number of GCSE tests that they

will have to sit. Additionally, if we can establish whether or not self-hypnosis is a helpful way to reduce test anxiety at this stage in your son/daughter's GCSE courses then they will know whether or not it is something they could use in the future.

Your son/daughter has been identified through a questionnaire as someone who may worry about exams and tests. This does not mean that their worries will necessarily impact on their performance in their tests, but they may benefit from an intervention which could help them to reduce their worries.

Does my son/daughter have to take part?

Taking part in this research project is entirely voluntary. If you agree to your son/daughter taking part we will ask you to sign a consent form. We will also ask your son/daughter to sign a form giving their agreement to take part in the research. You are free to withdraw your son/daughter at any time, without giving a reason. Your son/daughter may also choose to withdraw at any time, without giving a reason. If you or your son/daughter choose to withdraw from the study, any portion of, or completed data will be destroyed and your data will not form part of the study.

Another reason you may not want your son/daughter to take part is if they have been diagnosed with any psychological difficulties (eg. depression, bi-polar disorder, schizophrenia). This is because we do not want the self-hypnosis to interfere with your child's treatment. If your son/daughter has been diagnosed on the Autistic Spectrum (ASD) then you may not want your child to take part in the study as not all people with ASD are able to access self-hypnosis.

Young people who have learning related diagnoses such Attention Deficit Hyperactivity Disorder (ADHD) or dyslexia will be fine to take part in the self-hypnosis though.

What will happen to my son/daughter if they take part?

Your son/daughter will initially be randomly placed in either the group who will receive the self-hypnosis intervention before February, or the group who will receive the self-hypnosis intervention after February. We have to set this structure in place so that we can be sure that any results we see are due to the self-hypnosis intervention rather than other factors.

If your son/daughter is in the pre-February intervention group then they will be invited to attend two lessons with X, the Emotional Literacy Support Assistant (ELSA) at XX X. One of these lessons will take place before the Christmas holidays and one after; the students will attend the lessons in groups of 10. Prior to these lessons Ms X will receive training in self-hypnosis techniques from Dr Christina Liossi at the University of Southampton, who has used hypnosis techniques in her previous research.

During these lessons Ms X will talk to the students about test anxiety, explaining what it is and how it can affect people. Ms X will then read from a pre-prepared hypnosis script to help your son/daughter experience deep relaxation. Whilst your son/daughter is feeling relaxed Ms X will continue to read from the script, talking to your son/daughter about feeling relaxed when they face their tests. Ms X will then use the script to bring your son/daughter back from their relaxation. **During the entire self-**

hypnosis process your son/daughter will remain conscious and aware, they will not be under any type of control and will be able to open their eyes and end the relaxation at any time.

Ms X will support the students to develop the skills to use self-hypnosis to relax themselves whenever they feel it will be useful. We will ask the students to practice the self-hypnosis techniques in the run-up to their school tests in January.

Before and after the set of self-hypnosis lessons, your son/daughter will be asked to complete a further few questionnaires exploring their anxiety levels, their mood and their sense of optimism. All participants will be asked to complete these questionnaires, whether they have received the self-hypnosis lessons or whether they are due to receive them after February. If your son/daughter is in the group who has received the self-hypnosis lessons then they will also be invited to attend an interview at XX X with one of the researchers, Lindsay Patterson. This interview will explore your son/daughter's experiences of the self-hypnosis intervention and whether they will use the intervention in the future.

Prior to the school's tests in January, your son/daughter will be asked to complete the same set of questionnaires once more, so we can see if the self-hypnosis has had any further impact on your son/daughter's anxiety levels.

Once your son/daughter has finished their tests, and if they are in the pre-February intervention group, they will be invited to attend one further interview at XX X with Lindsay Patterson, so that they can talk about their experiences of using self-hypnosis.

If your son/daughter is in the post-February intervention group then they will receive the self-hypnosis lessons with Ms X after the February half term and will not be interviewed by Lindsay Patterson.

What are the possible disadvantages and risks of taking part?

We do not foresee any disadvantages or risks through taking part in this research. However, it should be noted that not everyone enjoys experiencing deep relaxation through self-hypnosis. If this is the case for your son/daughter then they will be free to withdraw from the research at any time.

What are the possible benefits of taking part?

We hope that the results of this research will give us a better understanding of whether self-hypnosis can help students who experience test anxiety.

By using both questionnaires and interviews, we are also hoping to find out whether or not the students found the self-hypnosis intervention helpful. If students felt that the intervention was too time consuming or difficult then this will help to inform future research.

What if there is a problem?

If you have a concern about any aspect of the study, you should ask to speak to the researchers who will do their best to answer your questions (Lindsay Patterson email: lcp1g11@soton.ac.uk; Ben Tayler email: brt2g11@soton.ac.uk). If you remain unhappy and wish to complain formally, you can do this through contacting the Chair of the Ethics Committee, Psychology, University of Southampton, SO17 1BJ, UK. Phone: +44 (0)23 8059 4663, email slb1n10@soton.ac.uk.

As part of the research we will also ask your son/daughter to complete a short mood questionnaire (see '***What will happen to my son/daughter if they take part?'*** above). If your son/daughter scores at a level which suggests that they may be at risk for experiencing low mood, then they will not be asked to take part in the study and the school will contact you and also the school nurse as you may want to explore this further with your son/daughter. Please note, this questionnaire does not diagnose your son/daughter as having low mood or depression, but just acts as an indicator.

Will my son/daughter's details be kept confidential?

We would like to assure you that your son/daughter's details will be kept confidential. The questionnaires will be completed confidentially by the students. The interviews will be audio-recorded and subsequently typed up as a word document where your child's name and any identifying details will be removed in line with data protection regulations. Any data containing your son/daughter's name or any other identifying details will be kept separately from the anonymised research transcripts in a locked cabinet and/or password protected computer.

The only exception to this rule would be if the researcher conducting the interview became aware that your son/daughter was at serious risk of harming themself or others; or there were concerns for the neglect or abuse of children. If this were the case we would have to share your son/daughter's information with agencies, and this may be without your permission. If this happens we would discuss it with you first.

What will happen to the results of the research study?

Once we have collected and analysed the data (May 2014), you will receive a study summary to let you know what we have found. The research will also be shared with XX X so that they can help test anxious students. The research may be submitted for publication in a journal or shared at conferences within the University of Southampton. However, in any presentation of the data or report, your son/daughter's anonymity will be protected.

Who has reviewed the study?

This study was given a favourable ethical opinion for conduct by School of Psychology, University of Southampton Research Ethics Committee.

Appendix K: Information letter for student participants

UNIVERSITY OF
Southampton
School of Psychology

PARTICIPANT INFORMATION SHEET

ERGO Study ID number: 7071

Teaching self-hypnosis lessons in school to reduce test anxiety

Dear Year 9 Student,

We would like to invite you to take part in a study which investigates whether self-hypnosis can help students to worry less about taking tests and exams. We call this worry 'test anxiety'. Before you decide whether or not you would like to take part we would like you to understand why the study is being carried out and what it would involve.

What is the purpose of the research?

Research has found that test anxiety can affect students in the following ways:

- Students may feel worried about their approaching tests
- Students could feel stressed and unwell before and during their test
- Students may not be able to concentrate and remember as well as they normally can do in their tests.

In the UK we use tests to determine whether students are able to go to college, university or to train for certain careers.

However, there is increasing interest in finding ways to support students who become anxious about their tests. The current project, therefore, aims to research whether self-hypnosis can help students to reduce their test anxiety; the project also aims to ask students whether or not they found the self-hypnosis intervention helpful, whether they would use it for future tests and if they think it is something which could help other students.

The two researchers, Ben Tayler and Lindsay Patterson, both used to be Secondary School teachers – they have always been interested in helping students to reduce their test anxiety. Ben and Lindsay are now training to be Educational Psychologists at the University of Southampton. This research forms part of their Doctorate in Educational Psychology.

Why have I been invited to take part?

We would like to do this research with students who are beginning Year 9; you are starting your GCSE courses, and we know it can feel like a busy and worrying time. If

we can research whether or not self-hypnosis can help you feel less worried about your tests, then you could use it as a way to help you through all your tests in the future.

We've invited you specifically as your score on our initial anxiety questionnaire suggested that you might worry about tests. This doesn't mean that worrying about tests is a bad thing, but we would like to see if we can find a way to help you to worry less.

Do I have to take part?

You do not have to take part in this research project if you don't want to. If you agree to take part we will ask you to sign a form saying you agree. We will also ask your parent/carer to sign a form giving their consent for you to take part in the research. You are free to drop out of the research at any time, without giving a reason. Your parent/carer may also choose to withdraw you at any time, without giving a reason. If you or your parent/carer choose to withdraw from the study, any questionnaires or interviews you have done will be destroyed and will not form part of the study.

What will happen if I take part?

Ok, this may sound a bit complicated, so please bear with us…

- You will be put in a group

- One group (Group A) will have two self-hypnosis lessons before February, the other group (Group B) will have two self-hypnosis lessons after February.

- If you are in Group A you will be invited to attend two lessons with Ms X, the Emotional Literacy Support Assistant (ELSA) at XX.

- One of these lessons will take place just before Christmas and the other just after Christmas; you will be invited to attend the lessons in groups of 10.

- During these lessons Ms X will talk to you about test anxiety, explaining what it is and how it can affect people. Ms X will then read from a pre-prepared hypnosis script to help you experience deep relaxation. Whilst you are feeling relaxed Ms X will continue to read from the script, talking to you about feeling relaxed when you face your tests. Ms X will then use the script to bring you back from the relaxation.

- **During the entire self-hypnosis process you will remain conscious and aware, you will not be under any type of control and will be able to open your eyes and end the relaxation at any time.**

- You will learn the skills to use self-hypnosis to relax whenever you feel it will be useful.

- We will ask you to practice the self-hypnosis techniques in the run-up to your school tests in January.

- After the set of self-hypnosis lessons, you will be asked to complete a further few questionnaires exploring your anxiety levels, levels of depression and your sense of optimism.
- Everyone will be asked to complete these questionnaires, whether you are in Group A or Group B.

- If you are in the Group A then you will also be invited to attend an interview at XX with one of the researchers, Lindsay Patterson. This interview will explore your experiences of the self-hypnosis intervention and whether or not you would use the intervention in the future.

- Before your tests in January, you will be asked to complete the same set of questionnaires once more, so we can see if the self-hypnosis has had any further impact on your anxiety levels.

- Once you have finished your tests, and if you are in Group A then you will be invited to attend one further interview at XX with Lindsay Patterson, so that you can reflect on your experiences of using self-hypnosis.

- If you are in Group B then you will attend the self-hypnosis lessons with Ms X after the February half term and will not be asked to conduct any interviews with Lindsay Patterson.

What are the possible disadvantages and risks of taking part?

We don't think there are any big risks but not everyone enjoys experiencing relaxation through self-hypnosis. If this is the case for then you will be free to leave the research at any time.

If you have a diagnosed mental health problem (eg. depression) then you should not take part in the research as we don't want to interfere with your treatment in any way.

What are the possible benefits of taking part?

We hope that this research will help us to learn more about self-hypnosis and test anxiety. If we find that self-hypnosis is helpful then we hope that the school will use it with other Crestwood students.

Through the interviews we are also hoping to get your view point about self-hypnosis – it doesn't matter if we think it works if you're telling us that it's too difficult or boring.

What if there is a problem?

If you are worried about anything, you should talk to your parents/carers, Mr X or Ms X. If you want to speak to us, the researchers, we will do our best to answer your questions (Lindsay Patterson email: lcp1g11@soton.ac.uk; Ben Tayler email: brt2g11@soton.ac.uk). If you remain unhappy and wish to complain formally, you can do this through contacting the Chair of the Ethics Committee, Psychology, University of Southampton, SO17 1BJ, UK. Phone: +44 (0)23 8059 4663, email slb1n10@soton.ac.uk.

Will my taking part in this study be kept confidential?

Your information will be kept confidential. The interviews will be audio-recorded and then typed up. We will remove anything that would be able to identify you from the typed-up document. Any information containing your name or any other identifying details will be kept separately from the typed-up interview transcripts and questionnaires in a locked cabinet and/or password protected computer.

Just like at school, the only exception to this rule would be if we became aware that you or anyone else was at serious risk of harm. If this were the case we would have to share your information with agencies, and this may be without your or your parent's/carer's permission. If this happens we would discuss it with you first.

What will happen to the results of the research study?

Once we have collected and analysed the data (May 2014), we will contact you to let you know what we have found. The research will also be shared with XX. The research may be published or shared at conferences within the University of Southampton. However, in any of these situations your identity will not be revealed.

Who has reviewed the study?

This study was given a favourable ethical opinion for conduct by School of Psychology, University of Southampton Research Ethics Committee.

Appendix L: **Information letter for ELSA participant**

UNIVERSITY OF
Southampton
School of Psychology

PARTICIPANT INFORMATION SHEET

ERGO Study ID number: 7071

Teaching self-hypnosis lessons in school to reduce test anxiety

Dear X,

We would like to invite you to be interviewed as part of our study which investigates whether self-hypnosis can help students to worry less about taking tests and exams. We call this worry 'test anxiety'. Before you decide whether or not you would like to be interviewed we would like you to understand why the study is being carried out and what it would involve.

What is the purpose of the research?

Research has found that test anxiety can affect students in the following ways:

- Students may feel worried about their approaching tests
- Students could feel stressed and unwell before and during their test
- Students may not be able to concentrate and remember as well as they normally can do in their tests.

In the UK we use tests to determine whether students are able to go to college, university or to train for certain careers.

However, there is increasing interest in finding ways to support students who become anxious about their tests. The current project, therefore, aims to research whether self-hypnosis can help students to reduce their test anxiety; the project also aims to ask students whether or not they found the self-hypnosis intervention helpful, whether they would use it for future tests and if they think it is something which could help other students.

The two researchers, Ben Tayler and Lindsay Patterson, both used to be Secondary School teachers – they have always been interested in helping students to reduce their test anxiety. Ben and Lindsay are now training to be Educational Psychologists at the University of Southampton. This research forms part of their Doctorate in Educational Psychology.

Why have I been invited to take part?

You have been delivering the self-hypnosis intervention to students as part of the study, and we are therefore very interested to hear your views and experiences about the process. This will help to inform whether your role in delivering the intervention would be viable for other people in the future.

Do I have to take part?

You do not have to take part in this research project if you don't want to. If you agree to take part we will ask you to sign a form saying you agree. You are free to drop out of the research at any time, without giving a reason. If you choose to withdraw from the study, any interviews you have done will be destroyed and will not form part of the study.

What will happen if I take part?

You will be invited to attend an interview with Lindsay Patterson at a time and place of your convenience. The interview will last for about 30 minutes and, if you agree, will be recorded so that it can later be transcribed.

What are the possible disadvantages and risks of taking part?

There are no perceived risks or dangers for you. You may, however, end the interview at any time and withdraw from the study at any time.

What are the possible benefits of taking part?

We hope that this research will help us to learn more about the potential use of self-hypnosis as an intervention for test anxious students. However, you have a unique insight into the process since you delivered the hypnosis intervention to the students. We would therefore be very interested to hear your views and perspectives.

What if there is a problem?

If you are worried about anything, you should talk to us, the researchers, we will do our best to answer your questions (Lindsay Patterson email: lcp1g11@soton.ac.uk; Ben Tayler email: brt2g11@soton.ac.uk). If you remain unhappy and wish to complain formally, you can do this through contacting the Chair of the Ethics Committee, Psychology, University of Southampton, SO17 1BJ, UK. Phone: +44 (0)23 8059 4663, email slb1n10@soton.ac.uk.

Will my taking part in this study be kept confidential?

Your information will be kept confidential. The interview will be audio-recorded and then typed up. We will remove anything that would be able to identify you from the typed-up document. Any information containing your name or any other identifying details will be kept separately from the typed-up interview transcripts and questionnaires in a locked cabinet and/or password protected computer.

The only exception to this rule would be if we became aware that you or anyone else was at serious risk of harm. If this were the case we would have to share your information with agencies, and this may be without your permission. If this happens we would discuss it with you first.

What will happen to the results of the research study?

Once we have collected and analysed the data (May 2014), we will contact you to let you know what we have found. The research will also be shared with XX. The research may be published or shared at conferences within the University of Southampton. However, in any of these situations your identity will not be revealed.

Who has reviewed the study?

This study was given a favourable ethical opinion for conduct by School of Psychology, University of Southampton Research Ethics Committee.

Appendix M: Interview schedules

<u>First Interview Guide</u>

<u>Key:</u>

Questions are in **BOLD**

Prompts are in NORMAL FONT

Probes are in *ITALICS*

- General probes - *"Can you tell me more about that?"* and *"Anything else?"* - will be used throughout.

Questions, prompts and probes	Why are we asking this?
1) How are you feeling about your GCSE exams?	Building rapport

2) Have you ever experienced exam or test anxiety? Can you tell me about it?
 	
o Have you always experienced test anxiety or is it a new experience for you?
    o *What does/did it feel like?*
    o *Does/ did it affect you physically or emotionally?*
    o *Does/did anything help you to overcome your anxiety?*
	Establishing the participant's experience of anxiety (or no anxiety)
	
	To try and capture the whole of the participant's experience

3) Can you tell me about your experience of the self-hypnosis training lessons? o Did you understand the training lessons? o Were you able to experience self-hypnosis in a group of people? o Did it feel like something that could help you? o Did you feel silly/stupid?	Exploring the participant's experience of the lessons Were the participants able to experience hypnosis in a group environment?
4) What was your experience of self-	Exploring how the participant experienced

hypnosis?
 	
   o *What did it feel like?*
   o *Did you enjoy it?*
 	
 o Did the hypnosis relax you?
	self-hypnosis

5) What has been your experience of self-hypnosis since the training lessons? o *Did you enjoy it?* o Have you been able to use the technique? How often? o Have you been able to remember the process? o Has it been helpful for you?	Exploring what this experience has been like Establishing whether the participant has been using the technique

6) Do you think you will use self-hypnosis as you prepare for your exams in December?
 	
   o *Why?*
   o *Why not?*
 	
 o Do you think self-hypnosis will be useful to you?
	Trying to explore whether the participant found the experience of self-hypnosis useful

7) Is there any other information you would like to share with me?	Establishing if the participant has any other information they would like to share

Second Interview Guide

Key:

Questions are in **BOLD**

Prompts are in NORMAL FONT

Probes are in *ITALICS*

- General probes - *"Can you tell me more about that?"* and *"Anything else?"* - will be used throughout.

Questions, prompts and probes	Why are we asking this?
8) How was your test/exam (or how were your tests/exams)?	Re-building rapport
9) Did you experience anxiety or worry about your exams? • *Why?* • *Why not?*	Establishing participant's experience of anxiety with their exams
10) What was your experience of using the self-hypnosis technique before or during the exams? • Why didn't you use the technique?	Establishing if the participant used the technique and their experiences of doing so Trying to establish any barriers for the participant
11) Can you tell me about any positive or negative effects that you experienced from the self-hypnosis? • *Such as?* • *For example?*	Exploring the participant's perceptions of the technique

• Was it a practical intervention to use when you were revising?	Did the intervention 'fit in' to the participant's life and revision schedule?

12) Would you recommend the self-hypnosis technique to others?
 	
    o *Why?*
    o *Why not?*
	Investigating the participant's opinions about the technique

13) How could we improve the self-hypnosis technique? • *Did you enjoy it?* • Have you been able to use the technique? How often? • Have you been able to remember the process? • Has it been helpful for you?	Exploring what this experience has been like Establishing whether the participant has been using the technique and what barriers they may have experienced

14) Do you think you would use the self-hypnosis technique in the future?
 	
    • *Why?*
    • *Why not?*
	Trying to establish whether the participant feels that self-hypnosis is a viable intervention

15) Can you tell me anything else about the self-hypnosis technique?	Eliciting any further information about the self-hypnosis intervention
16) Is there any other information you would like to share with me?	Establishing if the participant has any other information they would like to share

Adult Participant Interview Guide

Key:

Questions are in **BOLD**

Prompts are in NORMAL FONT

Probes are in *ITALICS*

- General probes - *"Can you tell me more about that?"* and *"Anything else?"* - will be used throughout.

Questions, prompts and probes	Why are we asking this?
17) How are you feeling now that the intervention is finished?	Building rapport

18) Can you remember how you felt when we first proposed the self-hypnosis intervention to you?
 	
○ Did you feel worried about learning and using a new skill?
    ○ *What did it feel like?*
    ○ *Were you interested?*
    ○ *Did you feel obligated?*
	Establishing the participant's initial experience of the intervention
	
	To try and capture the whole of the participant's experience

19) Can you tell me about your experience of the self-hypnosis training? ○ Did you understand the training session? ○ Was it enjoyable attending the university? ○ Was it helpful when the trainer came to you? ○ Did you feel competent/anxious/excited?	Exploring the participant's experience of their training in the technique Trying to establish the participant's specific experiences of the intervention training
○ **What was your first experience of delivering the self-hypnosis?**	Exploring how the participant experienced delivering self-hypnosis

o *How did you feel?* o *Did you enjoy it?* o Did the students appear to relax into hypnosis? o *Were there any difficulties?* o *Did they seem to enjoy it?*	Trying to establish how the students responded to the intervention
20) What has been your experience of delivering the second self-hypnosis session? o *Did you enjoy it?* o *How did you feel?* o Did the students appear to relax into hypnosis? o *Were there any difficulties?* o *Did they seem to enjoy it?*	Exploring how the participant experienced delivering self-hypnosis for a second time Trying to establish how the students responded to the intervention
21) Do you think you would want to use self-hypnosis as an intervention in the future? o *Why?* o *Why not?* o Do you think self-hypnosis will be useful to you?	Trying to explore whether the participant would want to use hypnosis in the future
22) How could we have improved your experience of learning about and delivering the self-hypnosis intervention?	Establishing if the participant has any suggestions for future improvements they would like to share
23) Is there any other information you would like to share with me?	Establishing if the participant has any other information they would like to share

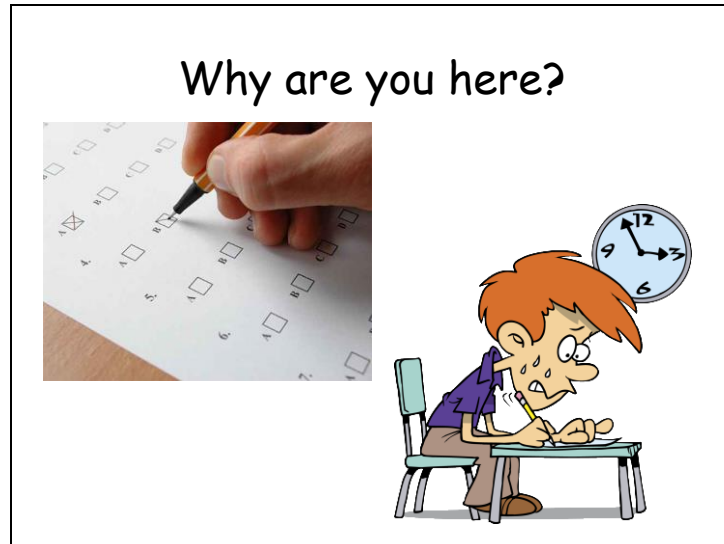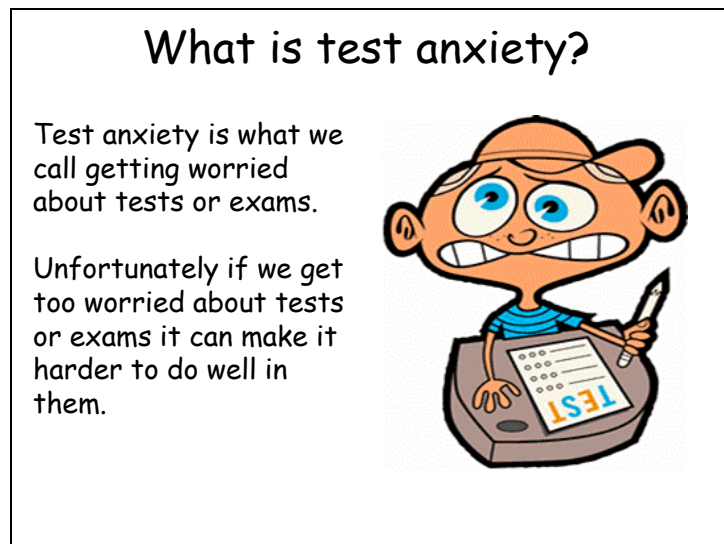**Appendix N: Information-sharing assembly slides**

Slide 1
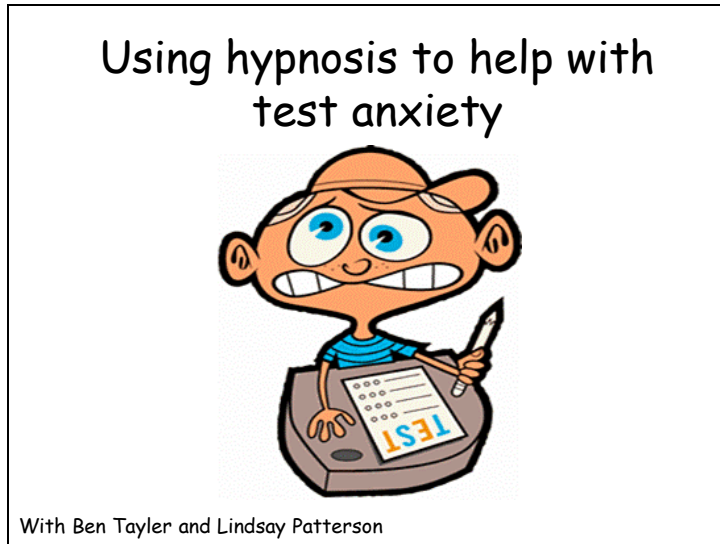
Slide 2

Slide 3

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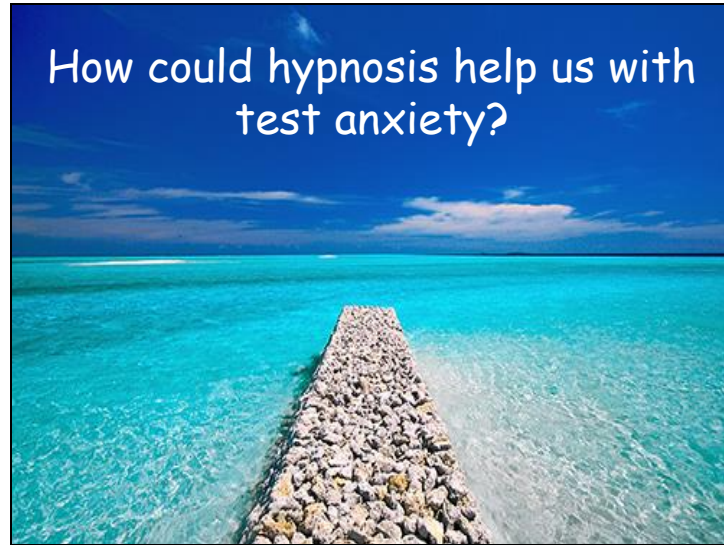
Slide 6

Slide 7

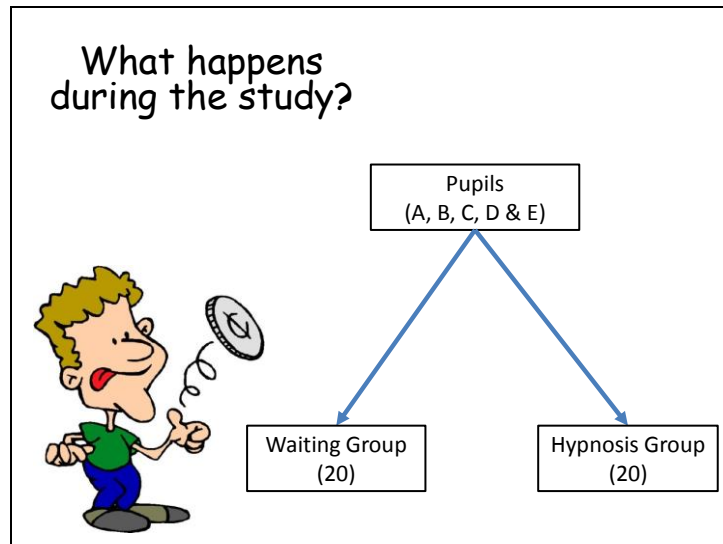Slide 8

Slide 9

What happens during the study?

- ✓ Complete initial test anxiety questionnaires
- ✓ Receive permission from your parents/carers for you to take part
- ✓ Receive your agreement to take part
- ❑ We 'randomise' you into different groups (Hypnosis group or Waiting group)
- ❑ Hypnosis group receives hypnosis training (delivered by Ms Walters) and first interview before Christmas
- ❑ Hypnosis group have second & third hypnosis training after Christmas
- ❑ Tests in January & both hypnosis and waiting groups complete second set of questionnaires
- ❑ Hypnosis group invited to a second interview
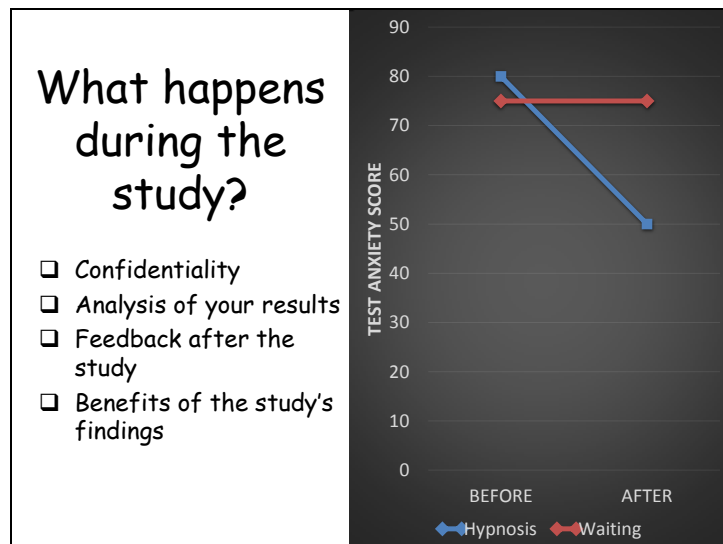- ❑ Waiting group receives hypnosis training

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Slide 10

Why do you have to be 'randomised'?

Slide 11

Slide 12

Slide 13

Appendix O: Examples of coding

Figure 1. *Coding example A*

Handwritten annotations (margin codes):

- Remembering imagining the steps in the script
- Remembering the imagining the door in the hypnosis script
- Remembering imagining the handle in the hypnosis script
- Remembering imagining the carpet in the hypnosis
- Remembering imagining the other side of the door in the script
- Difficult to start imagining sometimes
- The hypnosis imagery flows
- Easier to imagine things once you get into the hypnosis
- Not realising how tense your muscles are
- Relaxing feels nice
- Relaxing feels weird when you're not used to it
- You don't realise that you're tense
- Relaxing feels nice

Transcript:

82   Yeah, down ten steps and when you got to the bottom there was a door, open the door/

83   /Yeah/

84   /Feel like what the handle felt like/

85   /Yeah/

86   /The carpet... And imagine whatever you want was on the other side of the door [Pause].

87   Yeah [Pause]. And how easy did you find it to imagine?

88   Mmm [Pause]. A bit hard, but then a bit easy at the same time, cos once you get imagining it, like,

89   keeps flowing through.

90   Yeah, once you get into it...

91   Yeah [Pause].

92   Ok.... And how did it feel when you were, when, when you had your eyes shut and Miss was

93   talking.... How did it make you feel?

94   At first, like, you don't realise that your muscles are tensed up and stuff, but, once you've actually,

95   like, proper relaxed it feels really nice. But a bit weird at the same time, cos you're used to your

96   muscles being, like, quite tense [Pause].

97   Yeah, it's interesting isn't it? We don't notice...... I, um, have really tense shulders and I don't

98   really notice/

99   Yeah, you just kind of realise/

100 Ok, so, relaxing muscles was nice?

101 Yeah,/ um

Figure 2. *Coding example B*

42   /I guess it's starting to practice for GCSEs?

43   Yeah

44   [Pause] Alright, so, tell me a little bit, when, um, Mrs W and Mr M said you were first going to

45   start having some hypnosis, did it mean anything to you?

46   Yes and no, because, yes, because I was worried about what hypno- about what it was like, about

47   the feeling/

Worrying about what hypnosis would feel like

48   /Yes/

keen to get going with hypnosis

49   But, I was also, like, it's just, get on with it really….

50   Yeah? [Pause] And what did you think that hypnosis was?

Expectations of hypnosis from the movies   *previous perceptions of hypnosis from the movies*

51   Well…. In the movies, you see, like that…. I thought at first it was going to be something like that….

52   Bit, as you do it it's really nice and calm and relaxing/

Hypnosis is calming

53   /Yeah, so you thought it was going to be like/

54   /Yeah, like with the watch thing/

Perceptions of hypnosis from the movies

55   /To sort of turn into a chicken?

Expectations of hypnosis from the movies

56   Yeah

57   Yeah, so I think….we need to think about that…..so that's a bit of an interesting one! [Pause] Ok,

58   so talk to me a bit about the session you had with Mrs W.

Experiencing the first steps of hypnosis

Preparing the room for hypnosis

59   It was, uh, good, but, it was, like, you all had to, like, just get in a circle, and Miss would, we turned

60   off most lights so Miss could still read/

Initial stages of preparing for hypnosis

61   Yeah/

Appendix P: An example of developing themes from codes

Appendix Q: Coding manual

Table 1
The student participants' ten overarching themes, subthemes and example codes

Over-arching themes	Description	Subthemes	Description	Example Code	Example from transcript
Experiencing exam anxiety	This theme incorporated students' experiences of exam anxiety, and the impact that this anxiety had on them and their behaviour	Physical symptoms of exam anxiety	Students talked about the way that exam anxiety had a physical impact on them – eg. shaking or nausea.	Butterflies as a symptom of exam anxiety	*'the butterflies, and butterflies kind of make you feel a little bit ill' (C; 1; 31)*
		Experiencing exam anxiety	Students talked about experiencing exam anxiety and how they felt nervous or worried	Worrying about exams	*'when you're in the morning you're like, thinking about the exam' (B; 1; 16)*
		Negative impact of exam anxiety on performance	Students talked about being overcome with exam anxiety, and how this affected their subsequent performance	Finding it hard to think during exams	**'And how easy do you find it to think when you're feeling worried in the exam?** *Hard, really hard' (F; 1; 28-9)*
		Worrying that exam anxiety will affect future success	Students worried about how their exam anxiety would affect them as they sit numerous exams in the future	Worrying about GCSEs	*'worried cos they're our first real exams to go towards our GCSEs' (C; 2; 18-19)*
		Positive effects of exam anxiety	Exam anxiety encouraged students to work harder	Preparing early for exams	*'Yeah, I've started [revising] already...' (F; 1; 12)*

Over-arching themes	Description	Subthemes	Description	Example Code	Example from transcript
Students' initial expectations of hypnosis	This theme revealed students' initial thoughts when they were invited to be involved in a hypnosis intervention	Initial anxiety about hypnosis	Some students were worried about what hypnosis would involve	Nervous about hypnosis	*'And how did you feel before it [hypnosis]? Nervous! [laughs]' (G; 1; 40-1)*
		Negative preconceptions	Students had seen hypnosis in TV, in films and in stage shows – they therefore thought hypnosis might turn them into chickens or make them lose control	Expectations of hypnosis derived from TV	*'The only time I'd ever really seen hypnosis was on TV' (C; 1; 68)*
		Initial openness to hypnosis	Most students were open to trying hypnosis for the first time	Willing to give hypnosis a go	*'When someone first told you that you were going to have a go at doing some hypnosis… what did you think then? I just thought… I just thought… yeah, ok!' (D; 1; 44-6)*
		Positive attitudes towards hypnosis	Some students approached the hypnosis sessions with excitement and interest	Excited about hypnosis	*'I was excited to, like, give it a go?' (G; 1; 32)*
Experiencing hypnosis in a group	Here students explained how they experienced taking-part in group hypnosis	The preparations for hypnosis	Some students described the layout of the room, and being asked to sit in a circle	The room is prepared for hypnosis	*'we turned off most lights so Miss could still read' (B; 1; 59-60)*
		The process of hypnosis	Students talked about the process of hypnosis as they experienced it	Imagining the places described in the hypnosis script	*'and when she told you to picture things you didn't really have to think about it, it would just…happen…' (C; 1; 78-9)*

Over-arching themes	Description	Subthemes	Description	Example Code	Example from transcript
		Adjusting to hypnosis	The students talked about relaxing into the hypnosis, and it becoming easier with each session	Easier to imagine things once you get into the hypnosis	*'cos once you get imagining it, like, it keeps flowing through' (B; 1; 88-9)*
		Self-consciousness as a barrier to group hypnosis	Many students talked about feeling silly at the start of hypnosis - they got the giggles and found it hard to shut their eyes initially	Self-consciousness of shutting eyes	*'you don't know that you're gona shut your eyes and that everyone's gonna, like, open them and talk about you' (F; 2; 91-2)*
		Social difficulties amongst group	A couple of students were not happy with the social mix within the group, and they found it hard to overcome this barrier	Bad combination of people in the group	*'there was X, um, who we, we don't get along' (K; 2; 156)*
Trying to explain hypnosis	This theme reveals the ways in which students tried to explain what hypnosis felt like and their responses to it	Excitement after hypnosis	Many of the students were excited and talkative after the first hypnosis session	Exciting talking to people immediately after hypnosis	*'we were all just chatting about it, quite excited, like, talking to everyone else' (C; 1; 125)*
		Physical responses hypnosis	Many of the students talked about the physical sensations that they experienced during hypnosis	Hypnosis makes you feel tingly	*'I just went all tingly' (G; 1; 58)*
		Hypnosis is difficult to describe	Students struggled to describe their experiences of hypnosis	Hypnosis is hard to explain	***'It's really, it's really difficult to explain…*** *Yeah, yeah it is!' G; 2; 70-1)*
		Hypnosis is enjoyable	Students considered the hypnosis to be fun and enjoyable	Hypnosis is fun	*'Um, it was quite fun to do' (C; 2; 68)*

Over-arching themes	Description	Subthemes	Description	Example Code	Example from transcript
		Hypnosis is like a dream	Many of the students likened hypnosis to dreaming	Hypnosis feels like darkness with pictures	*'it's just black, and you can just picture where you are…' (C;1; 93)*
		Hypnosis is like drifting off to sleep	Many of the students described hypnosis as being similar to the moment shortly before you fall asleep	Hypnosis feels like you're going off to sleep	*'it's just like a really, you're, like, properly close to going to sleep, but you're not actually asleep?' (B; 1; 103-4)*
		Hypnosis is a relaxing experience	Students described hypnosis as a relaxing experience	Relaxing feels weird when you're not used to it	***'How did you feel at that point?*** *Relaxed and….still' (F; 1; 71)*
		Hypnosis is not enjoyable	One student felt that hypnosis had not been a pleasant experience	Didn't enjoy hypnosis	*'I didn't really like it' (K; 2; 15)*
Practising self-hypnosis	This theme covers students' attempts to practise self-hypnosis	Willingness to try self-hypnosis at home	Some of the students were willing to try self-hypnosis at home	Tried practising hypnosis at home	*'I just laid there with my eyes shut, and I was just thinking about the stairs and everything…' (F; 2; 35)*
		Doubts about practising self-hypnosis at home	Many of the students were unsure about how to practise hypnosis on their own	Unsure how to practise hypnosis alone	***'Did you practise at all?*** *No… I didn't… I didn't know how' (I; 2; 56)*
		Things that facilitated practice	Students mentioned various elements of the hypnosis process which helped them to practise	Using the stress brain as a reminder to practise	*'I'd keep using the stress ball that we were given?' (G; 2; 19)*

Over-arching themes	Description	Subthemes	Description	Example Code	Example from transcript
		The difficulties of practising self-hypnosis	Students found it difficult to practise hypnosis without being guided by the facilitator	Hard to practise hypnosis alone	*'it's like harder so, like, you need to do it when, when it's complete silence, like when there's no-one home' (E; 1; 106-7)*
		Practising breathing techniques was the easiest part	Some of the students found that they were able to use the hypnosis breathing techniques to help them	Practised breathing techniques a lot when feeling anxious	*'I've done the, the breathing quite a lot for when I get nervous or anxious about things' (C; 2; 60-1)*
		Ways to make practising easier	Students suggested things that would have helped them to practise hypnosis more easily	Would have liked a recording of the hypnosis script	*'I wondered about recording the script. We could record it onto our phones or something. Then, then we'd have it to listen to?' (C; 2; 105-6)*
Outcomes attributed to hypnosis	Student attributed a wide range of outcomes to their hypnosis experience – the majority of these were positive, but one participant experienced some negative outcomes	Reduced exam anxiety	Students reported that the hypnosis interventions had helped to reduce their exam anxiety	Hypnosis helped to reduce exam anxiety	*'It [exam anxiety] was actually alright, after the hypnosis, cos we had it on Friday, and Monday' (F; 2; 17)*
		Improved exam performance	Some students felt that their improved exam performance could be attributed to hypnosis	Only one to finish a long exam	*'But, I was kind of the only one who got to the end of the exam in the given time that we had?' (H; 1; 98-9)*
		Reduced worry	Some students reported that hypnosis helped them to worry less	Hypnosis broke the worry pattern	*'Cos otherwise you can get stuck in a "I'm worrying" pattern' (C; 2; 48)*
		Improved concentration	Many students explained that they felt better able to concentrate after hypnosis	Able to concentrate more easily in noisy lessons after hypnosis	*'I didn't have to, like, cos it's quite noisy with everyone, and I didn't have to, like focus as much, cos I could hear a lot clearer' (G; 1; 105-6)*

Over-arching themes	Description	Subthemes	Description	Example Code	Example from transcript
		Improved clarity of thought	Some students felt that hypnosis allowed them to think more clearly and effectively during their exams and lessons	Hypnosis made it easier to get thoughts onto paper	*'It's more just about the getting it, getting it down and just writing' (H; 1; 111-2)*
		Increased confidence	Many of the students explained that hypnosis had made them feel more confident	Feeling confident lesson after hypnosis	*'and like, confident to do my work and stuff…' (B; 1; 123)*
		Promoted a sense of calm and relaxation	Students felt that hypnosis encouraged relaxation	Hypnosis relaxes the mind	*'I just felt relaxed… Just the whole time, I just felt relaxed…' (D; 1; 86)*
		Improved sleep	A couple of students said their sleep had improved as a result of hypnosis	Hypnosis helped with sleep	*'And it did help… I ended up falling asleep at, like, 7'o'clock' (C; 2; 82)*
		Provided reassurance	Some students felt that just knowing how to use hypnosis was reassuring for them	Reassuring to know the hypnosis techniques	*'Um, knowing it… it made me feel really confident about my exams that I had' (J; 2; 8-9)*
		Learnt an enjoyable skill	Students were pleased to have learnt about hypnosis and found it useful	Hypnosis was fun	*'it was quite fun to do' (C; 2; 68)*
		A skill that would be useful to others	Almost all the students thought that their friends and peers could benefit from hypnosis	Would recommend hypnosis to other Year 9s	**'Um, would you recommend it [hypnosis] to other people?** *Umm, yeah I would, cos it did, it does help with your exams and taking your mind of f anything that makes you nervous' (C; 2; 90-3)*

Over-arching themes	Description	Subthemes	Description	Example Code	Example from transcript
		Hypnosis didn't reduce test anxiety	The same student didn't find that hypnosis helped to reduce her exam anxiety	Hypnosis didn't help to reduce exam anxiety	*'Instead of thinking about other things I couldn't stop worry about them [exams]' (K; 2; 21)*
The interest of others in hypnosis	Most of the students revealed that their friends, family and teachers had been intrigued by the hypnosis and had wanted to hear all about it	Friends wanted to hear about hypnosis	Some students reported that their friends asked them about their hypnosis experience	Friends wanted to know what hypnosis was like	*'My friends did [ask] ...and I just said, "Yeah, it really helped!"' (F; 1; 103)*
		Family wanted to hear about hypnosis	Some students' parents and siblings wanted to hear about the hypnosis sessions	Mum wanted to hear about hypnosis	*'And she [Mum] was like, "So what did you do?"' (B; 1; 151)*
		Teachers wanted to hear about hypnosis	Some teachers asked their students about the hypnosis session	History teacher was interested in hypnosis	*'Yeah, my history teach was quite interested to hear about it' (C; 1; 112)*
Use of hypnosis in the future	The majority of the students talked about hypnosis in the future	Would like to participate in further hypnosis sessions	Quite a few of the students said they would participate in further sessions if they were offered	Would like hypnosis sessions to be offered again in the future	***'And if more sessions were offered?*** *Yeah, I'd really like to do some more' (I; 2; 98-9)*
		Would like to use hypnosis for future exams	Some of the students were keen to use the hypnosis techniques in their GCSEs and A levels	Would like to use hypnosis to help with GCSE anxiety	*'we do have more GCSEs coming, and it has helped me this time, so I will probably use it again' (C; 2; 118-9)*

Over-arching themes	Description	Subthemes	Description	Example Code	Example from transcript
		Want to keep practising self-hypnosis	Some of the students felt they had learnt enough about hypnosis to use it as a technique to manage their anxiety and worry in the future	Going to use hypnosis whenever feeling anxious	*'**Do you envisage that that you're going to keep using the hypnosis techniques?** Um, yeh, because there are still stressful things that go on' (C; 2; 116-7)*

Table 2

The facilitator participant's five overarching themes, subthemes and example codes

Over-arching themes	Description	Subthemes	Description	Example Code	Example
Preconceptions of the hypnosis intervention	The facilitator discussed her own and others' preconceptions prior to beginning the hypnosis intervention	Open to the intervention	The facilitator herself was open to the hypnosis intervention	Had received hypnosis previously	*'I have had hypnosis so I know what's involved, so that helped' (Facilitator; 15-6)*
		Others' misconceptions of hypnosis	The facilitator revealed that others, particularly students, had misconceptions about hypnosis and what it involved	People's perceptions of hypnosis are shaped by popular culture	*'cos they think of Paul McKenna' (Facilitator; 195)*
		Concerned about students' reactions	The facilitator explained she had been worried about how the students would respond to the hypnosis intervention	Hoping to use older students	*'Particularly as we were gonna go for Year 10 or 11 weren't we?' (Facilitator; 11)*

Over-arching themes	Description	Subthemes	Description	Example Code	Example from transcript
Training to deliver the intervention	The facilitator reviewed whether or not she had felt sufficiently well trained and supported to deliver the intervention	Received sufficient training	The facilitator thought she had received sufficient training prior to the intervention	Felt the support was good	*'Did you feel like you had enough training to get on with it?'* Yeah I think so, I think so' (Facilitator; 114-6)
		Quite a lot of work for facilitator	The facilitator felt the intervention and research project had required quite a lot of work on her part	Any facilitator would need to be willing to do the work	'Yeah, I mean it's required a lot of work on my part' (Facilitator; 28)
Delivering the intervention	The facilitator discussed delivering the hypnosis intervention	Being interested in hypnosis made it more worthwhile	The facilitator felt that her prior interest in hypnosis meant that she valued the intervention	Helped that facilitator was interested	'just because I was so interested that also, that also helped' (Facilitator; 37)
		Nervous about delivering the first session	The facilitator felt understandably nervous before delivering her first session of hypnosis	Anxious about student behaviour	'I think my anxieties were more around the students' behaviour' (Facilitator; 119-20)
		Students tried hard	The facilitator felt that the students had tried hard to engage with the hypnosis	Year 9 were more sensible than expected	'Actually they were pretty good really, more sensible than I'd expected' (Facilitator; 62)
		Some students were very self-conscious	The facilitator felt that for some students, their self-consciousness was a barrier to hypnosis – for example when it came to closing their eyes	Self-consciousness a problem for some girls	'I think self-consciousness was a problem for a few of the girls' (Facilitator; 96)

Over-arching themes	Description	Subthemes	Description	Example Code	Example from transcript
		Difficult social relationships in the group	The facilitator noted that some of the intervention group had difficult social relationships, and that this may have impacted some of the students' abilities to engage with the intervention	One student was too anxious about other students to engage	*'She was almost too anxious to be able to/ relax at all' (Facilitator; 86)*
Reflections on the intervention	The facilitator reflected more generally on her experience of the hypnosis intervention	Research element was labour intensive for facilitator	The facilitator found the research elements – collecting consent forms and questionnaires – was more labour intensive than the intervention itself	Chasing questionnaire data was time consuming	*'I guess collating the, uh, getting the questionnaires and that answered for the study that you're doing that was, that was the hassle really' (Facilitator; 39-41)*
		Intervention was enjoyable to deliver	The facilitator enjoyed delivering the intervention	Enjoyed delivering the intervention	***'Did you enjoy delivering it?** Yeah I did, I did' (Facilitator; 127-8)*
		The intervention was viewed positively by school staff	The facilitator felt that the intervention had been perceived as a positive and beneficial intervention for students to have received by the teachers and other school staff	Teacher reflected on positive impact of hypnosis on a challenging student	*'He [the teacher] said, cos she was lovely, she did work, she was a different student, she was just so much more relaxed!' (Facilitator; 170-1)*
Using the intervention in the future	The facilitator considered the hypnosis intervention's potential future use	The school is open to further hypnosis in the future	The facilitator felt that staff at the school were open to hypnosis being used as an intervention again at the school	Staff have been interested in experiencing hypnosis themselves	*'the kids were telling teachers that they thought it [hypnosis] was helpful and stuff. I wondered if, in the future I might let the staff try it too?' (Facilitator; 185-6)*

Over-arching themes	Description	Subthemes	Description	Example Code	Example from transcript
		Would like to use hypnosis with exam anxiety groups in the future	The facilitator wanted to use the hypnosis intervention with exam anxiety groups at the school	Would like to run 6 week exam anxiety programmes	*'I was gonna put to [my boss], actually, that, maybe we could do a six week programme with some year 11 students' (Facilitator; 157-8)*
		Would like to explore hypnosis further professionally	The facilitator revealed that she would be interested in qualifying in hypnotherapy	Would like to look into gaining a hypnosis qualification	*'I am still very interested in the hypnosis process, and I think it might be something, an area that I look at once I've completed my counselling degree' (Facilitator; 23-4)*

Appendix R: Braun and Clarke's (2006) thematic analysis checklist

Process	Number	Criteria	Evidence
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.	See example in Appendix S
Coding	2	Each data item has been given equal attention in the coding process.	Each unit of meaning coded in every transcript
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.	All items checked throughout code/theme development
	4	All relevant extracts for each theme have been collated.	Codes and extracts collected for each theme
	5	Themes have been checked against each other and back to the original data set.	Themes cross-checked and collated
	6	Themes are internally consistent, coherent and distinctive	Themes given definitions
Analysis	7	Data have been analysed, interpreted, made sense of rather than just paraphrased or described.	See results and discussion sections
	8	Analysis and data match each other the extracts illustrate the analytic claims.	See results and discussion sections
	9	Analysis tells a convincing and well organized story about the data and topic.	See results and discussion sections
	10	A good balance between analytic narrative and illustrative extracts is provided.	See results and discussion sections

Process	Number	Criteria	Evidence
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.	Thematic analysis process begun in January 2013 (stage 1) and finished in April 2013 (stage 6)
Written report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated.	Braun and Clarke (2006) guideline outlined in method and adhered to through report
	13	There is a good fit between what you claim you do, and what you show you have done i.e. described method and reported analysis are consistent.	Braun and Clarke (2006) guideline outlined in method and adhered to through report
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.	Report itself
	15	The researcher is positioned as active in the research process; themes do not just 'emerge'.	The analysis has been a recursive process.

Appendix S: An example of an interview transcript

Participant C Transcript 1

So, I don't know how much you remember from when Ben and I came and talked to you all/

Yeah/

/But you've obviously had your first hypnosis session with Ms. X now/

/Yeah/

/And I'm interested to hear about how it went, how it felt, good and bad [pause] because I'm interested to hear about your perceptions and what you thought about the whole experience… ok?

Yep

So, to start off, I just wanted to get an overview of how you feel about exams [pause]. Is that ok?

Yeah

Then we can move on and talk more about the session. Is that ok?

Yeah

Umm, ok, so do you get worried about exams at all?

Ummm, yeah, it's not like, I'm not always worried, but it's in the weeks before and I start to think, like, whether I've revised enough or whether I've remembered things…

Mmmm

And then it gets to, when we get to the canteen or whatever and we're waiting to go into the exams I'm just like thinking about it, tapping my fingers, shaking my legs and stuff….it kind of plays on my mind…

Yeah [pause]. And how, when you go into the exam hall or the exam room, how are you feeling at that moment?

Ummm, that's kind of the most nervousest point, cos you're about to face it. I am quite, sometimes worried about it. Sometimes, if I know it's going to be, like an easy exam, if it's one of my good subjects, I'm not as nervous/

/Ok/

/But I still don't really want to fail/

/Yeah [pause] Ok. [Pause], and how does, kind of the anxiety make you feel any different in your body? So, for example I can get butterflies and feel a bit shaky when I'm nervous. Does it have any sort of impact on you?

Um [pause]. Yeah… the butterflies, and butterflies kind of make you feel a little bit ill, and/

/Mmmm/

/Cos, like, there's other times when you're really nervous at home and stuff, and then you don't end up doing what you're supposed to do….

Mmmmm, yeah, definitely…… Ok, so, um, not wanting to dwell on it too much, but you've got exams coming up in January?

Yeah

How are you feeling about those at the moment?

Umm, I'm feeling alright at the moment, cos we've still got a little while to revise, and then we#ve got over the holidays, so we've got quite a big period/

/Ok/

/And it just depends how hard they're going to be/

/Mmmm/

/Cos we were told that the exam isn't going to be as hard as the test we did a couple of weeks ago in science cos we had all A* question to do/

/Ok/

/And then, Mr X was just like, it's not going to be that hard to do/

/Ok, so that's quite reassuring/

/Yeah/

/And which are the subjects that you find harder or easier?

Umm [pause]. Economics is quite hard, but I'm not worried about that cos I've been told that I've got straight As in my exams for that, um [pause]. Geography is quite hard to do and get around. Um, and I'm good at Biology but the other two, Chemistry and Physics….I'm kind of slacking a bit in those two, umm…..

/Ok….and they're quite tricky aren't they?

/Yep….

I always remember from Chemistry that there are lots of equations to remember/

/Well, cos triple science is the hardest one/

/Yeah of course!

I've got nine exams to do…

Wow! Ok [pause] So, let's talk about the hypnosis then…. Let's move on! [Pause] Ok, so this week, Ms X got you all to go and you had a go at the hypnosis?

Yeah…

When, whoever first mentioned it to you – so whether that was Ms. X or Mr. X – first told you about this hypnosis, what did you think in your head? What were your thoughts and ideas about it?

Well…. The only time I'd ever really seen hypnosis was on tv and stuff, and most of the time I've been told that it's fake, and stuff like that, but some of it is really and some of it's not…. And I was just, just kind of wondering how it was going to go and how it was going to work/

/Yeah/

/So…yeah…I wasn't really nervous about it, or, I wasn't mega excited, but a little bit, because I wanted to know what it was all about…. So I guess interested more than anything….

Ok… fantastic! [Pause] And then, so you went off to the room, how was that experience from the start? What did it feel like initially?

Um [pause]. It was quite good, like initially it just felt like you were closing your eyes, and then you just got more relaxed, and relaxed, and relaxed, and um, you couldn't really hear anything other than her voice and what she was saying, and when she told you to picture things you didn't really have to think about it, it would just….happen….

Ok…. How did it feel initially when you all had to shut your eyes in a group?

Ummm…. We were all a little bit giggly at first….

Yeah

Um…. We were just trying to close our eyes and just listening. And then, we just stopped giggling, and listened…

Mmmm, and it's interesting, isn't it, that initially you think 'this isn't going to do anything', and then quite quickly/

/Yeah, you feel that it's working….

Ok…. So how…. How did it feel in your body when Ms. W started to take you down the stairs and…

You start to feel really, um, heavy? And because, you picture yourself at the top of the stairs, you kind of get nervous, cos it's a height?

Mmmm

Yeah, so that's what you feel, and you start to get heavier and, you don't see the lights anymore, your eyes are closed and it's just black, and you can just picture where you are…….

Mmmmmm…. And did you find it ok to visualise the stairs/

/Yeah/

/And wherever it was that you went through your door?

Yeah…..

Ok…. Yeah, fantastic [Pause]. Um, have you had a go at trying to do it again on your own?

Ummmm, I did kind of just, I was watching a video and I had the stress brain thing on my desk, and, um I was wondering if it would work and stuff, so I did just kind of shut my eyes and concentrate on my breathing, and I did feel it working a little bit, and I felt, like, in that relaxed state a little bit/

/Mmmmm/

/But it wasn't too easy… so then I just opened my eyes again and went back on the computer….

Um…. Yeah, it's not quite as easy when you're on your own…

Nope….

I think…. It sounds like hypnosis works quite well for you, so it's definitely worth having another practice on your own over the holidays, and then Ms. X is going to give you another session in January before your exams. [Pause]. Um, so when you got home… did Mum, Dad, brother, sister, anybody ask you about the hypnosis that you'd had that day?

Um…… When I get home no-one's in, I've got to wait for, like, two hours…

Ok…

But when Mum got back, I kind of said, 'I did the hypnosis today', and she was, like, 'Oh, how did that go?' The usual Mum stuff…..

Mum stuff, yeah…. So how did you describe it to her?

Um, I was just saying that we sat down in a circle, closed our eyes, we got spoke to, um, by Miss, and we just felt heavier, it got darker, and when she said things we just pictured them…. We didn't have to think about anything….

Mmmm, ok. [Pause] And did that feel nice, not having to think about anything?

Mmmm, yeah…. Cos you, like, you don't have to try and picture it… she mentions it and it just comes into your head…

Yeah… I find that really amazing too! [Pause] Ok, so what about, um, when you finished the session? So you left the room, and you went off to whatever your first lesson was… How did you feel then?

Um…. I felt a little bit tired, because we'd just had our eyes closed for a bit and it was in the morning… Um, and we were all just chatting about it, quite excited, like, talking to everyone else about how it felt for them/

/Mmm/

/And it was just, like, quite an exciting walk cos we were just chatting and quite bubbly and giggly about it…..

Um, ok, and what about, did you all have similar experiences?

Ummm, yeah….. I think some people, when they woke up, they were really cold and stuff, but I was warm cos I had my hoody and my blazer on….

Ok [pause]. So, if you were offered hypnosis in the future, after we've finished with the second session… How would you feel about doing it again?

Yeah, I…. I'd like to do it again cos it is quite good, I think… quite positive….

Ok, so if in the future someone come and asks you about hypnosis…. Would you be able to describe it to them?

Um….yeah, I think so….

How would you describe it?

Ummm. Just it's, you get relaxed, um, it's nice, you're calm, um, you don't have to think really, it's just a peaceful time….

Fantastic! Thank you very much! [Pause] Have you got any questions for me at all?

No… not really….

Ok, well Ms. X is going to do another session for you before your exams in January, and then, if it's ok with you I'm going to come back in one more time, um, at the very end of January and have another chat to think about whether or not the hypnosis had any effect on you during the exams, or any other questions…. Is that ok?

Yeah, sure…..

Appendix T: Ethical authorisation from the University of Southampton

Appendix U: Email showing Head Teacher's consent

From: HEADTEACHER [XXX@XXX.hants.sch.uk]

Sent: 02 October 2013 08:41

To: Patterson, Lindsay

Cc: SENIOR LEADERSHIP TEAM

Subject: project

Lindsay,

Thank you for your outline of the project. I am happy for this to take place at XX. Your main link will be INCLUSION MANAGER.

Best wishes

XXX

Head Teacher

XXXX

Appendix V: Thematic Tables showing the over-arching themes from pupil participant and facilitator participant interviews

Table 1

The student participants' eight overarching themes and their subthemes

Over-arching theme	Subthemes	Example
Experiencing exam anxiety	Experiencing exam anxiety	*'Um, I feel a bit nervous' (B; 1; 23)*
	Negative impact of exam anxiety on performance	*'I struggle to concentrate at the beginning' (A; 1; 17)*
	Worrying that exam anxiety will affect future success	*'If I don't do well now then I'll think, well, what will I be like in Yr.10 and 11…?' (G; 1; 19-20)*
	Positive effects of exam anxiety	*'I still don't really want to fail' (C; 1; 27)*
	Physical symptoms of exam anxiety	*'I get butterflies in my stomach, which I hate (A; 1; 14)*
Students' expectations of hypnosis	Initial anxiety about hypnosis	*'Cos when I first heard the word hypnosis, I thought, I wouldn't be in control of my body or anything' (I; 2; 48)*
	Negative preconceptions of hypnosis	*'I was thinking, 'This won't help' (K; 2; 29)*
	Positive attitudes towards hypnosis	*'I was just, I dunno, I was just relaxed' (D; 1; 41)*
	Initial openness to hypnosis	*'I guess I was interested more than anything' (C; 1; 73)*
Experiencing hypnosis in a group	The preparations for hypnosis	*'You all had to, like, just get in a circle' (B; 1; 59)'*
	The process of hypnosis	*'Yeah, down ten steps and when you got to the bottom there was a door, open the door' (B; 1; 82)*
	Adjusting to hypnosis	*'Well, it didn't work at first, like I couldn't get relaxed, but like, once I relaxed, it, like, started working' (E; 1; 40-1)*
	Self-consciousness as a barrier to group hypnosis	*' I find it really difficult to close your eyes when you're with everyone' (F; 2; 85-6)*
	Social difficulties amongst the group	*'I think one person shut their eyes immediately and a couple of people, like, started laughing at them and that' (H; 1; 50-1)*
Trying to explain hypnosis	Excitement after hypnosis	*'it was just, like, quite an exciting walk cos we were just chatting and bubbly and giggly about it…' (C; 1; 128-9)*

Over-arching theme	Subthemes	Example
	Physical responses to hypnosis	*'Afterwards.... I just didn't wanna move...' (D; 1; 95)*
	Hypnosis is difficult to describe	*'It's weird' (F; 1; 106)*
	Hypnosis is enjoyable	*'It's a nice experience!' (G; 1; 73)*
	Hypnosis is like a dream	*'a dream-like feeling' (F; 1; 107)*
	Hypnosis is like drifting off to sleep	*'it's just like a really, you're, like, properly close to going to sleep, but you're actually not asleep?' (B; 1; 103-4)*
	Physical sensations during hypnosis	*'You start to feel really, um, heavy?' (C; 1; 89)*
	Hypnosis is a relaxing experience	*'cos we was so, we was so relaxed' (E; 1; 92)*
	Hypnosis was not enjoyable	*'I didn't really like it' (K; 2; 15)*
Practising hypnosis	Willingness to try self-hypnosis at home	***'Were you able to practise hypnosis at home?** Yeah, I tried!' (G; 2; 40-1)*
	Doubts about practising self-hypnosis	*'um, I was wondering if it [self-hypnosis] would work and stuff' (C;1; 100)*
	Things that facilitated practice	*'I had the stress brain thing on my desk' (C; 1; 99)*
	The difficulties of practising self-hypnosis	*'I tried, but it didn't really work' (G; 2; 41)*
	Practising breathing techniques was easier	*'I've done the, the breathing quite a lot for when I get anxious' (C; 2; 60)*
	Ways to make practising easier	*'Cos if there was like a recording, like a CD, for us to ply at home, like, for any exam, we could just put it on and relax, and, that would help.' (J; 2; 90-1)*
Positive outcomes attributed to hypnosis	Improved exam performance	*'I think that's had a great impact, and that, on the exams' (J; 2; 72-3)*
	Reduced worry	*'and like, not to have to worry' (A; 1; 90)*
	Improved concentration	*'it just helps you, like, relax and concentrate a bit more' (A; 2; 62)*
	Improved clarity of thought	***'It helped you to focus a bit more?** Yeah, definitely...' (A; 2; 64-5)*
	Increased confidence	*'it made me really confident about my exams' (J; 2; 9)*

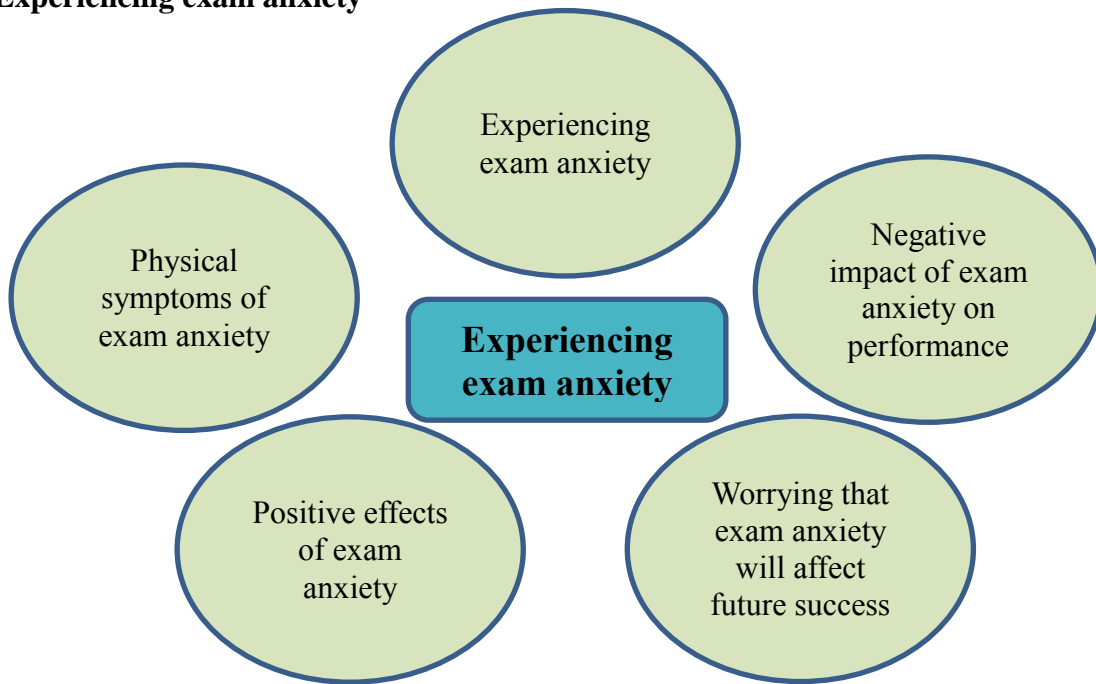| Over-arching theme	Subthemes	Example
	Promoted a sense of calm and relaxation	*'I was nervous at the start, but when I went in, I just like calmed down?' (G; 2; 7)*
	Improved sleep	*'And it did help… I ended up falling asleep at, like, 7 'o' clock!' (C; 2; 12)*
	Provided reassurance	*'So it was quite reassuring' (G; 2; 33)*
	Learnt an enjoyable skill	*'Mmmm, yeah…..it's enjoyable….' (D; 1; 133)*
	Could be useful to others	*'I would say, 'Do it! It had a great impact on me, it's worth taking the chance!' (I; 2; 113)*
	Didn't reduce test anxiety	*'When she was doing it I kept on thinking about my exams' (K; 2; 19)*
The interest of others in hypnosis	Family wanted to hear about hypnosis	*'Yeah, my Mum was like, "How did the hypnosis go?"' (B; 1; 149)*
	Teachers wanted to hear about hypnosis	***'So has anyone been interested in the hypnosis?*** *My teachers, yeah' (F; 2; 95)*
	Friends wanted to hear about hypnosis	***'What were they [friends] interested in?*** *Just, what was it like? What did they do?' (D; 1; 119-120)*
Use of hypnosis in the future	Would like to use hypnosis for future exams	*'It helped me this time so I will probably use it again' (C; 2; 118-9)*
	Want to keep practising hypnosis	*'Yeah, I'll do it more' (I; 2; 99)*
	Want to participate in more hypnosis sessions	***'What if someone offered you more hypnosis sessions?*** *I'd say yeah!' (F; 2; 75-6)*

Table 2

The facilitator participant's five overarching themes and their subthemes

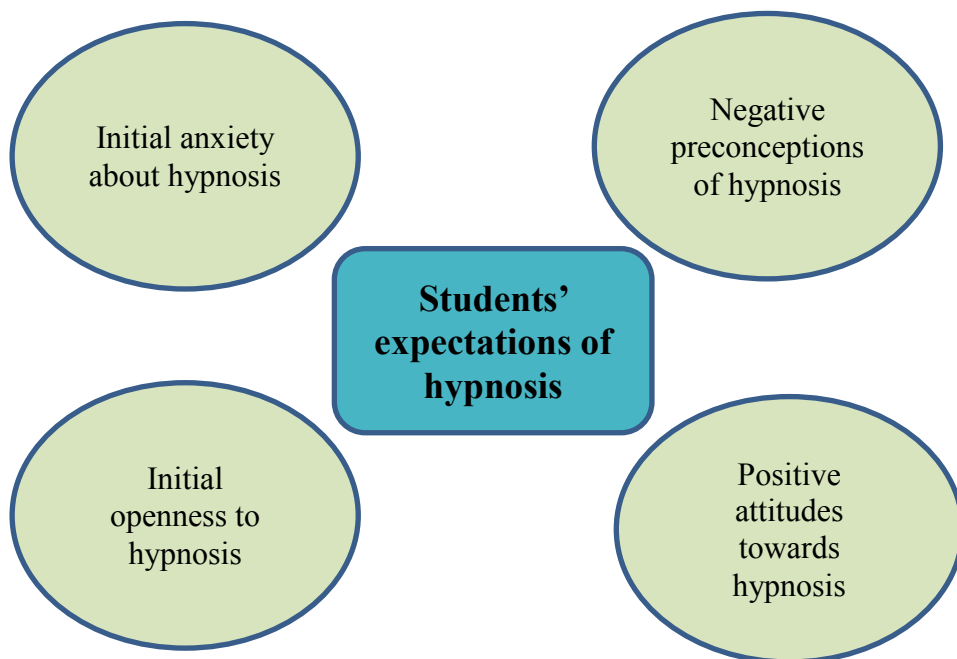| Over-arching theme	Subthemes	Example
Facilitator's expectations of the hypnosis intervention	Open to the intervention	*'I kind of felt it was quite an interesting idea' (Facilitator; 8)*
	Others' misconceptions of hypnosis	*'they go on holidays and they see people going up on stage and being trained to be chickens and stuff.' (Facilitator; 195-6)*
	Concerned about the students' reactions	*'I think my anxieties were more around the students' behaviour' (Facilitator; 119-120)*

Over-arching theme	Subthemes	Example
Training to deliver the intervention	Received sufficient training	*'I didn't, I didn't feel like, "Oh my god I can't do this!"' (Facilitator; 116-7)*
	Quite a lot of work for facilitator	*'Yeah, I mean it's required a lot of work on my part' (Facilitator; 28)*
Delivering the intervention	Being interested made it more worthwhile	*'I was so interested that also, that also helped' (Facilitator; 37)*
	Nervous about delivering the first session	*'It was, um, actually I was a little bit nervous' (Facilitator; 56)*
	Students tried hard	*'Actually they were pretty good really, tried harder than I'd expected' (Facilitator; 62)*
	Some students were very self-conscious	*' I think self-consciousness was a problem for a few of the girls' (Facilitator; 96)*
	Difficult social relationships in the group	*'A couple of the girls in that group don't get on that well' (Facilitator; 96-7)*
Reflections on the intervention	Intervention was enjoyable to deliver	***'Did you enjoy delivering it?** Yeah, I did, I did!' (Facilitator; 128)*
	Intervention was viewed positively by school staff	*'it's been received really positively around the school' (Facilitator; 179-180)*
	Research element was labour intensive	*'So I guess the collating, getting, getting them to answer the questionnaires was a bit of a... [pause] **Faff?** Yeah....yeah' (Facilitator; 44-6)*
Using the intervention in the future	The school is open to hypnosis in the future	*'I think if they weren't into it, and hadn't bought into it, then there would be more...they're more open to it' (Facilitator; 181-2)*
	Would like to use hypnosis with exam anxiety groups	*'I think it would be great to use it [hypnosis] with an exam anxiety group' (Facilitator; 110)*
	Would like to explore hypnosis further professionally	*'I think it [hypnosis] might be something , an area that I look at once I've completed my counselling degree (Facilitator; 23-4)*

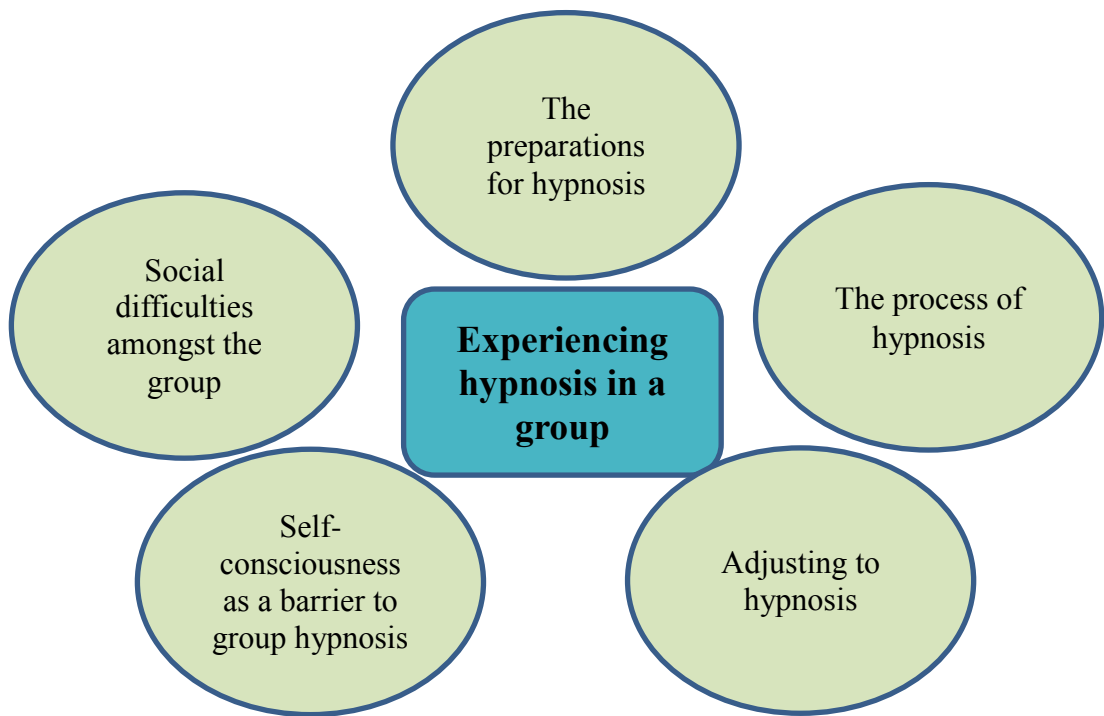**Appendix W: Thematic maps showing themes and subthemes at a second draft stage**

Experiencing exam anxiety

Students' expectations of hypnosis

Experiencing hypnosis in a group

- The preparations for hypnosis
- Social difficulties amongst the group
- The process of hypnosis
- **Experiencing hypnosis in a group**
- Self-consciousness as a barrier to group hypnosis
- Adjusting to hypnosis

Initial reactions following hypnosis

- Excitement after hypnosis
- Physical responses to hypnosis
- **Initial reactions following hypnosis**
- Increased anxiety
- No reaction

Attempting to describe the experience of hypnosis

Hypnosis is difficult to describe

Hypnosis is enjoyable

Hypnosis is a relaxing experience

Attempting to describe the experience of hypnosis

Hypnosis is like a dream

Physical sensations during hypnosis

Hypnosis is like drifting off to sleep

Practising self-hypnosis

Willingness to try self-hypnosis at home

Doubts about practising self-hypnosis at home

Ways to make practising easier

Practising self-hypnosis

Things that facilitated practice

Practising breathing techniques was easier
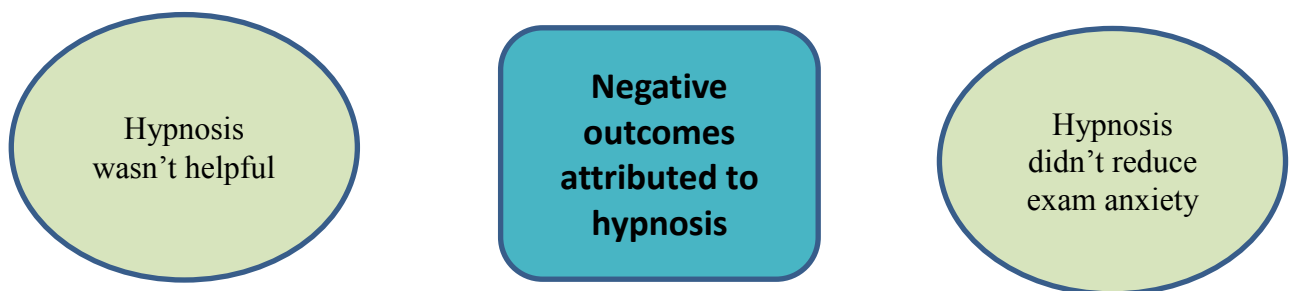
The difficulties of practising self-hypnosis

Positive outcomes attributed to hypnosis

Positive outcomes attributed to

- Learnt an enjoyable skill
- Could be useful to others
- Improved exam performance
- Reduced worry
- Improved concentration
- Improved clarity of thought
- Increased confidence
- Promoted relaxation
- Promoted a sense of calm
- Improved sleep
- Provided reassurance

Negative outcomes attributed to hypnosis

Negative outcomes attributed to hypnosis

- Hypnosis wasn't helpful
- Hypnosis didn't reduce exam anxiety

The interest of others in hypnosis

Friends wanted to hear about hypnosis

Family wanted to hear about hypnosis

The interest of others in hypnosis

Teachers wanted to hear about hypnosis

Use of hypnosis in the future

Want to participate in more hypnosis sessions

Would like to use hypnosis for future exams

Use of hypnosis in the future

Want to keep practising hypnosis

Facilitator's expectations of the hypnosis intervention

Open to the intervention

Others' misconceptions of hypnosis

Facilitator's expectations of the hypnosis intervention

Concerned about the students' reactions

Training to deliver the intervention

Received sufficient training

Training to deliver the intervention

Quite a lot of work for facilitator

Delivering the intervention

Being interested made it more worthwhile

Difficult social relationships in the group

Delivering the intervention

Nervous about delivering the first session

Some students were very self-conscious

Students tried hard

Reflections on the intervention

Research element was labour intensive

Intervention was enjoyable to deliver

Reflections on the intervention

Intervention was viewed positively by school staff

Using the intervention in the future

The school is open to hypnosis in the future

Would like to use hypnosis with exam anxiety groups

Using the intervention in the future

Would like to explore hypnosis further professionally

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