HYPNOTHERAPY: A TECHNIQUE IN BUILDING POSITIVE SELF-ESTEEM

by

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I declare that *Hypnotheraphy: A technique in building positive self-esteem* is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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DR C FREDERICKS

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DATE

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Summary

Twenty seven of forty one learners at a remedial school were identified as having negative self-esteem. The learners self-esteem correlated with their barriers to learning.

Hypnosis was considered as a possible technique to build positive self-esteem in these learners.

The study used hypnotherapy on two learners who were identified as having negative self-esteem. The identification was based on the results of a self-concept inventory. After a few sessions of hypnotherapy,the test was readministered.

The results before and after indicate a positive change in the self-concept scores. This will have to be researched further,but there are significant indications that hypnotherapy may be one of the ways of building positive self-esteem in learners.

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Chapter 1

Introduction

1.1 ORIENTATION

The way in which an individual behaves in a particular situation, the manner in which he/she approaches a given task or the way in which a task is executed is usually the result of a combination of interacting causal factors. Although it may not always be possible to identify all the underlying behavioural causes, there appears to be a significant correlation between the self-concept of the individual and the manifested behaviour (Bills 1981:4). For example, if the self-concept is evaluated as being more negative, it is possible that every experience will be stamped with a frown. On the other hand, if the self-concept is evaluated as being more positive, every experience is stamped with a smile (Felker 1974:9).

No self-concept is entirely positive or negative, because the self-concept contains positive and negative elements. It is thus more accurate to speak of a positive high and a negative low self-concept versus a negative high and a positive low self-concept. When reference is made to a positive self-concept, it does not imply that such a person will not experience disappointments or negative experiences. However, having a positive self-concept does imply that such a person is better equipped than the person with a negative self-concept, to deal with the challenges of life.

When seen within the context of an educational framework, it appears as if the learner with a positive self-concept is likely to respond more positively to the learning process and in so doing will gain the optimal benefits from education in comparison to the learner with a more negative self-concept. A negative self-concept can influence the learner's outlook on life and can affect his/her involvement in the

learning situation. It could ultimately hinder the learner's progress to develop into a productive, creative, motivated and self-supporting individual.

Since the self-concept is the individual's conscious opinion of "Who am I?" and will influence the learner's involvement in the learning situation, it is imperative that educators ensure that they contribute toward the building of a positive self-concept within each learner.

1.2 PROBLEM ANALYSIS

1.2.1 Problem realisation

As an intern psychologist, the researcher was primarily responsible for the following groups at a remedial school that focuses on supporting learners with specific barriers to learning:

Grade Two	-	18 learners
Grade Three	-	18 learners
Grade Four	-	19 learners
Grade Ten	-	41 learners
Grade Twelve	-	19 learners

This responsibility entailed offering support to both learners and parents. Included in the support offered to the learners was the conducting of various psychometric tests such as:

(1) Junior Aptitude Test
(2) Senior Aptitude Test
(3) 19 Field Interest Questionnaire
(4) 16 Personality Factor Questionnaire
(5) Emotional Profile Index
(6) Thematic Apperception Test
(7) Children's Apperception Test

(8) Rorschach

(9) Drawings and other projection media

Although the main thrust of the support that was given to these learners was educational in nature, in numerous instances the difficulties experienced by some of the learners contained elements of a personal and social nature. This was particularly evident in respect of the area of the self-concept. For example, out of the group of grade ten learners who completed a self-concept measuring instrument, 27 of the 41 learners appeared to have a negative self-concept and five of the remaining 14 also displayed signs of having a problem in the area of the self-concept.

1.2.2 Problem exploration

The findings of Purkey (1970:14) indicated that academic failure or success is as closely rooted in concepts of the self as it is in measured ability, if not deeper. Negative learning experiences will therefore influence the degree to which learners evaluate their self-concept as being negative or positive. Learners tend to evaluate themselves in terms of their previous learning experiences which will influence the extent to which they see themselves as being successful or unsuccessful learners.

The research of Hansen and Maynard (1973), Purkey (1970), Burns (1982), Yamamoto (1972) (in Raath & Jacobs 1990:3) supported this fact that the self-concept is related to scholastic performance and will determine the willingness of the learner to become involved in learning. Learners who consider themselves as being either successful or unsuccessful will perform or approach the learning situation with an attitude that is in keeping with their concept of themselves.

The following characteristics are often associated with the person who tends to have a more positive self-concept (Coppersmith in Jacobs & Vrey 1982:41):

The person

- feels competent to handle the challenges of life.

- sees life's experiences as contributing toward developing a feeling of competency.
- possesses a high degree of self-confidence.
- is willing to express his/her opinion and to initiate new ideas.
- approaches people with an expectation that they will like him/her.
- is willing to become involved with activities.
- expects to be successful.

In contrast, persons with a negative self-concept are likely to display some of the following characteristics:

- Afraid to take chances.
- Will listen rather than actively become involved.
- Tend to feel self-consciousness.
- Preoccupation with inner conflicts.

In addition, persons with a negative self-concept may constantly be trying to defend their existing concept instead of expanding their existing self-concepts. Such persons may feel helpless and be convinced that there is not much which they could do for themselves. They may feel unable to achieve success on their own.

The research conducted by Rubin (Hamachek 1987:263) revealed that it is particularly during the adolescent years that there is a significant correlation between the self-concept and scholastic performance. The need for scholastic excellence virtually confronts learners throughout their school years. Scholastic excellence s interpreted by the school, society and family as being of tremendous importance. This importance tends to culminate towards the end of the learner's school career which corresponds with the adolescent period. The adolescent learner who is not coping scholastically, may easily develop a negative self-concept. A low self-esteem is likely to result from this evaluation and depending on the importance that is attached to the academic component of the self-concept may ultimately affect the entire concept of the learner. In this regard Rosenberg (Jacobs 1982:20) states that

a man's global self-esteem is not based solely on his assessment of his constituent qualities, it is based on his self-assessment of qualities that count.

The major grouping of qualities that evidently make up the self-concept could be described as follows:

- Bodily and physical abilities
- Intellectual abilities
- The learner's family
- The learner's social environment
- The learner's sense of self-worth

When the above groupings are positively assessed, the positive self-esteem that results has been associated with such terms as self-respect, superiority, pride, self-acceptance and self-love. In contrast low self-esteem is often equated with inferiority, timidity, self-hatred, lack of personal acceptance and submissiveness (Coppersmith, in Jacobs 1982:48).

Persons with low self-concepts are constantly evaluating themselves because they have no confidence in themselves. They lack confidence in their intellectual or physical abilities, may feel worthless and feel that they are nothing but a nuisance to the people around them. This vicious circle in which they are engrossed will influence their behaviour. Their behaviour will be based on an evaluation of their self-concept and may be as follows:

- My body is not good enough.
- I am unable to progress academically.
- I may not display my emotions.
- I can expect nothing from life.
- My parents are unhappy with the way I am and wish that I was different.
- I dislike myself because I am worthless as a person.

The role of the educational psychologist is to enable the learner, through pedotherapy, to become aware of himself/herself and his/her self-talk concerning his/her self-concept. This will help the learner to see in what ways he/she evaluates himself/herself.

The educational psychologist can use various techniques such as those listed in paragraph 1.2.1 to help the learner become aware of his/her strengths and weaknesses. It then becomes possible to implement various forms of therapy to assist the learner to develop a more positive self-concept.

Another possible technique that could be used in therapy is that of hypnosis. Hypnosis is described as a technique that may be used on its own or in conjunction with other techniques. According to Rowley (1986:101) there are a number of reported incidences of clients who experienced a feeling of increased physical and mental well-being after having been hypnotised. Hypnosis has been effectively used in different areas, for example:

- Behaviour therapy
- Psychodynamic therapy
- Psychosomatic medicine
- Treatment of pain
- Medical and surgical procedures
- Obstetrics
- Dentistry

According to Gibson and Heap (1991:173) hypnosis has also been used with great effect in supporting children in being able to deal with school-related issues.

1.3 STATEMENT OF THE PROBLEM

The exploration of the problem indicates that the self-concept will influence the behaviour of the learner. This behaviour takes into account the learner's attitude toward the learning process as well as his/her scholastic performance. The

expectation exists therefore that a learner with a positive self-concept is more likely to excel and benefit from the learning experience than the learner with a more negative self-concept.

According to research findings (Jacobs 1982: 27), if you are to change the behaviour of the individual then you have to focus on changing the self-concept. This process requires making use of a number of techniques which could also include hypnosis. Based on the preceding the following question is asked:

> Can hypnosis be used as an effective tool to build positive self-esteem in the learner who, because of barriers to learning, has developed a poor self-concept?

1.4 AIM OF THE RESEARCH

The aim of this research will be twofold, namely:

(1) To examine the appropriate literature to gain a better understanding of hypnosis as a therapeutic technique.

(2) To establish the extent to which hypnotherapy will contribute toward addressing the issue of building positive self-esteem in the learner who experiences barriers in learning.

1.5 TERMINOLOGY

1.5.1 Self-concept

Vrey (1984:13) defines the self-concept as the configuration of convictions concerning the self and attitudes towards the self that is dynamic and of which the self normally is aware of or can become aware. This is an organised configuration of perceptions and conceptions of the self. Elements of this configuration include the following:

- A perception of one's own characteristics and abilities.
- Evaluation of one's own abilities in comparison to that of others.
- Experiences which are perceived as being either positive or negative.

(Van Ake 1992:9)

1.5.2 Self-esteem

Self-esteem can be defined as the value a person attaches to himself/herself (Lindgren & Suter 1985:569). A synonym for self-esteem is self-worth. This implies attaching a value to the core of a person's being, namely the self. Self-esteem is the valuing of a person's perceived self, in the sense that a person does not always perceive himself/herself as others do or as he/she really is. Self-esteem, therefore, refers to the self-evaluation of one's qualities (Mussen 1984:356).

A child with low self-esteem can be described as follows:

- He/she feels worthless.
- He/she is often pessimistic, negative and has no self-respect.
- He/she often lacks self-confidence.
- He/she is often unwilling to venture or take risks.
- He/she already sees himself/herself as a failure before any task has been attempted.
- He/she is easily discouraged.
- He/she tends to become withdrawn.
- He/she may be easily intimidated.
- He/she may feel incapable and inferior.
- He/she thinks that reward and praise are "incidental" - they happen by chance or by pure luck, and are not a result of any action of his/hers.
- He/she may constantly put himself/herself down - using adjectives such as "bad", "stupid", "helpless" and "pathetic" to describe himself/herself.

(Schaefer 1981:98)

The following traits are also common among children with a low self-esteem:

- Projection of blame onto others
- An over-response to flattery
- A lack of interest in competition
- A sensitivity to criticism
- A hyper-critical attitude (rather emphasise the faults of others to cover up their own shortcomings).

(Raath & Jacobs 1990:4)

1.5.3 Hypnosis

Wicks, (Theron 1997:45) in the *Handbook for the Phase 1 course* of the South African Society of Clinical Hypnosis defines hypnosis as "a multi state phenomenon" characterised by:

(1) De-automatisation - in which normally automatic or self-regulating mental and physical processes are given over to another person.

(2) Role play. The subject commits himself to the role described for him and subjectively experiences himself in that role rather than acts it.

(3) Atavistic regression. The subject regresses to a primitive mode of functioning in which he responds to the therapist as though the latter were an important person much earlier in his/her life.

(4) Cognitive regression. The subject reverts to primary process thinking since he regresses cognitively as well as emotionally.

(5) Altered autonomic state. All physiological processes slow down to a baseline level while at the same time one or more autonomic functions come under voluntary control. The immune response is enhanced as is endorphin production.

In this process there is -

(1) an acceptance of imaginary phenomena rather than sensory experience;

(2) a detachment from the sensorium;

(3) a detachment of cognitive logic and secondary-process thinking;

(4) a narrowing of attention as suggested by the therapist, or created by the subject's own memory or imagination;

(5) a splitting of consciousness: the subject's normal consciousness continues and is aware of the hypnotised self but the latter is unaware of the former."

1.5.4 Learners

The term learners will refer to Grade 10 learners. Those learners are within the 15-18 year age bracket. At some stage in their school careers they were identified as being learners with barriers to learning. The barriers to learning will have covered some of the following areas:

(1) Motor activity and coordination problems

(2) Perceptual and related deficiencies

(3) Emotional problems

(4) Intellectual deviations

These learners appear to have a low self-concept that seem to have some correlation with their specific barriers to learning.

1.6 METHOD OF RESEARCH

The study will comprise a literature study and an empirical investigation. The research will be of limited scope. It will not be possible to go into detail with this research paper unlike that of a full dissertation.

1.6.1 The literature study

The literature study will look at the development of the learner's self-concept and the necessity of having positive self-esteem as a prerequisite to meeting life's challenges. An experiment of hypnosis as a therapeutic tool will also be undertaken.

1.6.2 The empirical investigation

A self-concept inventory will be used to identify the Grade 10 learners with a low self-concept. Two learners will be chosen and asked to undergo a few sessions of hypnosis. The purpose will be to do hypnosis aimed at ego strengthening. After four sessions of hypnotherapy the self-concept inventory will be used to measure any possible changes and to what extent, if any.

1.7 THE RESEARCH PROGRAM

Chapter 1 This chapter has focused on an introductory orientation to hypnotherapy as a technique in building positive self-esteem. It has reflected the problem, aims and method of investigation. The concepts that are applicable to this study have also been defined.

Chapter 2 An investigation into the development of the self-concept and the effects of low self-esteem on the behaviour of the individual. Hypnosis will also be looked at as a technique to building positive self-esteem.

Chapter 3 The research design and empirical investigation are discussed.

Chapter 4 This chapter will present a biographical description of each case study. A brief description of the plan of action will be given. A detailed account of the first session of hypnosis done with each learner will also be given.

Chapter 5 The chapter concludes the study with a summary of the findings, conclusions as well as recommendations for further research.

Chapter Two

Hypnosis and the self-concept

2.1 INTRODUCTION

A study done by Jampolski (Theron 1997:124) focused on the use of hypnosis as a tool in supporting children with a reading problem. This was done within a group context and the children, parents and teachers of the experimental group were hypnotised. During the course of three 45 minute sessions, suggestions were made in respect of relaxation, reading enjoyment and the belief system. Jampolski reported an overall improvement in the children of the experimental group in comparison to those in the control group (Theron 1997:124). In addition to the improvement in reading, a noticeable improvement was noted in the self-concept of the experimental group.

This chapter will focus on the development of the self-concept. Hypnosis will be looked at in an endeavour to determine its effectiveness as a technique to building a high self-concept and positive self-esteem.

2.2 THE SELF-CONCEPT

2.2.1 A definition of self-concept

Burns (1979:29) defined the self-concept as the sum total of the views that a person has of himself/herself and entails his/her beliefs, evaluations and behavioural tendencies. According to Vrey (1979:14), the self is "... the Gestalt of what the individual can refer to as being his/her own". This idea of the self being the sum total of all that the individual can refer to as "mine" is supported by Jerslid (in Hamachek 1987:4). The self-concept therefore involves everything that concerns the self such as, how a person sees himself/herself, his/her values, his/her goals, his/her strengths

and his/her weaknesses. It includes how he/she thinks and feels. The behaviour and actions of the individual are all part of his/her sense of self (Hansen & Maynard 1973:54).

It can be said that the sense of self consists essentially as a result of the individual's answer to the question, "Who am I?" The child learns to know himself/herself through interacting with others and the environment. The information that the child receives from his/her environment and others will influence his/her thoughts about himself/herself. This implies that the individual is not born with a self-concept but gradually acquires a self-concept in the course of his/her interaction with others and his/her environment. This interaction consists of the individual's consciousness of his/her particular environment in a set of social relations. The self-concept is thus the reflection of the way others see you (Burns 1982:163).

This self-consciousness that results through the individual's interaction with his/her environment stems from a covert reflective process in which the individual views personal, or potential actions from the standpoint of others with whom he/she is involved. In other words, the individual becomes an object to himself/herself by taking the position of others and assessing his/her behaviour as they would. This assessment involves an effort to predict the responses of others and an evaluation of these responses in terms of their implications for the individual's identity (Johnson 1981:304).

Cooley (Johnson 1981) substantiated the idea that the self develops as a result of the process of interpersonal communication within a social milieu. According to Cooley each social relationship in which the individual is involved provides a reflection of the self that is incorporated into the individual's identity. Since most people are involved in a multiplicity of social relations, each providing a particular reflection, it can be said that people live in a world of mirrors. Each mirror reflects a certain picture about the self to the individual. The likelihood arises that some of these mirrors will provide a more accurate picture than others. Regardless of the picture that is reflected, it is impossible for the individual to escape these definitions of his/her identity that he/she sees reflected in others (Johnson 1981:313). Cooley refers to this as the looking

glass theory. When seeking to define the concept of the looking glass theory, Cooley puts it as follows:

> Each to each a looking glass
> Reflects the other that doth pass.

As we see our face, figure and dress in the glass and are interested in them because they are ours ... so in our imagination we perceive in another person's mind some thought of our appearance, manners, aims, deeds, character and friends, and are variously affected by it. A self-idea of this sort seems to have three principle elements: the imagination of our appearance to the other person; the imagination of his/her judgement of that appearance, and some sort of self-feeling, such as pride or mortification (Johnson 1981:313).

The images that are reflected to the individual, through the different mirrors, will be interpreted in terms of the individual uniqueness of each individual. The reason for this is that people differ in terms of their degree of sensitivity to the opinion of others as well as in the degree of stability with which they maintain a particular kind of self-feeling. In addition people differ in the amount of frequency of social reinforcement that they seek in order to maintain their self-feelings and people vary in their particular mix of positive and negative feelings associated with their self-concept. They also vary in terms of which aspect of their lives is most closely connected with the self-feeling.

The Looking-Glass Theory formulated by Cooley shows the importance of significant others in the development of the self-concept. These are the most important persons in the life of the child because of the different images that they reflect to the child. Depending on the surrounding circumstances at the time, the image that is reflected to the child, will be seen by the child as either a negative or positive one. The child incorporates these images into his/her developing self-concept. A prerequisite for the assimilation of images into the developing self-concept is that the image is constantly being reflected over a period of time.

The formulations of the self-concept of the individual is not limited to positive perceptions or reactions and definitions of others. On the contrary, individuals are also seen as acting subjects. This can be explained by the "I" and "Me" dimensions of the self-concept as explained by Mead (Johnson 1981). The self as object refers to the "me" while the self as subject to the "I". The "me" dimension refers to the attitude, feelings and perceptions that the person has of himself/herself as object (Ferns 1988:13). Raimy (in Burns 1979:52) refers to the self as object as encompassing the individual as known to the individual. The "me" is all that the person is able to call his/her own. The "me" is the objective self and is made up of four components, namely the spiritual self, the material self, the social self and the physical self. On the other hand the "I" aspect of the self encompasses all the psychological processes that control and influence the behaviour of the person (Hamachek in Ferns 1988:13). As subject the self is thus seen as doer in that the self is involved in active processes such as thinking, remembering, doing and experiencing. The self is therefore far more than only that which the individual sees that he/she has or does not have or that which he/she learns about himself/herself through the different images that are reflected to him/her. The self is thus not merely what we are but also what we do.

The self as subject or "I" and the self as object or "me", implies "I as the knower" and "I as the known". Even though a distinction can be made between the self as object and the self as subject, these two aspects are related and cannot exist independently from each other. The self cannot exist apart from the person who experiences himself/herself and who is an executor of behaviour (Cronjé in Ferns 1988:13). Mead (Johnson 1981:304) went on to explain that there is a reciprocal interplay between the self as object and the self as subject.

To sum up, the self is the centre of being that the individual becomes aware of and includes all aspects of being human. It is the individual's total subjective life world and the centre of experience and meaning (Vrey 1974:78). Each individual interacts with his/her life-world and it is because of the result of this interaction that the personality comes into being since every person will give meaning to his/her environment (Jacobs & Vrey 1982:18).

When the self-concept of the learner is referred to, it applies to the group of ideas that the learner is likely to have about himself/herself at any given time. Self-concept is the private interpretation that the learner has about his/her abilities, talents, potential and behaviour.

2.2.2 Characteristics of the self-concept

2.2.2.1 *The formulated self-concept is "steadfast"*

Hamachek (1987:102) explained this characteristic in terms of a person who is known to himself and becomes predictable. There is therefore a connecting thread between the way a person is today, what he/she was like yesterday and what he/she will be like tomorrow.

Comb and Snygg (in Purkey 1970:10) stated that the maintenance of the perceived self is the motive behind all behaviour. The person strives to come to terms with, defend and improve the self of which he/she is aware. New experiences are interpreted and understood in terms of the existing self. Whatever the self is, it becomes a centre, an anchorage point and a standard of comparison.

It could be that the learner's experiences in the classroom are in opposition to the image that he/she has of himself/herself. The learner may initially resist any changes or experiences that are in opposition to the existing self. Jerslid (in Raath & Jacobs 1990:20) referred to this as the efforts of the learner to safeguard his/her picture of himself/herself. This is the picture of the core beliefs of self-concept that are formed in the early stages of the life-span. The self's endeavour to protect himself/herself and to interpret new experiences in the light of these perceptions does not imply that changes will not take place but indicates that changes will come slowly (Bills 1981:4). It is possible to make changes but these changes will involve long consecutive reinforcement.

The implications of this is that the core beliefs that are formulated in the early stages of the learner's development may be resistant to change because of the characteristic

of steadfastness. The fact that the steadfast characteristic of the self-concept makes it resistant to change shows the necessity of making certain that quality interaction takes place during the early stages of the learner's life-span. During this time, factors such as the family, friends, the society as well as the school, should interact so that they make a positive contribution towards the formation of the self-concept. If this does not occur then these factors that are interacting upon the self-concept, will ultimately contribute towards the development of a negative self-concept.

Resistance to change is not necessarily a negative process. At times resistance could also be seen as positive. It is through resistance to change that the self becomes a constant personality. According to Purkey (1970:12) it does not matter how negative the self is, but the fact that the self remains constant is necessary because even if it is a negative one, it will be better than having no self-concept at all.

2.2.2.2 *The formation of the self-concept is a dynamic process*

The formation of the self-concept is a dynamic process (Raath & Jacobs 1990:24). The child is not born with a particular concept of himself/herself but every experience, pleasant or unpleasant will influence the formation of the child's self-concept. According to Felker (1974:6) these experiences mould and shape the self-concept but the self-concept also has an active dynamic role in shaping experiences. It is for this reason that Burns (1979:66) saw it as appropriate to consider the self-concept as a process, dynamic and subtle changing.

The self-concept that the person holds is never static. It is a dynamic process that continues throughout the lifetime of the individual (Ferns 1988:110). The self-concept is able to adapt to changing circumstances without ever becoming a disorganised entity. The self-concept is sensitive to restructuring but this will very often be dependent upon the situation (Raimy 1971:97).

This dynamic characteristic of the self-concept means that, should the concept that is formulated be a negative one, it is possible through the application of remedial

education to rectify the negative picture. Restructuring of the self-concept is possible but according to Raimy (1971:97) this will depend upon the situation. For restructuring of the self-concept to take place, the learner will have to be continuously encouraged with positive reinforcement. For this to be successful the circumstances that initially contributed to the formation of a poor self-concept will have to be understood and addressed.

2.2.2.3 *The self-concept is multiple and complex*

The term self-concept is used in the singular yet it comprises a number of self-interpretations or concepts. These elements are organised in some complex structure to ultimately form the total self-concept. Vrey (1974:91) referred to the self-concept as an organised configuration of the self that can be described as "gestalt".

The self may be singular but has numerous facets. The fact that the self-concept is made up of different facets and that every facet has structure and function was supported by Raath and Jacobs (1990:16). Jackson (1968:17) puts it as follows: "Functionally, self-concept consists of a series of personal beliefs and attitudes, that dispose the organism to act-react to itself as it does to any object in its environment."

According to Vrey (in Raath & Jacobs 1990:16-17) the self-concept is made up of dimensions that are closely integrated to form the structure of the self. These dimensions include the:

- physical self
- personal self
- family self
- social self
- moral self and
- self-criticism

It is possible that these dimensions are further sub-divided. For example, the physical self may be divided into appearance or physical ability (Silvernail 1981:10).

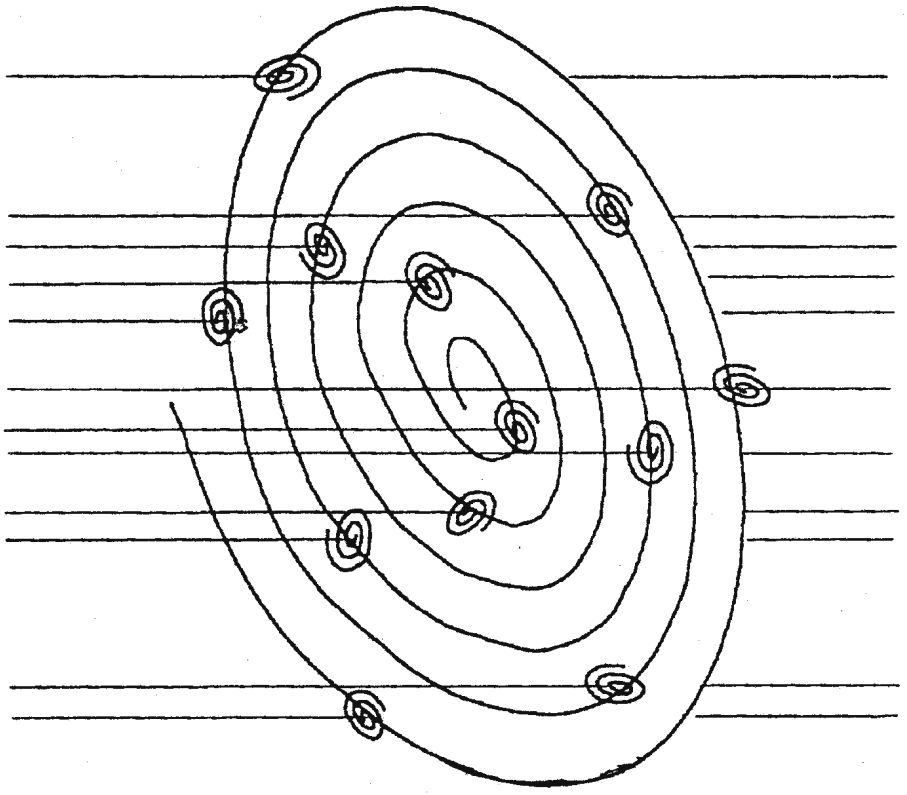
The plurality of the self-concept is seen in the fact that a learner can fit into different categories. The learner can be a child, friend or worker. In this way it is possible for the learner to have different self-concepts. The learner can have a concept of himself/herself as a "good" person yet at the same time have a concept of being a "weak" learner.

These different self-concepts are learned in different contexts and may at times be irreconcilable and in opposition to others. When this happen, the learner develops strategies that tend to serve as defence mechanisms. These defence mechanisms are seen as an endeavour to eliminate the discrepancy. In so doing, the learner is able to deal with the negative self-concept without having his/her total value of self-worth being affected. It is only when it becomes impossible to deal with the discrepancy that the total self-concept is affected. For example, poor scholastic performance in school could result in a self-concept that may cause a feeling of incompetence.

2.2.2.4 *The self-concept shows a form of organisation*

The self-concept is not merely a small picture of one's self but is an intricate system with many sub-systems (Raimy 1971:97). The self-concept is made up of different facets but these facets are organised according to some form of structure. Purkey (1970:7) defined the "self" as a complex and dynamic system of beliefs which an individual holds true about himself/herself, each belief with a corresponding value. Purkey (1970) hereby made reference to the fact that the self-concept develops in accordance to a dynamic process as well as pointing to the fact that there is a degree of organisation that takes place. Self perceptions with their corresponding values are organised in an organised system (Raimy 1971:100). Purkey (1970:7-10) referred to the organisation of the self, given in the following Figure 2.1, in terms of a great spiral.

Figure 2.1 The self-concept



Purkey (1970:8)

In the spiral Purkey represented these sub-systems as smaller spirals. These smaller spirals represent the different conceptions that a person has of himself/herself. The spiral also shows the organisation that exists along the lines of some hierarchal system. Some conceptions of the self are more dynamic than others and this is illustrated by the smaller spirals that can be found in the bigger spiral. The less important conceptions are placed closer to the outer circumference. Street (1988:449) supported the explanation of Purkey (1970) and stated that even though a number of characteristics are used to describe the "self", it is assumed that not all of these traits are of equal importance to an individual.

Purkey (1970:9) went on to explain that the concepts which are nearest to the core of the "self" are more resistant to change than the ones further away from the core.

The reason being that concepts that are further away from the core of the "self" are more situation directed and less stable (Shavelson & Bolus 1982:3).

Every concept or small spiral according to Purkey (1970:9) has its own positive or negative value and this is represented by the horizontal lines on the spiral. These various parts of the self-concept (smaller spirals) cannot function independently as they form part of an integrated whole, namely the total person. A problem in one area will have an impact upon some of the other areas. The effect and impact that these various aspects of the self-concept has is dependent upon how far from the core of the "self" they are organised. The organisation of the different components infer that a negative evaluation means a negative evaluation of the total self-concept (Ferns 1988:105). The reason for this is that some of the components carry lesser weight and will therefore, not make a big impact on the total self.

When this characteristic is related to barriers of learning, it sheds light upon some of the reasons why some students cope better than others. For example, one learner's concept of his/her ability may be organised close to the core of the self. In contrast another learner has this concept organised further towards the outer circumference of the self. The learner with the concept of his/her inability close to the core of the self could be less likely to cope and bring about a level of equilibrium in the "self". In contrast the learner with a similar concept, organised further away from the core of the self, may not be affected by the problem. This learner does not perceive his/her ability as threatening.

2.2.3 The components of the self-concept

2.2.3.1 *The cognitive component of the self-concept*

The cognitive component of the self-concept is made up of the beliefs and attitudes that the person is likely to hold about himself/herself. Perception is a selective process. New information is continuously being received and processed. No two persons will experience things in the same manner. The learner will receive and interpret new information against the background of his/her past experiences as well

as through his/her present needs and perceptions (Labenne & Greene 1969:18). Perceptions are usually a subjective experience and as Hamachek (1987:97) so aptly stated: "... none of us will view ourselves or the world without some subjective distortion".

It will appear as if we all see the world through glasses of one kind or other. The learner does not see the world as it is but in the way in which the world appears to him/her. The world will be seen through the lenses of his/her own experiences and upbringing. These beliefs and attitudes are not necessarily true opinions as they are based on the objective and subjective experiences that the learner has had.

The cognitive component includes all the perceptions that the learner has of himself/herself. These perceptions are unique and may differ from the perceptions that others may have of him/herself (Felker 1974:20). The learner formulates a mental picture of his/her abilities as a student and this cognitive picture becomes the driving force in his/her life.

2.2.3.2 *The affective component of the self-concept*

The affective component of the self-concept relates to the feeling that the learner attaches to the perceptions that he/she will have formed. According to Hamachek (1987:14) a person will not only have certain ideas of whom he/she is but will also have definite feelings about these cognitive perceptions that have been formed. These feelings could be interpreted from a positive or negative aspect. This can best be illustrated by practical examples:

Firstly, a learner perceives that he/she has many friends. This is then evaluated as, "I am a friendly person".

Secondly, a learner participates in athletics but continuously performs poorly. This knowledge is then evaluated and the learner feels, "I am not good at athletics".

The first of the two examples that are used, is an example of positive experiences that lead to a positive feeling about the "self". The second example is an example of how negative experiences in which the learner is unsuccessful, can lead to negative feelings about the "self".

The learner will have learned about himself/herself through his/her interaction with his/her environment and evaluates these experiences accordingly. The affective component of the self-concept is based on the cognitive picture that the learner gained as a result of these experiences. The evaluation of these experiences results in a picture of self-worth. Self-worth is thus the subjective evaluation of the perceptions that the individual has (Burns 1982:7). A positive self-concept will mean that the individual has mainly made use of positive measures to evaluate himself/herself. A negative self-concept thus becomes synonymous with more negative measures of self-evaluations. Self-hate, inferiority and a lack of self-worth and self-acceptance are generally seen as the outcomes of having made use of negative measures to evaluate the "self" (Burns 1982:7).

2.2.3.3 *The behavioural components of the self-concept*

Bills (1981:4) stated that as a person thinks, so is he. This statement supported the fact that the cognitive component will determine the unique behaviour of each individual. The way a person acted is a result of the manner in which he/she sees the world (Bills 1981:4). A learner's behaviour will be determined by his/her perceptual field. The conscious opinion that the learner holds himself/herself will thus influence the way in which he/she would act (Malan 1978:69). Jacobs and Vrey (1982:26) supported the findings that the self-concept is an initiator of behaviour. Other findings that also supported the findings that the self-concept influences the behaviour of the learner is that of Labenne and Greene (1969:11) who concluded that the behaviour is known to be symptomatic of the problem. Therefore, if a person continued to act in a certain manner, it may infer a linking mechanism between the self-concept and his/her behaviour.

2.2.4 Summary

The self-concept is a moderator of behaviour. It is evident that there is a correlation between the person's feelings and ideas about himself/herself and his/her scholastic performance (Van Ake 1992:37). If the self-concept can be changed, it will bring about a behavioural change and any positive change will lead to a feeling of well-being within the learner (positive self-esteem).

2.3 HYPNOSIS

2.3.1 Introduction

When the average person is asked to define hypnosis or what it can do, the response will either describe hypnosis in terms of the imparting of superhuman abilities or the topic may be dismissed as some fraudulent stage trick. The beliefs about hypnosis and the effect it can produce as well as the process involved, covers a continuum from the naively gullible to the unshakably sceptical. Hypnosis, despite having been practised for decades, is a misunderstood therapy.

Such extreme opinions as described in the previous paragraph are rarely based on real evidence. In this section, the available literature on hypnosis will be examined to understand the hypnotic phenomenon. This literature review will also look at hypnosis as a therapeutic tool with the aim of using hypnosis as a technique to build positive self-esteem in learners.

2.3.2 What is hypnosis?

2.3.2.1 *Definition of hypnosis*

No universally acceptable definition exists. The following definitions, however, are given to give some indication of the nature of hypnosis.

> Hypnosis is a process which allows us to experience thoughts and images as real. (Soskis 1986:8)

> ... the hypnotic state is an altered state of awareness effected by total concentration on the voice of the therapist. It will result in measurable physical, neurological and psychological changes in which may be produced distortion of emotion, sensation, image and time.
>
> (Waxman 1981:3)

> Hypnotic subjects are not unconscious in any sense of the way. Rather they are exceedingly aware of a great number of things and yet able to be unaware of an equally great number of things ... they can do the same sort of things they can do in the ordinary waking state, but often in a more intentional, controlled and directed manner.
>
> (Erickson 1980:347)

> Hypnosis is essentially a state of receptiveness to ideas and the appraisal of their inherent values and significance.
>
> (Erickson 1980a:291)

Hypnosis can be defined in terms of a change in the state of consciousness that is characterised by a heightened susceptibility to suggestions. This change in the state of mind is often referred to as a "trance". The fact that this change of mind is referred to as a "trance" is a debatable controversy but it has been argued that this is not central to the issue of hypnosis (Rowley 1986:15).

Different definitions as to what hypnosis is, have been formulated but the consensus is in the fact that hypnosis is a state of mind, combining relaxation and concentration as a desired point of focus so that other undesired thoughts or feelings fade into the background (Gardner 1974:45).

2.3.2.2 *Theories of hypnosis*

A brief synopsis of each theory will be given (Rowley 1986). None of the theories are able to adequately explain all the phenomena which come under the general heading of hypnosis. However, each theory has something to offer in understanding the hypnotic phenomena.

(1) Neodissociation theory

The chief proponent is E.R. Hilgard. The theory is a modification of the dissociation theory which was widely used to described the nature of hypnosis at the beginning of the twentieth century (Rowley 1986:15). According to this theory the individual possesses a number of cognitive systems (hierarchically arranged).

Through hypnosis these systems can be dissociated one from the other. This theory proposed that when a subject is hypnotised, only some of the cognitive systems are involved while others remain unaffected. A hypnotised person may therefore report feeling no pain, but the "hidden observer" which is the name given to the cognitive system which is aware of what is going on, reports feeling pain.

This theory is compatible with the idea of hypnosis as an altered state of consciousness as it is easy to see how a subject might report that he/she felt rather unusual if some of his/her cognitive systems were dissociated from one another.

(2) The alternative paradigm

This theory so named, is given as an alternative to the traditional special state (trance) paradigm. Barker (in Theron 1997:89) believes that subjects have positive, task-oriented attitudes, motivations and expectations, and these allow them to imagine vividly those things which are suggested, simultaneously letting go of extraneous or contrary thoughts.

(3) Role enactment

The theory devised and elaborated by Sarbin (Rowley 1986:18) approaches hypnosis from the point of view of a social psychologist. Throughout their lives individuals act out roles which are appropriate to different social situations and hypnosis is simply one social situation. This does not imply that the hypnotised subjects are faking but the subjects are involved in their roles and they genuinely believe that they are experiencing the hypnotic behaviour that is suggested to them.

(4) Psychoanalytic theory

The basic essence of the psychoanalytic viewpoint is expressed by Gill and Brenman (in Rowley 1986:19) who see the interpretation of hypnosis as adaptive regression. This regression is characterised as being regression in the service of the ego, indicating that the regression is under the control of the ego and can be terminated at will.

(5) Hypnosis as relaxation

The argument here is that hypnosis and relaxation are essentially extremely similar states. Edmonston (in Rowley 1986:21) goes on to state that neutral hypnosis is simply the psychobiological condition of relaxation. By neutral hypnosis Edmonston means the state produced in an individual who has just undergone an induction procedure.

(6) Strategic enactment

Developed by Spanos (in Rowley 1986:21) the formulation of this theory is that hypnotic behaviour does not occur automatically, and like other social behaviour it can be usefully described as goal directed action.

(7) Compliance and belief

Wagstaff (in Rowley 1986:23) is a non-state theorist and interprets hypnotic behaviour in terms of compliance and belief. Compliance is the term used to describe overt behaviour which is like that requested by the hypnotic. Belief is the term used to describe the situation in which private convictions are in accord with public behaviour.

2.3.2.3 *Characteristics of hypnosis*

The main characteristics of hypnosis listed by Gibson and Heap (1991:7) logically follow from the methods of hypnotism employed:

- The subjects are less likely to initiate action. They depend passively on the hypnotist to direct the course of their interaction.

- Subjects attend selectively to the range of ideas and the happenings around them that the hypnotist calls to their attention, and they tend to ignore things outside this range.

- Reality testing is reduced. Subjects tend to accept ideas and even distorted perceptions that are presented to them without much concern for logical consistency.

- Suggestibility is increased. An enhanced imaginative capacity is displayed but subjects are not more compliant than in their ordinary waking state, in that they may not accept suggestions that are displeasing to them.

- There is an enhanced capacity for enacting roles. Thus, if it is suggested that hypnotised subjects return to a much younger age they will play the childhood role more convincingly than is normally characteristic of them.

- Some amnesia for events in hypnosis may be present after hypnosis. There is some controversy about this, some writers maintaining that post-hypnotic amnesia has to be suggested directly or indirectly for it to occur.

- Behaviour and experience after hypnosis has ended may be affected by what has been suggested during hypnosis. Thus if it is suggested that the subject will perform a certain action when a relevant cue is given post-hypnotically, this post-hypnotic suggestion may be performed without conscious awareness on the part of the subject. Alternatively, the subject may perform the act but be well aware of where the idea originated. Similarly, post-hypnotic amnesia for a certain event may be suggested, and the subject may be unable to remember it until a pre-arranged releasing cue is given.

Naish (1986:168) presents the following characteristics:

(1) Hypnosis describes a situation in which subjects are likely to produce behaviour that they believe to be appropriately "hypnotic".

(2) The behaviour is frequently unusual, but never unique.

(3) Hypnotic behaviour is practical for a variety of reasons.

(4) In some subjects, the outward behaviour (including verbal descriptions of subjective impressions) is a result of the unusual experiences achieved.

(5) Subjects generate their own unusual experiences, by employing appropriate information-processing strategies, which results in altered cognition.

(6) A given hypnotic effect can be achieved by a variety of cognitive styles.

2.3.2.4 *Myths and misconceptions of hypnosis*

The following summary is taken from Udolf (1987) and Gibson *et al.* (1991):

(1) Hypnosis is sleep

This is not true. Hypnosis is an **altered state of consciousness** during which time awareness and sensory function is heightened or increased. We use the word **trance** to describe this state. A hypnotic trance results in **quietness of the mind.**

Electroencepalographically, the states of consciousness and subconsciousness differ. The person does not lose consciousness for a single moment, but, in a state of trance, noises and other disturbances will seem so remote that they are not a bother and are not threatening in any way. However, the **subconscious mind is like a hidden observer** and in the event of real danger, the individual will become alert.

One can never remain in a permanent state of trance. Should the individual decide to come out of trance, he or she will do so.

(2) Hypnosis is similar to anaesthesia

The hypnotised subject is aware of sound, smells, touch, visual input and taste, which is not the case when one is under anaesthetic. The ability to think and react remains but in a nonthreatening, relaxed situation, the subject will usually choose to continue the process.

(3) Hypnosis is the devil's work

On the contrary, one can rather see hypnosis as a **NATURAL, GOD-GIVEN talent**, which is available for **positive use.** In fact, everyone experiences trance in the form of daydreams. One only has to think of the times one arrives home in one's car without remembering driving the last few kilometres. Another example of natural autohypnosis is the unrecognised passage of time while focussed on an interesting novel.

(4) One can be hypnotized to say or do something against one's will

The capacity to influence people to do things against their will exists. However, the conditions necessary to effect such powerful influence do not typically surface in the therapeutic context, where an ethical and sensitive application of hypnosis is used.

(5) Being hypnotized can be hazardous to your health

The concern in this regard should be about **who** practises hypnosis and **how** it is practised. Hypnosis itself is not harmful, but an incompetent or unethical practitioner can do some damage through a lack of respect for the integrity of each human being. Difficulties may arise due to the clinician's inability to effectively guide the client, as can happen in any helping relationship where an inexperienced helper may inadvertently offer poor advice, state misinformation or make grandiose promises, or misdiagnose a problem.

The flip side of this issue and the reason for developing skills in hypnotic techniques is the considerable emotional good that effective hypnosis can generate. Through its ability to increase people's feelings of self-control, and thus, their self-confidence, hypnosis can be a powerful means for resolving emotional problems and enhancing emotional well-being.

(6) The hypnotherapist has unlimited control over the patient

The truth is that the **only control exerted in trance is that of the patient.** Some people are more difficult to induce hypnosis on than others, being less responsive for a number of reasons, such as the fear of losing control. He or she decides whether to allow it or not, he or she decides even how deep a trance it will be - though these may be subconscious choices.

The subconscious has ultimately only one function: **SURVIVAL.** It will do anything deemed necessary to maintain the integrity of the patient at all levels: physical, emotional and spiritual.

As the patient retains alertness and awareness, any suggestion given to him or her is processed and if threatening to inner peace and survival, will be rejected and will **NOT BE ACTED UPON.**

In order to protect people, the use of hypnosis is limited to a controlled professional body, answerable to the Interim Medical and Dental Council.

The **conscious mind** is responsible for **logic, reasoning, understanding and decision-making.** The **subconscious mind** is responsible for **memory, creativity, emotion, survival instincts, monitoring and maintaining of body function.** In the state of trance, the conscious mind does not switch off - it is in a **neutral state** of AWARENESS, whilst the **subconscious mind takes control, not the therapist.**

As the conscious mind is aware and can accept or reject any suggestion, it follows that a subject may also choose at any time to 'come out' of trance. There is **no surrender of will** - a subject **CANNOT** be made to do **IN TRANCE** anything he or she would not do **OUT OF TRANCE,** though a suggestion given in trance may have a very long-lasting effect.

(7) Weak people can be manipulated in trance

Strong-willed and **intelligent people** are in fact the best subjects. While will-power is important in hypnosis, it is the **PATIENT'S will-power that plays a significant role.** Hence, their own **motivation** and **acceptance** is what determines how good a subject they are and indeed has a positive bearing on the results of therapy.

(8) Once one has been hypnotized, one can no longer resist it

This misperception refers to the idea that a hypnotherapist controls the will of his or her subject and that once you "succumb to the power" of the hypnotherapist, you are forever at his or her mercy. The hypnotic process is a **clinical interaction based on mutual power, shared in order to attain some desirable therapeutic outcome.** The nature of the hypnotic process is always context-determined. The **communication**

and **relationship** factors of the particular context where the hypnosis is performed are the key variables that will help determine the outcome.

(9) Hypnosis is a therapy

Hypnosis is **not** a therapy. Rather, it is a **therapeutic tool** that can be used in an infinite variety of ways.

(10) Hypnosis may be used for accurate recall of earlier happenings

Some compare the mind to a computer in which every memory is accurately stored and available for eventual retrieval. However, the mind does not simply take in experience and store it in exact form for accurate recall later. In fact, memories are stored on the basis of perceptions, and so are subject to many of the same distortions as perceptions. People can 'remember' things that did not actually happen, they can remember selected fragments of an experience, and they can take bits and pieces of multiple memories and combine them into one false memory.

In short:

(1) There is no loss of consciousness.
(2) The subject is not under the control of the hypnotherapist.
(3) There is no surrender of will.
(4) There is no mind-weakening (in fact - quite the opposite).
(5) There is no betrayal of secrets that the patient is not willing to share.
(6) Hypnosis can generate considerable emotional good.
(7) The subject will always awaken, even if left to his or her own devices.
(8) The recall of facts stored in memory may not be entirely accurate.

2.3.3 The history of hypnosis

Hypnosis has a long history that goes back to the time of the ancient Greeks and Egyptians, and maybe even further. Ancient Greek and Egyptian manuscripts and

wall paintings describe dream incubation centres, where people came to receive guidelines for their problems. At these dream centres patients were induced to a state of hypnosis and suggestions made relating to their being healed. The Greeks has a similar method and people were treated in "Sleep Temples of the Sick" (Rowley 1986:2). In these early accounts of the use of hypnosis, sleep was induced by a combination of methods, which included music, drugs, rythmic dance and chanting.

This brief historical synopsis (Gauld (1992) and Rowley (1986)) will highlight some of the important persons and their contributions that led to the understanding of modern hypnosis.

2.3.3.1 Franz Mesmer (1734-1815)

Modern hypnosis is often thought to have begun with Franz Mesmer in the last quarter of the eighteenth century. Prior to Mesmer there were two forerunners, namely Paracelsus (1493-1541) and Van Helmont (1577-1644). Paracelsus believed that the stars influenced human beings' magnetism and that all magnets have an effect on humans. This idea was taken further by Helmont who proposed that each person radiated "animal magnetism" which could influence both the minds and bodies of others. Their ideas set the scene for Franz Mesmer.

A medical doctor by profession, Mesmer concluded that to be healthy, an individual must be in electro-chemical equilibrium with the stars and planets. If this equilibrium is disturbed, ill-health will result, but equilibrium, and therefore good health, can be restored.

It was commonly supposed that the human body has poles, rather like a magnet, and that illness were the result of a faulty distribution of the associated "magnetic fluid". Mesmer would make passes along, the length of a patient's body, in much the same way as a magnet is passed over another piece of steel when it is required that the latter should become magnetised. The magnetic force referred to here was not that of ordinary electromagnetism but Mesmer's own "animal magnetism".

Mesmer's goal was to get his patients to experience what was termed a crisis. Whatever disorder the patient suffered from would then be alleviated by the experience (Gibson & Heap 1991:19).

In one way Mesmer was perhaps too successful. He was able to induce trances with great ease and often appeared to produce miraculous cures. Mesmer's growing popularity brought him to the attention of the authorities and a Royal Commission were set up to investigate his practices. The inevitable conclusion reached by the Royal Commission was that there was no substance to the idea of magnetism. Mesmer's licence to practice was removed and he retired to Versailles.

Many other practitioners took up Mesmer's ideas and approaches but his fame with his methods, also referred to as "Mesmerism", led to a temporary lull in the use of hypnotism (Rowley 1986:6).

2.3.3.2 *Marquis de Puysegur (1751-1825)*

A retired military man who became one of Mesmer's followers, Puysegur's significance is in his recognition of a state of artificial somnambulism. This hypnotic state was seen as similar to that of a natural sleepwalker who acts fairly rationally without full knowledge of what he is doing and has no memory of the episode after awakening (Gibson *et al.* 1991:22). Puysegur and his followers also realised that to bring about a "crisis" was not necessary to cure the patient.

2.3.3.2 *Jose di Faria (1756-1819)*

His ideas were quite advanced and he believed that somnambulism was produced by the subject's expectancy and receptivity and that the effect of mesmeric passes, magnets, etcetera was valuable only in so far as it increased expectancy and receptivity.

2.3.3.3 *James Braid (1795-1860)*

A surgeon in Manchester, Braid became interested in mesmerism after witnessing a demonstration of magnets by Lafonteine. Braid believed that hypnosis was very closely related to sleep and invented the term "neurohypnology" (nervous sleep) to describe it, which was later shortened to "hypnosis". He developed an induction technique based on the theory that hypnosis was brought about by fatigue of the eye muscles caused by long periods of fixation (Theron 1997:87). Braid was also one of the first to realise that there was no direct physiological link between the hypnotist and the subject which could be manipulated to induce hypnosis (Rowley 1986:8).

2.3.3.4 *James Esdaile (1808-1859)*

As medical practitioner, practising in India, he used hypnosis as a analgesic in surgery. He performed over hundred operations using hypnosis. His work represents the first large scale use of hypnosis in surgical operations.

2.3.3.5 *Ambrose Liebault (1823-1904)*

A French doctor who discovered that by combining verbal suggestions of sleep with Braid's method of prolonged gaze, he was able to induce trances in 85% of his patients.

2.3.3.6 *Hippolyte Bernheim (1837-1919)*

After an investigation to establish whether Liebault was a fake, Bernheim realised that Liebault's hypnotising methods of treatment were having some effect. Bernheim started investigating "hypnosis" scientifically and was particularly interested to understand the phenomenon of hypnotic suggestion. He was able to demonstrate that this suggestion was the main underlying factor in hypnosis. He also revealed that the causes of hypnotic induction were psychological rather than physical (Rowley 1986:9).

2.3.3.7 *Jean Charcot (1825-1893)*

A distinguished neurologist, he found that hysterical symptoms such as paralysis, deafness and blindness could be removed by hypnosis. He incorrectly assumed that hypnosis and hysteria were usually related and that only hysterical persons could be hypnotised. Some of his views on hypnosis were in direct opposition to that of Bernheim and Liebault. His contribution thus lay not so much in his ideas concerning hypnosis, seeing that these were largely erroneous, but in the fact that because of his stature as a doctor and scientist, he helped hypnosis emerge from the shadows to be more readily accepted by the medical profession.

2.3.3.8 *Pierre Janet (1859-1947)*

He believed that under hypnosis the conscious mind is gradually suppressed so that the subconscious comes to the fore. During deep hypnosis the subconscious takes over completely.

2.3.3.9 *Joseph Breuer (1842-1925)*

A colleague of Sigmund Freud, he suggested that the causes of hysteria were painful memories and emotions to the subject. Under hypnosis the symptoms of hysteria could be removed by asking the patient to talk about it and relive the experience.

2.3.3.10 *Sigmund Freud (1856-1939)*

At first he believed that hypnosis could give access to the unconscious and used it in treating patients with neurotic symptoms, but as he developed his technique of psychoanalysis, made less and less use of hypnosis. Freud's popularity with his psychoanalysis theory and seemingly rejection of hypnosis led to a decrease in the use of hypnosis in the early 1900's.

2.3.3.11 *Summary*

During the period of World War Two, a need arose to find a quick and efficient method of dealing with psychological disorders. This led to renewed interest in hypnosis. As a result of the success that was achieved with hypnosis, both British and American Medical Associations soon recognised hypnosis as an approved technique (Theron 1997:87).

Hypnosis as a technique used with children came into its own during the 1950's as a result of the work of Clark Hull, Milton Erickson and Ernest Hilgard. The renewed interest in hypnosis of the last three decades is also as a result of the work of four Americans: Gail Gardner, Josephine R. Hilgard, Karen Olness and Perry London. Gardner, Hilgard and Olness focussed on developing hypnotherapeutic techniques for children while London developed the first scale of determining hypnotisability of children (Hartman 1995).

Hypnosis today differs to that of earlier times. The power to heal and the ability to have a hypnotic experience is today focused more on the patient than the therapist. Co-operation of an informal client is the rule in contrast to submissiveness of an intimidated patient. Modern hypnosis is aimed at increasing self-control and very often the client is taught self-hypnosis in order to continue with treatment in the absence of a therapist.

2.4 HYPNOTISABILITY

2.4.1 Introductory paragraph

Hypnotisability refers to the ease with which a person can be hypnotised. People are not uniformly "hypnotisable". To be able to determine the "hypnotisability" of a subject, various tests have been constructed to measure how susceptible a subject is to hypnosis. The tests that are used could be categorised according to informal or standardised tests (summarised from Rowley 1986:42-45).

2.4.2 Informal tests

Informal tests usually require the subject to produce an ideomotor response to suggestions by merely imagining performing the action, rather than actually performing it. They are tests of primary suggestibility. A significant positive correlation has been found between these tests and tests of hypnotic susceptibility.

Body sway

This test is best carried out individually, for the tester needs to be able to prevent the subject from falling over if a dramatic response is shown.

The Chevreul pendulum

In this test subjects are asked to hold the pendulum in one hand and to imagine the pendulum moving in a particular direction, perhaps from side to side, or in a circle. The subject's eyes may be open or closed, the subject may be seated or not, perhaps with their elbows supported.

The headfall test

This is a very simple test in which, if individuals are susceptible to hypnosis, their heads fall forward. The subjects are generally seated, looking straight ahead, with their eyes open. They are then told to close their eyes, and are asked to imagine their heads getting heavier and heavier and gradually falling forward.

Arm levitation

This is an impressive test in which the subjects sit or stand with both arms stretched out in front of them. They are then asked to imagine that one hand is getting lighter than the other.

Arm heaviness

This can be considered as the reverse of the above, except that subjects, after assuming a position with their arms outstretched, are asked to imagine one hand getting heavier and heavier, perhaps as a result of something resting on it.

Odour test

In this test the experimenter uncorks a bottle and asks subjects to raise their hands as soon as they smell the contents of the bottle. The bottle in fact contains nothing but water. This is quite an interesting test, which is really aiming to produce an olfactory hallucination.

Hand attraction

In this test subjects are asked to put their hands a few inches apart, with the palms facing each other. They are then asked to imagine their hands being pulled together. In some variations of this, the subjects are asked to imagine that they are holding a magnet in each hand, and this will cause their hands to be attracted to one another.

Hand repulsion

This is the opposite of the above test, subjects being asked to imagine their hands are repelling each other.

Hand clasping

Subjects are asked to extend their arms in front of them, with their palms facing away from them. They are then asked to interlock their fingers, and push outwards. They are then told that their fingers are stuck tightly together, and that when they try to separate their hands, they will be unable to do so.

The purpose for providing informal tests is to serve as a guide to hypnotising. It is presupposed that in this way the therapist can decide if a subject will be a candidate who may benefit from hypnotherapy.

2.4.3 Standardised tests

The following tests will not be discussed but merely listed. These tests will generally take the form of subjects being given a standard induction procedure, and are then given suggestions to carry out. Some of these suggestions are relatively easy, others are much more difficult. Subjects are given a score based on how many suggestions they carry out.

- Barber Suggestibility Scale (BSS)
- Creative Imagination Scale
- Harvard Group Scale of Hypnotic Susceptibility (HGSHS)
- Group Alert Trance Scale (GAT)
- Hypnotic Induction Profile (HIP)
- Standard Hypnotic Susceptibility Scale, Forms A and B (SHSS: A or B)
- Stanford Hypnotic Susceptibility Scale: Form C (SHSS: C)
- Stanford Profit Scales of Hypnotic Susceptibility (SPSHS)

Two standardised tests often used to measure susceptibility to hypnosis in children will briefly be explained:

(1) Children's Hypnotic Susceptibility Scale (CHSS)

This was devised by London (1963). It has two forms: one for children from five to 13 years of age, and one for adolescents from 13 to 17. There are in fact no differences in the items on the two forms, but the instructions and procedures differ to take account of the different age-related abilities of the two groups of children. The scale is in two parts. The first part contains the following items:

- Postural sway
- Eye closure
- Hand lowering
- Arm immobilisation
- Finger lock
- Arm rigidity
- Hands moving together
- Verbal inhibition (name)
- Auditory hallucination (fly buzzing)
- Eye catalepsy
- Post-hypnotic suggestion (standing up)
- Amnesia

The second part contains the following items:

- Reinduction by post-hypnotic signal
- Visual and auditory television hallucination
- Cold hallucination
- Anaesthesia
- Taste hallucination
- Smell hallucination
- Visual hallucination (rabbit)
- Age regression
- Dream induction
- Awakening and post-hypnotic suggestion

These items can each be scored objectively either on a four point scale or on a dichotomous scale, depending on the tester. Obviously these two scoring methods cannot be used interchangeably when scoring a single person. There is also a subjective involvement score, using a three point scale which is designed to distinguish between "true" responses and role-playing. Test-retest reliability is typically about 0,92.

(2) Stanford Hypnotic Clinical Scale for Children

This scale was devised by Morgan and Hilgard (1979) and contains two forms, one for children aged between four and eight years, the other for children aged between 6 and 16 years. The form for younger children contains the following six items:

- Hand lowering
- Arm rigidity
- TV - visual
- TV - auditory
- Dream
- Age regression

The scale for older children contains one additional item: post-hypnotic suggestion. Both scales can be administered in about twenty minutes. Items are scored pass or fail, and the maximum score for the version of the test for younger children is six, while for the version for older children it is seven.

2.4.4 Factors that influence hypnotisability in children

The following factors are given by Theron (1997:99-101) as correlating with the hypnotisability of children.

(1) The client

A child tends to focus on the present and will be able to fully involve himself/herself in a task. As a result of his/her concrete, literal thinking, he/she is more susceptible to hypnotic suggestions.

(2) The parents

The co-operation and support of parents will increase the child's response to hypnosis. It is thus necessary to enlist the support of the parents through:

(a) An educational approach. The therapist informs the parents about the issues surrounding hypnosis.

(b) Observation. Parents can be allowed to observe while the child is in a state of hypnosis.

(c) An experiment. The parents may be given the opportunity to experience hypnosis.

(3) The therapist

The therapist has to be sensitive to the needs of the child. The child's cognitive level, life-world and emotional needs should be taken into consideration.

(4) The environment

The environment in which hypnosis takes place should be one of relaxation and safety. The environment should be free from distractions.

2.5 THE USE OF HYPNOTIC TECHNIQUES IN CHILDREN

According to O'Grady and Hoffman (in Theron 1997:131) the use of hypnosis in children can broadly be classified in six phases: preparation, induction, deepening, suggestion, post-hypnotic suggestions and termination

Preparation

During the preparation phase the therapist will help the parents become aware of the use of hypnosis in helping the child. The therapist will have to deal with questions that the parents may have, as well as rectify any misconceptions. It is critical to gain the parents' support and understanding of hypnotherapy.

Preparing the child is also important. It is necessary that a certain degree of rapport be established between therapist and child. The therapist needs to gain information

concerning the child's likes and dislikes, interests and attitude. The therapist also discusses with the child the rationale of using hypnosis.

Induction

Clark and Jackson (1983:31) state the following about induction:

In a successful induction the patient will move through a psychological space which can be defined in terms of six dimensions.

(a) A reduction in anxiety.
(b) A reduction in arousal.
(c) A fixed, as opposed to a mobile or labile, attention leading to a reduction in the patterning of sensory input and a restriction in the number of sharp sensory gradients.
(d) The production of behavioural immobility or inertia.
(e) A shift in cognitive functioning toward concrete thinking and away from critical reflection.
(f) A transfer of perceived control over the person's reactions such that they appear less voluntary and more under the control of the words of the hypnotist.

Olness and Gardner (in Theron 1997:133) divide induction techniques into visual, auditory and movement visualisation, story telling, ideomotor techniques, progressive relaxation, attention diversion and utilisation (use of video or telephone).

The induction technique that is used should be age-appropriate. Examples of possible techniques for children are:

Visual images: This could include favourite places, favourite activity, stare at the clock or observe images on a television screen.

Auditory images: A favourite song, playing of a musical instrument or listening to music.

Movement visualisation: Can take the form of a flying object, horse ride, driving a car or participation in a sporting activity.

Ideomotor techniques: Includes the movement of the hands towards each other or hand leviation.

It is possible to virtually use any technique with 12 to 18-year-olds. This age group will enjoy leviation, imagining that they are driving a car, being at a favourite place or involved in some sporting activity (Theron 1997:13).

(3) Deepening

In the process of 'deepening' the child is encouraged to become more and more involved with his/her imagination. Hammond (in Theron 1997:134) describe the following deepening procedures:

(a) Fractioning. During this process the child is continually wakened and again hypnotised.
(b) Downward movement: This is similar to going down a flight of stairs or using a lift.
(c) Mixing of the child's motivation and needs: "You will relax more and more because you ..."
(d) Conditional suggestions: "With the sound of my voice you will relax more."
(e) Breathing and counting. Backward counting from 10 to 1 mixed with a focus on breathing.

(4) Suggestions

During this stage the actual involvement with that which has been identified must take place. For example, in the case of the learner with a low self-concept, during this stage the therapist will make positive suggestions aimed at changing the negative belief.

(5) Post-hypnotic suggestions

This is done to enhance the possibility of the suggestions being carried out. Post-hypnotic suggestions for self-hypnosis may be given during this phase.

(6) Termination

During this stage the child is led back from the state of hypnosis to a state of "wakefulness", feeling refreshed. This could be done by means of counting, for example from one to ten. After termination a discussion takes place with the child that will highlight some of the issues that took place during hypnosis.

2.6 CONCLUSION

From the literature study it can be seen that the self-concept will determine the learner's behaviour. A negative self-concept will lead to the learner having low esteem. Such a learner will not readily become involved in the learning process. To remedy the situation, the therapist will endeavour to change this concept that the learner may have.

Hypnosis as a technique has been used in therapy in addressing a number of issues including problems in learning or problems that relate to the individual himself/herself. The nature of hypnosis appears to make it an effective technique of addressing the negative self-esteem in learners.

Chapter Three

Research design of the empirical investigation

3.1 INTRODUCTION

The literature study in Chapter Two discussed the self-concept as a moderator of behaviour. Hypnosis was discussed as a technique for building positive self-esteem. This chapter will focus on a research design that can be used in an empirical investigation. The empirical investigation will test the hypothesis that has been formulated on the basis of the literature study:

> Hypnotherapy can be used as a technique to build positive self-esteem in learners.

In this chapter a brief reference will be made to the purpose of the study and the following aspects will be discussed:

(1) Selection of case studies.
(2) The measuring instrument.
(3) Method of investigation.

3.2 PURPOSE OF THE STUDY

The study is an endeavour to obtain empirical information on the effects of hypnotherapy as a technique to build positive self-esteem in learners. The empirical investigation will therefore concentrate on establishing if, through hypnotherapy, it will be possible to change a negative self-concept and so build positive self-esteem in learners.

3.3 SELECTION OF CASE STUDIES

The empirical information will be obtained by making use of two case studies. Two learners who appeared to be experiencing scholastic and personal problems because of low self-esteem will be chosen from the Grade 10 learners at a remedial school in Gauteng.

Grade 10 learners undergo a series of psychometric tests as part of the diagnostic function of guidance at the school. These tests included the following:

- Senior Aptitude Test
- Sixteen Personality Factor Questionnaire
- 19 Field Interest Questionnaire
- Sentence Completion
- Emotional Profile Index
- Adolescent Self-concept Inventory

The self-concept inventory will be used to assess which learners appear to have problems in the area of the self-concept. Two learners with the lowest self-concept scores will be chosen for case studies.

The case studies will be taken from Grade 10 because of the following reason:

> Grade 10 learners are in the adolescent stage of their development. Characteristics of adolescent development are the physical, biological and emotional changes that they undergo as part of the maturation process. These changes can be stressful and depending on the manner in which they are experienced, could lead to a negative self-concept and low self-esteem.

The Adolescent Self-Concept Inventory will be useful to identify the learners who will be used in the case studies.

3.4 THE MEASURING INSTRUMENT

3.4.1 Adolescent self-concept inventory

The measuring instrument known as the *Adolescent Self-Concept Inventory* is based upon the premise that the self-concept is a configuration of convictions concerning oneself and attitudes towards oneself that is dynamic and of which one normally is aware or can become aware of (Vrey 1984:13). These convictions are divided into different dimensions that form the structure of the self-concept that, when integrated, will indicate the total self-concept. The self-concept consists of the following constructs:

- Physical self, the self in relation to one's body.
- Personal self, the self in its own psychic relationship.
- Family self, the self in family relationships.
- Social self, the self in social relationships.
- Moral self (values), self in relation to values.
- Self-criticism.

The statements in the Self-Concept Inventory has been formulated, ensuring that the testee will indicate

(a) how he/she identifies with each dimension;
(b) what degree of satisfaction and acceptance he/she experiences in respect of each dimension;
(c) the acts that the person is involved in in respect of each dimension.

The quality of the experience of self-worth and self-esteem of each learner in each of the relationships, separate, combined or integrated, will indicate the way in which the learner sees and evaluates himself/herself.

3.4.2 Application of the Adolescent Self-Concept Inventory

Each learner receives a booklet (Annexure 1) and pencil. Two contrasting descriptions are given. The learner has to decide which of these descriptions, A or B, best describes him/her. There is no time limit.

Based on the stanines the self-concept inventory is divided according to high, average and low self-concept scores (Venter 1993:79). Each learner's total general self-concept score (the sum of the scores for the total test) will be divided into one of the three categories as follows:

	Low	Average	High
Raw Score	28-55	56-70	71-90
Stanine	1, 2, 3	4, 5, 6	7, 8, 9

The correct responses (Annexure 2) will be added to calculate the learner's total general self-concept.

The items have also been grouped (Annexure 3) according to the different dimensions of the self-concept as given in section 3.4.1. The score for each dimension will be calculated separately.

3.5 METHOD OF INVESTIGATION

The researcher is not registered and experienced to do hypnotherapy and therefore had to enlist the help of a registered educational psychologist, trained to do hypnosis, to assist with the empirical investigation. Together the hypnotist and researcher decided on the following plan of action:

(1) The hypno-therapist would assist the researcher to compile a script that would be used during the suggestibility phase.

(2) The hypno-therapist would do a few sessions with each learner making use of the script referred to under point (1). The researcher would be involved as observer during the session.

(3) The hypno-therapist would also prepare a cassette for the learner to use at home.

(4) After the sessions with each learner, the Self-Concept Inventory will again be given to each learner. The results will be compared with those that were obtained seven months earlier to establish if there were any noticeable changes in the self-concept of the learners.

Chapter Four

Description of the empirical investigation

4.1 INTRODUCTION

In the previous chapter the selection of the case studies was discussed as well as the measuring instrument and method of investigation.

In this chapter a description will be given of the empirical investigation that was undertaken. This will be presented for each of the two case studies according to the following outline:

- Biographical background of learner.
- Proposed plan of action.
- Detailed description of first session.
- Evaluation of proceedings.

4.2 CASE STUDY ONE

4.2.1 Biographical background of the learner

The family consists of father, mother and two sons. Kevin (name changed to protect the identity of the learner) is the elder of the two boys. He is not the biological son of the parents but was adopted by them a few days after his birth on 14 August 1981. Three years later the mother gave birth to the younger brother.

He was first identified as having possible barriers to learning during his year at preschool. He failed his first year at a mainstream primary school. He was then enrolled at a remedial school, which he has attended since Grade one. He completed

Grade one at the remedial school and then spent a year in the bridge class, Grade one/two.

Over the years, as a result of different assessments he received intensive occupational and speech therapy. A neurological assessment indicated a severe attention deficit disorder and since that time he has been on Ritalin.

His IQ assessment placed him in the high average intellectual range which indicates his ability to be able to cope scholastically. The use of Amannuensis for examinations was decided on because of the noticeable difficulty that he experienced emotionally and physically when having to write an examination.

Although a very physical attractive young boy, he felt useless. This was also evident in the sentence completion exercise. Statements such as "I feel *I am not able to become anything in life*. I wish *I was more like my brother*", clearly supported the findings of the self-concept inventory (see table 5A in section 5.3.3) and other assessments concerning his low self-esteem.

4.2.2 Plan of action

Together with the hypnotist/psychologist it was decided that Kevin should come for four sessions of hypnotherapy. The emphasis would be on helping him realise his strong points and to build upon this in order for him to feel good about himself.

This was suggested to the parents. Initially the parents rejected the suggestion because of the uncertainty of what hypnosis entailed. A meeting was arranged with the parents who eventually agreed to allow Kevin to undergo hypnosis. This would be done on condition that the session be recorded for the parents.

The first meeting between Kevin and the psychologist/hypnotist was arranged to answer questions and eliminate any uncertainty that Kevin had concerning hypnosis. It was decided that the suggestions (taken from *Handbook of Hypnotic suggestions*

and Metaphors (Hammond 1990:111-112) used in session one would be recorded and that Kevin would listen to the recording in between sessions.

4.2.3 First session of hypnosis

The following is a detailed account of the first session. It clearly indicates the manner in which the six phases (discussed in section 2.4.1) were incorporated:

Pay very close attention now to every word that I say ... Pay close attention to everything that you feel ... Look at the computer screen ... Now at the moving shapes on the screen ... Watch the movements of the shapes as they bounce across the screen and the colours of the figures ... Take note of the patterns ... See the finer detail of the patterns ... Imagine the sounds of the figures as they move in their different ways ... Good ... Kevin ... now keep looking at the figures on the screen without blinking ... Don't let your eyes move from the screen for a moment ... Notice the feelings in your eyes ... The feeling that comes all by itself ... As your eyes gradually become more and more uncomfortable ... feel the burning feeling ... Gritty burning feeling ... Just let yourself relax as much as possible ... Very quietly ... breath in and out ... in and out ... and gradually you feel you becoming tired ... and your eyelids are becoming heavier ... So heavy that you now want to blink ... and as soon as they want to blink ... just let it happen ... that's it ... just let them blink as much as they like ... Now let everything happen just as it wants to happen ... Don't try and make anything happen ... and don't try and stop anything ... Just let everything please itself ... that's right ... You will start blinking slower and bigger blinks ... and your eyelids will feel so very very heavy ... and tired ... and they'll want to close ... and then your eyes are becoming a little watery ... and you're feeling very very relaxed ... and your eyes are feeling so very very heavy now ... and tired ... but they're wanting to close and as soon as your eyes feel they want to close ... just let them close ... Let them close all on their own ... just when you're ready to let them close ... that's wonderful.... Kevin . Okay ... I'd like you to take a few deep breaths now ... notice that as you exhale you feel yourself becoming more and more relaxed more and more relaxed and soon Kevin you will experience hypnosis ... and you're

probably wondering what the experience will be like ... I want to assure you that no matter how deeply hypnotised you become, you will remain in complete control ... You'll stay in control even when very deeply involved in the experience of hypnosis ...I'll make suggestions ... but it will be up to you to decide whether you want to experience the suggestion ... Kevin ... you may find it easier to experience than you ever thought possible ... So the choice is always yours and it's safe to enter hypnosis now as you allow yourself to relax. As I speak to you, Kevin, you can feel yourself becoming more and more relaxed ... but no matter how relaxed you become you will hear my voice and you will be able to respond to my suggestions ... if you become at all uncomfortable ... you can readjust your body and make yourself comfortable again and that won't get in the way of your experience ... with hypnosis if you need to speak to me, you'll be able to do so easily without disturbing your hypnosis experience. Now Kevin you might want to relax even more ... and as you relax ... you might feel a slight tingly feeling in your fingers or in your toes ... and if you do ... it can comfort you because you will know it's a feeling of relaxation .. And that some people have that when they are going to experience hypnosis ... Just let your body relax ... you may prefer to uncross your legs now, too .... As you relax just begin to feel a spreading sense of calmness Kevin ,... and peace, letting go of all your cares and concerns ... let them drift away like clouds in the wind ... dissipating, breaking up just relaxing more and more ... feeling more and more at peace ... more calm ... more comfortable ... and secure ... nothing to bother you ... nothing to disturb ... more and more deeply relaxed ... becoming so deeply involved in hypnosis that you can have all the experiences you want to have ... deep enough to experience whatever you want to experience ... but only the experiences you want, just your own experiences ... and you can focus your attention on your toes Kevin ... your right toe and your left toe ... let your right toe relax ... relax completely ... and your left toe ... let your toes relax more ... more ... more and more relaxed ... and let the relaxed feeling spread from your toes to your feet ... let them become more and more relaxed as you feel so calm and at ease ... now Kevin ... pay attention to your ankles ... and to your calves ... I wonder if you can begin to let go ... let go and feel the comfortable sense of warmth ... in your ankles ... or your calves or perhaps it's a cool and easy feeling in your right leg ... or in your left leg ... Just let your legs relax ... more and more relaxed ... more and more completely relaxed ... and the relaxation can spread

to your thighs ... as you begin to relax more and more just letting go ... and let your pelvis relax ... relaxing more and more ... relax your stomach ... let your stomach become completely relaxed ... just let it go loose and limp ... loose and limp ... and notice how it feels. Can you feel it completely relaxed ... good ... you notice this now and later ... can you feel completely relaxed ... right ... let the relaxation spread up into your chest ... all in the nerves and muscle in your chest ... all in the nerves and muscle in your chest ... let them relax completely ... relax, loose and limp ... feel the peace spreading as you feel so at ease ... so secure, your body and mind so relaxed and at peace ... now your back can relax ... and your shoulders more and more relaxed, loose and limp completely relaxed ... let the relaxation spread into your arms ... into your hands ... and fingers. Focus on the feelings in your arms and hands ... let your fingers feel more heavy than light or light than heavy... focus on your right upper arm and your right lower arm ... your right hand and fingers ... and let them feel more and more completely relaxed ... Now ... the left arm ... relaxing completely so relaxed completely relaxed ... I wonder if you can go even deeper now Kevin deeper and deeper ... Just as you wish ... just as comfortable and deep as you would like to go ... perhaps it will feel even better to relax the muscles of your neck ... Just let go and relax loose and limp completely relaxed ... and relax your jaw muscles ... just let them go limp all the nerves and muscles in your jaw relaxing completely ... and relax all of the rest of the muscles in your face ... and mouth, nose, eyes, eyebrows, eyelids, forehead, all the muscles going loose and limp, loose and limp completely relaxed at peace ... calm and relaxed ... completely at ease ... you might want to imagine being somewhere peaceful and relaxing ... Kevin ... I like you to imagine lying on a quiet beach on a warm summer day ... with the beautiful blue sky and just a few silvery clouds floating by ... I can imagine feeling a soft gentle breeze ... smelling the salt sea air .. But you can imagine being anywhere you like. It might be some place you've been before ... or some place you'd like to be ... or just a place in your imagination ... it doesn't matter ... all that matters is your comfort ... your peace. Wherever it is, it is so peaceful and calm ... Some place where you can just be you and you can feel completely at ease and content ... and you can imagine yourself actually being there ... seeing in your mind's eye the things that you should see if you were actually there now ... feeling the things you would feel hearing the sounds you would hear ... smelling the flowers ... and while you are in your perfect place Kevin

,... I'm going to count from 1 to 10 and with each count you can drift more and more deeply into hypnosis ... more and more able to experience whatever you want to experience .. 1 drift deeper ... 2 more and more centred and balanced ... 3, 4, deeper and deeper ... 5, half way there ... 6, 7, sinking deeper than before so deep that you can experience whatever you wish to experience ... 7, 8, 9, 10. Very deep now, very very deep, completely at one with yourself, completely at rest and now feel with each breath as you exhale, this calmness becomes stronger and stronger, spreading all the way from your head down to your toes, from top to bottom, inside out and outside in, immersing you in an ocean of calmness. An ocean of calmness. An ocean of calmness .. That's right. And as that continues, peace and serenity are taking you over, inside and outside, thus putting your mind and body in sync with each other. Creating a special state of internal harmony, and peace, and serenity. That's right. That's right. As you continue to sit here and listen to me, there is this center core within your unconscious mind that's logical and rational, cool and collected, calm and relaxed, clever and wise ... the one that wants you to heal and recover and get well as a whole person. That's right, Kevin. Very intelligent and knowledgeable. In fact, it knows so much that your conscious mind doesn't even know how much it doesn't know.

This center core within your unconscious mind has always been there with you, since the time you were a little child. It has helped you survive difficult predicaments in the past, and will continue to help you in the future. People refer to this center core in your unconscious as the inner guide or the internal adviser. Some refer to it as the higher self, and others as the guardian angel. But regardless of the name of what it is or how you call it, it has this very special function of guiding you from within, to continue to find your own way to learn your full potential, your own way to learn the difference between the past and the present. This will allow you to remember what you need to remember about the past and what happened to you. And once you do remember, in fact, you have been an ingenious survivor, rather than a victim of unfortunate circumstances. That's right, Kevin, and now you can let go of these memories. And know that you have memories of the past, you know that you don't have to be the memories themselves. That's right. You can be free of the past and live better in the present, more adaptively, coping more effectively with the tasks of

daily living ... knowing that every day, in every way, you are continuing to get better and better, to see things more clearly, knowing that you are moving forward. Becoming stronger, wiser, improving your understanding of life and the purpose of living in your special role in your family and at school.

You continue to achieve accomplishments, but at the same time, strike a very special balance between your school, life, and your family life. You strike a very special balance between time and energy you spend in accomplishing your goals, and the time and energy you spend in protecting and improving your relationships with other people. In doing that, you learn to accept yourself as you are, respect your thinking, your feelings, your emotions, and develop a sense of pride and self-worth. You become more honest and develop greater courage to assertively express your needs in an adaptive way, as you relate to other people at school and in the family. You develop a new sense of balance and moderation between leading a life of structure and commitment, and a life of playfulness and naturalness. As you continue to move forward, you learn to accept yourself with grace and ease, viewing yourself in a positive light, developing greater confidence, your talents, your gifts, your skills, and your attitudes and abilities.

You have the capacity to visualise yourself in the future, living up to your dreams with a sense of joy and accomplishment. Now, Kevin, all of the things I have said, you do not have to fully remember if you don't want to, or you don't need to remember them, but your unconscious mind and the center core will continue to guide you like an internal coach, even when you are asleep at night. This will continue every moment of the hour, every hour of the day and night ... every day and night of the week ... every month of the year, every year for the rest of your life.

And as you continue to move forward, you begin to realise that life is a journey, and that the goal of living is not travelling to a specific destination, but the journey itself becomes your destination, and the quality, grace, and form in which you travel on this journey we call life, is in itself the goal of living, and in doing so you are writing the book of your own journey.

Now, Kevin, take a deep, deep breath again. Let the air out slowly, that's right, and I want you to know that you have the capacity to use this specific technique for self-hypnosis on your own, anytime you want to. In doing so, you will reinforce again and again this specific technique, boosting your ego and your whole self, as a whole person AND in a few moments I am going to count backwards from 10 ... with each count you are going to become more and more alert at the count or energised ... you can open your eyes at zero, you will be fully alert and wide awake feeling better than you did before.

But before we do that, Kevin, I want you to know that you will never allow yourself to be hypnotised on the stage or for any purpose of entertainment or in any situation that may be embarrassing or dangerous to you. You will only allow yourself to be hypnotised by a qualified registered practitioner or yourself and you will not allow yourself to be taken advantage of in any way while in the state of hypnosis. If an emergency situation should arise while you are hypnotised, you will immediately become wide awake, fresh and alert and will be able to deal with that situation capably and efficiently. You will look forward to each experience in trance as helpful experience as you begin to find out more about yourself so that you can become happier, more mature, more successful in every aspect of your life. Okay, Kevin, 10, 9, 8, feel the energy flowing into you... 7, 6, 5 ... more and more alert now ... 4, 3, 2, 1, open your eyes now and there you are wide awake.

4.2.4 Evaluation of proceedings

Kevin was a "perfect" subject for hypnosis. He fully complied with the requirements of the hypnotist. He regularly listened to the recording in between sessions. After his first session he informed the researcher that he had never experienced such relaxation as when in hypnosis. He eagerly anticipated each session.

4.3 CASE STUDY TWO

4.3.1 Biographical background of the learner

Simon (name changed to protect the identity of the learner) is the only biological son of the parents. He was born on 28 March 1982. He lives with his maternal grandparents. The parents divorced a few years ago. The father remarried and Simon spends at least one weekend a month with his father.

Simon was enrolled in Grade seven at the remedial school after having failed Grade seven at a mainstream school the previous year. An IQ assessment indicated that he was in the high average range and would be able to cope with the scholastic demands.

A neurological assessment indicated an attention deficit disorder. Medication was prescribed at the time but for the last year Simon had not taken any medication.

He apparently had started experimenting with drugs. He confided in the researcher that this made him feel good. A self-concept inventory done earlier in March of that year indicated a low self-concept (see table 5B in section 5.3.3).

4.3.2 Plan of action

A similar plan of action to that of Kevin (case number one) was decided on. At the end of four sessions of hypnosis, the self-inventory scale would again be administered. The grandparents willingly agreed to allow Simon to undergo hypnosis.

4.3.3 Detailed description of first session of hypnosis

The preparation, induction and deepening processes as well as the post-hypnotic suggestions and termination were the same as that used with case study number one. Only the suggestions taken from *Handbook of Hypnotic suggestions* (Hammond 1990:112-113) that were used with Simon will therefore be given verbatim. The

script used with Simon differed from that of Kevin because his particular situation was different to that of Kevin. A recording of this was also given to Simon so that he could listen to this during the sessions.

The key to your success, Simon, is confidence ... confidence in yourself ... confidence in your ability to do ... whatever you truly want to do ... confidence that you can and will accomplish your goals through the power of your own mind ... the power of your own thoughts. What you tell yourself has the greatest of power over your life ... What you tell yourself determines whether you feel cheerful, or gloomy and worried ... and the way you feel, whether you feel joyous, or sad and worried, determines, to a great extent, the health and well-being of your physical body. When you are bothered and unhappy, your body simply cannot function properly. What you tell yourself has an enormous impact on your life ... What you tell yourself ultimately determines what you are and not able to do.

Now, tell yourself, Simon, that your life is just starting, and that from this day on you will begin to live fully, moment by moment, and really appreciate and enjoy being alive each moment. Tell yourself that you will no longer worry unnecessarily, either about things that happened in the past or about what might happen in the future, unless there is something constructive you can do to change them ... because the past and the future exist only in your thoughts ... life exists only in each moment. If you spend your moments worrying about the past or the future, these moments, which are your life, pass you by. So, let yourself become deeply involved in each moment, Simon ... deeply involved in everything that is happening around you ... less conscious of your self - and more at peace with yourself and with the world. Tell yourself that with each passing day, you will feel happier, more content, more joyous, more cheerful, because you choose to feel this way by controlling your thinking. And because you feel this way, life will be more fun, Simon ... you will enjoy each day ... and you will become more and more healthy, as your body functions easily in a tension free environment.

Day by day, let yourself feel more alive, more energetic, and at the same time, less tense, less nervous, less worried or anxious. Tell yourself that your mind and body

are relaxed, calm, and you are at peace with the universe. And because you are calm and at ease, you will have greater energy and your mind will be clearer, and sharper, and more focused. Consequently, you will be able to see problems in perspective and handle them easily, efficiently, effectively, and confidently, without becoming bothered or tired out.

Above all, stop telling yourself that you can't do something which you want very much to do. As long as you tell yourself you can't do it, you can't. Instead, tell yourself that even if it is difficult, you can and you will be able to do it. When you tell yourself that you can and will, you have taken the first step towards accomplishing what you want to accomplish. And you will find that you can and will accomplish your goal. These things that you will now be telling yourself will begin to affect your life more and more. They will affect the way you feel about yourself, and the way you feel about your life, and consequently will affect every aspect of your life.

4.3.4 Evaluation of proceedings

Simon was cooperative during the session and indicated a willingness to work with the psychologist/hypnotist. He seemed very nervous regardless of the explanation and reassurance of the hypnotist during the preparatory phase.

After the session he informed the researcher that he felt that hypnosis did not work for him. He claimed he was one of those persons who could not be hypnotised. He explained that he did not feel the need to go on with the sessions. He therefore only participated in one session.

Chapter 5

Findings, conclusions and recommendations

5.1 INTRODUCTION

The aim of the study given in section 1.4 was twofold:

(1) To examine the appropriate literature to gain a better understanding of hypnosis as a therapeutic technique.

(2) To establish the extent to which hypnotherapy will contribute toward building positive self-esteem in learners confronted by learning barriers.

This chapter concludes the study and will present the findings as follows:

- Findings from the literature study
- Findings from the empirical research

The following will also be addressed:

- Conclusions
- Recommendations
- Shortcomings of this research

5.2 FINDINGS FROM THE LITERATURE STUDY

5.2.1 The self-concept

The self-concept as a moderator of behaviour has been researched extensively. Research findings (section 2.2.2.1) show that the self-concept can be perceived as the motive behind all behaviour.

The self-concept as a motive of behaviour could be seen in research findings (section 1.2.2) that showed the effects of the self-concept on scholastic performance.

The self-concept is defined in terms of having different facets (section 2.2.2.3). The identifiable facets are: physical self, family self, social self, moral self and self-criticism. The learner will evaluate himself/herself on each facet which will result in either high or low-esteem.

The self-concept is multi-dimensional (section 2.2.2.4). Each dimension is organised according to a hierarchical system. The importance that is attached to each dimension will determine the effect that this will have on the total self-concept. If a learner views the academic self as the most important dimension, then a low self-esteem in this dimension may result in low self-esteem of the total self-concept.

The formation of the self-concept is a dynamic process. The self-concept is never static and thus is sensitive to restructuring (section 2.2.2.2).

The self-concept consists of three components: cognitive, affective and behavioural (section 2.2.3). The cognitive component entails the thoughts about the self. The affective component implies the feeling of good or bad (self-esteem) given to the self. The behaviour component implies the actions that will result because of the evaluated belief of the self. Any desired changes in behaviour will have to include addressing a change in the cognitive component of the self-concept.

5.2.2. Hypnosis

Hypnosis is a state of mind (section 2.3.2.1) combined with relaxation and concentration as a desired point of focus so that other undesired thoughts or feelings fade into the background. During a state of hypnosis a subject can selectively attend to certain issues while at the same time ignoring things outside this range. Hypnosis is characterised by an increased degree of susceptibility.

The use of hypnosis has a long history (section 2.3.3). As a therapeutic technique, modern hypnosis has successfully been used in a number of areas such as: behaviour therapy, psychodynamic therapy, psychosomatic medicine, treatment of pain, medical and surgical procedures, obstetrics and dentistry (section 1.2.1).

The use of hypnosis, its nature and effects, are clouded by a number of myths and misconceptions (section 2.3.2.4). Many of these myths and misconceptions are based on ignorance and unscientific claims. These myths and misconceptions tend to limit the use of hypnosis as a therapeutic tool that could be used in conjunction with other therapeutic tools.

Hypnosis can virtually be used on most people but some persons may be less susceptible to hypnosis than others. To determine the "hypnotisability" of a subject a number of informal and standardised tests are available to be therapist (section 2.4).

Hypnosis has successfully been used with children and two standardised tests, namely *Children's Hypnotic Susceptibility Scale* (CHSS) and *Stanford Hypnotic Clinical Scale for Children* have particularly been designed to determine "hypnotisability" in children. Other factors that determine "hypnotisability" in children are: the child himself/herself, parents, therapist and environment.

A hypnotic session with children can be classified into six broad phases:

- preparation,
- induction,
- deepening,
- suggestions,
- post-hypnotic suggestions, and
- termination.

5.3 FINDINGS FROM THE EMPIRICAL RESEARCH

5.3.1 The self-concept inventory

The self-concept inventory (Annexure 1) served as the diagnostic tool to identify learners with negative self-concepts. The findings of the self-concept were confirmed by other diagnostic media such as *Sentence Completion, Drawings and Thematic Apperception Test*.

5.3.2 Selection of case studies

Twenty seven of the 41 Grade 10 learners were identified as having negative self-concepts. The learners indicated their willingness to undergo hypnosis. Unfortunately it was not easy to gain the co-operation of the parents in this regard. The parents of eight learners were approached and only parents of three learners replied in the affirmative. When asked to complete the consent form (Annexure 4) only parents of two of the learners responded. The initial plan of using five learners did not, therefore, materialise.

5.3.3 Findings before and after hypnosis

The respective scores for each learner has been calculated and given in tables 5A and 5B. The results in tables 5A and 5B represent the total self-concept of each learner. The scores before hypnosis are given and compared to the scores after hypnosis has taken place.

TABLE 5A: Learner's Self-concept Scores (Case study 1)

CATEGORIES	Low self-concept	Medium self-concept	High self-concept
	28-55	56-70	71-90
Before hypnosis	54		
After hypnosis			86

The overall self-concept scores for the learner (case study one) show a significant improvement from 54 to 86.

TABLE 5B: Learner's Self-concept Scores (Case study 2)

RANGE	Low self-concept	Medium self-concept	High self-concept
	28-55	56-70	71-90
Before hypnosis	33		
After hypnosis	39		

The scores of the learner (case study 2) have increased from 33 to 39 but is still within the low self-concept range. It should be noted that after the first session the learner did not wish to continue. He felt that hypnosis did not work with him.

The total self-concept score is grouped according to the different sub-tests. Each sub-test is applicable to a different facet of the self-concept (Annexure 3). The learner's score for each facet is given as well as the score after hypnosis (tables 5C and 5D).

TABLE 5C: Self-concept scores for the different facets (case study 1)

Self-concept dimensions		Physical self	Personal self	Family self	Social self	Moral self	Self-criticism
Identity	Before	4	3	5	3	1	
	After	4	6	6	6	6	5
Acceptance	Before	5	2	5	3	3	10
	After	5	4	6	5	6	
Behaviour	Before	4	2	5	2	2	6
	After	4	5	6	6	5	10

The maximum score for the different facets of each dimension is a score out of 6. The maximum score for before and after for self-criticism is out of 10.

According to the self-concept scores represented in table 5C the learner's low self-concept could be because of his negative perceptions and evaluation of the personal self, social self and moral self. The suggestions in the hypnotherapy sessions focussed on these facets and a significant improvement was noted after hypnotherapy.

TABLE 5D: Self-concept scores for the different facets (case study 2)

Self-concept dimensions		Physical self	Personal self	Family self	Social self	Moral self	Self-criticism
Identity	Before	4	2	1	3	1	
	After	5	3	1	4	1	9
Acceptance	Before	4	1	0	1	0	10
	After	4	2	0	2	1	
Behaviour	Before	1	2	0	2	2	9
	After	1	2	0	2	2	10

According to the analysis of the total self-concept scores in table 5D, the learner has problems in virtually all facets relating to the self-concept. His high score for self-

criticism is an indication of the way in which he judges himself. He is aware of his shortcomings.

The area which showed an increase in the scores is in the personal self. It is significant to note that the script used in the first session of hypnosis focussed primarily on this area of the self-concept.

5.4 RECOMMENDATIONS

A learner who is not experiencing scholastic success may have a low self-esteem. This evaluation of the "academic self" will influence the total self-concept of the learner. The emphasis in dealing with learners should always take into consideration the individual uniqueness of each learner. "Different" should not be seen as "inferior". The classroom situation should promote this type of environment.

Psychologists/therapists should consider hypnosis as another therapeutic technique to build positive self-esteem in learners. Hypnotheraphy should be investigated as a possibility of addressing other issues that may be barriers to learning.

The therapist plays a significant role in the hypnotic process. Careful control should be applied as to who is allowed to practise hypnosis. Hypnotheraphy is a powerful tool that will have to be used responsibly and wisely. If used incorrectly, hypnotherapy can hold negative consequences for the learner.

The suggestibility phase is a critical stage of hypnotherapy. The therapist should accurately diagnose the need of the learner and ensure that the suggestions used during this phase are directly applicable to the need that has been identified.

The nature, use and effects of hypnotherapy are clouded by myths and misconceptions. A way should be found to rectify the situation. Parents could be informed and helped to see the positive side of hypnotheraphy.

Selection and preparation of the learners who will undergo hypnosis is crucial. Since there is a certain percentage of the population who is less susceptible to hypnosis caution should be applied in who is selected. Once having decided to make use of hypnotherapy the psychologist/therapist should prepare the learner in order to eliminate ignorance and false expectations.

5.5 SHORTCOMINGS

A shortcoming of the study was the use of only two case studies. It is not possible therefore to make any generalisations. There are indications that hypnotherapy could be an effective technique to build positive self-esteem, but this will have to be researched further. A greater number of learners should be selected from a broader spectrum of learners. These learners should undergo hypnotheraphy and the results will be more meaningful.

The increase in self-concept scores of the learners need not necessarily be as a result of hypnotherapy. Other interacting variables could have played a part. The researcher could have used some of the learners who were reluctant to undergo hypnosis and form a control group. The results of the case studies could have been compared with that of the control group.

The self-concept inventory used to identify learners with negative self-concepts is an effective diagnostic instrument but another such diagnostic tool should be used after the sessions of hypnosis with each learner.

With the learner used in Case Study 2 it may have been more appropriate to make use of other techniques to first deal with some of the other issues such as the significant problem in terms of family self.

The learner referred to in case number two may not have been a suitable candidate for hypnosis. However, from the comments made to the therapist who he started seeing on a regular basis, the learner may have been misinformed of the hypnotic

process. The problem could have arisen from not addressing, in the preparation phase, all the misconceptions that he may have had.

5.6 CONCLUSIONS

The limited scope of this research paper does not give any conclusive evidence in order for generalisations to be made concerning the effects of hypnotherapy. However, when the findings of the two case studies are taken into consideration it appears that with these particular learners hypnotheraphy was effective in building positive self-esteem. Hopefully this will lead to further research to establish the effectiveness of hypnotherapy as a technique to building positive self-esteem.

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SELF-CONCEPT INVENTORY ANNEXURE 1

INSTRUCTIONS

Each item in this questionnaire consists of contrasting descriptions of two people, A and B. Read both descriptions in each item and compare yourself with each one. Then decide which of the two resembles you the most. On the right hand side of each item are two letters, A and B. If you are more like A draw a cross over the letter A on the right hand side of the page. If you are more like B, draw a cross over the letter B on the right hand side of the page. Perhaps you may not be exactly like either, but you must decide which of the two best describes you. In each item draw a cross over either A or B. Do not mark both in the same item.

Follow the same procedure for each item. There is no time limit, but work quickly and answer every item.

NOTE

A and B do not represent the same persons in each item. Therefore your answer to one item should not influence your answer to another.

Please enter the following personal details:

NAME: .....

SEX: .....

DATE OF BIRTH: .....

MARK A WITH A CROSS IF YOU ARE MORE LIKE A
MARK B WITH A CROSS IF YOU ARE MORE LIKE B

1. A is usually in perfect health
   B is seldom completely well ..... | A | B |

2. A easily loses all self-control
   B usually remains very calm ..... | A | B |

3. A is generally proud of his family
   B is often ashamed of his family ..... | A | B |

4. A is usually unpopular; his company is seldom sought after
   B is usually popular; his company is generally sought after ..... | A | B |

5. A rebukes people who use coarse language
   B never has the courage to rebuke people ..... | A | B |

6. A would rather win than lose a competition
   B is indifferent to the results of a competition .. | A | B |

7. A considers himself attractive
   B considers himself unattractive ..... | A | B |

8. A always feels inferior in company
   B never feels inferior in company ..... | A | B |

9. A often feels guilty about the ease with which he tells a lie
   B is not aware that he ever tells a lie ..... | A | B |

10. A is usually too selfconscious to offer help to other people
    B is always helpful and enjoys it ..... | A | B |

11. A changes his behaviour if he becomes convinced that he is wrong
    B often continues with behaviour even though he knows it to be wrong ..... | A | B |

12. A often postpones to the next day what should be done today
B never postpones work to another day ..... A B

13. A likes to be well-dressed and neat in all circumstances
B dislikes always being neat ..... A B

14. A is often peevish and moody for long periods
B is seldom if ever in a bad mood ..... A B

15. A usually looks forward to family gatherings
B does not like family gatherings ..... A B

16. A wishes that others would show interest in him more often
B is satisfied with the attention he gets ..... A B

17. A usually takes the side of the majority
B usually decides for himself what is right and stands by this decision even though he stands alone ..... A B

18. A sometimes drives through a stop street without stopping
B never drives through a stop street without stopping ..... A B

19. A is usually aware of pain somewhere in his body
B is seldom aware of any pain ..... A B

20. A is completely satisfied with himself
B is not satisfied with himself ..... A B

21. A is usually suspicious of his family's conversations and conduct
B is never suspicious of his relatives ..... A B

22. A is someone who makes friends very easily
B does not usually make friends easily ..... A B

23. A often does things which cause him to feel ashamed afterwards
B seldom does things which cause him to feel ashamed afterwards ..... | A | B |

24. A sometimes feels like swearing when things go wrong
B never becomes so upset when things go wrong ..... | A | B |

25. A is usually untidy
B is seldom really untidy ..... | A | B |

26. A is as friendly to other people as he would like to be
B is not as friendly to everyone as he would like to be ..... | A | B |

27. A is very sensitive to what his family says about him
B does not easily feel hurt by what his family says about him ..... | A | B |

28. A usually gets on very well with other people
B's relationships are easily disturbed by trivialities ..... | A | B |

29. A sometimes uses questionable methods in order to be ahead
B never considers using questionable methods ..... | A | B |

30. A is inclined to gossip too much
B never gossips ..... | A | B |

31. A is usually aware of feeling unwell
B seldom feels unwell ..... | A | B |

32. A knows that he can usually solve his problems
B is always afraid that he will not be able to solve his problems ..... | A | B |

33. A often feels unhappy because he has so little love for his family
B is satisfied that he loves his family ... . | A | B |

34. A always sees other people's good points
B seldom sees other people's good points ..... A B

35. A often feels unhappy because his life does not measure up to the high standards which others set for him
B seldom cares what others expect of him ..... A B

36. A is someone who often enjoys a shady joke
B never laughs at shady jokes ..... A B

37. A feels that his weight is correct
B often feels worried about his weight ..... A B

38. A often experiences despair because he does not keeps to his principles
B never experiences despair because he does not keep to his principles ..... A B

39. A would never be unfair to his family
B is not particularly scrupulous about being fair to his family ..... A B

40. A always finds it difficult to forgive someone who has accused him falsely
B readily forgives others ..... A B

41. A does not like everyone that he knows
B likes everyone he knows ..... A B

42. A is satisfied with his appearance
B does not feel happy about his appearance ..... A B

43. A is always envious of traits of character which he perceives in others
B is never envious of character traits which he perceives in others ..... A B

44. A is someone with little love for his fellowman
B will often do himself down in order to favour others ..... A B

45. A always feels self-conscious in the company of strangers
B seldom feels self-conscious in the company of strangers ..... A B

46. A's behavious is always irreproachable and honourable in all circumstances
B worries about his behaviour which often leaves much to be desired ..... A B

47. A takes little interest in the doings of other people
B takes an intense interest in the actions and con= versations of other people ..... A B

48. A feels perfectly happy about his height
B is often selfconscious about his height ..... A B

49. A can never persevere with a task until it is finished
B perseveres to the end with every task he undertakes ..... A B

50. A always treats his parents very well
B often neglects his parents ..... A B

51. A finds it very difficult to enter into a conversation with strangers
B talks to strangers with the greatest of ease ..... A B

52. A will always return change when he is given too much
B does not trouble to return change when it is too much ..... A B

53. A often feels that he is angry with the whole world
B rarely feels irritable or sulky ..... A B

54. A feels dissatisfied with certain aspects of his physical appearance and would change them if he could
B is satisfied with his physical appearance just as it is ..... A B

55. A can usually hold his own in any situation
B finds it difficult to hold his own in all situations ..... A B

56. A usually ignores the wishes of his parents
B always considers the wishes of his parents ..... A B

57. A is very religious
B is not very religious ..... A B

58. A feels that other find it difficult to make friends with him
B is sure that others make friends easily with him A B

59. A feels dissatisfied because he is often unwell
B is satisfied with the state of his health ..... A B

60. A does not become annoyed when he is rebuked
B cannot tolerate rebuke ..... A B

61. A sometimes has serious quarrels with members of his family
B never has serious quarrels with members of his family ..... A B

62. A is always friendly
B is not always friendly ..... A B

63. A's family seldom ask his opinion
B's family consults him about most of their affairs. A B

64. A longs for more attention from the opposite sex
B is satisfied with the attention he gets from the opposite sex ..... A B

65. A usually performs well
B often performs badly ..... A B

66. A's family criticize him often
B seldom offends in the eyes of his family..... A B

67. A is sometimes irritable when he is unwell
B is never irritable when he is unwell ..... A B

68. A is particularly popular amongst friends of his own sex
B is not very popular amongst friends of his own sex ..... A B

69. A thinks that his family does not love him
B is completely sure of his family's love ..... A B

70. A likes to care for his body to the best of his ability
B often feels guilty because he neglects his body... A B

71. A often acts without first considering the consequences of his deeds
B carefully considers the consequences before he takes action ..... A B

72. A is particularly popular with the opposite sex
B is not very popular with the opposite sex ..... A B

73. A feels that his family is suspicious of everything he does
B is sure that he is trusted by his family in everything ..... A B

74. A occasionally thinks about improper things which cannot be discussed
B never thinks about improper things ..... A B

75. A enjoys exacting work
B prefers routine work ..... A B

76. A easily changes his opinions; he never disagrees
B firmly adheres to his convictions ..... A B

77. A has relatives who will support him in any situation
B does not have relatives on whom he can rely in any situation ..... A B

78. A is calm and composed in almost any circumstances
B can never defend his viewpoint in a calm and composed manner ..... A B

79. A often gets cross when he is thwarted
B seldom gets cross when he is thwarted ..... A B

80. A feels very energetic most of the time
B feels tired and lethargic most of the time ..... A B

81. A is a member of a very happy family
B's family is not very happy..... A B

82. A does not feel inferior to his friends
B feels inferior to his friends and acquaintances in many ways..... A B

83. A usually finds it very difficult to reach a decision
B considers the available information and usually decides quickly ..... A B

84. A is usually cheerful irrespective of circumstances
B is only cheerful when things go well..... A B

85. A feels that he is highly respected by his family
B thinks that he is unimportant in the eyes of his family..... A B

86. A often regards himself as a bad person
B regards himself as a good person ..... A B

87. A is a good mixer and usually enlivens the company
B often wishes that he could be more sociable..... A B

88. A feels guilty because he seldom goes to church
B finds his church attendance satisfactory ..... A B

89. A takes an interest in his family and visits them often
B does not take much interest in his family..... A B

90. A is always very polite to strangers
B often finds himself lacking in courtesy..... A B

91. A is very clumsy and awkward in certain situations
B seldom suffers from clumsiness and awkwardness... A B

92. A is satisfied that he faithfully observes the virtues of honesty, integrity, loyalty, truth= fulness, etc.
B often feels guilty because he neglects these virtues..... A B

93. A is almost never reserved or selfconscious
B is usually reserved and selfconscious with strangers and particularly with people in authority ..... A B

94. A is very nervous when he has to appear before a group of people
B almost never suffers from nervousness ..... A B

95. A is someone who does not feel particularly guilty if he is compelled to tell a small lie
B is someone who never tells a lie ..... A B

96. A's religion offers him considerable inspiration, comfort and hope
B constantly worries about his religion ..... A B

97. A is easily worried
B seldom suffers anxiety ..... A B

98. A often feels guilty about his frequent irresponsible behaviour
B is satisfied that he fulfils his responsibilities A B

99. A usually understands the members of his family very well
B frequently misunderstands his family ..... A B

100. A is someone who sacrifices much to help the underpriviledged
B is hardly aware of the poor, cripples, blind people etc. and ignores rather than helps them .. A B

ANNEXURE 2

KORREKTE RESPONSIES VAN ITEMS

Item Nr	Korrekte Response	Item Nr	Korrekte Response
1	A	51	B
2	B	52	A
3	A	53	B
4	B	54	B
5	A	55	A
6	A	56	B
7	A	57	A
8	B	58	B
9	B	59	B
10	B	60	A
11	A	61	B
12	A	62	A
13	A	63	B
14	B	64	B
15	A	65	A
16	B	66	B
17	B	67	A
18	A	68	A
19	B	69	B
20	A	70	A
21	B	71	B
22	A	72	A
23	B	73	B
24	A	74	A
25	B	75	A
26	A	76	B
27	B	77	A
28	A	78	A
29	B	79	A
30	A	80	A
31	B	81	A
32	A	82	A
33	B	83	B
34	A	84	A
35	B	85	A
36	A	86	B
37	A	87	A
38	B	88	B
39	A	89	A
40	B	90	A
41	A	91	B
42	A	92	A
43	B	93	A
44	B	94	B
45	B	95	B
46	A	96	A
47	B	97	B
48	A	98	B
49	B	99	A
50	A	100	A

ANNEXURE 3

GROEPERING VAN ITEMS BY ELKE DIMENSIE VAN DIE SELFKONSEPTOETS

Subtoetse met onderdele	Items volgens nommers in die selfkonsep-inventaris					
A. Fisieke Self						
1. Identiteit	1	7	13	19	25	31
2. Aanvaarding	37	42	48	54	59	64
3. Gedrag	70	75	80	91	94	97
B. Persoonlike Self						
1. Identiteit	84	78	82	2	8	14
2. Aanvaarding	20	26	32	38	43	49
3. Gedrag	55	60	65	71	76	83
C. Die Self in verhouding met gesin en familie						
1. Identiteit	77	81	85	63	69	73
2. Aanvaarding	3	99	15	21	27	33
3. Gedrag	39	89	50	56	61	66
D. Die Self in verhouding met die sosiale gemeen-skap						
1. Identiteit	62	68	72	47	53	58
2. Aanvaarding	87	90	93	4	10	16
3. Gedrag	22	28	34	40	45	51
E. Die Self in verhouding met waardes						
1. Identiteit	46	52	57	86	44	95
2. Aanvaarding	92	96	100	88	98	9
3. Gedrag	5	11	17	23	29	35
F. Selfkritiek						
	79	74	67	41	36	30
	24	6	12	18		

ANNEXURE 4

INFORMED CONSENT

I, the undersigned, parent / guardian of _____
acknowledge the following:

1. I have given Mavis Clark permission to treat my child using any therapeutic form that she should choose, including hypnotherapy.

2. I am aware that Mavis Clark is registered at the South African Medical and Dental Council and is a member of the South African Society for Clinical Hypnosis. Consequently, she has been specially trained to use Clinical Hypnosis in a responsible manner.

3. She has explained the therapeutic process to me and I fully understand the implications. She has provided me with an explanation of hypnosis, not only about the nature of hypnosis, but also about the myths of it, and my questions about hypnosis have been satisfactorily answered.

4. While fully understanding that the therapist will try her best to help my child resolve his problem or symptoms, I fully understand that there is no guarantee that the treatment will be successful.

5. I understand that the session will be kept confidential, but that certain issues may be discussed with any general practitioner, psychiatrist, psychologist or medical specialist who may be treating my child or who may treat my child in the future.

6. I understand that memory is imperfect and research has shown that there is no guarantee that all information revealed during or after hypnosis is factually accurate. However, I understand that whatever information is revealed during hypnosis will be used entirely and solely for my child's benefit.

7. I understand that I have the right to terminate treatment of my child whenever I wish, should I feel that no progress is being made. I also understand that the therapist may terminate therapy should she feel that no progress is being made.

8. If the outcome of the therapy is not what I expected it to be, I hereby agree that I will not have legal cause of action against Mavis Clark, based on her professional and competent use of psychotherapy / hypnosis with my child.

SIGNED : _____ DATE : _____