The Effectiveness of Hypnotherapy in Reducing Stress Levels

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Abstract
This study was designed to portray stress levels and the effect of hypnotherapy in reducing the stress condition of the counselees. This research used a single-subject research method with an A-B-A design. The research subjects were 6 counselees in a stressed condition. To determine the stress levels, the investigator used a research apparatus in the set-up of the scale measurement model DASS (Depression Anxiety Stress Scale). Data were analyzed using the nonparametric Wilcoxon signed-rank test. The results indicated that the subjects studied were stressed before given hypnotherapy. However, after undergoing hypnotherapy, the stress levels of respondents decreased. On the basis of the Wilcoxon test results, it also was found that the stress levels of counselees before and after the hypnotherapy treatment declined. Thus, it can be concluded that hypnotherapy treatment is effective in reducing the level of stress in the counselees.

Key Words: effectiveness, hypnotherapy, stress, DASS model, single-subject research

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Evolution in the 21st century has caused substantial adjustments to the multiple aspects of life in society.1–5 Such conditions of the substantial adjustments have led to challenges, pressures, and competitions. Consequently, various psychological problems arise.6,7 One particular problem is the stress phenomenon that is experienced by almost everyone, regardless of whether they are children or adults. The pressures felt in daily life cause many of these stressful conditions experienced in society. The peoples called on this condition as “stress an spice of life.”3,4

Stress is a condition of tension that involves emotions, thought processes, and the conditions of the persons themselves.12 Stress can be identified through physical,13 psychological,13 social, and interpersonal events.14 Symptoms of stress can be viewed as an event, a display of signs,15,16 or an occurrence of something bad that brings changes to the body. These symptoms could also affect the health of the body in general or target specific areas,17 such as the joints. In addition, stress can also cause other health problems,18 such as obesity; this occurs because of an increase of appetite when under stress, thus making the diet irregular.19

Moreover, stressful conditions occur when there are pressures,20 demands, or things that overburden or exceed the mental capacity of a regular person. According to Lamotte, stress can appear when individuals experience violence.21 In addition, events that bring about a change in the individual can lead to stress.22 Lastly, environmental factors can also lead to the emergence of symptoms of stress.23 Instances of this include workplace noise, an unfavorable atmosphere around the house, stress-caused academic situation, and pressure from a broken family.

Stressful events can be derived from many situations, such as those involving school, family, or work. These conditions raise a variety of other psychological problems that begin with the stress. It is found in education, for example, that the phenomenon of stress of students can cause the occurrence of a shock event. As pointed out by Ifdil and Barriyyah,24 this stress phenomenon experienced by students can include their worries about failing when they do not achieve adequate results in the examination or feeling disturbed when they get low scores in tests. Indeed, this has even led to cases wherein students jumped from the fourth floor of a plaza because of them not being able to graduate into advanced education.

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This stress phenomenon is also influenced by cultural factors, wherein acculturation of stress occurs in immigrant communities and ethnic minorities, thus impacting psychological change. In health-related cases, it was found that about 75% of clients experiencing stress had a feeling of helplessness. Related to this, Turel’s findings of 321 respondents from social networking sites showed that there was a deviation that illustrated social networking site media had a part in the causation of stress. On the basis of the above findings, it can be concluded that stress cases occurring in education, health, and society have various background causes, such as an internal cause (self-inflicted) or a condition from school, and a discrepancy between expectations of results and the reality of learning cases wherein obesity caused stress because of a lack of confidence with their body image. Therefore, it is necessary to administer treatments to decrease the stress level of the counselee who needs assistance from the counselor/therapist. The treatment carried out in this study used hypnotherapy to reduce stress levels of the counselee.

The hypothesis is supported by Hammond’s research, which resulted in the finding that hypnotherapy lowers stress level. According to Giligan’s research, hypnotherapy is a therapeutic method that reaches the conscious mind of the counselee. The hypnotherapy concept applied by Erickson originated from an informal conversational approach. According to some research findings, hypnotherapy is a procedure of psychotherapy, used in various conditions, such as pain disorders, atopic dermatitis (skin inflammation), and alopecia areata or inflammation of the scalp.

The purpose of the research was thus to ascertain the stress level of the respondents and describe the effectiveness of hypnotherapy in reducing the stress level of the counselees.

**METHODS**

This research utilized a single-subject research (SSR) method. According to Eells, the SSR method is used in the study of psychotherapy, wherein the investigation of individuals is based on 2 views of the individual, both as an object and a unit of analysis. The subjects from this study were 3 people who had been very stressed. Research subjects were those who have high-stress levels obtained from the measurement results using DASS (Depression Anxiety Stress Scale)-21. According to some research findings, DASS-21 subscales can validly be used to measure the dimensions of depression, anxiety, and stress. SSR examines or observes the same object, while recording the analysis is based upon lines on a graph: the horizontal line for observation of treatment and the vertical line for behavior.

The research design used was A-B-A [Baseline (A1)-Intervention (B)-Baseline (A2)], and the subjects of the study were 6 counselees who experienced severe stress, ascertained through the results of an earlier assessment.

The first step was to collect data target behavior in the first baseline condition (A1) data collection, using the DASS model scale and observation sheet. After the data stabilized at the baseline condition, intervention (A1) was administered. The collection under intervention conditions was carried out until the data reached a clear trend and level; thereafter, each condition at baseline (A1) was repeated on the same subject. The data were analyzed using the statistical test of nonparametric Wilcoxon signed-rank test.

**RESULTS**

The measuring of stress levels was performed 3 times at the baseline phase (A1), then 3 times in the intervention phase (B), and 3 times in the next baseline phase (A2). The central tendency shows a steady trend direction in the baseline phase (A1), and, then, the median value 9 at the beginning of the observation until the end of the baseline observation (A1), and decreases in the intervening phase (B). As for the median value of 6 down to 4, as well as in the baseline phase (A2), the trend showed a steady decline to the median number 3. The stress level at the end of the baseline was 9 and, then, 6 at the set-up of the intervention, which was steadily cut
down to a 3-second baseline stage (A2). This suggests that the more the interventions were administered, the less the target behavior. Thus, treatment or treatments can be said to lower the level of stress in the counselees.

When the researcher calculated the baseline condition (A1) in the last session of measurement (9) and the first session at the intervention condition (B), and got the difference between the baseline’s data points, the result of the data treatment was 2. This meant that the decreased change in target behavior showed an improved meaning (+), or effective treatment, in reducing the level of stress of the counselee. The results of the graphical analysis in groups can be surmised to show that hypnotherapy was effective in reducing the stress level in the counselees.

Besides observation, the researchers also conducted data collection using a scale measurement model, DASS. The DASS model measurement scale was returned to the counselee to measure the level of stress after receiving treatment with hypnotherapy. The results of the DASS model scale measurement also showed significant results in the observation process. Three counselees were in a stress category on the basis of the results of the DASS model scale measurement scale before getting treatment with hypnotherapy. However, after receiving treatment with hypnotherapy, 3 counselees showed decreased levels of stress in the category of simple and lightweight.

On the basis of statistical test results of the Wilcoxon signed-rank test, data comparison between data scale of the measurement model DASS, before and after treatment with hypnotherapy, using a total of 3 cases, all returned negative. This meant that the level of stress of the counselees after receiving treatment with hypnotherapy was lower than before the treatment was administered. It shows that the level of stress that the counselee had decreased particularly after the treatment intervention with hypnotherapy.

The test results of the different levels of the counselee’s stress through the pretest and posttest scale measurement model DASS also showed supportive findings to the results of the earlier analysis. When compared between pretest and posttest data, the value of Z is −1.604, which falls on the probability 0.109 (<0.25), meaning H0 was rejected. There was a significant difference in the level of the counselee’s stress between pretest and a posttest of the DASS model scale. In other words, there was a significant decrease in the level of the counselee’s stress after receiving treatment with hypnotherapy.

### DISCUSSION

The findings above show that 3 respondents experienced a decrease in stress levels after treatment. The emergence of stress on each counselee had a variety of causes, identified from various symptoms that appeared. Physical, behavioral, and loss are the symptoms of stress. Physical symptoms include the following: breathlessness, dry mouth and throat, moist hands; feeling hot, tensed muscles, disturbed digestion, diarrhea, constipation, unwarranted fatigue, headache, raw muscles, and anxiety. Behavioral symptoms include the following: the category of feelings, such as confusion, anxiety, and sadness; irritation; feeling misunderstood; the category of helplessness; inability to do anything; anxiousness; feeling like a failure; unattractiveness; and feeling discouraged. Difficulties include the following areas: concentrating, thinking clearly, and decision making. Under the category of loss, a loss includes the following: a loss in creativity; passion in appearance; and interest in other factors.

The above symptoms can be identified by the counselor/therapist through the provision of the DASS instruments. The provision of DASS instruments is a necessity in the study to identify the condition of the counselee. This is because the phenomenon of stress is caused by a combination of several causes. Using hypnotherapy is effective in reducing the stress level the counselee feels. According to Milliken et al, hypnotherapy provides a new technique to lower stress levels. The use of hypnotherapy can reduce stress levels, because it can reduce excess hormone levels, affecting the
stress itself. Moreover, some research explains that hypnotherapy can reduce stress experienced by students who are preparing a thesis.51 Using the hypnotherapy approach modifies the counselee’s thinking style, as under the state of hypnosis, the counselor/therapist can manage the level of stress.

Hypnotherapy is a non-pharmacological intervention52–55 used to treat psychological problems, such as stress, anxiety, depression, and mental health disorders. In this treatment, the hypnotherapy procedure is performed with a 3-phase therapeutic protocol, which is a standard protocol from the Indonesian Board of Hypnotherapy (IBH). These phases are phase 1: conditioning, phase 2: optional therapeutic, and phase 3: empowerment.

The application of the hypnotherapy treatment is aimed at reducing the stress level through implementing the 3 phases. The phase is oriented towards giving positive suggestions to clients. Giving these suggestions can lead to the behavior of constructive coping mechanisms in the client.

In the therapeutic phase, suggestions given to clients depend upon the stress conditions experienced. As aforementioned,55 the stress condition of everyone is different and is dependent on the individual's frustration tolerance.56 It explains that individual stress conditions affect each person depending on the “soma to psychosocial” state. As such, events in the past cause the emergence of stressful conditions.57 In addition, stress conditions arise because of the conditions caused by physical and psychological pressures, due to demands on themselves and from the environment. It triggers an individual to feel like he or she is in a stressful situation, and it has a high possibility that individual stress levels are at the 0 level (or the stress level is reduced) after treatment. Such conditions are also influenced by other factors that trigger the emergence symptoms of stress in individuals.

CONCLUSIONS

The use of hypnotherapy is effective in decreasing stress levels. There is a significant change before and after hypnotherapy treatment. Before hypnotherapy treatment, the stress level of the counselee was in the high category. However, after treatment, the stress level of the counselee became lower. This shows that hypnotherapy is effective in decreasing the stress level of the counselees. Hypnotherapy can thus be recommended to be mastered and used by experts to reduce the stress levels of the clients.

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We are very grateful to the therapists and all the cotherapists working at the Indonesian Institute for Counseling, Education, and Therapy for their performance from implementing the treatment to completion of this paper. This paper can be useful for future psychotherapist services.

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