Investigation on Whether Hypnosis can be Effective in Treatment of Anxiety

Name

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Abstract

For the last decade, the number of people suffering from anxiety disorders throughout the world has been on constant increase. In order to treat anxiety disorders, various methods have been used with administration of different medications comprising of the most common approaches. Hypnosis is one of the alternatives to medication that can be used in treatment of anxiety disorders and it involves the therapist guiding the client's cognitive responses to anxiety. However, one of the misconceptions of hypnosis is that the therapist manipulates the client and imposes his or her values on the client. The proposed research will use a mixed research method to investigate whether hypnosis can be effectively used to treat anxiety.

Keywords: Anxiety, hypnosis, anxiety treatment

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Introduction

Anxiety can be explained as a chronic illness that has become common over the last century, not only in the United States but also all over the world. Indeed, according to Web Med (2015), 28.8% of the Americans are expected to suffer anxiety in their lifetime with that been the highest rates in the world. On the other hand, $42 billion is spent every year on anxiety disorders in the US while 50% of the amount goes toward address anxiety signs that mimic physical illness. On the other hand, 12.7 million women are reported to suffer from phobias which happen to be the most common form of anxiety (Web Med, 2015).

From those figures, it is clear that there is a need to ensure that effective approaches on how anxiety can be treated are established since unless something is done, there is a high chance that the condition might become hard to control not only in the United States but also in other countries. It is from that view that this research has been proposed with the aim of investigating whether hypnosis can be effective in treatment of anxiety.

Research aim

Over the years, various approaches have been used to treat anxiety disorders. Among others, one of the approach that has been used comprises of hypnosis that is practiced by licensed therapists and creates a relaxed state in which patients are able to focus on their ailments and fears while the therapist suggests ways for the patient to cope. In that context, the proposed research aims at establishing whether the hypnosis effectively suppress anxiety in patients so that medications can be avoided or eliminated.

Significance of the research

The proposed research is significant since it focuses on the topic of anxiety and as already highlighted, the numbers of Americans suffering from anxiety disorders have been on

constant increase. Thus, it is important to research on the subject since most of the people depends on the use of medications to treat their anxiety while it is obvious that there are other forms of treatment that can also be used to treat anxiety disorder. In that view, the proposed research is justified as it will help to determine whether hypnosis can be used to effectively treat anxiety.

Literature review

Overview

Brann, Owen &Williamson (2012) have defined hypnosis as a state of consciousness that is trance-like. In addition, the scholars have explained that therapy professionals use hypnosis to modify behavior and help clients recover memories that are deep in their subconscious. According to Reis (2012), hypnosis is quite complex and it is for that reason that its definition have proved to be challenging. In that view, it can be noted that the concept of hypnosis elicits diverse reactions from different people even though the bottom line is that it is full of misconceptions. Hypnosis has various purposes, but behavior therapists have made the most progress in its application. This is not to infer that hypnosis can only work for behavior therapists because it can also facilitate other purposes like overcoming phobias and relieving emotional discomfort like sleepless nights (Brann, Owen &Williamson, 2012; Reis, 2012). It is because of these other diverse reasons that the proposed research focuses on investigating whether hypnosis can be used to effectively treat anxiety.

Dyer et al. (nd) noted that therapists and mental health professionals have begun to look into the use of hypnosis for other purposes like the treatment of anxiety. The use of hypnosis to treat anxiety brings to light a gap in the psychological research concerning various methods of

therapy (Yapko, 2011). Indeed, the field of therapy is increasingly using hypnosis with the practice becoming more and more acceptable. In that view, there is an increasing need to research on the use of hypnotism in treating anxiety as that will offer an in-depth understanding on how hypnosis can be used.

The question on whether hypnosis can be used to treat anxiety has been a highly debated question. Specifically, the reason for the increased interest in the debate has been due to the fact that there are numerous patients who seek therapy because they suffer from anxiety disorders such as general anxiety disorder, panic disorders and social anxiety disorders. Many of these patients seek help in dealing with the hope of learning a technique that can help them when they find themselves experiencing panic attacks. Nevertheless, very few of these patients consider hypnosis as a therapeutic technique (Reid, 2012).

As is evident from the discussions, there exist different views and opinions when it comes to the topic of hypnosis and it is for that reason that this research has been proposed as it will help find out whether hypnosis can be used to effectively treat anxiety.

Scientists use basic facts to counter some of these misconceptions and propagate the application of hypnosis in anxiety treatment. The counter arguments to the misconceptions concerning hypnotherapy contribute to the significance of this research. The research provides literary prove that hypnosis is effective in treating anxiety. The work contributes to the discussion on the use of hypnosis and encourages more therapists to apply hypnosis in treating anxiety. The research also shows that hypnosis works in relief of pain. It is also significant in correcting the misconceptions about the technique and shows that it is possible for hypnosis to be of great contribution to psychology and mental health. This research is also significant as it

shows that it is beneficial to incorporate hypnosis in psychology programs within schools of higher learning.

Application of hypnosis

The application of hypnosis differs from one theorist to the other. There are two major uses of hypnosis agreed upon by all theorists. The first is the use of hypnosis to make direct suggestions that influence behavior by reducing the symptoms and the use of hypnosis as a tool in a therapeutic approach. A very common example of the first use of hypnosis is where a therapist suggests to a patient who is undergoing a painful procedure that the affected body part is numb. This approach help the patient deal with the pain and undergo the procedure. An example of the use of hypnosis as a tool in a therapeutic approach is in the cognitive behavioral therapy, where the therapist, for example, uses hypnotic desensitization to help the patient through the process of systematic desensitization. The therapist, therefore, decides the use of the hypnosis in his or her therapy session (Lynn & O'Hagen, 2009).

Theories of hypnosis

After understanding the fundamental reasons for the use of hypnosis, it is critical to identify and analyze the theories of hypnosis and their effect in treating anxiety. The theories fall into two categories that include the state and the non-state categories (Barnier &Nash, 2008). Theorists within the state category argue that hypnosis produces an altered state of consciousness that is associated to brain function. They also argue that patients respond to hypnotic suggestions because of their altered state of consciousness and processes like dissociation. On the other hand, non-state theorists argue that patients play an active role and would have almost the same responses without hypnosis. They also argue that responses are a result of normal processes like expectations, and attitudes (Barnier &Nash, 2008).

The first theory is the Neo dissociation theory by Ernest Hilgard (Lynn & O'Hagen, 2009). According to Lynn and O'Hagen, the theory offers that dissociation occurs at high levels of control and cause the executive control systems to split into various streams (2012, p. 121). The streams all functions properly but cannot express themselves in the conscious state. The suggestions then work on these streams and thus the patient is aware of the results of the suggestions but not the how. Therapists can use this theory because anxiety affects fundamental body processes.

John Gruzelier is also a theorist who proposes the theory of neurophysiology. He suggests that individuals who achieve hypnosis faster have better executive control functions than those who take more time. He submits that hypnosis occurs in three stages that characterize systematic step by step dissociation and changes in brain activity. First the individual intentionally listens to the suggestions, then gradually relieves control to the therapist and finally the individual engages in passive imagery (Lynn & O'Hagen, 2009). It can also be pointed out that there is also a group of theorists who propose that hypnosis occurs as a voluntary act by the patient. This theory is the dissociated experience theory.

When it comes to non-state theorists, Nicholas Spanos offers the Socio cognitive theory that postulates that expectations, attitudes, and imaginings shape the hypnosis process. According to Lynn & O'Hagen (2009), Spanos was of the view that individuals transform their ideas on how a hypnotic experience should be able to enact the role.

Golden (2012) identifies Irving Kirsch, as a theorist who advanced the response expectancy theory which postulates that hypnosis is an involuntary outcome influenced by the patient's expectation of certain responses. Apart from that, Golden (2012) has also discussed the dissociated control theory that was developed by Woody and Bowers. In the dissociated theory,

the executive control systems and the lower control subsystems completely dissociate in functionality thus implying that during the hypnosis, the individual relies on lower control subsystems that are easily susceptible to suggestions due to the fact that the executive control systems cannot function.

Research Gap

Misconceptions and fears have hindered the use of hypnosis in anxiety treatment. Hypnosis is used to adjust the cognitive processes that influence anxiety symptoms and responses. In this case, the therapist guides the client's cognitive responses to anxiety. One of the misconceptions is that the therapist manipulates the client and imposes his or her values on the client. Hence, patients with anxiety are afraid of using hypnosis to treat and manage the condition due to manipulation by the therapist. Additionally, the opponents of hypnosis believe it adversely affects the brain making it weak and also think the process is for uneducated people (Reid, 2012). Also, individuals can be compelled to share personal details and fail to wake up from the trance. Hence, the research will examine the misconceptions and fears and provide accurate information to individuals to understand the importance of hypnosis in treating anxiety (Barnier & Nash, 2008). Providing correct information about hypnosis will increase the usage of the process (Yapko, 2011). In addition to that, the researcher's proposal will analyze different theories used to explain the use of hypnosis in anxiety treatment such as the state and non-state theories. State theories claim that the patient should be in an altered state of consciousness when treating anxiety to prevent counter-productivity of individuals who are anxious and aware of their anxiety (Lynn & O'Hagen, 2009). Non- state theorists belief that clients play an active role and would have the similar responses without hypnosis. Hence, responses are due to normal processes including attitudes and expectations (Mende, 2009).

The proposed research aims to follow the state theories because anxiety affects fundamental processes in the human psychology and physiology.

Research Methodology

Research methodology section as has been discussed by Saunders et al. (2007) and Patton (2002) explains in great detail the research methods and techniques that will be used in the collection and analysis of the research data in order to ensure that the stated aim and objectives of the research are achieved. In this section, the research methods and approaches that will be used in the proposed research are explained in detail.

Research Method

The two main research methods that can be used in any given research comprises of qualitative research method and quantitative research method (Cresswell, 2006). For the proposed research a mixed research method approach which Cresswell (2006) has discussed as a research approach that is uses both qualitative and quantitative research approach will be used. In view of the qualitative research method, it can be explained that as explained by Saunders et al. (2007), the method uses various data collection methods or triangulation with the main intention of ensuring that the researcher gets an in-depth understanding of the views and opinions of the research subjects. On the other hand, Flick (2006) has explained that the qualitative research method is mainly flexible and elastic and able to adjust to what is being learned during the data gathering process. In that view, the qualitative design needs the researcher to be involved in the research process implying that the researcher has to remain in the field for a long period of time. As far as the quantitative design is concerned, it does not provide a detailed analysis of the issue being studied as is the case with qualitative research method (Patton, 2002). As expounded on by

Polit & Beck (2008), in quantitative research method, the researcher generates quantitative data using research instruments and scales. The quantitative study design determines the relationship between different variables using quantitative data. The quantitative researcher is not involved in the data collection process or research process. Thus, the findings are considered to be free from researcher bias. Combining the qualitative and quantitative methods is imperative to understanding factors that hinder or facilitate the use of hypnosis when treating anxiety (Polit & Beck, 2008). The qualitative data method and design provide a comprehensive analysis of hypnosis and anxiety. The qualitative design is essential in understanding the factors that encourage and impede the use of hypnosis from the patients' perspective. The design will be used to generate data on the patients' attitude towards the utilization of hypnosis to treat anxiety (Clark-Carter, 2009). Understanding the attitude is important to facilitate the usage of the method by getting rid of the negative attitudes, misconceptions and fear. Quantitative data collection methods such as the Likert scale or questionnaire will be used to obtain quantitative data from the participants (Polit & Beck, 2008). The researcher will not be involved in the quantitative and qualitative research process to avoid researcher bias. Researchers influence the validity and reliability of the study findings by influencing the responses given by participants, their perception and attitudes towards the phenomena being studied. Instead, an independent researcher will interview the participants to get qualitative data (Polit & Beck, 2008).

Research Hypothesis and Questions

Hypnosis is an effective method used in treating anxiety and only licensed therapists practice the hypnosis. The method creates a relaxed state in which individuals with anxiety concentrate on the disorder and the fears and the therapist identifies ways they can cope with the disorder (Barnier & Nash, 2008). Hence, the study will answer the following research question:

- Does the usage of hypnosis effectively suppress anxiety in clients so that drugs can be avoided or gotten rid of?

The following hypothesis will be tested. The hypothesis will determine whether patients who receive hypnosis for anxiety disorders have less occurrence of the disease compared to those who use drugs.

H0: Patients who receive hypnosis for anxiety disorders have less occurrence of the disorder, unlike those who use drugs.

H1: Patients who receive hypnosis for anxiety disorders have a frequent occurrence of the disorder, unlike those who use drugs.

Target Population and sample size

The target population is patients with anxiety disorders who have used hypnosis or are considering using the method to manage anxiety. A sample of 100 individuals with hypnosis who have utilized hypnosis and are planning to use the technique will be chosen. The sample will be made up of 50 men and 50 women aged 18 years and above. A stratified sampling method will be used to choose the participants. Stratified sampling method ensures the sample chosen is a representative of the study population. Also, the method eliminates selection bias and ensures the study findings are valid and reliable (Clark-Carter, 2009).

Data Collection Method and Instruments

Semi-structured interviews and Likert scales will be used to collect data from the subjects. A semi-structured interview has a rigorous collection of open- ended questions. The open-ended questions enable the interviewer to bring up new ideas during the interviewee based on the responses from patients. The researcher is supposed to identify the interview topic before

carrying out the interview. An interview guide enables the research concentrate on the topic being discussed without limiting him to a certain format (Schuh & Associates, 2011). Semi-structured interviews are less controlled, and they are also known as an in-depth interview. The questions for the semi-structured interview are not fixed, unlike the questions in a structured interview. In a structured interview, the interviewer is guided from one point to another and responses from subjects are prescribed, unlike semi-structured interview. In semi-structured interviews, the researcher can vary the course of the interview depending on the subjects' answers and the interview flow (Schuh & Associates, 2011). The main aim of the semi-structured interview is to discuss the topic more openly and permit interviewees to express their views in their own words. In this case, semi-structured interviews will enable participants' with anxiety that have used hypnosis or are planning to use the method to share their experiences and reasons for using the method. The researcher will develop an interview guide based on the use of hypnosis to treat anxiety and modify it based on the information given by participants and the flow of the interview.

Additionally, Likert scales will be used to get data from the subjects.Likert scale was developed by Rensis Likert in 1932, and it is used to measure participant's attitude. A Likert scale evaluates the attitudes towards the topic being examined (Kumar, 2008).The researcher presents a collection of statements regarding the topic and asks the subjects to indicate for each whether they agree or disagree. The responses range from strongly agree to strongly disagree. A Likert questionnaire will be prepared to evaluate the patients' attitude towards the use of hypnosis, and the questionnaire will contain questions regarding hypnosis and anxiety treatment (Clark-Carter, 2009).

Data Collection Procedure

  The following steps will be followed when gathering data from the participants. The first step is getting consent from participants. The participants will be briefed about the proposed research including the benefits and risks linked to the study. The study is beneficial to the society and persons with anxiety. The study findings will facilitate the use of hypnosis by eliminating the misconception and fears. The risks associated with the research include the breach of the privacy and confidentiality policy. The second step is getting approval from the university's institutional review board. The board is supposed to review the study including the stated benefits and risks and make informed decisions. The researcher will be allowed to carry out the study if the benefits outweigh the risks. The third step is administering the questionnaire and interviewing the participants. Participants will complete the Likert questionnaires and return them to the researcher. Also, the participants will be interviewed based on the interview questions identified. The fourth step is analyzing the data obtained. The fifth step is making conclusions (Clark-Carter, 2009).

Data Analysis Procedure

  Descriptive and inferential statistics are key to analyzing data obtained from the participants. Data obtained using a Likert scale is analyzed at the interval measurement scale. The items are developed by calculating the composite score or the mean from the item. The composite score for the scale is analyzed at the interval measurement scale. Descriptive statistics including measures of central tendency and distribution will be used to analyze the data. Mean and standard deviation will be utilized to determine the data and variability. Other tests are Pearson correlation coefficient, ANOVA, t-test and regression (Polit & Beck, 2008).

The interview data will be analyzed using thematic analysis. It entails identifying, examining and recording the themes within data. Themes are considered patterns that are critical to describing the phenomena and are linked to the research question (Schuh & Associates, 2011). The themes identified will be grouped into categories for analysis. Thematic analysis is conducted via the coding process. The coding process comprises of six stages including familiarization with data obtained, generating code and searching for themes from the codes (Polit & Beck, 2008). Other stages are reviewing the themes identified, defining and stating the theme and generating a final report. The six stages will be used to analyze data on the usage of hypnosis and the treatment of anxiety. Themes related to the use of hypnosis to treat anxiety disorder will be identified and grouped into categories for analysis. The themes identified will be described.

Ethical Issues

As discussed by Cohen et al. (2007), researchers have to ensure that they carry out researches in an ethical manner since if a research is carried out in a manner that is considered to not have been ethical, the credibility of the findings of the research will be questioned. As far as the proposed research is concerned, it can be noted that there will be three main ethical issues that needs to be considered. The first ethical issue is the issue of informed consent that has to be collected from the research subjects before they can be allowed to take part in the study. Thus, the research subjects will be informed on the purpose of the study and at the same time briefed on how the research will be carried out. They will then be asked to give their consent and only the subjects who give consent will take part in the study. The other ethical issue entails privacy of the research subject which will be assured as the identity of the subjects will not be disclosed to any third party. Indeed, even where there might be disclose the characteristics of some of the

subjects, the real name of the subjects will not be used. Finally, the last ethical issue entails the issue of plagiarism and will be addressed by ensuring that any information that is used from a secondary source of information will be referenced according to APA referencing style.

Conclusions

In conclusions, it can be explained that the proposed research is justified as the research will focus on an area that can be said to have been overlooked in the past since even though there are some researches that have investigated on how anxiety can be effectively treated, the researcher has not come across a researcher that specifically focuses on investigating whether hypnosis can be used to effectively treat anxiety.

References

Barnier, A. J.,& Nash, M. R. (2008). *Introduction: a roadmap for an explanation, a working definition*. In M. R. Nash & A. J. Barnier (eds). The Oxford Handbook of Hypnosis: Theory, Research, and Practice. Oxford: Oxford University Press.

Brann, L., Owens, J., & Williamson, A. (2012). *The handbook of contemporary clinical hypnosis*: Theory and practice. Chichester, West Sussex, UK: Wiley-Blackwell.

Clark-Carter, D. (2009). *Quantitative psychological research: the complete student's comparison*. United Kingdom: Psychology Press

Cohen, L. Manion, L., Morrison, K. (2007). *Research methods in education (6Th Ed).* London: Routledge.

Cresswell, J. W. (2006). *Research design: Qualitative, quatitative, and mixed methods approaches.* Thousand Oaks. CA: Sage.

Dyer, G., Dyer, G, & Hawkins, Russell. (n.d.). Hypnosis: *The elusive rapprochement between theory and practice.*

Evans, B. J., & Australian Society of Hypnosis. (1994). *Hypnosis in the management of anxiety disorders*. Heidelberg, Vic: Australian Journal of Clinical and Experimental Hypnosis.

Flick, U. (2006). *An Introduction to Qualitative Research.* London: Sage Publications

Gill, P., Steart, K., Treasure, E., & Chadwick, B. (2008).Methods of data collection in qualitative research: Interviews and focus groups. *British Dental Journal*, 204, 291-295

Golden, W. L. (January 01, 2012). *Cognitive hypnotherapy for anxiety disorders. The American Journal of Clinical Hypnosis*, 54, 4, 263-74.

Kumar, C. R. (2008). *Research methodology*. New Delhi: APH Publishing

Lynn, S. J., & O'Hagen, S. (2009). The sociocognitive and conditioning and inhibition theories

      of hypnosis. *Contemporary Hypnosis*, 26, 2, 121-125.

Mende, M. (2009). *Hypnosis: state of the art and perspectives for the twenty-first century.*

      Contemporary Hypnosis, 26, 3, 179-184.

Patton, M. Q. (2002). *Qualitative research & evaluation methods (3^{Rd} Ed.).* Thousand. Oaks,

      CA: Sage

Polit, D.F., & Beck, C.T. (2008). *Nursing research: Generating and assessing evidence for*

      nursing practice. Philadephia, PA: Lippincott Williams and Wilkins

Reid, D. B. (2012). *Hypnosis for Behavioral Health: A Guide to Expanding Your*

      Professional Practice. New York: Springer Publishing Company.

Saunders, M., Lewis, P., Thornhill, A. (2007). *Research methods for business students.*

      Harlow, UK: Pearson Education Limited.

Schuh, J. H, & Associates. (2011). *Assessment methods for student affairs*. Hoboken, NJ: John

      Wiley and Sons

Society for Clinical and Experimental Hypnosis (U.S.), *Society of Psychological Hypnosis, &*

      International Society of Hypnosis. (1959). The International journal of clinical and

      experimental hypnosis. Baltimore, Md: Society for Clinical and Experimental Hypnosis.

Web Med (2015). *The United States of Anxiety*. Retrieved from:

      http://www.webmd.com/anxiety-panic/features/united-states-anxiety

Yapko, M. D. (2011). *Treating comorbid anxiety and depression: Strategic methods of*

      active intervention. Eau Claire, WI: CMI/Premier Education Solutions