



EFFECT OF HYPNOTHERAPY IN REDUCING PHOBIA SYMPTOMS

Moh. Sarifudin S. Auna

University of Muhammadiyah Malang

Email : sarif.aunaumm@gmail.com

ABSTRACT	Keywords
<p>The perspective of psychoanalysis states that phobia is a past traumatic experience that is repressed to the subconscious mind. One of the solutions that the author proposes to heal or reduce the phobia is a hypnotherapy. The hypnotherapy is applied to help a person in reaching the subconscious mind easily, quickly, effectively, and efficiently. Besides, the hypnotherapy also could be employed to provide new understanding and learning or new meaning to experiences causing phobias and provide a bigger control to the sufferers. This study aims to determine the effectiveness of hypnotherapy in reducing phobia symptoms. This study is a quasi-experimental study that applies one-group pretest-posttest design. The participant of this study is twenty people and the sampling technique that is applied is the sampling incidental. The questionnaire that is used in this study is the fear questionnaire (FQ). The result of the study revealed that the characteristic of the average age is 22 years old and most of whom the phobia is suffered by women (80%) compared to men (20%). Based on the result of paired sample t-test, it was obtained the data that showed the score of p is $0.000 < 0.05$. The aforementioned score reveals that there is a significant change to the reduction of symptom after being given the hypnotherapy. This study concludes that the hypnotherapy is effective in reducing the symptoms of phobia with two sessions of therapy.</p>	<p>Hypnotherapy, phobia symptoms, mental health.</p>

INTRODUCTION

Phobias are irrational fears of certain objects, places and or situations (Salih, 1968). Excessive fears will be a symptom of phobias that adversely affect the quality of life (Theofilou, 2013; Jarymowicz & Bar-tal, 2006). Decreased quality of life certainly has an influence on stress and mental disorders which are considered as risk factors that correlate to the subsequent development of mental disorders and other illnesses with consequences such as anxiety disorders, panic, depression, mood affective disorders, insomnia, parkinsonism, heart disease,

decreased appetite, gastric pains, migraines, infectious diseases, drug abuse, drug dependence, and worse, suicide attempts (Safren, 1996; Fahlen, 1996; Lichtenberg, 1991; Pitkanen et al., 2009; Perales et al., 2014).

Prevalence with the general population related to DSM III R is that most people have a type of phobia namely agoraphobia 87.6%, simple phobia 83.4%, social phobia 81.0%, and report at least once in a lifetime (Magee, 1996). Many as 59.2% of them reported phobia disrupting their daily lives (Wardenaar et al., 2017). In Indonesia, mental disorders such as phobias, anxiety and depression are on

average around the age of 15 years or around 19 million inhabitants (Depkes, 2011). In East Java the highest mental disorders are reported to be in Malang, which is 29.6% (Risksedas, 2008). During an interview with a hypnotherapy practitioner at Malang's medicare hypnotherapy clinic, he said that it was noted that the most clients were around 85% with phobia complaints with almost the same symptoms.

Phobias are physiological and psychological reactions with the aim of surviving dangerous situations (Jarymowicz & Bar-tal, 2006). These symptoms will appear when individuals meet or are in situations that trigger phobias and cause panic reactions (Purnama, 2016). Panic attacks are discrete periods with intense fear in which four or more of these symptoms such as palpitations, sweating, trembling, shortness of breath, chest pain, nausea, abdominal pain, gastric pains, diarrhea, tingling, weakening, body aches, shivering, increasing blood pressure and heart rate, fear of losing control or going crazy, fainting (Shelton, 2004; Shri, 2010; Kraft, 2010; Crozier et al., 2011; Katzman et al., 2014; Soodan & Arya, 2015; Sharma & Parle, 2016). Phobic reactions occur automatically and unconsciously (Jarymowicz & Bar-tal, 2006).

Phobias are caused by many factors including genetic factors, family factors, stress, and incidents or trauma. Psychoanalytic views stated that phobias originate from early childhood experiences that are repressed into the subconscious. Certain phobias have symbolic meaning (Furnham, 1995). Various strategies can be performed in reducing phobia symptoms, namely by psychotherapy and pharmacology. The examples of psychotherapy are cognitive behavioral therapy (CBT), relaxation, social support,

and hypnotherapy (Barrios, 1970; Kraft, 2010). Meanwhile, pharmacology is such as the use of antidepressants and tranquilizers (benzodiazepines).

Hypnotherapy is one of the easiest, fastest, the most effective, and efficient ways in reaching the subconscious mind by re-educating, and able to provide a faster and permanent solution (Horowitz, 1970; Gunawan, 2012). Kraft (2010) stated that hypnotherapy is very effective in helping a person: a) to explore feared situations in a safe environment, b) to reduce anxiety using desensitization, c) to gain control using anchoring, d) to improve coping strategies by strengthening the ego using breathing techniques, e) to overcome inner conflict and traumatic events using age regression techniques. The results of research by Kumar and Jena (2013) stated that 95% of hypnotherapy can significantly reduce phobia symptoms and anxiety.

Based on the background, it can be inferred a research question whether hypnotherapy can reduce phobia symptoms in the hypnotherapy medicare clinic. The aim of the study was to analyze the differences in phobia signs and symptoms before and after hypnotherapy.

METHODS

This research is a quasi-experimental research that is an experiment carried out in one group without a comparison group or a control group by using a one-group pretest- posttest design, that is a group of subjects observed before intervention, then observed again after the intervention (Nursalam, 2016).

	Pre-test Post-test	Intervention
One Group	O OI	I

The sampling technique used is non-probability sampling, namely incidental sampling, which is a technique for determining samples based on chance meeting with researchers who can be used as samples, if viewed by people who happen to be found suitable as data sources (Sugiyono, 2016). Inclusion criteria are participants who are diagnosed with phobias using the Fear Questionnaire (FQ), participants who are willing to be respondents, participants who have the ability to focus, have psychological symptoms that are behavioral or autonomic which are the primary manifestations of phobias. Exclusion criteria are participants who have a terminal disease that allows not to follow the stages of hypnotherapy until the end, participants are not in a state of severe stress or loss of focus ability, for example due to drugs abuse.

The scale used is the fear questionnaire (FQ) adopted from Marks and Mathews (1979). This questionnaire aims at assessing and identifying the types of phobia as well as phobia symptoms. This questionnaire contains 24 questions with 1 answer choice on each question using a rating scale model scoring scale of 15 phobias consists of 3 separate types of phobias namely agoraphobia in item 5, 6, 8, 12, and 15 with reliability of 0.89, specific phobia or blood phobia and injury in item 2, 4, 10, 13, and 16 with reliability of 0.96, and social phobia in item 3, 7, 9, 11, and 14 with reliability of 0.82 17 items on other situations with reliability of 0.93. Then the score associated with phobic symptoms in items 18-24 with reliability of 0.86.

Research variables consisting of intervention variables are hypnotherapy performed on subjects who have phobias, while the dependent variables are phobia symptoms. Operational definitions of hypnotherapy intervention variables are therapeutic methods using hypnosis

techniques by lowering brain waves to theta, as well as giving positive suggestions. Dependent variable of phobia symptoms is a form of human response when faced with threats from the environment that stimulates other physical and psychological reactions.

Data has been collected since 2018 in Malang's hypnotherapy medicare clinic, Malang city, East Java province. Data collection is directly collected by researchers. In the procedure of conducting hypnotherapy, researchers are assisted by hypnotherapy practitioners who have registered certificates at the professional hypnotherapy organization in Indonesia.

Ethics committee approval was obtained by universities and professional hypnotherapy organizations in Indonesia. Hypnotherapy procedures are used in accordance with the guidelines and code of ethics of the hypnotherapy organization body in Indonesia. The place used is a place that is comfortable, clean, not noisy, and has therapeutic support facilities such as sofas.

Data analysis in this research is univariate analysis in the form of frequency distribution and percentage of each variable. Statistical tests used in bivariate analysis used paired sample t-tests with a significance level of 95% ($p < 0.05$) by using IBM SPSS Statistics version 21.

RESULTS

Descriptive test results based on age showed the study participants had an age range from 19 years to 25 years with an average age of 22 years with a standard deviation of 1,486. The number of participants is 20 people. Data obtained from male participants are 4 people (20%) and 16 female participants (80%).

Table 1. Distribution of participant frequencies based on types of phobia.

Type of Phobia	n	%
Agoraphobia	3	15
Social Phobia	10	50
Specific Phobias	7	35
Total	20	100

Table 1 shows that the most common types of phobias occurred are social phobias, such as fear of crowds, fear of public speaking, fear of criticism, fear of talking to superiors, and fear of walking with others.

Table 2. Descriptive calculations and test paired samples t-test in one group

Data	n	Mean	SD	p
Pre Intervention	20	95.5	24.08	0.000*
Post Intervention	20	20.6	8.06	

*) significant at $p < 0.05$

Table 2, the statistical test shows the phobia symptom score before the intervention is 95.5 and after the intervention is 20.6. It can be seen that there is a decrease in phobia symptoms before and after hypnotherapy. The results of the paired sample t-test calculation showed a value of $p < 0.05$ which means that hypnotherapy could significantly reduce phobia symptoms, the hypothesis was accepted.

DISCUSSION

Characteristics of participants based on age, gender, and types of phobia

Based on data of the participants' characteristics regarding age, it is obtained from the results of the study aged 19 to 25 years with an average age of 22 years. This research is in line with Ibrahim (2011) saying phobias appear from a young age and continue until adulthood. The cause of the emergence of phobias in the average

age of 22 years is a traumatic factor since childhood and influenced by negative information such as bullying, often underestimated, often watching horror films that can trigger phobias. Gunawan (2005) said that information can be obtained through the media, teachers, parents, friends, and the environment that can influence individual behavior which can trigger trauma. The intended traumatic experience is a frightening event and leaves psychological trauma. The other events that trigger phobias are other traumatic experiences such as embarrassing or guilty experiences. When an individual returns to face or experiences a situation similar to his traumatic, then symptoms of fear will occur. This condition also marks the emergence of phobias in these individuals and will continue to persist throughout their age if there is no attempt to cure the phobia experienced.

Based on the gender of participants, the majority of people with phobias are women, with data showing that women who have phobias are 16 people (80%) while men only 4 (20%). This research is in line with Bener, Ghuloum and Dafeeah (2011) stating that women have 62.4% phobia rate higher than men which is 37.6%. Rehatta et al. (2014) stated that women are more anxious about their disabilities compared to men, where men are more active and explorative while women are more sensitive as well as showing that men are calmer than women. Women are also more easily influenced by environmental pressures than men. Fear arises due to threatening purposes, uncertain outcomes, loss avoidance in the future, and less optimistic about the future (Lench & Levine, 2005).

Based on the characteristics of the types of phobias, it can be found that individuals can experience one to three types of phobias that are avoided with data

prevalence of 15% of participants in agoraphobia, 50% in social phobia, and 35% in specific phobias. The highest phobia is found in social phobia by 50%. The results of this study are in line with Chartier, Walker and Stein (2003) saying that all mental health disorders are significantly more common among participants who have social phobia. Social phobia is also known as social anxiety disorder. Social phobia is the fear of being observed and humiliated in public (Maramis & Maramis, 2009). This study is in line with Bener, Ghuloum and Dafeeah (2011) which found agoraphobia (8.6%), social phobia (14.9%), and specific phobia (9.6%).

Decreasing phobia symptoms before and after hypnotherapy

As showed in the results of the study, it has been proven that there is a significant influence of hypnotherapy on the reduction of phobia symptoms with two sessions of hypnotherapy sessions. These results are different from previous studies such as research by Kraft (2010) that required four therapy sessions. The results of this study form the basis of new knowledge about the concept of hypnotherapy that contributes to the scope of alternative complementary therapies that have been described in the Indonesian Ministry of Health's Law regarding mind body interventions as a support to improve health services and quality.

Hypnotherapy can reduce phobias because basically the concept of hypnotherapy makes a person relaxed and able to reach their subconscious mind. In a relaxed state, the brain waves will go down to alpha wave even to theta so that in this condition, it is very easy to access the subconscious mind that functions as a long-term storage of human memory including traumatic experiences that cause phobias.

Hypnosis techniques used are age regression then proceeded by providing positive suggestions for re-educating traumatic experiences using desensitization techniques, namely reducing the sensitivity of phobias and providing new understanding and learning or new meanings so that participants are able to adapt to the object or situation they fear. In order to get longer effects of this therapy, anchoring will be given to participants such as visual, auditory, and kinesthetic symbols with the aim of controlling themselves and strengthening the therapeutic effect on daily activities. This method is supported by a psychoanalytic view which is an effort to cure phobias according to Freud by reopening past memories related to traumatic events that are repressed into the subconscious mind by hypnosis methods (Furnham, 1995; Purnama, 2016).

The reason for decreasing phobia symptoms is because of the effects of hypnotherapy intervention, which are mood swings such as being happy, comfortable, and more relaxed. The results of this study are in line with studies by McGuinness (1984) stated that a person will feel happy, happy, relaxed, and peaceful after being hypnotized. The reason someone feels happy, happy is when the hypnosis condition decreases brain waves to theta will produce a stimulus that is sent from the axons of ascending fibers to the neuros from the reticular activating system (RAS). RAS has a reciprocal relationship with the limbic system that functions as an emotional response that leads to the behavior of individuals. Then in a relaxed state, the body will experience a resting phase. At that moment, the body will activate the parasympathetic nervous system. Parasympathetic nerve workings cause a decrease in heart rate, respiratory rate and blood pressure and produce

endorphin hormones (Marliana, Kuntjoro, & Wahyuni, 2016).

CONCLUSION

Based on the research that has been done, the conclusion that can be drawn from this research is the effect of hypnotherapy can significantly reduce phobia symptoms with two sessions of therapy. From the framework of hypnotherapy theory, it is considered as a suitable strategy for similar symptoms. Hypnotherapy is one of the non-pharmacological scientific methods that is very easy, fast, effective, and efficient in reaching the subconscious mind by re-education, and able to provide a faster and permanent solution.

The researcher suggests that further research can develop the concept of hypnosis with the latest mental disorders issues.

Researchers suggest the concept of hypnotherapy can be added to the health curriculum so that later it can be implemented in health services.

REFERENCES

- Barrios, A. A. (1970). Hypnotherapy: a reappraisal. *Psychotherapy: Theory, Research & Practice*, 7(1), 2–7. <https://doi.org/10.1037/h0086544>
- Bener, A., Ghuloum, S., & Dafeeah, E. E. (2011). Prevalence of common phobias and their socio-demographic correlates in children and adolescents in a traditional developing society. *African Journal of Psychiatry (South Africa)*, 14(2), 140–145. <https://doi.org/10.4314/ajpsy.v14i2.6>
- Chartier, M. J., Walker, J. R., & Stein, M. B. (2003). Considering comorbidity in social phobia. *Social Psychiatry and Psychiatric Epidemiology*, 38(12), 728–734. <https://doi.org/10.1007/s00127-003-0720-6>
- Crozier, M., Gillihan, S. J., & Powers, M. B. (2011). Issues in differential diagnosis: phobias and phobic conditions. In D. McKay & E. A. Storch (Eds.), *Handbook of Child and Adolescent Anxiety Disorders* (pp. 7–22). https://doi.org/10.1007/978-1-4419-7784-7_2
- Depkes. (2011). *Hargailah penderita gangguan jiwa*. Retrieved 21 November 2019, from Kementerian Kesehatan Republik Indonesia: <https://www.depkes.go.id/pdf.php?id=1669>
- Fahlen, T. (1996). Core symptom pattern of social phobia. *Depression and Anxiety*, 4(5), 223–232. [https://doi.org/10.1002/\(SICI\)1520-6394\(1996\)4:5<223::AID-DA3>3.0.CO;2-E](https://doi.org/10.1002/(SICI)1520-6394(1996)4:5<223::AID-DA3>3.0.CO;2-E)
- Furnham, A. (1995). Lay beliefs about phobia. *Journal of Clinical Psychology*, 51(4), 518–525. [https://doi.org/10.1002/1097-4679\(199507\)51:4<518::AID-JCLP2270510408>3.0.CO;2-I](https://doi.org/10.1002/1097-4679(199507)51:4<518::AID-JCLP2270510408>3.0.CO;2-I)
- Gunawan, A. (2012). *Hypnotherapy: the art of subconscious restructuring*. Jakarta: PT Gramedia Pustaka Utama.
- Gunawan, A. (2005). *Hypnosis: the art of subconscious communication*. Jakarta: PT. Gramedia Pustaka Utama.
- Horowitz, S. L. (1970). Strategies within hypnosis for reducing phobic behavior. *Journal of Abnormal Psychology*, 75(1), 104–112. <https://doi.org/10.1037/h0028795>
- Ibrahim, A. S. (2011). *Laporan kasus: fobia sosial*. (1), 139–143.
- Jarymowicz, M., & Bar-Tal, D. (2006). The dominance of fear over hope in the life of individuals and collectives. *European Journal of Social Psychology*, 36(3), 367–392. <https://doi.org/10.1002/ejsp.302>
- Katzman, M. A., Bleau, P., Blier, P.,

- Chokka, P., Kjernisted, K., & Ameringen, M. Van. (2014). *Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders*. 14(Suppl 1), 1–83.
- Kraft, D. (2010). The place of hypnosis in psychiatry, part 4: Its application to the treatment of agoraphobia and social phobia. *Australian Journal of Clinical and Experimental Hypnosis*, 38–39(2–1), 91–110.
- Kumar A & Jena SPK. (2013). Effect of clinical hypnotherapy on anxiety symptoms. *Delhi Psychiatry Journal*, Vol. 16, pp. 134–139.
- Lench, H. C., & Levine, L. J. (2005). Effects of fear on risk and control judgements and memory: Implications for health promotion messages. *Cognition and Emotion*, 19(7), 1049–1069.
<https://doi.org/10.1080/02699930500203112>
- Lichtenberg, J. D. (1991). Fear, phobia, and panic. *Psychoanalytic Inquiry*, 11(3), 395–415.
<https://doi.org/10.1080/07351699109533865>
- Magee, W. J. (1996). Agoraphobia, simple phobia, and social phobia in the national comorbidity survey. *Archives of General Psychiatry*, 53(2), 159.
<https://doi.org/10.1001/archpsyc.1996.01830020077009>
- Maramis, W. F., & Maramis, A. A. (2009). *ilmu kedokteran jiwa edisi 2*. Surabaya: Airlangga University Press.
- Marks, I. M., & Mathews, A. M. (1979). Brief standard self-rating for phobic patients. *Behaviour Research and Therapy*, 17(3), 263–267.
[https://doi.org/10.1016/0005-7967\(79\)90041-X](https://doi.org/10.1016/0005-7967(79)90041-X)
- Marliana, M., Kuntjoro, T., & Wahyuni, S. (2016). Pengaruh hypnobirthing terhadap penurunan tingkat kecemasan, tekanan darah, dan denyut nadi pada ibu hamil primigravida trimester III. *Jurnal Ilmiah Kesehatan*, 9(1).
- McGuinness, T. P. (1984). Hypnosis in the treatment of phobias: a review of the literature. *American Journal of Clinical Hypnosis*, 26(4), 261–272.
<https://doi.org/10.1080/00029157.1984.10402574>
- Nursalam. (2016). *Metodologi penelitian ilmu keperawatan*. Jakarta: Selemba Medika.
- Perales-Blum, L., Juarez-Treviño, M., & Escobedo-Belloc, D. (2014). Severe Growing-Up Phobia, a Condition Explained in a 14-Year-Old Boy. *Case Reports in Psychiatry*, 2014, 1–6.
<https://doi.org/10.1155/2014/706439>
- Pitkanen, A., Hätönen, H., Kuosmanen, L., & Välimäki, M. (2009). Individual quality of life of people with severe mental disorders. *Journal of Psychiatric and Mental Health Nursing*, 16(1), 3–9.
<https://doi.org/10.1111/j.1365-2850.2008.01308.x>
- Purnama. (2016). *Phobia? no way!/: kenali berbagai jenis phobia & cara mengatasinya*. Yogyakarta: Andi.
- Rehatta, V. C., Kandou, J., & Gunawan, P. N. (2014). Gambaran kecemasan pencabutan gigi anak di puskesmas bahu manado. *E-GIGI*, 2(2).
<https://doi.org/10.35790/eg.2.2.2014.5830>
- Riskesdas. (2008). *Laporan hasil kesehatan dasar provinsi jawa timur tahun 2007*. Retrieved November 2019, from Perpustakaan Bappenas: [http://perpustakaan.bappenas.go.id/lontar/file?file=digital/83471-\[_Konten_\]J.52.pdf](http://perpustakaan.bappenas.go.id/lontar/file?file=digital/83471-[_Konten_]J.52.pdf)
- Safren, S. A., Heimberg, R. G., Brown, E. J., & Holle, C. (1996). Quality of life in social phobia. *Depression and Anxiety*, 4(3), 126–133.

- [https://doi.org/10.1002/\(SICI\)1520-6394\(1996\)4:3<126::AID-DA5>3.0.CO;2-E](https://doi.org/10.1002/(SICI)1520-6394(1996)4:3<126::AID-DA5>3.0.CO;2-E)
- Salih, H. A. (1968). Phobia: types, dynamics and treatments. *Canadian Psychiatric Association Journal*, 13(2), 181–185.
<https://doi.org/10.1177/070674376801300216>
- Sharma, K., & Parle, M. (2016). Annona squamosa as an antianxiety agent: effects on behavioural and brain chemical changes. *World Journal of Pharmacy and Pharmaceutical Sciences*, 5(10), 710–743.
<https://doi.org/10.20959/wjpps201610-7756>
- Shelton, C. I. (2004). Diagnosis and management of anxiety disorders. *The Journal of the American Osteopathic Association*, 104(3), 2–5.
- Shri, R. (2010). *Anxiety: Causes and Management*. 5(1), 100–118.
- Soodan, S., & Arya, A. (2015). Understanding the pathophysiology and management of the anxiety disorders. *Human Journals Review Article October*, 4(43), 251–278.
- Sugiyono. (2016). *Metode penelitian kuantitatif, kualitatif dan R & D*. Bandung: Alfabeta.
- Theofilou, P. (2013). Quality of life: definition and measurement. *Europe's Journal of Psychology*, 9(1), 150–162.
<https://doi.org/10.5964/ejop.v9i1.337>
- Wardenaar, K. J., Lim, C. C. W., Al-Hamzawi, A. O., Alonso, J., Andrade, L. H., Benjet, C., ... de Jonge, P. (2017). The cross-national epidemiology of specific phobia in the World Mental Health Surveys. *Psychological Medicine*, 47(10), 1744–1760.
<https://doi.org/10.1017/S0033291717000174>