NEURO LINGUISTIC PROGRAMMING (NLP) WITH HYPNOTHERAPY FOR PSYCHOLOGICAL FLEXIBILITY: A CASE STUDY

Dr. Nazish Idrees Chaudhary,

Ph.D. Clinical Psychology,

Assistant Professor, UIRSMIT, Faculty of Allied Health Sciences, The University of Lahore

Dr. Muhammad Rafiq, PhD., HOD, LSPS, The UOL

Correspondence: Nazish Idrees Chaudhary, The University of Lahore, 1KM Raiwind, Defence Road

E-mail: nazsha38@gmail.com

Cell: 03224578326

Abstract

Background: NLP and hypnosis are famous treatment methods worldwide but data is scarce to evaluate the efficacy of the combined effect of these non-invasive therapeutic interventions. Purpose: This case study offers preliminary data about the usefulness of the combined techniques as an intervention. The objective is to demonstrate the efficacy of the combined intervention for psychological flexibility in the university population for managing daily life stressors. Method: Four individual sessions of 30 minutes each in a private clinic were offered to a university student with voluntary consent. He was 20 years old with stress severe stress scores determined by a DASS score of 13-17. After the initial session, three follow-up sessions were given and subjective ratings were recorded in every session to monitor the change following the baseline rating. An indigenous psychological flexibility scale for university students (PFS-US) and a stress subscale from DASS were used. Outcome: The self-reported ratings revealed significant changes in psychological flexibility and stress. Conclusion: The participant reported that the received sessions were impressive and beneficial. Implication: The intervention may help in preventing mental health issues through a willingness to achieve psychological flexibility. Future researchers, students, clinicians and employees will gain benefit from the quick interventions to deal with mental health issues from the trials and replication of the study findings.

Keywords: resilience, Stress, Coping, Prevention, Hypnosis, and Treatment Outcome

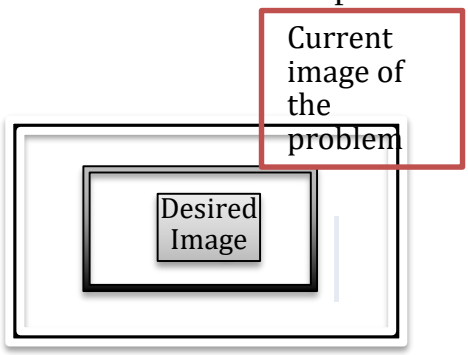
Introduction

Psychological flexibility refers to an individual's ability to manage thoughts, emotions, and actions(1). The change in this ability may predict the change in human behavior (2). An existing model of change in behavior that functions on the psychological flexibility model proposed as a part of acceptance and commitment therapy that is a form of traditional cognitive behavioral therapy (3). The framework is similar to cognitive behavioral theory, through which irrational thoughts are identified and challenged with additional skills of acceptance, viewing the self as context, values-based committed action, and effective communication(4). The skills that are considered as a part of psychological flexibility

explained in this model founded the effectiveness of a response to painful situations and experiences (5). It has been discovered that psychological flexibility may help in building resilience and coping with stress among adolescents and adults (6, 7).

There are many treatment methods available for mental health issues but usually, the invasive options have side effects on physical functioning. About the conventional methods clinicians have witnessed side effects(8) from medication, long-term involvement through cognitive behavioral therapy, and requirement of adequate resources for counseling sessions that often don't work with everyone due to some reasons i.e. clients with multiple diagnoses, physical and mental comorbidities. Neuro-linguistic Programming is a science and art of communication(9) that is widely used in workplace settings as a non-invasive treatment without any harmful effects. Similarly, hypnosis as a treatment approach is a state of focused attention and hyper-suggestibility. NLP suggests that human beings learn through the five senses(10). The swish pattern technique in NLP is used to replace the perception of an unhelpful current perception with a desirable experience (Fig.1). The effect of NLP may maximize positively to influences the productive thoughts, emotions(11), and actions(12) that allow us to accept a hypnotist's suggestion to bring change(13).

Figure 1: Visual illustration of the swish pattern technique (NLP)



Factors that supported the outcome of this combined efficacy of the treatment protocol are willingness, increased concentration, and motivation of the subject along with relationship to the hypnotherapist(14) (15). Positive affirmations for the desired goal were given. For example, (a) your mind is getting more and more relaxed (b) your body is getting calmer and calmer daily (16) (17). It has been strongly influenced by the relevant work contributions that NLP and hypnotherapy must gain clinical significance and attention through practical implementation of useful techniques for different issues(18).

Likewise, university students need a preventative measure(19) to control the growth rates of fatal conditions among them for example, suicide, violence, addiction, and other risk-taking behaviors. Initially, it is not safe to use medicine especially most of the students(20) are not interested in taking any prescription at such an early age and prefer something convenient, effortless, quick, and natural. Due to their busy life schedules, ongoing counseling services don't work for them in the same manner as for others. In this case, the combined intervention of NLP and hypnosis(21) serve as an instant relief from the occurrence of mental health issues

like stress in the selected population. Relevant studies on hypnotherapy have highlighted that motivated individuals respond better than those who are not interested in improving their overall health(22).

Case Report

A male university student, 20 years old enrolled in the fourth semester of radiological sciences and MIT Bachelors program reported confusion, lack of confidence and symptoms including rigid heartbeat, frequent headaches, psychological rigidity, distressing emotions and negative beliefs about self and others, ineffective communication skills, lack of motivation in social activities. There was no history of the presenting complaints explained by the participant. Through assessment using an indigenous psychological flexibility scale for university students (PFS-US), and stress subscale from DASS the baseline scores were noted. Four sessions were planned of 30-45 minutes each twice a week to apply the swish pattern technique from NLP in the hypnotic state to improve psychological flexibility and reduce stress. The standard of practice based on APA was followed while conducting the study.

Intervention protocol details

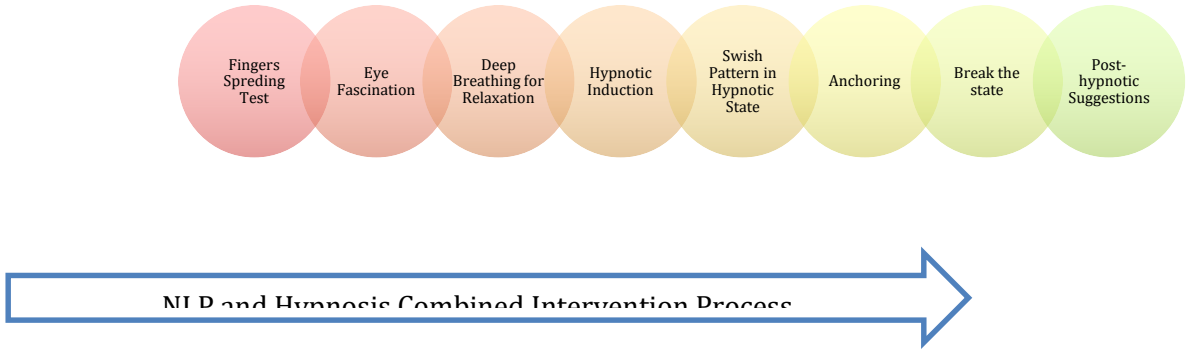
The protocol was prepared to improve psychological flexibility that might reduce stress. The sessions begin with a brief history and baseline ratings. Then suggestibility test was applied to induce a hypnotic state upon the commitment of the participant (Fig. 3). Instructions of the process were visually illustrated on a paper for the understanding of the client. The outcome was expected following the use of the swish pattern technique throughout the four sessions in a hypnotic state. After breaking the hypnotic state strong post-hypnotic suggestions were given as follows:

Figure 3: Demonstration of the suggestibility test (Fingers spreading)

1. Eat natural foods only (23)
2. Do at least walk for daily 15-30 minutes (24)
3. Do journaling daily (25)
4. Practice self-hypnosis (26)

The steps for the process of the combined intervention are (Fig. 4):

Figure 4: Steps of change in psychological flexibility and stress through NLP and hypnosis as a combined intervention



a) Eye fascination and deep breathing/relaxation technique: This method involves showing a stimulus to cause fatigue to the eyes by saying "don't blink your eyes, keep looking in the middle of the pendulum and try to find a butterfly when your eyes are tired you can close your eyes". The effort to keep focusing without blinking helps the participants in closing the eyes within a few seconds (fig. 5) (27).

Figure 5: A stimulus for the hypnotic state induction (Eye fascination technique)

b) Hypnotizing and deepening: In this step, a state of deep hypnosis is induced by asking to imagine their favorite place and going down deeper downstairs about 10 steps one by one. This is called hypnotic induction.

c) Swish pattern technique: This is the process in which a hypnotic state is strengthened by creating an image in the mind that relates exactly to the stressful situations in their real life.

d) Imagery Related To the Problem/Goal with imagery: Imagination of both stressful and relaxed images are then asked to view in the same frame while keeping the eyes closed that produces the same effects as they experience in real life. Then right in front of them, they are given an anchor that is a clicking finger to begin imagining the swish in which the relaxed image becomes bigger and brighter enough to overshadow the stressful image. This process

is repeated several times.

e) Commitment for relaxation: Through repetition of positive hypnotic suggestions, the participants are conditioned to feel relaxed and stay calm even in triggering situations.

f) Break the state: As soon as they open their eyes, the therapist asks questions to break the state and distract them from talking or thinking about what happens in the state of hypnosis. The questions are like "What are the last two digits of your phone number.

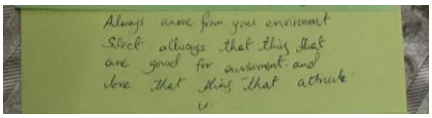
g) Post Hypnotic Suggestions: When the client feels absorbed in answering the breaking state question, a specific actionable recommendation regarding a healthy lifestyle is given. This will help in managing unpleasant experiences and the client feels less often distressed.

h) Self Hypnosis: After termination from the sessions, some suggestions were given to maintain the intervention effect in the long-term (28). Suggestions work exactly like craving management for binge eating or obsession/urge management to self-harm and so on. Hence, it prevents relapse.

First Session

The client went through the same protocol throughout the sessions. The session started with rapport building, some of their interests and triggers were identified and listed on a paper. Then they were asked to share something about their daily routine and then suggestibility test results were noted. Afterward, the initial ratings for baseline were recorded on the measures with a demographic Performa and informed consent. It took about 45 minutes the first time and this interaction led to a detailed assessment through representational system test and graphology sample (Fig. 6).

Figure 6: The sample of graphology



Second Session

The participant's stress level was again monitored and for the next 10 minutes, some of the changes and improvements since the first session were discussed. The steps were repeated.

Third Session

The third session went well using the same steps. The ratings on measures were taken

before hypnosis and then the session was repeated with the swish pattern technique. This time the sensory experiences of visual and auditory surroundings associated with stress and relaxation were added.

Fourth Session

Another half an hour session was included with a discussion about the self-reported stress percentage and questionnaire following the hypnotic session with swish pattern and circle technique. The participants reported the prior week's activities that have been quite different than those before starting the session (Fig. 7).

Figure 7: The sample of the outcome of the combined intervention experience (circle technique)

The outcome of the management plan and discussion

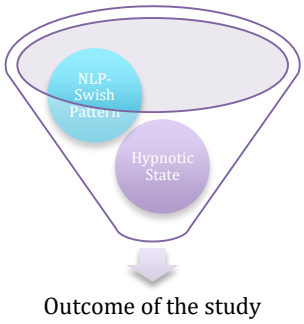
The participant responded to loud tone of voice, physical suggestibility preference in Pakistani university students approved the effect of culture and authoritative family systems, habitual of accepting commands from authority or parental figures. The recorded scores are shown in Table.1.

Table 1

Session#	Psychological Flexibility	Stress
1	27	16
2	35	12
3	44	7
4	58	4

Moreover, the client was a visual learner based on the preferred representational style. The graphology results revealed their personality traits that were aligned with their stressful situations including feeling intolerant, tendency to give others more than taking care of self, and being polite rather than expressing emotions or assertiveness. In the last session, the circle technique was added to witness the stress they feel through behavioral manifestation. It was shown by the circle technique that they didn't feel any stress by the end of the sessions as they were drawn less tangled as compared to those who drew them in the first session. The participant was nervous when joined but highly motivated and satisfied with the completion of the sessions. During the treatment, he was asked about their triggers, the changes they experienced in their daily routine, for example, pleasant emotions, compassion, and better social interaction. He started staying calm and socially engaged most of the time (29). He continued self-hypnosis that was taught in the last session with the help of a natural healing stone of their choice to use as a pendulum through positive affirmations(30). For example, if being shy is someone's reason for stress, they can induce this present sentence "I am confident" during the triggering situation and just before sleep time to consolidate the belief and replace the negativity. Through the series of sessions developed for this study included a therapeutic alliance with the participants, hypnotic inductions(27), individualized suggestions, the practice of post-treatment auto recommendations, and self-hypnosis, which targeted the transformation from stressful symptoms to psychologically flexible attitude (Fig. 8).

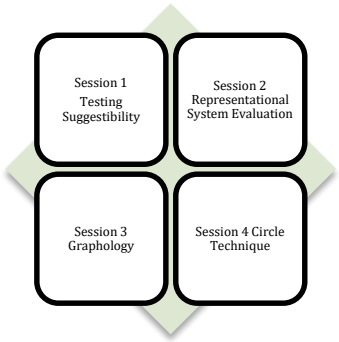
Figure 8: Effect of NLP and Hypnosis on Psychological Flexibility and Stress



Conclusion, Limitations, and Recommendations

The findings of this study may be helpful for clinical and non-clinical services in the field. The results provided preliminary evidence and it strongly supports that research work must be continued in this area specifically based on similar intervention. Largely, the scores determining a change in the participant's condition are self-reported. The effect of the sessions was explained as impressive regardless of the minimal sample size, the response was highly appreciated (Fig. 9). The intervention should progress to maximize the benefits. Predictably, further researches will lead to further discoveries for better treatment options and choices in Pakistan.

Figure 9: Sessions Summary of the intervention



Disclaimer

This study has not been presented or published anywhere else.

Funding

None to declare

References

1 Benoy C, Knitter B, Knellwolf L, Doering S, Klotsche J, Gloster AT. Assessing psychological flexibility: Validation of the open and engaged state questionnaire. Journal of Contextual Behavioral Science. 2019;**12**:253-60.
2 Hardy J, Segerstrom SC. Intra-individual variability and psychological flexibility: Affect and health in a national US sample. Journal of Research in Personality. 2017;**69**:13-21.
3 Hayes SC. Acceptance and commitment therapy: towards a unified model of behavior change. World psychiatry. 2019;**18**(2):226.
4 Rodríguez Rey R, Montesinos F, Páez M, et al. Communication skills in the context of psychological flexibility: training is associated with changes in responses to chronic pain in physiotherapy students in Spain. 2019.
5 McAteer G, Gillanders D. Investigating the role of psychological flexibility, masculine self-esteem, and stoicism as predictors of psychological distress and quality of life in men living with prostate cancer. European journal of cancer care. 2019;**28**(4):e13097.
6 Beeckman M, Hughes S, Van Ryckeghem D, et al. Resilience factors in children with juvenile idiopathic arthritis and their parents: the role of child and parent psychological flexibility. Pain Medicine. 2019;**20**(6):1120-31.
7 Richardson CME, Jost SA. Psychological flexibility as a mediator of the association between early life trauma and psychological symptoms. Personality and individual differences. 2019;**141**:101-6.
8 Palsson OS, Ballou S. Hypnosis and Cognitive Behavioral Therapies for the Management of Gastrointestinal Disorders. Current Gastroenterology Reports. 2020;**22**(7):31-.
9 Rustan E, Hasriani H. Communication pattern between nurses and elderly patients through a neuro-linguistic programming approach. Jurnal Studi Komunikasi. 2020;**4**(1):75-89.
10 Kotera Y, Van Gordon W. Japanese managers' experiences of neuro-linguistic programming: a qualitative investigation. The Journal of Mental Health Training, Education and Practice. 2019.
11 bin Ahmad KZ. Examining the effectiveness of Neuro-Linguistic Programming (NLP) techniques in improving Emotional Intelligence (EI) scores. Journal of Research in Emerging Markets. 2019;**1**(1):1-9.
12 Satbek LM, Akynova DB. NEURO-LINGUISTIC PROGRAMMING AS AN EFFECTIvE TOOL IN TEACHING

ENGLISH. Biological sciences. 2019:61.
13 Grant AM. A personal perspective on neuro-linguistic programming: Reflecting on the tension between personal experience and evidence-based practice. Coaching Psychology Review. 2019:45.
14 Lynn SJ, Green JP, Polizzi CP, Ellenberg S, Gautam A, Aksen D. Hypnosis, hypnotic phenomena, and hypnotic responsiveness: Clinical and research foundations—A 40-year perspective. International Journal of Clinical and Experimental Hypnosis. 2019;**67**(4):475-511.
15 Amedro P, Gavotto A, Gelibert D, et al. Feasibility of clinical hypnosis for transesophageal echocardiography in children and adolescents. European Journal of Cardiovascular Nursing. 2019;**18**(2):163-70.
16 Otte JL, Carpenter JS, Roberts L, Elkins GR. Self-Hypnosis for Sleep Disturbances in Menopausal Women. Journal of Women's Health. 2020;**29**(3):461-3.
17 Flynn N. Effect of an Online Hypnosis Intervention in Reducing Migraine Symptoms: A Randomized Controlled Trial. International Journal of Clinical and Experimental Hypnosis. 2019;**67**(3):313-35.
18 Kram KE, Ragins BR, Ng E, Ramaswami A. Mentorship-driven Talent Management. 2020.
19 Finn MTM, McKernan LC. Styles of Experiencing Hypnosis: A Replication and Extension Study. International Journal of Clinical and Experimental Hypnosis. 2020:1-17.
20 Baker EL, Spiegel EB. Dancing in the in-between: Hypnosis, transitional space, and therapeutic action. American Journal of Clinical Hypnosis. 2020;**62**(1-2):31-59.
21 Marinella C, Tiziana R, Giuseppe V, Antonino G, Di Gregorio G, Andrea B. Hypnosis and learning: Pilot study on a group of students. Journal of Complementary and Integrative Medicine. 2019;**1**(ahead-of-print).
22 Jaya YMDP, Sidqi MF. HYPNOSIS MODEL TOWARDS UNIVERSITY STUDENTS'THINKING SKILL. English Language and Literature International Conference (ELLiC) Proceedings; 2019; 2019. p. 86-8.
23 Dutt S, Keyte R, Egan H, Hussain M, Mantzios M. Healthy and unhealthy eating amongst stressed students: Considering the influence of mindfulness on eating choices and consumption. Health Psychology Report. 2019;**7**(2):113-20.
24 Schultchen D, Reichenberger J, Mittl T, et al. Bidirectional relationship of stress and affect with physical activity and healthy eating. British journal of health psychology. 2019;**24**(2):315-33.
25 Hamilton D, Wilhite B, Grefe K, Hart K, Jin R. Family Journaling to Reduce Stress Manifestations in Patients and Families After Critical Illness. Journal of Doctoral Nursing Practice. 2019;**12**(2):254-63.
26 Smith D. Using Scripture as Affirmations to Promote Positive Religious Coping, Secure Attachment, and Posttraumatic Growth in Christian Clients in Psychotherapy: Southern Connecticut State University; 2019.
27 Arwadi F, Ja'faruddin M. The Open Eye Induction Techniques (Alert-Hypnosis) Development in Hypnoteaching Models for Mathematics Learning. 1st International Conference on Advanced Multidisciplinary Research (ICAMR 2018); 2019: Atlantis Press; 2019.
28 Bhagat V, Menon S. A Review Study on Self-hypnosis in the Management of High-Level Anxiety Affecting Educational Performance of University Students. Research Journal of Pharmacy and Technology. 2019;**12**(4):1986-90.
29 Acha H. PROGRESSING STUDENTS'MOTIVATION IN LEARNING ENGLISH BY USING HYPNOSIS (HYPNOLEARNING) AT STUDENTS OF STAN 2 JILC PERINTIS MAKASSAR. ETERNAL (English, Teaching, Learning, and Research Journal). 2019;**5**(1):180-94.
30 Williams A, Haggard MC, Breuninger MM. Feasibility of attachment-focused self-hypnosis to change insecure God attachment. International Journal of Clinical and Experimental Hypnosis. 2020;**68**(2):246-62.