



# Academy of Hypnosis, India

## NEWSLETTER

**Hypnosis for Health, Happiness, and Harmony**

**2023 June, Volume 01, No. 1**

### Letter from the President

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*"You use hypnosis not  
as a cure but as a  
means of establishing  
a favorable climate in  
which to learn."  
~Milton H. Erickson*

Dear Friends,  
During the first quarter of this century, two Universities – M S University of Baroda (in 2001), and Charotar University of Science & Technology (in 2016) started PG Diploma courses in clinical hypnosis. We have more than 500 qualified professionals (through these courses) now in our country. We felt need for a pan India academic professional body of this science for continuous education, discussions on clinical applications & research, and academic endeavours. And that led to the birth of Academy of Hypnosis, India (AOH) on 26<sup>th</sup> June 2022. AOH is the only registered pan India professional body of qualified medical and psychology professionals interested in research and use of hypnosis in clinical practice.

As the Academy is growing one year old, we are very happy to start publication of AOH Newsletter. It gives me immense pleasure to write this message on the occasion of publication of the first issue of quarterly Newsletter of Academy of Hypnosis, India. Let us make this Newsletter a live platform for sharing our research articles, case studies, theoretical concepts, and news (from our country and different parts of the world). I welcome all to contribute your

writings and make the Newsletter academically enriched so that soon we can convert it in the Indian Journal of Hypnotherapy.

I thank my colleagues, Dr. Rakesh Kumar Jain (Vice-president), Dr. Avnish Dave (Honorary Secretary), Dr. Prasanta Roy (Finance Secretary) and all the management committee members of AOH for their active participation and cooperation in activities of the Academy. My congratulations and special thanks to Dr. Veena Panjwani for volunteering Editing of the Newsletter.

Jay Hind!

### Message from the Secretary

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*"The curious paradox  
is that when I accept  
myself just as I am,  
then I can change."  
~Carl Rogers*

We have completed one year now, and the past one year has been like the guided imagination, guided by seniors and mentors of the Academy and went even better than our expectations and imagination. The continuous knowledge sharing and updates by monthly clinical meets, the mega event of organizing first international conference, with lots of specialized workshops and overwhelming response from Hypnotherapist nationwide.

The contribution of the various committees and team members have been immense.

In the coming year we plan ahead to roll out Basic and Advanced Level Hypnotherapy training programs to enable more and more mental health practitioners and doctors to make Hypnotherapy more effective, more popular and more in practice.

This newsletter is going to be that official link amongst all the members of Academy and a document of sincere efforts by each member contributing in form of, case studies, research and review articles.

## Message from the Vice President

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*"An idea accepted as true from any source can be every bit as powerful as hypnosis."  
~ Maxwell Maltz*

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As a Vice President of the Academy of Hypnosis, India, I want to express my sincere gratitude to each and every one working for the advancement of the profession in the country. The academy has been growing very fast. Within a short span, we could organize an International Conference in February 2023 and several pre & post conference workshops. The monthly clinical meet has been an enriching experience for all of us. A course has specifically been designed to enable the professionals to get equipped with knowledge and skills of hypnosis which would facilitate professional membership of the academy. We are also collaborating with other professional organizations to achieve the objectives of the academy. In this series, the academy is launching its first newsletter which is a matter of pride for all of us. Through the newsletter, we shall remain updated regarding the activities of the academy and knowledge of different aspects of hypnosis through the write ups.

Lastly, I would like to extend my heartfelt appreciation to our dedicated team members and volunteers who work tirelessly behind the scenes to ensure the smooth functioning of our academy. Their unwavering commitment and attention to details are what make this academy truly exceptional.



## Message from the Editor

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*"The shoe that fits one person pinches another; there is no recipe for living that suits all cases." ~ Carl Jung*

Dear Hypnotherapists,  
As the editor of the current issue of AOH Newsletter, I see it as the opportunity to connect with academically sound and practical research work ongoing in the discipline of clinical hypnosis and present them to the readers. It is the process of hypnosis which lets us witness the beauty that unfolds when we engage in working with the mind that is beyond conscious. At the very onset, it is a creative, collaborative, relational and facilitative interaction which leads us towards the goal. Along the way, the current issue of AOH Newsletter was truly a collaborative work with articles and research papers submitted by various practitioners and researchers from different states of India. Every seed contains a tree within. So does every dream that reaches fruition. As this issue is the very first one, I would like to express my gratitude to all the contributors for this issue. Since some articles are more suitable for upcoming theme based AOH Newsletters, I have preserved them to be included in those issues. This issue contains the summary of the first international conference organized by AOH, India. There is an introductory paper on Hypnotherapy by Dr Palan and another one with specific application of hypnotherapy in Stress, Anxiety and Depression by Dr Roy. An interesting read is paper written by Dr Dave on Nomophobia which is very relevant in present times. Finally, there is one effective case study on dealing with one's own promiscuity and marital infidelity. I hope that you have an enriching experience while reading this newsletter. You can give your feedbacks/reviews/comments/book review of any book pertaining to hypnosis etc. on [swyam.veena21@gmail.com](mailto:swyam.veena21@gmail.com)

## Event Update

### Summary of First International Conference of AOH

**February 25-26, 2023**

**Venue: Vadodara, India**

**Inauguration ceremony** was held at Charotar University of Science and Technology (CHARUSAT) from 6:00 to 7:30 PM on 24<sup>th</sup> Feb 2023 in presence of

**Chief Guest:** Dr. Alok Mishra, Joint Secretary, AIU, New Delhi

**Guest of Honour:** Prof. Anand Kumar, President, Indian Academy of Health Psychology

**Special Guest:** Dr. R V Upadhyay, Provost, Charotar University of Science and Technology

**Special Guest:** Dr. Darshan Patel, Principal, Charotar Institute of Paramedical Sciences, CHARUSAT

**Conference Patron:** Dr. B.M Palan, President, Academy of Hypnosis

**Chairperson ICAoH:** Prof. Rakesh Kumar Jain, Head, Department of Psychology, Gurukul Kangri (Deemed to be University)

**Organising Secretary:** Dr. Avnish Dave

**Lifetime Achievement Award:** Dr. Bhaskar Vyas.





There were 170 delegates who attended the conference in-person. In post COVID times, this was a huge achievement in itself. There were four International Guest Speakers and they conducted their sessions online in virtual mode. The details are as follows:

International Guest Speakers:

1. Stephan Lankton, Editor in chief, America journal of Clinical Hypnosis, presented on “Dr. Erickson and Hypnosis”.
2. Dr. Nitin Shukla, Psychiatrist, Australia, presented on “Hypnotherapy: Bridge between Man, Mind and Medicine”.
3. Dr. Mehdi Fatehi, President, International society of clinical and experimental hypnosis, Iran, presented on “Hypnoanesthesia”.
4. Dr. Bernard Trenkle, President, Milton Erickson Institute, Germany, presented on “Chinese Chest technique”.

The Key Note Speaker for the conference was Prof. Anand Kumar, President, Indian Academy of Health Psychology.



The invited Senior Delegates for the conference were:

1. Prof. (Dr.) Kuldeep Kumar, Head, Department of Psychiatry, Vardhman Medical college, Safdarjung Hospital, New Delhi.
2. Prof. Nihar Ranjan Mrinal, Former Head of Department of Psychology, Nagpur.
3. Prof. Dr. Janardhan Bhatt, Professor & Head, N D Desai Faculty of Medical Sciences, Nadiad.
4. Dr. Krishan Kumar, PGI Chandigarh.

5. Prof. Shymlata Juyal, Gurukul Kangri (Deemed to be) University.
6. Prof. Vibha Sharma, IBHAS, New Delhi.

In the conference, there were a total number of 15 Original scientific papers as Oral Presentations, and 7 digital poster presentations. Along with this, there were four Symposia/Workshops conducted on the topics given below:

1. Modern Methods - Tools Techniques about Experiential Learning
2. Integrated Hypnosis in Physiotherapy practice for effective Pain Management
3. Freud, Dissociation & Hypnosis
4. Hypnotherapy for Trauma

Apart from these conference activities, there were a few pre and post conference workshops conducted on various topics. The details are as follows:

Pre conference workshops held on February 24, 2023

1. Hypnotherapy in Psychosomatic Disorders by Dr. B.M Palan attended by 30 participants.
2. Cognitive Hypnotherapy by Dr. Prasanta Kumar Roy, attended by 20 Participants.
3. Cognitive Drill Therapy by Dr. Rakesh Kumar, attended by 21 Participants.

Post conference workshops held on February 27, 2023

1. Introduction to Hypnosis by Dr. B. M Palan, Dr. Alok Prapanna, Dr. Veena Panjwani and Dr. Pranav Chandarana attended by 35 participants.
2. Past Life Regression Therapy by Dr. Rakesh Kumar attended by 23 participants.
3. Pediatric Hypnosis by Dr. Avnish Dave attended by 25 participants.
4. Hypnosis in sleep disorders by Dr. Renu Sharma, attended by 21 participants.





The deliberations and discussions during the days of the conference yielded into a few remarkable recommendations:

1. There is a need for PG Diploma courses in Hypnotherapy by different Universities in different parts of the country.
2. Recognition of the use of science of Hypnotherapy wherever it is indicated in different branches of Medical Sciences by the National Medical Commission.
3. Developing and Implementing Self-hypnosis training in the regular curriculum at Highschool and College levels throughout the country for enhancing physical, mental & social health and for unlocking human potentials among the students.

## From the Bodhisattva

### Introduction to Hypnosis and Hypnotherapy

Dr B. M. Palan, M.D. (Physiology), D. Clin.  
Hypnosis (ABMH, USA)

The science of hypnosis, when used by a qualified clinician or a psychologist trained in hypnotherapy, is a very potent tool in the armamentarium of the professional for helping the patient. In this article I have discussed the common mis-beliefs about hypnosis, scientific definition of hypnosis, indications for hypnotherapy, present day scenario in our country, and abstract of an interesting case study. Information about learning opportunity of this science in our country is also included.

#### Misconceptions and Clarifications

Generally, it is believed that people with weak mind can be hypnotized easily or that the hypnotist is

endowed with a supernatural power or that he used some magic or mantra to bring the hypnotized person under his command. And then, the person under hypnosis would do everything, the hypnotist instructs him to do.

In fact, more than 90% of the population is hypnotizable. Ability to undergo hypnosis is a quality of one's personality and not a weakness. As it is with any other capabilities, everyone cannot attain the same degree of hypnosis. Co-operative individuals with strong will-power and better imaginative involvement can reach a deeper level of hypnosis swiftly.

Hypnosis is not magic; neither a supernatural power nor a mantra is used by the hypnotist. Willingness of a person to undergo hypnosis is essential. Even under a deep state of hypnosis a person remains endowed with sufficient power of self-defense. He is not just a passive follower of all the commands of the hypnotist. Neither would he do the thing that is against his morals or personal ethics, nor would he disclose secrets.

#### WHAT HYPNOSIS IS?

Hypnosis is an altered state of consciousness different from sleep and wakefulness. It is characterized by focused attention to a particular facet of mental activity with decreased peripheral awareness. In everyday life we, at times, become absorbed inwardly in thought, remembrance, fantasy or in reading a story or watching a movie when we become oblivious to outside stimuli for those moments of complete engrossment; all these are examples of spontaneous hypnosis. Physically, it is a state of relaxation and decreased movements. It is calm and quiet, pleasant state of mind wherein we use more of our own potentials and in which imaginations and ideas can have a greater impact on our mind and body. According to my understanding hypnosis is a structured, guided



and goal-oriented meditation.

Our mind is like an iceberg, three fourth of which is subconscious, i.e., we are not consciously aware of the processes going on in this larger portion of our mind. The subconscious mind is the regulator of all our psychological (viz., memory, thinking, feeling, behavior and personality) as well as biological (viz., autonomic, endocrine, and immune) functions. It possesses tremendous potentials which are made available to an individual largely through the right brain functioning. Hypnosis provides systematic access to the right brain functioning and thereby to the subconscious inner potentials.

### **History and Present Scenario**

Hypnosis has been recognized as a legitimate form of treatment method by the British Medical Council (1955), the American Medical Association (1958), and Medical Councils of many other countries like Canada, Australia, Sweden, Japan and so on. Last four decades have seen development of serious interest in systematic research in the field of hypnosis all over the world. This has resulted in the formation of a strong and viable International Society of Hypnosis (ISH), with more than 25 National Constituent Societies. Hypnosis has been included in many of the medical schools' curriculum in England, America, and continental Europe. Indian Society for Clinical and Experimental hypnosis (ISCEH) was established in 1972 by Dr. H. Jana and his colleagues, I joined with Dr. Jana in 1982 and we conducted basic and advanced workshops in hypnotherapy at many places throughout the country. But after demise of Dr. Jana in 2006, we could not maintain registration of ISCEH with Indian charity commissioner's office – though some academic activities continued. We founded and registered with the Charity Commissioner's office, Delhi the Academy of Hypnosis (AOH), India in June 2022.

### **Learning Opportunity in India**

In India, a one-year post-graduate Diploma in Clinical and Applied Hypnosis has been started, since 2001, by M. S. University of Baroda, for which the students are required to attend regular two hours a day classes for the entire year. Considering the demand for an online course from all over the country (as it was not possible for many interested medical and psychology professionals to spend the entire year at Baroda, leaving their practice), we started a one-year Online PG Diploma course in Clinical Hypnosis through the Charotar University of Science & Technology (CHARUSAT – <http://117.239.83.200:8106/>) in 2016.

### **Hypnotherapy**

Induction of hypnosis and its deepening consists of facilitating an inward focusing of attention, which largely depends upon the motivation, hypnotizability and emotional state of the subject him/herself rather than the ability of hypnotist. The real skill of therapy through hypnosis is in proper understanding of the psychopathology of patient's symptoms and his/her personality, developing immediate and long-term goals and then presenting proper ideas (suggestions) and images to achieve therapeutic gains. When used within the total management approach to a patient, hypnosis establishes a climate for healing because:

- it creates a relaxed atmosphere by reducing anxiety,
- it increases patient's motivation to participate in the healing process,
- it enables the person to be relatively more open to receiving new information and to developing new perspectives for existing issues,
- it enhances the natural healing capacity of body,
- it allows reassurance to work better and taps higher resources like hope and faith,
- it allows sensory and perceptual alterations,



- e.g., raising tolerance to pain,
- it provides a tool for cognitive restructuring through reinterpretation of an experience, feeling or thought using meaningful words,
  - it provides opportunity for self-mastery by making the patient aware of his/her own unconscious potentials and by increasing the ability of the person to produce desirable changes in habit patterns, motivations, self-image, and life-style in general.

### Self-Hypnosis

Usually in hypnotherapy, the patients are taught to use self-hypnosis after a few initial sessions. This reduces patients' dependence on the therapist and thereby the cost of therapy. At the same time, it develops, in the patient, a sense of self-mastery which is highly desirable in patients with emotional issues and neurosis.

### Some Indications of Hypnotherapy / Self-Hypnosis

**Psychosomatic Disorders:** Hypnotherapy is indicated, along with the primary treatment modality, in many medical problems where stress is one of the causatives or promoting factors, e.g., high blood pressure, angina pectoris, asthma, acid-peptic disorder, ulcerative colitis, arthritis, migraine headache, insomnia, menstrual disorders, impotency, skin conditions like warts, psoriasis, eczema, etc.

**Habit Disorders:** Stammering, obesity, bed-wetting, thumb sucking, nail biting, ticks etc.

**Addiction:** Tobacco chewing, smoking, alcoholism, drug abuse

**Pain Control:** Functional headache, backache, stomach pains, etc. Control of organic pains, such as pain during dressing in burns patients, or in dentistry, childbirth, and terminal cancer

**Neurotic Conditions:** Anxiety, phobias (viz., fear of open space, close space, public speaking, school), and other neurotic conditions

**Creativity and Self-development:** Managing day-to-

day stresses easily and with a relaxed attitude, problem solving and decision making, building confidence, self-expressiveness and social skills, facilitating learning, changing negative beliefs and creating positive attitude, developing effective and healthy communication, facilitating team-work, balancing the work and home life.

Besides the clinical and developmental uses, hypnosis is of great help in the study of mind and mental functions, emotions, and consciousness.

### A Case of Stress Related Hemoptysis Managed by Hypnotherapy

A 24-year-old boy was suffering from repeated episodes of hemoptysis for four years. His episodes were related with academic examinations (perceived as a “threat” by him). Repeated clinical examinations and investigations failed to indicate organic cause for hemoptysis. He did not respond to empirical anti-tuberculosis treatment trials. These negative findings, coupled with repetitive stereotyped pattern of symptoms and significant relationship of symptom episodes with stress, suggested psychosomatic etiology. We used hypnotherapeutic ego-strengthening and guided imagery approaches. This reduced his acute anxiety but failed to check hemoptysis. Use of explorative hypnotic dreaming revealed an emotional trauma, created by humiliating comments of a teacher in the class room, as the possible cause of origin of the symptoms. We restructured the trauma experience during hypnotic age regression. We advised him to skip the upcoming examination and conducted six therapeutic sessions. The patient continued using self-hypnosis throughout the follow-up period of 3 years during which he remained symptom free and achieved remarkable academic progress. He then perceived examination as a “challenge”

[Palan, B.M. & Lakhani, J.D. (1991). Converting the “Threat” into a “Challenge”: A Case of Stress-Related Hemoptysis Managed with Hypnosis. *American Journal of Clinical Hypnosis*, 33 (4), 241-247].



## Feature Article

### Hypnotherapy for Stress, Anxiety & Depression

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*“Hypnosis was too powerful of a tool to be left to entertainers”* - Milton H. Erickson

#### Introduction

A stage hypnotist calls a person from the audiences on the stage and asks him to sit on the chair. Then the hypnotist does some procedure (like, passing the palm around the body, face etc.) and speaks in an authoritative tone “you are going into deep sleep, go deep... and you are under hypnotic state”. And the person appears as if he is asleep, body is fully relaxed like a rag doll. Then hypnotist suggests “there is a mosquito creating a disturbing noise, actually there are many mosquitoes and they are biting you” and the person under hypnosis starts moving his hand around his head, face as if he is trying to get rid of something, he looks distressed. Then the hypnotist suggests “you are a small baby who is very hungry and there is nobody around” and the person starts crying like a baby only.

Do we expect the same in hypnosis?

Scientific understanding of hypnosis is completely against this kind of experimentation with hypnosis and most of the times these are not hypnosis.

American Psychological Association (APA) has defined **hypnosis** as a therapeutic technique in which a trained

clinician makes suggestions to individuals with health or emotional difficulties who have undergone a procedure designed to relax them and focus their minds. It is considered as a powerful, effective therapeutic technique for a wide range of conditions, including pain, anxiety and mood disorders. Hypnosis can also help people change their habits, such as quitting smoking. (Kirsch et al., 1993). Now it is well accepted that the procedures traditionally involve suggestions to relax, though relaxation is not necessary for hypnosis and a wide variety of suggestions can be used including those to become more alert (Green et al., 2005). Moreover, it is necessary to understand that Hypnotherapy is an adjunctive technique that utilizes hypnosis to aid in the treatment of specific symptoms or health conditions. Hypnotherapy works by inducing a hypnotic state (waking awareness) that allows people to experience detached external attention and to focus on inner experiences.

#### When to plan Hypnosis?

Hypnosis as a treatment has been found to be appropriate for the following conditions: Stress Management, Anxiety Disorders, Adjustment Disorders, Post-Traumatic Stress Disorder, Somatoform Disorders, Sexual Dysfunction, Sleep Disorders, Impulse Control Disorders, Psychological Factors Affecting Medical Conditions, Habit Modification, Life Style Change, Many Medical Conditions, etc.

However, use of hypnosis is not advisable for certain conditions, or need to be used judiciously, like, Mental Retardation, Neuro-developmental disorders, Delirium, Dementia and Amnesic and Other Cognitive Disorders, Schizophrenia and Other Psychotic Disorders, Depressive Disorders, and Bipolar Disorders.

Despite a long list of indications, it is important to remember that do not treat with hypnosis what you cannot treat without hypnosis.





## Hypnotherapy and Depression

Fuhr et al. (2021) conducted a RCT study to assess the efficacy of hypnotherapy compared to cognitive behavioral therapy for mild to moderate depression. The outcome showed that Hypnotherapy (HT) was not inferior to Cognitive Behavioral Therapy (CBT) after six months of treatment. The study reported that at the six- and twelve-months follow-ups improvement were confirmed with treatment response ( $\geq 50\%$  symptom reduction) was 44.6% in HT and 38.5% in CBT. In another empirical study by Alladin & Alibhai (2007) using cognitive hypnotherapy (CH) and CBT for depression it was observed that patients from both groups (CH & CBT) significantly improved compared to baseline scores. Further, CH group produced significantly larger changes in comparison to CBT in Beck Depression Inventory, Beck Anxiety Inventory, and Beck Hopelessness Scale. The effect size was maintained at 6-month and 12-month follow-ups.

## Hypnotherapy and Anxiety

Valentine et al. (2019) did a meta-analysis on the efficacy of hypnosis as a treatment for anxiety. In 17 trials, reduced anxiety using hypnosis was observed in more than about 79% of control participants. At the longest follow-up, seven trials yielded improvement more than about 84% of control participants. It was also reported that hypnosis was more effective in reducing anxiety when combined with other psychological interventions. Hammond (2010) reported that hypnosis is an efficacious treatment for state anxiety (e.g., prior to tests, surgery and medical procedures), trait anxiety and anxiety-related disorders, such as headaches and irritable bowel syndrome.

## Hypnotherapy and Stress Management

Barling & Raine (2005) reported significant differences in changes of burnout, anxiety and depression in students

between hypnosis and control group. In Stanton's study (1989), teachers in the hypnosis group experienced a significant reduction in irrational thinking and stress compared to control group. Fisch et al. (2020) in a multicenter RCT observed that group hypnosis resulted into reduced perceived stress after 5 and 12 weeks. Kiecolt-Glaser et al. (2001) reported that frequent hypnotic-relaxation practice was associated with higher percentages of CD3+ and CD4+ T-lymphocytes. These data provide encouraging evidence that interventions may reduce the immunological dysregulation associated with acute stressors.

## Conclusion

There is a strong need to explore the useful tool of hypnosis with stronger research design so that its evidence-based status for various conditions can be highlighted. There is a gap in appropriate training following scientific methodology and more universities need to take the initiative to come up with specific course on application of hypnosis.

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## Case Illustration

The Efficacy of Hypnotherapy in Enhancing Emotional Control in Person Affected by Marital Infidelity

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This study is Single case Experimental Design (SCED) using repeated measures. The client is a 39 years old male who had extra-marital relationship with his professional unmarried female colleague for more than 8 years. She knew he is married, but he pretended that he had severely strained relationship with his wife. He had also suppressed the fact that he has a female child and lives with his wife in his parental house as a joint family. Due to some conflict, he revealed all about his family life to the female colleague with whom he had the live-in relationship. Thereby she became furious, frustrated and felt betrayed. Thus, she contacted his wife and revealed all about their extra-marital affair. Wife became very much disturbed and planned for legal separation. Due to this issue, he totally became psychologically disturbed, consulted psychiatrist and underwent pharmacological treatment. Eventually, he was referred for psychotherapy and counselling.

### Case History

The client was an alumnus of a premier institute of management, former senior manager in a private bank; and presently short film maker and cinema



critic. He belonged to a good financially secure family and had a younger brother who was married and well-settled. They had their own house in a metropolitan city. During his MBA program, he had romantic relationship with few girls. After completing MBA, he started working as a senior manager in a private bank. There, he met a north Indian colleague and developed romantic relationship with her. Eventually, they got married. Prior to the marriage he had developed romantic relationship with another colleague secretly and shortly after it ceased. After the marriage both husband and wife decided to quit the job and prepare for the Civil Service Examination. They couldn't clear it in the first attempt, however she cleared in second attempt and an Officer, whereas, he decided not go back to job. He then became a freelance cinema critic and short-films producer. However, he remained unsuccessful in this endeavor too. At this profession, he met with and developed extra-marital relationship with an unmarried 36 years old professional colleague by way of posing that he and his spouse have strained and deprived relationship. Believing his words, the female colleague showed more attachment and intimacy and kept on insisting him to go for mutual divorce to marry her. However, he continued living with his wife and being a civil servant, his wife did not consider his media work as decent career and kept on insisting for him to get a regular work. His father kept helping him for his short-films making.

Eventually, the client revealed about his daughter and living with wife at his parental house to his romantic partner. This made her very furious, frustrated and she felt betrayed. Thereby in order to take the vengeance, she revealed everything about present live-in relationship, and about his previous relationships with other women to his wife. This led to dispute within the marriage and wife continued to raise legal separation. Thereby he became mentally disturbed and had consultation with a psychiatrist

twice and underwent pharmacological treatment for short while.

**Presenting problems:** The client came with issues of sleep disturbance, inability to concentrate on work, lack of self-regulation of affect and thought, actively avoided situations which made him anxious, issues with memory, feeling like detaching from himself and his body, and sense of alienation within.

### Diagnosis

In order to understand his psychological issues, the Self rated level 1 Cross cutting symptoms measure Adult (DSM) DASS-21 (Lovibond, S. H. & Lovibond, P.F. (1995) and State Shame and Guilt Scale (SSGS) (Marschall, D. E. (1996)) were used.

The results revealed that he had significantly severe level of anxiety, high level of guilt feeling and symptoms of obsession at mild to moderate level. He also had psychiatric symptoms like feeling detached from himself and not feeling close to other people. These symptoms were taken as pre-intervention measures.

### Therapeutic Goals

Besides counselling, use hypnotherapy to eliminate all the diagnosed symptoms of anxiety, guilt feeling, obsession and feeling of detachment from himself and sense of alienation.

The client was explained about the hypnotherapeutic intervention and his consent was taken. A total of eight hypnotherapy sessions were devised over an 8-week timeframe.

### Hypnotherapy sessions and Issues addressed in each session

- The patient was introduced to the therapeutic method and hypnotherapy was conceptualized.



Head falling out of Harvard scale test for hypnotizability was conducted.

- Breathing awareness and Progressive Muscular Relaxation were used to introduce the trance. After entering the trance state, park visualization technique was used to deepen the trance, phenomena were elicited and terminated the trance
- After deepen the trance provided ego-strengthening /ego purification techniques adopted by B.M. Palan from Hartland's Medical and & Dental Hypnosis to the patient. After eliciting phenomena trance was terminated as per the procedure
- The patient was taken into very deep trance and provided ego-strengthening. Ego-purification and dynamic imageries were given to enhance his ego-strength and reduce his anxiety, shame, guilt and memories of painful past. Followed all the protocol to elicit the phenomena and terminated the trance with post hypnotic suggestions
- The contents of previous sessions were reviewed and a discussion was held on the experience of a trance state under hypnosis. Combination of ego-strengthening/ ego purification, sensory imagery conditioning was used to the patient under deep trance to alter and make desirable changes in his usual set pattern of thinking, feeling and behavior and to form a new, desirable habit of thinking, feeling and behaving through creating specific sensation rich images in his mind.
- After all the protocols of the trance, combination of ego-strengthening and the inner mental tranquility suggestions were given to him to refresh his body and mind, make him to control all the functions and processes going on in his mind and body, make him to see the world with

the satisfaction and strength, the security and peace, courage and confidence, develop more positive feelings.

- After the profound trance, the therapist combined the ego-strengthening and Rational Emotive suggestions about anxiety by Albert Ellis, these suggestions were given to him and followed the procedure for termination of trance with post hypnotic suggestions.
- Self- hypnosis was taught (to prevent relapse) to the patient to have emotional control, reducing negative and distressing emotions and boosting positive emotions. Audio version of Ego-Purification Autosuggestions Script as modified from Hartland's Ego-strengthening by B.M. Palan and R.D. Parikh given and motivated him to listen while he is doing the self-hypnosis. Follow up made through call for fifteen days.

**Post intervention measures:** After the follow up, he was invited for review, after scrutinized well-being, he was motivated to take the Self rated level 1 Cross cutting symptoms measure Adult (DSM-5), DASS-21 and State Shame and Guilt Scale (SSGS) assessments.

### Main Findings

When compared the pre and post interventional assessment, his symptoms like severe level of anxiety, high level of guilt feeling and symptoms of obsession and mild to moderate level of psychiatric symptoms like feeling detached from himself and not feeling close to other people have been reduced and felt very much relieved and given the following feedback.

### Client's feedback

“After these sessions of hypnotherapy, I feel more positive about myself. Instead of worrying about past mistakes, I feel increased desire to plan



my future. I also feel strength to be honest and transparent with myself and those around me”.

## Conclusion

From this interventional study, it is seen that the hypnotherapeutic interventions significantly helped the patient to develop emotional control which helped him to overcome different psychological problems.

**Concluding remarks:** If these results are confirmed in future studies, therapeutic hypnosis may become full form of recommendation for treatment of enhancing emotional control in person affected by marital infidelity. The findings certainly help the psychologists, marital therapists and other mental health professionals to understand the efficacy of hypnotherapy for treating problems related with marital infidelity.

## In Vogue and Rising

### CYBER ADDICTION OR MOBILE ADDICTION: THE PRESENT AND FUTURE HEALTH CHALLENGE

Dr Avnish Dave M.D., D.C.A.H.  
Professor and Additional Dean, GMERS Medical College

In my observation working with clients, it's a common scenario when the mother complains about her adolescent using mobile phone or internet excessively. The adolescent may be obsessed and resorting compulsively to do excessive internet surfing, be on social media or internet gaming for most of the time of the day and night. The child/adolescent remains confined to one room and avoids daily routine and public interaction. When asked to leave the mobile or

the device is taken away forcibly, the child/ adolescent may show displeasure, resorting at times to shouting, anger and even attempt violence. The child/ adolescent becomes extra protective about the mobile phone and may at times show anxiety of losing it (**Nomophobia**). The above symptoms fit in to the criteria of addiction as per WHO.

Smartphone /android phone addiction is becoming a serious problem in children, adolescents and young adults, these days and is a warning for a new kind of health problem in future. The annual growth of internet users in India is increasing at the rate of 129 percent. The parents of the young children and adolescents have become concerned about the duration and content of media their child is using. It calls for another kind of discipline training amongst all.

Off late, the mobile and internet are used more for entertainment rather than for gaining knowledge and information. It has become heaven for business and marketing, and shopping is another major purpose for which mobile is used.

The size of problem is really alarming as around 40 percent of android phone users say that they cannot go without their phones for a single day, and the gender distribution is around 50% amongst the young people.

### Why the problem?

Smart phones have become easy and at times affordable options to get relief, gain pleasure, and be noticed and become popular amongst the young adolescents. Virtual world has better operability and control rather than the real world, so they prefer to be there. The games especially are designed to provide rapid challenges, rewards and surprises adding lots of adrenaline and serotonin to their brain, resulting in more of mental craving (as compared to drug abuse).

The corona lockdown left parents with no option but to handover smartphones for online education, and that resulted in a spike in cyber addiction. The children have lost interest in academics with lots of attractive distractions and easy money-making solutions, that the



education is losing its value to create hardworking enthusiast. Instead, a more misguided and misled generation is taking a shape, with less productivity, efficacy and escalation in cyber-crimes.

### **What's the Psychopathology here?**

As compared to the real world, the reel world (virtual) provides instantaneous and multiple options to relieve, repair and replace the emotions. The person seeks for escalating levels of excitements thereby generating a neurochemical environment with dependency and expectation to seek even more. The person becomes intolerant and insecure of any interruption in this neuro environment.

### **The common presenting symptoms:**

The spectrum of presentation is much wider than the three major areas of health conceptualized viz. the physical, mental and social aspects of health.

**Physical health:** grows lazy, with disturbed sleep pattern and routine, sedentary life style and unhealthy eating habits leading to obesity, eyesight and dental issues. Psychosomatic symptoms also show a marked increase in past few years.

**Mental health:** A lots of subconscious programming of the child's mind is happening through the virtual world these days. The innocent and the honest mind set of children is being loaded with lots of cunning, tricky and manipulative behaviour with secondary gains.

Insomnia, irritability, lack of interest in real world, remaining confined, lack of concentration, lack of self-confidence, stress, anxiety, depression and at times suicidal ideation are some such rising issues.

Extreme cases may show loss of critical thinking and reasoning leading to violent behaviour. Some of them develop criminal tendencies and try acting out the virtual game challenges in real world. Juvenile crimes of heinous and brutal nature are on increase in past few years.

**Social health:** lack and loss of interest in meeting people in family or society, spending maximum possible time in virtual world, dating and sexual

experiments on video media, taking risk in real life to attract attention on social media (selfie deaths and stunt deaths), feeling stressed and upset or uncomfortable due to others' responses and behaviour on virtual media, who are no way connected in reality are majorly rising concerns among parents.

### **The future likely complications**

They are at the individual, the society and at national levels. Waste of productive man hours, with decreasing interest and enthusiasm in real life performances, either in academics or profession. The burden on national economy is in the form of reduced productivity (GDP) and increase in cost of health expenses due to medical conditions arising out of it.

### **Prevention and treatment**

1. **Deferring** from early exposure to medias and mobiles by parents.
2. **Parental education** about the likely health issues with prolonged and unchecked use of media and mobile phones by children.
3. Restricting entertainment **media time** to one hour per day (24 hours).
4. Keeping the mobile phones in **parental custody** and vigilance.
5. Increasing **interactive** involvement of every family member at home, society and celebrations.
6. **Therapeutic counselling** of parents, child involving various psychotherapeutic methods.
7. **Hypnotherapy** for insight generation, calming the mind, reduction in craving and generating more goal-oriented behaviour is equally helpful.
8. In extreme cases showing sign of depression and uncontrolled aggression, **medication** at initial stage is a must. Working in association with a psychiatrist is advisable and the weaning off, from the medication should also be decided by the psychiatrist only.



To conclude technology is inevitable for development, but learning to take maximum advantage and minimize disadvantage is to be done wisely.

## New & Trending

### Research updates on Hypnotherapy

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1. *International Journal of Clinical and Experimental Hypnosis*, Vol. 71(2), 2023 has published an online survey by Palson et al. This survey was conducted with 691 clinicians (who use hypnosis) from 31 countries to gain a broad real-world picture of current practices, views, and experiences in clinical hypnosis. Among 36 common clinical uses, stress reduction, wellbeing and self-esteem-enhancement, surgery preparations, anxiety interventions, mindfulness facilitation, and labour and childbirth applications were the most frequently rated as highly effective (>70%) in the clinicians' own experience. Among a range of client variables potentially affecting therapy, most clinicians rated hypnotist-client rapport (88%) and client motivation (75%) as very or extremely important factors for successful hypnotherapy.
2. In another study in the same issue of the journal, Franch et al. conducted a systematic review on applications of Hypnosis as an Adjuvant in Oncological Settings. They reviewed 873 articles published between 2000 and 2021, finally incorporated 22 articles for further analysis. Most of the studies showed that hypnosis has positive effects on reducing anxiety, pain, nausea, fatigue, drug use, and length of hospital stays. Hypnosis also improves depressive symptoms, insomnia, hot flashes, well-being, and quality of life, and helps increase adherence to treatment. When used by qualified professionals as an adjuvant to well-established treatments, hypnosis improves symptoms caused by oncological interventions and the disease itself.
3. Recently (2022) *International Society of Hypnosis* has published Guidelines for the Assessment of Efficacy of Clinical Hypnosis Applications. They have proposed 10 points to focus on:
  - Establishment of efficacy should be based on a sufficiently recent systematic review matching the highest quality standards
  - The sample size, effect size (and associated confidence intervals), and clinical significance should be taken into consideration when evaluating efficacy
  - The assessment of hypnotizability is encouraged in clinical hypnosis studies
  - Blinding of the participants/patients and the interventionists to group allocation is aspirational but is not necessary
  - Blinding of data collectors with respect to group allocation and/or hypnotizability level of the participant reduces the risk of experimenter biases
  - Blinding of those responsible for the statistical analysis with respect to group allocation can decrease the risk of experimenter biases.



Need to follow GRADE guidelines  
[https://www.jclinepi.com/article/S0895-4356\(10\)00330-6/fulltext](https://www.jclinepi.com/article/S0895-4356(10)00330-6/fulltext)

- The efficacy rating of hypnosis applications should be based on publications that meet the following criteria: (1) the intervention is labeled by the authors of the paper as “hypnosis” or one of its close synonyms (“hypnotic treatment,” “hypnotherapy,” etc.); and (2) the description of the intervention does not describe a process that expert reviewers would not categorize as hypnotic, under current consensus
- The studies supporting the efficacy of the treatment should be conducted by at least two independent research groups or at least one of the studies supporting efficacy should be a multi-center clinical trial.
- For chronic or enduring conditions, efficacy needs to be demonstrated at a long follow-up assessment that is considered clinically appropriate for the given condition to warrant the highest quality of evidence rating.

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Contribution: Research Updates in Hypnosis

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