



Case Study

Treatment of severe anxiety and social phobia by hypnosis and neurolinguistic programming- A case report

Samina Malik¹, Maheen Mirza², Mohammad Fayyaz³, Arif Malik⁴

¹Department of Physiology, University College of Medicine and Dentistry, University of Lahore, Lahore-Pakistan.

²Lahore Grammar School, Lahore-Pakistan.

³Basic Health Unit Leil, Lahore Cantt, Lahore-Pakistan.

⁴Institute of Applied Sciences, Minhaj University, Lahore-Pakistan.

Abstract

Background: Hypnosis is being used in combination with different forms of psychotherapy nowadays, such as neuro-linguistic programming, to work as a complementary treatment. This pairing allows for more targeted and patient-specific approaches to treat psychological disorders, phobias, and pain. An example is our previous study, in which hypnosis was used to treat tobacco-pan addiction. Following a similar model in this case study, we investigate the effectiveness of hypnosis and neuro-linguistic programming as treatments for anxiety and phobias.

Case Presentation: We discuss a case of a 20-year-old boy with severe anxiety and social phobia who was already taking antipsychotic drugs and antidepressants, but they did not aid in treating his condition. He was then treated with hypnotherapy and neuro-linguistic programming to address the rooted triggers for his phobia. A thorough three-hour session revealed the details of each traumatic event. Each incident was isolated and changed in the patient's subconscious mind while he was hypnotized to remove that incident's role as a trigger.

Management & Results: The patient reported approximately seventy percent recovery immediately after the first session in terms of rebuilding his confidence. The recovery was measured on DASS-21 and Rosenberg Self-Esteem Scale (RSES). The severity of his phobia was significantly controlled in a short-span of time, with almost no episode after the first hypnosis and NLP session.

Conclusion: Hypnotherapy and neurolinguistic programming is an effective treatment for anxiety disorder and social phobia. It is also time-efficient and produces better results than other forms of treatment without accompanying side effects.

Keywords

Hypnosis, Neurolinguistic Programming, Anxiety, Phobia.



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Corresponding Author Email:
drsemymalik58@gmail.com

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Introduction

Our previous study established that hypnosis can avoid a bad habit like tobacco-pan addiction¹. Hypnosis has evolved beyond mere suggestion in the patient's unconscious state and allows the patient's mind to take over and access stored information². This development has expanded the use of hypnosis as a treatment and effective intervention for several medical problems such as burns, allergies, sexual dysfunction, infertility, and insomnia^{2,3}. In our case, hypnosis works as a highly effective intervention for anxiety³. Anxiety disorders and phobias are prevalent, debilitating mental health problems that impact the day-to-day lives of the sufferers^{4,5}. By trying to avoid the specific triggers and fears, they limit their quality of life, which may be a risk to their health if they are phobic to dental treatment, for example⁶. These disorders are complex problems with underlying reasons that require intense therapy to uncover and treat⁷. This is where hypnotherapy and neuro-linguistic programming (NLP) come in to treat the problem at the root-level⁷.

NLP is a form of psychotherapy that detects triggers, termed as 'anchors,' responsible for the phobia, in the patient's subconscious state^{5,8}. These anchors allow access to the patient's emotional state at the time of creating the trigger through age regression, which is then altered to erase the root cause of the phobia^{5,6}. In this case, we use hypnosis and NLP to treat a 20-year-old boy with severe anxiety and social phobia that prevents him from interacting with people.

Case Presentation

A doctor referred a 20-year-old young boy to our coauthor, a general physician with expertise in hypnosis. His widowed mother brought this boy with complaints of severe anxiety and social phobia. This condition

adversely affected his comfort zone each time he was exposed to a social gathering or environment.

He had a medicinal history of intake of antipsychotics and antidepressants prescribed by a psychiatrist. However, the medication only resulted in sedating him instead of relieving his anxiety. The signs and symptoms included anxiety tremors, dysarthria, severe lack of confidence, and poor self-esteem. He even wished to commit suicide, being unable to cope with his situation. He was a second-year physiotherapy student who needed to overcome his phobia to be able to work and perform in the academic environment on campus. After informed consent, the patient was drifted into a good trance (subconscious/altered state induced by hypnosis) in an hour which was in a way similar to anesthetic-state induced before surgery. Once he was in this state, age regression by NLP was used to identify the first trigger, during which the subconscious mind was opened to approach its stored memory files by traveling back in time to pinpoint the issue responsible for the situation. With the identification of each trigger during NLP, while the subconscious mind was hypnotized, the memory's sub-modalities (picture, sound, and emotions) were changed in a way that the subconscious mind was led to believe that this data had been tampered with. This allowed the memory to be removed or reshaped, and with it, the anchor responsible for the phobia. This was done for each anchor recalled by the patient. The first traumatic event witnessed by the patient was his father's demise when the patient was only three years old. Despite his young age at that time, he could vividly recall details, like the gathering of people around his father when he was on his deathbed wearing a white sheet, indicating the impact of that event on his psyche. The patient's emotional state at



the time of that event in his memory was altered so that it ceased to exist as an anchor. The second traumatic event recovered from his subconscious mind happened in his school days at age eleven. He was bullied ruthlessly by peers for being handicapped due to an abnormality of the hip joint. He could recall the names of his class-fellows who called him humiliating names and even physically harassed him. The NLP session continued for three hours. His ill memories were altered at a subconscious level. They were replaced by a narrative in which he was presented with an imaginary stick to drive away from the bullying boys, to deflect their verbal and physical attacks.

At age eighteen, the third traumatic event was when the patient had to join an academy to boost his academic performance. Although he had no prior bad experience there, he experienced severe anxiety and a consuming fear of being ridiculed right at the door of the academy due to the negative data broadcasted by his subconscious mind though nobody attempted to do so. This resulted from the trauma he had faced in his life previously, which did not allow him to have new experiences either. With hypnosis and NLP during the two sessions of three hours duration, the triggers were identified and resolved (at the level of the subconscious mind) to aid in the treatment of the patient's phobia.

Management & Results

Immediately after the session, the patient self-reported around 70% recovery and expressed that he was regaining confidence. After mutual consent, the patient tapered off his antipsychotic drugs. The recovery was followed up on DASS-21⁹ for one month at two points after taking the baseline / before treatment levels of depression, anxiety, and stress, i.e., two weeks after the 1st session and then two weeks after the 2nd session.

The depression (D), anxiety (A), and stress (S) calculated before treatment were 42 (extremely severe), followed by D-34 (extremely severe), A-34 (extremely severe), and S-32 (severe) after the first hypnotic and NLP session. It was further reduced to the values of D-28 (the borderline between extremely severe and severe), A-26 (extremely severe), and S-30 (severe) after 2nd session. The patient is still under treatment, and further recovery is expected based on the previous results.

Likewise, improvement in self-esteem was calculated on Rosenberg Self-Esteem Scale (RSES), ranging from 10-40 in score¹⁰. The baseline self-esteem was measured to be 10, followed by an increase to 27 after 1st session and then a slight dip of 21 after the 2nd session. The self-esteem level may improve with subsequent sessions in light of these supportive results.

However, there is no way to declare how much of each therapeutic approach resulted in the change.

Discussion

Hypnotherapy treats different mental health problems, but its effectiveness with each kind varies. A research team conducted a meta-analysis at The University of Hartford to test the efficacy of hypnosis in treating anxiety. Hypnosis intervention was compared with a control condition in alleviating anxiety, with the initial results yielding that the hypnosis group reduced anxiety more than 79% of the control group. With additional trials, this figure increased to 84%. This study also concluded that hypnosis combined with other forms of psychotherapy is more effective than a single form of treatment³.



Another study on the role of hypnosis in treating anxiety and panic attacks yielded a similar outcome that using clinical hypnosis is an effective treatment for anxiety¹¹. A factor considered in a study done in Moscow University was hypnotizability as an indicator of the level of hypnosis and how the change in level could affect treatment¹². It was found that NLP was significantly more effective in high hypnotizable subjects than in low hypnotizable subjects¹³.

This means that the depth of the trance due to the patient's cooperation can significantly influence the treatment and is an essential factor to be considered while obtaining informed consent to carry out the session.

Conclusion

This case report established that with three-hour hypnosis and NLP session, massive improvement can be obtained in recovery from phobias and lack of confidence. Hence, it is a time-efficient treatment for anxiety and phobia-related disorders. The study is being brought to the limelight after informed consent to open new horizons for clinicians and researchers and to introduce this noninvasive treatment to those who may need it. By using hypnosis and identifying the triggers through neurolinguistic programming, a patient can be counseled and guided in the subconscious state to overcome the fears and deal with the root cause of the phobia.

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References

1. Shamir Malik QM, Rehman A, Malik S, Fayyaz M. Control of tobacco paan and

naswaar addiction by hypnosis. Country: Pakistan. 2017;13(3):48-49.

2. Ahlskog G. Clinical hypnosis today. *The Psychoanalytic Rev.* 2018;105(4):425-437.
3. Valentine KE, Milling LS, Clark LJ, Moriarty CL. The efficacy of hypnosis as a treatment for anxiety: a meta-analysis. *Int J Clin Exp Hypn.* 2019;67(3):336-363.
4. Schoenberger NE. *Cognitive-Behavioral Hypnotherapy for Phobic Anxiety.* APA. 1996:33-49
5. Li X, Han F, Shi Y. IRE1 α -XBP1 pathway is activated upon induction of single-prolonged stress in rat neurons of the medial prefrontal cortex. *J Mol Neurosci.* 2015;57(1):63-72.
6. Karunaratne M. Neuro-linguistic programming and application in treatment of phobias. *Complement Ther Clin Pract.* 2010;16(4):203-207.
7. Alladin A. Cognitive hypnotherapy for accessing and healing emotional injuries for anxiety disorders. *Am J Clinical Hypno.* 2016;59(1):24-46.
8. Field ES. Neurolinguistic programming as an adjunct to other psychotherapeutic/hypnotherapeutic interventions. *Am J Clinical Hypno.* 1990;32(3):174-182.
9. Lovibond PF, Lovibond SH. The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behav Res Ther.* 1995;33(3):335-343.
10. Rosenberg M. *Conceiving the self* New York: Basic. Rosenberg Conceiving the Self. 1979;1979.
11. Volkovskaya E. The use of clinical hypnotherapy in the treatment of social anxiety of social anxiety and panic attacks: A Case Study. *Contemp Hypno & Integrative Therap.* 2020;34(1):44-53.
12. Frischholz EJ. Hypnosis, hypnotizability, and placebo. *Am J Clinical Hypno.* 2014;57(2):165-174.



13. Kirenskaya AV, Novototsky-Vlasov VY, Chistyakov AN, Zvonikov VM. The relationship between hypnotizability, internal imagery, and efficiency of neurolinguistic programming. *Int J Clin Exp Hypn.* 2011;59(2):225-241.

