

CASE SERIES

Hypnotherapy on Positive Mental Health: A Case Series Study

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ABSTRACT

Introduction: Hypnotherapy has gained recognition as a complementary treatment for mental health, particularly for addressing deep-seated emotional and psychological issues. This case series study investigated the effectiveness of hypnotherapy in promoting positive mental health among six patients with diverse mental health concerns, including unexpressed grief, psychosomatic symptoms, trauma-induced phobias, and suicidal ideation. The Positive Mental Health Scale (PMHS) and the Depression Anxiety Stress Scale (DASS 21) were used to measure mental health outcomes before and after hypnotherapy interventions. **Case Series:** Each case presented unique psychological challenges: Case 1, a 20-year-old female, alleviated her grief-related distress after expressing emotions surrounding her father's death. Case 2, a 23-year old male with psychosomatic stomach pain triggered by association with a friend's ulcer symptoms, achieved full recovery. Case 3, a 24-year-old female with stress-induced rashes, resolved her symptoms. Case 4, a 19-year-old male student struggling with suicidal ideation, showed significant reductions in depressive thoughts. Case 5, a 10-year-old female child who developed fear after hearing a violent story, overcame her anxiety. Case 6, a 35-year-old female with childhood-trauma-related agoraphobia, demonstrated marked reductions in anxiety and phobic responses. **Conclusion:** In all cases, hypnotherapy led to significant reductions in DASS 21 scores for depression, anxiety, and stress, along with improvements in PMHS scores, reflecting enhanced emotional psychological well-being. These findings support hypnotherapy as a promising intervention for unresolved trauma and emotional distress. Larger controlled trials are warranted to confirm effectiveness and long-term benefits. *Malaysian Journal of Medicine and Health Sciences* (2026) 22(3): 1-6.doi:10.47836/mjmh.v22i3.1611

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INTRODUCTION

Hypnotherapy, an intervention that employs focused attention and heightened suggestibility, has attracted increasing scholarly interest for its potential to improve mental health. Evidence suggests that hypnotherapy benefits individuals with anxiety, depression, and stress, especially when conventional treatments prove insufficient (1-3). Nevertheless, empirical research on its impact on positive mental health remains limited (4), creating a knowledge gap regarding its effects on constructs such as emotional resilience and stress reduction.

In many Asian and European countries, hypnotherapy is now recognised as an adjunct to psychotherapy (5). In

India, however, its integration into mainstream mental-health services is at an early stage (6). The growing mental-health burden in South Asia underscores the need to investigate alternative interventions (7). Local studies from southern India are scarce (8, 9), justifying further exploration of hypnotherapy's effects on positive mental health, depression, anxiety, and stress.

This prospective case series therefore examined the impact of hypnotherapy on six patients aged 10-35 years who presented with emotional distress, trauma, or psychosomatic complaints. Outcomes were measured using the Positive Mental Health Scale, PMHS (10) and Depression, Stress and Anxiety Scale, DASS-21 (11), complemented by detailed Mental Status Examinations (MSEs). By providing both quantitative data and qualitative insights, the study aimed to inform clinical practice and support the responsible integration of hypnotherapy into regional mental-health frameworks.

Methods

Participants and Setting

Six patients (three females, three males) were recruited from a community-based clinic offering counselling and hypnotherapy. Inclusion criteria comprised mild-to-severe depression, anxiety, or stress (DASS-21), while exclusion criteria ruled out severe psychiatric illness, cognitive impairment, and vulnerable populations. Ages ranged from 10 to 35 years.

Intervention

Each participant attended hypnotherapy sessions (45–60 min) conducted in a private setting. Sessions employed progressive relaxation to induce trance, followed by case-specific therapeutic suggestions and imagery. Steps included:

- 1. Initial assessment and rapport building
- 2. Pre-hypnosis education and informed consent
- 3. Induction – progressive relaxation, deep breathing, guided imagery (8,12,13)
- 4. Deepening the relaxation (8,12,13)
- 5. Targeted therapeutic interventions - age regression, affect bridge (14-17)
- 6. Ego strengthening and positive suggestions (8,12,13)
- 7. Reorientation and debriefing (18)

Table I: Hypnotherapy Process

Stage	Description	Techniques Used
Assessment	Gather patient history, identify psychological concerns, and establish therapeutic goals.	Informed Consent, Clinical interview, Mental Status Examination (MSE), DASS 21, PMHS.
Induction	Guide the patient into a relaxed, hypnotic state to increase suggestibility.	Progressive relaxation, guided imagery, breathing techniques (12,8,13).
Deepening	Enhance the hypnotic state for effective subconscious engagement.	Countdown methods, visualization (12,8,13).
Therapeutic Suggestion	Introduce tailored suggestions and imagery to address specific issues.	Direct and indirect suggestion, cognitive restructuring, desensitization (8, 12,14,15,16,17).
Visualization & Reprocessing	Help patients mentally rehearse new responses and reframe negative thoughts.	Symbolic imagery, future pacing, trauma re-processing techniques (8,12,14,15,16,17).
Ego Strengthening & Coping Skills	Reinforce positive self-beliefs and equip patients with coping strategies.	Affirmations, resilience-building suggestions (12,8,13).
Post-Hypnotic Suggestions	Embed lasting positive changes by linking suggestions to daily life.	Anchoring techniques, reinforcement phrases, cue-controlled relaxation (18).

CONTINUE

Table I: Hypnotherapy Process (CONT.)

Stage	Description	Techniques Used
Awakening & Integration	Gradually bring the patient back to full awareness while integrating changes.	Count-up method, grounding exercises, brief discussion (18).
Follow-Up & Evaluation	Assess progress, reinforce therapeutic gains, and adjust future sessions if needed.	Post-session discussion, reassessment with DASS 21 and PMHS (18).

Outcome Measures

PMHS and DASS-21 were completed before the first and after the final session. Mental Status Examinations (MSEs) documented behavioural and emotional changes. Ethical approval was granted by the institutional ethics committee (MAHER/IEC/PhD/02/JAN24; 22-Apr-2024); written informed consent (parental consent for the minor) was obtained.

Table II: summarizes the pre- and post-intervention DASS 21 and PMHS scores for all cases.

Case No.	Pre-Intervention DASS 21 (Depression, Anxiety, Stress)	Post-Intervention DASS 21 (Depression, Anxiety, Stress)	Pre-Intervention PMHS	Post-Intervention PMHS
1	30,2,10	0,0,2	13	19
2	32,4,24	2,0,2	8	17
3	24,30,30	6,4,10	4	17
4	36,2,10	0,0,2	9	24
5	2,12,4	0,0,0	27	27
6	26,30,24	6,8,4	6	18

Data Analysis

Pre and post scores were compared using paired t-tests and Wilcoxon signed-rank tests. Effect sizes were calculated with Cohen’s d.

Table III: Paired Samples T-Test and Wilcoxon Test

Variable	N	Mean	SD	Test	df	p	Effect Size
Anxiety	6	13.333	13.426	Student t	5	0.047	1.073
	6	2	3.347	Wilcoxon		0.036	1
Depression	6	25	12.05	Student t	5	0.006	1.862
	6	2.333	2.944	Wilcoxon		0.036	1
Stress	6	17	10.334	Student t	5	0.008	1.743
	6	3.333	3.502	Wilcoxon		0.035	1
PMHS	6	11.167	8.329	Student t	5	0.009	-1.669
	6	20.333	4.179	Wilcoxon		0.059	-1

Note. For the Student t-test, effect size is given by Cohen’s d. For the Wilcoxon test, effect size is given by the matched rank biserial correlation.

Case Descriptions

Case 1: Unexpressed Grief

A 20-year-old female presented with emotional distress stemming from unresolved grief following her father's death when she was 8 years old. She had not adequately processed the loss, resulting in prolonged, unexpressed emotions of sadness and abandonment. The patient reported recurrent feelings of sadness, guilt, and emotional disconnection, particularly during significant life events such as birthdays or family gatherings. The patient was not undergoing any concurrent therapy or medication regimen at the time of intervention. Her baseline DASS 21 scores indicated normal levels of anxiety (2), moderate stress (10), but severe depression (30), while her PMHS score was moderate (13). She completed two counselling sessions and one hypnotherapy session, which focused on guided visualization and age regression, enabling her to safely revisit her father's death and express suppressed emotions. Therapeutic Suggestions of emotional release and acceptance were embedded during the sessions. The Suggestions included: "Having expressed my emotions, I am now at peace, calm, and relaxed from this moment forward." At the end of the session, a post-hypnotic suggestion was provided: "If any unexpressed emotions remain in me in the coming days, I will release them during my sleep in the form of dreams, which will gradually make me feel more peaceful, calm, and relaxed." Following the intervention, the patient's DASS-21 scores demonstrated a significant reduction in depression (0), anxiety (0), and stress (2), while her PMHS score improved significantly to 19. Assessment conducted at three months demonstrated sustained improvements across all measures.

Case 2: Psychosomatic Abdominal Pain

A 23-year-old male, from a rural village, presented with a five-year history of excessive rumination, for which he had received pharmacological treatment. He presented with recurring abdominal pain of six months' duration, which he attributed to a colleague who frequently discussed ulcer symptoms. Comprehensive medical evaluations excluded any physiological etiology. His obsessive monitoring of abdominal pain and repeated medical consultations persisted despite medical reassurance. The pain often intensified and disrupted his sleep, and during periods of inactivity, he experienced the pain and repeatedly examined his abdomen. Additionally, the patient exhibited obsessive-compulsive behaviors centered on the fear of developing an ulcer, which emerged following the death of a close friend and the termination of a romantic relationship.

His initial DASS 21 scores indicated normal anxiety, moderate stress and severe depression, while his PMHS scores demonstrated low positive mental health. The treatment protocol involved hypnotherapy, focusing on desensitization and psychological detachment through visualization and therapeutic suggestion techniques.

The Suggestion provided was: "I am releasing the energy of pain from my abdomen, returning it to its source, to the person from whom I acquired it." These sessions enabled the patient to establish a psychological barrier between his own experiences and those of others.

Psycho-education and behavioral activation strategies were additionally implemented, encouraging him to re-engage with occupational activities, pursue educational opportunities, and adopt healthier lifestyle practices. Following three hypnotherapy sessions, the patient reported complete cessation of abdominal pain and demonstrated improvement in his PMHS score, reflecting enhanced mental clarity and emotional detachment from external stressors. Assessment conducted at two months revealed that the patient remained symptom-free, had resumed employment, and exhibited improved stress-coping mechanisms, with no recurrence of abdominal pain.

Case 3: Psychosomatic Rashes Triggered by Fire-Related Dreams

A 24-year-old female, experienced recurrent body rashes with no medical etiology, often occurring subsequent to vivid nightmares involving fire. She was receiving pharmacological treatment for depression. Her DASS 21 scores indicated severe anxiety, stress and depression. PMHS scores reflected Low positive mental health.

The hypnotherapy sessions focused on dream work and desensitization techniques, utilizing guided visualization to establish a sense of psychological safety and modify the subconscious narrative underlying her fire-related dreams. The therapeutic suggestions included: "Having released my emotions from my body, mind, and consciousness, I am now at peace, calm, and relaxed physically, mentally, and emotionally from this moment onward."

Over the course of three sessions, the frequency and intensity of nightmares and associated rashes decreased significantly, with her DASS 21 anxiety scores decreasing from severe to normal levels, and she demonstrated improvement in PMHS score. Assessment conducted at three months revealed that the patient reported no recurrence of nightmares or rash manifestations and experienced enhanced emotional stability.

Case 4: Suicidal Thoughts in a College Student

A 19-year-old male student reported suicidal ideation related to interpersonal relationship difficulties. He was not undergoing any concurrent therapy or medication regimen at the time of intervention. His baseline DASS 21 scores indicated normal anxiety, stress but severe depression, while his PMHS score was notably low, reflecting compromised overall mental health.

Hypnotherapy sessions, conducted over three interventions, focused on enhancing self-worth,

cognitive restructuring, and developing adaptive coping strategies, particularly addressing his interpersonal difficulties and motivation regarding future academic and career objectives. The therapeutic suggestion provided was: "Having expressed my emotions, I am now at peace, calm, and relaxed from this moment onward."

The cognitive restructuring component of the sessions involved guided visualization of his future success in achieving career goals abroad and recognition of the efforts he had made to fulfill this ambition, while also reinforcing his primary motivation for academic enrollment. Following the intervention series, the patient experienced complete cessation of suicidal ideation, with DASS-21 scores demonstrating a decrease from severe to normal levels across depression, anxiety, and stress domains. His PMHS score improved substantially to reflect high positive mental health, indicating enhanced emotional stability and mental clarity.

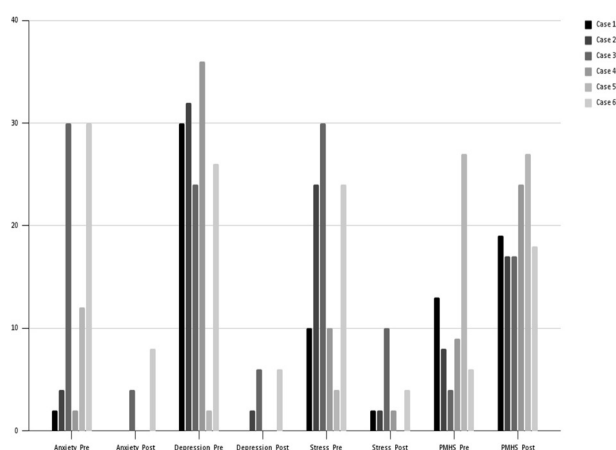


Fig 1: Bar Chart for pre and post-intervention scores

Assessment conducted at six months revealed that the patient reported no recurrence of suicidal ideation and demonstrated significant improvements in academic performance and social engagement.

Case 5: Childhood Fear Following Exposure to a Violent Story

A 10-year-old female child developed persistent fear after hearing a violent story during early childhood. She experienced recurrent nightmares and heightened daytime anxiety, particularly when alone, necessitating constant reassurance from her parents. The patient was not receiving any concurrent therapy or pharmacological treatment at the time of intervention. Her baseline DASS-21 score indicated moderate anxiety, while her PMHS score was high for her age group.

The hypnotherapy intervention employed therapeutic storytelling and cognitive reframing techniques within

trance to mitigate her fear response. Over the course of two sessions, her anxiety decreased significantly, and nightmares ceased entirely; her PMHS score remained unchanged. Assessment conducted at two months demonstrated sustained improvements, with parents reporting increased confidence, greater independence, and a return to age-appropriate social activities.

Case 6: Agoraphobia

A 35-year-old female presented with a persistent fear of leaving home alone, which originated from childhood sexual abuse. She had been maintained on psychiatric medication for depression and anxiety for ten years. Hypnotherapy sessions focused on emotional healing and systematic desensitization.

Her baseline DASS-21 scores indicated severe depression and severe anxiety, while her PMHS score was 6. Following the hypnotherapy intervention, her depression score decreased to mild, anxiety decreased to moderate, and her PMHS score improved from 6 to 18. Assessment conducted at six months demonstrated that she had resumed independent activities and engaged in additional social interactions.

Discussion

The analysis (Table II) revealed a significant reduction in Anxiety, Depression, and Stress and a significant increase in PMHS scores after hypnotherapy. Paired t-tests showed strong effects for Anxiety ($t(5) = 2.63$, $p = 0.047$, $d = 1.07$), Depression ($t(5) = 4.56$, $p = 0.006$, $d = 1.86$), Stress ($t(5) = 4.27$, $p = 0.008$, $d = 1.74$), and PMHS ($t(5) = -4.09$, $p = 0.009$, $d = -1.67$), indicating large improvements. Wilcoxon signed-rank tests further supported these findings, with significant reductions in Anxiety ($p = 0.036$), Depression ($p = 0.036$), and Stress ($p = 0.035$), while PMHS showed a strong trend toward improvement ($p = 0.059$). The large effect sizes confirm a meaningful clinical impact, demonstrating that hypnotherapy is effective in reducing psychological distress and enhancing positive mental health. The results from this case series suggest that hypnotherapy may facilitate improvements in positive mental health and alleviate symptoms of depression, anxiety, and stress.

The positive mental health outcomes observed in these cases align with existing research on hypnotherapy's benefits in trauma resolution and stress reduction. Studies by Elkins and colleagues (19) highlight hypnotherapy as a tool to access subconscious emotional blocks, which supports the venting of unresolved grief seen in Case 1 and the resolution of psychosomatic symptoms in Cases 2 and 3. Similarly, previous literature shows that hypnotherapy effectively reduces symptoms of anxiety and depression, particularly in cases involving trauma or emotional suppression (18), reflecting the improvements seen in Cases 4 through 6.

According to the author, based on this study, hypnotherapy may enhance positive mental health through several interconnected mechanisms. It facilitates cognitive restructuring by altering maladaptive thought patterns, replacing negative beliefs with positive, adaptive perspectives. Through deep relaxation and guided imagery, hypnotherapy reduces stress by shifting the autonomic nervous system from a hyper aroused state to a parasympathetic-dominant state, lowering cortisol levels and promoting emotional stability. Additionally, it aids in emotional processing and trauma resolution, allowing individuals to access and release suppressed emotions in a controlled manner. Hypnosis also helps detach maladaptive psychosomatic associations, as seen in cases where physical symptoms were linked to emotional triggers. Furthermore, it enhances coping skills and resilience by reinforcing self-efficacy and enabling individuals to mentally rehearse adaptive responses to stressors. These mechanisms collectively contribute to significant reductions in depression, anxiety, and stress while improving positive mental health.

Nevertheless, several limitations must be acknowledged. While DASS 21 and PMHS scores demonstrated measurable improvements, these are self-reported scales and inherently subjective, potentially introducing reporting biases. Additionally, the observed improvements could, in part, reflect expectancy effects, where patients' belief in the efficacy of hypnotherapy influences their perceived improvement, thus raising the possibility of a placebo effect.

Conclusion

This case series provides preliminary evidence that hypnotherapy may contribute to positive mental health outcomes across individuals with diverse psychological profiles. The intervention appeared helpful in resolving internal emotional conflicts, reducing distress, and enhancing well-being. However, the study's reliance on self-report measures, absence of control groups, and possible placebo effects highlight the need for further research. Future studies should utilize larger sample sizes, standardized interventions, objective measures, and longer follow-up durations to better understand the efficacy and sustainability of hypnotherapy.

Limitations

While none of the participants were receiving concurrent psychological therapy during the hypnotherapy sessions, three cases (Cases 2, 3, and 6) continued prescribed psychotropic medications initiated prior to the study. Although their medication regimens remained stable throughout the intervention, the possibility that these medications contributed to symptom improvement cannot be ruled out, posing a potential confounding factor. Future research should adopt randomized

controlled designs with larger, more diverse samples and objective outcome measures to more rigorously assess the independent and sustained impact of hypnotherapy on mental health.

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