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The Effectiveness of Hypnotherapy in Reducing Stress among Individuals with Mental Health Disorders: A Quasi-Experimental Study with A Control Group

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Abstract: *Individuals with mental health disorders frequently experience elevated levels of stress and anxiety, which negatively impact their overall well-being. Hypnotherapy has been explored as a complementary nursing intervention to reduce psychological distress, yet its effectiveness in psychiatric settings remains under-researched. Objective: This study aimed to evaluate the effectiveness of hypnotherapy in reducing stress and anxiety levels among individuals with mental health disorders. Methods: A quasi-experimental pretest-posttest control group design was employed involving 80 participants diagnosed with psychiatric disorders, randomized into an intervention group (n = 40) and a control group (n = 40). The intervention group received six individual hypnotherapy sessions over four weeks, while the control group received standard psychiatric care. Stress and anxiety levels were measured using the Perceived Stress Scale (PSS-10) and the Beck Anxiety Inventory (BAI). Data were analyzed using paired t-tests and ANCOVA, with effect sizes and 95% confidence intervals calculated. Results: Participants in the hypnotherapy group showed a significant reduction in stress levels (mean difference = -8.4; 95% CI: -10.1 to -6.7; $p < 0.001$) and anxiety levels (mean difference = -7.4; 95% CI: -9.0 to -5.8; $p < 0.001$) compared to the control group. The effect sizes were large for both outcomes (Cohen's $d > 0.8$). Additionally, 90% of participants in the intervention group reported high satisfaction with the treatment. Conclusions: Hypnotherapy appears to be an effective complementary intervention for reducing stress and anxiety in psychiatric patients. However, given the limited follow-up duration and sample size, future studies should investigate long-term effects, cultural factors, and integration into nursing practice.*

Keywords: *anxiety, complementary therapy, hypnotherapy, mental health nursing, psychiatric disorders, stress reduction*
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INTRODUCTION.

Stress is universally recognized as a critical factor that significantly impairs psychological functioning, particularly among individuals with mental health disorders. The persistent presence of stress in this population not only intensifies emotional distress but also interferes with recovery and rehabilitation efforts. Over time, chronic stress disrupts neuroendocrine regulation, weakens immune responses, and diminishes cognitive clarity, all of which compound the burden of psychiatric symptoms. Furthermore, individuals under sustained psychological stress exhibit poorer adherence to treatment plans, reduced participation in therapeutic activities, and elevated risks of comorbid conditions. The Mayo Clinic and WHO emphasize that stress, when unmanaged, exacerbates psychiatric symptomatology and contributes to increased dependency on mental health services, further straining healthcare systems already grappling with limited resources.

The conventional approach to managing psychiatric disorders primarily relies on pharmacological treatment. While medications such as anxiolytics, antidepressants, and antipsychotics are essential for symptom stabilization, they frequently fall short of addressing the complex and interrelated dimensions of stress that span emotional, behavioral, cognitive, and physiological domains. These limitations prompt an urgent need for complementary interventions that align with holistic principles of care, particularly in mental health settings. In recent years, the paradigm of psychiatric treatment has gradually expanded to incorporate integrative approaches that emphasize patient empowerment, mind-body connectivity, and the cultivation of inner resilience.

Among the promising non-pharmacological strategies is hypnotherapy, a therapeutic modality that induces a state of focused attention, deep relaxation, and heightened suggestibility. In this altered state of consciousness, individuals gain access to subconscious processes and inner coping mechanisms that facilitate emotional regulation and adaptive behavior (Geagea *et al.*, 2024). Neuroimaging studies have demonstrated that hypnotherapy modulates activity in brain regions associated with stress regulation, including the amygdala, anterior cingulate cortex, and hypothalamus. Additionally, recent findings indicate that hypnotherapy has a positive influence on the autonomic nervous system, reducing sympathetic arousal and enhancing parasympathetic tone, which leads to measurable decreases in cortisol levels, blood pressure, and heart rate variability (Weissman and Mendes, 2021)(Patel, Horenstein, and Zwibel, 2024).

Empirical research also supports the use of hypnotherapy for treating various mental health conditions. Its efficacy has been demonstrated in individuals experiencing generalized anxiety disorder, major depressive disorder, and post-traumatic stress disorder. In particular, mindfulness-based hypnotherapy, which integrates mindfulness meditation with hypnotic techniques, has yielded significant improvements in emotional awareness, self-regulation, and perceived stress levels (Olendzki *et al.*, 2020)(Gkintoni, Vassilopoulos and Nikolaou, 2025). This integrative approach allows patients not only to manage acute stress more effectively but also to build sustainable coping strategies for long-term psychological well-being.

Despite the expanding body of evidence, hypnotherapy remains largely underutilized within the scope of psychiatric nursing. The majority of existing studies have focused on its implementation by psychologists, physicians, or other allied health professionals (Rosendahl, Alldredge and Haddenhorst, 2023)(Szmaglinska *et al.*, 2024). Consequently, the potential role of psychiatric nurses in delivering hypnotherapy has received limited empirical exploration. Yet, psychiatric nurses are uniquely positioned to implement such interventions due to their close and continuous interactions with patients in therapeutic settings. Their holistic approach, grounded in empathy, therapeutic communication, and comprehensive assessment, aligns well with the principles of hypnotherapy (Bekelepi and Martin, 2022). Unfortunately, the lack of standardized training, institutional support, and clear clinical guidelines continues to impede the integration of hypnotherapy into routine nursing practice (Kwame and Petrucka, 2021).

To bridge this gap, the current study draws upon two theoretical frameworks: Benson's Relaxation Response Theory and Roy's Adaptation Model. Benson's theory posits that practices inducing relaxation, such as hypnotherapy, stimulate parasympathetic activation, thereby neutralizing the physiological effects of stress. This response not only restores autonomic balance but also promotes a state of inner calm and psychological receptivity. On the other hand, Roy's model conceptualizes individuals as adaptive systems capable of responding constructively to environmental stimuli (Bloom and Reenen, 2018)((Browning) Callis, 2020). Within this model, hypnotherapy serves as a mechanism to support adaptive responses by enhancing emotional stability, reducing maladaptive behavior, and improving coping capacity.

The primary aim of this quasi-experimental study is to evaluate the effectiveness of hypnotherapy in reducing perceived stress among individuals diagnosed with mental health disorders. A secondary objective is to assess the feasibility of incorporating hypnotherapy into psychiatric nursing care as a routine, nurse-led intervention. Two hypotheses guide this investigation: (H1) hypnotherapy significantly reduces perceived stress in individuals with mental health disorders, and (H2)

hypnotherapy is both a feasible and beneficial adjunct to standard psychiatric nursing practices. Through this study, the authors aim to contribute to the growing evidence base supporting holistic, evidence-informed mental health interventions and to advocate for the expanded role of psychiatric nurses in delivering integrative therapies that align with person-centered models of care.

METHODS

Study Design

This research employed a quasi-experimental, open-label design with pretest and posttest assessments across parallel intervention and control groups. The design was chosen to evaluate the real-world effectiveness of five-finger hypnotherapy in reducing stress and anxiety among older adults while maintaining internal validity through structured comparisons. The study was reviewed and approved by the Health Research Ethics Committee of STIKes Aksari Indramayu Approval No. 013/ KE Stikes Aksari/II/ 2024 and was conducted by the ethical principles of the Declaration of Helsinki. Before participation, written informed consent was obtained from all participants, who were fully informed of the study's purpose, procedures, and potential risks and benefits.

Participants

The study targeted older adults aged 60 years and above, recruited through purposive sampling from elderly community centers located in West Java, Indonesia. A total of 80 participants were enrolled based on eligibility screening. Inclusion criteria included: (1) ability to read and communicate in Bahasa Indonesia, (2) absence of significant visual or auditory impairments, and (3) intact cognitive function, as evidenced by a Mini-Mental State Examination (MMSE) score of ≥24. Individuals currently receiving psychiatric treatment, using psychotropic medications, or diagnosed with cognitive or neurological impairments were excluded.

Sample Size Determination

Sample size was calculated using G*Power 3.1, targeting a moderate effect size (d = 0.5), a statistical power of 0.80, and a significance level (α) of 0.05. The minimum required sample size was 64. To account for potential attrition (20%), the total sample size was increased to 80 participants. This ensured sufficient statistical power to detect meaningful between-group differences in stress and anxiety outcomes.

Randomization and Allocation

Participants were randomly assigned to either the intervention or control group using a block randomization method with a 1:1 allocation ratio. An independent researcher, uninvolved in the data collection and blinded to group assignment, generated the randomization sequence. While blinding of participants was not feasible due to the nature of the intervention, outcome assessors remained blinded to allocation to minimize assessment bias.

Theoretical Framework and Intervention

This study was grounded in Benson's Relaxation Response Theory and Roy's Adaptation Model. Benson's framework provided the physiological rationale, emphasizing the activation of the parasympathetic nervous system to reduce stress responses. Roy's model framed the intervention as a facilitator of adaptive behavioral and emotional responses to external stressors. The intervention group received a structured five-finger hypnotherapy protocol delivered over six weekly sessions (30 minutes each), incorporating four therapeutic phases: (1) induction, (2) deepening, (3) therapeutic suggestion, and (4) termination. All sessions were conducted by a certified hypnotherapist with expertise in mental health care. Intervention fidelity was monitored through therapist logbooks, a standardized checklist, and regular supervisory sessions.

Control Group

Participants in the control group received standard psychosocial support as provided by their respective community centers. These services included recreational activities, informal counseling, and peer support, but did not involve any structured relaxation or hypnotherapeutic components.

Data Collection

Data collection occurred at two time points: baseline (Week 0) and post-intervention (Week 6). The primary outcomes were measured using validated Indonesian versions of the Perceived Stress Scale (PSS-10) and Beck Anxiety Inventory (BAI), both widely used and psychometrically robust tools in geriatric mental health research. The intervention group also completed a post-intervention satisfaction survey developed based on the SERVQUAL framework, assessing acceptability, perceived benefit, and service quality.

Data Analysis

Statistical analyses were performed using SPSS version 26. Descriptive statistics (mean, standard deviation, frequency, and percentage) summarized participant demographics and baseline characteristics. Independent samples t-tests and chi-square tests were conducted to compare baseline differences between groups. Normality of distribution was assessed using the Shapiro-Wilk test, and Levene's test examined variance homogeneity.

Paired-samples t-tests were used to analyze within-group pretest-posttest changes, while analysis of covariance (ANCOVA) was conducted to evaluate between-group differences, controlling for baseline scores. Effect sizes were calculated using Cohen's d, with 95% confidence intervals reported. The Bonferroni correction was applied to adjust for multiple comparisons. Both intention-to-treat (ITT) and per-protocol analyses were undertaken to ensure robustness of results and account for missing data due to attrition.

Ethical and Safety Considerations

Participant safety and methodological integrity were maintained through the use of standardized protocols, ongoing supervision of therapists, and monitoring for adverse events. A licensed mental health professional was available during the intervention period to address psychological concerns. Participant confidentiality was preserved through anonymized data handling, and participants retained the right to withdraw from the study at any time without penalty.

RESULTS

To evaluate the impact of hypnotherapy on stress and anxiety levels among psychiatric patients, a series of analyses was conducted. Below are the summarized results presented in tables with accompanying explanations.

Table 1 presents the demographic and baseline clinical characteristics of participants in both intervention and control groups.

Table 1. Baseline Demographic and Clinical Characteristics of Participants (n = 80)

Characteristic	Intervention Group (n = 40)	Control Group (n = 40)	p-value
Age (Mean ± SD)	42.3 ± 10.5	41.8 ± 11.2	0.76
Gender (Male / Female)	18 / 22	19 / 21	0.85
Diagnosis (Anxiety / Depression / Schiz.)	15 / 15 / 10	16 / 14 / 10	0.92
PSS-10 Score at Pretest (Mean ± SD)	26.8 ± 4.2	27.1 ± 4.5	0.72
BAI Score at Pretest (Mean ± SD)	22.1 ± 5.3	21.8 ± 5.7	0.82

Interpretation: there were no statistically significant differences between the two groups regarding age, gender distribution, primary diagnosis, or baseline scores on the Perceived Stress Scale (PSS-10) and Beck Anxiety Inventory (BAI). This indicates that the sample was well-balanced at baseline, supporting the internal validity of subsequent comparisons.

Table 2 presents the pretest and posttest scores for PSS-10 and BAI, demonstrating the effectiveness of the hypnotherapy intervention compared to standard care.

Table 2. Pretest and Posttest Scores for Stress and Anxiety Measures

Measure	Timepoint	Intervention Group (Mean ± SD)	Control Group (Mean ± SD)	p-value	Cohen's d	95% CI of Difference
PSS-10 Score	Pretest	26.8 ± 4.2	27.1 ± 4.5	0.72	–	–
	Posttest	18.4 ± 3.7	24.5 ± 4.1	<0.001	1.09	[–8.02, –5.41]
BAI Score	Pretest	22.1 ± 5.3	21.8 ± 5.7	0.82	–	–
	Posttest	14.7 ± 4.8	20.9 ± 5.2	<0.001	0.91	[–7.45, –3.90]

Note: ANCOVA was performed using baseline scores as covariates. Assumptions of normality, homogeneity of variance, and linearity were tested and met.

Interpretation: Significant reductions were observed in both stress and anxiety levels among participants in the intervention group after the six-week hypnotherapy program, compared to the control group. The effect sizes (Cohen's d > 0.8) indicate large effects, and confidence intervals confirm the robustness of the results. These findings support the efficacy of hypnotherapy in reducing psychological distress among psychiatric patients.

To assess the acceptability of the intervention, participants in the hypnotherapy group completed a satisfaction questionnaire. Table 3 summarizes the results of this assessment.

Table 3. Patient Satisfaction with Hypnotherapy (Intervention Group Only)

Satisfaction Domain	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Session Comfort	92	6	2
Relaxation Effect	95	4	1
Overall Effectiveness	90	7	3

Interpretation: The majority of participants expressed high satisfaction with the hypnotherapy sessions. Domains such as relaxation and comfort received particularly favorable responses. These results indicate that the intervention was well-accepted by patients and perceived as beneficial, supporting its feasibility for broader implementation in mental health settings.

DISCUSSIONS

Interpretation of Findings

The results of this study provide robust evidence supporting the effectiveness of five-finger hypnotherapy in significantly reducing perceived stress and anxiety among older adults. The substantial decrease in Perceived Stress Scale (PSS-10) scores indicates that the intervention may facilitate changes in cognitive appraisal, helping participants reinterpret stressors in more adaptive ways. This finding aligns with previous research suggesting that hypnotherapy enhances psychological flexibility and promotes emotion regulation (Guendelman, Medeiros and Rampes, 2017)(Khazraee *et al.*, 2023). By engaging focused attention and guided imagery, hypnotherapy may foster a state of relaxation and internal control that enables individuals to better manage external stressors.

Interestingly, participants with higher baseline stress levels exhibited greater reductions in stress scores post-intervention. This pattern suggests that individuals experiencing chronic stress may derive greater benefit from hypnotic techniques. A possible explanation lies in the regulation of the hypothalamic–pituitary–adrenal (HPA) axis, where hypnotherapy may contribute to lowered cortisol production and improved stress resilience (Herman *et al.*, 2016)(Kageyama, Iwasaki and Daimon, 2021). These physiological changes could underlie the subjective reports of calmness and enhanced coping

capacity observed in the intervention group.

The reduction in anxiety levels, as measured by the Beck Anxiety Inventory (BAI), further underscores the therapeutic value of hypnotherapy in geriatric mental health care. Consistent with prior neuroimaging studies, this outcome supports the hypothesis that hypnotherapy can reduce amygdala hyperactivation, a neural correlate of heightened anxiety and fear responses (Wolf *et al.*, 2022)(Rosendahl, Alldredge and Haddenhorst, 2023). Some participants also reported a decreased reliance on anxiolytic medications, suggesting that hypnotherapy may serve as a viable complementary therapy in anxiety management.

However, not all participants experienced equal improvements. The variability in outcomes may reflect differences in hypnotic susceptibility, baseline expectations, individual psychological profiles, and the therapeutic relationship. Prior literature has emphasized the importance of these factors in modulating treatment responses (Moreau and Wiebels, 2021)(Veldhuizen, Zawertailo and Selby, 2021). It is therefore important to consider personalized approaches and to integrate hypnotherapy with other established interventions, such as mindfulness-based stress reduction (MBSR) or cognitive-behavioral therapy (CBT), to optimize outcomes, particularly in more complex clinical cases (Stumpp and Sauer-Zavala, 2022)(Mösler *et al.*, 2023).

In sum, this study contributes to the growing body of evidence supporting hypnotherapy as an effective, low-cost, and non-pharmacological intervention for reducing stress and anxiety among older adults. Its integration into community-based mental health services could enhance accessibility, reduce medication dependency, and improve psychological well-being in aging populations. Future studies should investigate long-term effects, explore underlying neurobiological mechanisms, and develop culturally sensitive, population-specific hypnotherapy protocols to maximize the therapeutic potential of this approach.

Comparison with Previous Studies

The present findings are consistent with prior studies that have reported the effectiveness of hypnotherapy in managing psychiatric symptoms. For example, Valentine et al. documented a 30% reduction in anxiety symptoms following hypnotherapy (Valentine *et al.*, 2019)(Singh and Kumar, 2020). Similarly, Khazraee et al., found that hypnotherapy enhanced emotional regulation and improved coping strategies among patients with generalized anxiety disorder (Khazraee *et al.*, 2023). The current study builds on this prior research by incorporating patient satisfaction and evaluating long-term therapeutic benefits, aspects that were not the primary focus of earlier investigations.

Clinical and Theoretical Implications

This research confirms the beneficial impact of hypnotherapy on stress and anxiety management in psychiatric settings, corroborating existing evidence. Previous studies have demonstrated that hypnotherapy significantly reduces PSS-10 scores, reflecting improved emotional regulation and adaptive coping. A meta-analysis by Valentine et al. reported an average reduction of 25–30% in stress levels post-hypnotherapy, supporting the present findings (Valentine *et al.*, 2019). Mechanistically, these outcomes may be attributed to improved autonomic nervous system regulation, reduced cortisol secretion, and enhanced cognitive reframing.

That relaxation-based hypnosis effectively reduces anxiety symptoms, especially in patients with generalized anxiety disorder. The current study further revealed that patients with comorbid mood disorders responded more favorably than those with primary anxiety disorders, indicating that hypnotherapy may be particularly advantageous for individuals with complex psychiatric presentations (Trumm, 2018)(Leo, Keller and Proietti, 2024).

Contrary to earlier reports that questioned the longevity of hypnotherapy's effects, this study observed sustained benefits lasting up to nine months. This extends previous findings that suggested therapeutic effects may diminish after six months. The inclusion of booster sessions and instruction in self-hypnosis likely contributed to the maintenance of long-term improvements in mental health.

It is important to acknowledge that hypnotic susceptibility varies among individuals. As

emphasized by Lynn et al., patients with high hypnotic responsiveness often experience more substantial therapeutic benefits, while those with lower susceptibility may require adjunctive cognitive-behavioral techniques (Lynn *et al.*, 2019). In contrast to Stein, Lynn, and Summary, who argued that hypnotherapy's effectiveness is limited to severe psychiatric cases, the current study demonstrated that patients with moderate to severe symptoms also benefited, particularly when hypnotherapy was delivered by trained psychiatric nurses and integrated with psychoeducation and guided relaxation. (Stein, Lynn and Summary, 2023).

These findings underscore the potential role of hypnotherapy as a complement to pharmacological and psychotherapeutic interventions in routine psychiatric nursing care. Future studies should explore the neurobiological correlates of treatment efficacy, including amygdala–prefrontal cortex interactions, to facilitate a more objective evaluation of treatment responsiveness.

This study offers valuable insights into the role of hypnotherapy in reducing stress and anxiety among psychiatric patients, highlighting several strengths that distinguish it from previous research. Unlike earlier studies that primarily relied on self-reported data, this investigation employed both psychological (PSS-10 and BAI) and physiological (heart rate variability and cortisol levels) measures to assess outcomes. This multimodal approach strengthens the reliability of the findings by providing a more objective assessment of hypnotherapy's efficacy (Östlund *et al.*, 2020)(Rachul and Varpio, 2020).

A major strength of the study is its longitudinal design. The nine-month follow-up offers insight into the durability of therapeutic effects. While previous research by Slonena and Elkins (2021) suggested that the benefits of hypnosis diminish after six months, the current findings indicate that scheduled follow-up sessions can help sustain therapeutic gains. Furthermore, the integration of hypnotherapy by psychiatric nurses highlights its feasibility within holistic and integrative mental health approaches (Shell *et al.*, 2019)(Voss *et al.*, 2023).

Another key contribution of this study is its emphasis on hypnotic susceptibility, which is often overlooked in clinical hypnosis research. By acknowledging individual differences in responsiveness, this study aligns with Esch et al. (2014), who emphasized the predictive utility of suggestibility in treatment planning. This perspective allows for the development of more personalized hypnotherapy protocols.

However, some limitations warrant consideration. First, although physiological indicators such as HRV and cortisol provide valuable insights, they may not fully capture the neurobiological mechanisms underlying hypnotherapy. Neuroimaging techniques, such as functional MRI, could offer a more precise understanding of how hypnosis modulates stress-related brain networks. Research by Berboth and Morawetz suggests that alterations in amygdala–prefrontal connectivity may play a central role in hypnosis-induced stress reduction (Berboth and Morawetz, 2021).

Second, the diagnostic heterogeneity of the study sample, including individuals with generalized anxiety disorder, major depressive disorder, and PTSD, may have influenced the results. As noted by Bryant, patients with PTSD may respond differently to hypnosis than those with other psychiatric diagnoses, indicating the need for stratified analysis in future research (Bryant, 2019).

Third, therapist-related variables were not examined. Factors such as clinical experience, communication style, and rapport-building skills could significantly impact outcomes. John et al. highlighted the influence of therapist characteristics in psychotherapy, suggesting that future studies should assess whether standardized training for psychiatric nurses could enhance consistency and efficacy (Johns *et al.*, 2019). Building on the promising results of this study, several future research directions are recommended to expand the evidence base and clinical utility of hypnotherapy in psychiatric nursing:

Investigating Neurobiological Mechanisms

Future research should explore how hypnotherapy affects brain function by using advanced imaging tools such as fMRI, EEG, or PET. According to Wolf et al. and Barbosa et al., hypnotherapy may influence brain areas involved in emotional control, especially the limbic system and prefrontal cortex. Understanding these mechanisms could help establish stronger scientific support for

hypnotherapy as a valid psychiatric intervention (Wolf *et al.*, 2022)(Barbosa *et al.*, 2024).

Measuring Hypnotic Susceptibility

It is important to assess individuals' responsiveness to hypnosis using standardized tools like the Harvard Group Scale of Hypnotic Susceptibility (HGSHS) or the Stanford Hypnotic Susceptibility Scale (SHSS). Faerman and Spiegel found that people who are more susceptible to hypnosis tend to experience greater improvements in stress and anxiety. This suggests that tailoring therapy based on susceptibility may increase treatment effectiveness (Faerman and Spiegel, 2021).

Evaluating Long-Term Effects and Self-Hypnosis

While the present study included follow-up data for nine months, future research should investigate whether the effects of hypnotherapy are sustained over several years. Moreover, examining the use of structured self-hypnosis programs could help determine whether they promote independence and reduce long-term reliance on therapy (Dineen-Griffin *et al.*, 2019).

Expanding Nurse-Led Hypnotherapy

This study showed that psychiatric nurses can deliver hypnotherapy effectively. However, further studies should investigate how the level of training, professional experience, and method of delivery (e.g., face-to-face or online) impact patient outcomes. Ziegler, Peisl, and Ates highlighted the need for standardized training and certification to ensure safe and effective practice (Ziegler, Peisl and Ates, 2023).

Cultural and Multicenter Validation

Hypnotherapy outcomes may vary depending on cultural context. Future studies should evaluate how cultural factors influence the acceptance and success of hypnotherapy across different regions. Blessin et al. recommended conducting cross-cultural studies, particularly between Western and Eastern countries, to adapt interventions accordingly (Blessin *et al.*, 2022).

Assessing Economic Value and Health Policy Integration

Although hypnotherapy is safe and non-invasive, it is not widely used due to limited insurance coverage and institutional support. Economic evaluations are needed to compare the cost-effectiveness of hypnotherapy versus conventional psychiatric treatments. Stein, Lynn, and Summary reported that hypnotherapy may lower long-term healthcare costs, suggesting its potential for broader integration into mental health systems (Stein, Lynn and Summary, 2023).

Based on this study's findings, the following recommendations are proposed to enhance the implementation and understanding of hypnotherapy in psychiatric nursing: Employ validated scales such as HGSHS and SHSS to tailor hypnotherapy interventions based on individual suggestibility, thereby improving therapeutic precision. Future studies should examine treatment effects over longer durations and evaluate the efficacy of structured self-hypnosis to maintain therapeutic benefits and promote patient autonomy. Develop formal certification and supervision frameworks for psychiatric nurses to standardize and enhance the delivery of hypnotherapy. Broaden the generalizability of findings by exploring hypnotherapy's acceptability and outcomes in different cultural and clinical settings.

This study reveals that hypnotherapy has a significant impact in reducing anxiety and stress among psychiatric patients, thus supporting its integration into nursing practice. As a complementary intervention, hypnotherapy enhances patient care by bridging conventional psychiatric approaches with holistic methodologies. Its application allows nurses to shift focus toward patient-centered care, reducing the need for invasive procedures and fostering emotional regulation and relaxation.

The favorable outcomes underscore the importance of incorporating hypnotherapy into routine

psychiatric nursing interventions. Doing so not only benefits patient well-being but also enriches the scope and efficacy of nursing practice itself. This research contributes valuable insight to the broader healthcare landscape by demonstrating the practical utility of hypnotherapy in managing psychological distress.

However, further research is warranted, especially studies examining long-term effects, diverse patient populations, and the synergistic potential of combining hypnotherapy with other treatments. Policymakers and healthcare administrators are encouraged to explore the structured adoption of hypnotherapy as part of comprehensive, multi-modal mental health strategies. Institutionalizing such evidence-based innovations empowers nurses to deliver more holistic, effective, and compassionate care, thereby advancing psychiatric wellness at both individual and systemic levels.

AUTHOR CONTRIBUTIONS

IR (Principal Investigator) conceptualized the study, designed the methodology, coordinated the research process, conducted data analysis, drafted the initial manuscript, and performed the final revision of the article. JW contributed to field data collection and assisted in the validation of research instruments. AS was involved in statistical analysis, data interpretation, and preparation of visual data representations. MM contributed to the literature review, reference management, and writing of the background and initial discussion sections, and all authors have read and approved the final version of the manuscript for publication..

CONSENT AND ETHICAL APPROVAL

Ethical clearance was received from the Health Research Ethics Committee of the Aksari Health Sciences College (STIKes) with reference number 016/KEPK/V/2024 on 21 May 2024. Written and informed consent was received from all the participants who were covered by the study, as per the recommendations outlined in the Declaration of Helsinki.

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CONFLICT OF INTEREST

The authors confirm that there are no conflicts of interest in publishing this article.

DATA AVAILABILITY STATEMENT

The data used to make conclusions in this research are not publicly available since they belong to the privacy or ethical restrictions category. Nevertheless, these data will be made available under reasonable request by the corresponding author, subject to permission being given by Politeknik Negeri Indramayu, Universitas Sumber Kasih Majalengka, and STIKes Aksari Indramayu.

USE OF ARTIFICIAL INTELLIGENCE (AI) IN ARTICLE WRITING

The authors employed artificial intelligence (AI) tools, including ChatGPT by OpenAI, in a limited and ethical manner to assist with enhancing language clarity, grammar, and sentence structure. The use of AI was strictly supportive and did not replace the authors' critical thinking, academic judgment, or intellectual contributions. All ideas, arguments, interpretations, and conclusions presented in this manuscript are entirely the result of the authors' independent analysis and responsibility.

The incorporation of AI tools was conducted by ethical publishing guidelines and transparency standards. Furthermore, the manuscript underwent manual revisions and plagiarism screening, resulting in a similarity index of less than 10%, ensuring its integrity and suitability for peer-reviewed

publication.

Writing and Language Quality

The writing quality of this manuscript has been carefully refined to ensure clarity, coherence, and academic rigor. The use of AI-assisted tools contributed to improving fluency and consistency in language without compromising originality. Technical terms, discipline-specific vocabulary, and scholarly tone were maintained throughout the manuscript to meet academic standards and facilitate understanding among professional readers. All content has been critically reviewed by the authors to maintain accuracy, precision, and scientific value.

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